FOREWORD

Chicago has one of the largest Chinese communities in the U.S., with a diverse immigration history ranging from the early settlers over 140 years ago to recent immigrants who continue to build their new homes in the Windy City. As the Chicago Chinese aging population continues to rise, it will become increasingly important to identify the health challenges facing Chinese elderly, and address the needs of our increasingly diverse populations. In the past years, Dr. XinQi Dong of the Chinese Health, Aging, and Policy Program and his team at Rush and Northwestern Universities have been working extensively with Chicago community organizations such as the Chinese American Service League to initiate culturally responsive, community-engaged participatory projects to attend to the needs of the aging Chinese American community.

It is with great pleasure that I introduce you to this meaningful academic-community collaboration’s latest research effort — The PINE Report, the first study of this magnitude in the nation to understand the physical, psychological, and social well-being of U.S. Chinese aging population. In response to the limited health data of the U.S. Chinese communities, not only does The PINE Report shed light on some of the very unique health characteristics of over 3,000 Chicago Chinese elderly, but many of its findings are startling, especially regarding physical disabilities, medical comorbidities, psychological distress, social isolation, elder abuse, access to health and preventive services.

These health disparities facing Chinese elderly are alarming. The PINE Report makes clear that now is the time to alleviate the health burdens of Chinese older adults and to prepare for the growing numbers of elders who may need more culturally and linguistically appropriate health and social services. It will take the aging network, social services, healthcare professionals, researchers, policymakers, family members and community stakeholders to work collaboratively to help enhance the health and well-being of Chinese aging populations.

The PINE Report can serve as a visionary blueprint for how to address the health disparities in our Chinese community, as well as shape future changes in health and social policy to improve healthy aging. I thank and congratulate many people for making this report possible. Because of your tireless commitment, a difference will be made in the lives of immigrant older adults who call the U.S. home.

Danny K. Davis
U.S. Congressman, 7th District of Illinois

前言

芝加哥是全美最大的華人社區之一，從140年前第一批華人進入，直到現在持續吸引各地華裔人口前往定居。芝加哥的華裔人口也日益老化，滿足華裔老人的健康需求至關重要。近年來，華人老齡健康和政策研究中心董新奇醫生與羅許大學和西北大學的研究團隊一直不斷深耕與社區機構如華人諮詢服務處的合作，致力於以社區參與的研

究方式，深入瞭解華裔老人的需要。華裔老人面臨的健康差距值得關注。華人松年報告顯示我們需儘快著手減少華裔老人的健康負擔，設計更多根據華人文化以及語言的服務，以滿足日益增長老人族群的需要。社會服務提供者，醫療服務工作人員，老年健康研

究人員，政策制定者，家庭成員和社區管理者需攜手解決華裔老人的健康問題。

為減少華裔醫療差距，華人松年報告提供了我們最佳藍圖，指引未來健康老齡化的醫療和服務政策的參考。我衷心感謝並祝賀所有為此報告努力的工作人員。因為這些付出的心血，華裔老人健康將有所提升。
The global aging population is increasing rapidly. It is estimated that China’s population aged 60 and over will hit 360 million by 2030. The Chinese population has grown unprecedentedly and this is no exception in the greater Chicago area. A grass-roots hub within the heart of Chinatown, the Chinese American Service League (CASL) has nurtured families and individuals of all ages and backgrounds for more than 30 years. We reach out to over 17,000 clients annually with vital physical, economic, mental, and social support, with the Elderly Services Department being our largest program.

With a deep commitment to serve our community better, we have formed a synergistic greater Chicago area academic-community partnership, dedicated to improving the health and quality of life of the Chinese aging population through education, research, service, and community engagement. After two years of intensive data collection, we are proud to share with you The PINE Report — A comprehensive health and well-being assessment of Chinese older adults in Chicago.

As national statistics often report, U.S. Chinese older adults enjoy a higher life expectancy compared to the general population. However, The PINE Report reveals that as the years lengthen, our older adults may not be enjoying the best quality of life: 1 in 2 older adults has difficulties in performing daily activities necessary for living independently in our community; over half of the older adults experience depressive symptoms; 1 in 7 older adults reported that they don’t have any friends; 1 in 4 older adults have experienced some form of elder abuse; and 1 in 10 older adults have had suicidal thoughts during their lifetime. These significant health challenges warrant immediate societal attention. We need the collective efforts from community organizations, academic partners, state and federal partners, policymakers, and relevant stakeholders to devise culturally and linguistically appropriate services to enable effective practice and policy changes for our aging community.

Through The PINE Report, our community has voiced our needs. It is our fervent hope that this report will further guide necessary action towards eliminating health disparities for our increasingly diverse and vulnerable aging populations. We urge you to join us in this very critical endeavor.

序言

全球人口正迅速老化。近期美国统计显示芝加哥的华裔人口增长迅速。华人咨询服务处位于芝城华埠中心，三十多年来致力于为华人及其家庭服务，每年为超过17,000位雇主提供身心健康的经济与社会支持，而老人部也是我们最大的部门。为更好提供社区服务，我们在大芝加哥地区建立学术与社区合作平台，旨在通过教育，研究，服务等全面改善华裔老人健康。经过两年努力，我们荣幸与您分享此芝加哥华裔老人健康生活的完整评估：华人松年报告。

尽管统计显示华裔老人的寿命相对较长，但是华人松年报告却反映出随着年龄的增长，老人生活的质量却没有随之提高：有一半的老人有独立进行日常活动的困难；超过一半有抑郁症状；七分之一没有朋友；四分之一曾遭遇老人虐待；十分之一在他们的一生中曾有自杀的想法。

报告揭示的复杂健康问题为我们敲响了警钟。我们需要结合社区机构，学术合作伙伴，联邦及州立政府，和政策制定者的力量，一起设计推动适宜华人的健康服务及医疗政策。华裔社区成员透过华人松年报告强烈表达了健康需要，我们希望此报告可提供老年健康促进政策的参考。期盼您加入我们的行列！

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Director, Chinese Health, Aging, and Policy Program, Rush University  
Board of Directors, CASL

Bernarda Wong, ACSW  
President, CASL

Esther Wong, ACSW  
Executive Director, CASL
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研究摘要

背景 在美華裔人口不僅是美國歷史上最悠久，規模最大的亞裔群體，同時也呈現人口老化的趨勢。過去十年來，65歲以上華裔老人成長率是全美老年人口的四倍。快速成長的趨勢雖代表華人對醫療服務需求增加，但華裔族群的健康資料相當缺乏，無法及時全面反映現狀，用以制定相關公共衛生政策目標。

華人適年研究 華人適年研究是華人老齡健康和政策研究中心的成果。本中心秉持資策會的研究方法，由羅許大學、西北大學及許多華人社區機構結合評估服務等聯合成立。報告匯總性統計分析芝加哥華裔老人的健康狀況，是日前西方國家傳染病研究中最大的華裔老人研究群體。在中國文化裡，松柏代表長壽，堅毅、互敬，以及健康老化，適切反映研究主題。從2011年到2013年，總共有超過三千位60歲到105歲之間的老人參與，並根據語言偏好受訪。我們使用創新軟件技術同步收集英語、簡體以及繁體中文的資料，有效回應率為91%。

研究成果

人負特徵

- 受訪者平均年齡為73歲，女性(59%)多於男性。大部分(58%)老人已婚，22%獨居。
- 在平均年數約為20年。大多數(76%)僅讀過中文，多與華人來往(91%)且只有華人朋友(89%)。
- 執行與美國老人相比，華裔老人學歷較低，且多數生活經濟困難，十分之九(86%)的受訪者生活在貧困線以下。
- 36%的受訪者認為宗教是生活中重要的一部分。一半以上(54%)的老人去年曾在家裡進行宗教儀式。

醫療利用狀況

- 華裔老人無醫保比例是全美平均的五倍。24%的老人目前沒有保險。
- 華裔老人缺乏必須的預防醫療服務。只有28%的受訪者曾接受過結腸鏡篩檢，35%的老人過去兩年中有乳房攝影檢查，25%過去三年內接受過子宮抹片的檢查。
- 傳統中醫的使用仍為普遍。76%的老人過去一年有使用傳統中醫。

心理健康

- 心理問題是華裔老人沉重的負擔。高比例的與不同方面的心力問題(四分之三(74%)感到生活壓力;超過一半以上(66%)有焦慮症狀;二分之一(55%)有抑鬱症狀;約一半(46%)對生活失去希望;四分之一(26%)感覺孤單。
- 華裔老人有自殺想法以及自殺試圖的比例也相對較高;3.7%的60歲以上華裔老人在過去一年有自殺的想法，相較全美50歲以上2.3%的比例。十分之一(9.4%)的華裔老人在一年中有過自殺的想法。2/1,000老人在去年有試圖自殺，9/1,000一年中曾試圖自殺。

老人虐待

- 老人虐待是社區中嚴重的健康問題。四分之一(24%)的老人曾受虐。心理虐待(10%)以及經濟剝削(10%)是最常見的方式。
- 三分之一(32%)的華老受害者在60歲前曾遭受 OTHER的暴力，如家暴或孩童虐待。

