

OLDER REFUGEES PROGRAM REPORT

A Review of the Pilot Project and a Five-Year Plan
for Southeast Asian Elderly Refugee Programming

Submitted to: Minnesota Department of Human Services
Refugee and Immigrant Assistance Division

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1. INTRODUCTION

This report is the result of a planning and review process, conducted over the past 9 months, of the Older Refugee Program. The Older Refugee Program consists of four Mutual Assistance Associations (MAAs), nonprofit organizations that have participated jointly in developing and implementing programs to serve the needs of elderly Southeast Asian refugees.

The Older Refugee Program was originally begun early in 1987 through a grant from the Federal Administration on Aging to the State of Minnesota Refugee Program Office. The Refugee Program Office, now called the Refugee and Immigrant Assistance Division (RIAD), housed with the Minnesota Department of Human Services, worked jointly with the Area Administration on Aging of the Metropolitan Council to secure this federal funding.

Federal funding ended June 30, 1988; because the MAAs have been successful at recruiting and serving the Southeast Asian elderly refugees, they are interested in continuing to serve these older refugees as long as a need exists. The local foundation community has provided some recent financial support to the MAAs to help them continue service delivery.

This report reviews the results of the federal pilot program and makes recommendations for the future of services to elderly Southeast Asian refugees in Minnesota.

The four MAAs that comprise the Older Refugee Program and which have been most involved in this study are:

Lao Family Community of Minnesota, Inc.
Minnesota Cambodian Buddhist Society, Inc.
Vietnamese Buddhist Association (now known as
Vietnamese Social Services)
Women's Association of Hmong and Lao, Inc.

All of these organizations are located in St. Paul. They exist to serve the needs of people who have come to live in Minnesota because they have been displaced from their homes in Cambodia, Vietnam, and Laos.

The information contained in this report is based on interviews held with representatives of organizations working with Southeast Asian refugees throughout the Minneapolis/St. Paul area.

II. THE VISION: COMMUNITY-BASED SERVICES TO ELDERLY REFUGEES

IMPORTANCE OF MAAS IN THE PROVISION OF SERVICES

The four MAAs which have been involved with the federally funded Older Refugee Program during the past year and a half have governing boards composed of the Southeast Asian elderly refugees, the persons the MAAs are organized to serve. MAAs are founded on the principle of refugees helping refugees. The MAAs are part of the refugee community and emphasize self-help efforts.

Board members attend board meetings where their ideas and information about the refugee community form the basis for program goals and activities. Planning retreats utilize board members and other refugee elderly to help establish new program directions and priorities.

The MAAs have easy access to the Southeast Asian refugee community; their programs and directions stem from the refugee elderly themselves.

CULTURAL DIFFERENCES AS FACTORS IN SERVICE PROGRAMMING AND DELIVERY

Many people in the United States believe that Southeast Asian refugees come from similar backgrounds and cultures. While refugee elderly share many of the needs of elderly people anywhere, the conclusion is mistakenly made that one program should be sufficient to serve the needs of all Southeast Asian refugee elderly.

The fact is, that refugees from Cambodia, Laos, and Vietnam come from different backgrounds and cultures just like the Norwegians were different from the Italians or the Finnish people from the French, yet all came from Europe. The different Asian populations speak different languages, have different ways of life and different religious backgrounds and traditions.

Cambodians

Most of the Cambodians who have been resettled in the United States are farmers from rural areas or are from small towns. Most came from the Mekong River area. In the rural areas they lived with between 20-50 families and their village was connected to other small villages. A leader was chosen for each village. Here, people used traditional healing methods taught by their culture. Hospitals were a half day away by oxen cart. Small pharmacies sold some over the counter drugs like aspirin. Foods such as cucumbers, tomatoes, rice, green vegetables, and beans were all grown locally and fish were available. Because of the

good growing conditions and soil, Cambodians never knew famine before political differences hit their country. After working in the fields, elderly would gather at a home in the village. Homes were generally raised off the ground on poles and the elderly would often meet underneath the homes.

Ten to 15 villages would coordinate together to build a temple; people would travel to that temple every eight days for religious ceremonies.

Cambodian elderly have pride in their cultural heritage and want to preserve these ways. There are some similarities between the Laotians and the Cambodians and eventually more coordination between these two cultures might be possible.

Laotian

In Laos, as in other Southeast Asian countries, elderly lived with the extended family and held the respect of their children. They helped to counsel the children on decisions and, in return, the children provided for their parents. In the United States, extended families are limited by the size of the homes. Adult children don't always have enough time or money to provide for their parents.

Laotians come from both rural and urban backgrounds. In Laos an elderly man might have owned a rice store, working eight hours a day. He may have had some formal education and the practical experience of running a business.

Many of the Laotian people were wet rice farmers who also grew vegetable gardens. Most of these people lived in remote villages.

Hmong

Most Hmong people come from the mountain tops in Laos which are over 10,000 feet high. Many never attended a formal school. The Hmong culture is 4,000 years old with a written language just over 30 years old. Hmong culture originated in China and moved into northern Indochina, Thailand, and Burma in the late 19th or early 20th century.

Hmong families usually spent their days in the fields, tending the crops. Elderly would give direction and generally play a supervision role.

Hmong communities had one area where the elderly could gather and share information about the events of the community, socialize and discuss problems. Young people would come to learn about life skills. Elderly would often take care of the grandchildren who played together while the elderly socialized.

Life for the Hmong began to alter in the early 1960s when the war escalated into Laos. Since then there has been upheaval, chaos, trauma, and refugee camps. Everyone from Laos has significant war "wounds." Most of the Hmong men have been soldiers since about 1955 and all Hmong families have lost children. Many lost land, whole families, and their health.

