

Healthy Aging and Older Asian Indian Immigrants: A Key Informant Survey of Seven Ethnic Community Centers in Santa Clara County

Final Report

May 3, 2012

Sadhna Diwan, PhD

Director, Center on Healthy Aging in Multicultural Populations (CHAMP)

&

Sharvari Dixit, PhD

Coordinator, Indian Diaspora Project, Center for Global Studies

San José State University, CA



COLLEGE OF APPLIED
SCIENCES AND ARTS



Indian Diaspora Project

Acknowledgments

This study was made possible through support for the Center for Healthy Aging in Multicultural Populations (CHAMP) from the College of Applied Sciences and Arts, and the Silicon Valley Center for Global Studies (SVCGS) at San José State University. We thank members of the CHAMP study advisory committee (Sheama Krishnagiri, Kasuen Mauldin, and Ashwini Wagle) for their consultation on the survey and on the selection of community organizations. We greatly appreciate the excellent research assistance provided by Michelle Lee and Illiam Parra, graduate students at SJSU. Finally, we are deeply grateful to all the key informants who took the time out of their extremely busy schedules to talk to us about their organizations and their exemplary work with seniors in the community.

Table of Contents

| | |
|---|----|
| Abstract..... | 4 |
| Introduction | 5 |
| Asian Indian Immigrants and Healthy Aging | 5 |
| Study Methods..... | 6 |
| Findings | 6 |
| Brief history of Aging Services for Asian Indians in the Bay area | 6 |
| Description of Sample: Organizations and Key Informants..... | 6 |
| Table1: Ethnic Community Organizations Serving Asian Indian Seniors..... | 8 |
| Demographic Characteristics of Seniors | 9 |
| Table 2. Characteristics of Seniors Served by the Seven Centers | 10 |
| Health Promotion Programs Offered and Related Unmet Needs | 12 |
| 1. Nutrition..... | 12 |
| Perceived Unmet Needs Related to Nutrition | 12 |
| 2. Physical Activity | 12 |
| Perceived Unmet Needs Related to Physical Activity | 13 |
| 3. Opportunities for Social Engagement & Volunteering..... | 13 |
| Perceived Unmet Needs Related to Social Engagement and Volunteering | 13 |
| 4. Health Fairs & Screenings | 13 |
| Perceived Unmet Needs Related to Health Fairs | 13 |
| 5. Social Activity through Cultural and Religious Events | 14 |
| Perceived Unmet Needs Related to Social Activity | 14 |
| 6. Depression Education & Screening & Perceived Unmet Needs..... | 14 |
| 7. Fall prevention & Perceived Unmet Needs | 14 |
| 8. Hearing Screenings & Perceived Unmet Needs | 15 |
| 9. Elder abuse and neglect & Perceived Unmet Needs..... | 15 |
| 10. Other Perceived Unmet Needs and Barriers to Health Promotion..... | 15 |
| Summary | 16 |
| Recommendations..... | 16 |
| References | 18 |

Abstract

This study is an examination of the present status of healthy aging programs and services provided to older Asian Indian (AI) immigrants in Santa Clara County. The primary goals of the study were to develop a profile of programs being offered to AI seniors at various ethnic community organizations; and to determine the met and unmet needs for programs and services that promote healthy aging in the AI senior population.

A key informant survey was conducted with leaders of seven different organizations in Santa Clara County known to currently provide some services to AI seniors. These seven organizations are estimated to collectively serve about 750 to 1000 seniors from the Asian Indian community who congregate regularly at these sites. A majority of these organizations estimate serving a much larger pool of seniors who attend general cultural and religious events at these centers. The collectively available pool of seniors is estimated to range from 2500 to 3000 seniors (defined as persons aged 55 years or more). All of these organizations (with one exception) are staffed by volunteers. Although these seven organizations are known to represent the bulk of organized community services provided to AI seniors in Santa Clara County, there may be one or two religious organizations, also working in this sphere, that were not included in this survey. Additionally, to obtain a historical context to the current situation, we interviewed the executive director of the defunct Indo-American Community Services Center which was the premier community service agency for Asian Indian seniors in Silicon Valley from 1987 to 2002.

