

University of Massachusetts Boston

ScholarWorks at UMass Boston

Institute for Asian American Studies
Publications

Institute for Asian American Studies

11-2002

A Survey of Health Services and Identification of Needs for Asian American Elderly Women in the Greater Boston Area

Connie S. Chan

University of Massachusetts Boston

Lin Zhan

University of Massachusetts Boston

Follow this and additional works at: https://scholarworks.umb.edu/iaas_pubs



Part of the [Asian American Studies Commons](#), [Geriatrics Commons](#), and the [Health Services Research Commons](#)

Recommended Citation

Chan, Connie S. and Zhan, Lin, "A Survey of Health Services and Identification of Needs for Asian American Elderly Women in the Greater Boston Area" (2002). *Institute for Asian American Studies Publications*. 17.

https://scholarworks.umb.edu/iaas_pubs/17

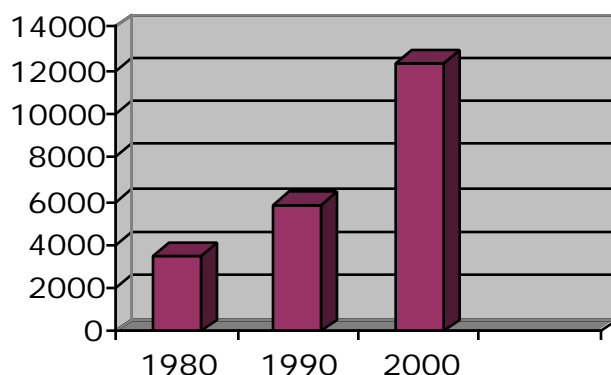
This Research Report is brought to you for free and open access by the Institute for Asian American Studies at ScholarWorks at UMass Boston. It has been accepted for inclusion in Institute for Asian American Studies Publications by an authorized administrator of ScholarWorks at UMass Boston. For more information, please contact scholarworks@umb.edu.

A Survey of Health Services and Identification of Needs for Asian American Elderly Women in the Greater Boston Area

Connie S. Chan, Ph.D., and Lin Zhan, Ph.D.
Institute for Asian American Studies, University of Massachusetts Boston

Introduction:

The 2000 U.S. Census reports that Massachusetts' Asian American population is the state's fastest growing racial group, increasing by 68% since 1990. In 2000, the total Asian American population numbered 238,246, or 3.8% of the total Massachusetts population. **Elderly Asian Americans (those individuals who are 65 years and over) comprise 5.62% of the total Asian American population, numbering 12,339 individuals. The elderly Asian American population (65 years and over) has increased by 106% since 1990, more than doubling the population from 5,803 in 1990 to 12,339 in 2000.**



Number of Asian Americans 65 years and over in Massachusetts, from U.S. Census Data, 1980, 1990, 2000. ¹

Of this Asian American elderly population, 55% (6,874) are women 65 years and over, and 45% (5,465) are men 65 years and over. While there is a range of household incomes in this population, the Asian American population in the Boston area tended to be in the low-income categories. **Census 2000 data indicate that 25% of the Asian American elderly population in the greater Boston area reported their 1999 income to be at or below poverty level.²**

This survey is the first survey of Asian American elders' services and needs in the Boston area conducted since 1993. Given the dramatic growth of this population and its relatively high poverty level, information regarding current health services and unmet needs is essential for agencies and providers of these services.

¹ 1980 Census of Population: Table 144; 1990 Census of Population and Housing, STF 3A; Census 2000 Summary File 2 (SF 2)

² Census 2000 Summary File 3 (SF 3)

Results: Services Currently Available to Asian American elders

The Asian American health care providers and organizations and the mainstream agencies that completed the entire survey reflected the full range of types of non-profit and for-profit organizations in the Boston area. The majority of the agencies/providers provided health care services (58%), while smaller numbers also provided social services, home care services, and education services to Asian American elders. (Some agencies provided more than one service.) Results are listed in Table 1 below:

Primary Services:

What primary service does your agency provide to Asian American elders?

Table 1 Primary Services Provided

Service	Frequency	Percent
Healthcare services	21	58.33
Dental services	4	11.11
Education services	3	8.33
Social services	2	5.56
Home care services	2	5.56
Dermatology	1	2.78
Daycare, ESL	1	2.78
Obstetrics/Gyn	1	2.78
Pharmacy	1	2.78
Total	36	100.00

Supplemental Services to Asian American elders:

I. Transportation services: In addition to the services listed in Table 1, **87% of providers and agencies provided some form of transportation services** for Asian American elders, including taxi, handicapped van, or ambulances.

