I. OVERVIEW (See also Vietnamese version)

Background
Project Tam An (the “Project”), operated by AARS, Inc. aims to raise awareness and provide prevention and intervention services in mental health by engaging schools, families and communities in the Vietnamese immigrant population in San Jose, California. The project was conceived and designed to be most culturally proficient in its outreach and intervention methods. The Project has three overarching goals:

- Goal 1: To increase the awareness of adolescent mental health and substance abuse issues, including professional treatment, within the Vietnamese community.
- Goal 2: To improve access to mental health and substance abuse resources and services among Vietnamese adolescents.
- Goal 3: To improve overall mental health and social functioning among Vietnamese adolescents.

Community Education
An innovative feature of the Project is a Community Education campaign, aiming to achieve the three overarching goals using forms of media most widely consumed and well accepted in the Vietnamese Community.

Tam An’s Community Outreach and Education Campaign is a plan of action aiming to raise awareness, improve access to resources and services, and improve overall mental health and social functioning among Vietnamese adolescents, by using print, radio, and other appropriate media, towards the goal of building healthy families and strong communities.
II. KEY MESSAGES (See also Vietnamese version)

- Mental health is a part of every community and family.
  Mental health is a fundamental part of overall wellness for all families and communities. In our Vietnamese community, mental health has been neglected, considered taboo, a sin, or bad karma, which results in avoidance not resolution of the problem.

- Mental illness is real and must be acknowledged.
  As a community, and in our families, we must recognize and address mental health. The more we share the more we can support and reduce unnecessary, silent, hidden suffering.

- Families need to be engaged.
  The Vietnamese culture conceives each human being as a part of a family, more than as an independent individual. Each member’s well-being is deeply affected by his/her relationship with other members of the group, and by the other members’ functioning. Internalized duties and expectations come with each role, (eldest son, maternal grand-mother, etc), which contributes to each member’s sense of adequacy, performance and acceptance. To assist a Vietnamese client, we need to engage the whole family into creating the family space and energies for healing.

- No one is to be blamed.
  The Vietnamese community has collectively lived through uniquely challenging, painful experiences. These experiences have taken us through decades of civil and foreign war, the mass evacuation and migration trauma of hundreds of thousands, and finally today, through profound dislocation and cultural conflict. There are increasing signs that many of us suffer silently from Post-Traumatic Syndrome Disease. No one is to be blamed. Every one of us has suffered. Our goal must be to heal and move forward.

- Mental illness can be treated.
  Mental illness is not a sin, nor a punishment, nor bad karma. Like any other disease, it can be treated. However, if left unrecognized and untreated, it will worsen and result in dangerous, potentially life-threatening situations.

- Resources exist and treatment works!
  Our community is beginning to address this need. AARS, Inc. provides a range of mental health services from education to prevention and intervention. Our methods are based on non-shame techniques, and culturally competent with proven success within the Vietnamese population. Together we can work towards healing and growing stronger.

III. CAMPAIGN STRATEGY
Our approach targets print and radio because they are the most popular media in the Vietnamese community. Please see attached MOU with IRCC.

**Radio**
15-minute segments, weekly broadcast. Format varies, can include: role-plays and analysis; interviews with community organizers, conversations with parents and teenagers, Q & A sessions with mental health professionals, discussion panels, personal stories, testimonials, lessons learned from elder generations, call-in from audience. To be broadcasted on Dan Sinh radio program exclusively within first week, and at other radio venues in following weeks.

**Print**
1-page with word count; weekly column to be published as part of a larger format focusing on mental health issues in the community. Weekly column content authored by AARS, Inc. Columns will also be reprinted elsewhere at various intervals as opportunities become available.

**Public Forum**
Annual forum open to public with outreach through government, non-profit, faith-based, and other agencies to target parents in the first year, and in the second year parents as well as children. Day long format with multiple workshops focusing on parenting, adolescent mental health, parenting, among others. Other components include catering for breakfast and lunch, daycare, opening and closing ceremonies. Culturally appropriate content. All efforts carried out in partnership with partner agencies (see grant proposal). First Forum date is June 2\(^{nd}\), 2007.

**Target audience**
Vietnamese population in San Jose, California. Recent immigrants, Parents, caregivers, health educators, community organizers and the whole community at large interested in youth issues. Vietnamese newspapers and radio shows are mostly consumed by Vietnamese speaking adults. Current outreach to youth are done through class presentations and group activities. In Year 2 and Year 3 we will explore outreaching to Vietnamese adolescents through media.

### IV. PARTNERSHIP

**AARS, Inc.**
Will be responsible for overseeing the campaign, coordinating between partners, serving as main contact, and evaluating all efforts.

**Immigrant Resettlement & Cultural Center (IRCC)**
Will serve as media contractor and consultant. Please see attached MOU.

**Other publishing agencies**
Will establish partnership through IRCC/the media contractor.

V. GOALS AND OBJECTIVES

Our Community Education Campaign sets forth the following goals and objectives, as described in the media component of RWJF Tam An project proposal:

- Objective 1: To reach 3000 Vietnamese families within one year
- Objective 2: To publish weekly articles in the first 6 months with funding from AARS; and to explore avenues for continued publication on a pro-bono basis.
- Objective 3: To broadcast weekly radio segments in the first 6 months with funding from AARS; and to explore avenues of continued broadcasting on a pro-bono basis.

VI. CAMPAIGN TIMELINE

Key dates

2007  July    Secure partnership agreement on campaign and MOU terms
        August   Begin broadcasting and publishing, through next 6 months

2007  September—March  Radio and newspaper programming

2008  June     Family Engagement Forum
              Conduct evaluation

VII. STAFFING

AARS Inc.
Lien Cao: Oversee direction, implementation and evaluation of campaign; establish relationships and lead discussions with partners

Phoenix Ho: Provide content and resources on mental health, substance abuse, behavioral health; produce newspaper articles and radio segments

Tram Nguyen: Maintain and support partnerships; assist in all tasks and stages of campaign

Contracted Services
See attached MOU with IRCC.
VIII. EVALUATION

(May 2008: See revised evaluation plans with Professor Meekyung Han)

Success is to be defined in terms of the goals and objectives as stated in previous sections.

Internal evaluation
On-going evaluation of the Community Education Campaign will take place at internal meetings, meetings with partners, to adjust our campaign accordingly.

Outcome evaluation
In order to assess reach and impact of our campaign, we will conduct both quantitative and qualitative evaluation. The quantitative evaluation consists in a survey to 100 persons, randomly selected, at Vietnamese supermarket locations. The survey will include 3 questions:

1. Have you read or heard of our programming?
2. What do you remember from the programming?
3. Has that impacted you or your family?

The qualitative evaluation will be conducted during our radio show during which audience members calling in will respond in-depth to question #3 above.