Chinese American Utilization, Preferences, and Barriers: Elderly Housing and Senior Services in the Boston Area

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Introduction

This report summarizes the findings from a research study conducted between December 2010 and April 2011. The goal of the study was to understand the housing and service needs of Chinese American seniors in the Boston area. To ascertain Chinese American seniors’ current usage, needs, and interests in elder housing and services, we administered surveys and conducted group interviews with Chinese American seniors and adults involved in making decisions related to the care and housing of Chinese American elderly. The research project was guided by the following research questions:

1. What is the current participation of elder care services and housing options among older Chinese American adults in the Greater Boston area?

2. What types of elder housing and senior services options do Boston area Chinese American seniors and their families prefer?

3. How do structural and cultural factors, as well as individual and family interests affect the decisions and participation of elderly Chinese Americans in currently available elder care services and housing offerings?

The findings of this study suggest that the utilization of elder housing and senior services by Chinese Americans has potential to increase. In addition to the rapid rate at which this population is growing, interest in senior services and housing options may not be reflected by current levels of participation due to three primary barriers. First, we found that many Chinese Americans, especially the elderly, are limited in their knowledge about elderly housing and senior services options. Second, most Chinese American elderly and caretakers are limited in their English proficiency, possibly preventing this population from participating in services.
Third, many of our subjects have significant financial constraints that may hinder them from utilizing housing and services targeted at elderly populations.

Following a description of the background and methodology of this study, the report is organized into five sections. The first section summarizes the characteristics including age, immigration status, economic class, educational attainment, and location of residence of the survey response subjects, and compares them to demographic data available from the U.S. Census Bureau. The report then summarizes findings from the study on current trends in usage and interests in housing, elder care services, and healthcare. Factors influencing the decision-making processes related to elderly housing, elder care services, and healthcare are discussed. The final findings section of the report focuses on language barriers and the importance of translation services to the participation of Chinese American seniors in elderly housing and senior services. Finally, it concludes with a brief summary of study findings.

**Chinese American Elders: An Understudied, but Growing Population**

Research on the status and needs of elderly Americans is growing in importance as institutional and public leaders are increasingly concerned about the “graying of America” and the effects of demographic shifts on public health and housing infrastructures. Eldercare service providers are also deeply interested in this research. Overall, the elderly population in the U.S. is expected to exceed 80 million and constitute approximately 20 percent of the population by 2030 (US Census Bureau, 2003) due to a combination of decreasing fertility rates and increased life expectancy. Moreover, since historic immigration policy shifts in 1965, the majority of older immigrants have come from two geographic areas - Latin America (441,000) and Asia (516,000) - with Chinese being the largest subgroup (He 2002). In Massachusetts, the
number of Asian Americans aged 65 years and over increased by over 90 percent from 2000 to 2010, according to the US Census.

Although prolonged longevity is generally regarded as good news and a sign of progress, advancing age is also associated with uncertainty regarding health, expenses, and support services needs, many of which have impacts on older adults’ quality of life as well as their ability to function independently in society (Chodzko-Zajko, 2001). These concerns also translate to an increased demand for elder care and housing options. There are a variety of services and housing options that can be provided to older adults, ranging from independent living to home care or day care, assisted living or nursing facilities (Elder Affairs, City of Boston, 2010).

There continues to be limited research on non-white senior populations and immigrant seniors, who often present unique service and housing needs. Furthermore, there remain questions as to whether ethnic minority seniors and their families are knowledgeable about elder care and housing options. Research has consistently concluded that the client’s awareness or knowledge of existing services is an important predictor of service utilization (Chapleski, 1989; Kulys, 1990) while findings on other factors such as age, gender, marital status, income, and informal support are mixed (Chapleski, 1989; Krout, 1988). A number of studies have indicated that minority elders, including African Americans, Latinos and Asian Americans are less likely to utilize services than white elders (Dilworth-Anderson, Williams, & Gibson, 2002). Moreover, Asian American seniors are observed to use the least amount of social services (Scharlach, et al., 2006; Greene & Monahan, 1984; Guttmann & Cuellar, 1982; Wallace, Andersen, & Levy-Storms, 1993).
To address possible inequalities in access and utilization of services and resources, it is important to identify possible barriers – both structural and cultural - to the utilization of elder care and housing services. For example, racial and ethnic disparities in utilization may be a function of limited knowledge about the availability of support services, resources, and options. In addition to lack of knowledge about services as the main factor influencing the utilization of services, Pang, Jordan-Marsh, Silverstein, and Cody (2003) concluded that structural factors including accessibility, affordability, and availability of services; and cultural factors including limited English-language proficiency, health beliefs, and acceptance of health services are major factors affecting the low utilization of services among older Chinese Americans.

In addition to gaining a clearer picture of possible barriers to utilization of services and resources by diverse elderly populations, it is also important to gain a better understanding of how different families and elders engage in decision making processes and cultural attitudes related to elder care and housing options. Scharlach and colleagues (2006) found that for many minority populations including Chinese Americans, traditional cultural family values prioritizing elder care by family members, a lack of knowledge about available resources, a lack of culturally-relevant services, and mistrust for sources of support separate from family may all limit participation in elder care and housing. Jones’ findings also affirm the important role that family members, particularly daughters, play in the care of Chinese and Filipino American elders (1995). While families may play a significant role in the decision making process related to elder healthcare, social networks including friends and neighbors may also play an increasingly important role in Chinese American elders’ healthcare decisions (Pang, et al., 2003).
Despite disparities in elder care services experienced by older Asian American adults, research on elder Americans has generally neglected this growing population, which includes a significant number of Chinese Americans. Older Chinese Americans warrant the attention of service providers when planning and implementing culturally sensitive and effective programs, not only because it is one of the fastest growing subpopulations in the US, but also because they differ in language, culture, demographics, and behavior from the traditionally white elder population (American Association for Retired Persons & Agency on Aging, 1996). Thus, they present unique challenges to service and health providers that must be better understood through research.

