



NATIONAL ASIAN PACIFIC
CENTER ON AGING

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The Emerging Needs of Asian American and Pacific Islander Older Adults

What we know and what we have learned



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About the National Asian Pacific Center on Aging

Our mission is to preserve and promote the dignity, well-being, and quality of life of Asian Americans and Pacific Islanders as they age.

Sponsors

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Video Montage

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The Emerging Needs of Asian American and Pacific Islander Older Adults:

What we know and what we have learned

Stereotyped as the “model minority” – the myth that Asian American and Pacific Islanders (AAPI) are the highest-income, best-educated racial group in the country, with few, if any, needs – the unique challenges faced by AAPI older adults in accessing long-term services and supports (LTSS) are often misunderstood and invisible.

In addition, AAPI older adults suffer discrimination that is different from other diverse elders. In some cases, they are denied access to LTSS, jobs, and other resources because of limited English proficiency (LEP) or citizenship status.

These are among the findings and conclusions of new research conducted by the National Asian Pacific Center on Aging (NAPCA), in collaboration with an effort led by the White House Initiative on Asian American and Pacific Islanders (WHIAAPI) to investigate the needs of our aging population.

In the United States, 10,000 people turn 65 years old every day, a trend that will continue

for the next fifteen years.¹ By 2040, one in five U.S. residents will be 65 or older, outnumbering children 15 and younger for the first time in our nation’s history.¹

Accompanying this trend is a rapid demographic shift among diverse ethnic groups. AAPIs are the fastest-growing ethnic group among the aging population. Between 2010 and 2030, the AAPI older adult population is projected to increase by 145%.²

For more than 35 years, NAPCA has been the leading national non-profit organization with a mission to preserve and promote the dignity, well-being and quality of life of AAPIs as they age. NAPCA administers several national programs that provide direct services to AAPI older adults, in collaboration with local community-based organizations. In addition, NAPCA provides technical assistance to mainstream aging organizations to increase both access to, and the quality of, LTSS for AAPI older

adults. Most importantly, however, NAPCA serves the community by elevating the voice of AAPI older adults and their families nationwide.

NAPCA's extensive work in this area has allowed us to focus on the specific needs and characteristics of AAPI elders, including our recent collaboration with WHIAAPI. WHIAAPI aims to improve the quality of life and opportunities for AAPIs by facilitating increased access to and participation in federal programs. As a key part of that process, we conducted listening sessions with AAPI communities across the country. The relationships we have developed with AAPI communities over the past 35 years have helped us to identify their unique needs, and the listening sessions we convened, in collaboration with WHIAAPI, allowed us to confirm these emerging needs with real data.

These are our key findings:

- Stereotyped as the “model minority,” the needs of AAPIs are often ignored or invisible, leading to inequitable access to services. As an example, even with the Affordable Care Act, AAPI older adults are less likely to have health insurance than other ethnic groups.
- AAPI older adults suffer from racial discrimination -- that is not present for other groups – because of citizenship requirements and LEP.
- Finally, aggregated data collection on AAPI older adults has led to wide-spread generalizations, rendering the specific needs and characteristics of subgroups invisible. The variations among AAPI subpopulations in challenging issues – such as family caregiving, Alzheimer's Disease and related dementias (ADRD), and elder abuse – must be identified in order to provide culturally appropriate services.



Honolulu listening session.

Many of these needs have emerged as part of our history and practice as an organization, and others were identified – or confirmed – through the listening sessions conducted in collaboration with WHIAAPI. Here is a closer look at the three key findings.

1. Stereotyped as the “model minority,” the unique needs of AAPI elders are often ignored or invisible.

The myth of the “model minority” is pervasive throughout society. Often, AAPIs are reduced to a homogenous population, masking unique subpopulation challenges, which in turn promotes the “model minority myth.”

“Native Hawaiians feel invisible; they are not Asian Americans nor are they Pacific Islanders.”

