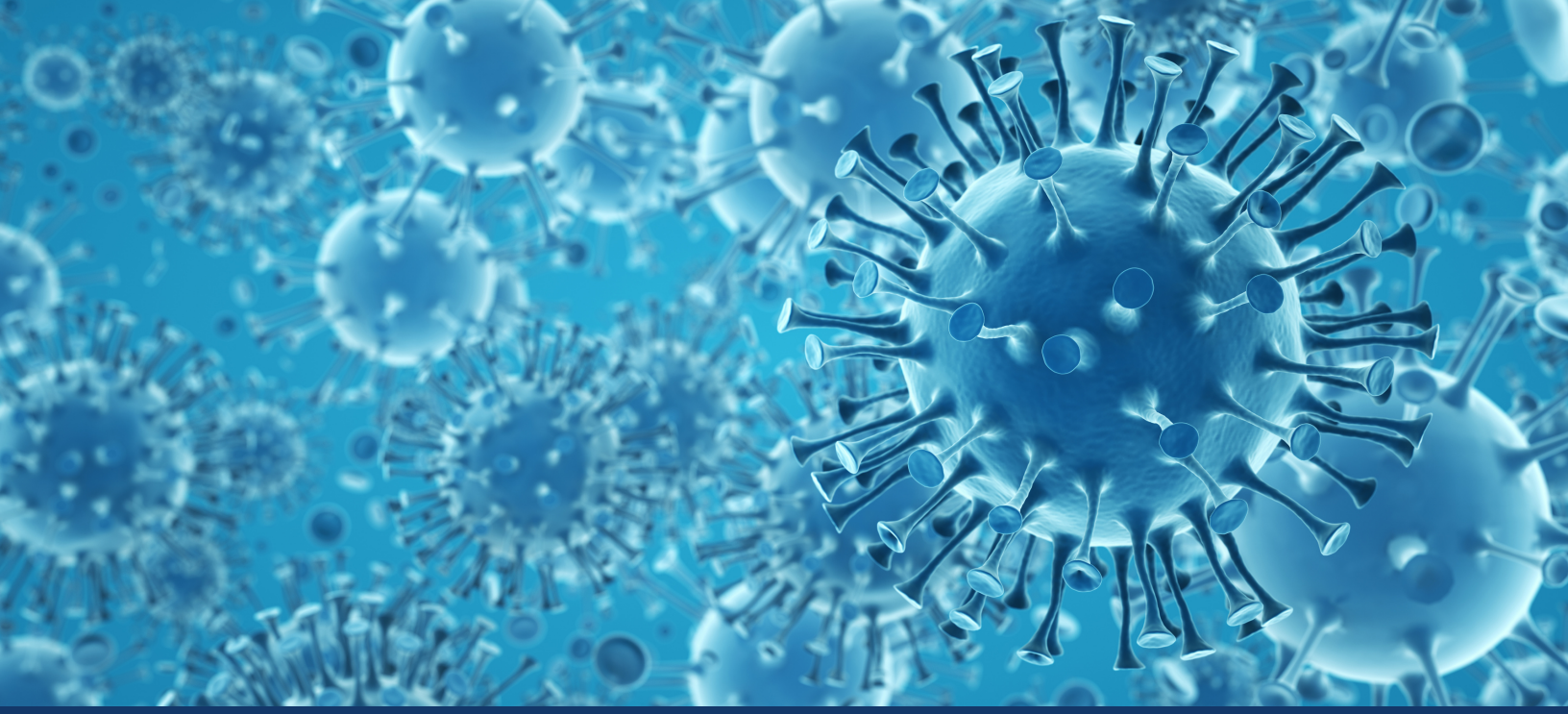

CAMS 2021 ANNUAL SCIENTIFIC CONFERENCE

LOOKING BACK, LOOKING FORWARD:

PREPARING FOR THE POST-PANDEMIC WORLD

A VIRTUAL EVENT

Saturday November 6 & Sunday November 7, 2021 | 1:00 PM-5:00 PM ET

ACCREDITATION FOR JOINT PROVIDERSHIP

This activity has been planned and implemented in accordance with the accreditation requirements and Policies of the Medical Society of the State of New York (MSSNY) through the joint providership of NewYork Presbyterian Queens and Chinese American Medical Society. NewYork Presbyterian Queens is accredited by the MSSNY to provide continuing medical education for physicians.

