

Aging Among Southeast Asian Americans in California

Assessing Strengths and Challenges,
Strategizing for the Future

A Report on The Aging Among Southeast Asian Americans in California Conference



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SEARAC's Mission:
The Southeast Asia Resource Action Center (SEARAC), founded in 1979,
is a national organization working to advance the interests of Cambodian,
Laotian and Vietnamese Americans through leadership development,
capacity building and community empowerment.

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Executive Summary

On October 17, 2003, a conference titled "Aging Among Southeast Asian Americans in California: Assessing Strengths and Challenges, Strategizing for the Future" was staged. The event was organized by the Southeast Asia Resource Action Center (SEARAC) and sponsored by The California Endowment (The Endowment).

The purposes of the Conference were to:

- (1) Increase knowledge about aging and assess health access and care for the aging among Southeast Asian Americans in California, and
- (2) Begin to identify models for effective practice and "gaps" that remain to be filled in the field of aging services for Southeast Asian Americans in California.

Over a hundred participants included representatives of government, foundations, community-based organizations, health providers and senior organizations. The groups that work most closely with the Southeast Asian American communities are Mutual Assistance Associations (MAAs) and Faith-Based Organizations (FBOs). Conference attendees networked and made contacts for future endeavors. Speakers from government and community organizations provided insights on programs for seniors in California and issues faced by Southeast Asian American communities. Attendees separated into ethnic breakout groups and reconvened to share the results of their discussions.

Southeast Asian American Communities, Nationally and in California

Southeast Asian Americans come from a diversity of ethnic groups originating in the countries of Vietnam, Cambodia and Laos. According to the 2000 Census there are some 1,814,301 in the United States that identify as belonging to one or more of the following groups: Vietnamese, Cambodian, Hmong or Laotian. Relatively few Southeast Asians came to the U.S. prior to 1975, with the fall of Vietnam. At that time, the first waves of refugees fleeing the devastation, political turmoil and oppression following the Vietnam War arrived in the U.S. They were followed in later years by those that escaped to refugee camps as "boat people" or from the "killing fields" of Cambodia under Pol Pot. They arrived with little property, few marketable job skills and limited English language ability. Despite this shared experience, there is much difference among Southeast Asian Americans. They speak different languages: Vietnamese, Khmer (Cambodian), Hmong, Lu Mien, Khmu and Lao as well as many other languages spoken by smaller ethnic groups. While most were from rural areas, many Vietnamese were not.

California has, by far, the largest number of Southeast Asian Americans of any state. They live in particularly high concentrations in places such as Orange, Los Angeles, Santa Clara, San Diego, Sacramento, Fresno and Alameda counties.

Southeast Asian Americans have been overlooked due to stereotypes of Asian Americans as a “model minority” with high incomes and academic performance and few social problems. In fact, the 2000 Census found in 1999 that the only ethnically identified groups with per capita incomes below \$10,000 were Hmong, Cambodian or Laotian. Vietnamese Americans have per capita incomes that come closer to, but are also lower than, the figures for the general California population or for Asian Americans as a whole. At the same time, dramatically fewer Southeast Asian American families, including Vietnamese Americans, receive Social Security income. This is despite a high percentage of Southeast Asian Americans over 65 being disabled. Southeast Asian American elders face formidable language barriers in California. Those that speak little or no English range from 75 percent for Vietnamese to 83.3 percent for Hmong compared to 41.5 percent for Asian Americans as a whole and 11 percent for all Californians.

Organizations Serving Southeast Asian American Elders in California

In preparation for the conference, SEARAC surveyed 46 MAAs and FBOs from around the State of California as to their staffing and volunteer resources, their existing services for Southeast Asian American elders, and programs that they would like to develop for their elders. The results were confirmed in discussions and presentations during the conference.

The organizations serving Southeast Asian American elders have very limited human resources, despite the very pressing needs of their communities. Most of the organizations have 10 or fewer full time staff, part time staff and volunteers. Most have five or fewer personnel in each of these categories. The organizations reported providing services over a wide range of areas for elders, but also that most of these services were not funded.

The following were services that were listed as the three programs that were most important to continue (the number in parentheses is the percentage of programs that are funded to provide this service):

1. Interpretation/Translation
2. Meals-on-Wheels/Food Distribution
3. Citizenship
4. Health Education
5. Health Services
6. Mental Health

It is important to note that many of these programs are done with no funding, creating burdens on the limited existing staff.

The following were the areas identified that the organizations would prioritize for program expansion:

1. Transportation
2. Housing
3. Recreation/Traveling
4. Meals-on-Wheels/Food Distribution
5. Health Education
6. Outreach/Counseling/Support Groups

Access to Services

There are significant barriers to Southeast Asian American seniors utilizing government, health and other services. They include:

- Language barriers. Title VI of the Civil Rights Act requires government funded agencies to find a way to communicate with limited English speaking people. The tremendous diversity in Asian and Southeast Asian languages makes it difficult and most agencies rely on agencies or the families of clients/patients to provide them free of charge. While 85 percent of the agencies supply this sort of interpretation and translation service only 44 percent are funded to do so. This depletes limited community resources and raises issues of accuracy and safety in the translation of technical information.
- Cultural barriers and lack of information. Programs need to address the attitudes and values of Southeast Asian American elders considering areas of cultural reluctance or sensitivity. Information should be provided through sources that are likely to be listened to, including ethnic media, churches, family and ethnic organizations. Food familiarity will have a significant impact on the comfort levels of Southeast Asian elders as will other programs that take into account the cultural realities of the community.
- Fear of government. For many refugees, aversion to government programs was an important survival tool in Southeast Asia. Lack of familiarity with American government coupled with this history has led to an aversion to programs ranging from Social Security to health care.
- Transportation. Finding ways to get to services that are offered is another barrier to Southeast Asian American elders accessing services. Self help programs could encourage driver training to those capable of it and with access to vehicles. Programs could be self-supporting if fees are charged to those that could afford it.

Drawing on the Experience of Asian Pacific Americans

Southeast Asian Americans are part of a larger Asian Pacific American (APA) community. While the majority of that community is also immigrant, many organizations have a relatively long history in the U.S. APA community, foundation and government leaders, including many with experience serving elders from their own communities, have grappled with many of the issues facing Southeast Asian American MAAs and FBOs. These issues include developing programs that link young people with elders from their communities; working with government to improve programs, policies and funding; providing vital services for there is little funding; developing alternatives to nursing homes for those resistant to them or developing culturally friendly nursing facilities for those who need one. Many APA organizations serve significant numbers of Southeast Asian Americans so there is much that these organizations can learn as well as from MAAs and FBOs. Because APA organizations have experienced, and in some cases are still experiencing, the challenges faced by Southeast Asian American elders, there are alternatives to reinventing the wheel.

The Need for Holistic Approaches

Southeast Asian American families, facing many of the challenges faced by all seniors in American society, are extended in nature and view these challenges and others facing them as connected. Problems faced by the community's youth affect its elders as well and vice versa. Government and foundation programs tend to separate programs by age as well as by other characteristics. Cultural heritage programs, for example, can be combined with elder care programs if they are accepted as serving both young and old and strengthening the community overall.

Because funding is limited and particularly focused, creative and cooperative approaches must be explored. The limited size of many MAAs and FBOs may require joint proposals with other Southeast Asian American, APA or other community organizations. Partners may also be found based upon shared neighborhoods or community problems. Programs involving other refugee groups, religious institutions or mainstream elderly organizations may present promising opportunities. Long term involvement in Area Agencies on Aging and other federal programs as well as involvement in groups like the American Association of Retired People may provide both advocacy and funding alliances for the community.

This conference appears to have been the first to bring together Southeast Asian American organizations serving elders in their communities. Valuable information was shared at the conference, needs and challenges were identified and initial steps were made towards developing strategies to meet them.

I. The Conference

On October 17, 2003 a conference was held in Sacramento, California bringing together for the first time over a hundred people who work with Southeast Asian American elders in California. The conference was organized by the Southeast Asia Resource Action Center (SEARAC) and sponsored by The California Endowment (The Endowment).

SEARAC was founded in 1979, a national organization working to advance the interests of Cambodian, Laotian and Vietnamese Americans through leadership development, capacity building and community empowerment. The Endowment is a foundation established in 1996 to meet the health needs of California's diverse people on a community-based, regional level. The Endowment has made a significant commitment to the needs of Southeast Asian American communities in California, including through this conference and support of many organizations involved.