In the Boston metropolitan area and Massachusetts in general, Asian Americans represent the fastest growing elderly population. Among the Asian American senior population, Chinese Americans represent the largest ethnic group. Moreover, over 90 percent of Asian Americans over the age of 65 are immigrants. A sizeable portion of this population are recent immigrants, have limited English proficiency, and have unique cultural and health needs distinct from other populations of elderly (Mui, et al., 2007; Torsch & Ma, 2000; McLaughlin & Braun, 1998). Given the rapidly growing population of older Chinese American adults, elder care and housing providers in the Commonwealth of Massachusetts must be informed by research to respond to the needs and expectations of the growing elderly Chinese American population.
Methodology

The purpose of this study was to gain a better understanding of the utilization of elder care services and housing options by Chinese Americans in the Greater Boston area. Based on the literature review, we theorize that utilization is an outcome of the decision-making process, which is shaped by individual interests, as well as structural and cultural factors. Figure 1 below illustrates the conceptual model explaining outcomes in elder service and housing option utilization by Chinese American elders.

FIGURE 1: Conceptual Model of Elder Care/Housing Utilization by Chinese Americans

In order to study the structural and cultural factors, interests, decision making processes, and current status of participation in elder care and housing options among Chinese American elders in Greater Boston, survey were administered over a three-week period in February and March 2011, to two target populations – Chinese American seniors and adults who currently identify as primary decision makers for the care and housing of at least one Chinese American senior in the region. We collected a total of 397 completed questionnaires, which exceeded the project goal of 120-150 surveys. In total, 249 surveys were collected from Chinese American seniors and 148 surveys from adult relatives of Chinese elders; however, it is
important to note that the individuals from these two groups were not necessarily related to each other.

Surveys were collected by bilingual research assistants in Boston Chinatown, a Chinese supermarket in Quincy, at the Golden Age Center in Brighton, and at the annual Quincy Asian Resource, Inc. Lunar New Year festival. We targeted these Chinese American cultural centers with a street intercept method for survey administration, which has been shown to be effective and feasible in obtaining a representative sample of urban minority populations (Miller, et al., 1997). It was also helpful to provide survey respondents with $5 gift certificate incentives to local Chinatown bakeries and the supermarket.

While surveys and questionnaires are useful methodological tools for assessing population trends and testing theories of behavior (Groves, et al., 2009), focus groups are also a tool for applied research to explore a range of ideas or feelings on a topic, understand possible differences in perspectives by groups, gain insights on complex issues, identify and examine factors influencing behaviors, and to provide opportunity for group synergy to identify emergent ideas (Krueger and Casey, 2009). Four group interviews were conducted in March and April 2011 with a total of 25 participants, who were primarily recruited from the survey respondents.
Characteristics of Subjects

Place of Residence

The participants in this study are predominantly from the Boston and Quincy areas, spreading out to the surrounding suburban towns. Figures 2 and 3 geographically illustrate the home zip codes of survey respondents for elderly and adult relative caretakers respectively. Elderly survey respondents were clustered more around the Chinatown and Allston/Brighton neighborhoods of Boston as well as throughout Quincy. There were several elderly respondents who reside in surrounding communities such as Malden, Somerville, Brookline, Newton, Waltham, and Braintree.

Survey respondents who are adult relatives involved in the decision-
making processes of Chinese American elders, or caretakers, reside in a more diffuse pattern, as seen in figure 3 below. A large cluster of caretaker survey respondents resides in the city of Quincy and in Boston near Chinatown. Many also reside in surrounding suburbs like Malden, Medford, Revere, Braintree, and even as far away as Andover.

Figure 3: Caretaker Survey Respondents by Zip Code
Demographic Characteristics: Elderly Survey Respondents

Table 1 below compares the characteristics of the 249 elderly Chinese Americans in the Boston area who participated in the study by completing a survey to estimates of demographic characteristics of Chinese Americans in the metropolitan area who are at least 65 years old.

| Table 1: Elderly Survey Respondents compared to Census American Community Survey (ACS) 2005-09 Estimates for Boston area Chinese Americans |
|-------------------------------------------------|-----------------------------------------------|
| **Gender** | **Survey Respondents** | **ACS 2005-09 Estimates** |
| Female | 58.0% | 52.0% |
| Male | 42.0% | 48.0% |
| **Age** | | |
| Under 50 | 8 of 249 (3.3% of sample) | |
| 51-64 | 60 of 249 (24.6% of sample) | |
| 65-74 | 55.1% | 50.8% |
| 75 and over | 44.9% | 49.2% |
| **Percent Immigrant** | | 98.3% | 94.1% |
| **Year of Immigration** | | |
| Before 1965 | 6.8% | 15.2% |
| 1965-1980 | 21.7% | 25.9% |
| 1981-1995 | 42.1% | 33.9% |
| 1996-2000 | 10.9% | 11.0% |
| 2001-2011 | 18.6% | 9.1% |
| **Percent US Citizen** | 76.0% | 67.0% |
| **Marital Status** | | 62.0% | |
| Married | 74.6% | |
| Single/Separated | 3.8% | 5.0% |
| Divorced | 0.4% | 2.3% |
| Widowed | 20.4% | 30.6% |
| **Educational Attainment** | | |
| Less than High School | 54.3% | 48.7% |
| High School graduate | 23.9% | 16.1% |
| Some College | 3.8% | 8.3% |
| College graduate | 15.4% | 15.2% |
| Advanced Degree holder | 2.6% | 11.7% |

Overall, our study's sample of Chinese American seniors is more female and younger than Census estimates of this population in the Boston area. With regard to immigrant status, a larger proportion (98.3%) of our sample is foreign-born, and a larger percentage is recent
immigrants, compared with Census demographic estimates for this population. Possibly because our sample of elders is slightly younger, a larger percentage is married and a smaller percentage is widowed. In terms of educational attainment, our sample is less educated than the general population of Chinese seniors in the Boston area.

Likely as a result of the high proportion of immigrants among our elderly sample, less than 3 percent of the elderly sample prefers to speak in English (figure 4). The most popular dialect of Chinese is Cantonese (48.1%), Toisanese (15.3%) and Mandarin (14%) are also popular dialects. Another 20 percent stated that they prefer to speak in Chinese, but did not indicate any particular dialect.

