



CBHC

Colorado Behavioral
Healthcare Council

golden
light bulb

Program Title: Asian Elder Wellness (AnEW)

Organization: Asian Pacific Development Center (APDC)

Program Abstract (50 words max, please):

The Asian Elder Wellness Program (AnEW) serves AAPI individuals and families from 11 ethnic groups in 12 languages in a group or individual setting each month with each group being tailored specifically to the ethnic and cultural norms associated with mental, spiritual, and physical health and wellbeing.

Program Description (Include program development, program information, staffing requirements, pertinent data and start-up costs.): *Please limit to 2 pages, and remember to address all criteria specified.

Program Information: Nearly 400 AAPI refugee and immigrant elders (60+) receive at least bi-weekly check-in phone calls or in-person visits with a staff member who speaks their language, understands the cultural norms, and has shared experiences unique to that community. Additionally, AAPI elders meet in groups to exercise, educate, socialize, and complete a mental health screening at least once per month. Our case management team, many of whom speak the languages of our clients as well, provide follow-up support for housing, healthcare, food insecurity and more. Our team is also highly-trained in mental health in order to provide immediate services or refer to a licensed mental health clinician, and they have been most recently educated in COVID safety, vaccinations, and disease education and prevention. 98% of our elders report feeling happier and more independent while 95% report increase in knowledge, specifically in health-related topics ranging from diabetes management and heart disease to trauma-informed self-care strategies.

Program Development: Our community members are the ones who determine topics, frequency of meetings, field trips, and other aspects of the program. What works for Japanese immigrants may not work for Bhutanese refugees. We take a bottom-up approach for a number of reasons, but the autonomy and choices the communities make ensures we provide the most relevant and culturally and linguistically appropriate services possible. Our group meetings take place in a central location, which is not always our office, so we form partnerships in order to be as accessible as possible for our elders. The objective is to be a constant connection to services, source of reliable information, and be someone our elders can reach out to when experiencing loneliness, stress, or worry about personal or even global issues. The recent coup in Burma led to the formation of a group to address the fears and uncertainties, and we create healing circles and empowerment programming as a response to the rise of racist hate towards those of Asian descent. We also work individually to get our elders vaccinated (should they choose) and provide trustworthy information regarding COVID. Essentially, there must be an individualized and group component with a strong emphasis on empowerment and inclusion that are adjustable cultural and linguistic norms.

Staffing Requirements: A masters-level social worker coordinates the program and assists staff with counseling, education, screenings, case management, outreach and referrals. A licensed psychologist provides weekly supervision in order to ensure our team is as prepared as possible to address the numerous mental and behavioral health concerns that impact the immigrant and refugee communities.

Most of our team have bachelor's degrees, but they are able to connect with communities and build lasting, trusting relationships because they are from those communities, share linguistic and cultural norms, and have many shared experiences. Before beginning, the organization must have referral sources in place, because the needs of these communities will certainly become more apparent as the program grows.

Data: The counseling, education, and screening results as well as specific case management topics are tracked and tabulated according to each individual, group, and community we serve. Our screening results are tracked over time and coded to alert any changes or trends with an individual and a group. So, we can determine if one Vietnamese elder is consistently feeling depressed or if there is a specific area that is of concern, like sleeping or eating. If a trend forms within an entire community, we are able to focus our attention and resources to address that concern, like the psychological impact of the coup in Burma or the isolation associated with COVID precautions. The case management tracking allows us to determine and address individual and communal needs as well. Job searches, healthcare access, and housing, for example, are the largest areas of concern for all communities while food insecurity is the largest for our Vietnamese and Cambodian elders. For context, we have provided 1,300 counseling units, over 5,000 education units, and completed over 1,300 screenings in the past year alone. 64.5% (215) of our elders are at or below the poverty line while 80+% (300+) have few or no English language skills. 98.8% of all of our participants receive all three core components of our program: counseling, education, and screening. It is also important to note that 27% or (91) of our elders live alone. Requests for our services increased over 25% during COVID19 due to the fact that we have built these relationships with the communities and were trusted enough to provide accurate information, appropriate referrals, and the highest quality services possible.

Start-Up Costs: This program does require hiring from within the communities you are serving or wish to serve. That is the key to providing the appropriate level of care for refugee and immigrant elders. With many communities being served, a program coordinator is needed to complete administrative tasks as well as provide supervision and guidance. We concentrate on mental health, so we have a licensed clinician on staff responsible for overseeing that component of the program. If the focus is on physical health, then an appropriate content matter expert would be needed as well. The more communities one hopes to engage, the more funds need to be dedicated to appropriate staffing as well as an operating budget that is tailored towards specific norms. Food is a significant part of Asian culture, so we have funds allocated towards snacks, refreshments, and even the occasional meal each time one of our groups meet. From our experience, the start-up and operating costs of this type of programming pale in comparison to the rewards and benefits of offering comprehensive linguistically and culturally-specific elder wellness services.