The Hmong culture has close ties to the spiritual world and many worldly events are explained through the spiritual. The way Hmong people think is tied in with this religious culture. A person with mental health problems, for example, is described as "one who has lost his dreams."

Vietnamese

Elderly Vietnamese over 60 years old arrived in this country in 1975 or 1976 and came from very different backgrounds from each other. Their social classes differed along with the amount of education and their vocations. Some were farmers, some were ministers, for example. Some were former government officials, some were wealthy. Some were uneducated. Because of these wide differences, it is often difficult for a group of Vietnamese to express their feelings to one another.

The Vietnamese are individualistic and work hard. They tend to fit in well with American society and its standard of living. Vietnamese are not satisfied with a welfare level of living standard; therefore, there are a lot of success stories among the Vietnamese and many self-help support groups have started up.

Even though the Vietnamese are working hard and share many of the values of mainstream society, they share the same needs as the other elderly populations described above.

III. STATEMENT OF NEED

STATISTICS AND DEMOGRAPHICS

According to the State Refugee Program Office in September 1988, there were then approximately 35,684 Southeast Asian refugees in Minnesota including 15,105 Hmong, 8,354 Vietnamese, 6,533 Cambodians, and 5,656 Laotians.

According to national statistics on refugee immigration, approximately 21.2% of all refugees are between the ages of 45 and 65 years of age. There are, then, 3,202 Hmong between 45 and 65, 1,771 Vietnamese, 1,385 Cambodians, and 1,199 Laotians, for a total of 7,557 Southeast Asian refugees between the ages of 45 and 65.

Again, using national averages, 6.5% of the total refugee population is over 65 years old. There are, therefore, 982 Hmong over 65, 543 Vietnamese, 425 Cambodians, and 368 Laotians for a total of 2,318 Southeast Asians living in Minnesota over the age of 65.

The approximate total number of Southeast Asians over 45 years of age is 9,875. For programming purposes, it may be useful to break the age groups into the 45 - 60 year olds, many of whom are employable and may be more interested in more active programming. The elderly over 60 years old may have different needs such as for nursing home care, home health care, etc.

ELDERLY REFUGEE NEEDS

The major needs identified by elderly Southeast Asian refugees are as follows:

- * Isolation--have lost their natural social connections to other elderly because of the move to the United States; the extended family is not as supportive because of external economic and social pressures.

- * Role in society is not understood--their role of guiding the family is no longer useful; younger family members have taken on the counseling role because of their quicker adaptation to the English language.

- * Lack of ability to communicate and understand American society--Southeast Asian elderly are not able to integrate successfully with American senior programs because they do not speak English; their backgrounds have not prepared them to live in a highly technological society.

* Interest in preserving Southeast Asian cultures--while the refugee elderly are interested in learning all they can about American society, they also have a need to preserve their own cultural and religious traditions.

* Need to deal with the traumas of the past--many of the refugee elderly experienced serious disruption of their family life during the war and political upheavals in their countries. Many of the refugee elderly are widows, especially Cambodians.

* Fear of the future--the needs in this area concern long-term health care and stable living situations, burial plans and sites, and ability to create new friends and support groups.

Transition to the American culture is difficult for Southeast Asian refugee elderly. The language barrier is the first big problem. Refugees are also unfamiliar with the culture and their rights within this culture.

Many Southeast Asian refugee elderly feel they have passed their productive years and in order to feel they contribute to society, they live in the homes of their adult children and are involved daily with housekeeping and child care responsibilities. On one hand these responsibilities provide especially the elderly women with a feeling of being a useful member of the community and some contact with people on a daily basis. On the other hand, these homebound responsibilities have lead to isolation, depression, and mental health problems.

Gaps between the elderly, the adult children and the grandchildren become bigger every day. Children and grandchildren no longer depend on the elderly for guidance as they did in their homeland. Elderly now do not understand the ways of the new society, and their isolation only increases their lack of understanding as their children and grandchildren go out every day to experience their world. The role reversal of the elderly now dependent on their children for guidance is difficult for the elderly.

Thus, many elderly feel no one loves them or cares for them anymore. While these thoughts may not reflect reality, the children are often so busy their actions are easily misinterpreted by their parents.

Since it is not culturally acceptable to express anger or frustration directly to the elderly person, suppressed anger often comes out in conflicts or other indirect ways. Many Southeast Asian refugee families are beginning to report increased incidents of battering and alcoholism, for example.

For some families it is more acceptable to keep their problems with the elderly hidden and not admit that the isolation and depression exists. These closed family systems are hard to reach with MAA programs and activities. The adult children depend on the elderly for help and don't want to lose them which they fear might happen if the elderly begin to talk with each other.

For the elderly who have experienced torture and/or trauma, they will have particular difficulties with memory and concentration. These problems make it even harder to adjust to a new culture. There is a loss of everything that is familiar; coupled with their memories or horror, it is difficult to adjust. For post-trauma victims, the police or anyone in a uniform can bring on startle reflexes, reactions or flashbacks. Sleep disturbances, nightmares, depression, and anxiety are problems for the elderly in general which are all compounded by the recent experience of trauma.

Many elderly refugees are experiencing poverty for the first time in their lives. This means a loss of class as well as a loss of culture. In general, Minnesota is a difficult place for elderly people with its snowbanks, cold weather, and lack of regular public transportation from the suburbs. Crime is another new problem for them and the housing projects many of them live in are often unsafe. Elderly don't know how to protect themselves.

As extended family systems break down, there will be an increased need for other living situations, home health care, or nursing home care. Of all the Southeast Asian refugee populations, the Hmong family structure is the strongest; they will be the last to change. Moving in with other elderly is not even considered by the Hmong at this point. The Hmong need to continue to increase their self-esteem; they need to be able to recognize their strengths. It is important to maintain ethnic identity in programming.

