

August 18, 2016

TO: Administration for Community Living & Administration on Aging

RE: Guidance for the Development and Submission of State Plans on Aging, State Plan Amendments and the Intrastate Funding Formula

Dear Director,

The Southeast Asia Resource Action Center (SEARAC) writes to provide recommendations for the needs of Southeast Asian American (SEAA) refugee and immigrant communities to be taken into account in revising the guidelines for state plans on aging.

Southeast Asians are the largest refugee group to be resettled in the U.S.¹ In the aftermath of the Vietnam War, over one million refugees escaping war and persecution in Cambodia, Laos, and Vietnam were resettled in the U.S.² Today, over two and a half million Southeast Asian Americans make their homes throughout this nation.

Southeast Asian American (SEAA) elders are among the most underserved populations in the United States. According to the 2010 American Community Survey, more than 18.9% of SEAA elders are estimated to live in poverty; this is more than twice the estimate for the United States' elder population as a whole.³ In addition, many SEAA elders face chronic health conditions such as diabetes and high blood pressure, and some elders often live with undiagnosed mental health conditions such as Post-Traumatic Stress Disorder (PTSD) because of their refugee experiences with war trauma. Additionally, economic security is a critical concern for SEAA elders. Finally, while half of Asian American and Pacific Islander elders experience limited English proficiency, this rate is even higher for Southeast Asian American groups – ranging between 85%-90% for Vietnamese, Laotian, Cambodian, and Hmong communities.

Additionally, many SEAA workers who have spent careers concentrated in low-wage industries have fewer sources of income, such as 401Ks and pensions, available to them upon retirement. In 2012, the

¹ *Report to Congress: FY 2007* (Office of Refugee Resettlement, 2007: pg. ii)

²httax/Niedzwiefckhangd/CpDugrago2/004/Csatat/Net/BSt 2030an Ampericond Statistical Profile. Washington, DC: Southeast Asia Resource Action Center (SEARAC): 10.

³ 2010-2012 American Community Survey, Selected Population Profiles (2012, 3-Year Estimates), U.S. Census Bureau, <u>http://factfinder.census.gov</u>.

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estimated mean retirement income of households for the general population was \$23,322.⁴ However, the mean retirement income estimates for SEAA families were significantly lower: Cambodian, Hmong, Laotian, and Vietnamese Americans' mean retirement income estimates are \$10,933, \$12,720, \$12,274, and \$15,846, respectively.⁵

Finally, the geographic distribution of Southeast Asian American communities are also significant to note where 70% of the total Southeast Asian American population resides in ten states spanning every region of the United States (Table 1). Specific ethnic communities are also concentrated in 5 key major states (Table 2).

Table 1: Top 10 SEAA States

Rank	State	Total	
1	California	910,433	
2	Texas	259,019	
3	Minnesota	114,819	
4	Washington	112,749	
5	Massachusetts	81,670	
6	Florida	79,399	
7	Virginia	71,458	
8	Georgia	64,948	
9	Pennsylvania	63,024	
10	Wisconsin	61,287	

Table 2: Top 5 States by Ethnicity				
Rank	Cambodian	Hmong	Laotian	Vietnamese
1	California	California	California	California
2	Massachusetts	Minnesota	Texas	Texas
3	Washington	Wisconsin	Minnesota	Washington
4	Texas	North Carolina	Washington	Florida
5	Pennsylvania	Michigan	Tennessee	Virginia
% Total Population	66%	86%	50%	62%

⁴ Ibid.

⁵ Ibid.

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- 1) Expand access, integration, and support to smaller, ethnic-based community based organizations into the aging network In order to meet the unique needs of SEAA and Asian American and Pacific Islander elders, state aging plans must increase support to community/ethnic-led organizations which currently do NOT receive support through the ACL for their important work to our community. In 2000, SEARAC conducted surveys with 46 SEAA organizations in California who all provided services in critical areas to elders, but did not receive funding for most of these services.⁶ Additionally, these organizations on average had 10 or fewer full-time staff, part-time staff and volunteers. This reality has led to many organizations closing down with no federal support, while others continue to remain open serving growing demands with fewer resources.
- 2) Require that states define and adopt culturally and linguistically appropriate standards While the Area Agencies on Aging are meant to provide senior nutrition and wellness programs, rarely are these developed in a culturally and linguistically appropriate manner. Thus, SEAA elders have limited access to the various resources that are offered by local agencies on aging.
- 3) Require that states increase language access given the large proportion of SEAA elders who face severe language barriers, access to linguistically appropriate care is essential to accessing and obtaining critical resources.
- 4) Require disaggregated collection of data Southeast Asian Americans are currently lumped in program reporting under the large "Asian" category, which is comprised of more than 48 ethnic groups and 33 languages with unique needs. Collecting and reporting disaggregated data on Asian American and Pacific Islander communities will contribute to greater understanding of the unique needs of our diverse community, and ultimately, will strengthen service delivery. We recommend at minimum that the data disaggregation practices of the U.S. Census Bureau be considered which have been developed through rigorous research that allows for more accurate population counts. The Department of Health and Human Services also uses the same race and ethnicity categories from the American Community Survey and Census 2010 for its final standards on data collection on race, ethnicity, sex, primary language and disability status as required by Section 4302 of the Affordable Care Act.⁷

⁶ Max Niedzwiecki and TC Duong. 2004. *Southeast Asian American Statistical Profile*. Washington, DC: Southeast Asia Resource Action Center (SEARAC): 16. <u>http://www.searac.org/sites/default/files/sea-eldersrpt-fin.pdf</u>.

⁷ U.S. Department of Health & Human Services. "Final Data Collection Standards for Race, Ethnicity, Primary Language, Sex, and Disability Status Required by Section 4302 of the Affordable Care Act," http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=208.

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We believe that the major ethnicities *and* their write-in examples from the Census Bureau should be given *separate ethnicity categories*, and should be a baseline for usage by state aging agencies.

These ethnicities include:

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Fijian
- Tongan
- Hmong
- Laotian
- Thai
- Pakistani
- Cambodian.⁸

It is critical that the groups currently listed only in the Census' write-in examples under "Other Pacific Islander" (Fijian and Tongan) and "Other Asian" (Hmong, Laotian, Thai, Pakistani and Cambodian) be provided separate ethnicity categories because these groups face some of the most extreme barriers in accessing and obtaining aging support within all Asian/Pacific Islander groups.

All of the listed ethnicity categories can be aggregated to the Asian and Native Hawaiian or Other Pacific Islander race categories as defined by the 1997 OMB Revised Standards and the Department's 2007 Guidance.

⁸ US Census Bureau. "United States Census 2010 Form," <u>http://www.census.gov/schools/pdf/2010form_info.pdf</u>

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We welcome any questions you may have. Please feel free to contact myself at (202) 601-2967 or <u>quyen@searac.org</u>.

Sincerely,

uyon Dinh

Quyen Dinh Executive Director Southeast Asia Resource Action Center