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ABOUT THE PROGRAM

Clinical Scholars is a national leadership program of the Robert Wood Johnson Foundation led by the University of North Carolina at Chapel Hill. Learn more about RWJF’s Leadership for Better Health programs by visiting: rwjf.org/leadershipforbetterhealth

ABOUT THE TOOLKIT

This toolkit is designed to provide insights to healthcare practitioners and community members who have interest in addressing childhood mental health and suicide prevention in minority groups. For more information, contact: incredible.filipino.families@gmail.com

Toolkit for Prevention of Behavioral Health Disparities in an Immigrant Community

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Toolkit for Prevention of Behavioral Health Disparities in an Immigrant Community

One out of five children in the United States has a mental, emotional, or behavioral health diagnosis.¹ Behavioral health issues cost America \$247 billion per year, and those with mental health disorders have poorer health and shorter lives.² Evidence-based parenting interventions provided in childhood have proven to be effective in helping parents to prevent disruptive, oppositional, and defiant behaviors; anxiety and depressive symptoms; tobacco, alcohol, and drug abuse; as well as aggression, delinquency, and violence.³ Yet, few parents participate in such programs, especially hard-to-reach, underserved minority and immigrant populations.^{4,5}

The Robert Wood Johnson Foundation (RWJF) has identified a culture of health action framework that mobilizes individuals, communities, and organizations in order to examine ways to improve systems of prevention, to expand the scientific basis for such systems, and to provide evidence-based research to decision makers.

Filipinos: the invisible minority

Filipinos are a large, yet invisible minority affected by significant youth behavioral health disparities.⁸ According to the 2010 US Census, Asians surpassed Hispanics as the largest group of new immigrants to the United States.⁹ With a population of over 3.4 million, the Filipino population is the second-largest Asian subgroup in the United States and the largest Asian population in California. Despite their size, Filipinos are among the least studied groups when it comes to health, due to a lack of research that disaggregates Asian ethnic groups.¹⁰

In contrast to the “model minority myth” ascribed to Asians in general, the few studies on Filipino youth reveal higher rates of behavioral health problems such as depressive symptoms, anxiety and substance use compared to other Asian subgroups and ethnic groups.^{8,11} For example, data from the US Youth Risk Behavioral Surveillance System found that Filipino youth have higher rates of adolescent female suicidal ideation (45.6%) compared with non-Hispanic white (26.2%), Hispanic (33.4%), and African-American (25.3%) females.¹² Filipino parents are exposed to multiple adversities, including intimate partner violence, loss of social status, discrimination, and high rates of major and postpartum depression, placing their children at risk for future behavioral health problems.¹³⁻¹⁶

Despite these disparities, Filipino adults and children have low rates of mental health care utilization, including low engagement in parenting interventions, particularly in Los Angeles (LA) County.¹⁵ Due to stigma associated with mental health problems, many Filipinos access mental health services at lower rates and often as a last resort. They are encouraged to keep problems within the family to avoid bringing shame (hiya) to the family.¹⁷ Given these unique aspects of the US Filipino immigrant population, Dr. Joyce Javier used a community-partnered participatory approach over the past 16 years to optimize the well-being of Filipino families.¹⁷⁻²⁰

No health without mental health.



The overarching goal of this project was to create a culture of mental health among Filipinos, a large, yet understudied immigrant community that is affected by alarming mental health disparities, including high rates of adolescent suicide and suicide attempts.⁶⁻⁸

Preliminary work

A community needs assessment and multiple studies were conducted which:

- Identified the Incredible Years® Parenting Program (IY), a well-established evidence-based parenting program, as a community-defined solution to preventing Filipino adolescent behavioral health problems;^{4,6}
- Piloted IY to assess the feasibility and acceptability of the program^{9,4}; and
- Developed a theory-based motivational video to increase enrollment rates of Filipino parents in IY.⁴

The success of these studies underscored our ability to build trust with community organizations serving large Filipino populations and to overcome logistical challenges involved in implementing the intervention. Results from the pilot study of IY delivered in churches demonstrated the feasibility and acceptability of parent training with Filipinos: drop-out rate was 7% and parents who participated in all data collection assessments attended at least 75% of the 12 scheduled group sessions.²¹ Focus groups were conducted and revealed high satisfaction and identification of barriers and facilitators to enrollment.⁵

DEVELOPMENT AND EVALUATION OF THEORY-BASED RECRUITMENT VIDEO

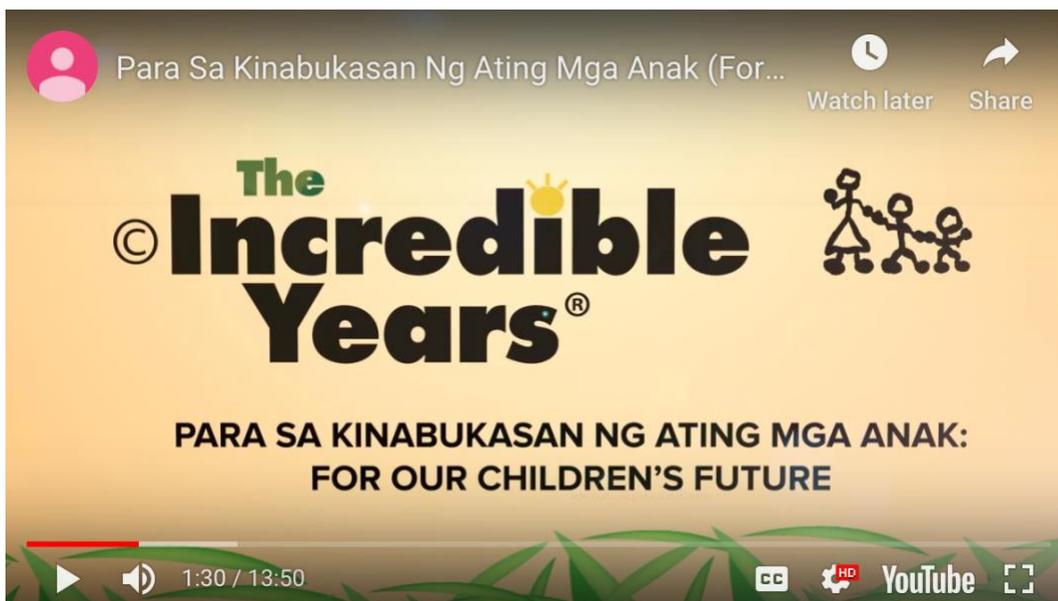
Despite the above promising findings, only 20% of parents we screened were interested in the study. These rates were consistent with other studies of parent participation in preventive parenting programs. To improve Filipino parent engagement, Dr. Javier obtained other grant funding to develop and evaluate a theory-based motivational engagement video. This video below was developed in partnership with a Community Advisory Board (CAB) using constructs from the Health Belief Model^{22,23} and Theory of Planned Behavior.^{24,25}

“This program made my family grow closer and more appreciative of each other and more expressive of our love for each other.”

