

THE LearningEdge

...about strengthening the workforce for a changing society



Center for
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Boston University
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The demographic revolution is here...

The number of foreign-born adults over age 65 in the U.S. has almost doubled since 1990.

From the Director

Headlines remind us...

The Challenges of Providing Health and Social Services to Older Refugees and Immigrants

By Scott Miyake Geron



The current migration crisis in the Middle East and Europe has many dimensions. Not least, it is a dramatic reminder of the challenges of providing crucial health and social services to streams of newcomers' in an emergency, and also over time as people try to navigate a different life. This issue of *The LearningEdge* focuses on CADER's successful efforts to train workers to address the mental health needs of older refugees in the increasingly diverse communities of our own nation of immigrants.

When we see these images of people on the move, we think mostly of job-seekers and young families with children. But older adults are immigrants, and refugees, too.... [Read more](#)

Boston University photo of Scott Miyake Geron

Issues and Views

For older refugees and immigrants

CADER Trains Practitioners to Address Mental Health Concerns and Strengths

By Kathy Kuhn



In This Issue

[Training in mental health issues of older immigrants](#)

[Minimum wage & overtime protection for direct-care workers](#)

[New CDC state-by-state data on disability type discussions](#)

Courses in the Pipeline

Watch for

- Legal Issues in Aging and Disability (revised)

The Center Presents

Bronwyn Keefe, associate director, will make the following presentations at the [68th Annual Scientific Meeting](#) of the Gerontological Society of America, Orlando, Fla., Nov. 18–20.

- "Enhancing Mental Wellness Among Older Immigrants and Refugees: Results from a Suicide Prevention Training Program" (Nov. 19)
- "Promises and Challenges of Merging Aging and Disability Services: Can this Framework Be Successful?" (Nov. 20)

Kathy Kuhn, director of workforce development, and Bonnie Teitleman, will present "Conversations with Your Elderly Loved Ones," at the Boston University Women's Guild, Boston, Feb. 11. [More info](#)



In 2012 and 2014, we created two CADER online courses to teach health and social service practitioners the skills they need to address mental health issues of the older adult immigrants they increasingly encounter in their work. The courses, now in use across the aging network and beyond, have proved to be very effective. As a community-health outreach worker said after taking the courses, "I meet a lot of people in this context in my clinic. Now I have the tools to support them." [Read more](#)

Boston University photo of Kathy Kuhn

CADER online course provides crucial skills & understanding **Mental Wellness and Resilience Among Older Immigrants and Refugees**

This course provides the skills, knowledge, and understanding that you need to work with older immigrants and refugees in your practice. You'll learn about the difficulties they face. You'll also learn to recognize and promote the strengths and resources in immigrants and immigrant communities that build resilience and contribute to mental wellness. [Sign up](#) now for a 10 percent discount (enter code **ENEWS2015**) or [obtain more info](#).

For older refugees and immigrants

A Clinical Patient Navigator at Work Against Possible Suicide: How to Screen, What to Do

By Kathy Kuhn and Mary Johnson

This article is reprinted from the May–June 2013 issue

Mrs. Nguyen is an 80-year-old woman who came to the United States from Vietnam 20 years ago, at the end of a traumatic journey. Her husband recently died, she has few friends, and she is experiencing health problems. She appears sad and keeps saying that others would be better off without her. Working with clients like Mrs. Nguyen, **Nancy Peña (pictured at right)**, a clinical patient navigator at Dana-Farber/Brigham and Women's Cancer Center in Boston, often worried that she wasn't responding effectively to the possibility of suicide. "Patients are telling you, but if you don't have the tools, you can miss it," she says.... [Read more](#)



Photo courtesy Nancy Peña

Be prepared with this timely online course **Suicide Prevention Among Older Adult Immigrants and Refugees**

This course will inform those who work with immigrant groups how to talk about suicide with people at risk, what they can do to prevent at-risk immigrant older adults from taking their own lives, and how to put them in touch with appropriate mental health resources for assessment and treatment. [Sign up](#) now to receive a 10 percent discount (enter code **ENEWS2015**) or [obtain more info](#).

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News to Note

Yet another update

Direct-Care Workers Are One Step Closer to Minimum Wage and Overtime Protections

The long trek to assure homecare workers the basic rights that most other workers in the U.S. enjoy is (probably) almost over. On October 7, the U.S. Supreme Court let stand a recent U.S. Court of Appeals ruling that had reinstated the Obama Administration regulations designed to end years of exclusion of homecare workers from the Fair Labor Standards Act's minimum wage and overtime protections.