– Honolulu, Hawaii –

This is particularly evident in the statistics about health care. Seven out of the top 10 uninsured ethnic groups in the U.S. are AAPIs.⁹ For example, 23 percent of Bangladeshi, 15 percent of Tongan, and 15 percent of Pakistani older adults are uninsured, compared to 1 percent of the total U.S. older adult population.³ In addition, AAPI older adults are more likely to be covered by Medicare or Medicaid only, and not by additional insurance.³

The “model minority myth” has led to underinvestment in culturally and linguistically appropriate resources for AAPI older adults. In many cases, providers do not have the cultural awareness of specific AAPI subpopulations, have fragmented or unavailable data on AAPI subpopulations, or lack the community and cultural connections necessary to effectively reach and engage AAPI elders. These factors lead some providers, and the general population, to conclude that AAPI elders don’t need help. In reality, a closer look at AAPI subpopulations finds elders that are afflicted with specific issues:

Economic security. Twenty-eight percent of AAPI older adults live in poverty.² More than one out of five Korean, Bangladeshi, Burmese, Cambodian, Micronesian, and Nepalese older adults are impoverished.² Twenty-six percent of older adult AAPI married couples and 52 percent of those unmarried rely on their benefits for 90 percent or more of their income.³

“I need my daughter to live with me to afford rent.”

– Los Angeles, California –

Low-income AAPI seniors often lack connections to the greater community and have difficulty identifying who outside their family might provide help or advice. Their trust of and lack of access to financial institutions is a complicating factor.

Accessibility to Services. Eighty percent of AAPI older adults are immigrants.² Nearly 60 percent of Asian Americans and 25 percent of Native Hawaiian and Pacific Islander older adults are LEP.² The immigration status and LEP of AAPI elders often restrict their access to long-term services and supports, health care, benefits, housing, and transportation.

“Service eligibility requirements often exclude newly arrived immigrants.”

– Los Angeles, California –

Invisibility. Inherent to many AAPI cultures is the tendency not to speak up about challenges faced, as many AAPI older adults and families do not want to be a “burden,” are hesitant to complain, and have a strong sense of pride in being capable of self-managing. Three specific issues prevalent among AAPI families – which often are outwardly invisible – are family caregiving, ADRD, and elder abuse.

“AAPI caregivers often burn out because of parental pride (i.e. not wanting help, feeling shame in not being able to “handle it”)”

– Honolulu, Hawaii –

Family Caregiving. The Confucian value of filial piety places family at the core of many AAPI cultures. Forty-two percent of AAPIs provide care to an older adult, compared to 22 percent of the general population.⁴ For many AAPI communities, the entire family is involved, with each person serving a very specific role. Immigrant families tend to be smaller, and have a less extensive support network of relatives, than AAPI families who have been in the US for multiple generations. Family shame is a prevalent issue in AAPI caregiving; families may not want to ask for help because it implies that they are unable to handle it themselves.

“Most Korean elderly spend their old age taking care of their grandchildren.”

– New York, New York –



Seattle listening session.

Alzheimer’s Disease and Related Dementias. Although the prevalence and incidence of ADRD in AAPI communities is unclear – largely due to the lack of disaggregated ethnic data collection – almost 14 percent of AAPIs report an increase in confusion or memory loss, compared to a little more than 12 percent of Caucasian older adults.⁵ Many AAPI older adults face stigma and misperceptions about dementia. Asian families may consider dementia to be a normal part of aging and not seek help. Moreover, there is no direct translation for the word “Alzheimer’s.” In Chinese, for example, dementia translates as “crazy catatonic.”

***“Dementia is seen as a
“clown disease;” you think
[the person with dementia]
is not serious, but they don’t
know any better.”***

– Chicago, Illinois –

Elder Abuse. To date, very little disaggregated research is available on elder abuse within AAPI communities. There is a growing belief that the prevalence and severity of elder mistreatment within AAPI communities and immigrant populations is higher than previously suspected, however.⁶ In addition, risk assessments often fail to consider sociocultural factors particularly relevant to AAPI older adults, such as prioritization of family harmony over self, immigration and levels of acculturation, cultural norms (e.g. transferring wealth to one’s children), cultural behaviors (e.g. silence), and the view of endurance and suffering as cultural virtues. These sociocultural factors lead to invisibility and may make AAPI older adults more susceptible and less likely to report elder abuse. In addition, AAPIs in listening sessions worry about language barriers making them more susceptible to fraud and abuse.

***“Language barriers make
us more susceptible to
believing or becoming a
victim to a scam.”***

– Seattle, Washington –



Boston listening session.

2. AAPI elders suffer from racial discrimination.

The ‘model minority’ myth itself can lead to racial discrimination. It can be used to erase the history of exclusion and discrimination against AAPIs and to obscure concerns such as failing to recognize critical differences and priorities between AAPI subgroups. The perpetuation of the myth leads to discrimination in the workforce, the delivery of LTSS, and other resources for AAPI older adults.