– IY Participant

“It teaches us how we can do things better without having to do trial and error. I think this program is a must for all parents.”

– IY Participant



We evaluated the video in a randomized controlled trial that involved screening nearly 600 Filipinos over a 16-month period in 23 community sites.¹³¹ A total of 215 parents and grandparents enrolled in the study. Compared to a control video, caregivers who watched the theory-based video had significantly greater odds of enrolling in IY (OR= 2.67, 95% CI:1.33-5.35, p=.006) when offered in the community (25% in intervention vs 11% in the control group).¹³² We also found that the intervention video improved knowledge of mental health disparities in the Filipino community and parents' perceived susceptibility to future adolescent risky behavior.⁴

CREATING A MULTIDISCIPLINARY TEAM

The team members were recruited by the Principal Investigator based on experience needed for the project and prior experience of working together through projects or CAB involvement.

- Joyce Javier, MD, MPH, MS is a Filipina general academic pediatrician and physician scientist who is the project lead. She has been conducting research promoting the well-being of Filipino American youth for 18 years. She oversaw project activities and evaluation, led the steering committee and community advisory board, identified systemic gaps and developed and implemented recommendations for changes.
- Dean Coffey, PsyD is a clinical psychologist and is the agency mentor for Incredible Years® at Children's Hospital Los Angeles. He provided expertise, training and supervision in the Incredible Years® implementation.
- Jed David, OTR/L, SCFES is an occupational therapist who had been on the Community Advisory Board for prior projects of Dr. Javier. He is a Tagalog and Visayan-speaking Occupational Therapist with public policy background, a Tagalog-speaking Incredible Years® workshop leader, and a Philippine cultural arts liaison who provided input regarding use of the arts to engage Filipinos in mental health services.
- Horacio Lopez, MD is a Tagalog-speaking community pediatrician who serves the Historic Filipinotown population in Los Angeles who worked with Dr. Javier in her past projects. He also served as a liaison to Filipino community physicians and health care organizations.
- Aviril Sepulveda, MS, OTD,OTR/L is a Tagalog-speaking occupational therapist and Incredible Years® workshop leader. She provided expertise in maternal depression and addressing barriers to mental health care.
- Ana Jayme is a Tagalog-speaking associate marriage and family therapist at our partnering agency, Asian Pacific Counseling Treatment Center/Special Services of Groups. She is a Community Advisory Board member and an Incredible Years® Parent Group Leader.
- Shelina Miranda, MSW, MPH is Tagalog-speaking associate clinical social worker and Incredible Years® Parent Group Leader.



TEAM COMPOSITION

- Jed David* – Occupational Therapist
 - Horacio Lopez* – Pediatrician
 - Aviril Sepulveda* – Occupational Therapist
 - Joyce Javier* – Pediatrician
 - Dean Coffey* – Psychologist
 - Ana Jayme – Marriage & Family Therapist
 - Shelina Miranda – Social Worker
- *Clinical Scholars Fellow*

PARTNERSHIPS

- Asian Pacific Counseling Treatment Center/Special Service for Groups
- Search for Involvement for Pilipino Americans
- Hollywood Presbyterian Medical Center
- Los Angeles Department of Mental Health (LAC DMH)
- Filipino Cultural School
- Incredible Years® Parenting Program (IY)
- Filipino American Service Group, Inc.
- Churches
- Two large Southern California school districts

Project work

We used two frameworks to implement our approach to addressing teen suicide in the Filipino community: the evidence-based community partnership model proposed by Wells and colleagues²⁶ and RWJF's Cultural Transformation Model.

COMMUNITY-BASED PARTICIPATORY RESEARCH

We built on our prior years of work using CBPR to prevent mental health disparities among Filipino youth. This model involved a process of negotiation among stakeholders, practitioners, consumers, and researchers to arrive at a set of shared goals that include linkage with an evidence-based solution as a first step.

Based on the results of a needs assessment in our target community, we offered the IY School Age Parent program,²⁰ as a way to prevent Filipino adolescent behavioral health disparities. Given that approximately 85% of Filipinos are Catholic, partnering with churches was recommended by the community as a culturally-congruent way to offer family strengthening programs.

We conducted a pilot randomized trial with 22 Filipino parents and found that IY was culturally acceptable and effective in reducing parental stress and child problem behaviors and promoting positive parenting practices.²¹ Four focus groups were conducted at the conclusion of the pilot study where the problem of low rates of enrollment of Filipino parents in the parenting intervention was explored.⁵ Parents suggested the creation of a video with Filipino parent testimonials about their experience with IY as a community-defined solution to the problem. We subsequently made the motivational video and set up a website to promote participation and test the effectiveness of recruitment using our culturally tailored video.

CREATING A SHARED DEFINITION OF MENTAL HEALTH

With the goal of creating a shared definition of childhood mental health in the Filipino community, we conducted focus groups in community organizations serving a large number of Filipino Americans. A total of 37 adults participated, many of whom were parents/grandparents, primary care or mental health providers, IY graduates, college students, and community advocates.

We first asked participants to share words, both positive and negative, that came to mind when hearing the words, "Filipino" and "mental health." The results highlighted the prevalence of mental health stigma. Participants commonly used the words judgmental, shame, crazy, and defect, indicating that mental illness continues to be negatively viewed in the community. **(Figure 1 on next page)**

Next, we provided focus group participants with several definitions of mental health. These included definitions by the World Health Organization, Centers for Disease Control and Prevention, and Philippine Mental Health Association. Using the choices that were reviewed and identified by our steering committee, we then asked participants to highlight words and phrases regarding mental health that they felt most resonated with Filipino parents. Word cloud results showed that there was great variability in what the community sees as optimal mental health. For instance, participants chose well-being, peace of mind, productive, sense of identity, contribute to community, coping with normal stressors, and self-worth. These words are interconnected, yet they also describe different ways to achieve mental health and well-being. **(Figure 2 on next page)**

This served as a lesson for our team: when approaching people about our project, we must appeal to the various mental health goals that the community values. We highlighted not just the potential for academic and social skill development, but also lessons on coping skills and dealing with everyday stressors.

