

A photograph of a group of South Asian seniors in a community meeting. A woman in the foreground, wearing a red and white patterned sari and glasses, is gesturing with her hands while speaking. Other seniors are seated in the background, listening attentively. The setting appears to be a community center or a meeting room with a yellow door in the background.

# **SOUTH ASIAN SENIORS IN NEW YORK CITY**

## **NEEDS ASSESSMENT**

**DECEMBER 2019**



**INDIA HOME**  
A CENTER FOR SENIOR CARE

# ABOUT INDIA HOME

India Home is a non-profit organization dedicated to addressing the needs of the South Asian and Indo-Caribbean senior immigrant community. India Home provides social, psychological, recreational, and spiritual services in a culturally sensitive environment.

## **Our programs include:**

- Health and Wellness Programs
- Expert-led Community Education
- Congregate Meal Program
- Recreational Activities
- Case Management
- Advocacy Program
- Awareness Campaigns

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## ABSTRACT

As the percentage of immigrant population in the United States (US) continues to grow, a similar trend in demographics is recognized among senior foreign-born Asians within the population group. In recent years, New York City (NYC) has experienced a dramatic shift in the South Asian population as they tripled in size from 2000 to 2014 (AAF, 2016). Queens, New York, where India Home is located, is home to at least half of New York City's Asian population (Census, 2010). Moreover, South Asian seniors in Queens comprise one of the largest subsets of foreign-born persons, with representation from many developing countries such as Afghanistan, Bhutan, Bangladesh, India, Maldives, Nepal, Pakistan, Sri Lanka, Guyana, and Trinidad. Asian seniors represent almost half of the total senior population in the borough of Queens. As this population continues to increase in size, they present very complex public health challenges, nuanced by varying demographics and social determinants of health issues such as age, socioeconomic status, assimilation process, immigration status, language proficiency, lifestyle patterns, and access to healthcare, making them vulnerable to health disparities and health inequities. However, as much as these problems exist, little or no data exists about the health and social needs of senior South Asians in New York City or how they fare in comparison to other population groups in NYC.

Recognizing this gap in data, the New York Community Trust and South Asian Americans Leading Together awarded India Home grants to conduct a needs assessment to better understand the growing South Asian senior community in New York City. The study employed two methodological approaches: a comprehensive needs assessment interview survey questionnaire and focus group discussions. Six hundred and eighty one surveys were completed by South Asian seniors throughout NYC and five focus groups were held in collaboration with other community organizations and centers throughout Queens.

The surveys revealed important demographic data and highlighted the diversity in NYC's South Asian seniors. The survey results and focus group discussions also showed that there is an overwhelming need for health, medical, and social services for South Asians seniors in NYC. These results will be discussed further in this report, followed by recommendations and action plans based on our findings.

## OVERVIEW

There are over 3 million foreign-born persons who reside in New York City. More strikingly, 25% percent of them migrated to the city recently, from 2000 and thereafter (NYC City Planning, 2019). Although many foreign-born persons have resettled throughout the five boroughs of NYC (and beyond), Queens County especially represents a heterogeneous composition of foreign-born persons from many parts of the world. In fact, according to the U.S. Census Bureau, over half of the population of Queens County is foreign-born and 40% of that group is from Asian countries (U.S. Census Bureau, 2017). South Asian seniors specifically represent a larger portion of Asian seniors in NYC when compared to national levels (AAF, 2016). For the purpose of this report, South Asian is defined as anyone who has ancestry from the South Asian subcontinent. The current countries of the South Asian subcontinent include Afghanistan, Bhutan, Bangladesh, India, Maldives, Nepal, Pakistan, and Sri Lanka, and descendants from these countries have resettled in other parts of the world such as Guyana, Fiji, and Trinidad.

As this growing group of foreign-born South Asian seniors age in NYC, their health and social needs change. The 2017 NYC Community Health Survey showed that 65% of Asian seniors over 65 years old reported their health was fair or poor (NYC Government, 2017). Furthermore, while government benefits are the key source of income for the aging population in the US, lower income foreign-born populations were less likely to make use of any public benefit programs (Ku & Bruen, 2013). In a 2016 study conducted by Asian American Federation (AAF), it was found that Bangladeshis were the fastest growing senior group in NYC at more than 600% compared to other senior Asians in the city. Subsequently, these recent senior Asian immigrants groups are less likely to receive Social Security benefits and more likely to live in overcrowded housing (AAF, 2016).





India Home is a non-profit organization that was developed to address the needs of foreign-born South Asian seniors in the New York City (NYC) area. In doing so, the staff at India Home have observed a number of health, social, financial and legal issues that South Asian seniors have faced over the past decade. These include access to adequate healthcare, housing, transportation, recreation, socialization, finances, language translation, and nutrition. To date, there has not been a comprehensive study focusing on South Asian seniors in New York City, specifically. Studies done on the population vary, as they often focus on one specific disease condition, a geographic area, on the broad category of “Asians” as a whole or a specific ethnic group, without a thorough understanding of the health and social aspects of the NYC's larger South Asian community. The demographics of older South Asians can vary significantly in comparison to the younger generations as a result of significant socioeconomic growth observed in recent decades. This evaluation is also vital in determining their differences from the native-born senior population and how they affect the lives of South Asian seniors. Therefore, India Home developed a comprehensive needs assessment both quantitatively and qualitatively to understand these issues in depth and ensure that future actions are informed by data. Furthermore, as the interest in seniors in foreign-born communities is growing in NYC, India Home wants to ensure that it is able to provide an informed and nuanced perspective of the needs of South Asian seniors. India Home's needs assessment fills a gap in the knowledge about South Asian seniors in NYC for both policy-makers and the broader social service sector.

# METHODS

## Quantitative Section

The survey questionnaire was developed by India Home's Deputy Director, Lakshman Kalasapudi (MA, Anthropology). The survey instrument was adapted and modified using existing survey instruments such as Patient Health Questionnaire (Kroenke, Spitzer, Williams, 2001) and Instrumental Activities of Daily Living Scale (Lawton and Brody, 1969), and Activities of Daily Living (Lawton and Brody, 1969). The survey questionnaire included detailed demographic information such as age, gender, income, country of birth and zip code to gain a better understanding of the target population group. Other essential information that was captured included respondents' involvement in government benefit programs. Survey questions around immigration, living situation, language skills and dwelling neighborhood were included to account for variations within different cohorts. Other response items included mental and physical health, transportation, recreation, finances, access to language services and nutrition. This allowed us to capture a comprehensive understanding of the population group after which a thorough analysis was conducted.

Following development, the survey questionnaire was reviewed and approved by India Home's advisory committee. The survey questionnaire was administered by India Home staff and interns from June 2017 through December 2017. Interns were specifically hired and trained to conduct the surveys in all five of NYC's boroughs at community events, shopping areas, and houses of worship where there were high volumes of South Asians. India Home clients were intentionally not included in the study to avoid bias. Survey respondents were approached at random by interns and staff. Inclusion criteria included persons who identified as South Asian, 60 years and older, and residing in NYC and surrounding areas. Exclusion criteria included persons who are younger than 60 years old, seniors who are cognitively impaired, seniors who are not of South Asian descent, and seniors who are not residents of NYC or surrounding areas. Note that residents from surrounding NYC areas such as Westchester, Nassau, and Suffolk counties were included because we found that they may likely benefit from India Home services, given that there are no other existing agencies in the surrounding NYC area that specifically target South Asian seniors.





## **Qualitative section**

Qualitative focus group discussions involved a list of semi-structured questions that were developed by the Deputy Director of India Home. Discussions were facilitated by India Home staff and/or interns, with interpreters present when necessary. Five focus groups were conducted at community organizations and institutions in NYC such as Bangladeshi American Community Development & Youth Service (BACDYS), Chhaya CDC, Hindu Center of Flushing, Shri Trimurti Bhavan and Council of Peoples Organization (COPO). A total of 32 South Asian seniors took part in these focus groups. The discussions lasted for approximately one hour each. Focus group dialogue was audiotaped with consent and transcribed afterwards by interns and staff.

## **Data Analysis**

For the survey questionnaire, responses from each completed survey were inputted by interns into an Excel spreadsheet. Data from the spreadsheet was reviewed and checked for accuracy by a statistician. A descriptive demographic analysis was conducted using frequency distribution, followed by computation of Goodman-Kruskal Gamma (Gamma Coefficient) measure that measures the strength of association between two categorical variables. The values range from 1 to 0, with 1 indicating the most highly associated variables. The breakdown of the distribution of gender, age, country of origin, education and income was key in helping build our understanding of the population group. We then investigated the relationship between these demographic variables and their impact on employment, accessing government benefits, independence and well-being. These trends are highlighted in this study.

Data analysis for focus groups involved analysis of transcribed data by Dr. Harlem Gunness from St. John's University. Personal identifiers were decoded to protect respondents' identity. Common themes and codes were identified and conferred with India Home staff.

Trends from survey responses are the primary focus of this study, and focus group responses are integrated when applicable for more in-depth understanding of issues. An analysis of the identified trends allow for us to reflect on areas of improvement.

