AARP®
Real Possibilities

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The Health and Healthcare of Asian Americans and Pacific Islanders Age 50+

An AARP Report

CONTENTS

WELCOME

"The Health and Healthcare of Asian Americans and Pacific Islanders Age 50+" is the last report in AARP's three-part research series on key advocacy areas that impact AAPIs. Each report is designed to share relevant data to help individuals, community-based organizations, non-profit groups, the media, funders, and policy makers make informed decisions that affect the critical needs and concerns of diverse AAPI groups.

At AARP, we believe that no one's possibilities should be limited by their age, income or access to public services. We are committed to bringing attention to the needs of AAPI 50+ communities. By working with other organizations and individuals, we strive to close the gaps in knowledge of and services to our communities.

Sincerely,

Daphne Kwok

Daphne Kwok
AARP Vice President of Multicultural Markets and Engagement
Asian American and Pacific Islander Audience

Access to health care, specifically health insurance, is a key factor in the health security of Asian Americans and Pacific Islanders (AAPIs), and the most important service or need indicated in current research. As with other areas, the data on health insurance show that AAPIs cannot be considered as one monolithic group. Although there are commonalities, there are many differences in regard to health insurance and other aspects of health as well.

As a group, 14 percent of AAPIs age 50+ lack health insurance; up to 20 percent among age 50-64. The main reason for non-coverage is cost. Employers and employer unions are the primary vehicles for health insurance coverage, as shown in research among Chinese Americans and Filipino Americans in Los Angeles, San Francisco, and New York. Because many AAPIs are self-employed or run small businesses, access and cost makes health insurance inaccessible. Among those age 65+ and older, a greater proportion of Asian Americans and Pacific Islanders do not have Medicare coverage, to some extent because of ineligibility for Medicare among immigrant AAPIs. High poverty levels in some AAPI groups age 65 and older also prevent them from getting health care because of out of pocket costs.

Korean Americans age 50 and older have the lowest rate of health coverage (75%). Japanese Americans exceed the general population of the same age in insurance coverage (96%), while Filipino Americans have about the same rate of health insurance coverage as the general 50 and older population (90% versus 91% for total 50+).

There are many factors that impact the health of AAPIs at midlife and older. While lack of access to health insurance is a barrier to good health care, lack of language proficiency, lack of familiarity with the health care system, isolation, and lack of transportation also compound difficulties for some.

Acculturation is a major factor as well in the health care they obtain. The majority among certain AAPI ethnic groups age 50 and older are immigrants, many of whom retain their cultural values, especially among those who have not been in the country for a long time, have limited English language proficiency, and therefore less likely to have adopted practices in the general population. Health attitudes and beliefs, health practices, and diets vary. Asian Indians may prefer home treatments. Chinese Americans may practice more traditional Chinese medicine like acupuncture. Filipino Americans may believe in the relationship between good health and the balance of hot and cold. Korean Americans have the concept of "Hanyak", while Southeast Asians may subscribe to traditional Buddhist health practices.

The most common health conditions among AAPI groups are heart disease, hypertension and diabetes. For some Asian groups, especially Chinese Americans and Vietnamese Americans, cancer is more common and a leading cause of death. In addition, obesity is common among Pacific Islanders. Japanese Americans, on the other hand, are reported to have longevity and the lowest risk for heart disease. There is underutilization of mental health services by the Vietnamese Americans and this may apply to other ethnic groups as well.

The AAPI community's health needs are similar for all AAPI ethnic groups, and vary in many important areas as well. The common needs are:

- Support for/from family
- Health insurance
- Resources and tools to promote health and well being
- Transportation and savings to access medical and dental services
- Information on support and available services
- In-language services for some ethnic groups
- Culturally sensitive outreach and services for health care

There are additional needs for certain Asian groups as well, such as spiritual health that relates to the mental health of Filipino Americans, and to practice traditions that the less acculturated believe will contribute to their well-being.

The incorporation of cultural practices in health care services will contribute to overall well-being. Bilingual providers will be needed as well.

Finally, there is a desperate need for empirical as well as in-depth, national studies to learn more and understand today's AAPI elders, the extent to which cultural attitudes remain and traditional practices persist; as well as the dynamics between AAPI cultural attitudes and practices in light of the changes brought by technology, exchange of information, advances in medical knowledge, and other 21st century trends.

ABOUT THIS REPORT

This report is a compendium of research information and data on Asian Americans and Pacific Islanders (AAPIs) at midlife and older in relation to their health.

We drew on Census data, AARP research, and external sources for information on the current state of health among Asian Americans & Pacific Islanders, especially those age 50 and older. Most of the recent information is on health insurance coverage, a critical factor in getting access to health care. There is a paucity of other information related to health. Most research are small or outdated, and national in-depth research as well as disaggregated data by Asian ethnic groups, especially in-language, is sparse as well.

It is our hope that this report will emphasize the large information gaps we have today, especially for more current, in-depth, and disaggregated data, and spur more work in this area.

HEALTH

Asian Americans and Pacific Islanders

Information and data on the health status of Asian Americans and Pacific Islanders, besides being limited and not always current, are also often reported inconsistently and do not systematically compare AAPI ethnic groups nor control for confounding factors. There is a need for more comprehensive, empirical research by AAPI ethnic groups that at the same time provides comparisons in a standard manner. A more in-depth analysis of the U.S. Census data by age will also go a long way towards understanding the health of the AAPI population.

The Stanford School of Medicine training modules for health care providers present comprehensive and research based information about various ethnic groups, including their health status, health care attitudes, and health care practices within the context of different cultures. Although the research findings are from old studies, information provided in the modules are cited in the following pages to illustrate that cultural nuances in a mostly immigrant AAPI population are critical for health care and caregiving, and to emphasize the importance of information by ethnic group and the cultural factors that impact health care for AAPIs at midlife and older.*

There are health care barriers that are common to certain AAPI ethnic group seniors particularly the lack of health insurance, language capabilities, and transportation. The latter two together lead to isolation and depression, which are known mental health issues common to many senior immigrants. Cultural attitudes and practices also influence health care.**