FILIPINO FAMILY WELLNESS – COMMUNITY CONVERSATIONS

We conducted a community-wide conference that sought to decrease mental health stigma and create a culture of mental health in the Filipino community. Flyers were sent to all previous study participants and disseminated on [our Facebook page](#). Our partners also distributed flyers throughout their organizations.

In total, 130 people attended the event, many of whom were community members, students, parents, and IY graduates. The conference successfully combined science and the arts to engage the community in a dialogue about mental health including:

- Sharing mental health statistics among Filipino youth;
- Screenings of the motivational video and *Silent Sacrifices: Voices of the Filipino American Family* by Judy Patacsil (documentary on issues such as family conflict, generational gap, and depression among Filipino youth);
- Community members sharing their mental health experiences through a segment called “Kwentuhan” (storytelling to highlight the prevalence of mental health and importance of seeking help);
- Programming by Filipino organizations including a folk dance by the *Kayamanan Ng Lahi* group and a play by StanD that addressed the stigma of mental illness among family members; and
- Breakout sessions to introduce participants to mental health resources in the community including One Degree (non-profit for low-income families), LA Department of Mental Health, and an IY presentation about how to have difficult conversations with adolescents.

After the conference, we asked participants to give us feedback on why they attended the event. Their answers highlighted the growing change in attitudes regarding mental health in the Filipino community. We learned that the community is ready to start conversations about mental health. According to one participant, “I think it’s important to create discussion and dialogue as a form of normalizing [mental health] and education.”

*“Nothing about
us without us.”*



“Despite being a NICU nurse, I couldn’t help my daughter cope with postpartum depression.”

– IY Participant

“[I attended] to learn more about mental health and wellness specifically within the Pilipino community.”

– IY Participant

“I find that mental health is important in the Pilipino community and want to know more resources out there.”

– IY Participant

PROJECT TIMELINE

September – December 2016:

- Decided on team name and formulated a vision statement
- Re-convened Community Advisory Board (CAB) members and re-engaged community partners to discuss project goals and partnerships
- Reviewed literature and analyzed evidence and models
- Engaged key stakeholders through meetings
- Completed IRB application for the focus groups

January – April 2017:

- Conducted focus groups on creating a shared definition of mental health in Filipino families
- Performed literature review regarding community engagement
- Implemented focus groups in partnership with community sites
- Completed Incredible Years Attentive Training for parent group leaders and volunteers
- Initiated the planning of the conference: Filipino Family Wellness - Community Conversations
- Started planning for IY Attentive Groups that will be taking place in the summer of 2017
- Submitted abstract to Asian American Psychological Association (Las Vegas)
- Received a grant to run the Incredible Years Parents and Babies Program

May – August 2017:

- Initiated data analysis of focus groups
- Facilitated pilot groups using IY Attentive Program and IY School Age Program at Filipino Cultural School and in a community pediatric office
- Recruited parents to attend pilot groups
- Trained community leaders, therapists, and health providers in IY (additional dates not listed include July 2017, Sept. 2017, July 2018, Sept. 2018, and July 2019)
- July 22: Filipino Family Wellness: Community Conversations at Children's Hospital Los Angeles
- Initiated new partnership with LAC-DMH
- Advocated for IY Attentive Parent Program to be added as billable program under LAC DMH

September – December 2017:

- Invited to present at OpenMIC community event about mental health and Filipino families
- Three team members attended the Academy Health Policy & Communication Training
- Dr. Joyce Javier was invited to speak at National Academy of Science, Engineering, and Medicine
- Presented at the Phillipine Heritage Night at a local church

January 2018 – April 2018:

- The team, community partners and volunteers completed IY Advanced Parent Training
- Consulted with La Piana Consulting to discuss options for sustainability
- Submitted Institutional Review Board (IRB) to local school district and Clinicaltrials.gov registration

- Participated in the LAC DMH: Filipino Wellness Summit at Cathedral of Our Lady of the Angels Cathedral in LA
- Planned for social media outreach
- Hired per-diem Tagalog-speaking therapist to run IY groups

May – August 2018:

- Launched Facebook page
- Initiated IY Parents and Babies program in the Primary care setting and CHLA
- Met with Hollywood Presbyterian CEO to discuss collaboration on increasing awareness of mental health in the Filipino community
- Piloted surveys for randomized controlled trial
- reunion to celebrate the participants of IY Parenting Program and the Community Advisory Board
- Commenced the recruitment of the randomized controlled trial study

September – December 2018:

- Met with Superintendent in large Southern Californian school district
- Continued recruitment at churches and community outreach
- Received digital storytelling grant from Well-being and Equity Bridging Network
- Holiday lunch with team and volunteer interns to celebrate and acknowledge our hard work

January – April 2019:

- Began IY parenting program at local churches
- Piloted social media ads with assistance from the Southern California Clinical and Translational Science Institute
- Team members, interns, and parents participated in the a digital storytelling workshop
- Presentation to USC/CHLA about CBPR and Diversity and Data Workshop
- Continued outreach with the community, local schools and churches.
- Met with Filipino-American mayor of a local city with a large Filipino population to discuss our initiative

May – September 2019:

- Presented at the local school district to more than 75 psychiatric social workers to outreach to more Filipino families
- Invited to speak at Northern California School District about the Filipino Family Health Initiative given high rates of suicidal ideation they have been seeing over the last 5 years among Filipino middle schoolers.
- Team Kapwa and community partner were invited to speak to over 20 Filipino church leaders in an event organized by local API community mental health agency.
- Started the Incredible Years Group 2 and Incredible Years Group 3
- Obtained approval to host training in IY School Age Advanced Program with Dr. Carolyn Webster-Stratton, the developer of IY in Sept 2019
- Started monthly newsletter for community and families enrolled in our study
- Facebook page reached over 300 LIKES and Followers
- Presentation to National Alliance for Filipino Concerns (NAFCON) and National Federation of Filipino American Associations (NAFAA) about Filipino Family Health Initiative

Evaluation and dissemination

We evaluated the overall success of our project and approaches by analyzing data collected from our conference, focus groups, steering committee meetings, and pilot implementation of IY parent training groups. We collected pre- and post-conference survey data that included quantitative and open-ended questions. In addition, we used qualitative data analysis techniques (i.e. grounded theory) to analyze data collected from our focus groups aimed at creating a shared definition of mental health. Finally, we used process evaluation to measure level of mental health stigma, knowledge about mental health disparities among Filipino youth, mental health service systems in the community, and their feelings around their level of engagement within our steering committee. The following process outcomes were captured:

- Number of committee meetings held/attendance at committee meetings
- Number of coalition meetings held/attendance at coalition meetings
- Number of issues identified/number of recommended changes
- Number of actions taken by committee/coalition, including media appearances
- Number of new partnerships made
- Number of community presentations made and attendees

Finally, we collected survey data from parents, youth, and teachers as part of a pilot randomized controlled trial of the IY School Age program. These included parenting practices, parenting stress, child behavior, enculturation, demographics, child depressive and anxiety symptoms, and parent satisfaction. We obtained IRB approval for all evaluation activities.