## RESULTS

There were 800 respondents in the study, however, after careful review, 85% (681) were found to be valid and were used for analysis for this report.

Respondents were found to be residing in the following counties in the NYC area: Queens, Kings, Richmond, Bronx, New York, Westchester, Nassau and Suffolk as visualized on the map below (Fig 1)

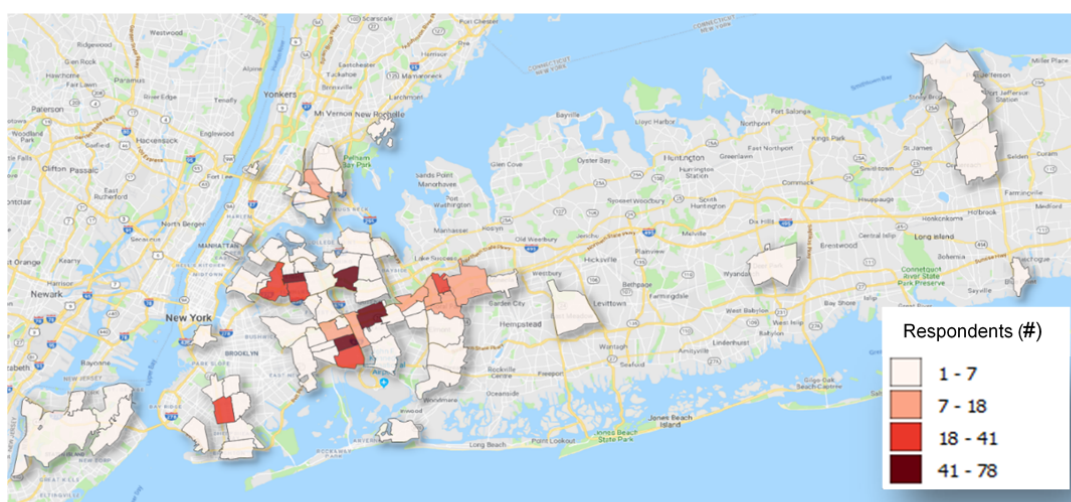


Fig 1: Geographical Distribution of Respondents by Zip code.

### Gender and Age

The ages of the respondents primarily ranged from ages 60-75 and the mean was 69. Male respondents made up 58% of the survey respondents, females made up 41% and 1% was unknown. The breakdown of age and sex of the respondents is shown in the figure below (Fig 2).

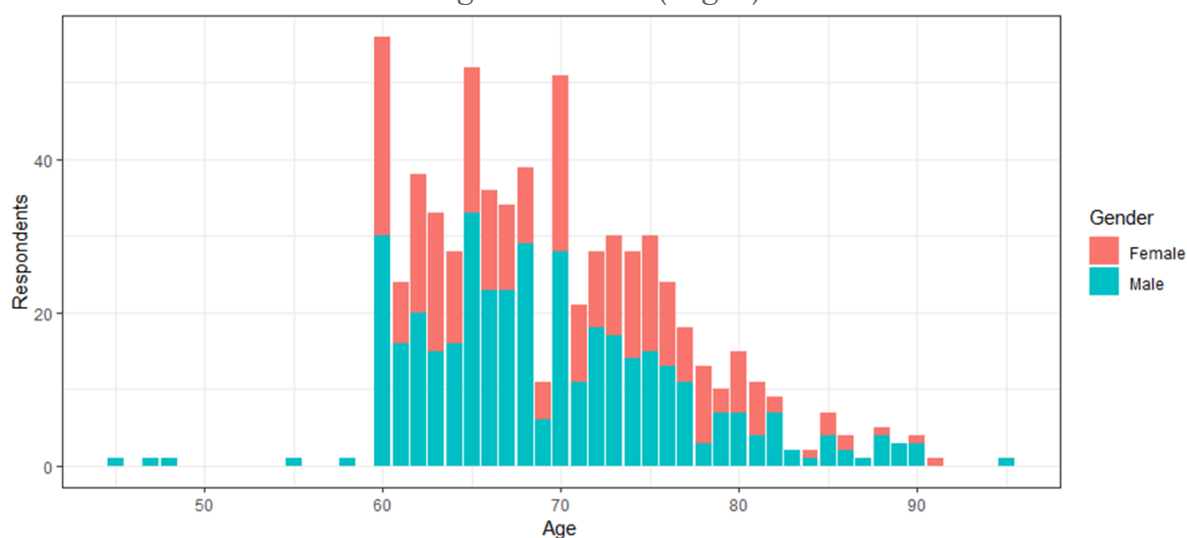
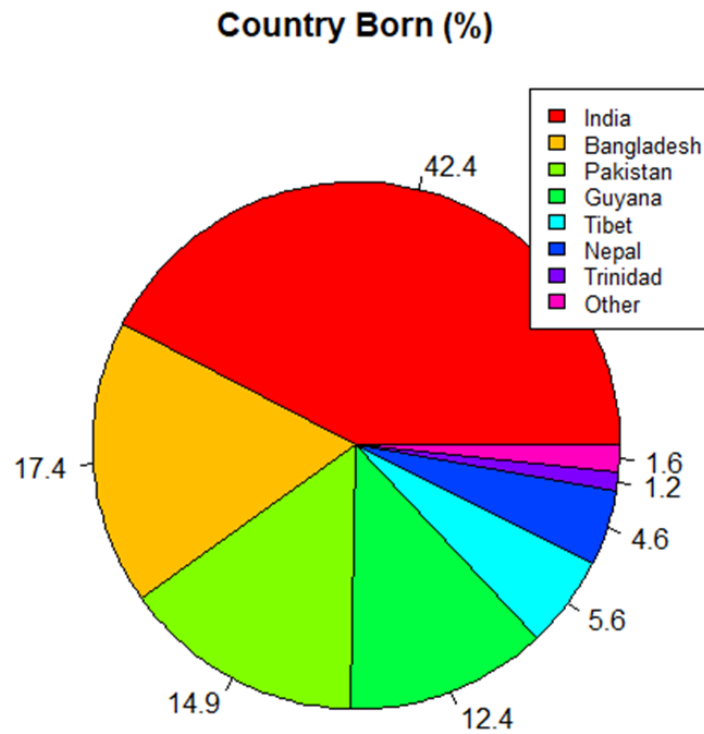


Fig 2: Age Distribution of Respondents

## Country of Origin

Respondents are from a diverse mix of countries (Fig 3).



