NATIONAL ASIAN PACIFIC CENTER ON AGING

August 19, 2016

Mr. Greg Link
Aging Services Program Specialist
Administration for Community Living
Washington, DC 20201

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

Dear Mr. Link,

The National Asian Pacific Center on Aging (NAPCA) is pleased to submit our comments on "Program Instruction: Guidance for the Development and Submission of State Plans on Aging, State Plan Amendments and the Intrastate Funding Formula." Specifically, we recommend the following:

1. In *Section II. State Plan Focus Areas*, add an additional focus area entitled *D. Inclusion of Diverse Older Adults* that requires each State Plan on Aging to (1) include a population demographic analysis of the geographic service area covered (using the best available data) for Asian American and Pacific Islander (AAPI) elders, American Indian/Alaska Native elders, Hispanic elders, LGBT elders, African American elders, and other racially and ethnically diverse older adults, and (2) describe how states will (a) ensure language access, (b) collect disaggregated data, and (c) work with diverse communities, such as AAPI-serving community-based organizations, in the planning and delivery of long-term services and supports in home- and community-based settings, particularly those community-based/ethnic-led organizations that currently do not receive support through the Administration for Community Living (ACL) for their important work.

2. In *Section III. State Plan Content*, and under *Section B, Subsection 6. Targeting* (line 5-10), add two additional "factors" that contribute to "greatest economic and social need": (1) being culturally and linguistically isolated, and (2) being an immigrant.

1511 Third Avenue, Suite 914, Seattle, WA 98101
Tel: (206) 624-1221 Fax: (206) 624-1023 www.napca.org

3. In *Section V. Resources for Preparing State Plans*, and under *Section 3, Subsection Diversity and Aging*, the reference to the National Asian Pacific Islander Association is incorrect. The correct reference is National Asian Pacific Center on Aging (NAPCA) and should be revised.

Introduction

AAPI older adults aged sixty-five years and older is the fastest-growing aging group. In 2015, more than two million AAPI older adults resided in the United States, representing 4.64 percent of the national aging population and 10 percent of the total AAPI population[1]. Among the many reasons for an increasing AAPI population, the rapid growth rate is largely due to immigration, contrary to the argument that immigration is slowing the aging of our society. Immigration will continue to have an impact on the impeding demographic shift and increase the percentage of retirees into the future[2]. Eighty percent of AAPI elders are foreign-born, and 65 percent have become naturalized citizens of the United States[3]. The continuously changing ethnic profile and immigration history of older Americans requires government organizations - such as the ACL, State Units on Aging, and Area Agencies on Aging - to pay particular attention to the unique needs of AAPI older adults.

Challenges Facing AAPI Older Adults

Disaggregated Data

The term "AAPI" includes over 25 ethnicities that speak over 50 different languages. The ethnic distinctions between AAPI older adults calls for a reevaluation of the priorities of public policy and resource allocation. Robust variations between AAPI subpopulations must be understood and acknowledged. Aggregating AAPI older adults into one ethnic category obscures meaningful differences between subpopulations, and analyzing the needs of AAPI older adults collectively masks unique subpopulation issues, leading to "one-size-fits-all" public policies that do not comprehensively meet the needs of diverse AAPI older adults.

Limited English Proficiency (LEP)

LEP can isolate AAPI older adults, the majority of whom are foreign-born. In 2010, only 15 percent of AAPI older adults spoke English at home; 60 percent had LEP[3]. Thirty-one percent of AAPI older adults are linguistically isolated, meaning that all members of the household speak English less than "very well"[3]. More than 85 percent of Cambodian, Vietnamese, Hmong, and Laotian older adults are LEP[3]. The LEP of many AAPI elders often restricts their access to vital information, supports, and services.

---

[1] Ong, J., Ong, E., and P. Ong. 2015. "The Future of Asian America in 2040." "The Future of Pacific Islander America in 2040." UCLA Center for the Study of Inequality and Asian Pacific American Institute for Congressional Studies, Draft, August 4.

[2] Camarota, S. 2012. "Projecting Immigration's Impact on the Size and Age Structure of the 21st Century American Population." Center for Immigration Studies. http://cis.org/projecting-immigrations-impact-on-the-size-and-age-structure-of-the-21st-century-american-population (accessed March 7, 2016).

[3] National Asian Pacific Center on Aging. 2013. "Asian American and Pacific Islanders in the United States Aged 65 Years and Older: Population, Nativity, and Language. Data Brief, 1, 3." http://napca.org/wp-content/uploads/2013/10/65+-population-report-FINAL.pdf (accessed March 7, 2016).

