INFORMATIONAL HEARING

Faces of Aging: Aging and the Asian/Pacific Islander Community
May 6, 2014

California's demographics are changing quickly, both in terms of age and diversity. The "Faces of Aging" hearing series focuses on specific population groups whose care into the future will require a wide range of cultural competencies. "Aging and the Asian, Pacific Islander Community" is the fourth in the "Faces of Aging" series.

California has the largest population of people age 65 and older of any other state, currently hovering near 5 million, out of a total of 38.3 million. Our 65+ population is projected to nearly double from 4.27 million in 2010 to 8.37 million in 2030, then roughly 10 million in 2040. The 75-84 age group, or "mature retirees," will more than double from 1.37 million to 2.81 million, while "young retirees," those 65-74 years of age will grow by 96 percent, and "seniors," those 85 years of age and older, will grow by over 50 percent from 606,333 to 993,496, according to recent updates from the California Department of Finance's Demographic Research Unit.[i] In 2020, just under 15 percent of the population will be over 65. By 2030, that number grows to about 19 percent. In 2040, population projections place the 65+ population at roughly 10 million, representing more than one-in-five of 47 million Californians. With longevity increasing, the greatest growth will be among those 85 and older.

As California's population ages, it is becoming more racially and ethnically diverse. More than 40 percent of today's baby boomers (those born 1946 – 1964) are African American, Latino, or Asian, and one-third were born outside of the United States.

Today, approximately 5,209,000 Californians identify as Asian, Native Hawaiian or other Pacific Islander, about 13.7 percent of the state's total population, based on recently updated population estimates from the California Department of Finance. Nationally, the Asian Pacific Islander (API) community consists of 4.8 percent of the total U.S. population. According to the 2010 United States Census, 32 percent of the US Asian population lives in California, and 23 percent of the total US Native Hawaiian and other Pacific Islander (NHPI) population calls California home. 1.4 million Asian American, Native Hawaiian and Pacific

Islander (AANHPI) people live in Los Angeles County alone. AANHPI people are often grouped as one, though differences in language, religion, acculturation, median age, socioeconomic status, values, perceptions of the aging process, needs and expectations, characteristics not represented by most data, are equally as diverse. AANHPI people cite heritages originating in far-reaching and diverse regions including the Indian subcontinent, Southeast Asia, the Far East, and Pacific Island nations that share time zones with the Western United States.

After Spanish, Chinese was the most widely spoken non-English language in the U.S., with 2.7 million speakers. Tagalog, Vietnamese and Korean are each spoken at home by more than 1 million people. AAHPI includes over 50 population sub-groups and represents over 100 languages. Experiences with acculturation are equally divergent. Chinese and Japanese families have roots dating back multiple generations, to pre-statehood. Hmong and Vietnamese Californians may be recent immigrants and face very different experiences. From Istanbul, Turkey which famously straddles the European/Asian boundary, to the west coast of the North and South American continents, and from such diverse heritages from Pakistani, Filipino and Chinese to Samoan, Tongan and Maori, the convenience of a census classification cloaks the vast diversity of cultural assets which contribute in a significant way to California's unique population profile.

AANHPI people enjoy the longest life spans. Life expectancy at birth reaches 89 years for women and 83 for men. According to a 2010 article in the Journal of American Geriatrics, among the Chinese, Japanese, Korean, Vietnamese, and Filipino subgroups, specific patterns were found in the incidence of chronic diseases, disease comorbidity, and disability rates.[ii] According to the authors, Vietnamese and Filipinos tended to have poorer physical health than Chinese, Japanese, and Koreans. The poorest self-rated health and the highest disability rate were found in the older Vietnamese. Filipinos also exhibited a greater number of chronic diseases, such as asthma, high blood pressure, and heart disease. Koreans had the fewest self-reported chronic diseases and the least evidence of disease comorbidity, they nonetheless had the highest psychological distress. The lowest psychological distress was found in older Japanese.

A recent report from the California Reducing Disparities Project on the AANHPI population, "In Our Own Words," studying mental health access disparities in California, AANHPI people develop reluctance toward seeking help due to stigma, language barriers, poor access, and a lack of culturally competent services. The report which consists of responses from two dozen focus group interviews across the state in 2010, cites the lack of disaggregated data as a culprit that worsens mental health disparities for AANHPI people. The report cites a need for a keen understanding and due respect for the various aspects of each specific Asian culture and the ability to be the true bridge between the specific culture and mainstream culture.

Alzheimer's disease is a devastating degenerative disease that causes memory loss, challenging behavior problems, and severe functional limitations. A number of studies have compared the rates of Alzheimer's disease between ethnic groups residing in the

United States. Despite differences in sampling methods and definitions of dementia as well as in definitions of race and ethnicity, the most frequent findings are that African Americans and Hispanics have higher prevalence and incidence of Alzheimer's than whites; Native Americans appeared to have lower rates in comparison to whites. Asian Americans had rates of dementia comparable to whites.

Alzheimer's disease in this group will almost triple between 2008–2030, increasing from approximately 72,075 to 194,266, though these numbers may be underestimates since it is known that many AANHPI people resist informing healthcare professionals of concerns until the caregiver needs medical assistance to address behavior of the person for whom they are caring. A study of AANHPI elders in San Francisco also documented much higher incidence of hypertension: 69 percent compared to 29 percent nationwide. As the incidence of hypertension correlates with the increased incidence of Alzheimer's, this may be of concern as other studies have documented the decreased use of, and access to, prescriptions that treat hypertension among NAAHPI elders.[iii]

A variety of barriers keep Asian and Pacific Islanders from receiving dementia services, including preconceived notions about dementia. Beliefs about dementia vary; it may be viewed as normal aging, a form of mental illness, a source of shame, or even the result of fate. The translation of dementia can also perpetuate the stigma. For example, according to the Dementia Care Action Network of Los Angeles, in Chinese, dementia commonly translates as "crazy catatonic."

U.S. Census data on Income, Poverty and Health Insurance Coverage from 2009 shows 12.5 percent poverty among AANHPI, which was steady from the previous year. During that same year poverty increased for whites from 8.6 percent to 9.4 percent, from 24.7 percent to 25.8 percent for blacks, and from 23.2 to 25.3 percent for Hispanics. Education attainment is high among AANHPI people. Fully 50 percent of all AANHPI people 25 years of age or older hold a bachelor's degree or higher, compared to about 28 percent of the rest of the population. Twenty percent hold Master's degrees or doctorates, compared to 10 percent of the rest of the population.

According to the United States Census, "international migration is projected to surpass natural increase (births minus deaths) as the principal driver of U.S. population growth by the middle of this century" – this scenario would mark the first time that natural increase was not the leading cause of population increase since at least 1850, when the census began collecting information about residents' country of birth.

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[i] http://www.dof.ca.gov/research/demographic/reports/projections/P-1/

[ii] Kim Giyeon et al. (201 0). "Health Status of Older Asian Americans in California." Journal of the American Geriatrics Society 58 (1 0). The information from this study includes Pacific Islanders in the Asian Category.

[iii] Jones RS, Chow TW, Gatz M. Asian Americans and Alzheimer's disease: Assimilation, culture and beliefs. Journal of Aging Studies. 2006; 20(1):11-25