NewYork Presbyterian Queens designates this Live Activity for a maximum of *6 AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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NewYork-Presbyterian Queens

CAMS

CAMS 58th Annual Scientific Meeting

Looking Back, Looking Forward: Preparing for the Post-Pandemic World

ACCREDITATION FOR JOINT PROVIDERSHIP

This activity has been planned and implemented in accordance with the **accreditation requirements** and Policies of the Medical Society of the State of New York (MSSNY) through the joint **providership** of NewYork-Presbyterian Queens and Chinese American Medical Society. NewYork-Presbyterian Queens is accredited by the MSSNY to provide continuing medical education for physicians.

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BACKGROUND

What a difference a year makes! With the introduction and implementation of vaccines, we have started thinking about a future where the maelstrom of COVID-19 will no longer be the dominant medical and public health issue. In its' wake, the complications of COVID-19 and the future of vaccines are important medical issues. COVID-19 has exposed larger underlying problems such as discrimination against the AAPI community and health care workers of Asian descent, gaps in the local and national public health system, and unaddressed social issues. These obstacles are changing the conditions under which we work and practice and have become the arena where medical societies have a new role in shaping the future. The scope of the conference has enlarged from improving the practice of individual doctors to encompass medical groups and society at large. There is a great need for a conference to address how medical professionals and medical groups treating Chinese and other Asian communities can contribute to new paradigms of care for their patients, their communities, strengthen their groups, profession, and society at large.

KNOWLEDGE

- Summarize the new natural history of COVID-19 with attention to long COVID-19 and breakthrough infections
- Describe how social conditions and government initiatives influence the delivery of medical care

COMPETENCE

- Compare and contrast the signs and symptoms between acute and long COVID-19
- Describe the gaps in health care that affect the greater AAPI community

PRACTICE

- Plan how medical societies can respond to social conditions that adversely affect health of Asian American communities
- ·Plan how medical societies can conserve strength and develop in the future, building on their strengths

CAMS 58th Annual Scientific Meeting

Looking Back, Looking Forward: Preparing for the Post-Pandemic World

Saturday November 6, 2021, 1:00 PM to 5:00 PM Eastern Time

1:00 PM to 1:10 PM | OPENING REMARKS

Yick Moon Lee, MD
President, Chinese American Medical Society

Benjamin E. Lee, MD & Cynthia X. Pan, MD
Co-Chairs, CAMS Program Committee

1:10 PM to 1:30 PM | *Long-term Sequelae of SARS-CoV-2 Infection: An Update on the Science*
MODERATOR: Benjamin E. Lee, MD
Helen Y. Chu, MD, MPH
Associate Professor of Medicine and Epidemiology
University of Washington

1:30 PM to 1:45 PM | Q/A

1:45 PM to 2:00 PM | BREAK *Not for CME

2:00 PM to 2:40 PM | KEYNOTE: CAMS SCIENTIFIC AWARD LECTURE
From Afong Moy to S.R.201: Moving the Needle on Chinese Health Equity
Moderator: Cynthia X. Pan, MD
XinQi Dong, MD, MPH
Director, Institute for Health, Health Care Policy and Aging Research
Henry Rutgers Distinguished Professor of Population Health Sciences
Rutgers University-New Brunswick

2:40 PM to 2:55 PM: Q/A

2:55 PM to 3:05 PM | BREAK*Not for CME

3:05 PM to 3:25 PM | CAMS BUSINESS MEETING*Not for CME
Yick Moon Lee, MD
President, Chinese American Medical Society

CAMS 58th Annual Scientific Meeting

Looking Back, Looking Forward: Preparing for the Post-Pandemic World

3:25 PM to 3:45 PM | *Anti-Asian Bias and Implications for API Physicians*
MODERATOR: James Tsai, MD
Winston F. Wong, MD, MS
Chair, National Council of Asian Pacific Islander Physicians
Scholar-in-Residence, UCLA Kaiser Permanente Center for Health Equity

3:45 PM to 4:00 PM | Q/A

4:00 PM to 4:15 PM | BREAK*Not for CME

4:15 PM to 4:35 PM | *Improving Adult Immunizations in the Context of COVID-19*
MODERATOR: Mary Lee-Wong
Litjen (L.J) Tan, MS, PhD
Chief Strategy Officer, Immunization Action Coalition
Co-Chair, National Adult Immunization Summit and National Influenza Vaccine Summit

4:35 PM to 4:50 PM | Q/A
4:50 PM to 5:00 PM | DAY 1 CLOSING REMARKS

Sunday November 7, 2021, 1:00 PM to 5:00 PM Eastern Time

1:00 PM to 1:10 PM | OPENING REMARKS

Cynthia X. Pan, MD & Benjamin E. Lee, MD
Co-Chairs, CAMS Program Committee

1:10 PM to 1:30 PM | *Telehealth: Looking Back, Leaping Forward*
MODERATOR: Stanley Yang, MD
Hanson Hsu, MD
Physician IT Liaison, NewYork-Presbyterian

