

Houston South Asian Seniors:

Profile & Needs Assessment with Views on Caregiving



Prepared for
AARP Multicultural Leadership
Asian American & Pacific Islander Audience

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INTRODUCTION



In this report we will provide an overview of the Houston South Asian community through a statistical lens along with community opinions excerpted from focus group discussions. We will also provide comparisons between the South Asian community and the Houston community at-large, as well as South Asian Houstonians and South Asian Americans in general. Through the personal experiences and testimonials of community members representing the four major South Asian ethnic groups in Houston, we can gather insights about what the needs and challenges of South Asian seniors are in the most diverse city in the nation. We also look at the special issues involved in caregiving of South Asians elderly and the special needs of those who provide the care.

This report will provide a clear detailed view of Houston's South Asian community, and will include observations from the community focus groups on how outreach, engagement, and support can be more effective with this growing segment of the population.

The study authors would like to thank all the organizations, groups and individuals who took the time and effort to provide their valuable information and insights for this study. Specifically, we would like to recognize Ms. Jie Wu and the Rice University Kinder Institute for Urban Research, and Dr. Beverly Gor and the M.D. Anderson Cancer Center and Indian American Cancer Network, for allowing the use of their data sets and providing their advice and guidance.

In addition, we would like to thank the Report's Steering Committee members who, through their leadership, advised, recruited for, and participated in the focus groups. We are grateful to the many focus group participants who unselfishly gave of their time and shared their experiences and observations so that they can improve and strengthen the future of their overall community.



EXECUTIVE SUMMARY

For this study we define South Asia as consisting of Bangladesh, India, Pakistan, and Sri Lanka. South Asian cultures, similar to those of East Asians, place strong emphasis on familial and community ties. People are expected to place the needs of family and community ahead of their own personal needs, in contrast to more individualistic Western cultures. Familial piety is extremely important, parents are expected to make substantial investment — even sacrifices in some cases- in raising and educating their children.

Profile

Houston's South Asian ethnic groups are currently growing faster than the city's Latino, Chinese, and Vietnamese populations, which grew by 55%, 48% and 64%, respectively, over the past decade. During this same time Houston's South Asian populations nearly doubled.

The majority of South Asians in Houston are foreign-born. Older generations in particular are significantly more likely to have been born abroad and have immigrated to Houston. The majority of South Asian Houstonians speak English very well, but a substantial portion does not. Moreover, the vast majority of South Asians primarily speak a language other than English at home. Elder South Asians are substantially more likely to have limited English proficiency and to prefer to converse in their native language.

Both the Indian and Pakistani populations have slightly lower median ages than Houstonians in general. However, well over one-fourth of Houston's South Asians are 45 years or older, placing them in AARP's target recruiting demographic. The majority of both Indians and Pakistanis live within Harris County. Significant numbers of South Asians also reside in nearby Fort Bend County.

South Asians are closely split between education and economic/work opportunities as their primary reason for immigrating to the U.S. A notable plurality of South Asian immigrants report family and/or marriage as their primary reason for entering the U.S. This latter subset includes many parents and grandparents who are brought to the U.S. by their children, who themselves emigrated for work or education. When compared to their other peer groups from the Houston Asian American population, the Houston South Asian community has lived in the U.S. for a shorter length of time. Houston South Asians are also less likely to have been born in the U.S. when compared to Houston's Asian community in general.

The aging South Asian population is divided between long-term and short-term residency cohorts, with the majority either having spent several decades in the U.S. or having immigrated within the past decade. Nearly two-thirds of South Asian Houstonians have lived within the U.S. for over a decade.

Almost two-thirds of South Asian Houstonians who immigrated to the U.S. have become naturalized citizens. This indicates a strong trend among South Asian Houstonians to become acculturated in the U.S. and to come to view it as their 'new home,' rather than simply a place of residence. These data present a picture of a South Asian community that is integrating and acculturating well to its new home in the U.S.

The vast majority of South Asians in Houston are either Hindu or Muslim, with smaller numbers subscribing to Christianity or no faith.

A majority of Houston South Asians earn incomes that place them firmly within or above what is generally considered to be middle class. The poverty rate among Indian seniors is slightly lower than that of the Houston senior population. However, the poverty rate among Pakistani seniors is nearly three times that of the general senior population.

Data suggest that Houston South Asians may be less likely to suffer from high blood pressure and elevated cholesterol compared to their peers, although they are more likely to suffer from diabetes and heart disease.

There is a significant difference between the health insurance rates of Houston Indians and Pakistanis. The insured rate among Indians compares favorably to that of Houstonians in general. However the insured rate among Pakistanis is substantially lower.

Needs Assessment

As part of the study process, Outreach Strategists organized and conducted four focus groups, each targeting a different segment of the Houston South Asian community—Indians, Pakistanis, Bangladeshis, and Sri Lankans. The following sections highlight their discussion:

General Themes:

- South Asian Seniors fall into two groups: those who have lived abroad for a long period of time and are well integrated, and those who have come over only recently.
- There is a lack of knowledge of publicly available resources within the community. Many participants learned about program/resources from conversations in the focus groups.
- The second generation of South Asians is most responsible for care for elders, and should be a priority target for communicating and messaging around these issues.
- The South Asian community has great difficulty navigating federal programs such as Medicare, Medicaid, and Social Security. There is also a general lack of awareness of the programs seniors may qualify for.

Physical Health and Activity:

- Diabetes, heart disease, high blood pressure and cholesterol are prevalent in the South Asian community.
- The traditional South Asian diets would benefit from advice on healthier eating and cooking habits.
- Rates of physical activity are lower among South Asians compared to the rest of the population. There is a lack of understanding of the importance and necessity of exercise.

Mental Health:

- There are strong cultural taboos against discussing mental health among South Asian communities.
- Depression and anxiety among seniors are major issues brought on by physical and social isolation. Feelings of not being 'useful' are another major contributor to these conditions.
- There is a need for greater community involvement and activities for South Asian seniors. However transportation presents a major barrier.

Living Better and Longer:

- Recent senior immigrants face major language barriers in the U.S.
- Mobility and transportation are major issues. Lack of transportation options lead to many seniors becoming physically and socially isolated.
- There is an acute need for community-centered activities for South Asian seniors.

Views on Caregiving

Caregiving:

- Caring for elder parents, grandparents, and spouses is an incredibly important cultural duty
- Expectation among seniors that they will be cared for by their children and grandchildren
- There is strong cultural opposition to ‘outsourcing’ senior care
- Cultural stigma associated with sending elders to senior homes
- Language barriers between many seniors and professional caregivers in the U.S.
- There is a perceived lack of culturally competent professional caregivers and long-term care facilities
- Receiving care from members of the opposite gender is a source of discomfort

Caregivers:

- Caregivers need greater confidence that professional services will be culturally competent to care for their elders and be able to communicate to some degree in language
- Financial costs are a major concern, and caregivers need improved access to governmental and community resources that will offset financial impact
- Caregivers and elders need available counseling services to help reduce stress, potential conflicts, and to maintain communication and relationships
- Opportunities to socialize and interact with peers are an important means to maintaining an elder’s mental and emotional health
- Caregivers cited community support as being especially vital during times of acute crisis or stress, particularly during end-of-life care; however, the caregivers also noted that community support is much more limited and sporadic outside of these times of crisis
- Caregivers cited faith and prayer as particularly important to maintaining their mental and emotional wellbeing during stressful times
- Caregivers also cited taking care of their physical health through exercise and a healthy diet as important in dealing with the stresses of caregiving

Conclusion

Houston’s vibrant South Asian community represents the larger experiences of South Asians in Texas, and the United States. Understanding their unique perspectives and developing programming aimed at meeting their needs will create a template for best practices that can be duplicated and expanded elsewhere. Perhaps more importantly, examining the culture of Houston’s South Asian society illuminates common themes across both the native and immigrant experience that can better inform policies and programming aimed at the general population.

Asian Americans are an emerging, key demographic group, as immigrants and U.S.-natives alike, matriculate into their senior years.

Overview

The 2010 Census shows that Asian Americans were the fastest growing demographic group in the previous decade. Between 2000 and 2010, the Asian American population in the U.S. grew from 11.9 to 17.3 million, an increase of 45.6%. The Asian American population grew at a faster rate than the Hispanic population (the next fastest-growing demographic at 43%)², and at a rate of more than four times that of the total U.S. population (9.7%). The rapid growth of the Asian American population calls for a heightened focus on this demographic group by companies and non-profits. Asian Americans are an emerging, key demographic group, as immigrants and U.S.-natives alike, matriculate into their senior years.

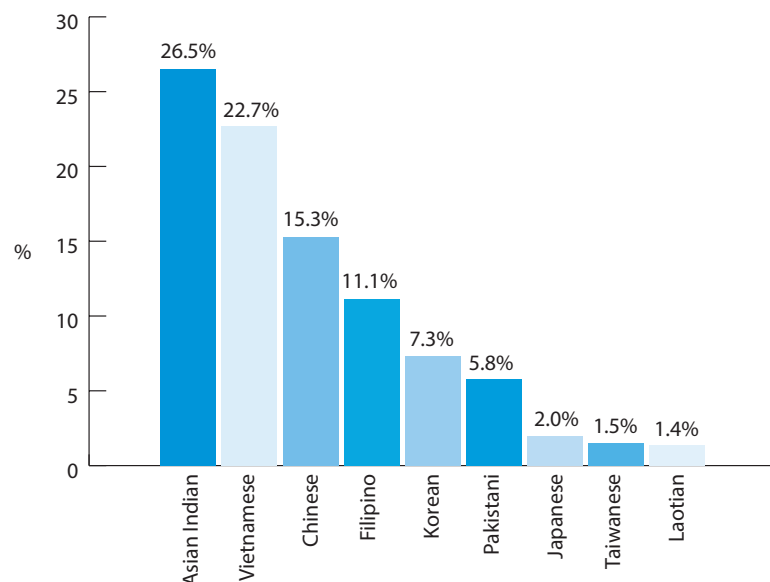
South Asians are among the largest and fastest growing subsets of the nation's Asian American population. Asian Indians, for example, were the third largest subset of Asian Americans in both the 2000 and 2010 Censuses, after Chinese and Filipino Americans.³ However, the Indian American population grew by more than two-thirds over the decade, while neither the Chinese nor Filipino American populations grew by more than 45%.⁴

The Pakistani American population slightly more than doubled over the decade, while the Bangladeshi American population increased by over 150%.⁵ Moreover, Bangladeshis and Pakistanis are the only Asian sub-groups that began the year 2000 with populations greater than 50,000 and yet still more than doubled in number over the decade.⁶

Texas has the third-largest Asian population in the U.S., following California and New York.⁷ Unlike these two states, however, a plurality of Texas' Asian population is South Asian in origin. In total, South Asians represent nearly a full third of Texas' Asian American population.

