

Chinese Community Center

The Houston Asian Senior Needs Assessment Survey

Executive Summary

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The Long-range Planning Committee of the Chinese Community Center (CCC) conducted a needs assessment surveying the elder Asian population in Houston and the Greater Houston Area in consultation with the Asian Senior Coalition. The Graduate College of Social Work at the University of Houston (UH-GCSW) provided technical support for the project. The goals of the needs assessment study were: (1) to understand the needs of the Asian elderly; (2) to prioritize the needs as identified by the Asian elders; and (3) to provide recommendations to the Asian Senior Coalition and the Asian communities. The instrument was developed by the staff of CCC in consultation with the Asian communities and UH-GCSW. Data collection started in October 2012 and ended on January 31, 2013. Data were collected from nursing homes, senior housing, social service agencies and local Asian communities. About 1,200 surveys were distributed in the Asian communities.

The findings indicate that the following areas exceeded 10% of the respondents who need help “with minor home repairs” (13.8%), “finding affordable utility services” (24%), finding an affordable place to live” (12.1%), “finding a safe place to live” (11.3%), and “choosing housing made for seniors” (17.9%). The following learning items exceeded 10% of the respondents who want to learn how to “protect myself from crimes/scams” (25.4%), “manage my health” (39.1%), “find affordable meals” (18%), “use metro buses” (19%), “use a computer” (26.4%) and “use a phone” (12.5%). The following areas exceeded 10% of the respondents who need help getting to and from a place they go to “learn something I like” (18.2%), “get food” (18.6%), “have fun with other people” (22.2%), “for my religion, culture or spirit” (26.1%), “exercise my body” (19%) and “get medical services” (28.4%). This shows that the elders in this survey ranked both their health and social life as high priority, given that they reported more help with transportation for these two kinds of needs. Regarding “I need help with” items, the following areas exceeded 10% of the respondents who needed assistance with “grocery shopping” (12.6%), “cleaning” (13.9%), “exercising” (11.9%), “improving my strength” (13.3%), “improving my memory” (19.1%), “improving my speech” (13.5%), “translation” (16.5%), improving my health” (22.2%), “managing my disease” (14%) and “understanding doctor’s directions” (18.9%).

In regards to adult caregiving, the majority of the elders (66.3%) did not report receiving any caregiving. Of those who reported that someone takes care of them, most (21%) indicated the person who takes care of them is a family or friend. Also, over 10% of caregivers are paid. Elders who do not receive any caregiving attribute this to their inability to afford someone to help them (11%), while over 39% report they do not need assistance. More than 20% of participants reported they take care of someone, and more than 20% indicated that the person they take care of is a family member or friend. A great percentage of elders (25.9%) indicated they do not want to take care of someone.

The findings also indicate that the majority of participants (82.4%) report having a regular doctor. An overwhelming majority of participants (87.2%) also indicated having an annual check-up. Alarming, over 67% of the participants have a health condition that needs regular care by a doctor with 80.8% of participants taking medication regularly. Also, over 65% reported they did not need help purchasing medication.

In terms of gender, elderly Asian women (16%) reported they needed substantially more assistance “with minor home repairs” than their male counterparts. In contrast, significantly more elderly Asian males (14%) reported they needed help “finding an affordable place to live.” Results from chi-square analysis also found that females were more likely to need help going to and from a place to “learn something I like” (20.1%), “have fun with other people” (24.9%), “for my religion, culture or spirit” (28.9%) and “exercise my body” (21.8%) than males. In regards to the category of “I need help with,” substantially more females reported they needed help with “translation” (19.9%), “improving my health” (24.8) and “understanding doctor’s directions” (22.2%).

In terms of migratory status, U.S. citizens were more likely than Permanent U.S. Residents to report they needed assistance “with minor home repairs” (15.3%) and “finding an affordable place to live” (13.7%). Permanent U.S. Residents reported greater help needed “finding a safe place to live” (15.5%). In general, data shows Permanent U.S. residents were significantly more interested in the learning something new than U.S. citizens. Accordingly, over 35% of Permanent U.S. Residents reported they wanted to learn how to “protect myself from crimes/scams,” 50% were interested in learning how to “manage my health,” over 31% reported an interest in learning how to “find affordable medical services,” almost 13% expressed interest in learning how to “manage my money,” about 27% wanted to learn how to “use Metro buses,” 34.6% wanted to learn how to “use a computer,” approximately 20% expressed interest in learning how to “use a phone,” 14.2% wanted to learn how to “find a volunteer opportunity,” and 15.4% wanted to learn how to “find a job.”

