

The Health and Healthcare of Asian Americans and Pacific Islanders Age 50+

Executive Summary



Welcome



“The Health and Healthcare of Asian Americans and Pacific Islanders Age 50+” is the last report in AARP’s three-part research series on key advocacy areas that impact AAPIs. Each report is designed to share relevant data to help individuals, community-based organizations, non-profit groups, the media, funders, and policy makers make informed decisions that affect the critical needs and concerns of diverse AAPI groups.

At AARP, we believe that no one’s possibilities should be limited by their age, income or access to public services. We are committed to bringing attention to the needs of AAPI 50+ communities. By working with other organizations and individuals, we strive to close the gaps in knowledge of and services to our communities.

Sincerely,

A handwritten signature in black ink that reads "Daphne Kwok". The signature is written in a cursive, flowing style.

Daphne Kwok

AARP Vice President of Multicultural Markets and Engagement
Asian American and Pacific Islander Audience

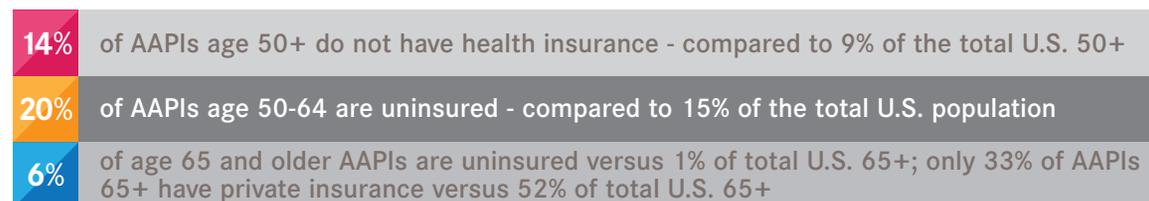
Access to health care, specifically health insurance, is a key factor in the health security of Asian Americans and Pacific Islanders (AAPIs), and the most important service or need indicated in current research. As with other areas, the data on health insurance show that AAPIs cannot be considered as one monolithic group. Although there are commonalities, there are many differences in regard to health insurance and other aspects of health as well.

As a group, 14 percent of AAPIs age 50+ lack health insurance; up to 20 percent among age 50-64. The main reason for non-coverage is cost. Employers and employer unions are the primary vehicles for health insurance coverage, as shown in research among Chinese Americans and Filipino Americans in Los Angeles, San Francisco, and New York. Because many AAPIs are self-employed or run small businesses, access and cost makes health insurance inaccessible. Among those age 65+ and older, a greater proportion of Asian Americans and Pacific Islanders do not have Medicare coverage, to some extent because of ineligibility for Medicare among immigrant AAPIs. High poverty levels in some AAPI groups age 65 and older also prevent them from getting health care because of out of pocket costs.

Korean Americans age 50 and older have the lowest rate of health coverage (75%). Japanese Americans exceed the general population of the same age in insurance coverage (96%), while Filipino Americans have about the same rate of health insurance coverage as the general 50 and older population (90% versus 91% for total 50+).

High Costs Hinders Insurance Coverage

The most common reason for lack of health insurance is cost. Due to limited resources, AAPIs age 65+ are more likely to be uninsured and to rely on public insurance.

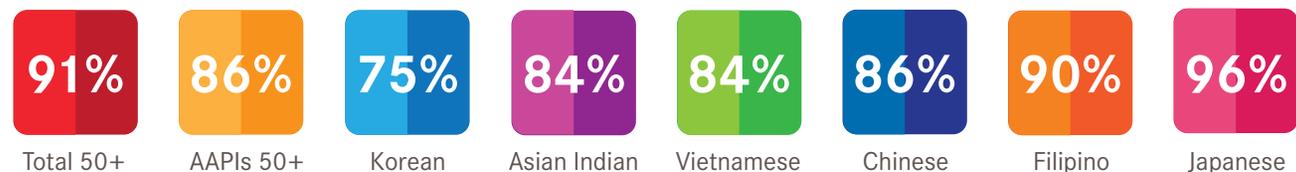


There are many factors that impact the health of AAPIs at midlife and older. While lack of access to health insurance is a barrier to good health care, lack of language proficiency, lack of familiarity with the health care system, isolation, and lack of transportation also compound difficulties for some.

Acculturation is a major factor as well in the health care they obtain. The majority among certain AAPI ethnic groups age 50 and older are immigrants, many of whom retain their cultural values, especially among those who have not been in the country for a long time, have limited English language proficiency, and therefore less likely to have adopted practices in the general population. Health attitudes and beliefs, health practices, and diets vary. Asian Indian may prefer home treatments. Chinese Americans may practice more traditional Chinese medicine like acupuncture. Filipino Americans may believe in the relationship between good health and the balance of hot and cold. Korean Americans have the concept of “Hanyak”, while Southeast Asians may subscribe to traditional Buddhist health practices.

