Please stand by for realtime captions. >> Good afternoon to all of our webinar  participants. This is land that  at the support Center. I want to  let folks know we will begin at 3 PM Eastern time. -- This is Nanette and I wanted to let folks know that  we will begin at 3 PM Eastern time. Thank you.  >> Hello to all of our participants and our  presenter Heather. We will get started shortly. >>

Welcome again. I am with National Information & Referral Support Center administered by the National Association of States  United for Aging and Disabilities  . I would like  to welcome listeners to today's  webinar on the Asian American and  Pacific Islander Aging Population  . Let me cover a few housekeeping  items before we get started.

The slides , audio recording, and a transcript  from today's webinar will be posted  to the website.  Please visit the I&R  support center on the website and see our web page on monthly calls. This web link  is also posted in the chat box for  your reference.  All of our listeners are on mute during the webinar to reduce  background noise. But we welcome your questions and  comments through the Q&A function  available on your screen. Please feel free to submit your  questions at any time during today's  presentation. And we will address questions following  the slide presentation. We also  have real-time captioning for  today's webinar. On your screen  you should see a media  viewer panel on the bottom right where the captioning will appear. You can  minimize this panel or you can have  it open. It won't block the slide presentation. You  may need to enter your name and  organization to click submit in  order to  view the captioning in the media  viewer panel.

Cultural competence to serve diverse populations is a key component  of providing quality information  referral and assistance for I&R  a services. In our recent asked  bash national survey of AAPIs  program 64% of respondents indicated on diversity and cultural competency  is provided to I&R specialists at their agency.  Understanding  the communities that you serve can  help specialists build rapport and connect individuals  and families to services that are  most appropriate for their needs  and preferences. In light of  this, we are so pleased to offer  today's webinar on the AAPI  population. This population  is highly diverse. And each AAPI older adult identifies with  unique cultural  values, identities, and traditions. Today we are  joined by Heather Chun, who is  director of technical assistance  at the  National Asian Pacific Center  on Aging.  Heather will  provide an overview of AAPI older adult populations. And  share resources and best practices  to help  I/R&A professionals integrate cultural and linguistic competence into their work with AAPI older  adults.  We also want to share that this webinar is a companion to a training  course on NASUAD's online learning course.
 If  you haven't visited this training  court on NASUAD IQ, we welcome you to check  that out as well. So , Heather,  I will turn it over to  to you to get us started with a  presentation.

Great, thank you, Nanette. Welcome everybody. Thank you so  much for
joining us today. And for making that commitment  to cultural competence
within the  aging network in your community.  As Nanette mentioned, on
the director  of technical assistance with the  National Asian Pacific
Center on  Aging for NASUAD.  NASUAD is a nonprofit organization  with a
mission to preserve and promote  the ignorant  -- dignity, well down  the
-- well-being and quality of  life for Asian and Pacific islanders as
it. We want to make sure that the AAPI elders have access to  the program
and services  to what  they need . That is why we are building  the
capacity of aging providers  like all of you, from across the  country to
provide culturally competent  a -- competent and  linguistically
appropriate long-term  support.

 My primary responsibility to track 11 is to establish the  national
resource Center on AAPI aging. It is the first and  only technical
assistance resource  center with a goal of improving  both access to, and
the quality  of long-term services and supports  for AAPI older adults
and their  caregivers.  Through technical assistance,  training, and
educational resources,  the National Resource Center  on AAPI Aging works
with aging  organizations to accomplish this  goal, thereby improving the
quality  of life of happy older adults and  their caregivers nationwide.
Webinars like this one today help us deliver  this technical assistance
to the  aging network.

