

Migrating from Bangladesh to New York: Needs of Seniors

Final Report



Hunter College Urban Policy & Leadership Graduate
Research

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Executive Summary

Committed to Our Community

India Home, Inc. is a non-profit organization which services immigrant South Asian seniors in New York City. Founded in 2007 by a group of healthcare professionals, India Home provides social, psychological, recreational, and spiritual services in a culturally specific environment. Their senior center model spans four locations throughout Queens, New York and reaches hundreds of seniors each week. India Home's mission is clear and comprehensive: *to make a difference in the quality of life of vulnerable South Asian Seniors in New York City in a culturally appropriate way.*

Assessing the Needs of Bangladeshi Seniors

Throughout the fall of 2016 a research team of four Hunter College Urban Planning and Policy graduate students collaborated with India Home to conduct a community needs assessment with Bangladeshi seniors and community experts in the Jamaica section of Queens, New York. India Home's largest senior center is housed within the Jamaica Muslim Center and primarily serves the Bangladeshi population in the area. Housing, mental and physical health, and transportation were central themes for this research.

The needs assessment consisted of a sixty-eight (68) question survey for respondents to voluntarily participate in either English or Bangla. In conjunction with the surveys, key informant interviews were conducted to help aid in the validation of survey results. Lastly, additional secondary data sources were utilized including national and local demographic, health, and community data.

The assessment design was initially framed through a set of four preliminary questions: What are the current housing needs for Bangladeshi seniors in regard to being culturally-specific and affordable? What physical and mental health issues are impacting these seniors? Is access to quality health care available in their community? How does transportation, or lack thereof, impact the senior's daily lives? Through these questions a robust survey tool and interview template was designed to solicit answers from the community. With the personal experiences of 106 survey respondents and the professional opinions and philosophies of nine key informant interviewees, the researchers were able to analyze a rich collection of data and provide findings and recommendations contained inside this report.

Community Gaps and How to Move Forward

The research provided strong evidence of need for Bangladeshi seniors in Jamaica. The research team identified key findings within housing, mental and physical health, and transportation. In addition, two important underlying concerns came through the data that need to be addressed immediately. Firstly, Bangladeshi seniors face the highest rates of poverty and low income status across New York City.¹ Secondly, due to being one of the newest senior immigrant populations in the region, their English language skills are terribly low and make it extremely hard for these seniors to navigate the community and the social service resources they need for support. Furthermore, the findings from this needs assessment in Jamaica show even higher rates of lack

¹ Asian American Federation, "Asian American Seniors in New York City: An Updated Snapshot," 15.

of income and limited English proficiency than previously collected data from other city-wide research efforts. A few of the key findings highlighting the initial four themes include: Lack of affordable culturally-specific independent senior housing in Jamaica; high levels of social isolation and the stigma seniors face in regard to talking about their state of mental health; the absence of chronic disease management and how poor diet and limited exercise is negatively impacted their quality of life and; the underutilization of the public transit system due to cost, language barriers, and discomfort navigating the system.

It is the research team's recommendation that all needs identified within the report be integrated into India Home's long-term strategic plan and the specific recommendations provided be taken seriously for implementation. This would include expanding daily services at the center, creating new innovative programs for seniors and their families, strengthening existing community partnerships as well as building new ones, and continuing to collect data to gain a deeper understanding of the community.

Through the incorporation of the report's recommendations, India Home can further their mission to address the inequities of the most vulnerable and help transform Jamaica's Bangladeshi senior population from one with great needs, to one with greater assets.

Introduction

Imagine for a moment the dirt clay roads of Dudhal and Kalipur in Bangladesh. They are filled with seniors who are laughing, sharing stories, and communing in the open land. They are chewing on paan, traveling to and from work, walking about the earth surrounded by bamboo and greenery. They share all their meals, pray together, and raise families as one. What happens when these seniors migrate from such a place—with its natural landscape, open fields, rich culture, and solid identity—to New York City? How does the change in countryside, culture and communal environments impact their everyday lives? Does it influence the way they think, behave, or understand their new surroundings?

This semester we worked with India Home and focused our needs assessment on the Bangladeshi population- which has been steadily increasing since 2000. The South Asian immigrant community has grown rapidly in New York City- the 2010 US Census reported that the New York metropolitan area is home to the largest concentration of South Asians in the United States. Queens County tends to be the destination of choice. According to the American Community Survey 2014, almost 50% of the population of Queens was foreign born, with some 11% of South Asian descent: the fastest growing group was from Bangladesh.²

The following are the questions that arose from our initial conversations with India Home- the questions that shaped our research. As much as possible, we wanted to understand this population from a physical, mental, financial, and geographic standpoint.

What are the current housing needs for Bangladeshi seniors in regards to being both affordable as well as culturally-specific?

What physical and mental health issues are impacting these seniors?

Is access to quality health care available in their community?

How does transportation (or lack of) impact their daily lives?

² Asian American Federation, “Asian American Seniors in New York City: An Updated Snapshot,” 10.

Methodology

Subjects

Bangladeshi seniors, one of India Home's client populations, were central to our study as we explored the strengths and needs they personally had in their community of Jamaica, Queens. In addition to seniors, who were our primary focus, we engaged key community informants to provide expert information on the larger Bangladeshi senior population in New York City, as well as how seniors in Jamaica interfaced with the systems and structures they came in contact with in their everyday lives. These informants, not only gave us an opportunity to collect data in a personal way but their insights helped explain causality with the survey data from the seniors. We chose a mixed-methods needs assessment model, using surveys and interviews, to collect different points of view and maximize our data collection opportunities. Lastly, we utilized secondary data to help shape our analysis in order to identify trends and conflicting findings.

For our quantitative data collection, we developed a survey tool to administer directly to Bangladeshi seniors. India Home, through the Desi Senior Center in Jamaica, Queens, provided us access to all of their clients from their Jamaica location inside the Jamaica Muslim Center. The Jamaica Muslim Center is a local mosque housed within the Bangladeshi community where the majority of their seniors come to participate in a variety of senior programs. These seniors, most of which live within walking distance of the center, participate up to three days per week in programming. In partnership with India Home staff, we worked together to engage the Bangladeshi seniors at their site. Over a two-day period, 106 seniors participated and filled out the survey in either English or Bangla. All participants were given informed consent forms (see Appendix I) prior to the survey (see "*Instruments*" section below). In addition, the consent form was read out loud to all participants in their native language of Bangla to eliminate any confusion that could have arisen due to improper translation or literacy limitations. Our original goal was to collect survey responses from seniors within the Desi Senior Center as well as those seniors in the community outside the center. Due to time limitations, length of survey, and need for translation support, we were unable to reach any seniors outside of the center.

For our qualitative data collection, we developed an interview protocol to be administered with key informants within the Bangladeshi community. These nine informants were carefully selected, as experts who could specifically speak to the assets and needs of Bangladeshi seniors in New York City. In terms of recruitment for our interviews we utilized direct professional contacts from India Home's leadership team, as well as community contacts from Bangladeshi staff at the Jamaica site. Our expert informants included India Home staff, religious leaders, community advocates, academic scholars, and social service providers. Furthermore, several of the informants were localized within the Bangladeshi community in Jamaica, Queens thus providing us with firsthand knowledge of the lived experiences of the seniors in our study. All of the informants were thoroughly informed about our role as Hunter College graduate school researchers and the overall scope of the needs assessment we were conducting for India Home.

Instruments

As mentioned above we developed two data instruments for our assessment (see Appendices II, III and IV for reference).

Bangladeshi Senior Survey

It was important for us to develop a tool that was going to provide detailed knowledge of perceptions, attributes and experiences seniors had through living in their community. At the same time, as researchers from outside of the community, we knew it was going to be hard to reach this population, especially due to their limited English proficiency and our complete lack of knowledge of the Bangla language. After exploring different data collection tools we decided a survey with closed-ended and semi-structured questions would work best for the seniors. Most importantly, our survey needed to be translated into Bangla for us to maximize participation and collect enough data to be impactful.

Together as a research team we designed a 68-question English survey, broken into seven sections (see Appendix II). The survey was then translated into Bangla, as we gave seniors the choice to take the survey in either language (see Appendix III). The first section was the consent form but also included a four-topic ranking question to see what issues seniors felt were most pressing. These four topics: housing, mental health, physical health, and transportation, were identified through conversations with India Home leadership and staff, as mental and physical health are central to India Home's mission and housing and transportation are emerging issues they would like to address. In addition, we included one open-ended question to enable seniors to identify if there were any other pressing issues that were not part of the four options provided. Sections Two and Seven were demographic questions to capture information including but not limited to age, gender, country of origin, English proficiency, household population, and individual income. The central sections of the survey were designed to gather more detailed information on perception and needs within the four topic areas mentioned above.

Once the survey was completed we brought it to India Home's leadership for editing and approval, as well as their Bangladeshi staff for feedback and cultural appropriateness. At that point the survey was ready to be translated into Bangla. It was extremely important the Bangla version was transcribed exactly how it was laid out in English, question by question, answer option by answer option in order to ensure that the logic and flow of information was consistent. Our meticulousness on the front end would allow us to transcribe participant responses back into the English template without needing a translator for every question. For translation of those select open-ended responses throughout each survey we utilized India Home staff for support.

Key Informant Interview

We were incredibly fortunate to be able to collect 105 surveys in a very short timeframe and with a Bangladeshi population that did not speak English. Given that all of our respondents reflected only those seniors who attended the senior center, the team felt it was important to collect additional data that reflected larger Bangladeshi community perspectives and opinions. Our key informant interview protocol gave us the opportunity to collect this data on our larger target population. The interview tool we designed reflected the structure and content of our survey (see Appendix IV). It started off with demographic questions in order to help us frame who the

community expert was and their relationship to the senior population. Their title, how long they had been in their position, how long they had been working with seniors, and what organization(s) they represented were a few of the questions we felt important to highlight. We also wanted to learn a little bit more about what inspired them to work with this specific population. Before we jumped directly into the four topics areas of housing, transportation, physical health, and mental health, we gave each interviewee an opportunity to share their broad views regarding the assets and needs of the Bangladeshi senior population. As with the survey instrument, the body of the interview tool, which used all open-ended questions, was framed around each of the four themes and the factors that might explain causality and changes over time. We asked a series of questions including:

- When you think about (theme X) for Bangladeshi seniors, what do you recognize as their greatest strengths?
- What needs do you think these seniors have regarding (theme X)?
- Based on these needs, what are some of the barriers getting in the way of change?
- What do you see as some of the roots causes to these needs?
- Within this community, how has the issue of (theme X) changed over time?

We repeated this series throughout each of the four themes giving interviewees opportunity to speak freely about their areas of expertise. The interview concluded with questions regarding their knowledge of other organizations involved with addressing the needs of Bangladeshi seniors and potential funding or other resources available to support these seniors.

Procedures

At the beginning of our research project, our team visited the senior center to meet their staff and seniors. Regularly, over the next six weeks, individual team members visited the site to establish a presence, build relationships, and learn more about the seniors through observation. As the survey tool was being completed, India Home staff informed the seniors of our request for participation and explained how the needs assessment could potentially be utilized. Once the English version was finalized we were ready for our first survey day.

Our research team brought surveys to the Desi Senior Center and we utilized the 9:00-10:00am time slot, during which time people were coming in, eating breakfast, and getting themselves prepared for their 10:00am structured activity. We administered roughly fifteen English surveys and we collected seven completed surveys back. At first some seniors thought they could answer the survey in English but once they looked through it they did not continue to fill them out. It was through this initial trial process we knew a survey in Bangla was essential for this population. We also learned the welcome and breakfast time did not create a conducive environment for survey administration so we requested a formally structured time on another day to administer the survey in Bangla.

We knew ahead of time roughly 20% of the seniors didn't read or write in Bangla. Since we knew staff support was going to be needed to make this survey administration a success, one of our team members met with center staff ahead of time for a mini survey-training. He walked them through the survey, question by question, provided clarification, and answered questions

they had. On survey day, we came back to the center prepared with 105 surveys. Being one of the center's busiest days of the week, we administered all of our Bangla surveys and collected 99 back. We anticipated the language challenges correctly as center staff provided support to both seniors and our team. We had one staff member read each question out loud in Bangla to the entire group, in order to help those with limited Bangla reading proficiencies, help cut down on confusion, and clarify questions when requested. At the same time, we had two staff floating through the room helping on an individual basis. There was also an option for seniors to set their own pace and complete the survey at will. Once our allotted time was over, two staff members continued to work independently with seniors to complete their surveys.

In regards to the interview process, one of our team members communicated via telephone and/or email with all of the contacts, explaining the work of India Home and their Jamaica site, the intention behind the needs assessment, our role as graduate student researchers, and coordinated the logistics of each interview. We conducted six interviews while engaging nine key informants during the process. Each interview was an average of one-hour long and included two members of the research team, one as the main interviewer and the other as a designated note taker. The interviews were also audio recorded for further transcription and analysis. All interviews were conducted in person.

Statistical Analysis

Once the surveys were conducted and interviews completed our team began our analysis process by first transferring all the hand-written data into an electronic form. In addition, we used the audio recordings from the interviews to selectively transcribe based on themes. For the quantitative surveys, we developed a master excel spreadsheet which gave us the ability to input our data into SPSS (Statistical Package for the Social Sciences). Once downloaded we used this software, as well as Excel, for our quantitative analysis. We used descriptive statistics and bivariate correlation to analyze the survey data. For our interviews, we transcribed all our notes electronically and used qualitative analysis, through developing a coding system, to identify primary and secondary themes. It was through the synthesis of our qualitative and quantitative analysis, along with secondary data sources, that brought us to our findings.

Research Findings

When we first launched our Needs Assessment we really wanted to uncover the most pressing issues facing the Bangladeshi senior community right now. Based on our conversations with India Home, anecdotal evidence, and reading secondary source material, we narrowed our themes down to housing, mental health, physical health, and transportation. Our survey sample consisted of 105 seniors (49 men and 56 women) living in Jamaica, Queens. The following findings are broken down into subsections for each category.

Housing

The majority of the seniors who participated in our survey live with their children and depend on them to meet their basic needs. Those needs include but are not limited to driving them to appointments, providing money. 95% of the seniors are not working and have no source of income, which prevents them from living independently. According to our survey data they have a strong desire to live independently, yet remain connected to their cultural community and live among others of the same ethnic background. In addition, the language barrier prevents them from accessing pertinent information about resources in New York City.

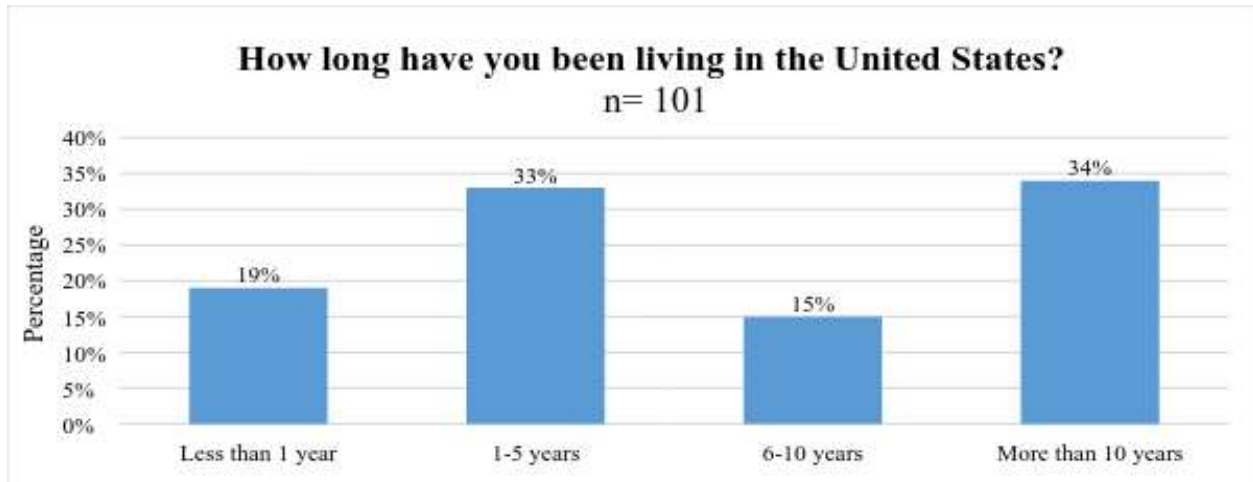
Let's say you are an elder and your adult children, in order to build a better life for your family, relocate their lives to the other side of the world. Now imagine you decide to leave your home country behind to join them. You go because family is central to your cultural framework and at the same time you are aging and need support. You believe your children will provide the support you need in order to thrive throughout this aging process, just as you did for your parents. As you leave all you know behind, with great hopes of what is to come, you enter a foreign world. You must navigate a new language, new sets of rules and customs, new foods and cultures, and new systems of survival. It is hard enough to navigate the many changes aging brings to our lives even without the multiple stressors of doing it in a foreign land as a newly arrived immigrant.