1:30 PM to 1:45 PM | Q/A

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Looking Back, Looking Forward: Preparing for the Post-Pandemic World

1:45 PM to 2:00 PM | BREAK*Not for CME

2:00 PM to 2:40 PM | KEYNOTE: WILSON KO, MD MEMORIAL LEADERSHIP LECTURE

Tackling the Parallel Pandemics of COVID-19, Mental Health and Burnout, and Inequity: Being Asian American

MODERATOR: Ning Lin, MD

Victor J. Dzau, MD
President, National Academy of Medicine
Vice Chair, National Research Council

2:40 PM to 2:55 PM | Q/A

2:55 PM to 3:05 PM | BREAK*Not for CME

3:05 PM to 3:20 PM | Visionary Conference Sponsor Lecture*Not for CME

3:20 PM to 3:50 PM | *Public Health & Policy*

MODERATOR: Wallace J. Wang, MD

Shari Ling, MD
Deputy Chief Medical Officer
Centers for Medicare & Medicaid Services
Center for Clinical Standard & Quality

Kathleen Otte
Regional Administrator
Centers for Medicare and Medicaid Services (CMS)
U.S. Department of Health and Human Services (HHS)

3:50 PM to 4:05 PM | Q/A

4:05 PM to 4:10 PM | BREAK*Not for CME

CAMS 58th Annual Scientific Meeting

Looking Back, Looking Forward: Preparing for the Post-Pandemic World

4:10 PM to 5:00 PM | RESEARCH SYMPOSIUM

MODERATOR: Steven Cai, MD

Frederick Lu
Boston University School of Medicine

Michael Chang
Harvard Medical School

Elaine Cheung
California Northstate University College of Medicine

Joseph Chu, MD, FRCPC, FACP, FAHA, FAAN
Assistant Professor of Medicine (Neurology)
University of Toronto

5:00 PM | CONCLUDING REMARKS

2021 CAMS SCIENTIFIC CONFERENCE

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Chair, National Council of Asian Pacific Islander Physicians
Scholar-in-Residence, UCLA Kaiser Permanente Center for Health Equity

RESEARCH SYMPOSIUM PRESENTERS

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Boston University School of Medicine

Michael Chang
Harvard Medical School

Elaine Cheung
California Northstate University College of Medicine

Joseph Chu, MD, FRCPC, FACP, FAHA, FAAN
Assistant Professor of Medicine (Neurology)
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CAMS 2021 ANNUAL SCIENTIFIC CONFERENCE

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POSTER PRESENTATION

ABSTRACTS

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POSTER #1
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QUANTIFICATION OF ULTRA-HIGH RESOLUTION VERSUS CONVENTIONAL RESOLUTION CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY: A FEASIBILITY STUDY

Benjamin L. Shou[1], Jason Ortman[1], Mahsima Shabani[1], Joao Lima[1], Armin A. Zadeh[1]
[1]Division of Cardiology, Johns Hopkins Hospital, Baltimore, MD USA.

BACKGROUND: Conventional resolution (CR) coronary computed tomography angiography (CCTA) is a first-line test for the presence or absence of coronary artery disease (CAD). However, CR-CCTA is limited by its low positive predictive value which may be due to limited spatial resolution. In this feasibility study, we sought to compare vessel features quantified from newly developed ultra-high resolution (UHR) versus conventional resolution CCTA.

METHODS: Patients with suspected or known CAD were enrolled as part of the CORE-PRECISION Pilot Study and underwent UHR-CCTA. Raw image data was back-reconstructed to conventional resolution (CR). A semi-automated, deep learning based histologically validated software was used to characterize and quantify vessel features in the right coronary (RCA), left anterior descending (LAD), and left circumflex (LCX) arteries (**Figure 1**). Paired Wilcoxon signed-rank test was used to compare differences between UHR and CR features.

RESULTS: Four patients were randomly selected from the CORE-PRECISION cohort (median age = 65, 100% male) for a total of 12 analyzed coronary vessels. Median non-calcified plaque (NCP, 174.1 vs. 408.1 mm^3, $p < 0.001$), calcified plaque (CP, 43.4 vs. 78.5 mm^3, $p=0.001$), and low density non-calcified plaque (LD-NCP, 2.6 vs. 19.5 mm^3, $p=0.01$) volumes quantified from UHR scans were significantly lower than those quantified from CR (**Figure 2**). Further, median plaque burden (38% vs. 43%, $p=0.001$) and perivascular adipose tissue volume (PVAT, 226.8 vs. 368.7 mm^3, $p<0.001$) were significantly lower in UHR scans compared to CR.