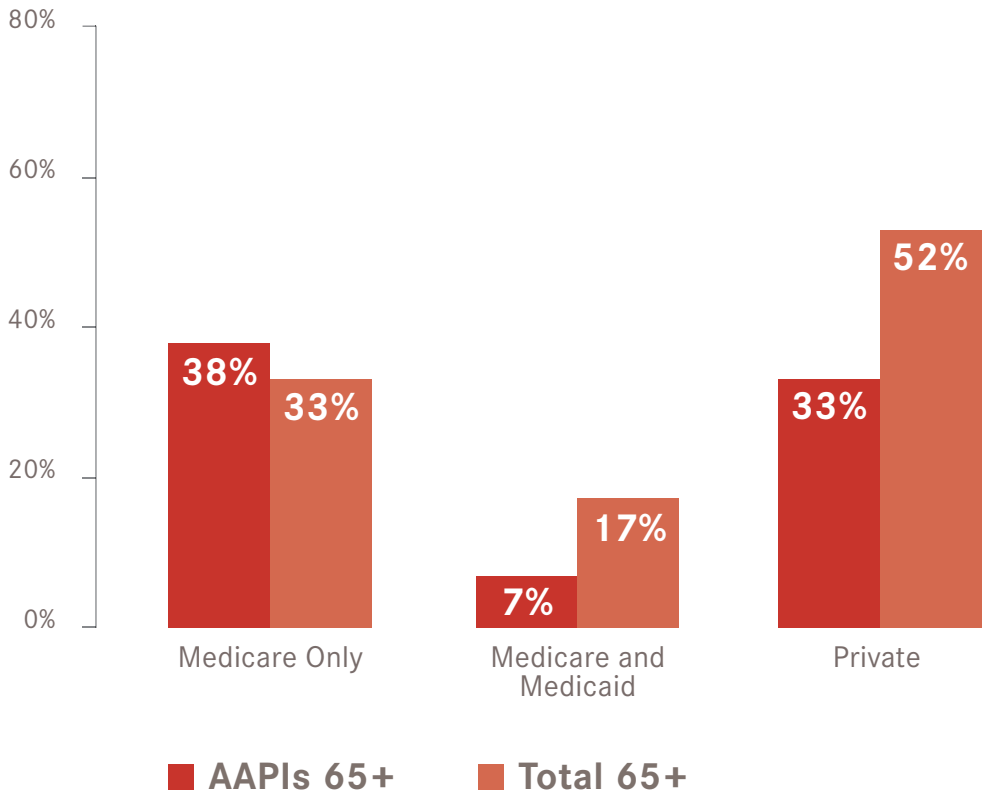
A newly completed Gallup poll showed that though insured, most Asian Americans lack a personal doctor. Among the age 45-64 AAPIs, 84 percent do not have a personal doctor. They also added that logistical barriers may exist such as language and unfamiliarity with the health care system, especially among older people.***

*http://web.stanford.edu/group/ethnoger/

** Center for the Study of Asian American Health, NYU School of Medicine (2007) Community Health Needs & Resource Assessment: An exploratory study of Chinese in NYC. Available at http://asian-health.med.nyu.edu/files/asianhealth/u3/chnra_chinese.pdf

*** Liu, Diana and Sharpe, Lindsey. Though Insured, Many U.S. Asians Lack a Personal Doctor. September 2014. http://www.gallup.com/poll/176039/though-insured-asians-lack-personal-doctor.aspx

Among 50-64: 20% of AAPIs have no health insurance vs. 15% in U.S. total age 50-64



Source: Blacker, Karen. NAPCA Data Brief, 2013.
"Asian Americans and Pacific Islanders in the United States Aged 65 Years and Older: Economic Indicators".

Asian Americans and Pacific Islanders

The most common reason for lack of health insurance is cost. Due to limited resources, AAPIs age 65+ are more likely to be uninsured and to rely on public insurance.

14%	of AAPIs age 50+ do not have health insurance - compared to 9% of the total U.S. 50+
20%	of AAPIs age 50-64 are uninsured - compared to15% of the total U.S. population
6%	of age 65 and older AAPIs are uninsured versus 1% of total U.S. 65+; only 33% of AAPIs 65+ have private insurance versus 52% of total U.S. 65+

- AAPIs are more likely than the general 50+ to have an HMO (health maintenance organization) (30% vs. 17%)
  - but less likely to have Medicare (29% vs. 42%)
- 50+ AAPI households are more likely than the general 50+ households to use medical services at hospitals (71% vs. 64%)
  - but less likely to go through any overnight stay procedure (11% vs. 15%)

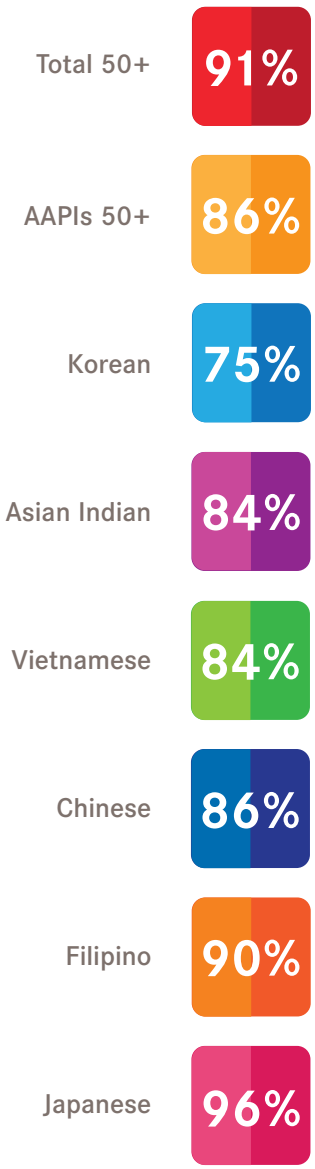
Source: Blacker, Karen. NAPCA Data Brief, 2013.
"Asian Americans and Pacific Islanders in the United States Aged 65 Years and Older: Economic Indicators".

Source: Scarborough USA+ 2012. Nationwide survey that includes sample of Asian American English speakers age 18 and older. Analysis by AARP Research Center.

Asian Americans and Pacific Islanders

There is wide disparity among AAPI groups in regard to insurance coverage; Filipino Americans are the closest to the general population in coverage, while Korean Americans have the most need for health insurance. Japanese Americans exceed the general population of the same age in insurance coverage.