RESULTS OF CURRENT MAA SERVICES TO THE ELDERLY

After the first year of the Older Refugee Program, an evaluation of the services was done by the University of Minnesota's Center for Southeast Asian Refugee Studies (November 22, 1987). This evaluation reviews the services of three MAAs which were intended to reduce isolation, reduce feelings of hopelessness, provide for sharing of grief, guilt and loss, and to promote integration of services to Southeast Asian elderly into the existing service system. The report indicates that efforts to improve opportunities for socialization and other activities have been most beneficial to and well received by elderly clients. Such activities meet basic needs and desires as shown by responses on the questionnaire used by the researchers.

The MAAs with elderly refugee programs are presently serving Hmong, Cambodians, and Vietnamese refugee elderly. Laotians (other than Hmong people who are from Laos) are not served directly, although the programs are available to them. The original intent of the federally funded Older Refugee Program was to work directly with Laotians, but this service has not occurred through these four MAAs. There are other programs serving Laotian elderly.

The services provided by the MAAs involved with the federally-funded pilot program to older refugees are summarized below.

Vietnamese Social Services of Minnesota

Vietnamese Social Services of Minnesota (VSS) grew out of the Vietnamese Buddhist Association which operated a program for Vietnamese elderly with funding by the federal government's pilot program until June 30, 1988. The program began in March 1987 and focused on providing recreational and leisure activities, outings, meetings, cooking meals together and building survival skills for over 50 Vietnamese elderly persons. Visits were made to 26 persons who were homebound because of sickness or family responsibilities.

Although the federal funding has run out, the Vietnamese Buddhist Temple in Roseville, Minnesota, which was the site for elderly programming of the Buddhist Association, continues providing space on an informal basis for Vietnamese elderly to gather and interact regularly.

VSS obtained its 501(c)3 tax exempt status in January 1988. One of its purposes is to provide care, education and specialized services to the elderly in close cooperation with other social service agencies and church groups. Goals of the Elders Program are as follows:

- (1) To reduce the isolation of elderly refugees,
- (2) To reduce the depression of elderly refugees, and
- (3) To provide a place for VSS-sponsored and other programs to occur which can help meet a variety of needs.

The pilot program helped start Vietnamese elderly programming which would not have happened otherwise.

Minnesota Cambodian Buddhist Society, Inc.

This program for Cambodian elderly was also started as a result of the federal pilot money and is serving over 60 persons annually. Through group outings and sharing sessions, elderly have made friends and generally increased social contacts. Most have learned some basic English and many want to learn more. Programs occur once a week and transportation is provided to the

Martin Luther King Center where activities are held. Small groups of program participants have begun to form; the goal is to help the elderly help themselves to be more self-reliant. Because of reduced loneliness and isolation, many elderly have decreased their alcohol consumption; three participants have quit drinking completely.

The Cambodian Senior Companion Program which gathers people together to focus on needs of an individual in crisis has been very successful. And a close working relationship was established with a local church to assist Cambodians and Americans learn more about each others' cultures.

The Cambodian elderly program has provided motivation for traditional ceremonies to happen, a way to keep the Cambodian culture alive in Minnesota. Through the elderly programming, people were able to make personal connections with each other which provided ways to share traditional ceremonies.

Gardens located near the Cambodian Buddhist Temple have been successful with the help of the elderly; gathering to garden has helped cultivate social and religious interactions among the elderly.

The Cambodian Buddhist Association's older refugee program has been supportive of the traditional healing methods used by the Community University Health Care Center along with Western methods of healing.

Women's Association of Hmong and Lao, Inc.

WAHL was founded in 1981 as a nonprofit MAA to serve the needs of refugee women and their families and to strengthen relationships between Hmong, Laotian, and American women. Since 1984, WAHL has provided support for older refugee women who suffered losses of family members and their homeland and now experience loneliness and a lack of purpose in the United States. In 1987 the program was expanded to serve older refugee men with similar backgrounds. While mostly Hmong are served, WAHL is open to serving Laotians as well.

Attendance at WAHL's elderly programs tripled during the time of the federal pilot program. Prior to the pilot program, other federal funding supported WAHL's program.

The goals of WAHL's program are to reduce the isolation and hopelessness, to provide an environment where their sense of grief, guilt, and loss may be shared with others who have the same language and cultural background, and to assist the elderly Hmong and Lao in accessing other community-wide resources and services.

Specific services which have been provided include English language training, ethnic meals and nutrition education, support groups, crafts classes and field trips, gardening opportunities (started with the help of the Wilder Foundation), socialization gatherings and cultural celebrations as well as exchanges with American and other senior groups, and information, referral, and advocacy.

An on-going relationship with a church was set up; church volunteers are working with the Hmong on crafts classes and donate money for materials.

Hmong women are beginning to share information with each other about herbal medicines. This sharing has lead to greater interest in health issues in general. Participants have recently shown more interest in living and in caring for themselves. They are willing to utilize Western medicine for diagnostic purposes such as blood pressure testing; previously many elderly ignored health issues.

Lao Family Community of Minnesota, Inc.

Lao Family Community, one of the largest MAAs, located in St. Paul, was responsible for coordinating the activities, resources, and technical assistance for three federally funded MAAs which participated in the pilot program to develop services for elderly Southeast Asian refugees. Lao Family refers older refugees to the Women's Association for Hmong and Lao for social services and other programming.

IV. CURRENT LEVEL OF SERVICES TO REFUGEE ELDERLY

Besides the services of the MAAs outlined above, there are other organizations serving the needs of Southeast Asian Refugee elderly in the Twin Cities. These organizations and their activities are outlined below.

AMERICAN REFUGEE COMMITTEE

The American Refugee Committee's (ARC) program for Hmong refugee elderly grew out of the Community University Health Care Center and ARC's work with the Hmong American Veteran's Association. The needs of the elderly were identified in a 1987 conference which was funded and organized by ARC and co-sponsored by the Minnesota Department of Human Services and the Wilder Foundation.

