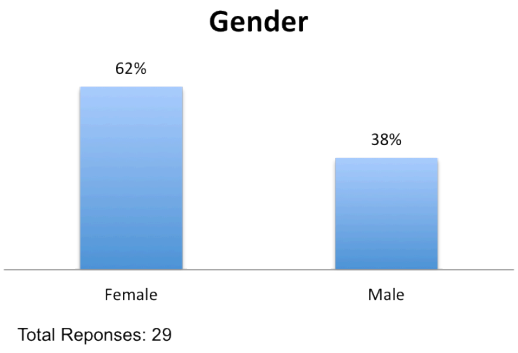
VII. ASIAN AMERICAN SENIOR COMMUNITY REPORT

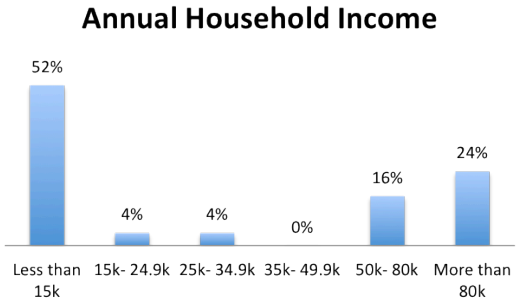
Focus Group Overview

Starting in April 2014, the Asian American Resource Center non-profit organization (AARC, Inc.) posed separate questions to Asian/Asian American seniors in order to assess their unique health issues and barriers. Since many Asian/Asian American seniors rely on others for transportation, the senior questions were posed at the end of the subpopulation and refugee focus groups (five groups).

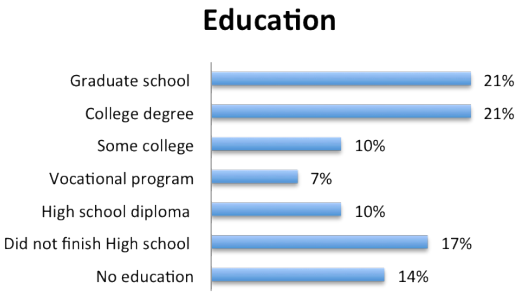
No "mixed" Asian senior focus groups were successfully conducted by AARC, Inc.; it was noted that a cross-section of Asian seniors would not likely share a common language. A separate focus group for just seniors was attempted at the City of Austin AARC facility (AARC Facility) just before senior events on May 15, 2014, but only two individuals attended. (The Asian senior meal program at the Facility had not yet started.) Both seniors were Korean, so they have been added to that group for demographic calculations. Pertinent facts regarding focus group participants are set forth below.



Total Reponses: 29



Total Reponses: 25



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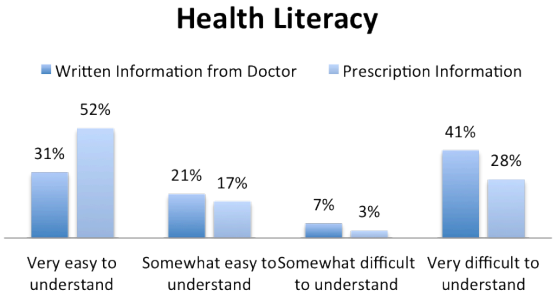

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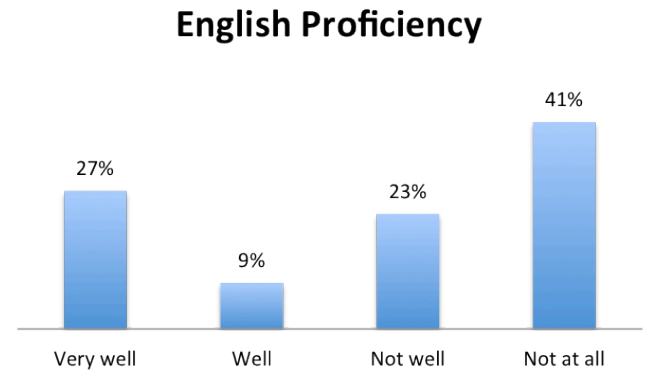

Additional information:

- There were 29 participants.
- All but one was 65 or older.
- None of the participants in the senior surveys were born in the U.S.
- The English proficiency question was not asked to all seniors, hence the total responses for this metric was 22.
- Of the 29 participants, 25 (86%) had insurance, 2 had no insurance, 1 did not respond, and 1 was in the process of losing his coverage.
- Of the 25 with insurance, 4 (16%) did not use it in the last year.