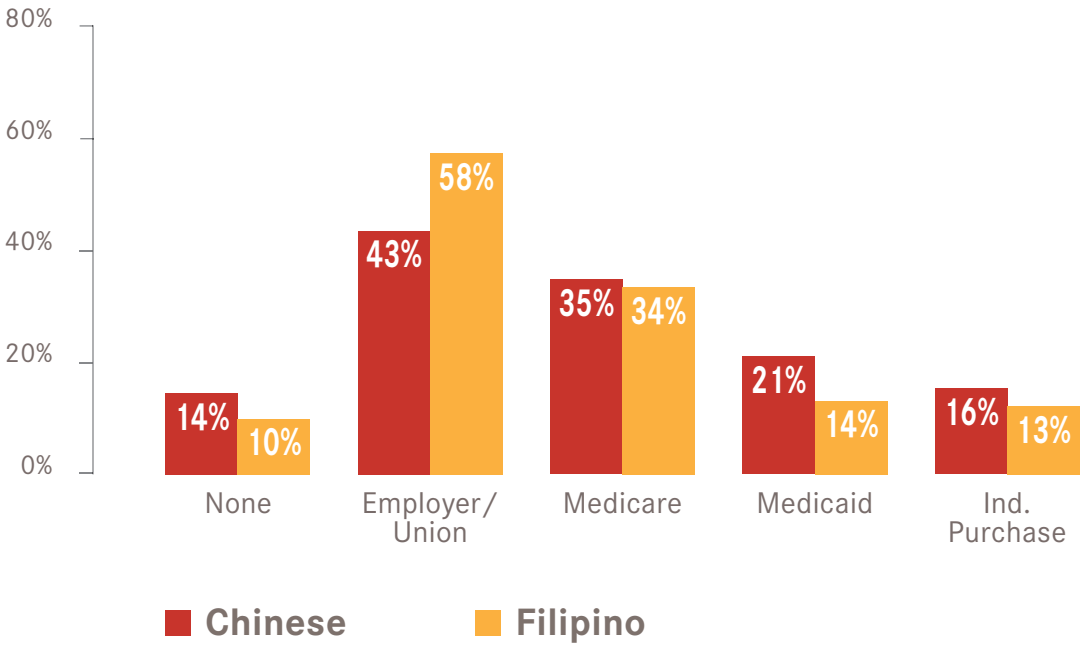
Health Insurance Coverage Varies by AAPI Ethnic Group



Source: U. S. Census Bureau, 2012. American Community Survey (ACS) Public Use Microdata Sample (PUMS), 2012. Prepared by the AARP Research Center.

Asian Americans and Pacific Islanders

50+ Chinese & Filipino Health Insurance Coverage (LA, SF, NY)



Important needs and wants:

- Staying Physically Fit
- Good Health
- Good Health
- Staying Mentally Sharp

Exercise as a main hobby:

- 36%
- 28%

Source: AARP Research Center, 2013. "Chinese Americans and Filipino Americans Study". Age 50-75 Chinese and Filipinos in Los Angeles, San Francisco, and New York.

Asian Americans and Pacific Islanders

Hawaiians

Cardiovascular disease was reported in 2000 as the number one cause for death among Native Hawaiians only.*

Asian Indians

Home treatments and remedies like massage and herbal medicines are said to be preferred by older Asian Indian women as a first recourse, while a physician is sought out only for serious illnesses. Many Asian Indian elders may subscribe to Ayurvedic Medicine, the traditional Indian system of medicine, as a means of preventing and treating illnesses.

* Periyakoil, VJ. 2010. Health and Health Care of Native Hawaiian and Other Pacific Islander Older Adults. Stanford School of Medicine. eCampus Geriatrics. http://geriatrics.stanford.edu/ethnomed/

Asian Indians

Coronary heart disease, non insulin-dependent diabetes, lower high-density lipoprotein (HDL) cholesterol levels and hypertriglyceridemia are highly prevalent among Asian Indian male immigrants in the United States. Among Asian Indian women, the prevalence of coronary artery disease is three times higher compared to white women. Like other Asian women, Asian Indian women are also at high risk for osteoporosis.*

The most common cancers among Asian Indian immigrants are prostate, lung and colorectal cancer. Lactose intolerance is common among older Asian Indians and because of their dietary practices, Asian Indian immigrants are deficient in Vitamin D, B6, B12 and pantothenic acid.**

Diabetes incidence is twice as high among Asian Indians than Caucasians.***

* Alagiakrishnan, K. and Chopra, A. Health and Health Care of Asian Indian American Elders. No date. http://web.stanford.edu/group/ethnoger/asianindian.html

** Dara, S. & Periyakoil, VJ. 2010. Health and Health Care of Asian Indian American Older Adults. Available at http://geriatrics.stanford.edu/ethnomed/asian_indian/index.html

*** Pfizer & The American Association of Physicians of Indian Origin (No date given).The Health Status of Asian Indian Adults in the United States. Available at http://americansocietyofindianplasticsurgeons.com/health_status_asian_indian.pdf

Chinese

Chinese American immigrants' health practices incorporate traditional Chinese medicine, like the use of acupuncture. In a small study several years ago, Chinese American immigrant participants used traditional Chinese medicine not just for illness management but also for the following reasons:

- perform and reaffirm their cultural identity as Chinese
- maintain their moral status and fulfill their social roles, and
- pass down their health knowledge and cultural heritage.*

- The leading causes of death among Chinese Americans in California, Hawaii, Illinois, New Jersey, New York, Texas and Washington are cancer, accidents, suicide, and HIV infection. They have the highest rate of colorectal, liver and lung cancer among other Asian ethnic groups. Chinese Americans also have the highest rate of Nasopharyngeal Cancer (NPC) among all ethnic groups in the US.**
- Chinese American women age 65+, according to a 1995 report by Lum, have three times the suicide rate of white women in the U.S. Vascular dementia is also prevalent among Chinese American elders and more prevalent than Alzheimer's disease in this group.***
- The suicide rate is even higher, seven times that of white women, among Chinese American women age 75 and older. This is likely related to depression, which also tends to be related to social isolation for the less acculturated and those who have lower English proficiency.****

*Kong, H. and Hsieh, E. The Social Meanings of Traditional Chinese Medicine: Elderly Chinese Immigrants'. Health Practice in the United States. Journal of Immigrant and Minority Health. October 2012. Volume 14, 5, 841-849.

** Chen Stokes, S., & Pan, C., 2010. Health and Health Care of Chinese American Older Adults. No date. Available at http://geriatrics.stanford.edu/ethnomed/chinese/index.html

*** Lum, O. February 1995. Clinics of Geriatric Medicine: Ethnogeriatrics 11 (1), 53-57. http://web.stanford.edu/group/ethnoger/chinese.html

**** Tom, Linda Ann S.H. No date. Health and Health Care for Chinese American Elders. Available at http://web.stanford.edu/group/ethnoger/chinese.html

Filipino

Culturally related health attitudes by Filipino Americans include the concept of balance. For example, "hot" and "cold" have to be balanced in the body, thus rapid shifts from hot to cold is believed to lead to illness. Another example is the belief in the effects of sudden changes in weather patterns. Cool breezes or exposure in the evening hours to low temperature, the presence of the hot sun immediately after a long period of rain, and vapors rising from the soil can also upset the balance of the body and lead to illness.