- 1 Hoeffel, E., Rastogi, S., Kim, M.O., & Shahid, H. 2011. The Asian Population: 2010, U.S. Census Bureau, 2010 Census Briefs, C2010BR-11, available at <https://www.census.gov/prod/cen2010/briefs/c2010br-11.pdf>
- 2 Humes, K., Jones, N., & Ramirez, R. 2011. Overview of Race and Hispanic Origin: 2010, U.S. Census Bureau, 2010 Census Briefs, C2010BR-02, available at <http://www.census.gov/prod/cen2010/briefs/c2010br-02.pdf>
- 3 Hoeffel, E., Rastogi, S., Kim, M.O., & Shahid, H. 2011. The Asian Population: 2010, U.S. Census Bureau, 2010 Census Briefs, C2010BR-11, available at <https://www.census.gov/prod/cen2010/briefs/c2010br-11.pdf>
- 4 Ibid.
- 5 Ibid.
- 6 Ibid.
- 7 U.S. Census Bureau, 2010 Census

Figure 1 - Composition of Texas Asian Population

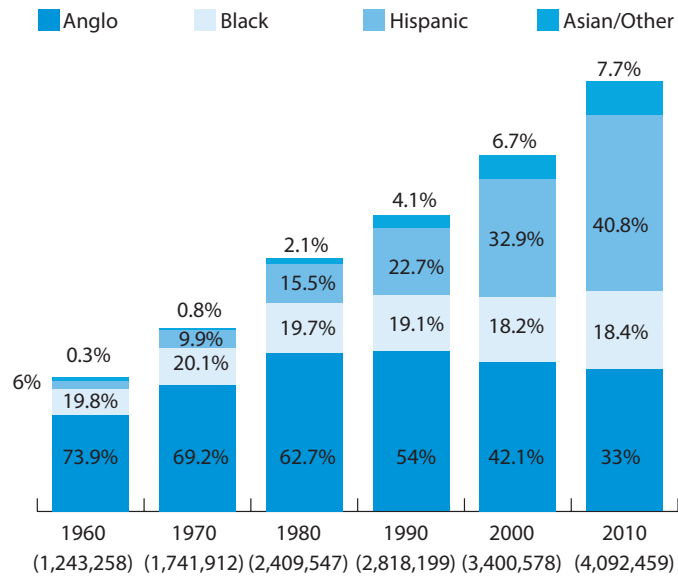


Source: U.S. Census Bureau, 2010 Census



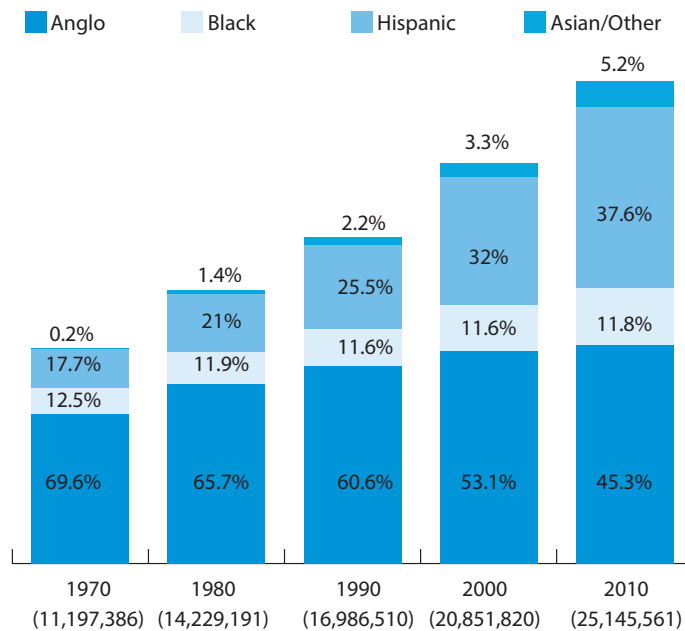
Source: U.S. Census. Classifications based on Texas State Data Center Conventions. Generated by Rice University Kinder Institute for Urban Research, 2013.

Figure 2 - U.S. Census Figures for Harris County, 1960 to 2010



The trends of growth and development that we have seen in Greater Houston have largely been mirrored at the state level. In this regard, focusing on Greater Houston provides two major benefits: first, Houston is the most diverse city in Texas and home to the largest South Asian population in the state; and second, Houston serves as an excellent indicator of future demographic trends and developments in Texas.

Figure 3 – U.S. Census Figures for State of Texas, 1970 to 2010



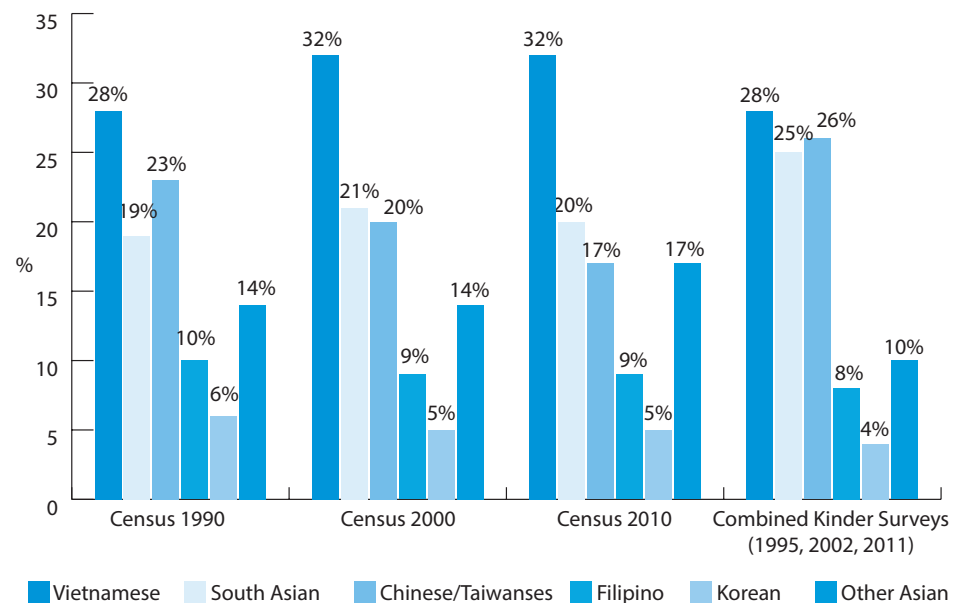
Source: U.S. Census Bureau, 1970, 1980, 1990, 2000, 2010 censuses. Figures of Hispanic versus White non-Hispanic are not available for 1960 census.

South Asians form a significant portion of the Houston region's Asian population.

Source: Klineberg, S. L., & Wu, J. 2013. Diversity and Transformation Among Asians in Houston: Findings from the Kinder Institute's Houston Area Asian Survey (1995, 2002, 2011). Houston, TX: Rice University Publication.

By focusing on the South Asian population, we aim to provide a more detailed picture of an already large and rapidly growing community. A richer understanding of the Texas South Asian community, particularly those aged 45 and over, will serve to better inform outreach and engagement efforts. In this regard, we focus on Greater Houston as the leading barometer for demographic trends in Texas. Trends seen in the Greater Houston regions are a strong indicator of the future ethnic makeup of Texas as a whole.

Figure 4 – Harris County's Asian Populations by Country of Origin, in the U.S. Census and Three Kinder Asian Surveys Combined



For this study we define South Asia as consisting of Bangladesh, India, Pakistan, and Sri Lanka. The shared geography, languages, and cultural attitudes are an important part of the South Asian identity.

What is South Asia?

South Asia has multiple definitions across numerous entities. The United Nations, the Center for South Asian Studies, and the World Bank, all define the region differently. However, the Indian subcontinent forms an anchor for the region across all definitions. The major pillars of South Asia are India and Pakistan, whose populations and global influence are substantially greater than those of their smaller neighbors.

Because of its multiple definitions, 'South Asia' as a term may not be identical between studies, however its anchoring by India and Pakistan means that data from many studies are comparable. For this study we define South Asia as consisting of Bangladesh, India, Pakistan, and Sri Lanka. The shared geography, languages, and cultural attitudes are an important part of the South Asian identity.

There is particular overlap in identities and ties between Indians and Pakistanis. Until the Partition in 1947, India and Pakistan shared a common history and geographical boundaries. Because of this shared experience there is strong inter-group identification and some ethnic Indians may identify more strongly in America with Pakistanis and vice-versa due to shared religion, history, and language.



South Asian cultures, similar to those of East Asians, place strong emphasis on familial and community ties. People are expected to place the needs of family and community ahead of their own personal needs, in contrast to more individualistic Western cultures. Familial piety is extremely important, parents are expected to make substantial investment — even sacrifices in some cases- in raising and educating their children. Likewise, children are expected to demonstrate strong academic and professional performance, which are highly valued within South Asian societies and viewed as a direct reflection on parenting and family values.

As with their East Asian peers, South Asian elders are traditionally accorded a high degree of respect. Children are expected to be directly involved in the care of their elder parents, which is often seen as a form of reciprocity for the care their parents provided during childhood. The strong emphasis on caring for elder family members often leads to many South Asian elders living with their now-adult children or within close proximity.

Despite these commonalities, it is important to note that South Asians are by no means a monolithic bloc. Just as with Chinese, Japanese, and Korean-Americans, a Pan-Asian view that is common among the general public belies the internal distinctiveness of a diverse population. Identities within the South Asian community are very much shaped by shared language and religion, and region of origin.

Geographic Scope

Houston, like many major U.S. metropolises, is an increasingly amorphous term that encompasses not only the city proper, but also neighboring townships, suburbs, and nearby counties. For the purposes of this study, we focus on Greater Houston, or the Houston Metropolitan Statistical Area (MSA) as defined by the U.S. Census Bureau. Currently known as the Houston-The Woodlands-Sugar Land MSA, the region is defined as encompassing the counties of Austin, Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery and Waller. Notably, Harris, Fort Bend, and Brazoria counties respectively have the first, third, and tenth largest Asian populations in Texas.

Greater Houston is the fifth- largest metropolitan region in the U.S., with a population of 6.18 million⁸, and covers a geographic area of approximately 10,062 square miles, making it larger than the state of New Jersey. It is also considered to be one of the most diverse metropolitan regions in the U.S., with a population that is approximately 39% Caucasian, 36% Latino, 17% African American, and 7% Asian.⁹

Where possible, figures are given to the nearest tenth of one percent. Because of rounding, some figures may not total to 100%.

8 U.S. Census Bureau (April 5, 2012). <http://www.census.gov/newsroom/releases/archives/population/cb12-55.html>

9 U.S. Census Bureau; "2011-2013 American Community Survey 3-Year Estimates;" generated by Outreach Strategists; using American Fact Finder; <http://factfinder.census.gov>; (1 December 2014)

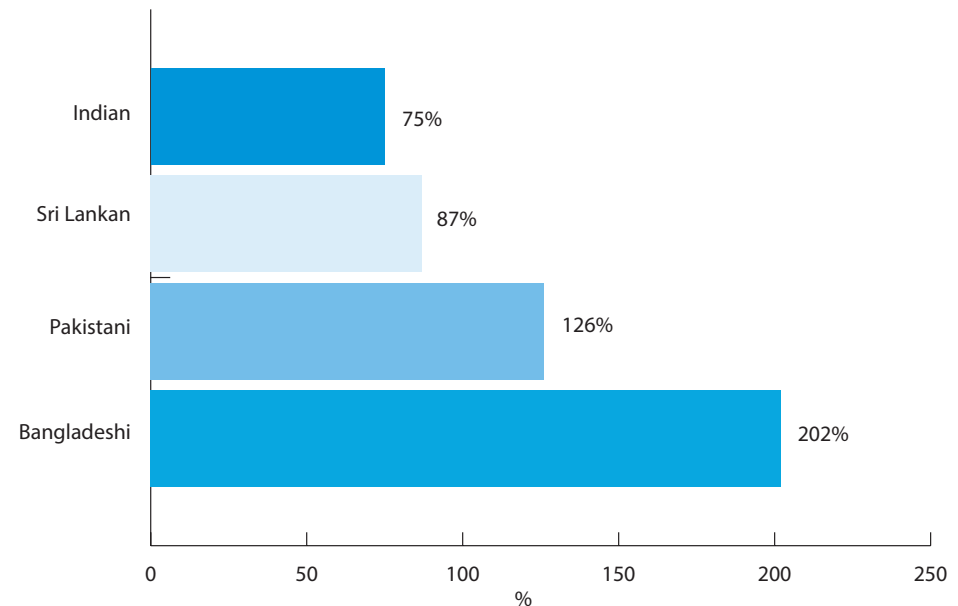
Where possible, figures are given to the nearest tenth of one percent. Because of rounding, some figures may not total to 100%.

Source: U.S. Census Bureau, 2010 Census

Population Growth

Table 1 - Population Growth	
Total South Asian Population	136,370
Percentage of Total Population	2.2%

Figure 5 - Growth of Houston South Asian Population Groups, 2000 – 2010



Source: U.S. Census Bureau, 2010 Census

South Asians make up a small, but significant, portion of the Greater Houston population. Most notably, the Houston South Asian population has undergone a significant boom in the past decade as more and more South Asians immigrate, and previous groups of immigrants have settled down and begun to raise families. Houston's South Asian ethnic groups are currently growing faster than the city's Latino, Chinese, and Vietnamese populations, which grew by 55%, 48% and 64%, respectively, over the past decade.¹⁰ As Figure 5 demonstrates, the South Asian communities are nearly doubling with growth in most groups approaching 100%.

