



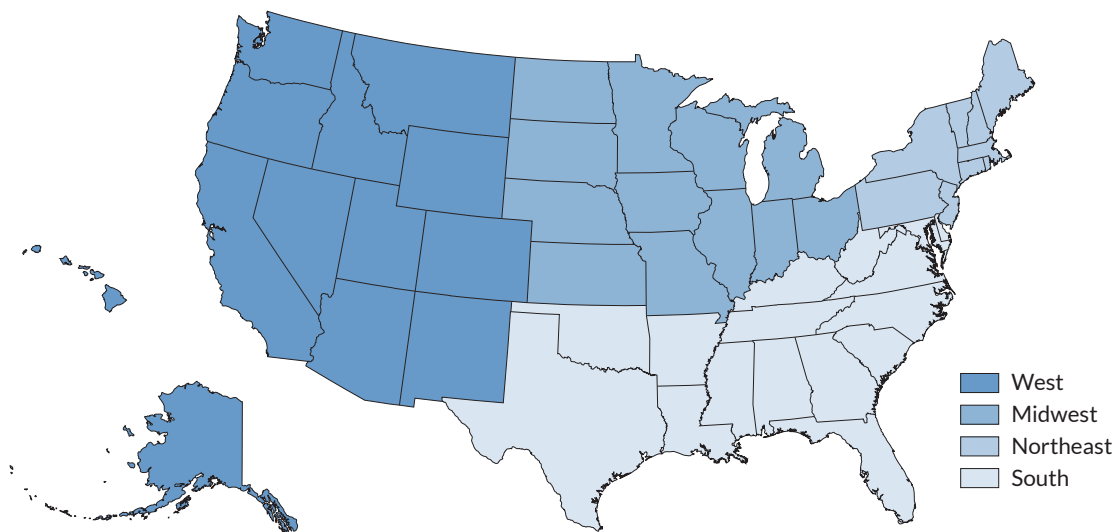
## Identifying the Needs of AAPI Elder-Serving Organizations

Community-based organizations (CBOs) across the U.S. play an essential role in addressing health, economic, and social disparities of Asian Americans and Pacific Islanders (AAPIs). In an effort to better understand the landscape of AAPI-serving CBOs and the needs of AAPI elders, the National Asian Pacific Center on Aging (NAPCA) conducted a needs assessment survey of 558 of its community partners. This report reveals the extent to which AAPI-serving CBOs vary in programming, resources, and clientele, and identifies the service gaps and barriers to information and resources of the AAPI older adult community.

### Profile of CBO Respondents

#### GEOGRAPHY

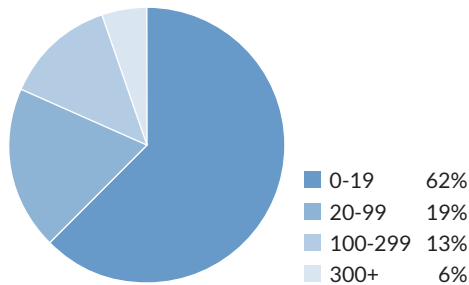
**Figure 1: Geographic Distribution of CBO Respondents by Region**



West	Midwest	Northeast	South
<ul style="list-style-type: none"> <li>• 64% of responding CBOs</li> <li>• Most commonly served AAPI ethnicities: Chinese, Vietnamese, Filipino, Korean, Japanese</li> </ul>	<ul style="list-style-type: none"> <li>• 14% of responding CBOs</li> <li>• Most commonly served AAPI ethnicities: Korean, Lao, Vietnamese, Chinese, Cambodian, Hmong</li> </ul>	<ul style="list-style-type: none"> <li>• 11% of responding CBOs</li> <li>• Most commonly served AAPI ethnicities: Chinese, Korean, Vietnamese</li> </ul>	<ul style="list-style-type: none"> <li>• 11% of responding CBOs</li> <li>• Most commonly served AAPI ethnicities: Vietnamese, Chinese, Korean, Filipino</li> </ul>
<ul style="list-style-type: none"> <li>• 54% of all AAPI elders in the U.S.</li> </ul>	<ul style="list-style-type: none"> <li>• 9% of all AAPI elders in the U.S.</li> </ul>	<ul style="list-style-type: none"> <li>• 18% of all AAPI elders in the U.S.</li> </ul>	<ul style="list-style-type: none"> <li>• 18% of all AAPI elders in the U.S.</li> </ul>
<ul style="list-style-type: none"> <li>• 47% of all AAPIs in the U.S.</li> </ul>	<ul style="list-style-type: none"> <li>• 12% of all AAPIs in the U.S.</li> </ul>	<ul style="list-style-type: none"> <li>• 20% of all AAPIs in the U.S.</li> </ul>	<ul style="list-style-type: none"> <li>• 22% of all AAPIs in the U.S.</li> </ul>

