

# **Asian American Elders in New York City:**

A Study of Health, Social Needs,  
Quality of Life and Quality of Care

**The Asian American Federation of New York  
February 2003**

**In Collaboration With:**  
Brookdale Center on Aging, Hunter College

## **COLLABORATING ORGANIZATIONS**

Asian American Federation of New York  
Brookdale Center on Aging, Hunter College

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|                               |   |
|-------------------------------|---|
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| Mari Sakaji                   | Japanese American Social Services, Inc.                             |
| Tazuko Shibusawa, Ph.D.       | Columbia University School of Social Work                           |

## **RESEARCH TEAM**

|                         |  |
|-------------------------|--|
| Project Director:       | Angela Shen Ryan, D.S.W., Hunter College School of Social Work                       |
| Principal Investigator: | Ada Mui, Ph.D., Associate Professor, Columbia University School of Social Work York. |
| Principal Investigator: | Peter Cross, M.S.W., Brookdale Center on Aging of Hunter College                     |

## **Survey conducted by Harris Interactive, Inc.**

David Krane, Senior Vice President  
Michele Salamon, Project Manager  
Diana Gravitch, Research Associate

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| Shao-Chee Sim          | Asian American Federation of New York |
| Haeyoung Yoon          |                                       |

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# Foreword

**Cao K. O, Executive Director  
Asian American Federation of New York**

According to the 2000 Census, the elderly Asian American population in New York City grew by 86% during the previous decade. Accompanying this striking increase is an alarming additional Census revelation that 24% of Asian American elders (or almost 1 in 4 of them) live in poverty, in contrast with about 18% of the general elderly population in the city.

Demographic statistics such as these stood largely unexplained, without human texture, until this study. The Asian American Federation initiated Asian American Elders in New York City to fill a void of in-depth documented and shared knowledge of this burgeoning population group, which numbered 59,184 in 2000.

This landmark study provides an important baseline of information on quality of life and care, encompassing underlying factors. The report also points out critical needs that policy makers, service providers and philanthropic leaders must address -- from retirement protections to senior housing, and from health insurance access to geriatric mental health.

As the report illustrates in unprecedented detail, Asian American elders experience greater socio-economic vulnerability and have fewer options for available, culturally- and linguistically-appropriate health care and social services than the general elderly population in the city. Among key results, older Asian Americans endure a lower-than-average quality of life, marked by higher levels of depression, anxiety, loneliness, physical illness and social difficulties.

The city and the state must make it a high priority to enhance the well-being of the susceptible senior Asian American population. Furthermore, policy makers and service planners must consider language access and cultural competence in serving this ethnically diverse population. Existing service and social infrastructures of the various Asian American ethnic communities also need to be taken into account.

Asian American Elders in New York City is the result of a wonderful collaboration between the Brookdale Center on Aging of Hunter College and the Asian American Federation. We were fortunate to have a highly respected and dedicated research team willing to take on the challenges associated with producing the first comprehensive study of its kind in New York City. In addition, the insights and assistance of members of the Advisory Committee were invaluable and contributed to the thoroughness of this study. We are particularly indebted to Dr. James Dumpson, Dr. Rose Dobrof and Professor Marjorie Cantor, the principals of the 1993 study *Growing Older in the 1990s: A Study of Changing Lifestyles, Quality of Life and Quality of Care*, on which the research design of this study is based. This report would not have been possible without the financial support of several foundations, whose generosity and commitment we appreciate. Last but not least, we owe our deep gratitude to the 407 Asian American elders who opened their doors and shared their life stories with us.

Our seniors have spoken. It is now our turn to act.

## Preface

**By James R. Dumpson, Ph.D., Chair, Advisory Committee  
and Rose Dobrof, D.S.W., Co-Chair, Advisory Committee**

*Asian American Elders in New York City* is the result of years of planning and work by dedicated researchers. The seeds for the study were planted nearly a decade ago when an earlier study on aging in New York City, *Growing Older in the 1990s: A Study of Changing Lifestyles, Quality of Life and Quality of Care*, was published in 1993.

Data collection for *Growing Older* began in 1989 under the direction of Marjorie Cantor, then University Professor and Brookdale Distinguished Scholar at the Third Age Center of Fordham University, and Barry Gurland, M.D., of Columbia University's Center for Geriatrics. Cathy Berkman, Ph.D., M.S.W., and Mark Brenner, Ph.D., then a Doctoral Fellow, also at the Third Age Center, served as Co-Principal Investigators.

An Advisory Committee was established and co-chaired by James R. Dumpson, Ph.D., then Senior Vice-President of the New York Community Trust, and Rose Dobrof, D.S.W., then Executive Director of the Brookdale Center on Aging of Hunter College. The Committee, which included leaders in the fields of Social Work and Gerontology in New York City, met frequently and provided important guidance to the Cantor - Gurland team and staff. The study focused on the Caucasian, African-American and Hispanic, particularly Puerto Rican, elderly of the city and comparisons among them with respect to important topics such as:

- Family composition and function
- Economic and educational status
- Living arrangements
- Composition of informal support systems and help from family, neighbors and friends
- Use of formal systems and professional services

Although some Asian-American elders were respondents in the *Growing Older* study, the sample was too small to permit a statistically valid analysis of the findings. At a 1995 conference attended by several hundred public officials, service providers and academics, Mr. Cyril Nishimoto, Chair of the Asian American Task Force on the Aging of the Asian American Federation of New York, questioned the impact of the omission on providing responsive and effective services for an important and growing population.

As a result, an Advisory Committee was convened and the decision made to seek funding for a replication - to the extent possible and with ethnically sensitive modifications - of the original study with specific focus on Asian American elders. Angela Shen Ryan, D.S.W., then Professor at Hunter College School of Social Work, accepted the position

of Project Director. With initial support from The New York Community Trust, the study was launched.

We owe special thanks to the seven foundations that joined the Trust in support. They are:

- \* Altman Foundation
- \* James N. Jarvie Commonweal Service
- \* Jean and Louis Dreyfus Foundation
- \* MacKintosh Foundation
- \* Starr Foundation
- \* United Hospital Fund
- \* Wayen Charitable Foundation

In an important and serendipitous fashion, the passage of years between the original study and this one was advantageous. The decade of 1990s was a period in which the Asian American population in New York City grew significantly in size as well as in diversity. Indeed, one of the most difficult design issues that faced the Advisory Committee, Dr. Shen Ryan and Mr. Cao O was identifying the countries of origin to be included in the study. The final decision about inclusion rested on a number of factors, including population size and estimates of the number of older people in each. We also wanted to be certain that the diversity of Asian Americans would be represented in terms of cultural factors, religion, family composition, time of arrival in New York City and economic status. Not every group could be included, yet we are comfortable with the range and heterogeneity of the sample populations in the study.

We believe that like the original study and Professor Cantor's subsequent research on Jewish elderly, Asian American Elders in New York City will help policy makers and public officials, academics, professionals and staff of the network of aging services organizations work effectively with Asian American elders and their families.

We salute Professor Shen Ryan, Mr. O and all the participants in the study, and we express our gratitude to the members of the Advisory Committee and the foundations who made the study possible.

# Executive Summary

Angela Shen Ryan, D.S.W.

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)<sup>1</sup> impairments, are unable to read English and are not enrolled in private health insurance plans.”

<sup>1</sup> 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*

|  | <b>Chinese<br/>(N= 105)</b> | <b>Filipino<br/>(N= 52)</b> | <b>Indian<br/>(N= 100)</b> | <b>Japanese<br/>(N= 25)</b> | <b>Korean<br/>(N= 100)</b> | <b>Vietnamese<br/>(N= 25)</b> | <b>Total<br/>(N= 407)</b> |
|--|-----------------------------|-----------------------------|----------------------------|-----------------------------|----------------------------|-------------------------------|---------------------------|
| 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<br>(N= 105) | Filipino<br>(N= 52) | Indian<br>(N= 100) | Japanese<br>(N= 25) | Korean<br>(N= 100) | Vietnamese<br>(N= 25) | Total<br>(N= 407) |
|---|---------------------|---------------------|--------------------|---------------------|--------------------|-----------------------|-------------------|
| <i><u>Formal Services</u></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><u>Supportive Services</u></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<br>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.

# Chapter 1: Overview

## 1.1 Introduction

Angela Shen Ryan, D.S.W.

There are approximately 10.2 million Asian Americans in the United States, and it is projected that by 2020, the number will grow to approximately 20.2 million. More than 439,000 people age 65 and older identified themselves as Asian in 1990, and 801,300 did so in 2000. In 1990, there were 33,000 Asian American elders in New York City and 59,200 by 2000. The Asian American elders represented 7.5% of the total of 787,047 Asian Americans of all ages living in New York City in 2000 [1]. Nearly one in every 10 residents living in New York City is self-described as Asian, up from one in 14 as recently as 1990 [2]. This demographic change will have a powerful impact on policy and the provision of health and social services as the volume of need among an important and often overlooked aging minority population increases dramatically.

The record increase in the elderly population during the period 1950 to 2000 drove major growth and reshaping of health and social services. More senior services, home health care, adult day care services, respite services, and community-based long term care services were created. National surveys of health and social service problems among older adults focused primarily on the elderly population at large, with some attention to special issues of minority aging among Hispanic and African American elders. Rarely were Asian elders included in research. The rationale was that samples of Asian subgroups were too small to provide valid data [3, 4]. The omission of Asian American elders from such studies has had significant deleterious impact on current levels of service provision as well as on preparing for future service needs [5].

Asians and Pacific Islanders often are misunderstood to be a single homogeneous ethnic group. Unfortunately, failure to make distinctions among diverse ethnic, cultural and language groups can lead to false conclusions about their social and health needs. Moreover, Asian Americans are not only increasing in number but also becoming increasingly diverse. Asians of Chinese descent remain the largest Asian group, making up nearly half of all Asians. The Asian Indian population grew by 81% and now represents 22% of all Asians. Two other large Asian groups are Filipinos and Koreans. Each Asian ethnic group has its own distinctive cultural background, unique historical experiences and reasons for immigration [6]. The tendency to generalize about their economic, cultural, social and political circumstances has led to programs that are not accessible or appropriate for many Asians. The lack of culturally and linguistically relevant services has resulted in difficulty for many elders in accessing a range of formal services from primary health care to nursing homes.

In 1993, the Asian American Federation of New York, acting in the face of a rapidly growing elderly Asian population and rising worry about elders' inability to access

health and social services in New York City, created a task force on aging with concerned professionals as well as social service agencies serving Asian American elders. The task force conducted a survey of Asian American service agencies and reported its findings at their conference in 1995. One of the major findings was the lack of formal services available to meet the needs of Asian American elders. It also indicated that a broader understanding of the health and social service needs of the Asian American elderly would be valuable. The task force recommended conducting a needs assessment study. The findings would then serve as a basis for policy and program development in both the public and voluntary sectors of New York City to meet current and future service needs of Asian American elders.

Some members of the task force, led by the Asian American Federation of New York, approached Dr. Rose Dobrof of the Brookdale Center on Aging of Hunter College and Dr. James Dumpson, Project Director of the landmark study *Growing Older in New York City in the 1990s*, to explore the feasibility of conducting a needs assessment of Asian American elders in New York City. The objectives of the study were to:

- Profile the health and social service needs of Asian American elders in New York City
- Document their current quality of life and care;
- Identify the impact of the immigrant experience and acculturation on informal and formal supports, service needs and mental health;
- Establish a benchmark for measuring and evaluating changes in the quality of life and care of Asian American elders in New York City and other urban areas;
- Provide current information to guide program planning in New York City and other communities.

In 1997, an Executive Committee was formed to oversee implementation of the study. It included: Cao K. O, Executive Director of the Asian American Federation of New York; James Dumpson, Ph.D., New York Center for Policy on Aging of the New York Community Trust; Rose Dobrof, D.S.W., Brookdale Professor of Gerontology at Hunter College School of Social Work; and Angela Shen Ryan, D.S.W., Hunter College School of Social Work.

The Committee made key decisions to guide the study. They identified Chinese, Filipino, Indian, Japanese, Korean, and Vietnamese ethnic groups for inclusion in the study and determined that all respondents would be age 65 or older. They focused the study on demographic characteristics, social and mental health issues, formal and informal supports and traditional cultural values. Specific survey questions were based on those used for the *Growing Older* study and adapted for Asian Americans. The final form of the questionnaire was revised by the Principal Investigators and Project Director.

Harris Interactive, Inc., was selected to conduct the fieldwork phase of the study based on their documented expertise with large-scale surveys, experience working with elderly respondents and their contributions to the earlier *Growing Older* study. The questionnaire was pretested in Chinese, Korean and Vietnamese. Survey participants were interviewed in English, Chinese (both Mandarin and Cantonese), Hindi, Korean, Tagalog and Vietnamese.

A total of 407 interviews were completed for use in the study. By ethnic group they included:

- 105 Chinese
- 100 Korean



- 100 Indian
- 52 Filipino
- 25 Vietnamese
- 25 Japanese

The Project Director was responsible for setting the overall research goals, maintaining communications with the Advisory Committee members, reviewing and approving reports as well as ensuring day-to-day coordination and integration of project activities. Ada Mui, Ph.D., Assistant Professor, Columbia University School of Social Work and Peter Cross, M.S.W., Brookdale Center on Aging of Hunter College, were the project's Principal Investigators. They were responsible for the technical quality and integrity of the research as well as analysis of the data.

The Advisory Committee was formed with representatives of key health and social service agencies serving elderly Asian Americans, those knowledgeable about research on older adults, and experts on sub-Asian languages, customs and culture. The group, which met at least quarterly, ensured that the project was implemented with full information about and sensitivity to Asian subgroup values and preferences. James Dumpson, Ph.D., served as Committee Chair and Rose Dobrof, D.S.W., as Co-Chair. The Advisory Committee members included: Le Lieu Browne, Marjorie H. Cantor, M.A., David Chen, M.S.W., Namkee G. Choi, D.S.W., Henry Chung, M.D., Gloria Galura-Siasoco, Ph.D., Kwang Suk Kim, M.S.W., Kiyoka Koizumi, Ph.D., Ji Seon Lee, Ph.D., Mari Sakaji and Tazuko Shibusawa, Ph.D. The members deserve special appreciation for reviewing the project methodology, questionnaire and findings.

Finally, Terrie Raphael, Ph.D., ably edited reports of the study findings and prepared the text for publication.

The results of the research initiative *Asian American Elders in New York City* are reported in six chapters:

- Chapter 1: Overview
- Chapter 2: A Demographic and Economic Profile
- Chapter 3: Physical Health, Mental Health, and Quality of Life
- Chapter 4: Informal and Formal Social Supports
- Chapter 5: Traditional Values, Stress and Life Satisfaction
- Chapter 6: Recommendations

On behalf of the project team and the Asian American Federation of New York, it is my hope that the needs identified through the study will lead to initiatives that improve services and support for *Asian American Elders in New York City*.



## 1.2 Methodology<sup>2</sup>

By David Krane, Michele Salomon, and Diana Gravitch  
Harris Interactive, Inc.

### Introduction

Harris Interactive, Inc.<sup>3</sup> conducted the Asian American Elders in New York City survey of adults aged 65 and older who belong to one of the following groups: Chinese, Korean, Indian, Filipino, Vietnamese or Japanese on behalf of the Asian American Federation of New York. This survey is based on face-to-face interviews with a regionally representative sample of 407 adults aged 65 and over who are members of the above noted ethnic groups residing in one of the five boroughs of New York City. The survey is intended to explore the health status, financial status and overall well-being and life experience of these groups. Topics covered in this survey include overall health status, quantity and quality of relationships with family, friends and neighbors, immigration experiences, mental status, depression and overall life satisfaction.

### Survey Method

A total of 407 adults aged 65 and older who identify as Chinese, Korean, Indian, Filipino, Vietnamese or Japanese and reside in New York City were surveyed in their homes by an in-person interviewer. Interviews averaged one hour and thirty minutes in length and were conducted between February 2, 2000, and May 31, 2000. Interviews were conducted in English, Chinese, Korean, Hindi, Tagalog and Vietnamese.

### Project Responsibility and Acknowledgements

The Harris team responsible for the project management, sampling design, data collection and data processing of the survey included David Krane, Senior Vice President, Michele Salomon, Project Manager, and Diana Gravitch, Research Associate.

Harris Interactive, Inc. is especially grateful to Project Director Angela Shen Ryan, D.S.W., Hunter College School of Social Work, as well as Co-Principal Investigators Ada Mui, Ph.D., Columbia University School of Social Work and Peter Cross, M.S.W., Brookdale Center on Aging of Hunter College. Harris would also like to thank Mr. Cao K. O, M.S.W., Executive Director of the Asian American Federation of New York for his support, input and guidance and without whom this project would not have been possible.

### Public Release of Survey Findings

All Harris Interactive, Inc. surveys are designed to comply with the code and standards of the Council of American Survey Research Organizations (CASRO) and the code of the National Council of Public Polls (NCPP). The complete report, original questionnaire and more information about project methodology are available from Harris Interactive, Inc.<sup>4</sup>

### In-Person Survey Methodology

This methodology describes the sampling and interviewing procedures used by Harris Interactive, Inc. in interviewing adults of Asian origin, aged 65 and older residing in New York City. The survey was conducted by means of an in-person interview to a total of 407 adults aged 65 and older who identify themselves as being a member of one of the following groups: Chinese, Korean, Indian, Filipino, Vietnamese, or Japanese. Interviewing took place between February 2 and May 31, 2000.

<sup>2</sup> (c) Harris Interactive, Inc.

<sup>3</sup> Harris Interactive was formerly called Louis Harris and Associates. The company's name was changed in December 1999.

<sup>4</sup> Harris Interactive, Inc. is located at 111 Fifth Avenue, New York, NY 10003.

Using the 1990 U.S. Census list of over 5,785 block groups in the five boroughs of New York City (Brooklyn, Bronx, Manhattan, Queens and Staten Island), Census block groups were ranked according to the percentage of Asian households. A cut-off was made at the Census block group that represents 70% of all Asians 65 and older. A random selection of block groups was then made based on the Asian population aged 65 and older within each block group. The sample consisted of 60 block groups of primary sample units (P.S.U.s) in the cross-section.

The study utilized an area probability sample. Area probabilities are designed to give each eligible population member or household in the area a known chance of being interviewed. The final stage in this type of sample was to list systematically all or a portion of the housing units in the special block or area. This usually is performed by the interviewer in the field at the time of the survey. Using a map and specifically designed listing sheets, the interviewer goes to a randomly designated point in the area and begins to list housing units. These listed households then become the interviewer's assignment.

For each of the 60 selected maps in this study, 100 to 150 households were listed and became the interviewer's sample for interviewing. In this type of sample, many call-backs may be required to complete all of the assigned interviews. For this project, interviewers were required to contact a selected household up to four times to determine eligibility and up to four attempts to procure an interview.

Some area probability samples, such as the current study's sample, may require conducting a short screening interview to determine whether or not the household qualifies for the survey. In the current survey, a qualifying household has an adult age 65 or older residing in New York City who belongs to one of the following groups: Chinese, Korean, Filipino, Indian, Vietnamese or Japanese. Interviews are then completed only at those households found eligible for the survey. For households that are not eligible, interviews record the reason. In this instance, ineligible households will either have a member aged 65 and older who is not a member of one of the eligible groups in the survey or residents will be a member of one of the ethnic groups included but may not be of sufficient age.

One respondent per household was interviewed. If more than one eligible respondent lived in the household, then the person who had most recently celebrated a birthday was selected as the respondent.

### **Survey Sample**

Although the ideal method would have been to set targets in accordance with each group's representation in the population, obtaining this information proved difficult. In lieu of such exactness, targets for each group were set taking into account each group's estimated representation in the population as well as a desire to obtain data on all these groups. It is acknowledged that the Vietnamese and Japanese groups are small and, therefore, these findings are more useful qualitatively than quantitatively. The following table displays the targets set for each group as well as the actual number of interviews achieved in each group.

**Table 1.1:** *Planned and Completed Interviews by Ethnic Group*

| <b>Ethnic Group</b> | <b>Pre-set Target</b> | <b>Actual Surveys Achieved</b> |
|---------------------|-----------------------|--------------------------------|
| Chinese             | 100                   | 105                            |
| Korean              | 100                   | 100                            |
| Indian              | 100                   | 100                            |
| Filipino            | 50                    | 52                             |
| Vietnamese          | 25                    | 25                             |
| Japanese            | 25                    | 25                             |
| Total               | 400                   | 407                            |

In order to increase cooperation rates, be inclusive and accommodate the needs of this population, interviews were conducted in English, Chinese (Mandarin and Cantonese), Hindi, Tagalog and Vietnamese. No Japanese translation was prepared, and thus all Japanese respondents were interviewed in English. The translations were carried out by staff at the Asian American Foundation of New York.

Overall, 30% of the interviews were conducted in English and 70% in one of the other languages. A more specific breakdown is presented in the following table:

**Table 1.2:** *Completed Interviews by Language*

| <b>Language survey was conducted in:</b> | <b>No. of interviews</b> |
|--|--------------------------|
| English                                  | 123                      |
| Chinese                                  | 91                       |
| Hindi                                    | 55                       |
| Korean                                   | 96                       |
| Tagalog                                  | 14                       |
| Vietnamese                               | 25                       |
| English and Chinese                      | 1                        |
| Chinese and Korean                       | 2                        |
| Total                                    | 407                      |

### **Interviewer Recruitment**

In order to meet the specific language requirements of this project, Harris needed to broaden the scope of its typical interviewer recruitment efforts. Our normal means of recruiting in-person interviewers includes hiring interviewers who had previously worked on in-person projects or by receiving a direct referral from such experienced interviewers. These methods proved insufficient to meet the particular staffing needs of this project. Thus, we utilized not only general media outlets such as The New York Times but also targeted media outlets to the various ethnic groups. These sources provided the base from which we began interviewing. Subsequently, we employed a referral method and thus were able to have sufficient numbers of interviewers in all languages required. We also followed up on referrals provided to us by Dr. Ryan and the staff at the Asian American Federation of New York.

All potential candidates were interviewed, screened and hired based on their qualifications. Some had previous related experience that made them good candidates for this project.

### **Interviewer Training**

Interviewers were provided with a two-day training session before starting fieldwork. They also received an interviewing manual and a set of question-by-question instructions that could be used as aids during the interviewing process. The first day of the training session covered general research, interviewing and sampling procedures. Interviewing topics covered included:

- The role of the interviewer with regard to respondent motivation
- Importance of communicating to and maintaining the respondent's confidentiality
- Importance of the interviewer to maintain a neutral stance
- How to prevent refusals
- An explanation of the different types of questions in the questionnaire

Among the sampling related issues covered were:

- Methods of locating respondents
- How to list households in a selected PSU
- The correct procedures for recording attempt information on the listing sheet
- The importance of varying the time of day and days of the week that they attempted to conduct interviews
- The number of attempts that should be made at each household for screening and interviewing purposes
- Methods for handling building access issues and/or general community conditions.

Finally, general administrative matters such as payroll, quality control and communication with Harris staff on a regular basis to report progress, problems and concerns were reviewed.

The second day of training was designed to emphasize and reinforce the learning from day one utilizing the actual questionnaire instrument. Role-playing was used to demonstrate techniques for probing, non-biasing, effective introductions and refusal conversion and prevention.

In addition to the research, interviewing and sampling issues, Harris was fortunate to have Dr. Ryan, Mr. Peter Cross and Mr. Cao O attend at least some of the initial training sessions and/or the initial debriefing. Their input was helpful particularly in discussing some cultural differences among these groups that the interviewers might encounter. Further, they explained the importance of the project, the aims of the research and provided encouragement to the interviewers in this endeavor.

### **Respondent Cooperation**

Interviewers also were provided with two letters designed to elicit cooperation from respondents and, where necessary, building owners and managers. These letters stated the purpose of the study, the study sponsor and the importance of participation. The letters directed toward the respondents were written in English, Chinese, Korean, Hindi, Vietnamese and Tagalog. Respondents were provided with an international phone card worth \$10.00 as thanks for their participation in the survey. While the phone card worked fairly well as an incentive and is easy to administer, there is some

indication that there may have been a language barrier since the directions to place a call after dialing the 800-telephone number were available in only Spanish and English.

After approximately two weeks in the field during which time interviewers primarily were listing and screening households, a debriefing was held to discuss any potential issues and to further assist interviewers with various aspects of interviewing. The biggest challenge, by far, was gaining entry to large apartment buildings with security and restricted access. Ideas were brainstormed including gaining cooperation from the building management at either the local level (the building superintendent, for example) or the central location of the management company. When necessary, Harris staff provided follow-up to elicit such cooperation. Use of the drop-off letters was encouraged, and it was at this meeting that the idea of the letter for building owners and managers was conceived.

### **Interviewer Feedback**

A debriefing meeting was held on October 13, 2000, with a group of interviewers to understand their experiences in the field during the interviewing process. In general, the interviewers said they had positive experiences interacting with the respondents and carrying out the objectives of the research. Interviewers found that engaging the respondent in general conversation before beginning the formal interview was helpful in gaining cooperation by making the respondent feel more comfortable. Several interviewers also felt that the timing of the interviews, which coincided with the Census data collection effort, was both an advantage and a disadvantage. Some respondents were familiar with being interviewed for a fairly substantial length of time so consenting to another interview was not problematic. Others, having already participated in the Census interviews, were unclear as to how the interview for this study differed. Interviewers stated that in these cases, they took extra time to explain this particular study in greater detail to help the respondent distinguish between the interviews.

Overall, interviewers felt that respondents were willing to answer the survey questions. However, the topics of immigration and income proved to be sensitive, and respondents questioned the importance of these items. One interviewer felt that respondents were hesitant to answer these questions because they were concerned about losing certain benefits. Again in this case, the interviewer took additional time to explain the importance of the questions and that answers were confidential and could not be linked to provision of services. In general, interviewers observed that respondents were more willing to talk when other people, such as their children, were not present at the interview. If respondents wished to have other people present during the interview, interviewers were encouraged during the training to allow this. Harris guidelines, however, also recommend that if the presence of others would distract the respondent, the interviewer may suggest that the interview take place without others present.

Interviewers also made suggestions about how to prepare interviewers if there are future waves of this study. One idea was to allow interviewers to work in pairs. Another recommendation was to continually emphasize that taking the time to explain the study clearly to the respondent, discussing why participation is important for the respondent, showing identification badges and dressing professionally will help elicit cooperation. An additional suggestion was to network within the list of respondents. Some interviewers found it helpful in locating potential respondents by asking subjects if they were familiar with any of the other names or addresses in the listing for a particular area. Another proposition was for interviewers to conduct their interviews at a variety of times based on the respondent's housing or the type of neighborhood. One

interviewer found that gaining access and interviewing respondents who lived in an apartment building was easier during the day, while the evening was better for respondents in single family housing.

During the debriefing meeting, interviewers provided helpful insight into how they applied the information learned during the training session, the contact they had with respondents and shared their suggestions about how to improve cooperation.

### **Cleaning the Data**

All interviews were carefully edited and checked for completeness and accuracy. Surveys with significant errors or large proportions of missing data were removed; typically this represents less than 1% of the questionnaires that arrive in-house. However, as with all non-computer assisted interviews, occasional questions are left blank.

### **Potential Sampling Error**

The results for sample surveys are subject to sampling error - the potential difference between results obtained from the sample and those that would have been obtained had the entire population been questioned. The size of the potential sampling error varies with both the size of the sample and with the percentage giving a particular answer.

Sampling error is only one way in which a survey may vary from the findings that would result from interviewing the entire population under study. Survey research is susceptible to human and mechanical errors as well. The most important potential sources are:

- Non-response (if those who are interviewed differed from those who are not interviewed).
- Random or sampling error, which may in theory be substantial, even on large samples. Contrary to the impression given by the typical media caveat, there is no way to calculate the maximum possible error for any survey. All we deal with are probabilities.
- Question wording, particularly where the survey is measuring attitude or future intention and not a "fact." Several equally good questions may yield different (and equally valid) responses. In addition, question sequence can influence responses, particularly to attitude questions.

The results of any survey, therefore, are susceptible to a variety of errors, some of which cannot be quantified. However, the procedures used by the Harris firm keep these types of errors to a minimum.

### **Response Rate**

In addition to potential error or biases in any research, the response rate is also important to evaluate. The response rate, or the rate at which people were willing to participate in the survey, is a result of how willing people are to participate as well as how much effort was employed by the interviewers in attempting to locate and track down respondents, prevent and convert refusals and screen all households within the assigned sampling unit. As previously stated, for this project, up to four attempts were made to determine household eligibility and up to four more attempts were made to conduct an interview. Additionally, refusal conversion was attempted at all households that initially refused.

The following table lists the outcomes from each household contacted as well as two possible ways a response rate may be calculated. There are a number of other formulas



that may be used to determine the response rate.

**Table 1.3:** *Interview Response Rates*

| <b>Interviews</b>   | <b>Number</b> |
|---|---------------|
| Eligible interviews completed   | 407           |
| Eligible, Non-Interview   |               |
| • Refusals - unspecified (after screening for eligibility)  | 200           |
| • Refusals - known respondent - Asian in household  | 33            |
| • Refusal - hostile respondent  | 9             |
| • Refusal - break off (terminated interview)  | 2             |
| • Call back   | 18            |
| Subtotal  | 262           |
| <b>Total eligibles</b>  | <b>669</b>    |
| Unknown eligibility, non-interview  |               |
| • Refusal - unknown eligibility (before screening)  | 324           |
| • No answer (eight attempts)  | 499           |
| • Unable to access building   | 82            |
| Subtotal  | 905           |
| Not eligible  |               |
| • Screen-outs - no Asians in household  | 4401          |
| • Screen-outs - no people 65 or over in household   | 1492          |
| • Refusals - household level - no Asians in household   | 6             |
| • Vacant building   | 63            |
| • Non-residence   | 45            |
| Subtotal  | 6007          |
| <b>Total</b>  | <b>7581</b>   |
| Completed Interview/All Known Eligibles = I/E   | 60.84%        |
| Completed Interviews + Screen-outs/All addresses<br>minus Vacant/non-residences = $[I + SO / \text{Total} - (V + R)]$ | 84.30%        |

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## Chapter 2: A Demographic and Economic Profile

Peter S. Cross, M.S.W.

### Significant Findings

- The average age of the people in the project sample is 72.4 years. The Chinese (75.1), Filipinos (73.2) and Koreans (72.3) are somewhat older than the Japanese (70.9), Indians (70.3) and Vietnamese (68.8).
- The population of Asian American elders is 56% female. The Vietnamese (36%) and Indian (38%) groups have disproportionately low percentages of females, while the Koreans (74%) and Filipinos (67%) have high proportions of females.
- Fifty per cent (50%) of the elders are married, 42% widowed, 4% are divorced, and only 3% never married.
- The majority (56%) of people surveyed live in rented apartments, including 31% who reside in walk-up apartment buildings.
- Nineteen per cent (19%) of Asian American elders live alone. Except for Indian (3%) and Filipino (4%) elders, between one-quarter and one-third of elders live alone. The majority (51%) live in households with three or more individuals.
- The median household income is \$6,000 - \$8,500. Indian and Japanese elders are relatively advantaged economically in comparison to other elderly Asians. Filipinos and Chinese are less well-off: rents are lower, household income is lower, and over one-quarter of each is eligible for Supplemental Social Security Insurance (SSI) which is a means-tested program. Korean and Vietnamese elders are most disadvantaged economically, with over three-quarters receiving SSI.
- Thirty-nine per cent (39%) of the people surveyed did not graduate from high school, 44% completed high school and 17% had at least some years of college. The groups vary sharply in level of education. The Japanese, Filipinos and Indians are markedly more educated than the others.
- Religion is very important in the lives of Asian American elders. Nearly 84% of the sample reported an affiliation with organized religion. Twenty-two per cent (22%)

are Catholic, 21% Buddhist, 17% Hindu, 16% Protestant, and 5% Muslim. Only 15% identify with no religious community.

- Nearly all the Asian American elders in the study were born in Asia.
- Forty-four per cent (44%) of the survey respondents are citizens, and 46% are permanent residents. Only 10% identify themselves as visitors or were unwilling to provide information.
- 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 one-quarter describe themselves as speaking English well. Only one-tenth sometimes speaks English at home with family and friends. About one-quarter live in households in which no member speaks English well.

## Introduction

This chapter describes the demographic and economic characteristics of Asian American elders in New York City based on a survey of older Chinese, Filipino, Indian, Japanese, Korean, and Vietnamese New Yorkers. Information is presented about ethnicity, nationality, natality, age, gender, marital status, ability to speak English, level of education, religious affiliation, age at immigration and immigration experience, living arrangements, economic well-being, and work history. The findings are intended to assist the immediate and long-range planning of services to Asian American elders and contribute to a general understanding of the older adult population in New York City and other communities.

The information is covered in the following four sections:

|           |  |
|-----------|--|
| Section 1 | Demographic and Background Characteristics |
| Section 2 | Living Arrangements                        |
| Section 3 | Economic Well-Being                        |
| Section 4 | Work History and Occupation                |

## 2.1 Demographic and Background Characteristics

The major demographic characteristics of the study participants are described in this chapter. Comparisons are drawn among the six groups of Asian American New Yorkers and also between older Asian American New Yorkers and New Yorkers in general. It is well to recall that the study (see Chapter 1) is based on a sample of Asian American New Yorkers living in districts of the city most densely populated by Asian Americans. Sample size was designed to include a predetermined number of individuals from each of the six Asian groups. As a result, some groups are over represented in contrast to their likely true representation in the whole population, while others are under represented. In comparing the Asian Americans to the New York City elderly population at large we draw especially on the study *Growing Older in New York City in the 1990s* [1], in many ways the precursor to this one.

### Ethnicity, Nationality, and Natality

For the purpose of this study, group membership was based on response to one question: "What ethnic or nationality group do you consider yourself to be a member of?" Had groupings been based on reported country of birth, the groups would have varied only minimally. Only three of the 105 Chinese were born outside China; a single Indian was born outside India. Three of the Japanese were born in the United States. Ninety-eight of 100 Koreans were born in Korea. All but one of 25 Vietnamese were born in Vietnam. Similarly, had the groups been based on language usually spoken with family and friends, they would not have differed much.

The size of each group in our sample both absolutely and relative to each other is a simple artifact of the study design. The actual proportions in the New York City elderly Asian population as of Census 2000 are seen in Table 2.1. The sample is slightly more than one-quarter Chinese, while the population of elderly Asian Americans is nearly 65% Chinese. Koreans comprise nearly 10% of the elderly Asian American population but one-quarter of our study sample. One-quarter of our study sample is Indian, while the population of elderly Asian Americans is nearly 12% Indian. Filipinos constitute about 7% of the elderly Asian American population and they are 13% of the study sample. While the sample is about 6% Japanese, the elderly Asian American population is about 2%. Vietnamese, who are about 1% in Census 2000, represent 6% of the study sample.

**Table 2.1:** *Frequency of Elderly in Asian Groups in this Study Compared to Census 2000 Elderly Asian Population in New York City<sup>1</sup> [See Appendix]*

| Group                | This Study (2000) |       | NYC Census (2000) |       |
|----------------------|-------------------|-------|-------------------|-------|
|                      | N                 | %     | N                 | %     |
| Chinese*             | 105               | 25.8% | 38,333            | 64.8% |
| Filipino             | 52                | 12.8% | 4,121             | 7%    |
| Indian               | 100               | 24.6% | 6,838             | 11.6% |
| Japanese             | 25                | 6.1%  | 1,117             | 1.9%  |
| Korean               | 100               | 24.8% | 5,870             | 9.9%  |
| Vietnamese           | 25                | 6.1%  | 576               | 1%    |
| Other                | 0                 | 0.0%  | 2,329             | 3.9%  |
| TOTAL ELDERLY ASIANS | 407               | 100%  | 59,184            | 100%  |

\* Includes Taiwanese

## Age

Whether from the perspective of health, service use, or quality of life, the age of an elderly population is a key characteristic. Rates of death, impairment, disease incidence and prevalence all tend to vary sharply by age even within the elderly population. Over the span from age 65 to age 85, rates of nursing home use rise from less than 1% to over 20% [7]. Over this same age range, the incidence rates of many of the disabling disorders common to old age (e.g., dementia, stroke) and the prevalence of functional impairments occasioned by aging and disease double in prevalence for every five to tens year of age [6].

Average age across the six Asian groups varied markedly from under 69 years (Vietnamese) to over 75 (Chinese), while the average age across all was 72.4 years. In comparison, in the 1990 Growing Older study [1], the mean age was 74.3 years. It varied across ethnic groups from 74.5 (Whites) to 73.5 (African-Americans) to 73.6 (Hispanics). One-third of the Asian American sample was aged 75 years or older, somewhat less than the 41% in the Growing Older study. Only the Chinese and the Filipinos had as many 'old-old' (75+ ) as does the elderly population of New York City as a whole. Just 4% of the people in the Asian American study fall in the oldest (85+ ) age group. The proportion is about the same as for the nation as a whole but less than half of the 8.5% found in the 1990 study.

**Table 2.2:** *Age and Sex*

|                         | Chinese<br>(N= 105) | Filipino<br>(N= 52) | Indian<br>(N= 100) | Japanese<br>(N= 25) | Korean<br>(N= 100) | Vietnamese<br>(N= 25) | Total<br>(N= 407) |
|-------------------------|---------------------|---------------------|--------------------|---------------------|--------------------|-----------------------|-------------------|
| <b>Age Distribution</b> |                     |                     |                    |                     |                    |                       |                   |
| 65 - 69                 | 29%                 | 40                  | 51                 | 52                  | 44                 | 64                    | 43                |
| 70 - 74                 | 24                  | 17                  | 32                 | 24                  | 19                 | 28                    | 24                |
| 75 - 84                 | 36                  | 39                  | 17                 | 24                  | 34                 | 8                     | 29                |
| 85+                     | 11                  | 4                   | 0                  | 0                   | 3                  | 0                     | 4                 |
| <b>Average Age</b>      | 75.1                | 73.2                | 70.3               | 70.9                | 72.3               | 68.8                  | 72.4              |
| <b>Sex</b>              |                     |                     |                    |                     |                    |                       |                   |
| % Female                | 56                  | 67                  | 38                 | 52                  | 74                 | 36                    | 56                |

<sup>1</sup> US Census 2000, SF2 data. Data derived from analysis by the Asian American Federation Census Information Center.

## Gender

Elderly populations tend to be disproportionately female - a simple consequence of higher death rates for males at all ages. Among the United States elderly (65+ ) as a whole, about 60% are female. This varies dramatically by age within the elderly population from about 55% at age 65 to 75% by the late 80s. These facts have quite wide-ranging consequences [7]. Males find themselves quite advantaged, for instance, in obtaining needed help from spouses. Their spouses are typically still alive and both younger and healthier than they are. Females find the converse: by the time they reach an age when help is required, their spouses often are dead, or, if alive, possibly in no position to help.

**Table 2.3:** *Joint Age-Sex Distribution for Each Group*

|               | Chinese<br>(N= 105) | Filipino<br>(N= 52) | Indian<br>(N= 100) | Japanese<br>(N= 25) | Korean<br>(N= 100) | Vietnamese<br>(N= 25) | Total<br>(N= 407) |
|---------------|---------------------|---------------------|--------------------|---------------------|--------------------|-----------------------|-------------------|
| Males         |                     |                     |                    |                     |                    |                       |                   |
| 65-74         | .248                | .173                | .500               | .400                | .200               | .560                  | .317              |
| 75+           | .190                | .154                | .120               | .080                | .060               | .080                  | .123              |
| (All males)   | (.438)              | (.327)              | (.620)             | (.480)              | (.260)             | (.640)                | (.440)            |
| Females       |                     |                     |                    |                     |                    |                       |                   |
| 65-74         | .276                | .404                | .330               | .360                | .430               | .36                   | .354              |
| 75+           | .286                | .269                | .050               | .160                | .310               | 0                     | .206              |
| (All females) | (.562)              | (.663)              | (.380)             | (.520)              | (.740)             | (.360)                | (.560)            |
| Total         | 1.000               | 1.000               | 1.000              | 1.000               | 1.000              | 1.000                 | 1.000             |

As a whole, the Asian sample in the present study (56% female) differs little from either the national population or that of the Growing Older study (each around 60%). But the sex distribution in old age varies markedly across the sub-Asian groups (Table 2.3). On the one hand, only 36% of the elderly Vietnamese and 38% of the elderly Indians were female, which is substantially below United States national or the Growing Older figures. The elderly Korean (74% female) and Filipino (66% female) samples, on the other hand, were disproportionately female. Such large differences are likely due to gender differences in the flow of immigrants to the United States.

## Marital Status

Those currently married enjoy higher likelihood of obtaining informal social support when needed. The converse: those without spouses require more formal paid support ranging from home care to nursing home care.

Overall, half of this study's subjects are currently married in contrast to four in ten of the Growing Older sample. Widowhood is also more common among Asians (42%) than in the Growing Older sample (32%). Similarly, divorce and separation are much less common among the Asians (4%) than in the Growing Older study (22%). There are, however, sharp contrasts among the Asian ethnic groups. Fewer than four in ten Koreans and Japanese were currently married (and correspondingly more were widowed) compared to more than six in ten among the Indian and Vietnamese.

**Table 2.4:** *Marital Status*

|                       | <b>Chinese</b><br>(N= 105) | <b>Filipino</b><br>(N= 52) | <b>Indian</b><br>(N= 100) | <b>Japanese</b><br>(N= 25) | <b>Korean</b><br>(N= 100) | <b>Vietnamese</b><br>(N= 25) | <b>Total</b><br>(N= 407) |
|-----------------------|----------------------------|----------------------------|---------------------------|----------------------------|---------------------------|------------------------------|--------------------------|
| Married               | 53%                        | 52                         | 62                        | 40                         | 31                        | 68                           | 50                       |
| Widowed               | 43                         | 33                         | 33                        | 48                         | 62                        | 16                           | 42                       |
| Divorced or Separated | 3                          | 2                          | 4                         | 0                          | 6                         | 8                            | 4                        |
| Never Married         | 1                          | 12                         | 1                         | 12                         | 0                         | 8                            | 3                        |

## Language

An inability to speak English suggests difficulty in negotiating life at least outside the local community where the native language may be predominant. Again, the ethnic/nationality groups studied vary markedly in whether and how well English is spoken. English is used informally at home with family or friends by only small minorities of the Vietnamese, the Chinese and Filipino, by about one in six Indians, and about half of the Japanese. Self-reported ability to speak English was “not too well” or “not well at all” for all the Vietnamese in our sample, 92% of the Chinese, 87% of the Koreans, 52% of the Indians, 40 % of the Japanese, and 12% of the Filipinos.

**Table 2.5:** *Language Use across Ethnic Groups*

|  | <b>Chinese</b><br>(N= 105) | <b>Filipino</b><br>(N= 52) | <b>Indian</b><br>(N= 100) | <b>Japanese</b><br>(N= 25) | <b>Korean</b><br>(N= 100) | <b>Vietnamese</b><br>(N= 25) | <b>Total</b><br>(N= 407) |
|--|----------------------------|----------------------------|---------------------------|----------------------------|---------------------------|------------------------------|--------------------------|
| Sometimes speaks English at home with family/friends | 2%                         | 29                         | 15                        | 44                         | 2                         | 0                            | 11                       |
| How well do you speak English?                       |                            |                            |                           |                            |                           |                              |                          |
| - Very well  | 2                          | 20                         | 18                        | 24                         | 1                         | 0                            | 13                       |
| - Somewhat well                                      | 6                          | 39                         | 28                        | 36                         | 10                        | 0                            | 18                       |
| - Not too well                                       | 22                         | 10                         | 26                        | 40                         | 47                        | 41                           | 30                       |
| - Not at all   | 70                         | 2                          | 28                        | 0                          | 42                        | 59                           | 39                       |
| No one in household speaks English well              | 38                         | 2                          | 4                         | 8                          | 29                        | 68                           | 23                       |

Given that only a minority report that they are able to speak English well, the availability of others in the same household who do speak English well is critical. The percent reporting that no one in the household speaks English well is 68% for the Vietnamese, 38% for the Chinese, 29% for the Koreans and less than 10% each for the Japanese, Indians, and Filipinos.

## Education

The six groups in the study contrast sharply in levels of education completed. Overall, 39% percent did not graduate from high school. The range was from a high of 99% among the Chinese elderly to 24 % among Filipinos, 22% in the Vietnamese, 18% in the Indians, 15% in the Korean and 8% among the Japanese. In the 1990 Growing Older study, the overall percent was similar (43%); there were, however, markedly higher rates among the African-American (62%) and Latino (69%) groups.

Looking at the high end of the education spectrum, 17% of the Asian American sample has at least some college. Variation across the six groups studied was wide: 84% in the Japanese, 35% in the Filipinos, 26% among the Indians with none of the remaining three groups having more than 5% with some college education or more. In the Growing Older study, about one-quarter overall had some college education (30% among Caucasians, 10% among African Americans, and 5% among Latinos).

**Table 2.6:** *Level of Education*

|                       | <b>Chinese<br/>(N= 105)<br/>%</b> | <b>Filipino<br/>(N= 52)<br/>%</b> | <b>Indian<br/>(N= 100)<br/>%</b> | <b>Japanese<br/>(N= 25)<br/>%</b> | <b>Korean<br/>(N= 100)<br/>%</b> | <b>Vietnamese<br/>(N= 25)<br/>%</b> | <b>Total<br/>(N= 407)<br/>%</b> |
|-----------------------|-----------------------------------|-----------------------------------|----------------------------------|-----------------------------------|----------------------------------|-------------------------------------|---------------------------------|
| Less than high school | 1                                 | 14                                | 11                               | 8                                 | 10                               | 22                                  | 9                               |
| Some high school      | 98                                | 10                                | 7                                | 0                                 | 5                                | 0                                   | 30                              |
| High school graduate  | 0                                 | 41                                | 57                               | 8                                 | 81                               | 78                                  | 44                              |
| Some college or more  | 1                                 | 35                                | 26                               | 84                                | 3                                | 0                                   | 17                              |

## Religion

Approximately 85% of our sample reported an affiliation to organized religion. Catholic, Buddhist, Hindu and Protestant faiths each are reported by 15% to 22% of the sample. About 15% of the study participants indicated that they have no religious affiliation. Forty-one percent (41%) of the Chinese are Buddhist, and nearly as many report no affiliation. Filipinos are predominantly Catholic, while the Japanese overwhelmingly are Buddhist. Half the Koreans are Protestant, and one-quarter are Catholic. The Vietnamese are half Buddhist, and half Catholic. The large majority of Indians are Hindu, with a small minority of Moslems.