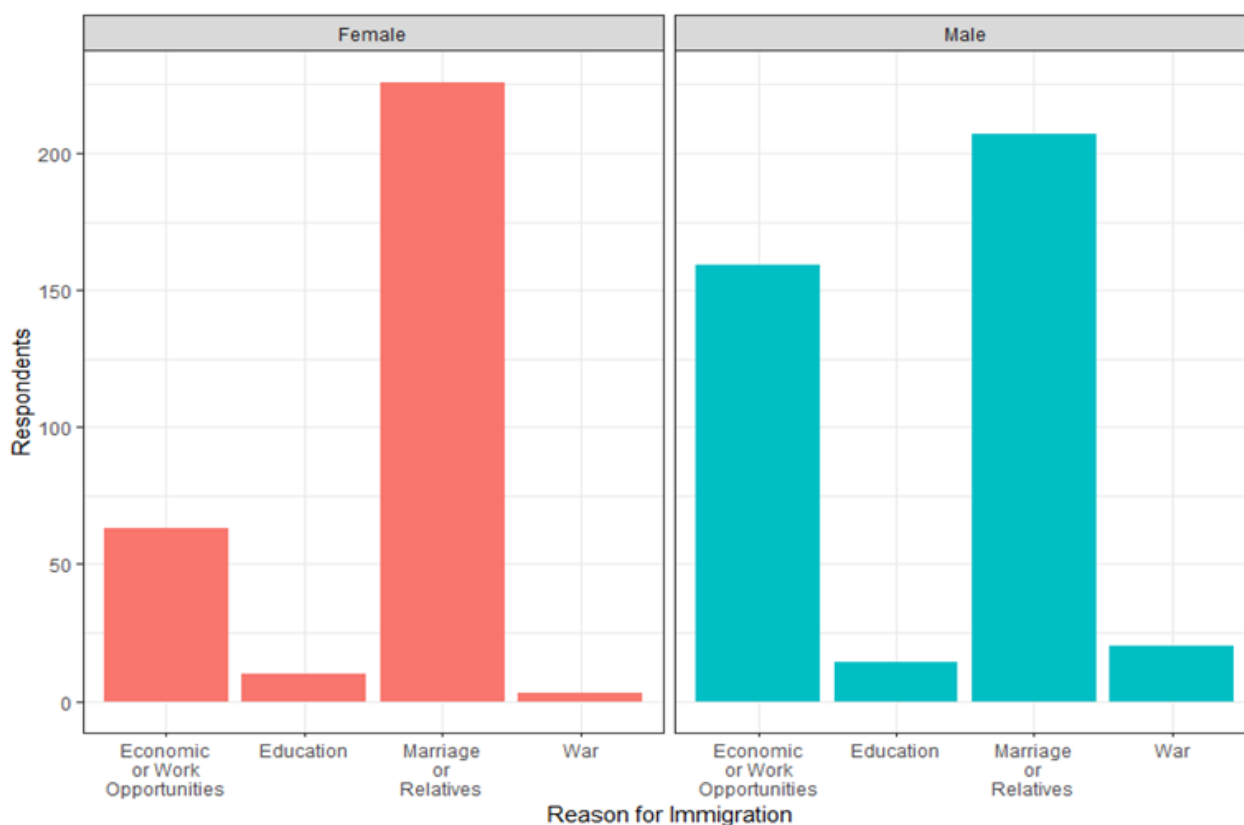
*Fig 3: Country of Birth*

- Approximately half of the respondents migrated from India. The New York metropolitan area is home to the largest Indian population in the United States (Pew Research Center, 2015). Although nationally, the Indian population group is known to have a higher socioeconomic status, this may not apply to Indian seniors in NYC as studies showed that almost 20% of them are low-income (AAF, 2016).
- Bangladeshis represented 17% of respondents in the survey, the second largest group in the study group. New York City metro area is home to the largest Bangladeshi population in the United States (Pew Research Center, 2015). However, this rapidly growing immigrant group is reported to be facing challenges with over 23% of Bangladeshis in the US living in poverty (Pew Research Center, 2015). Bangladeshi children and seniors in New York City were more likely to be living in poverty with 38% of children and 35% of seniors living under the poverty line (NYU Center for the Study of Asian American Health, 2000).

- Pakistan is the third largest group in the study representing 15% of respondents. In the last two decades, the Pakistani population in the US has doubled, indicating that many have grown older and moved into senior status (Pew Research Center, 2015). New York is also home to the largest Pakistani population in the United States (Pew Research Center, 2015). According to the U.S. Census Bureau, 16% of Pakistani seniors are reported to be living in poverty (Pew Research Center, 2015).
- The Caribbean countries of Guyana and Trinidad & Tobago have a significant number of people that trace their heritage back to India. Respondents born in Guyana made up 13% of respondents while respondents from Trinidad made up around 1%. Guyanese immigrants make up the fifth largest immigrant group in Queens (New York City Department of City Planning, 2013). Additionally, 15% of both the Guyanese and Trinidadian population in Queens are reported to be living in poverty (American Community Survey, 2011).
- Respondents from Tibet made up 6% of respondents. Four percent of the Tibetan population lives in exile as a result of political unrest and religious oppression in their home country (Gilbert-Chatalic, 2015). Many have settled in parts of Northern India in search for a safer future. Many Tibetans arrived in the United States through a lottery system initiated in 1992 under the Tibetan United States Resettlement Project (Gilbert-Chatalic, 2015). The Tibetan community in NYC has found a home around the existing South Asian communities.
- A smaller proportion of respondents came from Nepal. The New York metro area is home to one of the largest Nepalese populations in the United States (Pew Research Center, 2015). The 2015 Census reports that 24% of the Nepali population in the United States lives in poverty (Pew Research Center, 2015).
- The survey also consisted of a smaller proportion of respondents from Afghanistan. The Afghan population in the US has grown by 43% from 2007 to 2017 (American Community Survey, 2007-2017). While the majority of the Afghani population in the US has settled in Fremont, CA, many also reside in Flushing, Queens (Miller, 2011).

## Immigration

54% of seniors included in the survey were US Citizens and 34% were permanent residents. Additionally, 8% were on visas, 3% were undocumented and 1% did not report their status. Ninety percent of respondents that immigrated before 1970 came from India and Pakistan. Immigrants from Nepal and Afghanistan were less likely to have moved for economic or work opportunities and primarily came through family sponsorships instead. Women were half as likely to immigrate for economic opportunities and more likely to immigrate for marriage or relatives (Fig 4).

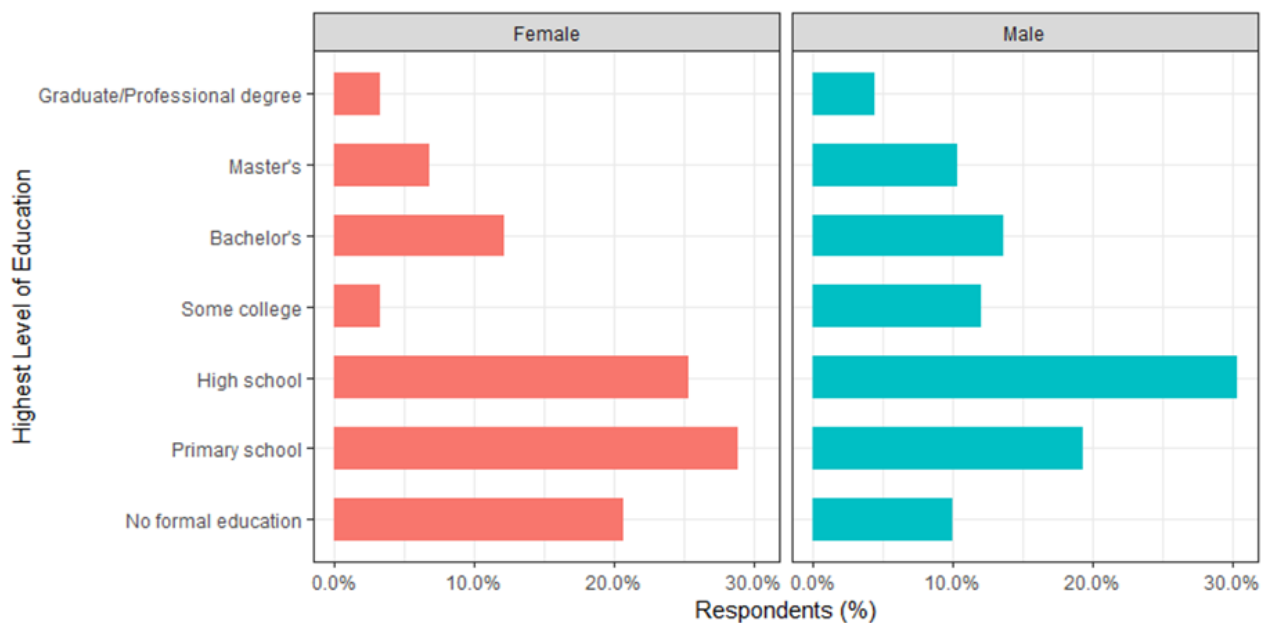


*Fig 4: Reason for Immigration by Gender*



## Education

A significant proportion of women that were a part of the survey had never received any formal education (Fig 5). 21% of women had never received formal education compared to 10% of male respondents. Women were also less likely to have attained higher education in comparison to men. Although 50% of women had obtained some primary or high school education, only half of them went on to attend college compared to 40% of male respondents. 74% of Nepalese women that participated in the survey never received any formal education while 75% of Nepalese men had received some formal education.

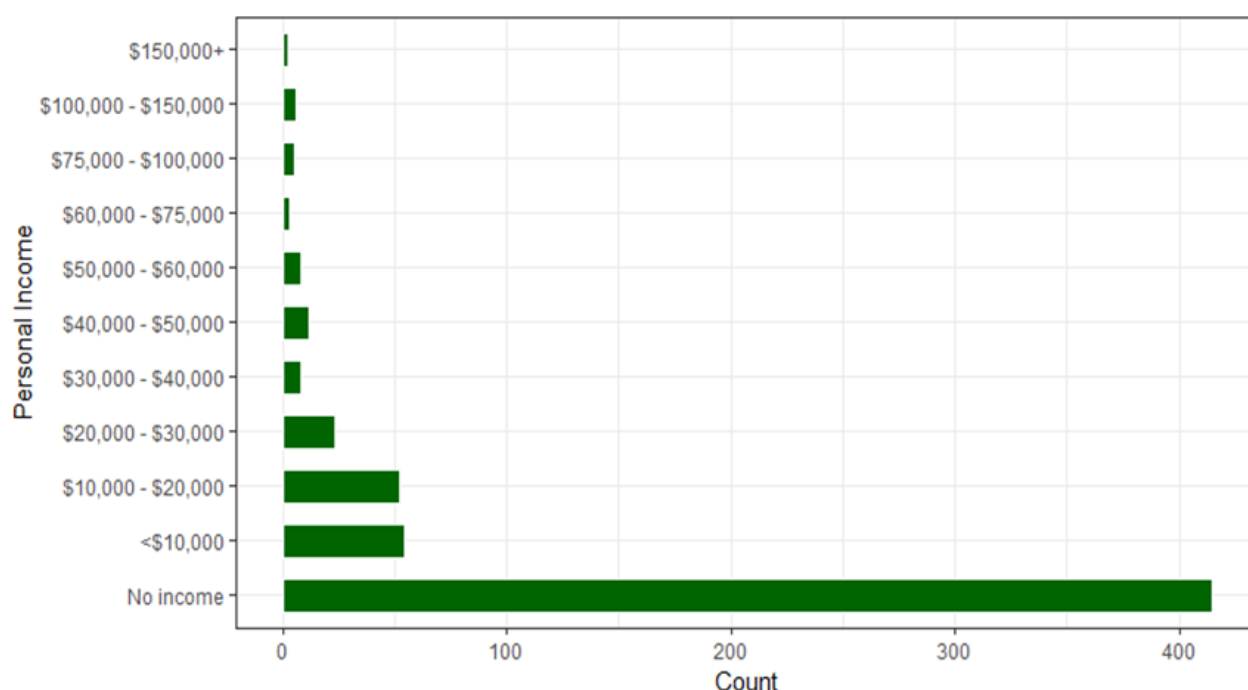


*Fig 5: Educational Attainment by Gender*

91% of respondents that immigrated to the US before 1975 had attained a high school education or higher. 45% of Tibetan seniors had never received any formal education and only 11% had received education beyond primary school.