社交健康

- 華裔老人的社交網絡以家人為中心。多數老人(71%)有4個以上親近的家庭成員，14%的受訪者表示沒有朋友。相對朋友支持，華裔老人傾向於從配偶及家庭成員(90%)獲得社會支持，而且也更依賴家人(90%)支持。
- 華裔老人對子女看重孝順的期望仍然很高，他們對情感關懷的期待(90%)是物質支持(43%)的兩倍。
- 華裔老人對社區有較高歸屬感。多數老人認為他們的社區是可以生活的好地方(87%)且有自己的家(82%)。

研究義涵與總結 與所謂模範少數族裔的描述相比，華人適年報告顯示華裔老人文化適應程度低，經濟困難，缺少社會支持，同時在中老年office身體健康，功能障礙，心理問題，老人虐待等問題面臨各個問題的威脅。由於醫療服務使用率較低，華裔老人實際的身體以及心理負擔可能比報告結果更普遍。華人適年報告僅關了了解華裔老人口健康問題的一步，說明華裔老人群體有立即而明確的社會服務及醫療服務需求，需要家庭成員、社區組織、醫護人員以及政策制定者正視，推動疾病預防、治療、建構健康年老化相關措施。我們期望華人適年報告提供老年健康促進政策的參考，提升整體社會福祉。
**BACKGROUND** As the oldest, largest, and among the fastest growing Asian subpopulations in the U.S., the Chinese American community is also graying rapidly. From 2000 to 2010, the Chinese population aged 65 and over experienced a growth rate almost four times higher than that of overall U.S. older adult population. The increasing numbers of Chinese older adults not only necessitate a thorough understanding of their health status, but also represent a growing need for culturally sensitive healthcare for this country’s diverse populations.

Unfortunately, most federal health data collection efforts have aggregated a much larger Asian category, and due to this reason the health data of Chinese Americans as an ethnicity specific group have been scarce. With a high level of reluctance towards participation in federally sponsored activities, health information of Chinese elderly is even more limited. In light of these factors, we only have the most rudimentary understanding of many critical health issues facing the Chinese aging population, and as such, public health and policy goals specific to this community remain under-developed.

**THE PINE STUDY** With this mission in mind, The PINE Study is the product of a synergistic collaboration between the Chinese Health, Aging, and Policy Program at Rush University, Northwestern University, and numerous community services organizations, including the Chinese American Service League as the main community partner. This academic-community partnership is guided by community-based participatory research (CBPR) approaches.

The PINE Report is a comprehensive study that examines the health and well-being of Chinese older adults in the greater Chicago area - the largest cohort of Chinese elderly ever assembled for epidemiological research in Western countries. In Chinese culture, the image of ‘PINE’ symbolizes longevity, resilience, respect, and successful aging, and in keeping with our research objectives, has been aptly chosen as a lexical title for the study.

Between 2011 and 2013, we conducted face-to-face interviews with 3,018 community-dwelling older adults between 60 to 105 years old. Our multilingual staff interviewed participants according to their preferred language and dialects, such as English, Cantonese, Taishanese, Mandarin, or Teochew dialects. Data were collected using state-of-the-science innovative web-based software applications which recorded simultaneously in English, Chinese traditional and simplified characters. Our response rate was 91%.

**KEY FINDINGS**

**DEMOGRAPHIC PROFILE**

- The average age of participants was 73 years with 59% being women. Over half of these older adults are married (58%). One in four (26%) lives alone.
- On average, older adults in this sample have lived in the U.S. for about 20 years. However, the majority still reads or speaks only Chinese (76%), socializes with only Chinese persons (91%), and only has Chinese friends (89%).
- Older adults in this study have less education and are much more likely to live with significant financial hardships, as compared to national estimates of all U.S. older adults. Nearly nine in ten of these older adults (86%) live below the poverty line.
- Over one third of participants (36%) consider religion an important part of their lives. Over half of older adults (54%) performed religious services at home last year.

**HEALTH CARE UTILIZATION**

- Chinese older adults’ uninsured rate is five times higher than the national estimates. One in four older adults (24%) in this study is currently without any insurance.
- Chinese older adults are not receiving the preventive health services they need. Compared to national estimates of all U.S. older adults, Chinese older adults had received less preventive care. 28% of older adults had a colonoscopy in the past, 35% of older adults had received a mammogram within the past two years, and 25% older adults had received a pap test within the past three years.
- Use of traditional Chinese medicine is common. Three in four participants (76%) reported the use of traditional health remedies in the past year.

**PHYSICAL HEALTH**

- Older adults report similar or even higher rates of medical conditions than U.S. national estimates. The three most prevalent medical conditions
among participants are hypertension (56%), high cholesterol (49%), and osteoarthritis (39%).

- Having trouble sleeping (43%), decreased hearing (37%), dizziness (31%), headache (27%), and falls (15%) are among the common medical symptoms affecting this population.
- One in two Chinese older adults (51%) experiences difficulties in performing daily activities necessary for independent living in a community setting.

MENTAL HEALTH

- Mental health is a significant health burden in this Chinese elderly population. An alarmingly high percentage of older adults experience various forms of psychological distress. Three in four older adults report life stress (74%); two thirds experience anxiety symptoms (66%); one in two older adults reports depressive symptoms (55%); almost half of the older adults project hopelessness towards life (46%); one in four (26%) feels lonely.
- Suicidal ideation and suicide attempts are disproportionally prevalent. Our findings show 3.7% of Chinese older adults aged 60 and over reported suicidal thoughts in the past year, compared to 2.3% of U.S. older adults aged 50 and over. Nearly one in ten Chinese older adults (9.4%) has had suicidal thoughts at some point during their lifetime. Suicide attempt in the past year was 2/1,000 among participants. Lifetime suicide attempt was 9/1,000 among participants.

ELDER ABUSE

- Elder abuse is an alarming health issue facing Chinese older adults. One in four Chinese older adults (24%) has experienced some form of abuse. Psychological abuse (10%) and financial exploitation (10%) are the most common forms.
- One in three (32%) elder abuse victims have experienced other forms of violence before they turned 60, including intimate partner violence and/or child abuse.

SOCIAL WELL-BEING

- Chinese older adults’ social networks are more likely to center around family than friends. The majority of older adults (71%) can identify more than 4 close family members. 14% participants report not having any friends.
- Older adults are also more likely to perceive social support from spouse and family members (90%) than friends (70%), and depend on family’s support (90%) than support from friends (60%).
- Chinese older adults continue to place high expectations on filial piety values, a culturally critical factor dictating children’s caregiving obligations. Their expectations placed upon the emotional aspect of care such as respect (90%), is over twice as much as the instrumental care such as financial support (43%).
- Chinese elderly exhibit a high sense of belonging in the community where they reside. The majority of participants not only feel the neighborhood is a good place in which to live (87%), but they also feel right at home in the community (82%).

CONCLUSION & IMPLICATIONS

Contrary to the model minority assumption, The PINE Report reveals that Chinese elderly are significantly affected by medical comorbidities, physical disabilities, psychological distress, and elder abuse. Many experience low acculturation levels, financial hardships, and insufficient social support. The PINE Report is an important first step towards a more comprehensive understanding of health disparity issues in one of the fastest growing U.S. aging communities. There is a clear and present need for increased social services and health care services for this vulnerable population. However, very few of these services are available to Chinese older adults and their families. Coupled with vast shortage of aging workforce to provide linguistically and culturally appropriate care, Chinese older adults are further truncated from the medical and scientific advances in this country.

The multiple health challenges facing Chinese older adults represent tremendous opportunities for family members, community stakeholders, health professionals and policy makers. A multi-disciplinary partnership must be forged to provide Chinese older adults with much needed disease prevention, intervention, and support strategies for successful aging. We hope that the information presented here will serve as a clear call to action for those who are invested in improving the health and well-being of Chinese older adults.
BACKGROUND The U.S. Chinese community is the largest overseas Chinese community outside Asia. One in four Asian Americans is of Chinese descent. As one of the fastest-growing subpopulations in the U.S., the Chinese community is also aging rapidly. Chinese American women, in particular, experience a life expectancy of 86.1 years that is higher than the life expectancy of the general population (78.5 years).

The dramatic increase in Chinese aging population necessitates a deeper understanding towards their needs. However, health data on the Chinese population remain scarce. As the minority group that was the first to be brought to this country as "Indentured Servants" to build the transcontinental railroads, Chinese populations have endured harsh violence and discrimination. This culminated into the Chinese Exclusion Act of 1882. The Chinese community’s historical distrust of government-sponsored activities has made them more resistant to participating in government sponsored health research. In addition, most federal level health data collections often aggregate diverse Asian groups under the same racial category, masking the specific health disparities facing the Chinese elderly population.

Moreover, the Chinese population is inherently diverse. Although the ethnic Han group constitutes the majority, China’s other 55 minority nationalities account for 123.3 million people, which is the equivalent of 40% of the total U.S. population. Linguistic diversity as a by-product has been evident. Among 56 ethnic groups, 53 have their own language, 21 have written scripts. Mandarin is the predominant dialect spoken in the country alongside other mutually unintelligible languages; these forms of speech, according to linguists, could be as far apart as English and Dutch, or French and Italian.