**Table 2.7:** *Religion: Affiliation, Attendance, and Importance*

|                               | <b>Chinese<br/>(N= 105)</b> | <b>Filipino<br/>(N= 52)</b> | <b>Indian<br/>(N= 100)</b> | <b>Japanese<br/>(N= 25)</b> | <b>Korean<br/>(N= 100)</b> | <b>Vietnamese<br/>(N= 25)</b> | <b>Total<br/>(N= 407)</b> |
|-------------------------------|-----------------------------|-----------------------------|----------------------------|-----------------------------|----------------------------|-------------------------------|---------------------------|
| Buddhist                      | 41%                         | 0                           | 1                          | 88                          | 7                          | 48                            | 21                        |
| Catholic                      | 4                           | 92                          | 0                          | 4                           | 24                         | 48                            | 22                        |
| Hindu                         | 1                           | 0                           | 69                         | 0                           | 0                          | 0                             | 17                        |
| Muslim                        | 10                          | 0                           | 20                         | 0                           | 1                          | 0                             | 5                         |
| Protestant                    | 3                           | 2                           | 0                          | 8                           | 50                         | 4                             | 16                        |
| Other                         | 38                          | 6                           | 6                          | 0                           | 0                          | 0                             | 3                         |
| None                          | 2                           | 0                           | 2                          | 0                           | 17                         | 0                             | 15                        |
| Refused                       | 0                           | 0                           | 2                          | 0                           | 1                          | 0                             | 1                         |
| <i>Attendance</i>             |                             |                             |                            |                             |                            |                               |                           |
| 1 time a week or more         | 11                          | 89                          | 36                         | 20                          | 70                         | 56                            | 45                        |
| 1-3 times a month             | 11                          | 6                           | 45                         | 40                          | 2                          | 8                             | 18                        |
| 1-4 times a year              | 15                          | 4                           | 16                         | 28                          | 1                          | 36                            | 13                        |
| Less than yearly              | 11                          | 0                           | 2                          | 4                           | 3                          | 0                             | 4                         |
| Never                         | 50                          | 2                           | 1                          | 4                           | 20                         | 0                             | 18                        |
| Refused                       | 2                           | 0                           | 0                          | 4                           | 4                          | 0                             | 2                         |
| <i>Importance of Religion</i> |                             |                             |                            |                             |                            |                               |                           |
| Very important                | 31                          | 92                          | 42                         | 40                          | 71                         | 100                           | 56                        |
| Somewhat important            | 23                          | 6                           | 49                         | 56                          | 10                         | 0                             | 25                        |
| Not important                 | 43                          | 2                           | 9                          | 4                           | 15                         | 0                             | 17                        |
| Don't know                    | 1                           | 0                           | 0                          | 0                           | 4                          | 0                             | 1                         |
| Refused                       | 0                           | 0                           | 0                          | 0                           | 0                          | 0                             | 1                         |

Overall, half of the Asian Americans surveyed felt their religion to be ‘very important’ (similar to the 52% so reporting in the Growing Older study); another quarter said religion was ‘somewhat important’. Slightly less than one-fifth thought their religion was ‘not important’. The Chinese (43%) are the only group where this exceeded 15%.

Attendance at religious services mirrors these reports of religion’s importance. Nearly half attend services weekly or more (contrasted with a third in the Growing Older study). Over 60% attend at least monthly. Nearly a fifth never attend (again, similar to the proportion in the Growing Older study).

### Immigration

Only three persons out of 407 in this sample were born in the United States. By contrast, 70% of all elderly New Yorkers are native born [1]. Immigration to the United States often occurred late in life. The median age at immigration ranged from 51 to 62 years of age. The single exception was the Japanese, among whom the median age was 40 years old. Nearly two-thirds came to join family members already in the United States, and one-quarter came to take jobs in the United States. Eighty-five percent reported that “coming to the US has worked out either very well or pretty well”; only a very small minority (3%) reported that immigration had worked out “not so well or not well at all.”



**Table 2.8:** *Immigration*

|   | <b>Chinese<br/>(N= 105)</b> | <b>Filipino<br/>(N= 52)</b> | <b>Indian<br/>(N= 100)</b> | <b>Japanese<br/>(N= 25)</b> | <b>Korean<br/>(N= 100)</b> | <b>Vietnamese<br/>(N= 25)</b> | <b>Total<br/>(N= 407)</b> |
|---|-----------------------------|-----------------------------|----------------------------|-----------------------------|----------------------------|-------------------------------|---------------------------|
| % not born in US  | 100                         | 100                         | 100                        | 88                          | 100                        | 100                           | 99                        |
| Median age at immigration                                 | 51                          | 57                          | 50                         | 40                          | 57                         | 62                            |                           |
| Choice to come to US was mine vs others (%)               | 57                          | 71                          | 62                         | 55                          | 61                         | 96                            | 63                        |
| Main reasons for coming (%)                               |                             |                             |                            |                             |                            |                               |                           |
| Political instability                                     | 11                          | 8                           | 1                          | 4                           | 2                          | 28                            | 9                         |
| Family wanted me to                                       | 66                          | 58                          | 53                         | 40                          | 85                         | 28                            | 62                        |
| Study   | 0                           | 2                           | 7                          | 4                           | 2                          | 0                             | 4                         |
| Take a job  | 19                          | 25                          | 48                         | 48                          | 7                          | 0                             | 25                        |
| How coming to US has 'worked out for you all in all?' (%) |                             |                             |                            |                             |                            |                               |                           |
| Very well/pretty well                                     | 71                          | 96                          | 90                         | 91                          | 83                         | 100                           | 85                        |
| Neither well nor not                                      | 19                          | 2                           | 10                         | 9                           | 14                         | 0                             | 12                        |
| Not so well/<br>not well at all                           | 10                          | 2                           | 0                          | 0                           | 3                          | 0                             | 3                         |
| Would return to home country 'if you had the choice' (%)  | 60                          | 45                          | 31                         | 72                          | 17                         | 38                            | 38                        |

The flow of immigrants to New York City during the 1990s is seen in Table 2.9. Over twenty-five thousand Asian immigrants arrive each year on average, and the Chinese are nearly half of all such immigrants. A little over 1000 per year were old (age 65 years or more) upon arrival. Nearly three times as many were between the ages 45 to 64 years old when they reached New York City.

**Table 2.9:** *Asian Immigration to New York City for All Ages  
Annual Average 1990 - 1996<sup>2</sup>*

| Country  | 1990-1996<br>Immigrants | Annual<br>Average | 1990-2000<br>Estimate |
|--|-------------------------|-------------------|-----------------------|
| Bangladesh   | 16,904                  | 2,414             | 24,140                |
| China (Mainland, Hong Kong, & Taiwan)  | 83,540                  | 11,934            | 119,340               |
| India  | 20,833                  | 2,976             | 29,760                |
| Japan  | 3,852                   | 550               | 5,500                 |
| Korea  | 11,774                  | 1,682             | 16,820                |
| Pakistan   | 12,138                  | 1,734             | 17,340                |
| Philippines  | 22,724                  | 3,246             | 32,460                |
| Vietnam  | 4,564                   | 652               | 6,520                 |
| Other Asian Countries  | 3,640                   | 607               | 6,066                 |
| TOTAL  | 179,969                 | 25,795            | 257,946               |
| Of the above total annual average: Approximately 3,913 were 45-64<br>Approximately 1059 were 65+ |                         |                   |                       |

Current legal immigration status is summarized in Table 2.10. Almost half are now American citizens, and a similar number have green cards. Ten per cent (10%) have visas or refused to answer the question. There are, however, large differences among the ethnic groups. Two-thirds of the Chinese and six in ten Filipinos are citizens, compared to just 19% of the Indians and only 8% of the Vietnamese.

**Table 2.10:** *Current Immigration Status*

|                    | Chinese<br>(N= 105) | Filipino<br>(N= 52) | Indian<br>(N= 100) | Japanese<br>(N= 25) | Korean<br>(N= 100) | Vietnamese<br>(N= 25) | Total<br>(N= 407) |
|--------------------|---------------------|---------------------|--------------------|---------------------|--------------------|-----------------------|-------------------|
| US citizen         | 67%                 | 60                  | 19                 | 32                  | 54                 | 8                     | 46                |
| Green card         | 33                  | 33                  | 54                 | 64                  | 36                 | 88                    | 44                |
| Visa               | 0                   | 0                   | 11                 | 0                   | 2                  | 0                     | 3                 |
| Refused/Don't know | 0                   | 8                   | 16                 | 12                  | 8                  | 2                     | 7                 |

## 2.2 Living Arrangements

Home or apartment ownership is much less common among Asian Americans than in the elderly population at large where more than four in ten are owners. Only small minorities in this sample own their own house (11%) or apartment (11%); over half (56%) rent apartments. A few live in rented rooms or live with friends, and 16% report that they live with other family members. Across the whole sample, approximately 20% live alone; this contrasts sharply with the 40% who lived alone in the *Growing Older* study [1].

**Table 2.11:** *Current Living Arrangements, Household Size and Satisfaction with Housing Arrangement*

|  | Chinese<br>(N= 105) | Filipino<br>(N= 52) | Indian<br>(N= 100) | Japanese<br>(N= 25) | Korean<br>(N= 100) | Vietnamese<br>(N= 25) | Total<br>(N= 407) |
|--|---------------------|---------------------|--------------------|---------------------|--------------------|-----------------------|-------------------|
| Living Arrangement   |                     |                     |                    |                     |                    |                       |                   |
| Owens apt. or house  | 3                   | 6                   | 15                 | 60                  | 7                  | 8                     | 11                |
| Rents apt.   | 78                  | 41                  | 52                 | 40                  | 50                 | 60                    | 56                |
| Rents house  | 0                   | 4                   | 33                 | 0                   | 5                  | 12                    | 11                |
| Rents room   | 4                   | 10                  | 0                  | 0                   | 5                  | 16                    | 4                 |
| Lives with family  | 14                  | 39                  | 0                  | 0                   | 29                 | 0                     | 16                |
| Lives with friends   | 1                   | 0                   | 0                  | 0                   | 2                  | 4                     | 4                 |
| Household Size   |                     |                     |                    |                     |                    |                       |                   |
| 1 (lives alone)  | 33%                 | 4                   | 3                  | 28                  | 26                 | 25                    | 19                |
| 2  | 32                  | 27                  | 13                 | 40                  | 39                 | 54                    | 30                |
| 3  | 12                  | 16                  | 18                 | 20                  | 12                 | 4                     | 14                |
| 4 - 5  | 14                  | 41                  | 31                 | 8                   | 19                 | 8                     | 23                |
| 6+   | 2                   | 12                  | 33                 | 4                   | 4                  | 8                     | 14                |
|  |                     |                     |                    |                     |                    |                       | Mea               |
| monthly housing costs<br>(for household)   | \$431               | \$343               | \$670              | \$691               | \$278              | \$448                 | %                 |
| Living in<br>'walk-up' apt. bldg.  | 76                  | 6                   | 21                 | 24                  | 1                  | 54                    | 31                |
| Satisfaction with current living arrangement<br>% somewhat or<br>very dissatisfied | 20                  | 15                  | 1                  | 8                   | 24                 | 4                     | 14                |

The proportion by age and sex living alone in each of the six ethnic groups is seen in Table 2.12. Females are twice likely as males to be living alone, even at the younger ages. Koreans and Chinese, and especially the females in these groups, are most likely to live alone.

**Table 2.12:** *Percent Living Alone by Age and Sex*

| Age/Sex | Chinese<br>(N= 105) | Filipino<br>(N= 52) | Indian<br>(N= 100) | Japanese<br>(N= 25) | Korean<br>(N= 100) | Vietnamese<br>(N= 25) | Total<br>(N= 407) |
|---------|---------------------|---------------------|--------------------|---------------------|--------------------|-----------------------|-------------------|
| 65 - 74 |                     |                     |                    |                     |                    |                       |                   |
| Male    | 16                  | 0                   | 0                  | 40                  | 5                  | 26                    | 9                 |
| Female  | 41                  | 5                   | 0                  | 22                  | 26                 | 5                     | 19                |
| 75+     |                     |                     |                    |                     |                    |                       |                   |
| Male    | 16                  | 13                  | 8                  | 0                   | 33                 | 100                   | 18                |
| Female  | 50                  | 0                   | 40                 | 25                  | 39                 | -                     | 36                |

Thirty-seven percent live in households with four or more persons, a dramatic difference compared to just over 7% in the *Growing Older* study. Living in large households varies across the six ethnic groups. Fifty-three per cent (53%) of 10 Filipinos and 64% of Indians live in households of four or more, but less than one-quarter of each of the other groups.

Reported housing costs (for the whole household) ranged from a high of nearly \$700 (Indians and Japanese) to a mid-range of about \$450 (Chinese and Vietnamese) and a low of less than \$350 (Filipinos and Koreans).

Dissatisfaction with current living arrangements was highest among Koreans (24%), Chinese (20%) and Filipinos (15%) but small for the remainder.

### 2.3. Economic Well-Being

There was reluctance on the part of some study subjects to reveal details of income. Among Chinese, Filipinos and Koreans fewer than three-quarters reported this information. Of those who did report, the median household income was below \$6,000 for Filipinos and Vietnamese. The Koreans and Chinese reported median income in the \$6,000 - \$8,500 range. Indians (\$10,000 - \$12,500) and Japanese (\$15,000 - \$25,000) appear relatively advantaged.

**Table 2.13:** *Economic Well-Being*

|                                       | <b>Chinese<br/>(N= 105)</b> | <b>Filipino<br/>(N= 52)</b> | <b>Indian<br/>(N= 100)</b> | <b>Japanese<br/>(N= 25)</b> | <b>Korean<br/>(N= 100)</b> | <b>Vietnamese<br/>(N= 25)</b> | <b>Total<br/>(N= 407)</b> |
|---------------------------------------|-----------------------------|-----------------------------|----------------------------|-----------------------------|----------------------------|-------------------------------|---------------------------|
| Median household income (\$1000/year) | 6-8.5 <sup>3</sup> [75]     | < 6 [31]                    | 10-12.5 [91]               | 15-25 [23]                  | 6-8.5 [43]                 | < 6 [25]                      | 6-8.5 [291]               |
| Can't really get by (%)               | 17 [104]                    | 18 [51]                     | 13 [97]                    | 8 [25]                      | 2 [80]                     | 24 [25]                       | 13 [400]                  |
| Receives food stamps (%)              | 30 [105]                    | 21 [52]                     | 24 [100]                   | 12 [25]                     | 43 [96]                    | 84 [25]                       | 34 [388]                  |
| Receives SSI (%)                      | 36 [102]                    | 27 [52]                     | 8 [86]                     | 12 [25]                     | 64 [94]                    | 79 [24]                       | 37 [382]                  |
| Does not receive Social Security (%)  | 71 [105]                    | 49 [35]                     | 47 [66]                    | 22 [23]                     | 33 [35]                    | 100 [6]                       | 52 [270]                  |

Subjective reports of poverty ("can't really get by") were made by 13% overall. They were most common among the Vietnamese (24%), followed by Filipinos (18%), Chinese (17%), Indians (13%), Japanese (8%) and Koreans (2%). More than one-third of the sample receives Supplemental Social Security Insurance (SSI). The proportion receiving the poverty-based income supplement was very high among the Vietnamese (79%) and Koreans (64%), intermediate among the Chinese (36%) and Filipinos (27%), and relatively low among the Indians (8%) and Japanese (12%). Receipt of food stamps follows much the same pattern.

Only 48% of our sample receive Social Security, a main source of income among the American elderly generally and the resource which prevents official poverty status for many. Variation across the six ethnic groups is large. None of the Vietnamese, 29% of the Chinese, about half the Indians and Filipinos, two-thirds of the Koreans and more than three-quarters of the Japanese report receiving Social Security.

<sup>3</sup> Number of valid (Not: 'refused' or 'don't know') responses vary for each question and each nationality group. Number of valid responses is noted in brackets in each cell.

## 2.4. Work History and Occupation

Nearly all the males in our sample and about one-third of the females reported that they have worked at paid employment for most of their lives. Of those who did work, about one-third of the males and one in seven females are still working; the rest are retired.

**Table 2.14:** *Work History and Current Work Status by Ethnicity and Sex*

|            |           |  | % Who Worked<br>Most of Life | % Who Still Work of Those<br>Who Worked Most of Life |
|------------|-----------|--|------------------------------|--|
| Chinese    |           |  |                              |  |
| Male       | (N = 46)  |  | 100%                         | 0%   |
| Female     | (N = 59)  |  | 46%                          | 0%   |
| Filipino   |           |  |                              |  |
| Male       | (N = 17)  |  | 92%                          | 13%  |
| Female     | (N = 35)  |  | 79%                          | 15%  |
| Indian     |           |  |                              |  |
| Male       | (N = 62)  |  | 100%                         | 76%  |
| Female     | (N = 38)  |  | 8%                           | 67%  |
| Japanese   |           |  |                              |  |
| Male       | (N = 12)  |  | 100%                         | 58%  |
| Female     | (N = 13)  |  | 62%                          | 38%  |
| Korean     |           |  |                              |  |
| Male       | (N = 26)  |  | 100%                         | 14%  |
| Female     | (N = 74)  |  | 12%                          | 22%  |
| Vietnamese |           |  |                              |  |
| Male       | (N = 16)  |  | —                            | —  |
| Females    | (N = 9)   |  | 0%                           | —  |
| Total      |           |  |                              |  |
| Male       | (N = 179) |  | 100%                         | 34%  |
| Female     | (N = 228) |  | 32%                          | 15%  |

Occupations were clustered into three categories: (1) managers/executives/professionals; (2) administrative/clerical/sales and (3) other skilled and unskilled workers. As Table 2.14 indicates, overall one-third of the study sample was in the manager/executive/professional group, in contrast to 10% among all elderly New Yorkers [1]. One in five were in the administrative/clerical/sales group, compared to 7% among all elderly New Yorkers. Four in ten were in the skilled/unskilled worker group, which was also true of fully eight out of ten among all elderly in the city.

In general, higher levels of occupation point to higher levels of income and other resources. Further, they are associated with broad differences in life-style, use of medical resources and in health status in old age. These results suggest that, overall, elderly Asians are 'advantaged' relative to older persons generally in New York City. However, occupational status varied quite sharply across the six ethnic groups studied, with the Chinese having a distribution much like that of the elderly at large and the Koreans having an unusually large clustering in the administrative/clerical/sales category. The small sample size and incomplete reporting about occupation, especially among the Vietnamese of both genders and among Indian and Korean males, limits the inferences that can be made.

**Table 2.15:** *Main Lifetime Occupation*

|  | Chinese<br>(N= 105) | Filipino<br>(N= 52) | Indian<br>(N= 100) | Japanese<br>(N= 25) | Korean<br>(N= 100) | Vietnamese<br>(N= 25) | Total<br>(N= 407) |
|--|---------------------|---------------------|--------------------|---------------------|--------------------|-----------------------|-------------------|
| Managers, Executives,<br>Professionals (%) | 17                  | 44                  | 48                 | 45                  | 15                 | -                     | 34                |
| Administrative,<br>Clerical, Sales (%)     | 7                   | 16                  | 35                 | 35                  | 39                 | -                     | 22                |
| Other Skilled<br>and Unskilled (%)         | 76                  | 40                  | 17                 | 20                  | 46                 | -                     | 44                |

## Summary and Implications

### Introduction

This chapter presents the results of a survey of demographic and economic characteristics of Asian American elders from six ethnic groups living in New York City and a comparison with a larger study of non-Asian older adults in the city. The findings are valuable as an introduction to large minority groups in New York City and as a way to frame the complex backgrounds and communal needs of older Chinese, Filipino, Indian, Japanese, Korean and Vietnamese New Yorkers.

### Heterogeneity

The six groups comprise a very heterogeneous mixture among themselves. Few telling generalizations can be reached that apply uniformly to older Asian Americans. Asian American elders also differ in many ways from the general older adult population in New York City. As a result, it is important to consider carefully the specific needs of people by location, place of origin and local resources when planning social and support services, managing community programs and building local infrastructure.

Asian American elderly live in households that are somewhat larger than do other elderly New Yorkers and many fewer of them live alone.

Except for the Chinese and Filipinos, the elderly Asian groups tend to be a 'young' elderly population.

The sex ratio in old age looks overall much like that of New York City and the United States. However, two groups (Vietnamese and Indians) were disproportionately male, and two others (Koreans and Filipinos) had high proportions of females.

Forty-four per cent (44%) are high school graduates, and 17% have at least some college. Among the groups, however, there is sharp variation in the level of education. The Japanese, Filipinos and Indians were markedly more educated than the others.

Religion has a level of importance in their lives similar to that reported by non-Asian New Yorkers. More than three-quarters of the people surveyed are affiliated with an organized religion, including Eastern as well as Western religious traditions.

As a population, the Asian American elders live with significant financial limitations. Fully 52% of the people surveyed do not receive Social Security, and slightly more than one-third depend upon Supplemental Social Security Insurance (SSI), which is a means-

tested program. There is substantial variation among the ethnic groups. From an absolute perspective, the Indian and Japanese are relatively advantaged economically in comparison both to other elderly Asians and to elderly New Yorkers in general. They are, however, living just above the poverty level. Filipinos and Chinese are less well off: rents are lower, household income is lower, and over one-quarter of each is eligible for SSI. Koreans and Vietnamese are the most disadvantaged economically, with over three-quarters receiving SSI.

### **Immigration**

Nearly all the Asian American elders in the study were born in Asia. Hence, characteristics related to the immigration experience (e.g., numbers, locations, age at arrival) strongly shape group characteristics, their needs as older adults and other imperatives specific to their distinctive histories and cultures.

Immigration takes place in middle and late-middle age and occurs primarily to join family members already in the United States. This is too late in life for all but the most able to master a new language. Less than one-quarter describe themselves as speaking English well. Only one-tenth sometimes speak English at home with family and friends. About one-quarter live in households where no one speaks English well. The challenge of functioning in the English-only mainstream of New York City creates an urgent need for translation and interpreter services as well as English as a Second Language (ESL) training adapted to the older adult learner.

### **Cautions**

Two features of the study design make it prudent to be cautious in drawing inferences about the wider population Asian American elders in New York City. First, the samples of each ethnic group studied here are small and drawn exclusively from geographical areas of the city most densely Asian. As a result, they may be untypical of Asians in the city as a whole. Second, to large extent each ethnic group was interviewed in a different language and by different interviewers. Differences in translation, understanding of the questions, willingness to respond - all of which may well be confounded with ethnic group membership - are rival explanations wherever differences among the six groups are found.

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|----------|---|
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## Chapter 3: Physical Health, Mental Health and Quality of Life

Ada C. Mui ,Ph.D., A.C.S.W.<sup>1</sup>

### Significant Findings

- Asian American elders rate their overall general health as good. Each of 20 medical conditions is reported at least once, with an average of 2.8 medical conditions per elder.
- The four most prevalent medical conditions are arthritis (43.4%), high blood pressure (41.5%), high cholesterol (28%) and cataracts (26.7%).
- Asian American elders report a moderate incidence of physical health challenges and few impairments with Activities of Daily Living (ADLs).<sup>2</sup>
- Asian American elders rank their quality of life 10% or more below the general elderly population in the United States on measures of physical functioning, general health, social functioning, and mental health.
- Depression is very evident among the Asian American elders, with 40% reporting depressive symptoms ranging from mild to severe. Depressive symptoms vary by ethnic group, marital status and living arrangements.
- Higher numbers of depressive symptoms, greater impairments with Activities of Daily Living (ADLs) and poor ability to read English contribute to perceiving quality of life as poor.
- 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.
- They are more likely to have poor general health when they have more depressive symptoms, more medical conditions, are unable to read English, are more religious, have more impairments with Activities of Daily Living (ADLs), live alone and are enrolled in Medicaid.

<sup>1</sup> The author is grateful to Li-Mei Chen, Margaret Dietz Domanski, and Suk-Young Kang for their valuable assistance on earlier drafts of this report.

<sup>2</sup> Activities of Daily Living (ADLs) include bathing, dressing, grooming, transferring, toileting and feeding.

- Asian American elders are more likely to have poor general mental health when there is a greater cultural gap between elders and their children, when they have more stressful life changes and are unable to read English.
- The elders are more likely to have poor social functioning when they have more depressive symptoms, more impairments with Activities of Daily Living, are unable to read English and are not enrolled in private health insurance plans.

## Introduction

This chapter provides scientific data on physical health, mental health and quality of life for a sample of Asian Americans in New York City. The six Asian American ethnic groups in this study were elders of Chinese, Filipino, Indian, Japanese, Korean, and Vietnamese origin. The information is intended to guide planning health and support services for Asian American elders. Further, results of the study should enhance general knowledge about the diversity and complexity of the older adult population in New York City and other communities with substantial minority communities.

The information is covered in the following five sections:

|           |   |
|-----------|---|
| Section 1 | Population Trends and the Need for Data |
| Section 2 | Physical Health                         |
| Section 3 | Quality of Life                         |
| Section 4 | Mental Health                           |
| Section 5 | Explanations                            |

### 3.1 Population Trends and the Need for Data

Between 1980 and 1990, the Asian American population in the United States increased by 107.8% compared with 6% for Whites, 13% for Blacks, and 53% for Hispanics [1]. Between 1990 and 2000, the Asian American population grew 41%. Asian American elders age 65 years and over increased by 76%. Nationally, American elders constituted 12.4% of the total population.

The growing numbers in the aging population is one of the most significant demographic trends in modern history. With the increased life expectancy in American society, the impact of this population trend has been - and continues to be - felt by many institutions. It is especially significant for the many programs financing and providing health care, mental health care, long-term care, employment, and personal social services.

Despite the increasing number of ethnic elders in the American population, there are substantial knowledge gaps regarding their physical and mental health status. This is especially true for Asian minorities. It is due to a lack of empirical research [2, 3] and the consequent unavailability of data on these elders.

The absence of scientific information makes it difficult for service programs to understand Asian American elders' health care needs, assess their functional health limitations, ascertain the clinical effectiveness of service programs, and develop and evaluate culturally appropriate programs for this underserved population. Further, despite an increasing interest in providing culturally responsive health care services, the development and implementation of culturally sensitive programs for Asian American elders is hindered by the paucity of empirical data on physical health, mental health, and health-related quality of life for this population.

### 3.2 Physical Health

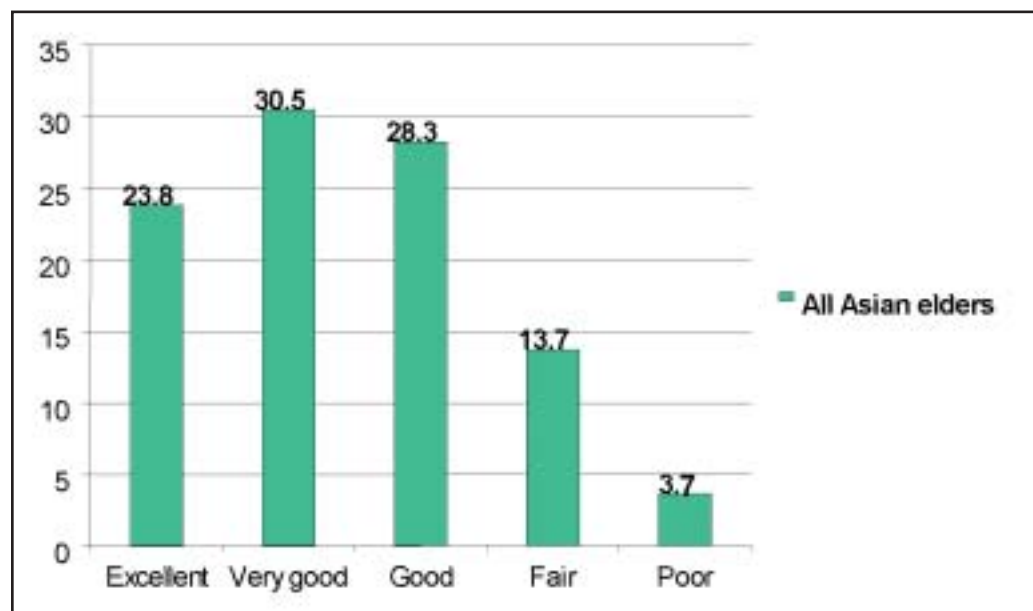
The following analysis utilized two sets of measures for assessing the physical health of Asian American elders. The first was a self-report of whether respondents had been told that they had a medical condition or diagnosis. The second focused on elders' reports of problems or difficulty they have with the six Activities of Daily Living (ADLs). These are: bathing, toileting, getting dressed, combing or brushing, getting in and out of bed, and feeding. Information on the use of assistive devices was collected as

well. In addition, the widely tested Medical Outcome Study (MOS) Short Form Health Survey instrument (SF-36) was used to assess the functional health status and quality of life of Asian American elders.

### General Health

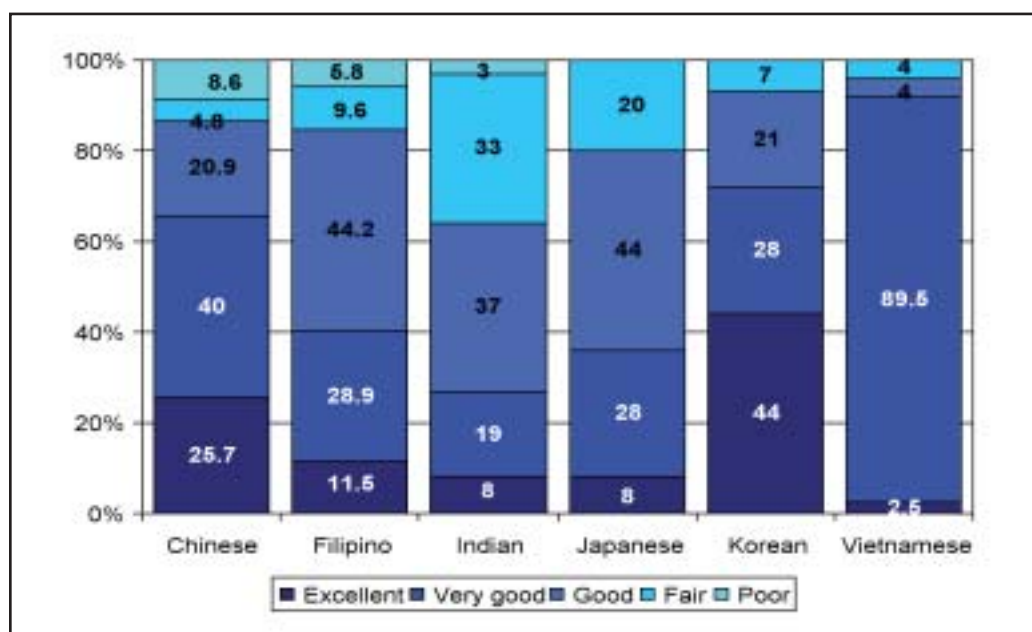
Over half of the elders reported that their general health was either excellent (24%) or very good (31%). Another 28% reported good overall health, while less than one in five reported that their health was fair (14%) or poor (4%) (Figure 3.1).

**Figure 3.1:** *Self-Rated General Health among Asian American Elders (Percentage)*



Differences among Asian groups were marked and statistically significant. More than half of the Chinese (65.7%), Korean (72%) and Vietnamese (92%) elders reported that their general health was excellent or very good. Fewer Filipino (40.4%), Indian (27%) and Japanese (36%) elders reported having health that was excellent or very good (Figure 3.2).

**Figure 3.2:** *Self-Rated General Health by Ethnic Group (Percentage) (Statistically significant)*

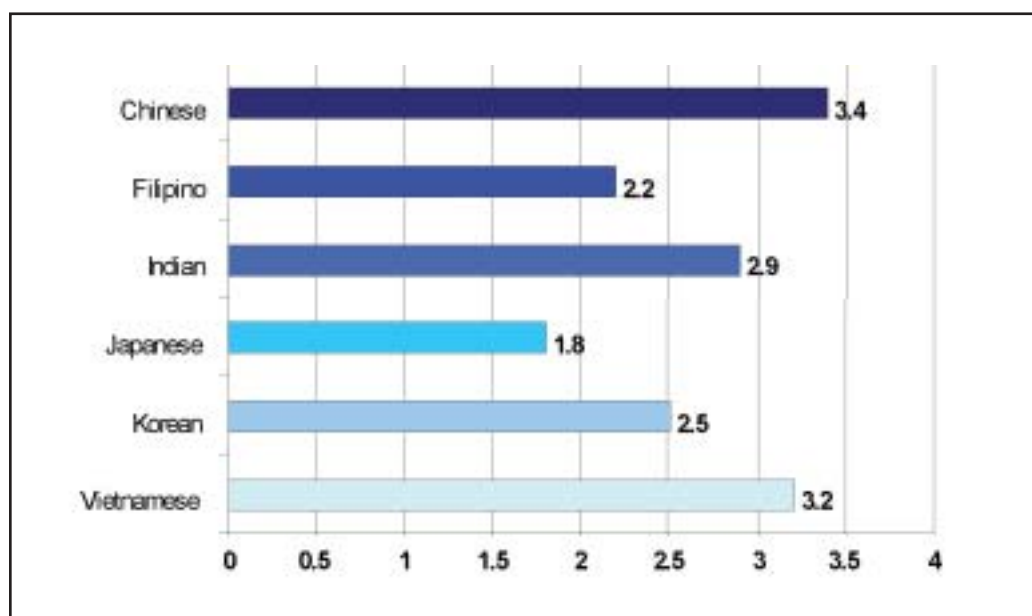


### Medical Conditions

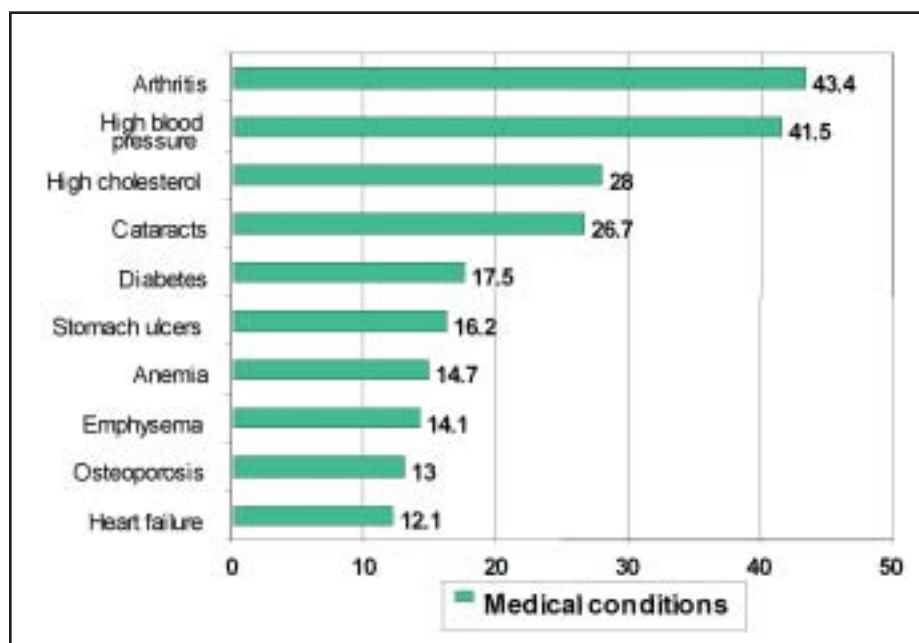
Chinese elders reported the highest average number of medical conditions (3.4), followed by Vietnamese (3.2), Filipino (2.2), Indian (2.9), and Korean (2.5) elders. The Japanese elders reported the fewest average medical problems (1.8) (Figure 3.3).

Figure 3.4 presents the 10 medical conditions reported by at least 10% of the elders in the study. The conditions reported by at least 15% of Asian elders included arthritis (43.4%), high blood pressure (41.5%), high cholesterol (28%), cataracts (26.7%), diabetes (17.5%) and stomach ulcers (16.2%).

**Figure 3.3:** *Average Number of Medical Conditions*

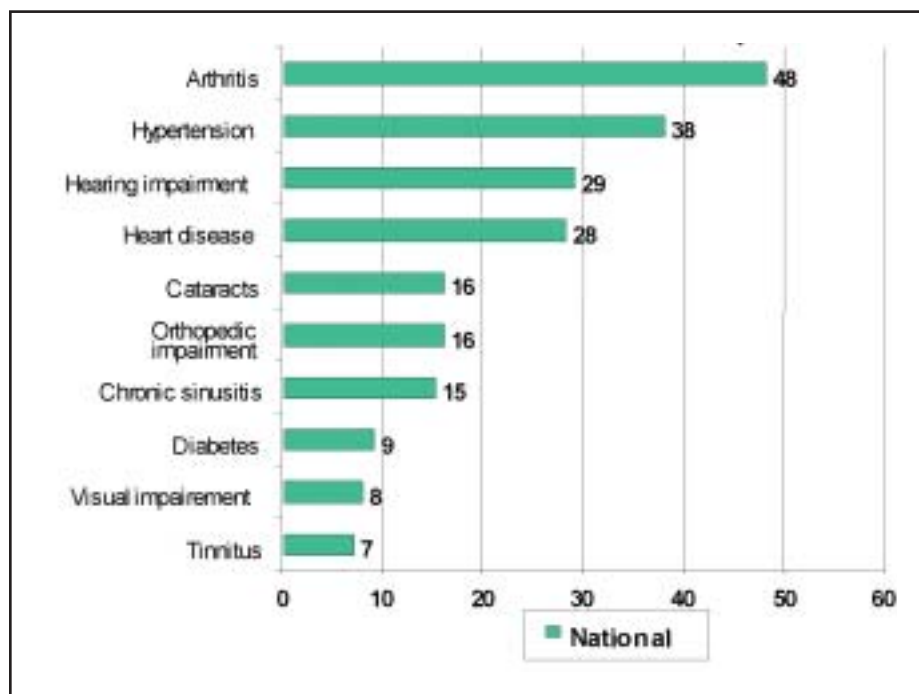


**Figure 3.4:** *Ten Most Prevalent Medical Conditions among Asian American Elders (Sample)*



When compared to the national norms for prevalence of the same medical conditions (Figure 3.5), Asian American elders reported higher rates of three disabling chronic conditions. High blood pressure was 41.5%, compared to national levels of 38%. Cataracts were present for 26.7% of Asian American elders but only 16% in the general population. Diabetes was diagnosed for 17.5% of the sample, nearly double the 9% nationally. However, the rate of arthritis was lower among Asian American elders (43.4%) than in the general population (48%).

**Figure 3.5:** *Ten Most Prevalent Medical Conditions Nationally*



## Demographic Variation in Medical Conditions

Using the Chi-square statistic, statistically significant associations were observed among medical conditions and gender, marital status, and ethnicity. These findings reinforce the importance of considering Asian elders' demographic characteristics when assessing their needs for health care and personal social services.

### Gender

- Men (5.9%) were more likely to have gall bladder problems than women (1.8%).
- Women (9.5%) were more likely to have osteoporosis than men (3.6%).
- Women (9.9%) were more likely to have anemia than men (4.8%).
- Women (30.8%) were more likely to have arthritis than men (12.5%).

### Marital Status

- Asian elders who were not married reported having a higher average number of medical conditions across all ethnic groups (2.9) than did elders who were married (2.7).
- Elders who were not married were more likely to have osteoporosis (8.4%) than married elders (4.6%).
- Elders who were not married were more likely to have anemia (10.4%) than married elders (4.3%).
- Elders who were not married were more likely to have arthritis (24.6%) than married elders (18.8%).

### Living Arrangements

- Elders living with others were more likely to have anemia (9.9%) and heart failure (8.1%) than were elders living alone (4.8% and 4% respectively).

### Ethnicity

Rates of medical conditions were found to differ significantly based on ethnicity. Chinese elders reported the highest number of conditions (3.4) and Japanese the fewest (1.8). Due to the small number of some medical conditions reported in several ethnic groups, the findings on ethnic associations are limited in their strength. They can serve, however, as a basis for further study and consideration among health care providers.

### From the Chi-square statistic test, the following observations were made:

- Chinese (11.5 %) and Korean (12.5 %) elders are more likely to have arthritis.
- Chinese (6.7 %) and Korean (4.1 %) elders are more likely to have high blood pressure.
- Chinese (11.5 %) elders are more likely to have cataracts.
- Chinese (6.7 %) and Korean (4.1 %) elders are more likely to have osteoporosis.
- Indian (6.3 %) and Chinese (4.8 %) elders are more likely to have emphysema.
- Chinese (5.5 %) elders are more likely to have heart failure.

### Activities of Daily Living (ADLs)

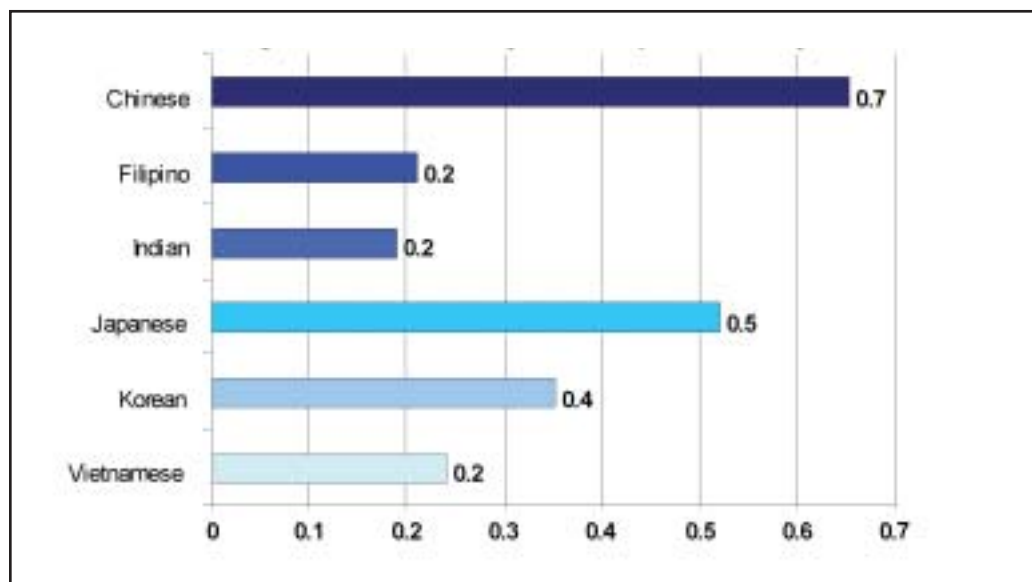
The level of physical functioning level among Asian American elders was high. Very few reported having difficulty with bathing (8%), using the toilet (7%), getting dressed (8%), combing their hair (5%), getting out of bed (6%), and/or feeding themselves (4%). Among all respondents, the average number of ADL impairments was only 0.4.

The only demographic characteristic significantly associated with ADL limitations was age. As might be expected, elders 75 and older required more ADL assistance with all six activities. The old-old group (75+ ) had an average of 0.7 ADL problems compared to an average of only 0.2 for the young-old elders (age 65 – 74). Figure 3.6 displays the



incidence of reported ADL impairment by ethnicity. It indicates that Chinese elders had the greatest number of impairments (0.7) and Indian elders the fewest (0.2).

**Figure 3.6:** *Average Number of ADL Impairments by Ethnic Group*



### Physical Health Challenges

Elders reported a higher incidence of health-related physical challenges or impairments than they reported for ADL problems. In these other impairment categories, 37% reported having been sick in the past six months, 25% reported having vision problems that required correction, 23% reported having hearing or auditory problems without the use of a corrective aid, 18% reported having a problem with incontinence, and 9% reported hearing or auditory problems with the use of corrective aids. No differences were noted for physical challenges based on gender or living arrangement. Asian American elders who were not married reported a significantly higher incidence of vision problems (15.8%) than did their married counterparts (9.6%). The young-old reported a higher incidence of incontinence (10%) than did the old-old (8%).

Differences based on ethnicity also were observed. Chinese and Korean elders reported the highest incidence of incontinence (5.0%). Chinese elders also had the highest incidence of vision problems (7.4%), while Indian elders reported the highest incidence of auditory problems without aid (12.5%).

## 3.3 Quality of Life

### Measuring Quality of Life

The quality of life for Asian American elders was measured using the SF-36 Health Survey. It provides data on respondents' perceptions of their functional status and well-being across eight domains. The domains are: physical functioning, role limitation due to physical reasons, bodily pain, general health, vitality, social functioning, role limitation due to emotional reasons, and mental health [4]. In this measure, the higher the score (on a scale of 0 to 100), the better the functional status of the respondent. The SF-36 has been used as a standardized tool for assessing patient outcomes in medical practice and clinical research by comparing the self-reported health status of the sample with the established elderly population norms [5]. As a result, it is possible to compare information about Asian American elders with national norms.

**Quality of Life below National Norms**

There were statistically significant differences between the Asian American elders and the general elderly population across all eight domains (Figure 3.7). These findings indicate that, overall, Asian American elders reported a lower or poorer quality of life than the national population age 65 -74 as well as those age 75 and older. In the following comparisons, lower numbers indicate poorer functional status.

Asian American physical functioning was poorer (53.4) than among the general 65-74 population (69.4).