The dissemination of our project was focused on increasing awareness regarding mental health disparities among Filipino youth and the availability of evidence-based parenting interventions in the Filipino community to prevent these disparities. We have disseminated our work through presentations, digital stories, videos, and workshops with various audiences.

- Conferences: National Academies of Science, Engineering, and Medicine; Asian American Psychological Association's Division on Filipino Americans; Filipino American Educators Association; American Academy of Pediatrics; Filipina Women's Network; American Public Health Association; American Occupational Therapy Association; LA County Department of Mental Health; World Federation of Occupational Therapy; National Association of Filipino American Associations; National Alliance for Filipino Americans; Zero to Three; Hollywood Presbyterian Medical Center; University of Southern California LA County; University of North Carolina School of Medicine Center for Health Equity Research; Pediatric Academic Society; Society for Prevention Research; RWJF Annual Leadership Institute
- Outreach Events: Churches, private schools, public schools, Filipino Cultural School, Kayamanan ng Lahi, Inland Empire Health Plan, Michigan Public Health Training Center, and three large Southern California school districts.
- Editorials/Press: **Why Medicaid Must Be Saved.** Javier JR, Shah S, Brumberg H. Letter to Editor in Crescenta Valley Weekly; Sepulveda A. **If pediatricians screen moms for depression, why not occupational therapists?**; Javier JR, Brumberg HL, Sanders L, Hannon TS, Shah S, Society for Pediatric Research Advocacy Committee. How gaps in policy implementation cause public health malpractice. *Lancet.* 16;391(10138):2414. doi: 10.1016/S0140-6736(18)31038-9, 2018. PMID: 29916382; **SC CTSI alum Joyce Javier, MD, MPH, MS, is honored as one of World's Most Influential Filipinas by Global Advocacy Organization; Local Pediatrician Honored as a Hero.** Crescenta Valley Weekly; **What is a "culturally tailored" parent engagement video?** AAP News & Journal Gateway, Journals Blog written by Lewis First, MD, MS, Editor in Chief, Pediatrics; Children's Hospital Los Angeles. **"Giving children the skills they need to tackle life's toughest challenges."** ScienceDaily; Sepulveda A. **Why it makes more sense to care for kids and parents at the same time.; Boosting Minority Participation in Health Research by Listening to the Community.; Make the case for ACEs: adverse childhood experiences, obesity and long-term health.** Javier JR, Hoffman LR, Shah SI, on behalf of Pediatric Policy Council. *Pediatric Research.* Javier JR. **"Harnessing the Strengths of Immigrant Communities to Prevent Suicide."**, American Academy of Pediatrics VOICES Blog.

Challenges, successes, and lessons learned

The team was challenged by conflicting demands of clinical work, research, life events, and community outreach. We tackled these challenges by:

- Keeping the lines of communication open;
- Being flexible;
- Staying resilient;
- Leveraging the team's strengths; and
- Prioritizing projects and opportunities.

Community engagement takes time, effort, and some degree of patience. We have developed the tenacity to continue to build new relationships and nurture existing ones. We also developed social networks to share our stories.

SHIFTS IN THINKING

We developed new mindsets towards the value of authenticity, shared experiences, and interconnectedness of the people experiencing a wicked problem including our own team. As we made this shift, we noted an increase in recruitment of Filipino parents seeking to participate as a way to obtain help for current mental health problems of their children. In this way, our research screening and presentations contributed to the identification of families in need and the ability to link these families to mental health services.

SUCCESSSES

Through community presentations, we have increased the awareness about Filipino mental health and suicide. The Community Wellness Conference raised the visibility of the problem of suicide among adolescents and has ignited the interest of the LA County Department of Mental Health to continue the work. Through parenting workshops, we contributed to strengthening parent-child relationships. Parents were also able to build a community and shared experiences with other parents.

It is critical to use **community-based participatory research methods to address a wicked problem** such as suicide prevention and mental health promotion among traditionally underserved minority populations.

This ensures that we take a **strengths-based approach to developing culturally-relevant, culturally-accepted, and culturally-defined solutions.**



Recommendations

Bringing about change in a community must begin with the community itself. There is strength in numbers; the power of our team (Team Kapwa), partners, parents, and grandparents was more impactful than the power of just one of us. Sectors, disciplines, institutions, academia, school districts, governmental agencies, hospitals, schools, and community-based organizations have their own culture and ways of getting things done. Flexibility and adaptability is needed to navigate these systems and to work with a broad diversity of people and organizations.

GETTING STARTED

As a team, we learned that working with the community on wicked problems such as the high rates of suicide and suicide attempts among adolescents in the Filipino community is a marathon, not a sprint. Community partnership takes time. *Kapwa*, the spirit of interconnectedness, is critical to this work. We are all connected, what happens to me, happens to you, what happens to him or her, happens to us. It takes some vulnerability to share our stories and transformation come with being able to share our personal stories with others, and theirs with us.

If you are going to tackle this issue in your community, the first thing you should do is involve the community. Ask the community about their needs, their strengths, and their proposed solutions. Listen to them and include them in all aspects of the project. We would not recommend developing your own plan or recommendations without it.

BEST PRACTICES

- Dr. Joyce Javier wished she knew how important it was to share her own story when promoting increased awareness regarding suicide prevention. Once her team members shared how mental health had impacted each of them on a personal level, it normalized our shared experiences. This caused a ripple effect in the community and our parenting groups; many parents in the groups were trying to heal their own childhood experiences in order to be present as parents for their own children.
- Dr. Dean Coffey wished he knew how powerful the cultural concept of *Kapwa* (shared identity) is in working together as a team on a shared objective. His one piece of advice for doing projects like this is work for a cause you believe in, and the rest will fall in place.
- Dr. Aviril Sepulveda reflected on the experience and realized if she knew the power of vulnerability and sharing stories earlier, she would have been more effective in getting messages across. She believes in tapping into one's strengths and empowering volunteers and community members to achieve success.
- Jed David wished he knew the importance of self-care for the team. As he reflected on his journey, he shares that leading with *Kapwa* (shared identity) also means leading with empathy.
- Dr. Horacio Lopez wishes that he knew about IY beforehand. Also, he wants parents not to overestimate their parenting skills, there is always more to learn.