For Bangladeshi seniors housing needs are extremely important to consider, as it builds a sense of safety in a foreign land, keeps them close to their families, and connects them to their cultural communities. Veera Mookerjee, the Director of Family Support Services at the South Asian Council for Social Services (SACSS) told us: *These seniors need to live close to affordable housing as well as their families, but that is just not an option right now.*³ Anecdotally, India Home saw their clients struggling with their housing needs and wanted to get a deeper understanding of these issues in order to impact change. We designed a portion of our needs assessment to collect data on housing issues to respond to India Home's assumptions about their client's needs.

The Bangladeshi senior community is relatively new to New York City. According to the Asian American Federation's (AAF) report, "Asian American Seniors in New York City: An Updated Snapshot" (2016), Bangladeshi seniors were the fastest growing senior group in New York City, increasing at a rate of over 600% between 2000 and 2014. In addition, the report indicates that

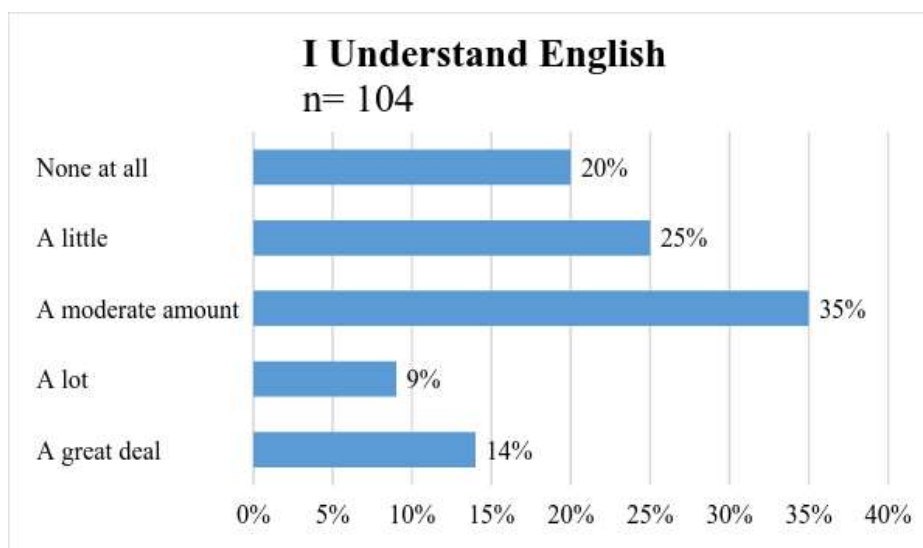
³ Veera Mookerjee, interview by Katherine Elston and Jormary Melo, November 11, 2016, interview 4, transcript.

44% of all Bangladeshi seniors in New York City arrived in 2000 or afterwards. The bar chart below, which highlights our survey respondents, indicates at least two-thirds arrived during this time frame. But even more challenging, 52% of our respondents in Jamaica arrived in the US within the last five years and an additional 15% within the last ten, which shows an even greater need for immediate support.

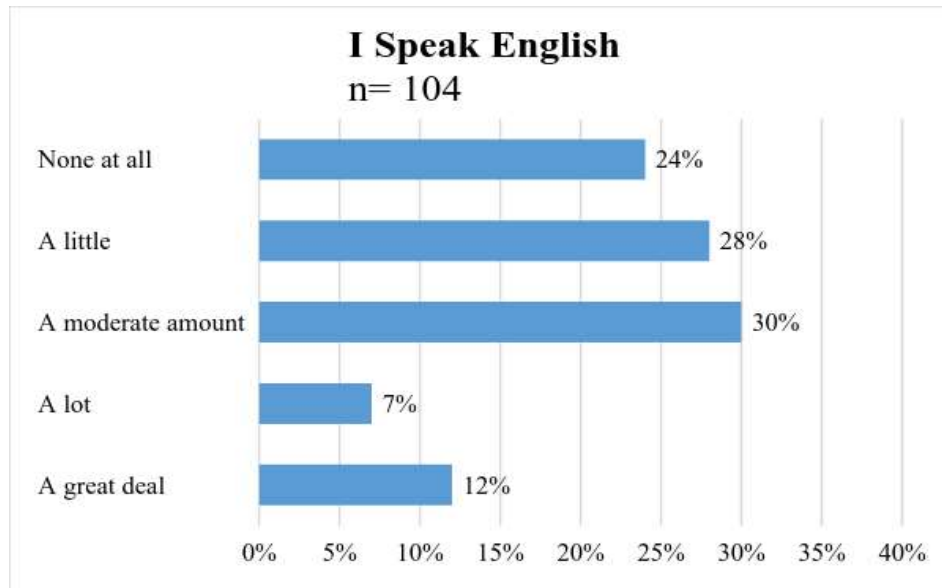


Source: Hunter College Survey, 2016

Being a recent immigrant to New York City can be rather challenging no matter what your age. Additionally, seniors have a harder challenge. Barriers to education, jobs, and housing are more prolific for seniors, especially when age, lack of systems knowledge, and English language skills are significant barriers. In our society, when a person lacks the resources they need to thrive, they can turn to social services for support. However, the ability to navigate the bureaucracies of these social service agencies is a daunting task in general, let alone if one lacks legal status, American-cultural understanding of the systems, and proficiency of the English language. As the bar charts below indicate, using our survey data, there are extremely high rates of limited English proficiency, as it relates to both understanding and speaking English, among our respondents.

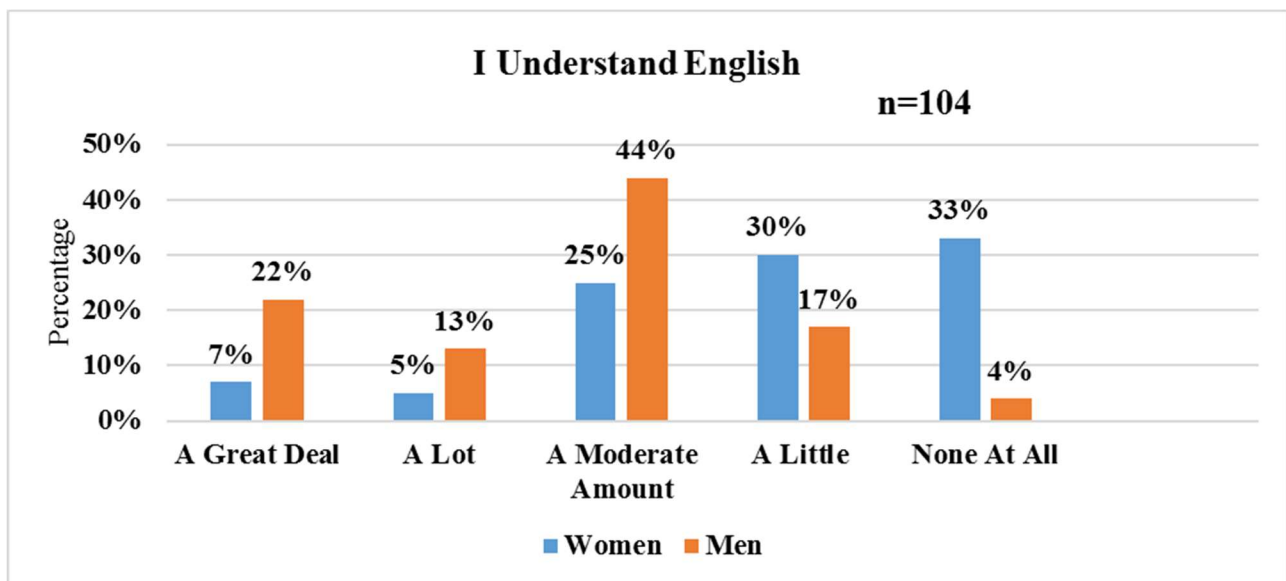


Source: Hunter College Survey, 2016

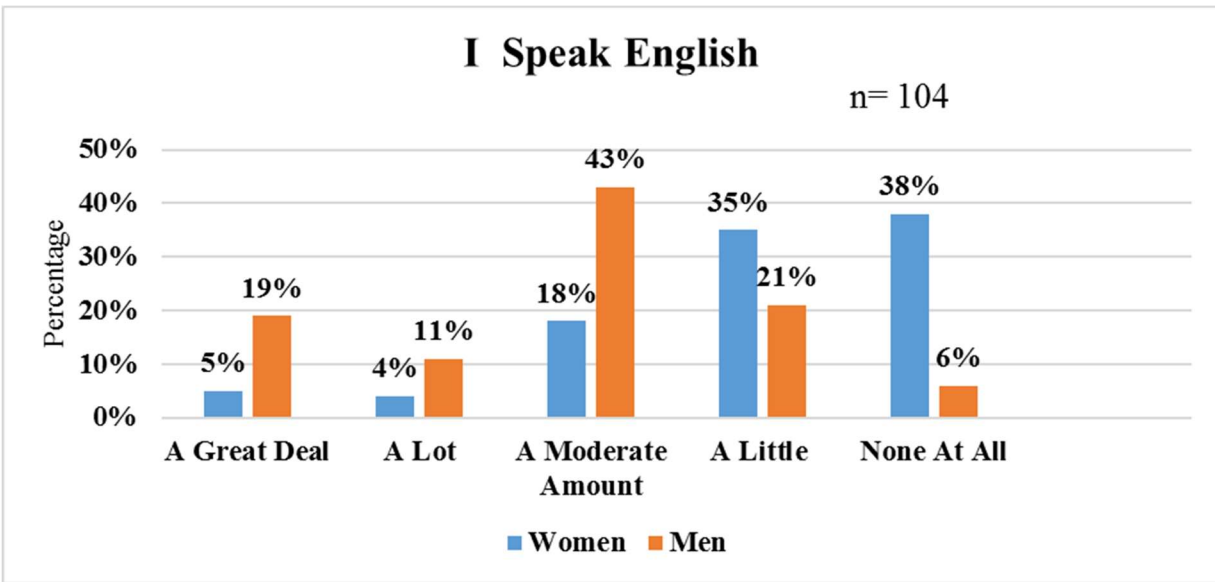


Source: Hunter College Survey, 2016

Overall, 77% of seniors stated they understood English up to a moderate amount and 81% stated they could speak English up to that same moderate amount. Even though we did not specifically ask seniors what their reading or writing proficiency was, based on the first survey we administered in English, only seven of the 106 respondents could complete it, and three of those seniors needed further support. We identified an additional concern when looking at the language differences between sexes. In the bar charts below women (56) were more than 20% higher in their limitations than men (48) were. As you can see, this was present in both their lack of understanding English (88%) and their abilities to speak (91%). These numbers were also significantly higher than what the AAF report identified, with 77% of Bangladeshi seniors having English limitations.



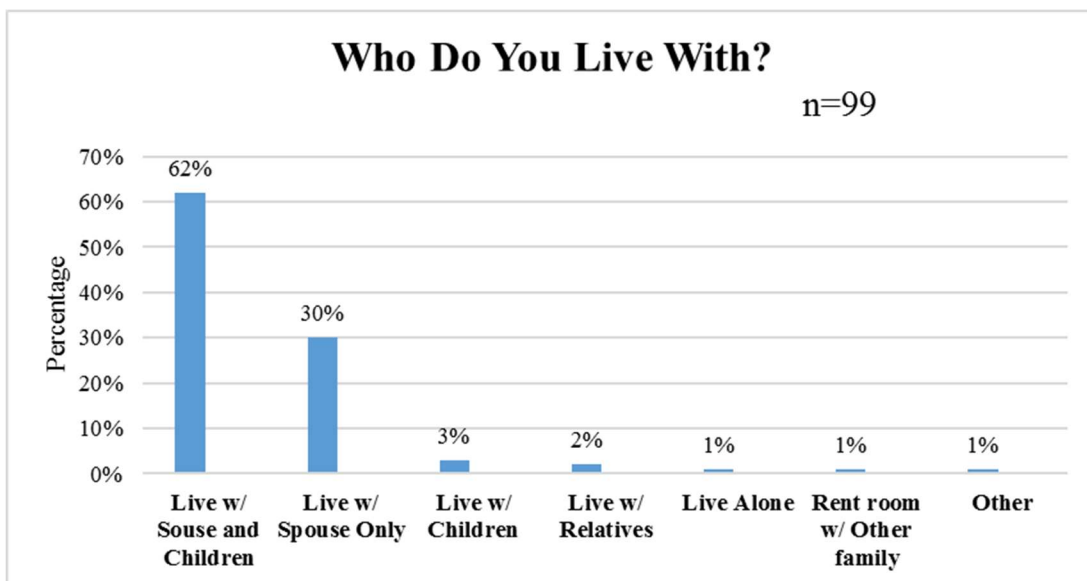
Source: Hunter College Survey, 2016



Source: Hunter College Survey, 2016

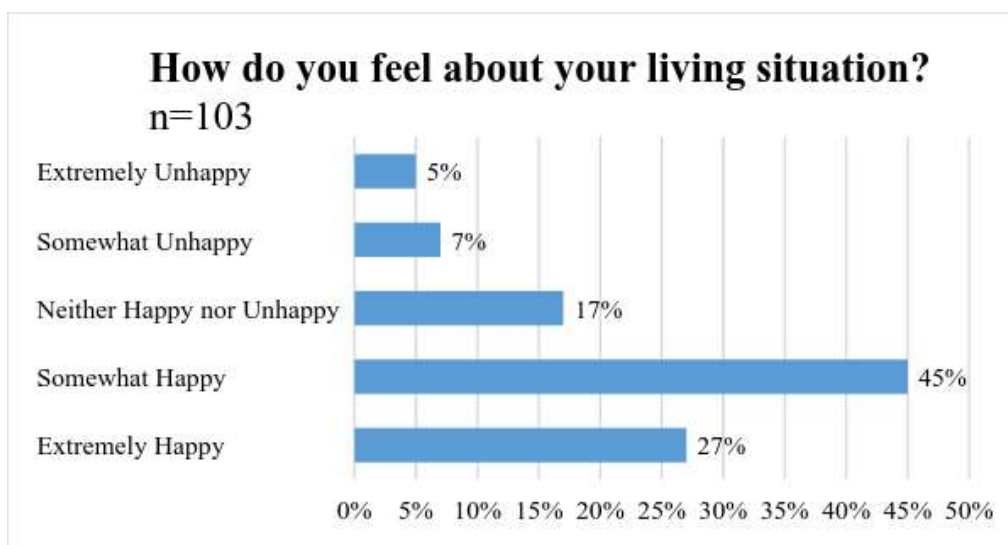
This then brings us to the questions of who these seniors live with, how they feel about their living situations, and if they wanted to change their circumstances, would they and could they?

We started by wanting to know who the seniors lived with and how they felt about their living situation. The chart below indicates who the seniors currently live with. 65% of the seniors live with their children which is customary for Bangladeshi culture.