The findings of this key informant survey document the resources currently available to promote healthy aging among AI immigrants. They also point to some significant unmet needs for health promotion programs and services in the AI senior population. The seven organizations participating in this survey constitute a significant resource in the AI community and can be instrumental in addressing these unmet needs to promote healthy aging.

Recommendations for future steps to promote healthy aging among AI immigrants include: 1) Convening the leadership of various organizations to determine ways to address seniors' unmet needs; 2) Directly assessing the need for health promotion by surveying AI seniors and obtaining objective measures of health, mental health, and healthy behaviors; and 3) Developing capacity within the community centers to provide healthy aging programs and services.

Introduction

The term “South Asian” generally refers to people who hail from one of eight countries (India, Pakistan, Bangladesh, Sri Lanka, Nepal, Bhutan, the Maldives, and Afghanistan) in the Indian sub-continent (South Asian Association for Regional Cooperation, SAARC). The South Asian diaspora also includes those whose ethnic origins are from the countries listed above, but who come from other countries in the Caribbean region and from Africa. Although these groups represent a common and large geographic area, substantial differences exist within these groups in terms of languages spoken, ethnicity, religion, dietary practices, and socioeconomic status. India, being the largest country in South Asia, has the largest group of South Asian immigrants to the U.S.

Since 1990, the Asian Indian-born immigrant population in the U.S. grew by 1.2 million to become the third largest immigrant group after Mexicans and Filipinos (Terrazas & Batog, 2010). About 43 percent of new AI born immigrants arrive into the United States each year through family reunification visas for immediate relatives. Many of these are older parents of adult children (McKay, 2003). California's Asian Indian population climbed 68 percent from 2000 to 2010, to 528,000 people, making it the largest AI community in the U.S. The San Francisco Bay area contains two cities (San José and Fremont) that have the highest number of AI immigrants in California (Artz, 2011). In Santa Clara county, fifty-five percent of seniors are Asian, and Asian Indians comprise 21 percent of Asian seniors (source: Council on Aging Silicon Valley, 2010 Census data).

Asian Indian Immigrants and Healthy Aging

There is a growing body of research on AI immigrants in Western countries (U.S., Canada, and the U.K.) that documents increased risk for chronic diseases such heart disease, diabetes, and hypertension, (Flowers et al., 2010) and increased mortality (Palaniappan, Wang, & Fortmann, 2004) as compared to non-Hispanic Whites and other immigrant populations.

Asian Indian immigrant seniors comprise two distinct groups – those that came to this country at earlier stages in the life course and are now aging, and seniors who arrived later in life to join their adult children. Immigration represents a major challenge to older AI late-life immigrants many of whom face barriers to participating in mainstream wellness programs and activities that promote healthy aging due to limited English proficiency, and a lack of: mobility, awareness, and culturally relevant or appropriate services (Asian American Justice Center, 2006; Trang, 2009; Treas & Mazumdar, 2002). Locally, anecdotal data gathered from community volunteers who participate in the City of Fremont’s Community Ambassador Program for Seniors (CAPS) and Santa Clara County’s Senior Peer Advocate (SPA) program confirm the presence of these barriers among older AI immigrant residents in the Bay area.

Thus, this key informant survey of seven organizations located in Santa Clara County was conducted to obtain an understanding of the current resources as well as the unmet needs for healthy aging services and programs for Asian Indian immigrant seniors in Santa Clara county.

Study Methods

Key informants from seven ethnic/ religious organizations in Santa Clara County known to have substantial senior members/ attendees were surveyed using a semi-structured interview guide. Respondents were asked to describe: 1) The seniors who came to the centers; 2) Any current senior programming and services offered; 3) Any unmet needs among seniors for specific health promotion programs and services as perceived by the key informants. We also interviewed the director of the defunct Indo-American Community Services Center to obtain a historical context to the current programs and services for AI seniors.