PARENT TESTIMONIAL



DIGITAL STORYTELLING EXAMPLE



Appendix

APPENDIX A: REFERENCES LIST AND LITERATURE REVIEW

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APPENDIX B: RESEARCH

Filipino Health and Mental Health Disparities, Use of Community-Based of Participatory Research

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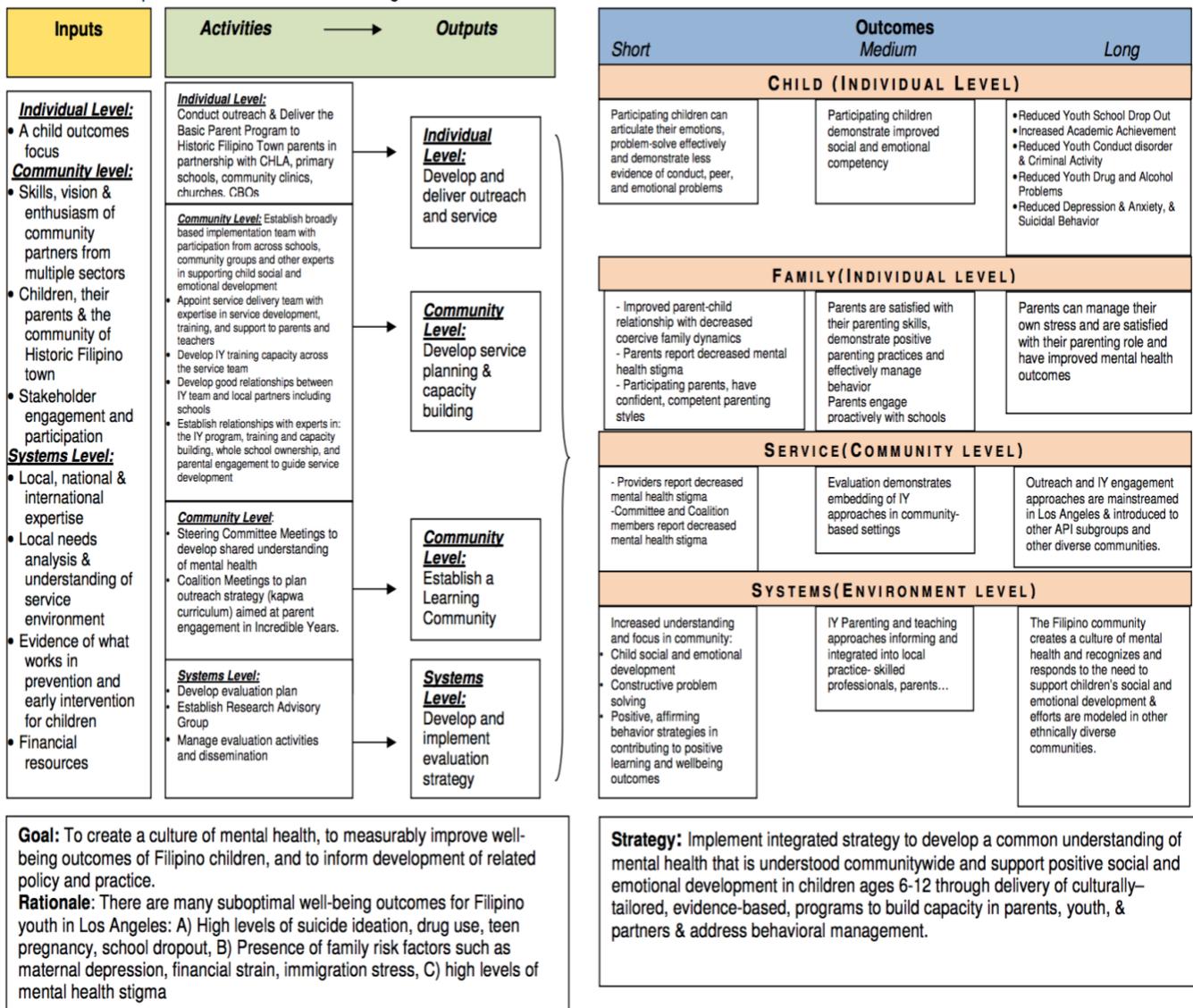
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APPENDIX C: ACTION PLANNING DOCUMENTS

- Creating a Vision: FastTrack Leadership Communication Compass. It-Factor Leadership: Become a Better Leader in 13 Steps. Fernandez, C., Fernandez, R. 2014; FastTrack Leadership Inc., North Carolina, USA
- Team Charter: WPIP Team Charter - <https://redbooth.com/blog/7-components-of-an-actionable-team-charter>

APPENDIX D: LOGIC MODEL

Project: Prevention of Behavioral Health Disparities in an Immigrant Community Through Community Partnerships: Creating a Culture of Mental Health
Situation: Sub-optimal learning and well-being outcomes for children in Historic Filipinotown exist and an integrated strategy to decrease mental health stigma and implement evidence-based programs is needed to build capacity in parents, teachers, and children which will support positive social and emotional development and address behavior management.



APPENDIX E: FOCUS GROUP FLYER



FILIPINO FAMILY WELLNESS

COMMUNITY CONVERSATIONS



JULY 22, 2017
SATURDAY | 10AM - 3PM

Children's Hospital Los Angeles
4650 Sunset Blvd
Los Angeles, CA 90027

OUR HOPE

This gathering will promote conversations on **FAMILY HEALTH -- & -- MENTAL HEALTH** from various sectors of the Filipino community in the greater Los Angeles area.

GUEST SPEAKERS
+
MUSIC & DANCE
+
MINI WORKSHOPS

FREE
TICKET
PARKING
FOOD



REGISTER BY JULY 8



Filipino Family Wellness
REGISTRATION FORM ON EVENT PAGE

APPENDIX F: STUDY FLYER



USC University of
Southern California



INTERESTED IN GIVING YOUR KIDS THE SKILLS THEY'LL NEED TO TACKLE LIFE'S TOUGHEST CHALLENGES?

We are looking to speak with parents of Filipino children ages 8-12 years old. Find out if you are eligible to participate in a 6-month research study whose goal is to promote positive discipline and the social and academic success of your child.