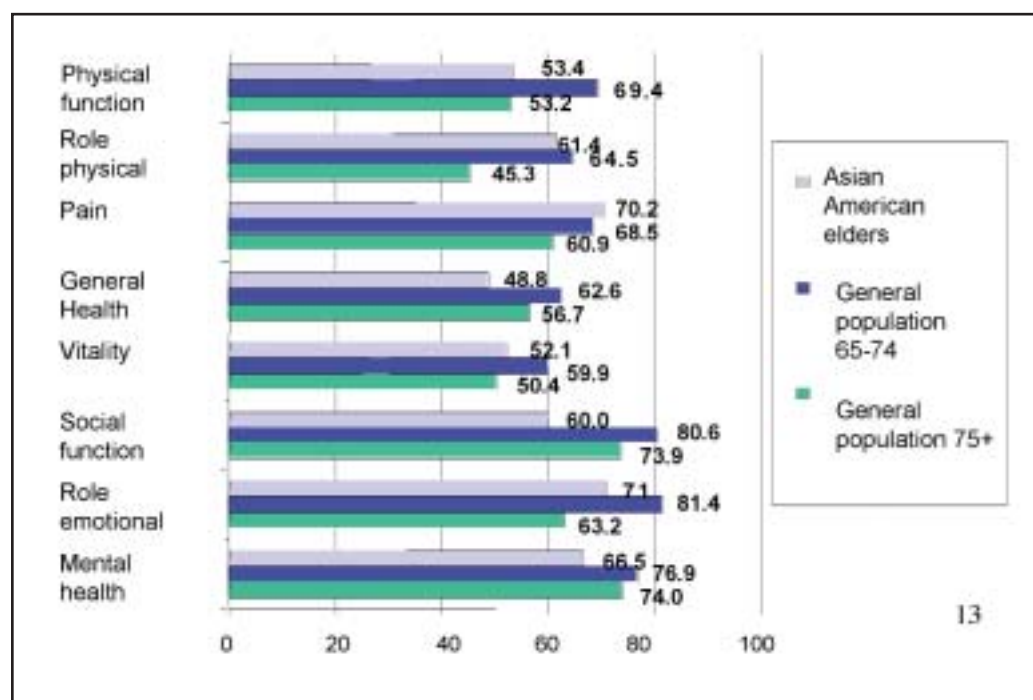
Asian American elders reported fewer role limitations due to physical functioning (61.4) than the general 75 and older population (45.3) and marginally more role limitations than the general population aged 65-74 (64.5).

Elders in the study reported substantially less bodily pain (70.2) than the general population aged 75 and older (60.9) and slightly less than those 65-74 (68.2).

Poorer general health was reported by Asian American elders (48.8) than by both the general population age 65-74 (62.6) and those age 75 and older (56.7).

- Vitality among Asian American elders was lower (52.1) than among the general population 65 – 74 (59.9) but slightly higher than among those age 75 and older (50.4).
- Asian American elders reported poorer social functioning (60.0) than the general population aged 65-74 (80.6) and aged 75 and older (73.9).
- More role limitations due to emotional reasons were reported by Asian American elders (71.0) than by the general population aged 65-74 (81.4) but slightly fewer than for those in the general population aged 75 and older (63.2).
- Asian American elders reported poorer mental health (66.5) than both the general population aged 65-74 (76.9) and the general population aged 75 and older (74.0).

**Figure 3.7:** *Mean Scores of Asian American Elders and National Norms for SF-36 Quality of Life Sub-Scales (Statistically significant)*



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### Ethnic Variations in Quality of Life

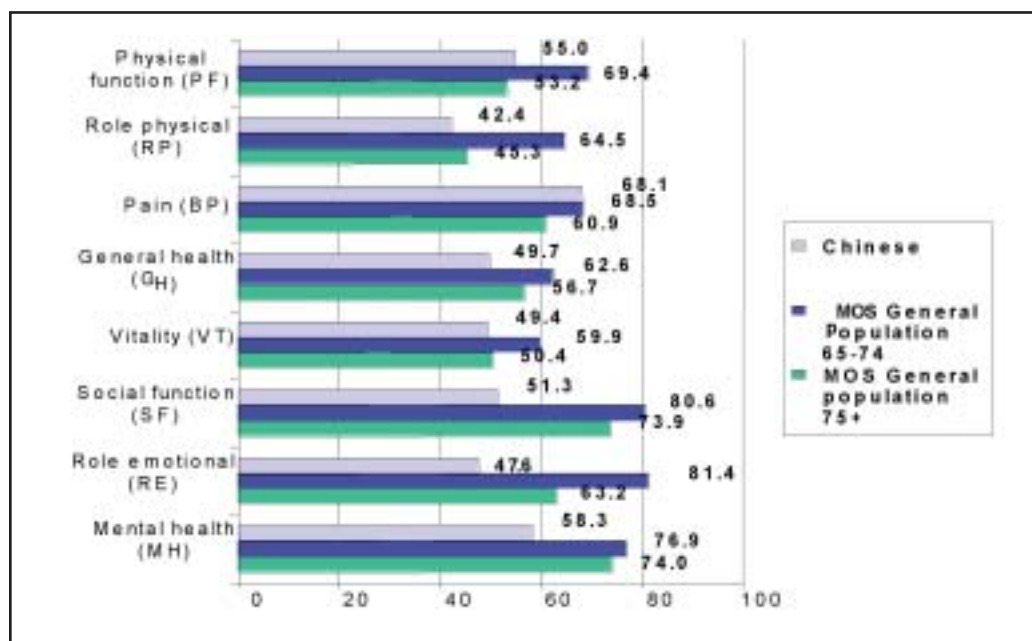
Figures 3.8 – 3.13 report quality of life differences in comparison to the general population by ethnic group. Mean scores for all groups in the study are summarized in Figure 3.14. Variance among groups is statistically significant. Most notably:

- Vietnamese elders reported the poorest quality of life across all eight functional domains when compared to national norms and across all domains except role limitations due to emotional reasons when compared to other Asian American groups.
- Vietnamese and Korean elders reported the lowest physical functioning (36.2 and 42.5 respectively) compared to other Asian American elders and national norms.
- Vietnamese and Chinese elders reported the most role limitations due to physical reasons (32.0 and 42.4 respectively) compared to both Asian American elders and national norms.
- The least experience of bodily pain was reported by Filipino and Korean elders (83.8 and 73.6 respectively) compared to other Asian American groups and national norms.
- The highest general health was reported by Filipino and Indian elders (57.7 and 52.5 respectively) compared to other Asian American groups. These elders reported slightly poorer general health than the national norms.
- The best vitality also was reported by Filipino and Indian elders (62.0 and 58.1 respectively) compared to other Asian American groups and national averages.
- The best social functioning was reported by Filipino and Korean elders (78.6 and 64.0 respectively) compared to Asian American groups. However, Korean elders reported

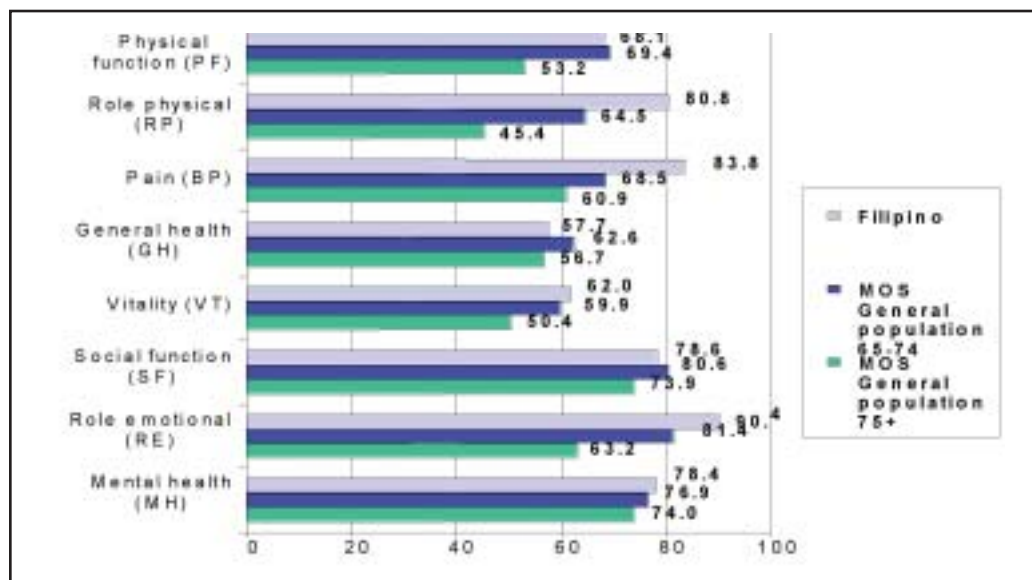
lower social functioning than national norms. Filipino elders were slightly above national norms for the old-old age group (75+ ).

- The greatest role limitations due to emotional reasons were found among the Chinese elders (47.6) compared both to other Asian American groups and national norms. The Filipino elders reported the best quality of life for this domain (90.4) across all comparison groups.
- The best mental health was reported by the Filipino and Korean elders (78.4 and 76.9 respectively) compared to other Asian American groups and to national norms.

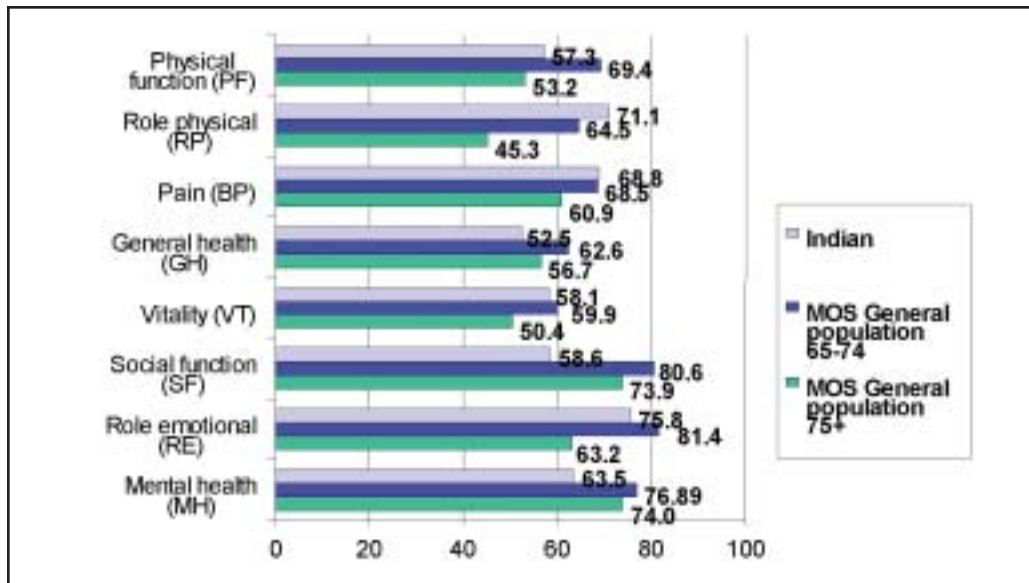
**Figure 3.8:** Mean Scores of Chinese Elders and National Norms for SF-36 Quality of Life Sub-Scales (Statistically significant)



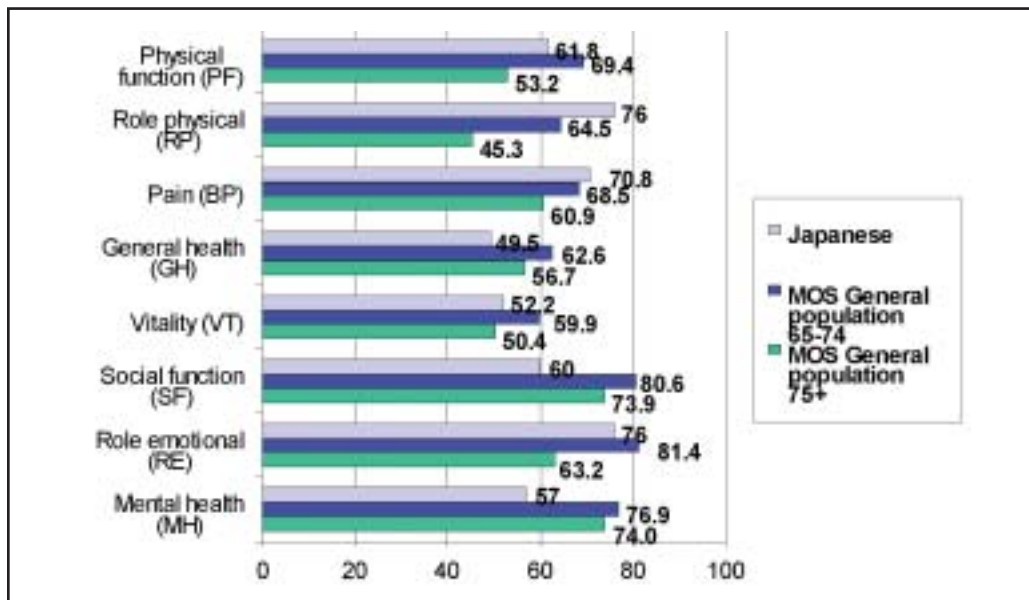
**Figure 3.9:** Mean Scores of Filipino elders and National Elders for SF-36 Quality of Life Sub-Scales (Statistically significant)



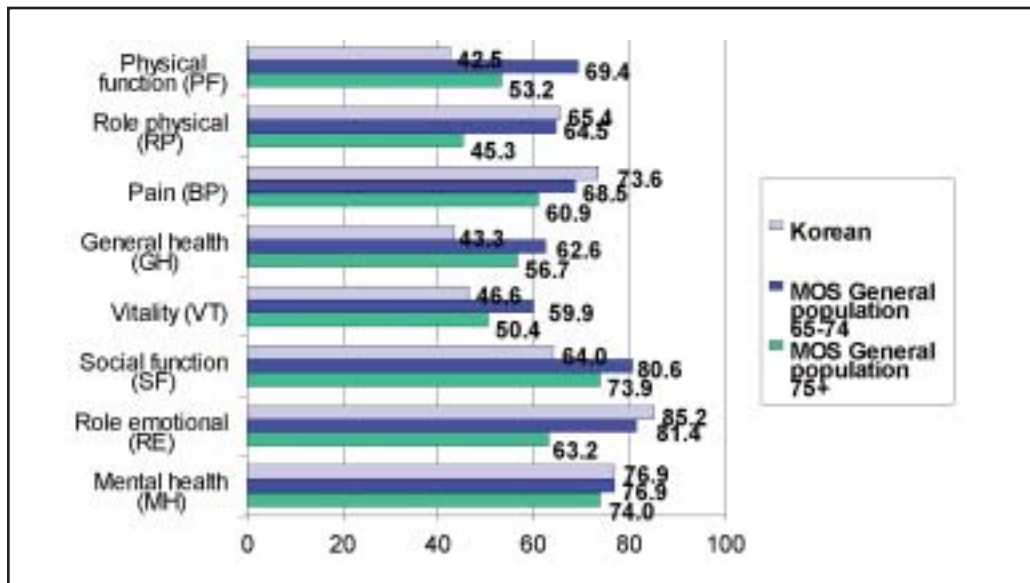
**Figure 3.10:** Mean Scores for Indian Elders and National Norms for SF-36 Quality of Life Sub-Scales (Statistically significant)



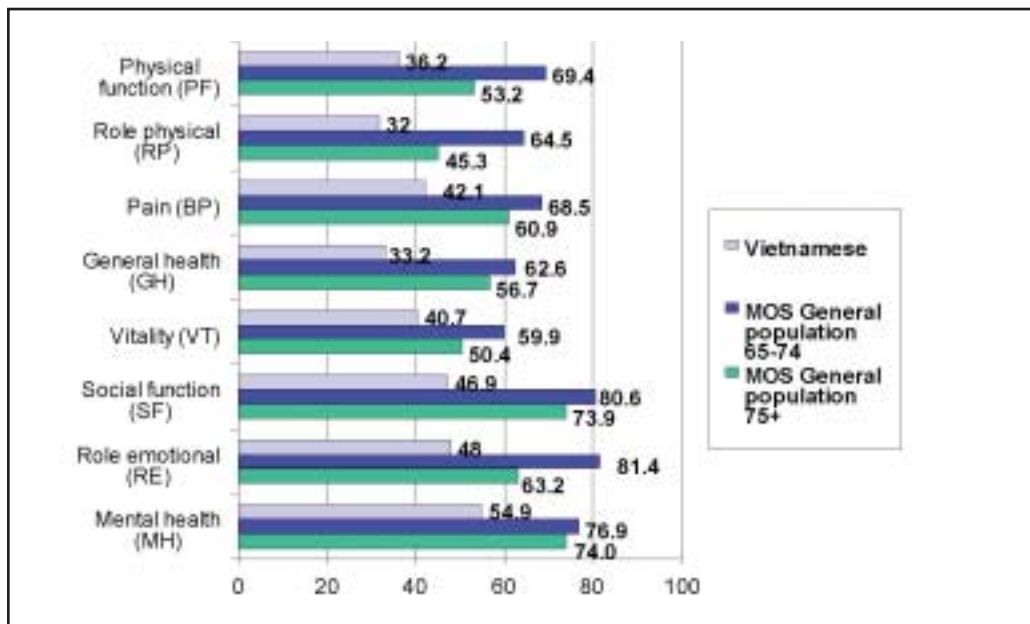
**Figure 3.11:** Mean Scores of Japanese elders and National Norms for SF-36 Quality of Life Sub-Scales (Statistically significant)



**Figure 3.12:** Mean Scores of Korean Elders and National Norms for SF-36 Quality of Life Sub-Scales (Statistically significant)



**Figure 3.13:** Mean Scores of Vietnamese Elders and National Norms for SF-36 Quality of Life Sub-Scales (Statistically significant)





**Figure 3.14:** *Percentage of Respondents Agreeing with SF-36 Items by Ethnic Group*

| Scale Item****          | Chinese<br>(n=105) | Filipino<br>(n=52) | Indian<br>(n=100) | Japanese<br>(n=25) | Korean<br>(n=100) | Vietnamese<br>(n=25) |
|-------------------------|--------------------|--------------------|-------------------|--------------------|-------------------|----------------------|
|                         | M                  | M                  | M                 | M                  | M                 | M                    |
| 1. Physical functioning | 55.0               | 68.1               | 57.3              | 61.8               | 42.5              | 36.2                 |
| 2. Role physical        | 42.4               | 80.8               | 71.1              | 76.0               | 65.4              | 32.0                 |
| 3. Bodily pain          | 68.1               | 83.8               | 68.8              | 70.8               | 73.6              | 42.1                 |
| 4. General health       | 49.7               | 57.7               | 52.5              | 49.5               | 43.3              | 33.2                 |
| 5. Vitality             | 49.4               | 62.0               | 58.1              | 52.2               | 46.6              | 40.7                 |
| 6. Social functioning   | 51.3               | 78.6               | 58.6              | 60.0               | 64.0              | 46.9                 |
| 7. Role emotional       | 47.6               | 90.4               | 75.8              | 76.0               | 85.2              | 48.0                 |
| 8. Mental health        | 58.3               | 78.4               | 63.5              | 57.8               | 76.9              | 54.9                 |

NOTES:  
 \* Chi-square statistics were used  
 \* \*\*\*\* All scale items  $p < 0.0001$

### 3.4 Mental Health

#### Depressive Symptoms

The presence of depressive symptoms among minority elders has been a concern of health, mental health and social service providers for some time [6, 3, 7]. In the literature, estimates of the prevalence of major depression vary widely depending on the definition and procedures used to count persons with depression [8]. For example, based on DSM (Diagnostic and Statistical Manual) criteria for major depression, one estimate suggests a one-year prevalence rate of about 5% or less among community-dwelling persons aged 65 and older [9]. Depressive symptoms and syndromes are far more common; they have been identified in 8% to 20% of older community residents [8].

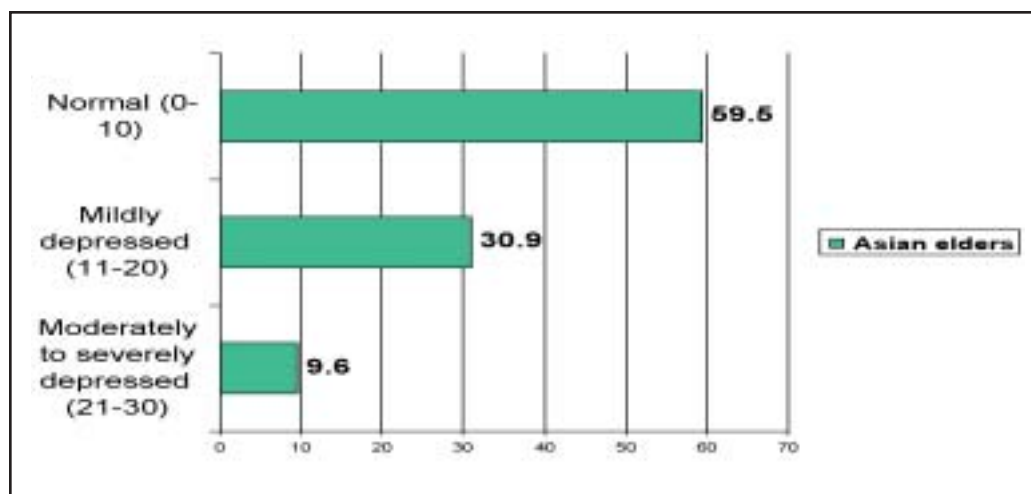
In this study, depression was measured using the Geriatric Depression Scale; it is a 30-item inventory of positive and negative statements to which the respondents either agree or disagree [11, 7, 10]. The 20 negative statements agreed to were coded as "1" (present), and the 10 positive statements agreed to were coded as "0". The sum scores for the respondents created group distributions of normal (0 - 10), mildly depressed (11 - 20), and moderately to severely depressed (21 - 30).

The findings in this study suggest that Asian American elders experienced depressive symptoms at a higher rate than the general elderly population. Specifically, 40% of all Asian American elders expressed mild to severe depressive symptoms

based on the Geriatric Depression Scale cut-off point [10]. Figure 3.15 shows the distribution of Asian elders across this spectrum.



**Figure 3.15:** *Range of Geriatric Depressive Symptoms among Asian American Elders (Sample) (Percentage)*



### Depressive Symptoms and Demographics

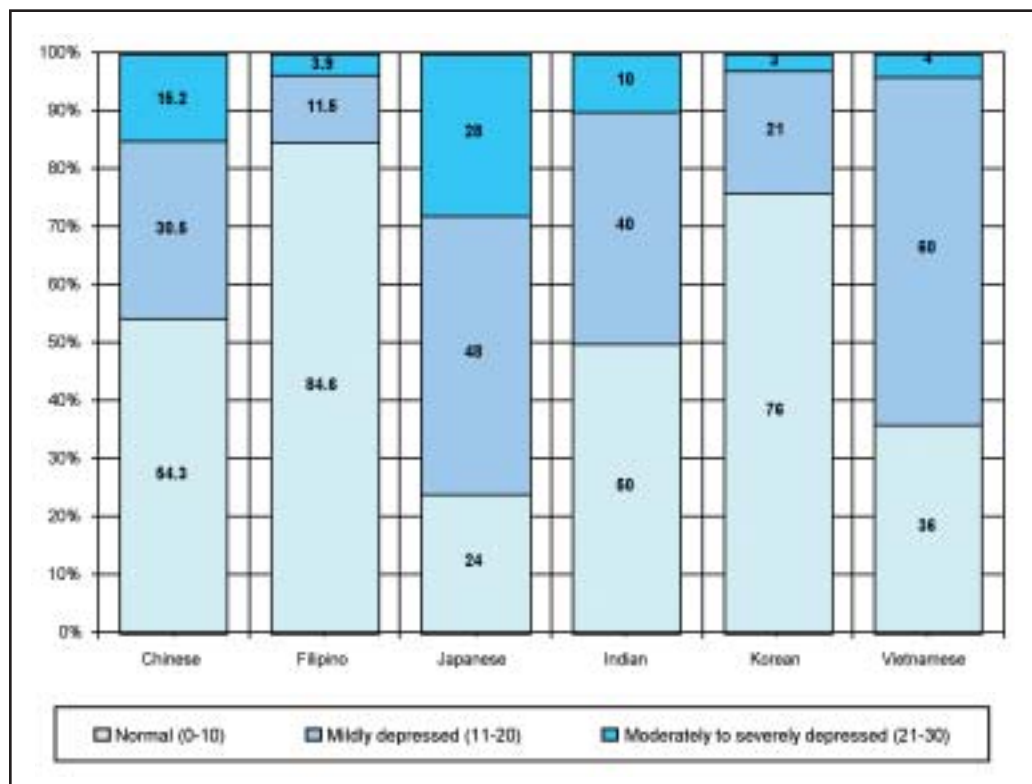
The large percentage of respondents identifying depressive ideation warranted evaluation of how such feelings were associated with demographic characteristics. The findings suggest that living arrangements and marital status are risk factors of depression. It may be due to social isolation and the availability of social support in terms of both quality and quantity. However, there was no statistically significant variation by gender or age.

Specifically, elders living alone were significantly more likely to be mildly (35.1%) or moderately to severely depressed (16.9%) than were elders living with others (30.0% and 7.9% respectively). Elders who were not married were more likely to be mildly (32.5%) or moderately or severely depressed (11.7%) than were their married counterparts (29.3% and 7.5% respectively).

### Depressive Symptoms and Ethnicity

Differences in the presence of depressive symptoms were observed among the six Asian American ethnic groups (Figure 3.16). The highest percentage of respondents who identified mild to severe depressive symptoms were Japanese (76%), Vietnamese (64%) and Indian (50%) elders. At the other end of the spectrum, Filipino (85%), Korean (76%) and Chinese (54%) elders were within the normal range for depressive symptoms. Since there were significant differences in agreement on 28 of the 30 depressive items among the six ethnic groups, it is important to incorporate culture and custom sensitivity into intervention programs for Asian American elders [12, 13, 7]. Further, planning for future services should consider the impact of immigration and associated trauma on late life mental health.

**Figure 3.16:** Geriatric Depressive Symptom Categories by Ethnic Group



### 3.5 Explanations

A linear regression multivariate analysis was conducted to better understand which physical health, mental health, physical functioning, economic, and cultural characteristics contribute to explaining the health and quality of life profile of this group of elderly Asian Americans.

#### General Health and Depression

General health and depression were linked. Of the seven variables predicting 40% of the variance in depressive symptoms, poor general health had the most impact. Other factors included experiencing more stressful life changes, receiving higher levels of assistance from children, children not living in proximity, being less religious, and experiencing a greater cultural gap between themselves and their children. Similarly, perceptions of good health were linked most closely to having fewer depressive symptoms. Other factors that contributed to explaining 48% of the variance in perceptions of good health were having fewer medical conditions, the ability to read English, being less religious, fewer impairments with Activities of Daily Living (ADLs), living with others, and not being enrolled in Medicaid.

#### General Health and Physical Functioning

Physical functioning is an important factor in determining quality of life. While having fewer medical conditions is the single most important variable, other contributing factors included having fewer depressive symptoms and fewer impairments with ADLs.

Three factors predicted 30% of the variance in role limitations due to physical problems. Depression was most strongly linked; the ability to read English and having fewer impairments with Activities of Daily Living also were predictors.

### **Bodily Pain and Depression**

The most powerful predictor of bodily pain was depression. Fewer depressive symptoms and less bodily pain were most closely linked. Having fewer impairments with Activities of Daily Living and the ability to read English also were significant predictors of less bodily pain.

### **Vitality**

Four factors predicted 41% of the variance observed in the quality of life domain categorized as vitality. Most important was having fewer depressive symptoms. The others were having fewer impairments with Activities of Daily Living (ADLs), having fewer medical conditions, and having the ability to read English.

### **Social Functioning**

Fewer depressive symptoms and fewer impairments with Activities of Daily Living were the strongest predictors of better social functioning. Other significant factors were having the ability to read English and being enrolled in a private health insurance plan. Together, these factors explained 46% of the variance.

### **Role Limitations due to Emotional Problems**

Thirty-two percent (32%) of the variance in role limitations due to emotional problems was linked to two variables. Most important was having fewer depressive symptoms; second was having the ability to read English.

### **General Mental Health**

Only 18% of the variance in general mental health was predicted. Nearly equal contributions were made by having less of a cultural gap between elders and their children, having fewer stressful life changes, and, once again, having the ability to read English.

## **3.6 Summary and Implications**

### **Physical Health**

More than half of Asian American elders reported that their general health was either excellent or very good. However, when compared to national norms for prevalence of medical conditions, the same population reported higher rates of hypertension, cataracts and diabetes. There was, as well, significant variation in the number and types of medical conditions across the six ethnic groups studied; gender and marital status also were factors associated with a range of medical conditions.

The information about physical health in this population must be considered when assessing the need for health care and personal social services. There is a substantial need to educate Asian American elders about preventive health measures as part of community outreach strategies. It also is important to promote primary prevention and treatment for the major health problems reported by these elders. Attention should be directed to physicians and other health care professionals as well as to elders and their families.

There should be a commitment to educating the community about the intimate connection between physical health and mental health. Lifting the stigma commonly associated with depression and other mental health problems will be vital to strengthening coping skills, restoring health and improving the quality of life for Asian American elders. It is necessary, as well, to rectify the absence of geriatric mental health clinics and services specializing in the needs of this population. Culturally competent services provided in the language with which patients are most comfortable are critical needs.

**Interventions to Improve Quality of Life**

The findings regarding explanations of quality of life among Asian American elders have important implications for program planning and service delivery. Several factors can be addressed through physical health, mental health and social service programs.

**Depression**

The presence of depressive symptoms among the sample of Asian American elders was extensive. Fewer depressive symptoms were shown to be a factor in higher quality of life in terms of general health, general mental health, physical and social functioning and vitality. Depression and other mood disorders are highly treatable conditions. Programs aimed at reducing depression symptoms among the Asian American elders need to be given a priority. Understanding the economic cost and benefit of improved mental health services and the treatment of depression is an important area for further study.

**Activities of Daily Living (ADLs)**

Reducing Asian American elders' experience with limitations in their Activities of Daily Living (ADLs) is another important area for program attention and improvement. Having fewer ADL impairments explained better general health and better social functioning. As with depression, improving independence in ADLs is a quality of life domain that is responsive to health and social service interventions. Health promotion programs aimed at increasing physical activities for these older Asian Americans should also be a priority.

**Education**

The ability of the Asian American elders to read English was a significant factor for their quality of life. It contributed to explaining better general mental health and better social functioning. Having the ability to read English may give Asian American elders a greater sense of control, an improved sense of competency, and a stronger sense of independence. With these, they may be able to communicate with and negotiate in any system in their everyday life. More programs teaching English as a second language and other educational opportunities may empower Asian American elders and thus enhance their quality of life. Educational programs in senior centers and those accessible via broadcast media that are designed to improve the reading skills of seniors also would be beneficial.

Other areas for intervention include increasing the availability of health insurance, addressing the cultural gap between elders and their children, and reducing life stresses.

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## Chapter 4: Informal and Formal Social Supports

Ada C. Mui, Ph.D., A.C.S.W.,<sup>1</sup> and Peter S. Cross, M.S.W.

### Significant Findings

- The key building blocks in informal support networks for Asian American elders are children residing in the United States, neighbors whom they know well and other people to whom they feel close.
- Age is linked to significant differences in the size of the informal support system. Elders age 75 and older have more children living in New York City and nearby areas, while elders 65 – 74 have more neighbors whom they know well.
- Elders have an average of 2.6 children residing in the United States. The number is highest among Vietnamese (3.9) and Chinese (3.1) elders, virtually identical among Filipino, Indian and Korean elders (2.4), and only slightly lower for Japanese elders (2.1). Nearly half of all elders see their children daily.
- Elders have more neighbors and close friends than children for informal support. On average, elders report having 3.4 close friends and 2.9 neighbors whom they know well.
- More than two-thirds of Asian American elders report having at least one person with whom they feel close and can share confidences. Elders, especially men, have active but limited reciprocal relationships with neighbors.
- 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.

<sup>1</sup> Ada Mui is grateful to Suk-Young Kang, Margaret Dietz Domanski and Li-Mei Chen for their valuable assistance on earlier drafts of this report.

- The vast majority 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.
- Sources of health insurance are Medicare (51%), Medicaid (41%) and Health Maintenance Organizations (24%).
- Despite help from family, friends, and the public sector, elders identify many unmet needs. Most needed in terms of formal services are services from Social Security, Medicaid and Medicare, and legal services. Among supportive services, there are gaps in language translation services, someone to call or visit, and help with entitlements and language translation services. The vast majority of people surveyed indicated that they need more help with Activities of Daily Living(ADLs).<sup>2</sup>

<sup>2</sup> Activities of Daily Living (ADLs) include bathing, dressing, grooming, transferring, toileting and feeding.



## Introduction

This chapter focuses on Asian American elders' social support networks, inter-generational exchange, and the use of formal support services. It also addresses psycho-social quality of life issues as these relate to availability of back-up support, perceived unmet needs and level of exchange between elders and adult children.

The information is covered in the following five sections:

- Section 1      Structure of Informal Support Networks
- Section 2      Interaction within Informal Support Networks
- Section 3      Intergenerational Assistance
- Section 4      Use of Formal Services
- Section 5      Need for Additional Help

### Section 4.1: Structure of Informal Support Networks

Social networks are structural configurations of the relationships among people. Social support is a resource provided by social network relationships [1]. Support, both formal and informal, is a result of these relationships. Social support plays an important role in buffering the stresses of daily life for elders in general and for immigrant elders in particular. As a result, understanding the scope and variety of social support resources and social networks is a critical element for setting social service policy and planning programs.

To outline the dimensions of informal social support among Asian American elders in New York City, questions were posed concerning the amount of contact elders reported with a network of informal social support resources. These resources included the elder's children, grandchildren, siblings, other relatives, neighbors and close friends.

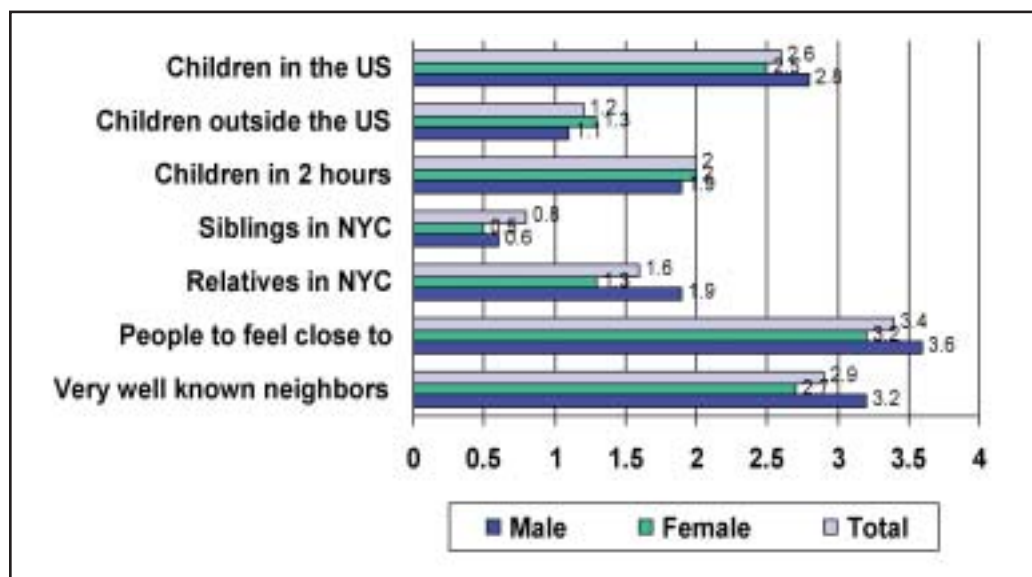
#### Size of Informal Support Networks

As Figure 4.1 shows, the three main sources of informal social support for elders were children residing in the United States, well-known neighbors, and other people to whom they felt close.

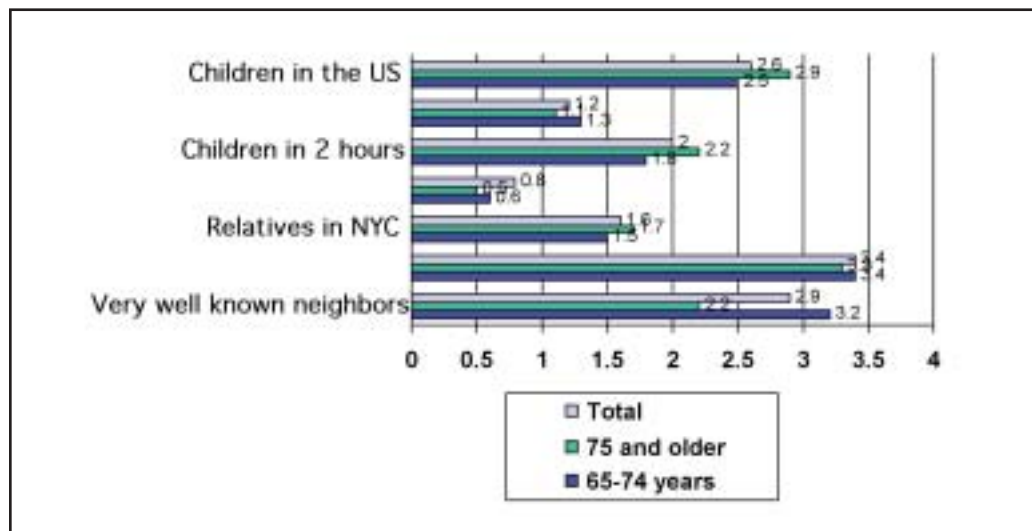
There were no statistically significant differences in the size of the social support resources based on gender. For example, the same proportion of men and women reported having two children who lived within a two-hour radius from New York City while the men reported only slightly more children living in the United States than did the women.

Age, however, was linked to statistically significant differences in the size of the informal social support system. Figure 4.2, which presents the average number of children, shows that elders age 75 and older (the old-old) were more apt to have children in the United States (2.9) and children who lived within two hours of New York City (2.2) than were the young-old elders aged 65 – 74 (2.5 and 1.8 respectively). There were only very slight differences in the number of siblings in New York City (0.5 for the old-old and 0.6 for the young old) and in the number of people with whom the elders felt close (3.3 for the old-old and 3.4 for the young-old). The largest significant difference between the age groups was in the number of neighbors they knew well. Here the young-old reported an average of 3.2 neighbors while the old-old reported having only 2.2.

**Figure 4.1:** *Size of Social Support Network by Gender (Mean)*



**Figure 4.2:** *Size of Social Support Network by Age (Mean) (Statistically significant)*

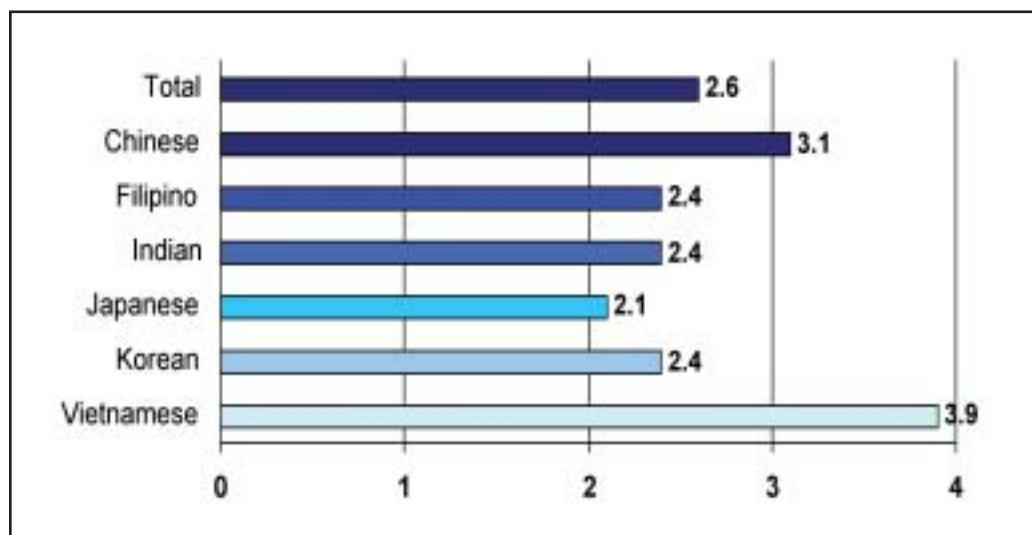


## Children

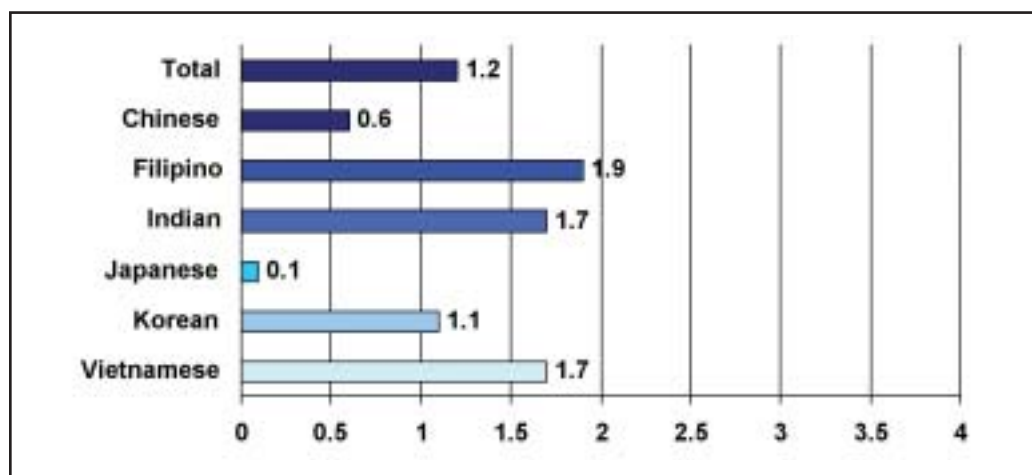
Differences in the average number of children by ethnic group and location are statistically significant (Figures 4.3, 4.4 and 4.5). On average, elders had 2.6 children residing in the United States and 1.2 children residing elsewhere. Vietnamese elders reported the largest number of children in the United States (3.9) followed by Chinese elders (3.1), and then Filipino, Indian and Korean elders (2.4 in each group). The Japanese elders had the fewest children residing here (2.1).

Filipino elders reported the largest number of children residing outside the United States (1.9). They were followed by Indian and Vietnamese elders (1.7) and Korean elders (1.1). The Chinese and Japanese elders reported having less than one child on average living outside of the United States (0.6 and 0.1 respectively). Elders in all ethnic groups had at least one child residing within two hours of New York City. The Vietnamese (2.6) and Chinese (2.4) elders had the largest informal support networks of children, while the Indian (1.7) and Japanese (1.2) elders had the smallest.

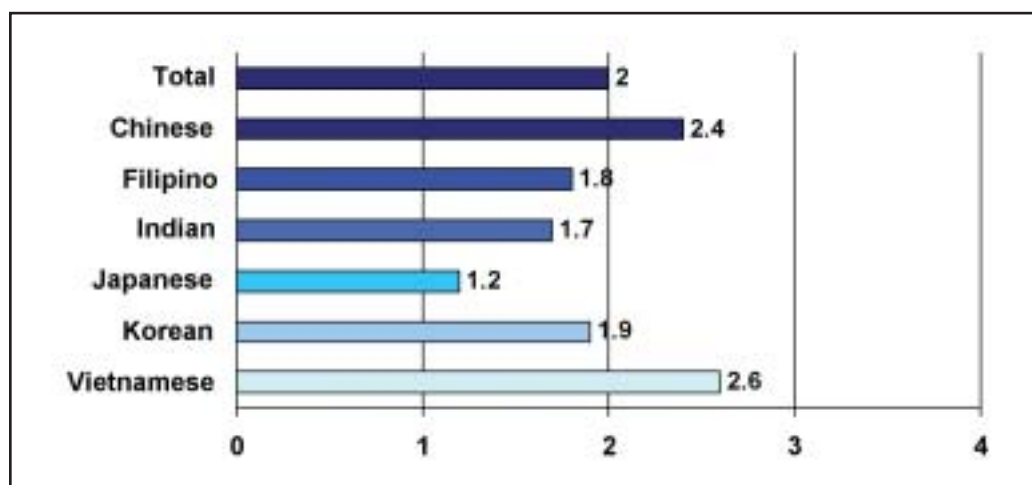
**Figure 4.3:** *Average Number of Children in the US by Ethnic Group (Statistically significant)*



**Figure 4.4:** *Average Number of Children outside the US by Ethnic Group (Statistically significant)*



**Figure 4.5:** *Average Number of Children within Two Hours by Ethnic Group (Statistically significant)*

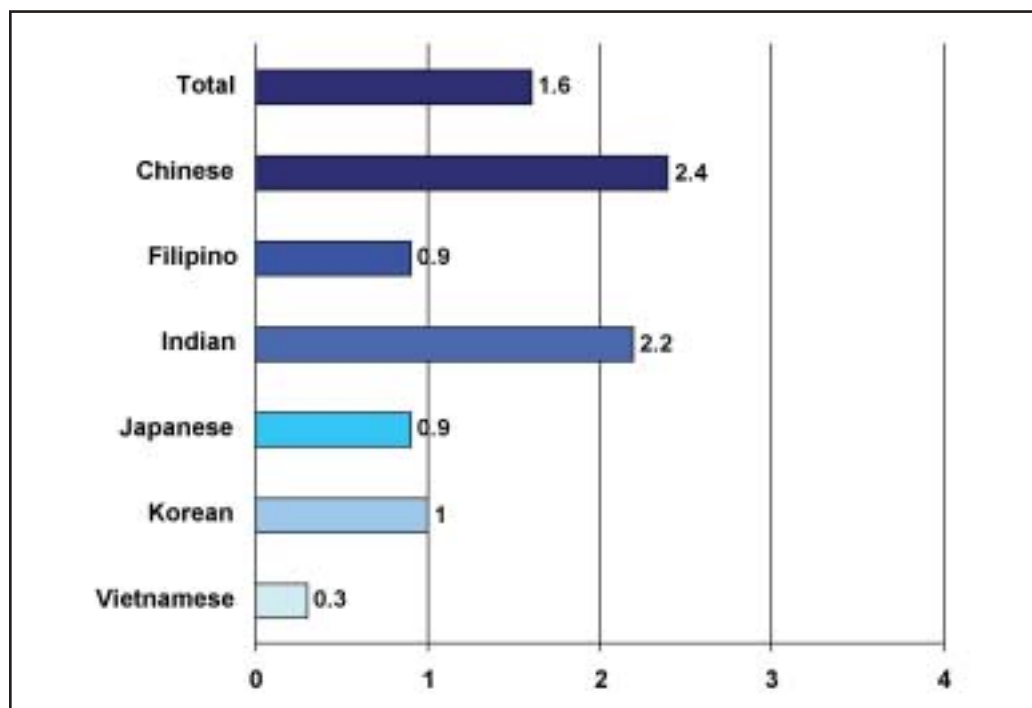


### Additional Family Members

Siblings and other relatives can provide another important source of informal social support. As a function of age, however, siblings were scarce. There were no significant differences among the ethnic groups, and all reported having less than one sibling on average who resided in the New York City area.

