



Community Newsletter

Elder Multicultural Access & Support Services Program
Funded by the County of San Diego-Behavioral Health Services



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2014-2015 Fiscal Year End Review

UPAC (Union of Pan Asian Communities) obtained the reprourement of EMASS Program beginning this new fiscal year 2014-2015. EMASS Program is funded by the County of San Diego – Behavioral Health Services through its Mental Health Services Act Prevention and Early Intervention (PEI) fund. It provides outreach, engagement, and education for prevention and early intervention of



mental illness among older adults in five (5) threshold languages, namely: Arabic, English, Tagalog, Somali, and Spanish. Based on its first 5 years of program implementation, EMASS Program found its niche of helping the unserved and underserved ethnic minorities who have a strong stigma concerning mental health. Through community health workers (CHWs) who are also members of their community, who know the culture and speak the language, these older adults who are ethnically and linguistically isolated are able to gain access to care. The program without a doubt facilitated way to decrease disparities in care by bringing health and wellness education in their respective languages to where they usually congregate. Beginning this fiscal year, CHWs also provided care management services to people who “fell

between the cracks” in obtaining social services due to language and cultural challenges affecting their mental status, and those who previously refused to accept outside help. A total of 1,047 registered program participants were outreached and served by the EMASS CHWs with UPAC and its partner agencies from NAMI San Diego, Somali Family Service, and Urban League of San Diego County. CHWs services range from mental health awareness education, peer support, interpretation and translation, basic social services advocacy, peer counseling and mentoring, basic care management and referrals to appropriate mental health providers, and transportation assistance. These services are geared toward the attainment of increasing access to care, decreasing disparities to care, maintaining and increasing self-sufficiency, and increasing their knowledge in navigating the health care system. The breakdown of unduplicated program participants served per Region, are as follows: 182 (17%) Central; 281 (27%) East; 472 (45%) North; and 112 (11%) South. By ethnicity, these program participants served comprised the following target ethnic groups: 12% (125) African American; 20% (206) Chaldean Middle Eastern; 21% (227) Filipino; 34% (352) Latinos; and 13% (137) Somali seniors.

EMASS Program maintains two sites where it conducts its culturally appropriate social and recreational activities. El Cajon site is a center-based day program for Arabic speaking immigrant and refugee seniors. Usual activities conducted in El Cajon are: health literacy and English as Second Language classes in partnership with Cuyamaca College for its Project SHINE Program; Senior English tutorial classes in partnership with Laubach Tutorial Service; and Chronic Disease Self-management in Arabic, in partnership with the Aging and Independence Services (AIS).

The EMASS Escondido site has an average daily attendance of 45 participants every Tuesday and Friday for structured and semi-structured activities and congregate hot meals. Planned Center-based activities follow the Big 4 areas of Brain Fitness Lifestyle, namely: socialization, physical exercise, mental exercise, and nutrition. Culturally appropriate activities conducted in Escondido are the following: arts and crafts; loteria and bingo; video karaoke; Zumba dance, Literacy in Spanish; and English as Second Language for seniors. The Escondido site is also a provider for Chronic Disease Self-Management Workshop in Spanish, English, and Tagalog in partnership with AIS. Most participants who usually participate in Escondido site are Latino and Filipino seniors.

The need for individual assistance for Chaldean and Middle Eastern participants grew exponentially as many refugees started coming to San Diego. Arabic speaking refugees are the fastest growing population in East County. Iraqi (65%) and Somali (27%) refugees have the highest refugee arrivals recorded in the County of San Diego HHS from October 2014 to January 2015. EMASS strengthened its collaboration in the East County region by participating with New Comers Collaborative; El Cajon Collaborative; San Diego Refugee Forum; and HHS Intergenerational Program.

As the Latino participants of EMASS program in the North and South regions were becoming aware of the symptoms of mental illness, some participants stepped up and sought help. They were referred to either UPAC Positive Solution, Geriatric Specialty Program or North County Inland Mental Health Services for treatment of mild to moderate depression and anxiety.

One of the remarkable events this fiscal year happened last December 23, 2014 when EMASS celebrated its traditional multicultural holiday. Dr. Piedad Garcia was the special guest. She had the opportunity to mingle with the participants. The five ethnic communities gathered together and shared their holiday cultural tradition in Christian and Islam communities. Dr. Piedad Garcia delivered her inspirational message. She emphasized how this program progressed and made EMASS a model program of the County for its culturally appropriate mental health prevention and early intervention among underserved communities.