Data on Filipino American immigrants show them to have higher risk for hypertension, coronary heart disease, and diabetes at midlife and older.*

The leading causes of death among Filipino American older adults are cardiovascular disease, malignancy, stroke, asthma, diabetes, influenza and pneumonia. The most common diagnosed cancers among Filipino American women are breast cancer, colon/rectum cancer, lung/bronchus cancer, thyroid cancer, and corpus uteri cancer.**

Among all Asian American ethnic groups, Filipino immigrants have the highest rate of tuberculosis. Alcohol and tobacco is commonly used in the Filipino American community.***

*McBride, M. No date. Health and Health Care of Filipino American Elders. Available at http://web.stanford.edu/group/ethnoger/filipino.html

** Periyakoil, VJ, & Dela Cruz, MT, 2010. Health and Health Care of Filipino American Older Adults. Available at http://geriatrics.stanford.edu/ethnomed/filipino/index.html

*** Center for the Study of Asian American Health, NYU School of Medicine, 2007. Community Health Needs & Resource Assessment: An Exploratory Study of Filipino Americans in NYC Available at: http://asian-health.med.nyu.edu/files/asianhealth/u3/chnra_filipinos.pdf

Japanese

Japanese Americans have the highest longevity and are an older population compared to other racial groups. Their longevity may be related to the higher incidence of vascular dementia among Japanese American men compared to Caucasian men, although the prevalence of Alzheimer disease seems to be similar to Caucasians in the U.S.

They have been found to have very low risk for cardiovascular disease compared to other racial groups. However, Japanese American adaptation to the American diet that is rich in fat appears to increase risk of coronary artery disease.

On the other hand, Type II Diabetes appears to be higher among Japanese Americans compared to their Caucasian counterparts in the United States.

Source: Tanabe, M. K. G.. No Date. Health and Health Care of Japanese American Elders. Available at http://web.stanford.edu/group/ethnoger/japanese.html

Korean

Although we do not know the extent of this practice today, many Korean immigrants, especially elders, may prefer traditional health practices or traditional ways of dealing with illnesses.

For example, “Hanbang,” also known as “Hanyak,“ is derived from Chinese medicine and is based on the balance between “um” (the same as yin) and yang, and the balance of fire, earth, metal, water, and wood. Acupuncture, herbs, moxibustion, and cupping are common treatment methods.*

Korean Americans have very low rates of obesity. They are at high risk for diabetes, hypertension and cardiovascular disease, and the hepatitis B virus.**

Cancer rates for stomach, liver, gallbladder, and esophagus are higher in native Koreans compared to U.S. whites. Recently, cancer rates for Korean American immigrants have increased for prostate, breast, colon, and rectal cancers. Among Korean American males, the incidence of stomach cancer was 4.3 times higher than Caucasians and 2.6 times higher than African Americans.***

Among the age 50+, lack of health insurance coverage among Korean Americans is the highest among Asian ethnic groups.****

* McBride, M., Morioka-Douglas, N. & Yeo, G. 1996. Aging and Health: Asian and Pacific Islander American Elders (2nd ed.) SGEC Working Paper #3. Stanford, CA: Stanford Geriatric Education Center. Available at http://web.stanford.edu/group/ethnoger/korean.html

** Shin, K.R., Shin, C. and Blanchette, P.L. Health and Health Care of Korean American Elders. No Date. http://web.stanford.edu/group/ethnoger/korean.html

*** Lee, J. , Demissie, K. Lu, S., and Rhoads, G. 2007. Cancer Incidence Among Korean-American Immigrants in the United States and Native Koreans in South Korea. Available at http://www.moffitt.org/CCJRoot/v14n1/pdf/78.pdf

**** U.S. Census Bureau, 2012. American Community Survey (ACS) Public Use Microdata Samples (PUMS). Prepared by the AARP Research Center.

Asian Americans and Pacific Islanders

Pacific Islanders

It is recommended that Pacific Islander groups should be viewed individually because there is wide variation in regard to ethnicity, culture, religion, work experience, education and degree of Westernization. Thus, there is very little information and research when we break down the Pacific Islander groups even further.

The major health problems that we find in the literature among Pacific Islanders are obesity, Type II Diabetes, and hypertension, which lead to cardiovascular and cerebrovascular diseases.*

A much lower percentage of Native Hawaiian older adults self-reported being in excellent or very good health (32%), compared to 49% of Caucasian older adults.**

Southeast Asian

Cultural beliefs and Buddhist practices, widespread in Southeast Asia, influence the health attitudes and behaviors of Vietnamese Americans, Cambodian Americans, and Hmong Americans. Other health data are reported in the source, although not necessarily specified for those age 50 and older.

* Wergowske, G. And Blanchette, P. L. No Date. Health and Health Care of Elders from Native Hawaiian and Other Pacific Islander Backgrounds. Available at http://web.stanford.edu/group/ethnoger/nativehawaiian.html

** Periyakoil, VJ. 2010. Health and Health Care of Native Hawaiian and Other Pacific Islander Older Adults. Stanford School of Medicine. eCampus Geriatrics. http://geriatrics.stanford.edu/ethnomed/

Asian Americans and Pacific Islanders

Cambodian

Cambodian Americans have high rates of hypertension, diabetes, heart disease, stroke and seizures. They are at very high mental health risk and suffer from post-traumatic stress syndrome and depression.

Hmong

The Hmong Americans have elevated rates of cancer in the nasopharynx, stomach, liver, pancreas, leukemia and non-Hodgkin's lymphoma.

Vietnamese

- Cancer is the primary cause of death among Vietnamese Americans. Lung and liver cancer have the highest rate among both genders, while lymphoma and cervical cancer have a high incidence among men and women respectively.
- Cardiovascular and cerebrovascular disease are the second leading cause of death.

In a study conducted by the Center for the Study of Asian American Health of New York University, 55% of Vietnamese participants rated their health as "fair or poor", and 15% expressed they have problems understanding information about their health.*

Mental health services are underutilized by Vietnamese Americans.**

Source: Yee, Barbara W.K. Health and Health Care of Southeast Asian American Elders: Vietnamese, Cambodian, Hmong and Laotian Elders. No date.
Available at http://web.stanford.edu/group/ethnoger/southeastasian.html

* Tran, C., BAS & Hinton, L., 2010. Health and Health Care of Vietnamese American Older Adults. Available at http://geriatrics.stanford.edu/ethnomed/vietnamese/

** Center for the Study of Asian American Health, NYU School of Medicine (2007) Community Health Needs & Resource Assessment: An exploratory study of Vietnamese in NYC. Available at http://asian-health.med.nyu.edu/files/asianhealth/u3/chnra_vietnamese.pdf

Asian Americans and Pacific Islanders

Finally, according to the Asian American Center for Advancing Justice, cancer is the fastest-growing cause of death among Native Hawaiians, Samoan Americans, and Guamanian or Chamorro Americans.*

Asian Americans and Pacific Islanders are the only racial group in California for whom cancer is the leading cause of death. For other racial groups, heart disease is the leading cause of death.**

The Centers for Disease Control and Prevention reports that in 2002-2006 the highest suicide rates for women ages 65 and older were among Asian Americans and Native Hawaiians and Pacific Islanders.***

* Asian American Center for Advancing Justice, 2014.
A Community of Contrasts: Native Hawaiians and Pacific Islanders in the United States.
http://www.advancingjustice.org/publication/community-contrasts-native-hawaiians-and-pacific-islanders-united-states-2014

** Asian American Center for Advancing Justice, 2013.
A Community of Contrasts: Asian Americans, Native Hawaiians and Pacific Islanders in California.