The interviews were conducted in English, audio-taped and transcribed. The authors of this report content analyzed the transcriptions for common themes by aggregating data across the seven organizations. Reliability in analysis was established through discussion and consensus between the researchers.

Findings

Brief history of Aging Services for Asian Indians in the Bay area

The Indo American Community Service Center (ICSC), which was in operation from 1987 to 2002, was the premier social services agency in the Bay area that provided a variety of services to the Asian Indian community. Over time, ICSC received training and funding from United Way and the Council on Aging Silicon Valley. Senior focused services included coaching for the citizenship test; English as a second language (ESL) classes; computer classes; educational seminars on nutrition, pharmacy safety, cardiac problems, falling, balance, and fall prevention. Seniors were offered volunteer placement opportunities in the department of parks and recreation, libraries, and nursing homes. Satellite programs for seniors were also developed by ICSC in Fremont, Concord, Pleasanton, and San Jose where AI seniors would meet in the local senior centers for one or two days a week. In 2002 there was a merger between ICSC and the newly created India Community Center (ICC), and the senior program came under the umbrella of the ICC.

Description of Sample: Organizations and Key Informants

Key informants from seven organizations constituted the sample for this study. The selection of these organizations was based on consultations with the CHAMP advisory committee and with various community leaders. This process distinguished those ethnic organizations in Santa Clara County where Asian Indian seniors tended to congregate more regularly. Based on the feedback we received, we are comfortable in asserting that these seven organizations represent the major ethnic, cultural, and religious organizations serving AI seniors in Santa Clara County. Table 1 lists the organizations and the key informants.

The India Community Center (ICC) describes itself as a secular and cultural community organization whereas the remaining six describe themselves as a combination of religious and cultural community organizations. Among the diverse religions in India, three organizations are *Hindu* (BAPS, BayVP, and Sunnyvale Temple), one is *Jain* (JCNC), one is *Sikh* (Gurdwara),

and one is *Muslim* (MCA). The organizations are run primarily by volunteers with the exception of the India Community Center (ICC) which also has paid staff. All centers are open to any senior and do not require formal membership to participate in events. However, the ICC offers some programs such as the fitness center and yoga classes to members only.

All the ethnic organizations cater to the cultural needs of the community by offering education, sports, recreation, and entertainment for families as a whole. Typically these activities occur on the weekend when family members are available and able to provide transportation. Table 1 also indicates the activities or programming for seniors at each center. Currently only ICC has a structured program for seniors that meets 5 days a week. The JCNC and BayVP senior programs meet once a month on a weekend. All other centers (BAPS, MCA, Sikh Gurdwara, & Sunnyvale temple) offer general activities for the entire community which also includes seniors.