II. Bilingual staff or Translation Services: 70% of the total agencies surveyed (100% of the Asian American agencies/providers) reported having bilingual professional staff, with 50% reporting bilingual family doctors or nurses. See Table 2 below for languages spoken by professional staff:

Table 2: Languages spoken by professional staff

Language	Frequency	Percent
Chinese (Cantonese, Mandarin, Toisanese)	12	54.55
Japanese	3	13.64
Vietnamese	2	9.09
Spanish	2	9.09
Indian languages	2	9.09
Cambodian	1	4.5

Agencies/providers that do not have bilingual staff reported that they use translators, either provided by social service agencies, or ask patients to bring family members who can translate for them.

- III. Public Health Services: Vaccinations - 33% of agencies/providers provide basic health vaccines recommended for elderly, such as the pneumonia vaccine and flu shots.** These same agencies report that they advertise availability of such vaccines in both English and Chinese, with one agency also advertising in Vietnamese.
- IV. Coordination with other health care providers:** Mainstream agencies report a strong reliance on the four major health/social service agencies that serve the Asian American elderly in the Boston area. Mainstream agencies report that they consistently refer Asian American clients to these agencies because of their language and cultural differences -- they infrequently work together with Asian American agencies on a specific client's case, but more often, refer them for services at Asian agencies. The four major service providers of Asian American elder services are: The Golden Age Center, which has three sites that provide day care and social services to Asian American elders; The Boston Senior Home Care, which has Asian staff in an Asian elders program of home care services; South Cove Community Health Center, which is a comprehensive health care facility providing bilingual services to the Asian American community; and the South Cove Manor Nursing Home, which has over one hundred beds and provides full nursing care for Asian elders.

Since there are only a limited number of Asian American agencies that provide services to elders, and mainstream agencies are referring their Asian elderly patients to these agencies, the **Asian American agencies report that the need for bilingual, bicultural services is far greater than their capacity to provide services to Asian American elders. As a result, they often have long waiting lists for their services.**

Given that the numbers of Asian American elderly are increasing, it is imperative that mainstream health and social service agencies begin to provide bilingual and bicultural services to this growing population.

I. Unmet Services for Asian American Elderly Women:

We identified a number of unmet services specially needed by **Asian American Elderly Women**:

Fewer than 25% of the agencies and health care providers reported that they provided services to meet the specific health care needs of elderly Asian American women's. See Table 3 below.

Table 3: Women's Health Services for Asian American elderly

Services Provided for elderly Asian women	Frequency	Percent
Cervical Cancer Screening (Pap Smear)	6	24.0
Breast cancer screening	5	20.0
Osteoporosis risk screening	5	20.0
Depression screening	6	24.0
Dentistry	1	4.0
Nutrition consulting	1	4.0
ORAC cancer screening	1	4.0
Total	25	100.00

- **OB/GYN health care needs, such as breast cancer screening programs, mammograms, and pap smears by bilingual health care providers are particularly needed.** Providers report that the rate of breast cancer screening, mammograms and pap smears are lower among Asian American elderly women than in the general elderly population.
- **Osteoporosis risk screening** – Asian elderly women as a group are at a statistically higher risk for osteoporosis based on physical build, genetic racial factors, and diet. Health care providers spoke of the great need for osteoporosis screening and education around diet and other risk factors
- **Domestic violence prevention and intervention** – The Asian Task Force against Domestic Violence reports that elderly Asian American women are at high risk for domestic violence and elderly abuse. Bilingual and bicultural prevention and intervention programs are needed to address this often-hidden problem.
- **Depression screening and treatment**
- **Nutrition counseling**

- **Education services (ESL classes, education about applying for SSI, citizenship, housing, MassHealth, etc.)**
- **Community support programs around personal safety concerns**

CURRENTLY UNAVAILABLE OR IDENTIFIED UNMET/PARTIALLY MET NEEDS of all Asian American elders:

The survey and follow-up interviews identified several unmet or partially met health needs of Asian American elders, both female and male. Language and cultural differences contribute to pressing needs for this population. Even when some services may be available to a mainstream elder population, Asian American elderly often do not participate in such programs because of language and cultural barriers.