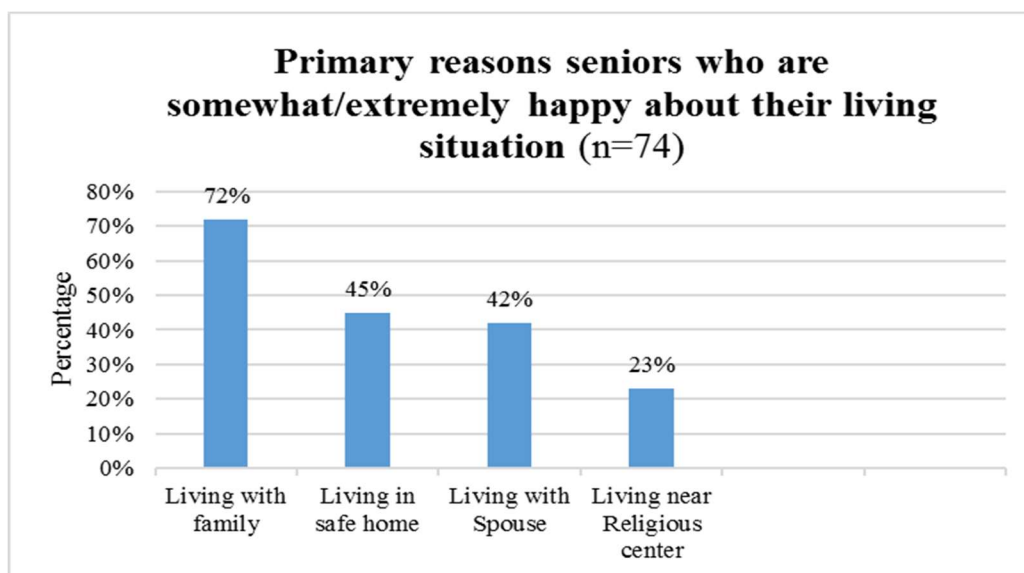
Source: Hunter College Survey, 2016

In New York City, the cost of housing per square foot is extremely high and 68% of Bangladeshi seniors live in burdened households already, meaning the housing costs are 30% or more of the household income. Because the cost of housing is much greater in New York, it requires families to live in smaller housing units, which tend to be overcrowded and not optimal for sharing. Even though living conditions might be hard for these seniors, they still want to stay in their neighborhood to be close to family, their cultural community, and their religious center. The following bar chart shows how respondents feel about their living situation.

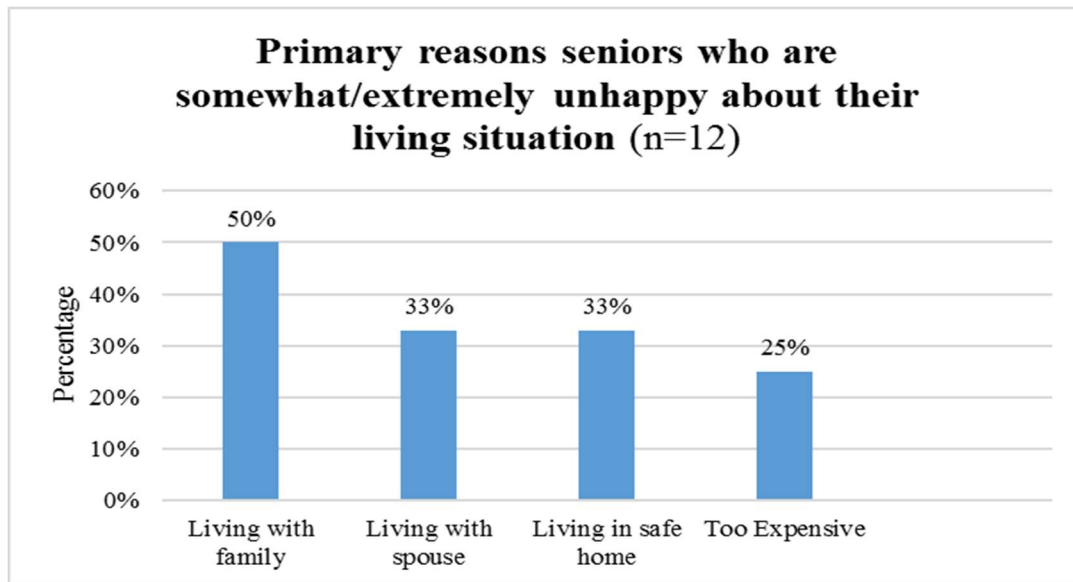


Source: Hunter College Survey, 2016

As you can see below, 72% of respondents feel either somewhat or extremely happy about their living situation. We also asked each respondent to identify the top three reasons for why they are either happy or unhappy. The two bar charts below reflect only what the somewhat/extremely happy seniors said and what the somewhat/extremely unhappy seniors said.

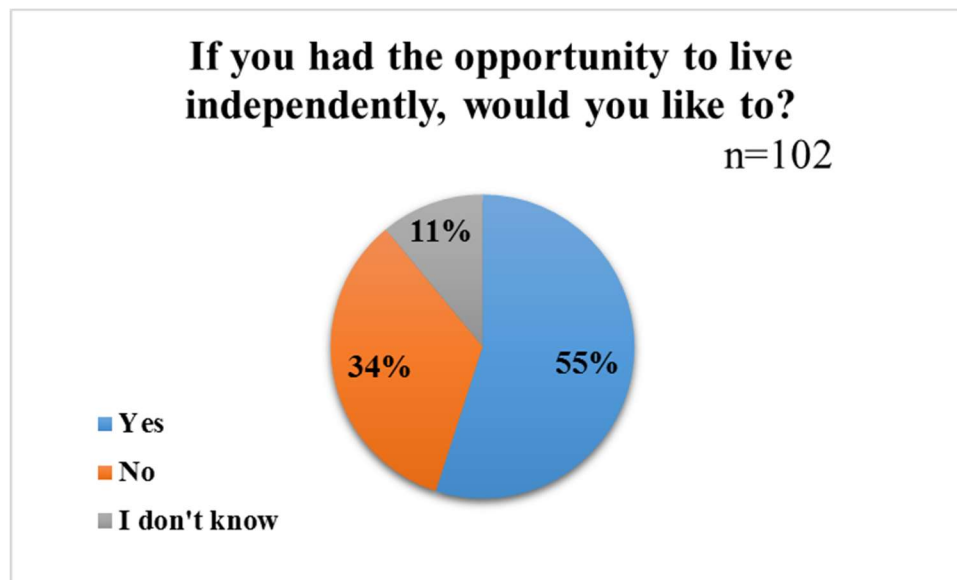


Source: Hunter College Survey, 2016



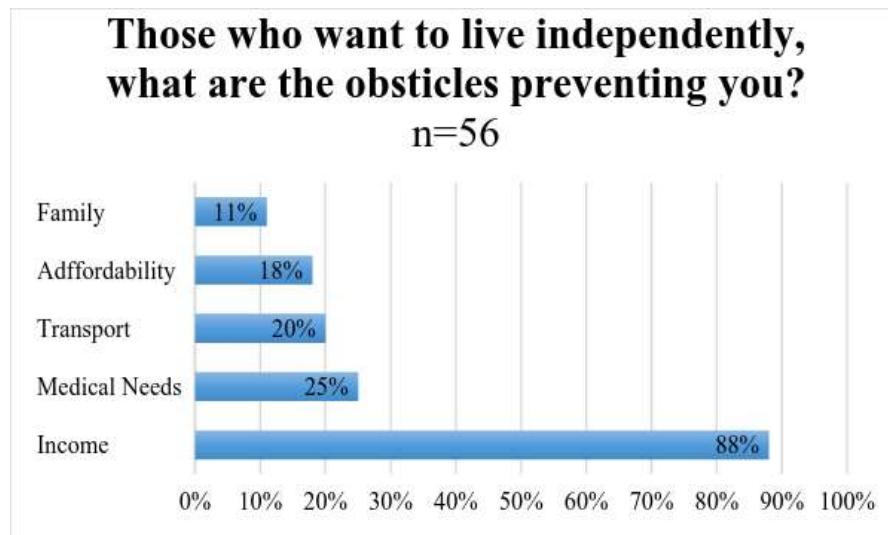
Source: Hunter College Survey, 2016

We also wanted to know, based on India Home's assumptions, if seniors had the opportunity to live independently would they like to, knowing this goes against the cultural norms Bangladeshi's have in regards to multigenerational living.



Source: Hunter College Survey, 2016

As the pie chart above illustrates, the majority of respondents said they would like to live independently. Even though 72% of respondents are somewhat to extremely happy there is still a desire to live without their children. The logical next question is then what is stopping them from attaining this desire? For the respondents that wanted to live independently, the bar chart below shows the obstacles that prevent them from doing so.



Source: Hunter College Survey, 2016

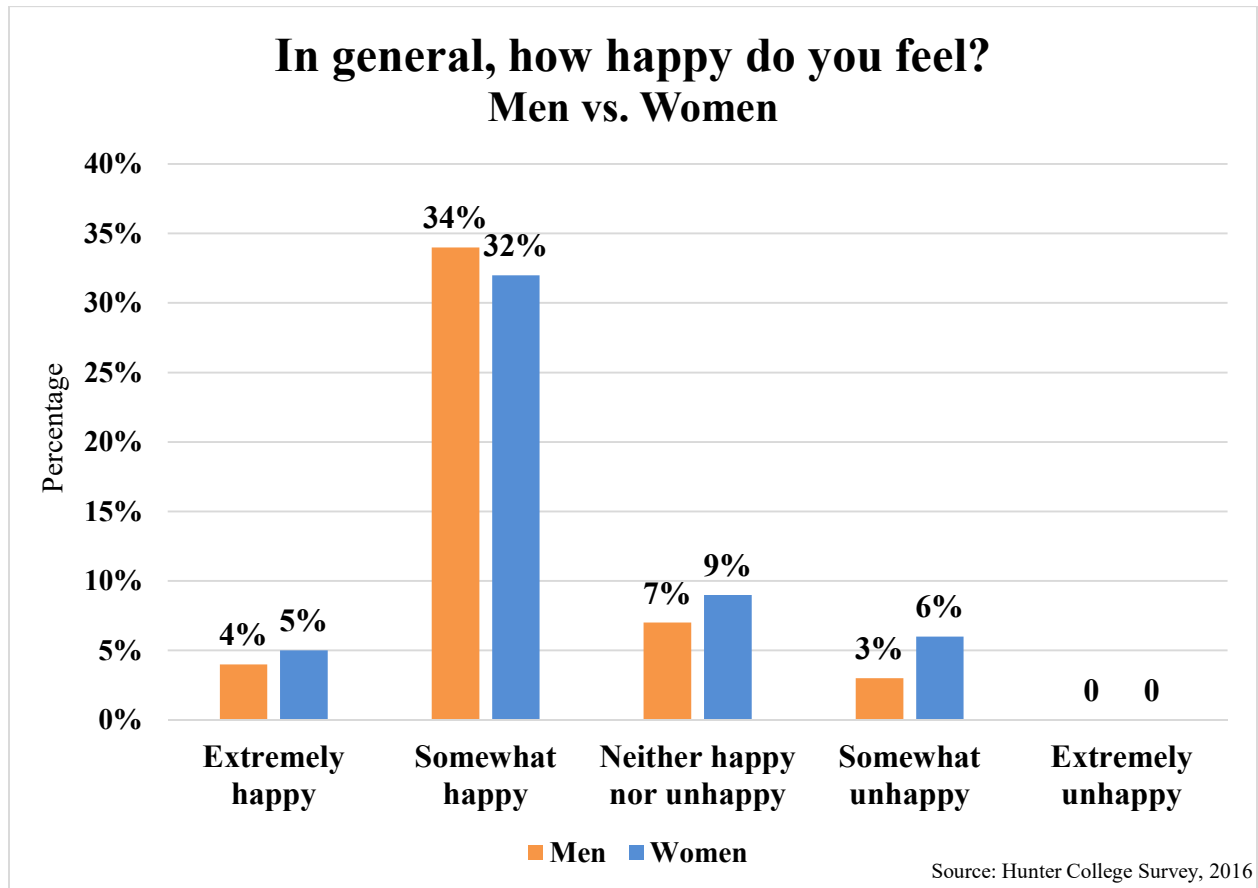
As this chart clearly identifies, lack of income is a huge barrier for these seniors. From our survey 95% of all respondents are not working and 79% have no income at all. The high level of need seniors experience was also reflected in our interviews, where the experts spoke about the significant seniors in Jamaica having low to no income and limited access to employment. Similar to before, our data shows percentages higher than the secondary data of Bangladeshi seniors throughout New York City. According to the 2016 AAF report, Bangladeshi seniors had the highest rate of poverty, at the rate of 27%, over any other Asian group in New York City, and another 31%, also the highest rate among Asians, were identified as low income but not poor.

One of the greatest strengths for Bangladeshi seniors living in Jamaica, Queens is the vibrancy of their community. Hillside Avenue is filled with Bangladeshi owned markets, bakeries, doctor's offices, and other services. Delicious aromas of fried samosas, curried rice, and other savory spices fill the air as shop doors open and close. Several mosques and temples, central to Bangladeshi life, are situated within a few blocks of Hillside Avenue. Having these culturally specific religious centers, doctor's offices, stores, and community services allows seniors to expand outside the bounds of their homes to get their needs met. Most importantly having family and friends within their surroundings increases socialization, provides a sense of belonging, and increases one's connection to the larger community. Unfortunately, there is just not adequate, affordable, and culturally specific senior housing within this community. Housing is the stable foundation that people need to then expand from, to access all the resources around them.

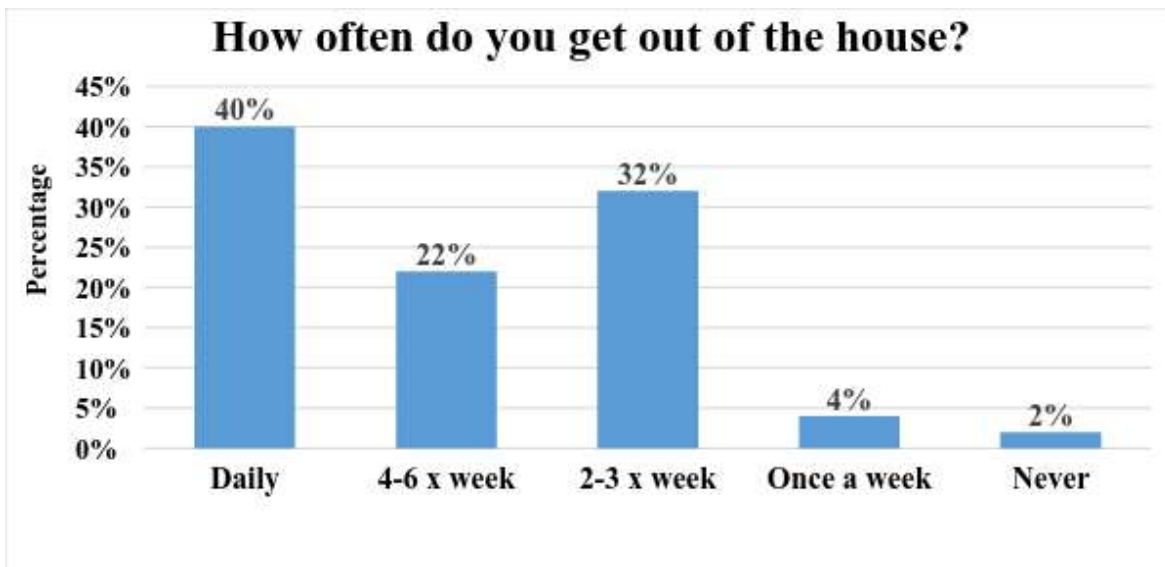
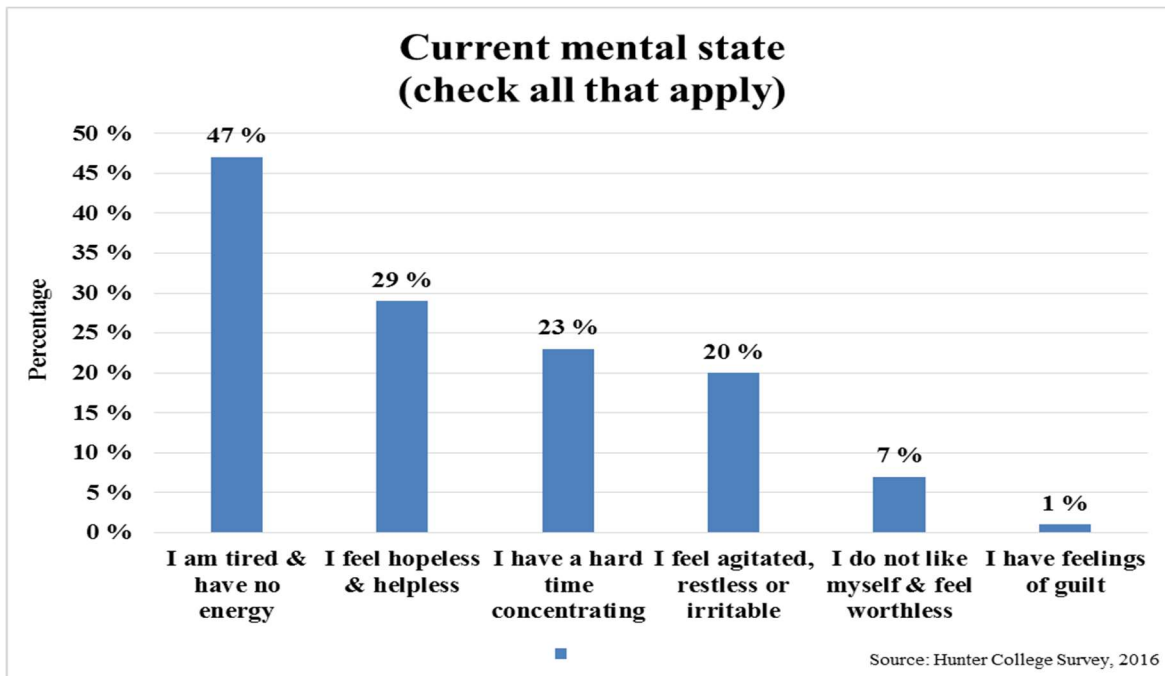
Mental Health

The seniors identified mental health as the second most pressing issue they are facing at this time. Mental health is not only not talked about, it is discouraged and considered shameful.