Table1: Ethnic Community Organizations Serving Asian Indian Seniors

| Community Center | Key Informant(s) | Current Senior Programs |
|---|---|--|
| <p>BAPS Swaminarayan Sanstha (BAPS) 1430 California Circle, Milpitas, CA 95035 http://www.baps.org/</p> | <p>Mr. Ajay Patel Coordinator, Public Relations</p> | <p>No senior specific activities. There is a weekly gathering (Sabha) at the temple. We do have speakers occasionally on health issues. Seniors are welcome to participate in all aspects of the maintenance and functioning of the center.</p> |
| <p>Bay Area Youth Vaishnav Parivar Center (BayVP) 25 Corning Ave., Milpitas, CA 95035 www.bayvp.org/</p> | <p>Mr. Manish Patel Senior Program Coordinator Mr. Hitesh & Mrs. Divya Kapadia - Volunteers</p> | <p>The program has recently been reorganized to meet monthly on the third Saturday from 10:30 a.m. to 2:00 p.m. There have been speakers on different topics: e.g., fall prevention, diabetes, diet, benefits, & immigration. The new program includes physical and social activity, and lunch. Membership is not required to attend senior events.</p> |
| <p>India Community Center (ICC) 525 Los Coches St, Milpitas, CA 95035 20589 West Homestead Rd, Cupertino, CA 95014 www.indiacc.org/</p> | <p>Ms. Tanuja Bahal Executive Director</p> | <p>Senior programs at both centers are 5 days during the week. Some programs such as yoga are for members only. There are free events including some senior events. Or seniors can pay for a day pass and participate.</p> |
| <p>Jain Center of Northern California - (JCNC) 722 S. Main Street, Milpitas, CA 95035 www.jcnc.org/</p> | <p>Mr. Nitin Shah President</p> | <p>The senior program is on the 2nd Sunday of every month from 10 a.m. to 1:00 p.m. Membership is not required to attend senior events.</p> |
| <p>Muslim Community Association of the San Francisco Bay Area - (MCA) 3003 Scott Blvd, Santa Clara, CA 95054 www.mcabayarea.org</p> | <p>Ms. Michelle Y. Lee Volunteer Activity Coordinator</p> | <p>Our senior events are not separated from the rest of the community events. Every now and then we have a lecture just geared towards the older members of our community.</p> |
| <p>Sikh Gurdwara Sahib – (Gurdwara) 3636 Murillo Avenue, San José, CA 95148 www.sikhgurudwarasi.org/</p> | <p>Mr. Bhupinder Dhillon, General Secretary Mr. Balbirsingh Ladhar Volunteer</p> | <p>Most seniors come on the weekend with family members. The new facility was opened in October 2011. No structured senior programs yet but there is a desire to start a senior program that meets during the week.</p> |
| <p>Sunnyvale Hindu Temple and Community Center – (Sunnyvale Temple) 420 Persian Drive, Sunnyvale, CA 94089 www.sunnyvaletemple.org/</p> | <p>Mr. Raj Bhanot Founder/Trustee & Treasurer</p> | <p>Seniors gather twice every week on Sunday and Wednesday. On Sunday there is a free lunch. On Wednesday a small group of seniors comes to play cards (Bridge) during the day. They come around 11 and leave at 3:30 pm.</p> |

Although four organizations are physically located in Milpitas (in Santa Clara county), the seniors who visit the community centers primarily reside in Santa Clara and in southern Alameda county (Fremont area). However, some seniors also come from other neighboring counties (e.g., San Mateo, San Francisco, and Contra Costa).

Demographic Characteristics of Seniors

The demographic characteristics of seniors who attend the centers, as described by the key informants, are shown in Table 2. The following key points emerge from Table 2:

- At all centers, seniors were defined as at least 55 years and over. The age range seen at each center is quite large.
- Almost all centers reported having two distinct groups of seniors: those who had immigrated early and were now aging in place, and others who had immigrated later in life.
- Those immigrating later in life were more likely to have limited English proficiency (LEP) and among them, women were more likely to be LEP.
- The primary languages spoken by seniors varied by center. Most common Indian languages spoken at these centers were Gujarati, Hindi, Punjabi, and Telugu.
- The most commonly spoken languages at the Muslim Community Center were Urdu and Hindi.
- Seniors have varied levels of education. Many had been professionals in India prior to immigration. Older women in this cohort are more likely to have less education than older men.
- The majority of late-life immigrants is retired and lives with their adult children. A few are still working and assist their children in running their service and retail establishments.
- Combined, the organizations are estimated to serve about 750 to 1000 Asian Indian seniors however the extent to which seniors regularly attend more than one community center is not known. Key informants estimate that perhaps 10 to 20 percent of seniors may visit multiple centers, that is, their own religious center and the ICC. Very few attend more than one religious center. This however needs further investigation to get a more accurate picture of the seniors and their attendance at multiple centers.