![Figure 4: Language Preferences - Chinese American Elderly (n=249)](image)

As a consequence of their relatively recent immigration status, limited English proficiency, educational attainment levels on the whole, and retired status; the elderly survey respondents have very limited annual income levels. As table 2 below indicates, more than two-thirds (68.8%) of the survey subjects have an annual income less than $20,000.
Table 2: Elderly Survey Respondents by Annual Income Level

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $20,000</td>
<td>68.8%</td>
</tr>
<tr>
<td>$20,000 - $40,000</td>
<td>18.1%</td>
</tr>
<tr>
<td>$40,000 - $60,000</td>
<td>7.0%</td>
</tr>
<tr>
<td>$60,000 - $100,000</td>
<td>3.7%</td>
</tr>
<tr>
<td>$100,000 - $150,000</td>
<td>1.4%</td>
</tr>
<tr>
<td>$150,000 - $200,000</td>
<td>0.5%</td>
</tr>
<tr>
<td>$200,000 - $250,000</td>
<td>0.5%</td>
</tr>
</tbody>
</table>

The sources of income for Chinese American seniors vary, and they seem to have fewer financial resources than the general Chinese American population in the area. According to figure 5, while 32 percent of the elderly survey respondents receive income from a retirement or pension fund, 34.7 percent also receive some form of public income either from Supplemental Security Income (SSI), Social Security Disability Income, public cash assistance, and heating fuel assistance; 19.5 percent of our respondents continues to be employed. An additional 9.2 percent receive financial support from relatives.
Their income levels are also reflected in the usage of health insurance coverage, which is illustrated in figure 6 below. Because Massachusetts requires all individuals to maintain health insurance, almost all (97.9%) of the elderly survey respondents have some form of health insurance coverage. Almost half (42%) depend on MassHealth, the state managed health insurance program, while 32.1 percent depend on Medicare, Medicare Part D, or Prescription Advantage programs. Private health insurers cover only 17.5 percent of our respondents.

Generally, Chinese American seniors in the Boston area, according to our survey results, are a socio-economically disadvantaged population. The demographic statistics in this survey indicate that many Chinese American elderly in the Boston area are predominantly immigrant, with many immigrating in the last decade. They are more likely to require linguistic interpreters to access elder care services and healthcare due to the large proportion who are
limited in English proficiency. Moreover, many of them have a relatively low level of educational attainment and income levels. All of these demographic and socioeconomic realities can significantly affect the ways in which Chinese American seniors in the local area participate in elder care and housing.

**Demographic Characteristics: Caretaker Survey Respondents**

It was difficult to recruit adult relatives of Chinese American seniors who were involved in the care of their elders to complete the caretaker surveys. Nonetheless, we were able to collect 148 surveys from adults who identified as playing a key role in making decisions related to the housing and elder care of Chinese American seniors in the Boston area. Table 3 compares the characteristics of our caretaker sample with Census estimates of demographics for Chinese Americans in the Boston area who are at least 35 but less than 65 years of age. Our caretaker sample was significantly more female than Census estimates are for the Chinese American population between the ages of 35 and 64 in the Boston area. A large proportion (43.1%) of our sample was between 40 and 50 years old.¹ A high percentage (89.1%) of the caretaker sample identified as foreign-born, with a large proportion representing recent immigrants. Additionally, a smaller proportion of the sample identified as U.S. citizens. Moreover, our caretaker sample is somewhat different in their educational attainment levels than estimated by the Census for the Boston area Chinese American adult population. While there are more college graduates in the sample, there are less advanced degree holders. There

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¹ Three of the caretaker survey respondents identified as being over 65 years old. Survey takers were instructed to approach individuals who appeared under the age of 60 but at least 35 years old, who identified as being involved in the care and housing decisions of Chinese American elders. The inclusion of individuals over 65 years old reflects an unavoidable survey implementation error.
Table 3: Caretaker Survey Respondents compared to Census American Community Survey (ACS) 2005-09 Estimates for Boston area Chinese Americans

<table>
<thead>
<tr>
<th></th>
<th>Survey Respondents</th>
<th>ACS 2005-09 Estimates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>65.3%</td>
<td>51.9%</td>
</tr>
<tr>
<td>Male</td>
<td>34.7%</td>
<td>48.1%</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 40</td>
<td>36.8%</td>
<td>58.0%</td>
</tr>
<tr>
<td>40-50</td>
<td>43.1%</td>
<td>18.8%</td>
</tr>
<tr>
<td>50-64</td>
<td>18.1%</td>
<td>14.4%</td>
</tr>
<tr>
<td>65 or over</td>
<td>2.1%</td>
<td></td>
</tr>
<tr>
<td><strong>Percent Immigrant</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>89.1%</td>
<td>67.9%</td>
</tr>
<tr>
<td><strong>Year of Immigration</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Before 1965</td>
<td>0.0%</td>
<td>2.0%</td>
</tr>
<tr>
<td>1965-1980</td>
<td>7.8%</td>
<td>11.9%</td>
</tr>
<tr>
<td>1981-1995</td>
<td>34.8%</td>
<td>26.2%</td>
</tr>
<tr>
<td>1996-2000</td>
<td>18.3%</td>
<td>13.1%</td>
</tr>
<tr>
<td>2001-2011</td>
<td>39.1%</td>
<td>15.7%</td>
</tr>
<tr>
<td><strong>Percent US Citizen</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>64.9%</td>
<td>70.0%</td>
</tr>
<tr>
<td><strong>Educational Attainment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than High School</td>
<td>17.9%</td>
<td>33.9%</td>
</tr>
<tr>
<td>High School graduate</td>
<td>36.4%</td>
<td>13.3%</td>
</tr>
<tr>
<td>Some College</td>
<td>8.6%</td>
<td>11.7%</td>
</tr>
<tr>
<td>College graduate</td>
<td>29.3%</td>
<td>18.3%</td>
</tr>
<tr>
<td>Advanced Degree holder</td>
<td>7.9%</td>
<td>22.9%</td>
</tr>
<tr>
<td><strong>Family Income Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than $40,000</td>
<td>57.8%</td>
<td></td>
</tr>
<tr>
<td>$40,000 – $60,000</td>
<td>19.8%</td>
<td></td>
</tr>
<tr>
<td>$60,000 - $100,000</td>
<td>14.9%</td>
<td></td>
</tr>
<tr>
<td>$100,000 - $150,000</td>
<td>5.0%</td>
<td></td>
</tr>
<tr>
<td>$250,000 or more</td>
<td>2.5%</td>
<td></td>
</tr>
</tbody>
</table>