You will receive monetary incentives for your participation (up to \$90).

IF YOU ARE INTERESTED, CONTACT:

Dr. Joyce Javier at (323) 691-0529 or

Email at incredible.filipino.families@gmail.com

You may leave a message and a researcher will return your call.

Maraming salamat po!



This study is led by [Team Kapwa](#) of Children's Hospital Los Angeles. [Team Kapwa](#) is a multidisciplinary health professional team whose mission is to PREVENT and DECREASE teen depression and suicide.

Interested in learning more? Watch a video of parent testimonials at www.filipinofamilyhealth.com or Find us on Facebook [@FilipinoFamilyhealthLA](#)

Cohort 2016 – 2019 Wicked Problem Impact Project Showcase

Team Kapwa

Joyce R. Javier, MD, MPH, MS, FAAP

Dean Coffey, PsyD

Jed David, MS, OTR/L, SCFES, SWC

Horacio Lopez, MD

Aviril “Apple” Sepulveda, OTD, MS,OTR/L, BCP, SCFES, SWC, CLE

Prevention of Behavioral Health Disparities in an Immigrant Community Through Community Partnerships: *Creating a Culture of Mental Health*

Overview

- Wicked Problem
- Project Planning
- Project Design
- The WORK
- Project Evaluation
- Next Steps



“AAPI youth, ages 12-19 years are the only racial/ethnic group for whom **SUICIDE is the leading cause of death, yet this is rarely discussed.”**

Heron M. Deaths: Leading Causes for 2016, US Department of Health & Human Services, Centers for Disease Control and Prevention, National Vital Statistics Reports, July 26, 2018

“Suicide may be less linked to mental illness among Asian Americans than the general population and may be precipitated by academic/financial problems, racism, interpersonal shame, difficulties meeting personal and family expectations, and conflict within the family.”

Leong F, Joshi S, Chu J. “Guest Editors Introduction to Special Issues on Advancing Our Understanding of Suicide Among Asian Americans”, Asian American Journal of Psychology. 2018 Vol 9. No. 4, 247-251

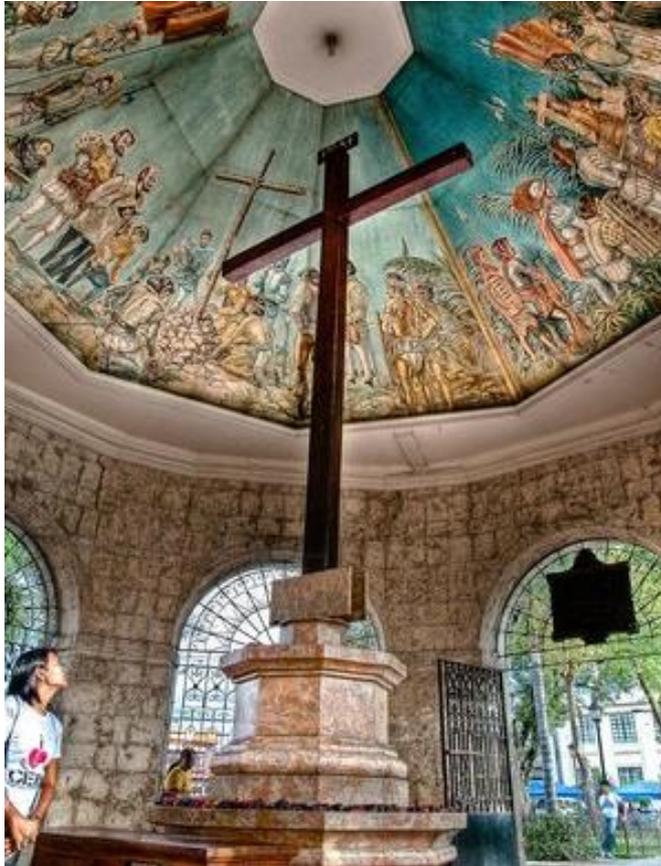
Project planning



**“He who does not know
how to look back at
where he came from will
never get to his
destination.”**

Jose Rizal

Understanding Our History



Colonialism

Understanding Our Community

	Filipino Culture	Mainstream U.S. Culture
Family Structure	Parental Authority Extended family	Equality b/t parent/child Nuclear Family
Cultural Values	Interdependency Family Closeness/Harmony Use of extended family	Independence Individualism/Self Assertion
Communication Style	Indirect, non-verbal	Direct, verbal
Demonstration of affection	Loving by doing	Verbal, direct expression

Heras P. Companion Guide. *Silent Sacrifices: Voices of the Filipino-American Family Documentary* (2001)



NIH Public Access

Author Manuscript

Asian Am J Psychol. Author manuscript.

Preventing Filipino Mental Health Disparities: Perspectives from Adolescents, Caregivers, Providers, and Advocates

Joyce R. Javier, MD, MPH¹, Jocelyn Supan, MPH¹, Anjelica Lansang, BS¹, William Beyer, MPH, MSW², Katrina Kubicek, MA², and Lawrence A. Palinkas, Ph.D³

¹Children's Hospital Los Angeles, Department of Pediatrics, Division of General Pediatrics, University of Southern California, Keck School of Medicine

²Community, Health Outcomes, and Intervention Research Program, The Saban Research Institute, Children's Hospital Los Angeles

³University of Southern California, School of Social Work

Community's Answer:
**Offer Parent Support during the
school-age years**



Program Overview



- Two group co-leaders
- 12-15 parent participants
- Over 250 video vignettes
 1. Effective & less effective parenting
 2. Parents treated as the experts
 3. Parents incorporate cultural values

What IY does to Prevent Teen Suicide

- **IY School Age Program for 8 to 12-year-olds**
- **Enhancement of suicide protective factors**
 - 1. Promote family connectedness**
 - 2. Increase other adult caring**
- **Promotion of positive Filipino cultural values**
 - 1. Kapwa among the parents
in the group**



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[J Dev Behav Pediatr](#). Author manuscript; available in PMC 2018 Aug 15.

PMCID: PMC6092564

Published in final edited form as:

NIHMSID: NIHMS908038

[J Dev Behav Pediatr](#). 2016 Nov-Dec; 37(9): 737–745.