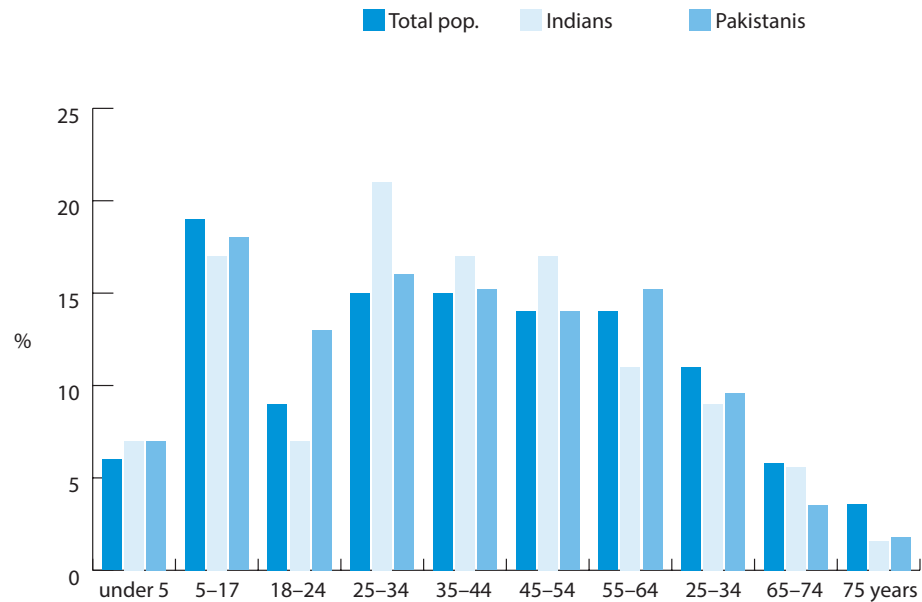
¹⁰ U.S. Census Bureau (April 5, 2012). <http://www.census.gov/newsroom/releases/archives/population/cb12-55.html>



The South Asian population of Houston has grown incredibly rapidly in the past decade.

Age

Figure 6 – Houston Population Age Distribution



U.S. Census Bureau; "2011-2013 American Community Survey 3-Year Estimates," generated by Outreach Strategists; using American Fact Finder; <http://factfinder.census.gov>; (1 December 2014)

Table 2 – Houston Population Age Data

	Indians	Pakistanis	Total Pop.
Median age	32.8 years	31.1 years	33.5 years
% of pop. aged 45+	27.1%	29.9%	33.6%
Est. pop. aged 45+	31,786	9,781	2,076,805
% of pop. aged 65+	7.0%	5.0%	9.2%
Est. pop. aged 65+	8,210	3,010	568,649

Source: U.S. Census Bureau; "2011-2013 American Community Survey 3-Year Estimates," generated by Outreach Strategists; using American Fact Finder; <http://factfinder.census.gov>; (1 December 2014)

Both the Indian and Pakistani populations have slightly lower median ages than Houstonians in general. However, well over one-fourth of Houston's South Asians are 45 years or older, placing them in AARP's target recruiting demographic. Greater emphasis should be placed on 45+ recruitment efforts aimed at engaging those who will soon be matriculating into their senior years.



U.S. Census Bureau, "2011-2013 American Community Survey 3-Year Estimates," generated by Outreach Strategists; using American Fact Finder; <http://factfinder.census.gov>; (1 December 2014)

Language

Table 3 – Houston South Asian English Familiarity			
	Indians	Pakistanis	Total Pop.
% that speak a language other than English at home	78.9%	89.2%	37.6%
% that speak English 'less than very well'	20.7%	29.5%	16.8%

The majority of South Asian Houstonians speak English very well, but a substantial plurality does not. Moreover, the vast majority of South Asians primarily speak a language other than English at home. Elder South Asians are substantially more likely to have limited English proficiency and to prefer to converse in their native language.

Language and dialect form important cultural identifiers within South Asian communities. The language or dialect spoken by a family can often be a strong indicator of their exact cultural and regional origin. India, for example, is composed of 29 separate states, each of which has its own combination of official languages. While the vast majority of Pakistanis speak Urdu fluently, many also speak a language or dialect that is unique to their family's region of origin.

Materials tailored to a South Asian audience should be in both English and South Asian languages, the most widely spoken of which are Urdu, Pashto, Hindi, Bengali, Gujarati, Tamil, and Sinhala. This is especially necessary as decisions made by South Asian families in caring for their elders are deeply personal and of the utmost importance. Conversations surrounding elder care are likely to be held in native tongues and will involve family members who are likely to be less comfortable with English.

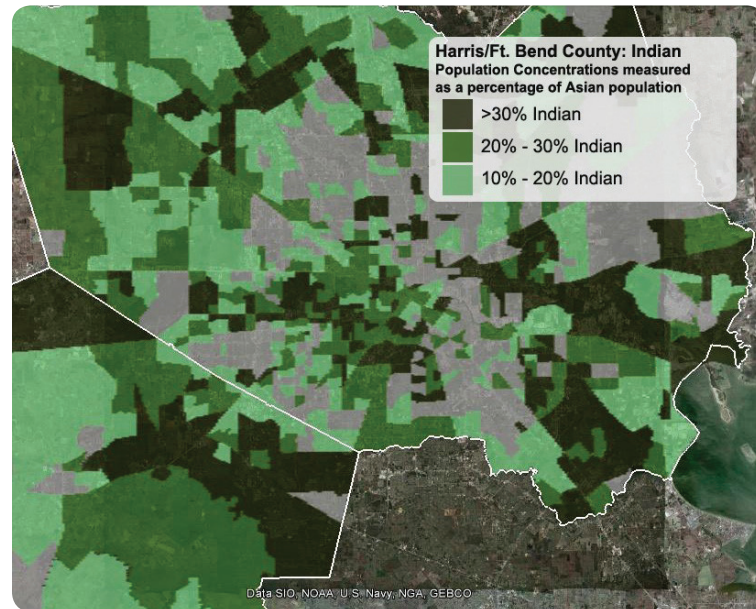




Residency

The majority of both Indians and Pakistanis live within Harris County. Pakistanis in particular are substantially more likely to reside within Harris County. Substantial numbers of South Asians also reside in nearby Fort Bend County.

Figure 9 – Geographic Distribution of Indian Population in Harris and Fort Bend Counties, from U.S. 2010 Census



Source: Outreach Strategists, LLC. (2013). The Changing Face of Texas: Demographic & Field Study of Asian and Latino Communities. Houston, TX: prepared for AARP

Looking more closely at residency, we see seven primary enclaves of the Houston South Asian population emerge: Sugar Land in the southwest of Houston, West Houston and Katy, Southwest Houston, Northwest Houston, the region surrounding the Texas Medical Center, Clear Lake and League City to the southeast of Houston, Spring, and The Woodlands located northwest of Houston. Combined, these seven regions are home to nearly 87% of the Greater Houston South Asian population.

Table 4 - Greater Houston South Asian Regional Residency, Across lifetime of Kinder Study	
Consolidated Region	Proportion of South Asian Population
Sugar Land ¹¹	24.8%
West Houston-Katy ¹²	15.6%
Southwest Houston ¹³	13.9%
Northwest Houston ¹⁴	10.3%
Texas Medical Center ¹⁵	9.4%
Clearlake-League City ¹⁶	9.2%
Spring & Woodlands ¹⁷	3.6%
Refused to answer / Didn't know	3.4%
All other regions	9.8%

- 11 Zip codes: 77031, 77071, 77082, 77083, 77085, 77099, 77459, 77469, 77477, 77478, 77479, 77489, 77498
- 12 Zip codes: 77024, 77043, 77055, 77077, 77079, 77084, 77094, 77449, 77494
- 13 Zip codes: 77035, 77036, 77042, 77045, 77057, 77063, 77072, 77074, 77081, 77096, 77401
- 14 Zip codes: 77014, 77040, 77041, 77064, 77065, 77066, 77067, 77069, 77070, 77088, 77095, 77410, 77429, 77433
- 15 Zip codes: 77004, 77005, 77019, 77021, 77025, 77027, 77030, 77054, 77056, 77098
- 16 Zip codes: 77034, 77058, 77059, 77061, 77062, 77075, 77089, 77504, 77536, 77546, 77573, 77586, 77598
- 17 Zip codes: 77073, 77068, 77354, 77375, 77377, 77379, 77381, 77382, 77384, 77388

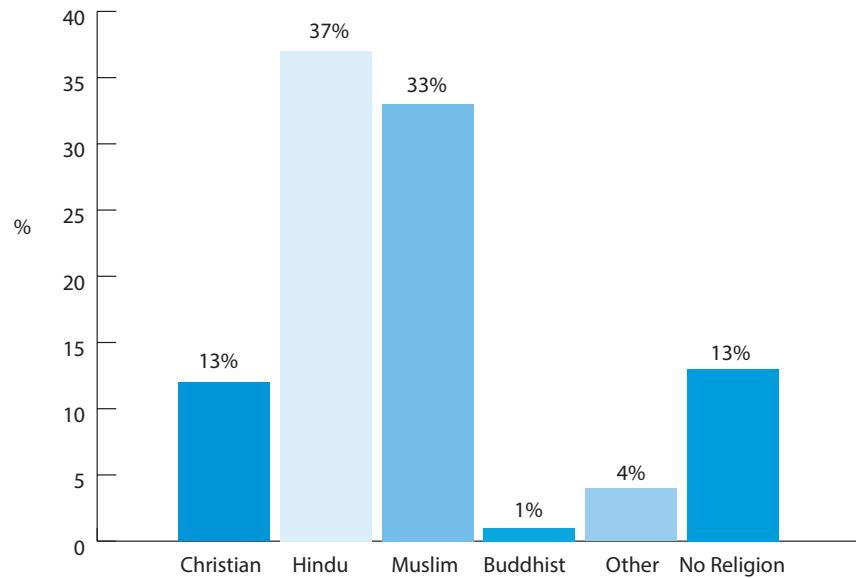
Source: Kinder Institute for Urban Research, Rice University; "Houston Area Survey," generated by Outreach Strategists; <http://kinder.rice.edu/has/>; (15 February 2015)



Source: Klineberg, S. L., & Wu, J. 2013. Diversity and Transformation Among Asians in Houston: Findings from the Kinder Institute's Houston Area Asian Survey (1995, 2002, 2011). Houston, TX: Rice University Publication.

Religion

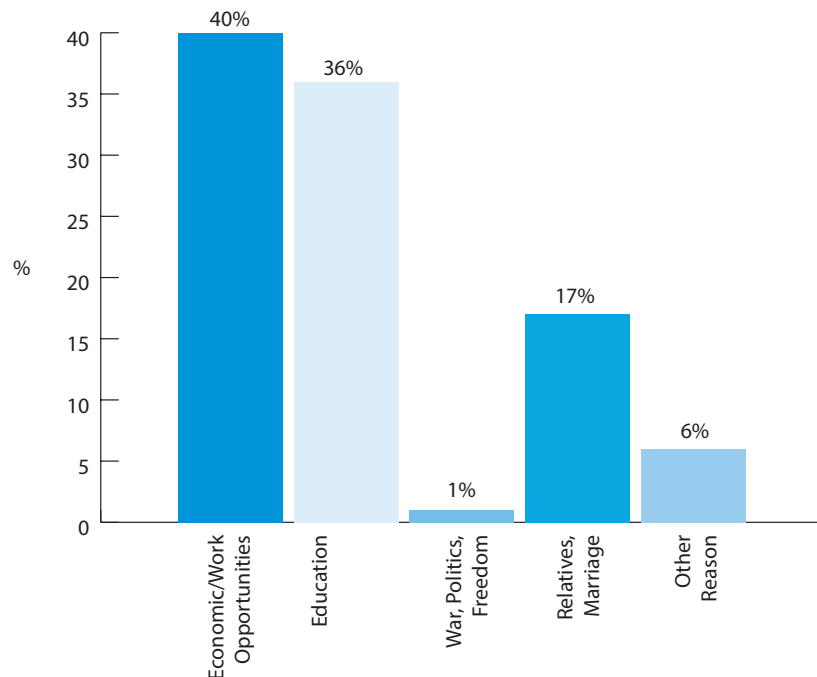
Figure 10 - Distribution of Religious Preference Among Houston South Asians



The vast majority of South Asians in Houston are either Hindu or Muslim, with smaller pluralities subscribing to Christianity or no faith. Although strongly associated with ethnic South Asians, the Houston Sikh community is relatively small, and is included in the 'Other' category on the above chart. Community representatives interviewed by Outreach Strategists estimated the Houston Sikh Community to number roughly 4,000 – 6,000 individuals.