There were two primary purposes for the conference: first, to increase knowledge about aging and assess health access and care for the aging among Southeast Asian Americans in California; and second, to begin to identify models for effective practice and "gaps" that remain to be filled in the field of aging services for Southeast Asian Americans in California.

The conference brought together an impressive mix of people interested in the needs of Southeast Asian American seniors. There were representatives of the federal, state and local governments, of foundations, of community based organizations, health providers and senior organizations. Community organizations included Mutual Assistance Associations (MAAs) and Faith-Based Organizations (FBOs) in the Southeast Asian communities as well as organizations serving the larger Asian Pacific American communities and other Asian ethnic groups. The speakers suggested that attendees should get business cards and make connections that will make a difference for their organizations. Indeed, the evaluations from the conference attendees indicated that networking was seen as one of the most beneficial products of the conference. Contacts with other Southeast Asian organizations, as well as Asian American and aging organizations and government, were made.

The conference lasted one day, but a great deal was covered in that time. The conference opened with an address by David Ishida, Regional Administrator for the U.S. Administration on Aging (AoA). In addition to explaining the government structures and programs in the aging area, he urged involvement by Southeast Asian communities in the Area Agencies on Aging. His speech was followed by a panel of governmental representatives, who urged engagement with local legislators and other elected officials and with county and state agencies as well. As statistics discussed in this report will show, despite demonstrated need, relatively few Southeast Asian Americans utilize government programs that they are eligible for. For that reason, information on Social Security and Medicare was shared as well as information on working with County Welfare Departments. The problems of language barriers in government agencies, despite legal requirements that they be overcome, were also discussed.

Panels following included representatives from a variety of community organizations. These included Asian American groups and Southeast Asian ethnic organizations. Among the panelists were representatives from a Cambodian organization in Long Beach, a Vietnamese community center and an Asian American organization in Orange County and a group serving Southeast Asians in Fresno. An Asian American community center and nursing home in Sacramento and an organization serving Chinese Americans and others in San Francisco as an alternative to nursing homes were also presented as models.

The next portion of the program was perhaps the most important. Attendees broke up into subgroups based on ethnicity to talk about the biggest concerns faced by their programs in serving Southeast Asian American elders and their plans for addressing those concerns. The groups included Vietnamese, Hmong (or Mong), Khmer, Lao and Laotian ethnic minorities such as Lu Mien (or Mien) and Khmu. In addition to their current concerns, they were asked to list what their most successful current program areas were, what were the dreams they had for their communities in the next five years and what steps they needed to take to achieve those dreams. While the groups had distinct needs, it was remarkable the degree to which they shared concerns and hopes. Some of the shared concerns included overcoming language and cultural barriers to address resource and health needs, receiving linguistically and culturally appropriate health education, developing community centers and other programs to bring youth and seniors together, overcoming problems of crime, addressing transportation needs and providing senior housing alternatives.

The full group explored some strategies and needs and the conferees adjourned, returning to their homes, but committed to follow up the conference's messages of reaching out to and educating government and funding representatives. And to involve staff and volunteers in the area of aging networks and being creative in overcoming challenges, increasing capacity in Southeast Asian American organizations and securing needed resources.

II. Southeast Asians in America

It has been over a quarter century since large numbers of Southeast Asians began arriving in the United States. According to the 2000 Census, there are some 1,814,301 in the United States that identify as belonging to one or more of the ethnic groups counted in the census that make up the Southeast Asian communities: Cambodian, Hmong, Laotian and Vietnamese.¹ Many believe that these figures represent a significant undercount of Southeast Asian Americans. Most came to the United States, for the most part, as refugees from the devastation, political turmoil and oppression following the wars involving the United States, Vietnam, Laos and Cambodia. The refugee experience has affected much of their lives upon arrival in the U.S. They came with little or no property, often with few marketable job skills, English language ability or familial connections in the U.S. Furthermore, having survived severe and traumatic experiences, many had physical and mental health concerns. As Mr. Yue Nhia Yang, Executive Director of the Fresno Center for New Americans, explained at the conference, because they came here as refugees, Southeast Asian Americans weren't prepared for the experience to the degree that many other immigrants would be. They didn't plan to come; they usually didn't have language skills, jobs, money, American relatives or other resources that would ease their transition.²

Over the past 25 years, Southeast Asian Americans have gone through tremendous transformations. They have gone from being refugees to being American citizens and setting down permanent roots in the U.S. In order to play an active role in civic affairs, many who came to the U.S. as refugees have naturalized. According to the Immigration & Naturalization Service, some 636,566 Southeast Asians naturalized between fiscal years 1987 and 2001.³ The first generation born after the initial arrivals are now adults. While the elderly maintain the greatest connections to their past in Southeast Asia and the refugee experience, the communities are changing and their needs and capabilities are changing also. In the initial resettlement period, Southeast Asians were resettled around the country due in part to the desire not to overwhelm the social service network in any one area as well as to speed integration into mainstream society. Soon after that resettlement, however, refugee populations began a secondary migration that continues today. People have moved to be nearer to others of their own ethnic group and to religious institutions, to find jobs or more generous public assistance, for better schools or for a more comfortable climate.⁴

The two major agencies at the federal level responsible for refugee resettlement were the Office of Refugee Resettlement of the U.S. Department of Health and Human Services, and the Bureau of Population, Refugees and Migration of the U.S. Department of State. SEARAC played a role also in resettlement, along with an array of American individuals, families, communities and nonprofit organizations. National voluntary agencies, known as "volags," many of which were started following World War II to assist with refugee resettlement, had nationwide affiliates that enabled their involvement in the resettlement process around the nation. While volags provided help with many of the refugees' initial resettlement needs, MAAs were developed to provide for longer term needs and for community leadership. The

1 Niedzwiecki, Max and TC Duong. 2004. Southeast Asian American Statistical Profile. Washington, DC: Southeast Asia Resource Action Center (SEARAC). Accessible at <http://www.searac.org/seastatprofilemay04.pdf>.

2 Remarks of Lue Niah Yang, Aging Among Southeast Asian Americans in California: Assessing Strengths and Challenges, Strategizing for the Future, Conference recording, October 17, 2003.

3 Niedzwiecki, Max and TC Duong. 2004. Southeast Asian American Statistical Profile. Washington, DC: Southeast Asia Resource Action Center (SEARAC).

4 Niedzwiecki, Max, KaYing Yang, Narin Sihavong, Naomi Steinberg, Rong Sorn, Silas Cha, Eloise Needleman, TC Duong, Valerie O'Connor Sutter, and Senthieni Bosavanh. In press. Southeast Asians in the United States: A Portrait of an American Community. Washington, DC: Southeast Asia Resource Action Center.

MAAs have developed beyond their initial roles also, becoming grant-eligible nonprofit organizations focusing on leadership development, job skills, English language training, advocacy and other social services. SEARAC works closely with MAAs providing technical assistance, training and advocacy.⁵

Of the more than 1.8 million Southeast Asian Americans found by the 2000 Census in the U.S., 1,223,736 are Vietnamese, 206,052 are Cambodian, 198,203 are Laotians⁶ who are not Hmong and 186,310 are Hmong. Cambodians are concentrated in California, with large populations also in Massachusetts and Washington State. Hmong populations are concentrated in California, Minnesota and Wisconsin. Laotians are concentrated in California, Minnesota, Texas, and Washington State. Large Vietnamese populations exist in California, Florida, Georgia, Illinois, Louisiana, Massachusetts, Minnesota, New York, Oregon, Pennsylvania, Texas, Virginia and Washington State. Thaidam, a Laotian group, are concentrated in Iowa. Several Laotian groups such as the Lu Mien, Khmu and Lahu are centered in northern and central California. Lu Mien can also be found in Oregon. Khmer Kampuchea Krom (ethnic Cambodian from southern Vietnam) live in New Jersey, and Montagnards (highlander ethnic minorities from Vietnam) are concentrated in North Carolina. Other minority ethnic groups from all three Southeast Asian nations can be found across the U.S.⁷

The numbers for the Southeast Asian groups may represent a significant undercount according to many activists. Clearly, language barriers can represent limits to participation in the Census. In addition, many refugees fear providing so much information to the government based upon their past experiences and lack of information about how the Census will be used and could help the community.⁸ As the conference discussions confirm, language differences, past experiences of oppression and trauma, and lack of information cause many Southeast Asian Americans, particularly elders, to avoid contact with the government and government programs.