## Economic Status

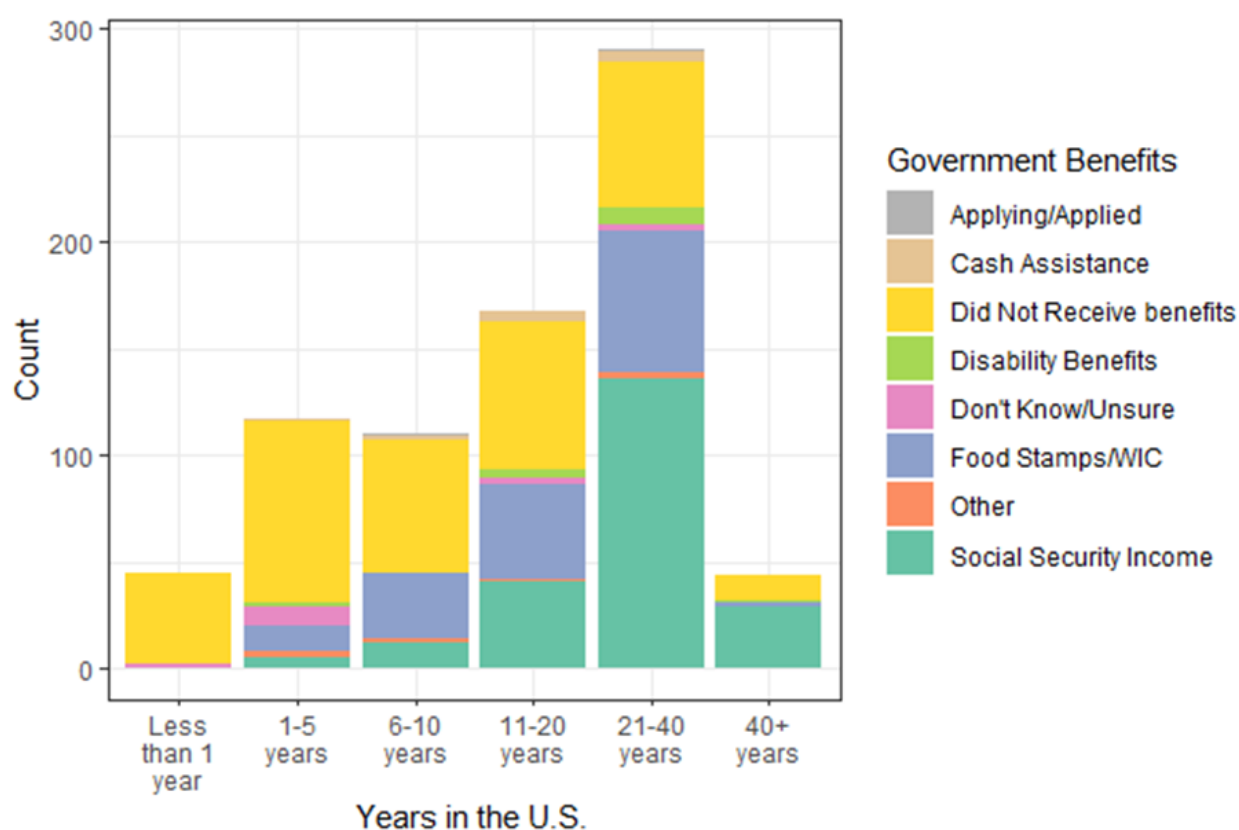
70% of respondents reported having no personal income and 63% relied on their children for financial support (Fig 6). Of the respondents that did have an active personal income, about 10% reported incomes greater than \$20,000. Less than half of the respondents had access to Social Security or other government benefits (Fig 6). Some seniors also reported being dependent on savings as their primary source of income. Lastly, a very small proportion of respondents had personal incomes from retirement pensions, assets or employment.



*Fig 6: Annual Personal Income*

Respondents not living as head of household had a much lower household income than the median household income of \$62,207 in Queens County (American Community Survey, 2017). The older adult population in Queens earned an average of \$42,821 in 2017 and just over half of them were employed (American Community Survey, 2017). Additionally, 22% of Asian families in Queens live in poverty, including South Asians (American Community Survey, 2017). With the exorbitant living costs in New York City, surviving on this income can pose as a severe challenge, especially for this age group with growing health needs.

Although benefits are the key source of income for the aging population in the United States, South Asian seniors were less likely to make use of public benefit programs (Fig 7). Many respondents who had lived in the US for over 40 years had access to Social Security Income (SSI) but were less likely to depend on food stamps. Seniors who had lived in the country between 11-20 years also had access to SSI benefits, but were more likely to be relying on food stamps. Less than half of the seniors in the 6-10 year group reported having access to any benefits from the government. The proportion of seniors who arrived in the country less than five years ago were the least likely to receive any benefits. This is due to a federal regulation that requires an individual to be a lawful permanent resident and maintain a physical presence in the country for at least five years, to be eligible for any such benefits. While exceptions are made based on factors such as household income and composition, most who do not meet these criteria remain ineligible for food stamps, healthcare or welfare assistance. Thus, new immigrant seniors end up having to find ways to support themselves in the first few years of living here.