For example, in a Gallup Poll, 30-31 percent of the AAPIs surveyed reported incidents of employment discrimination, the largest of any racial or ethnic group.⁷

Despite national efforts (see Title VI of the Civil Rights Act of 1964) to protect the civil rights of minority populations, two major issues contribute to the ongoing discrimination faced by AAPI older adults: immigration status and LEP.

“We need more opportunities to learn English so that new immigrants can get along with the community.”

– Boston, Massachusetts –

“It’s difficult accessing interpreter services when seeking medical help.”

– Los Angeles, California –

Prohibitive citizenship requirements restrict many AAPI older adults from accessing federal benefits, such as health insurance and public housing.

Many immigrants, even those with legal documentation, are excluded from receiving federal benefits for five years or longer. In addition, there are significant barriers to obtaining citizenship, which also impact service eligibility and access for AAPI elders. Among them: prohibitive fees, lengthy background checks, interviews and tests. This element also was a significant issue raised in NAPCA’s listening sessions.

Although immigration status does not impact eligibility, AAPI elders continue to face disparities in accessing services under the Older Americans Act (OAA). OAA funding served more than 2.7 million older adults in 2013, however, only a little more than 3 percent of these older adults were AAPI.⁸ Also alarming, despite high rates of caregiving, only 3 percent of the caregivers served by the OAA in 2014 were AAPI, compared to 53 percent who were Caucasian.⁸



New York listening session.

LEP impacts AAPI older adult's ability to access services. Language barriers can result in unintended discriminatory practices and results. Listening session participants reported poor access to support systems because of the lack of AAPI speaking providers, inaccessible translation services, and unavailable in-language education materials or lists of services. Some providers use answering machines to screen calls, but due to language barriers, the messages are difficult for AAPIs to understand or respond to.

For some AAPI older adults, LEP has resulted in restricted access to employment programs and trouble accessing financial services and accumulating assets.

In addition, LEP creates barriers for AAPI older adults in accessing public housing, use of public transportation, access to education opportunities, and equity in utilizing health care and long-term service and support systems.

Despite efforts to strengthen the nation's health care systems, there remains a serious lack of in-language resources and education to assist AAPI older adults in enrollment in the Affordable Care Act*; the majority of ACA resources on federal and state websites are in English and Spanish but not Asian languages.

**Disclaimer: any future changes or revisions to the ACA will impact these findings.*

During the listening sessions, AAPI older adults also reported that they have limited access to vision and dental insurance, as well as difficulty communicating with hospitals, doctors and service providers.

Although long-term service and support systems, such as the Aging Network (which delivers OAA services), include provisions to explicitly target services to older adults with LEP, utilization data presented above shows that a disparity still afflicts among AAPI older adults.⁸

3. The unique needs of AAPIs must be identified to provide culturally appropriate and linguistically accessible services.

Unique subpopulation issues are often masked by current data collection practices that aggregate all AAPIs into one ethnic categorization. AAPI older adults want service providers to understand that each individual has a unique immigration history and cultural traditions, as well as vast differences in health and socioeconomic status, disparities, and access to support systems. Overwhelmingly, AAPIs in the listening sessions indicated they want access to culturally relevant and linguistically appropriate care (for example, Chinese holistic medicine and in-language providers). One participant noted that within in the Fijian culture, doctors symbolize death and morbidity; this can have an impact on whether they comply with Western medicine and thus is vital for providers to understand.

Importance of WHIAAPI and NAPCA's Listening Sessions

Since its inception, WHIAAPI has aimed to improve the quality of life and opportunities for AAPIs by facilitating increased access to and participation in federal programs. WHIAAPI works collaboratively with the White House Office of Public Engagement and designated federal agencies to increase AAPI participation in many programs related to education, commerce, business, health, human services, housing, environment, arts, agriculture, labor and employment, transportation, justice, veteran's affairs, immigration, and economic and community development.

The WHIAAPI initiative highlights the tremendous unmet needs and invisibility within AAPI communities, and the importance of fostering relationships with local community partners to meet these needs. The listening sessions held by NAPCA

took place in U.S. cities with some of the highest populations of AAPI older adults: Honolulu, Hawaii; Seattle, Washington; Los Angeles, California; Chicago, Illinois; New York, New York; and Boston, Massachusetts. In addition, each of these cities has an active federal regional network. The goals of the listening sessions were met, with AAPI older adults hearing from federal departments so that they were able to learn about and gain access to critical federal programs, and additionally, NAPCA and WHIAAPI grew a deeper understanding of the key issues facing AAPI older adults and their families in each region.

