Community Health for Asian Americans (CHAA)

Asian Elder Wellness Project

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OUR STORY

CHAA is committed to improving the quality of life for marginalized communities through using community-driven approaches. These approaches were central to the Asian Elder Wellness Project. The goal of the project was to implement a community-driven process in the design and implementation of innovative interventions that answered the learning questions. CHAA did this by developing a 7-step process of popular education and community-based participatory research (CBPR). The 7-step process offers a framework and adaptable activities for engaging people most impacted by an issue in the development of programs intended to serve them. Each step and the entire process are culturally responsive to honor the experiences of participants. The project effectively engaged isolated adults and older adults experiencing SMI from immigrant and refugee communities.

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INN 3 GRANTEE DESIRED OUTCOMES SUBMITTALS

Report Overview:
This report documents the desired outcomes and program design content for the Asian Elder Wellness Innovations project. The report is formatted following the guidelines and questions from the Round Three Innovations Grant Desired Outcomes & Program Design Content Guidelines for Isolated Adults and Older Adults.

Submission Date:
10/16/2015

Project Name:
Asian Elder Wellness

Grantee Organization:
Community Health for Asian Americans (CHAA), in partnership with Korean Community Center of the East Bay (KCCEB), Filipino Advocates for Justice (FAJ), and Center for Empowering Refugees and Immigrants (CERI)

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Asian Elder Wellness: Desired Outcomes and Program Design Content

LEARNING QUESTION

1. Identify the Learning Question(s) your project addressed.

#3: How do volunteer opportunities that are interest- and skill-level appropriate with significant peer or professional coaching decrease social isolation and improve self-esteem and quality of life for isolated adults and older adults with serious mental illness?

#4: How does a place-based outreach program by trained peers to public locations in the community, such as parks, coffee shops, and libraries where otherwise isolated persons may go, be effective in reducing social isolation and increasing participation in mental health services among isolated adults and older adults with serious mental illness?

2. Address your selected Learning Question(s) based on your project findings and final project desired outcomes. Explain how your strategies address the learning question(s).

CHAA 7 Steps

The seven step popular education/community based participatory research process that the staff/facilitators went through and in turn, facilitated in their own communities was an effective way for community members themselves and those close to them who are API isolated and with serious mental illness to incorporate their unique opinions, experiences and voices into the program designs that answered the learning questions.

This project did not attempt to answer the learning questions through staff, literature, or other experts but to support and facilitate API community members to do so.

Asian Elder Wellness

KCCEB found that a social engagement program that is easy-to-access, culturally relevant, and approachable has potential to increase social interaction, lower isolation, and increase help-seeking behavior (answer the learning question). Through the 7 step process that the KCCEB group went through, KCCEB decided that the following elements should be included in a program to reduce social isolation and increase participation in mental health services among isolated adults and older adults with SMI in public housing where they live: traditional/cultural celebrations and activities to help seniors "feel at home;" focusing on health and wellbeing rather than mental health; and designing program elements/curriculum as if they are targeting grade-school aged children.

At FAJ, through the seven step process, it was determined that offering healing modalities to isolated Filipino SMI adults and older adults, such as acupuncture, yoga, dance, karaoke,

storytelling and traditional cooking at no cost is key to reducing social isolation and increasing participation in mental health services. Outreach to isolated adult and older adult Filipinos with SMI to offer these modalities can happen at public places where they congregate such as their churches, bus stops and the local McDonalds. But, the most effective outreach was at care facilities where they both work and live. Outreach that engages isolated adult and older adult Filipinos with SMI to participate in the above mentioned healing modalities not only reduces social isolation and increases participation in mental health services but can be an entryway for helping them to address their unfair work circumstances, which is empowering, and can assuage their isolation, stress, and anxiety by helping them do something about their situation.

The core group at CERI, through the seven step process investigated and voiced a deep devotion coming from from isolated adult and older adults with SMI to work in and support gardens. Many Cambodian immigrants in Alameda County have a high level of skill, experience and ease in agriculture. Isolated SMI adults and older adults at CERI reported feeling happier and calmer after spending time in the garden that the group developed, and the way they relate to one another has became more friendly and relaxed, indicating a greater level of connection and reduced isolation. These factors are critical indicators that community gardening supported by mental health professionals is a volunteer opportunity that increases isolated Cambodian adults and older adults with SMI sense of well-being, confidence, and social connection as well as their participation in mental health services.

Additional lessons learned for this quarter

At KCCEB, the community participants demonstrated that there is a want/need for the type of project that they implemented and the community expects and supports longevity of this type of program developed through the 7 steps. The same is true for CERI's program as well as FAJ's.