CONCLUSIONS: Vessel features quantified from ultra-high-resolution CCTA are significantly different than those quantified from conventional resolution. Features from UHR-CCTA may have improved prognostic value over CR-CCTA in the evaluation of coronary artery disease.

CONTENT CATEGORY: Translational Science

KEYWORDS: *coronary artery disease, coronary computed tomography angiography*

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Figure 1. Example of software quantified vessel features on a curved planar reformation view of the left anterior descending artery. CR: conventional resolution; UHR: ultra-high resolution. CALC: calcified plaque; LRNC: lipid-rich necrotic core; IPH: intra-plaque hemorrhage; MATX: non-calcified plaque; PVAT: perivascular adipose tissue. Low density non-calcified plaque equaled LRNC + IPH.

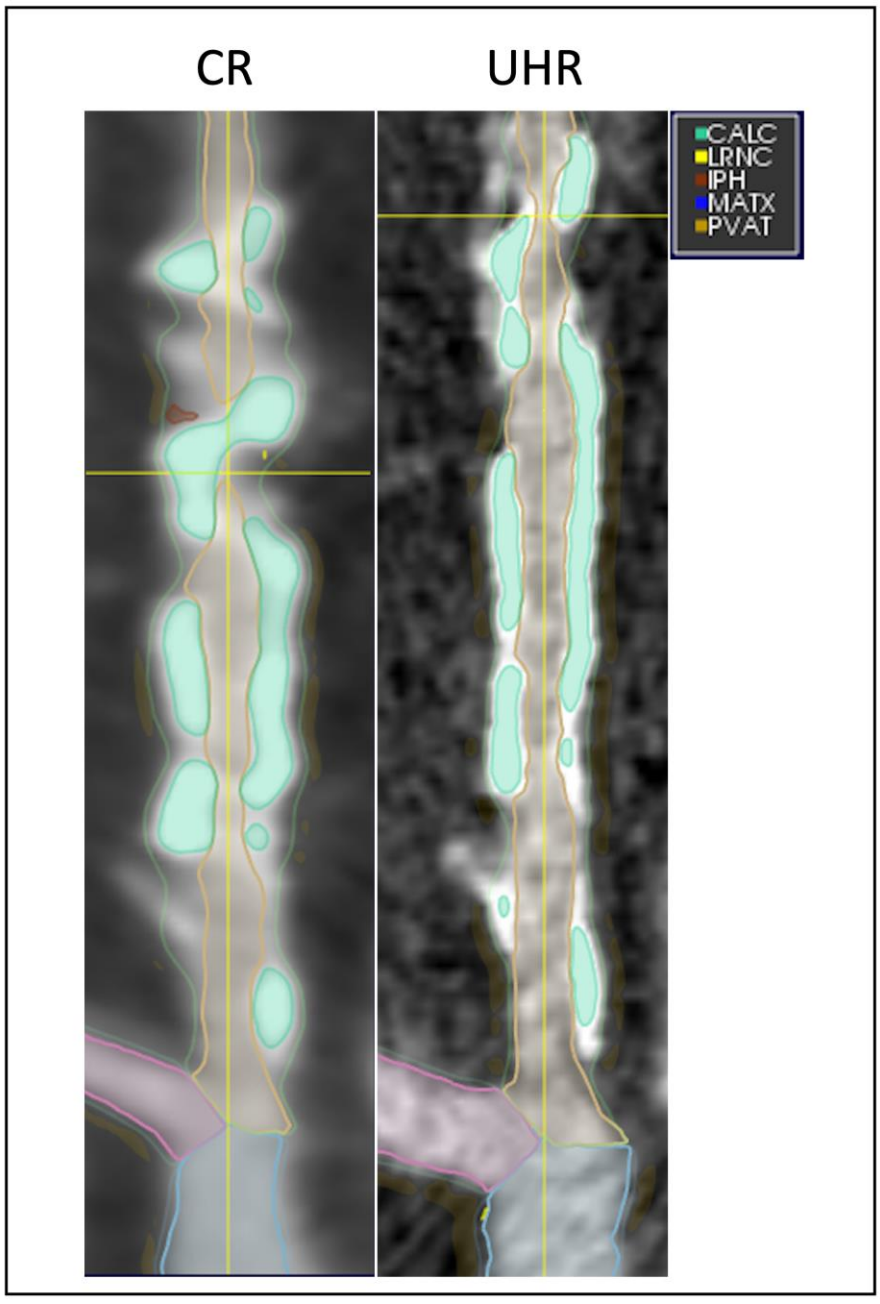

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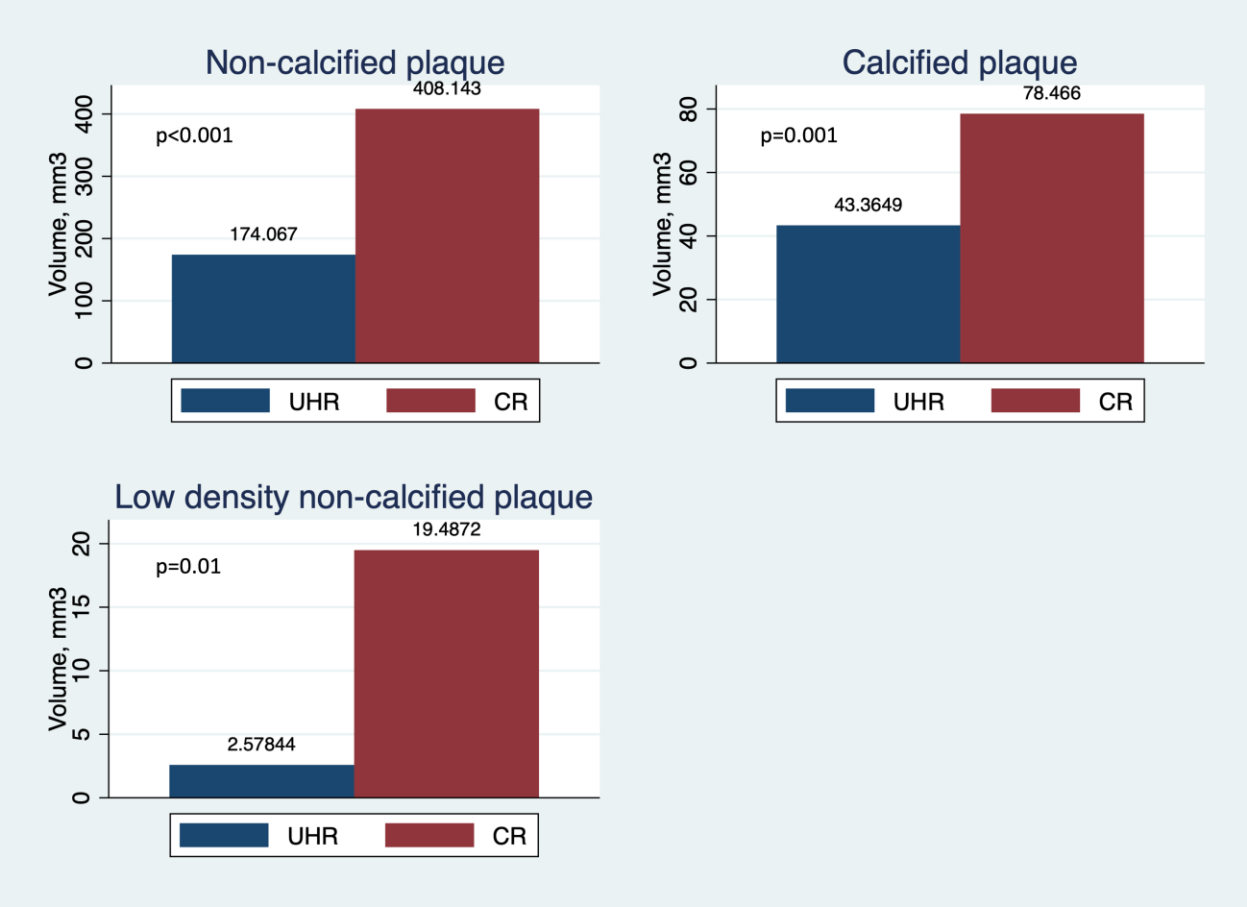
Figure 2. Non-calcified, calcified, and low density non-calcified plaque volume differences between ultra-high and conventional resolution. P values from Wilcoxon signed-rank test for paired values.



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PSYCHOLOGICAL STRESSORS FROM ANTI-AAPI RACISM AND POTENTIAL PROMISING PEER SUPPORT MODEL THROUGH INTERACTIVE THEATER

Brandon Lee[1], Richard Chen[2] and Eunice Yuen, MD, PhD[3]
[1]Bard High School Early College Queens 218-09 85th Avenue Queens Village, NY 11427
[2]Choate Rosemary Hall 333 Christian St. Wallingford, CT 06492
[3]Department of Psychiatry Yale School of Medicine Yale Child Study Center

BACKGROUND: Yale Compassionate Home, Action Together (CHATogether) is a mental health initiative and culturally-based peer support group that centers on providing mental health coping strategies to Asian American youth and parents through online digital theater vignettes. This culturally-focused program facilitated mental wellness in the Asian community throughout the COVID-19 pandemic and amidst the rise in anti-AAPI violence. We aim to: 1) introduce CHATogether's media as a vehicle to promote mental wellness and 2) present a qualitative study examining stressors faced by Asian Americans during the pandemic.