There is a great stigma attached to mental illness. It is taboo to talk about such things, and the feelings are stifled rather than expressed. In some cases, your entire family could be at risk of becoming ‘crazy’ by association. Mary Archana Fernandez at SACSS stated: *There is a deep shame associated with seeking mental health services in this community.*⁴

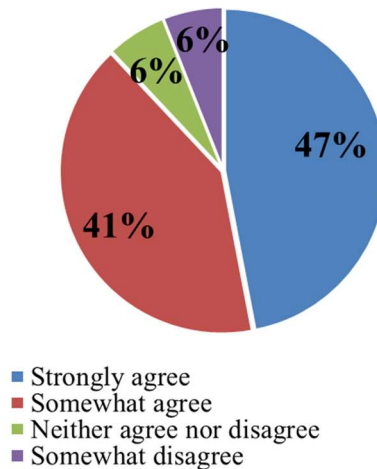


⁴ Mary Archana Fernandez, interview by Katherine Elston and Jormary Melo, November 11, 2016, interview 4, transcript.



We asked the seniors how happy they feel in general. While the majority said they feel somewhat happy, you can see from the last two slides above their mental state and seclusion does not reflect this. The bulk of those who responded at about 68% said they either felt hopeless, helpless, or felt tired or had no energy. 38% of respondents are getting out of the house two to three times per week or less. And those two or three times they get out per week are very likely when they go to the Jamaica Muslim Center for activities. This certainly paints a different picture than our initial question captured.

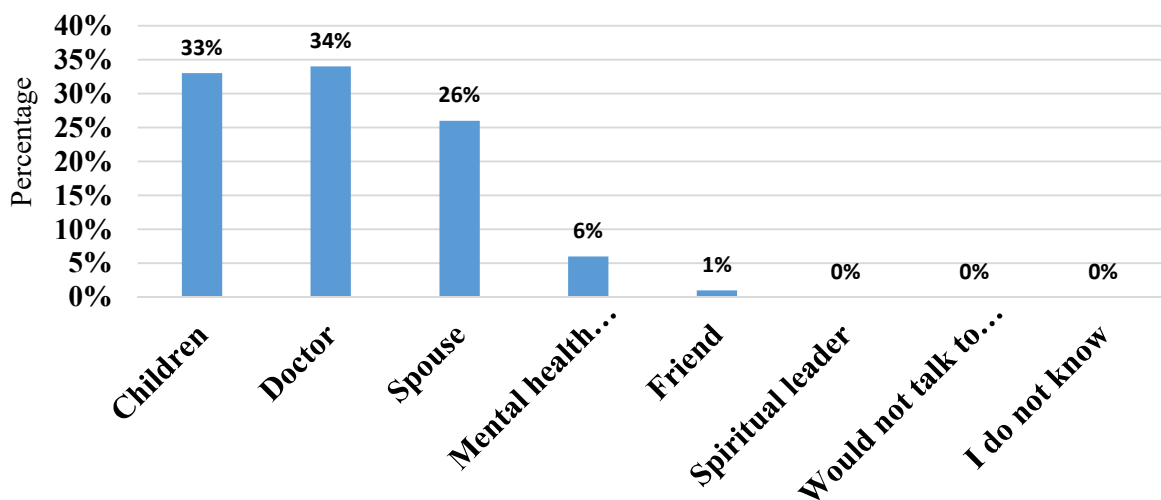
In my community, mental health issues are impacting the elderly



Source: Hunter College Survey 2016

Mental health is clearly an issue that matters to these seniors. In the slide above, 88% of said it is impacting the elderly in this community. In another question asked in our survey, 90% of respondents believe mental health is an issue that is simply not talked about. Looking at the chart below it becomes a little clearer why.

If you thought you had a mental health issue, who would you talk to?



■ N= 86

Source Hunter College Survey, 2016

In Bangladesh, mental health is seriously underfunded, with just 0.5% of the government health budget allocated to it.⁵ In a country with a population of over 156 million people, there is only one government-run mental health hospital, which is pretty staggering. Yet this narrative fits precisely into place when considering the insight we gleaned from the key informants. We heard time and time again that there is a stigma associated with showing your neighbors or community you have a mental illness. It is completely feasible that the seniors feel scared to admit they might need help for a mental illness because they imagine what happens to those who have mental illnesses back home. The photograph below was taken from the government-run mental hospital in Bangladesh.



Physical Health

What happens when Bangladeshi seniors migrate from their lush homeland—with its natural green landscape, open fields, rich culture- to New York City? How does the change in scenery, culture and living environments impact their health and well-being? Our findings gathered from our method tools, interviews and secondary data allowed us to answer pertinent questions regarding the physical health of Bangladeshi seniors.

The key leaders within New York City’s Bangladeshi community all spoke of the physical health of Bangladeshi seniors as it relates to the shift of migrating from one distinct culture and landscape into another. According to Samiha Huda, “the people who are migrating from Bangladesh, in this area, most are from the countryside, who were very involved in agricultural work, so a lot of physical activity, but when they come here, they don’t do it anymore.” So, the living environments, combined with the New York City landscape alone inhibits their mobility which has a grave effect on their physical health. Being confined to home because of the lack of community spaces for this age group has a profound impact both physically and mentally.

Several other key informants spoke about this correlation of land, space, culture and environment, Fakhrul Islam Delwar states, “Back home we have big houses, big properties, everybody is active, even though nobody is exercising much, they have so much activity going

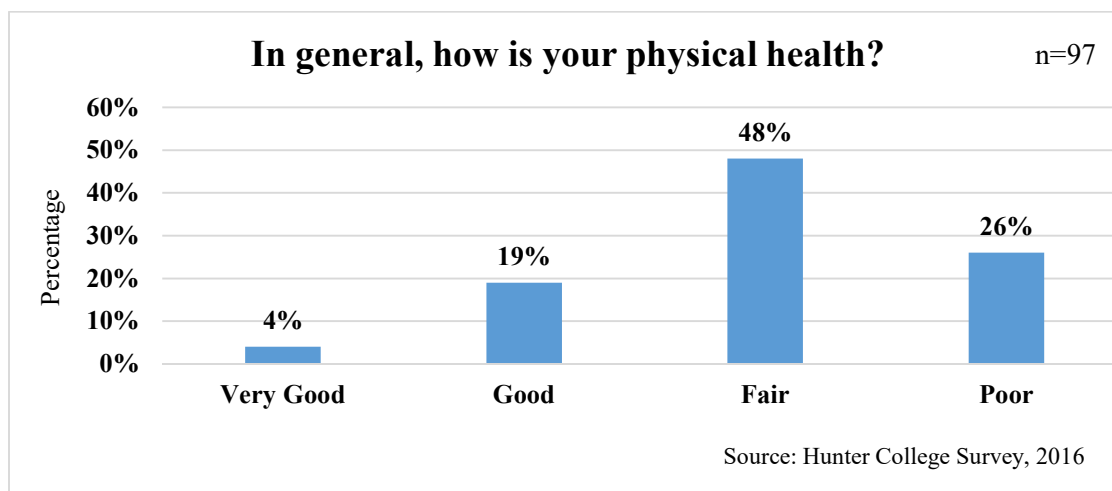
⁵ Joyce, “The State of Mental Health Care in Bangladesh,” 1.

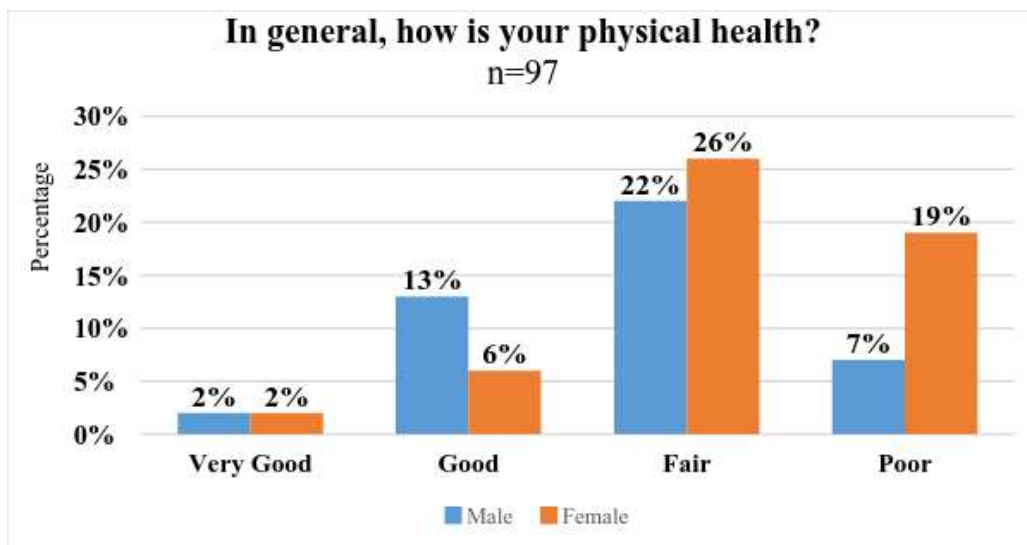
on, they don't feel the need of exercising, because they are walking, physical activity is more there, but when they come to this country, they are here living in a small apt, basically no space to move around, they are sitting all day, not doing anything, it puts them at risk." The freedom of mobility is linked to 'natural exercise' because the environment allows it, but that ceases when seniors arrive in this country, creating a debilitating scenario for them.

In photographs below, you will see a picture of rural Bangladesh and a picture of a street in Jamaica, Queens, New York City. One can only imagine that the exchange of their native land for an overpopulated, overcrowded, cement-filled city must be shocking to the spirit and body of Bangladeshi seniors.



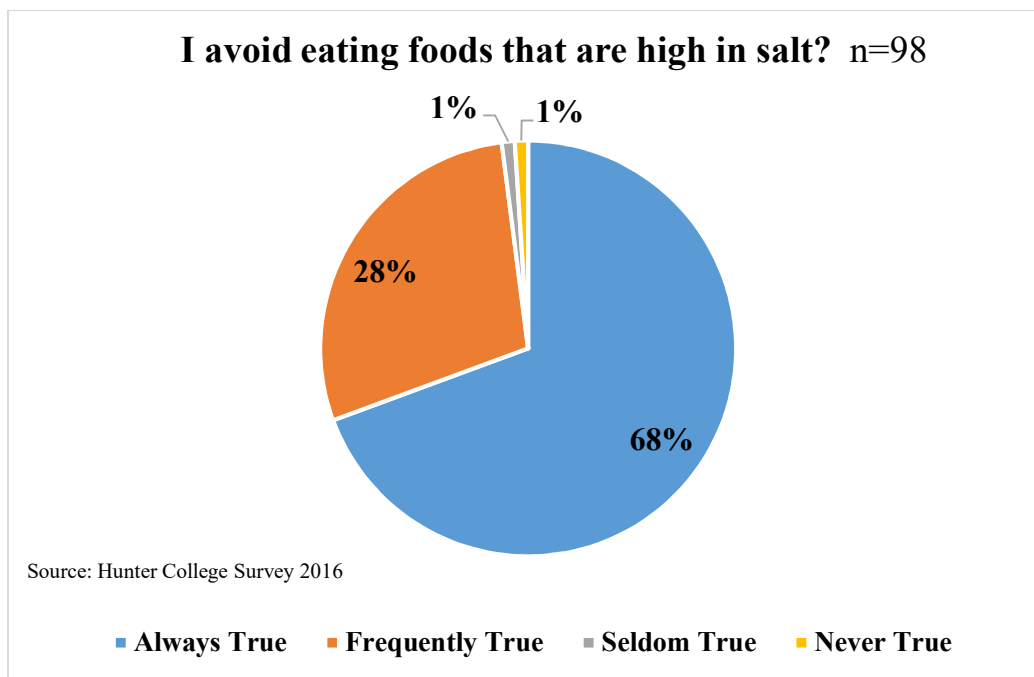
We wanted to ascertain the overall current health state of Bangladeshi seniors at the Desi Center. At the beginning of our survey tool, we asked participants to rank which area was most important: Housing, Mental Health, Physical Health or Transportation? 71% ranked Physical Health as the most important and pressing need. In our survey, we asked, "In general, how is your physical health?" Based on the responses to this question, we could see that a significant number of seniors were in fair or poor health. In addition, when further broken down regarding gender, women made up the highest percentage in the fair/poor category. Please see both graphs below:

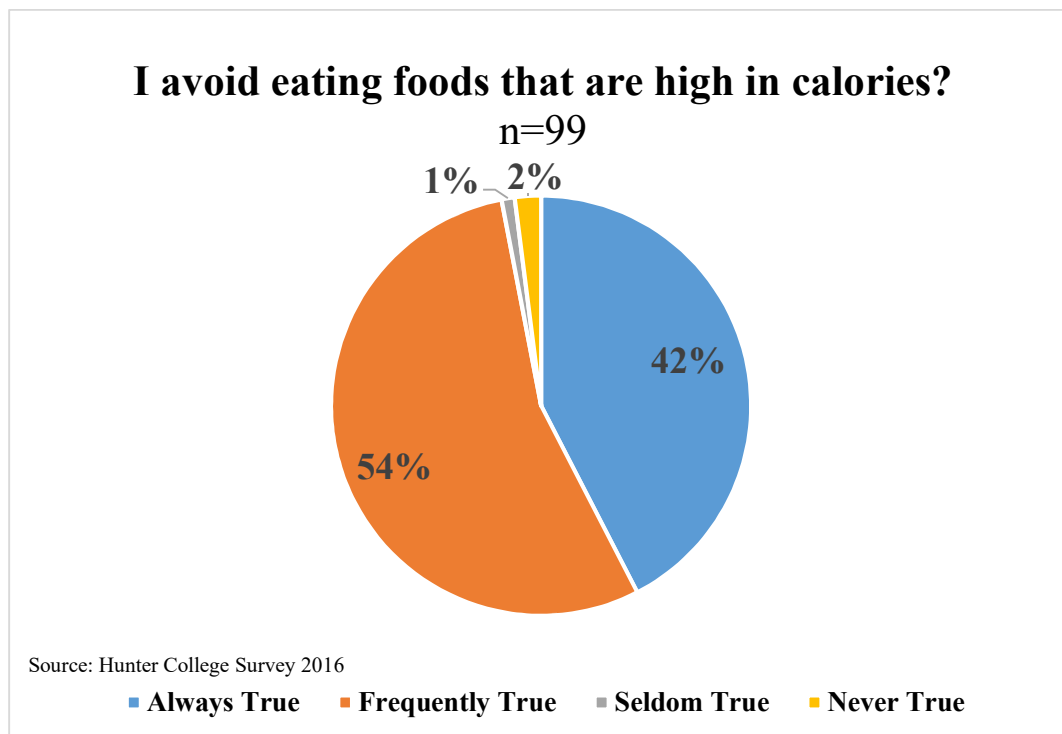
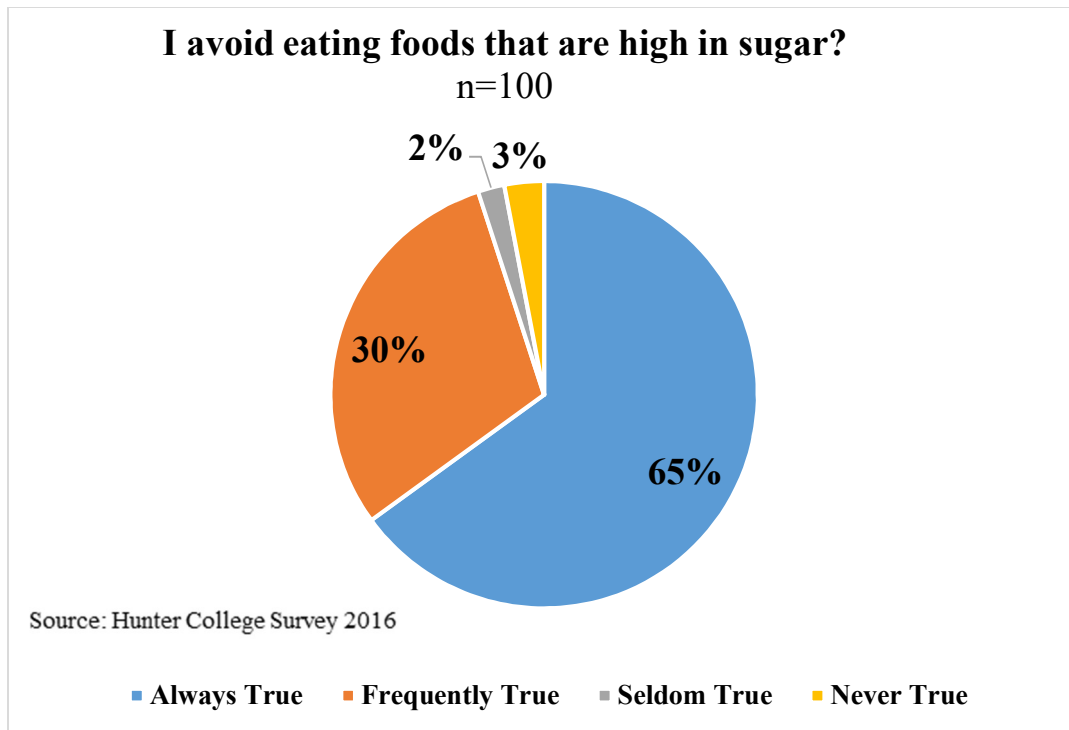