*** Centers for Disease Control and Prevention, 2009. National Suicide Statistics at a Glance:
Suicide Rates Among Persons Ages 65 and Older, by Race/Ethnicity and Sex, United States, 2002-2006.
http://www.advancingjustice.org/publication/community-contrasts-native-hawaiians-and-pacific-islanders-california-2013

The foregoing information points to health and health related needs in the Asian American and Pacific Islander communities age 50+:

- Support for/from family
- Health insurance
- Resources and tools to promote health and well being
- Transportation and savings to access medical and dental services
- Information on support and available services
- In-language services for some ethnic groups
- Culturally sensitive outreach and services for health care.

AARP research on Chinese Americans and Filipino Americans indicate similar needs. The results from this study empirically and more specifically identify these needs and differentiates them by the various segments within the Chinese and Filipino American demographic spectrum.

Source: AARP Research Center, 2013. Chinese Americans and Filipino Americans Study. Age 50-75 Chinese and Filipinos in Los Angeles, San Francisco, and New York.

Chinese

Chinese Americans age 50+ have similar needs as the age 50+ Asian American and Pacific Islanders in general. Physical and mental fitness also emerged from the AARP research study.

- Support for/from family
- Health insurance
- Resources and tools to promote health and well being, physical and mental fitness
- Transportation and savings to access medical and dental services
- Information on support and available services
- In-language services
- Culturally sensitive outreach and services for health care

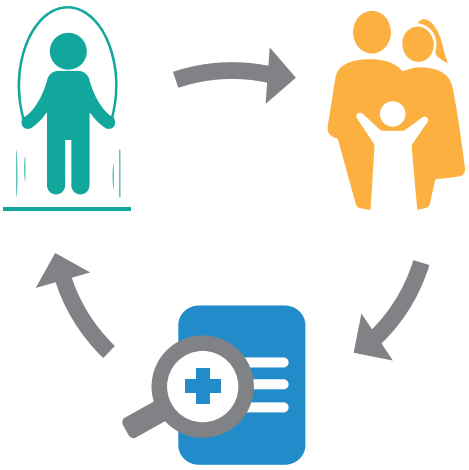
Source: AARP Research Center, 2013. Chinese Americans and Filipino Americans Study. Age 50-75 Chinese and Filipinos in Los Angeles, San Francisco, and New York.

Chinese

Important **needs & wants** for living a good life

The Chinese have strong **family values**. The family's wellbeing is always in their minds.

- **Independence** is important - they don't want to be a burden to the next generation.
- **Health, financial independence, family, security, housing, and mobility** are, overall, the most important factors of a good life to the Chinese population.



- **Independent**
- **Self-sufficient financially**
- **Physically and mentally fit**
- **Good health insurance**
- **Strong family cohesion**

- **Affordable housing**
- **Mobility**
- **Take care of family elders**
- **Supporting the young**

Source: AARP Research Center, 2013. Chinese Americans and Filipino Americans Study. Age 50-75 Chinese and Filipinos in Los Angeles, San Francisco, and New York.

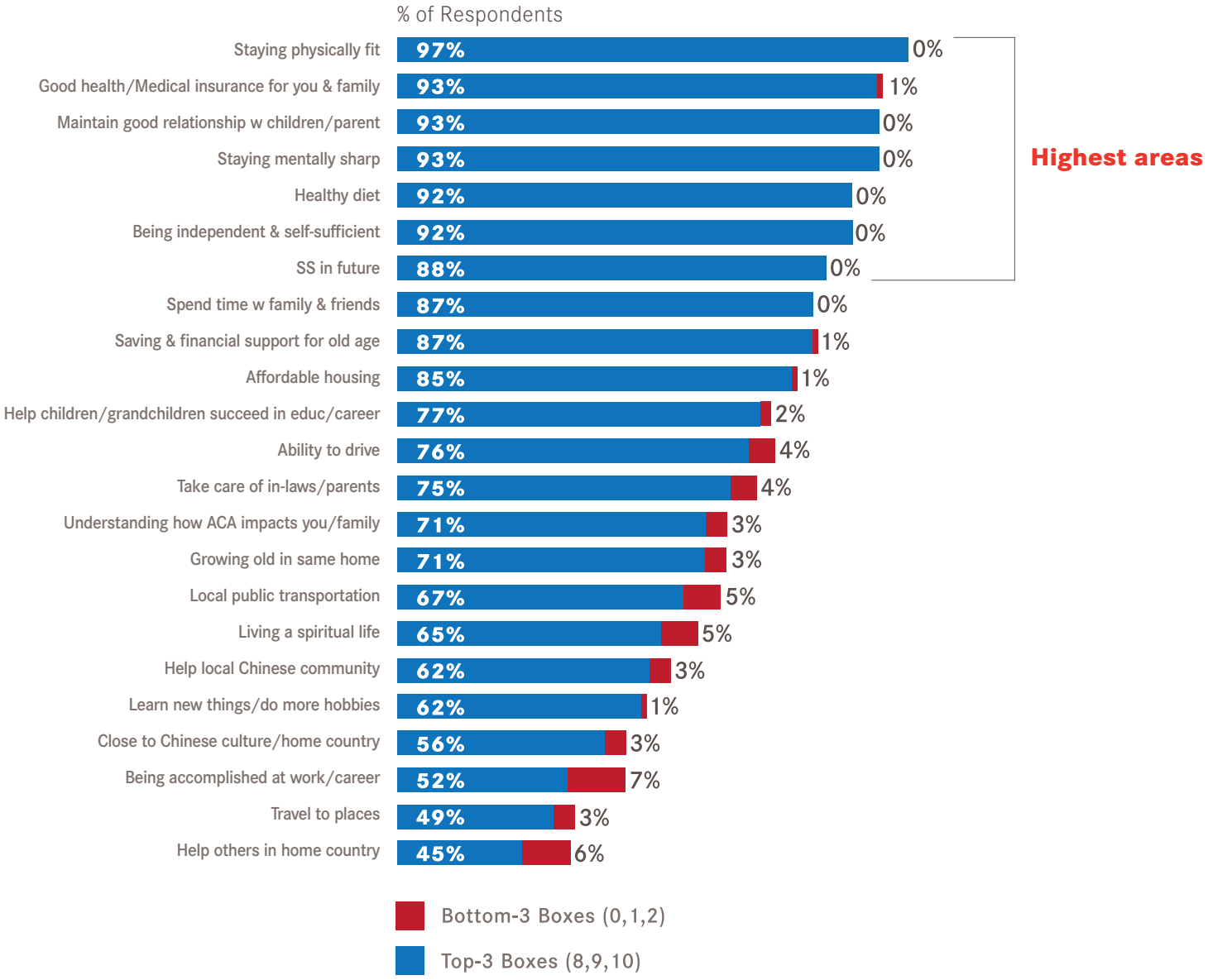
Chinese

Important **needs & wants** for living a good life

Needs & Wants for Living a Good Life – By Total

Top-3 (8,9,10) and Bottom-3 Boxes (0,1,2) on 11-Point Scale

Base: Total, N=811



Source: AARP Research Center, 2013. Chinese Americans and Filipino Americans Study.
Age 50-75 Chinese and Filipinos in Los Angeles, San Francisco, and New York.