METHODS: CHATogether actors first performed a skit depicting specific parent-child interactions. Next, a licensed clinician debriefed the scene, highlighting skills to improve the child-parent interaction. The same skit was performed a second time, with actors utilizing the skills highlighted by the clinician. In a related study, six CHATogether members who produced vignettes participated in a focus group to discuss anti-Asian racism associated with the pandemic. We conducted qualitative analysis supported by NVivo to identify overarching themes.

RESULTS: Five preliminary themes related to racism stressors were identified: 1) increasing anti-AAPI racism involving political rhetoric and violence against Asians; 2) differential family approaches to dealing with racism including cultural gaps and language barriers; 3) different types of racism stressors involving systematic oppression and social exclusion; 4) the impact of racism stressors including feelings of alienation and hopelessness; and 5) positive coping methods such as discussing shared experiences or attending support groups. Themes of growth, resilience, and optimism were also identified, in which participants hoped to reassert their Asian cultural identity and restore cultural pride post-pandemic.

CONCLUSIONS: The pilot implementation of CHATogether during the COVID-19 pandemic demonstrates a preliminary model that can increase Asian American resiliency and political mobility. This study provides a potential promising model of online peer support to address anti-AAPI racism for future implementations.

CONTENT CATEGORY: Clinical Science/Patient Care

KEYWORDS: Asian Mental Health, COVID-19, Digital Learning, Racism, Stress

POSTER PRESENTER
POSTER #3
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CREATION OF A NOVEL 3D PRINTED OPTOKINETIC DRUM (OKD) WITH SMARTPHONE VIDEOGRAPHY

Lemanski BCP[1], Lemanski N[1], and Cheng M[1]
1) Mabel MP Cheng MD PLLC, 3140 Troy Schenectady Road, Niskayuna, NY 12309

Background: OKDs are utilized in neuro-ophthalmology for eliciting optokinetic reflexes (OKRs). OKR develops at 6 months of age and is useful for determining basic central nervous system functionality, visual pathway response, and stereopsis development in strabismus management. OKDs are useful diagnostic adjuncts when MRI or CT are not available. Unfortunately, OKDs are too expensive to be left on medical missions, and no commercial OKD exists for video recording, the latter useful for teaching use of OKD, remote interpretation of OKR, or self-use of OKD. A 3D printed approach was sought to achieve all objectives with videography by any smartphone.

Methods: A cylinder with two interlacing halves (creating an alternating pattern when printed in different colored filament) connects to a two-piece crank through a stationary handle by a tie rod via cantilevered snap fit. A universal smartphone attachment connects to the stationary handle by 3 knurled nuts for video recording. Designs sliced in Cura 3.6.20 were printed on a Single Extruder (2.1) LulzBot TAZ 6 (PLA+ at 380 μm). Fatigue testing was performed by cranking the assembly for 10 minutes. Smartphone clasp was tested in horizontal and vertical positions.

Results: Print statistics: 29 hours; 70.55 filament meters; filament cost: 15.10 USD. Horizontal and vertical OKR was elicited in authors with smartphone videography capture of binocular responses in both orientations. Videography quality was suitable to observe OKR on playback. Crank handle allowed single observer capture of OKR; 1000 rotations observed no part wear.

Conclusions: The 3D printed OKD is a reliable and inexpensive alternative to commercially available OKDs. To the best of our knowledge, the OKD proper is the first fully 3D printed OKD, possibly the first fully 3D printed ophthalmic diagnostic device, and the first OKD to have smartphone videography capabilities.

Content Category: Basic Science

Keywords: 3DPrinting, Optokinetic, Drum, Smartphone

POSTER PRESENTER
POSTER #4
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STROKE AND HEART ATTACK AWARENESS AMONG CHINESE IN THE WORLD: A SYSTEMATIC REVIEW

Charles Lee, Royal College of Surgeons in Ireland, 86 Dunloe Rd, Toronto, Ontario, Canada M5P 2T8

Dr. Chi-Ming Chow, Unity Health, University of Toronto, 36 Queen Street E, Toronto, Ontario, Canada M5B 1W8

Dr. Joseph Y. Chu, Toronto Western Hospital-UHN, University of Toronto, 312-190 Sherway Drive, Toronto, Ontario, Canada M9C 5N2

BACKGROUND: Stroke and heart-attacks are both leading causes of mortality amongst ethnic Chinese in North America & Asia.[1,2] However, there have been few to no recent studies that specifically address factors that influence the ethnic Chinese population's knowledge of these diseases, across multiple countries. This study seeks to identify and investigate the extent to which those factors influence the ethnic Chinese population's awareness of stroke & heart-attacks.