3. Any other ideas or interventions employed to help decrease consumer isolation? Please explain.

- Providing transportation to the meetings, events, and volunteer opportunities to otherwise homebound and isolated older adults was an important strategy for all of the groups (Cambodian, Korean and Filipino).

<u>PROGRAM DESIGN</u>

4. What are the goals of the program?

First and foremost, the goal of the Asian Elder Wellness project was to implement a community driven process in the design and implementation of innovative interventions that answered the learning questions.

The seven step process lifts up the experiences, voices and opinions of those adults and older adults most impacted by serious mental illness (SMI) and isolation in their communities, so that they could lead the design of the project and pilot its intervention.

Any program designed to replicate the Asian Elder Wellness project will place the goal of engaging in a community driven process at the center of the program design and implementation intended to answer learning questions or to address mental health concerns of a community.

In order to meet this goal, additional goals of the program were to:
- Train facilitators from local immigrant, refugee, and indigenous communities in a seven step process of popular education and community based participatory research for the purpose of them leading/facilitating a community driven process in their respective communities to design and implement an innovative intervention that answer the learning questions.
- Pilot and evaluate interventions designed by each community using the seven steps to address the learning questions.

In the case of the Asian Elder Wellness project, we worked with local Korean, Filipino, and Cambodian communities by partnering with local community-based organizations (CBOs): Korean Community Center of the East Bay (KCCEB), Filipino Advocates for Justice (FAJ), and Center for Empowering Refugees and Immigrants (CERI). Facilitators from each partner organizations learned the seven step process, implemented it with a core leadership group of community members, and developed projects to answer the learning questions.

In addition to the stated program goals, each step of the seven step process has a specific purpose, see question #7. The seven steps include the following phases: team and trust building; listening survey; theme development; building group analysis; research; action; and reflection. It is important to note that the seven step process is not a linear process. Instead, it is more of a circular process, as depicted in the photo in question #7, and also may require groups to complete and then return to different steps depending on what is relevant for the group and/or theme/issue selected.

5. Describe the Program Design, including the essential program components (e.g., outreach & engagement, interventions, treatment, evaluation, etc.)

The program design developed from the Asian Elder Wellness project involved the following key components that generally occurred in the order listed:

- **Facilitator/staff training in the seven steps:** Engaging in a community driven process for program design and implementation requires engaging in equitable partnerships with community leaders and CBOs and then recruiting and training facilitators/staff from the community to lead the effort. Thus, the first component of our program design is to recruit, train, and support facilitators/staff in the seven step methodologies for engaging in a community driven process for program design and implementation.

  In the case of the Asian Elder Wellness project, we worked with KCCEB, FAJ, and CERI, who participated in weekly trainings at CHAA on a seven step process of popular education and community based participatory research.

   This seven step process offers a broad framework and adaptable activities for engaging people most impacted by an issue, in this case isolated adults and older with SMI and isolation, in the development of programs that are intended to serve them.

  Facilitators/staff at CHAA, KCCEB, FAJ, and CERI learned and experienced the seven step process at weekly trainings in order to bring the process to each of their communities and develop projects to answer the learning questions. Facilitators/staff also received regular technical assistance and support as well as mental health consultation from staff at CHAA as they implemented the seven step process with their communities.

  Additionally, by going through the training at CHAA on the seven steps, facilitators/staff on the Asian Elder Wellness project identified a theme/issue of concern relevant to their own mental health -- more support for the middle people -- and designed and implemented an action -- a facilitator retreat focused on self-care and healing -- to address this theme. At the facilitator retreat, facilitators created and implemented activities to honor and nourish themselves, connect with their bodies and minds, and rekindle their spirits. They decided on this as a way to address the theme, "more support for the middle people." The group firmly believed, before and after the retreat, that taking time to care for themselves and share reflections from doing so could benefit other communities, CBOs, and government organizations.

Asian Elder Wellness: Desired Outcomes and Program Design Content

- **Outreach/recruitment of core leadership group members:** In order to facilitate a community-driven process, community members must be directly involved in program design and implementation. Thus, community members need to be recruited to participate.