Illustration of these issues both in NAPCA's own research and in the listening sessions with WHIAAPI are a part of our recognition that problems and solutions are best identified by the communities that we serve.



Honolulu listening session.

Recommendations

It is our hope that the key issues raised in the listening sessions will provide data for service providers in these regions to use as they strengthen LTSS systems and bring visibility to the diverse needs of AAPI older adults (*see the extensive comments from the communities in the appendix of this report*). In addition, the results of these listening sessions are intended to empower communities to mobilize, take action, advocate, and be the voice of AAPI older adults within their communities. They are a key component of our five recommendations going forward.

1. Service providers must respect the unique cultural values of individual older adults and not group them as one set of diverse elders. We recommend LTSS systems adopt person-centered approaches. Each AAPI older adult has a unique cultural identity.
2. We must fight against discrimination and unfair disparity in services by providing all LEP AAPI older adults with equitable access to in-language services.



Seattle listening session.

3. To build relationships with AAPI communities and better serve individual clients, we recommend that mainstream aging organizations partner with AAPI-serving community-based organizations. Partnerships with community-based organizations can help build trust and lead to more equitable services.
4. To reduce invisibility among AAPI older adults, we recommend all LTSS systems develop disaggregated ethnic and language data collection and reporting policies. These policies will allow government departments and agencies, community-based organizations, and policy makers, to better identify the unique health disparities, service utilization, and resource trends among AAPI subpopulations. In addition, disaggregated data will bring visibility to all diverse populations and inform planning, evaluation and resource allocations.
5. To speak as a unified voice among AAPI older adults nationwide, NAPCA recommends AAPI-serving community-based organizations partner with NAPCA through our affiliate network; together, we can become active agents of change through advocacy, improved data collection, and technical assistance that increases visibility of the AAPI older adults we represent. Partner with us at: <http://bit.ly/2lf2OcZ>

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Chicago listening session.

Appendix A - Comments from Communities

Beginning in the Spring of 2016, in partnership with the WHIAAPI, NAPCA co-convened Listening Sessions with AAPI older adults and their families to hear about the barriers and challenges AAPIs are facing as they age.

The White House Initiative was designed to improve the quality of life and opportunities for AAPIs through increased access to, and participation in, federal programs related to education, commerce, business, health, human services, housing, environment, arts, agriculture, labor and employment, transportation, justice, veteran's affairs, immigration, and economic and community

development. NAPCA's goal is to define and work to address these unmet needs. In addition, the results of these listening sessions are intended to empower communities to mobilize, take action, advocate, and be the voice of AAPI older adults within their communities.

This appendix summarizes the information gathered through these listening sessions. Overall, issues such as economic security and the barriers to accessing services (language, culture, immigration) cut across all our populations. In addition, the listening sessions identified particular regional needs.



Boston listening session.

The following identifies issues that are specific to AAPI older adults that we heard by region.

2016 LISTENING SESSION KEY ISSUES BY REGION

Honolulu, Hawaii <ul style="list-style-type: none"> • Native Hawaiians feel invisible; they are not Asian Americans nor are they Pacific Islanders. • Apprehension and fear of “government” representatives. • Fear of family shame leads to caregiver burnout. 	Chicago, Illinois <ul style="list-style-type: none"> • Need options for natural/holistic care; not covered by insurance. • Alzheimer’s is a “clown disease;” cultural barriers and stigma with ADRD. • Lacking in-language providers.
Los Angeles, California <ul style="list-style-type: none"> • To afford rent, multiple generations have to live together. • Interpreter services used are not reliable; in-language services are needed. • Citizenship fees are prohibitive. 	Boston, Massachusetts <ul style="list-style-type: none"> • New immigrants face confusion in accessing public benefits. • Caregivers need culturally appropriate respite care. • Dementia and mental health services don’t always integrate cultural beliefs. • Gentrification is a major concern; more housing is needed in Chinatown.
Seattle, Washington <ul style="list-style-type: none"> • There are limited healthcare resources for new immigrants. • Limited English skills make it difficult to find jobs and obtain citizenship. • Language barriers increase risk and fear of being a victim of fraud/financial exploitation. 	New York, New York <ul style="list-style-type: none"> • Many AAPI older adults are responsible for caring for their grandchildren. • Free English classes are needed to help those with limited English proficiency. • Lacking resources for interpreters.



