



Shannon Gadd
*Mariposa County Health
& Human Services Agency*



Seng S. Yang
*Hmong Cultural Center
of Butte County*



Deb Winkle
Blue Lake Rancheria

Ensuring Equity in Aging Webinar Series

July 7, 2021, 10–11am

Culturally Responsive Programs & Services in Rural Communities

Closed captioning & ASL interpreting will be provided



Welcome!

Webinar Logistics: [Join by smart phone, tablet, or computer](#)

- To join audio by telephone: 888-788-0099
- Meeting ID: 957 8310 1424 Password: 651159
- Live captioning streamed through webinar (Zoom)
- American Sign Language Interpretation via webinar (Zoom)
- Recording, slides, and transcripts will be posted at CDA's online California for ALL Ages [Equity in Aging Resource Center](#) and YouTube channel.



Questions & Comments

The final 10 minutes of the webinar is reserved for questions and comments:

- Attendees joining by **webinar (Zoom)**, use the Q&A function to ask a questions or click the raise hand button to join line. The moderator will announce your name or your last 4 digits of your phone number and will unmute your line.
- Attendees joining by **phone**, press *9 on your dial pad to “raise your han”. The moderator will announce the last 4 digits of your phone number and will unmute your line.



Ensuring Equity in Aging Webinar Series

- 1st Wednesday of each month: November 2020 – July 2021
- State and local speakers with expertise in the subjects of cultural competency, equity, program and service delivery
- Let's learn together how we can help make our communities a more just place and build a **California for ALL Ages**



Today's Speakers



Shannon Gadd

*Mariposa County Health
and Human Services
Agency*



Seng S. Yang

*Hmong Cultural Center of
Butte County*



Deb Winkle

Blue Lake Rancheria



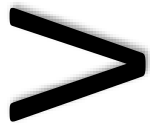
Snapshot of Rural America

WHAT IS “RURAL”?

The definition of rural is an ongoing source of confusion. While what counts as urban has changed over time, the U.S. Census Bureau has consistently defined rural populations as a “non-urban population.” In any discussion of rural people, places and policy, it is wise to acknowledge the core truth that *rural conditions differ widely*. **Using any simple rural-by-numbers definition to distribute resources does not account for critical differences.**