  In the case of the Asian Elder Wellness project, after facilitators/staff began weekly trainings in the seven step process, they began conducting outreach in each of their communities in order to recruit community members to participate in core leadership groups in the seven step process with the purpose of developing projects to answer the learning questions. Much of the outreach occurred through word of mouth. KCCEB reached potential participants through making announcements about the project at local Korean United Methodist Churches in Oakland and Berkeley. KCCEB first spoke with faith leaders at these churches and then the faith leaders made announcements in their communities in conjunction with Affordable Care Act-related outreach that KCCEB was also delivering. KCCEB then followed up with individuals who expressed interest in the project. KCCEB did follow up through one-on-one communications (phone, email, in-person). KCCEB also reached out to community members, advocates, and partners who had experience working with older adults. In the Filipino community, FAJ reached people through an announcement to their affiliated organizing group of domestic workers (People's Association of Workers and Immigrants) at monthly meetings. FAJ leaders followed-up with one-on-one communications (phone, email, in-person) with interested folks, who then committed to participation. FAJ also conducted place-based outreach, going to local establishments (e.g., churches, bus stops, McDonald's, Ranch 99) that Filipino domestic workers often frequent in order to reach potential participants. FAJ also found that effective recruitment is possible at the workplaces of Filipino caregivers. CERI primarily recruited participants at support groups at CERI as well as local temples and other partner organizations through word of mouth.

- **Core leadership group process of seven steps:** The intended outcome of the outreach and recruitment phase is the creation of a core leadership group for each community that led the process of program design and implementation for that specific community and their issue of concern. Ideally, a core leadership group has 8 to 10 participants. It can be helpful to offer stipends to community members participating in a core leadership group in order to offset transportation and other minor costs associated with involvement. The members of the core leadership team for each group were primarily isolated SMI adults and older adults. The KCCEB team included people who worked with or were close to isolated SMI adults and older adults.

  In the case of the Asian Elder Wellness project, each partner organization (i.e., KCCEB, FAJ, and CERI) recruited 8 to 10 community members to form their core leadership groups in order to develop a project to answer the learning questions. The core leadership groups were connected to the target population, either directly (as in they

themselves were isolated adult or older adults experiencing SMI and isolation) or indirectly (as in they were family members, providers, or other key stakeholders). KCCEB's core leadership group included senior community members, community health advocates, and students (i.e., MFT candidate, UC Berkeley undergraduate), all who were working or who had previously worked with older adults. FAJ's core leadership group members all had experience or were working as domestic caregivers; were over the age of 45; included both women and men; were all Filipino immigrants; and many were undocumented. All were dealing with isolation and stress on the job, many suffered from SMI, and/or recent loss of their job. Many worked more than 8 hours a day, often had injuries that they had to manage/power through, were often sleep-deprived, and generally were alone in the US, supporting family in the Philippines by sending 60 - 70% of their wages in the form of remittances. Many did not get days off, including paid, personal, or vacation time. Housing was a major concern of these participants as well, as many could not afford rent so had to be live-in caregivers. CERI's core leadership group was composed entirely of adults and older adults who were SMI and isolated. They suffered from PTSD, anxiety, and depression. All of CERI's members were over the age of 60 and were immigrants/refugees from Cambodia. In addition to stipends, key strategies for retaining community members in core leadership groups included: integrating the interests, skills, and needs of the participants (e.g., at FAJ they integrated self-care activities as desired by participants); tailoring program aspects to be culturally relevant (e.g., at KCCEB they had traditional Korean food and tea); using the language most accessible to the community involved (e.g., Korean, Tagalog, Khmer); and scheduling meetings in advance and following up with one-on-one communications between meetings with participants.

Once recruited, core leadership groups were facilitated through the seven step process. It was critical that facilitators/staff who were trained in the seven step process tailored the process to be culturally relevant and responsive to the core leadership groups. For example, when KCCEB began the 7-step process with their core leadership group they offered traditional Korean tea and snacks. At FAJ, they responded to community needs for self-care and healing by including yoga, acupuncture, dance, massage, cooking, and even karaoke into their process with domestic workers. At CERI, through the listening survey they found that their Cambodian participants had deep connections and strengths in agriculture, so they integrated gardening into their process.

By going through the seven step process, core leadership groups identified strategies (as you can see throughout this report) to answer learning questions about reducing isolation among adults and older adults with SMI. As a part of this process, core leadership groups also developed and implemented final actions/projects to contribute to answer the learning questions. Specifically, KCCEB planned and piloted an 8-week training targeting isolated adults and older adults with SMI that focused on life as an immigrant as a path to break isolation and increase comfort with seeking mental health