Over 200 Hmong elderly have been served so far; they gather every Thursday afternoon. Transportation is arranged for participants by ARC staff to the Northside meeting location. A bus or individual cars are arranged to pick up the elderly people. Average attendance at each gathering is about 50.

ARC's Hmong elderly program relies on the skills of one part time staff person, two full-time staff, and a project manager. Two of the staff are bi-lingual. Student interms and volunteers are also utilized. The annual budget is \$76,000.

Hmong elderly gather to hear information about aspects of living in the United States and to socialize with each other. Early in the program, ARC staff noticed health and mental health problems among the elderly. Hmong elderly are reluctant to access health care and have great fear of surgery and hospitals. Now, ARC staff have begun a Health Promotions Project which is gradually beginning to impart information on health, nutrition, and the health care system.

Survival English classes are offered. ARC staff found that the regular English as a second language (ESL) classes, offered through the literacy programs did not suit Hmong elderly. Hmong needed something more closely tailored to their specific needs. Usually the English classes last about an hour and staff try to work from participants' experiences and keep it humorous. Non bi-lingual staff try to learn Hmong while the Hmong elderly learn English.

Special education classes have focused on crime protection, working with the police, field trips to the Bell Museum, movies, etc.

ARC is beginning to interact with American elderly service providers. A formal relationship has been established with the

Park Avenue Senior Resource Center where joint activities are sponsored one day per week. Outings have taken Hmong elderly to congregate dining facilities in the senior citizen's centers. Hmong are eager to learn about American elderly. Three Hmong elderly went to the Park Avenue Senior Center to show a movie and tell their stories. This kind of activity helps Americans begin to understand the Hmong better. A camping trip is scheduled this spring.

One day per week a smaller group of Hmong elderly develop independent living skills such as handling money and utilizing public transportation. Transportation to this group is coordinated through Hennepin County.

An Advisory Board composed of 6-8 Hmong elderly persons meet monthly to review decisions on program content, meeting times and locations.

COMMUNITY UNIVERSITY HEALTH CARE CENTER

Located in Minneapolis, the Community University Health Care Center (CUHCC) has seven full-time bilingual staff and a supervisor to serve the mental health needs of its Southeast Asian refugee clients. Because 25 - 35% of CUHCC's clients are elderly (over age 45), special projects have been undertaken to meet their needs. These special projects have reached between 100 and 175 Southeast Asian elderly.

CUHCC holds educational group meetings for all its clients on mental health problems, sexual assault, chemical dependency, and battering. Periodically, time-limited support groups for the elderly have been offered.

Funding is received for mental health services from Minnesota Department of Human Services' Refugee and Immigrant Assistance Division, Hennepin County and the United Way. The State of Minnesota Department of Corrections funds the domestic violence and sexual assault programs and other funding is received from the Chemical Dependency Division of the Minnesota Department of Human Services.

The goal of CUHCC's programming is to meet the mental health needs of Southeast Asian refugees. In order to meet these needs, activities may be scheduled, referrals made, family counselling suggested, etc., depending on the situation.

HIAWATHA YMCA

The Hiawatha YMCA has started a program for Laotian elderly in Minneapolis which gives participants a chance to get out, to go

on field trips around the city, to meet other elderly, socialize and converse with each other. Some have a chance to serve on the program's advisory council which helps direct the program delivery. The focus of the program is to be able to understand the American culture better and to help themselves better. Approximately 85 Laotian elderly have been served by the program so far.

For many Laotian elderly, their records were not complete when they arrived. Since arriving, birth records have updated government information files so that elderly can now receive benefits they are entitled to. Hiawatha YMCA has helped elderly get their information to the government officials so they can begin the benefit process.

The Hiawatha YMCA elderly program is currently funded at approximately \$38,000 annually. Staff would like to be able to expand their client base as well as programming options for the elderly. ESL classes are offered with 6-8 elderly adults in people's homes. Hiawatha Y has also worked on landlord tenant relations helping tenants get damage deposits back after moving out.

WILDER FOUNDATION'S SOCIAL ADJUSTMENT PROGRAM FOR REFUGEES

The Social Adjustment Program for Refugees was initiated in 1983 by the Wilder Foundation with funding from the Minnesota Department of Human Services, Refugee Program Office. Since then, Wilder has begun funding the program along with financial assistance from the Refugee and Immigrant Assistance Division (State of Minnesota), Ramsey County Community Human Services Department, and the Minnesota Office of Refugee Mental Health.

There are five bi-lingual/bi-cultural Social Workers, a half-time Casework Supervisor, a Program Director, a Program Secretary and support of a Psychiatric Consultant.

Services provided to refugees include:

- individual supportive counseling
- family counseling and intervention
- crisis intervention
- support groups
- information and referral
- linkages with providers of psychiatric and psychological services for assessment and treatment
- consultation and support to refugee natural support system

At the same time, the Social Adjustment Program for Refugees works with the larger community on how to provide culturally-appropriate resources to meet refugee needs, referrals to other

refugee service providers, in-service training and orientation on serving refugees, and consultation on assessment and treatment planning.

The program operates out of the Mount Airy Neighborhood Center in St. Paul and serves approximately 500 clients per year who live in the East Metro Area of St. Paul. Each full-time Social Worker sees between 80 and 120 people over any one period of time. The program depends on its outreach; most visits are made in the person's home. Among the elderly, Social Workers have seen serious mental health problems; the program works with St. Paul Ramsey Medical Center for psychiatric diagnosis.

LAO ASSOCIATION OF MUTUAL ASSISTANCE

The Lao Association of Mutual Assistance (LAMA) operates an Employment Services program and a Support Services program at the present time. The program has been operating since 1982 for refugees living in Dakota County.