At stake are the living standards of more than two million direct-care workers, many of whom provide the care that allows older adults and people with disabilities to remain in the community rather than in institutions....[Read more](#)



New CDC state-by-state data on disability type

53 Million Adults in the U.S. Live with a Disability

One in eight adults in the United States (53 million people) has a functional disability—meaning reduction in the ability to perform everyday activities of life—with mobility limitation the most common type, says a [new report](#) from the Centers for Disease Control and Prevention.

The report, "Prevalence of Disability and Disability Type Among Adults—United States, 2013," is a boon to researchers and service providers.... [Read more](#)

CADER—Massachusetts General Hospital Partnership to Evaluate Acute Community Care

PCORI, the Patient-Centered Outcomes Research Institute, has recently announced that the Center for Aging & Disability Education & Research (CADER) at Boston University will work in partnership with Harvard researchers at the Massachusetts General Hospital on a three-year, \$1.9 million evaluation project. **Scott Miyake Geron**, CADER director, and **Bronwyn Keefe**, CADER associate director, will join an interdisciplinary group of clinicians and researchers to examine a new Massachusetts program, Acute Community Care to Avoid Unnecessary Emergency Department Visits. Look for more information in the next issue of *The LearningEdge*.

The LearningEdge is an electronic newsletter published quarterly by the **Center for Aging & Disability Education & Research at Boston University**.

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Further Reading

Senior Immigrants in the United States by Jeanne Batalova (Washington, D.C.: Migration Policy Institute, May 30, 2012). [Read article](#)

Demographic Analysis 2010: Estimates of Coverage of the Foreign-Born Population in the American Community Survey by Eric B. Jensen, Renuka Bhaskar, and Melissa Scopilliti (Washington, D.C.: Population Division, U.S. Census Bureau, Working Paper No. 103, June 2015); PDF, 34 pages. [Download PDF](#)

Related CADER Courses

Suicide Prevention Among Older Adult Immigrants and Refugees

[Learn more](#) about this course

Mental Wellness and Resilience Among Older Immigrants and Refugees

[Learn more](#) about this course



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When we see these images of people on the move, we think mostly of job-seekers and young families with children. But older adults are immigrants, and refugees, too. In fact, in the U.S., the numbers of foreign-born adults over age 65 have almost doubled since 1990. Those who arrived here in later life are mostly hidden, out of sight at home, not studied or recognized, and are rarely included in provision of community services. Yet they are highly important to their families—taking care of children and grandchildren and providing other support so that the parents can go to school or work, getting a start in the community.

In this issue, Kathy Kuhn, CADER's director of workforce development, writes about development and implementation of two popular CADER courses that have helped older refugees and immigrants in the community to find increased resilience and mental wellness. We also learn about Nancy Peña, a clinical patient navigator who uses what she learned from the courses to identify those among her older refugee clients who may be at risk for suicide, and to intervene appropriately. Here we see the challenges, and also the solutions and rewards.

Scott Miyake Geron, M.S.W., Ph.D., is director of CADER and associate professor at Boston University School of Social Work.

Boston University photo of Scott Miyake Geron

CADER—Massachusetts General Hospital Partnership to Evaluate Acute Community Care

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What People Are Saying...

After completing these CADER
courses

**"I feel empowered with the
information I received"**

—Resident Service
Coordinator, Senior Housing

**"I meet a lot of people in this
context in my clinic...now I
have the tools to support
them."**

—Outreach Worker,
Community Health Center

**"...a wealth of information...
enlightening and useful."**

—Case Manager, Area Agency
on Aging

**"Outreach workers, patient
navigators, and other
providers...should take this
training as mandatory..."**

—Community Health Worker,
Health Center

**"...very helpful and relevant
to my job."**

—Social Worker, Senior Center

**"I enjoyed the course and
I'm encouraging my co-
workers to take it."**

—Outreach Worker, Senior
Center

News and Views

For older refugees and other immigrants **CADER Trains Practitioners to Address Mental Health Concerns and Strengths**

By Kathy Kuhn



In 2012 and 2014, we created two CADER online courses to teach health and social service practitioners the skills they need to address mental health issues of the older adult immigrants they increasingly encounter in their work. The courses have proved to be effective and are in use across the aging network and beyond.

Focusing on the needs of the immigrant community was a natural step for CADER, which has always designed courses with diversity in mind. We had more general mental health offerings in our catalog, but it was important to make certain we had adequate content to address the diversity of the older immigrant population. My own past experience at a senior service agency in Boston reinforced my awareness of the need for workforce training to specifically address the needs of this group. The agency reached out to provide social and mental health services to linguistic minorities, including Vietnamese, Haitian, and Cape Verdean older adults. I saw the excellent work done there and the positive impact it had on the older adults.