Furthermore, results from chi-square analysis show that Permanent U.S. citizens were more likely to report they needed help getting to and from places. Over 10% of permanent U.S. residents reported they needed help going to “learn something to find a job,” 31.4% needed assistance going to “learn something that I like,” 32% needed help going to “get food,” over 33% expressed they needed assistance going to and from a place they go to “have fun with other people,” 41.4% needed assistance going to and from a place “for my religion, culture or spirit,” and 44.4% needed help going to “get medical services.”

In regards to the category “I need help with,” substantially more U.S. citizens reported needing assistance with “walking” (10.2%), “cooking” (10.7%) and “exercising” (13%) compared to Permanent U.S. residents. However, there were significantly more Permanent U.S. residents who reported they needed help with “improving my strength” (22.1%), “improving my memory” (26.5%) and “improving my speech” (32%). Permanent U.S. residents were also more

prone to indicate they needed assistance with “translation” (27.1%), “improving my health” (36.5%), “managing my disease” (22.3%), and “understanding the doctor’s directions” (34.5%) than their U.S. citizen counterparts.

Moreover, U.S. citizens (88.6%) were more likely to report “I have a regular doctor” than Permanent U.S. residents. More than 90% of U.S. citizens reported having a check-up at a doctor’s office or clinic 1 year ago, while of Permanent U.S. residents (13.1%) were more prone to have a check-up over 3 years ago. In addition, the majority of U.S. citizens (82.9%) reported “I take medication regularly,” however, substantially more Permanent U.S. residents (43.9%) reported “I need help purchasing my medication.” The results suggest that U.S. citizens have greater access to healthcare than Permanent U.S. residents.

In terms of poverty level, those below poverty level reported needing assistance in a greater number of areas than their counterparts. Significantly more participants below poverty level reported they needed assistance “finding an affordable place to live” (16.7%), 15% reported help needed “finding a safe place to live,” approximately 23% indicated they needed help “choosing housing made for seniors,” and about 30% reported they needed assistance “finding affordable utility services.” Conversely, those above poverty level (19.7%) were more likely to report they needed help with “minor home repairs.” Participants below poverty level also reported greater interest in learning new things than those above poverty level. This is evidenced by significantly higher percentages reported in the following learning areas: “protect myself from crimes/scams” (29.6%), “manage my health” (43%), “find affordable medical services” (29.1%), “find affordable meals (food)” (23.4%), “pay a bill” (10.5%), “use metro buses” (23.4%) and “use a computer” (29.2%).

Likewise, participants below poverty level were more likely to report they needed assistance getting to and from a place they go to. Over 24% of participants below poverty level reported they needed help going to and from a place to “learn something I like,” 25% indicated they needed help going to “have fun with other people,” 12.4% needed assistance going to a place to “have fun by myself,” over 33% needed assistance going to and from a place “for my religion, culture or spirit,” 23.2% needed help going to “exercise my body” and approximately 34% reported they needed help going to “get medical services.”

Not surprisingly, participants below poverty level were also more likely than their counterparts to report a greater number of areas they need help with. Participants below poverty level indicated they needed assistance with “cooking” (11.6%), “grocery shopping” (16.2%), “exercising” (14.8%), “improving my strength” (17.5%), “improving my memory” (13.8%), “improving my speech” (17.8%), “translation” (21.2%), “improving my health” (26.9%), “managing my disease” (17.6%) and “understanding doctor’s directions” (24%). On the other hand, approximately 90% of participants above poverty level reported “I have a regular doctor;” while substantially more participants below poverty (68.9%) level reported “I have a health condition that needs regular care by a doctor.” Alarming, participants below poverty level are

more likely to report having a health condition, but, have proportionally less access to a regular doctor. In addition, participants below poverty level (41.2%) were also more likely to report “I need assistance purchasing my medication” than participants above poverty level.

In regards to the “Lives alone” factor, elders who live by themselves reported a greater number of areas where they need help, compared to those living with others. About 19% of elders living alone reported they needed help “with minor repairs,” 14.1% reported they needed assistance “with major home repairs,” more than 12% reported help needed “with home modifications,” approximately 29% reported help needed “finding affordable utility services,” 21.7% indicated they needed assistance “finding an affordable place to live” and 23.7% reported they needed help “with choosing housing made for seniors.” Conversely, elders living with others (21.3%) were more likely to report they wanted to learn how to “use metro buses” than elders living alone. In terms of getting to places, elders living by themselves (13.9%) needed more help getting to a place to “have fun by myself” than their counterparts.