There were significant differences in the number of other relatives available for informal support (1.6 for all elders). The Chinese (2.4) and Indian (2.2) elders were most, the Japanese (0.9), Korean (0.9) and Vietnamese (0.3) elders the least apt to have other relatives for informal support (Figure 4.6).

**Figure 4.6:** *Average Number of Relatives in New York City by Ethnic Group (Statistically significant)*

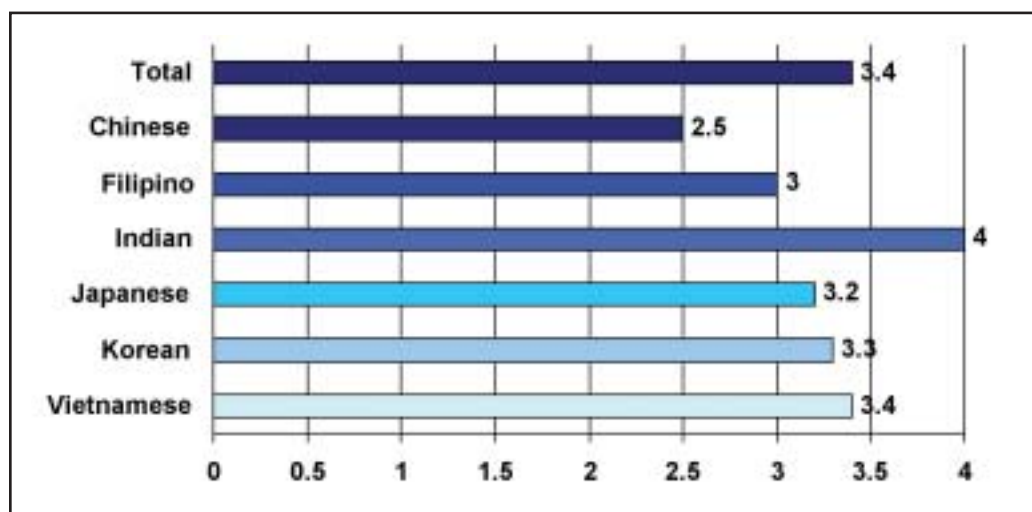


### Non-Relatives

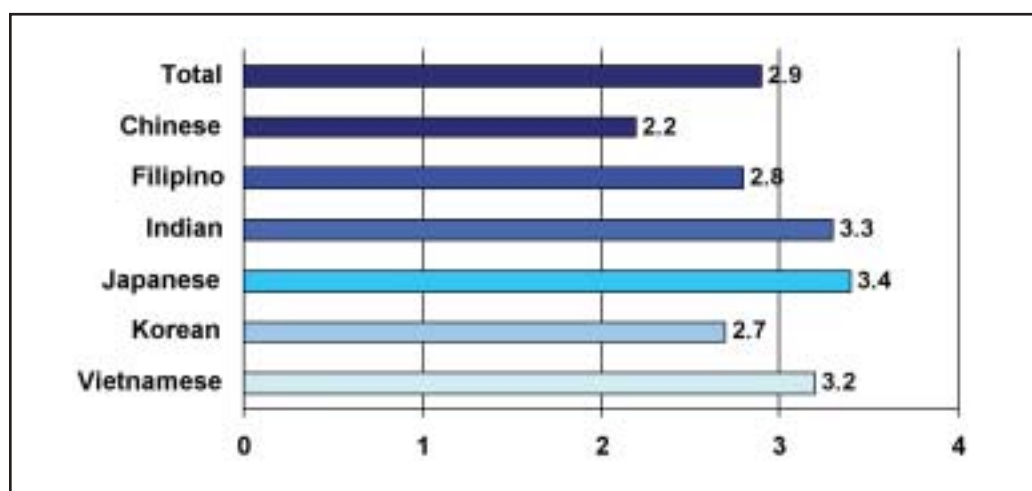
Neighbors and close friends comprise another segment in the informal social support network. As resources, they were more plentiful than siblings and children. On average, elders reported having 3.4 close friends and 2.9 neighbors that they knew well (see Figures 4.7 and 4.8).

Indian elders reported the most neighbors and friends, while Chinese elders had the least. Although these group differences were not significantly different, it is important to note that the average number of friends to whom the elders from all ethnic groups felt close was higher than the number of relatives available.

**Figure 4.7:** *Average Number of Friends in New York City by Ethnic Group*



**Figure 4.8:** *Number of Neighbors Elders Know Well by Ethnic Group*



## Section 4.2: Interaction within Social Support Networks

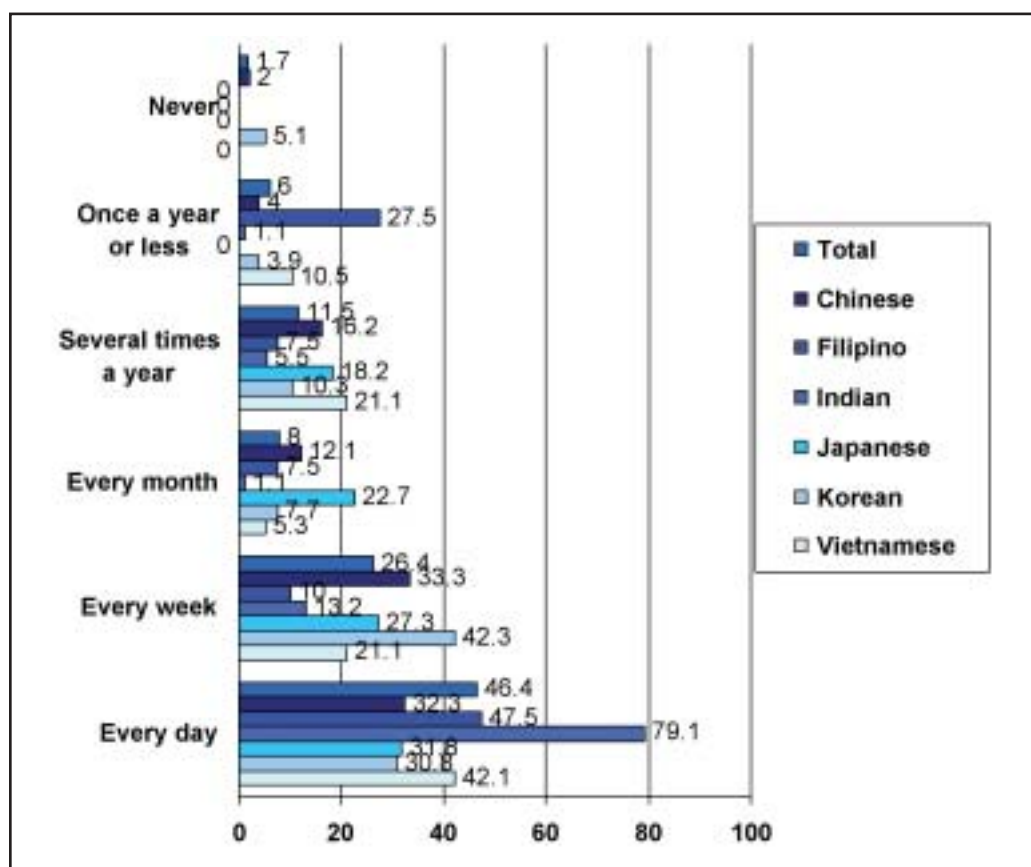
### Children and Grandchildren

The informal support provided to elders by their children can be very important for emotional stability, physical well being, and quality of life. Informal support provided by children was measured by the number of times elders either saw or spoke with their children and caregiving for grandchildren. The frequency with which these Asian American elders had and preferred such contacts varied primarily based on ethnic group. This was also true for grandparenting activity.

Nearly half (46.4%) of all the elders saw their children daily. There were no significant differences based on gender or on age. It is interesting to note that 1.7% of all respondents reported never seeing their children and another 6% only saw their children once a year or less. While age differences were not statistically significant, the elders 75 and older reported seeing their children more frequently overall than did elders aged 65-74.

Figure 4.9 shows statistically significant ethnic differences in the frequency with which elders saw their children. Indian respondents were most likely to report seeing their children every day (79.1%), Koreans every week (42.3%), Japanese every month (22.7%), Vietnamese several times a year (21.1%), and Filipinos (27.5%) once a year or less. In addition, Korean elders (5.1%) were most likely to report never seeing their children.

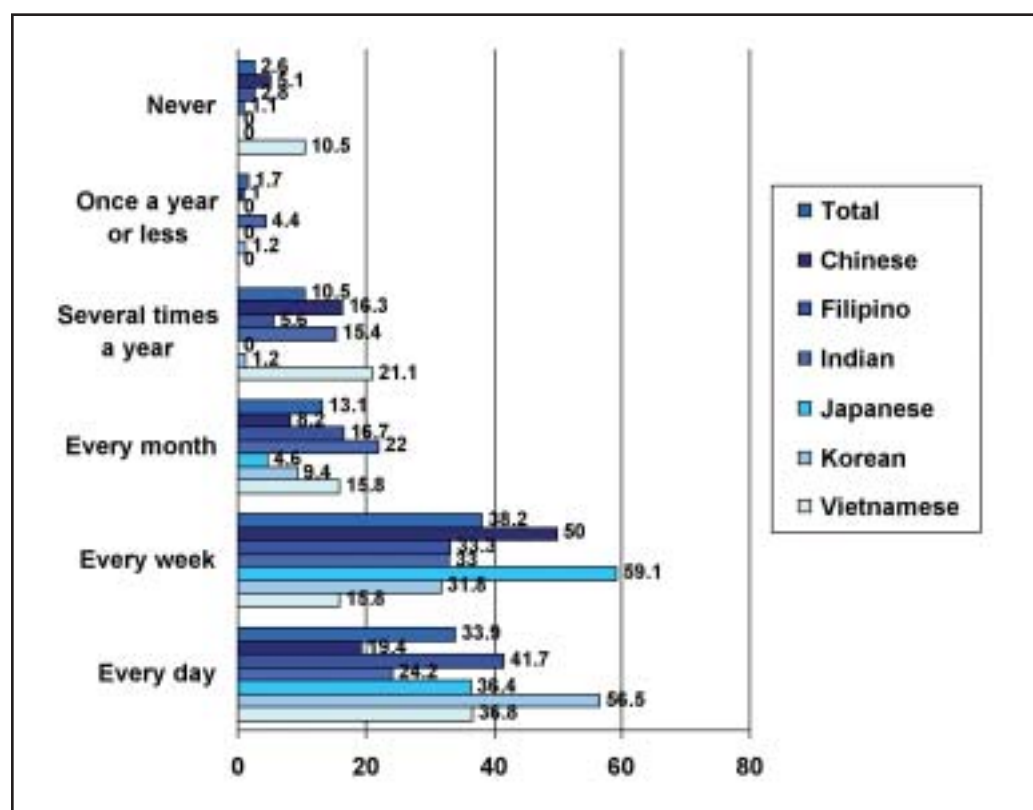
**Figure 4.9:** *In-Person Contact with Children*  
(Percentage) (Statistically significant)



Telephone contact was another means by which elders received support from children. On average, 33.9% of all respondents spoke with their children on a daily basis while 2.6% reported never speaking with their children by phone. There were no significant differences in the frequency of telephone contact based on gender or age.

Figure 4.10 displays the statistically significant differences in the frequency of telephone contact between elders and their children based on ethnicity. While Koreans (56.5%) were most apt to have daily phone contact, the Chinese (19.4%) were the least apt to talk with their children by phone on a daily basis. The Japanese (59.1%) were the most likely to report weekly telephone contact, and Indian elders (22%) the most likely to report monthly telephone contact. The Chinese elders (5.1%) most often reported never speaking to their children by phone.

**Figure 4.10:** *Telephone Contact with Children by Ethnic Group (Percentage) (Statistically significant)*



Over half of all respondents (53.5%) preferred to see their children more often than their current pattern. Another 45.4% were satisfied to see their children at least as much as at present. Less than 1% (0.3) reported a preference for never seeing their children.

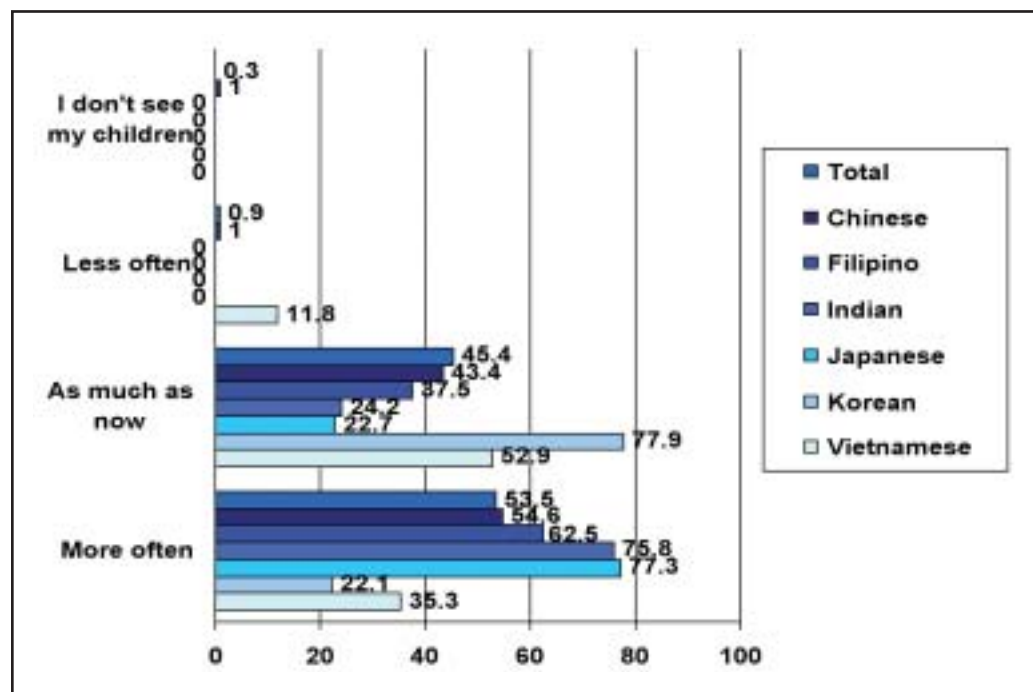
There were no differences in these preferences based on gender or age. Of interest is the finding that the young-old, who reported seeing their children less frequently than did old-old elders, also reported a preference for seeing their children more often (55.9%) than did their older counterparts (48.7%).

Preferences for seeing children differed significantly by ethnic group (Figure 4.11). Indian (75.8%) and Japanese (77.3%) elders preferred to see their children more often.



Korean elders (22.1%) were the least apt to prefer this and the most apt (77.9%) to prefer seeing their children as much as they do now. The Vietnamese elders (11.8%) were the most apt to prefer seeing their children less often.

**Figure 4.11:** *Preference for Seeing Children by Ethnic Group (Percentage) (Statistically significant)*



Another measure of interaction within the informal support network was caregiving for grandchildren. About 35% of elders reported such activity. The young-old elders (39%) were significantly more apt than the elders aged 75 and older (27.7%) to provide such assistance. Indian elders (60.5%) were the most likely and Japanese elders (6.3%) the least likely to care for their grandchildren on a regular basis. There were no significant differences by gender.

### Siblings

Siblings are a potential resource for informal social support. Over half (52.5%) reported having both a brother and a sister, 14.1% reported having a brother, 13.4% reported having a sister, and 20.1% reported having no siblings.

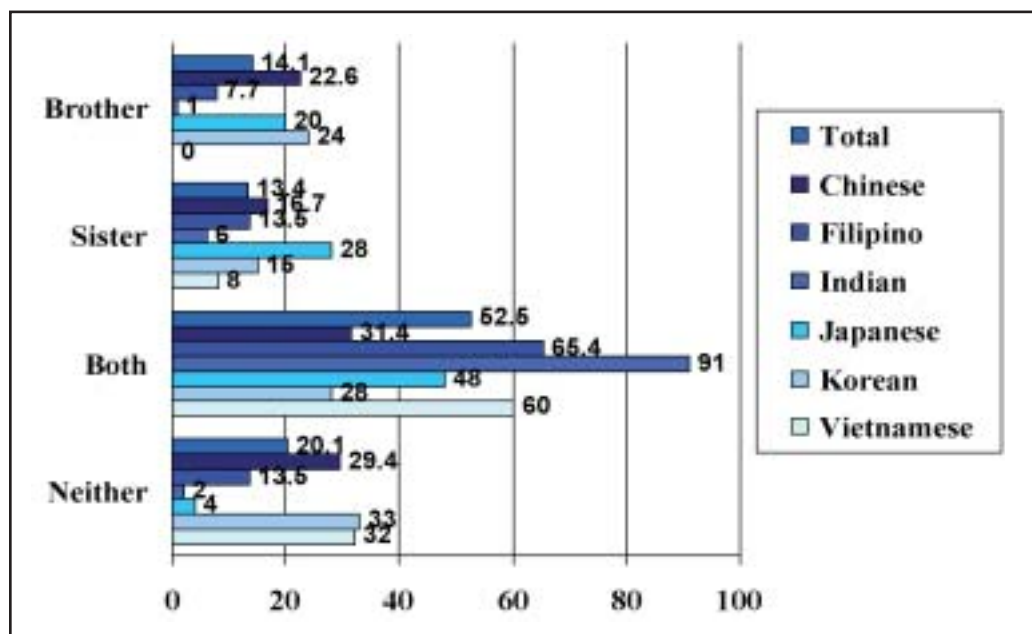
There were no significant differences in the availability of support among siblings by gender. While 80% of all Asian American elders reported having a brother(s) and/or sister(s), 48% reported seeing or talking with their siblings only once per year or less. The finding suggests that children, rather than siblings, provide the most important source of informal social support. It also reinforces the importance of programs of formal support for elders whose siblings may not be geographically accessible to provide support.

Age was a significant factor in the availability of siblings as an informal support resource. The young-old (59.6%) were more apt to report having siblings of both genders than were the elders in the old-old group (37.9%). Similarly, the old-old (34.9%) were more likely to report not having any siblings than were the young-old elders (12.9%).



Indian elders (91%) were the most apt to report having both brothers and sisters. Japanese elders were the most likely to report having only brothers (20%) and only sisters (28%). Koreans (33%) and Vietnamese (32%) were the most apt to report having no siblings.

**Figure 4.12:** *Sibling Relationships by Ethnic Group (Percentage) (Statistically significant)*

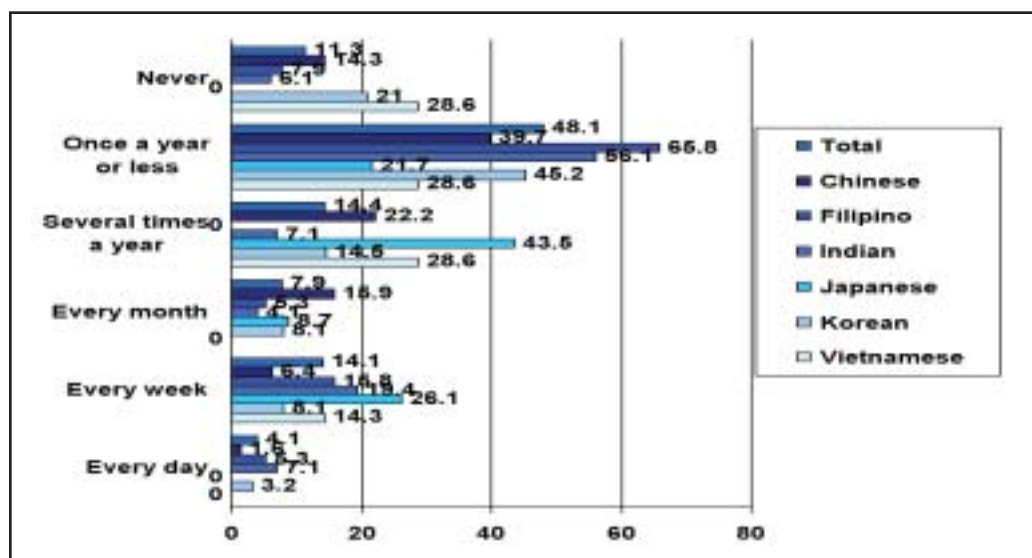


Face-to-face contact among elders and their siblings was infrequent. Nearly half (48.1%) saw their siblings only once a year or less, while 11.3% reported never seeing their siblings. By contrast, only 4.1% reported seeing a sibling daily, 14.1% weekly, and 7.9% monthly. There were no differences in contact frequencies based on gender or age.

Significant differences observed based on ethnicity (see Figure 4.13) included:

- Vietnamese elders (28.6%) were the most apt and Japanese elders (0%) the least apt to report never seeing a sibling.
- Filipino elders (65.8%) were the most likely and Japanese elders (21.7%) the least likely to report seeing a sibling once a year or less.
- Japanese elders (43.5%) were the most apt and Filipino elders (0%) the least apt to report seeing a sibling several times a year.
- Chinese elders (15.9%) were the most likely and Vietnamese elders (0%) the least likely to report seeing a sibling every month.
- Korean elders (26.1%) were the most apt and Chinese elders (6.4%) the least apt to report seeing a sibling every week.
- Indian elders (7.1%) were the most likely and Japanese and Vietnamese elders (0%) the least likely to report seeing a sibling every day.

**Figure 4.13:** *Frequency of Sibling Visits by Ethnic Group (Percentage) (Statistically significant)*



Elders were more apt to talk by phone with their siblings than to see them. Telephone contact, however, was infrequent. Only 3.8% reported daily telephone conversations, 16.8% weekly conversations, and 21.7% monthly conversations. Another 36.4% spoke by phone with their siblings only several times a year. Those who rarely spoke with their siblings by phone included 16.2% who spoke once a year or less and 5.2% who reported never speaking to brothers and/or sisters by phone. There were no significant differences gender or age. This latter finding may well correspond to the observation that the old-old elders reported having fewer or no siblings than did the young-old elders.

Only ethnicity provided a statistically significant association in the frequency of contact among siblings by telephone, including:

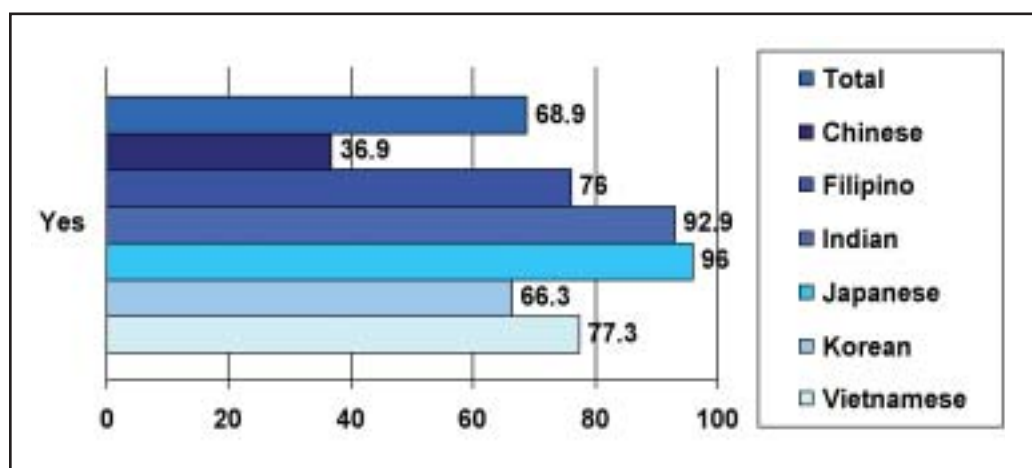
- Filipino elders (7.3%) were the most apt and Japanese and Korean elders (0%) the least apt to speak to their sibling(s) daily.
- Japanese elders (41.7%) were the most likely and Vietnamese elders (0%) the least likely to speak to their sibling(s) every week.
- Vietnamese elders (50%) were the most apt and Indian elders (11.2%) the least apt to speak to their sibling(s) every month.
- Vietnamese elders (50%) were the most likely and Chinese elders (26.6%) the least likely to speak to their sibling(s) several times a year.
- Indian elders (28.6%) were the most apt and Japanese and Vietnamese elders (0%) the least apt to speak to their sibling(s) once a year or less.
- Chinese elders (10.9%) were the most likely and Japanese and Vietnamese elders (0%) the least likely to never speak to their sibling(s).

## Confidants

The majority of Asian American elders (68.9%) identified having at least one individual with whom they felt close and with whom they could share confidences. There were no differences in this informal support resource based on gender. Age, however, was associated with having a confidant. The young-old 75.3% were far more apt to report having such a resource than were the old-old (18.2%).

Differences were also observed based on ethnicity. The Japanese (96%) and Indians (92.9%) were the most apt to report having someone with whom they felt close, while the Chinese (36.9%) were the least apt to report this informal support resource (see Figure 4.14).

**Figure 4.14:** *Confidants by Ethnic Group  
(Percentage) (Statistically significant)*



## Helping Neighbors

Over 30% reported providing assistance to their neighbors. The nature of the help that Asian American elders provided to their neighbors varied by gender, age and ethnic group.

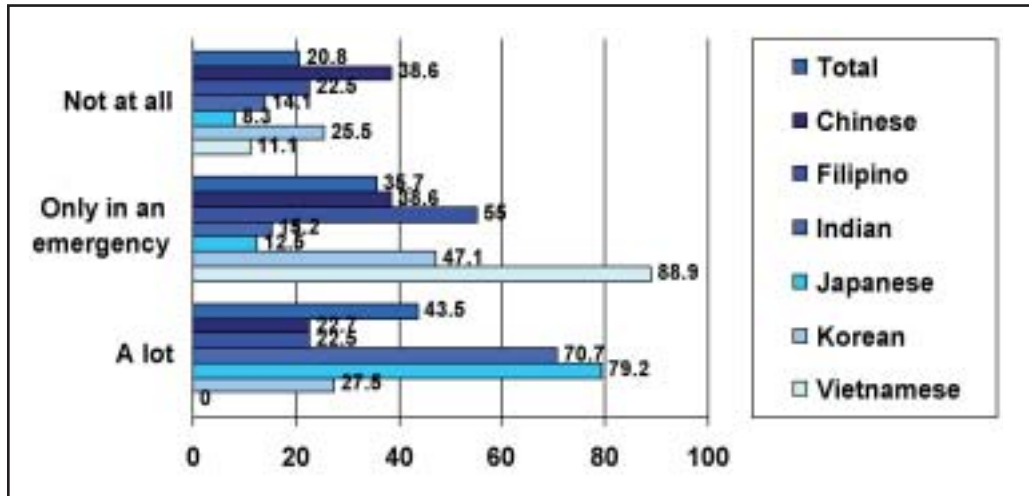
Across all categories of support, men were more apt than women to help neighbors. The most frequent activities reported for both genders were visiting (92.9% of men and 89.7% of women) and helping when someone was ill (82.8% for men and 76.7% for women).

Statistically significant differences also were observed based on age. As might be expected, the young-old elders were more apt to assist their neighbors than were the old-old respondents. The greatest variances based on age were helping out if a neighbor was ill (83.7% for the young old compared to 65.3% for the old-old) and accompanying the neighbor to the doctor (49.7% for the young-old and 36.7% for the old-old).

Only 20.8% of the elders reported that there was no mutual assistance between them and their neighbors. "A lot" of mutual help was reported by 43.5% of the elders, and "emergency" mutual help was reported by the remaining 35.7%. There were no significant differences in mutual help given and received based on gender. Age was associated with the extent of mutual social support reported. The young-old were more apt than the old-old to report giving and receiving "a lot" of mutual help (48.5% compared to 29.6%).

There were ethnic differences as well. Japanese (79.2%) and Indian (70.7%) elders were the most apt and the Vietnamese elders (0%) the least apt to report “a lot” of mutual help between themselves and their neighbors. Vietnamese elders (88.9%) were the most likely and the Japanese elders (12.5%) the least likely to report “only emergency” help. Chinese elders (38.6%) were the most apt and the Japanese elders (8.3%) the least apt to report no mutual help. Assistance from neighbors was most evenly distributed across the spectrum for the Chinese elders (see Figure 4.15).

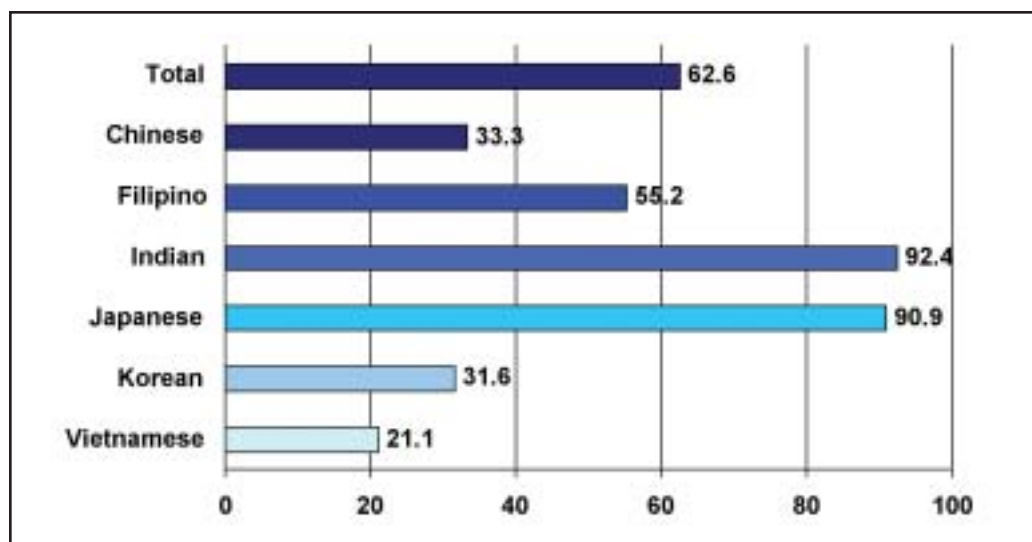
**Figure 4.15:** *Mutual Help between Elders and Their Neighbors (Percentage) (Statistically significant)*



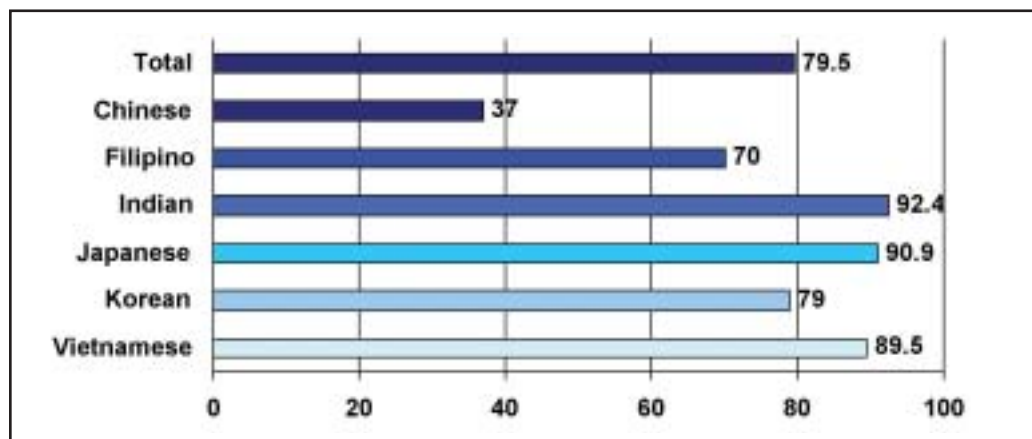
Ethnic differences were also observed in the type of help provided (see Figures 4.16 - 4.21). Overall, the Japanese and Indian elders provided the most assistance to their neighbors and the Chinese the least. More specifically:

- Indian (92.4%) and Japanese (90.9%) elders were the most apt and Vietnamese (21.1%) elders the least apt to provide assistance with shopping.
- Indian (92.4%), Japanese (90.9%), and Vietnamese (89.5%) elders were the most likely and Chinese (37%) elders the least likely to provide assistance when someone was ill.
- Japanese (77.3%) elders were the most apt and Chinese (0%) elders the least apt to provide assistance by lending a neighbor money.
- Japanese (77.3%) elders were the most likely and Chinese (11.1%) elders the least likely to accompany a neighbor to the doctor.
- Indian (98.7%) were the most apt and Korean (76.3%) the least apt to visit their neighbors.
- Japanese (81.8%) elders were the most likely and Filipino (19.4%) elders the least likely to pick up mail for neighbors.

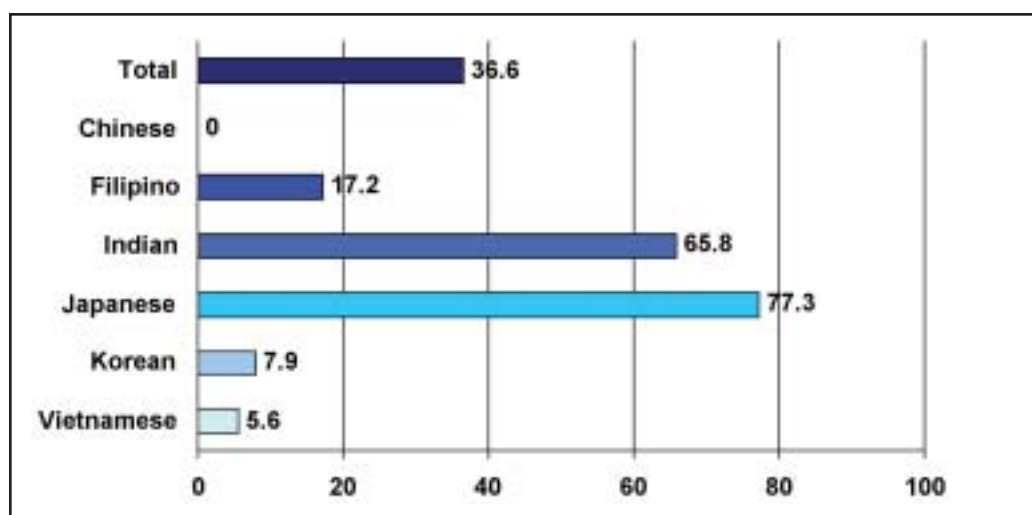
**Figure 4.16:** *Shopping Assistance to Neighbors*  
(Percentage) (Statistically significant)



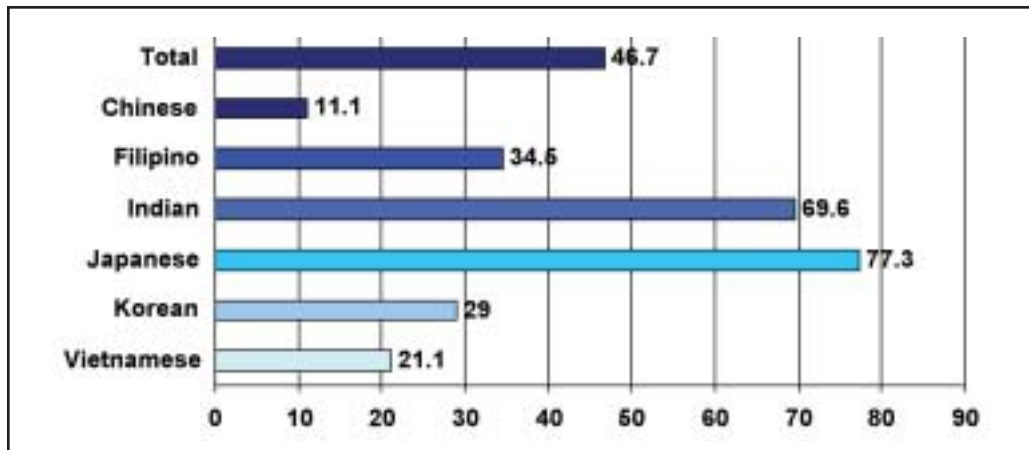
**Figure 4.17:** *Assistance to Neighbors When Someone Was Ill*  
(Percentage) (Statistically significant)



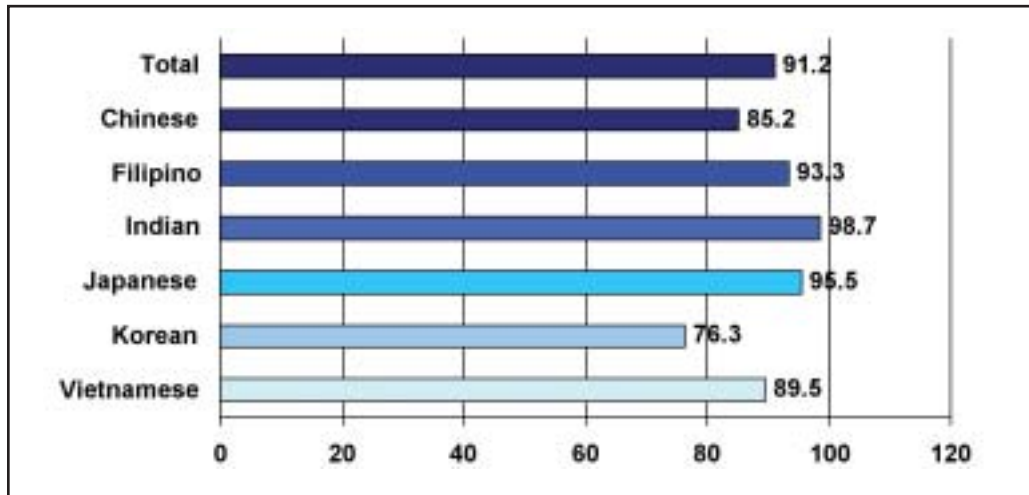
**Figure 4.18:** *Lending Money to Neighbors*  
(Percentage) (Statistically significant)



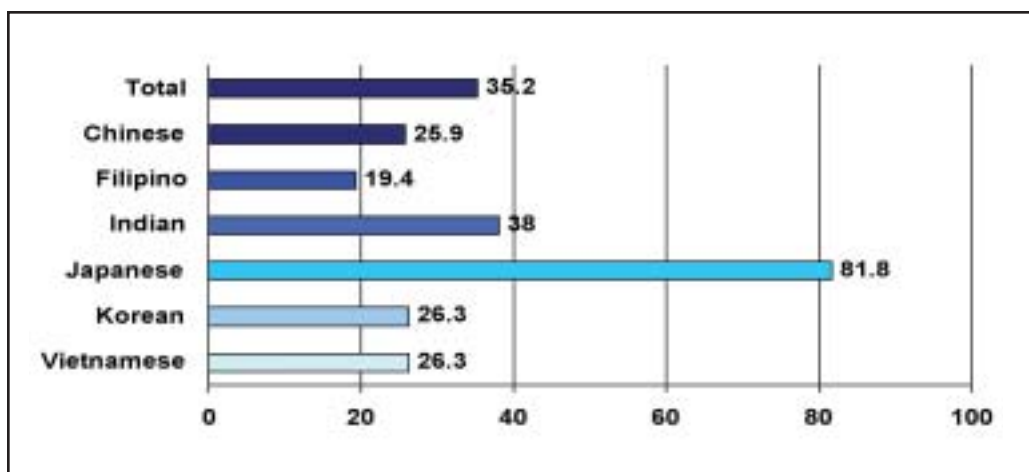
**Figure 4.19:** *Accompanying Neighbors to See Doctors*  
(Percentage) (Statistically significant)



**Figure 4.20:** *Visiting Neighbors*  
(Percentage) (Statistically significant)



**Figure 4.21:** *Picking Up Mail for Neighbors*  
(Percentage) (Statistically significant)





### Section 4.3: Intergenerational Assistance

In order to measure the amount of instrumental help that occurred between Asian American elders and their children, questions were asked about assistance with keeping and fixing the household, financial assistance, shopping and homemaking tasks, helping someone is ill, and providing household management, monetary, or child rearing advice. Elders were asked if their children provided such assistance to them and if they provided such assistance to their children.

#### Parents Helping Their Children

Elders reported assisting their children in six areas that are listed below in descending order of the frequency:

- 56.3% helped out their children when someone is ill.
- 44.9% kept house for their children.
- 41.6% shopped or ran errands for their children.
- 39.1% give advice on running a home or bringing up a child.
- 34.9% fixed things around the child's house.
- 22.7% helped their children with money.

There were statistically significant differences by gender in four areas of assistance provided by elders to their children. Men were more apt than women to assist with shopping or running errands (49% compared to 35.7%), to fix things around the house (42.5% compared to 28.9%), and to assist their children with money (31% compared to 16.2%). Men (32.9%) were less apt than women (44.1%) to give advice on running a home and bringing up their grandchildren.

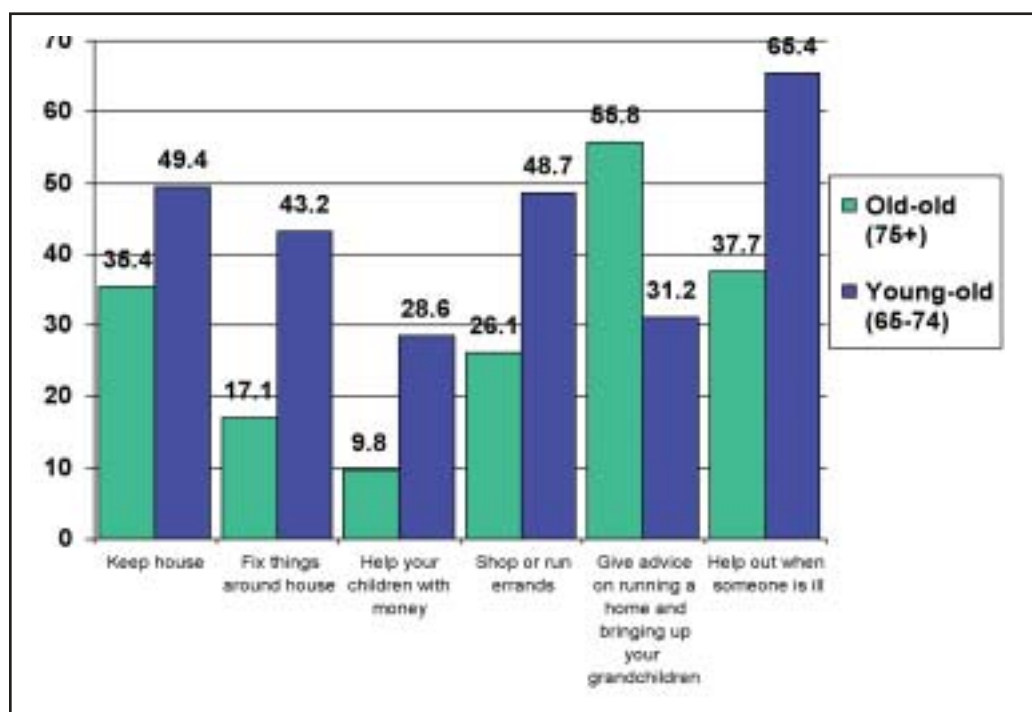
The type of assistance to children varied with the age of the parents. The younger elders were more apt than the old-old to:

- Assist children when someone is ill (65.4% vs. 37.7%).
- Keep house for their children (49.4% vs. 35.4%).
- Shop or run errands (48.7% vs. 26.1%).
- Fix things around the house (43.2% vs. 17.1%).
- Help their children with money (28.6% vs. 9.8%).

In contrast, the young-old (31.2%) were less apt than the old-old (55.8%) to provide advice on managing a household and rearing grandchildren (Figure 4.22).



**Figure 4:22:** *Age of Parents and Assistance to Children  
(Percentage) (Statistically significant)*

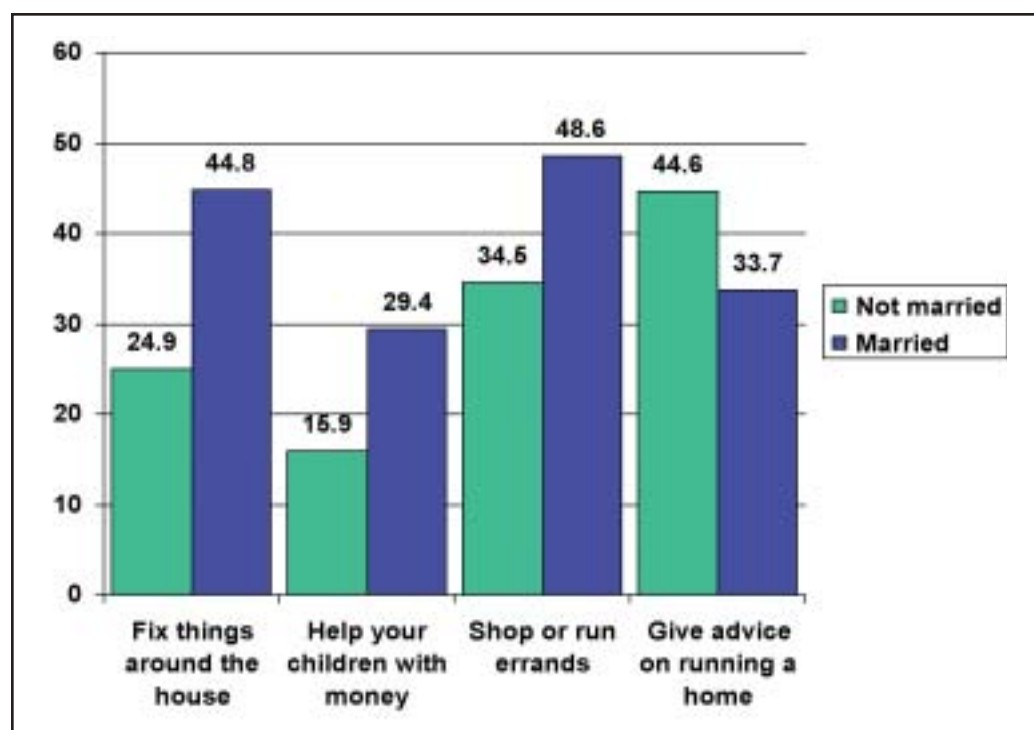


Elders who were married were more apt than unmarried elders to:

- Shop and run errands for their children (48.6% vs. 34.5%)
- Fix things around the children's house (44.8% vs. 24.9%)
- Help their children with money (29.4% vs. 15.9%)

However, married elders were less apt than unmarried elders to give advice on child rearing (33.7% vs. 44.6%) (Figure 4.23).

