

# A Brown Paper: The Health of South Asians in the United States



The *Brown Paper* is a groundbreaking compendium and review of health research and literature on South Asians in the United States. Published in 2002, the *Brown Paper* evaluates and summarizes existing knowledge about key health indicators for South Asian Americans.

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## **Elderly Care**

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**Objectives:** The authors reviewed available quantitative and qualitative research on South Asian elderly and their caregivers in the US to report their primary health concerns.

**Key Findings:** Approximately 10% of the Asian Indian population is 60 years or older. The principal concerns for the elderly include transportation, health care needs, information on eligibility for Medicare benefits, language issues, loneliness, and developing social support systems. With increased number of years serving as a caregiver, there is an associated increase in feelings of entrapment and financial burden.

**Recommendations:** Service agencies can help South Asian elderly integrate into their communities through educational programming and classes on topics such as financial information, ESL/civics, and voter registration.

## **Introduction**

According to the 2000 US Census, 12.4% (34,991,753) of total population in the US is 65 years or older.<sup>1</sup> While the 2000 Census age data for South Asians are not yet available, the Census identified 800,795 (7.8%) Asians who are 65 and older.<sup>2</sup> The 1990 Census data show that 1.4% of the total Asian Indian population was 65 years or older.<sup>3</sup> Adding to that the people who have advanced into the 65 and older age range since that Census, now 3.4% of the Asian Indian population is 65 years or older. According to the National Indian American Association for Senior Citizens (NIAASC) 2000 projects, approximately 10% of the Asian Indian population is 60 years or older.<sup>4</sup> Given the significant increases in numbers of South Asian elderly in this country, it is critical that their well-being as well as costs to their caregivers, be paid greater attention.

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<sup>1</sup> U.S. Department of Commerce, Profile of General Demographic Characteristics 2000, May 2001, US Census. Available at: <http://www.census.gov/Press-Release/www/2001/2khus.pdf>. Accessed September 9, 2001.

<sup>2</sup> US Census Bureau. Census 2000. Available at: [http://factfinder.census.gov/servlet/DDTable?\\_ts=45156907190](http://factfinder.census.gov/servlet/DDTable?_ts=45156907190). Accessed July 21, 2002.

<sup>3</sup> US Census Bureau. 1990 Census of Population: Asian Pacific Islander in the US Census. Available at: <http://www.census.gov/prod/cen1990/cp3/cp-3-5.pdf>. Accessed September 9, 2001.

<sup>4</sup> Prasad R. "Senior Citizens of Indian Origin: A Challenge and an Obligation," Personal communication. August 2001.



### Who are the South Asian Elderly?

In general, there are two distinct groups of elders. Those who immigrated as older adults, known as late-life immigrants, are often dependent on their adult children for support. Among the second group of older immigrants are those who arrived in the US during the large waves of immigration in the 1970s and 1980s. Having lived in the country for an average of 20-30 years, they are now reaching older adulthood in the US. This group is likely to have substantial growth over the next ten years. The two groups of South Asian elders differ from each other significantly in terms of needs and access to resources.<sup>5</sup>

### Elderly Concerns

The United Hindu Cultural Council (UHCC) conducted surveys in Queens, New York and found that there were over 6,000 elderly immigrants from Guyana, the West Indies, and other South Asian countries who have arrived since 1990. According to the UHCC, this growing population needs case management, counseling, and social activities tailored to their special needs.<sup>6</sup>

	%
Transportation	22%
Health Care	16%
Getting Information on Eligibility for Medicare	14%
Loneliness	11%
Economic Hardship	8-9%
Financial Support	8-9%
Employment	8-9%
Language Problem	8-9%
Lack of Elderly Respect	8-9%
Recreational and Social Activity	8-9%
Nutrition	8-9%
Source: Nutritional Indian American Association for Senior Citizens, 1998 <sup>6</sup>	
Note: Percentages do not add up to 100% because respondents were given the option to select more than one concern.	

A 1998 survey conducted at a conference by the NIAASC in New York summarized South Asian elderly principal concerns. A total of 65 people attended this conference on Asian Indian elderly care and respondents included both caregivers and elderly. Respondents listed their primary concerns, among them were: transportation, health care, getting information on eligibility for Medicare benefits, and loneliness<sup>7</sup> (see Table 1).

<sup>5</sup> Diwan S. Personal communication. October 4, 2001.

<sup>6</sup> Jamoona C. United Hindu Cultural Council Publications; 1999.

