

The Brain Trust

Episode 18: Alzheimer's Disease and Related Dementias in African American Communities

Kate Rowland, MD

Announcement

00:03

Welcome to the Brain Trust, a physician's guide to diagnosing Alzheimer's disease and related dementias brought to you from the Illinois Academy of Family Physicians. I'm Dr Kate Rowland, family physician, member of the IAFP and faculty at Rush University. Funding for this podcast series was provided by a grant from the Illinois Department of Public Health. The goal of the Brain Trust and this podcast series is to educate and empower the primary care clinician in the early detection, diagnosis and management of Alzheimer's disease and related dementias. Clinical resources, free CME and other educational materials are available online at thebraintrustproject.com. Cme credit is available for each podcast. The Illinois Academy of Family Physicians is accredited by the Accreditation Council of Continuing Medical Education to provide continuing medical education for physicians. Information on how to receive credit can be found on the Brain Trust Project website. Thank you for joining us as we empower each other and provide training on the early detection of Alzheimer's disease and related dementias. And now today's episode.

Raj Shah, MD

Host

01:07

Hello everybody, welcome again to our next series and the podcast, the Brain Trust, where we're talking about early detection of Alzheimer's and related dementia in primary care settings.

01:19

And today we have a really special opportunity to spend some time to talk again about an important issue, about how do we get to early diagnosis and detection in communities that are sometimes underserved, including the African-American community. This is building up on a prior podcast that we had had with Dr Scott Levin at West Suburban earlier in our series about how to approach improving our early detection and diagnosis in the African-American communities, and it's a nice way to start the new year, and so I'm in my car and just finished traveling on the local expressways from Naperville, crossed over into Indiana and I'm in Munster, Indiana, today, where I'm meeting a dear friend and colleague, where we've known each other since our residency at West Suburban, Dr Tanya Austin, who's an assistant professor and family and preventive medicine at Rush University and a longtime primary provider in what we consider sort of the South of Chicago or the Southland of Chicago. I'm here at her new practice in Munster as part of the Rush system. So, Tanya, thanks for having me here today and happy new year to you.

Tonja Austin, MD

Guest

02:30

Happy new year to you as well, raj, and thank you for traveling all this way. Good to see you. You look great.

Raj Shah, MD

Host

02:36

Oh, thanks. It's wonderful and I appreciate always getting a chance to see you in person. But yeah, I was just really curious if you wanted to start out for our audience just a little bit about your story, as how you've had your path in practicing family medicine in the Chicagoland region since we finished up residency at West Suburban. So if you can give us a little background of where you've been and who you are, that would be great.

Tonja Austin, MD

Guest

03:01

Sure, I'd be happy to. So actually, you made that note, I am a transplant to Chicago. I actually grew up in Carson, California, and while in Carson I was surrounded by Indian, or essentially what I sought to do was to head to medical school in an effort to be able to help those in communities that mirrored the one in which I grew up, so predominantly African American, where unfortunately there was a lot of chronic disease state such as diabetes, hypertension, et cetera. And what I noticed is that the individuals in my community were impacted significantly by those conditions because A there was a distrust in terms of just medicine and presenting to doctors' offices. Hence, by the time in which those individuals did, the disease states had pretty badly affected them, or essentially, the individuals didn't really understand their disease state, they didn't really get the information that they needed in order to empower themselves to be proactive about preventing those complications. So I really wanted to become a physician, garner those tools and then head back to serve such a community as that.

04:22

So that led me to Chicago where I attended Northwestern Medical School, did some work in the care of bringing Gleedy-Gleedy. From there I headed to West Suburban Residency Program where we met and, as you know, in residency you have an opportunity to choose your clinical experience, and so I sought to work in what would be considered the federally qualified health center affiliated with our residency program there, and from there I headed to the south side of Chicago, where I was first employed at Christian Community Health Center in Roseland and just at pretty much the entire career state in the Southland, consisting of again either just moving further south, and currently I am in Northwest Indiana, in Munster, as you mentioned. However, northwest Indiana, Munster specifically, is just a stone's throw away from Chicago, so I'm still pretty much living and serving those who I have my entire career in the Southland.

Raj Shah, MD

Host

05:30

Chicago yeah, that's great. No thanks for sharing that story. I'm surprised you made it all those years after leaving California and have become part of the Midwest. You're a success story for all of us, so that's great. If you wanted to expand a little bit about the community on the Southland that you've mainly been practicing on and with and supporting in your primary care family medicine role, and some of the characteristics of the community and how well it fit with the community you grew up in and in southern California and some of the unique features that the community has to work through, especially some of the older adults in the community.