The Southeast Asian American community has moved from a community believing that the United States is a temporary home, to understanding that this is a permanent home. They have moved from being refugees to being Americans, contributing to their communities culturally, economically and politically. At one time, most believed that they had to rely on others to make decisions about their lives. Now, more people are aware that in the U.S. they have a greater measure of control over their personal and community lives.

5 *Ibid.*

6 Within the "Laotians" category, the Census Bureau includes people from several ethnic backgrounds who are from Laos, but does not include Hmong. Hmong are counted separately.

7 *Ibid.*

8 *Ibid.*

III. Southeast Asian American Diversity

Southeast Asian Americans are part of the groupings “Asian Americans” and “Asian Pacific Americans (APAs).”⁹ While most APAs are immigrants, most are not refugees. The characteristics of Asians, on the whole, come closer to the overall populations than the Southeast Asian American communities. At the same time, many Americans fail to make distinctions between Asian groups and, as for other minorities, there is a tendency to stereotype and apply averages and even individual situations to the group as a whole. This can cause significant community needs to be overlooked and creates assumptions that must be overcome before the diversity that exists can be adequately served. To the extent that there are shared experiences or cooperation on policy initiatives, the influence of combined Asian American or APA numbers can make the difference between being ignored and being recognized by either governmental or private programs. The 2000 Census counts 11,859,446 Asian Americans,¹⁰ representing some 4.2 percent of the U.S. population. Asian organizations recognize the importance of disaggregating statistics collected by the government so that communities of greater need are not lost amid stereotypes, the most troubling being that of the “model minority.”¹¹ This stereotype is based on high average family incomes, high average educational achievements and success stories that have dominated the image of APAs in the media. It suggests that APAs are academic “whiz kids” and highly successful professionals making high grades and salaries, working hard and having few economic or social needs. Most disadvantaged by this stereotype are the Southeast Asian Americans and Pacific Islanders, whose average incomes, educational levels and housing situations are significantly lower than APA averages. And among Southeast Asian ethnicities there is significant diversity as well.

What Americans from Cambodia, Laos and Vietnam share is the refugee and immigrant experience, arriving in the U.S. after suffering through the Vietnam war and its aftermath. That experience and some of its effects have bound Southeast Asian Americans together in very real and lasting ways. Southeast Asians also share a history in the same region of Asia, with common borders and the experience of French colonialism.

They do not, however, share languages, other than English. The main languages include Vietnamese, Khmer (Cambodian), Hmong, Lu Mien, Khmu and Lao, and there are dozens of ethnic minority languages beyond these. Some older community members speak French, the language of the colonial rulers before and shortly after World War II. They are largely rural in background, though this is less true of Vietnamese.

Ethnic groups from Cambodia include Khmer or Cambodian, the dominant lowland ethnic group; Cham, a Moslem group; Khmer Loeu, “Highland Khmer” who are divided into several distinct ethnic groups; and ethnic Vietnamese.¹²

Ethnic groups from Laos include Hmong (or Mong), Lu Mien (or Mien), Khmu, Lahu, Lao, Thaidam, and many other groups (approximately 60 in all), many of which originate in the highlands that cover most of the country. Hmong have also lived in the highland region of

9 The U.S. Census Bureau now disaggregates for Asian and Pacific Islander American statistics separately. In the past, these groups were counted together, and it is still common for Asian Americans and Pacific Islanders to be considered together by researchers, policymakers, etc.

10 Figures “alone or in any combination.” Data from the 2000 Census, Summary File 4.

11 National Council of Asian Pacific Americans (NCAPA). 2004. Call to Action: Platform for Asian Pacific Americans, National Policy Priorities. Washington, DC: National Council of Asian Pacific Americans (NCAPA). Pp. 4-5. Accessible at http://www.ncapaonline.org/2004_Call_to_Action.pdf.

12 Niedzwiecki, Max, KaYing Yang, Narin Sihavong, Naomi Steinberg, Rong Sorn, Silas Cha, Eloise Needleman, TC Duong, Valerie O'Connor Sutter, and Senthien Bosavanh. In press. Southeast Asians in the United States: A Portrait of an American Community. Washington, DC: Southeast Asia Resource Action Center.

Laos, but through history have also lived in southern China (where most of their people still live), Thailand, Vietnam and Burma. Hmong in the U.S. have been classified into two major groups that have become connected through intermarriage over the centuries. Ethnic Lao are the dominant lowland ethnic group of Laos and are related to the Thai. Lu Mien were originally from China, and lived in small mountain communities in Laos. Khmu live in the mountainous regions of northern Thailand, northern Laos, northwestern Vietnam and southwestern China as well as the Laotian highlands. The Thaidam have been referred to as “professional refugees” because they have been uprooted several times due to conflicts.¹³

The largest ethnic group from Vietnam is called Vietnamese. The Montagnards, French for “highlanders,” include several distinct ethnic groups. The Thaidam, Khmer Kampuchea Krom and ethnic Khmer also lived in Vietnam. Amerasians are the children of Vietnamese mothers and American fathers from contact during the Vietnamese War.¹⁴

People of Chinese ancestry comprise a significant portion of the refugees from Southeast Asia. It is estimated that up to 25 percent of those from Vietnam and 15 percent of those from Cambodia were ethnic Chinese.¹⁵

With the fall of Vietnam in 1975, large numbers of refugees began to settle in the United States. In 1975, the Communist Pathet Lao also defeated the U.S.-supported government of Laos and the Cambodian government was toppled by the Khmer Rouge. Through the 1970s and into the 1980s, hundreds of thousands fled Cambodia, Laos and Vietnam. According to the Office of Refugee Resettlement, 1,140,623 refugees entered the U.S. between October 1, 1975 and September 30, 2000, the largest refugee flow into the U.S. since World War II. In addition, 504,217 Southeast Asian immigrants were recorded between 1951 and 2000. In all, at least 1,644,840 immigrated to the U.S. from Southeast Asia since 1951.¹⁶

Most of the Cambodian refugees, 122,228 or 84 percent of all Cambodian refugees, settled in the U.S. between 1979 and 1986. Few were able to flee Cambodia before 1979 when the Khmer Rouge lost power. While after 1986 the refugee flow largely ended from Cambodia, since 1951 at least 50,582 Cambodian immigrants have arrived for a total of at least 195,731 Cambodian entrants. The earlier immigrants, numbering only about 5,700, had fled the Khmer Rouge from 1975 to 1979 and included those with strong connections to the U.S. government and educational backgrounds, many of whom could speak English or French. Later arrivals were less likely to have formal educations, transferable job skills or English abilities. During the brutal rule of the Khmer Rouge some 2 million of the 8 million Cambodian population died by execution, preventable disease and starvation. Many fled from Cambodia to refugee camps in Thailand, camps with approximately 360,000 residents in 1992. The conditions were poor and the refugees were exploited and faced rape and intimidation. The traumas of this period will not be easily lost and continue to affect Cambodian Americans who survived and succeeding generations as well.¹⁷

13 *Ibid.*

14 *Ibid.*

15 Rumbaut, Ruben G. 2000. Vietnamese, Laotian, and Cambodian Americans. In *Contemporary Asian America: A Multidisciplinary Reader*. Edited by Min Zhou and James V. Gatewood. New York, NY: New York University Press. Pp. 175-206. Reference: pp. 182-183.

16 Niedzwiecki, Max and TC Duong. 2004. *Southeast Asian American Statistical Profile*. Washington, DC: Southeast Asia Resource Action Center (SEARAC).

17 Niedzwiecki, Max, KaYing Yang, Narin Sihavong, Naomi Steinberg, Rong Sorn, Silas Cha, Eloise Needleman, TC Duong, Valerie O'Connor Sutter, and Senthien Bosavanh. In press. *Southeast Asians in the United States: A Portrait of an American Community*. Washington, DC: Southeast Asia Resource Action Center.