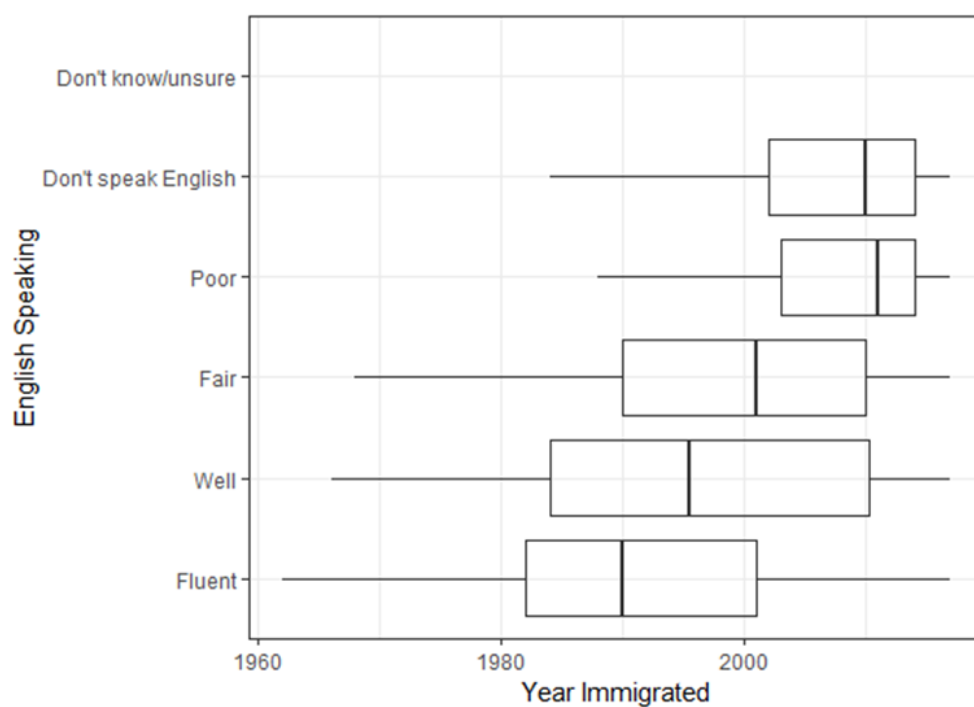


*Fig 7: Years in the U.S. vs Availability of Government Benefits*

## English Language Proficiency

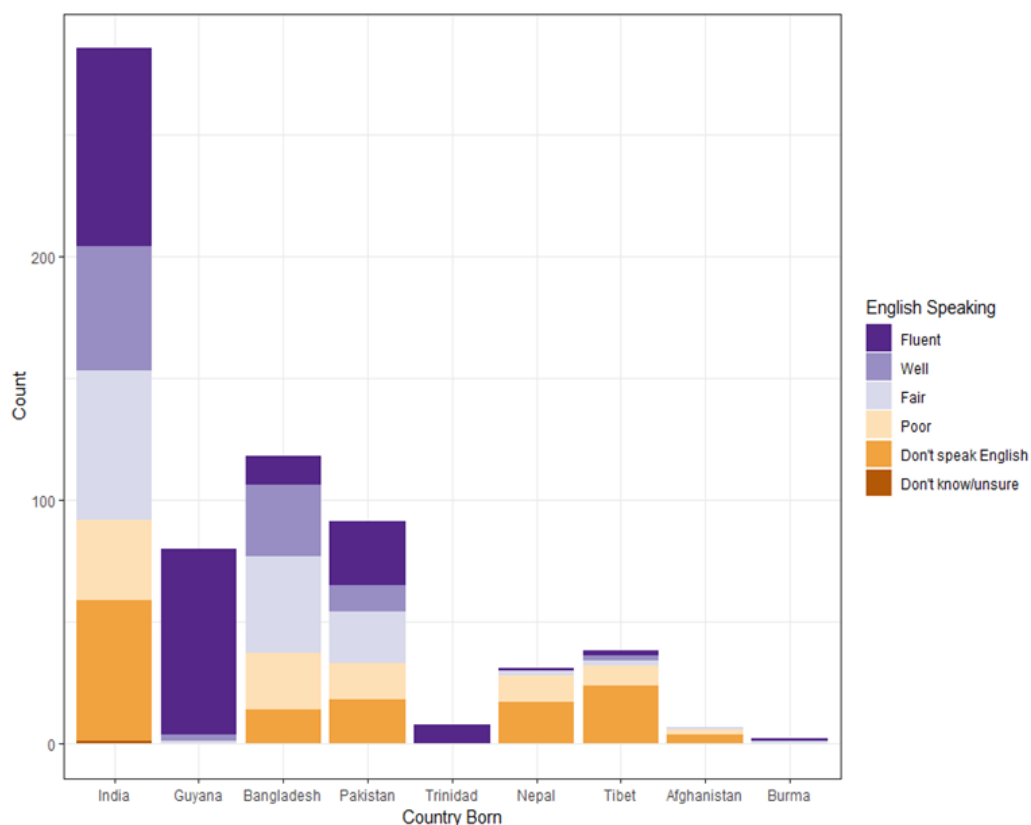
The U.S. Census defines Limited English Proficient (LEP) individuals as individuals of age 5 or older whose primary language is not English and have limited English-speaking skills. The LEP population is less likely to be educated and more susceptible to poverty (Zong & Batalova, 2015).

Therefore, we investigated English proficiency in this needs assessment. For the purpose of the survey, we classify anyone with fair, poor, no or unknown English-speaking skills in the Lower English Proficiency cohort.



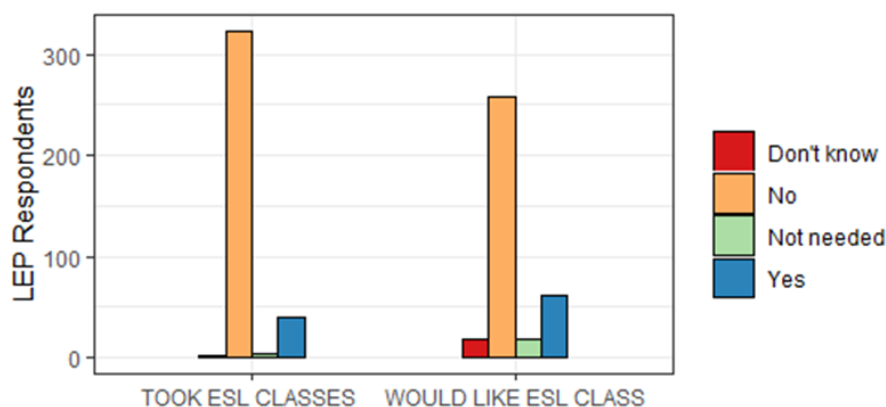
*Fig 8: English Speaking Skills vs Year of Immigration*

A clear indication of an influx of recent immigrants with Limited English proficiency was noticed among survey participants in the plot shown above (Fig 8). The plot shows an inverse relationship between the year of immigration and English-speaking skills for senior immigrants and the median year of immigration for each group is represented by the vertical line inside the box. There was a slight variation in the English-speaking skills of immigrants who moved to the country prior to the year 2000 with the lower and upper quartiles ranging between the years 1982 to 2001, respectively.



*Fig 9: English Speaking Skills vs Country Born*

Variation can be seen in English-language skills based on country of birth (Fig 9). Caribbean countries of Guyana and Trinidad had the highest proportion of seniors fluent in the English language as it is the primary language spoken in these countries. The English-speaking skills of senior Indian immigrants were highly varied. A little more than half of these respondents reported having lower English proficiency. A very similar trend was seen for Pakistani immigrants as well. Additionally, only a quarter of Bangladeshi immigrants had good English-speaking skills. Most individuals with lower English proficiency did not access ESL services (Fig 10).

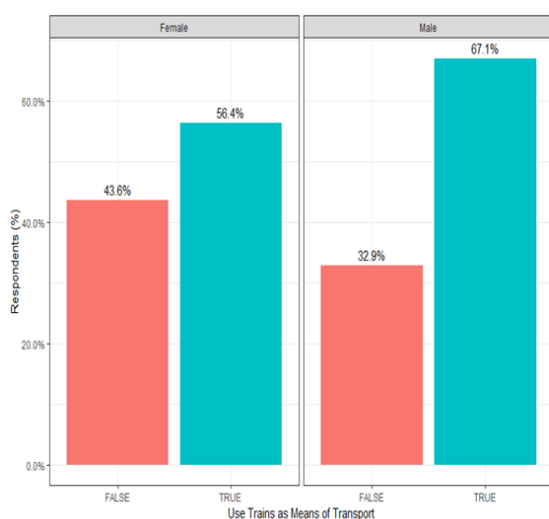


*Fig 10: LEP Respondents & ESL Classes*

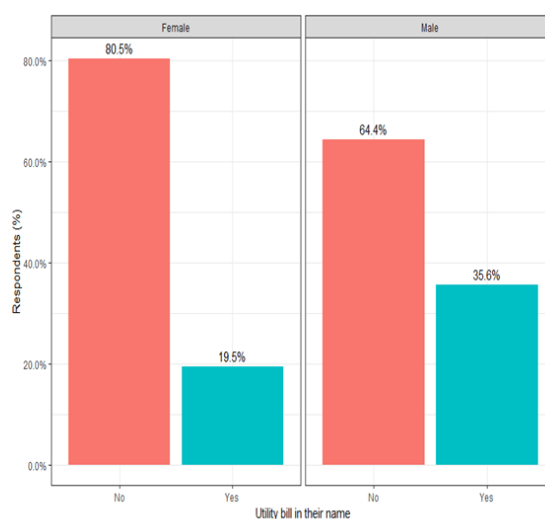


## Gender Issues

The gender disparities among South Asian seniors becomes evident with a closer observation of women respondents. Women were less likely to drive or use trains as a means of transportation in comparison to men (Fig 11). Senior women that relied on their husbands for transportation raised concerns about the fear of isolation as their husbands grew older. Seniors highlighted that some women who had previously attended community meetings regularly were unable to do so when their spouse passed away. Additionally, women were also less likely to have a utility bill under their name (Fig 12).