Reasons for Immigrating

Figure 11 - Most Important Reasons Given for Immigrating to U.S. Among Houston South Asians



Source: Klineberg, S. L., & Wu, J. 2013. Diversity and Transformation Among Asians in Houston: Findings from the Kinder Institute's Houston Area Asian Survey (1995, 2002, 2011). Houston, TX: Rice University Publication. XXXX



U.S. Census Bureau; "2011-2013 American Community Survey 3-Year Estimates," generated by Outreach Strategists; using American Fact Finder; <http://factfinder.census.gov>; (1 December 2014)

South Asians are closely split between education and economic/work opportunities as their primary reason for immigrating to the U.S. Statistics on income and education bear this out, presenting the picture of a South Asian community that is composed of large numbers of highly educated professionals. A notable plurality of South Asian immigrants reports family and/or marriage as their primary reason for entering the U.S. This latter subset includes many parents and grandparents who are brought to the U.S. by their children, who themselves emigrated for work or education.

Length Of Residence

The majority of South Asians in Houston are foreign-born. Older generations in particular are significantly more likely to have been born abroad and have immigrated to Houston.

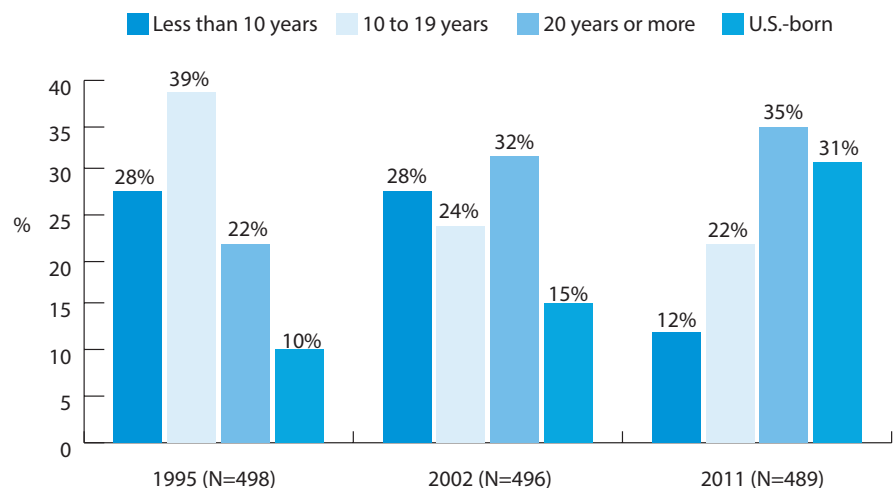
Table 5 – Houston South Asian Population Composition

	Indians	Pakistanis
Foreign-born population	79,336	22,310
Total population in Houston	100,125	32,331
% of population foreign-born	67.6%	68.2%

The Houston Asian American population shows a distinct trend towards long-term residency in the U.S. A much smaller proportion of Houston Asians are recent transplants to the U.S., while a much greater proportion have spent a significant amount of their lives in the U.S., or were even born in the U.S.

Source: Klineberg, S. L., & Wu, J. 2013. Diversity and Transformation Among Asians in Houston: Findings from the Kinder Institute's Houston Area Asian Survey (1995, 2002, 2011). Houston, TX: Rice University Publication.

Figure 12 – Distributions by Immigrant Generation and by Time in the U.S. among Harris County Asian Population



However, when compared to their other peer groups from the Houston Asian American population, the Houston South Asian community has lived in the U.S. for a shorter length of time. Houston South Asians are also less likely to have been born in the U.S. when compared to Houston's Asian community in general.

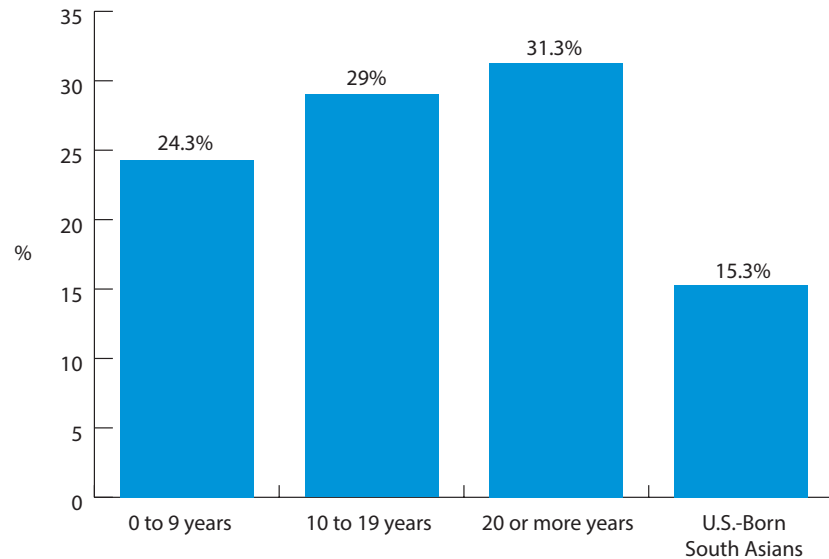
However, when compared to their other peer groups from the Houston Asian American population, the Houston South Asian communities have lived for a shorter length of time. Houston South Asians are also less likely to have been born in the U.S. when compared to Houston's Asian community in general.

The aging South Asian population is divided between long term and short term residency cohorts, with the majority either having spent several decades in the U.S. or having immigrated within the past decade.

Source: Kinder Institute for Urban Research, Rice University; "Houston Area Survey," generated by Outreach Strategists; <http://kinderrice.edu/has/>; (15 February 2015)

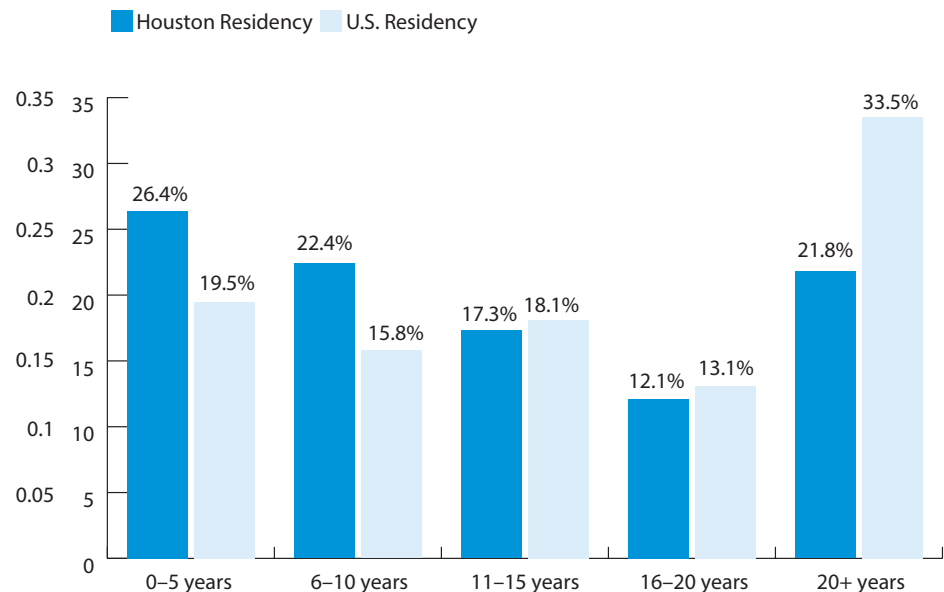
This points us towards a picture of a community that, while composed of a great range of age groups, is still relatively 'young.' In fact, our focus group studies indicate that many South Asian ethnic groups are still 'finding their footing' in Greater Houston. As such, a consensus emerged during focus group discussions that the South Asian community would benefit from guidance and assistance in linking with important, local resources.

Figure 13 - Distribution of Houston South Asian Population by Length of Residence in U.S., across lifetime of Kinder Study



The aging South Asian population is divided between long term and short term residency cohorts, with the majority either having spent several decades in the U.S. or having immigrated within the past decade. The more acculturated South Asian population is an important medium for communicating with and spreading awareness among those who are newer to the U.S.

Figure 14 – Distribution of non-U.S. Native Houston South Asian Population by length of Residency in Houston and U.S., across lifetime of Kinder Study



Source: Kinder Institute for Urban Research, Rice University; "Houston Area Survey," generated by Outreach Strategists; <http://kinderrice.edu/has/>; (15 February 2015)

The roughly one-third of the population that has resided in the U.S. for over 20 years are the most effective partners in working and communicating with the South Asian community.

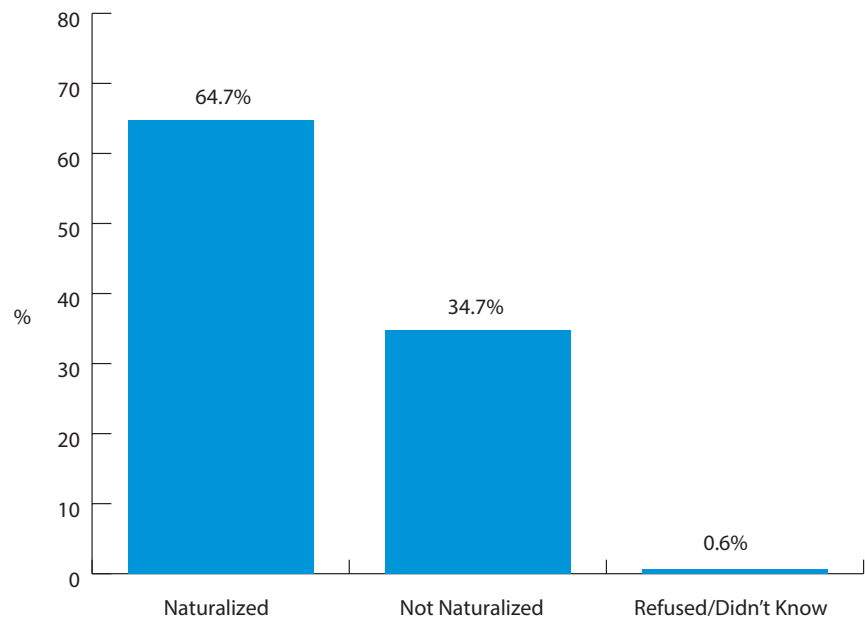
The South Asian immigrant population is closely divided between those who have lived in the Greater Houston region for a decade or less, and those who have lived in the region for over a decade. However, nearly two-thirds of South Asian Houstonians have lived within the U.S. for over a decade.

The data of the previous figure suggest that, while a number of South Asians are relatively recent transplants to Houston, many have lived in the U.S. for an extended period of time. One potential explanation of these trends is that South Asians who have attained higher education within the U.S. later moved to Houston for greater employment opportunities. The roughly one-third of the population that has resided in the U.S. for over 20 years are the most effective partners in working and communicating with the South Asian community.