**Figure 4.23:** *Marital Status of Parents and Assistance to Children (Percentage) (Statistically significant)*

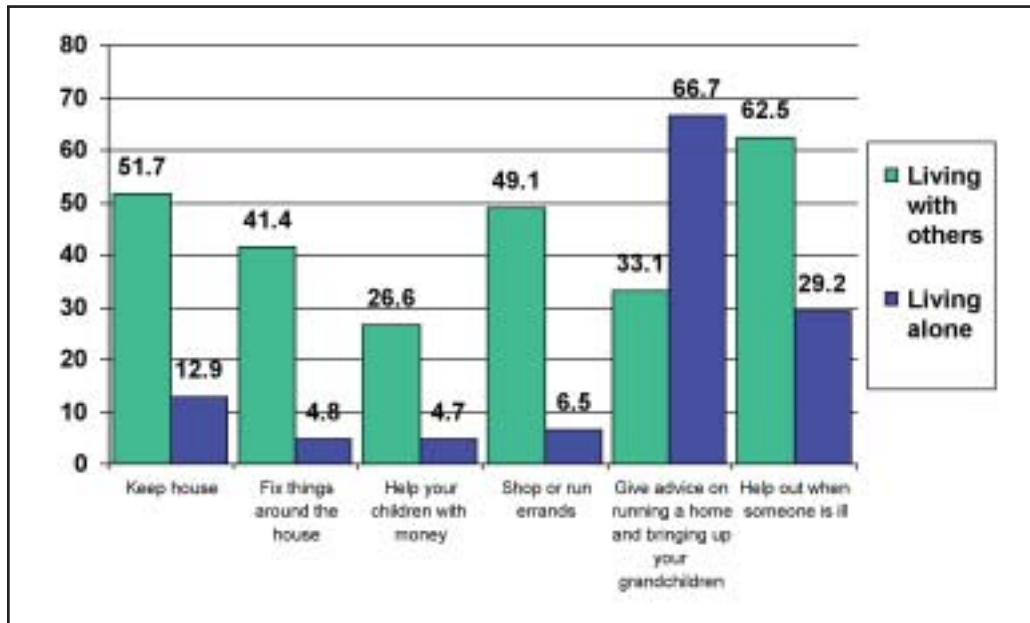


Living arrangements also were associated with variance in the type of assistance elders provided to their children. The elders who were living with others were far more apt to:

- Assist children when someone is ill (62.5% vs. 29.2%).
- Keep house for their children (51.7% vs. 12.9%).
- Shop or run errands for their children (49.1% vs. 6.5%).
- Fix things around the child's house (41.4% vs. 4.8%).
- Help their children with money (26.6% vs. 4.7%).

Only in the activity of giving children advice on household management and child rearing did elders living alone (66.7%) outpace elders living with others (33.1%) (Figure 4.24).

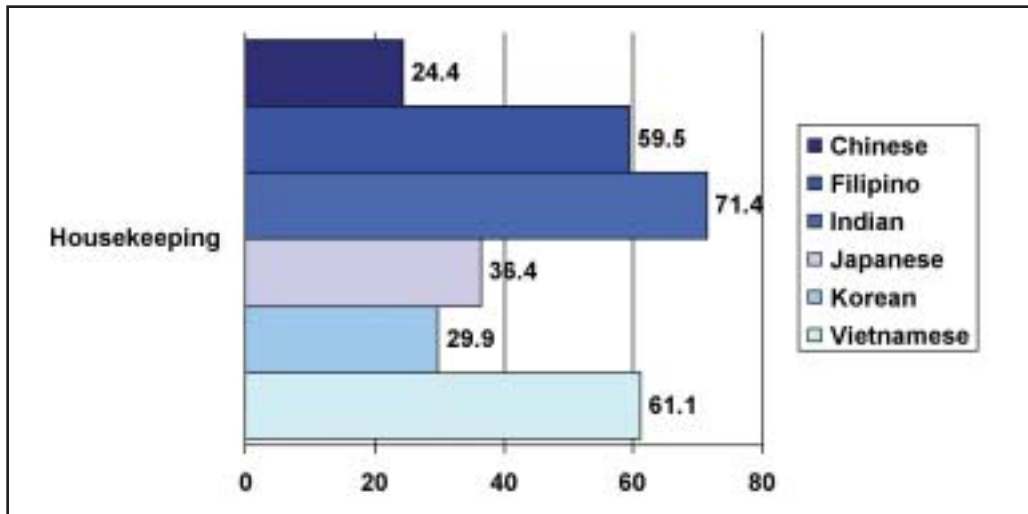
**Figure 4.24:** *Parental Living Arrangements and Assistance to Children (Percentage) (Statistically significant)*



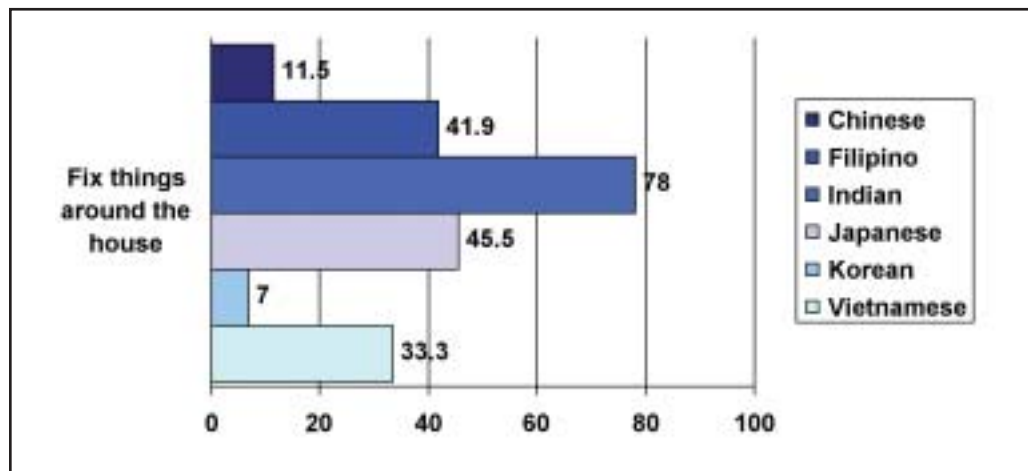
The type of assistance parents provided to their children varied by ethnic group (see Figures 4.25– 4.30). Highlights include:

- Indian elders (71.4%) were the most apt and Chinese elders the least apt (24.4%) to assist their children with housekeeping.
- Indian elders were the most likely (78%) and Korean elders (7%) the least likely to fix things around their children's houses.
- Japanese elders (50%) were the most apt and Vietnamese and Korean elders (5.6%) the least apt to provide their children with money.
- Indian and Japanese elders (64%) were the most likely and Korean elders (21%) the least likely to run errands for their children.
- Korean elders (66.3%) were the most apt and Indian elders (8.8%) the least apt to give their children advice.
- Indian elders (89%) were the most likely and Korean elders (32.6%) the least likely to help out their children when someone was ill.

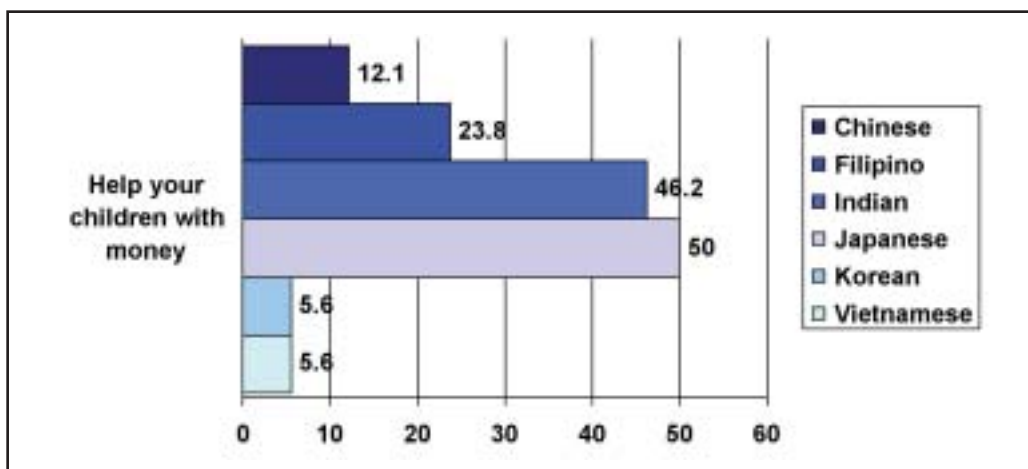
**Figure 4.25:** *Ethnicity and Housekeeping Assistance to Children*  
(Percentage) (Statistically significant)



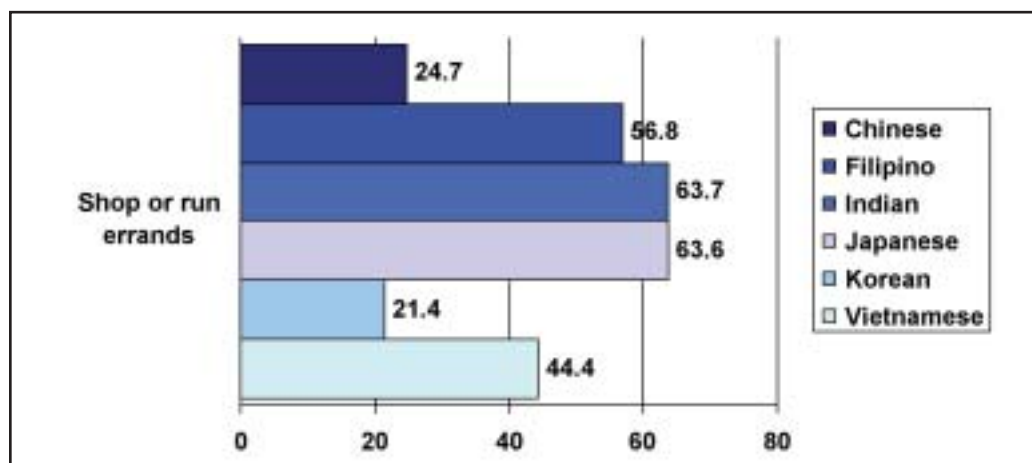
**Figure 4.26:** *Ethnicity and Fixing Things around the House for Children*  
(Percentage) (Statistically significant)



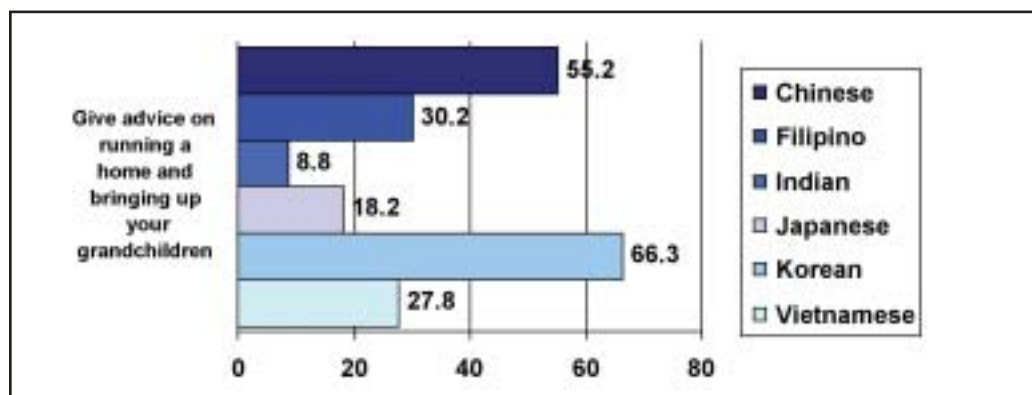
**Figure 4.27:** *Parental Ethnicity and Assisting Children with Money*  
(Percentage) (Statistically significant)



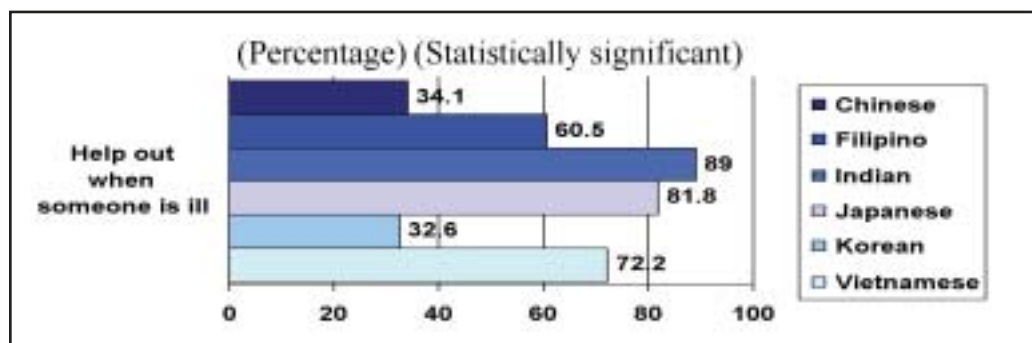
**Figure 4.28:** *Parental Ethnicity and Running Errands for Children*  
(Percentage) (Statistically significant)



**Figure 4.29:** *Parental Ethnicity and Giving Advice to Children*  
(Percentage) (Statistically significant)



**Figure 4.30:** *Parental Ethnicity and Assisting Children in Times of Illness*  
(Percentage) (Statistically significant)



### Children Helping Their Parents

More Asian American elders received assistance from their children than gave help to them. Over half of the elders reported receiving help in six out of eight categories. The intergenerational assistance included:

- 84.1% of elders children helped their parent(s) when someone is ill.
- 70.5% shopped or ran errands for their parent(s).
- 62.5% drove parent(s) places.
- 58.2% fixed things around the parental house.
- 57.4% gave parent(s) advice on money matters
- 51.4% helped out parent(s) with money.
- 47.6% kept or cleaned house for a parent.
- 43.3% prepared meals but did not keep house for their parent(s).

Living arrangements were associated with differences in six of the eight ways in which children assisted their parents (Figure 4.31). Not surprisingly, the elders who were living with others were more apt than elders living alone to report receiving assistance from their children.

- Children shopped or ran errands for them (73.5% vs. 56.9%).
- Children drove them places (66% vs. 46.8%).
- Children fixed things around their house (61.4% vs. 41.8%).
- Children gave them advice on money matters (60.1% vs. 44.3%).
- Children cleaned or kept house for them (53.1% vs. 20.3%).
- Children prepared meals but did not keep house for them (47.9% vs. 20.7%).

**Figure 4.31:** *Children's Assistance and Parental Living Arrangements (Percentage) (Statistically significant)*



Children provided extensive assistance to their parents in all ethnic groups. However, the level of help varied with the type of assistance. Assisting parents when they were ill was the support activity reported most often across all groups. Indian elders reported receiving the most assistance from their children (see Figures 4.32-4.39).

Statistically significant variances included:

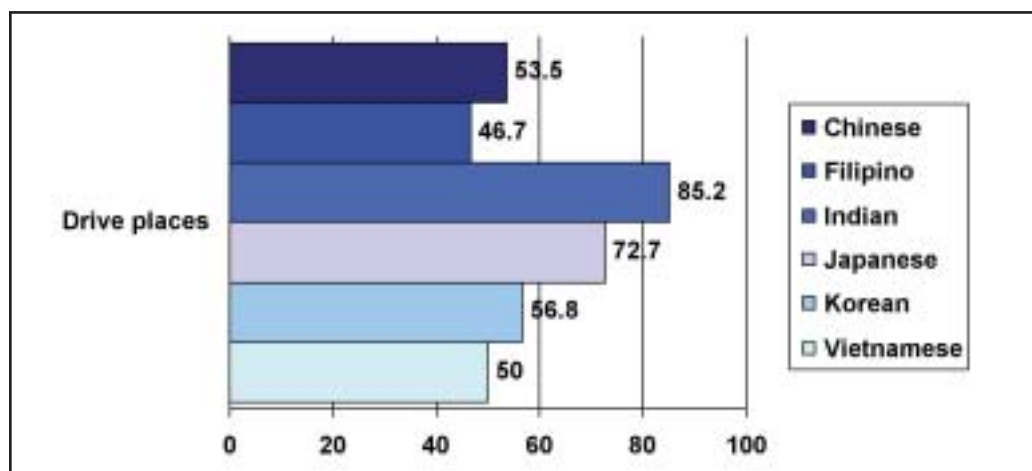
- Indian (85.2%) children were the most apt and Filipino (46.7%) children the least apt

to drive their parents places.

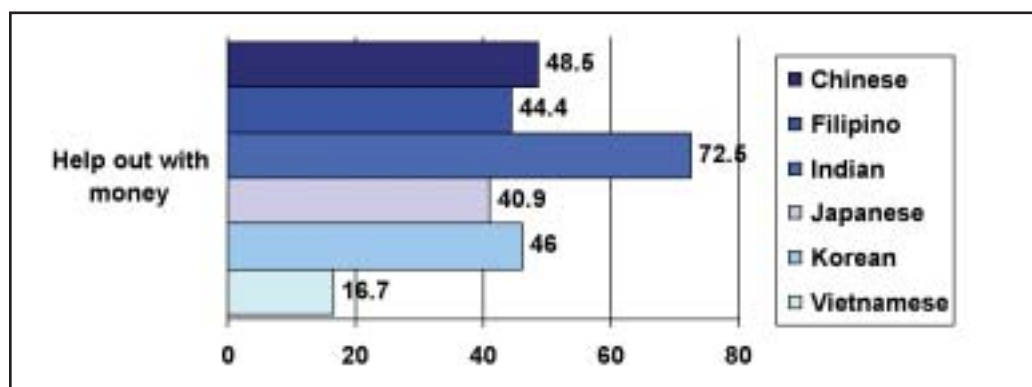
- Indian (72.5%) children were the most likely and Vietnamese (16.7%) the least likely to assist their parents by providing them with money.
- Japanese (68.2%) and Indian (68.1%) children were the most apt and Korean (22%) the least apt to prepare meals for their parents.
- Indian (75.8%) children were the most apt and Korean (24.1%) children the least apt to clean house for their parents.
- Indian (87.9%) and Japanese (81.8%) children were the most likely and Korean (16.5%) the least likely to fix things around their parents house.
- Indian (92.2%) children were the most apt and Korean (50%) and Vietnamese (50%) children the least apt to assist parents with shopping.
- Japanese (95.5%) children were the most likely and Chinese (34.1%) children the least likely to advise their parent(s) on money matters.
- Indian (97.8%) and Japanese (95.5%) were the most apt and Korean (69.3%) children the least apt to assist when their parents were ill.

Overall, these results all demonstrate a large amount of exchange and support between the generations. While this is very important for the ability of elders to maintain themselves in the home environment, the level of caregiver strain on Asian American children and grandchildren should be examined in future studies.

**Figure 4.32:** *Children Helping with Transportation and Parental Ethnicity (Percentage) (Statistically significant)*

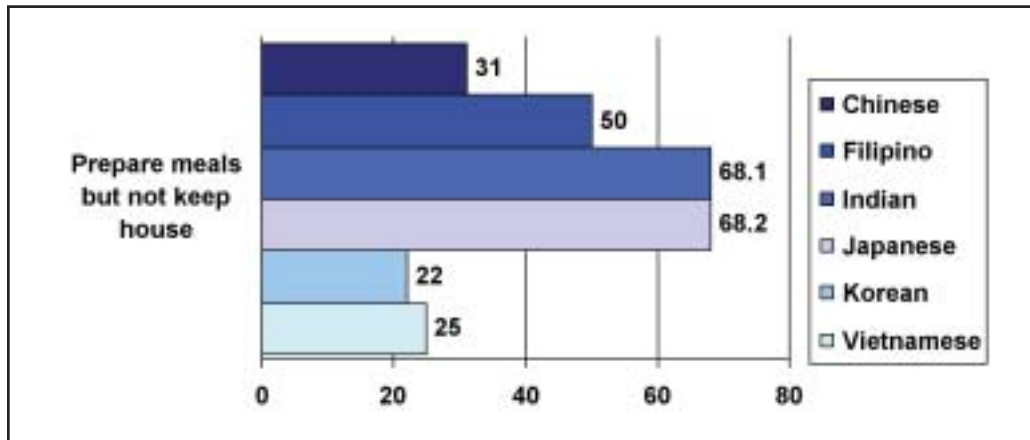


**Figure 4.33:** *Children Helping With Money and Parental Ethnicity (Percentage) (Statistically significant)*

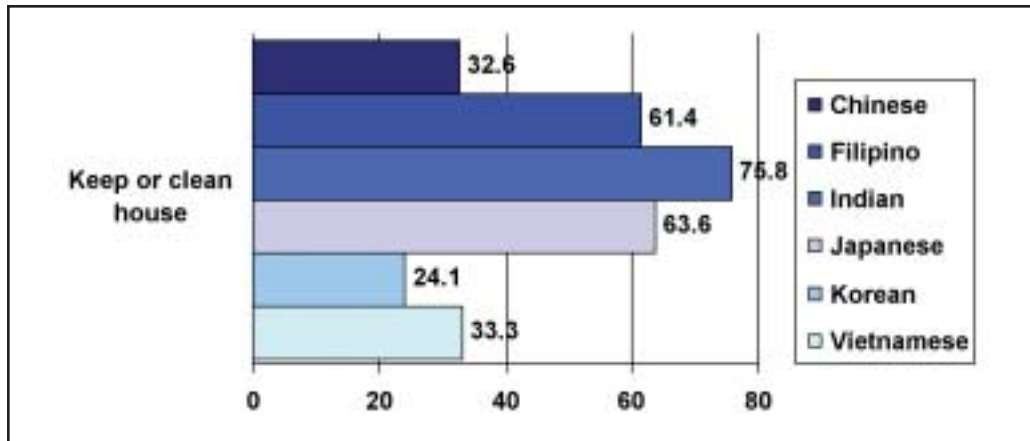




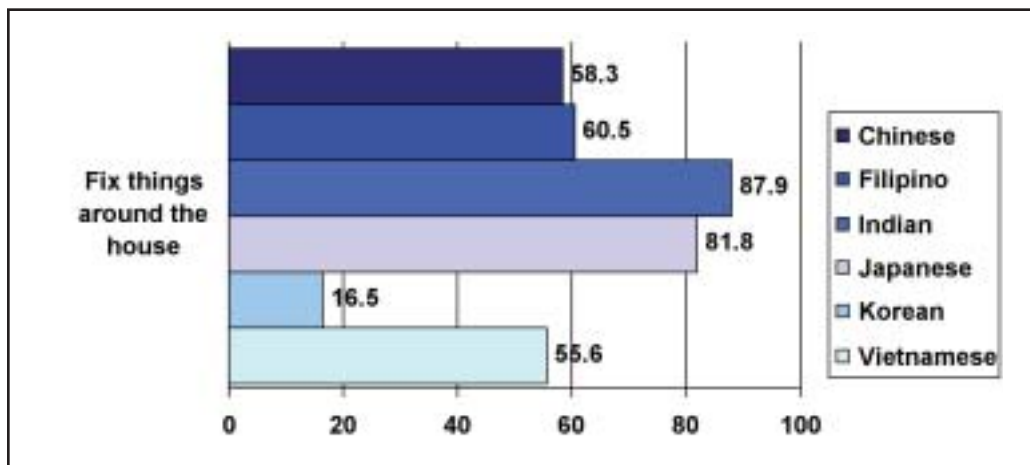
**Figure 4.34:** *Children Helping with Meal Preparation and Parental Ethnicity (Percentage) (Statistically significant)*



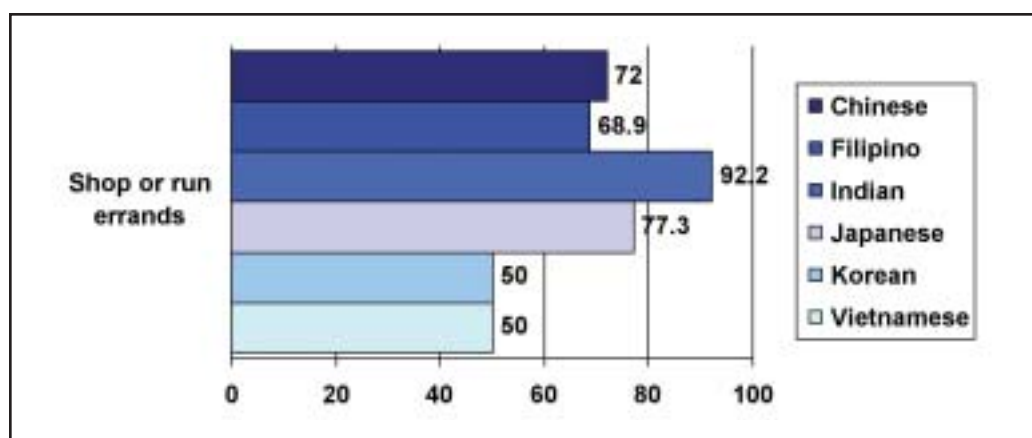
**Figure 4.35:** *Children Helping with Housecleaning and Parental Ethnicity (Percentage) (Statistically significant)*



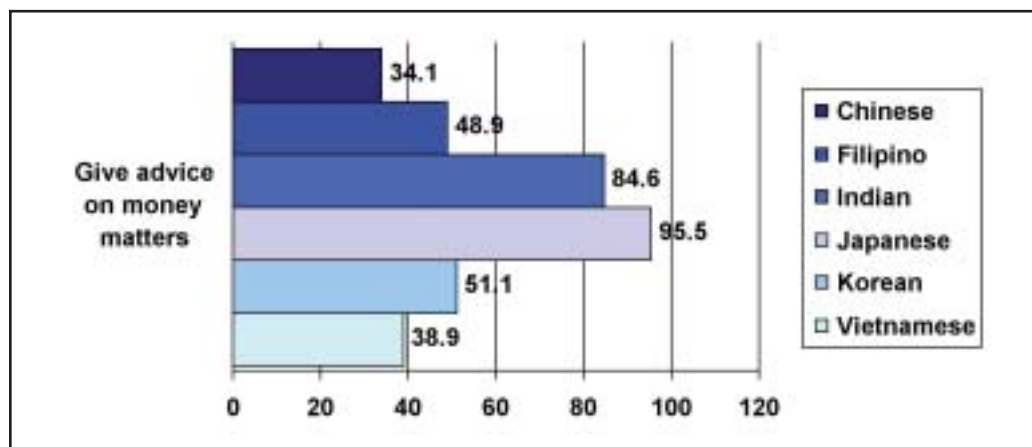
**Figure 4.36:** *Children Fixing Things around the House and Parental Ethnicity (Percentage) (Statistically significant)*



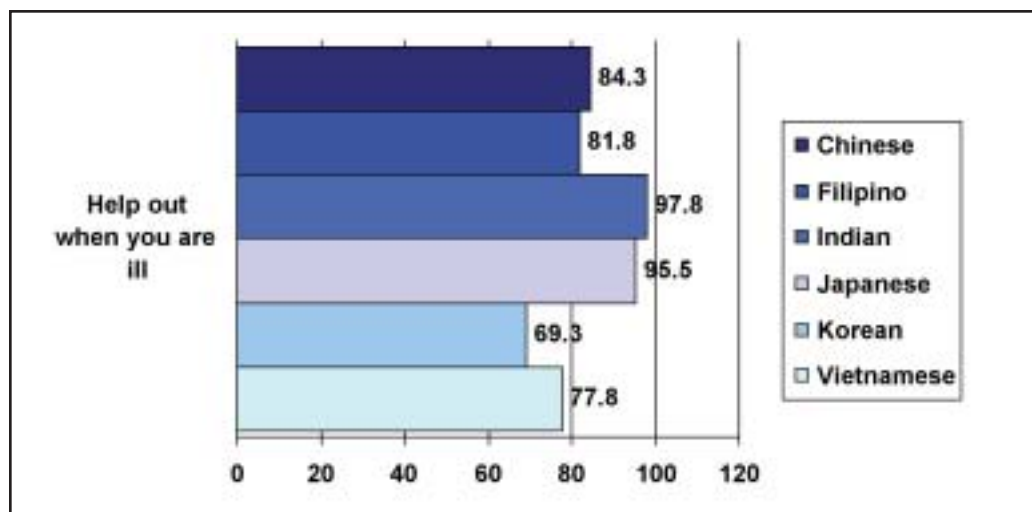
**Figure 4.37:** *Children Helping with Shopping and Parental Ethnicity (Percentage) (Statistically significant)*



**Figure 4.38:** *Children Helping with Advice on Money Matters and Ethnicity (Percentage) (Statistically significant)*



**Figure 4.39:** *Children Helping When Parents Are Ill (Percentage) (Statistically significant)*



## Section 4.4 Use of Formal Services

### Help Needed with Supportive Services

Respondents were asked what kind of help they had needed in the past year. There were large difference among the ethnic groups. Language translation was especially needed by the Indians, Vietnamese and Chinese. Help in accessing services and entitlements was most mentioned by Indians, Koreans, Vietnamese, and Chinese.

**Figure 4.40:** *Help Needed in Past Year (Percentage)*

|   | Chinese<br>N= 104 | Filipino<br>N= 52 | Indian<br>N= 99 | Japanese<br>N= 25 | Korean<br>N= 98 | Vietnamese<br>N= 13 | Total<br>N= 390 |
|---|-------------------|-------------------|-----------------|-------------------|-----------------|---------------------|-----------------|
| Meals brought to home                       | 3% <sup>3</sup>   | 4                 | 5               | 34                | 5               | 0                   | 13              |
| Meals at senior center                      | 17                | 19                | 2               | 12                | 20              | 0                   | 13              |
| Help with housekeeping, personal care       | 31                | 8                 | 42              | 44                | 4               | 0                   | 23              |
| Help with home repairs                      | 13                | 14                | 59              | 40                | 4               | 0                   | 21              |
| Personal or family counseling               | 0                 | 0                 | 2               | 0                 | 2               | 0                   | 1               |
| Someone to care for you after hospital stay | 16                | 0                 | 21              | 2                 | 7               | 0                   | 12              |
| Transport to doctor/clinic                  | 38                | 8                 | 49              | 9                 | 18              | 32                  | 32              |
| Someone to call/visit you                   | 17                | 4                 | 58              | 40                | 8               | 4                   | 23              |
| Help with entitlements                      | 20                | 0                 | 44              | 12                | 38              | 24                  | 28              |
| Language translation                        | 33                | 4                 | 59              | 8                 | 6               | 40                  | 28              |

When the results are compared to the level and type of needs reported for the general older adult population in New York City [2], the Asian American elders have higher levels of need for supportive services in the areas of medical transportation, benefits and entitlements and someone to call or visit.

**Figure 4.41:** *Need for Supportive Services (Percentage)*

| Kinds of Help                    | Asian American Elders | General New York City Elders |
|----------------------------------|-----------------------|------------------------------|
| Transportation to doctor, clinic | 32                    | 28                           |
| Benefits/entitlements            | 28                    | 12                           |
| Housekeeping or personal care    | 23                    | 25                           |
| Someone to call or visit         | 23                    | 10                           |

<sup>3</sup> The actual number of valid responses varied by question and ethnic group.

# Use of Formal Services

Asian American elders were asked which formal services, from a list of 23, they had turned to in the previous year. These are summarized in Table 4.42.

**Figure 4.42:** *Formal Service Use in Past Year (Percentage)*

|   | Chinese<br>N= 105      | Filipino<br>N= 52 | Indian<br>N= 100 | Japanese<br>N= 25 | Korean<br>N= 100 | Vietnamese<br>N= 25 | Total<br>N= 407 |
|---|------------------------|-------------------|------------------|-------------------|------------------|---------------------|-----------------|
| Social Security Office                  | 36% <sup>4</sup> [105] | 60 [52]           | 39 [92]          | 68 [25]           | 34 [100]         | 32 [25]             | 31 [399]        |
| Dept. for Aging                         | 7 [105]                | 16 [50]           | 7 [92]           | 20 [25]           | 2 [100]          | 4 [25]              | 7 [397]         |
| Dept. of Social Services                | 11 [105]               | 10 [50]           | 4 [92]           | 0 [25]            | 1 [100]          | 8 [25]              | 7 [397]         |
| Police                                  | 4 [105]                | 4 [52]            | 15 [92]          | 0 [25]            | 1 [99]           | 0 [25]              | 5 [396]         |
| NYC Housing                             | 2 [105]                | 0 [50]            | 4 [92]           | 0 [25]            | 12 [100]         | 0 [25]              | 4 [397]         |
| VA or VA Hospital                       | 0 [104]                | 14 [50]           | 0 [92]           | 0 [25]            | 0 [100]          | 0 [25]              | 2 [396]         |
| Medicare Office                         | 16 [104]               | 44 [51]           | 41 [92]          | 36 [25]           | 43 [99]          | 16 [25]             | 34 [396]        |
| Medicaid Office                         | 13 [103]               | 33 [49]           | 40 [92]          | 12 [25]           | 33 [99]          | 8 [25]              | 27 [393]        |
| NH or Home for Aged                     | 1 [104]                | 0 [50]            | 2 [92]           | 24 [25]           | 1 [99]           | 0 [25]              | 3 [395]         |
| Minister, Priest, Monk                  | 18 [104]               | 19 [50]           | 20 [93]          | 8 [24]            | 24 [99]          | 20 [25]             | 20 [396]        |
| Spiritualist                            | 1 [104]                | 0 [50]            | 24 [97]          | 4 [25]            | 0 [100]          | 0 [24]              | 6 [400]         |
| Senior Center                           | 38 [103]               | 27 [50]           | 1 [90]           | 32 [25]           | 26 [99]          | 16 [25]             | 23 [392]        |
| Citizenship Classes                     | 6 [105]                | 4 [50]            | 2 [91]           | 0 [25]            | 14 [99]          | 32 [25]             | 8 [395]         |
| English Classes                         | 0 [105]                | 0 [50]            | 7 [93]           | 0 [25]            | 18 [100]         | 16 [25]             | 7 [398]         |
| Immigration/<br>Naturalization Services | 6 [105]                | 14 [51]           | 27 [92]          | 0 [25]            | 3 [100]          | 28 [24]             | 12 [397]        |
| Legal Services                          | 2 [105]                | 6 [50]            | 30 [92]          | 24 [25]           | 0 [100]          | 0 [24]              | 10 [396]        |
| Transportation Services                 | 7 [104]                | 21 [11]           | 22 [95]          | 32 [25]           | 7 [98]           | 0 [24]              | 14 [398]        |
| Home Care Services                      | 24 [104]               | 0 [52]            | 1 [99]           | 36 [25]           | 3 [95]           | 0 [23]              | 9 [398]         |
| Visiting Nurse Services                 | 23 [104]               | 0 [52]            | 2 [99]           | 20 [25]           | 2 [97]           | 0 [23]              | 8 [400]         |
| Physical Therapist                      | 10 [105]               | 6 [52]            | 15 [99]          | 20 [25]           | 21 [98]          | 0 [23]              | 13 [402]        |
| Occupational Therapist                  | 2 [102]                | 0 [52]            | 3 [98]           | 0 [25]            | 1 [97]           | 1 [23]              | 2 [397]         |
| Social Worker                           | 9 [103]                | 2 [52]            | 1 [98]           | 0 [25]            | 4 [97]           | 24 [23]             | 5 [398]         |

The number of formal services used by each individual was summed to create an index of utilization. Fully 30% of the Asian American elders used no formal services during the previous year; 17% used only one and another 18% used just two. The remaining 35% used between four and nine of the 23 formal services. (See figure 4.43.)

<sup>4</sup> Number of valid (Not: 'refused' or 'don't know') responses vary for each question and each nationality group. Number of valid responses is noted in brackets in each cell.

From the index, the Asian American population surveyed was divided into two groups: those using two or more services and those using one or none. Overall use of formal services was examined by ethnicity, age, gender, living arrangement, self-reported health, and English language fluency based on level of utilization. Key findings include:

The per cent using two or more services was highest among the Japanese (68%) and lowest among Koreans (49%).

There were only minor differences by gender, age, and living arrangements.

Those reporting poorer health were more likely to use services than those with better health.

Those speaking English well were more likely to use formal services than those who did not. Similarly, those living in households where at least one member spoke English were more likely to use services than those in linguistically isolated households.

**Figure 4.43:** *Index of Utilization: Demographic Variables and Formal Service Use*

| Demographic            | Variable                         | % Using 2+ Formal Services in Past Year |
|------------------------|----------------------------------|---|
| Ethnicity <sup>5</sup> | Chinese                          | 59%                                     |
|                        | Filipino                         | 62                                      |
|                        | Indian                           | 57                                      |
|                        | Japanese                         | 68                                      |
|                        | Korean                           | 49                                      |
| Sex                    | Male                             | 52                                      |
|                        | Female                           | 53                                      |
| Age                    | 65 – 74                          | 51                                      |
|                        | 75+                              | 55                                      |
| Living Arrangement     | Lives alone                      | 51                                      |
|                        | Lives with others                | 53                                      |
| Self-Reported Health   | Excellent/very good              | 43                                      |
|                        | Good                             | 54                                      |
|                        | Fair                             | 50                                      |
|                        | Poor                             | 61                                      |
| Speaks English         | Very well/somewhat well          | 67                                      |
|                        | Not well                         | 48                                      |
|                        | Not at all                       | 50                                      |
| Household English      | Someone in household speaks well | 51                                      |
|                        | No one in household speaks well  | 40                                      |

Asian Americans turned to the formal service sector more frequently than the general older adult population of Whites, African Americans and Hispanics in New York City surveyed in the early 1990s [2].

<sup>5</sup> Data about Vietnamese elders was not available.

**Figure 4.44:** *Comparative Use of Formal Services (Percentage)*

| Service                           | Asian American Elders | General New York City Elders |
|-----------------------------------|-----------------------|------------------------------|
| Medicare                          | 34                    | 18                           |
| Social Security                   | 31                    | 19                           |
| Medicaid                          | 27                    | 5                            |
| Senior Centers                    | 23                    | 17                           |
| Minister, Priest, Monk            | 20                    | 10                           |
| NYC Department for the Aging      | 7                     | 6                            |
| NYC Department of Social Services | 7                     | 6                            |

### Health Services Use

Eighty percent (80%) of Asian Americans report that they have a regular source of medical care. A striking exception is the Indian population, of whom more than half did not have a regular source of medical care.

- For most people, care is provided by a doctor practicing Western-style medicine. Again, Indians were the exception. Of those with a regular source of care, only about half had a Western-style doctor. Additional highlights (Figure 4.45) include:
- In the past year, 10% per cent had not seen a doctor. The figure was highest among Indians (16%) and Filipinos (14%).
- Dissatisfaction with treatment or attention from doctors was highest among Indians (28%); it also was high among the Japanese (20%).
- Emergency room services has been used by 13% of the people surveyed. Use was much higher among the Japanese (44%) than others.
- Overall, 17% had been hospitalized at least once in the past year. The rate was much higher among the Japanese (44%) than others.
- Nursing home stays in general were rare (1%).

**Figure 4.45:** *Use of Medical Services by Ethnic Group (Percentage)*

|   | <b>Chinese<br/>N= 105</b> | <b>Filipino<br/>N= 52</b> | <b>Indian<br/>N= 100</b> | <b>Japanese<br/>N= 25</b> | <b>Korean<br/>N= 100</b> | <b>Vietnamese<br/>N= 25</b> | <b>Total<br/>N= 407</b> |
|---|---------------------------|---------------------------|--------------------------|---------------------------|--------------------------|-----------------------------|-------------------------|
| Has regular source of medical care                  | 92% <sup>6</sup> [105]    | 85 [52]                   | 48 [99]                  | 96 [25]                   | 91 [100]                 | 92 [24]                     | 80 [405]                |
| Regular source is Western doctor                    | 90 [105]                  | 83 [52]                   | 47 [100]                 | 96 [25]                   | 89 [100]                 | 92 [25]                     | 79 [407]                |
| Regular source is traditional doctor or healer      | 4 [105]                   | 2 [52]                    | 0 [92]                   | 0 [25]                    | 6 [100]                  | 0 [25]                      | 3 [407]                 |
| # of doctor contacts in past year:                  |                           |                           |                          |                           |                          |                             |                         |
| 0   | 10                        | 14                        | 16                       | 0                         | 7                        | 0                           | 10                      |
| 1 –4  | 33                        | 60                        | 57                       | 44                        | 30                       | 46                          | 43                      |
| 5+  | 57                        | 26                        | 27                       | 56                        | 63                       | 54                          | 47                      |
| Not satisfied with treatment/attention from doctors | 10 [98]                   | 2 [52]                    | 28 [93]                  | 20 [25]                   | 9 [100]                  | 0 [21]                      | 13 [382]                |
| Used ER in past year                                | 14 [104]                  | 15 [52]                   | 18 [97]                  | 44 [25]                   | 14 [99]                  | 21 [24]                     | 13 [401]                |
| In hospital past year                               | 13 [104]                  | 15 [52]                   | 22 [99]                  | 44 [25]                   | 13 [97]                  | 8 [24]                      | 17 [401]                |
| In nursing home in past year                        | 0 [103]                   | 0 [51]                    | 2 [99]                   | 3 [25]                    | 0 [98]                   | 0 [24]                      | 1 [400]                 |

Nearly 60% had spent at least one day sick in bed, and 16% had spent more than ten days. The rate for 10 or more days spent sick in bed was highest among the Japanese (34%), Koreans (23%), and Indians (19%).

**Figure 4.46:** *Days Sick in Bed by Ethnic Group (Percentage)*

|             | <b>Chinese<br/>N= 105</b> | <b>Filipino<br/>N= 52</b> | <b>Indian<br/>N= 100</b> | <b>Japanese<br/>N= 25</b> | <b>Korean<br/>N= 100</b> | <b>Vietnamese<br/>N= 25</b> | <b>Total<br/>N= 407</b> |
|-------------|---------------------------|---------------------------|--------------------------|---------------------------|--------------------------|-----------------------------|-------------------------|
| 0 Days      | 47%                       | 51                        | 21                       | 8                         | 54                       | 64                          | 41                      |
| 1-5 Days    | 33                        | 31                        | 45                       | 33                        | 13                       | 18                          | 30                      |
| 6-10 Days   | 8                         | 16                        | 14                       | 25                        | 11                       | 5                           | 12                      |
| 11-20 Days  | 5                         | 2                         | 6                        | 17                        | 8                        | 5                           | 6                       |
| 21-100 Days | 7                         | 0                         | 13                       | 17                        | 15                       | 9                           | 10                      |

Approximately half of the Asian American elders had health insurance through Medicare (51% had Part A and 66% had Part B coverage. In contrast to over 90% of the elderly population at large.)

Coverage by Medicaid, the needs-based medical insurance program, reaches four in ten people in the sample. The range across ethnic groups is great: nine in ten of Vietnamese and just one in ten of Japanese have Medicaid.

<sup>6</sup> Number of valid (Not: 'refused' or 'don't know') responses vary for each question and each nationality group. Number of valid responses is noted in brackets in each cell.



**Figure 4.47:** *Health Insurance Coverage by Ethnic Group (Percentage)*

|                 | Chinese               | Filipino | Indian  | Japanese | Korean  | Vietnamese | Total    |
|-----------------|-----------------------|----------|---------|----------|---------|------------|----------|
| Medicare Part A | 87% <sup>7</sup> [90] | 53 [45]  | 16 [81] | 32 [25]  | 54 [83] | 38 [16]    | 51 [340] |
| Medicare Part B | 88 [88]               | 61 [51]  | 43 [82] | 88 [24]  | 66 [86] | 47 [17]    | 66 [348] |
| Medicaid        | 58 [72]               | 37 [43]  | 25 [82] | 9 [21]   | 39 [84] | 91 [23]    | 41 [325] |
| Other           | 8 [37]                | 16 [38]  | 21 [84] | 25 [24]  | 4 [71]  | 6 [16]     | 14 [270] |
| HMO Membership  | 49 [78]               | 13 [52]  | 27 [84] | 44 [25]  | 6 [84]  | 0 [22]     | 24 [345] |

## Section 4.5 Unmet Needs

### Unmet Need for Formal Services

Use of formal services is only part of the picture of service needs. Interviewees identified when they needed services that they did not receive (Figure 4.48). 30 persons in the sample reported they did not get the help they needed from the Social Security office. Legal services were reported as not gotten when needed by 15 persons. And lack of services from Medicaid and Medicare offices were so reported by 17 and 15 persons respectively.

<sup>7</sup> Number of valid (Not: 'refused' or 'don't know') responses vary for each question and each nationality group. Number of valid responses is noted in brackets in each cell.