These cultural and linguistic diversities are further intensified in the overseas Chinese population. The U.S. is home to many vibrant Chinese communities; some families have been here for over five generations, others have arrived more recently from mainland China, Taiwan, Hong Kong, Vietnam, in addition to the refugees of Chinese descent from Southeast Asia, Latin America and Caribbean countries. These sociodemographic characteristics call for culturally sensitive approaches for researchers and social services providers concerned with promoting healthy aging in the Chinese communities.

PROJECT GOAL Guided by a community-based participatory research approach, The PINE Report is the product of a synergistic collaboration between the Chinese Health, Aging, and Policy Program at Rush University, Northwestern University, and many community-based organizations, agencies, and social services providers serving the needs of Chinese population in the Midwest, including the Chinese American Service League as the main community partner. Our team is dedicated to improving the health and quality of life of the U.S. Chinese aging population through education, research, advocacy, policy and sustainable community-engagement.

In Chinese culture, the image of ‘PINE’ symbolizes longevity, resilience, respect, and successful aging. As the first extensive publication of this academic-community collaboration, The PINE Report aims to shed light on the health and well-being of Chicago Chinese older adults. It is our hope that this comprehensive health report of Chicago Chinese elderly will be used as a blueprint to help devise public health and policy addressing the needs for this country’s increasingly diverse populations.

ACKNOWLEDGEMENTS The PINE Report would not have been possible without the continued support and assistance of the following community-based organizations, agencies, and social services providers. Particular thanks are extended to:

• Appleville Apartments
• Asian Health Coalition
• Benton House
• CASL Senior Housing
• Chicago Chinese Benevolent Association
• Chinatown Elderly Apartments
• Chinese Mutual Aid Association
• Hilliard Apartments
• Midwest Asian Health Association
• Pui Tak Center
• Shields Apartments
• South-East Asia Center
• St. Therese Chinese Catholic Church
• Xilin Asian Community Center
We wish to thank the members of the Chinese Community Advisory Board who offered instrumental support and overall guidance in this project. Our thanks are extended to: Dr. Melissa Simon, Dr. David Lee, David Wu, Dr. Hong Liu, Vivian Xu, Yicklun Mo, Florence Lei, Mary Jane Welch, Dr. Margaret Dolan, Mona El-Shamaa, Marta Pereyra, and Julia Wong.

We are indebted to the PINE participants who graciously shared their stories and insights about health and well-being; their successes and struggles in daily lives.

The PINE Report could not have been possible without the committed multilingual and multicultural research staff who worked tirelessly to ensure the success of this project.

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The first U.S. Census notation recorded three Chinese living in America.

Chinese came to California in large numbers during the California Gold Rush.

California legally prohibited Chinese immigration.

First transcontinental railroad was completed with a workforce of 80% Chinese workers.

Anti-Chinese sentiment along the Pacific Coast dispersed Chinese immigrants to the Midwestern and Eastern states, bringing the first Chinese to Chicago.

The Chinese Massacre in L.A. occurs where Chinese were murdered by a racially motivated mob.

The Great Chicago Fire killed hundreds and destroyed a major part of the city.

Anti-Chinese riots spread throughout the West and led to racially motivated violence and massacres.

The Chinese Exclusion Act was passed. A significant restriction on free immigration in U.S. history, the Exclusion Act outlawed all Chinese immigration to the U.S and denied citizenship to Chinese.

U.S. vs. Wong Kim Ark: Wong was born in the U.S. to Chinese parents. He was denied permission to enter the U.S. on the grounds that he was not citizen.

Chinese Exclusion Act was renewed and extended indefinitely.

Chinese found refuge in the Chinatowns of large cities. The largest population was in San Francisco.
CONGRESS

Whereas United States industrialists recruited thousands of Chinese workers to assist in the construction of the Nation, particularly in the western United States;

Whereas the contributions of persons of Chinese descent in the 19th and 20th centuries, as did people from other countries, established the foundations for economic growth in the Nation, particularly in the western United States;

Whereas many Chinese came to the United States in search of the opportunity to create a better life for themselves and their families;

Whereas the Chinese Exclusion Act.

Expressing the regret of the Senate for the passage of discriminatory laws against the Chinese in America, including the Chinese Exclusion Act.

Expressing the regret of the Senate for the passage of discriminatory laws against the Chinese in America, including the Chinese Exclusion Act.

Women constituted less than 6% of the Chinese population in Chicago.

The Chinese Exclusion Act was repealed. A second wave of Chinese immigrants arrived, seeking economic opportunities and reuniting with families.

Groups of Mandarin-speaking professionals settled in the suburban areas of Chicago after the revolution in mainland China.

The Immigration and Nationality Act of 1965 increased the quota of immigrants from China, Taiwan and Hong Kong.

The Chinese population increased rapidly, with an estimate of 12,000 residents.

A large number of ethnic Chinese from Vietnam, Cambodia, Thailand and Laos settled down in the uptown Argyle neighborhood after the conclusion of the Vietnam War.

Tiananmen Square protests occurred. An executive order was issued to allow mainland Chinese scholars, students and families to permanently remain in the U.S.

Immigration Act increased the total immigration to the U.S. and increased visa quotas by 40%. Family reunification continued as a main immigration focus.

Census 2010 data recorded 42,060 Chinese people in Chicago.

With the passage of Senate and House resolution, the Congress issued a formal apology for the Chinese Exclusion Act.

Chicago’s Chinatown celebrated their Centennial Anniversary.

The Chinese population in Chicago passed 1,000.

Due to the increasing rent prices and racial discrimination, the majority of Chinese moved to the near south side of Chicago. A new Chinatown located near Wentworth and Cermak was established.

Women constituted less than 6% of the Chinese population in Chicago.

The Chinese Exclusion Act was repealed. A second wave of Chinese immigrants arrived, seeking economic opportunities and reuniting with families.

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The Chinese community is one of the fastest growing subpopulations in the U.S. Since the passing of Immigration and Nationality Act of 1965, the Chinese population has been growing at an unprecedented rate. The U.S. Chinese population increased exponentially in the past decade, rising from 1.6 million in 2000 to 3.8 million in 2010. Currently, the Chinese population accounts for 26% of Asian Americans and 1.2% of the total U.S. population. The State of Illinois has one of the largest Chinese populations in the country.

In Illinois, the Chinese community is growing at a much faster rate than White, Black, or Hispanic populations. The Chinese population has increased 35.4% between 2000 and 2010, followed by the Hispanic population (33%), whereas Black and White populations decreased by 1% and 3%, respectively.

Similar trends were seen in Cook County and the City of Chicago. In the past ten years, the Chinese population has experienced a rise of 30% in Cook County, whereas the overall population has decreased. In the City of Chicago, the Chinese population increased by 35.7% whereas the total population dropped by 7%.

In sum, the Chinese population is becoming a larger proportion of the country’s growing minority-majority. The nation’s Asian population will continue to grow more rapidly than the U.S. population overall. It is projected that the Asian population will grow to 41 million in 2050, nearly tripling in size.

Total U.S. Chinese Population: 1910-2010

<table>
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<tr>
<th>Year</th>
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<th>Black</th>
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<td>2010</td>
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Population Change by Racial / Ethnic Groups: 2000-2010

<table>
<thead>
<tr>
<th>Region</th>
<th>Total</th>
<th>White</th>
<th>Black</th>
<th>Hispanics</th>
<th>Chinese</th>
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<tr>
<td>City of Chicago</td>
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-Chinese American Population Change 華裔人口變化趨勢
COMMUNITY-BASED PARTICIPATORY RESEARCH (CBPR) In order to assess Chicago Chinese population’s health needs, in accordance with Chinese social, cultural and linguistics contexts, we implemented the community-based participatory research approach to lay the necessary foundation for community health promotion. With the full engagement of community members affected by the health issues, CBPR research design is a comprehensive health inquiry for the purpose of education, empowerment, and affecting sustainable social change. For the last decade, the academic partnership with the Chinese community organizations has been deeply committed to improving the health and well-being of Chicago Chinese population.

PROJECT DEVELOPMENT Formation of the Chinese Community Advisory Board has played an instrumental role in providing overall guidance to the study, ranging from project conceptualization and preparation, to the survey implementation, recruitment, and dissemination of findings. The Board members were enlisted through civic, health, social and advocacy groups, community centers and clinics. Community residents and leaders were also invited. The Board is deeply involved in guiding other ongoing community health outreach initiatives, including educational workshops, community health newsletters, focus group discussions, and World Elder Abuse Awareness Day commemorations.

DATA COLLECTION Chinese older adults in the greater Chicago areas, aged 60 and over were invited to participate in the study. Participants were approached in community settings such as community-based organizations, social services agencies, churches, community events, educational and outreach activities, senior apartments, and through newsletters and advertisements in community centers, tea houses and social gatherings. Trained multicultural and multilingual interviewers conducted face-to-face home interviews with participants in their preferred language and dialects, such as English, Cantonese, Taishanese, Mandarin, or Teochew dialect. From 2011 to 2013, we interviewed 3,018 older adults with a response rate of 91%.