LAMA serves about 35 Laotian elderly who are all over 50 years old; a few Vietnamese and some Hmong also participate in the program. The program mainly consists of advocacy services to the elderly, providing health referrals, doing home visits, and explaining medical instructions. Every two months a tour or a trip is scheduled such as to the zoo, a picnic, or to a museum. Programming is coordinated closely with the Peace Reform Church in Eagan.

The following organizations have indicated an interest in starting more formal or officially-recognized programs for Southeast Asian refugee elderly. Some programs are already serving elderly persons along with other refugees:

Association for the Advancement of Hmong Women,
Minneapolis

Cambodian American Association of Minnesota, St. Paul

Intercultural Mutual Assistance Association, Rochester

Lao Assistance Center of Minnesota, Minneapolis

V. STRATEGIC PLANS OF MAAs

CRITICAL ASSESSMENT/BACKGROUND

The four MAAs involved with the Older Refugees Pilot Program were involved in a strategic, long range planning process as part of this study.

A critical assessment of the services provided under the pilot program was part of this planning process. The information gained as part of the pilot program has implications for the structure of future programming.

For example:

- there were bigger challenges involved with getting the refugee elderly involved in mainstream senior services than was anticipated at the outset of the program. It was hard for the coordinators to know how to interact more closely with the American elderly services.

- classroom activities, especially, have not gone over very well.

- using other groups' meeting spaces has not worked out well. (Useful, homey space is half the work of getting the elderly out and involved.)

- there was not as much interaction among the various ethnic groups as some program organizers thought there might be.

- transportation coordination with American mainstream elderly programming lacks the flexibility necessary to work with refugee elderly.

- salary ranges for the program coordinators are too low for the work they are doing; one person does everything in the smaller programs; it is important to get more volunteers involved.

- the evaluation provided by the Center for Urban and Regional Affairs was a difficult process. It is hard to know how to communicate with the elderly about their involvement in the programming and not have the evaluation take too much away from the programming itself. The evaluation mechanism was based on an American perspective which made it difficult to obtain a fair reading of the changes that took place with the refugee elderly during the time of programming.

PROGRAM GOALS AND RECOMMENDATIONS FOR THE NEXT FIVE YEARS

A series of meetings were held with representatives of the four Older Refugee Pilot Program MAAs and representatives of the Metropolitan Council's Area Agency on Aging and RIAD of the Department of Human Services. The following recommendations were developed out of those meetings.

General Recommendations

- * Maintain and improve programs of WAHL, Minnesota Cambodian Buddhist Society, and Vietnamese Social Services of Minnesota. MAAs arise out of elderly refugee needs and take an incremental approach to meeting needs. MAAs are closer to the people being served and can provide services that are close to their needs.
- * Maintain the autonomy of the MAA to decide its own program directions especially when collaboration or coordination efforts are undertaken with other organizations.
- * Hire an evaluation firm that is sensitive to the needs of the client groups.
- * Standardize the salary ranges for program coordinators. Increase the level of volunteer involvement in the smaller MAA programs.
- * Do not assume total mainstreaming of this elderly population is possible; over the long term, young people growing up in the American culture may integrate into the mainstream for services.
- * Support from families is key to successful MAA programming for the elderly.
- * Continue to support and meet the cultural needs of the people being served.

Program Recommendations

- * Maintain the socialization portion of the program for Cambodian, Hmong, and Vietnamese elderly. Include services for Laotian elderly as possible.
- * Consider training elderly to be licensed child care providers; join the elderly program with child care and skill training for mothers would be helpful programs for the elderly to provide.
- * Continue to provide survival english language classes.
- * Develop or locate a center for Cambodian elderly which is located on a bus line where the elderly can run their own programming and drop into the center whenever they want to. A

paid coordinator would then provide services and resources for these programs.

* Support programming that helps the elderly do activities such as weaving, rattan, bamboo work, handicrafts work, similar to their lifestyles in Southeast Asia.

* Create more opportunities for interaction among the elderly.

* Provide a half-way home for the elderly Hmong who need transitional housing or extra help: a structure which could house 4-5 elderly with on-call or on-site help for the very old or those with health needs.

* Support WAHL's interest in expanding its services to Minneapolis.

* Develop a model Southeast Asian elderly housing project which provides a sense of community for its residents.

FIVE YEAR GOALS BY PROGRAM WITH FUNDING LEVELS

Minnesota Cambodian Buddhist Society, Inc. (CBS)

Within five years, the CBS would like to:

1. Maintain and expand its socialization programs on a weekly basis focusing on English language and survival skills, crafts activities, and regular outings.
2. Plan and implement a Cambodian Child Care facility staffed by the elderly.
3. Plan and implement a Cambodian Cultural Center with drop in activity facilities for the elderly.

The CBS has an annual budget of \$50,000 annually at the present time. They would like to maintain this level of funding for general programming purposes with a slight (5%) increase for inflation annually:

1989	\$50,000
1990	52,500
1991	55,125
1992	57,885
1993	60,800

Total operating support 1989-1993: \$276,310

In order to implement goals #2 and #3 above, the CBS anticipates that it will need additional planning and implementation funds as follows:

1990	\$17,500	(Planning for child care facility)
1991	15,000	(Planning for the center)
1992	35,000	(Implementation of child care and center)

Total special projects support 1989-1993: \$67,500

Women's Association of Hmong and Lao (WAHL)

Within five years, WAHL would like to:

1. Maintain and expand its socialization programs for the elderly.
2. Plan and implement a respite care program for the elderly.