Chicago listening session.

The following summarizes the issues we heard across all listening sessions.

2016 LISTENING SESSION DATA

Access to Services

- Nearly all the sessions included discussions on access to services.
- Many felt that they needed more education on accessing services, with the education being tailored to AAPI older adults and in plain language. In-language education materials, such as clear, consolidated lists of services available, were desired.
- More assistance to access services is also needed, for example, help filling out forms/applications and one-stop-shop offices where an older adult can streamline the process to access all long-term services and supports.
- Technology can be a barrier: not being able to complete the processes for services online, lack of access to a computer, or needing additional training on using technology.
- Often, AAPI older adults do not get consistent information between providers/government offices; this was identified as a challenge with all listening session groups, especially regarding benefits (and in particular, accessing Medicaid).
- Accessing providers can be challenging for AAPI older adults. For example, some providers use answering machines to screen calls, however, these recorded messages are hard to understand. Also, some providers have complicated phone systems that require a person to select multiple options before being able to speak to a representative, adding to the confusion for AAPI older adults. Other issues identified were difficulty in utilizing automated phone systems, being connected to phone numbers that do not work, and long wait times (both in person and on the phone).

- Additional services are needed, including legal assistance, access to healthy and culturally appropriate foods, grocery shopping, and more translation/interpretation services.

Housing

- The majority of the listening session participants prioritized housing. In particular, that there isn't a sufficient supply of low-income/affordable senior housing, that accessing these housing resources is difficult due to long-wait lists (often, many years), and some resources are inaccessible (e.g. Section 8).
- For those who rent, affording rent on limited incomes (often, just social security) is difficult, and for some AAPI seniors, their benefits do not cover their housing costs.
- For those seeking housing, some are finding it challenging to access the information they need (e.g. housing applications).
- Some noted concerns about rising costs of housing: for example, when their apartment complex's management company changes or when maintenance fees are raised.
- Concerns about neighborhoods: safety, security within apartment buildings, discrimination, and accessibility to public transportation.
- There is a preference to age in place; however, the affordability of long-term care and lack of financial resources/insurance coverage to pay for it challenges feasibility.

Benefits (Medicare, Medicaid, Social Security)

- Listening Sessions focused on access to these specific benefits, including the amount of time needed to access information, need for translation/interpretation services, and finding it challenging to get connected with a representative for assistance.
- Concerns with eligibility were discussed, including: the impact of spouse's benefits, effects of employment (including income received by participants in SCSEP), disqualification due to minimally exceeding the asset limits – yet being low-income, and being rejected for benefits but not understanding the reason for eligibility determination.

Healthcare

- Overwhelmingly, all listening session participants discussed the burdening costs of healthcare – including insurance premiums, copayments, and deductibles – and prescription drug costs. For the latter, it's especially challenging for AAPI older adults to access needed prescription drugs when these medications are not covered by insurance, and when they are necessary long-term at high out-of-pocket rates.
- With Medicare not covering vision and dental, many participants identified that the out-of-pocket costs for these services are prohibitive, seeking options for additional financial assistance. In addition, in-language information on vision and dental insurance for AAPI seniors would be helpful.



- It's difficult for many AAPI older adults with Medicaid to find providers who will accept them as patients.
- Some have difficulty accessing providers, such as geriatricians and healthcare specialists. For those living in remote areas, primary care physicians, geriatricians, specialists, and in-home providers – such as Certified Nursing Assistants – are often inaccessible.
- Better communication between insurance companies and healthcare providers would reduce the confusion currently experienced by some AAPI older adult patients.
- AAPI older adults want options for culturally relevant holistic health care that are covered by insurance (e.g., Chinese treatments).

Financial Security

- Many of the listening session participants were older adults who were low-income and unemployed, which influenced the discussions around financial security. Of those who were SCSEP participants, many of these discussions surfaced concerns about their enrollment in SCSEP affecting benefits, wanting an increase in their current compensation, desiring an extension of the allowable time with the program, and an interest in finding similar job training programs.
- All listening session groups discussed concerns with AAPI older adults lacking sufficient resources to meet their needs. Some have not worked long enough to accumulate Social Security benefits, further limiting their income. Poor financial security made it challenging for

some to be able to afford basic necessities such as rent, utilities, and sufficient nutritional foods. To cover these basic needs, some AAPI older adults have to live with extended family members and share living costs.