are also fewer people with less than a high school education in the survey sample, but more individuals with a high school diploma or equivalent than is estimated by the Census for this equivalent cohort. Finally, the majority (57.8%) of our sample reported an annual family income of less than $40,000. In comparison, according to the Census only about 24.3 percent of Chinese Americans in the metro Boston area had a family income of less than $40,000 in from 2006–2010, in 2010 dollars (American Community Survey, 2006-10).
Like their elderly relatives, a significant majority (89.1%) of the caretaker survey subjects are immigrants with a sizeable proportion (39.1%) that immigrated in the last decade. However, the majority of this group has U.S. citizenship with 64.9 percent of the respondents reporting that they are U.S. citizens. Figure 7 presents data on when immigrant caretakers arrived in the U.S. None of our respondents arrived prior to 1965. The largest segment (39.1%) arrived in the last decade. The next largest group arrived between 1981 and 1995.

![Figure 7: Caretaker Survey Respondents by Year of Immigration](image)

As a consequence of this large percentage of immigrants, these survey subjects also mostly prefer to communicate in Chinese. Figure 8 summarizes their linguistic preferences. While a sizeable percentage of caretaker respondents prefer to communicate in English (23.8%), the great majority of this group prefers to speak in Chinese, with Cantonese speakers representing the largest segment.
All of the caretaker survey respondents reported being involved with at least one Chinese American senior in the Boston area. Some (44 out of 148) of the respondents reported being involved in the care of two elderly relatives. A majority (59.8%) of caretaker survey respondents identified as the head of their household. Of the caretaker survey respondents, 42.9 percent report having 2 elders living in their homes, another 23.2 percent have one elder in their home, and 1.5 percent has 3 elders living in their homes. Table 4 below summarizes by gender the relationship between the caretaker survey respondent and the elder or elders indicated in their survey responses. Interestingly, the majority (62.2%) of caretaker respondents list a female elder as the relative with whose care they are involved. More than two-thirds (68.3%) of the respondents reported being involved in the care of a parent. Another 20.2 percent of respondents indicated that they were involved in the care of a grandparent. The right columns of table 4 also account for the relationships between the second elders and caretaker survey respondents with more than one elderly relative under their care. Among the 44 out of
Table 4: Relationship of Elder(s) to Caretakers

<table>
<thead>
<tr>
<th></th>
<th>ELDER 1</th>
<th>ELDER 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female Elder</td>
<td>Female Elder</td>
</tr>
<tr>
<td>Mother</td>
<td>42.0%</td>
<td>Mother</td>
</tr>
<tr>
<td>Mother-in-Law</td>
<td>8.7%</td>
<td>Mother-In-Law</td>
</tr>
<tr>
<td>Grandmother</td>
<td>10.1%</td>
<td>Grandmother</td>
</tr>
<tr>
<td>Aunt</td>
<td>1.4%</td>
<td>Aunt</td>
</tr>
<tr>
<td>Great Grandmother</td>
<td>0.7%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Male Elder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td>31.2%</td>
</tr>
<tr>
<td>Father-in-Law</td>
<td>2.2%</td>
</tr>
<tr>
<td>Grandfather</td>
<td>10.1%</td>
</tr>
<tr>
<td>Uncle</td>
<td>2.2%</td>
</tr>
<tr>
<td>Great Grandfather</td>
<td>0.7%</td>
</tr>
</tbody>
</table>

148 respondents who reported being involved in a second elderly relative’s care and housing, the majority (61.3%) of the second elders were also female elders. The gender imbalance favoring female elderly relatives living with younger relatives may reflect the gender balance among the Chinese American senior population, which has a larger number of women than men.

**Demographic Characteristics: Focus Group Participants**

A total of four focus group interviews were conducted following the completion of survey data collection. Table 5 summarizes the characteristics of participants in each focus group. Two group interviews were conducted in Quincy. The first was conducted in Cantonese,

Table 5: Focus Groups and Participant Characteristics

<table>
<thead>
<tr>
<th>Type</th>
<th>Group 1</th>
<th>Group 2</th>
<th>Group 3</th>
<th>Group 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Caretakers</td>
<td>Elderly</td>
<td>Elderly</td>
<td>Elderly</td>
</tr>
<tr>
<td>Location</td>
<td>Quincy</td>
<td>Chinatown</td>
<td>Quincy</td>
<td>Chinatown</td>
</tr>
<tr>
<td>Number of Participants</td>
<td>6</td>
<td>11</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Female</td>
<td>6</td>
<td>7</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Male</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Interview Language</td>
<td>Cantonese</td>
<td>Cantonese</td>
<td>Mandarin</td>
<td>English</td>
</tr>
<tr>
<td>Socioeconomic Status</td>
<td>Mixed: Working and Middle class</td>
<td>Working class</td>
<td>Mixed: Working and Middle class</td>
<td>Upper-middle class</td>
</tr>
</tbody>
</table>
and consisted of six individuals who identified as adult relatives actively engaged in the care and housing of local Chinese elderly. The second was conducted in Mandarin, and included eight Chinese American seniors.

Two group interviews were also conducted in Boston Chinatown. The first was conducted in Cantonese, and included 11 Chinese seniors. The final focus group was conducted in English with five Chinese American seniors who are involved in matters of Chinese American elder care issues in the Boston area. Insights from the group interviews will be included selectively throughout this report.
**Housing**

This section of the report summarizes survey and group interview data on the current status, needs, and future interests in housing for elderly Chinese Americans in the Boston area. An interesting finding was that Chinese American elders prioritize independence in their housing, and generally prefer to live separately from their adult children if possible.

