

Executive Summary

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The population of Asian Americans has been increasing in number and diversity. Cultural and linguistic differences as well as varying immigration experiences make it critical to have formal services available that are both accessible to and appropriate for Asian American elders from many ethnic groups.

Asian American Elders in New York City is a result of a needs assessment study initiated by the Asian American Federation of New York to identify program and knowledge gaps that can guide policy and service planning in both the public and voluntary sectors. Information was gathered through a locally represented survey conducted by Harris Interactive, Inc., of 407 Chinese, Filipino, Indian, Japanese, Korean and Vietnamese adults aged 65 and over living in one of the boroughs of New York City. Each ethnic group has its own strengths and needs. Major findings from the study are summarized below to give a composite profile of the population.

Due to several limitations of the study design, readers are advised to be cautious in drawing inferences about the wider population Asian American elders as well as about specific Asian ethnic subgroups in New York City. First, the study is based on a sample of Asian Americans living in block groups of the city most densely populated by Asian Americans. Thus, the findings are more indicative of characteristics of Asian American elderly who live in block groups with relatively high proportion of Asian Americans than those who are more dispersed. Second, Filipino, Japanese and Vietnamese elderly groups have less than 100 each in the sample. Therefore, the findings about them should be viewed as merely suggestive and require further research to ascertain their representativeness. Furthermore, percentage calculations may be suggestive of higher confidence than warranted, and comparisons with other Asian ethnic groups are inappropriate.

Major Findings

1. Socio-Economic Characteristics

- The average age of Asian American elders is 72.4 years, and the population is 56% female.
- Fifty per cent of the elders are married, 42% widowed, 4% are divorced, and only 3% never married.
- Nineteen per cent (19%) of Asian American elders live alone. The majority (51%) live in households with three or more individuals.
- Asian American elders live with significant financial limitations, with the median household income ranging from \$6000 to \$8,500. Fifty-two per cent (52%) do not

receive Social Security benefits, and slightly more than one-third (37%) depend upon Supplemental Security Income (SSI), which is a means tested program.

- The majority (51%) of people surveyed live in rented apartments, including 31% who reside in walk-up apartment buildings.
- Thirty-nine per cent (39%) of the people surveyed did not graduate from high school, while 44% completed high school and 17% had at least some years of college.
- Religion is very important in the lives of Asian American elders. Nearly 84% of the people in the sample report an affiliation with organized religion, including 22% Catholic, 21% Buddhist, 17% Hindu, 16% Protestant, and 5% Muslim.
- Nearly 100% of the people in the study are immigrants who came to the United States in middle and late-middle age. Immigration occurs primarily to join family members.
- Less than 25% describe themselves as speaking English well. Only 10% sometimes speak English at home with family and friends, while 25% live in households in which no member speaks English well.
- Forty-six per cent (46%) are citizens, and 44% have permanent residency status.

2. Physical Health, Mental Health and Quality of Life

- Asian American elders rate their overall general health as good and have an average of 2.8 medical conditions per person.
- The four most prevalent medical conditions are arthritis (43.4%), high blood pressure (41.5%), high cholesterol (28%) and cataracts (26.7%).
- On measures of physical functioning, general health, social functioning, and mental health, Asian American elders rank their quality of life 10% or more lower than does the general elderly population in the United States.
- Depression is experienced among Asian American elders at a higher rate than the general elderly population, with 40% reporting depressive symptoms ranging from mild to severe.
- Asian American elders are more likely to be depressed when they perceive their health as poor, experience more stressful life changes, have higher levels of assistance from their children, have children who do not live in proximity, are less religious and experience a greater cultural gap between themselves and their children.
- Asian American elders are more likely to have poor general mental health when there is a greater cultural gap between elders and their children, have more stressful life changes and are unable to read English.
- Elders are more likely to have poor social functioning when they have more depressive symptoms, more Activities of Daily Living (ADL)¹ impairments, are unable to read English and are not enrolled in private health insurance plans.”

¹ Activities of Daily Living (ADLs) include bathing, dressing, grooming, transferring, toileting and feeding.

3. Informal and Formal Social Supports

- Asian American elders have an average of 2.6 children residing in the United States. Nearly half of all elders see their children daily.
- Elders have more neighbors and close friends than children for informal support. On average, people report having 3.4 close friends and 2.9 neighbors whom they know well.
- Although intergenerational assistance is reciprocal, children provide more extensive help to their parents than vice versa. More than half of Asian American elders receive help from their children when someone is ill, with shopping or errands, driving, fixing things around the house, advice on money matters and direct financial assistance. Elders living with others are more likely to have the help of their children.
- Almost 60% of the people in the survey turn to the formal sector for two or more services annually. Social Security, Medicare and Medicaid, senior centers and religious leaders are the services that they report using most frequently. The highest use is by individuals who are in poor health and speak English or live in households where at least one member knows the language.
- Fully 80% of Asian American elders have a regular source of medical care, typically from a doctor practicing Western-style medicine. Almost half of the people report seeing their doctor five or more times during the year, and more than 40% spent one to 10 days sick in bed.
- Approximately half of Asian American elders have health insurance through Medicare (51% Part A and 66% Part B coverage) in contrast to 90% of the elderly population at large. Other sources of health insurance are Medicaid (41%) and Health Maintenance Organizations (24%).
- Elders identify unmet needs for Social Security, Medicaid and Medicare, legal services, language translation, someone to call or visit, help with entitlements and expanded help with Activities of Daily Living (ADLs).