17.5%

of those living in
RURAL areas are
over the age of 65

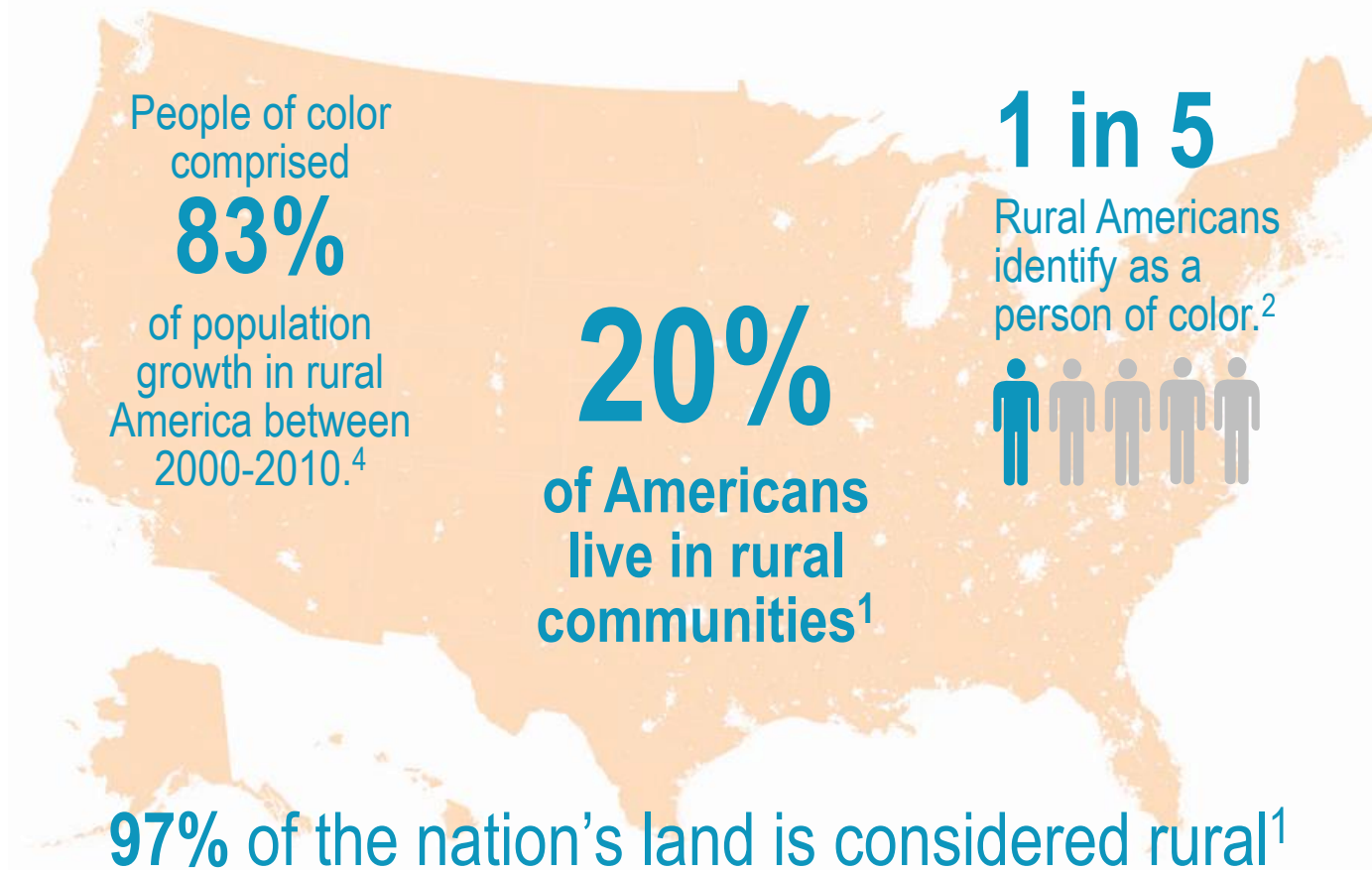


13.8%

of those living in
URBAN areas are
over the age of 65³

A map of rural America







Areas in orange are classified by the U.S. Census as “rural”



Source: U.S. Census Bureau

THE WASHINGTON POST







Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
					
Employment Income Expenses Debt Medical bills Support	Housing Transportation Safety Parks Playgrounds Walkability Zip code/geography	Literacy Language Early childhood education Vocational training Higher education	Hunger Access to healthy options	Social integration Support systems Community engagement Discrimination Stress	Health coverage Provider availability Provider linguistic and cultural competency Quality of care

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Rural Challenges in Addressing Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
 <p>Below poverty: 18% of rural populations vs <16% urban¹</p> <p>62% of rural Black Americans and 53% of rural Hispanic Americans live in poverty²</p>	 <p>Rural road fatality rate 2.4x > urban³</p> <p>Only 60% of rural counties in America have public transportation⁴</p>	 <p>20% of rural young adults have 4-year degrees vs 37% urban⁵</p>	 <p>Rural communities make up 87% of counties with the highest rates of overall food insecurity⁶</p>	 <p>Rural women experience higher rates of intimate partner violence.⁷</p> <p>53% of rural Americans lack access to 25 Mbps/3 Mbps of bandwidth⁸</p>	 <p>Physicians per 10,000 people: 13.1 rural vs 31.2 urban⁸</p> <p>65% of rural counties do not have a psychiatrist⁹</p>