Questions for health topics in The PINE Report were selected from validated scales used in social sciences and public health research. If the Chinese version of the instrument was not available, our bilingual research team translated the scales into Chinese and back translated it into English. The translations were further scrutinized by investigators to ensure content and face validity. Data were collected using state-of-science innovative web-based software which recorded simultaneously in English, Chinese traditional and simplified characters. This transformative technological platform minimized any information that may have been "lost in translation", thus providing deeper meaning to the data collected.
BACKGROUND  The Chinese American community is a graying population. In the past decade, the population of Chinese older adults aged 65 and over increased by 55%, far exceeding the growth rate of 15% among U.S. older adults. Not only do Chinese women (53%) outnumber men (47%), but the proportion that is female increased with age. In addition, compared to the life expectancy of the general population (78.5 years), U.S. Chinese women have the highest life expectancy (86.1 years) among all ethnic groups.

STUDY RESULTS

AGE AND GENDER In our study population, the average age of participants was 73 years old, ranging from 60 to 105 years old. Participants aged 80 years and older comprised 25% of the study. Chinese women comprised 59% of the study sample.

MARITAL STATUS National estimates show 58% of America’s older population is married, with 28% widowed and 10% divorced. In this study, 71% of Chinese older adults were married.

LIVING ARRANGEMENTS Among study participants, 42% resided with one individual (typically spouse or a family member).

Marital Status 婚姻状况

CONCLUSION Similar to America’s older population, the majority of study participants were female and married. Although the proportion of those participants living alone was slightly lower than the national average of 29%, seniors living in a big household were also not common. The living arrangements reported may influence the availability of caregivers and health status.

結論 與美國整體特徵相似，受訪者大多為女性及已婚。只有22%華裔老人獨居，少於全美29%獨居的比例。然而，傳統大家庭的居住安排並不常見。居住安排可能影響華裔老人的護理以及健康狀況。
BACKGROUND Education and income are key social contextual predictors of health and well-being. The American older population has generally experienced a growth in education levels and a decreased proportion of those living in poverty in the past 50 years. About 80% of older Americans have completed high school, and 9% live below the poverty threshold.

STUDY RESULTS

EDUCATION LEVEL Around 56% of participants received a high school education, and 6% were illiterate.

INCOME We asked participants to estimate their annual personal income from all sources, including wages, salaries, social security or retirement benefits, and help from family members. According to the poverty guidelines of Illinois, 86% of Chinese elderly lived below the poverty line, with an annual personal income of less than $10K. In addition, 34% of all participants gave subjective reports of their state of poverty (“hard or very hard to pay for the basics including food, housing, medical care, and heating”).

CONCLUSION Contrary to the model minority assumption, Chinese older adults were less educated than the national average, and much more likely to live with significant financial hardships. Nearly nine out of ten Chinese older adults reported living below the poverty line. This is in sharp contrast to the one in ten American older adults living in poverty. Debunking the model minority myth will be the first step in addressing health disparities facing the Chinese aging community.

背景 教育水平以及收入狀況是影響健康老化的重要因素。過去半世紀以來，美國老人的教育水平呈上升趨勢，貧困老人比例相對下降。全美80%老人學歷在高中以上，9%的老人生活在貧困線以下。

研究結果

教育程度 56%華人老人有高中以上的學歷，6%是文盲。

個人收入 我們調查受訪者在過去一年中不同收入的總合，包括工資，社會保障金，退休金或家庭支持等。根據伊利諾州貧困定義，86%受訪者收入狀況在州貧困線以下(年收入少於1萬美金)，34%受訪者表示很難支付現有的基本生活。

結論 與少數族裔模範相反，華裔老人整體教育水平低於全美平均，而且大多數人經濟拮据，十分之九華裔老人生活在貧困線下，遠高於全美十分之一的比例。正視華裔社區老人健康差距的第一步便是打破模範族裔的刻板印象。
BACKGROUND Chinese American community is the largest Chinese population outside Asia. Over half of the U.S. Chinese community is composed of the less acculturated first generation. Around 87% of U.S. Chinese older adults are foreign born, and more than 30% immigrated after turning 60. Their immigration status is likely to influence health belief and practice. In addition, in the process of adopting the local customs, Chinese older adults were reported to experience high levels of acculturation stress which is closely linked with depression and other forms of psychological distress.

STUDY RESULTS

COUNTRY OF ORIGIN AND NUMBER OF YEARS IN THE U.S. Nearly all of the study participants (93%) were born in Mainland China, with 3% born in Hong Kong/Macau, and 1% born in Taiwan. Average number of years living in the U.S. was 21 years.

REASONS OF IMMIGRATION Five most common reasons of immigration to the U.S. reported by participants include: reuniting with children, reuniting with family members, reuniting with spouse, for better living standards, and help take care of grandchildren.

LANGUAGE USE In the present study, 94% of older adults used only Chinese at home, and nearly all (98%) grew up using only Chinese. Three in four participants (76%) only used Chinese when reading or speaking. When asked about Chinese dialects, the majority (54%) preferred Cantonese, with 20% preferred Taishanese, and 20% preferred Mandarin.
ETHNIC SOCIAL RELATIONS  When asked about the ethnicity of their friends, 89% of participants only had close friends who were Chinese. About the same percentage (91%) reported that they preferred going to social gatherings with all Chinese persons. However, fewer older adults wished the same for their children. Only 29% wished their children to have only Chinese friends, and almost half of participants (45%) wished that their children could have an equal number of Chinese and American friends.

CLOSE FRIENDS

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Only Chinese</td>
<td>89%</td>
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<tr>
<td>More Chinese than Americans</td>
<td>1%</td>
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<tr>
<td>Both Equally</td>
<td>1%</td>
</tr>
<tr>
<td>More Americans than Chinese</td>
<td>9%</td>
</tr>
</tbody>
</table>

SOCIAL INTERACTIONS

Preferred Social Interactions of Children

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Only Chinese</td>
<td>20%</td>
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<tr>
<td>More Chinese than Americans</td>
<td>45%</td>
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<tr>
<td>Both Equally</td>
<td>6%</td>
</tr>
<tr>
<td>More Americans than Chinese</td>
<td>29%</td>
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</tbody>
</table>

CONCLUSION  Our study population is a predominantly immigrant community with low acculturation levels regarding language use and social relations. Acculturation distress compounded with the stress of aging may make Chinese immigrants more vulnerable, and predispose them to fewer health resources in adapting to new life situations. Although Chinese older adults experienced low acculturation levels, they still wished their children can have more diverse ethnic social relationships. This preference of acculturation may likely result in intergenerational family tensions, which warrants further attention.

"The biggest problem for me is the language barrier. I feel helpless that I don’t speak English. When you go to the doctor, for instance, even if you understand a little English, you would not comprehend those medical terms. What can I do?"

– Study Participant

「對我來說最大的問題是言語不通，很無助。像去看醫生，就算懂得一點英文，醫療詞語還是聽不懂，怎麼辦？」

– 研究受訪者

CONCLUSION  本節調查結果反映出華裔老人對美國生活的融入度偏低。適應新生活的壓力，伴隨老化現象中的各種身心疾病，使其更加脆弱，同時也影響他們對醫療資源的使用。在適應新文化的過程中可能伴隨的緊張家庭關係也需要進一步關注。
BACKGROUND Health care utilization patterns are important indicators of what general types of care elderly population seek. Approximately 95% of U.S. older adults visit a physician’s office once a year, 21% visit the emergency room (ER) one or more times, and 18% have a hospital stay. Insurance programs and managed care plans tend to strongly influence healthcare utilizations. About 95% of Americans aged 65 and older are enrolled in Medicare.

STUDY RESULTS

INSURANCE In the present study, 76% of Chinese older adults were insured (including Medicare, Medicaid, HMO or private insurance). Among those with insurance, 59% were enrolled in Medicare, 57% in Medicaid, and 16% in HMO.

HEALTHCARE UTILIZATION We asked participants if they have used the health care services in the past two years.

- 87% made at least one physician office visit, and 10% made 20 or more visits.
- 18% have visited the ER.
- 18% have been hospitalized.
- 5% have visited a rehabilitation center at least one time.

CONCLUSION One in four Chinese older adults is currently uninsured, a rate far exceeding the national average. High rates of lack of insurance likely affect older adults’ use of healthcare, leaving their needs largely unmet. Affordable and accessible health insurance for seniors, especially those who do not have Medicare or Medicaid, are needed to better facilitate older adults’ healthcare utilization. The overall utilization rates highlight healthcare areas that need to be investigated in greater depth.