Moreover, elders living alone reported a greater number of needs than elders living with others. Those living alone were more likely to need assistance with “walking” (16.7%), “cooking” (21.4%), “grocery shopping” (22%), “laundry” (11.5%), “cleaning” (23.6%), and “exercising” (17%). On the other hand, elders living with others reported greater assistance needed with “improving my speech” (15.1%). Compared to elders living with others, significantly more elders living alone reported “I have a regular doctor” (89.2%), and 92.9% reported having an annual health check-up. Also, approximately 86% of elders living alone reported “I take medication regularly,” but, over 43% of them also responded “I need help purchasing my medication.” The results indicate that overall, elders living by themselves have greater access to healthcare than those living with others.

Pertaining to the “Lives with spouse” factor, those not living with their spouse reported greater areas of need. Over 14.3% of elders not living with their spouse reported they needed assistance “finding affordable utility services,” 20.2% need help “finding a safe place to live” and 20.2% need help “choosing housing made for seniors.” Interestingly, those living with their spouse (11%) were more interested in learning how to find a job, while those not living with their spouse were more likely to report greater interest in learning how to “find affordable meals (food)” (20.8%). Furthermore, elders who reported not living with their spouse needed greater help getting to places than those living with their spouse. This is evidenced by 22.7% of elders not living with their spouse who reported help getting to and from a place to “get food,” 11.3% who needed help going to a place to “have fun by myself” and 29.3% who need help going to a place “for my religion, culture or spirit.”

In addition, elders not living with their spouse reported substantially greater assistance needed with “walking” (12.8%), “cooking” (14.3%), “grocery shopping” (17.2%), “cleaning” (17.1%), “exercising” (15.6%), “improving my strength” (17.1%), “improving my memory” (15.5%) and “understanding doctor’s directions” (21.6%) than their counterparts. Overall it

appears that living with a spouse provides elders with a source of support that enables them to better fulfill their needs. In terms of access to healthcare, elders living without a spouse (84.4%) were more likely to report “I have a regular doctor,” however, they were also more likely to report “I have a health condition that needs regular care by a doctor” (70.8%). Elders living without a spouse (84.3%) were also more prone to report “I take medication regularly,” as well as, “I need help purchasing my medication” (41.5%) than elders living with their spouse.

Similar results were found among elders living with family or friends, who reported a greater likelihood of “I do not need help with anything” (52.3%) than those not living with family or friends. However, elders living with family or friends were generally more interested in learning something new than their counterparts. Hence, those living with family or friends reported significantly more interest in learning how to “protect myself from crimes/scams” (36.9%), “manage my health” (48%) “find affordable medical services” (34.6%), “find affordable meals (food)” (23.6%), “pay a bill” (14%), “manage my money” (12.9%), “use metro buses” (34.8%), “use a phone” (21.9%) and “find a job” (12.9%). Moreover, elders living with family and friends were more prone to report they needed assistance getting to and from someplace; as evidenced by substantially higher percentages in the following items: I need help getting to and from a place I go to “learn something to find a job” (10.7%), “learn something I like” (28.6%), “get food” (25.6%), “have fun with other people” (41.3%), “for my religion, culture or spirit” (41.3%) and “get medical services” (50%).

Moreover, elders not living with family and friends were more likely to report they needed help cooking (10.7%), while those living with family or friends reported significantly greater need with “improving my strength” (22.9%), “improving my memory” (33.1%), “improving my speech” (25.3%), “translation” (20.7%), “improving my health” (40.4%), “managing my disease” (30.1%), and “understanding doctor’s directions” (40.4%). In general, elders living with family and friends appear to have greater healthcare needs than those not living with family or friends, as evidenced by 73.2% who reported “I have a health condition that needs regular care by a doctor” and over 50% who expressed “I need help purchasing my medication.”

In regards to elders living in senior housing compared to those not living in senior housing, elders not living in senior housing have significantly greater needs “with minor home repairs” (15.6%), “with major home repairs” (10.9%), “finding affordable utility services” (26.8%), “finding an affordable place to live” (13.2%) and “other (14.6%). On the other hand, approximately 33% of elders living in senior housing indicated they wanted to learn how to “use a computer.” Elders living in senior housing also reported substantially greater need in going to a place to “get food” (26.2%) and going “shopping” (25.8%). Furthermore, 21.3% of elders living in senior housing report assistance needed with “improving my speech” and 39% reported greater help needed with “translation.” In addition, elders living in senior housing (73.4%) were more likely to report “I have a health condition that needs regular care by a doctor.” The findings

suggest that elders living in senior housing have significantly lower issues with housing, however, these elders face transportation challenges their counterparts generally do not.