Some 241,956 refugees entered the U.S. from Laos between fiscal years 1975 and 2000, with peak arrivals between 1979 and 1981 and between 1986 and 1989. They have been joined by at least 41,186 immigrants who have arrived from Laos since 1951. Approximately 73,000 additional refugees from Laos have settled in countries such as France, Canada and Australia. The refugees from Laos were especially diverse in culture and language. About half of them were Hmong, a people who were closely allied to the U.S. during the Vietnam War. Many of them fought under the command of General Vang Pao. Hmong losses during the war were severe: 18,000 to 10,000 killed in combat, about 50,000 civilians killed and, by 1973, 120,000 refugees in their own land.¹⁸ The U.S. airlifted the first Hmong refugees to Thailand in 1975. Many others crossed the Mekong River into Thailand on their own, later finding their way to the U.S. as refugees. Many ethnic Lao fled along with the Hmong after the Pathet Lao took power. Many of those that did not, faced reeducation camps similar to those in Vietnam. The Lu Mien, the Khmu and the Thaidam also became refugees. Some 20,000 Lu Mien were resettled to the U.S. beginning in 1981, with some 3,000 in Oakland, California. They had no written language, and little experience with wage labor or with formal education. The Khmu are one of the smallest refugee groups resettled in the U.S., and were highlanders formerly allied with the Royal Lao government. A group of Thaidam refugees from Laos were resettled in Des Moines, Iowa. Others followed and Iowa remains home to most Thaidam Americans.¹⁹ More than half of all Southeast Asian refugees in the U.S. are from Vietnam. Between 1975 and 2000, 753,518 refugees settled in the U.S. from Vietnam. Together with non-refugee immigrants, including Amerasians and people admitted under the Public Interest Parolee (PIP) program, at least 1,165,967 Vietnamese have entered the U.S. from Vietnam since 1951. The most intensive period of resettlement was during 1980 to 1981. An additional 330,000 Vietnamese refugees have resettled in countries including Australia, Canada, the United Kingdom, France and Germany. The first refugees came following the North Vietnamese capture of Saigon. Those refugees were connected with the U.S.-supported government in South Vietnam or with the French administration previously. They tended to be well educated, English or French speaking, Catholic, and many had been forced out of northern Vietnam earlier by the Communist Vietminh. Many of the early refugees went through "reception centers" at Fort Pendleton, California and sites in Pennsylvania, Arkansas and Florida.

The second wave of Vietnamese refugees to the U.S. began to flow in 1979. In fiscal year 1980, 95,200 Vietnamese refugees entered. These were the "boat people," so called because many escaped Vietnam in overcrowded, unseaworthy boats. Many were Sino-Vietnamese who faced heightened persecution after warfare began on the border with China. This fighting spilled over into Cambodia and led to warfare with the Khme Rouge. Pirates preyed on the refugees at sea. As many as half those on the boats died on the trip. Others escaped through Cambodia to Thailand or to China. And they came to refugee camps run by the United Nations High Commissioner for Refugees (UNHCR), host countries, and nongovernmental assistance agencies. A number of special programs have allowed others to

18 Robinson, Courtland W. 1998. *Terms of Refuge: The Indochinese Exodus and the International Response*. New York, NY: Zed Books Ltd. P. 13.

19 Niedzwiecki, Max, KaYing Yang, Narin Sihavong, Naomi Steinberg, Rorng Sorn, Silas Cha, Eloise Needleman, TC Duong, Valerie O'Connor Sutter, and Senthieni Bosavanh. In press. *Southeast Asians in the United States: A Portrait of an American Community*. Washington, DC: Southeast Asia Resource Action Center.

enter the U.S. since then, including the Orderly Departure Program, which allows application for refugee status while still in the home country; a special program for Amerasians; and the Resettlement Opportunities for Vietnamese Returnees.

Only a small number of Montagnards have left Vietnam as refugees. Due in part to persecution, some 905 Montagnards were resettled in North Carolina with the help of volags, MAAs, and religious organizations in May of 2002.²⁰

²⁰ *Ibid.*

IV. Southeast Asian American Elders in California

In addition to the historical, linguistic, and cultural diversity of Southeast Asian Americans, there are great differences among the groups in terms of other characteristics and needs. Many of these characteristics demonstrate why the model minority stereotype is such a poor fit for Southeast Asian Americans.

As the above discussion indicates, Southeast Asian Americans have settled in all parts of the country. Certain concentrations were specific to each ethnic group. Also, secondary migration occurs as people seek out concentrations of their own ethnic groups, jobs, education, more suitable climate or better public support levels. No state, however, has become home to more Southeast Asian Americans than California. Of the 1,814,301 Southeast Asians counted in the 2000 Census, 705,382 were in California. The next largest state population is Texas, with 163,625. While each ethnic group has other states with significant concentrations, there are more of most groups in California than in any other state. The Census counted 484,023 Vietnamese Americans, 84,559 Cambodian Americans, 71,741 Hmong Americans and 65,058 Laotian Americans in California.²¹

In preparation for the conference, SEARAC compiled information about Southeast Asian American elders in California from the results of the 2000 Census and a survey of MAAs and faith based organizations in California. The information provided an important baseline for conference discussions and much of the data was confirmed by the conference proceedings.

Where in California do Southeast Asian Americans live? Vietnamese Americans are the largest group. The largest populations by county are Orange, 141,756; and Santa Clara (which includes San Jose), 102,841; followed by Los Angeles, 89,078; San Diego, 37,290; Alameda, 26,035; Sacramento, 18,063; and San Francisco, 12,856. For Cambodian Americans the largest populations are in Los Angeles, 35,573; San Joaquin, 10,527; Santa Clara, 5,443; San Diego, 5,373; Orange, 5,271; Alameda, 4,869; and Fresno, 4,660. For Hmong, the largest populations over 3,000 are Fresno, 25,636; Sacramento, 18,845; Merced, 7,180; San Joaquin, 6,476; Butte, 3,047; and Yuba, 3,012. Laotian ethnic groups have the largest concentrations in Sacramento, 10,865; San Diego, 8,256; Fresno, 7,180; Contra Costa, 4,733; Los Angeles, 4,105; and San Joaquin, 3,713.²²

Statewide, eleven counties, or 19 percent of the counties in the state, have Southeast Asian American populations exceeding 10,000. While each group has counties in which none of their community were counted, there are no counties without any Southeast Asian Americans.

1. Orange	151,673	7. Alameda	34,519
2. Los Angeles	129,253	8. San Joaquin	27,417
3. Santa Clara	110,615	9. San Francisco	14,394
4. San Diego	52,373	10. San Bernadino	13,928
5. Sacramento	49,106	11. Contra Costa	11,179 ²³

21 Niedzwiecki, Max and TC Duong. 2004. Southeast Asian American Statistical Profile. Washington, DC: Southeast Asia Resource Action Center (SEARAC).

22 Niedzwiecki, Max, KaYing Yang, and Saroeun Earm. 2003. Southeast Asian American Elders in California: Demographics and Service Priorities Revealed by the 2000 Census and a Survey of Mutual Assistance Associations (MAAs) and Faith-Based Organizations (FBOs). Washington, DC: Southeast Asia Resource Action Center (SEARAC). Pp. 6-8. Accessible at <http://www.searac.org/EldersRptFin-w-12-16-03.pdf>.

23 *Ibid.*, pp. 7-8

6. Fresno 39,879

Southeast Asian American communities have low median ages in comparison to the population as a whole and Asian Americans considered overall as well. This is due in part to high death rates in the war, and to the tradition of large families in some ethnic groups. The 2000 Census counted 80,407 Southeast Asian Americans in California aged 55 or over and 37,300 aged 65 or older. Most of those in both categories are women and 77 percent of the Southeast Asians in both age groups are Vietnamese.²⁴

In stark contrast to the expectations of the model minority stereotype, the poorest ethnic groups in California are Southeast Asian American. The 2000 Census found that in 1999, the only ethnically defined populations in California to have per capita incomes below \$10,000 were Hmong, Cambodian and Laotian. The per capita income for Hmong Americans was \$5,286, about a quarter of the general population's or of Asian Americans' in general. Cambodian and Laotian American per capita incomes were less than half of the general population's and, while closer, Vietnamese Americans also had a clearly lower per capita income. 53.2 percent of Hmong Americans in California are living below the poverty level, as are 40 percent of Cambodian Americans, 32.2 percent of Laotian Americans and 17.9 percent of Vietnamese Americans compared to 14.1 percent for the general population and 12.7 percent of all Asian Americans. For all communities, those aged 65 and older are less likely to be living in poverty than are younger people. About a third of Hmong elders, a quarter of Cambodian elders and a fifth of Laotian elders live in poverty, compared to 11.7 percent for Vietnamese, 11 percent for all Asian and 8 percent for the total population. The high poverty rates are also reflected in large percentages of all the communities receiving public assistance. On the other hand, very few in each community receive Social Security income. While 22.1 percent of all California households receive Social Security, 13.7 percent of all Asian, 7.4 percent of Vietnamese, 8²⁵ percent of Cambodian, 9.7 percent of Laotian and 9 percent of Hmong households do so.