- Limited English proficiency and age discrimination can create barriers to obtaining employment.
- The negative impacts of employment on financial security weighed on AAPI older adults' decisions to work, as an increase in one's income subsequently reduces benefits (e.g., food stamps, housing assistance).

Transportation

- Unanimously, listening session participants felt strongly that transportation costs are unaffordable. Public transportation fees can be expensive, there is a lack of resources to assist AAPI older adults in accessing necessary healthcare services, and subsidies are not accessible to all and are often insufficient. AAPI older adults want more financial assistance and options for transportation.
- Additional education on how to access and utilize transportation services, including public transportation schedules, is desired.
- There are many quality issues that need to be addressed, including poor response times, too frequent transfers to reach destination, inadequate language access, and safety concerns (on public transportation and also with systems like Uber).

Culture and Language

- Language barriers cause poor access to many needed services for AAPI older adults. In particular, language barriers afflicted participants in their engagement with healthcare services (including hospitals, doctors, service providers, and pharmacists), housing providers, government offices, throughout the immigration process, and within transportation systems – including signage.
- AAPI older adults require additional interpreter services to achieve equitable access to necessary long-term services and supports.
- More in-language and culturally relevant resources are needed for AAPI older adults.
- Many AAPI older adults feel apprehensive or fearful of “government representatives.”
- Participants felt that it is vital for mainstream aging providers to understand that not all AAPI older adults share the same values; each has an individual cultural and personal identity.
- Cultural generativity: Participants felt that it was important to better connect our youth and older adults, highlighting their interest in gathering and documenting AAPI oral history for future generations.
- Pacific Islander participants identified that they are often “invisible” within the AAPI ethnic categorization, especially Native Hawaiians who do not identify as Asian Americans nor Pacific Islanders.
- It is important for mainstream aging providers to understand the impacts of cultural identity on behavior. For example, one listening session participant

highlighted that within the Fijian culture doctors and hospitals symbolize death and morbidity, which impacts an older adult’s compliance with Western medicine.

Caregiving

- Across all of the listening sessions, AAPI older adults identified a lack of access to paid caregivers due to prohibitive costs. This leads many AAPI older adults to be concerned about their ability to age in place.
- For some participants, accessibility of paid caregivers was further complicated by their confusion of the system and not knowing how to secure caregivers. A lack of in-language providers faces some AAPI older adults.
- For family/informal caregivers, the need for additional resources is critical. Participants highlighted the need for additional support for spousal caregivers, support groups, training, financial support (especially for those who have had to make employment changes to assume caregiving responsibilities), extra support for those who are experiencing burnout, and more respite services.
- Cultural concerns afflict many AAPI families when considering paid caregivers. Family shame is a prevalent issue impacting many AAPI families, as the family does not want to ask for help because it creates the appearance that they are unable to “handle” the caregiving tasks within their family unit. Often, it is the AAPI older adult who will refuse outside assistance for this reason. This can lead to family caregiver burnout and must be understood by mainstream aging providers.

Independence

- Many participants discussed their desire for options to remain healthy, engaged, and independent within their communities. Additional resources, such as more exercise classes and community service opportunities, would support this desire, reduce the risk of social isolation, and aid in their ability to age in place.
- In discussions around independence, concerns about threats to mobility were wide-spread, and in particular, the risk of falls.
- AAPI older adults would like more affordable options and additional resources for home modifications.

Elder Abuse

- Across all listening sessions, concerns about fraud were heard. AAPI older adults worry about their lack of knowledge and language barriers making them more susceptible to becoming a victim of abuse. These concerns led them to desire more in-language education and resources.

Alzheimer's Disease and Related Dementias

- Many of the participants desired more in-language education and resources on dementia, including how to recognize the symptoms, early detection, treatment, what can be done to prevent or delay onset, and what community resources are available to help care for an AAPI older adult with dementia.



New York listening session.

- Stigma and misperceptions of dementia (e.g., one participant identified it as a “clown disease”) are prevalent. Listening session participants felt that it was important for AAPI older adults to understand that dementia is not normal aging. This message should be integrated within in-language educational resources.

Immigration

- Many access issues were identified by participants in discussions on immigration. For example, prohibitive fees, lengthy background checks, challenging interviews/tests, and restrictive service eligibility requirements delay or restrict some AAPI older adults from securing citizenship and successfully immigrating into America.
- Additional resources for new AAPI immigrants are needed, such as additional legal assistance and in-language education and resources on required processes.