Economic Security

A commonly believed myth is that AAPIs are all self-sufficient and upwardly mobile. The prevalence of poverty is severe when disaggregating the data by ethnic groups. For example, in 2010, more than one in five Koreans (20.4 percent), Tongans (21.2 percent), Hmong (21.5 percent), and Marshallese (29.9 percent) elders 65 years and older were below the poverty level, yet older adult Malaysian households had a median income of $90,625, well exceeding the U.S. median income of $33,906[4]. Among the most impoverished AAPI older adult subpopulations are Hmong older adults, who have a median household income of $18,598, and Bhutanese, of whom 63 percent are living in poverty[4]. Approximately 40 percent of AAPI older adults are spending more than 30 percent of their income on housing[4].

Social Security benefits are an important source of income for AAPI older adults, with 26 percent of older adult married couples and 52 percent of those unmarried relying on their benefits for 90 percent or more of their income[4]. For refugees and recent immigrants, however, the ability to retain this benefit hinges upon citizenship. AAPIs entering the United States may receive Social Security for up to seven years, at which point they must obtain citizenship or risk losing their benefits[4].

AAPI older adults also disproportionately rely on food stamps, with 14 percent collecting this benefit compared to 9 percent of the U.S. population sixty-five years and older[5]. Only 22 percent of AAPI elders have retirement income, compared to 37 percent of the older adult population throughout the United States[5].

Heath Insurance

Only 33 percent of Asians have private insurance, compared to 52 percent of older adults nationally[4]. AAPI older adults are more likely to be covered by Medicare only, or Medicare and Medicaid, compared to the U.S. population[4].

Seven out of the top ten uninsured ethnic groups in the United States are AAPIs[6]. 23 percent of Bangladeshi, 15 percent Tongan, and 15 percent of Pakistani older adults were uninsured, compared to 1 percent of the total U.S. older adult population[4].

The launch of the Affordable Care Act (ACA) found 1.4 million AAPI older adults eligible for health insurance[7]. Access to in-language resources that guide ACA enrollment is critical because of the increase of LEP AAPI elders who remain uninsured. A recent analysis revealed that the majority of in-language ACA resources on federal and state websites were in English and Spanish[6]. AAPI in-language resources are not readily available and those that exist often require extensive navigation through websites, many of which are in English and pose an additional barrier[6].

---

[4] National Asian Pacific Center on Aging. 2013. "Asian Americans and Pacific Islanders in the United States Aged 65 Years and Older: Economic Indicators. Data Brief, 1, 4." http://napca.org/wp-content/uploads/2013/10/economic-indicators-FINAL.pdf (accessed March 7, 2016).

[5] AARP. 2014. "Are Asian Americans and Pacific Islanders Financially Secure?" http://www.aarp.org/content/dam/aarp/home-and-family/caregiving/2014-11/AARP-Report-Are-Asian-Americans-and-Pacific-Islanders-Financially-Secure-Dec2014-eng.pdf (accessed March 7, 16).

[6] National Council of Asian Pacific Islander Physicians. 2015. "The Impact of the Affordable Care Act on Asian Indian, Chinese, Filipino, Korean, Pakistani, and Vietnamese Americans." https://d3n8a8pro7vhmx.cloudfront.net/ncapa/pages/110/attachments/original/1437158772/2015_ACA_policy_brief_v13_final.pdf?1437158772 (accessed March 7, 2016).

[7] National Asian Pacific Center on Aging. 2012. "Press Release: NAPCA Statement on the Affordable Care Act Ruling." http://napca.org/wp-content/uploads/2013/01/062812AffordableCareAct.pdf.pdf (accessed January 13, 2016).

Health Disparities

Looking at AAPI older adults' disability status - that is, collectively considering their functional limitations, limitations in activities of daily living, cognitive problems, and blindness or deafness - the highest disability rates are evident among Native Hawaiians, Pacific Islanders, and Vietnamese older adults, although the specific disability issues are very different[8].

For example, Vietnamese older adults have a disproportionately high prevalence of cognitive limitations (16.6 percent), more than double the rate for Koreans at 7.6 percent[8]. Native Hawaiian older adults have higher rates of obesity and type 2 diabetes[8]. Furthermore, Native Hawaiian women have the highest overall cancer death rates out of any ethnicity[8].

Disability outcomes for AAPI older adults are largely affected by education and immigration variables, such as immigration history, citizenship status, and whether or not English is spoken at home[8].