PMID: [27626390](#)

doi: [10.1097/DBP.0000000000000342](#)

Parenting Intervention for Prevention of Behavioral Problems in Elementary School-Age Filipino-American Children: A Pilot Study in Churches

[Joyce R. Javier](#), MD, MPH, MS,* [Dean M. Coffey](#), PsyD,* [Sheree M. Schragger](#), PhD, MS,† [Lawrence A. Palinkas](#), PhD,‡ and [Jeanne Miranda](#), PhD§

“There is no health without mental health”



Our Unique Approach

- ***Kapwa* - shared identity**
- **Understudied, underserved, & growing population**
- **Multi-generational team & approach**
- **Community-defined & Evidence-Based solutions**
- **Engaging arts, faith, businesses, and media**



“If you want to go fast, go alone,
if you want to go far, go **together**”



Kayamanan Ng Lahi Philippine Folk Arts (Photographer: Robert “oldhcdude” Cortez)

Community-Based Participatory Research (CBPR)

“...begins with a research topic of importance to the community, has the aim of combining knowledge with action and achieving social change to improve health outcomes and eliminate health disparities.”

- WK Kellogg Foundation
Community Health Scholars Program

“Nothing About Us, Without Us”

-Michael Masutha, Wilkiam Rowland

The Incredible Years®



CREATING A CULTURE OF MENTAL HEALTH

We are preventing behavioral health disparities in an immigrant community through community partnerships.

PROJECT FOCUS:

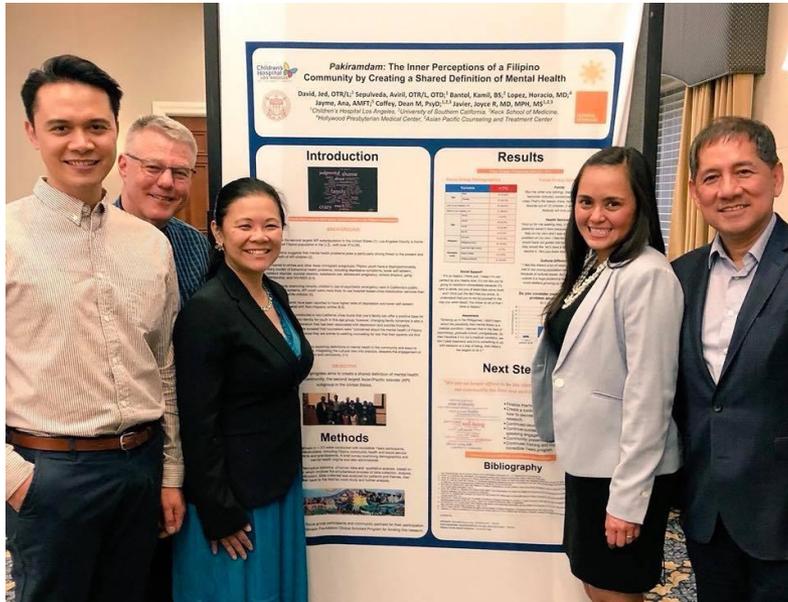
- Behavioral Health
- Child Health
- Immigrant Health
- Mental Health

Los Angeles



[From Left to Right]
JED DAVID, MS, OT
HORACIO LOPEZ, MD
AVIRIL SEPULVEDA, MS, OT
JOYCE JAVIER, MD, MPH, MS
DEAN COFFEY, PsyD

LEARN MORE



Pakiramdam: The Inner Perceptions of a Filipino Community by Creating a Shared Definition of Mental Health

David, Jed, OT/OTL; Sepulveda, Aviril, OT/OTL; Bantol, Kameli, BS; Lopez, Horacio, MD; Jayme, Arca, AMFT; Coffey, Dean M, PsyD; Javier, Joyce R, MD, MPH, MS

Children's Hospital Los Angeles, University of Southern California, Saint Joseph of Medicine, Holywood Presbyterian Medical Center, Asian Pacific Counseling and Treatment Center

Introduction

Results

Next Steps

Methods

Bibliography

Asian Pacific Counseling & Treatment Centers is a division of

ssg Special Service for Groups



FILIPINO AMERICAN SERVICE GROUP, INC.



Kayamanan Ng Lahi
 Community Organization

The project's design

**PHASE 1: DEVELOP SHARED
UNDERSTANDING OF MENTAL
HEALTH**

- Focus Groups
- Wellness Conference

**PHASE 2: IMPLEMENT INCREDIBLE
YEARS**

- Train Providers
- Conduct Randomized Trial

OUTCOMES

PHASE 1

**Mental Health
Stigma**

- # of New
Partnerships

PHASE 2

- Participation
- Parenting Stress
- Parenting
Practices
- Child Behavior

Project Timeline

Phase 1

Making Mental Health a shared value

Engage Community in dialogue about mental health

- Focus Groups to create shared definition of mental health
- Conference combining science, art, and faith to address mental health stigma

Phase 2

Transforming health and health care systems

Implement the Incredible Years[®], an evidence-based parenting intervention

- Train providers/community members in IY
- Conduct randomized control trial evaluating IY

2016

2017

2018

2019

The Work of the Project/ Project Evaluation

Phase 1

A Silent Minority Speaks:

- 1) Creating a Shared Definition of Mental Health
(4 Focus Groups)
- 2) A conference to address stigma and increase awareness of Filipino mental health disparities
(Survey)

under-addressed

judgmental shame

problems

defect

about

managing helplessness

neglect

knowledgeable

exist

gambling

underserved

issue

hereditary

subject

needed

conflicted oblivious

criticism emotional

something

discussed

stigma anger dirty

inherit

keep see hear

stable notice others

mind

insensitive

normal

service

family

none talk system issues

poverty

aches airing doing body

distress

bad runs secrets

sad good

deal

mental

open

support

complicated

stress

anxiety

pass

stigmatized

laundry

alcoholism

only

challenging

help thinking

priority

big

information

few

unaccepted

denial

molestation

underutilized

self-inflicted

judgement

crazy

much

isolation

embarrassed

problem



emotional milestones
sense of identity
 cope with normal stresses social participation
 realize potential **fruitful**
 developmental milestones
 maximize growth **cultural norms** developmental competence
development competence cope with the normal stresses
 peace of mind **well-being**
 sound family identity social functioning
 learn **self-worth** efficacy
 social norms function well cope optimal
 quality of life **positive**
 healthy social development **productive**
 psychological functioning economic participation **peer relationships**
effective coping skills
 contribute to community





FILIPINO FAMILY WELLNESS

COMMUNITY
CONVERSATIONS

JULY 22, 2017

SATURDAY | 10AM - 3PM

Children's Hospital Los Angeles

4650 Sunset Blvd

Los Angeles, CA 90027

OUR PURPOSE

To **GATHER** and **ENGAGE** our community in rich dialogue to **increase mental health awareness + to promote healthy relationships** with every member of the family.