背景 健康服務的使用反映老人對一般醫療服務類型的需 求。95%的美國老人一年至少看一次醫生，21%的老人進過急診室，18%住過院。持有保險與否對利用醫療服務有重要影響。全美65歲以上老人約95%有聯邦醫療保險。

研究結果

保險 76%的華裔老人有醫療保險。在持有保險的老人中，59%有聯邦醫療保險，57%有低收入醫療保險，16%有管理式醫療保險。

醫療服務的使用 在過去兩年內：
- 87%的老人至少看過一次醫生，
  10%的老人看醫生的次數在20次以上。
- 18%的老人進過急診室。
- 18%的老人住過院。
- 5%的老人至少去過一次複健中心。

結論 四分之一的華裔老人目前沒有任何保險，遠高於全美比例。缺乏醫保影響老人對醫療服務的使用，使健康需求無法得到滿足。提出能負擔及可享受的醫保能改善老人利用醫療的情況。華裔老人的低醫療使用率也指出不同服務項目需要探究的方向。
BACKGROUND  Chinese health beliefs, acculturation, and health status are deeply related to their use of traditional Chinese medicine (TCM). Chinese believe that health is a state of balance of body, mind and environment. A nation-wide survey suggests 32% of Chinese Americans use TCM. Many Chinese tend to use TCM first to treat a symptom or illness before seeing a doctor. TCM usage is reported to help raise the level of quality of life among the elderly.

STUDY RESULTS  About 76% of participants have used TCM in the previous year. Herbal products including topical (40%) and medication (36%) were most commonly used.

CONCLUSION  TCM is more than 2,500 years old. Our data suggest that even to this day, three in four Chinese older adults use traditional Chinese medicine. Traditional cultural beliefs, high cost of medications, side effects of conventional medicine, may explain the high usage of TCM. Understanding the use of alternative remedies helps identify common health behaviors among Chinese elderly, and health care professionals should inquire the use of TCM in Chinese older adults.

背景  個人傳統健康理念，文化適應程度以及健康狀態對中醫使用皆有影響。華人認為健康是身體、心靈以及外部環境的平衡。在美華人32%有使用中藥習慣，許多華人在看西醫前會先用中醫治療，有些研究指出使用中醫有助於提高老人的生活質量。

研究結果  76%的受訪者在去年一年有使用中醫習慣，其中以貼布膏藥（40%）以及內服中藥（36%）最常見。

結論  中醫傳統已有超過2,500年的歷史。時至今日，四分之三的華裔老人仍使用傳統中醫。傳統文化理念，昂貴的醫療費用及常規藥物的副作用可能是促使老人使用中醫的原因。瞭解其他輔助性醫療方法有助於理解華裔老人的求醫行為，同時醫護人員也應主動詢問華裔老人使用傳統中醫的情況。
BACKGROUND Subjective health assessments are reliable health status indicators. In the aging population, self-reported health status is used to predict future risk of functional ability, physician visits, hospitalization and mortality. National studies show 76% of U.S. older adults self reported excellent to good health, and 24% reported fair or poor health. Whereas self-rated health status examines an individual’s own perceived health, measuring quality of life helps monitor progress in achieving community’s health objectives. Quality of life includes physical, mental, and social aspects of one’s health. Improving quality of life is a global public health concern.

STUDY RESULTS

GENERAL HEALTH Most participants self reported fair or poor health (61%). They were also asked to rank their current health compared to their health the previous year. About half of the participants (48%) felt that their health was about the same.

**Self-Reported Health**

“When a man grows old everything changes. Your movement slows down. Your energy diminishes. The heavy loads you lift up during your youth will overwhelm you in your old age. Your mind is willing, but your body fails to follow.” — Study Participant

“當人老了一切也都改變了。行動變的緩慢，沒有力氣，以前年輕時可以做的事情現在也都做不來了，一切心有餘而力不足。” — 研究受訪者
QUALITY OF LIFE Most participants ranked their quality of life as fair (47%) or good (44%).

生活品質 大部分受訪者認為他們的生活品質一般 (47%) 或者好 (44%)

PAIN Bodily pain can be an important factor in self assessing quality of life. Moreover, pain is also linked to symptoms of depression. The question posed was the level of self-perceived bodily pain over the previous four weeks. Over half of the participants (55%) felt some levels of bodily pain. In addition, 83% of older adults reported that their lives were affected by pain.

疼痛 身體疼痛與生活品質相關，而且會引發心情抑鬱。一半以上的受訪者（55%）表示在過去一個月有感受到疼痛。有將近83%的受訪者表示身體疼痛影響到日常生活。

CONCLUSION Physical health is the foundation of an active lifestyle. Thus, one of the key goals in the policy framework for physical health is promoting autonomy and independence among the aging population. Compared to national standards, Chinese older adults in this sample were more likely to rate their health as fair or poor. This information may suggest physical health challenges facing the older adults, and predict their access to health care.

結論 身體健康是保持積極生活方式的基礎。提升老人的獨立自主是健康政策的主要目標，與美國老人相比，華裔老人更可能認為自己的健康一般或則差，代表他們的身體健康面臨更大挑戰，也同時反映醫療服務使用不均的情況。
BACKGROUND Preventive care refers to measures taken to prevent illnesses and screen for common medical problems. By increasing the use of preventive services, early detection of medical issues can lead to a decrease in morbidity and mortality rates. Compared to the general population, minority older adults are less likely to receive available preventive care. Observed preventive care disparities suggest that the needs of this minority population remain largely unmet.

STUDY RESULTS

INFLUENZA, PNEUMOCOCCAL, AND HEPATITIS B VACCINATION Influenza vaccination of older adults reduces hospitalization and averts deaths. Vaccination against pneumonia decreases respiratory failure or other complications. Hepatitis B, a serious infection that affects the liver, has a high prevalence among the Asian population. Our study shows that Chinese older adults’ vaccination coverage rates were lower than their American counterparts.

MEDICAL CONDITION SCREENING Early detection of common medical conditions such as high cholesterol and diabetes helps provide the delivery of effective interventions. The screening rates of both diabetes (64%) and high cholesterol (76%) among Chinese elderly persons were well below the national estimates of 70% and 95%, respectively.

COLORECTAL CANCER SCREENING Screening with recommended services such as home blood stool tests, sigmoidoscopies, and colonoscopies can help reduce colorectal cancer mortality rates. Only 28% of participants had ever had a colonoscopy in the past.

背景 預防性保健是為了預防疾病及檢查常見健康問題。充分利用預防性保健服務可提早發現疾病，減少發病率及死亡率。與全美老人相比，少數族裔老人接受預防性保健服務的比例較低，也代表他們的醫療需求未能得到妥善服務。

研究結果

流感疫苗，肺炎球菌疫苗以及乙型肝炎疫苗 老人接種流感疫苗可降低住院率及防止死亡。接種肺炎球菌疫苗有助於降低呼吸衰竭，減少老年人常見併發症。此外，乙肝細菌在亞裔人群發病率很高。研究結果顯示華裔耆老接種各類疫苗比例皆比美國老人低。

<table>
<thead>
<tr>
<th>Vaccination Coverage 疫苗接種</th>
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<tbody>
<tr>
<td>Influenza 感冒</td>
</tr>
<tr>
<td>Pine Study 松年研究</td>
</tr>
<tr>
<td>National Estimates 全國平均</td>
</tr>
<tr>
<td>66%</td>
</tr>
<tr>
<td>69%</td>
</tr>
<tr>
<td>Pneumonia 肺炎</td>
</tr>
<tr>
<td>25%</td>
</tr>
<tr>
<td>67%</td>
</tr>
<tr>
<td>Hepatitis B 乙型肝炎</td>
</tr>
<tr>
<td>18%</td>
</tr>
<tr>
<td>36%</td>
</tr>
</tbody>
</table>

慢性疾病檢查 及早發現高膽固醇以及糖尿病有利於提供有效的治療措施。我們詢問受訪者有沒有受過慢性疾病檢查。結果顯示，華裔老人的糖尿病和高膽固醇的檢查率只有64%和76%，分別低於美國統計的70%和95%的水平。

結腸癌篩檢 研究顯示，糞便檢查，乙狀結腸鏡檢查以及結腸鏡篩檢皆可降低直腸癌的死亡率。我們詢問受訪者過去有沒有做過結腸鏡的篩檢，只有28%受訪者曾接受過結腸鏡篩檢。
BREAST CANCER AND CERVICAL CANCER SCREENING Breast and cervical cancer are prevalent among women, but are among the easiest female cancers to prevent through screening. Only 35% of participants had received a mammogram within the past two years, and 25% had received a pap test within the past three years.

PROSTATE CANCER SCREENING Prostate cancer is one of the leading causes of cancer deaths among men in the U.S. The elevated level of prostate-specific antigen (PSA) in the blood may indicate prostate cancer. About 13% of Chinese older men had received a PSA test in the past year.

CONCLUSION Chinese older adults are not receiving the preventive services they need. The reasons for such ethnic and racial disparities in access to preventive care are complex. For those Chinese elderly with insurance, they may not be aware of the services available to them. Moreover, there was a significant portion of older adults who may not be eligible for Medicaid, nor able to afford private health insurance. This issue may be further exacerbated by Chinese cultural concepts of health and aging. Traditional health beliefs characterize health in terms of promoting well-being in everyday life, rather than detecting hidden diseases by screening. To close this gap in health care, education and outreach programs addressing preventive health benefits need to be a priority.