In regards to participants' age categories, those ages 51 to 65 years old (17.1%) and 66 to 75 years old (17.7%) reported a substantially greater need "with minor home repairs" than elders over 76 years old. However, 24.3% of elders over 76 years reported "I need help choosing housing made for seniors." Regarding learning interests, elders 51 to 65 years old (29.7%) reported greater interest in learning how to "find affordable medical services" compared to their counterparts. In general, elders 51 to 65 years old reported significantly greater interest in learning something new, as evidenced by their desire to learn how to "manage my money" (10.5%), "use metro buses" (26.7%), "find a volunteer opportunity" (11.9%), and "find a job" (15.7%). Elders 51 to 65 years old also reported greater help needed getting to a place to "learn something to find a job" (10.5%), "volunteer" (10.6%) and "have fun with other people" (29.5%). In contrast, 22.8% of elders over 76 years old were more likely to report they needed assistance going to "get food," 12.8% reported they need help going "shopping" and 13.2% needed help going to "have fun by myself."

In terms of the category of "I need help," elders over 76 years old reported a greater need among the following areas compared to their counterparts: "walking" (14.5%), "taking a bath/shower" (12.7%), "eating (feeding)" (12.2%), "cooking" (17.5%), "grocery shopping" (20.7%), "laundry" (12.4%), "cleaning" (17.1%), "exercising" (15.9%), "improving my balance" (12.7%) and "improving my memory" (25.1%). Elders 51 to 65 years old, on the other hand, reported they needed assistance with "improving my speech" (19.6%), "translation" (21.2%), "managing my disease" (19.6%) and "understanding doctor's directions" (26.5%) to a greater extent than their counterparts. In relation to healthcare, elders over 76 years old reported greater access to healthcare as evidenced by 90.9% reporting "I have a regular doctor," and 92.5% who reported having an annual health check-up. Nonetheless, elders over 76 years old (74.5%) reported a higher percentage of "I have a health condition that need regular care by a doctor," 90.2% reported "I take medication regularly" and 40.2% affirmed "I needed help purchasing my medication."

Elders who have lived in the U.S. for 5 or more years were more likely to report they needed assistance with "major home repairs" (10.7%) and "finding an affordable place to live" (13.1%), whereas, those living in the U.S. under 5 years were more likely to report they needed help "finding a safe place to live" (19.7%) and help with "other" (11.9%). Significantly more elders living in the U.S. under 5 years expressed interest in learning something new compared to those living in the U.S. for longer. Therefore, elders living in the U.S. for under 5 years were more interested in learning how to "protect myself from crimes/scams" (50.8%), "manage my health" (60.8%), "find affordable medical services" (37.5%), "find affordable meals" (28.3%), "pay a bill" (16.7%), "manage my money" (18.3%), "use metro buses" (45%), "use a phone" (8.5%), "find a job" (6.1%), and interest in learning "other" (3.3%). Those living in the U.S. for 5 years or more (39.2%) reported greater interest in learning how to "use a computer."

Not surprisingly, elders living in the U.S. under 5 years were more likely to report they needed assistance going to “work” (7.7%), “learn to be better at my job” (7.7%), “learning something to find a job” (12%), “learn something I like” (37.6%), “get food” (37.6%), “have fun with other people” (50.4%), “for my religion, culture, or spirit” (56.4%), “exercise my body” (27.4%), and “get medical services” (59.5%). In terms of help needed with other areas, approximately 11% of elders living in the U.S. for more than 5 years reported they needed greater help with “cooking.” Nonetheless, elders living in the U.S. under 5 years reported more assistance needed overall, as evidenced by 29.8% needing help with “improving my strength,” 38.9% with “improving my memory,” 44.6% with “improving my speech,” 34.6% with “translation,” 54% with “improving my health,” 32.7% with “managing my disease” and 52.2% with “understanding doctor’s directions.” The results also indicated that elders living in the U.S. for 5 years or more had substantially more access to healthcare, considering that 85.8% reported “I have a regular doctor,” approximately 90% reported having an annual check-up at a doctor’s office or clinic and 82.1% confessed “I take medication regularly.” Conversely, elders living in the U.S. for less than 5 years (73.9%) were more likely to report “I have a health condition that needs regular care by a doctor” with 61.4% reporting “I need help purchasing my medication.”