<sup>7</sup> National Indo-American Association for Senior Citizens. Available at: <http://www.niaasc.org>



In addition, other difficulties and needs included: legal counseling, adult day care, housing, crime, driving cars, use of telephones, handling money, personal care, and rehabilitation. The respondents also expressed their lack of knowledge about the services available through the senior citizen centers and programs as well as the location of these centers.

The seniors and their family members expressed a need for information about senior citizen programs, adult day care, home care services, long term care, Medicare and Medicaid, financial counseling, government subsidized senior housing, adult homes, employment opportunities for seniors, health counseling, crisis intervention, rent subsidy, food stamps, and nursing homes.

Although this survey did not offer self-esteem as a concern that respondents could select, it may be another primary concern for families. Research on the elderly from Atlanta, Georgia shows there may be a relationship between transportation and self-esteem. According to Raj Razdan, Executive Director and Founder of Senior Citizen's Program located in Atlanta, Georgia, the elderly tend to live with their children and are dependent on their children for transportation.

In another study, Gupta found that the South Asian seniors living in Dallas, Texas need assistance in dealing with bureaucratic agencies such as when applying for Medicaid or senior housing.<sup>8</sup> According to Razdan the principal concerns "are loneliness, lack of mobility, inadequate health care, and dependence on children who are busy earning bread for the family." The need for the elderly to connect with a community and to feel needed are crucial to maintain self worth at a stage in their lives in the US where "cultural shock could also inhibit their open interactions."<sup>9</sup>

According to Razdan, urgent calls for transportation as well as money for transportation are crucial to the social events organized. If the caretakers are too busy, the elderly cannot attend the events and be a part of the community. Upon attending the events, Razdan notes that the South Asian communities gather by language and region from where they emigrated, suggesting that language is another problem when becoming integrated within a new community.<sup>10</sup>

The 1990 Census provides evidence for the growth of the extended family in the South Asian American community. Almost one in eight Asian Indian Americans were living in an extended family, among the highest proportion for an ethnic group. Within the Asian American and Pacific Islander (AAPI) population, family sizes tend to be larger; 22%

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<sup>8</sup> Gupta R. Personal communication. October 7, 2001.

<sup>9</sup> Narula K. "The Golden Years in Pardes: Perspectives of Indian Seniors in Georgia", Khabar Community Magazine. June 2001; 6(6).

<sup>10</sup> Razdan R. Personal interview. August 2001.



had five or more people, compared with 11% of non-Hispanic White families. The 1990 Census recorded 76,341 relatives and 35,226 non-relatives living in Indian households.<sup>11</sup>

Living in such a busy household, lacking the skills to drive a car, or poor English language skills, or not working, may foster loneliness among the elderly. In South Asian, the elderly are accustomed to a social life that enables them to interact with others in their community and thereby manage their lives without being completely dependent on their adult children.<sup>12</sup> Now transplanted to a new culture, living with their children and often serving as the baby sitter of their grandchildren, the elderly have an urgent need to develop and maintain a connection to fellow peers. In Dallas, Texas, studies have found that 80% of the South Asian elderly lived within multi-generational households.<sup>13</sup> According to Razdan, the percentages of South Asian elderly living in multi-generational households are similar if not higher in Atlanta.<sup>14</sup> Although South Asian elderly immigrants cannot provide much economic support, caregivers stated that their elderly provide emotional and informational support to them.<sup>15</sup>

### **Social Integration and Health Status**

There are several variables that impact the health status of first generation South Asian immigrants who are generally 50 years of age or older. Looking at other first generation immigrants, a number of risk factors impact the health of this population. They include obesity, physical inactivity, poor nutrition, and other factors such as lower socioeconomic status.<sup>16</sup> In a study of older Indian immigrants in Atlanta, Georgia, Diwan and Jonnalagadda found similar results. Through a telephone survey of 226 respondents who were 50 years and older, high blood pressure, diabetes, and weakness in the arms and legs were the top rated chronic health conditions prevalent in this group. This study found measures of social integration to be associated with the health status of the sample. That is, less social support was associated with greater morbidity.<sup>17</sup>

UHCC conducted a smaller, self-administered needs assessment survey among 138 South Asian Guyanese seniors in New York City.<sup>18</sup> This survey asked the elderly to choose which statements apply to themselves. They could choose more than one option. Nearly 85% indicated they want information on how to better take care of their health. This

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<sup>11</sup> Srivatsa C. "All in the Family: The extended family experiences a revival in America" Little India December 1996. Available at: <http://206.20.14.67/achal/archive/Dec96/family.htm>. Accessed September 9, 2001.