**Current Elderly Housing Arrangements**

The majority (59.8%) of the elderly survey subjects indicated that they are the heads of their households. Figure 9 summarizes the current living situations of the elderly surveyed.

![Figure 9: Current Elderly Housing Arrangements](chart)

The largest group (39%) lives independently, alone (13.7%) or with their spouses (25.3%), not in senior apartments. The next largest segment (34.1%) of the elderly survey respondents live in senior apartments or in other publicly subsidized housing arrangements. Another 20.5 percent of the elderly survey respondents live with their adult children. Regarding household size, almost two-thirds (65%) of the elderly survey respondents indicated that they live in a
household with two or less residents. Another 32.3 percent lives in homes with three to six individuals. A handful (2.7%) of the elderly lives in households with seven or eight members.

A smaller proportion (29.1%) of the caretaker survey subjects indicated that the elders they support live independently by themselves or with their spouses (Figure 10). This might suggest that the elderly survey respondents are more independent in their housing situations than the seniors about whom the caretaker respondents are describing. Notably, 5 percent of the elders described by the caretaker subjects reside in nursing homes, and another 3 percent live in assisted living facilities. The largest group (36%) of these elderly lives with relatives. Another 27.5 percent reported that their elders live in senior apartments.

**Interests in Future Elderly Housing Arrangements**

In planning for future elder housing arrangements, there are interesting differences between the responses of Chinese American elderly survey respondents and caretaker respondents. Figure 11 summarizes the elder’s interests in different types of housing arrangements. Seniors are most interested in independent living arrangements, whether in
their own private homes or in senior housing units. Assisted living and residing with relatives were the next two most popular options for elderly respondents.

Caretaker respondents (figure 12), on the other hand, are most interested in senior housing units, assisted living options, and having their elders live with relatives. These results
may indicate that while independent living is valued by both elderly and caretakers, the
caretakers prefer to have some arrangements to ensure elderly safety and well-being. While
elderly survey subjects prefer to live by themselves in their own private homes or in senior
apartments, the caretaker respondents’ top choices (senior apartments, assisted living, reside
with relatives) have activities and programs to oversee the well-being of the elders built-in.

In the group interviews, the value of independent living was also articulated. Some
elderly interview subjects indicated that while it may have been a cultural practice in China to
have elders reside with their children, this is not the case in the United States, and that they
prefer to remain independent in their housing arrangements. Affirming the desire to live
independently, one elderly interview subject stated, “People need to have their own homes, just
like other animals want to have their own nests. It’s not good to see children every day, but it
will be nice to visit or be visited once a week or so.” Another elderly interview subject explained
that living with adult children can lead to family conflicts. She stated:

We cannot live together with our children because we have different cultural
backgrounds than our children... these might bring gaps between us and our children.
Our children have their own families and children. Maybe our daughter in law doesn’t
like a lot of things we do. It is unnecessary to start arguments in the house.

Clearly, independent living is a high priority for many of the elderly.

A major barrier to Chinese American participation in elderly housing and senior
services is the lack of knowledge about the availability of options. While elder and caretaker
survey respondents indicated specific priorities for elder housing arrangements, a significant
number of survey subjects also revealed that they were not very knowledgeable about certain
housing options. Near 20 percent of elder survey takers and about 15 percent of caretaker
respondents did not know about continuing care community options. More than five percent of elder survey respondents and caretaker survey subjects did not know about assisted living options. However, during group interviews with elderly, some participants expressed an interest in independent elderly living arrangements that also facilitated the development of social communities among elderly neighbors. For example, one elderly interview participation described a living arrangement that resembled that of assisted living or senior housing. She stated that she would prefer

...to buy my own condo and live independently for the rest of my life. I would like to have a condo with some nursing home type services but where they also have a swimming pool and all types of elderly services. However, given my financial circumstance, I hope that government could offer discounted prices or lowered tax rates to encourage elderly to buy their own property and benefit from certain personal care services at reasonable prices.

Another elderly interviewee suggested the need for elderly housing facilities to provide social activities. “I think that community building activities for elderly is the basic activity facilities should provide. It is tiring to see and hang out with my children and grandchildren everyday. We need our own social circles and independent living.”

**Housing: Decision Making**

In their decision making processes related to elderly housing arrangements, the elderly and caretaker survey respondents prioritized housing characteristics somewhat similarly. The top housing characteristic priorities according to the elderly survey subjects were the safety of the neighborhood, access to public transportation, the quality of services and facility, and affordability (figure 13). The top housing characteristic priorities for elderly housing options
according to caretaker responses were the safety of the neighborhood, the ability of staff and fellow residents to speak the same language as their elders, the quality of services and facility, and the cultural awareness of the facility’s staff (figure 14).
In the group interviews with elderly Chinese American seniors, many subjects reiterated their desire to maintain their independence in their living arrangements for as long as possible. For senior housing facilities, the elders suggested the need for the location to be accessible and convenient to public transportation as well as close to Chinatown or other Chinese grocery stores. Additionally, there was a high level of concern for affordability and dependence on publicly subsidized housing among most of the Chinese American elderly interview subjects. Alternatively, caretaker interview subjects expressed a strong interest for elderly to live close to their own homes, as one interviewee stated, “From the children’s point of view, we would like our elders to live nearby, but they might not have the services that they need, so we need to live close to help them.... If there are any problems, children can take care of their elders.”

On the other hand, caretaker responses show that some are willing to travel farther than others to visit their elders (figure 15). The largest proportion (42.5%) of the respondents would be willing to travel less than five miles to visit their elders. The second largest group (29.5%) is willing to travel between five and ten miles. The next largest group (17.8%) is willing to travel between 10 and 25 miles. Only 10.3 percent are willing to travel more than 25 miles.