Why prioritize AAPI cultural  competency ? There are numerous  is
differences between AAPI and mainstream  American cultures that cause
barriers  that restrict  AAPI  dust AAPIs from fully accessing services
that may enable them to function  better within their  community. We'll
talk more about  that later in the webinar.
     As AAPI populations continue to  diversify, a good practice is to
be cognizance about our communities.  In doing that we want to establish
partnerships and build relationships  with them.  Prioritizing our
understanding  of AAPI communities is critical  to improving health
comes and service equities as well  as a increasing client satisfaction.
Organization prioritizing AAPI  cultural competencies increases  staffs
competence is and their direct  service. Funding  to you socioeconomic
     is a more efficient spending and  resource allocation. We can
demonstrate that you  are serving your true representation  of your
community. Your organization  will have a stronger viability for  grants
and contracts. He building  a strong case for AAPI cultural  competency.
It  will protect your organization from  liability but you are likely to
meet state and  federal requirements.

Finally cultural competence is a quality  indicator of information and
referral services and the requirement  of the Older  Americans Act. Thank
you  all for joining us today for this  webinar. We are  going to explore
the democratic,  training, cultures and barriers  to accessing long-term
services  and supports and their caregivers.  As Nanette mentioned, this
webinars  on the course we develop with NASUAD  IQ.  Today's discussion
is geared toward  providing I&R a  professionals with AAPI adults and
their caregivers  to overcome barriers  and accessing
     resources.  >> Cultural competence is the process  by which
individual systems respond  respectfully to people of all cultures,
languages, races, sexual orientations,  religions and other diversity

factors in a manner that record rises, confirms, and values the work of individuals , families and communities while protecting and preserving their dignity. >> Cultural competence is an ongoing processes of self reflection and self critique of one's cultural understanding. Equalizing power imbalances and client provider communication by providing care. Cultural competence is a commitment to a lifelong journey of cultural competence and minimizing the power unbalances between the client and provider. Professionals often have a certain vocabulary and language specific to their interventions older adults might not understand. Older adults may have difficulty in communicating. For example there help. Sometimes they may not understand that as well. Most of these situations create miscommunication. The AAPI older adults and families, professionals must develop linguistic competence to be capable responding to the language needs of the older adults they work with. AAPI is defined as a person whose
      any of the people of the Far East, Southeast Asia, India subcontinent's cup Pacific islands. These are the large continents that term AAPI does not include all countries in age. Just country such as countries in the Middle East, or Asia. >> The next flu sides present a general overview about the AAPI older adult demographics. And statistics that are collected from the 2010 U.S. Census. TRAN fours
      are the -- AAPIs the fastest growing minority in the U.S. The chart on the left shows the top 11 states with the highest number of AAPI older adults. The chart on the right shows the states the latest
      -- the greatest percentage increase in the AAPI older adult population between 2006 and 2013. It the increases are due to immigration in the preceding decade and aging of that population cohort. Between 2010 and 2030 the tran three older adult population is suggested to increase by 145%. As I mentioned in the earlier part of the webinar, it's an extremely diverse racial categorization. In fact AAPIs of the most diverse group of any other minority group to systems of over 30 countries with a multitude of ethnicities. And people who speak over 100 different languages. With sucks extreme diversity within one racial classification, it's fundamental to understand that each AAPI older adult has a new cultural identity that is unique cultural identity that is impacted by assimilation and discrimination and cultural events. .

 With the AAPI increase and the AAPI older adult population it is imperative that our long-term services support systems capable of serving the diverse populations. With I&R professional teams often is the first point of contact is essential you are comfortable and have adequate resources to serve this growing demand.

 Before we get started I would like to share a disclaimer. The presentation I will be using cultural-based generalizations to highlight some of the cultural differences that exist between Western cultures and cultures within AAPI subgroups. Please note we are not asking you to profile or stereotype the AAPIs by these generalizations. As I mentioned the extreme diversity among the AAPI minority groups , individuals are more likely deviating from the cultural norm. Each AAPI subgroup differs in sociocultural traits in a variety of other ways. As well as individual. Given the diversity within the AAPI racial categorization, we could devote several webinars to discussion on the

cultural values  within AAPI fat   -- family. One common cultural value
between I&R a professionals  in  AAPI
     is the filial piety. This is the  primary duty of respect,
obedience,  and care for one's parents and elderly  family members. This
-- with conversations  and AAPI older caregivers,  it may service to
resistance to  long-term service and support. It  is considered Sheriff
the shame is shameful to accept  outside help for caregiving. In this
section I will cover three major  barriers to AAPI older adults  and
their caregivers face that will  surface in your conversation limited
English proficiency, immigration  status, and cultural competency  among
mainstream. The Older Americans Act requires state to give preference to
older adults with greatest economic  and social need. Targeting requires
states to reap prioritize older adults who are  minorities, low-income,
and also  those with limited English proficiency  or LEP.  Although these
provisions  exist, AAPI  older adults do not  have equitable access to
the services  and supports they need.