Survey responses came from organizations in all four of the U.S. geographic regions (as defined by the U.S. Census).<sup>1</sup> Compared to the geographic distributions of the AAPI elder and overall AAPI populations, the West was overrepresented by survey respondents, and the Northeast and South were underrepresented. The Midwest was adequately represented among respondents.

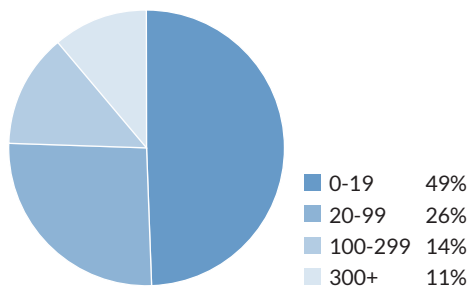
**Figure 2: Number of Paid Staff per CBO**



**ORGANIZATION SIZE**

The majority of CBO respondents (62%) indicated that they are small organizations with zero to 19 paid employees on staff (Figure 2). Responding CBOs often receive additional unpaid assistance, with the number of volunteers ranging from less than 20 to more than 300 per organization (Figure 3), or an average of 70 volunteers per CBO. Over 50% of responding CBOs serve under 5,000 clients annually, about one-third (32%) serve 5,000-49,999 clients, and 4% serve over 50,000 clients per year.

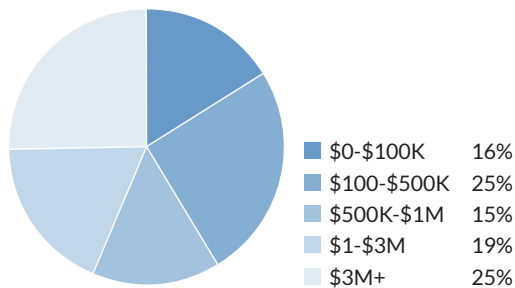
**Figure 3: Number of Unpaid Volunteers per CBO**



**ORGANIZATION BUDGET**

CBOs reported annual budgets ranging from less than \$100,000 to over \$3 million (Figure 4). The median response came from CBOs with annual budgets in the \$500,000-\$1 million range. Elder-specific CBOs tend to have lower budgets (41% reported having a budget of \$0-\$100,000), suggesting that organizations that focus specifically on elders tend to have fewer financial resources (Figure 5).

**Figure 4: CBO Budgets (n=91)**

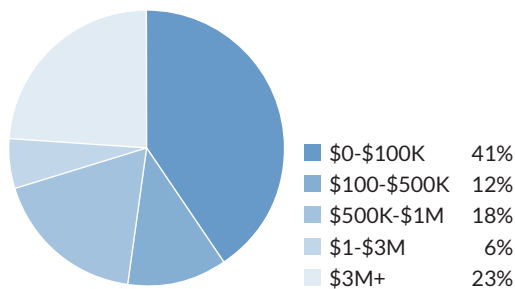


**Profile of Populations Served by CBOs**

**GEOGRAPHIC AREAS**

CBOs in NAPCA's network primarily serve their local AAPI communities in urban settings. The majority of responding CBOs (64%) serve urban areas, while only 2% of respondents reported serving rural communities. This corresponds with data from the U.S. Census, which indicates that only 3% of AAPIs live in rural areas.<sup>2</sup> Most of the CBO respondents serve cities (48%) or counties (53%), whereas only 10% serve AAPIs nationwide.