Chinese

Important **services** for living a good life

- To live a good life, the Chinese believe in **good health** and **peace of mind**.
- They desire services that align with their values and empower them to live a confident and **independent** life.

Important Values	Important Services
HEALTH	■ Health insurance for all ages (incl. younger family members) ■ Supplemental health insurance for 65+ ■ Long term care insurance ■ Discounts on drugs, dental and vision
SECURITY	■ Protection against consumer fraud ■ Keeping personal records safe and accessible
FAMILY	■ Services to help your children/grandchildren succeed in education and career ■ Caregiving services ■ Life, auto and homeowners insurance

Source: AARP Research Center, 2013. Chinese Americans and Filipino Americans Study. Age 50-75 Chinese and Filipinos in Los Angeles, San Francisco, and New York.

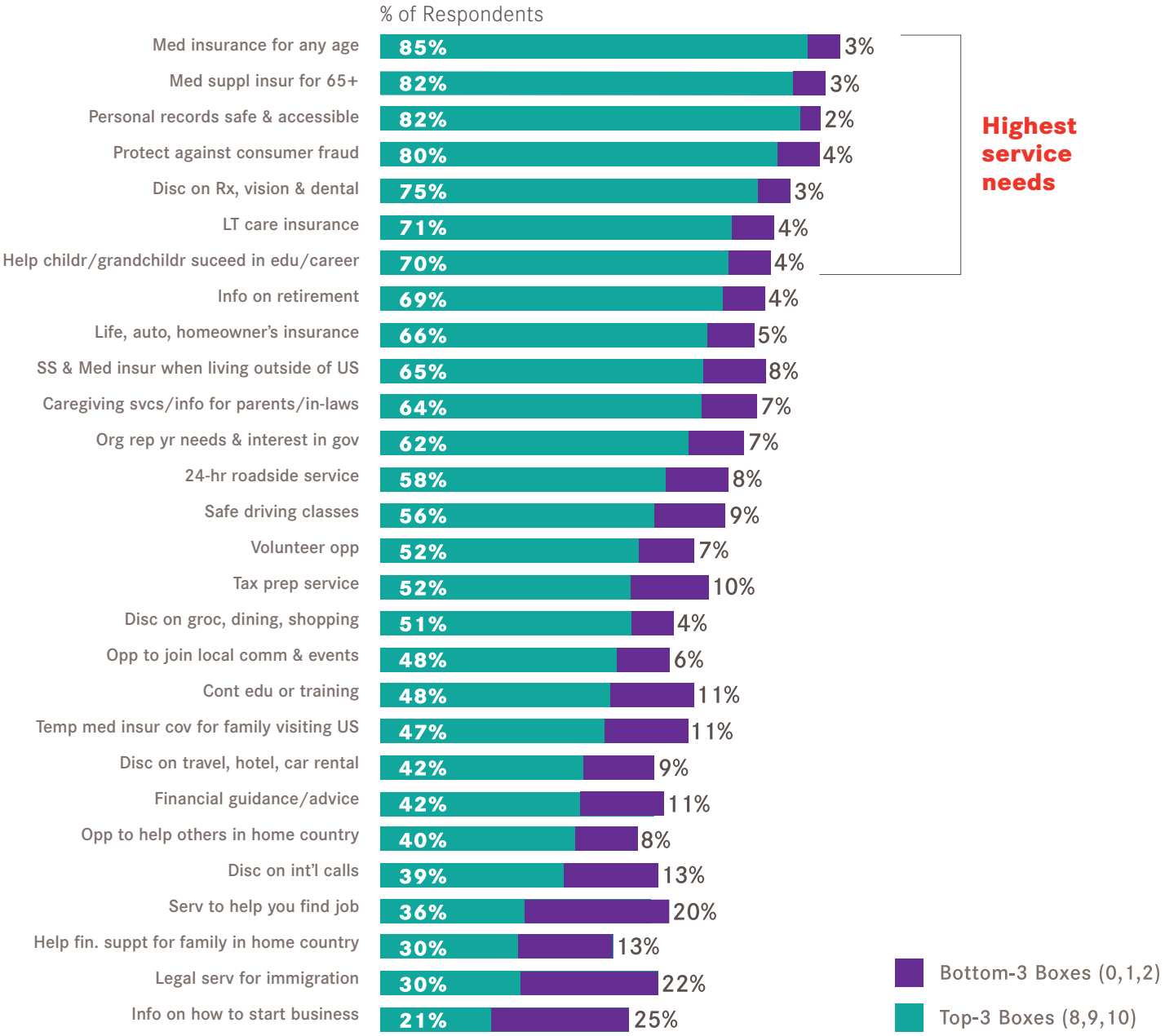
Chinese

Important **services** for living a good life

Service Needs for Living a Good Life - By Total

Top-3 (8,9,10) and Bottom-3 Boxes (0,1,2) on 11-Point Scale

Base: Total, N=811



Source: AARP Research Center, 2013. Chinese Americans and Filipino Americans Study.
Age 50-75 Chinese and Filipinos in Los Angeles, San Francisco, and New York.

Chinese

Age 50-75 consumer segments (LA, SF, and NY)

39% Affluent, bicultural, engaged

- Affluent, educated, bilingual
- Socially mobile and engaged

Needs and Wants:
- Travel, hobbies, interests
- Care for family
- Care for previous generation
- Professional advancement
- Mobility and protection
- Spiritual fulfillment

28% Aging and Needy

- Mainly SF and NY
- Older and economically "vulnerable"
- Little interest in social life
- Rely heavily on in-language media for information

Needs and Wants:
- Health and wellness
- Independence and self sufficiency
- Family cohesion and support
- Protection and daily life management
- Helping the next generation to succeed, and taking care of family in home country

19% Self Reliant Middle Class

- Disengaged
- Self reliant
- Acculturated, some born in US

Needs and Wants:
- Healthcare policy
- Take care of older generation
- Mobility

11% Working Immigrant Families

- Middle class working families
- Heavy in-language usage
- Busy working, little interaction with community or society

Needs and Wants:
- Protection, daily life management
- Next generation a priority
- Self sufficiency and independence
- Family cohesion
- Professional advancement
- Mobility with protection

3% Aging within Means

- Older retirees with family support

Needs and Wants:
- Mobility with protection
- Understanding policies

Source: AARP Research Center, 2013. Chinese Americans and Filipino Americans Study. Age 50-75 Chinese and Filipinos in Los Angeles, San Francisco, and New York.