Perceptions of Community Health

a. General Health Issues

Participants perceived the following to be key health issues for Asian/Asian American seniors:

- ***Arthritis*** – It was agreed that even though one's joints may hurt, it is necessary to keep using them. Many endorsed using herbal supplements for their joints, as well as acupuncture, massage and homeopathy.
- ***High blood pressure*** – Many Asian/Asian American seniors reported checking their blood pressure on a regular basis. There was discussion about locations where one could get blood pressure checked for free. Some individuals noted that their blood pressure fluctuates with their mood. Those who do not monitor their blood pressure stated that they would be more likely to do so if it were easier and free. However, others were reluctant to have it done by machines in stores even if free, saying they are not reliable, and would only have their blood pressure checked by a medical professional they trusted.
- ***Diabetes*** was described as common.
- ***Dementia***
- ***Visual impairment***
- ***Tiredness*** – This was reported by many participants. The groups discussed various self-help strategies, including trying to wake up with a positive attitude

(meditation), focusing on healthy eating, following an exercise regimen, and socialization helps to stay active.

- ***Loss/lack of appetite.***

b. Mental Health Issues

Many seniors expressed feelings of sadness or loneliness at times, especially at night. Many participants seemed to feel that depression is an expected – almost normal – part of the ageing process. Key precipitating factors identified by the communities included conflict with family (notably intergenerational conflicts) or friends, being ignored, bereavement, and social isolation (both in terms of separation from friends and loved ones in their country of origin, as well as during weekdays when no one is at home, and separation from other seniors). Many commented that in their countries of origin, one can step outside of their home and immediately see people they know; in contrast, here in the U.S., they felt there is no community outside the house.

Certain health-related factors were also identified as causing sadness, including deteriorating health, certain medications, and 'too much medication'.

Seniors reported that they have insufficient access to mental health care. They identified a need for doctors who understood their language as well as their culture. They wished for more time to communicate with their doctors and ensure understanding.

There is very limited access to mental health counseling for Asian/Asian American seniors that is culturally and linguistically sensitive. It was acknowledged that seniors need to spend more time with health care providers to overcome these barriers.

c. Complementary and Alternative Medicine (CAM)

All but two of the participating seniors separately discussed use of complementary and alternative medicine (CAM) in the larger focus group for their applicable Asian American sub-ethnicity. See subpopulation reports for CAM information.

Perceptions of Health Services Access

a. Health Services Utilization

Insured participants felt that they were largely able to access the mental and physical care they needed. In the context of these discussions, some seniors confided that they were afraid to retire since they were unsure as to whether health care would be as readily available.

b. Barriers to Health Care

- Participants identified language as a barrier to health care.
- Participants also reported long wait times, not only for medical visits but also for physical therapy.
- Participants identified transportation as a barrier to health care. Participants believed that a free ride might be available through Cap Metro with SSI, but did

not know how to access the free ride. They also noted that individuals are not all eligible for SSI.

- Many participants discussed the barriers to the health care that they experience as Medicare beneficiaries. They reported that it is hard to find physicians who accept Medicare. One participant suggested that people get a doctor before qualifying for Medicare, to in the hopes that one could somehow keep using that doctor.
- Participants expressed concerns about costs for those unable to pay even on a sliding scale, noting that MAP does not provide free access to dental care, only a sliding scale.
- Participants also expressed concerns about the limitations of long-term care insurance- what it covers and how much/often services can be provided. One participant observed, "I am not sure how many Asians buy long-term care insurance - my suspicion is that many do not - and therein lies the challenge. If there were support services that provide in-home support, that would go a long way to meeting many of the needs. In fact, if that was available, there would be many more cases whereby an elderly parent, particularly a widowed parent, can move in with one of their children without causing too much burden. In fact, this kind of service could benefit white Americans too".