<sup>12</sup> Gupta R. Personal communication. October 7, 2001.

<sup>13</sup> Gupta R. The Revised Caregiver Burden Scale: A Preliminary Evaluation, *Research on Social Work Practice*. 1999;9(4):508-520.

<sup>14</sup> Razdan R. Personal interview. August 2001.

<sup>15</sup> Gupta R. Support provided by the elderly in South Asian families. *Journal of Social Work Research and Evaluation: An International Publication*. 3(1). In press.

<sup>16</sup> US Center for Disease Control and Prevention. *Morbidity and Mortality Weekly Report*. 2000.

<sup>17</sup> Diwan S, Jonnalagadda S. Social Integration and Health Among Asian Indian Immigrants in the United States, *Journal of Gerontological Social Work*. 36(1/2):45-62.

<sup>18</sup> Jamoona C. *United Hindu Cultural Council Publications*; 1999.



suggests that the elderly are looking for medical information to maintain or improve their health. The needs of the elderly included companionship and understanding (see Table 2).

**Caregivers’ Burden**

With the first generation South Asian immigrants staying with their children in the US, the burden of taking care of the elderly falls upon the caregiver. For the purpose of this section, the caregiver will be defined as someone older than 25 years old who provided substantial care (at least four hours per week providing care and assisting in at least one daily task) for a parent older than 60 years old. Gupta conducted a telephone survey of 150 caregivers within both the Asian Indian and Pakistani communities of Dallas, Texas, to evaluate caregiver responsibilities. 80% of the sample were Asian Indians and 20% Pakistanis.

Four variables determined caregivers’ burden: Impact on finances, impact on or interruption of work schedule, lack of assistance from extend family, and a sense of entrapment. The average age of the caregiver was 42 years old with the elderly being an average of 71 years old. The study findings suggest that with an increase in years of serving as a caregiver, there is greater financial burden, more interruptions in work schedule, and heightened sense of entrapment due to assisting in increased health needs. Clearly, South Asian caregivers feel a responsibility to take care of their parents. However in South Asia, with an extended network of family support and cheap labor availability, it is easier to find help to take care of parents. In the US, the sons and daughters become the caregivers, living in urban areas without an extended family. The high cost of home health services and lack of availability of paraprofessionals who can communicate in the same language impair the ability to obtain services to care for the elders. Long work hours of many dual career couples and inadequate health insurance coverage also limited complete care giving in the US.

<b>Table 2. Elderly Needs Assessment</b>	
<b>Applicable Statements</b>	<b>%</b>
I want to know how I can better take care of my health	85%
Sometimes I would like to talk to someone who understands me	30%
I have recently lost a loved one	30%
I need help to go to places and visit people and places in my community	29%
I have difficulty leaving my house due to my physical illness	14%
Source: United Hindu Cultural Center, 2000 <sup>18</sup>	

Medicare coverage is available for those who are 65 years old, have worked at least 10 years in a Medicare-covered employment, and are either citizens or permanent residents. If the elder does not qualify for Medicare, insurance can be purchased. However, seeking an appropriate health care policy, and the increased medical costs associated with it then fall upon the caregiver. The costs of purchasing health insurance for an older individual can be substantial, and may not be affordable for many. Plus, the elderly cannot return to South Asia because they are less likely to receive sufficient care there, which fosters an



increased sense of entrapment. A caregiver aptly summarizes this feeling by saying, “We would want our parents(s)/in-laws to go back to live (in South Asia) with our siblings for good but when they are in poor health, nobody wants them”. According to Gupta, the elderly themselves do not wish to return back to their native countries in South Asian, leaving the responsibility on the caregiver in the US.<sup>19</sup>

In addition to the cost and time of care, caregivers raise concerns about their privacy. A son caregiver who married recently had his widowed mother living with him in his apartment. He stated, “We have no privacy with my mother being home all the time. When my wife and I come back from work we need some down time to be close. Don’t misunderstand me I love my mother but sometimes you social should have her to live at your house.”

Gupta’s research shows that caregivers who strongly adhere to the Asian cultural norm “dharma,” or duty, perceive a smaller burden in providing care to their elderly. Overall, females are the primary caregivers and perceive a greater burden with a large proportion of care.<sup>20</sup> Females were more likely to consider nursing home placement when the elderly was mentally confused and incontinent. Caregivers who had good relationship quality with the elderly perceived less of a burden compared with those who did not.

