

# Psychosocial and Economic Health of Older Asian Pacific Islanders in California

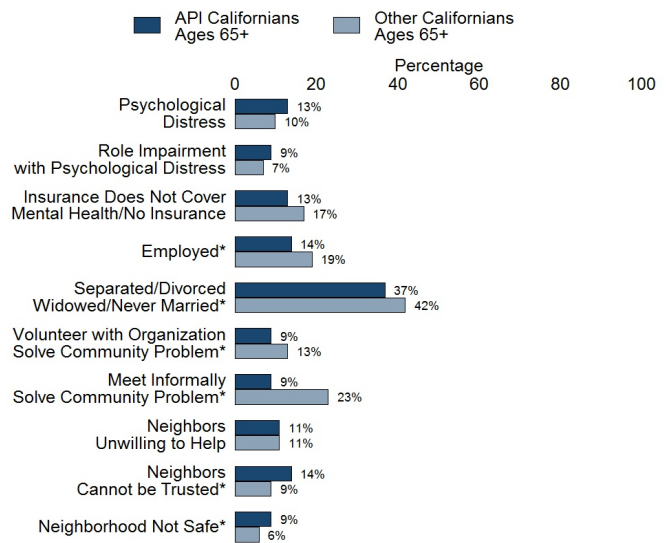
Asian Americans in California, at birth, can expect to live to age 86.<sup>1</sup> This estimate is six years longer than the average Californian at birth, and is the longest life expectancy of all the racial/ethnic groups studied. Life expectancy at birth is longer for women (89) than it is for men (83).<sup>1</sup> Neighborhood socioeconomic status (SES) appears to be related to Asian and Pacific Islander (API) Californian men's life expectancy at birth; the higher the neighborhood SES, the longer API men are expected to live.<sup>2</sup> API women's life expectancy at birth does not appear to be related to neighborhood SES. However, by age 65, it is API women from the lowest neighborhood SES who are projected to live the longest. This Short Subject employs California Health Interview Survey (CHIS)<sup>3</sup> indicators of mental health, social environment, and economic security to better understand the increasing number of older APIs.

## MENTAL HEALTH AND SOCIAL ENVIRONMENT

It is worth noting that indicators in this report may be associated with country of origin and nativity. One study of Californian APIs found that "[w]ith the exception of three chronic diseases..., the five subcategories of older [APIs] differed significantly on all physical and mental health conditions."<sup>4</sup> For example, older Koreans had the highest average scores for psychological distress while Japanese had the lowest average scores. Beyond country of origin, nativity (i.e., U.S.-born, foreign-born) might also be associated with indicators presented here. However, because of smaller sample sizes when dividing APIs by country of origin or birthplace, we choose to present information about APIs as an aggregated group. Koreans made up the largest subgroup of older API adults (roughly 28 percent) in the CHIS data, and approximately 85 percent of the older API sample were foreign-born.

Figure 1 reveals that 13 percent of older APIs reported having mild to severe psychological distress in the past

Figure 1. Mental Health and Community Involvement<sup>3</sup>



Note: The indicator 'Insurance Does Not Cover Mental Health/No Insurance' only refers to those people who report needing help for mental health problems or who have sought help for mental health problems (7 percent of the sample).

12 months and 9 percent experienced some kind of role impairment (i.e., social, family, work, and/or chore) with at least moderate psychological distress. Of those older APIs who sought help or thought they should seek help, 13 percent said they did not have health insurance plans covering mental health care or did not have insurance.

Being connected to a community through such things as employment, volunteering, or problem solving can facilitate and reinforce mental health, while being less connected can contribute to and exacerbate poor mental health. Older APIs were approximately 31 percent less likely than were other older Californians to seek to solve community problems by volunteering with an organization (9 and 13 percent, respectively) and 61 percent less likely than their other older counterparts to report informally meeting with others to solve community problems. Older APIs were also less likely than other older Californians to be employed (26 percent less likely) and to be separated/divorced/widowed/never married (12 percent less likely).

Where older adults live and their perceptions of their neighbors and neighborhood might also be related to mental health. Older APIs were 56 percent more likely to report not trusting their neighbors and 50 percent more likely to not feel safe at least some of the time in their neighborhoods. Eleven percent of older APIs reported that they view their neighbors as unwilling to help each other.