Citizenship

Source: Kinder Institute for Urban Research, Rice University; "Houston Area Survey," generated by Outreach Strategists; <http://kinder.rice.edu/has/>; (15 February 2015)

Figure 15 - Rates of Naturalized Citizenship among Houston South Asians, across lifetime of Kinder Study



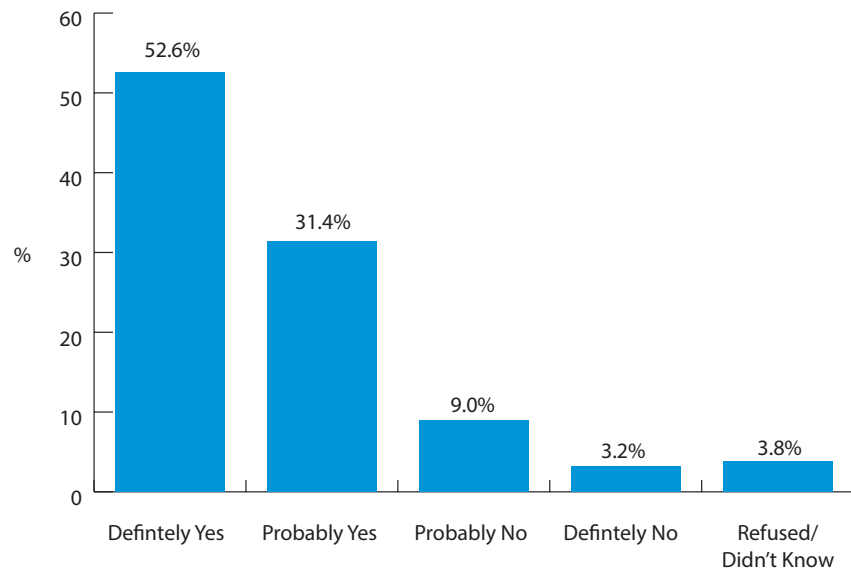
Nearly two-thirds of South Asian Houstonians who immigrated to the U.S. have become naturalized citizens. This indicates a strong trend among South Asian Houstonians to become acculturated in the U.S. and to come to view it as their 'new home,' rather than simply a place of residence.

Nearly two-thirds of South Asian Houstonians who immigrated to the U.S. have become naturalized citizens. This indicates a strong trend among South Asian Houstonians to become acculturated in the U.S. and to come to view it as their 'new home,' rather than simply a place of residence. This contrasts markedly with the naturalization rates of U.S. South Asians at large, where roughly half of the population has become naturalized citizens and half have not.¹⁸

¹⁸ U.S. Census Bureau; "2011-2013 American Community Survey 3-Year Estimates," generated by Outreach Strategists; using American Fact Finder; <http://factfinder.census.gov/>; (1 December 2014)

Source: Kinder Institute for Urban Research, Rice University; "Houston Area Survey;" generated by Outreach Strategists; <http://kinder.rice.edu/has/>; (15 February 2015)

Figure 16 - Rates of Perceived Likelihood of Becoming Naturalized Citizen Within Next Decade among Houston South Asians, across lifetime of Kinder Study



Of those South Asians who have not become naturalized citizens, the vast majority have stated that they will 'definitely' or 'probably' become naturalized within the next 10 years, further reflecting acculturation to the U.S.

Of those South Asians who have not become naturalized citizens, the vast majority have stated that they will 'definitely' or 'probably' become naturalized within the next 10 years, further reflecting acculturation to the U.S.

Together, these data present a picture of a South Asian community that is integrating and acculturating well to its new home in the U.S.

Education

South Asians are more likely to have graduated from high school than the general population of Houston and are substantially more likely to hold a bachelor's degree or higher. The Indian population of Houston is particularly well-educated.

Source: U.S. Census Bureau; "2011-2013 American Community Survey 3-Year Estimates;" generated by Outreach Strategists; using American Fact Finder; <http://factfinder.census.gov/>; (1 December 2014)

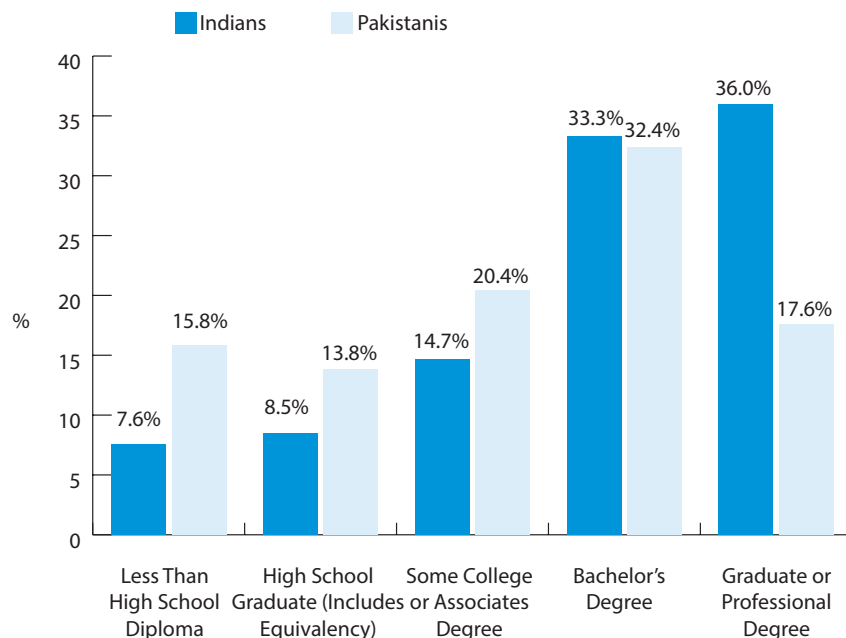
Table 6 – Houston Educational Attainment

	Indians	Pakistanis	Total pop.
% with high school degree or higher	92.4%	84.2%	81.4%
% with bachelor's degree or higher	69.3%	50%	29.9%

Source: U.S. Census Bureau; "2011-2013 American Community Survey 3-Year Estimates," generated by Outreach Strategists; using American Fact Finder; <http://factfinder.census.gov>; (1 December 2014)

As a well-educated population, South Asians may be more enticed by the education and knowledge-based services. Services related to improving health and diet, living smarter and longer, and political advocacy should prove to be highly appealing to a well-educated demographic.

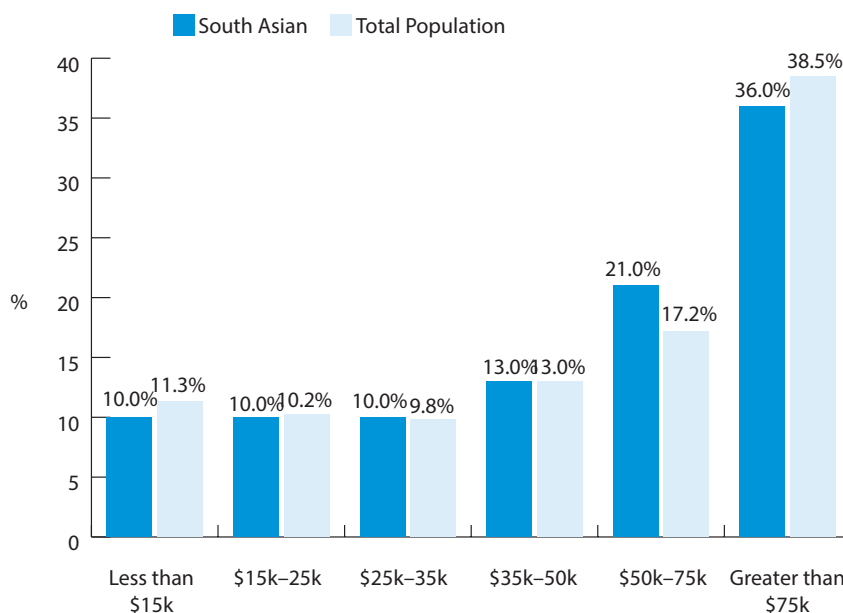
Figure 17 – Rates of Educational Attainment among Houston South Asians



As a well-educated population, South Asians may be more enticed by the education and knowledge-based services. Services related to improving health and diet, living smarter and longer, and political advocacy should prove to be highly appealing to a well-educated demographic. However, it is important to note that many South Asian seniors who are recent immigrants are less likely to have obtained college degrees.

Wealth and Poverty

Figure 18 – Distributions of Houston Household Income



Source: Data for general population compiled from U.S. Census Bureau (2013) and for South Asian population from Rice University (2013)

The income distribution of South Asian Houstonians largely mirrors that of Houston at large. South Asians are less likely to be extremely impoverished compared to the general Houston population, although they are also less likely to make over \$75,000 per year. South Asians are less likely to be extremely impoverished compared to the general Houston population and they are also less likely to make over \$75,000 per year.

Source: U.S. Census Bureau; "2011-2013 American Community Survey 3-Year Estimates," generated by Outreach Strategists; using American Fact Finder; <http://factfinder.census.gov>; (1 December 2014)

South Asian Houstonians are relatively better off economically than the average Houstonian. Indians in particular are significantly better off economically.

Source: U.S. Census Bureau; "2011-2013 American Community Survey 3-Year Estimates," generated by Outreach Strategists; using American Fact Finder; <http://factfinder.census.gov>; (1 December 2014)

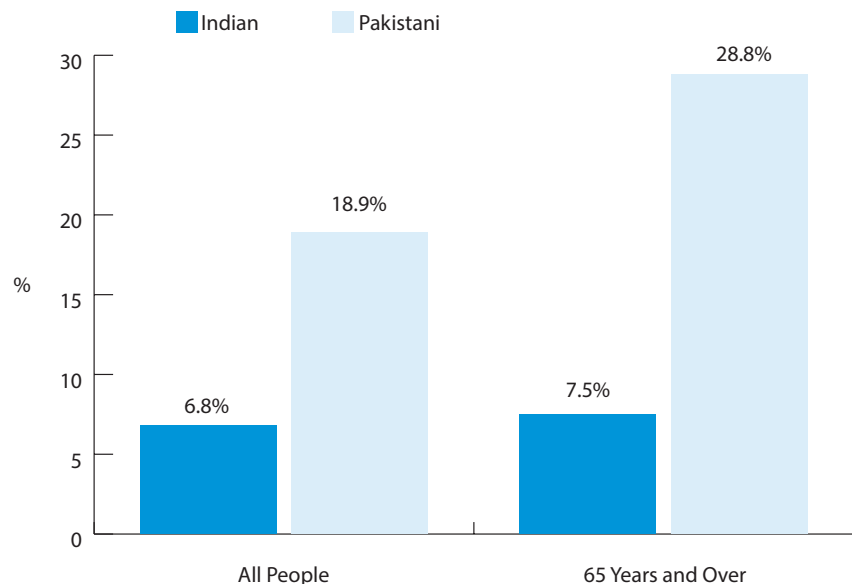
There is a wide gap in the rates of poverty between the Indian and Pakistani populations of Houston.

The poverty rate among Indian seniors is slightly lower than that of the Houston senior population. However the poverty rate among Pakistani seniors is nearly three times that of the general senior population.

Table 7 – Houston Household Income data			
	Indians	Pakistanis	Total pop.
Median Household Income	\$97,742	\$61,717	\$56,889
Individual poverty rate	6.8%	18.9%	16.8%
Senior (65+) poverty rate	7.5%	28.8%	10.5%
% Households enrolled in SNAP	4.1%	15.6%	12.4%

South Asian Houstonians are relatively better off economically than the average Houstonian. Indians in particular are significantly better off economically. The poverty rate among Pakistanis is higher than that of Houston as a whole, but the poverty rate among Indians is substantially lower.

Figure 19 - Individual Poverty Rates among Houston South Asians



The poverty rate among Indian seniors is slightly lower than that of the Houston senior population. However the poverty rate among Pakistani seniors is nearly three times that of the general senior population. This figure demonstrates a need for direct help in applying for and navigating assistance programs.

National level studies have shown that South Asians are at increased risk to suffer from diabetes and cardiovascular and cholesterol-related diseases.

Data suggest that Houston South Asians may be less likely to suffer from high blood pressure and elevated cholesterol compared to their peers, although they are more likely to suffer from diabetes and heart disease.

Reports also show that South Asian women are at an elevated risk of developing breast cancer²² and cervical cancer²³ compared to their peers.

Sources: South Asian: Gor B.J., Dongardive R., Kabad K., Dorai V.K., Naik L., Legha S., PandeM. The South Asian Health Needs Assessment Survey, 2013-2014. Houston: Indian American Cancer Network and the University of Texas MD Anderson Cancer Center; 2015. All other ethnicities: Texas Department of State Health Services, Behavioral Risk Factor Surveillance System

20 Kagawa-Singer M, Ong PM. The Road Ahead—Barriers and Paths to Improving AAPI Health. AAPI Nexus Vol.3, No. 1 (Spring 2005):vii-xv.