services. Five to seven older adults (all 65+) participated, men and women, all of whom were experiencing isolation and SMI. Activities included art projects, origami, drawing a Korean flag, nutrition lessons in collaboration with Asian Health Services, lifeline making, and physiotherapy sessions with a local practitioner who offered breathing exercises, meditation, and stretching. FAJ's core leadership group planned and implemented a celebration that was held at FAJ's office in Oakland and included a number of activities to improve mental wellness and build connection and reduce isolation among Filipino isolated SMI adults and older adults. The celebration started with a prayer, check-in activity, and announcements about a few legislative bills that were being introduced and were of great concern to community members because they were about workers' rights to overtime pay. This was followed by yoga instruction from a Filipina community member and then eating Filipino food together. After this, a Filipina caregiver and her partner taught line dancing to the group. The day ended with a checkout. It was a very energetic and fun event with the yoga, eating and dancing. Everyone participated fully in the activities and verbally shared their appreciation and enthusiasm throughout the activities. They spoke in Tagalog a lot, which is a sign that they were very comfortable as they felt able to speak in their own language. CERI's core group planned and implemented its innovative intervention in the form of a garden party for adults and older adults who are isolated SMI Cambodians. The intention of the garden party was to reach out to isolated, older adult SMI members of the Cambodian community who were currently not receiving mental health services and were isolated, and offer them a chance to have an experience of having fun and connecting to others at the CERI garden, and to collect data about the impact of that event on their mental well-being. CERI had an excellent turnout with at least 100 people attending during the course of the four hour event. At least half of attendees had never been to the garden before. Activities included playing a traditional Cambodian game with sticks, eating together, meditating together, touring the garden, acknowledgments and appreciations of the core group, and simply sitting together and talking.

- **Outreach/recruitment for innovative interventions:** By going through the seven steps, communities can develop and implement innovative interventions that integrate the experience, voices and opinions of those most impacted by an issue. Once innovative interventions are designed, outreach is needed in order to recruit community members to participate in the intervention.

  In the case of the Asian Elder Wellness project, each core leadership group developed a final project and recruited community members to participate (see previous component for description). For each partner organization, outreach for these actions occurred primarily through word of mouth.

- **Evaluation/documentation:** Regular evaluation and documentation are critical to assessing and improving the quality of the program design and implementation.

In the case of the Asian Elder Wellness project, we created agendas for trainings/meetings, took notes at trainings/meetings, and did pluses and deltas throughout the process. Additionally, at the end of the project, reflection and evaluation for facilitators/staff involved an emotional closing to take care of feelings and emotions around ending the seven step weekly trainings, technical closing to evaluate the successes, challenges, and lessons learned from the trainings, and time for appreciating one another. The technical closing included time for providing anonymous written feedback on the seven step trainings, an online survey, and group dialogue. Appreciations included giving each other gifts, writing poetry, and drumming together.

Additionally, final actions were evaluated. The facilitator group worked together to identify and implement ways to debrief and evaluate the facilitator retreat, answering the following questions: What was the meaning of the retreat for you? What made this retreat special or different from other work related retreats or events? What did you learn from the retreat that you can fold into your daily life/routine? Did this retreat help you meet your intentions? If so, how so? If not, how would you have changed the experience? What are lessons learned that you would share with other "middle people" or non-profits? Facilitators reflected on the questions through journaling, writing and sharing ideas on sticky notes, and through group dialogue. Reflections showed that it was particularly important to the group that they identified and implemented this action as a group, without relying on external expertise, and focused on rest and rejuvenation to sustain their health and stamina to do social justice work rather than strategic/program planning as is typical of work retreats. They felt supported by one another and found it particularly notable that this involved collaboration between different organizations as well.

As described previously, each partner organization worked with a core leadership group of people to develop projects to answer the learning questions. Each core leadership group implemented a final action for their projects and evaluated the action using a pre/post evaluation design. KCCEB did this in the form of a survey, FAJ did this in the form of check-ins and outs during their event, and CERI did this through a thermometer drawing in which people rated their mood at the beginning and end of the garden party. Qualitative observation of participants by staff/facilitators was a key evaluation method. Facilitators at KCCEB observed that pilot project participants enjoyed the 8-week curriculum. KCCEB staff witnessed high levels of engagement among participants in the pilot with each passing week. For example, a few of the participants started sharing more and more about their personal lives and feelings, which KCCEB staff saw as a positive outcome of the pilot. FAJ found that at the beginning of their celebration people said that they were very happy to be invited and a part of the group and this stayed consistent to the end of the gathering in which people said that they had a great time and hoped for more opportunities to connect to others. Effectiveness of CERI's

strategies can be tracked by the number of people who attended the garden celebration (at least 100), the mood thermometer in which 90% of participants, of whom 85% are known to be diagnosed with PTSD, anxiety or depression, reported feeling happy or very happy, and in qualitative reporting collected during the entire grant period in the form of clinical notes at CERI. These notes reflect the same experience of decreased social isolation and increased self-esteem and quality of life for participants in the Asian Elder Wellness project.