Filipino

Filipino Americans age 50+ have similar needs as 50+ Asian American and Pacific Islanders in general. In addition, living a spiritual life is also very important for them. Physical and mental fitness also emerged from the research study.

While in-language services and information are not as important because the vast majority are English proficient, any English language materials would greatly benefit from an infusion of common in-language words or headlines that resonate very well with the Filipino American community. Health and health related needs include:

- Support for/from family
- Physical and mental fitness
- Resources and tools to promote health and well-being
- Living a spiritual life
- Health insurance
- Ways to save on medical costs

Source: AARP Research Center, 2013. Chinese Americans and Filipino Americans Study. Age 50-75 Chinese and Filipinos in Los Angeles, San Francisco, and New York.

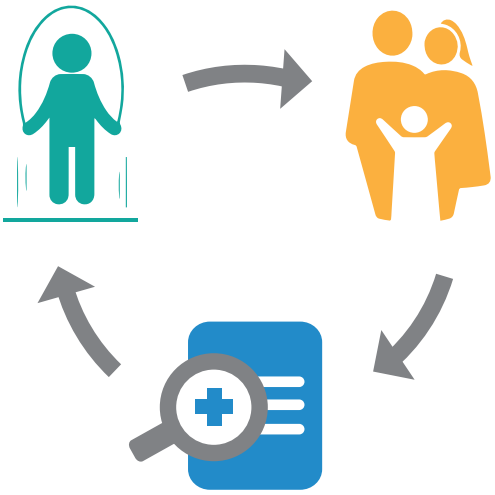
Filipino

Important **needs & wants** for living a good life

A good life for Filipino Americans is built on three foundations:

- **Health & mental fitness** to live an independent life
- Cohesive and mutually supportive **family**
- **Protection**

A **faith-based culture**, **spirituality** is as important as "having enough savings" and "an affordable home to live" when they get old.



- **Independent**
- **Self-sufficient financially**
- **Physically fit**
- **Mentally sharp**
- **Insurance protection**
- **Family support & cohesion**

- **Living a spiritual life**
- **Affordable housing**
- **Enough savings for old age**
- **Social Security Income**

Source: AARP Research Center, 2013. Chinese Americans and Filipino Americans Study. Age 50-75 Chinese and Filipinos in Los Angeles, San Francisco, and New York.

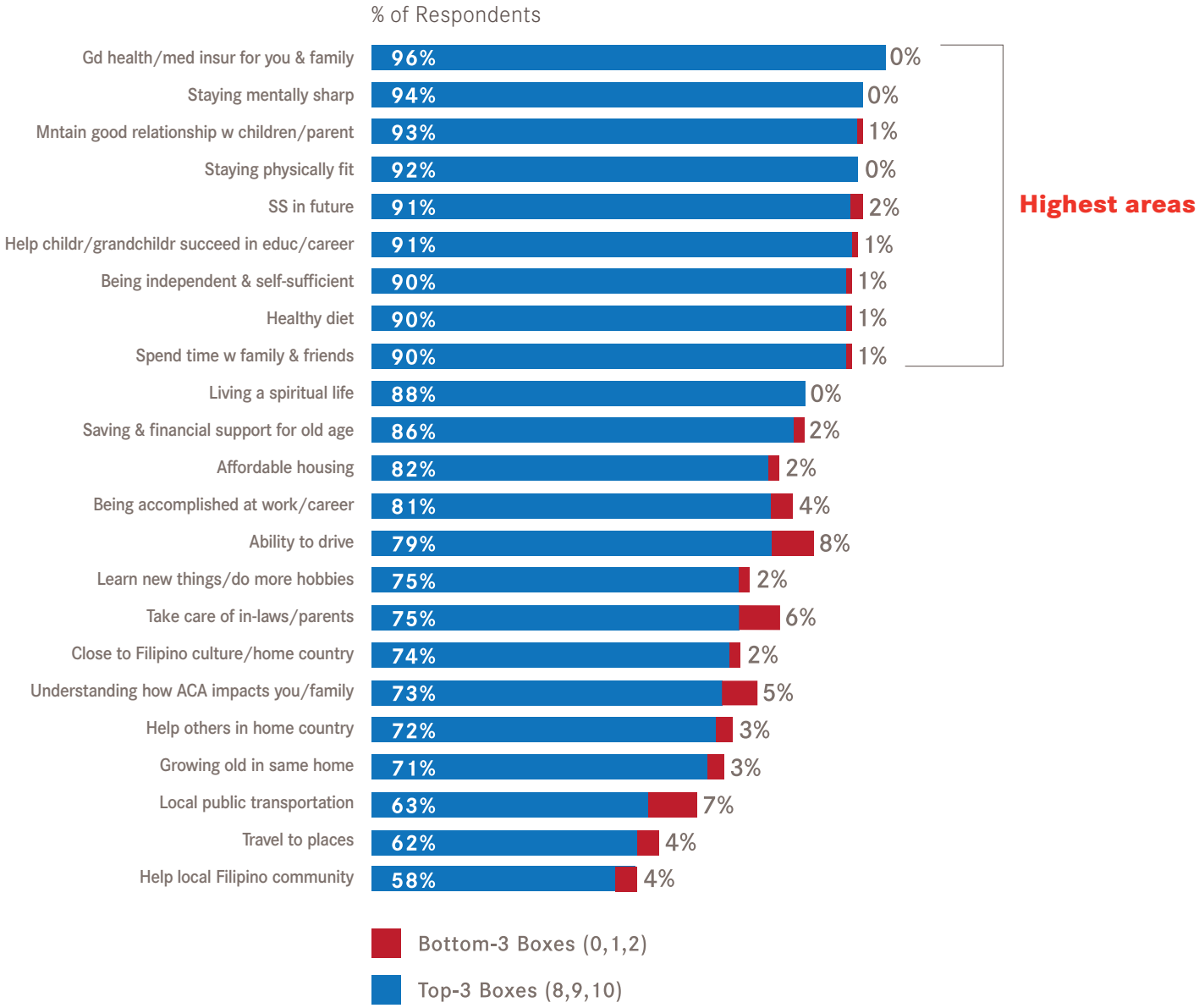
Filipino

Important **needs & wants** for living a good life

Needs & Wants for Living a Good Life - By Total

Top-3 (8,9,10) and Bottom-3 Boxes (0,1,2) on 11-Point Scale

Base: Total, N=716



*See Appendix for complete description of services

Filipino

Important **services** for living a good life

- To live a good life, Filipino Americans believe in having **peace of mind**.
- They desire services that align with their values and empower them to live a good life.