Developing the CADER courses. Suicide Prevention Among Older Adult Immigrants and Refugees, a two-hour online course, was the first effort because suicide was a pressing issue. The next, Mental Wellness and Resilience Among Older Immigrants and Refugees, is more extensive. It stresses prevention and how to work with individuals and communities to build on their strengths. Older adults and other stakeholders from immigrant and refugee communities worked with our course developers to create the content. The courses were pilot tested with Area Agency on Aging and ADRC staff in Massachusetts before they were added to our catalog.

Across the aging network, these courses have been very successful, according to individuals taking them and the organizations that have sent their staff through the courses. The organizations range from AAAs to senior centers to homecare providers. They also include refugee assistance agencies, legal services agencies, churches, and others beyond the aging network.

Measures of success are pre- and posttests and feedback from participants. CADER training is competency-based. A learner's level of competency is assessed before and after taking the course. Among those who take the suicide-prevention course, we usually see the greatest increases in competence in the following:

- Recognizing the risk factors associated with suicide in general and among older adult immigrants in particular.
- Knowing how to ask the questions that will clarify the person's intentions or actual plans and intended means for taking his or her own life.
- Understanding how one's own values and biases can affect work with older people of diverse backgrounds.

Among those who take the mental wellness course, the greatest increases in competence are usually in the following:

- Identifying and recognizing the strengths and resources in immigrants and immigrant communities that build resilience.
- Knowing the interventions that can be used to promote mental wellness.

For a sampling of **comments from course learners**, see the sidebar.

Kathy Kuhn, M.S.W., is director of workforce development at CADER.

Boston University photo of Kathy Kuhn

Be prepared with this timely online course

Suicide Prevention Among Older Adult Immigrants and Refugees

This course will inform those who work with immigrant groups how to talk about suicide with people at risk, what they can do to prevent at-risk immigrant older adults from taking their own lives, and how to put them in touch with appropriate mental health resources for assessment and treatment. [Sign up](#) now to receive a 10 percent discount (enter code **ENEWS2015**) or [obtain more info](#).

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CADER online course provides crucial skills and understanding

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Further Reading

DPH Suicide Prevention Among Older Adult Immigrants and Refugees, an evaluation report from Boston University prepared by Bronwyn Keefe and Erin Der-McLeod (May 2013); PDF, 11 pages; free. [Click to open and download the report](#)

Suicide Among Elderly Minorities: Questions Raised by Case Studies by Nahla Mahgoub and Nabil Kotbi, *Psychiatric Annals*, vol. 38, no. 7 (July 2008). [Click for abstract and purchasing details](#)

Issues and Views

For older refugees and immigrants **A Clinical Patient Navigator at Work Against Possible Suicide: How to Screen, What to Do**

By Kathy Kuhn and Mary Johnson

Mrs. Nguyen is an 80-year-old woman who came to the United States from Vietnam 20 years ago, at the end of a traumatic journey. Her husband recently died, she has few friends, and she is experiencing health problems. She appears sad and keeps saying that others would be better off without her. Working with clients like Mrs. Nguyen, **Nancy Peña (pictured at right)**, a clinical patient navigator at Dana-Farber/Brigham and Women's Cancer Center in Boston, often worried that she wasn't responding effectively to the possibility of suicide. Now, she and many other health and aging-services providers who work with older immigrants have gained new knowledge, skills, and confidence from an innovative training program on suicide prevention. It has been shown to be effective in a range of community-based settings.



The program, Suicide Prevention Among Older Adult Immigrants and Refugees, is new from the Center for Aging & Disability Education & Research. It brings together the often separate worlds of mental health, aging, and immigrant and refugee services to address a compelling problem that exists amid this growing population across the country. Untreated depression, one of the main causes of suicide, is common among older immigrants adjusting to the challenges of a new culture. [One study](#) found that first-generation older immigrants to the U.S. have rates of suicide that are much higher than those of their peers in their native countries.



The program consists of a two-hour online course created by the Center and two three-hour face-to-face sessions. Participants gain an understanding of the factors that put older immigrants at greater risk for suicide and the factors that protect them. Participants also gain the skills to recognize when suicide may be an issue, to question and respond to the older person, and to make any needed referrals.

With funding from the Massachusetts Department of Public Health, the Center offered the program to participants in three different regions of the state that are home to large immigrant and refugee populations. After completing the program, participants demonstrated significant increases in competency scores in all major domains. Fully 100 percent of participants agreed or agreed strongly that they would recommend the training to a colleague.

"Every provider on the front lines should have this training," said Peña, who is responsible for guiding and supporting cancer patients through their treatment. "A lot of my elderly patients are depressed here and wishing they were back in their country," she said. "Some say things like 'I prefer to die in the surgery,' but it's usually not so obvious. Patients are telling you, but if you don't have the tools, you can miss it, or you don't know what to say. In the course, I learned how to raise the issue, how to listen, how to screen, and how to offer concrete solutions when people are thinking of taking their own lives." The online course is now available to all. Agencies can arrange to integrate the complete online and face-to-face program into their employee training effort.