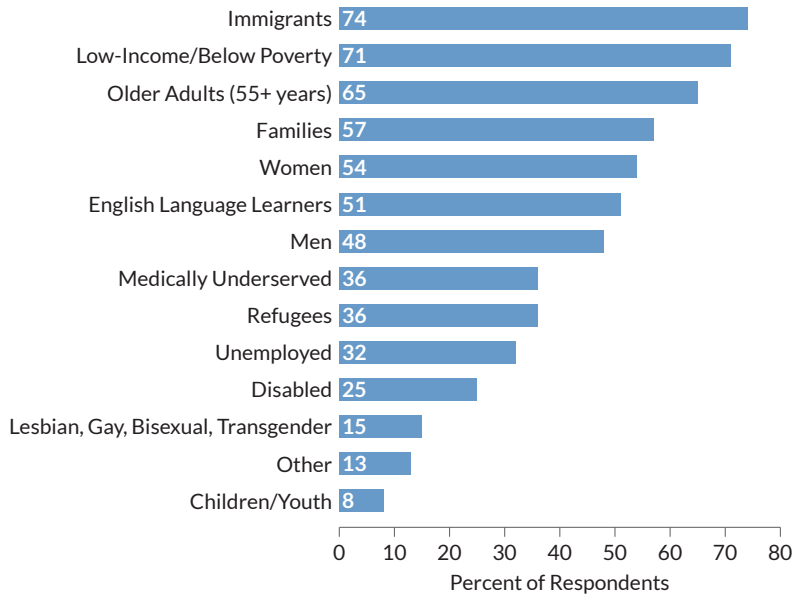
**Figure 5: Elder-Specific CBO Budgets (n=17)**



**TARGET POPULATIONS**

Survey respondents specialize in serving populations across the age spectrum. A total of 81 CBOs (84%) serve adults ages 55 and over, and 19 CBOs (20%) are elder-specific, meaning that they exclusively serve individuals 55 years and older. CBOs also reported serving youth up to 24 years (78%) and adults ages 25-54 years (51%). When asked to specify the target populations served, responding CBOs most often identified low-income immigrants, older adults, and families (Figure 6). Most of the elder-specific CBOs (n=12) serve low-income elders.

**Figure 6: Key Populations Served by CBOs**

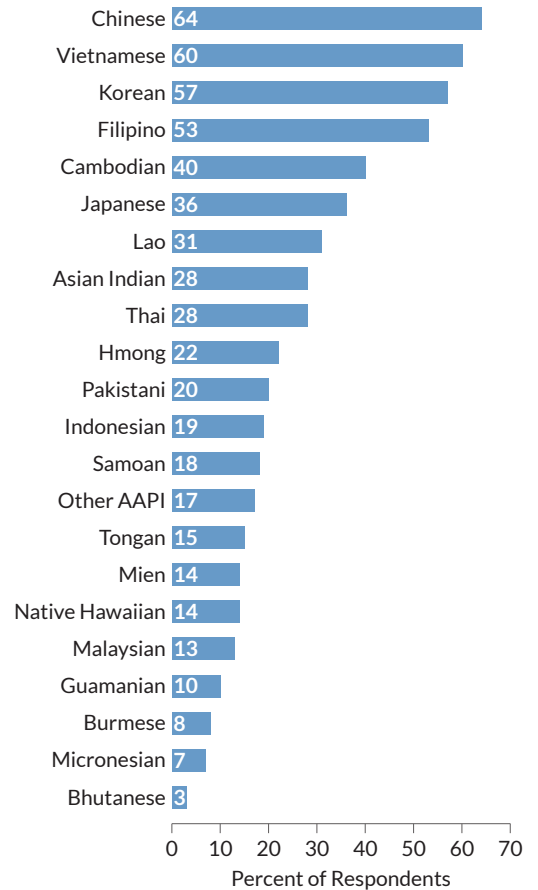


**RACIAL AND ETHNIC GROUPS**

Responding CBOs serve a wide range of racial and ethnic groups. Because the survey was mailed to AAPI-serving CBOs, all of the respondents reported serving AAPIs, either exclusively or in addition to other racial groups. A majority of respondents serve Caucasians (63%), Hispanics/Latinos (62%), and African Americans (61%). A smaller number of CBOs reported serving American Indians or Alaska Natives (19%), Middle Eastern populations (7%), and other African immigrants (5%). About 7% of the CBOs reported serving individuals of mixed races.

The ethnic groups that respondents most commonly reported serving, such as Chinese, Vietnamese, Korean, and Filipino, correspond with the AAPI ethnic groups with the largest populations in the U.S. (Figure 7 & Table 1). However, CBOs that serve Cambodians appear to be slightly overrepresented by survey respondents, and CBOs that serve Asian Indian populations are underrepresented.