The number of adults in a community with "no formal schooling" provides an important indication of educational attainment in a community. The percentage for all Americans is 1.4 percent; for Asian Americans overall, 4.2 percent; for Vietnamese Americans, 8 percent; for Cambodian Americans, 26.2 percent; for Hmong Americans, 45 percent; and for Laotian Americans, 22.7 percent. In each case, a higher proportion of women had no formal schooling.²⁶ This information is consistent with the income data.

For all Southeast Asian Americans aged 65 or older, over 90 percent live in "family households" as opposed to institutional alternatives. This compared to 66.6 percent for all Californians and 82.6 percent for all Asian Americans. The highest was 96.9 percent of Laotian elders living in family households. These data are important in considering the needs and cultural realities of Southeast Asian elders. In part, large numbers of Southeast Asian American elders continue to live with families because of the great respect that is given to

²⁴ *Ibid.*, p. 9.

²⁵ *Ibid.*, p. 10.

²⁶ *Ibid.*, p. 10.

elders as members of the family. However, these figures raise questions as to whether the families are getting the support they need to take care of elders with disabilities, and whether appropriate institutional housing is available to the communities.²⁷

While few are outside of family households, a high percentage of Southeast Asian Americans over 65 are disabled. The disability rate for the general population is 42.2 percent, and for Asian Americans overall it is 43 percent. For Southeast Asians, the disability rate ranges from a high of 72.6 percent for Hmong women to a low of 53.6 percent for Vietnamese men.²⁸ One of the community's great needs, strongly supported in the conference discussions, is for appropriate interpretation and translation services that would enable elders to better access services. Census data confirm this, with from 75 percent (for Vietnamese elders) to 83.3 percent (for Hmong elders) speaking English "not well" or "not at all." The number for Asian American elders as a whole is 41.5 percent, and for elder Californians overall it is 11 percent.²⁹

27 *Ibid.*, p. 13.

28 *Ibid.*, p. 14.

29 *Ibid.*, p. 15.

V. Southeast Asian American MAAs and FBOs

Conference speaker Jennie Chin Hansen quoted a French philosopher on the importance of organizations: “Nothing can be done without individuals, but nothing lasts without institutions.”³⁰ The organizational context of Southeast Asian American communities is as diverse as the communities themselves. What they do and what they’d like to do is fascinating both in the similarities and differences between them.

In late 2003, SEARAC surveyed 46 organizations serving Southeast Asian Americans in California, including MAAs and FBOs, regarding their resources and their programs. 31 of the organizations were in Northern California, four were in Central California and 11 were in Southern California. 15 targeted Vietnamese Americans for service, 12 focused on Hmong Americans, 11 each for Cambodians and Laotians, nine for Lu Mien, and five for Khmu. The first finding of the survey was that the organizations had limited staff and voluntary capacity. Most of the organizations had 10 or fewer full-time staff, part-time staff and volunteers. Furthermore, most had five or fewer personnel in each of these categories. Only nine of the 46 organizations had over 15 full-time staff members, only one had more than 15 part-time staff members, and only 10 had more than 15 volunteers. Eight had no full-time staff, seven had no part-time staff and seven had no volunteers.³¹ Without additional resources, these limitations must limit new programs and services.

The organizations indicated that they provide services in a number of important areas for elders, but most receive no funding specifically for most of those services. The most frequently reported service provided, consistent with the Census findings identifying English language limitations among Southeast Asians, is interpretation and translation services for elders. While 85 percent of the organizations provided this assistance, only 44 percent received any funding specifically for it. Title VI of the federal Civil Rights Act prohibits discrimination by federally funded agencies, such as hospitals or schools, on the basis of limited English proficiency. Thus, hospitals and other institutions in areas with significant numbers of Southeast Asians are required to provide interpretation and translation services. It stands to reason that without these services, the institutions would not be serving those needing language assistance. Many of these institutions continue to rely on “volunteer” translators, including family members or staff members of MAAs, FBOs or other community organizations. There are serious problems from this. First, where technical information is important, such as medical situations, translators and interpreters must be trained to avoid inaccurate information in either direction. Also, by expecting staff from community organizations to supply the services, they become less effective in providing the services that they are funded to provide. Finally, expecting family members to provide translation in emotional and sensitive situations can create serious problems.³²

The second area of service provided by 70 percent of the organizations to elders is

30 Remarks of Jennie Chin Hansen, October 17, 2003.

31 Niedzwiecki, Max, KaYing Yang, and Saroeun Earm. 2003. Southeast Asian American Elders in California: Demographics and Service Priorities Revealed by the 2000 Census and a Survey of Mutual Assistance Associations (MAAs) and Faith-Based Organizations (FBOs). Washington, DC: Southeast Asia Resource Action Center (SEARAC). Pp. 16-17.

32 *Ibid.*, p. 18

“citizenship.” Only half receive funding for this purpose.

Services in “advocacy” and “health education” are provided by 67 percent of the organizations to Southeast Asian American elders. Only 35 percent receive funding for advocacy and 57 percent receive funds to provide health education to elders. This is the service most frequently to receive direct funding support.

“Housing” related services are provided by 52 percent of the organizations, with only 11 percent receiving funding for that purpose.

“Crisis intervention” for Southeast Asian elders is provided by 49 percent of the organizations, with 20 percent receiving financial support for that purpose. The focus of funders on self-sufficiency has led to neglect of this important capacity.

“Arts/Cultural preservation” services are provided by 48 percent of the organizations, with only 22 percent receiving specific funding for it. This is an ideal area for bringing together older and younger community members together to build ties, preserve the culture and heal cultural gaps.

“Health services” for elders are provided by 46 percent of the groups, with 22 percent receiving funding for that purpose.

Forty four percent of the organizations provide services dealing with “domestic conflicts” involving seniors. Only 15 percent are funded to do so.

“English language training” for seniors is provided by 43 percent of the surveyed organizations, but financially supported in only 28 percent of them.

“Voter registration and welfare benefits” services are provided by 41 percent of the groups, but only 15 percent report funding for voter registration and 17 percent for assisting seniors with welfare benefits.³³

Organizations were asked to identify up to three programs that they feel are important to continue and three program areas that they would like to implement in the future.

The services that they would prioritize for continuation were:

Interpretation/Translation (46 percent);
Meals-on-Wheels/Food Distribution (37 percent);
Advocacy (28 percent);
Citizenship (26 percent);
Health Education (22 percent);
Health Services (22 percent); and

³³ *Ibid.*, pp. 18-19.

Mental Health (20 percent).

Services that they would prioritize for program expansion include:

Transportation (28 percent);

Housing (28 percent);

Recreation/Traveling (22 percent);

Meals-on-Wheels/Food Distribution (20 percent);

Health Education (20 percent); and

Outreach/Counseling/Support Groups (20 percent).

Another issue to consider in long range planning for Southeast Asian American elder programs is a factor that Mai Cong, President of the Vietnamese Community of Orange County raised. With a new generation of seniors coming in her community, she expects “radically different needs.” With most of them being English proficient and naturalized, social and health programs may be more important than interpreting, English classes or citizenship classes.³⁴ Other Southeast Asian American communities have fewer English speakers, largely rural backgrounds and lower incomes. It may take a longer period for such changes to find

³⁴ Remarks of Mai Cong, October 17, 2003.

VI. Access to Services and Advocacy

expression in other communities.

The barriers that exist to aging Southeast Asian Americans utilizing government, health and other services are primarily due to language and cultural differences. As explained above, the tremendous diversity in language and culture makes overcoming these barriers particularly challenging. Southeast Asian Americans as a group, however, face these barriers, and the start this conference has made in strategizing advocacy and service strategies to find solutions is all the more promising because of that.

For seniors generally, a wide variety of services and programs are available. However, as stated by Him Chhim, Executive Director of the Cambodian Association of America in Long Beach, “Services are there, but they are not there for our people.”³⁵ As he and other panelists as well as participants in the breakout sessions made clear, there are many reasons why existing programs do not work for their communities.