Table 2. Characteristics of Seniors Served by the Seven Centers

| Community Center | Number of Seniors | Age and Gender | Primary Languages spoken | Other characteristics |
|-------------------------------------|---|---|---|---|
| BAPS | Approximately 150 seniors who may come to the center each week | The age range is over 65 to 80 or 85 years. Gender makeup is about even. | Those who have been here longer can speak English. The newly arrived from aren't always necessarily able to speak English. Gujarati is the primary language. | There are seniors that moved here to join their son or daughter. There are some who've been in the Bay area for over a decade. Others have moved from another part of the United States to California. There are also some who help their sons or daughters run their stores and businesses. |
| BayVP | Attendance depends on the events - from 10 to 50 people . At large cultural or religious events, there may be about 500 to as many as 1,000 seniors . | Regular attendees would be anything above 50 up to 80 years old Mostly women have been attending the senior program | Almost all the seniors are Gujarati speakers . There are a few English speakers —they probably understand, but they cannot communicate very well. | Among seniors who have come to join their children, there are people who have lived here for 10-15 years , and some who are newcomers who have come recently in the past 2-3 months. Most of the seniors are retired and are living with their children . May be a few live independently. |
| ICC Milpitas & Cupertino | ICC serves about 600 seniors . Any event could have from 30 people up to even 200 . | Age would be from 60 and up . Gender makeup is pretty even . | The seniors are mostly proficient in English . There are however, some who are not as proficient but can get by . | We have both groups: 1) Those that came early and now are seniors, more mobile and culturally acclimatized. 2) Those that moved here to be with their children . Some are visitors for three months, and we have a 3-month membership. The seniors are generally quite educated , but the women are less so , reflective of that generation. |
| Jain Center - JCNC | Originally registered about 115 or 120 seniors . About 70-75 seniors regularly attend the senior events . | The senior qualification is 55 plus . The age range is all the way up to 90 years of age. | Many of the seniors can speak some English . Gujarati and Hindi would be the primary languages spoken. | There are two mind sets among the seniors . People who came here because their children got them here and those who came here and became seniors. Many seniors who come here had professional careers in India. |

| Community Center | Number of Seniors | Age and Gender | Primary Languages spoken | Other characteristics |
|----------------------------|--|--|---|---|
| Muslim Association - (MCA) | About 100 seniors attend senior specific events. About 50-75 seniors attend a non-senior specific event. | Seniors as defined as 50 plus. Most seem to be in the 52-65 age range. A few, about 10-15%, might be above 65 years of age. | Only about 25% are proficient in English. We offer a lot of things in Arabic or Urdu. | Among our seniors, we probably would find 30% Arabs, another 30% are Indo-Pak or from the subcontinent, and the other 40% would be mixed (from Malaysia, Indonesia, Somalia, and other Muslim converts). |
| Sikh Gurdwara | We may have over 1000 members who are 55 plus. As registered members, the 60 plus may be as high as 300-400 seniors. | Seniors are defined as 55 plus and the range is into the 80's | About half of the seniors coming from India have difficulty communicating in English. Women have more of a problem with English than men. Punjabi and Hindi are the primary languages. | Many seniors come because their adult children are here. Most of them stay here full time but some, in the beginning, go back and forth, but they eventually stay here. Some have gone back because part of the family may be in India. |
| Sunnyvale Temple | Each week we get 120 to 180 seniors as devotees. On Sundays we get about 70 to 80 seniors. On Wednesdays there are about 10 to 11 seniors who come regularly. | Seniors are those who are 55 plus. We get roughly equal numbers of men and women. | About 20% of seniors can speak English well. Others are more limited in their English and the main languages spoken are Telugu, Punjabi, and Gujarati. | The majority are people who come to stay with their adult children and their families. About 80% of the seniors who come here live in this area - Sunnyvale, Santa Clara, and Mountain View. |

Health Promotion Programs Offered and Related Unmet Needs

1. *Nutrition*

Meals

ICC Milpitas is currently the only site that offers a subsidized senior nutrition program funded partly through public monies, and the meals are catered by a local provider. BayVP and JCNC do offer a free lunch (prepared by volunteers) at their monthly senior program. All other centers offer lunch on the weekends to their general membership with the exception of the Gurdwara which offers meals seven days a week. The meals that are provided by the six centers (other than ICC) are prepared by volunteers.