*Fig 11: Gender vs Use of Trains*



*Fig 12: Gender vs Utility Bill in their name*

## Housing

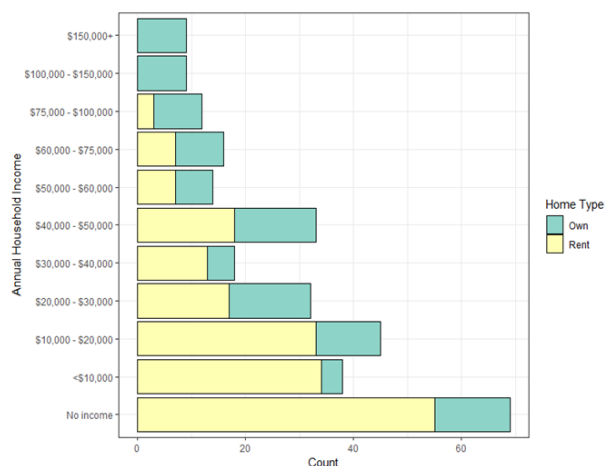


Fig 13: Annual Household Income & Home Type

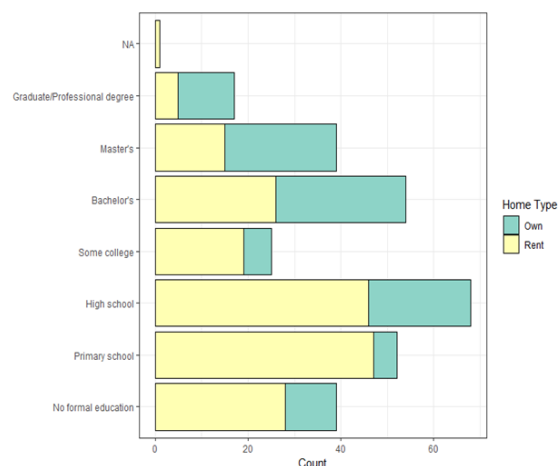


Fig 14: Educational Attainment & Home

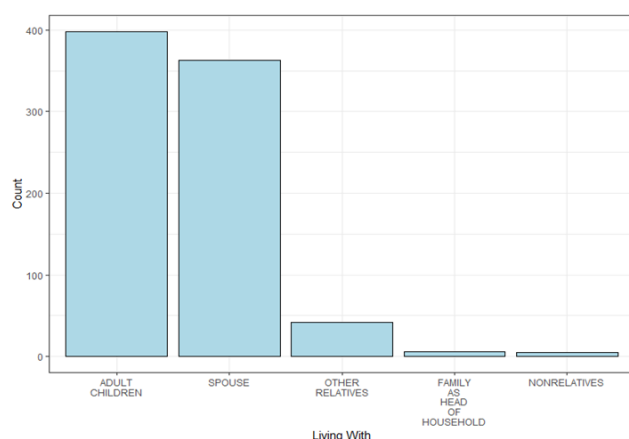


Fig 15: Seniors Currently Living With

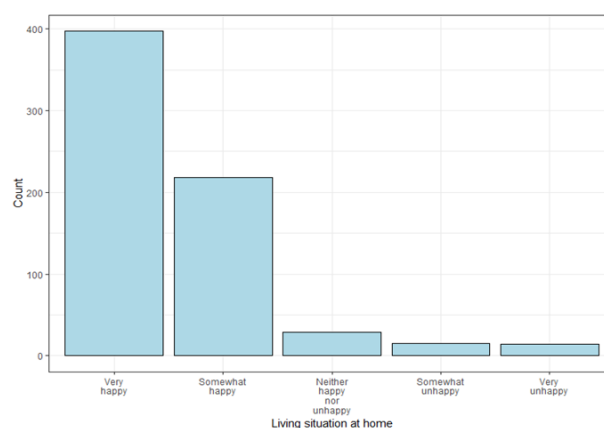
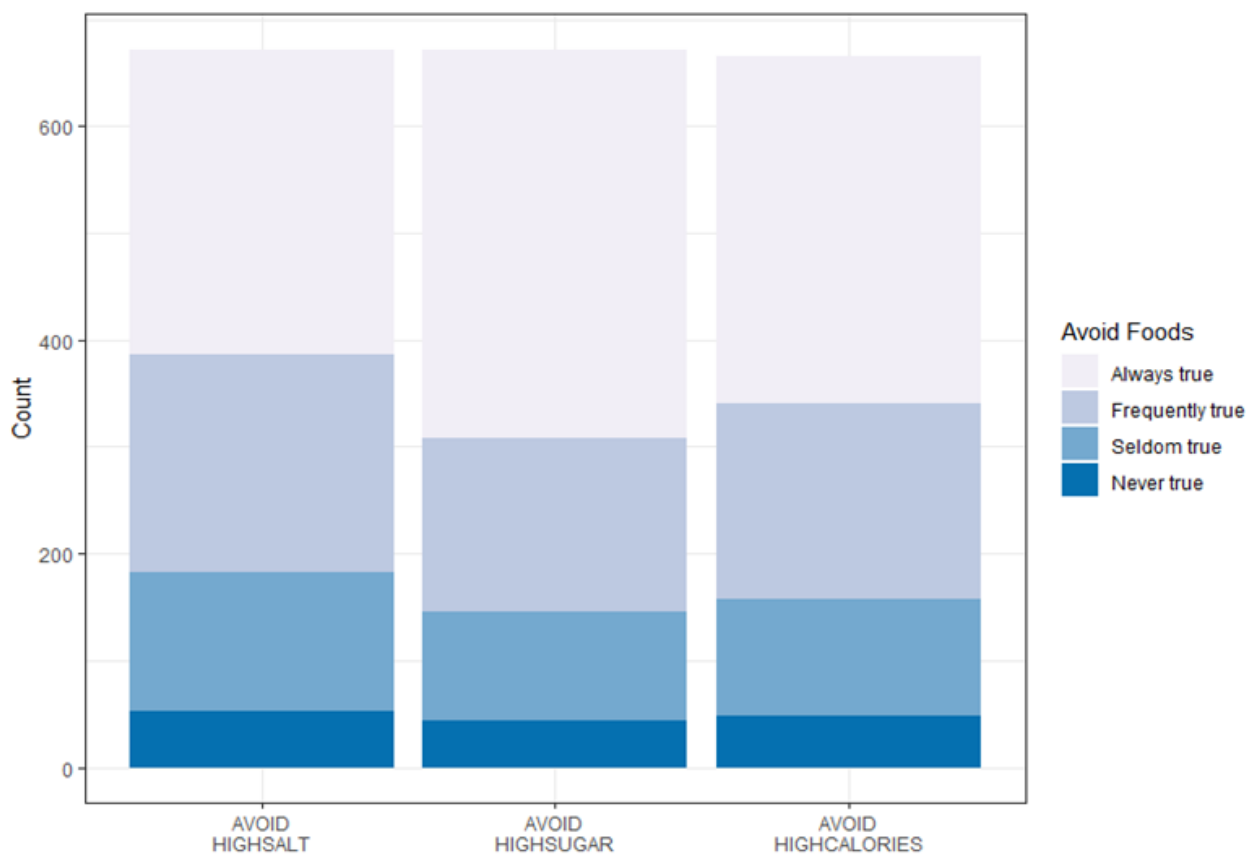


Fig 16: The Living Situation at Home

The large majority of seniors (65%) do not own a home, as seen in Figure 13. A comparison of educational attainment of seniors and homeownership shows that a much larger proportion of seniors without higher education rent in NYC (Fig 14). Thus, there is a dramatic disparity between renting and homeownership amongst the senior population. In addition, 83% of South Asian seniors lived with their adult children or spouse (Fig 15). 90% of them reported being happy or somewhat happy with their living situation (Fig 16). However, when elaborating further in focus groups, participants voiced more concerns which the survey did not capture. The survey also revealed that rent and mortgage were the second highest priority for these seniors.

## Eating Habits

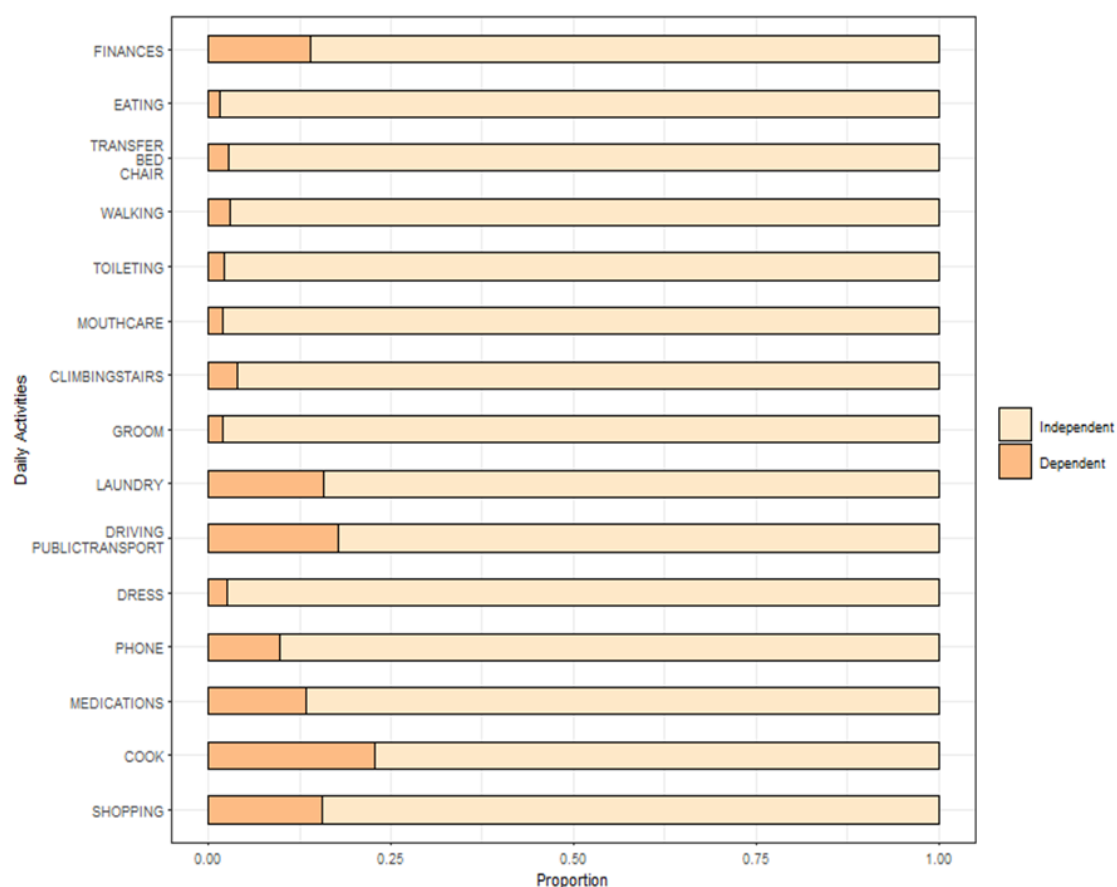
A majority of South Asian seniors reported dietary restrictions for religious or health reasons. While many reported that they only ate foods that adhered to their religious beliefs, almost all seniors were satisfied with the food selection at their local grocery stores. Seniors were also likely to avoid high sugar, salt and calories to some extent (Fig 17). Only a few seniors reported not limiting their intake of these foods. This indicates that many of them were cautious of their eating habits.