METHODS: A systematic literature review was conducted, which included all published studies that investigate the ethnic Chinese populous' awareness and responses to stroke and heart-attacks across Canada, United States (US), Peoples' Republic of China, and Taiwan.

RESULTS: Chinese living in Canada, US, China and Taiwan have greater stroke and heart-attack literacy in people less than 65 years old, females, more educated (senior high school and above), and live in urban areas. In Canada and the US, higher literacies were noted in Cantonese speakers, than in Mandarin speakers.[3] Educational campaigns in the differing countries have all raised overall awareness for stroke symptoms, despite differing approaches. Canada and the US use the mnemonic FAST[4,5], whereas China uses the Stroke 1-2-0 program.[6,7,8] While Taiwan previously used FAST, its adoption of the Stroke 112 program led to greater success.[9,10] A large part of success can be attributed to internet use and television.[3,9,10] Despite greater knowledge of stroke symptoms in China & Taiwan, there was only a limited effect on increasing help-seeking behaviour such as calling an ambulance.[6,9]

CONCLUSIONS: Stroke and heart-attack awareness amongst ethnic Chinese has increased internationally with the help of educational campaigns. These studies had demonstrated the usefulness of mass-media such as the internet in distributing heart-attack and stroke information. Moreover, it also highlights the necessity in Canada & US for increase health-related education amongst Mandarin-speakers. Lastly, promoting help seeking behaviour in China & Taiwan should be more targeted in future campaigns.

CONTENT CATEGORY: Epidemiology

KEY WORDS: *Stroke, heart attack, awareness, knowledge, Chinese*

POSTER PRESENTER
POSTER #5
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DEMOGRAPHIC TRENDS OF PATIENTS PRESENTING TO EMERGENCY DEPARTMENT FOR PSYCHIATRIC DISORDERS DURING THE COVID-19 PANDEMIC

Rachel Yang[1], Andrea Yun MD[1], Clara Pavesi-Krieger[1], Evan Grace[1], Amanda Bjornstad[1], Julia Versel[1], Theresa Nguyen MD, FACEP[1]
[1]Loyola University Medical Center, Department of Emergency Medicine, 2160 S 1st Ave, Maywood, IL 60513

BACKGROUND: As many outpatient services became unavailable during the pandemic, many providers shifted to telemedicine as a means of connecting with patients. However, telemedicine was not readily accessible for to everyone, especially patients who used the Emergency Department (ED) as their primary resource for health care and psychiatric services. The pandemic has also been linked to a rise in discrimination against Asian-Americans, which undoubtedly negatively impacts mental health.

METHODS: We conducted a single-center, retrospective chart review of Loyola University Medical Center ED visits between March 1st-April 30th, 2019 and March 1st-April 30th, 2020 to identify trends in the demographics of patients who presented to the ED for psychiatric complaints.

RESULTS: A total of 598 patient charts were reviewed (n=264 in 2019; n=334 in 2020). Homeless patients were more likely to present for a psychiatric complaint in 2020 (23% vs. 11%, $p<0.001$), reported greater incidence of illicit drug use (50% vs. 41%, $p<0.024$), and reported a history of alcohol abuse (41% vs 39%, $p<0.2$). Interestingly, more patients had a previous psychiatric diagnosis in 2019 than in 2020 (76% vs. 63%, $p<0.001$) and were also less likely to be diagnosed with a new psychiatric disease (32% vs. 12%, $p<0.001$). As for demographics, un-housed African-Americans and Hispanics/Latinxs were more likely to present to the ED in both years. Only a total of 7 Asian-Americans presented to the ED for a psychiatric complaint (n=4 in 2019, n=3 in 2020). They were all housed with no history of illicit drug or alcohol usage. These findings may have been skewed by the fact that the Loyola ED is located in Maywood, which is a predominantly African-American and Hispanic community.

CONCLUSIONS: Overall, we found that Asian-Americans are under-represented among people experiencing homelessness and are less likely to present to the ED with a psychiatric complaint. However, we found that African-Americans and Hispanics/Latinxs have a significantly higher association with homelessness, psychiatric diagnosis, illicit drug and chronic alcohol use. This suggests the importance of increased access to consistent psychiatric care and follow up with individuals affected by socioeconomic health disparities.