Figure 15: Distance Caretakers are willing to travel to visit Elders
Figure 16 summarizes results from the elderly surveys regarding individuals with the most influence in housing decisions for Chinese American elders in the Boston area. Nearly 60 percent of the elders identified themselves as the individual with most influence in their housing arrangements. Many (more than 40%) named their spouses as having a lot of influence. They also specified their adult children as individuals with a lot of influence. Caretaker survey results, summarized in figure 17, also corroborate that the elders have the most influence in housing decisions, while the elder spouses and adult children also have a lot of influence.
Perhaps reflecting the relative mobility of the elderly interview subjects, almost all of the senior interviewees stated that they make their own decisions. Some stated that they do, however, ask their adult children for their feedback to help them make their own decisions. One elderly interview subject explained, “We can still make our own decisions right now. There is no need for our children to help. However, we will ask for their opinions and we decide on our own at the end. As long as we are healthy we would like to make major decisions on our own.”
Housing: Affordability Concerns

During the group interviews of both elderly and caretaker subjects, it was clear that cost and affordability are very important concerns for senior housing arrangements. In focus group 2 with elderly in Chinatown, many interviewees adamantly expressed their concerns regarding proposed cutbacks in Congress related to housing subsidies. One elderly stated, “We are on very limited income as retired seniors. It’s fair to require elderly to pay no more than 30 percent of their monthly income for housing. It would be unreasonable to require 40 percent of monthly income.” Focus group number 3 (elderly) also expressed concerns about being able to afford housing facilities which catered to their needs that were affordable. The only elderly focus group that did not express financial concerns was group 4, which consisted of interview subjects who owned their own homes.

Figures 20 and 21 summarize results from the elderly and caretaker surveys respectively regarding reasonable monthly costs by types of housing options. This data indicates a significant lack of knowledge regarding the costs of different housing arrangements. Moreover, a great majority of the elderly are not willing to pay more than $2,000 per month for their residences. Small numbers of elderly survey respondents indicated that they would be willing to pay more than $2,000 per month for assisted living options or for a nursing home.
Digging deeper into the survey responses, a great majority (77.9%) of elderly indicated that they were willing and able to pay less than $2,000 per month for housing (figure 22).

Fifteen percent specified that they were willing and able to pay nothing for their residences. An
even greater proportion (24%) of caretaker survey subjects (see figure 23) reveal that they are not willing or able to pay anything for the housing of their elders. Nearly two-thirds (64.4%), however, are willing to pay less than $2,000 per month.
Eldercare and Senior Services

In addition to housing alternatives from which to select, there are several options in eldercare and senior services that are available to support the well-being of Chinese American seniors. This section summarizes the results from the elderly and caretaker surveys regarding eldercare and senior services. First, this section details the current usage of senior services by local Chinese American elderly. It then discusses the interests in senior services among this population and caretakers. Overall, as with housing options, Chinese American elderly and caretakers have a limited knowledge base about the range of eldercare and senior services available to them. This section ends with a discussion of location, transportation needs, and price points that affect the use of eldercare services by the Chinese American elderly population in the Boston area.

Current Usage of Eldercare Services

Figure 24 summarizes the current usage of local senior services among Chinese
American elderly. On a daily basis, the top three most utilized services among this population are public transportation services, senior centers, and nutrition/meal delivery services. On a weekly basis, the top five most popular services are senior centers, transportation services, home health aides, adult day care, and physical therapy and rehabilitation services. According to the caretaker survey respondents (figure 25), the five most utilized services among their Chinese American elders are senior center, transportation services, nutrition and meals delivery, home health aide services, and adult day care.

![Figure 25: Current Usage of Elder Care Services (Caretaker Respondents)](image)

During the group interviews, subjects indicated that language interpretation services are key to the ability of Chinese American elders to access eldercare resources. In the caretaker group interview, after one subject explained that requests for transportation services must be
made by telephone in English, another interviewee suggested, “That is the problem. Children have to help them call. The most important thing is that elders can communicate with people providing services.” More about the need for translation services will be discussed later in the report.

**Interests in Eldercare Services**

While current utilization of senior services might seem low, Chinese American elderly and caretakers are interested in potentially using more services, indicating a disparity between the utilization of services and a desire to use or access services. Figures 26 and 27 below summarize the levels of interest elderly and caretakers have in a variety of services. An analysis of elderly survey responses indicate that Chinese American seniors are most interested in transportation services, senior center options and adult day care, nutrition services and meals delivery, rehabilitation and physical therapy, home health aide services, emergency response systems, and home repair assistance. It is also important to note that

![Figure 26: Interest in Elder Care Services (Elderly Respondents)](image)
a significant number of elderly respondents also indicated a lack of knowledge regarding all of the eldercare options. Indeed there were varying levels of knowledge about different types of services among the elderly group interview participants. Some noted that while they are aware of meal delivery and home health aide services, Chinese American seniors can be very picky about having strangers (i.e., home health aides) in their homes and about how their food is prepared. One caretaker interview subject stated, “My parents said their cleaning is not clean enough. My mother doesn’t like other people doing the cleaning. They don’t like people talking about their clothes and laundry too.”

Caretaker survey responses also indicated a range of views regarding eldercare service interests. Among the most popular service options were senior center and adult day care services, transportation, nutrition and meals delivery, rehabilitation and physical therapy, home health aide services, and emergency response systems. Overall, fewer caretaker
respondents than elderly surveytakers indicated a lack of knowledge about eldercare service options. Thus, it is interesting to note the disjunction between those with more knowledge (i.e., caretakers) and those who are primary decision makers (i.e., elders).

Access to Eldercare Services: Transportation

Figures 27 and 28 below summarize the results of both sets of surveys on the distance that elderly would travel to access eldercare services. The majority (62.9%) of senior survey respondents replied that they were willing to travel less than one mile. Another 31 percent responded that they would be willing to travel one to five miles for services. Only 6 percent claimed they would be willing to travel five miles or more to access eldercare services.

![Figure28: Distance Willing to Travel for Senior Services (Elderly)](image)

Interstingly, fewer caretaker respondents (48%) indicated that less than one mile was an acceptable distance for elders to travel for services. Another 44.5 percent suggested that one to
five miles was an acceptable distance, and only 7.5 percent stated that five miles or more was acceptable, as seen in figure 29.

![Figure 29: Acceptable Distance for Elders to Travel (Caretaker Respondents)](image)

These results suggest that services are ideally located within five miles from elderly residents and easily accessible and convenient to transportation.