The Older Americans Act as amended  requires states to give preference
to older adults with the greatest  economic and social need. Targeting
requires states to prioritize older  adults who are minorities, low
income.
     AAPI  -- LEP individuals  who are do not speak English as  their
Riemer language.  A lot of the data available  in regards to LEP ,
defined by person's self-assessed ability  to speak English less than
very  well. For example, the Department of  Health and Human Services
defines LEP as a person  who does not speak English as a  primary
language.  Spin  AAPI older adults  face the highest  rate of LEP.   In
2010, only 15% of  AAPI older adults  spoke English  at home. 60% of
Asian Americans and 25%  of Native Hawaiian and Pacific Islander  are
LEP.  Despite this large tran, AAPIs program report does  not require
states to submit  data  on person served to are LEP.  That  means
although many states are targeting to LEP older adults, they  are not
able to determine  what  LEP or  AAPIs are facing  language barriers in
access to's  barriers.  >> More than two out of every  three Chinese,
Korean, Vietnamese,  Laotian,  Hmong, Fijian, Marshallese, Nepalese,
Taiwanese, Bangladeshi, and Burmese  older adults are  LEP.

 This next slide is  the data by subpopulation. As you  can see, LEP is
prevalent within the majority  of AAPI subpopulation.  The LEP  is higher
than AAPI  communities, it is not surprising  that language access
remains the  most prevalent barrier to  accessing long-term services and
support.

 The technical resistance I receive  it in regards to helping AAPIs for
long-term access.  That is why  we have developed the  fact sheet that
provides for strategies to professional  to identify an interpreter, --
many AAPI serving community-based organizations  our staff with  people
whose reflect  that AAPI  community. So partnering with  these
organization might help you to  access new resources for both
interpreters  and translators. Many universities and colleges  have
language programs that provide both interpreters and translators  for
community projects. And there are national, regional  and state
interpreter associations . Many of whom have interpreters and
translators. You can refer  to the links on the slide. Among the other

resources that I received, a vast  majority of them, translate language education resource for  AAPI older adults and caregivers.  All of them suggest that AAPI serving the community of organizations  ,  are wonderful partners in the translation  of research. In addition, the American translation  Association has a pool of translators  that we are able to access. Before translating resources, you  want to do a thorough environmental  scan, as many resources already  excuse -- exist in AAPI languages.  An recent survey we did we  developed a partnership with the Alzheimer's Association. You can see in the picture on  the right. We did an environmental  scan of in language dimension resources and identified abundant resources that already  exist. Appendix Z -- B list many resources. Chinese, Japanese, Korean, loud, Marshallese, Punjabi, Samoan, tiling, Vietnamese. >> In the -- title  III services. Not recognized as  vulnerability factor for title III  services. 80% of AAPI elders are  immigrants.  The experience disparities in healthcare.  And have a lack of familiarity with  long-term service and support systems. The AAPI  -- 80% of AAPI elders are  immigrants.  More than two out of three Chinese,  Filipino, Korean, Vietnamese,  Asian Indian, Bangladeshi, Burmese,  Indonesian, Nepalese, Pakistani, Taiwanese,  anti-older adults are immigrants.

There  community-based organizations that  provide  legal services to AAPI. I suggest  this list for your community. Then refer the AAPI individuals to that organization  for further information and assistance. The listing by state of pro bono legal service  providers. You can visit this resource on the slide.  Through the Department of Justice  website. Also legal aid includes the community-based organization.  And some of the listings it does include languages spoken. To illustrate  the last barriers that AAPIs face in  accessing long-term services and  support system. I wish your quote  by a Vietnamese caregiver. This was a  recent short film on dimension.  This caregiver said . Having folks on the Vietnamese  side , friends, family, people, my mom,  interacts with -not understand Alzheimer's  disease, but then on the other side,  having the system, the mainstream  providers, not understand our cultural  needs, it's like this double whammy  and it exhausting to be a caregiver  in the middle.