WAHL currently has an annual budget of \$100,000. They would like to maintain this level of funding for general programming purposes with a slight (5%) increase for inflation annually:

1989	\$100,000
1990	105,000
1991	110,250
1992	115,765
1993	121,555

Total operating support 1989-1993: \$551,570

In order to implement goal #2 above, WAHL anticipates that it will need additional planning and implementation funds as follows:

1990	\$45,000	(Respite care planning)
1991	60,000	(Respite care implementation)

Total special projects support 1989-1990: \$105,000

Vietnamese Social Services of Minnesota (VSS)

Within five years, VSS would like to:

1. Continue to provide socialization programs for Vietnamese elderly.
2. Provide social service advocacy assistance as needed to elderly.

3. Plan and implement a meeting center location which is accessible to the elderly.
4. Plan and implement a Vietnamese housing project for the elderly.
5. Plan for a Vietnamese cemetery.

VSS has an annual budget of \$29,900 at the present time. They would like to move to an annual budget of \$45,000 in 1990 and then stabilize at this level (with 5% inflation increases) over the next three years:

1989	\$29,900
1990	45,000
1991	47,250
1992	49,615
1993	52,095

Total operating support 1989-1993: \$223,860

In order to implement goals #3-5 above, VSS anticipates that it will need additional planning and implementation funds as follows:

1990	\$10,000 (Meeting center planning)
1991	25,000 (Implement meeting center/plan housing)
1992	75,000 (Implement housing/plan cemetery)

Total special projects support: 1989-1993: \$110,000

MAA Funding Needs Summarized

At the end of five years at the above levels of operating support, the MAAs will have received a total of \$1,051,740.

CBS, WAHL, and VSS will have utilized \$287,500 of special project planning and implementation funds.

A total of \$1,339,240 or approximately \$1.4 million will be needed to support these MAAs at this projected level of program operation.

COORDINATION SUPPORT ORGANIZATION (CSO)

This portion of the report was developed with the assistance of representatives of RIAD, the Metropolitan Council and the four MAAs involved with the pilot program.

Goals of the CSO Relationship

1. To assure the development and continuing availability of quality programs for refugee elders throughout the Twin Cities.
2. To increase refugee elders' accessibility to services which would benefit them, such as senior citizen and refugee oriented services.
3. To reinforce and increase, to the maximum extent possible, the dedication of local financial and service resources for the provision of services to refugee elders.
4. To minimize administrative tasks and costs among local service providers and facilitate inter-provider cooperation in order to maximize the use of available resources for direct service.

Principles of Coordination

1. Use existing services, programs and providers whenever possible.
2. Promote cooperative efforts among local providers and funders.
3. Encourage public, private and private nonprofit involvement in the provision and financing of service.
4. Promote the use of volunteers.
5. Assure services are compatible with RIAD, Title III, and other funders' long-term plans for services to refugee elders. Implement the results of the long-range plans outlined above.
6. Assure that the coordinating agency is not perceived as a competitor for financial resources or clientele.
7. Consider and contact all potential resources for funding.
8. Promote the visibility of programs for refugee elders.

Role of the CSO

The CSO would provide:

- public relations assistance
- assistance in program management training
- assistance in program development
- assistance in securing space for program delivery
- assistance with developing contacts and referral systems
- increased accountability with funders

- advocacy on behalf of MAAs to funders/potential funders
- bookkeeping assistance and training
- monitoring of program performance

The CSO would not set MAA program priorities and hiring policies. It would outline the percentage of funds which would be used for provision of coordination services.

Advisory Board Role

The CSO would set up an Advisory Board composed of persons familiar with refugee needs, knowledgeable of the funding community, representatives of the MAAs and others. The Advisory Board would be responsible for fundraising, advocacy, and monitoring the performance of the MAAs.

Specifically, the Advisory Board would:

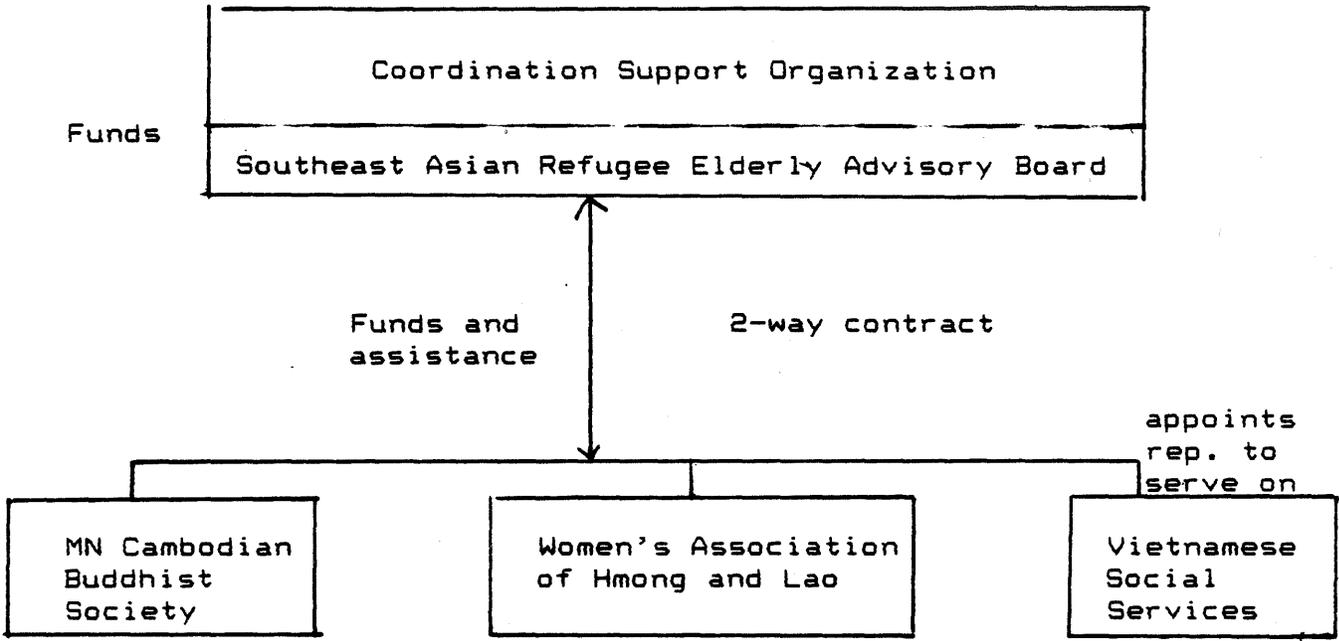
- be integrally involved with fundraising, making contacts with funders, educating funders and potential funders, etc.
- need to be familiar with the needs of refugee elderly
- establish ground rules for joint and individual fundraising with the MAAs
- represent the MAAs to the CSO
- provide some expertise on refugee elderly issues
- have a role in monitoring the MAAs service delivery and programs to assure quality in an advisory capacity to the CSO
- come to agreement on budgets and salary ranges with the MAAs and determine jointly with the MAAs what program level can be supported financially