Of particular concern when considering the health disparities faced by AAPI older adults is their underrepresentation in long-term care facilities. Institutionalization rates vary among AAPI older adults with functional limitations, from 4.7 percent of Asian Indians to 18.8 percent of Korean Americans[9]. Notably, AAPI older adults are twice as likely to be placed in an institution if they speak English at home[9].

Barriers to long-term care settings facing AAPI older adults include citizenship status, prohibitive costs, English proficiency, food preferences, acculturation, and cultural norms[9]. Similar to other areas of research on AAPI older adults, disaggregated data is needed to understand the health disparities faced by the subpopulations.

Caregiving

AAPI older adults and their families may perceive institutionalization and formal health care as stigmatizing[10]. With less reliance on formal systems, AAPI families commonly rely on the family unit to care for one another, and the children are often expected to care for their aging parents. A disaggregated prevalence of caregiving among AAPI families has not yet been documented; however, according to an AARP survey, 42 percent of AAPI respondents were providing care to an older adult compared to 22 percent of the general population[10].

---

[8] Fuller-Thompson, E., Brennenstuhl, S., and M. Hurd. 2011. "Comparison of Disability Rates among Older Adults in Aggregated and Separate Asian American/Pacific Islander Subpopulations." *American Journal of Public Health* 101(1): 94–100.

[9] Fuller-Thompson, E., and M. Chi. 2012. "Older Asian Americans and Pacific Islanders with Activities of Daily Living (ADL) Limitations: Immigration and Other Factors Associated with Institutionalization." *International Journal of Environmental Research and Public Health* 9: 3264–79.

[10] AARP. 2014. "Caregiving among Asian Americans and Pacific Islanders Age 50+." http://www.aarp.org/content/dam/aarp/home-and-family/caregiving/2014-11/caregiving_aapis_english.pdf (accessed March 7, 2016).

Recommendations

To preserve and promote the dignity, well-being, and quality of life of AAPIs as they age, thereby addressing many of the aforementioned challenges, NAPCA offers the following recommendations for revision of the Program Instructions:

1. In *Section II. State Plan Focus Areas*, add an additional focus area entitled *D. Inclusion of Diverse Older Adults* that requires each State Plan on Aging to (1) include a population demographic analysis of the geographic service area covered (using the best available data) for AAPI elders, American Indian/Alaska Native elders, Hispanic elders, LGBT elders, African American elders, and other racially and ethnically diverse older adults, and (2) describe how states will (a) ensure language access, (b) collect disaggregated data, and (c) work with diverse communities, such as AAPI-serving community-based organizations, in the planning and delivery of long-term services and supports in home- and community-based settings, particularly those community-based/ethnic-led organizations that currently do not receive support through the ACL for their important work.

2. In *Section III. State Plan Content*, and under *Section B, Subsection 6. Targeting* (line 5-10), add two additional "factors" that contribute to "greatest economic and social need": (1) being culturally and linguistically isolated and (2) being an immigrant.

3. In *Section V. Resources for Preparing State Plans*, and under *Section 3, subsection Diversity and Aging*, the reference to the National Asian Pacific Islander Association is incorrect. The correct reference is National Asian Pacific Center on Aging (NAPCA) and should be revised.

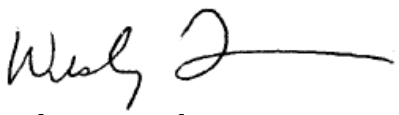
Conclusion

The United States is projected to be a minority-majority by 2043, of which one or more racial and/or ethnic minorities make up a majority of the population. AAPI older adults are the fastest-growing aging group in the country, so it is imperative that government organizations address the unique challenges faced by this diverse ethnic group. These revisions to the ACL's "Guidance for the Development and Submission of State Plans on Aging, State Plan Amendments and the Intrastate Funding Formula" will support implementation of the Older American's Act of 1965, as amended, to be inclusive of AAPI older adults and other diverse populations, and will ultimately strengthen service delivery for all older Americans, now and into the future.

NAPCA is committed to collaborating with the ACL to strengthen policies, such as the Program Instruction, that deeply affect our AAPI communities across the nation. Thank you for the opportunity to provide feedback on behalf of AAPI older adults and their families.

Should you have any questions, please feel free to contact me at wesley@napca.org.

Sincerely,



Wesley Lum, PhD, MPH
President and CEO

1511 Third Avenue, Suite 914, Seattle, WA 98101
Tel: (206) 624-1221 Fax: (206) 624-1023 www.napca.org

Asian American and Pacific Islander (AAPI) older adults are the **most diverse** of the minority groups and are a **rapidly increasing population.**

Between 2010 and 2030, the AAPI older adult population is expected to increase by

145% [1]

The Older Americans Act (OAA) of 1965, as amended, provides funding across the nation to support older adults' long-term service and support needs as they age.