Los Angeles listening session.

Appendix B - Guide to Community-Based Organizations

Based upon the most frequently asked questions NAPCA receives, this guide is meant to provide help for community organizations who want to further explore the specific needs in their areas. It is based on data received in the 2016 listening sessions, along with best practices for organizations to use in their work.

What are the barriers AAPI older adults face in my community?

NAPCA spoke with older adults in cities with some of the largest populations of AAPIs around the nation. Our intention was to collect data that could be used to strengthen long-term service and support systems within those communities. As a best practice to identify the barriers AAPI older adults face in your community, organizations must always include AAPI older adults within needs assessments. To adopt a culturally and linguistically appropriate approach to assessing the needs of AAPI older adults, so that your organization can take action, set priorities, allocate resources, and ensure equitable access, please see: Seven Best Practices When Conducting a Community Needs Assessment with AAPI Older Adults.

Throughout all the listening sessions, NAPCA consistently heard AAPI older adults speak about major issues they are facing related to economic security and access to services (largely, language-access concerns). Overwhelmingly, AAPI older adults in each of the cities reported challenges in accessing affordable housing, confusion with public benefits, costly healthcare, poor transportation options, and limited culturally and linguistically appropriate education opportunities. Many of these

issues are generalizable to all older adults. By region, selected key issues specific to AAPI older adults are shared in Appendix A.

As there is such diversity within the AAPI ethnic categorization, how do I prioritize the needs of the specific AAPI populations in my community?

In addition to the strategy above of including AAPI older adults in needs assessments, organizations should also develop disaggregated data collection and reporting policies to inform planning, evaluation and resource allocations. For guidance on race data elements, NAPCA recommends the 2010 Census as a best practice; organizations should include at least the same number of race elements used in the detailed groups included within the 2010 Census: Asian Indian, Bangladeshi, Bhutanese, Burmese, Cambodian, Chinese, Taiwanese, Filipino, Hmong, Indonesian, Iwo Jiman, Japanese, Korean, Laotian, Malaysian, Maldivian, Mongolian, Nepalese, Okinawan, Pakistani, Singaporean, Sri Lankan, Thai, Vietnamese, Other Asian, not specified.

The collection of disaggregated race data is fundamental to understanding the differences of AAPI subpopulations in your community. This data will help your organization understand the unique health disparities, service utilization, and resource trends among AAPI subpopulations. It is important to understand that, although disaggregated data will enable you to make some generalizations among AAPI subpopulations in your community, person-centered planning is critical as each older adult's identity is shaped by their individual cultural beliefs, values, and experiences.

To assess your organization, evaluate areas for improvement, and track organizational change in increasing inclusion of AAPI older adults in your community, please see: Asian American and Pacific Islander Inclusion: A Self-Assessment for Organizations.

How do I outreach and engage AAPIs in my community?

With such high rates of limited English proficiency among AAPI older adults, effective engagement must include in-language outreach. As a best practice, NAPCA recommends organizations develop a language access plan. NAPCA has two resources that may be valuable: (1) Identifying Languages Within Your Community, and (2) 4 Strategies to Identify an Interpreter For an AAPI Older Adult.

Another best practice is to partner with AAPI-serving community-based organizations for outreach and engagement of AAPI older adults. These partnerships help to cultivate an awareness of assets within the AAPI community and to gain trust.

These community-based organizations tend to:

- Be staffed by people who reflect the AAPI populations (including languages spoken) of your community;
- Respond to shared needs of the community they originate from;
- Mobilize members of their community as volunteers;
- Be visible and trusted within community neighborhoods; and
- Build relationships with the community in addition to delivering needed services.

My organization serves AAPIs in our community; how can we help improve systems that support the older adults we serve?

If your organization serves AAPI older adults, you have a pivotal role in strengthening long-term service and support systems. NAPCA is building a national affiliate network of AAPI-serving community based organizations. We invite you to partner with NAPCA by joining our affiliate network; together, we can become active agents of change through advocacy, improved data collection, and technical assistance that increases visibility of the AAPI older adults we represent.

To access the resources listed in this guide, please visit:

www.napca.org/listening-sessions



Seattle listening session.

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HONOLULU LISTENING SESSION

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Los Angeles listening session.

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Community Relations Service

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Boston listening session.



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