The Case of Two African American Seniors

By Stephanie Wilson, ULSD-CHW

Case 1: I met Mr. C in September of 2013 through his daughter who lives in



North Carolina. She called me when someone in the church gave her the contact information for EMASS. Mr. C was in the end stages of Parkinson's disease He was in denial about the amount of help he needed to ensure a better quality care. After he stopped working, he lost his supplemental health insurance. He needed Medi-Cal to afford in-home support services (IHSS). He needed IHSS to keep him safely in his apartment, coordinating with his Primary Care Physician, and maintain compliance with his drug therapy. In about two and a half months we were able to ease the stress Mr. C was experiencing after his Medi-Cal, IHSS and transportation were all in place. We did meet some resistance from his son who was assisting in driving his father to his health care appointments. He was insistent that we cease all help as he stated he was going to care for his father from then on. A month passed when I received a phone call from a friend of Mr. C's requesting a home visit. During the visit, it was discovered that his son was not following through with the suggested care. As a result, Mr. C was hospitalized. His son was advising his father not to take his prescribed medications. His father also lost the person assigned to be IHSS because of non-payment. Adult Protective Services and the police were notified as a result of EMASS' mandated duty and care coordination. To date, Mr. C is in a facility in Los Angeles near his sister. She feels he is better served with her to advocate for his care. Two weeks after he moved to Los Angeles, his sister placed him in a residential facility. Mr. C's sister thanked me for all my work we did and stated that she was sorry her nephew's behavior had manifested poorly. She had no idea how far her brother's condition had deteriorated.

Case 2: Mrs. G was referred to the EMASS Program because of the stress associated with the gambling habits Mr. H had been participating in for the length of their marriage (40 plus years). We informed Mrs. G of the community resources available to both of them in order to help restore health and wellness. Progressive discussions and interventions were provided. The first step was to get counseling for Mr. H who was in denial that there was a problem. Several agencies such as EMASS, the San Diego Dept. of Law Enforcement and County Social Services gave the couple counseling and options as to how they could better manage their finances. Then we gave some suggestions to Mrs. G to see her primary care physician to improve her sleeping and do an exercise schedule. The court system placed restraints on Mr. H's ability to withdraw funds for gambling and we also reported the agency who was exhorting Mr. H to the proper authorities. Then there was the issue of two mortgages (second mortgage was implemented to correct debt incurred by Mr. H's gambling habits). We referred them to community resources that could combine the two payments into one

lower monthly payment. We further suggested that her daughter and grandson who were living in the household contribute a set amount monthly towards the upkeep of the home. Today Mr. H no longer has access to the household funds and he is given an allowance that he must live within. Mrs. G has better control over the income and output of the household funds and her daughter is now contributing. Her attitude has changed. She said “it was like having the weight of the world lifted off my shoulders” She is very thankful to the EMASS program

Effects of Self-Management Workshop among Somali Seniors

By Fadumo Jama and Sahro Nor, Somali CHWs

Our fellow Somali seniors may not be as literate as others but they were motivated to attend the Healthier Living Workshop: Chronic Disease Self-Management (HLW-CDSM). As peer educators and facilitators of this workshop, we are amazed at how it was received. We conducted the workshop in our own Somali language and followed the fidelity standards as much as possible. We also considered the cultural appropriateness of some of the required standards given by Stanford University. At the end of the workshop, Somali seniors got it. They are able to make their own action plans and complete them. Many of the Somali seniors who completed the workshops implemented a walking exercise group. They gather every week and have a group walk as a form of exercise. One of the groups in an apartment complex gathers together for socialization. They contribute some money, prepare food together, and have a group activity every month. To us as CHWs, we use this as a venue to engage and educate them. We are pleased that we are able to bring this change to our community. Our fellow Somali seniors reported feeling well and less isolated.



First Self-Management Workshop in Arabic in EMASS El Cajon

It took more than a year to prepare peer educators of Chronic Disease Self-Management (CDSM) Workshops who speak Arabic in



El Cajon area. Finally with the perseverance of Charlotte Tenney, CDSM Program Coordinator of the Aging and Independence Services, partnering with EMASS Community Health Workers, the first workshop series was launched for fiscal year 2014-2015 with 100% retention rate. To date, there have been four (4) workshops already conducted in Arabic. Approximately, 45 participants completed this workshop mostly seniors who came to United States with refugee status.