**Figure 4.48:** *People Who Did Not Get Needed Formal Services*

|   | <b>Chinese<br/>N= 105</b> | <b>Filipino<br/>N= 52</b> | <b>Indian<br/>N= 100</b> | <b>Japanese<br/>N= 25</b> | <b>Korean<br/>N= 100</b> | <b>Vietnamese<br/>N= 25</b> | <b>Total<br/>N= 407</b> |
|---|---------------------------|---------------------------|--------------------------|---------------------------|--------------------------|-----------------------------|-------------------------|
| Social Security Office                  | 11% <sup>8</sup> [37]     | 20 [31]                   | 36 [39]                  | 18 [17]                   | 3 [8]                    | 13 [8]                      | 18 [166]                |
| Dept. for Aging                         | 14 [7]                    | 0 [8]                     | 43 [7]                   | 20 [5]                    | 50 [2]                   | 0 [1]                       | 20 [30]                 |
| Dept. of Social Services                | 0 [11]                    | 0 [5]                     | 25 [4]                   | —                         | 0 [1]                    | 0 [8]                       | 3 [29]                  |
| Police                                  | 0 [4]                     | 0 [2]                     | 47 [15]                  | —                         | 0 [1]                    | —                           | 32 [22]                 |
| NYC Housing                             | 100 [2]                   | —                         | 25 [4]                   | —                         | 0 [12]                   | —                           | 17 [18]                 |
| VA or VA Hospital                       | —                         | 0 [7]                     | —                        | —                         | —                        | —                           | 0 [7]                   |
| Medicare Office                         | 0 [17]                    | 4 [23]                    | 32 [41]                  | 11 [9]                    | 0 [43]                   | 0 [4]                       | 11 [137]                |
| Medicaid Office                         | 7 [14]                    | 6 [17]                    | 38 [40]                  | 0 [3]                     | 0 [33]                   | 0 [2]                       | 16 [109]                |
| NH or Home for Aged                     | 100 [1]                   | —                         | 100 [2]                  | 17 [6]                    | 0 [1]                    | —                           | 40 [10]                 |
| Minister, Priest, Monk                  | 5 [19]                    | 10 [10]                   | 5 [20]                   | 50 [2]                    | 4 [24]                   | 0 [5]                       | 6 [80]                  |
| Spiritualist                            | 0 [1]                     | —                         | 21 [24]                  | 100 [1]                   | —                        | —                           | 23 [26]                 |
| Senior Center                           | 10 [40]                   | 7 [14]                    | 0 [1]                    | 0 [8]                     | 4 [26]                   | 0 [4]                       | 7 [93]                  |
| Citizenship Classes                     | 0 [6]                     | 50 [2]                    | 0 [2]                    | —                         | 0 [14]                   | 0 [8]                       | 3 [32]                  |
| English Classes                         | —                         | —                         | 14 [7]                   | —                         | 0 [18]                   | 0 [4]                       | 3 [29]                  |
| Immigration/<br>Naturalization Services | 16 [6]                    | 0 [7]                     | 22 [27]                  | —                         | 0 [3]                    | 0 [7]                       | 14 [50]                 |
| Legal Services                          | 0 [2]                     | 0 [3]                     | 40 [30]                  | 50 [6]                    | —                        | —                           | 36 [41]                 |
| Transportation Services                 | 0 [7]                     | 9 [11]                    | 0 [22]                   | 25 [8]                    | 0 [7]                    | —                           | 5 [55]                  |
| Home Care Services                      | 8 [25]                    | —                         | 100 [1]                  | 0 [9]                     | 0 [3]                    | —                           | 8 [38]                  |
| Visiting Nurse Services                 | 8 [24]                    | —                         | 100 [2]                  | 0 [5]                     | 0 [2]                    | —                           | 12 [33]                 |
| Physical Therapist                      | 0 [10]                    | 0 [3]                     | 13 [15]                  | 0 [5]                     | 19 [21]                  | —                           | 11 [54]                 |
| Occupational Therapist                  | 0 [2]                     | —                         | 33 [3]                   | —                         | 0 [1]                    | 0 [1]                       | 14 [7]                  |
| Social Worker                           | 11 [9]                    | 0 [1]                     | 0 [1]                    | —                         | 0 [4]                    | 0 [6]                       | 5 [21]                  |

### Unmet Need for Supportive Services

When a type of help was reported to be needed, the respondent was asked whether this help was, in fact, received. The results are summarized in Figure 4.49. The percentages in this table are the percentages of all needing the service who did not receive it. Areas of shortfall were: language translation (not received in 33% of instance when needed), someone to call or visit (not received by 30% of those reporting need), help with entitlements (not received in 26% of times needed) and help with housekeeping or personal care (15%).

<sup>8</sup> Number of valid (Not: 'refused' or 'don't know') responses vary for each question and each nationality group. Number of valid responses is noted in brackets in each cell.

**Figures 4.49:** *Supportive Help Needed and Not Received in Past Year (Percentage)*

|   | Chinese<br>N= 105   | Filipino<br>N= 52 | Indian<br>N= 100 | Japanese<br>N= 25 | Korean<br>N= 100 | Vietnamese<br>N= 25 | Total<br>N= 407 |
|---|---------------------|-------------------|------------------|-------------------|------------------|---------------------|-----------------|
| Meals brought to home                       | 0% <sup>9</sup> [3] | 50 [2]            | 9 [33]           | 25 [8]            | 0 [5]            | —                   | 12 [52]         |
| Meals at senior center                      | 0 [18]              | 0 [10]            | 0 [2]            | 33 [3]            | 0 [20]           | —                   | 2 [53]          |
| Help with housekeeping, personal care       | 6 [32]              | 50 [4]            | 19 [42]          | 18 [11]           | 0 [4]            | —                   | 15 [93]         |
| Help with home repairs                      | 0 [13]              | 0 [7]             | 6 [50]           | 60 [10]           | 0 [4]            | —                   | 11 [84]         |
| Personal or family counseling               | —                   | —                 | 0 [2]            | —                 | 50 [2]           | —                   | 25 [4]          |
| Someone to care for you after hospital stay | 6 [17]              | 19 [21]           | 50 [2]           | —                 | 0 [7]            | —                   | 13 [47]         |
| Transport to doctor/clinic                  | 0 [40]              | 0 [4]             | 14 [49]          | 67 [[9]           | 0 [18]           | 0 [8]               | 10 [128]        |
| Someone to call/visit you                   | 0 [18]              | 0 [2]             | 35 [58]          | 70 [10]           | 25 [8]           | 0 [1]               | 30 [97]         |
| Help with entitlements                      | 19 [21]             | —                 | 55 [44]          | 33 [3]            | 0 [38]           | 0 [6]               | 26 [112]        |
| Language translation                        | 18 [34]             | 0 [2]             | 49 [59]          | 50 [2]            | 17 [6]           | 0 [10]              | 33 [113]        |

### Need for Extra Help with Activities of Daily Living

Elders were asked whether they needed extra help with the routine activities of daily living. Only 22.1% reported no need for such assistance, 29% reported a need most of the time and another 31.3% reported a need some of the time. The results indicate a highly vulnerable population whose need for assistance could burden the familial sources of informal support. (See figure 4.50.)

There were significant differences in the need for extra help based on age and ethnicity but not with gender. As might be expected, the old-old (22.7%) were more apt to report a need for “a lot more help” than were the young-old elders (15.5%). The young-old were more apt to say they needed “some more” help than were the old-old (36% vs. 21.9%). The old-old were also more apt to say that they received the help they needed than were the young-old (26.9% vs. 19.7%).

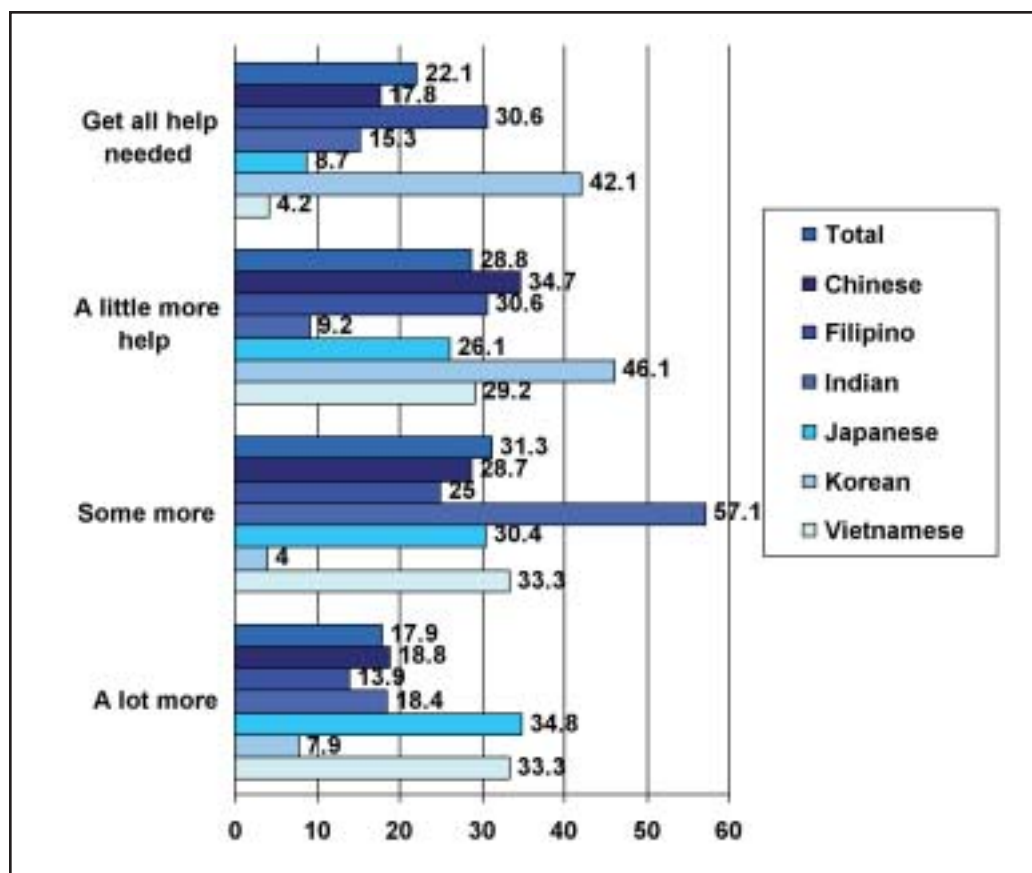
The need for additional assistance varied by ethnic group:

- Japanese (34.8%) and Vietnamese (33.3%) elders were the most apt and Korean (7.9%) elders the least apt to need “a lot more” help.
- Indian (57.1%) elders were the most likely and Korean (4%) elders the least likely to need “some more help.”
- Korean (46.1%) elders were the most apt and Indian (9.2%) elders were the least apt to need “a little more help.”

<sup>9</sup> Number of valid (Not: ‘refused’ or ‘don’t know’) responses vary for each question and each nationality group. Number of valid responses is noted in brackets in each cell.

- Korean (42.1%) elders were the most likely and Vietnamese (4.2%) the least likely to “get all the help that they need.”

**Figure 4.50:** *Could Use More Help by Ethnic Group (Percentage) (Statistically significant)*

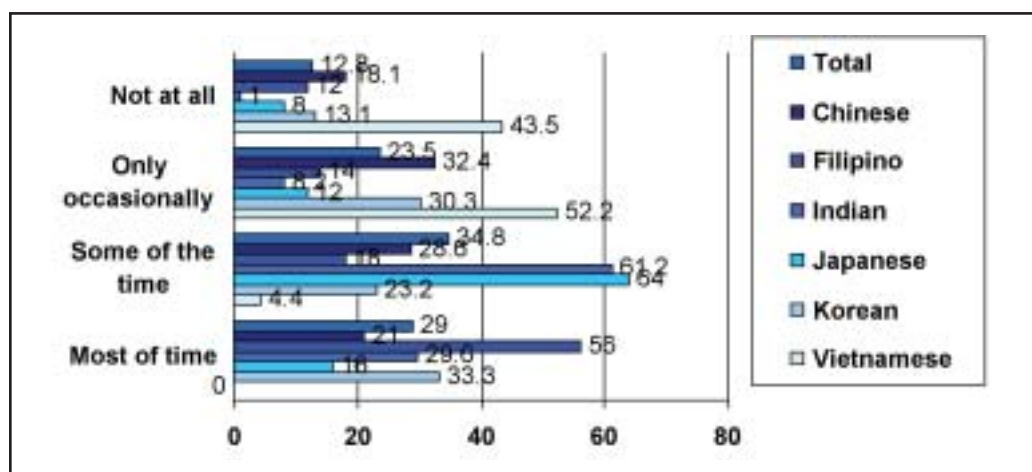


Elders were also asked if the extra help they needed was available. Over half reported that such help was available some of the time (34.8%) or only occasionally (23.5%). Another 12.8% reported having no extra help available. Nearly a third of the respondents (29%) said that such assistance was available most of the time.

While there were no significant differences in availability of extra help based on the elder's gender or age, there was significant variation by ethnic group (see Figure 4.51), including:

- Filipino (56%) elders were the most apt and Vietnamese (0%) elders the least apt to report that extra help was available to them most of the time.
- Japanese (64%) and Indian (61.2%) elders were the most likely and Vietnamese (4.4%) elders the least likely to report that extra help was available to them some of the time.
- Vietnamese (52.2%) elders were the most apt and Indian (8.2%) elders the least apt to report that extra help was available to them only occasionally.
- Vietnamese (43.5%) elders were the most likely and Indian (1%) elders the least likely to report that no extra help was available to them at all.
- Among Korean and Chinese elders, the availability of extra help was fairly evenly distributed across all categories.

**Figure 4.51:** *Availability of Extra Help by Ethnic Group (Percentage) (Statistically significant)*



## Summary and Implications

### Introduction

This chapter gives a broad picture of how informal and formal social supports frame daily life for Asian American elders from six ethnic groups in New York City. Topics include the structure and scope of interaction within informal networks, patterns of intergenerational assistance, utilization of formal services, and the need for additional assistance.

There has been a serious lack of empirical research about support relationships among Asian American elders in the United States. The survey summarized in this chapter addresses a critical information need about strengths and gaps in support systems among these minority groups in a major urban setting. The findings should guide policymakers and program planners to identify ways to supplement and extend functioning supports, formal and informal alike, and where to provide missing links. As always, it is vital to be attentive to ethnic, local, and individual variation.

### Informal Supports

Informal support networks varied in size, composition and domains of activity among the six ethnic groups in the study. Adult children were the principal source of informal support for elders. The majority of Asian American elders had children who live in New York City or within two hours. Although most elders have living siblings, contact and support were minimal.

Friends and neighbors also were important in informal support relationships. Among peers, the most frequent forms of help were visiting and helping when someone was ill. This kind of activity should be encouraged through program planning and social work practice.

### Intergenerational Assistance

Elders were active participants in reciprocal helping relationships with their children. The three types of assistance most commonly provided by parents were helping when someone was ill, keeping house and shopping or running errands. As might be expected, adult children provided more assistance to their parents than vice versa. More than

half of the elders benefited when their children helped in times of illness, with shopping or errands, drove them places, fixed things around the house and helped with money.

Additional research is needed about the quality and content of interaction between parents and children. For the elders, we need to know more about the impact of family dynamics on mental health. As findings from Chapter 3 indicated, parents who received higher levels of assistance from their children and those whose children did not live in close proximity tended to have higher levels of depression. Also, it is important to gain a more precise picture of caregiver burden for adult children.

### **Formal & Supportive Services**

The supportive services most often needed from the formal sector were transportation to medical appointments, language translation, help with entitlements, someone to call or visit, and help with housekeeping or personal care. Levels of need overall were higher among Asian American elders than in the general older adult population in New York City. There was, however, wide variation in service need profiles among the ethnic groups.

Use of formal services spanned a wide continuum. Approximately two-thirds reported that they used either no services or up to two during the past year. The remaining third, who used between four and nine services, tended to be in poorer health or have greater personal or household English language ability. Asian American elders turned to the formal service sector more frequently than did the general older adult population in New York City. It is, therefore, critical for program developers to carefully consider local and cultural issues to assure that resources are used most strategically. Utilizing the full range of services depends significantly on the capacity of agencies to provide bilingual staff or interpreters.

Access to consistent health care is particularly important for older adults. Most of the Asian American elders had regular sources of medical care, primarily Western-style medicine. Almost half of the people reported seeing their doctor five or more times during the year, and more than 40% spent one to 10 days sick in bed. Medicare and Medicaid were the sources of health insurance for most of the people in the study.

### **Unmet Needs**

Of the formal services that people indicated they needed but did not receive, the four most frequently identified were services from the Social Security Office, Medicaid and Medicare, and legal services. In terms of supportive services, transportation to medical appointments, language translation services, someone to call or visit, help with entitlements, and help with housekeeping and personal care are areas where additional resources should be directed to meet the gaps identified by Asian American elders. The priorities identified by consumers set a clear mandate for planning future programs.

The vast majority of people surveyed indicated that they needed more help with Activities of Daily Living, and, again, most had less available than they felt that they needed. This, too, suggests an area of focus for targeting public resources to have maximal value for elders in specific communities.

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|          |  |
|----------|--|
| Volume 1 | Introduction, Compendium of Significant Findings,<br>Recommendations and Methodology |
| Volume 2 | A Demographic and Economic Profile   |
| Volume 3 | Impact of Health Problems on Quality of Life   |
| Volume 4 | Life Space, Environment, and Impact of Crime   |
| Volume 5 | Family and Community Support Systems   |



## Chapter 5: Traditional Values, Stress and Life Satisfaction

Ada C. Mui, Ph.D., A.C.S.W.,<sup>1</sup> and Peter S. Cross, M.S.W.

### Significant Findings

- Values of honor, responsibility and family unity that are traditionally held in high regard in many Asian cultures continue to be honored among Asian American elders.
- More than half of the elders feel that it is important or somewhat important to know one's family lineage and extended family, remember ancestors, have decisions made by the eldest son when the father was absent, have children and parents live together, have parents able to rely on their children for support, receive some return for sacrifices made on behalf of children, have families take care of their elders, have parental approval of their children's spouses before marriage and have children avoid divorce to not let the family down.
- 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 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 the respondents, family financial condition is a serious problem; an additional 23.5% report that having too many medical bills is a serious problem.
- Between one-tenth and one-fifth of the elders have dealt with robbery or burglary, changes in household location or composition, children moving away and caring for a sick relative or friend during the previous three years.
- Elders are active in a wide range of leisure activities, some of which are related to the routines of daily life while others reflect personal interests. Least frequent are volunteer work and playing games or cards. There are only minimal differences across ethnic groups.
- There is a broad level of overall life satisfaction, and satisfaction with family relationships is especially strong.

<sup>1</sup> Ada Mui is grateful to Suk-Young Kang, Margaret Dietz Domanski and Li-Mei Chen for their valuable assistance on earlier drafts of this chapter.

- The level of depression is the most powerful predictor of the degree of life satisfaction. Lower general life satisfaction is the strongest predictor of lower satisfaction with family relationships.
- The inability to read English has the strongest correlation with the perception of less available back-up help.
- Predictors of greater perceived unmet needs include demographic factors, parent-child relationships, elders' emotional health and stressful life events. The most powerful of these predictors is the higher level of assistance provided to the elders by their adult children.
- The most powerful predictor of parental assistance to adult children is a high level of help from children to their aging parents. Other predictors include living with others, being young-old parents, having more perceived unmet needs and having a high level of face-to-face contact with children.
- The strongest predictor of level of assistance from adult children to parents is a higher level of face-to-face contact with children. Additional predictors include providing more assistance to adult children, being more depressed, having more unmet needs, the availability of back-up help, less stress from life events and having a confidant.
- The two characteristics that contribute to predicting 15% of the variance observed in the width of the cultural gap between Asian American elders and their children are depression and lower levels of face-to-face contact.

## Introduction

This chapter focuses on acculturation and qualitative aspects of life for Asian American elders in six ethnic communities in New York City. Understanding traditional values from the perspective of generational and ethnic variation provides valuable guidance for developing programs that meet the particular needs of people whose adult lives span multiple cultures. Similarly, identifying life events and losses that elders experience as stressful supports targeted use of community resources to meet felt needs. Finally, a global look at perceptions of quality of life in general and with family relationships in particular gives a rounded picture of what it means to be an Asian American elder in one city in the early years of the twenty-first century.

The information is covered in the following five sections:

|           |                                    |
|-----------|------------------------------------|
| Section 1 | Traditional Values and Culture Gap |
| Section 2 | Stressful Life Events              |
| Section 3 | Leisure Time                       |
| Section 4 | Quality of Life                    |
| Section 5 | Summary and Implications           |

## Section 5.1: Traditional Values and Culture Gap

Cultural values are beliefs about preferred choices that govern conduct, life decisions and related normative actions taken by individuals, families, groups and society as a whole. These values are rooted in ethnic, religious and generational beliefs as well as traditions and practices that influence individual and social outlooks [1].

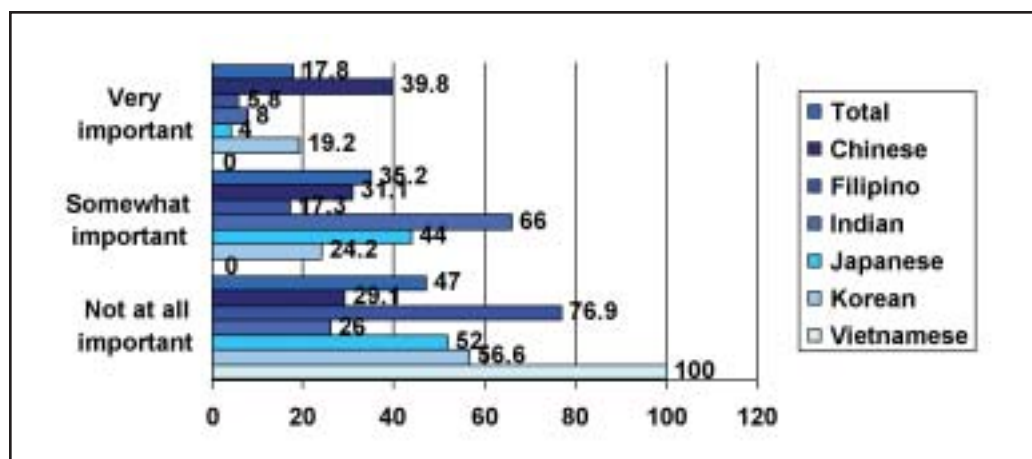
The Asian American population is comprised of many distinctive ethnic groups with some shared values, most of which derive from a world view rooted in an Eastern philosophical background and religious traditions. Asian cultures emphasize values such as family responsibility and obligations, filial piety, and a hierarchical order in duty to family, sensitivity for the feelings of others, respect and loyalty [2]. Given the significance of cultural values, a profile of the strength of these elements of tradition among contemporary Asian Americans is valuable for policy development and service planning.

Respondents were surveyed about the importance of twelve traditional values. They were asked to rate the importance of knowing family lineage, knowing extended family, remembering ancestors, decision-making by the eldest son, respect and obedience to elders, generations living together, relying on children for support, return for parental sacrifice, familial and government responsibility for elders, parental approval for children's marriage partners, avoiding divorce, and gap between viewpoints of parent and children. Responses to each of these statements are important for understanding community strengths and local needs and should be considered carefully in program planning to enhance caregiving and informal networks of social support.

## Family Lineage

Among all respondents, 53% felt that knowing family lineage was somewhat or very important (Figure 5.1). The Chinese were the most likely to feel this knowledge was very important (39.8%), whereas the Vietnamese were the most apt to feel that such knowledge was not important at all (100%). There were no significant differences based on either gender or age.

**Figure 5.1:** *Family Lineage* “It is important to know your family ancestry or lineage.” (Percentage) (Statistically significant)

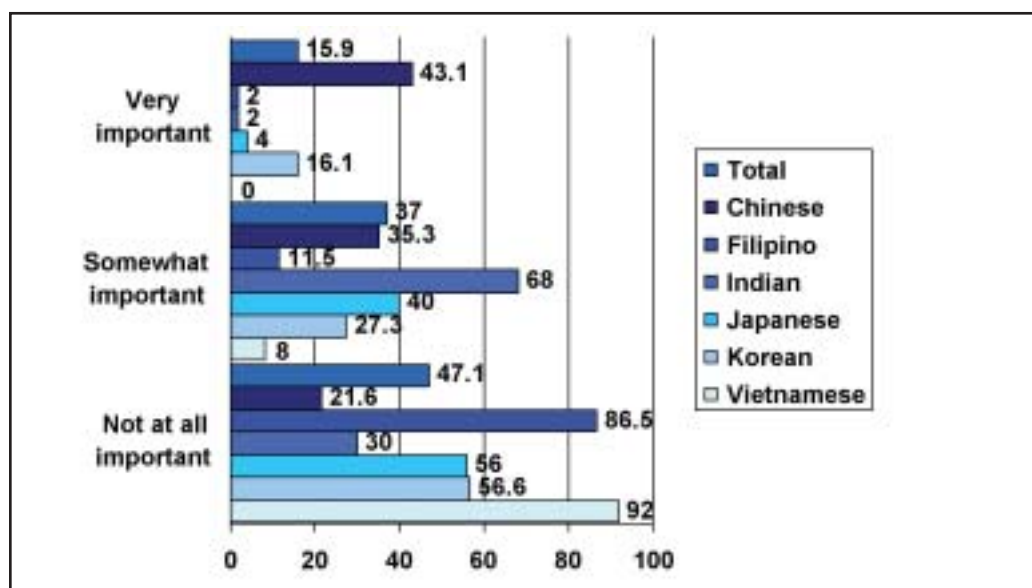


### Extended Family

Knowing extended family, including cousins, aunts and uncles, and having a close relationship with them was somewhat or very important to 52.9% of all Asian elders. The old-old elders, those age 75 and older, were more apt (27.5%) than were the young-old elders between ages 65-74 (10.3%) to value relationships with their extended families. Similarly, the young-old (50.4%) were more apt than the old-old (40.5%) to feel that these relationships were not at all important.

Views varied widely across the ethnic groups. Vietnamese were the most apt to feel that such knowledge was not important at all (92%). Over half of Filipino (86.5%), Korean (56.6%) and Japanese (56%) elders expressed this opinion as well. By contrast, over 78% of Chinese and 70% of Indian elders felt that knowledge of and a close relationship with extended family was a somewhat or very important tradition (Figure 5.2).

**Figure 5.2:** *Extended Family* “It is important to know your cousins, aunts and uncles and to have a close relationship with them.” (Percentage) (Statistically significant)

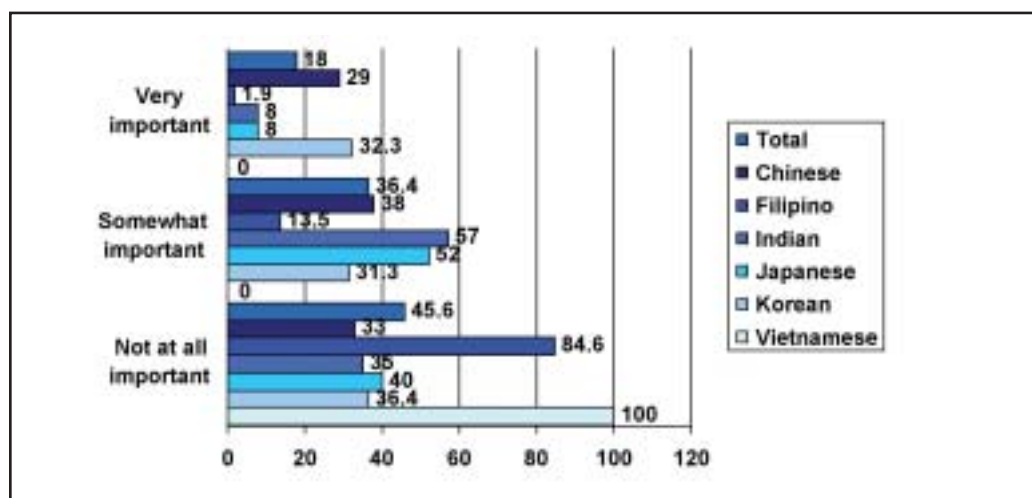


## Remembering Ancestors

An important tradition in many Asian cultures is the remembrance of ancestors who have passed away on the anniversary of their death, All Souls Day, or on other special occasions. Overall, 54.4% of the respondents felt that the tradition was either somewhat or very important. There were differences based on age. The young-old were more apt to feel this tradition was not at all important (47.6%) or somewhat important (38%) than were the old-old (41.5% and 33% respectively). Those age 75 and older were more apt to feel such remembrances were very important (25.4% vs. 14.4%).

Ethnic differences were observed. Fully 100% of the Vietnamese elders and 84.6% of the Filipino elders were the most apt to feel that such remembrances were not important at all. Opinions among the other four ethnic groups were more evenly distributed, with more than 50% of the people in these groups sharing the view that ancestral remembrances were somewhat or very important (see Figure 5.3).

**Figure 5.3:** *Remembering Ancestors*  
*"It is important to remember other family members who have passed away on the anniversary of their death, All Souls Day, or other special occasions." (Percentage) (Statistically significant)*

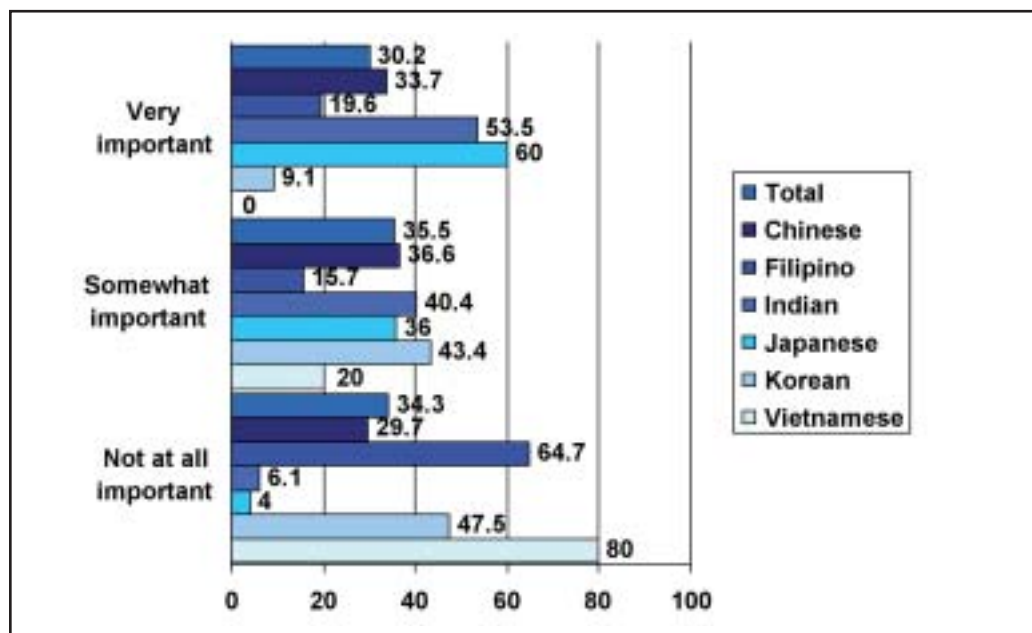


## Decisions by Eldest Son

There were no gender or age differences in the elders' opinions that, in the absence of the father, the eldest son rather than the mother should make the most important decisions (if the son is old enough). Among all the elders, 65% felt that this tradition was either somewhat or very important.

Ethnic differences were marked. The Vietnamese (80%), Filipino (64.7%) and Korean (47.5%) elders were the most apt to feel that having the elder son make important decisions was not important at all. Japanese (60%) and Indian (53.5%) elders were the most likely to feel that this custom was very important. Chinese elders were almost evenly distributed in their opinions across all three rankings (33.7% very, 36.6% somewhat, and 29.7% not at all important). Figure 5.4 summarizes the findings by ethnic group.

**Figure 5.4:** *Eldest Son as Decision Maker*  
*"It is important that in the absence of the father, the most important decisions should be made by the eldest son rather than the mother, if the son is old enough." (Percentage) (Statistically significant)*

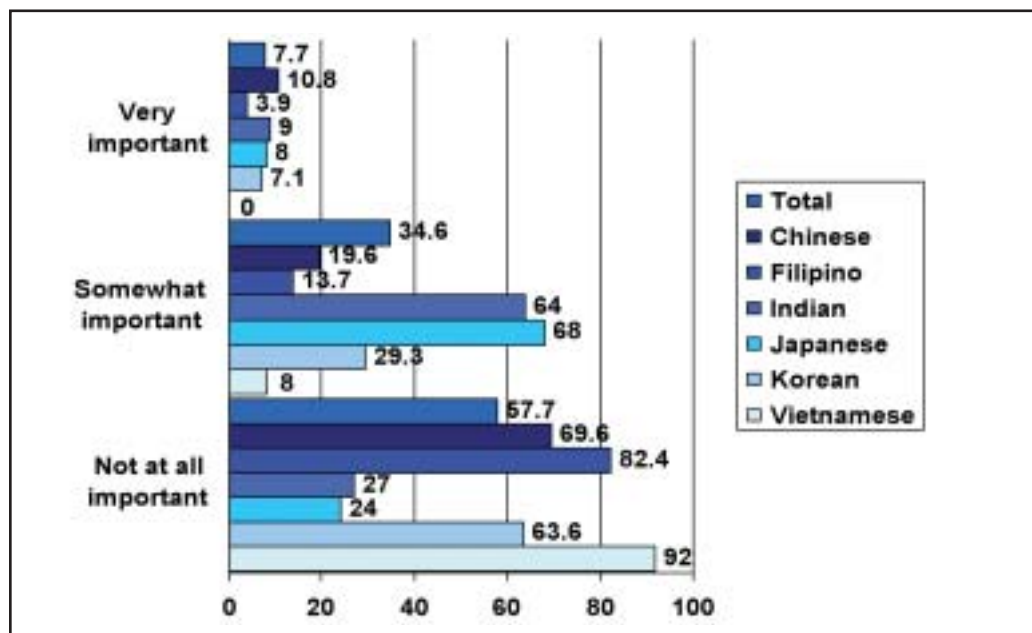


### Respect and Obedience

Forty-two percent (42%) of all Asian American elders felt that the traditional obligation of children to give respect and obedience regardless of what their parents say was important. Women (64.3%) were more likely than men (49.5%) to feel this tradition was not at all important. Conversely, men were more apt to feel that the tradition was somewhat (42.1%) or very important (8.4%) than were women (28.6% and 7.1% respectively).

From an ethnic perspective (see Figure 5.5), Japanese elders were the most apt to feel the tradition was important (76%). The Vietnamese felt it was not important at all (92%).

**Figure 5.5:** *Respect and Obedience*  
*"It is very important that, regardless of what parents say, children are obligated to give respect and obedience."*  
 (Percentage) (Statistically significant)



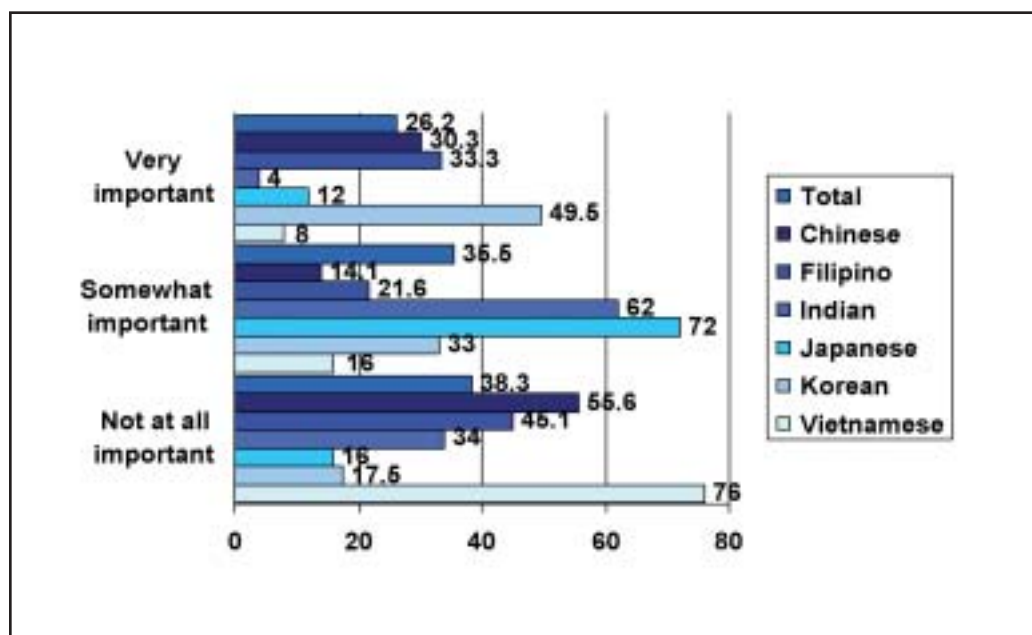
### Parents and Children Living Together

Among all respondents, 61.7% felt that it was important for their children to live with them. There were, however, significant differences by gender. While 33.3% of the women felt this was a very important tradition, just 17.1% of men felt the same. In contrast, men were more apt to say this tradition was either somewhat important (42.3%) or not important at all (40.6%) than were women (30.2% and 36.5%).

Variance by ethnicity ranged widely. Korean elders were the most apt to see this as an important tradition (49.5%). Vietnamese (76%) and Chinese (55.6%) elders felt that the tradition was not important at all (see Figure 5.6).



**Figure 5.6:** *Parents and Children Living Together*  
*"It is very important that your children live with you."*  
*(Percentage) (Statistically significant)*

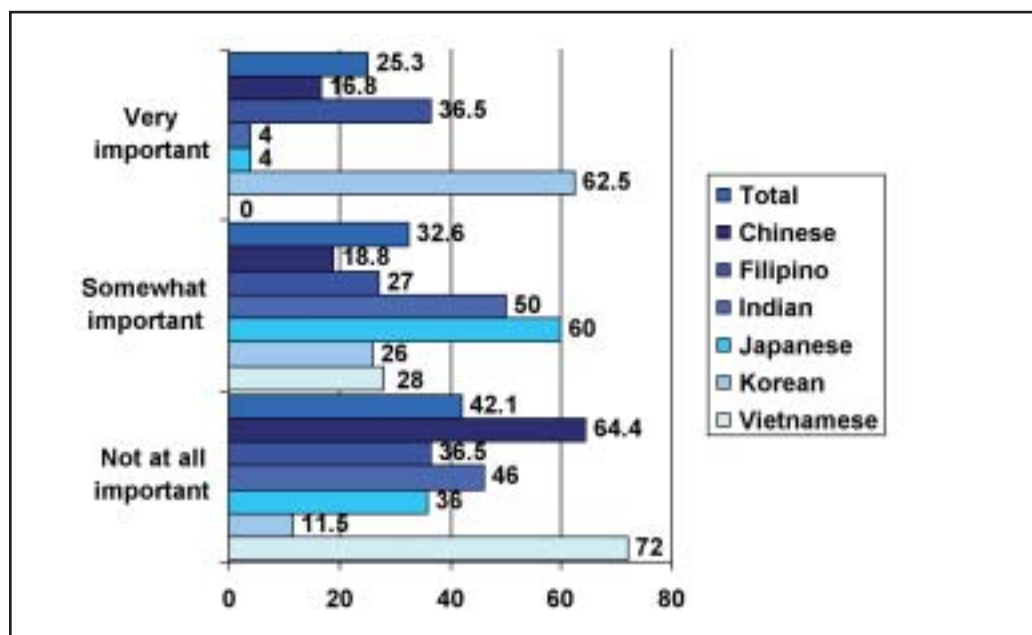


### Relying on Children for Support

The ability to rely on children for support was an important family value for 57.9% of these elders. Many more women (34.5%) than men (13.6%) considered the tradition as very important. Conversely, men were more apt than women to say such reliance was not important (45.5% compared to 39.5%) or only somewhat important (40.9% compared to 26%).

Korean elders were the most apt to rank reliance on children as an important tradition (62.5%). Vietnamese (72%) and Chinese (64.4%) elders were most apt to view the tradition as not important at all. Japanese (60%) and Indian (50%) elders were the most apt to feel reliance on children was somewhat important to them (see Figure 5.7).

**Figure 5.7:** *Relying on Children for Support*  
*"It is important that you feel you can rely on your children for support." (Percentage) (Statistically significant)*

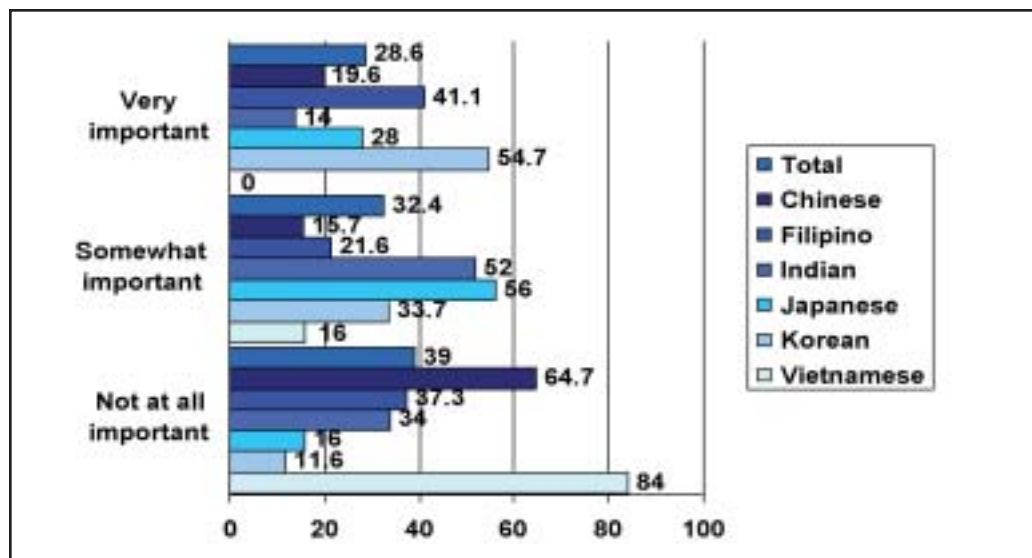


### Return for Parental Sacrifices

Consistent with the focus on parent-child relationships, 61% of the elders felt that receiving some return for the sacrifices they have made on behalf of their children was important. Women were more apt to agree than men. Just over one-third (35.4%) of the female elders ranked this as a very important tradition, compared to only one-fifth (20%) of the male elders. Conversely, men were more apt than women to say that such an obligation was not important (42.3% to 36.3%) or somewhat important (37.7% to 28.3%).

Vietnamese (16%) and Chinese (35.3%) respondents were the least apt to feel that this obligation from children was important. Korean (88.4%) and Japanese (84%) elders felt that return for parental sacrifices held importance (see Figure 5.8).

**Figure 5.8:** *Return for Parental Sacrifices*  
*"Parents are entitled to some return for the sacrifices they have made for their children."*  
 (Percentage) (Statistically significant)



### Familial Responsibility for Elders

For 58% of the Asian American elders, it was important that the family share responsibility for caring for the elderly. Among those who felt that the tradition was important, women (21.3%) were more apt than men (10.6%) to feel it was very important and less apt (34.8%) than men (44.7%) to feel it was only somewhat important. There was very little difference in the percentage of the men and women who felt that this responsibility was not important (44.7% and 43.9% respectively).

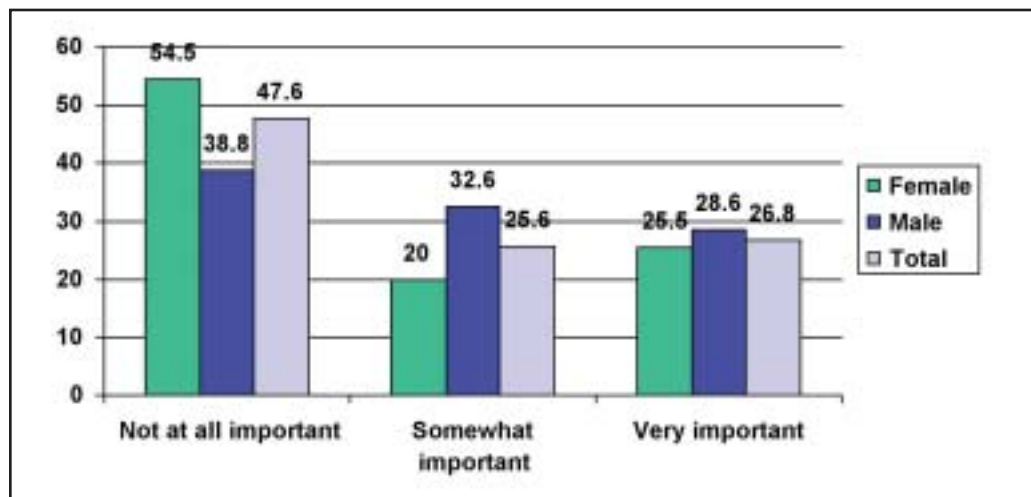
### Government Responsibility for Elders

An alternative to families caring for elders is a role for government. In response to the statement that "family should not let government take care of older relatives regardless," most elders accepted some government involvement. Just 35% felt that the family should not let the government take care of older relatives.

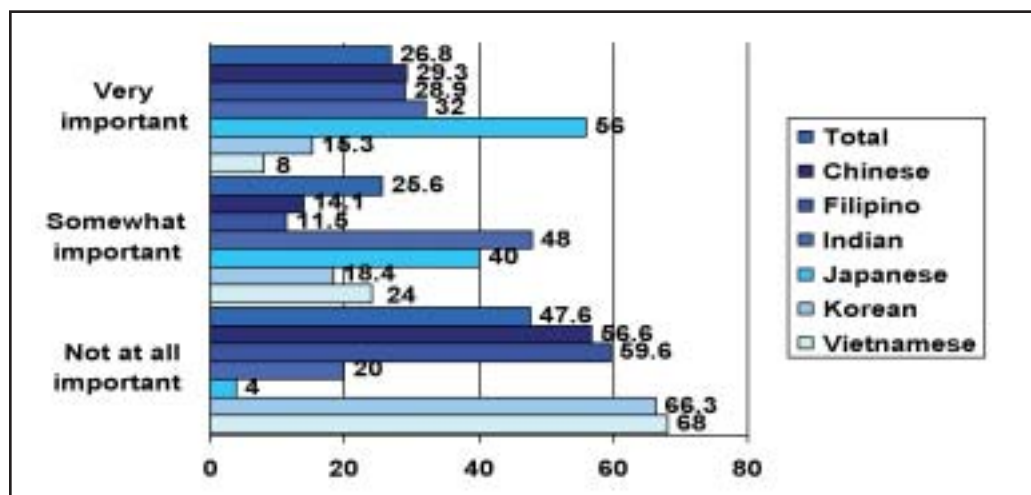
### Approving Children's Mates

It was important to 52.4% of elders that children obtain their parents' approval when they select their mates. There was marked difference, however, in the outlook of men and women. While over half of the men felt that parental approval was very important (28.6%) or somewhat important (32.6%), over half of the women (54.5%) felt that such approval was not at all important (see Figure 5. 9). Age correlated, although less strongly than gender, with different views of the tradition. Those age 75 and older were more apt than people 65 – 74 to feel that parental approval was either very important (29.5% compared to 25.6%) or not at all important (52.7% compared to 45.2%). Vietnamese (68%), Korean (66.3%), Filipino (59.6%), and Chinese (56.6%) elders were more apt than Japanese (4%) and Indian (20%) elders to feel that parental approval of a child's mate was not at all important (see Figure 5.10).