In terms of elders who receive money from employment, in general, those not receiving money from employment were more likely to report areas of need. Over 19% of elder who do not receive money from employment reported greater assistance needed with “choosing housing made for seniors.” Similarly, a greater percentage of elders not receiving money from employment (25.8%) reported they needed help learning how to “protect myself from crimes/scams,” with 27.4% reporting they wanted to learn how to “use a computer” and 13% how to “use a phone.” Moreover, elders not receiving money from employment were more likely to report they needed help getting to and from a place to “learn something that I like” (19.1%), “get food” (20.2%), “have fun with other people” (23.6%), “for my religion, culture or spirit” (28.2%) and “get medical services” (29.5) than elder receiving money from employment.

Likewise, elders not receiving money from employment reported greater assistance needed with “walking” (10.2%), “cooking” (10.6%), “laundry” (14.1%) and cleaning (14.9%). In addition, they were also more likely to report they needed help with “improving my strength” (14.7%) “improving my memory” (20.3%), “improving my speech” (14.3%), “translation” (17.6%), “improving my health” (23.3%), “manage my disease” (15.5%), and “understanding doctor’s directions” (20.3%). In regards to “healthcare,” those not receiving money from employment (84.6%) were more likely to report “I have a regular doctor,” while those not receiving money from employment (89.7%) were more prone to report having an annual health check-up. Furthermore, the results suggest that those not receiving money from employment have a poorer health status as evidenced by 68% confessing “I have a health condition that needs regular care by a doctor” and 83.2% reporting “I take medication regularly.” Elders not receiving money from employment (37.6%) were also more likely report “I need help purchasing my medication.”

Regarding elders who receive money from investments, those not receiving money from investments reported greater areas of need. Elders not receiving money from investments were more likely to report they needed assistance with “finding affordable utility services” (24.9%), “finding an affordable place to live” (12.6%), “finding a safe place to live” (11.9%) and “choosing housing made for seniors” (19.6%). Significantly more elders not receiving money from investments reported they wanted to learn how to “protect myself from crimes/scams” (25.3%), “find affordable medical services” (24.7%), “find affordable meals (food)” (19.5%), “pay a bill” (8.2%), “use metro buses” (20.2%) and “use a phone” (13%) than elders receiving money from investments.

Moreover, elders not receiving money from investments were more likely to report they needed help going to and from a place to “learn something to find a job” (5.4%), “learn something I like” (18.9%), “get food” (19.2%), “for my religion, culture, or spirit” (57.9%), “get medical services” (29.1%), “translation” (17.5%), “improving my health” (23.3%), “managing my disease” (15.2%), and “understanding doctor’s directions” (20.1%), in contrast to elders receiving money from investments. However, 12.3% of elders receiving money from investments reported they needed assistance with “improving my balance.” Also, those receiving money from investments have considerably greater access to healthcare than their counterparts as 93.2% report “I have a regular doctor.” On the other hand, elders not receiving money from investments (36.8%) reported a higher percentage of “I need help purchasing my medication.”

In terms of elders receiving money from retirement, 18.2% of them were more likely to report they needed assistance “with minor home repairs.” Conversely, 12.4% of those not receiving money from retirement indicated they needed help “finding a safe place to live.” Elders not receiving money from retirement reported greater interest in learning something new than their counterparts; as evidenced by 40.7% who wanted to learn how to “manage my health,” 19.9% how to “find affordable meals (food),” over 12% how to “use metro buses” and 14.2% how to “use a phone.” Additionally, elders not receiving money from retirement were more likely to report they needed help getting to and from places with 20.4% needing help going to “get food,” 23.8% going to “have fun with other people,” 30.1% going to a place “for my religion, culture or spirit,” 20.2% going to “exercise my body” and 31.7% going to “get medical services.”

Moreover, elders not receiving money from retirement were more likely to report they needed assistance with “grocery shopping” (14.6%), “improving my memory” (21.7%), “improving my health” (25.9%), “managing my disease” (17.3%), and “understanding doctor’s directions” (22.5%). Nonetheless, elders receiving money from retirement were more prone to have access to healthcare, as evidenced by 90.8% reporting “I have a regular doctor” and 93.4% reporting having an annual health check-up. Also, they reported a greater percentage of “I take medication regularly” (88.2%) than those not receiving money from retirement. In contrast,

40.7% of elders not receiving money from retirement reported significantly more help needed with “purchasing my medication.”