NAMI Tech Café launched at EMASS

On January 2015, NAMI San Diego partnered with UPAC-EMASS Program to launch its new program “NAMI Tech CAFÉ.” Its goals are to promote client and family growth and autonomy by increasing access to online resources and health information; provide them basic computer skills training and allow them to effectively utilize resources made available to them and provide them appropriate access to technical assistance resources when needed. The participants of the program self-identified as peers (having a mental illness) or a family member of a person with mental illness. The participants of EMASS are mostly older adults with ages 60 and above. They expressed a willingness to complete the 15-hour class. A total of 30 participants completed the 6 weeks training for 2.5 hours once a week. The training was conducted in three (3) languages of EMASS participants, namely: English, Arabic, and Spanish. As an added incentive to complete this class with perfect attendance, each student was awarded a free laptop computer.



What EMASS Participants said something about the Computer Class?

“I’m finally able to correspond with my relatives around the globe after learning how to use e-mail and social media.”

“At my age and with limited English language....I am proud of myself, I have learned how to use the computer. I am happy that I am able to communicate with my family who live far away.”

EMASS Participants Trained on Mental Health First Aid

In partnership with Mental Health America, 18 Spanish speaking EMASS participants were trained in Mental Health First Aid. Ms. Araceli Sanchez, the coordinator and lead facilitator of this workshop, stated that this training is intended for people who are community members and are not clinicians. Mental Health First Aid is a public education program that can help individuals across the community to understand mental illnesses, support timely intervention, and save lives.

Mental Health First Aid is an 8-hour course that introduces participants to risk factors and warning signs of mental health concerns, builds understanding of their impact, and overviews common treatments. The course uses role-playing and simulations to demonstrate how to assess a mental health crisis; select interventions and provide initial help; and connect persons to professional, peer and social supports as well as self-help resources.

SNAP-Ed Community Engagement Project

In September 2014, EMASS hosted the Eat Well, Live Strong fitness and nutrition curriculum at the Escondido site, in partnership with the Aging and Independence Services (AIS). This 6-week curriculum culminated last May 8, 2015. UPAC was specifically selected by AIS because of an AIS grant requirement. This program is available for

Spanish, Tagalog- and English speaking participants and their caregivers.

Through this project, a Filipino community based organization was organized and initiated a Video Interviewing Project. SAMAKA and UPAC-EMASS' memorandum of understanding (MOU) to the County of San Diego was approved. This video interview project will be for seniors who are applying for CalFresh and MediCal. Seniors who are monolingual Spanish and Tagalog can come to EMASS Escondido to apply and be scheduled for an interview. This process will expedite the approval for CalFresh and MediCal. They will know the results the same day as the video interview.

Latino seniors also formed UNIDOS and initiated the Feeding America project. They will have EMASS Center as its distribution center. To date, both community



engagement projects were approved and are ready to take off.

Meet the New Team Member...

"Yes, I Am the New Kid on the Block"

My name is Velia Gitari...the Community Liaison Lead. I started working with EMASS in September of 2014. As a new kid on the block I am amazed at how much enthusiasm and commitment all the staff has for the program. One of my responsibilities is to coordinate the site and to supervise the staff. I am impressed how quickly we are able to plan exciting activities for participants and how effortless it is to end that day on a high note. Each team player contributes insight,



knowledge, skill, talent and experience to the activities and the program. Each day everyone is committed to make this program better, to make it more enjoyable and to make it more significant. I am impressed how committed everyone is to identify potential mental illness symptoms and act to prevent them. The staff is ready to help the participant to navigate the mental health system. They accompany each participant with his/her needs by following a problem or barrier to ensure they received the desired service. I am privileged to work with this magnificent team who selflessly give their all every day.

Testimonials from EMASS Program Participants

"I like coming to EMASS Center to learn more about life. I like to interact with others and I feel very happy. I also come here to keep a positive outlook in life."

"I was very depressed....and coming to the EMASS Center makes me feel more at peace. I like the activities we have as well as the way the workers run the program and how they help us. I like to come here because they have a lot of activities for us to do, we are motivated to do exercises and feel better."

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