It is increasingly clear that complex language barriers exist. On the one hand, Title VI of the Civil Rights Act has been read by the courts and regulation as requiring all federally funded programs to devise methods to adequately serve non or limited English speaking clients. This would apply to hospitals, public or nonprofit health programs, schools, welfare offices, mental health centers, nutrition programs, public recreation programs and many other services. At the same time, little funding is supplied by the government for its own agencies and especially for others that must comply with Title VI to hire and train translators or interpreters. This is an example of many “unfunded mandates” that require programs without resources to make them real. To the extent public agencies hire multilingual staff, population numbers would favor Spanish speaking personnel, and in a few areas of large population concentrations, specific Asian language speaking staff. With five major language groups spoken by Southeast Asian Americans and more than a dozen others for smaller ethnic groups, the challenge is apparent.

The solution favored by most providers is to turn to what they see as “free” resources: either family members or staff of community agencies. Since one or the other is often involved in providing transportation or referral, the connection is easily made. But the impact of this “solution” can be very costly for the substantially less well-funded community agencies or hard-pressed family members. As the survey of MAAs and FBOs indicated, some 85 percent supply this sort of assistance, but only 44 percent receive funding for it. The same survey indicated that most of these organizations, especially those serving the smallest communities, have few staff or volunteers and taking time off to go to a hospital or government office with one client could force the closure of a critical function serving possibly dozens of other community members for a half a day or more. Family members as well are often hard pressed to take time off from jobs that are often inflexible about absences, but forced to choose between an elder’s health and the job that provides critical

35 Remarks of Him Chhim, October 17, 2003.

family resources. In either case, where precise translations are very important to understanding – for example, in cases involving subtle differences in symptoms – serious mistakes, perhaps fatal ones, could occur when someone who is not a medical professional does the translation. Cultural issues can be raised as well. Many issues, ranging from death to bodily parts and functions, are seen as very private in many Southeast Asian American communities. The candor that is essential in medicine, as well as other critical areas, may not be as likely when translation is carried out by a family member, for example, of the opposite sex, or by an untrained community worker.

Lack of information – for example, involving overcoming cultural reticence with culturally effective persuasion – is a critical barrier in itself. Lack of information often results from language and cultural barriers. Finding ways to reach underserved groups through culturally appropriate mediums is a special challenge. Churches or temples, ethnic newspapers, television, radio, newsletters, or community centers may make sense, depending upon the community. MAAs and FBOs are ideally situated to carry out this sort of outreach, but they cannot undertake more tasks without funding. It is likely, however, that they could do it for less and with greater strategic success than could other resources. Community health education is the most frequently funded program area among Southeast Asian American groups, yet only a little more than half are funded to do it.

Educational materials and even instructions for filling out forms must be in multilingual format. Again, if non-professional translators are used, the materials must be assessed for medical, legal or other accuracies to avoid problems. And, as the breakout group from Vietnamese American organizations pointed out, the programs and the materials need to be in Vietnamese, but they must be targeted for the specific concerns and address the real cultural barriers that exist for their community to be effective. Both multilingual and multicultural understanding are necessary. In addition, written communications by themselves are inadequate for many communities, and particularly for those in which many (or even most) members lack native-language literacy, such as Hmong, Khmer, Lu Mien, Khmu and others.

Cultural, and historical, barriers can be even more powerful than linguistic ones. Many have reported that their communities are reluctant to deal with the government. Him Chhim in his remarks mentioned that Cambodian Americans do not use government services if they can avoid it, ranging from transportation to health services.³⁶ Knowledge of “social taboo” issues and community sensitivities may require alterations in programs in order to gain community involvement. Examples of these, as conferees reported, could include talking about domestic violence, an area of great sensitivity for the larger community, but even more so within many Southeast Asian American groups. One conferee noted that getting breast exams or even learning to do a self exam may be seen as an intrusion even when a doctor is involved. It is important to know as well that speaking about death or serious

³⁶ *Ibid.*

illness is considered bad luck or improper in some communities. Finding ways to convey information on these sensitive matters and through sources that are trusted is critical. Addressing cultural barriers may also involve recognizing needs, such as food, that could affect Southeast Asian elder's involvement. Him Chhim indicated that one reason Cambodian seniors do not use senior center programs, including nutrition and recreational ones, is that the programs seem all wrong to their elders: "Program services appropriately designed are greatly needed for our Cambodian community in Long Beach. There is a mainstream senior center in Long Beach. It only serves the mainstream. That means they serve pizza, sandwiches, spaghetti, and square dance, ballroom dance, other kinds of dancing, bingo. But we don't do all those things. We don't eat those foods, we don't play those games. We feel like strangers in a strange land."³⁷ Food familiarity is a major attraction at the Asian Nursing Home in Sacramento. Even at this conference, which was held at a Sacramento hotel, a number of participants noted in their evaluations that there wasn't rice or food that they were used to. Where elder clients are involved, this would be all the more problematic. For seniors, eating balanced regular meals is a critical health need, a need that is undermined if the elders can't, or won't, eat the food provided.

Another barrier is transportation. It is hard to access anything from health care to voting without being able to get to where the service is offered. It is all the more important if a person has a disability that affects their mobility. Transportation was not listed in the survey as an existing program for most of the agencies. It was, however, listed at the top of hoped-for program expansion: 28 percent hoped to add such a program. One reason it is not often carried out, is cost. Having a van or other vehicle can be costly when you consider that in addition to the vehicle, there are insurance and other expenses. There are other ways to provide transportation. Several programs provide driver training. For those elders who are capable, but who need licenses, this is a self-help option that could work if they would also have access to a vehicle. It was suggested at the conference that business approaches be considered to develop this area. By charging for the service, the program may pay for itself. Other options might include negotiated programs with the local transit authority, especially if they are not adequately serving the community or already have some senior transport programs. The law requires transit authorities to be accessible to persons with disabilities, which could be the basis for some approaches. Shared ride and other programs can also be explored.

This is an area where advocacy and education are essential. Given the severe limits on funding in the State of California and increasingly on the federal level, simply reporting the problem is not likely to be enough. Creative solutions might involve shared resources, some form of payment or cost-sharing with community groups that provide translators, and in-kind trainings for staff or volunteers that provide translations in medical or legal terms and critical symptoms to be watched for. Educating state, and, in this case, federal, representatives is critical in seeking additional governmental commitments for resources.

37 *Ibid.*

Kelly Patterson from the office of State Senator Deborah Ortiz stressed the importance of multilingual programs to Senator Ortiz. But beyond just asking for specific help, building a relationship with an officeholder can make a difference and will lead them to approach community friends when opportunities do occur. Inviting officeholders for tours of the facility and to participate in important community events is one way to build that trust.³⁸ It is important also, in building that trust and in seeking governmental support, to consider what Jennie Chin Hansen of On Lok suggested as critical: to be non-partisan in seeking support from all players, even if your community or the immediate area is inclined towards one party.³⁹ Keynote speaker David Ishida, Regional Administrator for the U.S. Administration on Aging, urged participants to get involved in the aging networks, to

³⁸ Remarks of Kelly Patterson, October 17, 2003.

³⁹ Remarks of Jennie Chin Hansen, October 17, 2003.

⁴⁰ Remarks of David Ishida, October 17, 2003.

VII. Drawing on the Experience of Asian Pacific Americans

educate and “to be there for the long term,” and not just for one issue or meeting, in order to change long-held beliefs or practices.⁴⁰

At the very beginning of the conference, Dianne Yamashiro-Omi representing The Endowment, in her introduction of keynote speaker David Ishida, Regional Administrator for AoA, talked about their roots working with Kimochi, a pioneering program for seniors in San Francisco’s Japantown.⁴¹ Kimochi, which means “feeling for the elders,” was started by young community activists as a shoestring operation, with few paid staff, few resources and even lacking electricity in their office. Their dream, for the community’s young activists to serve Japantown’s elders, mushroomed into a highly successful senior program, with an assisted living facility, adult day care, nutrition, transportation and recreational programs. The program grew out of creating programs that were culturally sensitive, yet open beyond the immediate Japanese American community. Rice at meals was a motivation for many originally, but having a place where they could associate with their friends and play a role in Japantown’s future with committed young people seeking to learn about the community kept them involved. Even as the Japanese American community shrinks in relative size, with little immigration to fuel growth and high intermarriage rates, Kimochi flourishes. In addition to senior services, Kimochi is helping keep the Japanese American community alive. Even as the elder group shifted from the immigrant Issei who spoke largely Japanese, to the Nisei who speak largely English, and with the older Sansei who rarely speak Japanese, the importance of a program for elders that can serve as an anchor for an entire community was demonstrated by Kimochi. It has become increasingly popular with other community residents, including whites and African Americans, and multilingual programs in Chinese dialects and Korean have been added.⁴²

That Kimochi spawned activists and later foundation and government officials like Dianne Yamashiro-Omi and David Ishida is but one example of the wealth of Asian American resources that exist for Southeast Asian American communities in California. In most parts of the state, organizations that were born in the older Asian communities, such as Chinese, Japanese, Korean and Filipino American, also serve Southeast Asian Americans. Those connections can be developed, and while understanding the great strength that Asian American cooperation can provide, such organizations should also be sensitive for the need to maintain programs in the community – even for, and maybe especially for, smaller ethnic groups. Asian Americans will often need to be educated, but the possibilities for cooperation are substantial.