A commitment to culture of community learning more about the  AAPI populations in your community  and understanding the impact  of  culture on communication and engagement  is essential  to eliminating this barrier that  the AAPI  and older adults and caregivers. I&R/A professional should understand  for example that AAPI older adults may be reluctant  to complain or ask for clarification.  AAPI  older adults may value group  consensus more so than other ethnically  diverse families. Within any AAPI family it is likely  that there will be extreme variations  in the acculturation.  Influencing  family members in cultural perspective. From very traditional  to very Americanized. The professional should be knowledgeable  about the effects of cultural  -- particularly among immigrants from  war-torn countries. Showing an individual that you  value their  cultural and individual differences  is the first step to effective communication and engagement  with that person. You will want  to ask  question to demonstrate your prioritizing the individuals cultural values.  You want to establish expertise, power and  authority as this is what  many AAPI expect from a professional.  To

accomplish this a professional  must demonstrate confidence, impacted
understanding, maturity  and professionalism. Forming a culture
connection with the family  is also suggested. To develop this
connection appropriate disclosure . You  might want to share about your
academic  and technical background. Your country  of origin. Or
discussing your favorite  types of food whether they are ethnic  or not.
A good way to  build rapport.

The more specific tips  to help comprehension in your interaction  with
AAPI older adults include notifying  LEP  clients of availability of in
language  services. Using open ended questions. Being attentive  to
nonverbal cues. For example,  with some AAPI older adults,  it's  easy to
misinterpret a common gesture such as ahead not. 's you will want to
check for understanding regularly.  Especially for folks who are LEP.  To
do that ask follow-up questions  to ascertain their communication.  >> I
think we are  read up. Remember that cultural identity  impacts
communication and engagement. Utilize person centered approaches. Build
trust by  prioritizing culture.
     In include AAPI older adults and  the communities that support them,
for example, community-based organizations,  and community leaders. >>'s
--  commit to cultural human out. Here  are a few resources. We have the
NASUAD IQ  course. Stanford University has  a wonderful  self-paced ethic
geriatric  training courses focused on several  different AAPI
subpopulations.  And of course the  -- we encourage you to visit our
National Resource Center on AAPI  Aging where we have a bunch of
different  resource. So thank you for participating  in today's webinar.
Here are some  references that I mentioned  throughout  the training
today. To help us strengthen  our technical assistance, we ask  that you
please complete our evaluation. A link will pop up  at the end of today's
webinar. If  you have questions or need technical assistance, please
reach out to us. Just write your -- that is my phone number and email
address. I welcome you to reach out to me .  I would be  happy to work
with any of you to  reach the AAPI population. With  that I will pass it
back over to  Nanette. To open it up to Q&A.

 Great. Thank you, Heather. So we are available for questions if anyone
has questions, you can  submit them to the Q&A.  If you  submit them in
the chat box, we will  check there as well. We have had  a couple of
questions about the  slide that. That will be available  at the NASUAD
website in the next  few days.  And if you look  in the chat box, you can
see the  link to the webpage. We are the  slides and transcript will be
available. So maybe, Heather I will start  with a question or two. As we
wait  and see if  any of our webinar participants  have questions.  >> I
will turn back to something that  you and I had talked about earlier.
That was when you were talking about  communication and engagement
strategies.  In particular, the professionals  goal. This is a little bit
different  than the way we trained in I&R/A.  And that  a little bit
different  in the way that it is orientation toward person centered
thinking  and counseling. It puts the  professional and quite a different
role in regards to the people that  they work with. When we do our
serious  training we might talk specifically about  communication blocks.
Such as being  directive.  And other communication styles such  as that.
But when we talked, you  mentioned the importance of authority  and
professionalism. I'm wondering  if you might be able to share a  little

more about how to make that  work given that many of my  professionals
have probably trained  a little bit differently.