During the 2000 North American Bengali Conference held in Atlantic City, New Jersey, a panel of speakers discussed care of the elderly. The attendees included both caregivers and elderly. The discussion identified several issues. Similar to the findings from the NIAASC, there was a general lack of knowledge among both the caregivers and the elderly regarding available health services. Several caregivers indicated that the key to serving as caregiver is to work with the parents to develop goals and foster hobbies for the elderly to achieve. This would enable elders to be more independent, leading to higher self-esteem. Key skills the elderly want to learn include driving, knowledge of health insurance coverage, finance management, and English language skills.<sup>21</sup>

### **Reaching Out to the Elderly with Community-Based Services**

Executive Director Raj Razdan founded the Senior Citizen’s Program in Georgia to enhance the lives of South Asian elderly. The program began in 1995 and organizes programs and activities for senior citizens. Among the most popular events are the Mother’s Day luncheon and physician organized health screenings.

The United Hindu Cultural Council (UHCC) based in New York City, focuses on creating daytime caring environment and providing support to the South Asian elder community. Founded by Chan Jamoona in 198, its services offer the elderly case

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<sup>19</sup> Gupta R. The Revised Caregiver Burden Scale. A Preliminary Evaluation, *Research on Social Work Practice*. 1999;9(4):508-520.

<sup>20</sup> Gupta R. A Path model of caregiver burden in Indian/Pakistani Families. *International Journal of Aging and Human Development*. 2000;51(4):295-319.

<sup>21</sup> Caring for the Caregiver: What are Our Options? Moderated by Abhijit Ghosh. Personal notes from North American Bengali Conference. Atlantic City, NJ: July 2000.



management, including individual and group counseling, entitlements and benefits information, translation services, and information referrals; health promotion workshops; yoga and meditation classes; Indian music and dance events and meals; English as a second language (ESL) instruction, and voter registration. Open on weekdays, the Council serves 200 to 250 seniors per week.

Seniors designed the Senior Citizen Program, based in Dallas, Texas, with the assistance from the Social Service Forum of the India Association of North Texas. Seniors meet with each other during monthly meetings and during tours and picnics. The program also hosts religious and holiday celebrations and off-season trips within the US and abroad. Physicians, nurses, dieticians, and social workers also organize health fairs to screen for mental health issues, check blood pressure, conduct mammograms and pap smears, and assess bone density.

The National Indian American Association for Senior Citizens (NIAASC), based in New York, is an information, referral, and advocacy non-profit organization established by Rajeshwar Prasad. NIAASC has organized a number of conferences on seniors addressing issues such as Social Security, Medicare, Medicaid, and long term care. The NIAASC has worked with multiple organizations in the northeast to consult on the development of senior citizen programs.

## **Conclusions**

Given the paucity of data on the elderly among different South Asian subgroups, additional data are needed to see if the needs of other non-Indian South Asian elderly differ from Indian elderly. Both South Asian advocates and research studies suggest that health problems and the psychology of integration and immigration are closely linked with elderly health. The responsibility for care falls heavily on the caregiver to support the needs of the elderly. These needs include educating both the caregiver and the elderly on available health care services, providing transportation, and developing reachable goals. For the elder, the ability to develop and be nurtured by a community sharing similar interests is crucial to fostering healthy behavior. With up to 10% of the Asian Indian population over the age of 60, the concerns of this growing community will need to be addressed by caregivers and community-based organizations that serve the interests of the elderly.

## **Recommendations**

### Caregivers and Community-Based Services

- Provide a support system that is built on traditional values.
- Help develop an elder community through educational programming with classes on topics such as financial information, ESL, and civics.
- Assist seniors in creating their own social network through planning events of interests such as movie nights and picnics.



- Educate seniors and caregivers alike about available social and health services, benefits, and facilities, such as public transportation and Medicare eligibility.
- Guide seniors in reaching obtainable goals, such as developing a hobby.
- Create an environment where seniors feel needed and wanted through event programming (for example, holding a prayer service or participating in blood donation drives).
- Understand and advocate for the rights of older immigrants.
- Develop and publicize educational resources and outlets for those in midlife (and those with family members reaching older age) on issues such as life after retirement, long term options, insurance and assistance programs that can help.

### Researchers

- Conducted further research such as surveys examining health indicators for elderly 65 years and older.
- Develop relevant informational material in different languages.
- Conduct further research looking into the female elderly population who have immigrated later in life and are unable to speak English.
- Conduct further research to evaluate potential gender-based differences in the role of the caregiver.
- Evaluate the needs of those who have aged here versus those who have immigrated later in life.

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