In San Diego, no single Asian American community had the numbers alone to have a senior nutrition site. Asian communities worked together and the services are rotated among the various communities with different sites, programs and foods to accommodate each ethnicity at a different time of the month.

Jennie Chin Hansen of On Lok in San Francisco suggested, given the small size of many

⁴¹ Remarks of Dianne Yamashiro-Omi, October 17, 2003.

⁴² Kimochi, Inc. web site March 2004: <http://www.kimochi-inc.org/>.

organizations with so many having five or fewer staff people, that for many projects, Southeast Asian American organizations and their communities will not have the critical mass to house needed programs.⁴³ In these situations, as Donna Yee of the Asian Community Center in Sacramento also suggested, a larger organization could be approached to partner so that the needs of all could be served.⁴⁴

On Lok is a nationally recognized organization providing unique services to San Francisco seniors. According to Ms. Hansen, “The fact that so many of our elders from the Southeast Asian community don’t want to choose [nursing homes] as an option...parallels On Lok’s experience more than 30 years ago when a lot of the Chinese elders, who were also poor, had no place to go for this kind of care. We are starting to walk similar paths.” On Lok is an alternative to nursing homes, providing similar care, but serving elders that stay at home in the community. “This is an interesting story,” said Ms. Chin, “to have a local, ethnic model become much more mainstream.” On Lok found partners around the nation seeking to provide a similar alternative and worked with government to change the laws that would allow Medicare to pay for On Lok’s services.⁴⁵

Sacramento’s Asian American community chose a different alternative for the same need. The Asian Community Center provided a wide range of services to Asian American seniors from different ethnic groups. In seeking solutions for elders requiring a higher level of care than families could then provide, the community showed a willingness to support and use an Asian nursing home. By reaching out to seniors from different Asian ethnic groups, and others who are interested, the Asian Nursing Home was a realistic possibility. While Sacramento’s Asian American communities are sizeable, the substantial concentration of Chinese Americans that exists in San Francisco does not exist for any single Asian group in Sacramento. Familiarity of food, understanding of cultural differences and the ability to provide for language differences provided an alternative that was more appealing than nursing home options previously had been.

As Jennie Chin Hansen indicated, when other Asian American communities have walked the path that Southeast Asian American groups are walking and they are willing to share their experiences and ideas, it makes no sense to “reinvent the wheel.” Conferees agreed. More established groups and communities should provide counsel and support to the newer organizations. While “the issues will be both the same and different” as Ms. Hansen suggested, much can be gained from cooperation on projects when appropriate, and from considering the lessons of past experience.

43 Remarks of Jennie Chin Hansen, October 17, 2003.

44 Remarks of Donna Yee, October 17, 2003.

45 Remarks of Jennie Chin Hansen, October 17, 2003.

VIII. The Need for Holistic Approaches

That this conference appears to be the first of its kind is not due to the fact that Southeast Asian American organizations have not been engaged in addressing the needs of their community elders. On the contrary, programs that serve needs of their elders have been a significant portion of the work MAAs and FBOs pursue. Community elders throughout the Southeast Asian American communities occupy a central place in the community and in families. What is apparent, however, is that Southeast Asian American communities do not see seniors as separate from the rest of the family or the community. Participants at the conference indicated that they see issues affecting elders as interconnected with those affecting youth or others. This reflects cultural values and a real-world understanding of how we live our lives: sickness faced by a child, a teenager's problems in school, changes in a working person's job situation, or a dementia faced by an elder all affect each other, the family and the community.

Government and foundations tend naturally, however, to think of social service programs in categories. Unless a program fits a particular pigeonhole, it is hard to find funding for it. While MAAs and the FBOs see themselves as serving the whole person and the whole family, it is critical to consider how to maintain the holistic approach to community needs and still be able to compete effectively for funding that is reserved for particular targets like elders or elders with disabilities. During the conference, problems faced by youth, particularly problems with gangs and violence, were raised as priorities for the organizations. A recent killing in Richmond led one participant at the conference to ask directly if there was funding to help with the problem of youth gangs.

Education of government (particularly officeholders), foundations, healthcare institutions and others on how the community is organized and how it addresses its problems, is needed. To get the funding, however, as Ms. Yamashiro-Omi pointed out, organizations need to think creatively and cooperatively. While there may not be aging programs that will focus directly on juvenile delinquency or drop outs, there will be money focused on youth services and education that might. Also, programs that link youth with elders can have an impact in a variety of ways. Using young people to communicate with elders, providing education on preventive health measures and encouragement to take care of health needs even in the face of cultural reluctance, can be one of the most effective ways to provide persuasive information. Community centers could bring young people, including children, together with older adults. This would reduce the isolation that elders often face and provide for the care of younger children as well. The important process of passing on the community's history and culture needs to involve the younger and older generations together. These ideas came from the conferees, and pursuing these and other creative approaches will benefit all parts

IX. Multi-Agency Collaboration

of the community.

The surveys demonstrate how limited the size and the current capabilities of most Southeast Asian American organizations are. Cooperation with other groups will make it possible for MAAs and FBOs to get resources for programs that they have not yet been able to address systematically. This report has explored some opportunities that exist in working with Asian American organizations. But there are still other partners that make sense. Southeast Asian American communities share territory with other American racial or ethnic groups, including African Americans, Latinos, European ethnic groups, and others. Programs that strengthen ties across racial and ethnic lines are valued by government and funders because they strengthen the community as a whole. Jennie Chin Hansen reported how On Lok began serving Italian Americans as well as Chinese Americans with their alternatives to nursing home care. In San Francisco, Italian Americans live in close proximity to Chinatown and other places Chinese Americans live. On Lok also developed programs for Catholic sisters. Cooperation with other communities that have gone through refugee processes may also be useful. Southeast Asians are the largest group, but large numbers of refugees come from Ethiopia, Haiti, Cuba, the former Soviet Union, and other countries and regions. Government programs, including those funded by aging grants, may not discriminate by race and ethnicity under Title IV of the Civil Rights Act, or, under Title VI of the Civil Rights Act, by language capabilities. Government grantors are especially sensitive to this and respond positively to more groups being served, providing additional possibilities that a broader service base can provide.

Cooperation and partnerships with faith-based organizations may come even more naturally. There are many religious organizations that provide services already to Southeast Asian Americans and many are rooted among Southeast Asian Americans. Southeast Asian American temples and churches often serve as essential institutions for eldercare, although nearly all of them are effectively excluded from government and other funding sources outside of their ethnic communities.⁴⁶ National voluntary agencies have been involved in the refugee process on the international and local levels and many have a religious focus. While their role has decreased over time, many still provide services and have the advantage of international networks and a history in the communities. Religious organizations that have a particular constituency in the Southeast Asian community will also be inclined to be supportive. Large religious denominations have foundations of their own and fund many programs in minority communities. Joint proposals including FBOs may increase the credibility of proposals coming from groups they have not previously worked with.

Groups that serve elders generally and that aren't focused on any one ethnic or racial group also see Southeast Asian seniors as their base. Groups without ethnic focus generally do not get as much involvement from those groups as they would like because they aren't known in those communities and may not have the tools to overcome language and cultural

⁴⁶ SEARAC is leading the first federally funded effort to give Southeast Asian American faith-based organizations such as temples and churches access to government funding for social services. This project, named the Values, Empowerment, Resources, and Betterment (VERB) project, focuses on building the social service capacities of partner organizations in Northern California, North Carolina, Wisconsin, and Metropolitan Washington, DC. For more information, visit <http://www.searac.org/verb.html>.

barriers. Many would welcome the opportunity to work with Southeast Asian American organizations when their missions overlap. Even before a project is possible, having the contact, and where possible, getting involved in those organizations makes a lot of sense. Working closely with organizations interested in particular health needs can also work well for the community. They may not know how best to reach Cambodian American elders on Alzheimer's disease or hypertension. They need the advice and assistance of community based organizations to educate Southeast Asian Americans. These groups may have the resources and educational materials to help reach the community's elders, though their materials may need translation and cultural focus.