Tonja Austin, MD

Guest

06:08

My patient population is, I would say, and has always been, approximately 80 to 85 percent African-American and with the rest of the patient population consisting also of other minority patient populations such as, you know, hispanic, asian, Indian and then Caucasian. The Southland is very unique in that the although where I've been practicing the patient population is predominantly African-American is very diverse in terms of financial state. So, essentially, there are places where people or patients are will just say well above the middle or high income, I should say, and then you can essentially just go perhaps a mile or two in goal. Patients are low income, so very, very diverse. In that sense there are, despite being a very large area, still very few hospitals in the area and very in doctor's offices, which makes it challenging in terms of certain resources.

07:26

However, I will say, most certainly not all, but most medical physicians that do care for the patients, like myself, reside in the region, which really gives us a great perspective and a pulse on what is needed. The area here because of the, you know, diversity in terms of just finances is still played, as the community that I grew up in with chronic disease state, Unfortunately, as I continue to practice on here, I would say, you know there's a dialysis center almost every five blocks. I am definitely seeing an increase in the rate at which Alzheimer's disease and other dementials are starting to plague the patient population, particularly those, you know, 65 and older. I'm sure a lot of that has to do with the fact that, again, the increased prevalence of chronic conditions that increase their risk, such as hypertension, diabetes, etc.

Raj Shah, MD

Host

08:32

Yeah, you're definitely telling a story that even nationally, groups that have been looking at the patterns in epidemiology point to. So like even the most recent Alzheimer's Association facts and figures report you know, mentions that African Americans are about twofold increased risk for developing a dementia, latino is about 1.5 increased risk for developing a dementia and it's tied with some of these factors that bringing up you know about vascular conditions early in life and the impacts of chronic kidney disease.

You know they all play a role and they're all driven also by just access to services and some of the structural patterns of you know resources and support for communities. And I just wanted to kind of get a sense because I think sometimes we look at a community like the African American community as monolithic, like it's all the same.

09:26

but I think you're bringing out like even there's so much differential in a community, even the Southland, as far as like socioeconomic status, about other conditions that affect people's well-being and you've had an opportunity to practice, at least in the Chicago area, like on the west side of the city, in an urban area, like on the border of Austin and Oak Park and Roseland as a community within Chicago on the south side, and then in sort of the metro area or the suburban areas that are further south of the city in your current roles and can you kind of talk a little bit about that. You know diversity of the African American community and how that plays a role sometimes and you know maybe changing the approaches around diagnosis and caring. You know an early detection of Alzheimer's disease or related to men's shows.

Tonja Austin, MD

Guest

10:13

The approach that I've had, which is what drew me to family medicine to begin with, is just recognizing that, first and foremost, regardless of where a person is in, their social, economic status or their educational status, is to not assume that, just to not assume when it comes to discussing disease states or patterns or what they know, and so just really taking the time to stress with that individual that, essentially, my goal is to partner with them to keep them healthy, and part of that, or the main piece of that, is being able to understand why it is that certain recommendations are being made, and then empowering them, the ability to have some shared decision making in terms of what it is that we're trying to face, and I've just found that, especially amongst African Americans, where, again, as I've mentioned before, there's just been this heightened level of distrust that's just been passed on through, you know, generations. That's greatly appreciated and has really seen as caring, and so people become more engaged and more proactive in terms of just trying to seek out all the care that they need. Some of the barriers, particularly though, in the Southland, really have to do with, as I alluded to, access, and so that access is very layered, if you will. So when I say access, that may pertain to the fact that there may be any specialist that a primary care physician such as myself can partner with for certain patients, either due to the fact that perhaps that specialist because they're, you know, one of very few in the area may also have a huge role in the community hospital, for instance, like a neurologist may be over the stroke program, and so their office hours are few, far and in between. Or perhaps, you know the most socioeconomic standpoint, there are mixed access and insurances.

12:23

And so for my patients who you know don't have private insurance or may be, you know, medicaid or even Medicare, they may be shut out from those few individuals or may be in their area due to insurance issues, or it could be a matter of transportation.

12:45

What you know, the beauty of living in the community is that are more familiar or have ease in terms of being able to help people overcome some of those or find ways to assist the patient on some of those challenges. And so, for instance, I know one of the community hospitals out this way has a transportation system called Carewings, and so, for individuals who may need to see a certain specialist that may be on their campus or what had. You would transport them freely, but that's, you know, a resource. So, like I said, access is just multilayered. The barrier may be financial, the barrier may be just too few specialists, and so that's where new VISTA primary care physician kind of have to step in to essentially help to do some of those things that may typically be done in the specialist office. In an effort to make one style of patient is able to penetrate that specialist office.