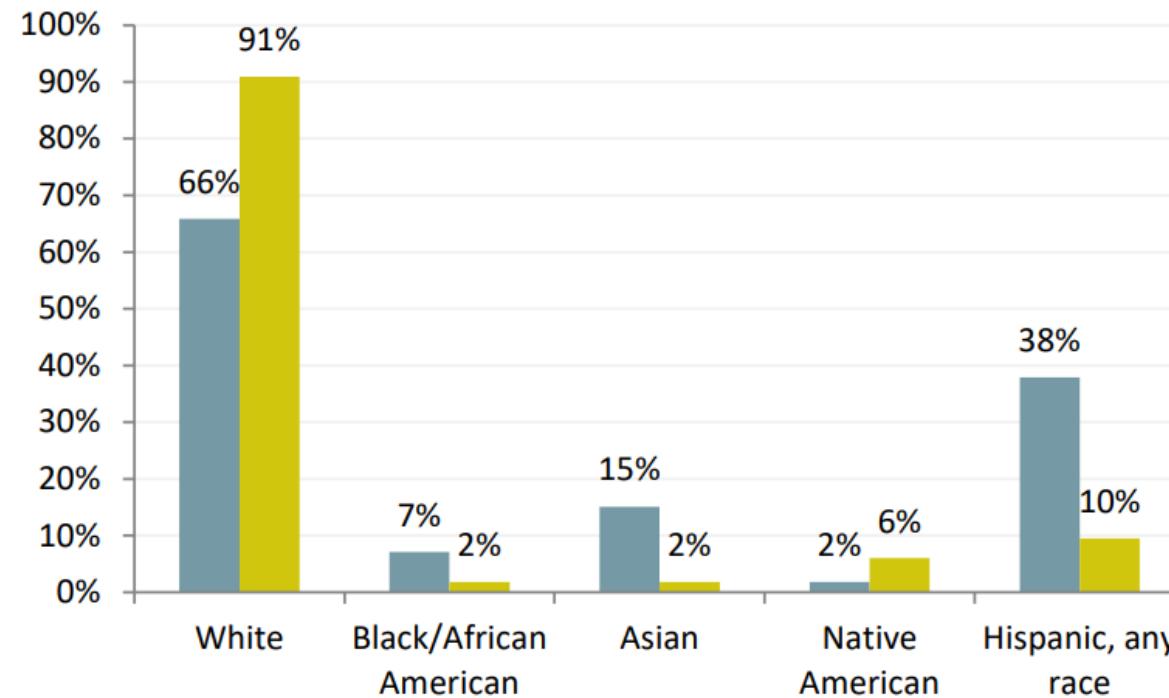
Rural areas, in general, fare worse than urban areas in all Health Outcomes:
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Mariposa County, CA

RACE AND ETHNICITY

Compared to the state of California overall, Mariposa County is disproportionately white and the county has a greater proportion of civilian veterans than the state overall: 11.0% compared to 4.5%.

FIGURE 6. RACE AND ETHNIC COMPOSITION, 2015



37%
of Mariposans are 60+

21%
of Mariposans have a disability

Source: U.S. Census Bureau, 2010-2015 5-Year American Community Survey. Note, percentages will not add to 100%, as the category "Hispanic" is an ethnic category with members of different races.

Mariposa County, CA: Moving Toward Equity

- 2019 consolidation of three county departments to Health & Human Services Agency
- COVID-19 pandemic opportunities to engage diverse populations
 - Survey
 - Mobile teams
 - Co-locating eligibility staff with Public Health teams
 - Spanish-speaking clinics
- Mariposa's first Pride event June 2021
- Frontier



Blue Lake Rancheria Tribe

[Watch the Blue Lake Rancheria Introduction Video on YouTube](#)



The Blue Lake Rancheria Tribe's Elder Nutrition Program



[Watch the Elder Nutrition Program Overview Video on YouTube](#)



Deb Winkle
Food Program Director

[Watch the Elder Nutrition Program Best Practices Video on YouTube](#)



Daniel Holsapple
Community Garden Manager

[Watch the Elder Nutrition Program Farm to Table and Approach and Composing Video on YouTube](#)



[Watch the Elder Nutrition Program Pandemic Response Video on YouTube](#)



Zoosiab

A Community Defined
Evidence Practices for
Mental Health in Hmong
Communities

Seng S. Yang, MA

Hmong Cultural Center of Butte County (HCCBC)