Source: Hunter College Survey, 2016

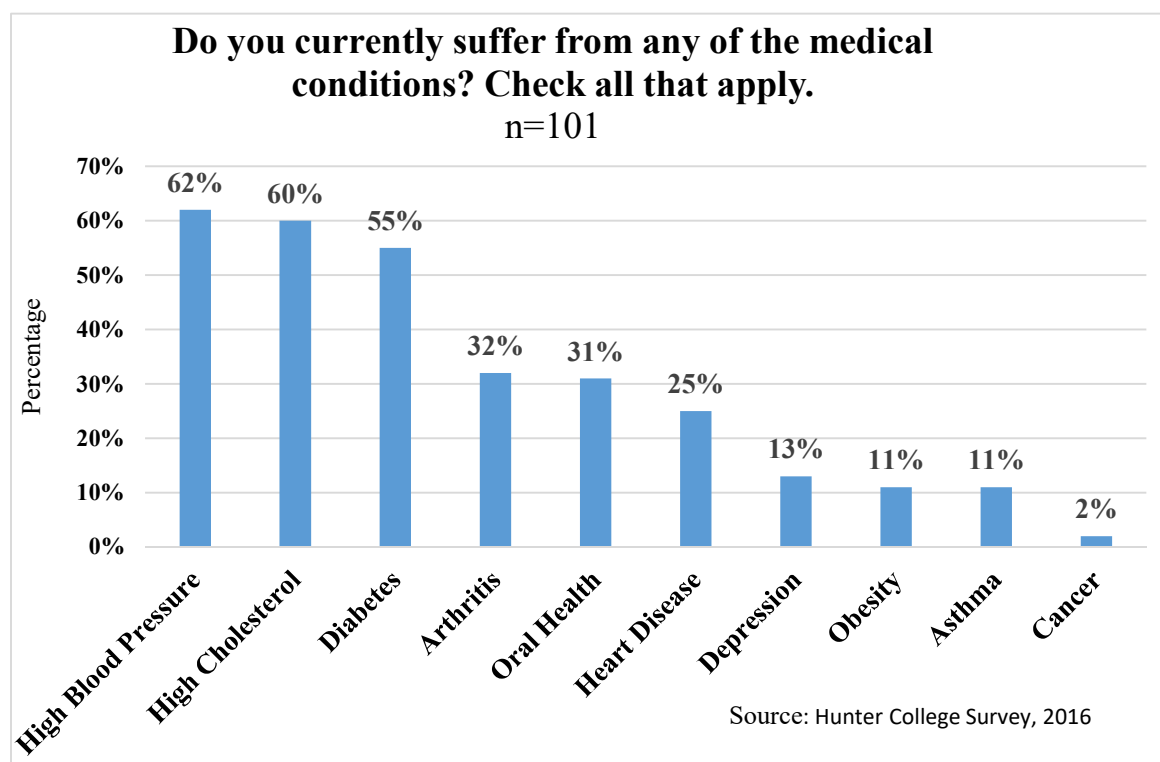
We found that roughly 90% of participants had seen their doctor within the last year for an annual check-up and 94% identified physical exercise as extremely important or very important to their overall health and vitality. We asked a series of questions regarding nutrition, diet and caloric intake and surprisingly, the majority of respondents identified that they always or frequently avoided foods that were high in calories, salt and sugar. The graphs below show the percentages regarding each question asked:





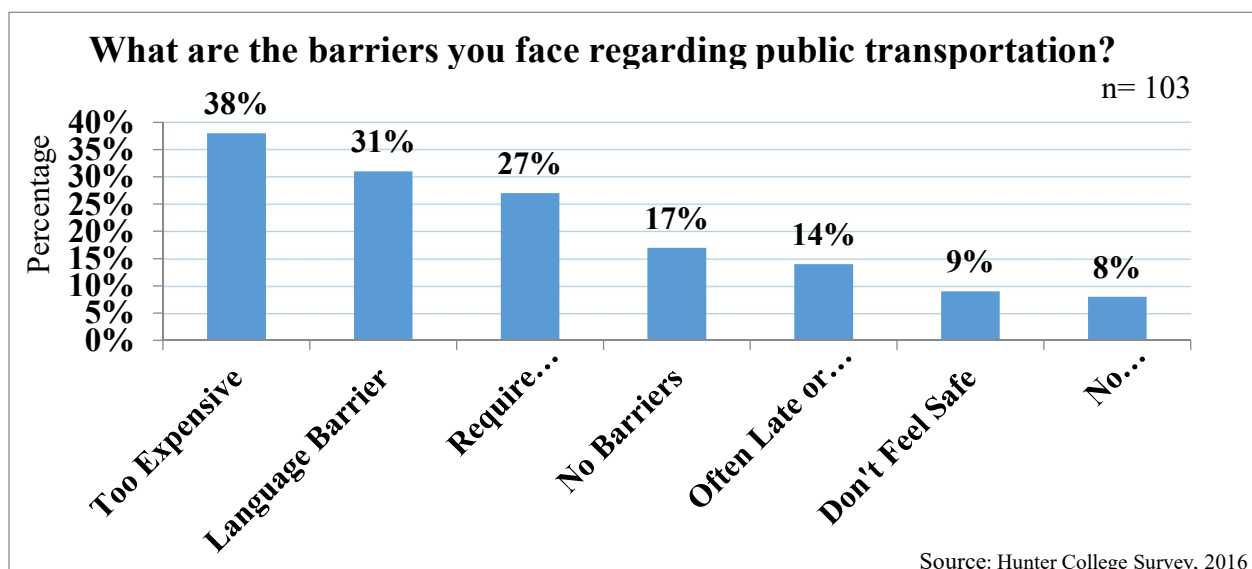
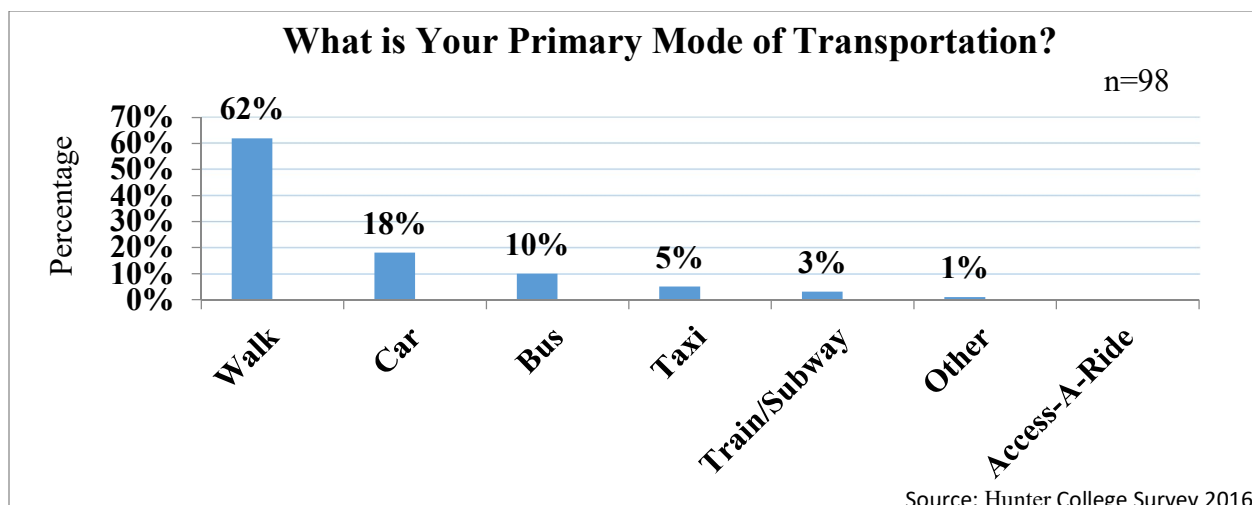
After analyzing the data from our survey tool, it appeared that Bangladeshi seniors had very healthy habits regarding visiting their primary care doctor annually, practicing healthy eating habits, and the importance of physical activity for overall wellness. However, once we analyzed

further data from our survey tool, as well as, our qualitative interview data, the story painted thus far did not align with participants' responses to current medical conditions. Out of 101 participants' who responded to the question regarding current medical conditions, the percentages were awfully staggering and alarming. The following is a chart of current medical diagnoses:



Transportation

New York City has a remarkable and complex transportation system making it the largest transit infrastructure in the world. Regarding energy efficient transportation, New York City consistently ranks high on the scale, as car ownership here, is less than other major cities. Many New Yorker's depend on public transportation for their essential needs like traveling to and from work, school, appointments, in addition to, social events and engagements. Unlike some cities throughout the United States, New York City's Transit system runs twenty-four hours a day, making it a convenient and inexpensive choice for travel. The neighborhood of Jamaica, Queens, have numerous transportation options for the community to access and utilize. The concentrated areas where Bangladeshi seniors reside are serviced by five bus routes, in addition to, the F subway line which runs along Hillside Avenue, a major street lined with small businesses. With the vast options of public transportation options in Jamaica, our data showed that survey participants rarely used transit as their primary mode of transportation. Please see the graph below:



Money, or lack thereof, in addition to, language barrier, were the greatest obstacles preventing seniors from using public transportation in their neighborhoods. Economics and language are two distinct core themes that were immediate needs within our population in every area of analysis. According to the Asian American Federation, 86% of Bangladeshi elders have English limitations.⁶ This limitation, is evidenced when breaking down the 27% who require assistance in the above graph. Our team found that this result does not equate to physical assistance; in a previous survey question, we asked participants if they required a wheelchair lift or assistance when getting in or out of a vehicle-78% said they did not require this type of assistance. Therefore, we conclude that the issue here is more connected to language, in correlation with uncertainty of navigating the transit system.

⁶ "Profile of New York City's Bangladeshi American: 2013 Edition," 2.

One of our key informants, Fakhrul Islam Delwar, founder of the Jamaica Bangladesh Friends Society, stated: *Most of the people live within walking distance of their basic needs. Because we have a lot of mosques in this area, wherever they are living is within walking distance. Mosques are their first necessity.*

The majority of seniors have no income and are not currently working. Many of our key informants mentioned that seniors do not have the money to take public transportation and that they rely on their children to support them financially. One expert we interviewed, MD Taher at the NYU Center for the Study of Asian American Health mentioned this as a root cause: *The issue is not lack of transportation, because they live in close proximity to access, but I mean the root causes of not using public transit will be low economic status. Seniors rely on their family members because most of them are new immigrants and they don't know how to drive or take subways, especially women. Women completely rely on family members to bring them to doctor appointments or wherever they need to go.*⁷

We heard many times that seniors simply will not ask for money since they considered themselves a burden. Dilafroze (Nargis) Ahmed from the Desi Center spoke about the emotions recent immigrants are facing when they arrive here: *The family might not give them enough money. In their position, they can't ask money from them. They are very shy to ask family to give them money. They think 'they are already buying me food, clothes, medicine- I shouldn't ask for cash.'*⁸

During the interviews we conducted, the language barrier emerged as the biggest and deepest problem facing these seniors right now. Samiha Huda, executive director of Bangladeshi American Community Development and Youth Services (BACDYS), mentioned that the seniors lack confidence communicating in English and do not have the self-reliance getting around in their everyday lives. Samiha explains: *Navigating is an issue because of language... seniors lack the certainty and skills to be independent at this time.*⁹

Our research from secondary data, in addition, to our key informants were very keen and aware of these conditions. Research conducted by the NYU, Center for the Study of Asian American Health, found in a study they conducted that, the leading cause in most South Asian men was cardiovascular disease compared to any other ethnic groups or the white population.¹⁰ In addition, this same study found that in the United States, South Asian immigrants are seven times more likely to have type 2 diabetes.¹¹ MD Tahir mentions this: *With Bangladeshi community, diabetes, hypertension, cholesterol, these are so common, very common, especially diabetes.* Physical activity and nutrition are the major causes of these chronic illnesses.

The reasons and causes in this study found that South Asian seniors did not get adequate exercise, and their diets did not include fruits and vegetables. Our survey data supports this finding, when participants were asked how many ate fruits and vegetables at every meal, only 12% responded 'yes' to this question, which means the other 88% are not getting the

⁷ MD Taher, interview by Tanik Harbor and Jormary Melo, November 4, 2016, interview 2, transcript.

⁸ Dilafroze 'Nargis' Ahmed, interview by Marc Fernandes and Jormary Melo, November 3, 2016, interview 1, transcript.

⁹ Samiha Huda, interview by Tanik Harbor, November 11, 2016, interview 3, transcript.

¹⁰ Cao, Ahmed, and Islam. "Community Health Needs and Resource Assessment: An exploratory study of South Asians in New York City." 19.

¹¹ Ibid., 19.

recommended serving of 5-9 fruits and vegetables per day. Nargis Ahmed elaborates: *One problem we have...the food habits; our people are used to eating a lot of food, like a lot of rice. It's mostly diabetes and high blood pressure, high cholesterol, these are the three things in our community that we have. And we always cook meat, our meat portion is...every day you have to have meat, every day at least one time.*

In addition, as evidenced above, the senior's mobility after migrating from Bangladeshi to New York City is diminished and our survey data supports this finding that seniors are not getting enough exercise/physical activity. Out of nine key informant interviews, every individual mentioned diabetes and made the connection with the diets of seniors being a root cause, including Nayan K. Barua, the president of the Bangladeshi Hindu Buddhist Christian Unity Council: *It's not a healthy diet, a lot of salt, too much oil, they are not aware of the healthy foods.*¹²

¹² Nayan K. Barua, interview by Katherine Elston and Tanik Harbor, November 12, 2016, interview 5, transcript.

Discussion

Purpose of Needs Assessment

The purpose of our project was to determine the needs of Bangladeshi seniors—particularly needs related to housing, transportation, physical health, and mental health. Our needs assessment was to determine what the needs around these themes were and any barriers preventing the seniors from accessing them. The four questions guiding our research were:

1. What are the current housing needs for Bangladeshi seniors regarding being culturally-specific and affordable?
2. What physical and mental health issues are impacting these seniors?
3. Is access to quality health care available in their community?
4. How does transportation (or lack of) impact their daily lives?

Our methods/tools provided us with insightful answers to these questions. Our key stakeholder, India Home, was interested in the needs around housing as anecdotal evidence provided to them, suggested that this was a high priority for seniors. However, if we look at the word cloud above, based on our 9 key informant interviews, we will see other words that stand out profoundly like ***language, barrier, community, money, lack, health***, etc. Using this word cloud and the detailed previous information you have seen in the results/findings section, we will highlight some of the most salient findings from our research data below.