Figure 30 indicates that almost half (47%) of elderly respondents most commonly use public transportation. Another 25 percent use private cars, which is just slightly more than the 22 percent of the elderly respondents who walk. Caretaker survey responses also corroborate fairly
closely the patterns found in the elderly responses. These statistics suggest that eldercare services should be located close to and convenient to public transportation.
Access to Eldercare Services: Affordability

In addition to transportation concerns, costs are also important considerations for Chinese American seniors and caretakers that affect accessibility to eldercare services. Figure 32 compares the survey results regarding price points for elderly and caretakers for each use of eldercare services. Overall, caretakers are more willing and able to pay for services, possibly indicative of the limited to no income status of the elderly survey respondents. However, large proportions of elderly (36.6%) and caretaker (21.7%) respondents claimed they were not willing to pay anything for eldercare services.

Healthcare

One of the biggest concerns for aging populations is healthcare. In this study’s surveys, we asked seniors and caretakers general questions about where they receive healthcare and also about their decision-making processes related to healthcare decisions. Table 6
summarizes the number of times in the last year that elderly survey respondents were hospitalized. The majority of them (65.9%) had not been hospitalized at all in the last year, indicating that our elderly survey sample group was relatively healthy. Another 17 percent had been hospitalized once, and 10.3 percent had been hospitalized two or three times in the last year.

<table>
<thead>
<tr>
<th>Table 6: Number of times Hospitalized in the last year (Elderly)</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
<tr>
<td>Once</td>
</tr>
<tr>
<td>Twice</td>
</tr>
<tr>
<td>3 Times</td>
</tr>
<tr>
<td>4 Times</td>
</tr>
<tr>
<td>5 Times or More</td>
</tr>
</tbody>
</table>

Table 7 lists the hospitals and clinics from which elderly survey subjects received their healthcare. Tufts/New England Medical Center is by far the most popular hospital among the elderly survey subjects. Half of the survey respondents indicated that they go to Tufts for their healthcare needs. The next most popular hospital is Saint Elizabeth’s Medical Center in Brighton. The third most popular hospital is Beth Israel. For regular primary care needs, a significant majority of Chinese American seniors go to the Chinatown and Quincy locations of the South Cove Community Health Center, indicative of the important role that this health center plays in the Chinese American community. Other than South Cove, 9.4 percent of Chinese American seniors receive healthcare from private clinicians, 6.3 percent go to Harvard Vanguard health centers.
<table>
<thead>
<tr>
<th>Hospitals</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beth Israel Deaconess Medical Center</td>
<td>8.3%</td>
</tr>
<tr>
<td>Boston Medical Center</td>
<td>3.7%</td>
</tr>
<tr>
<td>Brigham and Woman</td>
<td>3.7%</td>
</tr>
<tr>
<td>Mass General</td>
<td>6.5%</td>
</tr>
<tr>
<td>Quincy Medical Center</td>
<td>5.6%</td>
</tr>
<tr>
<td>St. Elizabeth</td>
<td>13.9%</td>
</tr>
<tr>
<td>Tufts/NEMC</td>
<td>50.0%</td>
</tr>
<tr>
<td>Wakefield Hospital</td>
<td>1.9%</td>
</tr>
<tr>
<td>Other Hospital</td>
<td>6.5%</td>
</tr>
<tr>
<td>Clinics</td>
<td></td>
</tr>
<tr>
<td>Private Clinician</td>
<td>9.4%</td>
</tr>
<tr>
<td>Harvard Vanguard</td>
<td>6.3%</td>
</tr>
<tr>
<td>Neponset Health Center</td>
<td>1.0%</td>
</tr>
<tr>
<td>South Cove (Chinatown &amp; Quincy)</td>
<td>81.3%</td>
</tr>
<tr>
<td>Other Health Center</td>
<td>2.1%</td>
</tr>
</tbody>
</table>
have significant influence. Interestingly, 22.2 percent of elderly survey subjects stated that their Chinese medicine practitioners have a lot of influence on their healthcare choices, while only 8 percent said the same of western medical practitioners. In fact, 69.5 percent said that western medical practitioners have no influence on their healthca decisions. This may suggest the need for culturally integrated healthcare delivery for Chinese American seniors.

According to caretaker survey responses (figure 34), elders are also the most likely to have a lot of influence in elderly healthcare decisions. However, only 51.1 percent stated that elders had a lot of influence, compared to the 66.7 percent of elderly respondents who stated that they had a lot of influence. The other significant difference in results between the elderly and caretaker survey responses is that 21.9 percent of caretakers said that western medical practitioners have a lot of influence on elderly healthcare choices, and only 14.6 percent said that Chinese medicine practitioners have a lot of influence.
Despite the range of influential individuals involved in the elderly healthcare decisions, figures 35 and 36 summarize the survey results regarding the final decision makers according to the elderly and caretaker survey respondents respectively. While 74.7 percent of elderly survey respondents identified themselves as the critical decision makers in their healthcare, 62 percent of caretaker subjects stated that the elders are the primary healthcare decision makers.
Healthcare: Affordability Concerns

In the decision making processes regarding elder healthcare, financial and insurance considerations play significant roles. Figure 37 illustrates and compares the responses of caretakers and seniors. For caretakers, 68.3 percent said that insurance and financial considerations affect decisions a lot. Slightly less, 63.9 percent of elderly respondents also said that these factors affect these decisions a lot.
Moreover, for quality access to healthcare, in their group interviews both elderly and caretaker subjects communicated the importance of language interpretation for Chinese American seniors. The importance of quality translation capabilities was also emphasized by the surveys respondents.
Linguistic Barriers to Services

Throughout the study, it became clear that Chinese American elderly and many caretakers may be facing language barriers to a full range of elder housing, senior services, and healthcare options. As discussed earlier, a large percentage of elderly respondents indicated that they were more comfortable communicating in a language other than English. Therefore, while the previous three sections highlighted the utilization, interests, and decision making considerations related to elderly housing, senior services and healthcare, this section discusses the importance of language interpretation in allowing this population full access to elder housing and senior services available in the Boston area market.