21 Asian Pacific Islander American Health Forum. (2006). Health Brief: South Asians in the United States. Washington, DC: Daus, G.P., Bormet, M., Trieu, S.L., & Chen, D.

22 Report prepared by the Texas Department of State Health Services, Cancer Epidemiology and Surveillance Branch, Texas Cancer Registry, Data Request #12207, 8/17/2012

23 Chaudhry S., Fink A., Gelberg L., & Brook R. (2003). Utilization of Papanicolaou Smears by South Asian Women Living in the United States. Journal of General Internal Medicine, 18(5), 377-384.

24 Texas Department of State Health Services, Behavioral Risk Factor Surveillance System

25 Misra, R. (June 2004) Proceedings from the American Association of Physicians of Indian Origin Annual Meeting. Diabetes among Indian Americans. San Diego, CA.

26 Miller BA, Chu KC, Hankey BF, Rises LA. Cancer incidence and mortality patterns among specific Asian and Pacific Islander populations in the US. Cancer Causes Control 2008; 19(3): 227-56

27 Gor B.J., Dongardive R., Kabad K., Dorai V.K., Naik L., Legha S., PandeM. The South Asian Health Needs Assessment Survey, 2013-2014. Houston: Indian American Cancer Network and the University of Texas MD Anderson Cancer Center; 2015.

28 Ibid.

Health

National level studies have shown that South Asians are at increased risk to suffer from diabetes and cardiovascular and cholesterol-related diseases.²⁰ Studies have also shown that the U.S. South Asian suffers from heart attacks at nearly 3 times the rate of the general population.²¹ Despite these national-level trends, Houston-area South Asians may be healthier than many of their peers across other ethnicities. Data suggest that Houston South Asians may be less likely to suffer from high blood pressure and elevated cholesterol compared to their peers, although they are more likely to suffer from diabetes and heart disease.

Table 8 – Incidence of Medical Conditions among Houston Ethnic Groups

	South Asian	Caucasian	African American / Black	Hispanic
Diabetes	14%	10%	13%	12%
High Cholesterol	27%	42%	37%	33%
High Blood Pressure	23%	34%	44%	25%
Heart Disease	8%	7%	9%	4%

Reports also show that South Asian women are at an elevated risk of developing breast cancer²² and cervical cancer²³ compared to their peers. Distressingly, South Asians are less likely to receive mammogram or Pap smear screenings than Caucasians. In Harris County in 2004, 69% of Caucasian women reported receiving a mammogram in the last two years and 86% reported receiving a Pap smear in the last three years.²⁴ By contrast, 57% of South Asian women reported receiving a mammogram in the past two years and 79% reported receiving a pap smear in the past three years.²⁵

Research also shows that South Asian men are at a higher risk for developing prostate and colorectal cancers.²⁶ However, screening for prostate and colorectal cancer among South Asian men in Houston remains low compared to the general population.²⁷

Furthermore, the same research has also shown that 18.5% of South Asians had not received a routine health check-up in the past two years.²⁸ Programs tailored to the South Asian community should place a particular emphasis on screening and preventative care for diabetes, cardiovascular diseases and cancer. While access to health care may be a lesser concern for Houston South Asians compared to other communities, there is still a substantial minority that confronts barriers to access.

In tailoring programs to the South Asian community, a particular emphasis should be placed on screening for diabetes and cardiovascular diseases, and encourage participation in preventative care, and encourage early cancer screening and prevention efforts.

Furthermore, the same study has also shown that 18.5% of South Asians had not received a routine health check-up in the past two years.

Source: U.S. Census Bureau; "2011-2013 American Community Survey 3-Year Estimates," generated by Outreach Strategists; using American Fact Finder; <http://factfinder.census.gov>; (1 December 2014)

Source: U.S. Census Bureau; "2011-2013 American Community Survey 3-Year Estimates," generated by Outreach Strategists; using American Fact Finder; <http://factfinder.census.gov>; (1 December 2014)

The insured rate among Indians compares favorably to that of Houstonians in general. However the insured rate among Pakistanis is substantially lower.

Health Insurance Coverage

Figure 20 - Rates of Insurance Coverage among Houston South Asians

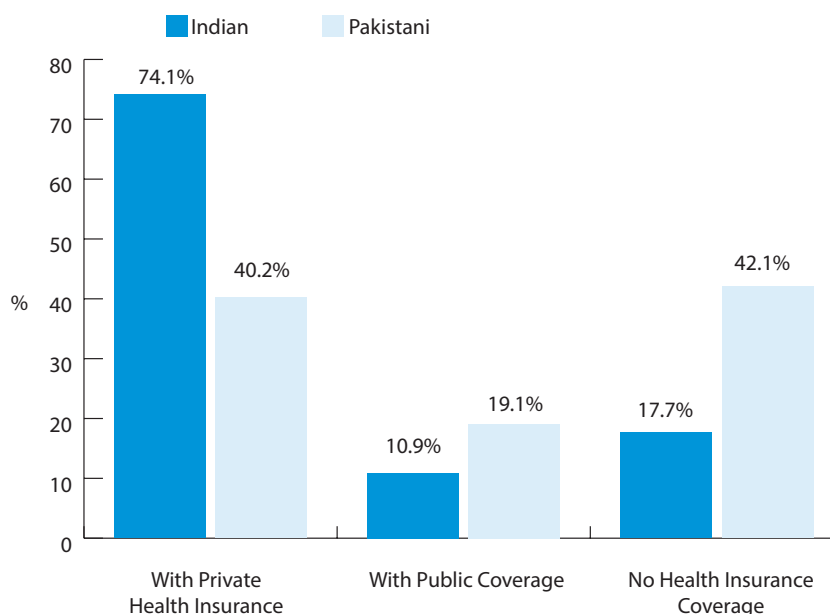


Table 9 – Houston Household Income data

	Indians	Pakistanis	Total pop.
Median Household Income	\$97,742	\$61,717	\$56,889
Individual poverty rate	6.8%	18.9%	16.8%
Senior (65+) poverty rate	7.5%	28.8%	10.5%
% Households enrolled in SNAP	4.1%	15.6%	12.4%

There is a significant difference between the health insurance rates of Houston Indians and Pakistanis. The insured rate among Indians compares favorably to that of Houstonians in general. However the insured rate among Pakistanis is substantially lower. There are likely a significant number of Pakistani seniors or soon-to-be seniors who are unaware of public assistance programs they may qualify for, thus creating a need for educational resources within this population.

It should be noted that the figures here are from 2013, and thus do not reflect the effects of the Affordable Care Act. While Texas has not expanded its Medicare program under the ACA, the federal marketplace and subsidies are likely to result in increased numbers of South Asian Houstonians with private health insurance.



All groups related that their community's seniors fell into one of two groups: those who have lived in the West for an extended period of time and those who immigrated to the U.S. very recently, most often brought over by their children. The first group of seniors is relatively independent, with strong social and personal connections within their respective communities and well-positioned for aging in the West. By contrast, the second group was seen as socially isolated and especially needing outside assistance.

As part of the study process, Outreach Strategists organized and conducted four focus groups, each focused on a different segment of the Houston South Asian community: Indians, Pakistanis, Bangladeshis, and Sri Lankans. Focus groups were composed of approximately 10–20 individuals aged 40 years and over, and were convened for an hour to an hour-and-a-half. Participants were asked about their thoughts and perceptions on a range of issues, including health within their communities, mental health care, resources within their communities and views on elder care.

A large number of shared commonalities amongst the communities emerged from the discussions, ranging from health concerns to elder caregiving.

(Quotes cited are from various focus group participants and have been edited for clarity and concision.)

General Themes

- South Asian Seniors fall into two groups: those who have lived abroad for a long period of time and are well integrated, and those who have come over only recently.
- There is a lack of knowledge of publicly available resources within the community. Many participants learned about programs/resources from conversations in the focus groups.
- The second generation of South Asians is most responsible for care for elders, and should be a priority target for communicating and messaging around these issues.
- The South Asian community has great difficulty navigating federal programs such as Medicare, Medicaid, and Social Security. There is also a general lack of awareness of the programs seniors may qualify for.

All groups related that their community's seniors fell into one of two groups: those who have lived in the West for an extended period of time and those who immigrated to the U.S. very recently, most often brought over by their children. The first group of seniors is relatively independent, with strong social and personal connections within their respective communities and well-positioned for aging in the West. By contrast, the second group was seen as socially isolated and especially in need of outside assistance.

As a participant from the Indian focus group succinctly described it:

"In our community there are two types of seniors. The ones, who came early on and had a career, raised a family, and now the family is gone and we are empty-nesters. But the other [group] ... are those that came after they were widowed, or they come in their old age after they retired, and they are the ones that are stuck at home and, unfortunately, become nannies for their grandchildren and have no transportation, don't know the language, their health is not in the best condition, and they suffer a lot."

Although this second group was seen as the most in need of assistance, many of the concerns, especially those related to physical health and better living, applied to the first group as well.



Participants in all groups described difficulties in finding and connecting with public and private resources that can assist with senior care. In fact, participants in multiple groups learned about services that they had not previously known about through the group discussions. Multiple participants suggested that their communities would greatly benefit from a consolidated guide to resources, such as transportation services and community centers, that are available for free or at low cost in the Greater Houston region.

Difficulties navigating and understanding healthcare and federal programs were another recurring theme among participant discussions. Many participants shared personal stories of difficulties they or relatives had in navigating federal benefit programs such as Social Security, Medicare, Medicaid, and the Supplemental Nutrition Assistance Program. One participant shared his experiences of signing his mother up for Social Security, in which he was sent back and forth among Houston Social Security offices for the better part of two months before he could successfully enroll her. Many other participants testified to similar time-consuming and difficult experiences in applying for federal benefits.

Participants also noted a lack of awareness in the community of programs that are available and the conditions necessary to qualify. Every group suggested that their communities would greatly benefit from education on these federal programs.

“What happens is that if (my mother) had a problem, she has to go and search for information, for where to go and what to do. If I had a guide to the resources available it would be quicker, and easier to find, and get help.”

In terms of engagement, participants emphasized that any community outreach and educational efforts absolutely must target both seniors and their children in tandem to be effective. The family-centered nature of senior care in South Asian cultures means that most care decisions are made solely by or in concert with a senior’s adult children. Furthermore, the best means to reach out to recently immigrated seniors will be through their children, who, in contrast to their parents, are plugged into western media and social networks.

“We need to educate the second generation because, in our community most of the decisions for the first generation, are being made the adult children. So where the emphasis right now is on educating the seniors or the first generation, I think there should also be equal emphasis on educating the second generation who are actually the caregivers, and also who are the ones who are going to be making the decisions for this first generation.”



Participants suggested that high rates of these diseases are the result of poor health practices, such as diet and exercise, a lack of education on the diseases and their cause, and certain cultural perceptions. Some also suggested that South Asians in general might be predisposed to these diseases.

Physical Health, Wellness, and Nutrition

- Diabetes, heart disease, high blood pressure, and cholesterol are prevalent in the South Asian community.
- The traditional South Asian diets would benefit from advice on healthier eating and cooking habits.
- Rates of physical activity are lower among South Asians compared to the rest of the population. There is a lack of understanding of the importance and necessity of exercise.

Every focus group named diabetes, cholesterol, high blood pressure, and heart disease as among the top health concerns for their communities. These health concerns apply not only to seniors, but also middle-aged and younger adults. Participants suggested that high rates of these diseases are the result of poor health practices, such as diet and exercise, a lack of education on the diseases and their cause, and certain cultural perceptions. Some also suggested that South Asians in general might be predisposed to these diseases.

Participants in the Bangladeshi focus group noted that discussing health problems in general is taboo among their community, and suggested that greater educational efforts would be the best way to combat this perception and to improve awareness of disease.