Presentation Outline

- ▶ About California Reducing Disparities Project

<https://www.cdph.ca.gov/programs/ohe/pages/crdp.aspx>

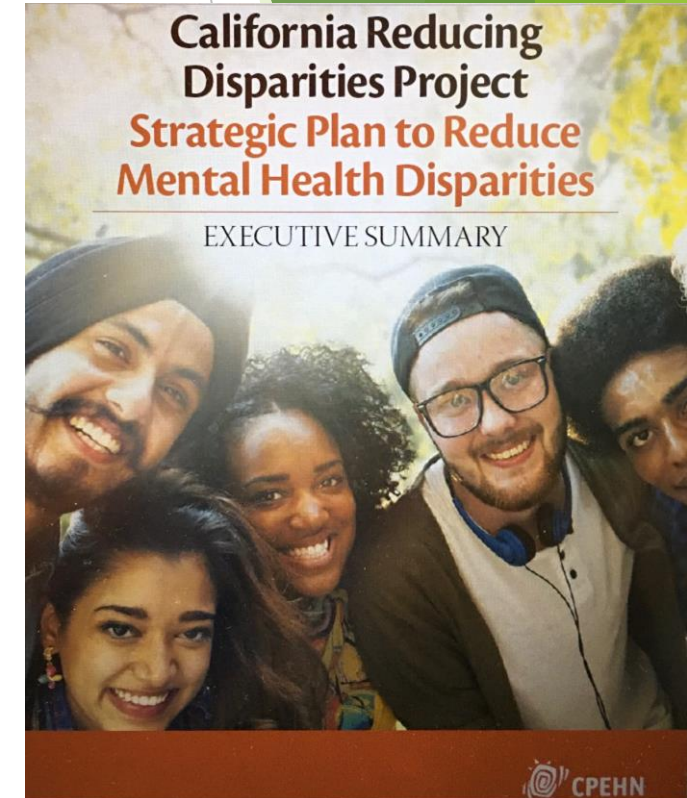
- ▶ Hmong History and belief

- ▶ The Zoosiab Program serving Hmong Older Adults in Butte County

<http://hmongculturalcenter.net/index.html>

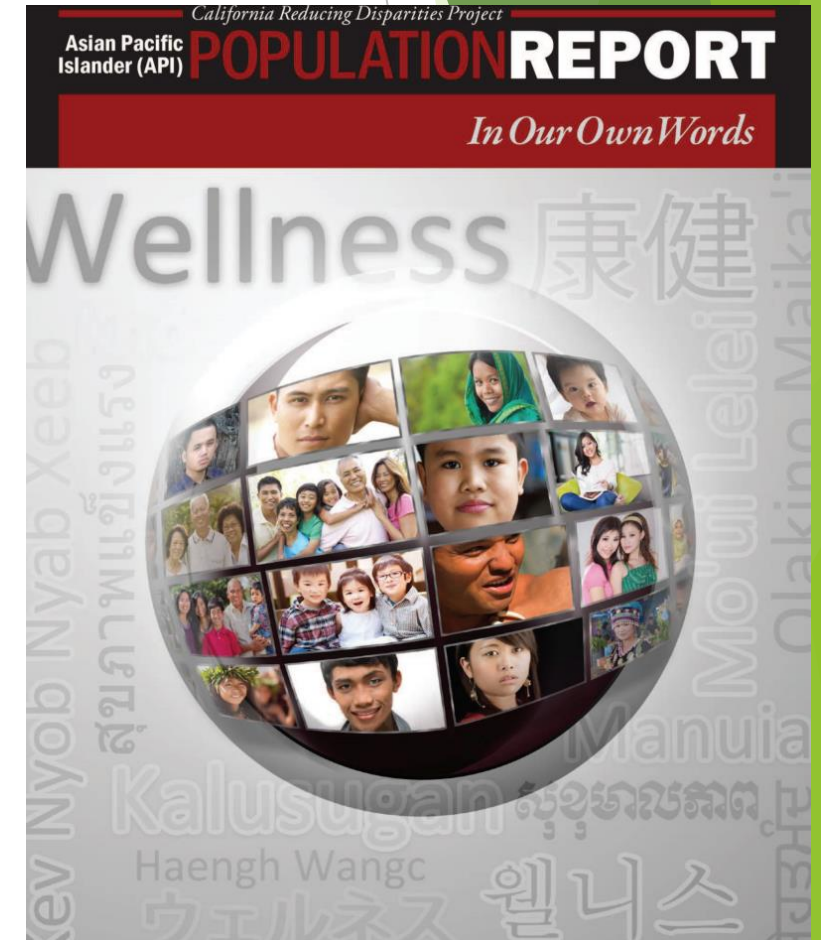
- ▶ Zoosiab Program Evaluation - Preliminary Results

- ▶ COVID-19 Pandemic Impacted Hmong Elders



California Reducing Disparities Project (CRDP) Overview

- ❖ U.S. Surgeon General David Satcher's call for national action to reduce mental health disparities.
- ▶ Phase 1 (2009-2018) - identify best promising practices within these 5 identified communities and develop a statewide strategic plan for the 5 **focus populations**: African American, Asian and Pacific Islander, Latino, LGBTQ, and Native American



California Reducing Disparities Project (CRDP) Overview cont.



► Phase 2 (2017-2022)

- Demonstrate through a rigorous, community-participatory evaluation process that selected community-defined evidence practices (CDEPs) are effective in preventing or reducing the severity of mental illness
- Validated CDEPs for more sources, including county mental health agencies
- Support changes in statewide and local mental health delivery systems and policies that will reduce mental health disparities among unserved, underserved and inappropriately served populations

California Reducing Disparities Project (CRDP) Overview cont.

- ▶ All state wide evaluation (SWE) data collected during 2018-2021 will be analyzed by Loyola Marymount University (LMU) and the results of all **35 Implementation Pilot Projects (IPPs)** (from the 5 focus population groups will be disseminated to the public in 2022.