Importance of Language Interpretation

Many of the elderly subjects find that it is important to have language interpretation in order to sufficiently access healthcare services and to communicate with staff in housing facilities. Figure 38 compares the responses of elderly and caretaker survey subjects regarding the need for language interpretation among Chinese American seniors. While 86.1 percent of caretakers said their elders require language interpretation to access services and healthcare, a slightly smaller proportion but still large majority (71.8%) of elderly respondents said they need language interpretation between Chinese and English. The differences in responses between caretakers and elderly survey respondents may indicate either differences in perceptions or that the elderly related to the caretaker sample are more linguistically isolated than the elderly survey respondents.
While most of the elderly represented in this study require language interpreter services to communicate with various service providers like healthcare professionals, housing and senior service providers, not all Chinese American seniors are provided with reliable interpretation by services and facilities they utilize. Figure 39 illustrates, by caretaker and elderly respondents, sources of interpretation. While the majority (63.8%) of senior survey respondents indicate that they receive interpretation from services or facilities utilized,
fewer caretakers (53%) can say the same for their elders. The second most popular sources of interpretation are relatives of Chinese American seniors, with 47 percent of caretakers and 22.1 percent of elderly survey respondents indentifying elders’ relatives as interpreters.

While Chinese American seniors receive interpretation services from various sources, the perceived reliability varies. According to figure 40, only 33.3 percent of caretakers believe their elders’ interpreters are very reliable. However, 50.6 percent elderly survey respondents believe that their interpreters are very reliable. The variation in perceptions of reliability in translation services may depend on the differences in interpretation sources. Figure 41 below summarizes elderly survey results on the perceived reliability of translation by source of interpretation. According to elderly survey respondents, their relatives are the most reliable and trusted interpreters. The least reliable are friends, with a large proportion deeming them to be “somewhat unreliable.” However, only service and facility provided interpreters were rated “not reliable.” Nearly 10 percent indicated that these interpreters were either “not reliable” or “somewhat unreliable.” On the other hand, caretaker survey respondents suggested that
service and facility provided interpreters were among the most reliable sources of interpretation (figure 42). Additionally, while many caretaker respondents identified themselves as “very reliable,” another large percentage also identified their own translation
skills to be “somewhat unreliable.”

It is important for services and facilities to ensure reliability of translation services since language access was identified in both the surveys and the group interviews to be the key for this largely immigrant population to access and participate fully in local eldercare services and to live healthy lives in any housing facility. As one elderly focus group member stated, “It’s not acceptable for me if I can’t communicate with my doctor, maintenance staff in my apartment, senior center staff, and other people who I need help from.”
Summary of Findings

The rapid graying of America is largely driven by significant growth among racial and ethnic minority senior populations (Fang et al, 2011). Among the fastest growing population of seniors in the Greater Boston area are Chinese Americans. Their growth and unique needs for cultural competent and affordable services will increasingly place pressures on public infrastructure, healthcare systems, and eldercare service providers. The findings on elderly needs in housing, senior services, healthcare, affordability, and cultural needs in this report can inform the development of housing and elder care services to best meet the needs of this emergent population.

Elderly Housing

- Chinese American elderly prefer to live independently from their children. They would also like to live in facilities with staff who can speak the same language they do.
- Chinese American elderly prefer to live near public transportation, and/or near or convenient to Chinese commercial areas.
- Many Chinese American elderly are concerned about the affordability of housing.
- Caretakers respect elderly desires to live independently, but are concerned about elders’ safety and linguistic barriers faced in daily life.
- Most Chinese American elderly are the primary decision makers regarding their housing.
• Chinese American elderly are less informed than caretakers about housing options. They are especially ill-informed about the costs of elder housing alternatives. Both groups could benefit from being more informed about elderly housing alternatives.

*Senior Services*

• Interest in senior services exceeds the levels of utilization of senior services among Chinese American elderly.

• Access to services may be limited by:
  - Language barriers
  - Transportation
  - Affordability
  - Limited knowledge about senior service options and availability.

Chinese American elderly have less information than caretakers about the availability of senior services. However, elderly are identified as primary decision makers for their own well-being. Therefore, the lack of information among Chinese American elderly may prevent them from making fully informed decisions regarding senior services, which might aid them in living independent lives. At the same time, many survey respondents indicated that they are unaware of the costs of senior services.

*Healthcare*

• The Chinese American elderly in this study are generally healthy. Almost two-thirds (65.9%) had not been hospitalized in the last year.

• For their healthcare needs, most utilize the South Cove Medical Centers in Boston Chinatown and Quincy. For hospital services, half go to Tufts Medical Center.
• Many Chinese American elderly are influenced by Chinese medicine practitioners in their healthcare.

• Most Chinese American elderly continue to be primary decision makers choices related to their healthcare.

• Healthcare choices are largely dictated by insurance and financial considerations.

Linguistic Barriers

• The majority of Chinese American elderly are limited in their English proficiency, creating a barrier to services if translation services are unavailable.

• The lack of adequate and reliable language interpretation serves as a significant barrier to Chinese American elderly participation in elder housing alternatives and utilization of senior services.

• When language barriers hinder Chinese American elderly from accessing services, a burden is often placed on their younger relatives and caretakers to tend to elderly needs.

Limitations of Findings

While we are confident that these findings can inform service providers about the needs of Chinese American elderly in the Boston area, it is important to understand the limitations of this study. First, the demographics of our survey samples are skewed toward a less socioeconomically privileged population of Chinese Americans. Our samples’ female to male ratios are much higher, especially in our caretaker sample than what demographic estimates from the 2005-09 Census’ American Community Survey suggest. Perhaps the gender imbalance among caretakers might indicate the important role of daughters, daughters-in-law, or even
nieces and granddaughters in the care of Chinese American elderly. Some past research has also indicated the importance of female caretakers for Chinese American seniors (Jones, 1995). The gender imbalance in our caretaker sample could also be a result of a bias by survey takers, who might have unintentionally approached more female caretakers than male caretakers. Another limitation in this study is the use of a street intercept survey, which may have skewed the responses from elderly subjects to more able-bodied, healthy, and independent segment of the population.
References