Dominant Findings

Isolation & Community: Lack is one of the key words that stand out above in our word cloud. Social Isolation and the lack of space to socialize was a common theme in our findings. The migration of Bangladeshi seniors to New York City had a profound impact on their mental and physical health. The effects of migration are profound when it comes to landscape, language, physical activity and culture. We interpret this as one of the most pressings needs, the effects of migration among seniors who do not speak the language, do not have independent income, and communal/village setting is diminished in an urban landscape and environment like New York City. Our research leads us to believe that one of the most immediate options to assist Bangladeshi seniors is to provide more space and programs for them to be actively engage and socialize with one another.

Income & Housing: The lack of independent income is a root cause that connects several themes and questions of our study. 79% of seniors stated that they had no income at all, which means they are dependent on their adult children for all their needs including: housing, clothing, meals, transportation, etc. This is extremely profound when analyzing our data, for example, over half of seniors in our survey stated that they would like to live independently, however, the root cause preventing them from doing so, is the lack of income. Survey data also revealed that few seniors use public transportation which we believe, based on our findings, is twofold: lack of income and language barrier; not understanding or speaking English, combined with their lack of economic mobility is a barrier that affects both housing and transportation.

Mental Health: One-quarter of participants stated that they believe they suffered from mental illness. The root causes of their mental illness are the impact of having no income and being dependent on their children for everything, again, the lack of income is a root underlining cause throughout our core themes. To combat depression, sadness and anxiety, a crucial finding again, is a need for more social programs that will help with the cultural adaptation and mitigation of isolation for Bangladeshi seniors when they attempt to migrate into the dominant culture

Physical Health: The seniors' diets are extremely poor; their dietary staples are white rice; meat; and high-sodium, sugary, and oily foods. 74% of respondents described their health as fair or poor. They reported a high percentage of major illnesses, including diabetes, high cholesterol, heart disease and high blood pressure. This finding is extremely crucial regarding immediate need, education and intervention concerning health issues. The high percentages of medical illnesses compared to our sample size was alarming. Our survey tool, interviews and secondary data, support the fact, that physical health needs to be addressed immediately.

Recommendations

General

After critically analyzing our data, we found that crucial needs existed around the core themes of our survey. We also uncovered recurring themes that also need to be addressed.

Income

- **Aid Programs:** Tap into existing government aid programs that are available specifically for seniors.
- **Individual Case Management:** A comprehensive program involving intake with each new client to ascertain which social services are needed based on their income and needs.
- **Job Training:** Connecting seniors with employment agencies, local small business owners in the community and potential seasonal work.
- **Intergenerational Workshops:** Educational workshops to raise awareness among adult children regarding the financial needs of their parents.

Language Barrier

- **ESL Program:** Create an integrated program so that there is a greater impact regarding seniors learning the language. Currently, ESL is on the schedule once a week, we recommend changing that to three times a week, in addition to, having books, pamphlet's, handouts and practice material. We believe that repetition would be highly beneficial in Bangladeshi seniors learning the language and would help them with accessing and navigating basic services.

Theme: Housing

- **Case Management:** An intake program to access the current housing needs of each individual client and developing a weekly program to assist seniors with information regarding current programs, in addition to, filling out applications and seeing it through to completion.
- **South Asian Council for Social Services (SACSS):** Build a partnership with this organization, as they have developed a successful intake program regarding housing needs, navigating services, and are aware of current programs offered throughout the city.
- **New York City Department of Aging:** Build a partnership with this organization for funding purposes.
- **NORC's/ N-NORC's:** Consider these programs and see what might be possible in the Jamaica area.
- **Long-term Housing:** Build a culturally specific housing development; based on our findings, this must be built in Jamaica, NY, as seniors will not travel out of their cultural comfort zone for senior housing.

Theme: Mental Health

- **Mental Health Workshops:** To inform and educate clients on what mental health means, and all that it encompasses to remove the cultural taboo, fear and shame around mental health.

- Women's Needs Assessment: Prioritizing time to conduct interviews, focus groups and/or surveys with women of the Desi Center. Based on our findings, women experience mental health issues more because of gender roles, customs, religion and language.
- Women's Workshops: Create a circle specifically for women once per week and frame it in a way that is inviting: Women's Healing Circle, Women's Sacred Space, Women Supporting Each Other, etc.-this will remove the fear associated with attending a 'therapy session' group.

Theme: Physical Health

- Integrated Health Program: Nutritional classes, portion control and assisting with short and long term health plans for clients to achieve optimal health. Education is key here, as our findings suggest that seniors perhaps, don't understand basic nutrition regarding caloric intake, sugar, sodium, etc.
- Women's Health Program: To raise awareness regarding important screenings that women should have (gynecology/breast health). This can be implemented into the Women's Healing Circle (recommended under Mental Health).
- Health Tracking System: To track appointments and send out reminders for important appointments and doctors' visits.
- Nutritional Training for Staff/Volunteers: We recommend that those serving food at the Desi Center also be trained regarding portion control/serving sizes.
- Catering Services: Have a dialogue with the current caterer regarding the health needs of the population and to offer dishes that are low-sodium, low-sugar and perhaps substitute white rice for brown rice some days.

Theme: Transportation

- Access-A-Ride: Education and assistance regarding applying for this service and explaining the benefits.
- MTA Senior Fare: Raise awareness regarding the reduced fare senior metro cards offered by MTA for those 65 years and older.

Organizationally

- Partnership with Desi Center: India Home needs to build a supportive partnership with the Desi Senior Center by being more involved, many of the seniors at the Desi Center do not understand who or what India Home is.
- Administrative Intake Program: To capture and build data of current clients/participants, this should be a comprehensive program as it will help India Home with reaching some of its future goals and aspirations.
- Increased Senior Programming: Because social isolation came out throughout our research, we recommend having programming for seniors five days a week instead of three. This will give them an opportunity to combat feelings of isolation and depression, in addition to, providing more opportunities for them to engage socially; we recommend afternoon and evening programs.
- Bangladeshi American Community Development and Youth Services (BACDYS): Build a formal partnership with this organization. BACDYS holds a multicultural festival that lasts for a week every summer, they also have a successful women's program that they run.

- What's in a name: Lastly, if India Home desires to reach a larger population, a more diverse clientele within the South Asian Community, we think it would be highly beneficial to consider changing the name of the organization to one that is more inclusive.

Conclusion

When Bangladeshi seniors arrive in New York City they face many difficulties. We highlighted several of those obstacles in exploring our four main themes of housing, mental health, physical health, and transportation. From within those broader categories we uncovered threads of isolation, language, money, and health woven throughout the data.

Taking a more critical examination into a complete mental or physical health needs assessment is crucial in exploring the root causes mentioned above, especially for women. We are recommending that India Home work towards providing Bangladeshi seniors with more robust and comprehensive programming in the areas concerning learning English, talking about mental health, and facilitating adult children in supporting their parents' physical health. Exploring an organizational name change and diving deeper into case management are two of our most vital internal suggestions. Adopting these recommendations will allow India Home to better serve the rapidly growing Bangladeshi population as well as other South Asian seniors in Queens. As India Home considers its growth path, including expanding its services, taking a diagnostic look at our findings will allow them to more successfully apply for funding in each of these categories, and hopefully provide necessary services where there are not currently any.



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Appendix

Appendix I: Consent Form

India Home- South Asian Needs Assessment Consent Form

The South Asian community is one of the fastest growing immigrant populations within New York City. India Home, an organization serving South Asian seniors, is trying to better understand the needs of this population in Jamaica, Queens. Graduate students from Hunter College are working with India Home to collect and analyze this information.

All information collected in this survey is strictly confidential. We will not ask for your name and all questions are completely anonymous. The results of this survey will only be shared with India Home.

Your participation is voluntary and if you are uncomfortable answering any questions, you can skip them or stop taking the survey. Thank you for participating.

Please answer the following questions as honestly as possible. By checking the box below, you are indicating that you understand the purpose of this survey and agree to participate.

- Agree

Appendix II: Survey (English)

A2 We all have different needs. We are trying to understand which needs are most important to you. Please rank the following with 1 being the most important to you and 4 being least important.

- _____ Housing
- _____ Mental health
- _____ Physical health
- _____ Transportation

A3 Are there other important needs that should be addressed?

B4 What is your age?

B5 What is your gender?

- Male
- Female

B6 What is your zip code?

B7 How long have you have been living in the United States?

- Less than 1 year
- 1-5 years
- 6-10 years
- More than 10 years

B8 What country were you born in?

- Bangladesh
- India
- Pakistan
- Bhutan
- Nepal
- Sri Lanka
- Maldives Island
- British Guyana
- United States
- Other (please fill in) _____

B9 What is your religion?

- Muslim
- Christian
- Hindu
- Jain
- Sikh
- No religion
- Other (please fill in) _____

B10 What is your marital status?

- Married
- Widowed
- Divorced
- Separated
- Never married

B11 I UNDERSTAND English:

- A great deal
- A lot
- A moderate amount
- A little
- None at all

B12 I SPEAK English:

- A great deal
- A lot
- A moderate amount
- A little
- None at all

C13 What is your primary mode of transportation? (please check one)

- Car
- Bus
- Walk
- Train/subway
- Taxi
- Access-A-Ride
- Other (please specify) _____

C14 When you leave home, what are the barriers you face regarding public transportation? (check all that apply)

- It is too expensive
- Trains or buses are often late or unreliable
- I require assistance using public transportation
- There is no public transportation nearby
- Language access
- I don't feel safe
- There are no barriers for me

C15 How often do you use public transportation? (select one)

- 1-3 times per week
- 4-6 times per week
- I use public transportation every day
- I do not use public transportation

C16 Do you require a wheelchair lift or assistance when getting in or out of a vehicle?

- Yes
- No
- Sometimes

C17 Is lack of transportation ever a barrier for you to miss an appointment or other function?

- Yes
- No
- Sometimes

C18 From your home, are you within walking distance of:

	Choose One		
	Yes	No	Don't Know
Stores	•	•	•
Doctors	•	•	•
Family	•	•	•
Friends	•	•	•
Religious services	•	•	•
India Home	•	•	•

C19 Are you able to pay a small fee to use a door-to-door transit service?

- Yes
- No
- Maybe

C20 I mainly travel:

- Monday- Friday, during the day
- Monday- Friday, during the evenings/nights
- Saturday & Sunday, during the day
- Saturday & Sunday, during the evening/nights

C21 What mode of transportation do you use to get to the Jamaica Muslim Center (please check one)

- Car
- Bus
- Walk
- Train/subway
- Taxi
- Access-A-Ride
- Other (please specify) _____
- I do not go there

C22 How far would you be willing to travel to get to a South Asian Senior Center?

- 5 minutes
- 10 minutes
- 20 minutes
- 30 minutes
- More than 30 minutes

D23 How long have you lived in your current home? (Select one choice)

- Less than 1 year
- 1 to 5 years
- 6 to 10 years
- More than 10 years

D24 Who do you live with? (Select one choice)

- Alone
- Live with spouse only
- Live with spouse and children
- Live with my children
- Live with relatives
- Rent room/ space from another family
- Other _____

D25 What type of housing do you live in?

- Single-family house
- Apartment in a multi-family house
- Apartment in an apartment building
- Basement
- Other (please fill in) _____

D26 Roughly, how many units are in your building?

- 1
- 2-4
- 5-15
- 16-30
- More than 31

D27 Does your building have a reliable elevator?

- Yes
- No
- Does not apply

D28 How do you feel about your living situation?

- Extremely happy
- Somewhat happy
- Neither happy nor unhappy
- Somewhat unhappy
- Extremely unhappy

D29 From this list, please select 3 primary reasons why you feel this way? (see previous question)

- Living with family
- Living with pets
- Living independently
- Living with spouse
- Living in a safe home
- Living in a safe neighborhood
- Living close to friends
- Affordable
- Too expensive
- Neighbors
- Shopping
- Medical center
- Hospital
- South Asian community
- Religious center
- Personal space
- Burden on Family
- Abuse/ Domestic Violence
- Other (Please write in) _____

D30 In the United States, many senior citizens live independently. If you had the option to live independently, would you like to?

- Yes
- No
- I don't know

D31 If you answered yes, what are the obstacles that would prevent you from living independently? Please check all that apply.

- No independent source of income
- Affordability
- Lack of cultural community
- Family would not approve
- Access to transportation
- Medical needs
- Not culturally appropriate
- Other reasons (Please write in) _____

D32 If you answered no, please check all that apply.

- Affordability
- Connection to family
- Medical needs
- Access to religion centers
- Other (please write in) _____

E33 In general, how is your physical health?

- Excellent
- Very good
- Good
- Fair
- Poor

E34 When was your last doctor's visit for your annual physical check-up?

- Within the last year
- 2 years ago
- 3-4 years ago
- 5-6 years ago
- It's been so long, I do not recall
- Never

E35 Visiting a doctor causes stress and anxiety for me?

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

E36 What prevents you from seeing a doctor regularly? Please check all that apply

- I do not have insurance
- I do not have transportation
- Language/Cultural Barrier
- Fear of doctors
- I don't need to, I am in good health
- I use alternative, homeopathic, or non-traditional methods
- I see the doctor regularly
- Other (Please write in) _____

E37 How would you rate your local hospitals and clinics?

- Excellent
- Good
- Average
- Poor
- Terrible

E38 How do you pay for your medical care?

- Health insurance
- Emergency room
- Medicaid
- Medicare
- Free Clinics
- Self-pay/out of pocket
- Loans
- Other _____

E39 Where do you receive MOST of your health related information?

- Friends
- Doctors
- Family
- Internet
- TV
- Newspaper
- India Home
- Other

E40 Access to quality health care is an issue in my community:

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

E41 How important is physical activity/exercise?

- Extremely important
- Very important
- Moderately important
- Slightly important
- Not at all important

E42 How often do you exercise for a least 30 minutes?

- Daily
- 4-6 times a week
- 2-3 times a week
- Once a week
- Never

E43 Would you agree that exercise keeps you healthy?

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

E44 I would describe my dietary lifestyle as the following:

- Omnivore
- Halal
- Vegetarian
- Vegan
- Pescatarian

E45 I avoid eating foods that are high in calories:

- Always True
- Frequently True

- Seldom True
- Never True

E46 I avoid eating foods that are high in salt:

- Always True
- Frequently True
- Seldom True
- Never True

E47 I avoid eating foods that are high in sugar:

- Always True
- Frequently True
- Seldom True
- Never True

E48 I eat fruits and vegetables:

- At every meal
- Daily
- 4-6 times a week
- 2-3 times a week
- Once a week
- Never

E49 How often do you eat fast foods?

- Daily
- 4-6 times a week
- 2-3 times a week
- Once a week
- Never

E50 Do you currently suffer from any of the following medical conditions? Check all that apply.

- Diabetes
- Heart Disease
- High Cholesterol
- Arthritis
- High Blood Pressure
- Obesity
- Cancer (which type) _____
- Asthma
- Oral health
- Depression

F51 Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, including in our older years.

Some examples of mental health issues are anxiety, depression, eating problems, loneliness, panic attacks, stress, suicidal feelings and trouble sleeping.

F52 In general, how happy do you feel?

- Extremely happy
- Somewhat happy
- Neither happy nor unhappy
- Somewhat unhappy
- Extremely unhappy

F53 How often do you get out of the house?

- Daily
- 4-6 times a week
- 2-3 times a week
- Once a week
- Never

F54 In my community mental health issues (as those named above) ...

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
Are visible	•	•	•	•	•
Are NOT talked about	•	•	•	•	•
Are impacting the elderly	•	•	•	•	•
Are impacting the family	•	•	•	•	•
Are safe to talk about within the family	•	•	•	•	•

F55 If SOMEONE in your community thought they had a mental health issue, who would they talk to first?

- Spouse
- Spiritual Leader
- Doctor
- Friend
- One of their children
- Mental Health Counselor
- Would not talk to anyone
- I do not know

F56 If YOU thought you had a mental health issue, who do you think you would talk to first?

- Spouse
- Spiritual Leader
- Doctor
- Friend
- One of my Children
- Mental Health Counselor
- Would not talk to anyone
- I do not know

F57 We all experience "ups and downs" in our lives. Sometimes when we feel "down" our mood can negatively impact our daily activities and the people we are close with. For each statement please mark how often your mood interferes with the people and activities below...