More than **2.7** million older adults receive Title III services* through the OAA...

...Only **3.2%** of these older adults are AAPI [2]

Throughout listening sessions** across the nation, overwhelmingly, AAPI older adults are sharing

poor access to services is one of the **most significant challenges faced as they age.**

To make sure that older adults with the greatest need receive these services, the OAA requires states to give preference to older adults with the greatest economic and social need. Targeting requires states to prioritize older adults who are minorities, low-income, and also those with Limited-English proficiency (LEP). Although these provisions exist, **AAPI older adults do not have equitable access** to the services and supports they need.

AAPI older adults face the highest rates of LEP

All Bhutanese, and **more than 2 out of every 3**

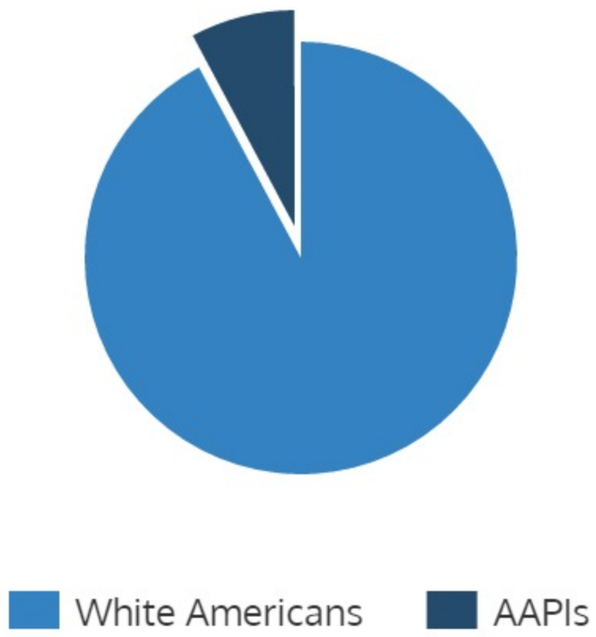
Chinese, Korean, Vietnamese, Laotian, Hmong, Fijian, Marshallese, Nepalese, Taiwanese, Bangladeshi, and Burmese older adults are LEP.[3]

28% of AAPI older adults live in poverty[3]

More than 1 out of every 5

Korean, Bangladeshi, Burmese, Cambodian, Micronesian, and Nepalese older adults are impoverished.[3]

Only 32 % of older adults served by the OAA are at or below poverty...



…while White Americans represent only 7.3% of older adults living in poverty, they represent 52% of those impoverished and served by the OAA.[2,3]

...despite some AAPI older adults are profoundly afflicted by poverty, they represent only 4.4% of those impoverished and served by the OAA.[2]

The OAA must recognize other factors,
such as immigration,
that significantly contribute to the social and economic need of older adults throughout America.

More than 2 out of every 3

Chinese, Filipino, Korean, Vietnamese, Asian Indian, Bangladeshi, Burmese, Indonesian, Nepalese, Pakistani, Taiwanese, and Thai older adults are immigrants.[3]

Equitable targeting of services, however, relies on the Aging Network's understanding of the minority populations within their services areas.

In a recent survey of Aging Network professionals, an astonishing...

62% ...did not feel competent in their ability to provide culturally competent and linguistically appropriate services to AAPI older adults needing services, and...

...did not know which AAPI language was the most prevalent within their service area.[4] **61%**

It is imperative for policies, such as the OAA, to **prioritize the unique challenges** of minority populations, such as AAPI older adults, to **resolve these disparities** and **enable equitable access** to long-term services and supports into the future.

*Title III Cluster 1 and Cluster 2 services through the Older Americans Act of 1965, as amended.
**Listening sessions were conducted in 2016 through a partnership between the White House Initiative on AAPIs and the National Asian Pacific Center on Aging.

[1] US Census Bureau. (2010). 2010 Census. February 2016.
[2] Administration for Community Living. (2013). AGing Integrated Database: State Program Reports Custom Tables. August 2016.
[3] US Census Bureau. (2014). American Community Survey. One-Year Estimates. February 2016.
[4] National Asian Pacific Center on Aging. (2016). CMA/NAPCA Survey on Access for SHIPs and SMPs. Seattle, WA: Unpublished.

National Asian Pacific Center on Aging
1511 Third Avenue | Suite 914 | Seattle, Washington 98101
www.napca.org