Raj Shah, MD

Host

13:48

The visit is more meaningful, yeah yeah, so yeah, definitely, I mean what I'm hearing and correct me if I'm wrong is like some of the challenges you're noticing are challenges faced by anybody in society. That's, as a person trying to deal with memory loss and trying to get resources and understand what's happening with their primary care doctor, and you know some of it's like having the time just to spend to talk about things in a trusting, safe space with the person they value and who's known them for a while, like a primary care physician, to break down kind of what's happening and why we're doing certain things. So it's building that individual level of not having biases come into sort of what you anticipate to happen with that person, but creating a space where you can work together to find a pathway forward. And then they have some real legitimate challenges like getting access to a next level, of helping to coordinate a diagnosis or to get the right tests like an MRI scan or a CT scan, or and there are so many struggles, whether it be through transportation access or through access of the health professionals or resources that are based on insurance, and that makes it a lot tougher sometimes for a community to get through this and that's why the skills of a primary care doctor become so important is to be able to understand that person in front of them and to kind of work through and understand their community and to be the link between those two pieces. And that's why it's so powerful that you live in the communities and understand how they work and, you know, can connect people through that and they know that you are kind of from the community and that you know some of those connections to resources.

15:29

And I'm just kind of curious if you could spend a little time talking about how to work through some of those challenges that you mentioned or others. You know, one challenge that you brought up was just even the fact that, okay, I would love to be able to send this person to see a specialist, but the specialists around this area either have a long wait list or that they might not take the insurance that the person has. And then what kind of things do you do as a primary care physician to kind of work through that challenge with that person? As far as you know, getting to a diagnosis, if you can't necessarily say okay, I can send them to a colleague that can do this evaluation and give me some suggestions. I'm curious, like what you tend to do in the office in those situations.

Tonja Austin, MD

Guest

16:11

So, as I stated earlier, I try to complete what I know would happen once the person has the opportunity to interface with that specialist for a more in-depth evaluation, or what we would call a neurocognitive evaluation. So for a patient, they say hey, doc, you know I've been having some memory issues, so we review their history first and foremost just to see if it holds something there. Well, I could be contributing to another type of dimension, not necessarily Alzheimer's. I start the metabolic workup the.

16:46

T12, the TSH. I try to advocate for some early imaging such as MRI. Oftentimes it is very difficult or challenging for that though, because of the insurance barriers. Oftentimes insurance providers require the patient to actually interface with the specialist. You don't take necessarily the word of the primary care physician.

Raj Shah, MD

Host

17:11

Well, hopefully we can keep working with groups like the Illinois Academy of Family Physicians to change that around to improve access for our communities.

Tonja Austin, MD

Guest

17:21

Absolutely and then essentially hardening out some time to bring the patient back in to be able to perform some more in-depth cognitive evaluation, be that at their preventative care visit what people know is their annual physical for those individuals who may be over 65, their Medicare wellness visit that was fine. They do something called a Medicare health risk assessment where we look at or ask questions pertaining to their activities that they're living, to get us an idea as to get some of those memory issues that they may have brought up, how significantly they may be impacting their day to day. We do also a cognitive evaluation, be that using their mental status exam, be it. I think there's a tool called the 6th tool where it's just a simple yes, no pertaining to memory issues. So again, just trying to get an understanding of where they are. If there are definitely some cognitive deficits there that may be early in how significantly they may be impacting that individual, and if there is some significant impact, then considering starting some type of cognitive or medicine that could help with that that cognitive issue, because it may very well be early dimensional.

18:45

And then me personally, what I try to do, especially being on the community as a you know, community physician, is just really trying to put myself in spaces even on you may not know I'm a very shy person putting myself in spaces where if I send a patient somewhere, hopefully there will be some name recognition and that will allow that patient to be able to interface sooner.

19:14

So that means, you know, getting involved in medical staff leadership at my local hospital. That means getting to know some of the case managers are seeking out who the case managers may be with certain insurance groups or, you know, physician health organizations participating with some of those physician health organizations if allowed the opportunity to do so. And you know just some of the local church groups. You know there are some pretty big make of churches out here. So just trying to put myself in places where I have an opportunity to interface with individuals who may be able to help me identify resources. And then the one of the greater resources that are out there now that, I'm happy to say, is the Alzheimer's Association and their website is fabulous in terms of just having a means to be able to direct a patient to attain some resources that may be needed.

Raj Shah, MD

Host

20:18

Yeah, no, great.

20:19

I really love like the way you know you don't stop if you're a little bit delayed or you know the patients are delayed and getting an appointment with a specialist even though you would.

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You may want to have that as the original pathway, but you just have to continue to work right with the person.

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You don't have to do it all at one visit.

