

Promoting Wellness among Afghan Refugee and Immigrant Older Adults: An Integrative, Peer-Based Model

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Introduction

For 40 years, over 2.7 million refugees and immigrants have been traumatically displaced due to violent conflicts in Afghanistan (UNHC Global Trends, 2015). An estimated 12,000 Afghans reside in Fremont and the San Francisco-Bay Area where they experience higher than average rates of isolation, poverty, chronic health, and mental health conditions, particularly PTSD. Afghans living in the U.S experience multiple barriers to services, including language and cultural barriers, low literacy rates, few economic resources and lack of familiarity of medical and social services systems.



Afghan Elderly Association History

AEA – A Grassroots Effort

- Early 90's Najia Hamid, assists on research projects to document needs of Afghan elders.
- 1995 Najia Hamid, establishes AEA and becomes AEA **Executive Director**
- 1998 AEA receives non-profit status; grows from 8 women to over 500 participants by 2008.
- 2000 receives funding to launch weekly Healthy Aging Program, includes socialization, exercise, health education and a healthy meal.
- 2006 with funding from Alameda Area Agency on Aging and Alameda County Public Health, AEA in partnership with COF public health nurse launches the Taraqi Dehendai Sehat (TDS) program.

Early Success

- Health Promotion (HP) training developed, 5 Afghans recruited and receive 100 hours of training.
- Health Promoters provide accesses to social services, promote fall prevention, provide health education, chronic disease and medication assistance.
- Results were 18% increase in exercise, 25% reduction in falls, 21% decrease in ER usage, 14% increase in Medi-Cal access and 81% of clients obtained health care services.





Health Promoter

Taraqi Dehendai Sehat (TDS) Program Description

Figure 1: Afghan Elderly Association Programs





Health Education by Health Promoter

Challenges

- Federal, State, and local mandates that all federally funded programs must be 'evidence-based.' Alameda County Health Care Services implementation of Results Based Accountability
- (Friedman, 2005).
- Program expansion to other underserved communities.
- Program replicability.

Goals

- residents living in the community
- Goal 2: Improve the mental and physical health of older residents living in the community
- Goal 3: Improve the ability of older residents living in the community

AEA and COF Staff

AEA's TDS (Health Promotion) Program has four components

- **The Happy, Healthy Me Program:** utilizes The Flinders Program[©] and Partners –in-Health assessment. Health promoters (HP) and participants collaboratively identify and prioritize health goals used in the development of a personalized wellness plan.
- **Linkages:** HPs assist participants to accessing health, social service, housing and other community resources.
- Medication Management: HPs and nursing students provide medication review and education, falls awareness and home safety education.
- **Community Health Education:** TDS offers Matter of Balance and Tai Chi for Falls Prevention and the Stanford Chronic Disease Self-Management Program programs in Dari.



Weekly Healthy Aging Program

Recent Modifications to Program

New Opportunities

- Adoption of evidence-based Flinders Chronic Conditions Program and certification of health promoters.
- Training in Results Based Accountability and corresponding goal development and implementation.
- Adoption of evidence-based health education programs (Matter of Balance, Tai Chi, CDSMP)
- Improved client data tracking system.

Implement a culture-based chronic condition self-management and care management program that utilizes peers to promote health, wellness and community access to older refugees and immigrants. Goal 1: Increase access to community and supportive services by older



Medication Management by Health Promoter

Group Exercise by Health Promoter

TDS Health Program achieved the following outcomes in the 2016-2017 fiscal year.





Conclusion

Currently funded by Alameda County Health Care Services/EMS, Alameda County Area on Aging and others, AEA's Healthy Aging and Taragi Dehendai Sehat programs have improved the health, mental health and quality of life for Afghan older adult refugees and immigrants. The programs incorporate an array of culturally-informed services ranging from socialization to chronic condition selfmanagement and peer care management and implemented by trained peers from within the culture. Both programs developed in partnership with COF provide a model that could be replicated and implemented in other ethnically diverse communities.

Future directions

Challenges remain including program funding, ongoing need for HP training, development of electronic records, culture-specific adaptation of evidence-based programs and program expansion to other ethnic communities. However, both AEA and COF are committed to inclusion and improving the quality of life for all older adult residents.





Outcomes

• 161 immigrant/refugee clients served 84 clients received medication education 45 clients developed wellness goals 132 clients assisted with accessing services 58 clients participated in health education **Additional Outcomes and Program Satisfaction**

Conclusion and Future Directions