- **Sharing and building relationships across communities:** Participants of each of the communities involved in the program came together to share learnings and build relationships. This can help develop collaborations and partnerships for broader advocacy as well as decrease social isolation among participants of the core groups.

  In the case of the Asian Elder Wellness project, the three communities came together twice during the course of the project. The first time was at the API Women's Summit in September 2014. Each community decorated a boat that included their communities concerns and hopes as related to isolated adults and elderly SMI. Throughout the summit there were opportunities for the three communities to share their boats with each other as well as to share cultural practices, traditions and food. This event was very successful. Over thirty Cambodian, five Filipino, and five Korean isolated adults, many of whom are also elderly SMI, participated. During the final quarter of the project, facilitators conceptualized a gathering – Innovations Projects Core Group Get Together – to bring together all the groups and communities working on Innovations grants with CHAA one more time. FAJ's core leadership group hosted the gathering and CERI generously offered their space for the event. Community members from KCCEB, FAJ, CERI, and also the Oyate Tupu'anga project came together for an afternoon of sharing cultural practices including song and dance, making and eating food together, and other interactive activities. Everyone reported having a wonderful time learning about one another's culture. Some participants reflected that they felt a sense of belonging with the different immigrant, refugee, and indigenous communities that was unlike other experiences. Very significantly, this event broke isolation among SMI and isolated adults in all five communities (i.e., Korean, Filipino, Cambodian, Pacific Islander, and Native American).

- **Seven steps:** The seven step process occurs throughout the program, as described in the bullets above. This program design relies on the seven step process; the process is the basis of this program design and the key strategy for meeting the goal of engaging in community driven processes to design and implement innovative interventions. As described in questions #4 and #7, **the seven steps include the following phases: team and trust building; listening survey; theme development; building group analysis; research; action; and reflection.**

6. How did the program impact the population served by this project?
The Asian Elder Wellness project impacted the populations served by this project in many ways. First, each partner organization involved now has access to the seven step process that can be used to engage in community driven processes in the design and implementation of innovative programs, projects, and interventions. Additionally, through the seven step process, the Asian Elder Wellness project created conditions in which each facilitator could practice engaging in a community driven process such that each core leadership group could come up with innovative interventions to address the learning questions for their community in culturally responsive and relevant ways. The result was identification of strategies and intervention models for reducing isolation among adults and older adults with SMI, which were discussed in question #5. The impact of these strategies and intervention models are also discussed in question #5.

PROGRAM STRATEGIES

7. Describe the strategies, methods of implementation and timeframe.
The primary program strategy for the Asian Elder Wellness program design is the seven step process. This seven step process unfolded by going through the program components described in question #5 over the course of the 18 months of the grant. **For comprehensive details of the 7 step process please see the the training binder that was sent along with this report.**

In the section below we describe each step and our methods of implementation of each step.

The seven step process of popular education and community based participatory research offers a broad framework and adaptable activities for engaging people most impacted by an issue in driving the development of programs that are intended to serve them. It is an approach that can be adapted and used to facilitate community driven processes for the design and implementation of innovative interventions in many mental health and public health areas. In the case of the Asian Elder Wellness project, facilitators from CHAA, KCCEB, FAJ, and CERI attended weekly 3-hour trainings in the seven step process. As facilitators experienced the seven steps they then tailored a similar process with core leadership groups of approximately 8-10 participants to develop community oriented and culturally responsive projects to answer the learning questions. The seven steps involve the following phases:

(1) **Team & Trust Building:** The goal of this step is to build trust and confidence among participants as they begin to work together to design and implement a program. Another goal is to establish a safe and comfortable environment for the participants. Feeling safe and comfortable ensures that the participants will be able to share deeply about their life experiences in the second step, listening survey. Activities include participatory activities (e.g., check ins) and creating group agreements. For example, in the facilitators

group as well as in many core leadership groups, people used a Lifelines activity in which people drew out their life trajectory and shared aspects of their past, present, and future with the group. Another activity that KCCEB developed involved asking core group members to describe characteristics of who they are by using photos of well known characters (e.g., Korean cartoons).

(2) <u>**Listening Survey:**</u> The purpose of the listening survey participants to share their life experiences and life stories, especially life experiences and stories tied to strong emotions, in order to begin to determine relevant issues of concern to the community as related in this case to the learning questions. In the case of both the facilitators trainings and core leadership groups for the Asian Elder Wellness project, participants had opportunities to share their life experiences related to SMI and isolation through many activities, including: exercises to practice active listening, talking circles adapted from Native American traditions, and an activity called "Our Bodies, Our World" in which participants could visually depict and share personal stories about commonalities, differences, challenges, successes and diverse histories with SMI and isolation.