乳癌以及子宮頸癌篩檢 乳癌以及子宮頸癌為婦女常見的癌症，但是這兩種癌症都可以及早預防，定期篩檢。我們研究結果顯示，只有35%華人女性過去兩年中有乳房攝影檢查，和25%過去三年內接受過子宮抹片的檢查。

前列腺癌篩檢 前列腺癌是導致美國男性死亡的主要原因之一。測量血液中特異性抗原可篩檢前列腺癌，只有十分之一的受訪者在過去一年中接受過這項測試。

CONCLUSION 華裔老人沒有得到他們所需要的預防性保健服務。造成服務使用頻率偏低的原因非常複雜。對於有醫保的老人而言，他們可能沒有注意到聯邦醫療改革法案對預防性保健服務的保障。再者，一部份華裔老人不符合醫保條件，但又支付不起昂貴的私人保險，因此沒法利用這項服務。在文化信念上，耆老普遍認為健康維持需要每天鍛煉，而不是通過儀器篩查病症。為增加使用率，我們應該提升對預防性保健的教育以及社區推廣。
BACKGROUND  The leading causes of death among American older persons aged 65 years and older included heart disease, cancer, stroke. About 25% of all deaths were from heart disease, and 23% from cancer. However, evidence shows certain medical conditions disproportionately affect Asian elderly than other racial and ethnic groups. Biological differences, differences in general health, and disparities in access to health care are possible explanations. There is also a complex combination of individual and societal factors that affects the health disparities among Chinese elderly.

STUDY RESULTS

MEDICAL CONDITIONS  The three most prevalent medical conditions among study participants included hypertension, high cholesterol, and osteoarthritis. When compared to the national averages of the same medical conditions, Chinese older adults reported similar or higher rates of these chronic conditions. Similar to national levels, hypertension was present in 56% of participants. 23% of participants were diagnosed with diabetes, compared to the national average of 20%.

Medical Conditions  慢性疾病

- Hypertension  高血壓  56%
- High Cholesterol  高膽固醇  49%
- Osteoarthritis  骨關節炎  39%
- Diabetes  糖尿病  23%
- Heart Disease  心臟病  15%
- Stroke  中風  6%
- Any Cancer  癌症  5%

”

Previously I did all the housework. Now at this old age, I am deteriorating. I can’t do any housework at home. Nothing is okay. I feel sorry for my wife because she has to do everything. I sometimes feel like a useless person.

– Study Participant

「以前我什麼都可以做，現在老了，退化了，什麼都不成，家事也做不來。都依靠我太太來做，很對不起她。有時候我覺得自己真沒用。」

– 研究受訪者
PHYSICAL HEALTH CHALLENGES  Self-reported symptoms can be used to identify conditions that may or may not have precise diagnostic tests. Often, patients perceive the burden of symptoms to be more concerning than medical diagnosis. More than half of the Chinese older participants experienced muscle or joint pain (56%) and leg cramping (55%). Dental and vision issues were present in nearly half of the participants (47%). Sleeping issues were also reported by 43% of the study population.

CONCLUSION  Compared to their U.S. counterparts, Chinese older adults in this study reported similar or even higher rates of medical conditions. Physical health challenges of burdensome symptoms were also common among the participants. However, due to low screening rates in preventive care, the prevalence of medical conditions may be underreported in this community. Medical condition disparities should be interpreted in conjunction with access to resources and health care services necessary for a healthy lifestyle.

常見症狀  常見的疾病症狀能幫助瞭解一些還未能精確診斷的疾病。多於一半的華人老人有肌肉疼痛（56%）以及腿抽筋（55%）問題。47%受訪者有視力或牙齒問題。43%受訪者睡眠困難。

Physical Health Challenges  常見症狀

- **Muscle or Joint Pain** 肌肉關節疼痛 56%
- **Leg Cramping** 腳抽筋 55%
- **Trouble with Vision** 視力問題 47%
- **Trouble with Teeth** 牙齒問題 47%
- **Trouble Sleeping** 睡眠問題 43%
- **Decreased Hearing** 聽力問題 37%
- **Dizziness** 頭暈 31%
- **Cough** 咳嗽 28%
- **Headache** 頭疼 27%
- **Frequent Urination** 頻尿 25%
- **Constipation** 便祕 21%
- **Chest Pain** 胸痛 16%
- **Shortness of Breath** 呼吸急促 15%
- **Falls** 跌倒 15%
- **Change in Appetite** 胃口改變 10%
- **Heartburn** 心口灼熱 10%
BACKGROUND  
Physical function is an important indicator in one’s ability to live independently, and relates closely to overall quality of life. Changes in physical function or physical disability have important implications for policies on work, retirement, and long-term care needs. Functional impairment may occur due to medical conditions or chronic disease when people age. In America’s older population, 41% reported a functional limitation in activities of daily living (ADL) or instrumental activities of daily living (IADL). ADL refers to the basic tasks of everyday life, such as eating, bathing, dressing, using the toilet. IADL, on the other hand, captures the full range of complex activities necessary for independent living in the community setting, such as managing money, preparing meals, shopping, and doing housework.

STUDY RESULTS

ADL  
Among study participants, 8% reported at least one ADL limitation. With respect to specific ADL limitations, 6% reported difficulty with walking, 4% reported challenges in bathing, and 3% reported difficulty with dressing and transferring.

ADL Limitation  日常功能受限

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Impairment</td>
<td>8%</td>
</tr>
<tr>
<td>Walking</td>
<td>6%</td>
</tr>
<tr>
<td>Bathing</td>
<td>4%</td>
</tr>
<tr>
<td>Dressing</td>
<td>3%</td>
</tr>
<tr>
<td>Transferring</td>
<td>3%</td>
</tr>
<tr>
<td>Toileting</td>
<td>2%</td>
</tr>
<tr>
<td>Incontinence</td>
<td>2%</td>
</tr>
<tr>
<td>Grooming</td>
<td>2%</td>
</tr>
<tr>
<td>Eating</td>
<td>1%</td>
</tr>
</tbody>
</table>
IADL Limitation 工具性日常功能受限

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Impairment</td>
<td>51%</td>
</tr>
<tr>
<td>Shopping</td>
<td>33%</td>
</tr>
<tr>
<td>Housework</td>
<td>26%</td>
</tr>
<tr>
<td>Laundry</td>
<td>23%</td>
</tr>
<tr>
<td>Preparing Meals</td>
<td>18%</td>
</tr>
<tr>
<td>Managing Money</td>
<td>17%</td>
</tr>
<tr>
<td>Getting Outside</td>
<td>10%</td>
</tr>
<tr>
<td>Using Phone</td>
<td>7%</td>
</tr>
<tr>
<td>Taking Medication</td>
<td>4%</td>
</tr>
</tbody>
</table>

CONCLUSION Impairment in physical function is prevalent in this population. Based on ADL and IADL measures, the level of impairment among Chinese older adults was higher than national estimates. Over half of Chinese seniors reported a limitation in either ADL or IADL performance. The high proportion of older adults with disabilities also indicates a growing need for health care services. Policy programs should evolve towards becoming more flexible for meeting the disabled seniors’ diverse needs for long-term care, increasing opportunities for minority older adults about where, when and how services will be provided.
BACKGROUND  Health risk behaviors refer to activities that contribute to the increased risk for death, disability and social problems. These behaviors are often preventable. Although there is a general reduction in the frequency of at-risk behaviors among the elderly, some activities still persist and can be detrimental to health and aging.

STUDY RESULTS

GAMBLING  Among U.S. older adults, 50% have gambled in the last one year, and 1% carry pathological gambling behaviors. Among Chinese older adults, 15% had gambled within the past year. Gambling in casinos was most common, followed by mah-jong and state lottery. Among the mah-jong players, 20% engaged in the popular pastime everyday or almost every day.

ALCOHOL  Heavy alcohol consumption can lead to various health problems such as diabetes, high blood pressure, and mood disorders. Alcohol consumption is present in 38% of older Americans. The rate of alcohol use among study participants was lower than the national average.

SMOKING  Smoking has been linked to an increased likelihood of cancer, cardiovascular disease, and other adverse health conditions. One in ten (10%) older Americans are current smokers. Similar to the national prevalence, 11% of Chinese older adults were reported as current smokers. About one in three participants (29%) reported that they had smoked cigarettes at some point during their lifetime.

CONCLUSION  Coordinated educational, clinical, social and enforcement approaches are needed to reduce high-risk behaviors in this population. Policy makers, practitioners and health care professionals need a deeper understanding of the roots of high-risk behaviors and of strategies that can be used to prevent, detect and intervene.