"There is a social stigma about talking about your own health or a family member's. For example right now, in my community, even though older people and younger people are having health issues, talking about (them) is a social stigma, we don't like to share. And as a result, help is also limited because of that. We don't even want to talk about diabetes, hypertension, and cancer. Because there is a cultural connotation, because they will think 'oh my God what is wrong? Did somebody curse your family?' Breaking down that stigma is a big problem also."

One participant noted an historical perception among South Asians that heart disease, diabetes, and the like are "rich man's" diseases. While this perception is waning, it still colors community thoughts. Another participant pointed out that South Asians also tend to view weight as a sign of prosperity, saying that "...if they see someone losing weight, they ask what is wrong with him? Is he okay?" Yet another participant pointed out that the prevalence of vegetarianism, particularly among Indians, contributes to perceptions among South Asians that their diets may be healthier than they are in reality. Several participants expressed a desire to have more community education on healthier eating habits and on ways to prepare traditional South Asian foods in healthier ways.

One participant shared steps taken by his Gurdwara (Sikh place of worship) to improve the eating habits of attendants:

"At the Gurdwara every Sunday or Wednesday whenever food is served, what we've done is assign a doctor to sort of make suggestions of how much oil to use, what type of oil to use, how much sugar to use... so it's a baby step but at least it's administered by a doctor, so hopefully you take that away to your homes and build on it."



Every focus group also cited a lack of exercise and physical activity as major health concerns.

Every focus group also cited a lack of exercise and physical activity as major health concerns. Participants ascribed this lack of exercise to cultural reasons, explaining that exercise is something of a foreign concept in South Asia where a daily routine usually has enough physical activity to keep a person in shape. One participant with the Sri Lankan focus group summed up views on exercise among the South Asian community saying:

“Back in Sri Lanka, you didn’t exercise but you did walk. It was part of the daily life. So they are not used to going to the gym or doing exercises or stuff like that. ...Especially in our age group, we don’t do physical exercise as much as the general population in Houston or Texas.”

One participant from the Indian focus group explained his personal experiences in keeping up with an exercise regime, and the questions he received from members of the community:

“When it comes to health, I don’t know if we are paying enough attention. ...I spend maybe an hour, two hours in the gym almost every day. People are ‘where do you find time for that?’ and I say ‘That’s my time. I’m not going to compromise on that.’”

In his view, this showed that many within the community do not currently recognize the importance of staying physically active and the need for greater educational efforts. Still others explained difficulties in finding a suitable space to exercise in, with several citing safety concerns due to auto traffic and crime. Yet another Pakistani participant cited cultural taboos in which she did not feel comfortable engaging in exercise in a co-ed environment.

Mental Health

- There are strong cultural taboos against discussing mental health among South Asian communities.
- Depression and anxiety among seniors are major issues brought on by physical and social isolation. Feelings of not being ‘useful’ are another major contributor to these conditions.
- There is a need for greater community involvement and activities for South Asian seniors. However transportation presents a major barrier.

Every focus group noted strong cultural taboos on the subject of mental health and a strong stigma against seeking out mental health assistance. These perceptions act as major barriers, preventing members of the South Asian community from receiving much needed professional help. Participants noted that anxiety and depression are major issues within each community due to the lack of treatment and assistance. Depression is an especially major issue amongst seniors, where it is brought on by social and physical isolation from the larger South Asian community. Others pointed to perceptions of ‘being useless’ as another major cause for depression among seniors.

Every focus group noted strong cultural taboos on the subject of mental health and strong stigma against seeking out mental health assistance.

“Regardless of whether you have physical disabilities or loss of function, one thing is very common, which I see in the older generation. They don’t feel that they have any use in their life, and because of that they lose their incentive and motivation to do anything. And that gives rise to depression. It’s a spiral, a sort of vicious circle. And I think we have to prepare people for old age before they become old. And they should know that old age is not for preparing yourself for the grave, but to become more useful.”

In all cases, however, participants noted that transportation is a major impediment to seniors utilizing currently available resources or any new programs that are developed.

Among focus groups there was an agreement that two of the greatest issues plaguing seniors are language barriers and lack of mobility, particularly amongst the group of seniors who have only recently entered the U.S.

In both cases of depression, participants saw the solutions as being relatively straightforward through providing greater opportunities for recreational activities and social interaction for seniors. One participant pointed to community centers in the City of Sugar Land as providing excellent models in designing and running culturally relevant and productive programs for South Asian seniors. Another participant suggested that programming should include learning recreational skills, such as arts, photography, knitting, or ways to utilize electronics as a means to help fight seniors’ feelings that they are ‘doing nothing.’ Still others suggested that seniors would greatly benefit from opportunities to give back to their communities through volunteerism or through sharing and utilizing skills they have developed across their lifetimes.

In all cases, however, participants noted that transportation is a major impediment to seniors utilizing currently available resources or any new programs that are developed.

Living Better and Longer

- Recent senior immigrants face major challenges in language barriers in the U.S.
- Mobility and transportation are major issues. Lack of transportation options leads to many seniors becoming physically and socially isolated.
- There is an acute need for community-centered activities for South Asian seniors.

Among focus groups there was an agreement that two of the greatest issues plaguing seniors are language barriers and lack of mobility, particularly amongst the group of seniors who have only recently entered the U.S. The recent transplantation of many of these seniors often means that they have a poor command of the English language or, according to some participants’ testimony, may feel overly self-conscious about their English skills and be hesitant to speak in the language. Meanwhile, many of these seniors have aged to a point where their health significantly impairs their ability to drive and lack easy access to effective public transportation. Together, these two factors create some of the largest barriers to South Asian seniors living fulfilling lives and lead to their social and physical isolation.



...every focus group agreed that there are many seniors among the South Asian community that remain isolated and unengaged. The causes of this are multi-faceted, including the above-mentioned lack of mobility, difficulties in communicating across various communities, lack of awareness of public programs, the geographic footprint of the community, and a lack of culturally relevant programming at existing community centers.

In proposing solutions to these issues, focus group participants emphasized the need for educational services and materials in major South Asian languages, such as Hindi, Urdu, Tamil, Sinhala, and Bengali. Participants also emphasized the need to train staff who are fluent in these languages or recruit volunteers who are fluent.

Although focus group participants pointed to a number of highly successful community organizations and resources, every focus group agreed that there are many seniors among the South Asian community that remain isolated and unengaged. The causes of this are multi-faceted, including the above-mentioned lack of mobility, difficulties in communicating across various communities, lack of awareness of public programs, the geographic footprint of the community, and a lack of culturally relevant programming at existing community centers. Participants suggested producing community resource guides as one solution to solving the lack of awareness of options and to smooth communication.

Another participant recommended locating major clusters of elder South Asians as a means to target senior services explaining that:

"...it's hard to get people out of their home...some of these services have to come to them. So what you do is parse that data, saying in this zip code these are the seniors who are living there. What happens is that organizations provide some kind of activity center. If those things are closer to you, based on a zip code and a comprehensive database, then I think the children won't mind taking somebody that's 5, 7, 8 minutes away versus half an hour or 45 minutes away. And then we might break the barriers of interacting with different people from different cultures. I think it opens that window more broadly."

Fraud and Scams

- All communities have some knowledge of scams and fraud.
- Communities desire more education and awareness on scam and fraud prevention.

All focus groups described some familiarity with fraud and scam attempts. In fact, many participants shared stories of how con artists attempted to defraud or scam them, family members, or friends. While most participants attested that they were knowledgeable enough to avoid the fraudster, some fell victim to the predators. Moreover, every focus group saw how elders, who are less savvy about Western institutions, are particularly vulnerable to fraud. Although personal knowledge and word-of-mouth throughout the community provided some defense against fraud and scams, every focus group suggested their community would benefit from educational programs on detecting and avoiding scams.



Outreach Strategists convened a focus group of caregivers from the Houston South Asian community who shared their experiences in a group setting. Through this group, Outreach Strategists gathered information to help inform the current state of caregiving within the South Asian community, the demands placed on South Asian caregivers, and the needs and wants of family caregivers in the community.

The focus group was composed of six individuals, all females, half of Asian Indian descent and half of Pakistani descent. They were aged 44 to 65 years old, four born in Pakistan or India, one in Canada and one in the U.S. All participants were either presently caring for or had previously cared for an aging and ailing relative, and all but one of the persons receiving care were deceased.

Caregiving among South Asians

- Caring for elder parents, grandparents, and spouses is an incredibly important cultural duty
- Expectation among seniors that they will be cared for by their children and grandchildren
- Strong cultural opposition to ‘outsourcing’ senior care
- Cultural stigma associated with sending elders to senior homes

Caregiving among South Asians is strongly family-based. Children and grandchildren are expected to care for their aging parents and grandparents. Concurrently, this means that there is a cultural stigma against employing people outside of the family to care for seniors, and an especially strong stigma against placing seniors in facilities like nursing homes. This stigma presents especially acute problems in the case of seniors who require advanced medical care or are suffering from conditions such as Alzheimer’s and dementia, which make in-home care difficult to impossible.

“My mother had to have physical therapy in a nursing home. So for two weeks she was in a nursing home and I was getting phone calls from Pakistan...that I was such a bad daughter.”

A lack of culturally competent care was also a recurrent theme in discussions. From cultural faux pas to food, the focus group participants cited a number of reservations they had in employing professional caregivers and the negative impact on their senior relatives that would follow.

Cultural barriers to care among South Asians

- Language barriers between many seniors and professional caregivers in the U.S.
- Lack of culturally competent professional caregivers and long-term care facilities
- Discomfort with receiving care from opposite gender

Going beyond the cultural stigma associated with caregiving outside the family, the focus group participants explained greater reservations they had experienced in seeking out and utilizing professional caregiving providers. Language barriers between a professional caregiver and the elder recipient were a chief concern, with participants citing the feelings of isolation this would foster within the senior and the difficulties it would present in adequately serving said senior. A lack of culturally competent care was also a recurrent theme in discussions. From cultural faux pas to food, the focus group participants cited a number of reservations they had in employing professional caregivers and the negative impact on their senior relatives that would follow.

Views on gender roles and norms also present obstacles to caregiving outside of the family.

Caregiving is a demanding and stressful activity, and testimony from the focus group participants bore this understanding out.

This balancing act often leads to a caregiver neglecting themselves and other members of their family, leading to stress, anxiety, and depression.

In several cases this resulted in the caregiver having to quite their job, as their employer did not provide them with the flexibility they needed to meet their caregiving obligations and work responsibilities.

Views on gender roles and norms also present obstacles to caregiving outside of the family. Participants pointed out how certain caregiving duties and medical care would conflict with deeply ingrained cultural views regarding interactions between the genders. One participant noted how taboos surrounding physical exposure made her mother deeply uncomfortable:

"For example, like with an ultrasound. If they want you to put on the gown then your legs will show. And culturally...no male doctor. My mother says 'I would rather die than to see the male doctor.' And if it's a physical exam—forget it—she would die."

Such discomfort is not limited to South Asian women, another participant told this story about her father while he was hospitalized:

"Even for my dad, being a man, the nurses would come to me—he had liver cancer, in very bad shape—and say 'Ask him, he can at least ask for Tylenol. He doesn't ask us for anything. He doesn't say anything.' And my dad said 'I can't do that. I can't ask these ladies to just serve me. That's disrespectful and that's a shame.' So gender is an issue."

Difficulties in Caregiving/Stressors on Caregivers

- Caregivers must organize their daily schedules around caring for the elder, even when employing professional caregivers
- Caregivers have difficulty maintaining a balance between their work and caregiving duties, and many times employers are not understanding of the need for flexible scheduling
- Financial costs of care are a major concern, especially in hiring professional help
- Participants reported major difficulties in navigating federal benefits systems
- Caregiving and other familial duties often wind up 'crowding out' a caregiver's personal time, leading to self-neglect, stress, and depression

Caregiving is a demanding and stressful activity, and testimony from the focus group participants bore this understanding out. Participants highlighted the many demands and stresses that they encountered in caring for their elders. The demands placed on a caregiver's time are particularly severe. One of the focus group participants testified that, even though she had hired caregivers to assist in taking care of an ailing parent, she still had to arrange her schedule and life around her parent, saying that

"During certain points in the day I had to be there. So with my life I had to arrange my schedule around those [duties]. Gotta be home at 3:00 because [they] need my help..."