Role of the MAA's Board of Directors

- approve MAA budget
- determine program level and directions
- perform needs assessments of ethnic elderly to determine program directions
- hire/evaluate staff, determine staffing plans and personnel policies
- appoint a representative to sit on the Advisory Board
- agree on the addition of MAAs in the coordination partnership for services to Southeast Asian Refugee elderly

Proposed Structure

The following structure is proposed for this partnership for Southeast Asian Refugee Elderly Services:



VI. FUTURE DIRECTIONS

ROLES RECOMMENDATIONS

Role of RIAD in Relation to Refugee Elderly

RIAD should advocate within the State of Minnesota administration and legislature for funding to support refugee elderly programming. There is an expectation that the State of Minnesota has more of a role to play in support refugee elderly programming than it has played in the past. RIAD should contact groups responsible for advocating for refugee elderly and coordinate a campaign to secure additional resources for programming to refugee elderly. \$390,000 should be available annually within five years.

RIAD can also be a data source for refugee arrivals and those served under State of Minnesota programs.

RIAD should continue to assist with coordination of MAA Executive Director meetings to keep the MAAs working and coordinating together.

RIAD should also coordinate with the refugee funding available from the federal level.

Role of the Metropolitan Council: Area Agency on Aging

The Area Agency on Aging can play an advocacy role to the federal government about the needs of refugee elderly and it can play an advocacy role for refugee elderly to the State Board on Aging.

It should maintain a connection to mainstream elderly service agencies to assist the MAAs in locating space, coordinating with older people in joint efforts of all types and to provide contacts to the MAAs when needed for special services.

The Metropolitan Council is a potential funding source, channeling federal government resources from the Older Americans Act. This funding is available for three years beginning in 1988 and 1989 and can provide funds for program administration, staffing, equipment, and newsletter publication. These funds can help with the transition between the present funding level and that anticipated by increased support from the State of Minnesota.

There needs to be a clear channel of communication between the Metropolitan Council Area Agency on Aging staff and the MAAs about elderly refugee needs.

Role of the Federal Government

The federal government should be involved in funding refugee elderly social services and advocacy programming. A majority of federal support goes for employment related counseling and language training at the present time. It is not likely that the role of the federal government will be expanding greatly into social services in the near future; however, pressure should be kept on and needs communicated regularly.

Role of the County Governments

The counties should make their eligibility requirements flexible enough to be able to provide services to refugee elderly; when the elderly live with relatives as many Southeast Asian refugees do, the income guidelines are exceeded and the elderly do not qualify for any county assistance.

Making present services such as home health aide services more accessible to refugee elderly would be helpful. Having Southeast Asians on the homemaker staff would also be helpful.

The counties have been unwilling to admit that language is a barrier for refugees who want to utilize other elderly programming options available through the county.

MAAs should be involved in making regular presentations to the county commissioners who are interested and supportive of refugee needs and keep them informed and up to date on needs of refugee elderly.

Hennepin and Olmsted Counties are already providing direct services to refugees.

Mainstream Elderly Service Providers

Mainstream elderly service providers should coordinate through the Metropolitan Council to make resources available to refugee elderly as needed or requested.

MAAs could play a consulting role with mainstream elderly service providers helping them become more sensitive to working with refugee elderly populations; and the mainstream service providers could help the MAA staffs better identify symptoms of larger problems and when to make referrals to other sources of help.

Private Foundations

Foundations, along with other funders, need to realize that refugees are here to stay and that financial support is important. Foundations should be encouraged to provide financial support for innovative new program ideas, for special studies,

for organizational development and staff training work; on-going program support is not as much a priority for the private foundations.

The United Way

Education should occur so that the United Way knows of the needs of Southeast Asian refugee elderly. The United Ways in Minneapolis and Rochester have funded refugee programming in the past. This funding should continue and the United Ways should be encouraged to make refugee elderly funding more of a priority.

Specifically, the United Ways could support the capital needs of developing a refugee cultural center if plans for such a center progressed in the next few years.

POLICIES

The following policy recommendations are made as part of this report:

- * Continue to seek ways for refugee elderly programming to integrate with mainstream elderly programs; don't expect this elderly population to become completely supported by mainstream elderly programming.

- * Continue to support the MAAs as a way of providing services to refugee elderly.

- * Increase the role of the State of Minnesota in providing services to Southeast Asian refugee elderly.

- * Develop a coordination support organization which can provide technical support and coordination among the MAAs in provision of services to refugee elderly.

- * Continue socialization programming for Cambodian and Lao refugee elderly; build toward meeting needs for additional programming as they arise along the lines of the five-year plan.