Health Risk Behaviors

- Gambling: 15%
- Alcohol: 15%
- Smoking: 11%

背景  危害健康行為是指那些對健康造成危險，可導致死亡，殘疾或社會問題的活動。這些危險行為是可以預防的。盡管老人有害健康行為的頻率較其他年齡層低，但還是有一些行為對健康老化有不良影響。

研究結果

賭博 50%的美國老人一年內曾賭博過，同時有1%的老人是問題性賭徒。15%的受訪者在一年內曾經參與賭博。最常見的賭博方式包括賭場賭博，打麻將和買州立彩票。在打麻將的人中，20%每天或者幾乎每天都會打。

飲酒 過度飲酒可能造成糖尿病，高血壓以及情緒失控等健康問題。統計數據顯示有38%的美國老人有飲酒的習慣。調查結果顯示華人老人飲酒的比例相對較低。

吸菸 吸菸可以引發癌症，心臟病以及其他健康問題。十分之一美國老人目前有吸菸習慣。華人老人中有11%現有吸菸習慣，與全美比例相當。29%的老人過去曾經吸過煙。

結論 減少老人危害健康行為需要通過教育，臨床醫學，政策制定等一系列合作措施。政策制定者以及醫療人員需對產生健康危害行為的原因以及有效干預做更深入的了解。
BACKGROUND  Cognition refers to skills such as remembering, learning new things, or making decisions. A common syndrome in cognitive decline is dementia. It is beyond what might be expected from normal aging. About 13% of U.S. older adults aged 65 and over have Alzheimer's disease - the most common form of dementia. The prevalence increases with age. Nearly half of people aged 85 and over (45%) have Alzheimer's disease. The prevalence of dementia among Asian Americans is comparable to the national level.

STUDY RESULTS

MINI-MENTAL STATE EXAMINATION (MMSE)  MMSE is a widely used 30-item measure to detect cognitive abilities including orientation to time and place, recall ability, short-term memory, and arithmetic ability. Score ranged from 0 to 30. The mean score of MMSE was 25.3 in this study population. In comparison, a population study of American older adults in Chicago reported a mean score of 26.5.

CONCLUSION  Prevention of cognitive decline is critical for older adults to stay independent. However, stigma has been identified as a major issue for dementia patients and caregivers in Chinese families. The tendency to view dementia as part of aging and the derogatory label of dementia patients as slow-witted may lead older adults to view themselves as being of less value, and be interpreted as a sign that family members failed to live up to filial obligations. Culturally sensitive approaches to reduce stigma associated with cognitive decline will be critical in encouraging patients to seek treatment, and also to alleviating caregiver stress.
BACKGROUND Social well-being is about being actively engaged with life and other people. An active social lifestyle protects older adults against illness, reduces distress, and lengthens life. Among U.S. older adults, watching TV, reading, relaxing, and socializing are among the most common leisure activities.

STUDY RESULTS Watching TV (84%) was reported as the most common daily activity. In terms of social activities, nearly one in ten older adults (8%) visited family or friends every day. Aside from homebound activities, visiting the community centers for their bilingual and bicultural programs was most common. In the past 5 years, only 33% of participants who have never visited community centers, compared to 60% who never visited a museum, or 75% who never been to a concert.

Common Daily Activities 日常活動

<table>
<thead>
<tr>
<th>Activity</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>TV</td>
<td>84%</td>
</tr>
<tr>
<td>Newspapers</td>
<td>46%</td>
</tr>
<tr>
<td>Magazines</td>
<td>15%</td>
</tr>
<tr>
<td>Radio</td>
<td>6%</td>
</tr>
<tr>
<td>Mah-Jong</td>
<td>4%</td>
</tr>
</tbody>
</table>

Social Interactions 社交情形

Frequency of Visits to Family Members, Friends, Relatives 拜訪親友頻率

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Almost Everyday</td>
<td>8%</td>
</tr>
<tr>
<td>Several Times a Week</td>
<td>12%</td>
</tr>
<tr>
<td>Several Times a Month</td>
<td>28%</td>
</tr>
<tr>
<td>Several Times a Year</td>
<td>27%</td>
</tr>
<tr>
<td>Once a Year or Less</td>
<td>26%</td>
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</tbody>
</table>

CONCLUSION Similar to their U.S. counterparts, watching TV and reading were the most common leisure activities for Chinese elderly. However, Chinese older adults were likely to be more involved in homebound activities, which may be explained by physical dependence, lack of language proficiency and transportation tools. This trend may suggest that they were at high risk of social isolation. While community centers remain an important source of socialization for the elderly, increasing the diversity of cultural recreational resources and activities are needed.

結論 與美國老人相似，看電視及閱讀是華裔老人最常見的娛樂方式。由於身體變化，語言隔閡及交通不便，華裔老人較喜歡室內活動，而這也可能進一步導致社會隔離。社區活動中心對改善老年人的社群生活舉足輕重，應進一步提供具文化以及語言特色的社交娛樂活動。
BACKGROUND  The quality and quantity of one’s social support and network is closely linked with health and well-being. Social support may be derived from many sources, and measured in different forms including emotional, informational, and instrumental support. Adequate social support is associated with reduced risks of mental illness and physical problems among older adults.

STUDY RESULTS  We asked participants how often they could open up to their spouse, family members, and friends, or rely on them for help. Our findings show Chinese older adults were more likely to open up or rely on their spouse and family members than to friends. When asked about the quantity of support sources, Chinese older adults reported having more close family members than friends. The majority of older adults (71%) reported having more than four close family members. One in seven participants (14%) said that they didn’t have any friends.

CONCLUSION  Chinese older adults in this study not only tended to have family-centered social networks, they were also likely to depend more on family support than support from friends. This can likely be explained by the central value of family in Chinese culture. Despite changes which take place in the context of immigration, older adults still consider family support as a primary source of support. On the other hand, the lack of friends can be a consequence of social isolation, which may predispose older adults to greater levels of loneliness. Preserving and continuing social relationships with both family and friends are imperative to successful aging.
BACKGROUND In Confucian philosophy, filial piety strictly dictates children’s obligatory roles and caregiving responsibilities to older adults. As a well-known Chinese proverb states, "Raising children is protection against older age and frailty". A unique and dominant feature of Chinese culture and family life, filial piety has been found to be positively associated with older adults’ physical and psychological well-being in global Chinese populations.

STUDY RESULTS The average number of sons and daughters per participant were 1.4 and 1.5 in the study. Expectations for all forms of filial piety remained high. About 90% of older adults expected more than average respect from their adult children. In addition, older adults were more invested in the emotional aspect of care then instrumental support. Less than half of the participants (43%) had expectations of financial support from their children.

<table>
<thead>
<tr>
<th>Expectations for Filial Piety</th>
<th>對孝順的期待</th>
</tr>
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<tbody>
<tr>
<td>Respect</td>
<td>尊重</td>
</tr>
<tr>
<td>Please &amp; Make Happy</td>
<td>使愉悅</td>
</tr>
<tr>
<td>Greet</td>
<td>嘘寒問暖</td>
</tr>
<tr>
<td>Obey</td>
<td>聽從</td>
</tr>
<tr>
<td>Care</td>
<td>照顧</td>
</tr>
<tr>
<td>Financial Support</td>
<td>經濟支持</td>
</tr>
</tbody>
</table>

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If your children are kind to you, you naturally feel happy. But if they are bad to you, you will not feel good even if you have money. My understanding is that for most of Chinese people, their children do not feel concern about their parents anymore. That is due to American influences. It is to take care of yourself only.
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- Study Participant

CONCLUSION Chinese older adults continue to place high filial expectations on adult children. Consistent with findings in Chinese populations worldwide, our study documents shifts in filial piety expectations among older adults. The notion of intangible emotional care and respect were highly expected, more so than physical caring or providing financial support. It is imperative to improve adult children’s understanding of the needs of older adults. Social services agencies can assist family members in learning to offer adequate support to their parents.

結論 華裔老人對孝順期望類型的轉變顯而易見。與實際照顧或者財務支持相較，父母對於兒女情感關懷以及尊重期待更高。成年子女對老人需求的瞭解至關重要，社服機構需協助家庭成員學習為父母提供更充分的支持。
BACKGROUND While the culturally important factor of filial piety dictates children's obligations towards care for the parents, at the same time elders are also expected to provide guidance to the whole family. Therefore, grandparenting in Chinese families is perceived as a continuity of traditional cultural practice. Interaction with grandchildren can be an important source of deriving satisfaction in life. However, the care burdens resulting from grandparenthood could also pose negative influences on older adults' health and well-being.

STUDY RESULTS

- The average number of grandchildren in this study was 4.6.
- 10% reported "taking care of grandchildren in the U.S." as the main reason for immigration.
- 33% spent time on a weekly basis taking care of grandchildren. Among this subset, 19% thought that taking care of grandchildren was a burden. 10% felt that their health was negatively affected as a result of caregiving, and 10% felt pressured by their sons or daughters to take care of their grandchildren.

CONCLUSION Our study shows that one out of ten (10%) older adults immigrated to the U.S. in order to continue the cultural tradition of grandparenting. However, for some older adults, taking up this responsibility while still making adjustments to their new life in the U.S. was challenging. The psychological well-being among grandparents is also important for intensive caregiving. Support to Chinese immigrant grandparents is needed at both family and community levels to ensure their well-being.