Nutrition Education & Screening

Nutrition education related to diabetes and cardiovascular disease occurs sporadically at the centers and is often not geared specifically to seniors.

Perceived Unmet Needs Related to Nutrition

Nutrition education and screening

Almost all centers noted that screening for specific nutritional issues among seniors could be useful. Nutrition information that is targeted towards specific religious or ethnic diets and presented in an engaging manner would be welcome.

One respondent noted that information about food stamps and CalFresh would be very helpful, as people in the community do not know about these resources and might be reluctant to talk about such needs openly. Presenting information about resources in a general way might help increase awareness and reduce shame or stigma related to needing food stamps. For example:

In our community, let's say someone is poor, they're not going to come out and say they are poor, that they might need help. But if you come up with some kind of information for nutrition, to say these people qualify for this program, then whoever attends the meeting might say that I may qualify.

2. *Physical Activity*

Yoga

JCNC, BayVP offer yoga classes specifically for seniors as part of their senior program and many seniors participate in these yoga classes. As part of the senior program, ICC offers yoga classes and it is "packed with seniors." In the senior programs, the yoga is typically gentle and accommodations are made for those who cannot sit on the floor. Sunnyvale Temple and BAPS offer yoga classes for adults and report that very few seniors participate in these classes. The Gurdwara expressed a desire to start a senior program on site and will offer yoga classes to the seniors once they can get a program underway.

Other physical activity

A couple of centers take the seniors on occasional field trips and have seniors who participate in dance groups. The Muslim Community Center (MCA) offers a fitness class for

adult women but very few older women participate in this. The ICC also has a fitness center in Milpitas which is for members only. The fitness center is used by a few seniors who attend the senior programs both at the Milpitas and Cupertino centers.

One cultural challenge related to seniors using the fitness center was noted:

We have to train them on not doing it in a sari and things like that, which are challenges that are very genuine for us because they may not necessarily wear something else. Exercise equipment is not designed for the sari. Those are issues that we deal with.

Perceived Unmet Needs Related to Physical Activity

Not having senior-specific physical activity programs were perceived as a barrier to participation. Also transportation difficulties prevent seniors from participating in existing yoga classes.

I think for fitness you know we need to specifically say that it's for this age group because otherwise I think they might feel...intimidated that this is not for them, they are not going to be able to do it. So in that case they don't.

3. Opportunities for Social Engagement & Volunteering

Almost all the centers provide general opportunities for engagement and volunteer activity related to maintenance of the center operations (cleaning, gardening, and helping with accounts) and assisting with specific events such as sewing costumes for dancers and preparing meals. No volunteer opportunities are developed specifically for the seniors at any of the centers.

Perceived Unmet Needs Related to Social Engagement and Volunteering

One organization noted that transportation challenges for seniors were a major barrier to volunteer activity.

4. Health Fairs & Screenings

All centers have a health fair usually once or twice a year for the general community and these do attract seniors. Partners for the health fairs are usually physician groups such as the South Asian Heart Center. Typical offerings at the health fair include screenings for blood pressure, glucose, vision, and sometimes hearing and bone density measurements. Almost all the centers have a couple of educational seminars on heart disease and diabetes.

Perceived Unmet Needs Related to Health Fairs

No unmet needs related to the health fairs were specifically noted by any of the respondents. However, in our opinion, the health fair venues (although few) offer possibilities for healthy aging-related education to the general community as little aging-specific information and education is provided at the general health fairs.

5. Social Activity through Cultural and Religious Events

All centers offer opportunities for seniors to socialize with others at religious and cultural events that occur throughout the year. Typically these events are celebrations of religious festivals that are held for the entire community and large numbers of families attend these.

Perceived Unmet Needs Related to Social Activity

Although opportunities for social connection are provided by these events throughout the year, respondents noted a need for regular programming to enable seniors to have more sustained social activity on a weekly basis. Despite living with family members, many late-life immigrants experience social isolation as they are removed from their own social networks, often spend the day time by themselves as their families are busy with work.