**Figure 5.9:** *Approving Children's Mates by Gender*  
*"Adult children should get their parent's approval when they select their mates."*  
*(Percentage) (Statistically significant)*



**Figure 5.10:** *Approving Children's Mates by Ethnic Group*  
*"Adult children should get their parent's approval when they select their mates."*  
*(Percentage) (Statistically significant)*

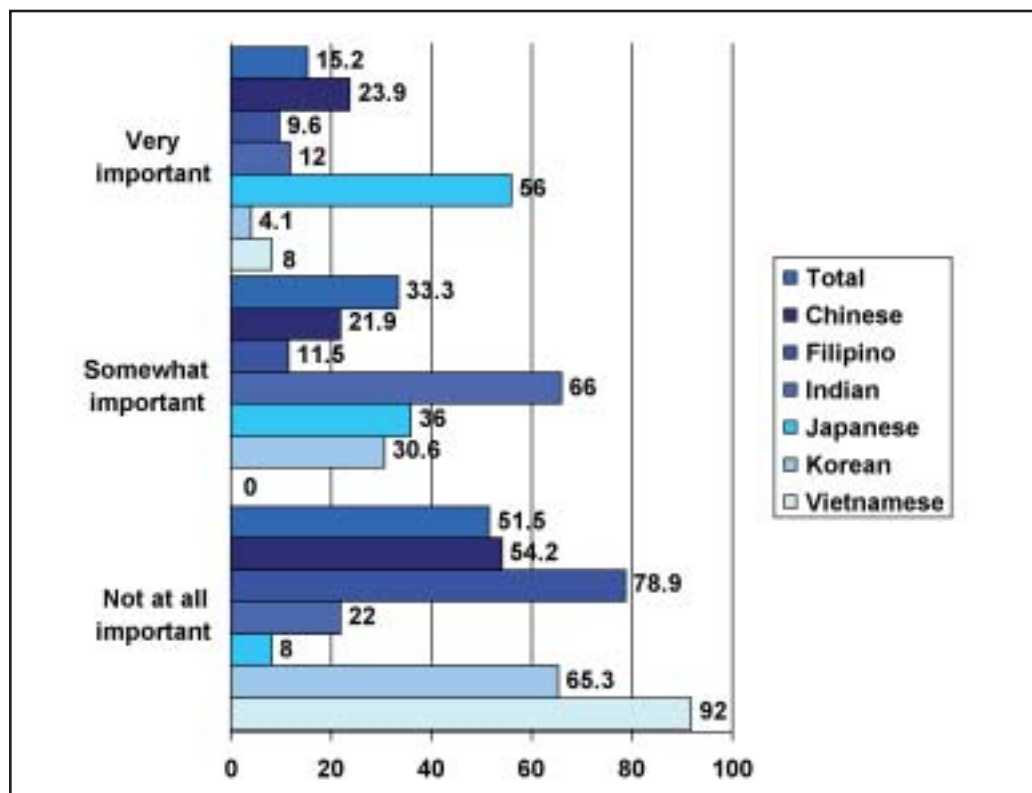


## Divorce

Elders were surveyed about how important it was that children not let their family down by getting divorced. More women (58.1%) than men (43.1%) felt that it was not important at all. Over half of all men, however, felt that children should not let the family down through divorce was either very (13.2%) or somewhat (43.7%) important.

The majority of Vietnamese (92%), Filipino (78.9%), Korean (65.3%) and Chinese (54.2%) elders were more apt than Japanese and Indian elders to feel that it was not at all important to avoid divorce for family reasons. Indian elders (66%) were the most apt to feel it was somewhat important and Japanese (56%) elders the most apt to feel not getting divorced was very important (see Figure 5.11).

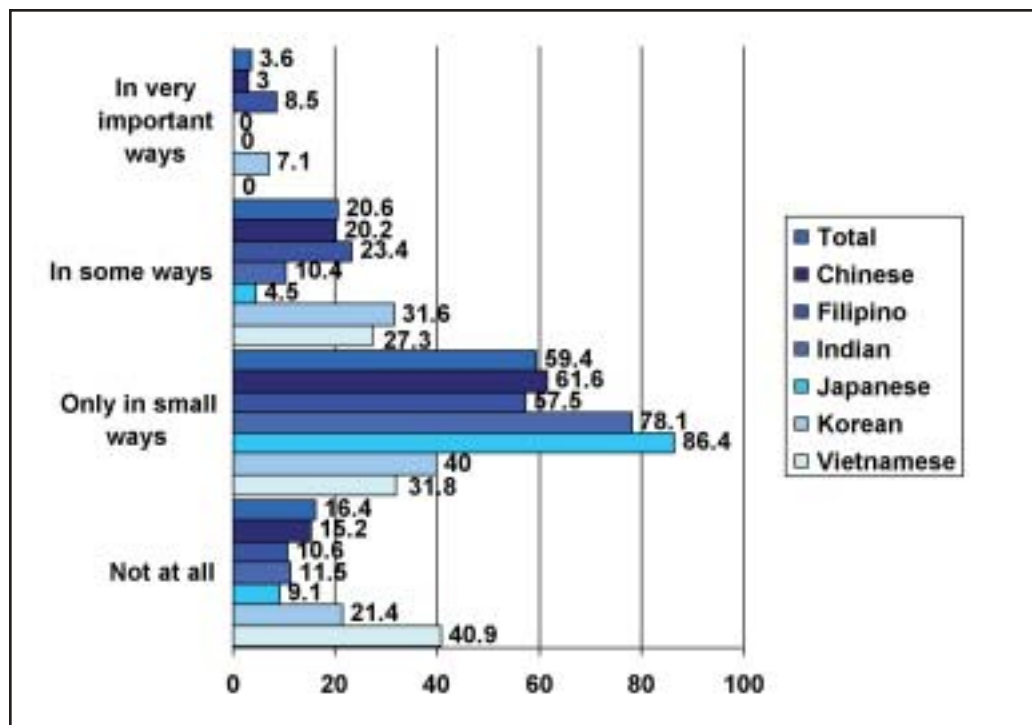
**Figure 5.11:** *Divorce*  
*“Adult children should not let their family down*  
*by getting divorced.”*  
*(Percentage) (Statistically significant)*



### Generational Differences in Values

Elders were asked how much their opinions on family traditions differed from the opinions of their child(ren). The majority of Japanese (86.4%), Indian (78.1%), Chinese (61.6%) and Filipino (57.5%) elders felt that their opinions differed from their children's only in small ways. The Vietnamese (40.9%) were the most apt to feel no differences of opinion existed, while Korean elders were the most apt to feel differences existed in some ways (31.6%) or in very important ways (7.1%). The findings are presented in Figure 5.12.

**Figure 5.12:** *Generational Differences in Values*  
*“All in all, how much do you think your opinions about these things differ from those of your children?”*  
*(Percentage) (Statistically significant)*



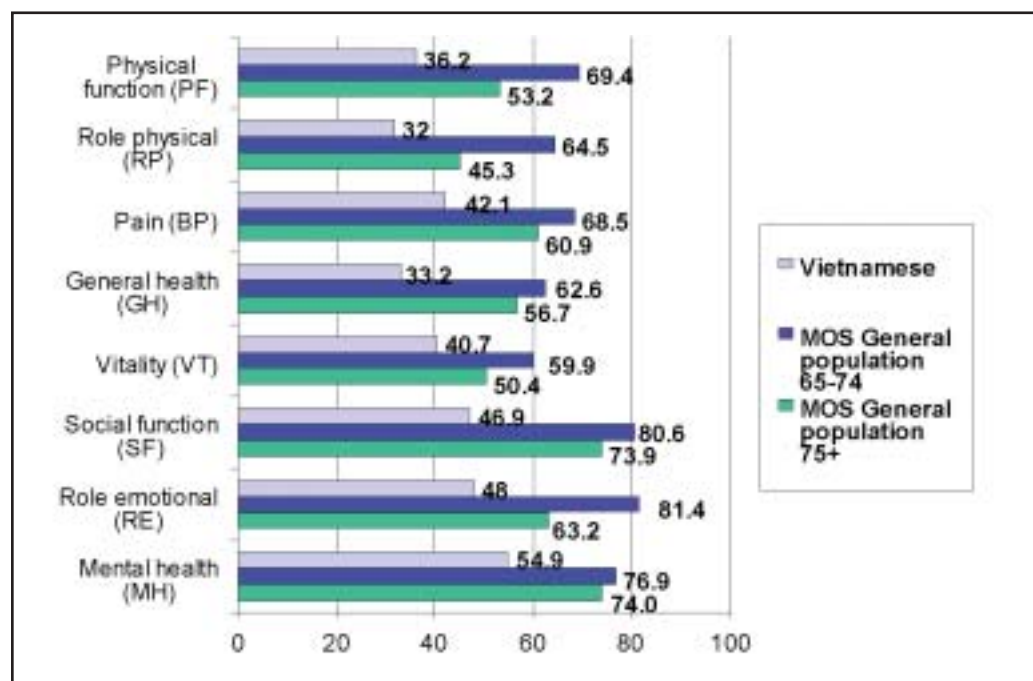
## Section 5.2: Stressful Life Events

There is an important link between stress and physical and emotional health. Elders were asked about the incidence of stressful life events, transitions, and problems during the three years prior to the survey. Between 9.5% and 30% of the respondents experienced at least one stressful event or problem in that time.

### Death of Spouse

One of the most stressful of all life events is the death of a spouse. Overall, it was reported by 9.5% of the respondents. Women (14%) had to cope with the experience far more frequently than men (4%). Among the ethnic groups, the Vietnamese were most often widowed (24%), while Indian and Korean elders were least often (5%). See Figure 5.13 for details by ethnic group.

**Figure 5.13:** *Death of Spouse in the Past Year*  
(Percentage) (Statistically significant)



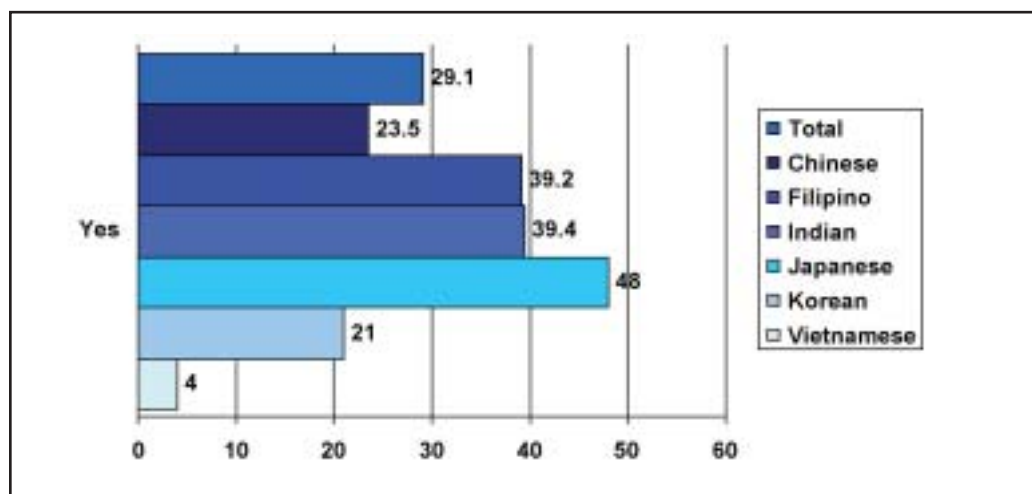
### Other Deaths

The death of another family member or a good friend is also stressful, and 29.1% of respondents had this experience. This type of loss was more frequent among the younger elders (32.7%) than those age 75 and older (21.8%).

Japanese elders (48%) were the most apt to report death of another family or good friend, and Vietnamese elders were the least apt (4%). This loss also was substantial among the three ethnic groups with the most respondents in the survey. Korean (21%), Chinese (23.5%) and Indian (39.2%) elders had suffered the loss of a relative or close friend (see Figure 5.14). In addition, almost 10% of the respondents lost a child.



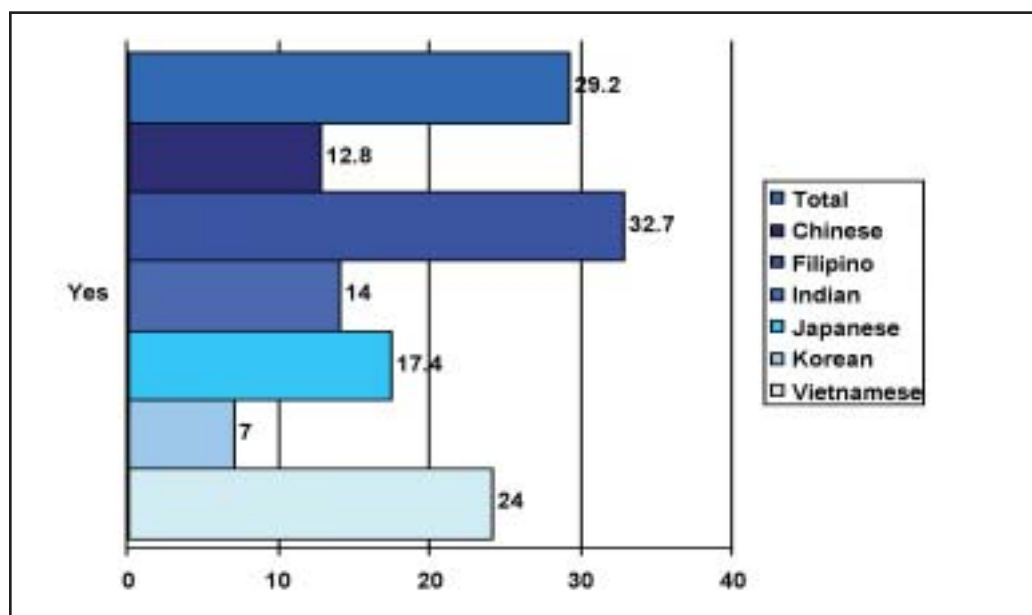
**Figure 5.14:** *Death of Family Member or Good Friend*  
(Percentage) (Statistically significant)



### Serious Illness or Injury

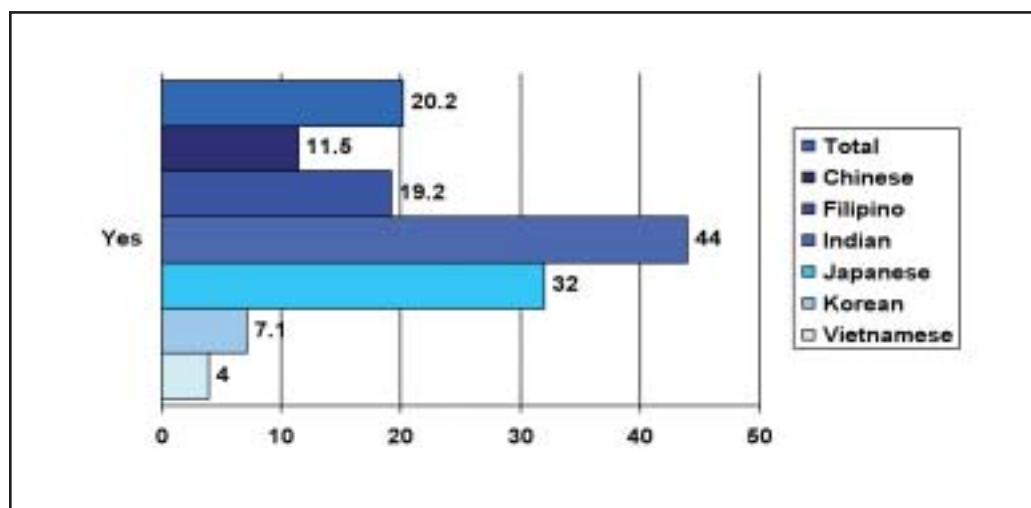
Nearly one-third (29.2%) of the Asian American elders had had a serious illness or injury during the past year. There were no significant differences based on gender or age. The ethnic groups most apt to report this source of stress were the Filipino (32.7%) and the Vietnamese (24%) elders. Korean (7%) and Chinese (12.8%) elders were the least apt to have been seriously ill or injured (see Figure 5.15).

**Figure 5.15:** *Elder Had Serious Illness or Injury*  
(Percentage) (Statistically significant)



Serious illness or injury among a family member was also a source of stress for 20.2% of the people surveyed. The younger elders (24.2%) were more apt to experience this event than were those age 75 and older (12.1%). Indian (44%) and Japanese elders (32%) far more apt to report this stress than any of the other ethnic groups (see Figure 5.16).

**Figure 5.16:** *Family Member had Serious Illness in Past Year*  
(Percentage) (Statistically significant)

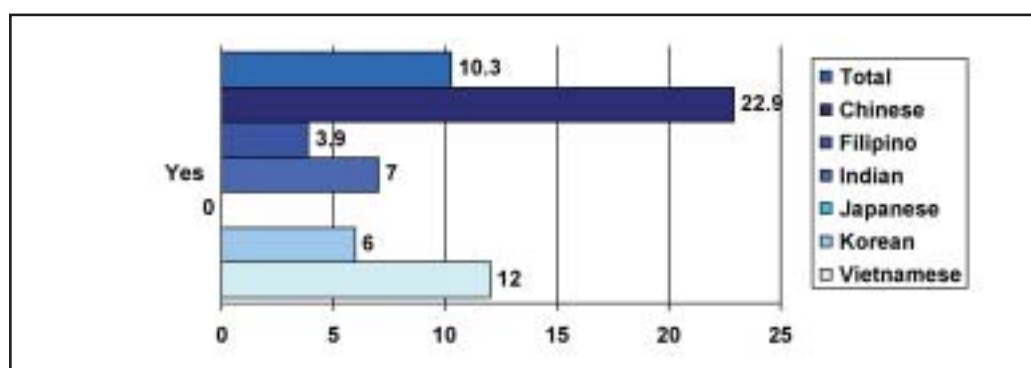


### Robbery or Burglary

Being robbed or having their homes burglarized during the past year was reported by 10.3% of all elders. Those living alone (16.9%) were more apt to have experienced such a stressful event than were the elders living with others (8.8%).

Chinese elders were far more apt to report being robbed or burglarized (22.9%) than were any of the other five ethnic groups (range of 0% to 12%). Figure 5.17 provides information by ethnic group.

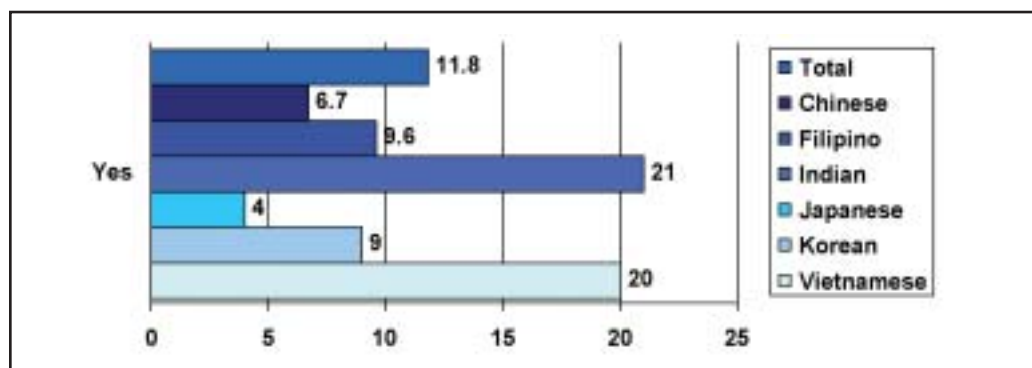
**Figure 5.17:** *Elder Robbed or Home Burglarized*  
(Percentage) (Statistically significant)



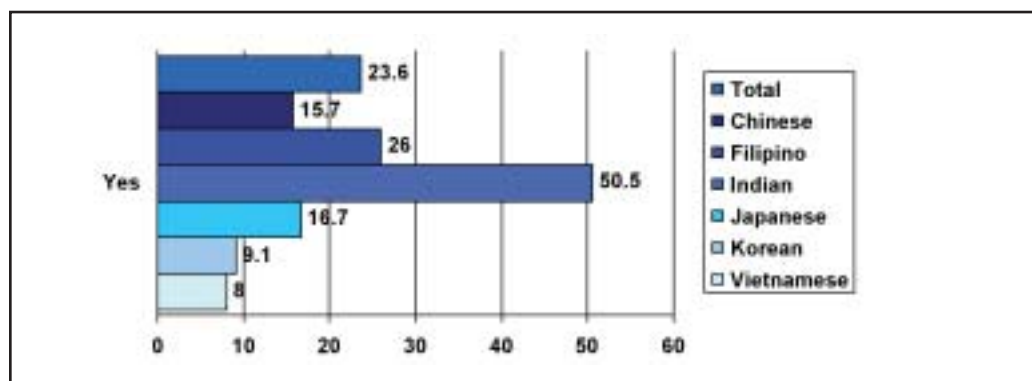
### Changes in Household Location or Composition

Changes in household location or composition can be stressful. Of the Asian American elders surveyed, 11.8% reported that they had relocated in the past year, and 23.6% reported that a new family member had been added to their household. Both of these events varied significantly by ethnicity. Indian respondents reported the highest frequencies (21% relocated and 50.5% added a new family member). In contrast, only 4% of Japanese elders and 6.7% of Chinese elders relocated; just 9.1% of Korean and 8% of Vietnamese elders reported that they had new members of their households (see Figures 5.18 and 5.19).

**Figure 5.18:** *Household Relocation or Composition Change (Percentage) (Statistically significant)*



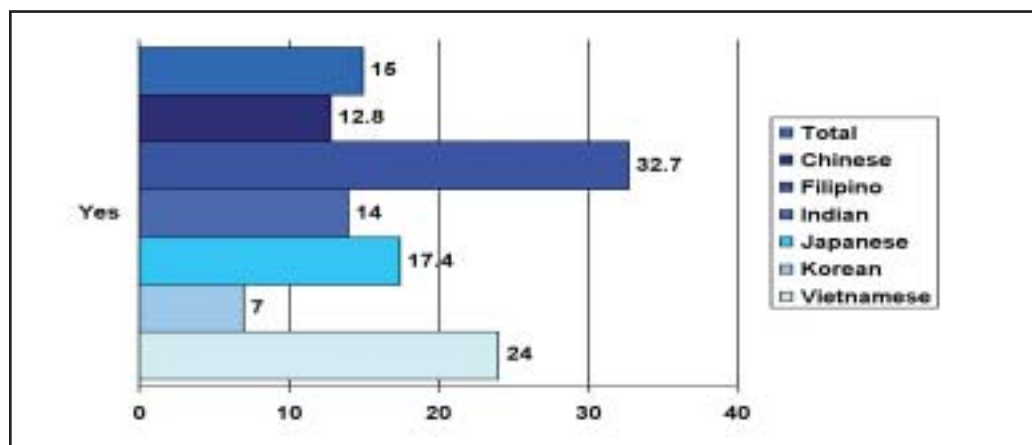
**Figure 5.19:** *New Family Member Added to the Home (Percentage) (Statistically significant)*



### Children Moving Out of Home

For 15% of the respondents, children moved out of the home during the past year. More women (16.9%) than men (6.8%) reported this change. Similarly, it was more common for people age 75 and over (17.5%) than for younger elders (10%). Married elders (19.6%) were more apt to have children move out of the house than those who were not married (10.5%). Among the ethnic groups, Filipinos (32.7%) and Vietnamese (24%) reported children moving out the most often, and Koreans (7%) reported it the least often (see Figure 5.20).

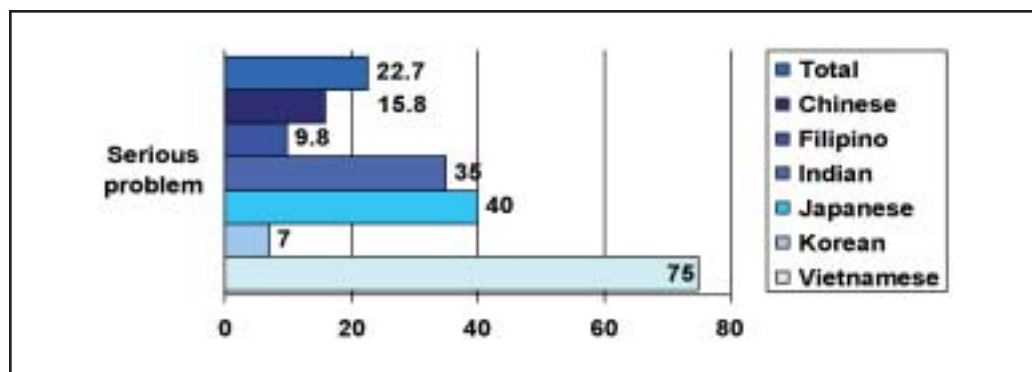
**Figure 5.20:** *Children Moved Out \ (Percentage) (Statistically significant)*



### Problems within the Family

The experience of having too many problems or conflicts within the respondent elder's family was reported to be a serious problem by 22.7% of the Asian Americans. It was twice as frequent among the younger elders (27.3%) than among those age 75 and older (13.1%). More Vietnamese (75%), Japanese (40%), and Indian (35%) elders than Chinese (15.8%), Filipino (9.8%) or Korean (7%) elders had to cope with the stress of family problems. Figure 5.21 has details by ethnic group.

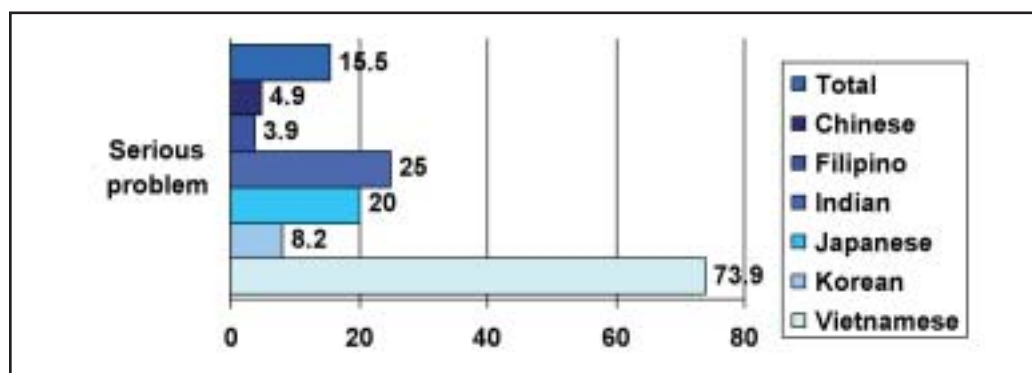
**Figure 5.21:** *Family Conflicts Were a Serious Problem (Percentage) (Statistically significant)*



### Caregiver Burden

Another problem reported by the Asian elders was caregiver burden. When asked if having to take care of a sick spouse or relative was a serious problem, 15.5% of the respondents said yes. This problem was more prevalent among the elders age 65-74 (19%) than those who were age 75 and older (8.5%) and those who were not married (10.3%) compared to the married elders (20.9%). The problem of caregiver burden also varied widely by ethnic group. Vietnamese elders identified it most frequently (73.9%), while it was least often identified by Chinese (4.9%) and Filipino elders (3.9%) (see Figure 5.22).

**Figure 5.22:** *Caregiving Responsibility was a Serious Problem (Percentage) (Statistically significant)*

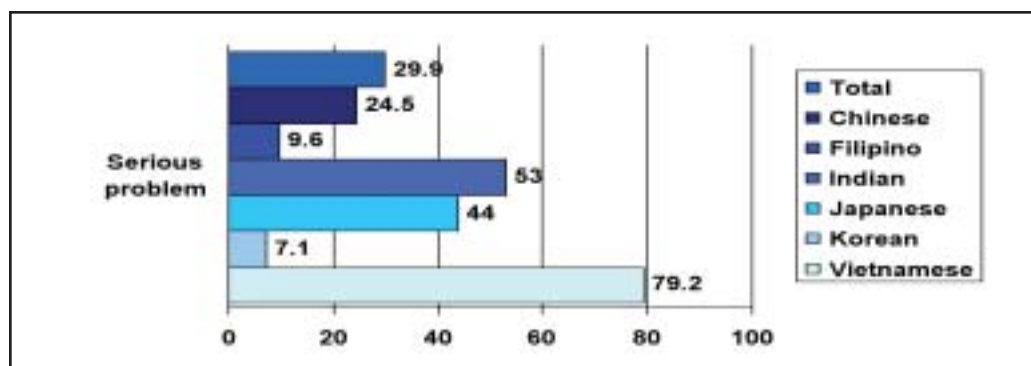


### Dependency

Dependence on other people was a serious problem for 29.9% of the Asian American elders. The problem was most prevalent among the Vietnamese (79.2%), followed by Indian (53%), Japanese (44%) and Chinese (24.5%) elders. Filipino (9.6%) and

Korean (7.1%) elders reported the least experience with being dependent on others (see Figure 5.23).

**Figure 5.23:** *Dependence on Other People Was a Serious Problem (Percentage) (Statistically significant)*

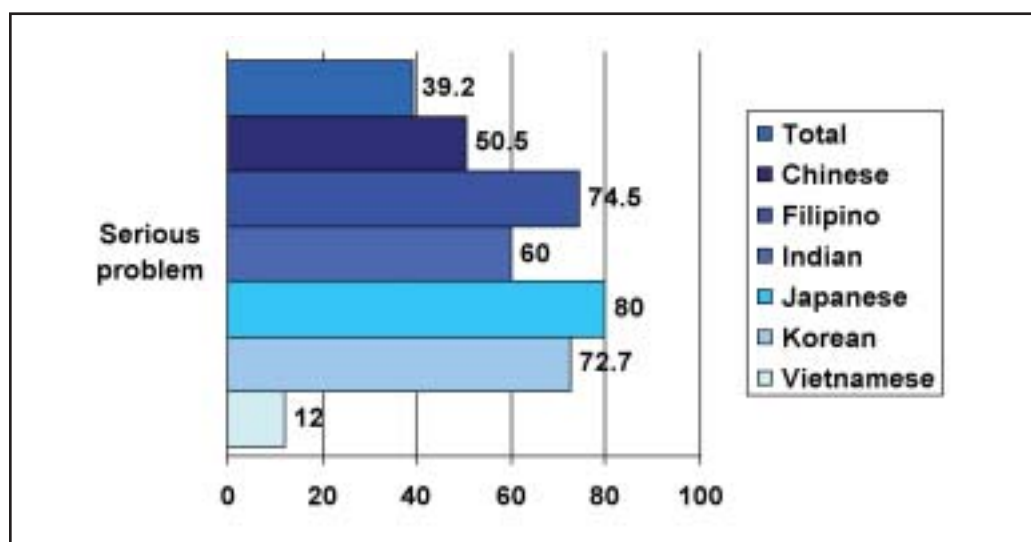


### Financial Stress

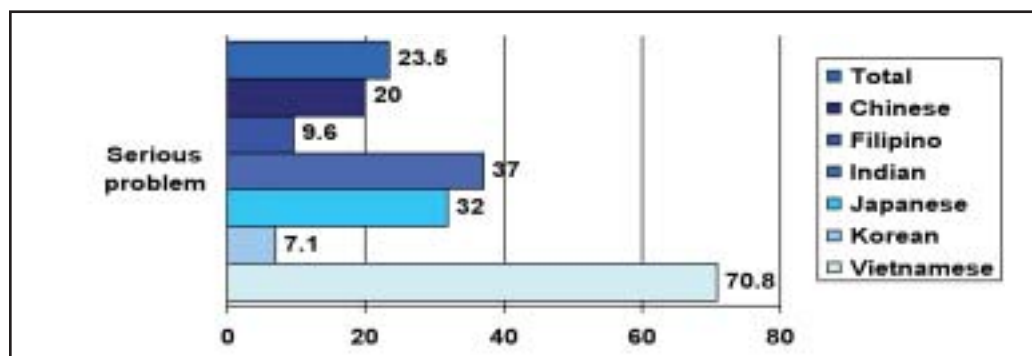
Thirty-nine percent (39.2%) of the elders reported that they did not have enough money to live on. Of these, men (46.9%) were more apt to report this problem than women (33.2%). The same percentage of respondents (39.2%) felt that their family financial condition also was a serious problem. Japanese (80%), Filipino (74.5%) and Korean (72.7%) elders reported financial stress most often. Vietnamese were the least likely to report this as a problem (12%) elders (see Figure 5.24).

The problem of having too many medical bills was identified as a serious problem by 23.5% of all the elders. Among the ethnic groups, the Vietnamese were by far the most apt to identify this problem (70.8%) compared to the Indian (37%), Japanese (32%), Chinese (20%), Filipino (9.6%), and Korean (7.1%) elders (see Figure 5.25).

**Figure 5.24:** *Family Financial Condition Was a Serious Problem (Percentage) (Statistically significant)*



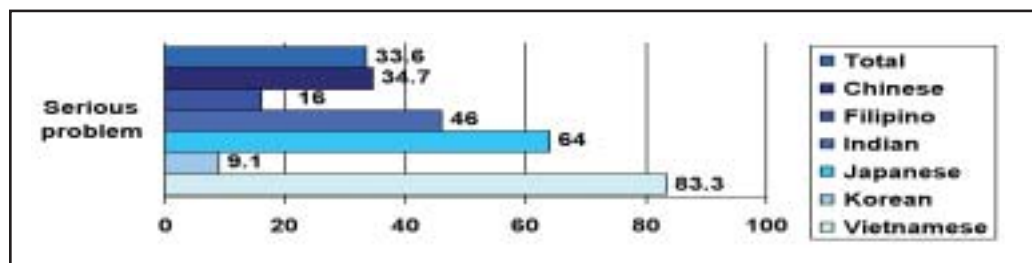
**Figure 5.25:** *Too Many Medical Bills was a Serious Problem (Percentage) (Statistically significant)*



### Anxiety and Loneliness

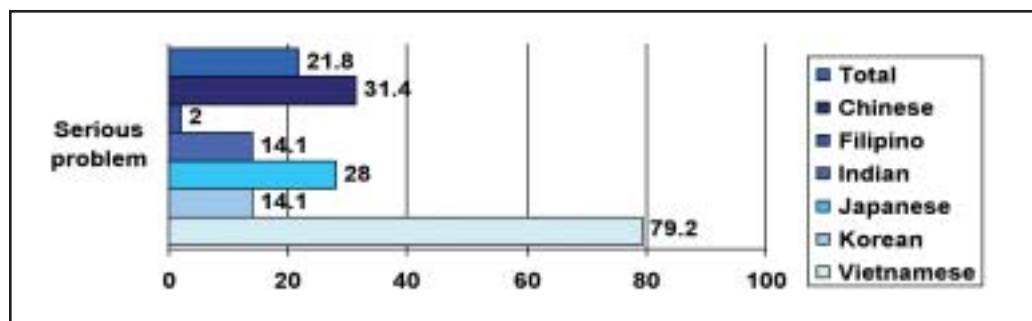
Sources of stress related to the elder's mental health and emotional well being included experiences with anxiety and/or loneliness. Being too anxious was identified as a serious problem by 33.6% of the respondents. There were no significant gender, age or marital status differences associated with this problem. Ethnicity did matter, however. Problems with anxiety were most apt to be identified among the Vietnamese respondents (83.3%), followed by the Japanese (64%), Indian (46%), Chinese (34.7%), Filipino (16%) and Korean (9.1%) elders (see Figure 5.26).

**Figure 5.26:** *Being Too Anxious was a Serious Problem (Percentage) (Statistically significant)*



Loneliness was reported as a problem by 21.8% of the Asian American elders. The Vietnamese were by far the most apt to report this problem (79.2%). They were followed by the Chinese (31.4%), Japanese (28%), Indian and Korean (both at 14.1%) and lastly the Filipino elders (2%), as displayed in Figure 5.27.

**Figure 5.27:** *Loneliness was a Serious Problem (Percentage) (Statistically significant)*





### Section 5.3 Leisure Activities

Survey respondents were asked to rate the frequency with which they engaged in a wide range of common leisure activities. Understanding how Asian American elders spend leisure time contributes to a comprehensive picture of their daily lives and helps focus programming resources appropriately.

More than two-thirds of the elders reported that they go shopping (83%), prepare meals (79%), read (76%), and work at a hobby (67%). Approximately half of the people go out to a restaurant or a movie (55%), watch television (55%), take walks (52%) and do physical exercises (50%). About one-quarter do volunteer work or play games and cards.

Differences among the ethnic groups were not generally large. The Vietnamese seldom go out to a movie or to eat, the Japanese report that they rarely watch television, and playing cards/games is less common among the Koreans and Vietnamese (see Figure 5.28).

**Figure 5.28:** *Leisure Activities (Percentage)*

|   | <b>Chinese<br/>N= 105</b> | <b>Filipino<br/>N= 52</b> | <b>Indian<br/>N= 100</b> | <b>Japanese<br/>N= 25</b> | <b>Korean<br/>N= 100</b> | <b>Vietnamese<br/>N= 25</b> | <b>Total<br/>N= 407</b> |
|---|---------------------------|---------------------------|--------------------------|---------------------------|--------------------------|-----------------------------|-------------------------|
| Takes walks<br>(often)                            | 54%                       | 73                        | 67                       | 56                        | 35                       | 48                          | 52                      |
| Physical exercise<br>(often or sometimes)         | 43                        | 67                        | 49                       | 72                        | 38                       | 68                          | 50                      |
| Prepares meals<br>(often or sometimes)            | 79                        | 92                        | 75                       | 84                        | 82                       | 96                          | 79                      |
| Works at hobby<br>(often or sometimes)            | 69                        | 69                        | 87                       | 92                        | 37                       | 72                          | 67                      |
| Goes shopping                                     | 76                        | 98                        | 94                       | 92                        | 67                       | 88                          | 83                      |
| Out to movie<br>or to eat<br>(often or sometimes) | 49                        | 82                        | 63                       | 80                        | 46                       | 12                          | 55                      |
| Reading<br>(often or sometimes)                   | 74                        | 92                        | 68                       | 96                        | 73                       | 80                          | 76                      |
| Watching TV<br>(often or sometimes)               | 69                        | 56                        | 56                       | 15                        | 46                       | 60                          | 55                      |
| Volunteering<br>(often or sometimes)              | 5                         | 27                        | 46                       | 72                        | 17                       | 28                          | 26                      |
| Playing card/games<br>(often or sometimes)        | 22                        | 31                        | 40                       | 64                        | 6                        | 4                           | 25                      |
| Gambling<br>(often or sometimes)                  | 8                         | 23                        | 19                       | 36                        | 3                        | 4                           | 12                      |



## Section 5.4 Quality of Life

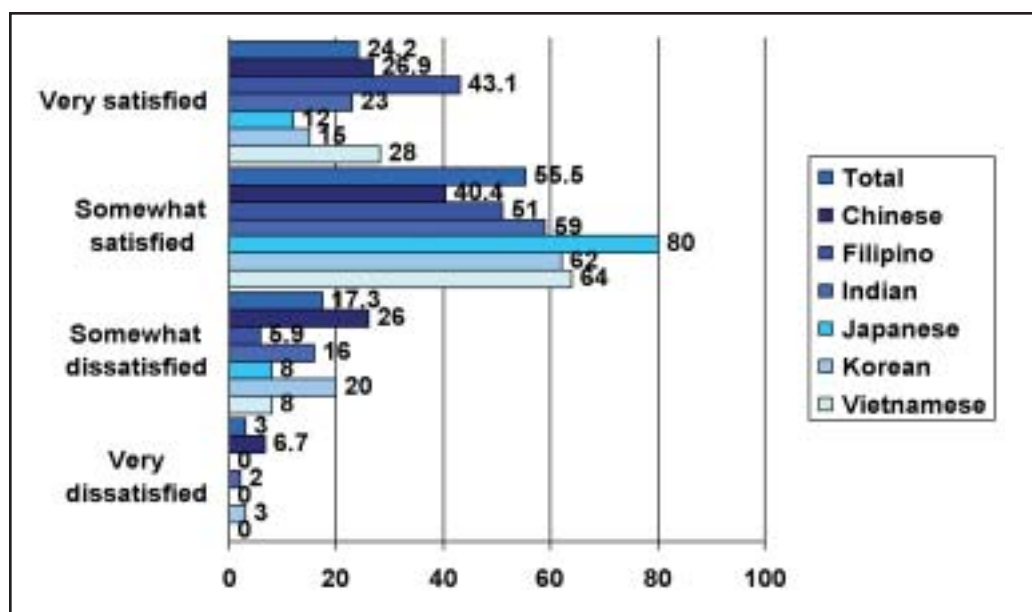
Two important measures of quality of life are how satisfied individuals are with their lives in general and with their family relationships. Despite the life stresses faced by this population, Asian American elders expressed satisfaction with their lives and with their families. Overall, Filipino elders were the most apt to express satisfaction; Chinese elders were the most apt to express dissatisfaction with their lives and family relationships.

### General Life Satisfaction

Three-quarters of the Asian American elders reported some degree of satisfaction with their lives in general. One-quarter (24.2%) was very satisfied and over half (55.5%) were somewhat satisfied. Of those expressing some degree of dissatisfaction, 17.3% were somewhat dissatisfied and only 3% were very dissatisfied.

There were, however, significant differences in general life satisfaction rankings across the ethnic groups (see Figure 5.29). Filipino elders (43.1%) were the most apt and Japanese elders (12%) the least apt to be very satisfied. Japanese elders (80%) were the most apt and the Chinese elders (40.4%) the least apt to be somewhat satisfied. Among the elders who were somewhat dissatisfied with their lives, Chinese elders (26%) were the most apt and the Japanese and Vietnamese elders (both 8%) the least apt to feel this way. The Chinese elders (6.7%) were the most apt to feel very dissatisfied with their lives in general.

**Figure 5.29:** *General Life Satisfaction*  
(Percentage) (Statistically significant)



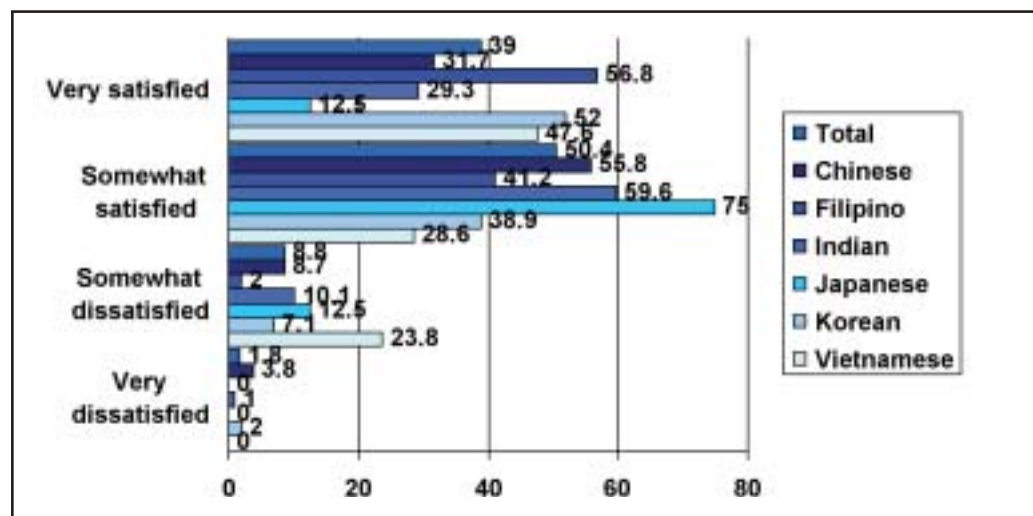
### Satisfaction with Family Relationships

The overwhelming majority – almost 90% – of Asian American elders is satisfied with their family relationships. Overall 39% were very satisfied and another 50.4% were somewhat satisfied. Less than 11% were either somewhat dissatisfied (8.8%) or very dissatisfied (1.8%).

There were statistically significant differences across ethnic groups in their views of family relationships (see Figure 5.30), and it follows a pattern similar to that observed for general life satisfaction. Filipino elders (56.8%) were the most likely and Japanese

elders (12.5%) the least likely to be very satisfied with family relationships. Japanese elders (75%) were the most apt and the Vietnamese elders (28.6%) the least apt to be somewhat satisfied. Among the elders who were somewhat dissatisfied with their family relationships, Vietnamese elders (23.8%) were most likely to express this opinion and Filipino elders (2%) the least likely to do so. Chinese elders (3.8%) were the most apt to feel very dissatisfied with their family relationships.

**Figure 5.30:** *Satisfaction with Family Relationships (Percentage) (Statistically significant)*



### Major Quality of Life Predictors Among Asian American Elderly

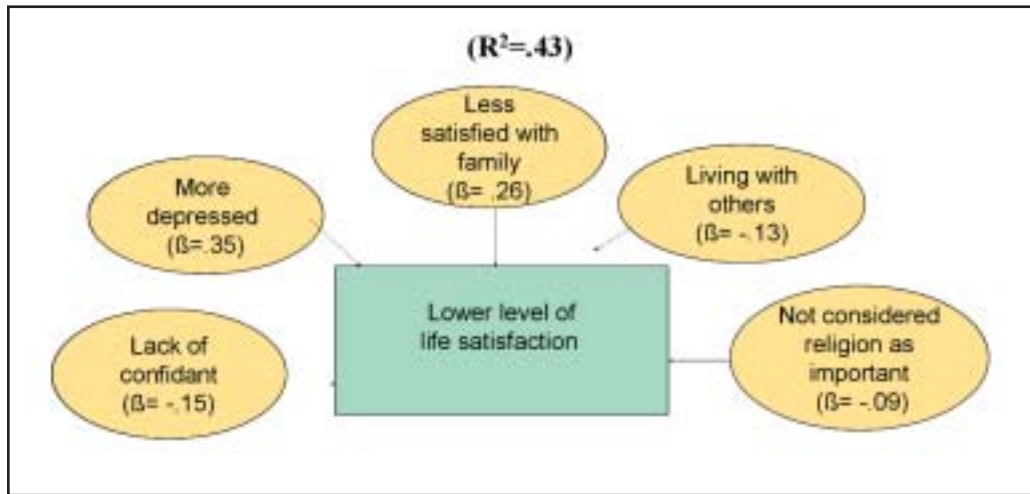
Predictors of socio-cultural quality of life issues for Asian American elders have important implications for program planning and service delivery. Key factors are depression, perceived unmet needs, and levels of inter-generational exchange. Mental health and personal social service programs are two areas where targeted change can yield significant benefit for this population.