**Figure 7: Ethnic Groups Served by CBOs**



**Table 1: U.S. Asian Ethnic Groups, Ranked in Order of Largest Population**

Ethnic Group
1. Chinese
2. Asian Indian
3. Filipino
4. Vietnamese
5. Korean
6. Japanese
7. Pakistani
8. Hmong
9. Cambodian
10. Taiwanese

Source: U.S. Census Bureau, 2010 Census

## LANGUAGES SPOKEN

Languages spoken by CBO clients reflect the general AAPI demographics. Chinese (43%), Vietnamese (39%), and Korean (36%) were the most commonly reported languages spoken other than English (Figure 8). This is representative of the ethnicities that the CBOs serve. Thirty-two percent of CBOs reported serving Spanish-speaking individuals. After Spanish, Tagalog (25%) and Khmer/Cambodian (20%) were the next most commonly reported primary languages spoken by CBO clients.

## ORGANIZATION TYPE

Responding CBOs were asked to identify which organization types best describe them. Respondents were allowed to choose more than one category, as many CBOs often serve numerous functions in their communities. Over half (53%) of responding CBOs identified as a social services provider, 25% as a senior center, 23% as a health clinic or health care center, 23% as a community center, 7% as a housing organization, and 7% as an education or cultural center.

A majority of the respondents provide health education and information/referral services. Many of the responding CBOs also offer immigration/citizenship services, volunteer programs, and recreational and social activities (Figure 9). Very few offer mental health services and long-term care, even though they identify these as needed resources for AAPIs. (See “Key Issues Not Being Addressed.”) Most elder-specific CBOs reported that they offer recreational and social activities (68%), health education (68%), and meals/nutrition (63%), which is consistent with senior center services.

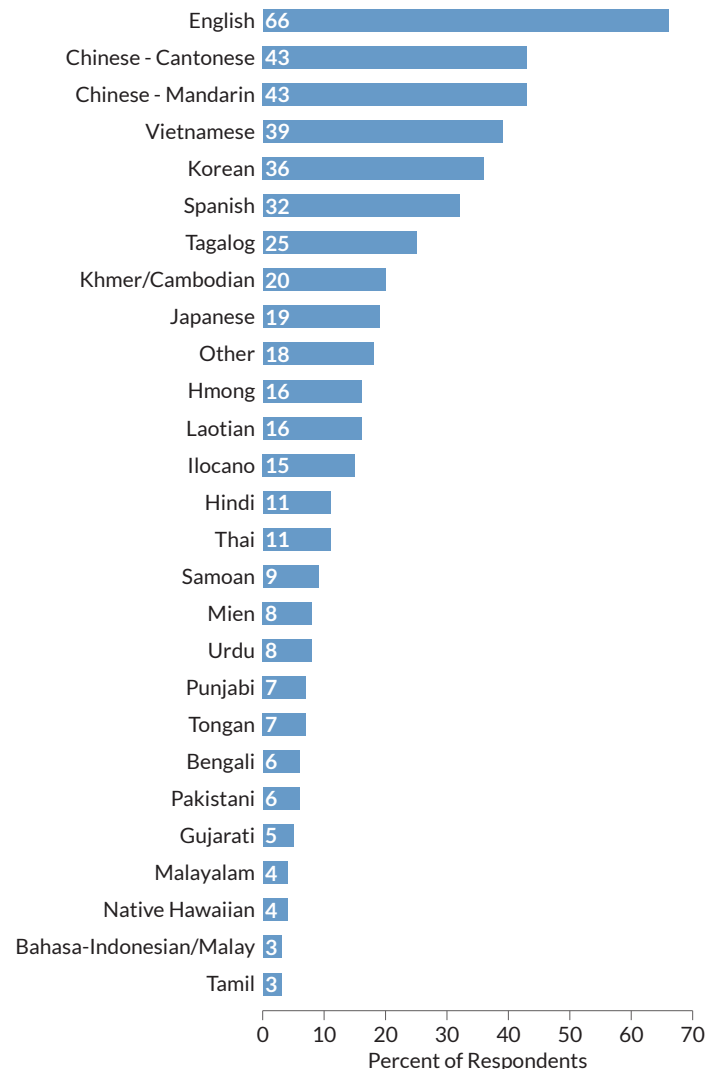
One-quarter of the CBO respondents reported that they provide support groups. Most commonly offered support groups include caregiver (33%), cancer patient/survivor (17%), chronic illness/disease management (13%), and grief (8%). Other groups mentioned services pertaining to drug and substance abuse, HIV, youth, disabled seniors, and support groups for parents with children with special needs.