6. Depression Education & Screening & Perceived Unmet Needs

Most of the key informants acknowledged that depression may be an issue that needs to be addressed among seniors and attributed it mostly to social isolation.

Depression comes only from two things. Isolation because of the language barriers, they could not talk to anyone because all the kids are at work. They are sitting home and they have no one to talk to and when the kids get home they are so tired and don't want to talk. Secondly, they don't have any company. They don't talk with anyone outside.

The ICC and the MCA had a behavioral health provider coming to the center offering a support group for seniors (ICC) and private, individual counseling sessions (ICC and MCA). Only a few seniors had used this counseling service. A few also noted cultural and religious issues that may be barriers to discussing depression openly:

It is culturally difficult and it is also in a way in our religion teaches that whatever happens is because of karma. So they accept it and let go.

A couple of respondents indicated that a low-key, small group approach might work for screening and education for depression, however individualized approaches might be more useful given the issues of confidentiality due to the social connections between families who visit the centers.

7. Fall prevention & Perceived Unmet Needs

Although most respondents recognized that education and intervention related to fall prevention, balance, and home safety were important and useful activities, they reported that their centers had not actively engaged with this issue. Since most late-life immigrant seniors lived with their adult children, education around home safety would need to be targeted to them as well. A few respondents noted that they did see seniors with assistive devices such as canes, and that several seniors were observed to experience difficulty with sitting on the floor which is a custom at most of the religious centers.

8. Hearing Screenings & Perceived Unmet Needs

Hearing screenings, when they occur, happen at the health fairs. Several respondents acknowledged that screening would be useful, but a couple noted that the cost of any devices such as hearing aids might represent a barrier to obtaining them especially among late-life immigrants who did not have independent income or access to adequate health insurance coverage, and were reluctant to ask their families for assistance.

9. Elder abuse and neglect & Perceived Unmet Needs

None of the centers had any programs that addressed issues related to elder abuse and neglect. Respondents were mixed on the need for addressing these issues. Some felt that general information on financial fraud and issues to be wary of might be useful for seniors to know. Some felt the topic of elder abuse was important to address but had to be done carefully perhaps in a more individual manner.

One-on-one, that's where you find out a lot of those things. People are shy to say things in public...It's a touchy topic; It's a good topic to cover, we have to figure out the right logistics on how to do it.

10. Other Perceived Unmet Needs and Barriers to Health Promotion

Several other unmet needs and barriers to participating in healthy aging programs were noted by respondents:

- All respondents noted that a lack of adequate transportation to the centers was a key unmet need among seniors. If the transportation issue could be addressed in some way (especially inter-county transportation), other programs could be made available at the centers.
- The key informants noted that many seniors were averse to asking their adult children for money or transportation as they did not want to burden their children with these demands.
- Caregiving responsibilities in terms of caring for grandchildren also prevented some seniors from attending the senior programs and events during the week.
- Seniors experienced problems with access to health care due to lack of insurance coverage and also knowledge of health insurance issues.
- Many seniors and their families requested immigration-related information and assistance including citizenship classes. One respondent felt that it would be useful to develop an information package for newcomers to help them understand and navigate their new environment.

Organizational needs included:

- Guidance on options for senior activity programming. That is the centers would appreciate assistance with developing and implementing culturally relevant and appropriate senior programming to increase wellness, and reduce isolation

- Need for funding for paid staff to develop, implement, and monitor evidence-based, culturally appropriate healthy aging programs; and knowledge of community resources to promote well-being.

Summary

The key informants helped provide a preliminary profile of the seniors who congregate at seven ethnic community centers serving Asian Indian seniors and their families (with the exception of the Muslim Community Association which has seniors from other countries as well). Together, they provide a picture of the current programs for health promotion as well as their perceived unmet needs for health promotion activities for seniors.

In general, all these organizations largely run by volunteers, cater to the ethnic community at large and are not specifically for seniors. Together, these organizations estimate serving anywhere from 750 to 1000 seniors. All centers have physical space for seniors to congregate but only some have programs and activities geared specifically for seniors. Only one organization offers programming for seniors during the week, others offer a monthly program or not at all.