Relationships with Children

Participants reported helping their children in a variety of ways, both emotional (Vietnamese American seniors focused on teaching their children to be good people) as well as around the house (help with cooking, cleaning, and childcare).

Seniors reported receiving financial support from their children as well as general advice and help with reading. Most seniors are perceived to be entirely dependent upon their children for accessing health care services, for example scheduling and providing transportation to office visits. Indeed, some seniors reported feeling worried about falling sick at least in part because they did not how to get to the clinic or hospital.

South Asian American seniors discussed how their children generally want to help them, but have difficulty committing to help due to the intensity of work in the U.S. In addition to time limitations, they cited physical limitations making it difficult for children to help on their own, without the help of the extended family: "a 100-lb person can't lift a 120-lb parent to get dressed or go to the bathroom".

Perceived Challenges to Quality of Life

Participating seniors were asked about their greatest difficulties living in Central Texas. The following concerns were elicited:

- ***Transportation*** – Participants felt that public transportation is limited, while others were not familiar with how to access the existing services. Others not reliant on public transportation reported inability to drive at night, limiting their activities.

- ***Senior activities*** – Multiple ethnic groups discussed the potential benefits of having an elderly living center for residential and daytime activities
    - It would be good to have regular group meetings (maybe at the AARC Facility) where people can discuss a wide range of issues including health and mental health counseling. This may be more effective and less threatening.
    - One participant noted, "[i]f Korean seniors involve in active social activities (e.g., attending Korean senior association meetings), they can alleviate their depressive symptoms. In that sense, having a Korean community center is very meaningful. By having a place that Korean seniors hang out together, they can stay active and happy. I badly need that space".
- ***Domestic violence*** – "Church leaders should be trained". "Men need subtle/gentle education for it to be effective. Maybe address violence through the arts."
- ***Language barrier*** – limiting an individual's ability to go out alone.
- ***Lack of insurance*** – see discussion of Heath Barriers above.
- ***Lack of awareness of resources***– especially among those individuals without health coverage. Participants were generally unaware of resources such as the Texas Department of Aging and Disability Services.

Participant Recommendations

- **Participants collectively stressed the need for health education and dissemination of information, in Asian languages**. Participants suggested that there is very limited information made available in Asian languages, such as Korean, about chronic illnesses or community health resources. **There also appears to be a dearth of information and/or outreach to the Asian American community by low or no cost community health resource providers. Participants felt the AARC Facility should provide this information but that it should also be disseminated through temples, grocery store bulletins and ethnic media.**

- Long-term care was discussed extensively, especially by South Asian American seniors. Specifically the need for more culturally sensitive care options, including home care and a culturally sensitive long-term care facility. Korean senior participants were concerned about funeral/burial costs and felt there was a need for information.

- Social system of long-term household help and joint families allow children to support their parents in India. In the United States, in the absence of extended families acting as caretakers for the family's children and seniors, **participants felt there needed to be a system of care where culturally appropriate hired help is available "for all cultures"**.

- **Participants requested senior transportation and recreational programming and socialization opportunities for mental and physical health.** A lunch program has since been implemented at AARC Facility, but the AARC transportation program is still being developed and culturally appropriate offerings are not yet available for all Asian senior populations. Moreover, Asian American seniors are dispersed throughout the city, and the AARC Facility is currently the only facility with any culturally appropriate meals (that include a regular vegetarian option) and programs. Additional Parks and Recreation Departments and city-sponsored senior programs should be inclusive of the Asian American community where they live. See Asian American community maps, *supra*.