HCCBC CRDP Partners

- ▶ California Department of Public Health—Office of Health Equity (CDPH—OHE)
- ▶ Statewide Evaluator (SWE) - Psychology Applied Research Center—Loyola Marymount University (PARC—LMU)
- ▶ API Technical Assistance Provider — Special Services for Groups (TAP—SSG)
- ▶ Zoosiab Advisory Committee
- ▶ Local Evaluator - Health Research for Action (HRA), School of Public Health, University of California Berkeley



Loyola Marymount University



Berkeley



CRDP Annual Convening of IPPs, OHE, LMU, TAPs and Evaluators



Background of Hmong History

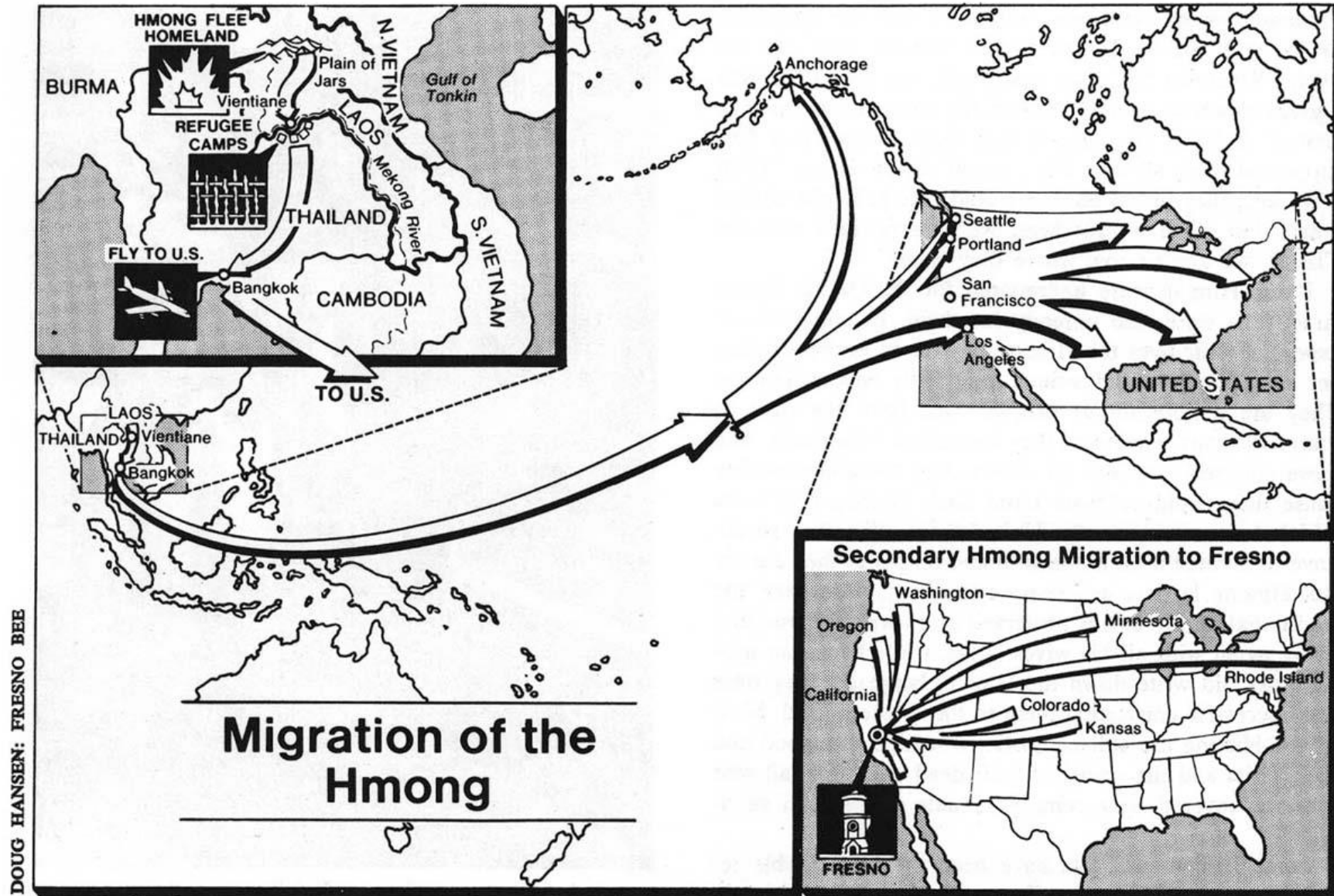
- ▶ Origin- “unknown”; But had long history in China
- ▶ Today, most family can trace their roots to ancestors migrating out of China (Beginning late 1800s and early 1900s)
- ▶ In Laos: 1960 to 1975- Involvement in the Vietnam War
- ▶ The Hmong refugee experience/migration to neighboring countries and the U.S.: 1975 to Early 1990s and as recently as 2005-2010



Background of Hmong History Cont.