## Needs of AAPI Elders

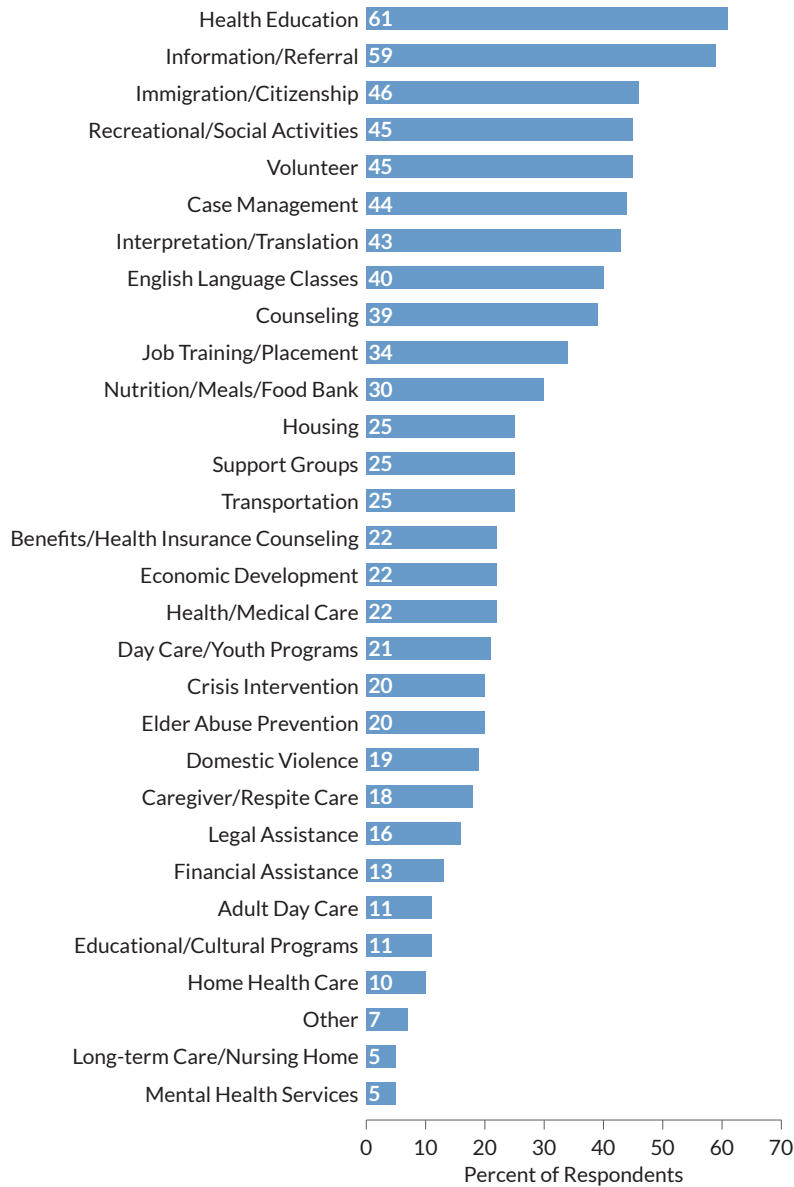
### PRIORITIES

CBOs were asked to rank a list of 10 issues facing AAPI elders based on their importance, with 1 indicating “most important” and 10 indicating “least important.”

Figure 8: Languages Spoken by Clients Served



**Figure 9: CBO Services and Programs**



**Table 2: Priority Issues for AAPI Elders, Reported by All Responding CBOs**

Priority Issue	Average Ranking
1. Health/Medical Care/Fitness	3.4
2. Economic Security	4.0
3. Housing	4.2
4. Caregiving/Long-term Care	4.9
5. Food/Nutrition	5.0
6. Transportation	5.3
7. Immigration/Citizenship	5.4
8. Mental Health	5.5
9. Employment	6.0
10. Elder Abuse	7.7