The seniors who congregate at the centers include both types of immigrants: those who have aged in place and those who arrive later in life as seniors. The late-life immigrants in particular experience greater barriers to participation in both ethnic and non-ethnic centers due to limited English proficiency, lack of adequate transportation options, and lack of knowledge of community resources.

Programs and activities provided for seniors include: meals; physical activity (yoga); screenings (e.g., blood pressure, glucose, hearing, vision, and bone density) provided at annual or biannual health fairs; opportunities for socializing and volunteering. Health education is provided on a sporadic basis and has generally been in the form of lectures on chronic disease conditions such as heart disease and diabetes.

Most respondents noted that education, screenings, and programs related to nutrition, depression, fall prevention, and elder abuse, if done in a culturally appropriate way, would be useful additions to their programs. The major unmet need and barrier to participation in healthy aging programs was the lack of adequate transportation options.

Recommendations

Based on the data gathered from the respondents as well as our own observations, the following recommendations are presented for future action.

- 1) Convene the leadership of the diverse AI organizations, aging services providers, funders, and other relevant organizations to explore possibilities for coordinated action to address the healthy aging needs of their seniors.

- 2) Given the diversity within the Asian Indian community, it will be important to understand the unique and common issues of the diverse linguistic, religious, and cultural communities to address healthy aging needs in culturally relevant ways.
- 3) Directly assess the need for health promotion by surveying both early and late-life immigrants AI seniors to obtain objective measures of health, mental health and healthy behaviors.
- 4) Assess the extent to which AI seniors (especially those who have aged in place) participate in non-ethnic senior centers.
- 5) Assess the ability of non-ethnic centers to address the needs of late-life immigrants from the diverse ethnic groups. The Fremont Senior Center offers a possible model for serving diverse ethnic groups where about 10 cultural and interest groups gather regularly to provide opportunities for seniors to socialize with others like them. The ICC has helped establish senior programs for Indian seniors at other senior centers such as Fremont, Cupertino, and Saratoga.
- 6) Develop strategies and resources to address the need for transportation, both within and across Santa Clara and Alameda counties which are home to the largest Asian Indian populations in the California

References

- Artz, M. Indians outnumber Chinese in Fremont [homepage on the Internet]. Tri-City Beat. 2011. Available from: <http://www.ibabuzz.com/tricitybeat/>.
- Asian American Justice Center. A community of contrasts: Asian and Pacific Islanders in the United States. 2006. [cited 2/14/12]; Available from: www.advancingequality.org/files/ComCont.pdf
- Flowers E, Molina C, Mathur A, Prasad M, Abrams L, Sathe A, Malhotra D, Basra R, Malgesini N, Ratnam G, Aouizerat BE, Turakhia MP. Prevalence of Metabolic Syndrome in South Asians Residing in the United States. *Metabolic Syndrome and Related Disorders*. 2010; 8(5): 417-423.
- McKay, R. Family reunification [homepage on the Internet]. Migration Policy Institute. 2003 [cited 2/14/12]. Available from: <http://www.migrationinformation.org/usfocus/display.cfm?id=122>.
- Palaniappan L, Wang Y, Fortmann SP. Coronary heart disease mortality for six ethnic groups in California, 1990–2000. *Ann Epidemiol*. 2004; 14(7): 499-506.
- Terrazas, A, Batog C. Indian immigrants in the United States [homepage on the Internet]. Migration Policy Institute. 2010. [cited 2-5-12]. Available from: www.migrationinformation.org/USfocus/display.cfm?id=785
- Trang A. What older people want: Lessons from Chinese, Korean, and Vietnamese immigrant communities. *Generations*. 2008; 12/15; 32(4): 61-63.
- Treas J, Mazumdar S. Older people in America's immigrant families: Dilemmas of dependence, integration, and isolation. *Journal of Aging Studies*. 2002; 16(3): 243-258.
- South Asian Association for Regional Cooperation. <http://www.saarc-sec.org/>.