Background of Hmong History Cont.



Zoosiab Program

This program is mainly **targeted at Hmong elders, age 50 or older**, however, it's open to the public. Participants who are under the age of 50, can also be referred from Butte County Behavioral Health.



Overview of Zoosiab

- ▶ Community-based prevention and early intervention program that aims to
 - ▶ **prevent and/or reduce further mental health problems and social isolation** among Hmong elders by strengthening sense of community and social engagement
 - ▶ improving both psychological and spiritual mental health
 - ▶ **and increasing access to culturally and linguistically appropriate mental health services**
- ▶ Designed to be culturally meaningful and relevant for Hmong elders

Culturally Appropriate Services

- ▶ Traditional Hmong Beliefs
- ▶ Recreational Groups
- ▶ Ntoj Ncig (means field trips)
- ▶ Community Garden
- ▶ Referrals/Resource connections
- ▶ Case management/Direct services



Traditional Hmong Beliefs

- ▶ Animism—all things living or nonliving have a spirit
 - ▶ Goal—to be in harmony
- ▶ Humans have 3 souls (ntsuj) and many spirits
 - ▶ These are the causes of illness
- ▶ Shamanism
 - ▶ Ways to restoring balance or healing (kho)



Weekly Recreational Groups

- ▶ **Two service sites**
 - ▶ Chico and Oroville
- ▶ **5 health education sessions by topic**
 - ▶ *Physical Activity, Cultural Activity, Mental Health, Health Education, and Life Skills*
 - ▶ Each sessions lasts 8 weeks, 7 weekly lessons and activities and 1 week for quiz.
 - ▶ All sessions by topic have a pre/post satisfaction survey and pre/post quiz.
 - ▶ Survey assesses their satisfaction with the topics lessons and the quiz assesses their knowledge of the topics before and after each sessions.

Ntojncig/Field Trips



Zoosiab Community Garden



Health Education: Physical Activity



Health Education: Cultural Activities



Health Education: Life Skills



Health Education: Mental Health



Zoosiab Program Evaluation

- ▶ State Wide Evaluation (SWE) Pre- and Post Surveys of Program Participants
- ▶ Provider Interviews
- ▶ Focus Groups (Hmong older adult program participants, broader community)
- ▶ Health Education Pre- and Post-Surveys (Life Skills, Cultural Activities, Mental Health, Physical Activity)
- ▶ Hmong Storybook

Pandemic Impacted Hmong Elders

- ▶ Fear, depression and worry
- ▶ Trigger PTSD and stigma
- ▶ Isolation and Lonely
- ▶ Language and technology
- ▶ Transportation and services

3 things to take with you are...

- ▶ You have learned **Hmong** /Hmoob culture and history
- ▶ “**Zoosiab**” means Happy
- ▶ **Nyob zoo** means Hi or Hello, **Ua tsaug** means Thank you.



Ua Tsaug/Thank you!

Questions?

For more information:

Hmong Cultural Center of Butte County
P.O.Box 2134 or 1704 Oro Dam Blvd., West
Oroville, CA 95965

Phone: 530-534-7474 Fax: 530-534-7477

info@hmongculturalcenter.net

ssyang@hmongculturalcenter.net

www.hmongculturalcenter.net



Questions & Comments

- Attendees joining by **webinar (Zoom)**, use the Q&A function or click the raise hand button to join phone line. The moderator will announce your name or your last 4 digits of your phone number and will unmute your line.
- Attendees joining by **phone**, press *9 on your dial pad to join line. The moderator will announce the last 4 digits of your phone number and will unmute your line.
- For additional information or for feedback email Engage@aging.ca.gov.



Thank You

- **Visit CDA's Aging & Equity Resources for More Information:**
 - [Equity in Aging Resource Center](#)
 - [California For All Ages Campaign](#)
- **Webinar recordings, slides, and transcripts** are available at CDA's online [Equity in Aging Resource Center](#) and [YouTube channel](#).
- **Send questions and comments to** engage@aging.ca.gov