Important Values	Important Services
HEALTH	■ Health insurance for all ages (incl. younger family members) ■ Supplemental health insurance for 65+ ■ Long term care insurance ■ Discounts on drugs, dental and vision
FAMILY	■ Services to help your children/grandchildren succeed in education and career ■ Caregiving services
SECURITY	■ Auto, life and home owners insurance ■ Protection against consumer fraud ■ Keeping personal records safe and accessible

Source: AARP Research Center, 2013. Chinese Americans and Filipino Americans Study. Age 50-75 Chinese and Filipinos in Los Angeles, San Francisco, and New York.

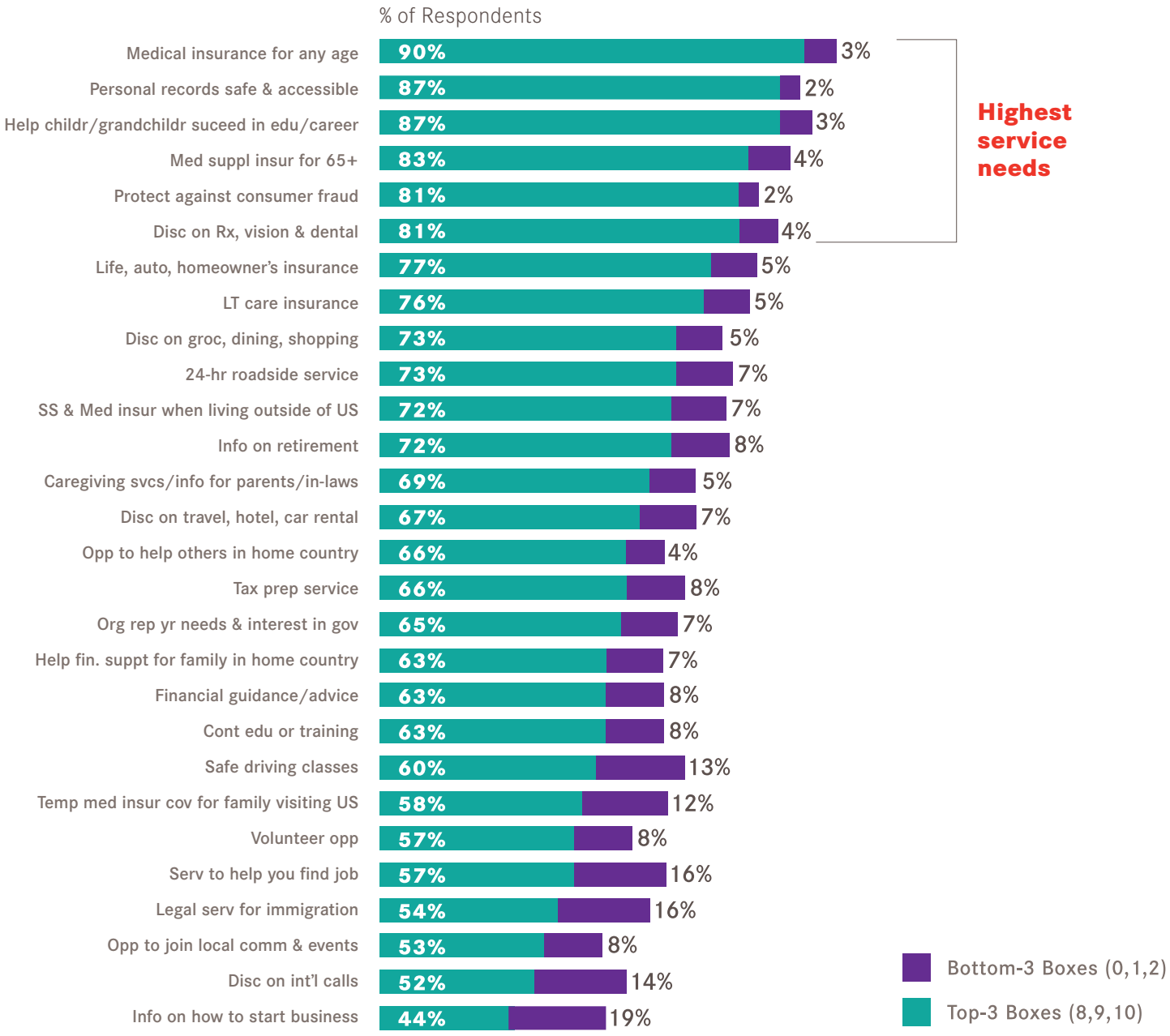
Filipino

Important **services** for living a good life

Service Needs for Living a Good Life - By Total

Top-3 (8,9,10) and Bottom-3 Boxes (0,1,2) on 11-Point Scale

Base: Total, N=716



*See Appendix for complete description of services

Filipino

Age 50-75 consumer segments (LA, SF, and NY)

40% Affluent, bicultural, engaged

- Well educated, bilingual, upper HHI and pre-retirement
- Stay connected with the Filipino culture
- Active and engaged

Needs and Wants:
- Mental and physical fitness
- Mobility
- Family cohesion
- Growing old in the US

34% Filipino Centric, Educated Middle Class

- Older, average HHI & education
- Prefer Filipino language and media
- Active and connected with Filipino culture (churches, hometown groups, volunteer groups)

Needs and Wants:
- Protection and cost of living
- Filipino culture
- Family in home country
- Career & education
- Family cohesion

13% Working Immigrant Families

Education
- Spiritual
- Stronger dependence on Filipino language and media
- Trying to make ends meet
- Low participation in social activities

Needs and Wants:
- Family in home country
- Physical and mental fitness
- Family cohesion
- Filipino culture

7% Self Reliant Working Families

- Acculturated
- Younger & higher HHI, disconnected with Filipino culture

Needs and Wants:
- Housing & transportation
- Family cohesion & support

3% Active Singles

- Living alone
- Active
- Bilingual
- Culturally connected

Needs and Wants:
- Protection
- Cost of living
- Physical & mental fitness

3% Family Supported Blue Collar

- Low education
- Filipino speaking
- Unacculturated and unengaged
- Rely on and supported by family

Needs and Wants:
- Protection
- Cost of living
- Home country
- Filipino culture
- Physical and mental fitness
- Housing and transportation

Source: AARP Research Center, 2013. Chinese Americans and Filipino Americans Study. Age 50-75 Chinese and Filipinos in Los Angeles, San Francisco, and New York.

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For more information contact:
Xenia P. Montenegro, Ph.D. xmontenegro@ aarp.org

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