	Always	Most of the time	About half the time	Sometimes	Never
Family	•	•	•	•	•
Friends	•	•	•	•	•
Neighbors	•	•	•	•	•
People on the street	•	•	•	•	•
Spiritual life	•	•	•	•	•
Social activities	•	•	•	•	•
Shopping	•	•	•	•	•

F58 Do any of these statements apply to you? (Check ALL that apply)

- I am tired and have no energy
- I do not like myself and feel worthless
- I have feelings of guilt much of the time
- I have a hard time concentrating
- I feel agitated, restless or irritable
- I feel hopeless and helpless

F59 Have you ever thought you might have a mental health issue or illness?

- Yes
- Not sure
- No
- Prefer not to answer

F60 If you answered yes, please mark all that may apply

- Anger
- Anxiety
- Depression
- Drug and Alcohol abuse
- Eating problems
- Loneliness
- Panic Attacks
- Post-Traumatic Stress Disorder (PTSD)
- Stress
- Suicidal feelings
- Trouble sleeping
- Other (please fill in) _____

F61 Have you ever been DIAGNOSED with a mental health issue or illness?

- Yes
- Not sure
- No
- Prefer not to answer

F62 Have you ever discussed mental health issues with a medical professional?

- Yes
- Maybe
- No
- Prefer not to answer

G63 Are you currently working?

- Yes
- No

G64 If yes, how many hours per week?

- Please fill in _____

G65 Roughly what is your annual INDIVIDUAL income?

- Less than \$10,000
- \$10,000 - \$19,999
- \$20,000 - \$39,999
- \$40,000 - \$59,999
- \$60,000 - \$79,999
- More than \$80,000
- No income

G66 How many people live in your home?

- Total number including yourself _____
- Adults (60 and over) _____
- Children (under 18) _____

G67 How many people (in your family) are currently working in your household?

- Please write here _____

G68 Roughly, what do you think is the overall income of your HOUSEHOLD?

- Less than \$10,000
- \$10,000 - \$19,999
- \$20,000 - \$39,999
- \$40,000 - \$59,999
- \$60,000 - \$79,999
- More than \$80,000
- I do not know

Appendix III: Survey (Bangla)

ইন্ডিয়া হোম - দক্ষিণ এশীয়দের প্রয়োজনীয়তার মূল্যায়ন

A1 নিউ ইয়র্ক সিটিতে দক্ষিণ এশীয়রা অন্যতম দ্রুত বৃদ্ধিপ্রাপ্ত জনগোষ্ঠী। ইন্ডিয়া হোম সংগঠন হিসাবে দক্ষিণ এশীয় বয়োজ্যেষ্ঠদের সেবা প্রদান করে আসছে। উত্তম সেবা প্রদানের উদ্দেশ্যে ইন্ডিয়া হোম জ্যামাকা, কুইন্সের দক্ষিণ এশীয়দের প্রয়োজনীয়তা সম্পর্কে জানতে চাচ্ছে। হান্টার কলেজের গ্রাজুয়েট শিক্ষার্থীরা ইন্ডিয়া হোমের সাথে এই তথ্য সংগ্রহ এবং বিশ্লেষণ করছে।

এই জরিপে সংগৃহীত সকল তথ্য সম্পূর্ণ গোপনীয়তা বজায় থাকবে। এখানে আপনার নাম থাকবে না এবং এখানে উল্লিখিত প্রশ্ন সুনির্দিষ্ট কাউকে উদ্দেশ্য করে নয়, তা সকলের জন্য সাধারণভাবে প্রযোজ্য।

এই জরিপে অংশগ্রহণ সবচেছামূলক এবং কোন প্রশ্নের উত্তর দিতে যদি অস্বস্তি বোধ করেন তাহলে আপনি তা বাদ দিয়ে যেতে পারেন অথবা আপনি জরিপ স্থগিত রাখতে পারেন।

অংশগ্রহণের জন্য আপনাকে ধন্যবাদ।

অনুগ্রহ পূর্বক নিচের প্রশ্নগুলোর যথাসম্ভব সত্য উত্তর দিন। নিচের ঘরে টিক চিহ্ন প্রদানের মাধ্যমে আপনি বোঝাচ্ছেন যে আপনি এই জরিপের উদ্দেশ্য বুঝতে পেরেছেন এবং অংশগ্রহণে সম্মত আছেন।

A2. আমাদের প্রত্যেকের প্রয়োজনীয়তা ভিন্ন ভিন্ন। আমরা জানার চেষ্টা করছি কোন প্রয়োজনগুলো আপনার কাছে বেশি গুরুত্বপূর্ণ। নিচে উল্লেখ করুন। সব থেকে গুরুত্বপূর্ণ ১ লিখুন, এভাবে গুরুত্ব অনুযায়ী যথাক্রমে ২, ৩, ৪ হিসাবে উল্লেখ করুন:

--- আবাসন

--- মানসিক স্বাস্থ্য

--- শারীরিক স্বাস্থ্য

--- পরিবহন

A3. এছাড়া আপনার আর কোনো গুরুত্বপূর্ণ প্রয়োজন বা চাহিদা আছে?

.....

B4. আপনার বয়স কত?

.....

B5. আপনি কি:

- পুরুষ
- নারী

B6. আপনার জিপ কোড?

.....

B7. আপনি আমেরিকায় কতদিন বসবাস করছেন?

- ১ বছরের কম
- ২. ১-৫ বছর
- ৫-১০ বছর
- ১০ বছরের বেশি

B8. আপনার কোন দেশে জন্ম?

- বাংলাদেশ
- ভারত
- পাকিস্তান
- ভুটান
- নেপাল
- শ্রীলঙ্কা
- মালদ্বীপ
- গায়ানা
- মার্কিন যুক্তরাষ্ট্র
- অন্য দেশ:.....

B9. আপনার ধর্ম কি?

- মুসলিম
- খ্রিস্টান
- হিন্দু
- জৈন
- শিখ
- ধর্মবিহীন
- অন্য ধর্ম:.....

B10. আপনার বৈবাহিক অবস্থা কি?

- বিবাহিত
- বৈধব্যপ্রাপ্ত
- বিবাহবিচ্ছেদিত
- বিভক্ত (কিন্তু আইন অনুযায়ী বিবাহিত)
- কখনো বিয়ে করেন ন

B11. আপনি কতটা ইংরেজি বোঝেন?

- প্রায় সবকিছু
- অনেকটা
- মোটামুটি
- একটুখানি
- একদমই না

B12. আপনি কতটা ইংরেজি বলতে পারেন?

- প্রায় অনর্গল
- অনেকটা
- মধ্যপন্থী পরিমাণ
- একটুখানি
- একদমই না

C13. আপনার প্রধান পরিবহন কি? (যে কিং একটিতে টিক দেন)

- গাড়ি
- বাস
- হাঁটা
- ট্রেন
- ট্যাক্সি
- এক্সেস-এ-রাইড
- অন্য: _____

B14. পাবলিক পরিবহনে আপনি কোন কোন সমস্যা অনুভব করেন? (প্রযোজ্য সমস্যায় চিহ্ন দিন)

- ব্যয়বহুল
- ট্রেন বা বাস অত্যন্ত বিলম্বিত বা অনির্ভরযোগ্য
- শারীরিক অক্ষমতার জন্য একা পাবলিক পরিবহন ব্যবহার করতে পারি না
- বাড়ির নিকটবর্তী কোনো পাবলিক পরিবহন নেই
- ভাষা বুঝতে পারি না
- নিরাপত্তার কারণে
- কোনো সমস্যা অনুভব করি না

C15. এক সপ্তাহে আপনি কত বার পাবলিক পরিবহন ব্যবহার করেন?

- ১-৩ বার
- ৪-৬ বার
- প্রত্যেক দিন
- একদমই না

C16. গাড়ি থেকে উঠতে নামতে আপনার কি হুইলচেয়ার লিফ্ট কিংবা অন্য কোনো সাহায্য দরকার হয়?

- হ্যাঁ
- না
- সময়-সময়

C17. পরিবহনের অভাবে আপনি কি কোনো সময় কোনো এপয়েন্টমেন্ট বা সামাজিক অনুষ্ঠান থেকে বঞ্চিত হয়েছেন?

- হ্যাঁ
- না
- সময়-সময়

C18. আপনার বাড়ি থেকে নিম্নলিখিত জায়গা গুলো কি হাঁটার দূরত্বের মধ্যে পরে? (লিখুন হ্যাঁ, না, বা জানি না)

১. দোকান _____
২. ডাক্তার _____
৩. আত্মীয়-স্বজন _____
৪. বন্ধু _____
৫. মন্দির/গির্জা/মসজিদ _____
৬. ইন্ডিয়া হোম _____

C19. আপনার কি আপনার বাসা পর্যন্ত গাড়ির সার্ভিস এর জন্য অল্প খরচ বহনের সামর্থ্য আছে ?

- হ্যাঁ
- না
- বোধহয়

C20. আপনি প্রধানত কখন যাতায়াত করেন?

- দিনের বেলায়, সোম থেকে শুক্রবার
- সন্ধ্যা/রাত্রি বেলায়, সোম থেকে শুক্রবার
- দিনের বেলায়, শনি আর রবিবার
- সন্ধ্যা/রাত্রি বেলায়, শনি আর রবিবার

C21. আপনি কি করে জ্যামাইকা মুসলিম সেন্টারে আসেন?

- গাড়ি
- বাস
- হেঁটে
- মেট্রো
- ট্যাক্সি
- এক্সেস-এ-রাইড
- অন্য: _____
- আমি সেখানে যাই না

C22. একটি দক্ষিণ এশীয় বয়স্ক কেন্দ্রে যেতে আপনি কতক্ষণ যাতায়াত করতে ইচ্ছুক?

- ৫ মিনিট
- ১০ মিনিট
- ২০ মিনিট
- ৩০ মিনিট
- ৩০ মিনিটের বেশি

D23. আপনার বর্তমান বাড়িতে আপনি কত দিন আছেন?

- ১ বছরের কম
- ১ থেকে ৫ বছর
- ৬ থেকে ১০ বছর
- ১০ বছরের বেশি

D24. আপনি কার সঙ্গে বসবাস করেন?

- একা
- শুধু স্বামী -স্ত্রী
- স্বামী -স্ত্রী এবং ছেলে-মেয়ে
- ছেলে-মেয়ের সঙ্গে
- আত্মীয়-স্বজনের সঙ্গে
- অন্যের বাড়িতে ঘর ভাড়া করেন
- অন্য: _____

D25. আপনি কি ধরনের বাড়িতে থাকেন?

- একক পরিবার বাড়ি
- বহু পরিবার বাড়িতে একটা এপার্টমেন্ট (২-৬ এপার্টমেন্ট)
- এপার্টমেন্ট বিল্ডিং এপার্টমেন্ট
- বেসমেন্ট
- অন্য: _____

D26. আপনার বিল্ডিং এ আনুমানিক কতগুলা ইউনিট আছে?

- ১
- ২-৪
- ৫-১৫
- ১৬-৩০
- ৩১ এর বেশি

D27. আপনার বিল্ডিং-এ কি কোন ব্যবহারযোগ্য এলিভেটর আছে?

- হ্যাঁ
- না
- প্রযোজ্য না (কোন এলিভেটর নাই)

D28. আপনার বাসস্থানের অবস্থা আপনার কাছে কেমন লাগে?

- খুবই সুখী
- কোনরকম সুখী
- সুখীও না অসুখীও না
- একরকম অসুখী
- খুবই অসুখী

D29. কেন আপনি এমন (পূর্বের মতামত) মনে করেন? নিচের তালিকা থেকে ৩ টি কারণ উল্লেখ করুন:

- পরিবারের সাথে বসবাস
- পোষা প্রাণীর সাথে বসবাস
- স্বনির্ভর ভাবে থাকা
- স্বামী/স্ত্রী-র সাথে থাকা
- নিরাপদ বাসস্থানে থাকা
- নিরাপদ এলাকায় থাকা
- বন্ধু/নিকট জনের কাছাকাছি থাকা
- আর্থিক সাধের মধ্যে
- অতি ব্যয়বহুল

- এলাকা
- কেনাকাটা
- ডাক্তারখানা
- হাসপাতাল
- দক্ষিণ এশিয়ান (বাংলাদেশ, ভারত, পাকিস্তান, নেপাল, ভূটান) লোকজন
- ধর্মীয় প্রতিষ্ঠান (মসজিদ/মন্দির/গির্জা ইত্যাদি)
- একান্ত/ব্যক্তিগত জায়গা
- পরিবারের বোঝা
- অসদব্যবহার/পারিবারিক নির্যাতন
- অন্যান্য (উল্লেখ করুন)
-

D30. যুক্ত রাষ্ট্রে বয়স্কদের অনেকে নিজস্ব/ স্বনির্ভর বসবাস করে। আপনার সুযোগ থাকলে আপনি কি নিজস্ব/ স্বনির্ভর ভাবে বসবাস করবেন?

- হ্যাঁ
- না
- আমি জানিনা

(উত্তর না হলে ৩২ নম্বর প্রশ্নে চলে যান)

D31. আপনার উত্তর যদি ‘হ্যাঁ’ হয়, কোন কোন অসুবিধা আপনার নিজস্ব/ স্বনির্ভর ভাবে থাকার ক্ষেত্রে প্রতিবন্ধকতার কারণ? যা যা প্রযোজ্য উল্লেখ করুন:

- নিজের কোন উপার্জন নাই
- আর্থিক সচ্ছলতা
- নিজ দেশের/সংস্কৃতির লোকের অভাব
- পরিবার রাজি হবে না
- যাতায়াত ব্যবস্থার অসুবিধা
- স্বাস্থ্য/ চিকিৎসার প্রয়োজনীয়তা
- আমাদের সমাজে মানানসই না
- অন্যান্য কারণ (উল্লেখ করুন)

D32. আপনার উত্তর ‘না’ হলে কোন কোন কারণগুলো প্রযোজ্য উল্লেখ করুন

- আর্থিক সচ্ছলতা
- পরিবারের সাথে যোগাযোগ
- স্বাস্থ্য/ চিকিৎসার প্রয়োজনীয়তা
- ধর্মীয় প্রতিষ্ঠান (মসজিদ/মন্দির/গির্জা ইত্যাদি)
- অন্যান্য (উল্লেখ করুন)

E33. সাধারণভাবে, আপনার শারীরিক স্বাস্থ্যের অবস্থা কেমন?

- খুব ভাল
- বেশ ভাল
- ভাল
- মোটামুটি
- বেশি ভালো না

E34. বাতসরিক চেক আপের জন্য সর্বশেষ কবে আপনি ডাক্তারের কাছে গিয়েছিলেন?

- ১ বছরের মধ্যে
- ২ বছর আগে
- ৩-৪ বছর আগে
- ৫-৬ আগে
- অনেক দিন হয়ে গেছে, মনে পড়ছে না কবে গিয়েছিলাম
- কখনও না

E35. ডাক্তারের কাছে যাওয়া - আমার জন্য একটা পেরেশানি এবং চিন্তার বিষয়?

- পুরাপুরি একমত
- মোটামুটিভাবে একমত
- একমতও না দ্বিমতও না
- মোটামুটি দ্বিমত
- পুরাপুরি দ্বিমত

E36. কি কারণে আপনি নিয়মিত ডাক্তারের কাছে যান না? যা যা প্রযোজ্য উল্লেখ করুন:

- আমার ইন্সিউরেন্স নাই
- আমার যাতায়াত এর ব্যবস্থা নাই
- ভাষা / সংস্কৃতির প্রতিবন্ধকতা
- ডাক্তার ভীতি
- আমার ডাক্তারের কাছে যাওয়ার দরকার নাই, আমি সুস্বাস্থ্যের অধিকারী
- আমি অন্য চিকিৎসা নেই, হোমিওপ্যাথিক, বা অপ্রচলিত ব্যবস্থা
- আমি নিয়মিত ডাক্তার দেখাই
- অন্যান্য (উল্লেখ করুন)

E37. আপনার নিকটস্থ হাসপাতাল এবং ক্লিনিক সম্পর্কে আপনার মূল্যায়ন?

- খুব ভাল
- ভাল
- মোটামুটি
- বেশি ভালো না
- খুব খারাপ

E38. আপনি আপনার চিকিত্সার খরচ কিভাবে দেন?