Kathy Kuhn, M.S.W., is director of workforce development at the Center for Aging & Disability Education & Research.



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Photo courtesy of Nancy Peña

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Resources

Handy Reference Guide to the Fair Labor Standards Act, Wage and Hour Division, U.S. Department of Labor (Washington, D.C.: November 2014 [revised]). Available [online](#) and in [PDE](#).

From Past Issues

Unions Strong Allies for Direct-Care Workers by Roger Auerbach (March–April 2011). [Read article](#)

A Champion of Direct-Care Workers' Rights: Labor Organizer Is New 'Genius Award' Winner (Fall 2014). [Read article](#)

Resources

Centers for Disease Control and Prevention

The mission of the [CDC](#) is to fight diseases and to support communities to do the same. The CDC conducts critical science and provides health info that protects the U.S. against expensive and dangerous health threats, and responds when such threats arise.

Further Reading

Prevalence of Disability and

News to Note

Direct-Care Workers Are One Step Closer to Minimum Wage and Overtime Protections

The long trek to assure **homecare workers** the basic rights that most other workers in the U.S. enjoy is almost over. On October 7, the U.S. Supreme Court let stand a recent U.S. Court of Appeals ruling that had reinstated the Obama administration regulations designed to end years of exclusion of homecare workers from the Fair Labor Standards Act's minimum wage and overtime protections. At stake are the living standards of more than two million direct-care workers, including home health aides, personal care aides, and certified nursing assistants, many of whom provide the care that allows older adults and people with disabilities to remain in the community rather than in institutions.



Community-based care is the overwhelming preference of individuals today. The ruling will also help guarantee that those who rely on the assistance of home-care workers will have access to consistent and high-quality care from a stable and increasingly professional workforce, Secretary of Labor Tom Perez noted when the decision was released.

'Babysitters' or 'companions.' Homecare workers were excluded from the Fair Labor Standards Act's protections in the 1970s because they were considered "babysitters" or "companions" rather than workers engaged in a vocation. Despite arguments to the contrary from workers and advocates, the exemption remained in place until the Obama administration in 2013 issued the Home Care Final Rule, to end the exclusion. However, a lawsuit filed by homecare companies challenging the rule successfully prevented it from going into effect. This past September, a subsequent Department of Labor appeal resulted in the recent U.S. Court of Appeal ruling that the Home Care Final Rule must stand. The homecare companies then appealed to the Supreme Court, and asked that the ruling be blocked pending the appeal. That brings us to October, during the first week of the Supreme Court's new term, when the Court refused to block the ruling. The Department of Labor has now resumed preparations for implementation.

Next up: the Court's decision on whether to consider the homecare companies' appeal.

New CDC state-by-state data on disability type 53 Million Adults in the U.S. Live with a Disability

One in eight adults in the United States (53 million people) has a functional disability—meaning reduction in the ability to perform everyday activities of life—with mobility limitation the most common type, says a [new report](#) from the Centers for Disease Control and Prevention.

A boon to service providers. The report, "Prevalence of Disability and Disability Type Among Adults—United States, 2013," is a boon to researchers and service providers because it presents data from a national disability prevalence survey that was the first to include figures on type of disability. This more specific information on disability and disability types, state by state, can be used to discern the relationships between disability, demographic factors, and health status to better plan services and identify more effective interventions, the report said.

Prevalence. The researchers found that after mobility limitation (13 percent), limitation in cognition was the

Disability Type Among Adults—United States, 2013 by Elizabeth A. Courtney-Long, Dianna D. Carroll, Qing C. Zhang, and colleagues; *Morbidity and Mortality Weekly Report (MMWR)*, vol. 64 no. 29, pp. 777–783 (July 31, 2015). [Read article](#)

Related CADER Courses

Core Issues in Aging and Disability

Understand how disability and age can affect functioning and quality of life. Learn about the philosophy of consumer choice, the background of home and community-based services, the ethics of social service work, and the federal laws that affect disability and aging. [Learn more about this course](#), or [sign up](#) and receive a 10 percent discount (use code **ENEWS2015**).



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next most frequently reported type of disability (10.6 percent), followed by limitation in independent living (routine functions of daily life, like dressing, bathing, using the toilet) (6.5 percent), limitation in vision (4.6 percent), and limitation in self-care (3.6 percent). In general, disability was more prevalent among women, adults older than age 65, racial/ethnic minorities, people with annual household incomes of less than \$15,000 per year, and those who had less than a high school education.

"**We are all at risk** of having a disability at some point in our lives," said Tom Frieden, CDC director, in a Department of Health and Human Services release. "Health professionals and healthcare systems need to meet the needs of this growing population." The information from this new report will help.

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