(3) <u>**Theme Development:**</u> The intention of this step is to identify shared experiences, generate themes based on these shared experiences, and select a theme or issue to focus on for the program, project, or intervention. In the Asian Elder Wellness project, staff reviewed notes from the listening survey phase to identify key themes and then brought those themes back to the facilitator or core leadership groups for reflection.

(4) <u>**Building Group Analysis:**</u> The purpose of this phase is to build a group analysis of the themes that are identified during the theme development step. More specifically, the goal is for groups to build a social factors framework and upstream analysis for issues as opposed to a downstream, victim-blaming framework. In this case, that meant that each group was facilitated through a process of understanding how isolation and SMI are experienced by individuals but also to see the structural causes in their communities and environment. In the Asian Elder Wellness project, we used many activities, including critical dialogue about social justice terminology and role plays to see distinctions between different frames of analysis (e.g., social factors frame as opposed to a victim-blaming frame). One way that the facilitators group also built a group analysis was by focusing a session on the Black Lives Matter movement. This discussion provided background on the movement, time to journal, and a larger group dialogue focused on the mental health of facilitators. Through this sharing, there was a clear appreciation and new valuing of the work that the group had done and it's impact. The group was able to share differences in opinions, thoughts and perspectives maintaining respect and care for each person without becoming polarized or judgemental. This was a very important experience and a result of the team and trust building as well as the listening phase of the work.

(5) <u>**Research:**</u> During the research phase, groups define and gather what more they need to know in order to develop and implement an appropriate program, project, or intervention. During the Asian Elder Wellness project, facilitators participated in a brainstorm and then role play activity as an introduction to community based participatory research, in which pairs acted out various ways that research could be done for the group. Facilitators were asked to consider the following questions after each act: What is the question? Who came up with it? How will the research be done? Who will do the research? How will the results be used? Who benefits? This introduction not only provided an introduction to various research methodologies, but an important learning about how to consider research that benefits communities and programs to serve communities. After this each facilitator worked with their core leadership groups to identify and gather needed information for their project.

(6) <u>**Action:**</u> The action phase involves developing and implementing an action - a program, project, or intervention - by the group related to the identified theme. See question #5 for the actions developed by the facilitators group as well as each core leadership group in the Asian Elder Wellness project.

(7) <u>**Reflection:**</u> This step is intended to encourage the group to pause and reflect on their work, identify successes and challenges, consider what worked and did not work throughout the process, and identify potential outcomes of their work. Please see the evaluation and documentation component discussed in question #5 for more details.
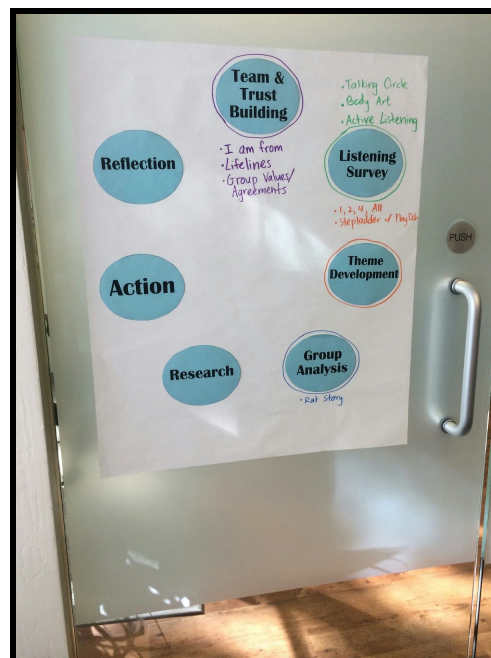
TARGET SUBPOPULATION

8. Identify the subpopulation of isolated adult and / or older adult consumers for whom this program was most effective. Please include age, culture/ ethnicity, language, and other factors. How was this determined?

The Asian Elder Wellness project was effective in supporting facilitators from local CBOs with engaging in community driven processes for designing and implementing innovative interventions to answer the learning questions. It also created opportunities for deep collaboration across organizations.

Additionally, the program was effective in engaging and designing programs for isolated adults and older adults experiencing SMI in each of the three immigrant and refugee communities involved with this project. Specifically, isolated older Korean adults (65+) living in residential facilities; adult and older adult Filipino domestic workers (45+) experiencing chronic stress; and adult and older Cambodian adults experiencing PTSD, anxiety, depression, and isolation.

Finally, through the final actions/projects developed by each group, the broader Korean, Filipino, and Cambodian communities all benefited from the programming in this project as well.