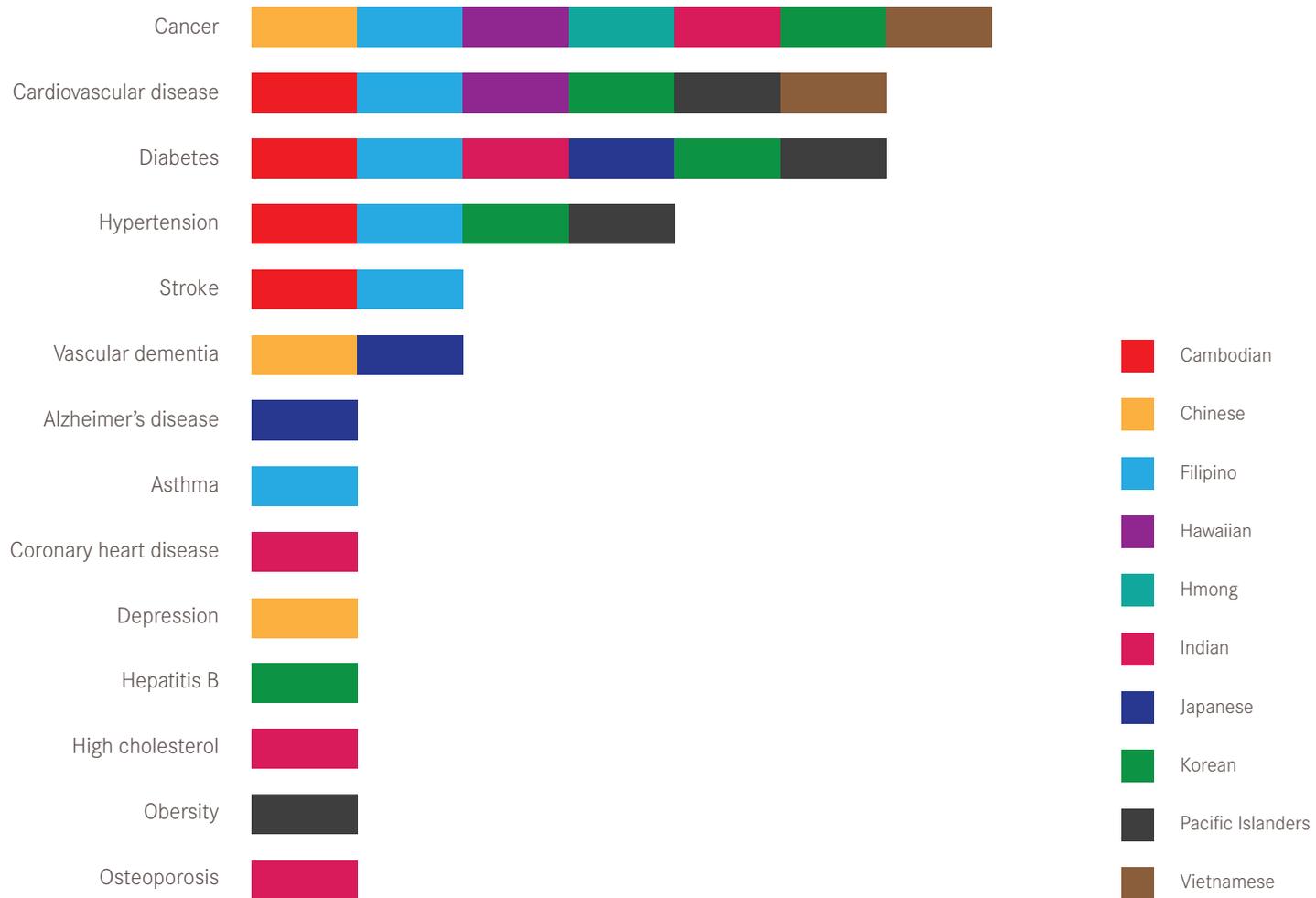
The most common health conditions among AAPI groups are heart disease, hypertension and diabetes. For some Asian groups, especially Chinese Americans and Vietnamese Americans, cancer is more common and a leading cause of death. In addition, obesity is common among Pacific Islanders. Japanese Americans, on the other hand, are reported to have longevity and the lowest risk for heart disease. There is underutilization of mental health services by the Vietnamese Americans and this may apply to other ethnic groups as well.

Health Insurance Coverage Varies by AAPI Ethnic Group



Source: U. S. Census Bureau, 2012. American Community Survey (ACS) Public Use Microdata Sample (PUMS), 2012. Prepared by the AARP Research Center.

Most Commonly Reported Health Problems



Conclusions

The AAPI community's health needs are similar for all AAPI ethnic groups, and vary in many important areas as well. The common needs are:

- Support for/from family
- Health insurance
- Resources and tools to promote health and well being
- Transportation and savings to access medical and dental services
- Information on support and available services
- In-language services for some ethnic groups
- Culturally sensitive outreach and services for health care

There are additional needs for certain Asian groups as well, such as spiritual health that relates to the mental health of Filipino Americans, and to practice traditions that the less acculturated believe will contribute to their well-being.

The incorporation of cultural practices in health care services will contribute to overall well-being. Bilingual providers will be needed as well.

Finally, there is a desperate need for empirical as well as in-depth, national studies to learn more and understand today's AAPI elders, the extent to which cultural attitudes remain and traditional practices persist; as well as the dynamics between AAPI cultural attitudes and practices in light of the changes brought by technology, exchange of information, advances in medical knowledge, and other 21st century trends.

About this report

This report is a compendium of research information and data on Asian Americans and Pacific Islanders (AAPIs) at midlife and older in relation to their health.

We drew on Census data, AARP research, and external sources for information on the current state of health among Asian Americans & Pacific Islanders, especially those age 50 and older. Most of the recent information are on health insurance coverage, a critical factor in getting access to health care. There is a paucity of other information related to health. Most research are small or outdated, and national in-depth research as well as disaggregated data by Asian ethnic group, especially in-language, is sparse as well.

It is our hope that this report will emphasize the large information gaps we have today, especially for more current, in-depth, and disaggregated data, and spur more work in this area.