In building partnerships between Southeast Asian American and more mainstream organizations, special attention should be paid to equity. Whenever organizations of different capacity, in terms of staff and funding, work together, there is a tendency for the organizations with higher capacity to use the partnership for their benefit, which is not necessarily in the interest of the organizations entering with lower capacity. Such dynamics can become especially pronounced in cases where cultural and linguistic gaps separate the partners. Partnerships between different kinds of organizations must model equity if they are to promote equity in their work – for example in equal access to services for clients over the long-term. Through its years of experience in supporting MAAs and FBOs, and in fostering partnerships between them and more mainstream institutions, SEARAC has found that in the context of competition for grants, public attention, and so on, equitable partnerships can be difficult to achieve and maintain, even when partners enter their relationships with the best of intentions.

Jennie Chin Hansen talked about her involvement in the American Association of Retired People (AARP), a national organization with the most wide ranging and effective network of older people in the United States. Ms. Hansen explained that her involvement began long ago because she has been comfortable “being the only one (minority) in the room.” Many, particularly those with limited English capabilities, are reluctant to participate in such networks. But, as Ms. Hansen demonstrated, having people from one's community and organization take the time to link with organizations that represent or serve seniors, can provide benefits and possibilities that may not be clear when the networking is opened.⁴⁷ AARP is probably one of the nation's most effective advocacy organizations and learning from them and, ultimately, getting their support for community and national needs is worth the investment of time and, for some, the discomfort of “being the only one in the room.”

David Ishida, as the Administration on Aging's Regional Administrator, explained how the government's aging programs are set up. There are nine AoA regions each covering a number of states and territories. AoA provides funding to state and area agencies on aging to provide information, nutrition programs, senior centers, transportation, health promotion and disease prevention, caregiver support, in-home service for frail elders, services for low

47 Remarks of Jennie Chin Hansen, October 17, 2003.

California Department on Aging is one. There are 655 Area Agencies on Aging (AAA) throughout the country. There are 33 AAA in California. AoA has also funded the National Asian Pacific Center on Aging. Mr. Ishida suggested that greater funding of Southeast Asian communities would also be desirable.

Mr. Ishida's remarks to the conference, in addition to briefing conferees on the bureaucracy, also provided suggestions on how best to work with the AAAs effectively. It is a part of the national aging network that is probably most accessible to community involvement. He suggested first to understand the work of the AAA, which is responsible for planning, funding and evaluating senior needs and concerns. The better informed they are of the community's needs, the more likely that government programs will be designed to serve effectively. Knowing who runs the organization, who the staff and volunteer members are, what organizational interests have been served by the AAA and what have not, what is the budget, and when Board, Commission and Advisory Body meetings can provide information that help educate the system and guide it towards the best service of community needs. Mr. Ishida indicated that it was important to stay involved in the AAA, attending meetings regularly over an extended period of time as Area Plans are developed for 3 to 4 year periods and needs assessments will be done that will later effect funding decisions. Finally, Mr. Ishida urged the development of leaders from organizational staff, volunteers or supporters to serve and participate actively on Boards, committees and other bodies. Along with active participation in local elections, Southeast Asian American organizations can provide direction for the community as a whole and insure that they will not be overlooked.⁴⁸

Mary Anne Foo, Executive Director of Orange County Asian and Pacific Islander Community Alliance, spoke to the conference on the subject of how to develop partnerships for better community services. Her agency is in a county with a large Southeast Asian, particularly Vietnamese American, population. She indicated the importance of developing a cooperative and equal relationship for any projects. Community organizations need to assert the need to be paid for a commitment of staff time, including for translations. In-kind support can assist where funding is not possible. She also demonstrated how research, disaggregated data showing ethnic need, and information on resources such as language accessibility can be helpful with advocacy and funding. Ms. Foo used asset mapping to identify where Cambodian speakers were available at health and social service facilities. Ultimately, this showed that there was only one language accessible provider for 16,205 Cambodian Americans. Given the requirements of Title VI, this information can be useful in seeking better language access.⁴⁹

Another form of partnership could involve private companies in cooperation with community organizations. Many companies in California, aware of the great diversity of the state's consumers, are eager to find new ways to reach those consumers. Those companies

⁴⁸ Remarks of David Ishida, October 17, 2003.

⁴⁹ Remarks of Mary Anne Foo, October 17, 2003.

might be willing to fund or provide in-kind resources specifically targeting the needs of even small ethnic groups. Printing educational materials that are culturally and linguistically appropriate is one way companies have sought to be of assistance. Providing training to help community based interpreters capable of translating health and other technical information in an accurate manner or funding or providing formerly “volunteer” interpreters before government and other agencies would both help overcome some of the major problems faced by the community. In-kind provision of vehicles or drivers for elder transport or in-kind provision of office or recreational space would also be valuable. Foundations also can be approached to fund non-traditional items that would alleviate the pressures of the very challenging funding environment.

Community education was another high priority explored at the conference. Information on sensitive subjects, from health concerns to elder abuse resources, needs to reach many in the community who are reluctant listeners and not likely to attend meetings on those subjects. Community media, ethnic television or radio, newspapers and newsletters can provide the widest reach for education efforts possible, and present information in relatively “unembarassing” ways. Partnerships with the media might involve in-kind arrangements.

A number of people stated at the conference that Southeast Asian American community organizations should not provide language services for free. Where government funding is involved Title VI requires that action be taken to communicate with those with limited English proficiency. Realistically, many agencies will not be able afford those services. Rather than accepting that, however, legal approaches might increase the pressure. Practically, if the agencies that are most used by the community without appropriate language resources can be identified, as Mary Ann Foo suggested, perhaps advocacy can lead to negotiations with community, government and funding resources to hammer out solutions.

Increasing the capabilities of elders, MAA and FBO staff, and other community volunteers to advocate for the community and to participate productively on committees and Boards for AAAs and private groups like AARP can be achieved if people can be identified and trained for that participation. As many of the participants in the conference suggested, active involvement requires asking questions and raising concerns in groups settings, something that does not come natural to many in the community. Leadership and advocacy trainings provided by organizations such as SEARAC and Leadership Education for Asian Pacifics (LEAP) could be implemented more broadly.

As communities seek greater influence over the programs and conditions that affect them, increased participation in government through voting and long term advocacy is naturally developing. For the former, one must become a citizen and then register and vote. The latter can occur at any time. The conference survey revealed that citizenship programs were provided by 70 percent of the MAA and FBO organizations and that 41 percent did voter

registration. With increasing involvement of Southeast Asian Americans in elected roles and in the activities of both political parties, the communities' voices are becoming clearer. For community elders, the barriers are still great and will require strategic efforts to overcome.

At the conference, many Pan Asian American organizational leaders offered assistance to Southeast Asian American organizations through technical assistance, program partnerships and organizational or individual mentoring. Each of these approaches could be helpful towards the empowerment of Southeast Asian American organizations. Asian American organizations have a lot to offer, but they must also include Southeast Asians on their staff and boards to help insure that they are involving and serving those parts of their communities that have the greatest needs. As Mary Ann Foo's presentation emphasized, partnerships must be equal and cooperative for all concerned.

X. Conclusion

An enormous amount of information was shared at this conference about aging in Southeast Asian American communities, about the challenges elders in those communities face and about institutions that do, or could, serve Southeast Asian American elders in California. Many from Asian American groups, government agencies and funding institutions learned a great deal about Southeast Asian American organizations and their clients. Participants indicated in their evaluations that the networking was both very productive and enjoyable. Some of the greatest products of this conference were the informal discussions that took place between the participants and connections made that will provide the basis for partnerships.

The two primary purposes for this conference seem to have been met: first, to provide a knowledge base about aging among Southeast Asian Americans, and second, to identify gaps in service and to begin to identify models to fill those gaps. This conference was intended to be a first step and, indeed, much remains to be done.

It is clear that Southeast Asian American elders have enormous needs. It is also clear that mainstream organizations are not meeting those needs. Furthermore, despite valiant efforts, Southeast Asian American organizations are overwhelmed as they attempt to meet the myriad needs of the elders in their communities with little funding for the programs that they already provide. Clearly new resources, advocacy, information and collaborations are necessary. As Jennie Chin Hansen observed, "You can't do it all as a five person office forever."⁵⁰

50 Remarks of Jennie Chin Hansen, October 17, 2003.

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