Pertaining to elders receiving money from family and friends, substantially more of them reported interest in learning something new compared to elders not receiving money from family or friends. Elders receiving money from family and friends were more likely to report they wanted to learn how to “protect myself from crimes/scams” (36.4%), “manage my health” (57.6%), “pay a bill” (12.1%), “manage my money” (11.1%), “use metro buses” (38.4%), “use a computer” (41.4%), “use a phone” (23.3%), “find a volunteer opportunity” (13.1%) and “find a job” (16.2%). In addition, elders receiving money from family and friends were more likely to report they needed assistance going to and from places with 27.7% needing help going to “learn something I like,” 42.6% going to “have fun with other people,” 45.7% going to a place “for my religion, culture or spirit,” 26.6% going to “exercise my body” and 47.9% going to “get medical services.”

However, elders not receiving money from family and friends reported significantly more help needed with “cleaning” (14.6%) than their counterparts. Over 86% of elders receiving money from family and friends reported “I have a regular doctor,” while 89.7% of those not receiving money from family and friends were likely to report having an annual health check-up. Elders not receiving money from family and friends reported a higher percentage of “I take medication regularly” (82.1%), while 44.2% of those receiving money from family and friends reported “I need help purchasing my medication.”

In regards to elders receiving money from senior employment program, substantially more of them reported needing assistance “with minor home repairs” (26%), “with home repairs” (20%), and “find affordable utility services” (40%), than elders not receiving money from senior employment program. Elders receiving money from senior employment program also reported greater learning interests than their counterparts, as evidenced by significantly more of them reporting they wanted to learn how to “find affordable medical services” (40%), “find affordable meals (food)” (30.36%), “use a computer” (42.9%), and “find a job” (28.6%).

Moreover, elders receiving money from senior employment program reported greater assistance needed getting to and from places. This is evidenced by a substantially greater percentage of elders receiving money from employment who reported they needed help getting to and from a place to “work” (13.3%), “learn to be better at my job” (11.1%), “learn something to find a job” (20%), and “volunteer” (13.3%). On the other hand, those not receiving money from senior employment program reported significantly higher percentages when asked whether they needed help going to “get food” (19%) and “for my religion, culture or spirit” (27.4%). Furthermore, results indicate that elders not receiving money from senior employment have

greater access to health care, as 84.2% report “I have a regular doctor” and 82.2% report “I take medication regularly.”

In terms of elders who receive money from SSI, 29.2% of them reported they needed assistance “finding affordable utility services,” 15.5% needed help “find an affordable place to live” and 23.4% needed help “choosing housing made for seniors.” Elders receiving money from SSI were also more prone to report learning interests with 27.6% wanting to learn how to “protect myself from crimes/scams,” 22.3% how to “find affordable meals (food)” and 15.7% how to “use a phone.” Conversely, 11% of elders not receiving money from SSI were more interested in learning how to “find a job.”

In addition, elders receiving money from SSI were more prone to report they needed assistance going to and from a places, as evidenced by significantly more of them reporting they needed help going to “get food” (23.7%), “shopping” (10.8%), “have fun by myself” (12%), “for my religion, culture or spirit” (32.7%), “exercise my body” (23.7%), and “get medical services” (32.4%). Elders receiving money from SSI were more also more likely to report they needed help with daily living activities including “walking” (14.2%), “cooking” (13.6%), “grocery shopping” (18.8%), “laundry” (11.4%), “cleaning” (18.5%) and “exercising” (15.7%). Also, over 22% of elders receiving money from SSI reported they needed assistance with “understanding doctor’s directions.” However, elders not receiving money from employment reported more help needed with improvement areas including “improving my memory” (13.1%) and “improving my health” (17.8%).

In spite of having greater areas of need, participants receiving money from SSI had overall more access to healthcare. Approximately 92% of elders receiving money from SSI reported “I have a regular doctor,” with 93.5% indicating they have annual health check-ups. In addition, they were also more prone to report “I have a health condition that needs regular care by a doctor” (72.6%), “I take medication regularly” (86.5%) and “I need help purchasing my medication” (46.4%).

In regards to elders with no health insurance, substantially more of these elders (21.4%) expressed interest in learning how to “use a phone” compared to those with health insurance. Over 14% of these elders were also more interested in learning how to “find a job.” Elders with no health insurance (19.1%) also reported significantly more assistance needed going to “exercise my body.” On the other hand, 13.5% of participants with health insurance were more likely to report they needed assistance with “grocery shopping,” while those without health insurance indicated a greater need with “improving my speech” (21.2%), “translation” (27.9%) and “managing my disease” (24.5%).