9. Describe the involvement with BHCS stakeholders (e.g., clients/ consumers, family members, and BHCS contracted providers).

The staff/facilitators who were trained in the 7 step process all work at BHCS providers. The members of the core leadership groups from each community as well as the adults and older adults from the Cambodian, Filipino and Korean communities that the projects were designed to reach were primarily clients/consumers, and family members from the Cambodian, Filipino and Korean communities.

10. How are the strategies culturally responsive to the target population?

Each step and the entire seven step process is intended to be culturally responsive to honor the experiences and knowledge of participants. During our 18 months, facilitators from partner organizations learned the seven step process at CHAA and adapted the process to be culturally relevant in their communities in order to design projects that answered the learning questions from the ground up. For example, when KCCEB began the seven step process with a core leadership group of 8 to 10 people they offered traditional Korean tea and snacks. At FAJ, they responded to community needs for self-care and healing by including yoga, acupuncture, dance, massage, cooking, and even karaoke into their process. At CERI, by understanding the

Cambodian community's connections and strengths in agriculture, the group integrated gardening into their process.

Every component of this project was culturally responsive as cultural responsiveness in a core reason to have the community members themselves lead the design the projects. That way cultural responsiveness is inherent in the program design.

EFFECTIVENESS OF STRATEGIES

11. How do you know these strategies are effective in achieving the goal of reducing isolation for the target population?

Multiple evaluation and reflection activities to assess effectiveness of strategies used in the Asian Elder Wellness project were conducted. In the case of the facilitator group, facilitators/staff worked together to identify and implement ways to debrief and evaluate the facilitator retreat, answering the following questions: What was the meaning of the retreat for you? What made this retreat special or different from other work related retreats or events? What did you learn from the retreat that you can fold into your daily life/routine? Did this retreat help you meet your intentions? If so, how so? If not, how would you have changed the experience? What are lessons learned that you would share with other "middle people" or non-profits? Facilitators reflected on the questions through journaling, writing and sharing ideas on sticky notes, and through group dialogue. Reflections showed that it was particularly important to the group that they identified and implemented this action as a group, without relying on external expertise, and focused on rest and rejuvenation to sustain their health and stamina to do social justice work rather than strategic/program planning as is typical of work retreats. They felt supported by one another and found it particularly notable that this involved collaboration between different organizations as well.

Additionally, each core leadership group implemented a final action for their projects and evaluated the action using a pre/post evaluation design. KCCEB did this in the form of a survey, FAJ did this in the form of check-ins and outs during their event, and CERI did this through a thermometer drawing in which people rated their mood at the beginning and end of their action. Qualitative observation was also an important method of evaluation that was implemented. Facilitators at KCCEB observed that pilot project participants enjoyed the 8-week curriculum. KCCEB staff witnessed high levels of engagement among participants in the pilot with each passing week. For example, a few of the participants started sharing more and more about their personal lives and feelings, which KCCEB staff see as a positive outcome of the pilot. FAJ found that at the beginning of their celebration people said that they were very happy to be invited and a part of the group and this stayed consistent to the end of the gathering in which people said that they had a great time and hoped for more opportunities to connect and hold the

group. Effectiveness of CERI's strategies can be tracked by the number of people who attended the garden celebration (at least 100), the mood thermometer in which 90% of participants, of whom 85% are known to be diagnosed with PTSD, anxiety or depression, reported feeling happy or very happy, and in qualitative reporting collected during the entire period in the form of clinical notes at CERI. These notes reflect the same experience of decreased social isolation and increased self-esteem and quality of life for participants in the Asian Elder Wellness Project.

12. Describe the process for arriving at the Program Design supported by evidence-based or community defined best practice findings.

The seven step process is inherently a community defined best practice. The goal of the process is not only to have the community define the project design but to have it be based on their unique experiences as those in the community that in this case are experiencing SMI and isolation. The pilot projects that were developed in each of the three communities through the seven step process are in turn community defined. The 7 steps are based on popular education and Community Based Participatory Research which are both approaches that have been used in academic and community settings to improve the health and well-being of individuals and communities throughout the world.

13. Provide quantitative and qualitative data that show the effectiveness of the strategies. Include assessment tools and measures of effectiveness and data sources used.

Throughout the project, we collected detailed agendas and meeting notes at every seven step training; photos of facilitators participating in trainings as well as core group members at meetings; notes of support and technical assistance meetings between CHAA staff and each project; and pre/post assessments, notes from observations, and sign in sheets as well as Facebook photos occasionally. At the end of the project, reflection and evaluation for facilitators/staff involved an emotional closing to acknowledge feelings and emotions regarding ending the seven step weekly trainings, technical closing to evaluate the successes, challenges, and lessons learned from the trainings, and time for appreciating one another. The technical closing included time for providing anonymous written feedback on the seven step trainings, an online survey, and group dialogue. Appreciations included giving each other gifts, writing poetry, and drumming together.

