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Message from the Editors

Asian American and Pacific Islander Aging

Namkee Choi and James Lubben

Asian American and Pacific Islanders (AAPIs) are one of the fastest-growing populations among the U.S. population sixty-five years of age and older. In 2003, nearly one million older Asians lived in the United States. By 2030, this population will grow to four million (He et al., 2005). Not only are older AAPIs growing in numbers, but also they are becoming a larger percentage of the U.S. population sixty-five years of age and older. Whereas AAPIs constituted less than 4 percent of older Americans in 2003, this population will account for 11 percent of the older American population in 2050 (He et al., 2005).

According to the *2005–2007 American Community Survey 3-Year Estimates* (ACS), Asian American elders, aged sixty-five and older, constituted 9.1 percent of all Asians, and the native Hawaiian and other Pacific Islander (NHPI) older adults constituted 6.2 percent of all NHPIs (U.S. Census Bureau, 2007). (Please note that we did not include mixed race or multiethnic people in these percentages.) These shares of older adults are lower than the share of those sixty-five years and older in the total population. However, the U.S. Census Bureau projects the Asian American population will increase from 4.7 percent of the U.S. total population in 2010 to 7.8 percent of the total population in 2050. The projection for the NHPI population was from 0.2 percent to 0.3 percent. The growth rates for the AAPIs (including the native Hawaiians) are the second highest of all racial/ethnic groups in the United States, with the Hispanic growth the highest of all.

AAPI older adults face unique issues related to their aging. A large proportion of Asian American older adults are recent immigrants with challenges in the areas of English proficiency, acculturation, and meeting eligibility for public health and income

maintenance programs. According to the ACS, the poverty rates among the Asian American older adults and the NHPI older adults were 12.5 percent and 10.6 percent, respectively, between 2005 and 2007. Although these rates are lower than those among Hispanic and black older adults, they are higher than the overall poverty rate among all older adults in the United States. In conjunction with their lower economic status, Asian American older adults were significantly less likely than their non-Hispanic white peers to have private insurance (40% vs. 66.4%) and private insurance obtained through the workplace (27.8% vs. 37.1%) but were more likely to have Medicaid as their health insurance (20.0% vs. 5.0%) (National Center for Health Statistics, 2004). Inadequate access to health care (including mental health care) services among AAPI older adults also stems from the language barrier and the lack of knowledge regarding the health care and social service systems. In addition, differences in cultural norms and attitudes may explain the high prevalence of unmet mental health needs among AAPI older adults (Han and Liu, 2005).

This special issue focuses on AAPI older adults. Of all AAPI age groups, the older adults represent the most variation in ethnic composition, immigration history, language and religion, and other sociodemographic variables. As mentioned, as a large proportion of these older adults are foreign-born, first-generation immigrants, they are more likely than those in the younger age groups to adhere to the cultural values and norms of their country of origin. Associated with the wide difference in economic status among AAPI older adults are the differences in their health, mental health, and social service needs. Given the internal heterogeneity of the AAPI older adults, it is difficult for researchers to conduct studies that can be generalized to all AAPI older adults. In this special issue, we have four papers that focus on different issues that AAPI older adults face.

In the first paper by Min, S. Rhee, Phan, R. Rhee, and Tran, the authors use the data from the 2001 California Health Interview Survey (CHIS) to examine the health status of older Asian Americans in California. As the CHIS samples are population based, the data allow rare opportunities to examine subgroup differences in socioeconomic health indicators and use of health services among five groups of Asian Americans aged sixty or older (Chinese, Filipinos, Japanese, Koreans, and Vietnamese). The authors found

significant differences in demographic and socioeconomic characteristics, health status, chronic conditions, insurance coverage, and use of health care services among the five groups, indicating the complexity, diversity, and heterogeneity of older Asian American populations. They also found that the overall health status of the five Asian subgroups was less favorable than that of their white counterparts.

In the second paper, Otilingam and Gatz report valuable findings regarding perceptions of dementia etiology, help-seeking, and treatment and knowledge of symptoms of Alzheimer's disease (AD) among a convenience sample of 255 Asian Indian Americans (AIAs) aged eighteen to eighty-one years. This study was the first to document dementia beliefs among AIAs. Although the study participants indicated a substantial willingness to seek help for their elderly loved ones with symptoms of early stage AD, fewer than half of the sample correctly answered most knowledge items. Participants also responded that relative to other psychosocial factors, loneliness was highly rated as an etiological factor and keeping mentally active was highly rated as a treatment.

In the third paper, Panapasa, Phua, and McNally report the poverty status of the elderly NHPI and the risk factors associated with the poverty status based on data from the 5 Percent Public Use Micro-Samples from the 2000 Census. The findings show marked variation in individual and household characteristics across different Pacific Islander subgroups, but all older adults uniformly benefit from coresidence within an extended family household. The economic status of the NHPI older adults has been rarely examined.

In the last paper, a practice essay, Shon and Moon describe the process of developing and implementing an outreach and education program for Korean American caregivers of people with Alzheimer's Disease in Los Angeles. Despite the presence of community programs and services designed to provide education, resources, and respite to caregivers and offer therapeutic benefit to seniors, AAPI caregivers still confront significant cultural and structural barriers to service use. The authors provide an account about how a culturally relevant outreach program can be well received by immigrant caregivers.

The two papers that are based on the population-based representative datasets show the diversity among the subethnic groups

of AAPI older adults with regard to their health and economic statuses. Such diversity in and of itself is not a problem. The problem is the absence of adequate programs and services for those groups that suffer from a high rate of chronic health conditions, a low rate of health care utilization, and a high poverty rate. In the face of the rapidly growing number of AAPI older adults, we also expect to have a rapidly increasing number of those AAPI older adults who will need assistance from formal health care and social service programs for their health, mental health, and economic problems. Bilingual/bicultural staff or translation services that will help support the AAPI older adults with language barriers are and will be essential in health care and social service settings.

Either with or without adequate formal support, AAPI family caregivers will continue to be the primary sources of support for these older adults. Programs and services that would provide culturally sensitive support to the AAPI family caregivers are also greatly needed. When family members are no longer able to take care of their loved ones, culturally competent supportive and affordable housing and institutional care for older adults will need to be available.

Aging societies present challenges to social policy and the service-delivery systems that have not been oriented toward serving older adults. With an increasing share of racial/ethnic minority older adults who tend to have more unmet needs, social policy and the service-delivery structure need to be substantially adjusted in order to provide culturally competent and efficient services to meet the needs of these older adults and their family caregivers.

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NAMKEE G. CHOI, PhD, is a Professor in the School of Social Work at the University of Texas at Austin. She is a gerontologist who has published widely in the areas of social service utilization and minority aging. Her current research focuses on depression in homebound older adults and evidence-based treatment.

JAMES E. LUBBEN, DSW, MPH, is inaugural holder of the Louise McMahon Ahearn Chair in social work at Boston College where he is also the founding director of the University Institute on Aging. He is also Professor Emeritus at UCLA where he chaired the Faculty Advisory Committee for Asian American Studies for many years. He has been a visiting scholar in Canada, Chile, Hong Kong, Japan, Singapore, and Wales. His research examines social networks among older adults.