4. Traditional Values, Stress and Life Satisfaction

- Values for honor, responsibility and unity of family that are traditionally held in high regard in many Asian cultures continue to be honored among Asian American elders.
- The majority of elders perceive that their traditional values differ from their children not at all or only in small ways.
- During the three years prior to the survey, one-quarter or more of the elders experienced stressful life events, including serious financial problems (39.2%), death of a spouse (9.5%), death of a relative or close friend (29.1%), personal serious illness or injury (29.2%), having many family problems (22.7%), being dependent on others (29.9%), poverty (39.2%), anxiety (33.6%) and loneliness (21.8%).

- For 39.2% of elders, family financial condition is a serious problem, and 23.5% report that having too many medical bills is a serious problem.
- There is a broad level of overall life satisfaction, and satisfaction with family relationships is especially strong.

Selected Socio-Economic Characteristics by Ethnic Group

| | Chinese (N= 105) | Filipino (N= 52) | Indian (N= 100) | Japanese (N= 25) | Korean (N= 100) | Vietnamese (N= 25) | Total (N= 407) |
|--|-----------------------------|-----------------------------|----------------------------|-----------------------------|----------------------------|-------------------------------|---------------------------|
| Average Age | 75.1 | 73.2 | 70.3 | 70.9 | 72.3 | 68.8 | 72.4 |
| Female (%) | 56 | 67 | 38 | 52 | 74 | 36 | 56 |
| Married (%) | 53 | 52 | 62 | 40 | 31 | 68 | 50 |
| Widowed (%) | 43 | 33 | 33 | 48 | 62 | 16 | 42 |
| Living in "Walk-Up" Buildings (%) | 76 | 6 | 21 | 24 | 1 | 54 | 31 |
| Living Alone (%) | 33 | 4 | 3 | 28 | 26 | 25 | 19 |
| Median Household Income (thousand of dollars per year) | 6 – 8.5 | < 6 | 10–12.5 | 15-25 | 6 – 8.5 | < 6 | 6 – 8.5 |
| Does Not Receive Social Security (%) | 71 | 49 | 47 | 22 | 33 | 100 | 52 |
| Receive SSI (%) | 36 | 27 | 8 | 12 | 64 | 79 | 37 |
| Median Age At Immigration | 51 | 50 | 57 | 40 | 57 | 62 | |
| U.S. Citizen (%) | 67 | 60 | 19 | 32 | 54 | 8 | 46 |
| Ability to Speak English "Not Well At All" (%) | 70 | 2 | 28 | 0 | 42 | 59 | 39 |

*Most Frequent Unmet Service Needs by Ethnic Group
(Help Needed But Not Received)*

| | Chinese (N= 105) | Filipino (N= 52) | Indian (N= 100) | Japanese (N= 25) | Korean (N= 100) | Vietnamese (N= 25) | Total (N= 407) |
|---|---------------------|---------------------|--------------------|---------------------|--------------------|-----------------------|-------------------|
| <i>Formal Services</i> | | | | | | | |
| Social Security Office | 4 | 6 | 14 | 3 | 1 | 1 | 30 |
| Medicaid Office | 1 | 1 | 15 | 0 | 0 | 0 | 17 |
| Medicare Office | 0 | 1 | 13 | 1 | 0 | 0 | 15 |
| Legal Services | 0 | 0 | 12 | 3 | -- | -- | 15 |
| <i>Supportive Services</i> | | | | | | | |
| Language Translation | 6 | 0 | 29 | 1 | 1 | 0 | 37 |
| Someone to Call or Visit | 0 | 0 | 20 | 7 | 2 | 0 | 29 |
| Help with Entitlements | 4 | -- | 24 | 1 | 0 | 0 | 29 |
| Help with Housekeeping and Personal Care | 2 | 2 | 8 | 2 | 0 | -- | 14 |

Recommendations

1. Improve economic conditions for immigrant elders and their families.

- Develop federal and state policies to improve retirement protections for immigrant elders who do not qualify for Social Security.
- Revise Federal welfare policy to make immigrant elders eligible for Medicaid, food stamps, cash assistance and other basic benefits.
- Increase the availability of affordable housing, including assisted living, for seniors, so that elders would no longer live in substandard conditions.
- Increase the availability of culturally appropriate citizenship preparation programs for immigrant elders.
- Add job training and skill development for unemployed and under-employed elders.

2. Enhance formal support services by increasing accessible and appropriate care to meet the needs of Asian American elders.

- Promote primary prevention and treatment for the physical and mental health problems of these elders.
- Establish outreach and education programs for physicians and other health care professionals as well as parallel programs for elders and their families.
- Establish geriatric mental health clinics and services specializing in the needs of Asian American elders, with priority given to reducing their symptoms of depression.

- Increase the availability of programs aimed at reducing the number of elders who experience limitations in their Activities of Daily Living (ADL).
- Increase access to health insurance among immigrant elders not covered by Medicare or Medicaid.

3. Integrate informal social support systems into program development and service delivery.

- Reinforce values shared across generations and communities as part of routine service delivery.
- Recognize the impact of acculturation levels and generational gaps on family stress and mental health.
- Acknowledge and nurture the strength in social networks and social supports as part of service planning and delivery.
- Mobilize elders to become active participants on behalf of their own communities.

4. Improve the cultural competence of programs serving Asian American elders.

- Design English language classes to build a sense of personal integrity and identity along with new and practical skills.
- Develop language specific and culturally sensitive strategies to improve access to information about entitlements, legal services and case management resources.
- Target funds to increase ethnically specific senior centers to serve new immigrants.
- Provide funding to train Asian American professionals to work with elders.
- Expand the presence of bilingual and bicultural staff in ethnic-specific programs as well as in all health and social service settings with Asian American elders.