These data show that participants found it important to engage deeply with team and trust building in order to move through the seven step process; appreciated the circular model of teaching with the seven steps as well as having a process to honor the wisdom of the community over personal agendas; and asserted that the seven step process was an effective way for consumers to gain confidence to use voice. Here are some quotes from facilitators:

"I will use some of the exercises we used at our group meetings in upcoming groups I will hold in the future. I learned the "Watermelon" ice breaker, which is fun and silly. I will also use the "My Body, My World" art activity with my community. I also learned a lot of effective and compassionate ways of communication from spending time with this group. One of the things I will always remember is our discussion about Black Lives Matter and what it means to each one of us. It was a challenging, heartfelt and very meaningful discussion. Everyone in the group participated and offered what was genuine to them and their experiences."

"I think I've incorporated a lot of what I've learned at a level that I'm not aware of. I am sure I am more skilled in cross cultural listening and group facilitation, and I am able to put everything in a social justice framework without losing my sense of the personal. I feel I could use many more years to hone these skills, but I am grateful for the time I got. Thank you CHAA!"

"We learned a lot about popular education and gaining qualitative data from directly engaging community stakeholders. Going beyond the elderly and mental health related work, it is a crucial knowledge base that will help us work with other isolated groups within our community (i.e. underserved youth, etc)."

PROGRAM REPLICATION

14. What are your recommendations for program replication, including essential elements for successful replication?
Recommendations:
- Try out the seven steps with a pilot group before bringing it to multiple communities
- Provide background materials to facilitators in both popular education and community based participatory research before starting the work.
- Remember, one of the essential guiding principles of this project is "Everyone is a teacher and everyone is a learner."
- Ensure that everybody's voice is heard throughout the seven step process is critical.
- 8-10 participants is the ideal size for a core leadership group.
- Tailor each of the seven step activities to the culture of the community you are working with.

15. Identify staffing requirements:
a) Job title; b) Role/ responsibilities with Full Time Employment (FTE);
c) Required qualifications, certification and / or licensure

Implementing this program design in three communities requires the following staffing:
1. Six group facilitators (.40 FTE each) who ideally have training and experience with facilitation, popular education and traditional cultural practices. Two facilitators from each community need to be bilingual and bicultural. Other important qualities for facilitators include:
   - Existing relationships with community
   - Expertise/background working with seniors
   - Senior facilitators are great/relatable/encouraging
   - Younger people as well (perhaps less intimidated?)
   - Mixed age groups?
   - Speak language that participants speak
2. One manager (.60 FTE) To train and support the work of the facilitators who has program management experience as well as popular education and facilitation expertise
3. One administrative person (.40 FTE)
4. One mental health professional to provide mental health consultation (.20 FTE)
5. Staff and/or volunteers who are experts in traditional cultural practices

16. Identify the collaborators necessary to the success of the program.

Collaborators that are necessary to the success of this program are community leaders, healers and holders of cultural knowledge, history and practices that can act as advisors to the group. These people can also come in to group meetings to lead and teach cultural practices. Other important collaborators could include professionals and academics who specialize in SMI and/or isolation in the particular communities project design in ocuring.

Other important collaborators are those in the community who work with or have connection to socially isolated people in the targeted communities so that they can refer them to be group members.

17. Recommendations for resource, facilities, and infrastructure requirements needed for support:
   Technology and equipment needs:
   supplies for cultural activities, comfortable and culturally appropriate meeting place, computer and phone access for outreach, recruitment and retention

   Systems and services needs (e.g., billing, interpreter, etc.):
   interpreters as needed

   Budget requirements:

staff salaries, stipends for group members, honorariums to pay community teachers and leaders, food for meetings, travel to community events

One-time costs (e.g., implementation and training):
no recommendations at this time

Other resources required for infrastructure support:
no recommendations at this time

MISSION: Our mission is to maximize the recovery, resilience and wellness of all eligible Alameda County residents who are developing or experiencing serious mental health, alcohol or drug concerns.

VISION: We envision communities where all individuals and their families can successfully realize their potential and pursue their dreams, and where stigma and discrimination against those with mental health and/or alcohol and drug issues are remnants of the past.

VALUES: Access, Consumer & Family Empowerment, Best Practices, Health & Wellness, Culturally Responsive, Socially Inclusive.

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