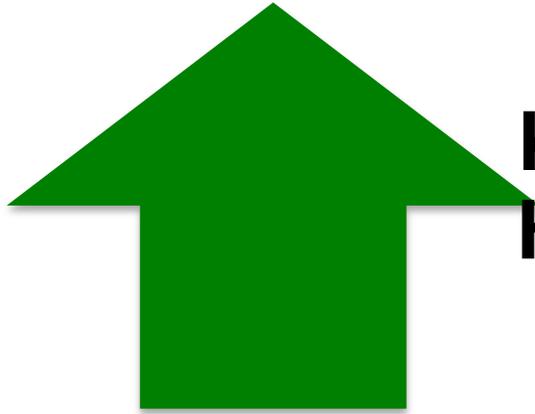
We will do this through **interactive participatory discussions + workshops** from various sectors of the Filipino community in the greater Los Angeles area.

DYNAMIC
COMMUNITY SPEAKERS
+
CULTURAL ARTS
+
FAMILY-ORIENTED
WORKSHOPS

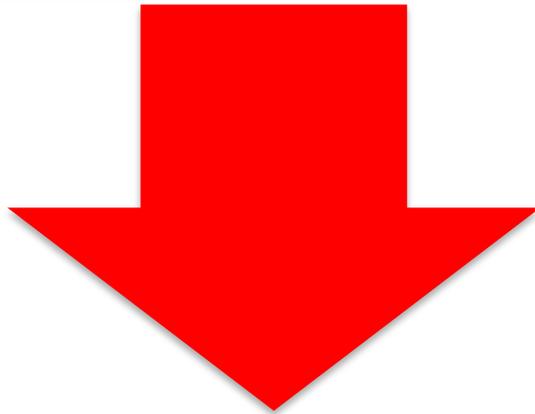
FREE
ADMISSION
PARKING
LUNCH

PLEASE RSVP BY JULY 8 -- SPACE IS LIMITED

FILIPINOFAMILYHEALTH.COM



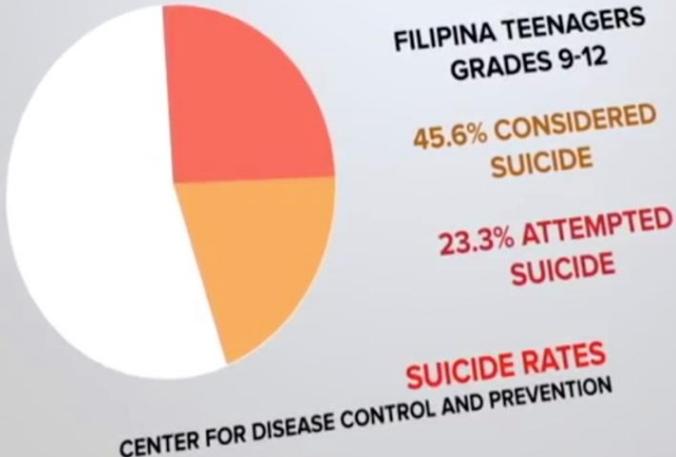
Knowledge of Mental Health Disparities



Stigma by changing attitudes about accessing psychological services

<  **Filipino Family Health Initiative** ...
Posted by Tommy Trogan
April 1 at 11:49 AM · 🌐

Suicide is the leading cause of death among Asian and Pacific Islander teens in the U.S.? Come join a community study led by Dr. Joyce Javier to learn how to raise mentally strong kids.



FILIPINA TEENAGERS GRADES 9-12
45.6% CONSIDERED SUICIDE
23.3% ATTEMPTED SUICIDE
SUICIDE RATES
CENTER FOR DISEASE CONTROL AND PREVENTION

FILIPINOFAMILYHEALTH.COM
Sign up today! It's free.
Monetary incentives available

Contact Us



Children's Hospital LOS ANGELES USC University of Southern California 

INTERESTED IN GIVING YOUR KIDS THE SKILLS THEY'LL NEED TO TACKLE LIFE'S TOUGHEST CHALLENGES?

We are looking to speak with Filipino parents of children ages 8-12 years old. Find out if you are eligible to participate in a 6-month research study whose goal is to promote positive discipline and the social and academic success of your child.

You will receive monetary incentives for your participation (up to \$90).

IF YOU ARE INTERESTED, CONTACT:
Dr. Joyce Javier at (323) 691-0529 or
Email at incredible.filipino.families@gmail.com
You may leave a message and a researcher will return your call.

Maraming salamat po!



This study is led by **Team Kapwa** of Children's Hospital Los Angeles. **Team Kapwa** is a multidisciplinary health professional team whose mission is to PREVENT and DECREASE teen depression and suicide.

Interested in learning more? Watch a video of parent testimonials at www.filipinofamilyhealth.com or Find us on Facebook @[FilipinoFamilyHealthLA](https://www.facebook.com/FilipinoFamilyHealthLA)

The Project's Next Steps

Dissemination & Sustainability plan

Funding Obtained	Funding Proposals Pending
\$93,500	\$2.4 million
Approval by LAC DMH for therapists to bill on Medi-caid contracts to do IY groups in the Filipino community	



41  **2000**
PRESENTATIONS

 **12** NEW
COMMUNITY
PARTNERS

PARENT CAB
MEMBERS  **15**

44  **IY
PILOT
GROUP**

TRAINED IN
INCREDIBLE
YEARS  **45**

81  **105**
PARENTS
COMPLETED IY ENROLLED

 **180** APPROVED
FOR RCT

\$93,500





CLINICAL SCHOLARS



KAPWA

**What happens to you
happens to me, what
happens to me happens
to us. We are all
connected!**

Thank you!

Maraming Salamat

Facebook

@filipinofamilyhealthLA

www.filipinofamilyhealth.com

Mabuhay!



FILIPINO FAMILY
HEALTH INITIATIVE
LED BY TEAM KAPWA

Acknowledgements



Filipino Family Health Initiative

- Community Advisory Board
- Interns
- Community Partners

Funders

Robert Wood Johnson Foundation (RWJF)

Clinical Scholars

AAP Community Access to Child Health (CATCH) Award

The Saban Research Institute & CRACDA Award

Southern California Clinical and Translational Science Institute
(NIH/NCRR/NCATS) KL2TR000131

NIH/NICHD K23HD071942

RWJF Web Activation Fund

SC CTSI Pilot Funding, Voucher Awards

Tikun Olam Foundation

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