CONTENT CATEGORY: Epidemiology, Clinical Science, Patient Care

KEYWORDS: COVID-19, Emergency Department, Psychiatry, Asian-American, Homeless

POSTER PRESENTER
POSTER #6
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INCIDENCE OF OROFACIAL CLEFTS IN ASIAN AMERICAN SUBGROUPS

AUTHORS: Sandy Li[1], Siobhan Nnorom[1], Richard Ngo[2], Oluwasegun Akinyemi[1], Adedoyin Kalejaiye[1]

AFFILIATION: 1. Howard University College of Medicine, 520 W Street NW, Washington, DC 20059. 2. Massachusetts General Hospital, 55 Fruit Street, Boston, MA, 02115.

BACKGROUND: There has been evidence that suggests the prevalence of orofacial clefts in Asian Americans is high. However, in current research, Asian American subgroups are often inappropriately combined into a single Asian category. Among the Asian American subgroups, there is wide variation in sociodemographic indicators, which can ultimately affect perinatal outcomes such as orofacial clefts.

METHODS: We conducted a population-based retrospective cohort study using the US vital statistics dataset of all deliveries by Asian and Pacific Islander women from 2015 to 2019.

RESULTS: Overall, the incidence of orofacial clefts in Asian Americans (0.06%) was lower than that of American Indian/Alaska Natives (0.15%) and White Americans (0.08%) and higher than that of Black Americans (0.04%). The highest incidence rate of orofacial clefts was in the "Other Pacific Islander" subgroup (72 per 100,000 live births). The lowest incidence rate of orofacial clefts was in the Chinese subgroup (41 per 100,000 live births). Pacific Islanders (Hawaiian, Guamanian, Samoan, and Other Pacific Islander) had a higher incidence rate of orofacial clefts compared to Asians (Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, and Other Asian). Asian and Pacific Islander mothers born in the US, compared to those born outside the US, had a higher odds ratio for giving birth to a child with an orofacial cleft.

CONCLUSIONS: The incidence of orofacial clefts in Asian and Pacific Americans might be lower than previously shown in the literature. There were also differences when examining specific subgroups. These results will contribute to the current research highlight health disparities in Asian Americans, especially in Asian American subgroups. Disaggregation of Asian American and Pacific Islander data on a national level will highlight the unique challenges and health risks of specific subgroups, leading to improved treatment and outcomes.

CONTENT CATEGORY: epidemiology

KEYWORDS: Asian, Pacific Islander, orofacial clefts, cleft lip, cleft palate

POSTER PRESENTER
POSTER #7
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HEALING FROM HATE: ASIAN AMERICAN EXPERIENCES OF PSYCHOTHERAPY

Chiao, Stephanie[1]; Shi, Zhenzhen[1]; Chang, Nadine[1]; Chen, Janet[2]; Ding, Helen[1]

[1]New York Presbyterian Weill Cornell Medicine, Department of Psychiatry, New York City, New York, 10065

[2]UTHealth Houston, Houston, Texas, 77030

BACKGROUND: The COVID-19 pandemic has significantly impacted mental health in Asian-American communities through racial discrimination. This compounds longstanding barriers Asian-American patients face to access quality mental health care. Currently, little is known about Asian-Americans' experiences of psychotherapy. This study uses thematic analysis to explore the impact of race on Asian Americans' experiences of psychotherapy treatments.

METHODS: Participants were recruited from July 2020 to June 2021 through purposive and chain referral sampling. Participants identified as 1.5 or 2nd generation East or Southeast Asian, had a history of psychotherapy treatment, and spoke English. Participants underwent a semi-structured interview about perceived impact of race on their psychotherapy. Transcripts were coded by two investigators using NVivo software. Thematic analysis was conducted, and themes were discussed with the research team.

RESULTS: Participants reported varying degrees of interaction of race and psychotherapy. Four themes emerged: (1) Participants believed therapists with certain lived experiences were better able to understand Asian-American experiences. (2) Participants reflected upon the need to provide explanation about their culture and community to White therapists. (3) Participants described a process of ethnic identity development that affected their therapy experiences. (4) Differences in cultural norms around family were obstacles in processing relational issues.

CONCLUSIONS: The impact of the pandemic on Asian-American mental health demonstrates the urgency of improving access, utilization, and quality of mental health services. This study provides new insight into Asian-American experiences in psychotherapy, and explores how race plays a role in treatment. Looking forward, this is an important step in developing guidelines for high quality psychotherapy for Asian-American patients in the post-pandemic world.

CONTENT CATEGORY: patient care

KEYWORDS: psychiatry, psychotherapy, talk therapy, mental health, qualitative