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You can break it apart or, you know, have them come for like an annual physical or annual wellness visit for Medicare and use that as your opportunity to engage with the person and to build kind of a trust and a storyline over time and do the work up because in the end you've mentioned the work up right, like you did, all the asking about where they're at with their cognition and then checking for other conditions that might be related, that could be solvable, and then seeking out imaging if possible and not hesitating to sometimes make the diagnosis and start somebody on an appropriate treatment to start the process and then connecting them with the community resources. So I think you're doing all the the wonderful, right things that a good primary care family physician working with diverse populations does to support a community through that. And you know, as we're approaching the end of her time together. I was just wondering about is there an experience, like a positive experience you've had, in sort of doing that early diagnosis and pathway with a family and really helping them through sort of that, walking with them in that journey as they, you know, bring up an issue with memory loss and then helping them to get to that diagnosis and treatment options?

Tonja Austin, MD

Guest

21:48

Yes, actually recently I have a elderly African American couple.

21:53

I see the wife as a patient and she does have early Alzheimer's dementia and the benefit, knowing that, is that she and her husband now have the opportunity to sit down and really just make some decisions going forward in terms of finances.

22:15

Their living will just the anxiety of you know, knowing okay, I'm not crazy, something is going on, and just essentially having that that why in terms of why I'm feeling this way I'm feeling, and then that's kind of helped to alleviate some of the depression. Obviously that goes along with all, and so being able to then know the diagnosis has allowed us to put them in touch with the resources where the wife is able to actually go out and interface with individuals. Her own age and still continue to live and realizing living is very important in terms of just, you know, working through this condition and the husband has gotten some support as well and support groups and things of that nature. So just helping them you know where they are and then just trying to help them feel more comfortable in terms of where they're going and just be prepared for all that may come with that.

Raj Shah, MD

Host

23:21

Yeah, no, definitely, and I'm glad that you're part of that right as a physician in that process, helping them through the steps in the planning, and there's a lot that they can do right to maintain the quality of life and the right connections in a community and in general. In Illinois we're trying, and around the country we're trying, to build more of these dementia friendly communities to reduce stigma, to help people get an early diagnosis and to grow, and we'd love to see more communities in the Southland go through that process, you know, with the help and support of their local hospitals, health care systems and others. And as we wrap up today and you know, any final word you would have, apart from like encouraging more physicians to join you in the Southland to help practice and to help the community out as far as what they can do, whether at you know their stages in their primary career, including some residents about, you know, serving the African American community and encouragement to help to make an early diagnosis Any final words you have for us?

Tonja Austin, MD

Guest

24:15

Well, I certainly would like to just encourage my family, fellow family physicians, to remember why you chose family medicine to begin with, and that was essentially because you sought to be a partner with the individuals that you are serving in terms of helping them to be more proactive in preventing

complications for certain disease states that they encounter, helping them live better, more healthy lives. So that includes essentially sitting down with them and really acting as a go between when they're in certain challenging positions, such as with dementia. I bring you know that includes bringing them back frequently just to check in to see how things are going. How can I be of help? Is there anything we need need to explain? Or perhaps continuing those measures that perhaps were started by the specialists?

25:16

But then you know, because of the limited access, you know the patient may not necessarily be able to get lost, if you will, because of the limited access for follow up. So, new being that follow up and not being afraid to, like I said, be that resource, be that that bridge in between the gap that's especially appreciated in the African American community. But with that being said, I do actually have a question for you. So the Southland, if you don't mind. So my question for you is, I'm said constantly about the limited resources. I was just wondering if you had any idea as to what efforts, if any, are being made to further educate those who are taking care of large patient African American patient populations, particularly in the Southland, and to improve access to some of those resources. Alkalswin.

Raj Shah, MD

Host

26:13

Yeah, I think it's definitely a multi-pronged area and we'd love to kind of have a broader conversation and bring this up in the future.

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But I think some bigger avenues is making these communities more acceptable to dementia friendly, becoming dementia friendly through a process that's nationally recognized and we've have 30 communities in the Chicago in Illinois that are part of that.

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Through some work we've been doing an initiative called dementia friendly Illinois and that involves all stakeholders from librarians to, you know, police and firefighters to local businesses and including, you know, primary care offices, working together to reduce stigma and to help people to get the services and connection and to talk about this.

26:56

This is also included some training of community health workers through a grant through the Illinois Department of Public Health to get the message out in churches around early diagnosis and to seek care from primary care doctors, and sessions like this that we just had, which is such a wonderful way to begin the new year where we can talk with actual primary care physicians working in these settings about their needs and their creativity and handling some of these issues and sharing that message with others is so important. So I know I've taken a lot of your time today and I appreciate all the things that you've done and told us is a wonderful session. And so that brings us to the end of our episode of this podcast of the Brain Trust and Tanya, thanks so much again for your time. Really appreciated it.

Tonja Austin, MD

Guest

27:41

Thank you, raj, and thank you for all that you do.

Kate Rowland, MD

Announcement

27:49

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