*Fig 17: Food Avoided*

## Daily Life

Seniors were independent in most day-to-day activities (Fig 18). Most reported not needing help around tasks such as eating, walking, toileting and grooming. The dependence increased for tasks that may require stepping out of their homes such as shopping, laundry, driving or taking public transportation. Seniors also reported needing assistance with tasks like changing the lightbulb when living alone. In addition, more complex tasks such as handling finances, medication management or using the phone had higher rates of dependency on others. Many seniors also reported being dependent when cooking.



*Fig 18: Independence/Dependence of Daily Tasks*

In order to get a better understanding of the problems seniors face frequently, the survey included questions regarding issues respondents may have experienced in the last two weeks. Close to 50% of the respondents reported feeling tired or having little energy for several days. Twelve percent of them reported feeling fatigued nearly every day. Trouble sleeping or staying asleep was also a challenge for some seniors.

## Health

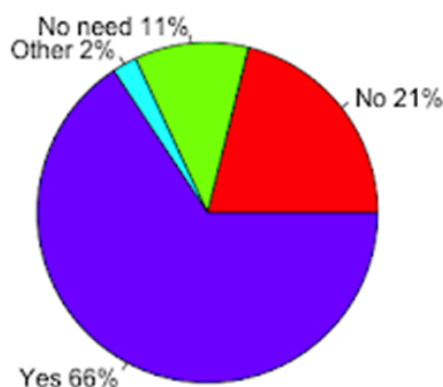
Seniors reported concerns around the affordability of prescription drug prices. Most seniors in this cohort reported health insurance coverage through either Medicare, Medicaid or private health insurance. Recent U.S. Census Bureau data showed that 82% of the Indian immigrant population were reported to be covered through private insurance (2016). Around 90% of seniors in this study went to a private doctor or healthcare provider when they felt sick or got injured. A much smaller proportion relied on public clinics or traditional medicine. Seniors reported to be satisfied with the quality of healthcare. Bangladeshi seniors found doctors here to be more patient and respectful than those in Bangladesh. The healthcare center often provided transportation services if seniors' family members were unable to assist. However, there was an increased dependence on a translator when access to these services was required.

Many of these seniors relied on doctors or family members when they thought they had a "mental issue", though there was a general reluctance to discuss this topic. However, some highlighted the cultural stigma around seeking professional help. Subsequently, a very small number of seniors reported seeing a mental health counselor. Indian seniors reported during a focus group discussion that stigma was much less prevalent in the Bangladeshi community compared to their community.

## Caregiver Services

Sixty-six percent of seniors reported having caregivers at home (Fig 19). They were primarily cared for by their spouse, children or grandchildren. Additionally, only 4% of respondents with caregivers reported having home-health aides to assist them. Twenty-one percent of respondents did not have a caregiver at home and 11% of them reported that they did not require one.