Not surprisingly, individuals with health insurance had greater access to healthcare, with approximately 90% reporting “I have a regular doctor” and 90.1% indicating they had annual

health check-ups. Elders with health insurance were also more likely to report “I have a health condition that needs regular care by a doctor” (68.5%) and “I take medication regularly” (84.2%) than those without health insurance.

In relation to elders with private insurance, those without private insurance were more likely to identify areas of need. Participants without private insurance indicated they needed help “with minor home repairs (12.8%), “finding affordable utility services (26.1%), “choosing housing made for seniors” (20%), “finding a safe place to live” (12.4%), and also “finding an affordable place to live” (13.6%). Participants without Private insurance were also more likely to want to learn new things, including how to “manage my health” (39.5%), “use a computer” (26.9%), “use a phone” (13.3%), “use Metro buses” (20.1%) and “find affordable meals” (19.8%). Those without private insurance also reported substantially more help needed getting to and from places with 19.5% needing help going to “learn something I like,” 27.8% going to a place “for my religion, culture or spirit,” 19.7% going to “exercise my body” and 30.9% going to “get medical services.”

Moreover, those without private insurance reported a greater percentage of assistance needed with “walking” (10.2%), “grocery shopping” (13.9%) “cleaning” (14.7%), “exercising” (12.8%), “improving strength” (14.5%), “improving memory” (21.3%), “improving speech” (15%), “translation” (13.6%), “improving health” (24.2%), “managing my disease” (15.9%), and “understanding doctor’s directions” (20.7%). Nonetheless, those with private insurance have substantially more access to healthcare with 95.8% of them indicating “I have a regular doctor.” On the other hand, significantly more participants without private insurance (37.4%) expressed “I need help with purchasing my medication.”

Regarding Gold card and non-Gold card recipients, a significantly higher percentage of Gold Card individuals reported they needed assistance with “finding affordable utility services” (30.2%) and help with “other” (14.8%). Gold card recipients were also more interested in learning something new, including how to “use a computer” (37.2%), “use metro buses” (31.8%), “find affordable medical services” (31.5%), “pay a bill” (13.2%) and “find affordable meals (food)” (24.8%), while non-Gold Card respondents were only more interested in learning how to “managing my health” (36.7%) and “find a job” (19.4%).

Moreover, Gold card recipients reported greater assistance needed getting to and from places including going to “learn something I like” (29.4%), “get food” (24.4%), “exercise my body” (24.4%), and “get medical services” (41%). Conversely, non-gold card recipients were more prone to indicate they needed assistance with daily activities including “walking (10%) and “cooking” (11.1%). Gold card recipients, on the other hand, reported they needed assistance with “improving my memory” (28.3%), “improving my speech” (29.2%), “translation” (27.4%) and “improving my health” (30.1%). Regarding access to healthcare, non-Gold card recipients

(88.8%) reported a greater percentage of “I have a regular doctor,” with 90% reporting having an annual health check-up.

Concerning Medicare individuals, 11.5% not only had a significantly greater need “with major home repairs” but 14% were more likely to need assistance with “finding an affordable place to live” and 21.4% were also more likely need assistance with “choosing housing made for seniors.” Non-Medicare participants however, were more likely to report learning interests with 27.2% interested in learning how to “find affordable medical services,” 42.3% how to “manage my health,” 25.1% how to “use the Metro buses,” 29.3% how to “use a computer,” 15.3% how to “use a phone” and 11.7% how to “find a job.” Medicare recipients were only interested in learning how to “protect myself form crimes/scams” (28.8%).

Non-Medicare participants also reported more help needed getting to and from places, with 21.2% needing help going to “exercise my body and 32.3% going to “get medical services.” Furthermore, non-Medicare participants reporter substantial help “improving my speech” (24%), “improving my health” (27.9%), “managing my disease” (17.7%), “understanding doctor’s directions” (23.8%) and “translation” (24.9%). Whereas, Medicare respondents reported more help needed with “improving my memory (16%), “walking” (12.7%) and “cooking” (12.3%). In terms of access to healthcare, 95.6% of Medicare participants admitted to “I have a regular doctor,” with 94% of them admitting to have an annual health check-up and 89.2% of them indicating “I take medication regularly.”