ORPRPT:10-20-88

APPENDIX A: Guide Group Members

Gus Avenido, Department of Human Services
Sherri Buss, Metropolitan Council, Area Agency on Aging
Judy Saumweber, Lao Family Community
Nita Truitner, Vietnamese Social Services of Minnesota
MengKruy Ung, Minnesota Cambodian Buddhist Society, Inc.
GaoLy Yang, Women's Association of Hmong and Lao

APPENDIX B: INTERVIEWEES

The following persons were interviewed for this report:

Community University Health Care Center

Mee Yang
Tam Nguyen
Marjorie Habenicht

American Refugee Committee

Mary Clare Baldus
Garth Osborn
Padee Yang
Kathy Behrens
Bob Anderson

Minnesota Cambodian Buddhist Society, Inc.

Sauri Math
Koy Chhoeurn
MengKruy Ung
Saroum Bun
Lars Mundstock

SE Asian Resettlement Assistance Program, Hiawatha YMCA

Tong Dee
Pia Si Sombath
Phang Dy Sombath
Tham Imthisong
Harry_____

Vietnamese Buddhist Association/Vietnamese Social Services

Nita Truitner
Tim Dunnigan
Tu Le

Lao Association of Mutual Assistance

Khamphot Siri-Outhay

Association for the Advancement of Hmong Women

A Ziong

Lao Assistance Center of Minnesota

Laurie Zunner
Lang Sanh

Women's Association of Hmong and Lao

GaoLy Yang

Cambodian American Association of Minnesota

Yanat Chhith
Kim Seng

Minnesota Center for Torture Victims

Barbara Chester

Wilder's Social Adjustment Program for Refugees

Tom Rogers (no longer with the program)

Lao Family Community of Minnesota

Heu Yang
Chong Vang
Teng Vang
Youala Moual Heupac
Ying Vang
Leefao Vang
Diana Rankin
Judy Saumweber
Joua V. Mougounne
Ying Thao
Yeh Vang
Glenda Potter
Mai Yang
Mai Houa Yang
Pao Vang
Gao Ee Thao
Choua Yang
Ge Yang
Blin Thor

Intercultural Mutual Assistance Association, Rochester, Minnesota

Bunly Suy
Ester Covert

Minnesota Department of Human Services, RIAD

Khaeng Sinakhone
Jane Kretzman
Quy Dom

Metropolitan Council, Area Agency on Aging

Amy Sunderland
Sherri Buss

Center for Urban and Regional Affairs, University of Minnesota

Eric Egli

The Minneapolis Foundation

Pat Cummings
Marty Adams

Ramsey County

Mary Lou Grahek

In addition, informational contacts were made with:

Governor's Advisory Council for Refugees
Council on Asian Pacific Minnesotans
Minnesota Consortium for Refugee Resettlement
International Institute of Minnesota
Lutheran Social Service
Wilder Foundation

APPENDIX C: BIBLIOGRAPHY

The following printed materials and publications were made available to this project:

"Community Social Services for Isolated Southeast Asian Elderly Refugees," funding proposal submitted to the Federal Administration on Aging, 1986.

"Interim Report--Older Refugees Program, First Year Report," an evaluation of the program by Bruce Downing, Eric Egli, and Margaret O'Connor, University of Minnesota, Center for Southeast Asian Refugee Studies, November 22, 1987.

"Older Refugees in the United States: From Dignity to Despair," a study by the Refugee Policy Group, 1424 - 16th Street, N. W., Suite 401, Washington, D. C. 20036; (202/387-3015).

Department of Human Services' Request for Proposals for social services for refugees, February 12, 1988.

"Elderly Southeast Asian Refugees: Still Strangers in a Strange Land," an article in Refugee Reports, Vol VIII, No. 5, May 15, 1987. A project of the American Council for Nationalities Service, 815 Fifteenth Street NW, Suite 610, Washington, DC 20005 (202/667-0782).

"Program helps older Southeast Asia refugees adjust to new environment," article in Star/Tribune, Thursday, February 4, 1988.

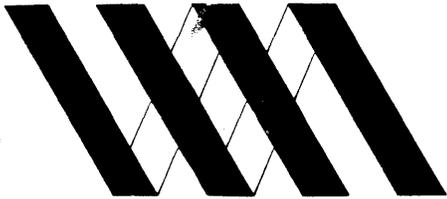
"Meeting Special Needs: A Plan for Service Delivery to Older Minority People in the Twin Cities Metropolitan Area," published by the Metropolitan Council, October 1986.

"Growing Older in America: Issues of Aging in the Southeast Asian Refugee Community," a conference summary report written by Mary Clare Baldus, American Refugee Committee, Minneapolis, Minnesota, 1987.

"The Refugee Family, Region V Consultation Report," by the U. S. Department of Health and Human Services, Office of Refugee Resettlement Region V, March 1988, by NW Educational Cooperative, Arlington Heights, Illinois (312/870-4100).

"The Older Hmong in America: Two Cultures in Conflict," by Christopher L. Hayes (Center for the Study of Pre-Retirement and Aging, the Catholic University of America, Washington, DC 10064) and Richard A. Kalish (Department of Health Science, Brooklyn College, Brooklyn, NY 11210), 1985.

Southeast Asian Refugees in Minnesota, published by the Saint Paul Foundation, Donna L. Sherlock, October 1987.



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AND ASSOCIATES**

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February 16, 1989

Jus
MEMO TO: ORP Guide Group
FROM: Ann Waterhouse *AW*
RE: Upcoming meeting to review ORP report

Enclosed is a copy of the final ORP report for your review. The Guide Group will meet to discuss this report on Monday, February 27, 1989 from 3:00 - 5:00 p.m. in Room 3B of the Department of Human Services Building, 444 Lafayette Road in St. Paul.

The first half hour of the meeting has been scheduled by Judy Saumweber for a staff person from the Ramsey Action Program to discuss setting up a Home Delivered Meals program for Southeast Asian Refugee elderly.

If you cannot make this meeting, please call me with any comments you have prior to the February 27th meeting.

Thanks.