- II. Social supports and companionship:** Up to 80% of Asian American elders live alone and are isolated and lonely. Social programs, community outreach programs, and home visitors are in high demand. Services in both the metropolitan Boston area as well as the surrounding suburbs are needed.
- III. Affordable Housing:** Almost all providers described a desperate need for more affordable, congregate housing for Asian American elders, including assisted living, group housing, and nursing facilities. The housing need is most acute in the metropolitan Boston area but facilities in suburbs with large Asian American populations (such as Quincy, Malden, Randolph) are also in demand.
- IV. Medical care, including mental health care:** Respondents reported a greater need for bi-cultural and bilingual medical care, including mental health services, that are responsive to Asian American elders' needs.

Areas of greatest unmet need are:

- **Integrated Medicine which integrates Western and Asian Traditional Medicine**
- **Dental care**
- **Services for Disabled Asian American elders**
- **Depression screening and treatment**
- **Treatment for acute mental illness, including depression**
- **Hospice care services**

- **Family caregiver support**
- **Dementia care and services**

IMPLICATIONS:

Our survey findings provide useful information and identify both the many needs listed above as well as implications for social service providers in Massachusetts:

The poverty level among Asian American elderly is high, with 25% at or below the poverty level. Survey data indicate that Asian American elderly, regardless of income level, do have unmet needs of bilingual and bicultural health and social services.

In addition, agencies reported that many elderly do depend upon family members for services and family caregivers also require supportive services that are generally not easily accessible.

Asian American elderly in the Boston area are served both by Asian American and mainstream (non-Asian) agencies. The interaction and collaboration between mainstream agencies needs to be facilitated and organized in a more efficient fashion. There are not enough Asian American service providers and agencies to serve all the bicultural and bilingual needs of the elderly population; mainstream agencies/providers will need to work with Asian American agencies to provide services to Asian American elders as well. This is especially true in communities with large Asian American populations, such as the Boston Chinatown area, Quincy, Malden, Brighton, and Brookline.

A guidebook or resource guide listing bilingual and bicultural services provided by social service agencies is desperately needed by all parties involved: Asian American elders and their family caregivers, mainstream elder services agencies, Asian American agencies and organizations of all types, and state and government agencies.

Health service providers in the greater Boston area need to know what the *actual* capacity of the formal and informal support systems is for Asian American elders. It is vital that mainstream human service organizations collaborate and work with Asian American agency providers to reduce service gaps and to sensitize mainstream providers to the culturally-specific and unique needs of the Asian American elderly population in the greater Boston area.

Notes on Survey Methodology:

This study utilized survey methodology to assess Asian American elders' service needs and to identify those services that are currently provided to this

population. All Asian American organizations, health service providers, and agencies, which provide services to Asian American elders, along with, mainstream (primarily non-Asian) seniors programs and human service agencies in the Boston area were recruited to participate in this study. The survey questions identified categories of services, which are currently provided to Asian American elders, including health services, social services, homecare services, and transportation assistance. The survey measured agencies' and providers' abilities to provide services, which are targeted, specifically to Asian American elders. These services include: service providers who speak Asian languages (Chinese, Vietnamese, Japanese), provide translation services, or provide other culturally-appropriate services such as culturally-sensitive counseling, and educational services to help Asian elderly apply for social services in Massachusetts. Of special interest to this study was whether agencies provided services specifically-targeted to the needs of Asian American elderly *women*, services such as mammograms, social support, and services addressing safety concerns.

Over one hundred surveys were sent out to Asian American and mainstream health care providers in the greater Boston area. Twenty-four respondents completed the entire survey, and all of the other eighty agencies and providers were contacted by phone. We were able to speak to seventy of the eighty agencies and providers contacted. Overwhelmingly, they responded that they did *not* provide any special services to Asian American elders, and in fact, had a very small percentage, if any, of Asian American elders in their clientele. Hence, they did not complete the survey, as they would have answered "no" to each of the questions regarding whether they provided health care, home care, social services, or translation services to Asian American clients. We also interviewed a number of service providers, both Asian American and mainstream, as well as their elderly clients to elicit qualitative information regarding services, supports, and unmet needs.

Acknowledgements:

This report was supported by the Institute for Asian American Studies and the Polly Logan Endowment Fund of the Center for Women in Politics and Public Policy at the University of Massachusetts Boston.

We would like to thank Jie Chen, Ph.D. for her assistance in developing the survey instrument as well as for her statistical analysis and Shiho Shinke, our research assistant, for her help in all facets of this project. We are also grateful to the staff at the Institute of Asian American Studies, University of Massachusetts Boston – Paul Watanabe, Sam Lowe, Greg Kim, Yi Yang, Yiu Fai Wong, Michael Liu (who provided Census 2000 data), and Shauna Lo (who assisted in the final layout and production of this report) – for their support of this project.