**Percentage with/without Caregivers at Home**

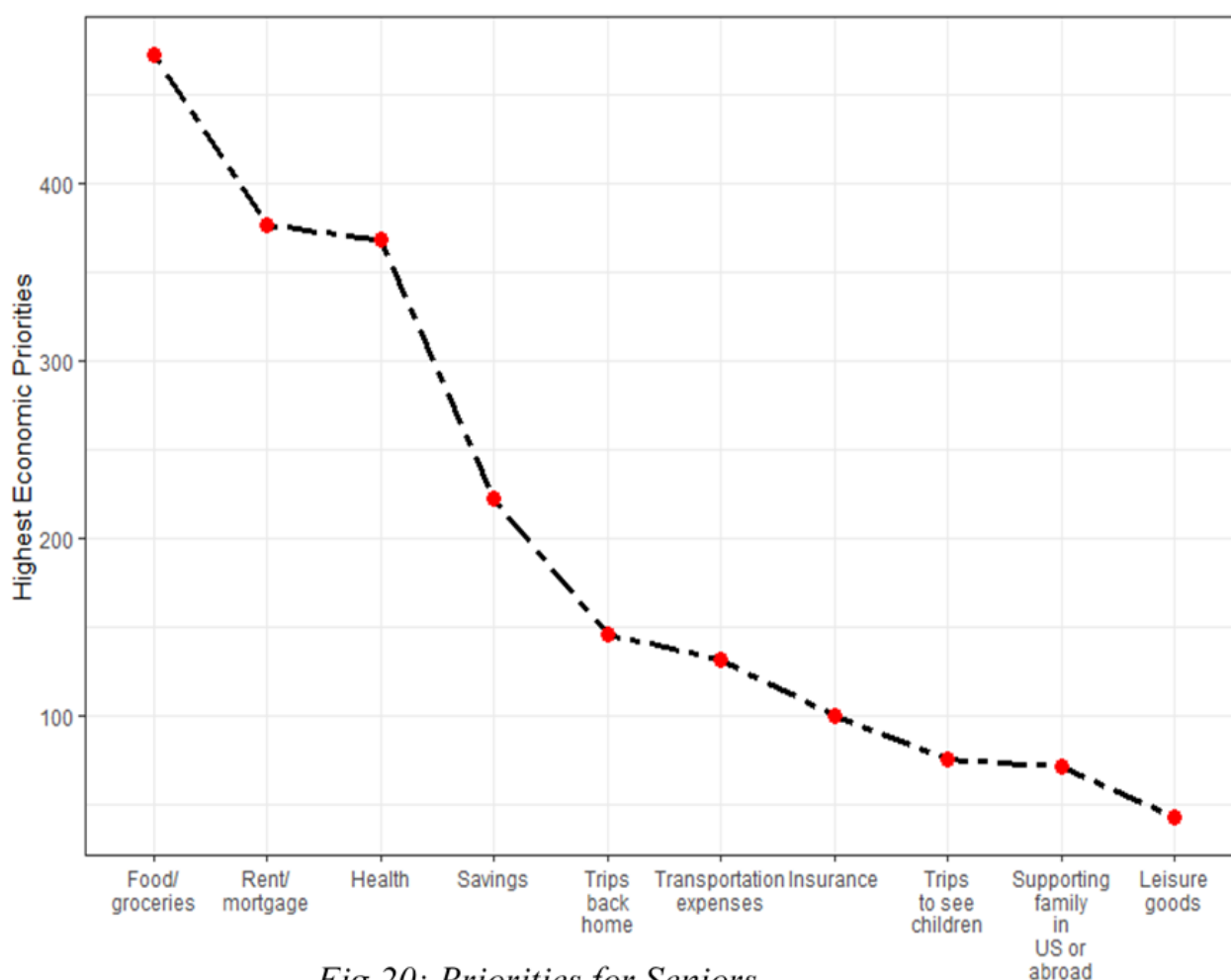


*Fig 19*



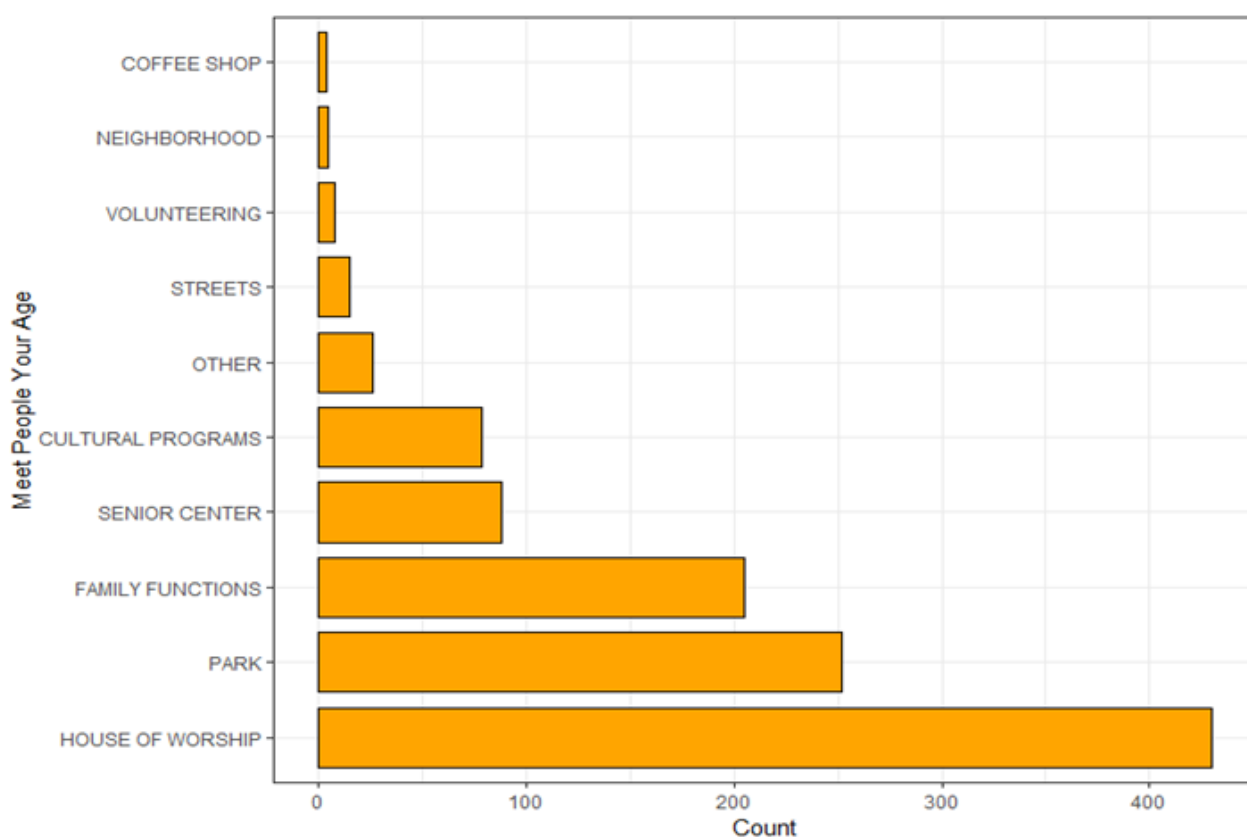
## Understanding Priorities

Respondents were asked to rank their priorities on what they deemed most important. Having access to affordable food and groceries was rated the highest priority by most respondents (Fig 20). The National Council for Aging reports that less than half the seniors eligible for the Supplemental Nutrition Assistance Program were enrolled in the program, which could suggest a reason for this prioritization. As aforementioned, affording rent or mortgage was also a high priority for this group of seniors. Health was also ranked highly, as the third highest priority.



## Building Social Connections

A study from the National Institute of Aging highlights the positive correlation between social interactions and health. In this study, seniors were asked where they most often met people their age. Most South Asian seniors reported meeting people in their house of worship, highlighting the large religious participation of the group (Fig 21). Parks were also a popular place of meeting new people but may be limited to the warmer months of the year. Some seniors reported feeling lonely as a result of their family's busy schedules or living alone. Some participants from focus groups mentioned that community cultural organizations such as those where the groups were held were the only places they go to meet people, and they expressed a desire for more of such services.



*Fig 21: Meeting New People*

## **Accessibility**

Access to efficient transportation is necessary for the aging population. Driving was limited in the South Asian senior population with only 18% reporting being able to drive. Thus, the need for a good transit system is key for the aging population. Seniors expressed a preference for bus services over trains. Walking was reported to be the most commonly used form of transportation among South Asian seniors.

Eighty-five percent of respondents were satisfied with the public transportation in NYC. The city has also made provisions to enable affordable transportation for seniors through a reduced fare program that allows seniors to avail a discounted fare of \$1.35 per ride. Some seniors elaborated in the focus group discussions that being LEP made them uncomfortable navigating the transportation system. The city also provides services such as Access-a-Ride, which is used by many seniors. However, as found in AAF's 2016 study and confirmed in this study's focus groups, the program can be hard to use for seniors in general, let alone those who are LEP.

## **Neighborhood**

The seniors surveyed also responded to questions regarding their neighborhood. For 95% of seniors, safety was not reported to be a concern in their neighborhood. Additionally, 86% of respondents felt that the people in their neighborhood were amicable, could be trusted and would help during an emergency. Of the 5% of respondents that reported feeling unsafe, nearly 70% of them were female.

## Discussion

Understanding the needs and challenges of the senior South Asian population is critical given that the population is growing rapidly in NYC. Recognizing this gap, India Home conducted a comprehensive needs assessment to understand the social and health factors affecting senior South Asians in NYC, 60 years and older. This needs assessment documented the health, social, and economic disadvantages experienced by seniors in the South Asian community. Our findings show that NYC South Asian seniors' top priorities are access to food and housing. Other significant findings included issues regarding ill health, access to government benefits, low socioeconomic status, mental health stigma, and linguistic barriers.

### Food

Although a large majority of seniors reported that they can cook independently, 70% reported having no income. Furthermore, less than half were able to access government benefits such as social security, food stamps, and Medicare/Medicaid that will enable them to purchase food and eat nutritiously. Senior South Asians also reported dietary restrictions due to health problems, suggesting that they are not getting the proper diet to maintain good health.

### Housing

There is a significant disparity with housing as many South Asian seniors in NYC reported renting versus home ownership. To secure housing, many senior South Asians in NYC live with family members and depend on them for food, shelter, and other basic needs. The financial burden of housing in urban areas like New York City is difficult for seniors with a limited income. With a quarter of Asian families in Queens living in poverty, seniors often feel like a financial burden to their families. Thus, provisions must be made for seniors to find affordable housing options and promote independence.

### Health

Health issues and factors surrounding it posed a major threat for senior South Asians. Approximately half of respondents felt tired and had little energy, suggesting that they may not be getting the proper healthcare to maintain a healthy lifestyle. One of their biggest challenges was to afford prescription medication and co-payments, which may be a consequence of not having an income, as we reported earlier. Senior South Asians also revealed that they need a great deal of support with medication management. The inability to afford medication or lack of medical management can pose a significant threat to senior South Asians given that many may have one or more chronic diseases.

### **Access to Government Benefits**

The majority of seniors who did report accessing these benefits were living in the US for 21 years and more, thus indicating a dramatic disparity among those who were in the US 20 years or less. This presents a critical concern for this community as many of them may be qualified for government benefits but may not be aware of it or know how to access these benefits. Access to government benefits is crucial for seniors in that it can provide some financial support and access to healthcare services to help them manage their health and maintain a healthier lifestyle.

### **Language Barriers**

English language proficiency varied based on the country of origin and years residing in the US. However, a large proportion of senior South Asians struggle to communicate due to their limited ability to read and write English. Senior South Asians from India which represent more than half the population in this study group, reported low levels of English proficiency. Pakistan and Bangladeshi seniors also reported similar results. The inability to communicate in English is a major barrier to navigate a primarily English-speaking system. This was also evident when some subgroups in this study tried accessing healthcare. There was a heightened need for translation services among Bangladeshi seniors while accessing healthcare due to their poor language proficiency.

### **Low Socioeconomic Status**

Issues around low socioeconomic status resonated consistently for many in the senior South Asian community. Some of this included their inability to secure housing, payment for medication or even co-payments for medical visits, and affording transportation or other things to support daily activities. Poverty was prevalent among almost all ethnic groups in the study, with Indian seniors representing the largest poverty group, followed by Bangladeshi, Pakistani and Guyanese seniors, respectively.

### **Mental Health Stigma**

There was a general reluctance to discuss mental health among South Asian seniors. Very few reported accessing conventional mental health services. In fact, they revealed concerns of stigma and biases toward mental health services. More needs to be done to understand how senior South Asians manage mental health issues.



## RECOMMENDATIONS

Evidently, the needs of older South Asians in NYC varied from those of their younger population group as well as native-born seniors. These seniors are in need of more targeted support and culturally-competent services in dealing with the economic and social challenges they face today. We make the following recommendations based on our findings:

Gender divisions in education and the workforce have constrained the independence of **Senior South Asian women**. Thus, these women may find it harder to engage with people outside their community. Women with lower English proficiency must be encouraged to learn the language as it can help ease daily life and also provide economic opportunities. This is necessary in order to reduce feelings of isolation and can also benefit their physical well-being. Furthermore, women on average have a longer lifespan than men. Thus, helping women become more independent and closing the gender gap is essential to their well-being. Issues around safety must also be addressed for women to feel safer in their neighborhood. They must also be made aware of health services accessible to them as they are more likely to be unable to drive or use public transportation.

Language skills are also necessary for **Seniors with Lower English Proficiency** in order to improve day-to-day life. The skills can help better manage medications and finances without the dependence on others. Additionally, LEP individuals should have access to services that can help provide information around the benefits that they may be eligible to receive, in their native language. This is especially important because this group is more likely to be living in poverty.

**Newer Immigrants** can benefit from community outreach programs as they are more likely to feel like outsiders. The majority will also not have access to any government benefits for the first few years in the country. Thus, services must be provided to ensure that these individuals have access to the basic requirements at a minimum.

The financial burden of **Housing** in urban areas such as New York City is difficult for seniors with a limited income. With a quarter of Asian families in Queens living in poverty, seniors may often feel like a financial burden to their families. Thus, provisions must be made for seniors to find affordable housing options.

**Mobility** is an increasing challenge for aging seniors. While the transportation system in NYC provides adequate services for the older community, there is an increasing need for optimization within the bus network. Additionally, more stations need to be made accessible to those with disabilities.

There should be an increased awareness around **Mental Health**. Although symptoms of mental health problems are prevalent in this population group, seniors may feel more comfortable talking to a friend or a family member than a mental health professional. Greater awareness will also help ease the stigma around mental health in the South Asian community. Access to mental health counselling and support groups should be available to those in need.

## CONCLUSION

South Asian seniors currently constitute a significant population of New York City seniors which is projected to increase significantly as the population ages. Thus, it is necessary that these challenges are addressed. We hope that the report elucidates the challenges faced by the community today and helps allocate more resources to culturally-competent services that address the areas identified.

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