## ECONOMIC SECURITY

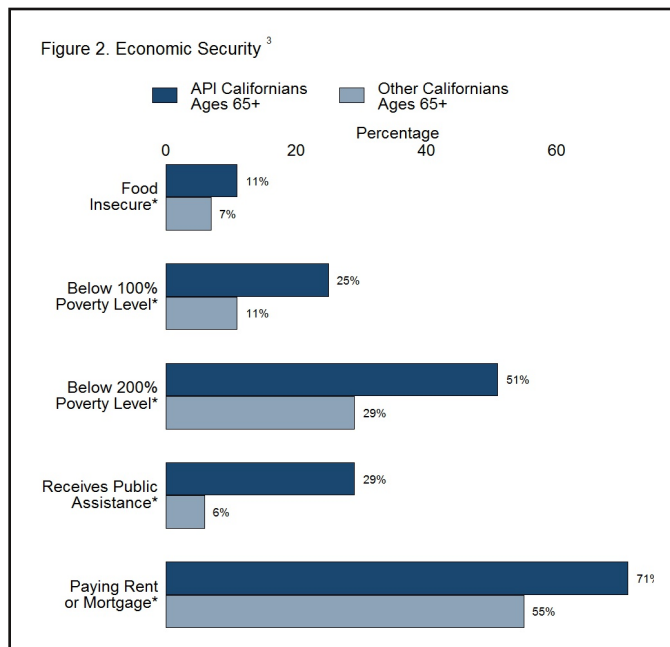
Figure 2 offers a comparison across economic indicators. Overall, older APIs experienced much less economic security than did other older Californians across each indicator presented. They were roughly 1.5 times as likely as other older Californians to experience some combination of not being able to afford food, skipping meals, going hungry, and not eating balanced meals. They were also more likely than other older Californians to be below 100 percent of the poverty level (127 percent more likely), below 200 percent of the poverty level (76 percent more likely), receiving public assistance (383 percent more likely), and to be paying rent or mortgage (29 percent more likely).

## BRIEF DISCUSSION

The prevalence of APIs with "activities of daily living" (ADL) limitations who live in institutions such as nursing homes varies by ethnic subgroup. Of APIs nationally, aged 55 and over, who had ADL limitations, Asian Indians and Vietnamese were less likely to be in institutions than were Chinese. "[This variation] may be a function of immigration history, availability of adult children to provide personal care assistance, and cultural acceptability of institutionalization."<sup>5</sup> Some scholars suggest that ethno-specific care facilities as well as care homes with language clusters by floor or wing will help address the needs of API residents.<sup>5</sup> Further, for mainstream facilities, policy suggestions include culturally-appropriate menu choices, bilingual staff, and working closely with ethnically-specific religious organizations.<sup>5</sup>

## ENDNOTES

1. Burd-Sharps, Sarah and Kristin Lewis. (2011). A Portrait of California: California Human Development Report 2011. Retrieved from <http://www.measureofamerica.org/docs/APortraitOfCA.pdf>  
The information from this report excludes Pacific Islanders from the Asian category. Life expectancy at birth is affected by factors such as infant and youth mortality. Generally, as people live longer, their life expectancy also increases. See for instance Census tables here: <http://www.census.gov/compendia/statab/2012/tables/12s0105.pdf>



2. Clarke, Christina A. and Amal Harrati. (2011). Life Expectancy in California's Diverse Population: Recent Estimates by Race/Ethnicity and Neighborhood Social Class. In Nari Rhee (Ed.) *Meeting California's Retirement Security Challenge*. Berkeley, Ca.: UC Berkeley Center for Labor Research and Education. In this study, SES was assigned based on block group characteristics. The information from this report includes Pacific Islanders in the Asian category.
3. California Health Interview Survey. CHIS 2011 Adult Public Use File, (Los Angeles, CA: UCLA Center for Health Policy Research, November 2013). Retrieved from <http://healthpolicy.ucla.edu/chis/data/Pages/public-use-data.aspx>. Comparative statements in this report in reference to CHIS data have undergone statistical testing. Comparisons are significant at the .10 level unless otherwise noted. Significant differences in figures are noted with an \*.  
The present study includes Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Native Hawaiian, Guamanian or Chamorro, Samoan, and other APIs in the Asian category.
4. Kim Giyeon et al. (2010). "Health Status of Older Asian Americans in California." *Journal of the American Geriatrics Society* 58 (10). The information from this study includes Pacific Islanders in the Asian Category.
5. Fuller-Thomas, Esme and Monica Chi. (2012). "Older Asian Americans and Pacific Islanders with Activities of Daily Living (ADL) Limitations." *International Journal of Environmental and Public Health* 9. The information from this study includes Pacific Islanders in the Asian Category.

*This Short Subject was requested by Assembly Member Mariko Yamada, Chair of the Committee on Aging and Longterm Care.*

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