**Table 3: Priority Issues for AAPI Elders, Reported by Elder-Specific CBOs**

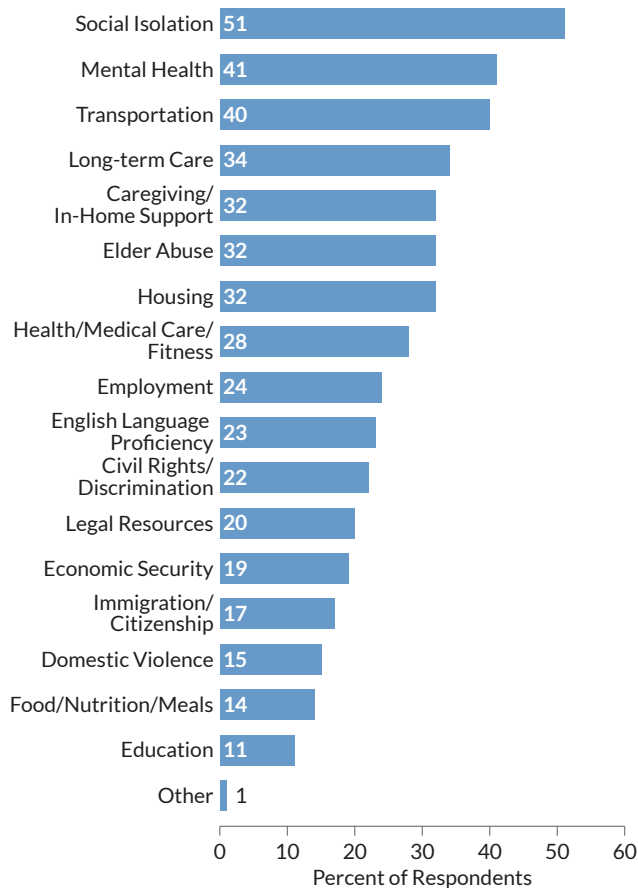
Priority Issue	Average Ranking
1. Health/Medical Care/Fitness	2.5
2. Housing	3.7
3. Food/Nutrition	4.1
4. Economic Security	4.1
5. Caregiving/Long-term Care	4.7
6. Mental Health	4.7
7. Immigration/Citizenship	6.2
8. Transportation	6.8
9. Elder Abuse	6.8
10. Employment	7.8

The top priority issues for AAPI elders identified by CBOs were health/medical care/fitness, economic security, and housing. The next most important issues for AAPI elders were caregiving/long-term care and food/nutrition.

Elder-specific CBOs identified health/medical care/fitness as the top priority issue, housing as the second most important issue, and food/nutrition and economic security tied as the third most important issue.

The priority issues that were identified varied by type of organization and the services that the CBO provides. For example, organizations that provide health care tend to rate health/medical care as the top priority issue, while organizations that provide housing tend to rate housing as the top priority issue for AAPI elders. Tables 2 and 3 list the priority issues for AAPI elders and the average ranking.

**Figure 10: Key Issues Not Being Addressed**



**KEY ISSUES NOT BEING ADDRESSED**

In addition to prioritizing the issues that AAPI elders often face, respondents were asked to identify key issues that are not being adequately addressed by organizations in their communities. Responding CBOs most commonly identified social isolation (51%) as the key issue for AAPI elders that is not being adequately addressed. Moreover, a significant proportion of all responding CBOs reported mental health (41%), followed by transportation (40%), as issues not being adequately addressed (Figure 10).

Elder-specific CBOs also identified social isolation as the key issue for AAPI elders that is not being adequately addressed, followed by transportation, long-term care, and caregiving.

**BARRIERS TO ACCESSING RESOURCES AND INFORMATION**

CBOs were asked what barriers AAPI elders confront when accessing resources or information. Out of the 70 CBOs that answered this question, 76% reported that language was a significant barrier. Transportation (31%), cultural appropriateness (20%), and lack of awareness (14%) were also mentioned as barriers to accessing information and resources for AAPI elders.

**Figure 11: Community-Based Organization Capacity Challenges**



**Organizational Capacity**

**CHALLENGES**

Responding CBOs reported being most concerned with their ability to continue providing high-quality services and informing others of their services, as demonstrated by their ranking of financial sustainability and marketing as the most challenging areas for their organization. Respondents were asked to rate issues that pose challenges for their organization. Over half (53%) of the CBOs rated financial sustainability as a “challenge” or “major challenge” and 35% rated marketing/branding as a “challenge” or “major challenge.” Elder-specific organizations frequently rated space/rent/facilities as a significant challenge for their organizations, in addition to financial sustainability.

## ADDITIONAL FUNDING

NAPCA asked CBOs what they would do with additional funding. Out of the 81 CBOs that responded to this question, half said that they would expand existing programs or add new services with additional funding; 40% would hire more staff or raise staff salaries; 23% would use funding to build new infrastructure or fix existing facilities; and 8% would offer transportation. Other responses included conducting radio broadcasts, establishing paid internships for seniors and youth in the community, helping uninsured patients, serving more meals, and subsidizing citizenship fees.