Absolutely. I will say that my background is as a social worker. So I am
very  familiar with exactly what you are  saying Nanette. Developing
these trainings and  talking with different AAPI communities,  it was a
little against the grain  for me as well. And I think , what they are
looking for, and what I've heard  from communities is that there is  a
resistance to  long-term services and support.  Into accepting this
outside help. And so when you go  in and establish rapport, families
might not be totally receptive  to you being there. So to help aid that
report, they need to see  that you  are a credible person. That you have
expertise in the topics that  they are needing help with.  And to do
that, some of the suggestions  that I've heard are  one of the first
things you want  to do is share your business card.  A lot of times your
card will introduce  you. It validates you as a professional  from that
organization. Sharing about your educational background  -- that is
something that helps  establish that authority and credibility. And to
validate yourself as  a professional with expertise and -- in the
services you  are talking about would be very  helpful.

Does that answer your question?

Yes. That of course makes me  think that many of  our professionals are
also certified. They may be certified. But we often tend not to lead with
our credentials, maybe they want  to know that we are certified.  >>
While we are waiting to see if  we have any questions from participants,
turning back to one of the earlier  slides on families and culture.
Specifically you were talking about  the cultural value and traditional
of the  -- some of the  I&R/A conversations we are having  now  are over
-- are occurring in the context  of many agencies and organizations
having resource constraints. And speaking with a variety of  subject
matter experts. That is  a theme that comes up over and again.  Doing
more with less.
     Funding constraints that are impacting the kinds of community
resources  that we might refer people to. So we might often engage in
problem  solving asking people like how have  you addressed this before?
And what if you done in the past. Sort of in this context this comes out
more in the  NASUAD IQ training course. This can but
     run both ways. For some individuals  and families they may embrace
the  role of caring for an older parent  or an older family member. But
for  some people this may be
     experienced more as something that  is a burden or a struggle for
them  to integrate within their own lives.  All of these perspectives are
valid  based on the person in the family. But in the  context of where we
often try to  look at things like natural supports  or family and
friends, because of  the kinds of constraints we have  in our funding and
resource system,  how can we balance that if we are working with AAPI
families,  saying of course the family wants  to provide support or help.
But  record  denies think there are a  lot of nuances there. For some
adult  children or caregivers they may  not be a full embrace. There may
be  a struggle to take on this role.

Yes. I think that's a great point. Quite honestly you could do  an entire
webinar dedicated to families and culture.  And exactly what you are
talking  about. Familiar piety is a cultural  tradition  within a lot of
the AAPI communities.  One of the things that  we are seeing is that
bash filial piety -- filial piety, especially with more  recent
generations. People are working  more. You are not seeing -- although
used still see a lot of  generational families. People have  obligations.
There is a -- for some generational families, to maintain  with respect
and duty to their parents,  but it at the same time having

    to do all of the other obligations. So  there is a resistance. Often
it manifests as older adults,  not wanting to it except outside help. But
the caregiver  very much wants to pick and there  is a sense of shame.
That goes  with that. I think it is a very  sensitive topic to navigate
for I&R/A professionals.
        One of the things that is helpful  is including all of the family
members  in the conversation. Sometimes the  older adults how to report
with a community. That may be  like a
    [ Indiscernible ] organization.  Just pulling them into the
conversation  might be helpful. Accepting help  from mainstream aging
professionals  is a little bit more difficult.  Often we see our AAPI
families receive  services from professionals that  represent the
community there front. I would say that is a good strategy.  But it is
definitely -- a sticky situation to navigate.  There is a lot of complex
issues there. Especially between the different generations.

Great.  Thank you. As I mentioned as well,  I think for a growing number
of specialists and agencies in this  effort to provide training on person
centered counseling, some agencies  have look to the training course
that ACL help to's sponsor.  Which is available on the platform. Or other
types of programs and curricula. Like that.  Which really do emphasize
focusing  on the individual ,  their needs, preferences, goals  and
desires. Are there any particular  training or curricula that you can
think of that might be very helpful  in the context we have just spoken
about? To ring that nuance perspective? Enhancing skills to be able to
engage with the family? I'm asking  because I know there is a growing
number of courses out there that  are really designed for  different
length specialist. I am  thinking this person centered cores  might
actually have a particular  cultural bias to it.