This balancing act often leads to a caregiver neglecting themselves and other members of their family, leading to stress, anxiety, and depression.

Balancing the demands of caregiving with their own life was a challenge for all participants. One of the largest conflicts cited was with work. Several participants described personal stories of the difficulties in balancing these demands. In several cases this resulted in the caregiver having to quite their job, as their employer did not provide them with the flexibility they needed to meet their caregiving obligations and work responsibilities. As one participant explained:

"...and that's where my employers did not understand a whole lot. There was a point where I would come in late and leave early, but I would take my work home and be up until midnight finishing up the... what I needed to do. You know what I needed to do on my desk I just brought it home. But they didn't quite understand. So in a way they made conditions such that I said 'Come January I am leaving.'"



The financial burden of caregiving was also a recurrent theme among the focus group participants. Ranging from medical expenses to professional services to even renovating their home for better wheelchair access, caregivers cited that the costs of caregiving were a major concern. In connection with finances, the participants discussed difficulties they had in navigating the health insurance and government benefits systems.

“It’s just a problem—I don’t care what language you speak- trying to navigate your way through insurance policies, Medicare, Medicaid. I mean, I must have been on the phone for like two hours with Medicare once, just trying to understand what plan to put everyone on.”

When asked what could improve their experiences, participants suggested hands-on assistance with trained experts, with several noting the inadequacy of assistance they received at local public assistance offices.

Best Practices in Caregiving for Elder and Self

- Opportunities to socialize and interact with peers is an important means to maintaining an elder’s mental and emotional health
- Caregivers cited community support as being especially vital during times of acute crisis or stress, particularly during end-of-life care; however, the caregivers also noted that community support is much more limited and sporadic outside of these times of crisis
- Caregivers cited faith and prayer as particularly important to maintaining their mental and emotional wellbeing during stressful times
- Caregivers also cited taking care of their physical health through exercise and a healthy diet as important in dealing with the stresses of caregiving

When asked about the most effective means that they found coping with the difficulties of caregiving, focus group participants offered a number of suggestions.

When asked about the most effective means that they found coping with the difficulties of caregiving, focus group participants offered a number of suggestions. Participants noted the importance of peer-to-peer interaction, with several sharing stories of how they saw dramatic improvements in their elder’s disposition when they were enrolled in care facilities with other elders. The close-knit nature of the South Asian community was another important support mechanism for caregivers going through crises when caring for their elders. As one testified,

“When my father was in the hospital for four-five weeks, one of my friends had started sort of a meal train. My mother and I did not have to worry about food for five-six weeks. ...And that way I was able to focus [on my father].”

However, the participants also noted that such major outpourings of community support are limited to times of severe crisis, most often during end-of-life cases. The focus group participants also pointed to faith and prayer as important in coping with the stress of caregiving duties, as well as maintaining physical health through diet and exercise.



The need for culturally competent professional services was felt especially acutely amongst the group, some of whom experienced the difficulties caused by professionals that were not culturally competent.

Participants also pointed to the financial burden that caregiving imposed on a family, especially should they choose to hire a professional caregiver.

Needed Assistance

- Caregivers need greater confidence that professional services will be culturally competent to care for their elders and be able to communicate to some degree in language
- Financial costs are a major concern, and caregivers need improved access to governmental and community resources that will offset financial impact
- Caregivers and elders need available counseling services to help reduce stress, potential conflicts, and to maintain communication and relationships

When asked what kind of assistance that caregivers would want or find useful, participants pointed to several distinct items. The need for culturally competent professional services was felt especially acutely amongst the group, some of whom experienced the difficulties caused by professionals that were not culturally competent. Professional services were seen as an important way to reduce the stress and demands placed on family caregivers, but many of the participants felt reservations about hiring a person if they did not think that person would be able to understand important aspects of South Asian culture. Capacity to speak and understand major South Asian languages, such as Hindi, Urdu, and Punjabi, would also be incredibly important in selecting a professional caregiver.

Participants also pointed to the financial burden that caregiving imposed on a family, especially should they choose to hire a professional caregiver. At the same time, the group also expressed an understanding that many professional caregivers are not well compensated for their time or work, and participants worried that this would negatively affect availability and professionalism. Participants expressed a desire for assistance in navigating and accessing governmental and public assistance programs that could help to offset financial burdens.

Counseling services, for both caregiver and the recipient, were a final suggestion by focus group participants. While all the participants noted the stigma against mental illness and seeking assistance for this within South Asian society, participants suggested that counseling would be a very important way for caregivers and recipients to manage and reduce stress, and to promote healthy relationships.

Not shared as openly with others during the focus group, one participant confidentially confessed,

"I had feelings of resentment and anger which were directed at no one in particular but it was there. These resentful feelings are universal but we're conditioned to consider it a privilege to be able to give our parents comfort and solace in old age and that is particular to a South Asian upbringing."

As discussion came to a close, many focus group participants explained that they felt many of the caregiving needs they talked about, aside from those involving cultural matters, are universal in nature.

CONCLUSION

The continued growth and acculturation of the South Asian population provides an opportunity to provide information regarding elder-care, health and wellness, financial planning, and active living by taking into account the cultural preferences and social needs of the community.

There is particularly strong opportunity to conduct meaningful engagement with the South Asian community in Houston with the more acculturated senior population and second and subsequent generations of offspring. As a growing part of Houston's ethnic diversity, South Asian Houstonians represent one of the largest cohorts of their population kind in the state of Texas. The sheer diversity and numbers of Houston's South Asian population means that programming can be conducted across multiple South Asian nationalities at once. This means that outreach and engagement with them is likely to create replicable outcomes that can be used state-wide and across the nation.

The presence of existing community resources (see list in Appendices) and infrastructure unique to Houston's many South Asian communities creates a ready-made platform for delivering services and messages in ways that will resonate with target populations.

Several observations have been highlighted throughout the report to provide guidance in working more effectively with the South Asian community. Given these and other factors, there are many unique opportunities to increase efforts among Houston's South Asian community.



Houston South Asian Community Organization Heat Map



Source: Houston, TX. (Feb. 2015). Google Maps. Google. MapCus- tomizer. Retrieved from <http://www.mapcustomizer.com/map/South%20Asian%20Community%20Resources-Hou>; generated by Outreach Strategists (February 2015).

Community Organizations

Below is a listing of many of the most active South Asian-focused organizations in Houston and is not intended to be an exhaustive list.

Bangladesh American Society of Greater Houston

BASGH organizes and promotes cultural and educational events throughout the community and across Houston.

Bangladesh Association Houston

One of the two major Bangladeshi community organizations in Houston. BAH is currently in the process of establishing its own multi-service community center.

DAYA

DAYA is a community organization founded in 1996 to provide culturally competent assistance to South Asian families. The organization is particularly focused on promoting family welfare, especially for women and children who may be victims of abuse. DAYA provides counseling, referrals, legal advocacy, and financial support to its clients in addition to outreach and educational activities within the South Asian community.

Emerge USA - Texas Chapter

Emerge USA is a non-partisan organization focused on promoting political leadership and involvement among Muslim, Arab, and South Asian communities. The Texas Chapter of Emerge is based in Houston and has substantial activity within the South Asian community. Emerge organizes community education programs, promotes voter registration, and conducts leadership mentoring programs.

Hindus of Greater Houston

HGH is a religious-community organization established to help to connect and empower Hindus throughout Greater Houston. HGH regularly organizes religious, cultural and education events throughout the region.

Ibn Sina Foundation

Founded by members of the South Asian community, Ibn Sina is a network of clinics in Greater Houston and beyond that provides free and low-cost care to primarily low-income and indigent patients.

India House

India House is a community center established in Southwest Houston for the South Asian community. The center provides regular health clinics, senior services, legal and immigration counselling, and numerous social and cultural activities.

Indian American Cancer Network

IACAN works to educate the entirety of the Houston South Asian community on cancer prevention and management. In 2014 they conducted a health study of primarily Indian Houstonians, and are currently in the process of conducting a health study of the Houston South Asian Community at large.

The South Asian community is highly active within Greater Houston. Although many community organizations are smaller than the existing Chinese and Vietnamese associations, they are highly influential within the South Asian community.

Indian Muslims Association of Greater Houston

IMAGH is an umbrella organization established among Houston area Indian Muslims to promote and strengthen their identity and culture. IMAGH organizes cultural and educational events across Houston and also manages Club 65, an association of South Asian seniors.

Indo-American Chamber of Commerce of Greater Houston

Founded in 1999 by local Indo-American businessmen, the Indo-American Chamber helps to empower local Indo-American entrepreneurs and professionals, and encourages expanded trade and economic interactions with South Asia.

Islamic Society of Greater Houston

ISGH represents over 100 mosques in Greater Houston, a large number of which are composed primarily of South Asian parishioners. The Society is a major coordinating body throughout the South Asian Muslim community and organizes numerous community events. ISGH also supports area clinics and operates a religious charity program, or Zakat.

Ismaili Seniors

Ismaili Seniors, also called the Ismaili Golden Club, is a program established by the Houston Ismaili Muslim community and its Jamatkhana Center. The program is supported by the Aga Khan Foundation and provides regular activities, food and educational programs for seniors from the Ismaili Muslim community.

Pakistan Chamber of Commerce

The Pakistan Chamber is established to empower local Pakistani entrepreneurs and professionals, and to promote greater economic linkages between Houston and Pakistan. The Chamber also provides educational programs and seminars for Houston area small businesses.

Shifa Clinics

Shifa is a series of area clinics that provide free or low-cost health care services to low-income individuals. The clinic networks were established and are run by leaders of the South Asian community.

Sikh National Center Gurdwara

The Sikh National Center is organized as a regional religious and cultural center for the Houston Sikh Community. The Center is currently in the process of developing a 20 acre campus that includes a Gurdwara (temple), school, and community space.

South Asian Chamber of Commerce – Houston

The South Asian Chamber was founded in 1993 by Houston area entrepreneurs and professionals across a wide number South Asian communities. The Chamber works to empower members of the South Asian community in developing links and ties with the greater Houston business and philanthropic communities

Sri Lankan American Association of Houston (SLAAH)

SLAAH was instituted to foster social and cultural interaction among the Sri Lankan American community in Houston Texas and disseminate our rich culture and values to the main stream American community.

Datasets Included

The data used in this report are derived primarily from five sources: the U.S. 2010 Census, the U.S. Census Bureau's 2013 American Community Survey, the Houston Area Survey conducted by Rice University's Kinder Institute for Urban Research, The South Asian Health Needs Assessment Survey conducted by MD Anderson Cancer Center and the Indian American Cancer Network, and surveys and focus groups conducted by Outreach Strategists.

The U.S. decennial census is a vital source of information for demographic studies across the country. The American Community Survey (ACS) is a smaller, but more in-depth study conducted by the Census Bureau across the country. The ACS collects demographic data across a much wider range of subject matter and randomly samples approximately 3 million Americans every year.

The Houston Area Survey is an annual study conducted by Rice University's Kinder Institute for Urban Research, located in Houston. The Houston Area Survey has been conducted annually for 33 years, and solicits respondents for a wide array of questions ranging from socio-economic status to personal opinions and views. Additionally, the Kinder Institute has conducted breakout studies specifically focused on Houston's Asian population in 1995, 2002, and 2011. We use both the Institute's Asian population studies and unpublished data from the lifetime of the survey.

The South Asian Health Needs Assessment Survey was a study conducted jointly by Houston's own MD Anderson Cancer Center and the Indian American Cancer Network. Consisting of both surveys and key informant interviews, the study sampled over 1,500 individuals of South Asian origin. Limitations on the survey, however, resulted in a disproportionately large sample of Asian Indians.

Note: Due to the smaller sample size of the ACS, certain groups may not be represented enough to meet the study's level of statistical significance. This is the case with the Houston MSA's Bangladeshi and Sri Lankan communities, and these data were not published by the Census Bureau in the 2013 ACS.



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