- হেলথ ইন্সিওরেন্স
- ইমার্জেন্সি রুম
- মেডিকেইড
- মেডিকেয়ার
- ফ্রি ক্লিনিক
- নিজ খরচ/আউট অফ পকেট
- লোন
- অন্যান্য

E39. আপনার স্বাস্থ্য সংক্রান্ত বিষয়ে তথ্যাদি কোথায় থেকে সবচেয়ে বেশি পেয়ে থাকেন?

- বন্ধু-বান্ধব
- ডাক্তার
- পরিবার
- ইন্টারনেট
- টিভি
- সংবাদপত্র
- দেশি সিনিয়র সেন্টার/ইন্ডিয়া হোম
- অন্যান্য

E40. এখানে কোয়ালিটি বা ভাল মানের স্বাস্থ্য সেবার সুযোগ পাওয়াটা আমাদের বাঙ্গালীদের জন্য কঠিনঃ

- পুরাপুরি একমত
- মোটামুটিভাবে একমত
- একমতও না দ্বিমতও না
- মোটামুটি দ্বিমত
- পুরাপুরি দ্বিমত

E41. শারীরিক কাজকর্ম/ব্যায়াম কতটুকু গুরুত্বপূর্ণ?

- খুবই গুরুত্বপূর্ণ
- বেশ গুরুত্বপূর্ণ
- মোটামুটি গুরুত্বপূর্ণ
- সামান্য গুরুত্বপূর্ণ
- একেবারেই গুরুত্বপূর্ণ না

E42. কত নিয়মিত আপনি নূন্যতম ৩০ মিনিট ব্যায়াম করে থাকেন?

- দৈনিক
- সপ্তাহে ৪-৬ বার
- সপ্তাহে ২-৩ বার
- সপ্তাহে ১ বার
- কখনোই না

E43. আপনি কি একমত যে ব্যায়াম আপনাকে সুস্বাস্থ্যের অধিকারী রাখে?

- পুরাপুরি একমত
- কোনরকম একমত
- একমতও না দ্বিমতও না
- এক প্রকার দ্বিমত
- পুরাপুরি দ্বিমত

E44. আমার খাদ্যাভাস নিম্নরূপ:

- সর্বভুক
- নিরামিষ ভোজী
- হালাল
- ভিগান
- পাসকাটারিয়ান

E45. যেসব খাবারে উচ্চ মাত্রার ক্যালরি আছে তা আমি পরিহার করি:

- সবসময় সত্য
- মাঝে মাঝে সত্য
- হঠাত সত্য
- কখনও সত্য না

E46. যেসব খাবারে অতিমাত্রার লবণ আছে তা আমি পরিহার করি:

- সবসময় সত্য
- মাঝে মাঝে সত্য
- হঠাত সত্য
- কখনও সত্য না

E47. যেসব খাবারে অতিমাত্রার চিনি আছে তা আমি পরিহার করি:

- সবসময় সত্য
- মাঝে মাঝে সত্য
- হঠাত সত্য
- কখনও সত্য না

E48. আমি ফল এবং শাক-সব্জি খাই:

- প্রতি বেলার খাবারে
- দৈনিক
- সপ্তাহে ৪-৬ বার
- সপ্তাহে ২-৩ বার
- সপ্তাহে ১ বার
- কখনোই না

E49. আপনি কত নিয়মিত ফাস্ট ফুড খান?

- দৈনিক
- সপ্তাহে ৪-৬ বার
- সপ্তাহে ২-৩ বার
- সপ্তাহে ১ বার
- কখনোই না

E50. আপনি কি নিচে উল্লেখিত কোন স্বাস্থ্য সমস্যায় ভুগছেন?

- ডায়াবেটিক
- হৃদরোগ
- উচ্চ কোলেস্টেরল
- আর্থ্রাইটিস
- উচ্চ রক্ত চাপ
- অবসিটি/অতি ওজন
- ক্যান্সার (কোন ধরনের)
- এজমা
- দাঁতের, মাড়ির, মুখের
- বিসন্নতা/অবসাদ

F51. আবেগ-অনুভূতি, মনোজাগতিক এবং সামাজিক সুস্বাস্থ্য সবই মানসিক স্বাস্থ্যের অন্তর্ভুক্ত। মানসিক স্বাস্থ্য আমাদের চিন্তায়, অনুভূতিতে এবং কাজে প্রভাব ফেলে। দুশ্চিন্তা নিয়ন্ত্রণ, অপরের সাথে নিজেকে সম্পর্কিত করা, এবং সিদ্ধান্ত নিরবাচনের ক্ষেত্রেও মানসিক স্বাস্থ্য ভূমিকা রাখে। জীবনের প্রতিটি পর্যায়ে মানসিক স্বাস্থ্য গুরুত্বপূর্ণ, আমাদের জীবনের ব্যয়োজ্যেষ্ঠ পর্যায়ে সহ।

F52. সাধারণ ভাবে, আপনি কতটুকু আনন্দিত থাকেন?

- অত্যন্ত আনন্দিত
- মোটামুটি আনন্দিত
- আনন্দিতও না নিরাশান্দিতও না
- মোটামুটি নিরাশান্দিত
- মোটামুটি নিরাশান্দিত
-

F53. কত নিয়মিত আপনি বাড়ির বাইরে যান?

- দৈনিক
- সপ্তাহে ৪-৬ বার
- সপ্তাহে ২-৩ বার
- সপ্তাহে ১ বার
- কখনোই না

F54. আমাদের সমাজে /কমিউনিটিতে মানসিক স্বাস্থ্য (পূর্বে যা উল্লেখ করা হয়েছে)

	পুরাপুরি একমত	মোটামুটি একমত	একমতও না দ্বিমতও না	এক প্রকার দ্বিমত	পুরাপুরি দ্বিমত
এগুলো দেখা যায়					
এসব নিয়ে কথা হয়না					
এগুলো বয়স্কদের প্রভাবিত করে					
এগুলো পরিবারকে প্রভাবিত করে					
পরিবারের ভেতর এগুলো নিয়ে কথা বলা নিরাপদ					

F55. আপনার সমাজের /কমিউনিটির কোন একজন যদি মনে করে যে তার মানসিক স্বাস্থ্য সমস্যা আছে, তাহলে সর্ব প্রথম কাকে জানাবে?

- স্বামী/স্ত্রী
- পীর/হুজুর/গুরু/আধ্যাত্মিক কাউকে
- ডাক্তার
- বন্ধু
- সন্তানদের কাউকে
- মানসিক স্বাস্থ্য পরামর্শ দানকারী
- কাউকে না
- আমি জানিনা

F56. আপনার নিজের যদি মনে করে যে আপনার মানসিক স্বাস্থ্য সমস্যা আছে, তাহলে সর্বপ্রথম কাকে জানাবেন?

- স্বামী/স্ত্রী
- পীর/হুজুর/গুরু/ আধ্যাত্মিক কাউকে
- ডাক্তার
- বন্ধু
- সন্তানদের কাউকে
- মানসিক স্বাস্থ্য পরামর্শ দানকারী
- কাউকে না
- আমি জানিনা

F57. জীবনে সবারই উত্তান-পতন আসে। মাঝে-মধ্যে আমরা যখন খারাপ বোধ করি আমাদের মানসিক অবস্থা আমাদের দৈনন্দিন কাজকর্ম এবং নিকট জনকে নেতিবাচক ভাবে প্রভাবিত করে। উল্লেখ করুন আপনার ব্যবহার কত নিয়মিত নিচে উল্লেখিত ব্যক্তি বা কাজকে ব্যাঘাত ঘটায়।

	সবসময়	অধিকাংশ সময়	অর্ধেক সময়	মাঝেমাঝে	কখনও না
পরিবার					
বন্ধুবান্ধব					
রাস্তা-ঘাটের মানুষ					
ধর্মীয়/আধ্যাত্মিক জীবন					
সামাজিক জীবন					
কেনাকাটা					

F58. নিচের কোনটি কি আপনার ক্ষেত্রে প্রযোজ্য? যেগুলো প্রযোজ্য উল্লেখ করুন:

- আমি ক্লান্ত এবং কোন শক্তি নাই
- আমি নিজেকে ভালবাসি না এবং মূল্যহীন মনে হয়
- অধিকাংশ সময় অপরাধ বোধে ভুগি
- মনঃসংযোগ ধরে রাখা কঠিন
- আমি রাগান্বিত, অস্থির এবং মেজাজ খিটখিটে বোধ করি
- আমি হতাশ এবং অসহায় বোধ করি

F59. আমি কি কখনও মনে হয়েছে আপনার মানসিক স্বাস্থ্য সমস্যা থাকতে পারে?

- হ্যাঁ
- না
- বলতে পারব না
- বলতে চাইনা

F60. আপনার উত্তর হ্যাঁ হলে, নিচের যে গুলো প্রযোজ্য টিক চিহ্ন দিনঃ

- রাগ
- উদ্বেগ
- হতাশা
- মাদকাসক্তি
- খাওয়ার সমস্যা
- একাকীত্ব
- ভীতি
- পোস্ট ট্রমাটিক স্ট্রেস ডিসঅর্ডার (পিটিএসডি)
- দূশ্চিন্তা
- আত্মহত্যার প্রবণতা
- ঘুমের সমস্যা
- অন্যান্য (উল্লেখ করুন)

F61. আপনার কি কখনো মানসিক সমস্যা ধরা পড়েছে?

- হ্যাঁ
- না
- জানিনা
- বলতে চাইনা

F62. আপনি কখনও আপনার মানসিক স্বাস্থ্য নিয়ে আপনার ডাক্তারের সাথে আলাপ করেছেন?

- হ্যাঁ
- না
- জানিনা
- বলতে চাইনা

G63. আপনি কি বর্তমানে কর্মরত?

- হ্যাঁ
- না

G64. যদি হ্যাঁ হয়, সপ্তাহে কত ঘণ্টা কাজ করেন?

- (উল্লেখ করুন)

G65. আনুমানিক আপনার ব্যক্তিগত বাৎসরিক উপার্জন কত?

- ১০,০০০ ডলার এর কম
- ১০,০০০-১৯,৯৯৯ ডলার
- ২০,০০০-৩৯,৯৯৯ ডলার
- ৪০,০০০-৫৯,৯৯৯ ডলার
- ৬০,০০০-৭৯,৯৯৯ ডলার
- ৮০,০০০ ডলার এর অধিক
- কোন উপার্জন নাই

G66. আপনারা বাসায় কতজন থাকেন?

- আপনাকে সহ মোট কতজন
- বয়স্ক (৬০ এবং তার অধিক)
- বাচ্চা (১৮ বছরের নিচে)

G67. আপনার গৃহস্থালিতে পরিবারের কতজন উপার্জন করে?

- উল্লেখ করুন

G68. আপনার গৃহস্থালির আনুমানিক বাৎসরিক উপার্জন কত?

- ১০,০০০ ডলার এর কম
- ১০,০০০-১৯,৯৯৯ ডলার
- ২০,০০০-৩৯,৯৯৯ ডলার
- ৪০,০০০-৫৯,৯৯৯ ডলার
- ৬০,০০০-৭৯,৯৯৯ ডলার
- ৮০,০০০ ডলার এর অধিক
- আমি জানিনা

ধন্যবাদ জরিপে অংশগ্রহণের জন্য। আপনার মতামত, তথ্য ইন্ডিয়া হোমের কার্যক্রমে সহায়ক ভূমিকা রাখবে।

Appendix IV: Key Informant Interview Protocol

South Asian Senior Key Informant Interview Protocol

DEMOGRAPHIC INFORMATION:

Date _____ Name of Interviewee _____
Organization _____
Title _____ Years in role _____
Years working with Bangladeshi Seniors _____ Age _____ Ethnicity _____
Religion _____ Gender _____ Zip Code _____

GENERAL INFORMATION:

1. What brought / inspired you to work with the Bangladeshi senior population?
2. India Home, a non-profit organization here in Queens, is trying to better understand the needs of Bangladeshi seniors. Currently India Home provides Bangladeshi senior services through the Jamaica Muslim Center. Based on your role and experience working with Bangladeshi seniors, what do you think are their greatest strengths as well as their most important needs?

SPECIFIC TOPIC INFORMATION:

We developed a survey specifically for Bangladeshi seniors. In the survey we focused on four main topic areas: housing, transportation, physical health, and mental health. We would like to ask you some questions that delve deeper into these specific issues. Thinking about your expertise, which area would you like to start with?

Housing:

1. When you think about housing for Bangladeshi seniors, what do you see as their main strengths? What needs do you think these seniors have in regarding to housing?
2. Based on these needs, what are some of the barriers that the Bangladeshi seniors face that prevents them from getting services for housing?

3. To understand the issue regarding with housing and to be able to offer assistance to them, we need to get to the root causes of why housing is an issue and not being addressed accordingly. What do you think are some of these root causes?
4. As an individual who's very knowledgeable on Bangladeshi seniors, how has the issue with housing changed over time?

Transportation:

1. What would you say is currently working well when it comes to transportation and transportation options for this community?
2. In considering the transportation options available in Jamaica, what do you see as the greatest needs for Bangladeshi elders and why?
3. What might be some of the root causes for such needs?
4. As someone who is familiar with this community, how have you seen these needs change over time?

Physical Health:

1. When you think about physical health of Bangladeshi seniors, what would you say the strengths are?
2. What do you see as the most pressing needs for this population currently?
3. Based on the crucial needs you just pointed out, what would you say some of the barriers are?
4. So that we understand more fully, what has been some of the historical and current root causes regarding physical health?
5. How have these needs changed over time? What is a stake now?

Mental Health:

1. When you think about the mental health of Bangladeshi seniors, what do you recognize as their greatest strengths? What needs do you think seniors have regarding mental health care or illness?
2. Based on these needs, what are some of the barriers getting in the way of change?

3. For truly impactful and sustainable change to take place we need to get to the root causes of why mental health issues are a problem and not being addressed properly. What do you think are some of these root causes?
4. As a person with your expertise on Bangladeshi seniors, how have their mental health needs changed over time?

CONCLUSION:

1. What organizations, including your own, are involved in addressing the needs of this community?
2. Adequate funding is always one of the biggest obstacles for communities to grow and prosper. Are you aware of specific resources that could support Bangladeshi seniors and the community organizations that serve them?
3. Is there anything else regarding Bangladeshi seniors that we missed or that you think we should know?

Appendix V: Consulting Contract Between Hunter College and India Home, Inc.

CONTRACT

Client Contract between Hunter College Graduate Students and India Home Inc.

The Hunter College Graduate Students (HCGS), Katherine Elston, Marc Fernandes, Oriade' Tanik Harbor, and Jormary Melo enter into this contract with India Home Inc (IH). in order to conduct a Needs Assessment of the Bangladeshi seniors in Jamaica, Queens. The assessment includes survey data from participants at the Desi Senior Center at the Jamaica Muslim Center as well as interviews from key informants in the community. The contract will be effective from September 22, 2016 through December 20, 2016.

hunter College Graduate Students (HCGS) agree to:

- Visit **IH** senior centers
- Identify overall frame for Needs Assessment and consult with **IH** leadership for approval
- Design quantitative, qualitative, or mixed method Needs Assessment tool
- Conduct Needs Assessment with identified South Asian community
- Research secondary data sources to support primary data collection
- Analyze data set(s) with findings
- Provide a final report, both oral and written, at the end of the contract period. This report will include all of our research and recommendations.

India Home Inc, (IH) agrees to:

- Community tour by member of **IH** staff
- Provide access to business contacts specifically related to the Bangladeshi community
- Availability of Deputy Director Lakshman Kalasapudi in regards to consulting needs
- Provide materials or reimburse HCGS for printing services, photo copies, surveys, or assessment materials as needed and within reason
- Provide access to Desi Senior Center staff for assessment support
- Attend the final oral presentation by the HCGS

Confidential Information: HCGS agree to hold IHs information in strict confidence and to not disclose any information obtained by third parties without the consent of the client. All confidential information supplied to HCGS by IH is the exclusive property of **IH**. HCGS agree to deliver the original and any copies of such confidential information to **IH** in a timely manner.

By signing below, acceptance of these above said terms and conditions is indicated.

India Home Inc (IH):

Lakshman Kalasapudi
Deputy Director

Date:

9/15/2016

Hunter College Graduate Students (HCGS):

Katherine Elston

Date:

9/15/16

Marc Fernandes

Date:

9/15/16

Oriade' Tanik Harbor

Date:

9/15/2016

Jormary Melo

Date:

9/15/2016