So you've given a lot of  -- we have a website. A bunch of  specific
courses. I would say Stanford is  a great resource. But I would suggest
maybe thinking add  -- looking at a different way. There are over 50
different branches.  Not every community is going to  have large
populations of the every  different AAPI subgroup.  I would include  a
I&R/A professional,  noticing  an increase in some communities  that
don't have much experience,  to think about  training from the
perspective of learning about the culture. For  example, I live in
Honolulu. Right  now we are having Japanese tradition, we are having a
dance. A cultural tradition within the Japanese culture. A fun event  on
a weekend. I would say that going to an event like that and making  the
effort and taking the initiative to learn about the  culture. And maybe
integrating what  you learned within your communications  with those
individuals. That would be a really great first step to  developing and
get more  person centered communication. With  those communities.

Great. Thank  you. That is very helpful. And one role that I&R/A programs take on is developing  their community resource information.  That often involves community partnerships  to help make sure that you really understand the programs and services  that are available in your community.  So maybe even potentially going  out and doing some site visits  are having people come in and do  in-service trainings. Making -- taking the community partnership  role as you continue to build out  your database and directory. Using  that as a learning opportunity.  And getting to know some of those  organizations in your community. Sometimes we have distinctions between  folks who answer the phones and those who develop the community  resources. Sometimes that is done  by the same staff. Maybe taking  about that is a bridge as well for  some I&R/A programs.

 Include the community. That might be a  community-based organization or later. Include them in the development of those resources. Include your staff so that your building the commitment for cultural humility. Not just taking  one course or reading one fax sheet. Recognizing that there is an increase  in a specific population in your community. And  making a concerted effort to learn  about them. To value their culture.  And to bring them into the development  of the services and supports you  are creating.

Great. I want to touch on one  additional theme. That was around immigration status.  Of course, that is a very significant focus of public discourse at this  time. I know that many I&R/A programs,  are often the first point of contact  for people seeking help . Often  times, there are a sick advocate  knees are issues and communities,  I&R/A programs really  see spikes  in calls or  unmet needs. I am wondering from your perspective as a technical  assistance program, are you seeing any particular concerns or needs  or unmet needs right now in the  space of immigration? As it may impact families  and caregiving or grandparents taking  care of grandchildren. May be things for professionals to be aware of because we may see more  of these type of inquiries coming  into agencies.

Yes. I think that is a complex  question. And I think it depends on the individuals that are calling. Some  folks have
     been in the country for many years.  Some folks are trying to bring their  family members over. So the questions  will be pretty broad. I will say that I think given the public  discourse at this point in time, that people are scared.  And so that  might increase distrust  of government agencies. And up mainstream professionals.  I feel like -- I would say that  you want to work closely  with the organizations that already  have the trust in the community. Partner with them. Identifying what the specific issues are for  individuals in your community. And partnering  and making sure that the solutions  to that are being developed collaboratively. I think you will see an increase  in the questions.  But I think a lot of the concerns  and issues might not necessarily  be visible. They might gloss a server's with questions  but might not get to the center. Partnering with those  organization will be essential.

Great. Thank you. We  received some nice feedback on the  webinar. Again, Heather, you provided us  with a wonderful overview and similar resources. Again, this webinar is  enhanced by the training course  that we have on NASUAD IQ.  Any resources that you have available  through your website. I know you  have also provided your  contact information. So of course if we have listeners who  would like to learn more or have any questions that they would like  to ask you directly, they have a good way to get in touch with you.

With that, I want to thank our  participants for joining us today. Again, this slides in transcript  will be available this week. In the next few days on our website. Thank you, Heather,  very much for joining us today.  And for your participation with  this webinar. And also developing  the course that we have. I want to wish everybody a very good rest of the week. Thank you for joining us. Hopefully,  we will see you on our next webinar.

Thank you as well.  >>
      [Event concluded]