## NAPCA Helpline

NAPCA's toll-free multilingual Helpline provides information on Medicare, Medicaid, and Social Security to limited English speaking Chinese, Korean, and Vietnamese seniors. The Helpline also provides assistance on enrollment in Medicare Part D, the Medicare Low Income Subsidy, and other Medicare savings programs.

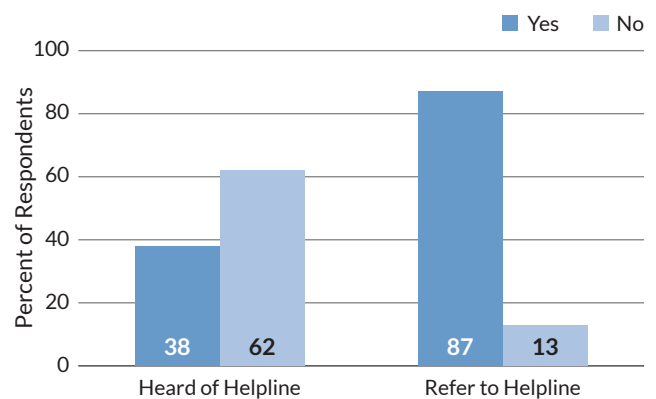
CBOs were asked if they had heard of the Helpline and if they would refer their AAPI elder clients to this resource. A majority of the respondents (62%) have never heard of the Helpline. However, a large proportion of the respondents (87%), regardless of whether or not they have heard of Helpline, would refer their AAPI elder clients to this resource. Among those who said they would not refer to the Helpline, the most common response reported was that the Helpline does not cater to the languages of those CBOs' client populations. The languages mentioned were Tagalog, Ilocano, Hindi/Urdu, Bengali, Punjabi, and Hmong. Other reasons for not referring clients to the Helpline included referring clients to local providers and not working with elder clients.

The survey also asked CBOs what additional information or assistance NAPCA could provide to their clients through Helpline. Only 25 CBOs answered this question and three requested languages other than the ones that are already offered. Two CBOs mentioned housing or estate planning. Other topics mentioned include mental health, long-term care, job training, and phone reassurance services. This illustrates the critical need for education and outreach to AAPI elders to inform and explain to them the myriad of important issues they may face as they age, as well as the resources they can access.

## Methods

In April 2012, the survey was mailed to 558 AAPI-serving CBOs that are among the CBOs in NAPCA's network. A total of 97 organizations completed the survey, yielding a 17% response rate. The survey consisted of 29 questions in English. Key survey topics included: CBO characteristics; CBO programs and services;

**Figure 12: CBO Awareness and Intention to Refer to NAPCA's Helpline**





priorities of CBOs; AAPI elders' needs and barriers to service; organization capacity and challenges; and methods for reaching AAPI elders. Elders in this survey and report are defined as adults aged 55 years and over (55+).

While we attempted to design this survey in a way that captured important data without overwhelming respondents, one limitation of this survey is that 97 of the CBOs responded with a completed survey. While a 17% response rate is not uncommon for an organizational survey,<sup>3</sup> a larger response rate and a more random sample of respondents would produce a broader and more generalizable representation of the priorities, needs, and challenges of AAPI-serving CBOs and AAPI older adults.

## Conclusions

The results of the 2012 CBO survey reveal the priorities and challenges of AAPI-serving CBOs. Responding CBOs reported that while health/medical care, economic security, and housing are top priority issues for AAPI elders, they feel that social isolation, transportation, and mental health are key issues for AAPI elders that are not being adequately addressed in AAPI communities. Language and transportation, followed by lack of cultural appropriateness, were identified as the main barriers to accessing information and resources for AAPI elders.

The responding CBOs provide service to over half a million clients that need linguistically and culturally appropriate resources and programs. As identified by community service providers, it is evident that more funding is needed for CBOs to properly serve the AAPI older adult population. CBOs reported they are unable to address key issues facing AAPI elders; half reported that they would expand existing programs or add new services if additional resources were available.

NAPCA will use the results of this assessment to improve upon existing services and identify new opportunities for future partnerships with CBOs committed to improving the lives of AAPI elders. We greatly appreciate the feedback and support of our partners and for the staff of these organizations who provide essential services to the AAPI community.

## Acknowledgements

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