Pertaining to Medicaid and non-Medicaid participants, those with Medicaid reported a significantly higher percentage of help needed “finding affordable utility services” (34.1%), “finding an affordable place to live” (16.6%), “finding a safe place to live” (15.7%) and “choosing housing made for seniors (21.9%).” Conversely, respondents without Medicaid only indicated a higher percentage of needing assistance “with minor home repairs” (15.9%). In regards to learning interests, Medicaid participants were more interested in wanting to learn how to “find affordable meals (25.2%), “manage my health” (42.9%), “pay a bill” (11.3%) and “use a phone” (16.6%) compared to non-Medicare participants who were only interested in learning how to “find a job” (10.2%). Moreover, Medicaid participants were more likely to report they needed help getting to and from places, including going to “learn something that I like” (21.9%), “get food” (25%), “shopping” (10.7%), “have fun with other people” (26.1%), “have fun by myself” (13.7%), for my religion, culture or spirit” (33.7%), and “get medical services” (37.7%).

The findings suggest Medicare recipients have greater access to healthcare than their counterparts, considering that 92.6% of Medicare participants reported “I have a regular doctor,” with 94.4% admitting to having an annual health check-up. Hence, not only was there a greater amount of Medicaid respondents (74.1%) recognizing that “I have a health condition that needs

regular care by a doctor,” but also significantly more Medicaid participants admitted to “I take medication regularly” (86.1%). In addition, Medicaid recipients also rated highest in “I need help purchasing my medication” (46.6%).

Conclusions

Overall, a considerable percentage of participants indicated they needed help “finding affordable utility services” (24%) and “choosing housing made for seniors” (17.9%). In terms of learning interests, the most desirable learning skills among the elders interviewed were “protect myself from crimes/scams” (25.4%), “manage my health” (39.1%), “find affordable meals” (18%), “use metro buses” (19%) and “use a computer” (26.4%). Regarding transportation needs, elders rated going to “learn something I like” (18.2%), “get food” (18.6%), “have fun with other people” (22.2%), “exercise my body” (19%), “get medical services” (28.4%) and going to a place “for my religion, culture or spirit” (26.1%) the highest. In regards to other areas of need, elders rated “improving my memory” (19.1%), improving my health” (22.2%) and “understanding doctor’s directions” (18.9%) as the highest.

Considering healthcare, most participants reported having a regular doctor (82.4%) and an annual health check-up (87.2%). However, a high percentage of respondents (67.4%) admitted to having a “health condition that needs regular care by a doctor.” Of these participants, most fall into the categories of Medicaid recipients, elders with health insurance, elders receiving money from SSI, elders not receiving money from employment, elders living in the U.S. under 5 years, elders over 76 years old, elders living in senior housing, elders not living with family or friends, elders living with a spouse and elders below poverty level. Certainly, the most vulnerable populations are those with a health condition who are living below the poverty level, those over 76 years old, those not receiving money from employment (perhaps unemployed), and those living in the U.S. under 5 years.

Adult caregiving was not a major issue for the elders surveyed, as over 39% reported not wanting any caregiving help. Those who receive caregiving are usually cared by a family or friend (21%), and most of those who provide caregiving also care for family or friends (20%).

Recommendations

Based on the findings from this study, we recommend that:

1. More workshops are needed in the following areas: with minor home repairs, finding affordable utility services, finding an affordable place to live, finding a safe place to live, and choosing housing made for seniors.
2. More workshops are needed on how to: protect seniors from crimes/scams, manage my health, find affordable meals, use metro buses, use a computer, and use a phone.

3. More information should be provided on getting to and from a place they go to: learn something I like, get food, have fun with other people, for my religion, culture or spirit, exercise my body, and get medical services.
4. More services be provided to seniors in: grocery shopping, cleaning, exercising, improving my strength, improving my memory, improving my speech, translation, “improving my health, managing my disease, and understanding doctor’s directions.
5. More workshops are needed in assisting elderly under poverty level in: finding an affordable place to live, finding a safe place to live, choosing housing made for seniors, and finding affordable utility services.
6. More social activity opportunities are needed for male seniors to reach social life needs.
7. Outreach volunteers are required to visit seniors on a regular basis in order to connect with seniors and assess their daily needs.
8. More information sessions are needed to provide elderly under poverty level in daily life tips on how to: protect myself from crimes/scams, manage my health, find affordable medical services, find affordable meals (food), pay a bill, use metro buses, and use a computer.
9. More support services are to be provided to seniors who live alone in addressing: minor and major home repairs, home modification, affordable utility services, an affordable place to live, and how to choose housing made for seniors.
10. More support services are also needed for elders who live alone in: assisting them in walking, cooking, grocery shopping, laundry, cleaning, and exercising.
11. More support services are needed for elders who live with their spouse in: finding affordable utility services, finding a safe place to live, choosing housing made for seniors, finding a job, and finding affordable meals (food).