### Level of Depression Is the Most Powerful Predictor of Life Satisfaction

Factors that predicted a lower level of general life satisfaction among this group of Asian American elders included emotional, acculturation and social variables. They predicted 43% of the variance in life satisfaction. Being more depressed made the strongest contribution to predicting life satisfaction ( $b = .35$ ; see Figure 5.31). In order of significance, the unique contribution for each predictor was:

1. More depression ( $b = .35$ )
2. Lower level of satisfaction with family ( $b = .26$ )
3. Lack of confidant ( $b = .15$ )
4. Living with others ( $b = .13$ )
5. Not considering religion as important – being less religious ( $b = .09$ )

**Figure 5.31:** *Predictors of Level of General Life Satisfaction*  
( $R^2 = .43$ )

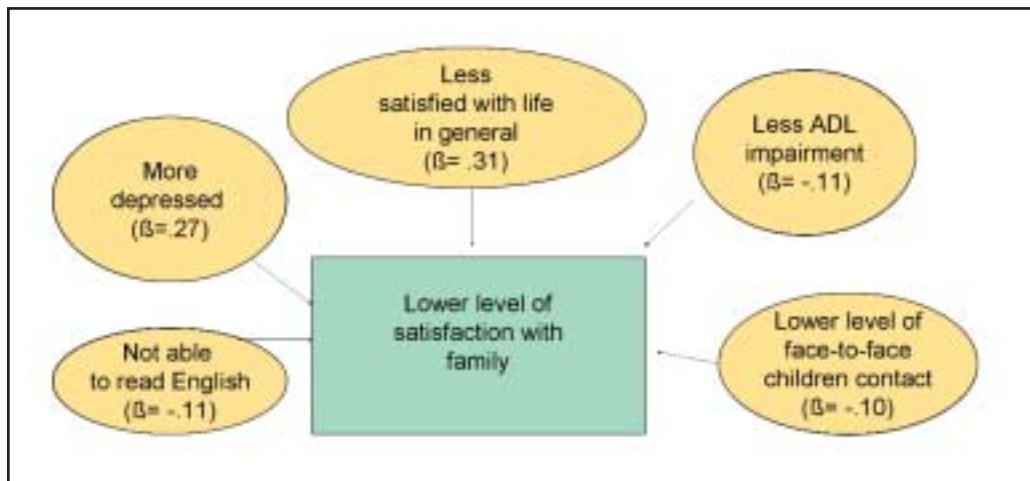


**Lower General Life Satisfaction Was the Strongest Predictor of Lower Satisfaction with Family Relationships**

Feeling less satisfied with family relationships was predicted by five characteristics that accounted for 31% of the variance observed in this quality of life indicator (see Figure 5.32). The most powerful variable was feeling less satisfied with life in general ( $b = .31$ ). In order of their unique contributions, the predictors of lower satisfaction with family were:

1. Less satisfied with life in general ( $b = .31$ )
2. More depression ( $b = .27$ )
3. Inability to read English ( $b = .11$ )
4. Lower level of impairment with Activities of Daily Living (ADLs) ( $b = .11$ )
5. Lower level of face-to-face contact with children ( $b = .10$ )

**Figure 5.32:** *Predictors of Level of Dissatisfaction with Family*  
( $R^2 = .31$ )

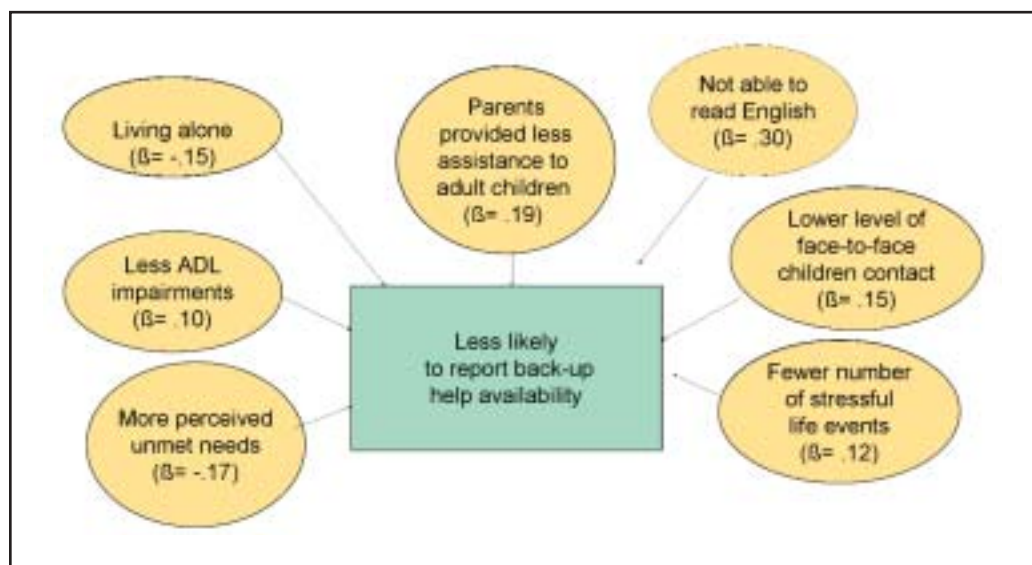


### Inability to Read English Strongest Predictor of Perceived Lack of Back-up Help

Seven characteristics contributed to predicting 24% of the variance in the likelihood of Asian American elders reporting that they have available back-up help. This perception is an important element in an elder's sense of security and well-being. Several of the significant predictors were related to elders' levels of acculturation and traditional values. The inability to read English had the strongest correlation with the perception of less back-up help ( $b = .30$ ; see Figure 5.33). In descending strength, the predictors for this quality of life variable were:

1. Inability to read English ( $b = .30$ )
2. Elders provided less assistance to adult children ( $b = .19$ )
3. More perceived unmet needs ( $b = .17$ )
4. Living alone ( $b = .15$ )
5. Lower level of face-to-face contact with children ( $b = .15$ )
6. Having fewer stressful life events ( $b = .12$ )
7. Less impairment with Activities of Daily Living (ADLs) ( $b = .10$ )

**Figure 5.33:** *Predictors of Self-Reported Back-Up Help Availability*  
( $R^2 = .24$ )



### Inter-generational Relationships, Depression, and Demographic Characteristics Predict Levels of Perceived Unmet Needs

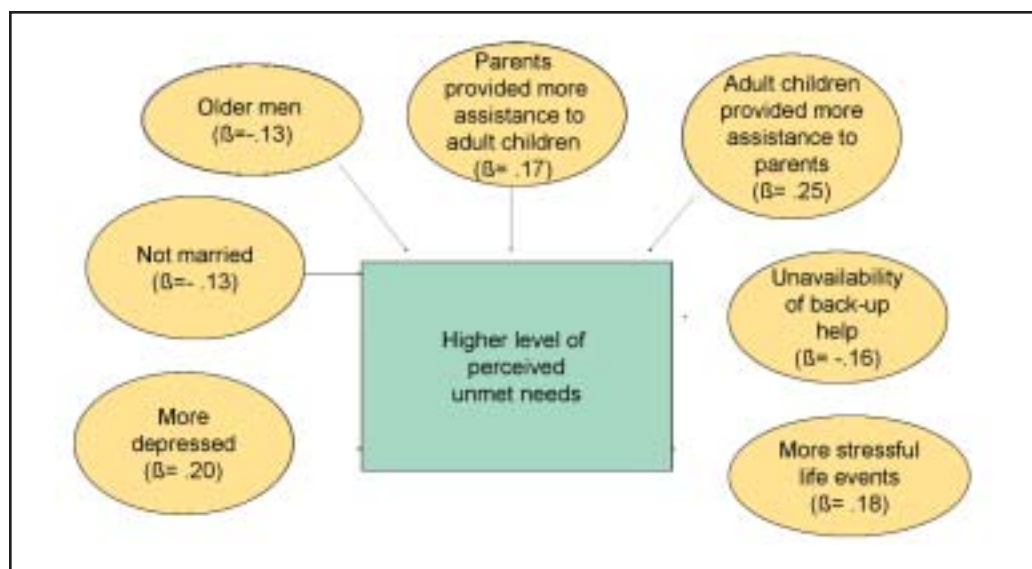
Seven characteristics predicted 27% of the variance observed in the high level of unmet needs among the Asian American elders. Predictors of greater perceived unmet need included demographic traits, parent-child relationships, elders' emotional health and stressful life events. These multifaceted predictors reflect the complexity in evaluating and understanding unmet need.

The most powerful of these predictors was the level of assistance provided to the elders by their adult children ( $b = .25$ ) (see Figure 5.34). An interesting dynamic was observed here: a higher level of assistance provided by the children correlated with a higher level of perceived unmet needs by the parent. Additionally, parents who provided greater assistance to their children perceived themselves to have greater unmet need. It is possible that the more assistance the parents receive or provide, the more unmet need they perceive they have. It is an interesting area for further study due to its implications for

caregiver burden across generations. In order of significance, all the unique predictors of perceived unmet need were:

1. Adult children provided more assistance to elders ( $b = .25$ )
2. More depression ( $b = .20$ )
3. Having more stressful life events ( $b = .18$ )
4. Elders provided more assistance to adult children ( $b = .17$ )
5. Unavailability of back-up help ( $b = .16$ )
6. Older men ( $b = .13$ )
7. Not married ( $b = .13$ )

**Figure 5.34:** *Predictors of Perceived Unmet Needs*  
( $R^2 = .27$ )



### Inter-Generational Reciprocity Predicts Assistance between Elders and Their Adult Children

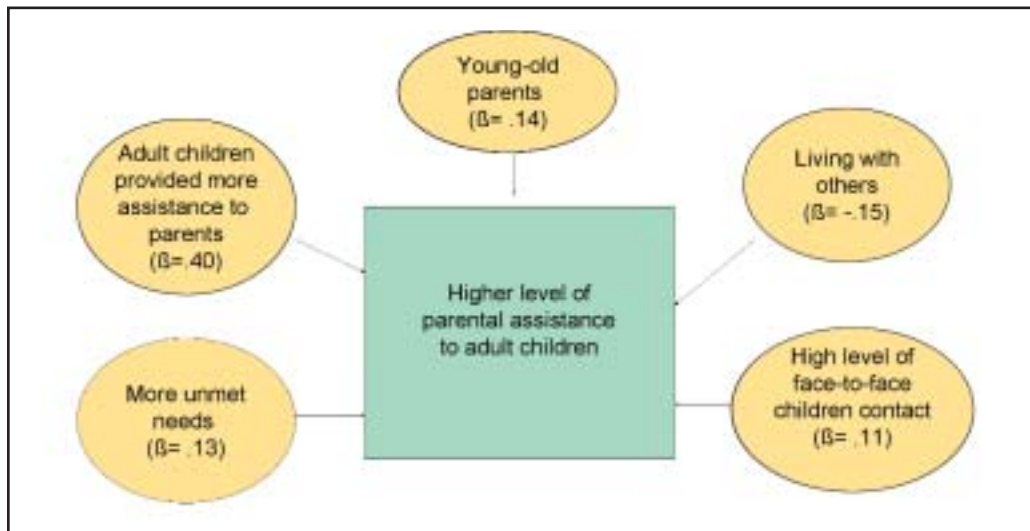
The level of assistance provided by adult children to their elderly parents was the strongest predictor of levels of assistance that elders provided to their children (see Figure 5.35). Higher levels of assistance by elders to their adult children also predicted higher levels of adult children's assistance to their parents (see Figure 5.36). This reciprocity corresponds with the findings that parents were generally satisfied with their family relationships and that children were the most important source of informal social support.

Four additional social characteristics combined with inter-generational support to predict 43% of the variance in the level of assistance provided by elder parents to their adult children (see Figure 5.35). In order of significance, the predictors of higher levels of parental assistance to adult children were:

1. Adult children provide more assistance to parents ( $b = .40$ )
2. Living with others ( $b = .15$ )
3. Being young-old parents in the 65-74 age range ( $b = .14$ )
4. More perceived unmet needs ( $b = .13$ )
5. High level of face-to-face contact with children ( $b = .11$ )



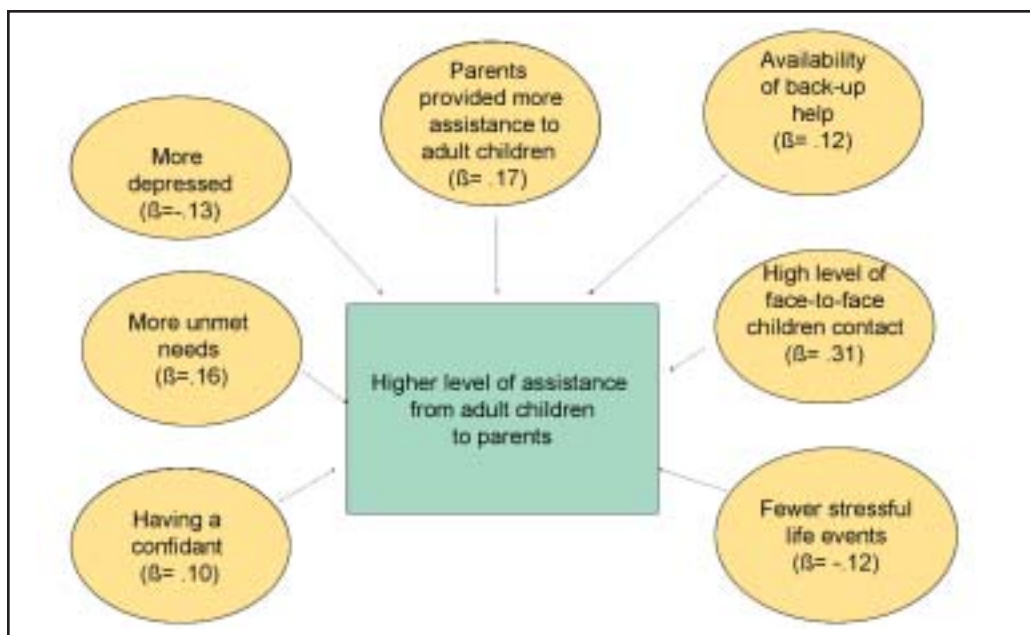
**Figure 5.35:** *Predictors of Level of Parental Assistance to Adult Children*  
( $R^2 = .43$ )



Inter-generational support combined with six other social and emotional characteristics to predict 52% of the variance in higher levels of assistance provided to elders by their adult children (see Figure 5.36). These predictors, in the order of their significance, were:

1. High level of face-to-face contact with children ( $b = .31$ )
2. Parents provided more assistance to adult children ( $b = .17$ )
3. More perceived unmet needs ( $b = .16$ )
4. More depression ( $b = .13$ )
5. Having fewer stressful life events ( $b = .12$ )
6. Availability of back-up help ( $b = .12$ )
7. Having a confidant ( $b = .10$ ).

**Figure 5.36:** *Predictors of Level of Assistance from Adult Children to Parents* \ ( $R^2 = .52$ )

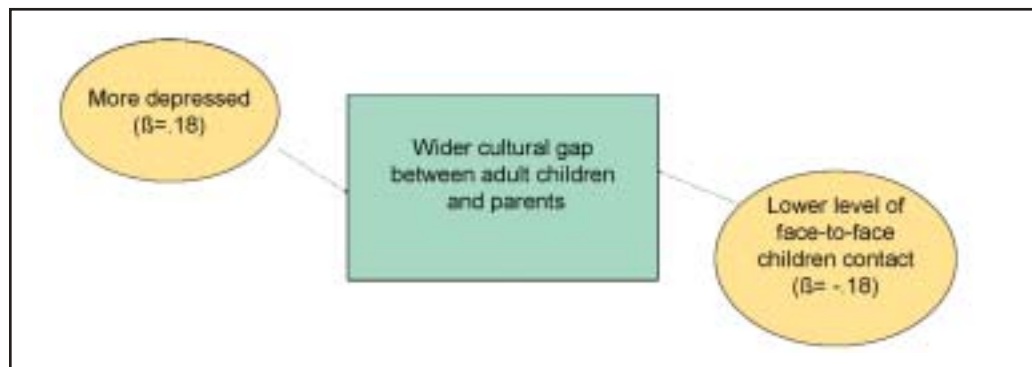


### Depression and Less Contact with Children Predict a Wider Inter-generational Cultural Gap

Two characteristics contributed to predicting 15% of the variance observed in the width of the cultural gap between the Asian American elders and their children (see Figure 5.37). The predictors, of equal strength, were:

1. Depression ( $b = .18$ )
2. Lower level of face-to-face contact with children ( $b = .18$ ).

**Figure 5.37:** *Predictors of Perceived Cultural Gap between Elders and Adult Children ( $R^2 = .15$ )*



Depression and other mood disorders are highly treatable conditions. In view of the predictive power of depression in determining both health-related and socio-cultural quality of life issues, programs aimed at reducing symptoms of depression among the Asian American elders need to be given high priority. Such programs can improve the perception of satisfaction with life and family, enhance the inter-generational exchange between elders and their adult children, lower the perceived cultural gap between elders and their adult children, and reduce the perception of unmet needs.

Another important variable was the elders' perception of unmet need. Personal social service programs aimed at providing English instruction and a variety of direct services to elders in their homes can reduce the perception of unmet needs while also relieving caregiver burden and the potential for stress in inter-generational exchange relationships.

### Summary and Implications

Information about traditional values, stressful events and quality of life suggests some of the complexities of being an Asian American elder in New York City. The findings have significant implications for program planning and service delivery. As always, it is vital to be sensitive to the impact of aging – whether for a relatively young elder age 65-74 or an older elder age 75 and above – as well as gender and ethnicity in targeting resources for maximum benefit. In general, programming should be aimed at improving access to informal and formal social supports to improve the quality of life for elders coping with the normal stresses of aging as well as with immigration-related stressors such as language barriers and acculturation. One area of particular importance is to improve mental health and personal social service programs to support elders and their families.



### **Traditional Values and Cultural Gaps**

Veneration of aged and deceased relatives, honor for parents demonstrated through respect and obedience, and familial responsibility to care for aging relatives are important traditions in Asian cultures generally. The present study confirmed that these traditions continue to be valued among Asian American elders. It is significant to note that a majority of elders felt that their opinions regarding family traditions differed from their children either not at all or only in small ways. At the same time, professionals should observe the level of acculturation and signs of generational gap, recognizing the potential for conflict between elders and their children and its negative impact on mental health. Reinforcement of values shared across generations and communities should be a priority in the organization and delivery of support services.

Other areas of strength in social networks and social supports may derive from both the American and urban experience of these elders. These, too, should be acknowledged and nurtured in service planning and delivery. For example, peer relationships are active and valued by elders (see Chapter 3 for details). Additional research to understand the depth and focus of these relationships can lead to developing appropriate programs to enhance quality of life and simultaneously reduce caregiver burden.

### **Leisure Time**

Although elders are involved in physical activities and games, social isolation and loneliness have been identified as problem areas. Older adults can learn new communication and social skills which support and extend social networks. Therefore, group programs should be designed to foster peer interaction as a strengths-based approach to ameliorating some of the social needs experienced by these elders [3].

### **Stressful Life Events**

Asian American elders experience many stressful life events that may affect health, coping capacities and quality of life generally. Reducing or eliminating the damaging effects of stress is important to both physical and mental health. Community and publicly-funded programs alike serving this population should have a standing commitment to identify and address the impact of stressful life events.

Between one-quarter and one-third of elders reported serious problems resulting from life events. The issues included financial problems, anxiety, dependence on others, loss of relatives or close friends, serious illness or injury, and family problems or conflicts. The extent and variety of problems raises serious concern about levels of depression and caregiver burden as well as about the gaps in services necessary to protect or improve quality of life for a vulnerable population.

Despite the number of problems identified by Asian American elders, social work and counseling services are underutilized. It is possible that individuals do not have a clear understanding of the role of social workers or how counseling could be beneficial. The lack of bilingual, bicultural experts is another potential factor. Understanding cultural and generational barriers to the use of professional mental health services is important for planning models that are compatible with the needs and values of the population. In addition, it would be advantageous to develop strategies to increase access to information about entitlements, legal services and case management resources.

### **Satisfaction**

Life in general, and family life in particular, had elements of satisfaction for most Asian American elders. The strength of family relationships combined with personal

resilience are impressive in light of the sources and depths of stress that are part of daily life for these elders. Understanding the strong cultural and interpersonal resources that shape their overall outlook and coping abilities will be an asset in sustaining strong multi-ethnic, multi-generational communities that can contribute to the vitality of New York City.

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## Chapter 6: Recommendations

Angela Shen Ryan, D.S.W.

*Asian American Elders in New York City* is a study with substantive detail profiling diverse ethnic communities that share some traditional values as well as the need for more responsive, culturally appropriate and accessible social and health services. The results of the study should be applied widely to guide policy, program planning and service delivery for Asian elders and their families in many communities. The following recommendations identify major implications for policy makers, planners, funders, and administrators. Although each ethnic group has specific needs and strengths, these suggestions can lead to meaningful improvements for every group included in the study.

### **1. Improve economic conditions for Asian American elders and their families.**

A major concern of this population is poverty. Nearly 40% of respondents reported that their family financial condition was a serious problem, and an equal number stated that they did not have enough money to live on. The median annual household income ranges from \$6,000 - \$8,500. One-third receives food stamps and the means-tested assistance of Supplemental Security Income (SSI). Fifty-one per cent (52%) are not eligible for Social Security. These factors indicate that the majority of Asian American elders are living below the national poverty line.

Virtually all of these elders arrived in the United States as immigrants at age 50 or older to join their families. Age and language skills posed barriers to employment and financial security. For example, only one-quarter described themselves as speaking English well. Overall poverty and financial insecurity among Asian American elders is comparable to the situation of Latino elders in New York City in the early 1990s, of whom 64% reported incomes below \$10,000<sup>1</sup>. Fifty-one per cent (51%) of Asian American elders receive financial assistance from their families. However, 30% of respondents reported that depending on others for financial and other support is a serious problem. This raises concern about the long-term stability of intergenerational relationships.

Individuals with low incomes throughout their lives are not able to improve their financial security in later years. Low wage earners are likely to receive very low Social Security payments, if they are eligible at all, and at best entitled to minimal pensions and other benefits. Significant improvement will require changes in existing federal and state policies that would increase retirement protections for immigrant and other low wage earning adults. Increasing the availability of affordable housing, including assisted living, is also essential. More than thirty per cent of Asian American elders live in

substandard apartment buildings, and access to housing for seniors has been very limited, especially among elders in certain immigrant communities.

The Federal Welfare Reform Act of 1996 left thousands of New York immigrants ineligible for Medicare, food stamps and cash assistance. Even though New York State has a special program to meet the needs of immigrants who are disabled and victims of domestic violence, the state's food assistance programs exclude immigrants who arrived after 1996 and who have been out of the country for more than 90 days in the year when they apply for food stamp assistance. Participants also must apply for citizenship within 30 days of submitting their request for food stamps. Only 44% of elders in this study are citizens. Many others who are eligible do not apply for citizenship because of language barriers and low levels of education. As a result, they do not qualify for essential services. Programs to assist these elders to become citizens are vital.

Welfare reform should target funds to immigrant elders and other people in need and include meaningful access to information and entitlements. Similarly, there should be job training and skill development for elders earning low incomes and those who are unemployed so that they can continue to contribute to the local economy and maintain a tolerable standard of living.

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

More than half of Asian American elders reported that their general health was either excellent or very good. However, when compared to national norms for prevalence of medical conditions, the same population reported higher rates of hypertension, cataracts and diabetes. There was, as well, significant variation in the number and types of medical conditions across the six ethnic groups studied; gender and marital status also were factors associated with a range of medical conditions.

Information about physical health in this population must be considered when assessing the need for health care and personal social services. Asian American elders should be educated about preventive health measures as part of community outreach strategies. Also, it is important to promote primary prevention and treatment for the major health problems reported by these elders. Outreach and education programs for physicians and other health care professionals are urgently needed along with parallel programs for elders and their families.

The presence of depressive symptoms among the sample of Asian American elders was extensive. Having fewer depressive symptoms was shown to be a factor in higher quality of life in terms of general physical health, general mental health, physical and social functioning and vitality. Depression and other mood disorders are highly treatable conditions. Programs aimed at reducing symptoms of depression among Asian American elders need to be given priority. Health care professionals in primary care and geriatric psychiatry should become skilled at assessing and identifying depression and other mental health problems in this population. Understanding the economic costs and benefits of improved mental health services and the treatment of depression is an important area for further study.

New programs need to be developed to educate the community about the intimate connection between physical health and mental health. Lifting the stigma commonly associated with depression and other mental health problems will be vital to strengthening

coping skills, restoring health and improving the quality of life for Asian American elders. It is necessary, as well, to rectify the absence of geriatric mental health clinics and services specializing in the needs of this population.

Another important area for program attention and improvement is reducing the number of Asian American elders who experience limitations in their Activities of Daily Living (ADLs).<sup>1</sup> Better general health and social functioning is linked with having fewer ADL impairments. Improving independence in ADLs is a quality of life domain that is responsive to health and social service intervention. Community-based health promotion programs aimed at increasing physical activities for these older adults should be a priority to maximize health status. Concurrently, there is a great need for appropriate long term care options, including nursing homes.

Policy-driven interventions should include increasing access to health insurance among immigrant elders. Among the sample of Asian American elders, 51% rely on Medicare, 41% on Medicaid, and 24% on Health Maintenance Organizations for their health insurance. Given the high levels of poverty in the population, paying for insurance premiums and prescription medications are major barriers to good health. For example, nearly one-quarter of the respondents noted that they had a serious problem with too many medical bills. The rapidly rising cost of medication is a national concern that has special urgency for elders with acute and chronic care needs. Developing programs that assure basic health care protection would address specific concerns identified by these individuals.

Finally, there is a vital need to make information about existing entitlement programs available in languages and formats that are accessible to Asian American elders. Increasing targeted outreach activities and translating written materials are modest steps that can generate substantial benefit. Similarly, providing classes in English as a second language - using modalities appropriate to the age and learning style of these prospective students - will increase the ability of elders to utilize the programs and services that currently are available.

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

Veneration of aged and deceased relatives, honor for parents demonstrated through respect and obedience, and familial responsibility to care for aging relatives are important traditions in Asian cultures generally [2]. The present study confirmed that these traditions continue to be valued among the Asian American elders and that they are key to sustaining informal social support systems. A majority of elders felt that their opinions regarding family traditions differed from their children's opinions either not at all or only in small ways. Nonetheless, professionals should observe the level of acculturation and signs of generation gap, recognizing the potential for conflict between elders and their children with its negative impact on mental health. Reinforcement of values shared across generations and communities should be a priority in the organization and delivery of support services.

Informal social supports among family and friends should be reinforced. There is ample evidence that helping relationships are reciprocal, especially between generations. Adult children are the principal source of informal support for elders. More than half of the people in the study reported receiving help from their children in times of illness and with shopping or errands, transportation, fixing things around the house and money. It

<sup>1</sup> Activities of Daily Living include bathing, dressing, grooming, transferring, toileting and feeding.

is important, as well, to integrate peer and family relationships into the larger community. The benefits will include reducing social isolation among elders, improving their sense of meaning and purpose in life plus reducing caregiver burden for the younger generation. There also may be positive impact on physical health.

Other areas of strength in social networks and social supports may derive from the American and urban experience of these elders. These, too, should be acknowledged and nurtured in service planning and delivery. For example, peer relationships are active and valued by elders. Additional research to understand the depth and focus of these relationships can lead to developing appropriate programs to enhance quality of life and simultaneously reduce caregiver burden. Service providers need to support efforts to strengthen the full range of social networks available to older Asians. As well, priority attention should be directed to mobilizing elders to become active participants on behalf of their own communities.

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

Although nearly 60% of Asian American elders turn to the formal service sector for two or more formal services annually, language poses a major barrier to service effectiveness. More than two-thirds of the survey participants have English language skills ranging from poor to non-existent, and almost one-quarter live in households in which no one speaks English well. Problems with English language competency are the most common of all adaptation difficulties among Asian American immigrant groups and a significant challenge for accessing needed services. Moreover, levels of depression are significantly influenced by language barriers [3, 4]. Learning a new language is a serious undertaking for older adults, offering both mental stimulation and risks of low self-esteem and feelings of failure. Therefore, English language classes should be designed to build integrity and identity along with new and practical skills.

Between one-quarter and one-third of elders reported serious problems resulting from life events. Despite the range and complexity of problems these elders experience, just 5% reported that they turned to social workers for assistance. Causes of underutilization may include inadequate understanding about the role of social workers or how counseling could be beneficial. The lack of bilingual, bicultural experts is another potential factor. Understanding cultural and generational barriers to professional mental health services is important for planning approaches that are compatible with the needs and values of Asian American elders. In addition, it would be beneficial to develop strategies to increase access to information about entitlements, legal services and case management resources. Culturally competent service providers need to incorporate models of best practice from a variety of cultures into the delivery of services to the elderly.

In senior centers there is a need for more programs geared to the cultural background of this population. Only 24% of the respondents attend senior center programs. Leisure activities, foods, interpersonal communication styles and group activities developed for centers in communities where Asian American elders reside should reflect traditional values and enhance ethnic identities. These improvements can reduce barriers to participation. Among newer immigrants, use of senior centers is especially low. There is, therefore, a need for ethnically specific centers offering the full range of services in a culturally competent context.

Professionals should be sensitive to the world view and religious practices of Asian



American elders, which include both Eastern and Western religious traditions. More than three-quarters of the people who participated in the study reported that religion was either very important or somewhat important to them, and 45% attend religious services weekly or more often. Outreach to churches serving each ethnic group could improve the cultural competence of programs and service settings. Simultaneously, religious leaders can be important advocates helping elders to appropriately use available social and health resources.

There is a great need for bilingual and bicultural staff in ethnic-specific programs and, as important, in all health and social service settings that serve Asian American elders. Survey participants identified a special urgency for language and cultural sensitivity in legal services, entitlement information and transportation. Strategies and programs are needed to recruit bilingual and bicultural Asian professionals to serve this population. Funding special fellowship programs for Asian American physicians, social workers and other health and social service workers is needed on the federal, state and local levels. All health and social services staff should be trained to be culturally sensitive and competent to best serve Asian American elders.

In conclusion, the strong family relationships and personal resilience among Asian American elders are impressive in light of the stresses that mark their daily lives. Understanding the cultural and interpersonal resources that shape their overall outlook and coping abilities as well as their service needs is necessary to sustain vibrant multi-ethnic, multi-generational communities.

This study identified significant needs among a large and diverse minority population. Future national and local studies of elders should include this population so that critical information will be available for planning programs that fully meet the urgent needs of Asian American elders. The findings of ***Asian American Elders in New York City*** fill a critical knowledge gap in the field of aging and can lead to caring, effective and efficient services for a population that deserves no less.

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# Appendix

## Census 2000 Data for Asian American Elders Meghan L. Clark, Asian American Federation Census Information Center

### Census 2000 Notes / Explanations

Census 2000 is the first decennial census in which respondents were allowed to select more than one race category. The Census 2000 data (“Alone” and “Alone or in any Combination”) has not been statistically adjusted to compensate for any undercount.

The Census 2000 elderly Asian population numbers provided in Table 2.1 are for the “Asian alone” elderly population. This number corresponds to the respondents who reported exactly one Asian group and no other Asian group or race category. The “Alone” number should be considered the minimum population size in any analysis that uses Census 2000 data.

The “Asian alone or in any Combination” elderly population corresponds to the responses (not respondents) that include the selected Asian group, either alone or in any combination with other Asian groups or other race categories. “Alone or in any Combination” should be considered the maximum population size in any analysis that uses Census 2000 data.

If a respondent selected more than one Asian group (i.e. “Korean” and “Chinese”), that individual would be tallied in the total for each Asian group. Therefore, Asian group totals under “Alone or in any Combination” are not mutually exclusive and cannot be compared or aggregated.

### Census 2000 Population Data

Included below is a table that includes the “Asian alone or in any Combination” elderly population numbers for New York City. We have also included tables for each of the boroughs to provide more detail about the Elderly Asian Population in New York City.

*Census 2000 Asian Population in New York City*

| Asian Group | Asian Alone<br>Total Population |            | Asian Alone<br>Elderly |            | Asian Alone or in any<br>Combination Elderly |            |
|-------------|---------------------------------|------------|------------------------|------------|--|------------|
|             | N                               | % of Total | N                      | % of Total | N  | % of Total |
| Bangladeshi | 19,148                          | 2.4 %      | 368                    | 0.6 %      | 540  | --         |
| Chinese*    | 361,531                         | 45.9 %     | 38,333                 | 64.8 %     | 39,415                                       | --         |
| Filipino    | 54,993                          | 7.0 %      | 4,121                  | 7 %        | 4,528  | --         |
| Indian      | 170,899                         | 21.7 %     | 6,838                  | 11.6 %     | 8,401  | --         |
| Japanese    | 22,636                          | 2.9 %      | 1,117                  | 1.9 %      | 1,232  | --         |
| Korean      | 86,473                          | 11.0 %     | 5,870                  | 9.9 %      | 6,043  | --         |
| Pakistani   | 24,099                          | 3.1 %      | 611                    | 1 %        | 806  | --         |
| Vietnamese  | 11,334                          | 1.4 %      | 576                    | 1 %        | 655  | --         |
| Other       | 35,934                          | 4.6 %      | 1,350                  | 2.3%       | --   | --         |
| TOTAL       | 787,047                         | 100 %      | 59,184                 | 100 %      | --   | --         |

- Chinese Americans are the largest Asian ethnic group in New York City, comprising 45.9% of the total population. However, Chinese Americans comprise an even larger proportion, 64.8%, of the Elderly Asian population in New York City.
- Indian Americans are the second largest Asian group in New York City overall (21.7%), while Indian Americans comprise 11.6% of the total New York City Asian elderly population.

*Census 2000 Asian Population in the Bronx*

| Asian Group | Asian Alone<br>Total Population |            | Asian Alone<br>Elderly |            | Asian Alone or in any<br>Combination Elderly |            |
|-------------|---------------------------------|------------|------------------------|------------|--|------------|
|             | N                               | % of Total | N                      | % of Total | N  | % of Total |
| Bangladeshi | 1,691                           | 4.2 %      | 28                     | 1.2 %      | 44   | --         |
| Chinese*    | 6,585                           | 16.4 %     | 799                    | 33.7 %     | 866  | --         |
| Filipino    | 4,695                           | 11.7 %     | 278                    | 11.7 %     | 323  | --         |
| Indian      | 15,258                          | 38.0 %     | 648                    | 27.3 %     | 833  | --         |
| Japanese    | 580                             | 1.4 %      | 66                     | 2.8 %      | 75   | --         |
| Korean      | 3,845                           | 9.6 %      | 306                    | 12.9 %     | 328  | --         |
| Pakistani   | 1,042                           | 2.6 %      | 16                     | 0.7 %      | 26   | --         |
| Vietnamese  | 3,044                           | 7.6 %      | 120                    | 5.1 %      | 130  | --         |
| Other       | 3,380                           | 8.4 %      | 113                    | 4.8 %      | --   | --         |
| TOTAL       | 40,120                          | 100 %      | 2,374                  | 100 %      | --   | --         |

- Indian Americans are the largest Asian ethnic group in the Bronx, comprising 38% of the total population. However, Indian Americans comprise a smaller proportion, 27.3%, of the Elderly Asian population in the Bronx.
- Chinese Americans are the second largest Asian group in the Bronx (16.4%), while Chinese Americans comprise an even larger proportion, 33.7%, of the total Bronx elderly population.

\* Includes Taiwanese.

*Census 2000 Asian Population in Brooklyn*

| Asian Group | Asian Alone<br>Total Population |            | Asian Alone<br>Elderly |            | Asian Alone or in any<br>Combination Elderly |            |
|-------------|---------------------------------|------------|------------------------|------------|--|------------|
|             | N                               | % of Total | N                      | % of Total | N  | % of Total |
| Bangladeshi | 3,795                           | 2.0 %      | 62                     | 0.5 %      | 112  | --         |
| Chinese*    | 120,662                         | 64.9 %     | 10,711                 | 80.4 %     | 10,994                                       | --         |
| Filipino    | 6,534                           | 3.5 %      | 466                    | 3.5 %      | 542  | --         |
| Indian      | 25,404                          | 13.7 %     | 944                    | 7.1 %      | 1,239  | --         |
| Japanese    | 2,355                           | 1.3 %      | 88                     | 0.7 %      | 101  | --         |
| Korean      | 6,210                           | 3.3 %      | 371                    | 2.8 %      | 395  | --         |
| Pakistani   | 9,903                           | 5.3 %      | 214                    | 1.6 %      | 275  | --         |
| Vietnamese  | 3,410                           | 1.8 %      | 175                    | 1.3 %      | 200  | --         |
| Other       | 7,545                           | 4.1 %      | 298                    | 2.2 %      | --   | --         |
| TOTAL       | 185,818                         | 100 %      | 13,329                 | 100 %      | --   | --         |

- Chinese Americans are the largest Asian ethnic group in Brooklyn, comprising 64.9% of the total population. However, Chinese Americans comprise an even larger proportion, 80.4%, of the Elderly Asian population in Brooklyn.
- Indian Americans are the second largest Asian group in Brooklyn overall (13.7%), while Indian Americans comprise 7.1% of the total Brooklyn Asian elderly population.

*Census 2000 Asian Population in Manhattan*

| Asian Group | Asian Alone<br>Total Population |            | Asian Alone<br>Elderly |            | Asian Alone or in any<br>Combination Elderly |            |
|-------------|---------------------------------|------------|------------------------|------------|--|------------|
|             | N                               | % of Total | N                      | % of Total | N  | % of Total |
| Bangladeshi | 819                             | 0.6 %      | 16                     | 0.1 %      | 25   | --         |
| Chinese*    | 86,974                          | 60.2 %     | 12,333                 | 81.5 %     | 12,648                                       | --         |
| Filipino    | 8,654                           | 6.0 %      | 685                    | 4.5 %      | 778  | --         |
| Indian      | 14,630                          | 10.1 %     | 735                    | 4.9 %      | 907  | --         |
| Japanese    | 14,325                          | 9.9 %      | 635                    | 4.2 %      | 690  | --         |
| Korean      | 10,848                          | 7.5 %      | 404                    | 2.7 %      | 423  | --         |
| Pakistani   | 952                             | 0.7 %      | 22                     | 0.1 %      | 32   | --         |
| Vietnamese  | 1,370                           | 0.9 %      | 50                     | 0.3 %      | 65   | --         |
| Other       | 5,966                           | 4.1 %      | 248                    | 1.6 %      | --   | --         |
| TOTAL       | 144,538                         | 100 %      | 15,128                 | 100 %      | --   | --         |

- Chinese Americans are the largest Asian ethnic group in Manhattan, comprising 60.2% of the total population. However, Chinese Americans comprise an even larger proportion, 81.5%, of the Elderly Asian population in Manhattan.
- Indian Americans are the second largest Asian group in Manhattan (10.1%), while Indian Americans comprise 4.9% of the total Manhattan Asian elderly population.

\* Includes Taiwanese

*Census 2000 Asian Population in Queens*

| Asian Group | Asian Alone<br>Total Population |            | Asian Alone<br>Elderly |            | Asian Alone or in any<br>Combination Elderly |            |
|-------------|---------------------------------|------------|------------------------|------------|--|------------|
|             | N                               | % of Total | N                      | % of Total | N  | % of Total |
| Bangladeshi | 12,786                          | 3.3 %      | 262                    | 1.0 %      | 359  | --         |
| Chinese*    | 139,820                         | 35.7 %     | 13,810                 | 52.0 %     | 14,201                                       | --         |
| Filipino    | 30,520                          | 7.8 %      | 2,302                  | 8.7 %      | 2,465  | --         |
| Indian      | 109,114                         | 27.9 %     | 4,250                  | 16.0 %     | 5,137  | --         |
| Japanese    | 5,103                           | 1.3 %      | 294                    | 1.1 %      | 326  | --         |
| Korean      | 62,130                          | 15.9 %     | 4,496                  | 16.9 %     | 4,595  | --         |
| Pakistani   | 11,210                          | 2.9 %      | 319                    | 1.2 %      | 425  | --         |
| Vietnamese  | 3,268                           | 0.8 %      | 216                    | 0.8 %      | 245  | --         |
| Other       | 17,549                          | 4.5 %      | 614                    | 2.3 %      | --   | --         |
| TOTAL       | 391,500                         | 100 %      | 26,563                 | 100 %      | --   | --         |

- Chinese Americans are the largest Asian ethnic group in Queens, comprising 35.7% of the total population. However, Chinese Americans comprise an even larger proportion, 52%, of the Elderly Asian population in Queens.
- Indian Americans are the second largest Asian group in Queens (27.9%), while Indian Americans comprise 16% of the total Queens Asian elderly population.
- While Korean Americans are the third largest Asian group in Queens (15.9%), they account for the second largest elderly Asian population in Queens (16.9%).

*Census 2000 Asian Population in Staten Island*

| Asian Group | Asian Alone<br>Total Population |            | Asian Alone<br>Elderly |            | Asian Alone or in any<br>Combination Elderly |            |
|-------------|---------------------------------|------------|------------------------|------------|--|------------|
|             | N                               | % of Total | N                      | % of Total | N  | % of Total |
| Bangladeshi | 57                              | 0.2 %      | N/A**                  | N/A        | N/A  | --         |
| Chinese*    | 7,490                           | 29.9 %     | 680                    | 38.0 %     | 706  | --         |
| Filipino    | 4,590                           | 18.3 %     | 390                    | 21.8 %     | 420  | --         |
| Indian      | 6,493                           | 25.9 %     | 261                    | 14.6 %     | 285  | --         |
| Japanese    | 273                             | 1.1 %      | 34                     | 1.9 %      | 40   | --         |
| Korean      | 3,440                           | 13.7 %     | 293                    | 16.4 %     | 302  | --         |
| Pakistani   | 992                             | 4.0 %      | 40                     | 2.2 %      | 48   | --         |
| Vietnamese  | 242                             | 1.0 %      | 15                     | 0.8 %      | 15   | --         |
| Other       | 1,494                           | 6.0 %      | 77                     | 4.3 %      | --   | --         |
| TOTAL       | 25,071                          | 100        | 1,790                  | 100 %      | --   | --         |

- Chinese Americans are the largest Asian ethnic group in Staten Island, comprising 29.9% of the total population. However, Chinese Americans comprise an even larger proportion, 38%, of the Elderly Asian population in Staten Island.
- Indian Americans are the second largest Asian group in Staten Island (25.9%), while Indian Americans comprise 14.6% of the total Staten Island Asian elderly population.
- While Filipino Americans are the third largest Asian group in Staten Island (18.3%),

\* Includes Taiwanese

\*\* Not available

they account for the second largest elderly Asian population in Staten Island (21.8%).

- Korean Americans are the fourth largest Asian group in Staten Island (13.7%), but account for the third largest elderly Asian population in Staten Island (16.4%).



## About the Asian American Federation of New York

Founded in 1989, the Asian American Federation of New York is a not-for-profit organization that provides public policy and community service leadership to identify and meet the critical needs of Asian Americans in the New York metropolitan area. The Federation serves the entire Asian American community by analyzing issues and voicing common concerns, advocating for beneficial policies, offering financial and management assistance, coordinating service delivery, and creating and heading unified, community-wide initiatives. The Federation has a membership of 36 community agencies that provide health and human services to diverse populations.

Working toward an empowered Asian American community with full participation in the larger society, the Federation is guided by the following priorities:

- Articulating Asian American concerns on public policy matters, and promoting understanding and cooperation between communities.
- Strengthening the capacity of community institutions.
- Generating human and financial resources for enhanced effectiveness in meeting community needs and aspirations.

The Federation's public policy and research work focuses on issues related to resource allocation, community needs, service availability and accessibility, immigrant rights, and community development.

In December 2001, the Federation spearheaded a comprehensive initiative: Relief, Recovery and Rebuilding, aimed at addressing the needs of the Asian American community after the tragic events of September 11th. Out of the initiative came ***Chinatown After September 11th: An Economic Impact Study***, which documented the devastation of the Chinatown community through the first year after the tragedy. This study was critical in bringing political attention to Chinatown. Other research projects underway include a study on the mental health needs of families and victims of Asian decent affected by the September 11th disaster, as well as vulnerable populations in Chinatown. In addition, the Federation is working on an analysis of the September 11th Fund's Health Care Initiative. The Federation is a founding member of the 9/11 United Services Group (USG), a 13-member consortium formed to coordinate assistance to people affected by the September 11th events.

*Asian American Elders in New York City* is yet another aspect of the Federation's efforts to bring the needs of the Asian American community into the radar of academic research and public policy formulation. Working in collaboration with the Brookdale Center on Aging of Hunter College, the Federation's groundbreaking study is a comprehensive exploration on the quality of life and care of New York City's growing Asian American elderly population.

Among other pivotal leadership functions, the Federation is one of the only Asian American organizations on the East Coast selected by the U.S. Census Bureau to operate a Census Information Center. The center was established in August 2001 to conduct data and policy analysis and to encourage representation of the Asian American community in Census Bureau censuses and surveys. The Census Bureau's designation recognized the Federation's success in leading the Asian American Task Force on Census 2000, a coalition of 65 organizations that advised the Census Bureau and ensured an accurate count of Asian Americans in Census 2000.

Other current Federation projects, in addition to extensive support of its member agencies, include a campaign to foster Asian American philanthropy, and the production of a film documenting the Asian American experiences after the September 11th tragedies.

For more information on the Federation, visit [www.aafny.org](http://www.aafny.org) or call 212-344-5878.

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