背景 中國文化中的孝順傳統規範後輩照顧長者，同時長者也會為後輩提供關懷指導。祖父母在華人家庭中扮演傳輸文化習俗的重要角色。照顧孫輩可讓老人提高生活滿意度，但是研究也指出了照顧所帶來的負擔和壓力可能對老人的身心健康造成負面的影響。

研究結果

- 受訪者平均有4.6個孫子。
- 十分之一的老人認為照顧孫輩是移美主因。
- 三分之一的老人每個星期都需要花時間照顧孫子。其中，19%認為照顧孫子是負擔，10%感覺照顧孫子對自己健康造成負面的影響，同時10%認為兒女曾為照顧孫子而施加壓力。

結論 十分之一的受訪耆老移民美國是為了沿襲照顧孫子的文化傳統。但是，在適應新生活的過程中承擔過多的照看責任對老人的健康帶來挑戰。老人的心理健康是照顧孫輩的重要條件。家庭以及社區都應該為這些耆老提供相應的支持。
BACKGROUND  Religion can be a powerful predictor of health and general life satisfaction. An engagement with the spiritual dimensions of life helps to increase the ability of older people to cope with illness, disability, and grief. By integrating elderly into larger and supportive social networks, involvement in religious institutions may protect against late life loneliness and depressive symptoms.

STUDY RESULTS

IMPORTANCE OF RELIGION  National study reports that about half of U.S. older adults felt their religion to be very important. About 36% of Chinese older adults perceived religion as important.

ATTENDANCE AT RELIGIOUS SERVICES  Our findings show that three quarters of Chinese older adults (76%) have never attended organized religious services. However, participants were more likely to perform religious services at home. About half of study participants (54%) held home services at least once a year, and 10% did daily.

CONCLUSION  More than one third of Chinese older adults perceived religion as important. Holding religious services at home continued to be a common facet of life. This preference of home services over organized religious services can likely be explained by the popular practice of ancestor worship in Chinese homes. Showing respect to ancestors is viewed as a cultural ideal of filial piety put forth by Confucius. The potential effects of religion and spirituality on the well-being of Chinese older adults need to be understood within their unique cultural contexts.

背景 宗教對老年人的健康以及生活滿意度有相當影響。研究指出虔誠的宗教信仰有助老人抵抗身心疾病，參與宗教活動也幫助擴展老人社交圈，防止抑鬱或寂寞症狀。

研究結果

宗教重要性 統計顯示，一半以上的美國老人認為宗教對他們非常重要。百分之三十六的華裔耆老認為宗教是重要的。

參與宗教儀式 四分之三（76%）的華人老人從來沒有參與任何宗教組織活動，約十分之一（12%）每週都會參加。然而，華人老人比較常在家裡進行宗教儀式，例如傳統文化中的祭祖拜神等。百分之五十四的受訪者每年至少在家進行一次宗教儀式，百分之十表示每天都會在家裡進行宗教儀式。

結論 超過三分之一的耆老認為對他們來說宗教是重要的，在家裏進行祭祖拜神是常見習俗，這很可能跟中國傳統的孔孟文化有關，弘揚對祖先的尊重。理解中國的傳統文化才能更全面分析宗教信仰對華裔老人身心健康的影響。
DISCRIMINATION

BACKGROUND Racial discrimination can be a unique predictor of negative health outcomes. In the aging community, discrimination may have more deleterious effects including increased risk of mortality. As the first minority group that faced legally suspended immigration on the basis of race, Chinese Americans had endured a long history of discrimination since the passage of the Chinese Exclusion Act in 1882. Despite a changing social milieu in the modern days, hate crimes against Chinese still persist. National studies show 60% of Chinese Americans reported experiences of discrimination.

STUDY RESULTS

RESPONSE TO UNFAIR TREATMENT We first asked participants how they would have responded to unfair treatment. Three out of four participants (75%) would accept it as a fact of life, and only 25% of the participants would do something about it.

EXPERIENCES OF DISCRIMINATION Overall, one in five (21%) older adults reported having experienced racial discrimination in the U.S. Racially motivated unfair treatment that happened on the street or in a public setting was most common (11%).

CONCLUSION Chinese older adults continue to be targets of discrimination. Their experiences may be explained by increased vulnerability, lack of social contacts, cultural and language barriers. Discrimination could contribute to mental health burdens through adding acculturation stress in this population. With a high percentage of participants “accepting it (discrimination) as a fact of life”, it is likely that the rate of discrimination is under-reported. Recognition of discrimination against Chinese older adults requires greater attention as a focus of public health policy.

背景 種族歧視是影響健康的重要因素，對老人可能產生嚴重甚至致命的健康後果。1882年排華法案使得華人成為美國史上第一個因種族關係不能享有自由平等等的民族。儘管現在美國社會環境不斷變化，但是仍存在對華人的歧視犯罪。在美華人約60%有遭受過種族歧視。

研究結果

對不公平對待的反應 我們首先詢問受訪者，如果他們遭受不平等的對待會如何處理。四分之三的受訪者表示，若遭受不公平歧視，他們會接受現實，只有25%的人會反應舉報。

歧視經驗 五分之一的受訪者曾遭受過歧視，其中最發生在街上或者是公共場所，約有11%的耆老有這樣的經驗。

Experiences of Discrimination

<table>
<thead>
<tr>
<th>類型</th>
<th>百分比</th>
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<tbody>
<tr>
<td>任何一項</td>
<td>21%</td>
</tr>
<tr>
<td>街上或公共場合</td>
<td>11%</td>
</tr>
<tr>
<td>工作時</td>
<td>8%</td>
</tr>
<tr>
<td>醫療護理</td>
<td>3%</td>
</tr>
<tr>
<td>商店或餐廳</td>
<td>3%</td>
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<tr>
<td>找工作</td>
<td>2%</td>
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</table>

結論 由於衰弱體力，缺少社會溝通，以及文化和語言的差距，使得華人老人仍遭受種族歧視。歧視增加了老人文化適應的壓力，從而影響心理健康。由於許多人選擇忍受現實，因此實際受歧視的比例可能更高。剖析並從而解決老人遭受的歧視應是公共衛生政策的重心之一。
**BACKGROUND** Elder abuse is a pervasive global public health problem. Forms of elder abuse can include physical abuse, sexual abuse, psychological abuse, caregiver neglect and financial exploitation. An estimated 10% of American older adults experience abuse each year. The issues of cultural norms also affect the perception, determinants, and impact of elder abuse in different ethnic communities.

**STUDY RESULTS**

**PREVALENCE OF ELDER ABUSE** Our findings show one in four (24%) Chinese older adults were victimized by abuse. Psychological and financial forms of abuse were present in 10% of the participants.

**VICTIMS OF ELDER ABUSE** Chinese older adults with previous abuse experiences may be at risk of re-victimization for elder abuse. About one in three (32%) elder abuse victims has experienced other forms of violence before they turned 60.

<table>
<thead>
<tr>
<th>Elder Abuse</th>
<th>24%</th>
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<tbody>
<tr>
<td>Any Form</td>
<td>32%</td>
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<tr>
<td>Psychological</td>
<td>10%</td>
</tr>
<tr>
<td>Financial</td>
<td>10%</td>
</tr>
<tr>
<td>Caregiver Neglect</td>
<td>5%</td>
</tr>
<tr>
<td>Physical</td>
<td>1%</td>
</tr>
<tr>
<td>Sexual</td>
<td>0.2%</td>
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</table>

**Elder Abuse Victims**

<table>
<thead>
<tr>
<th>Elder Abuse Victims: Victims Who Experienced Other Forms of Violence</th>
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</thead>
<tbody>
<tr>
<td>Any Form 任何一項</td>
</tr>
<tr>
<td>Child Abuse 兒童虐待</td>
</tr>
<tr>
<td>Intimate Partner Violence (IPV) 家暴</td>
</tr>
<tr>
<td>Sexual Abuse Before Turning 60 性侵犯</td>
</tr>
</tbody>
</table>

"Elder abuse is a problem in the community. Older adults are too frail to go out. They depend on their children for help. If the children ignore the elderly, then the older adults will have no place to go." - Study Participant

“老人虐待在社區是一個問題，老人很脆弱無法外出工作，需要依靠小孩。如果小孩不幫忙，老人就無處可去。” - 研究受訪者

**CONCLUSION** Elder abuse is prevalent in the U.S. Chinese community. Immigrant older adults may be more vulnerable due to significant changes in the domain of filial piety and family traditions. These challenges may likely contribute to their risks of abuse. Our previous work suggests Chinese elderly perceived psychological abuse to be more serious than other forms of abuse, and being subject to disrespect was a key form. An exploration of culture and tradition may yield insight into shaping a prevention and intervention framework for abuse of older adults.

結論 老人虐待在華人社區中益發嚴重。華人老人移民過程中所經歷的文化傳統轉變可能使他們相形脆弱，更容易成為被虐受害者。我們先前的研究顯示華人老人認為心理虐待是最嚴重的虐待行為。對者虐待的預防以及干預措施應從對文化傳統的瞭解開始著手。
BACKGROUND Elder self-neglect is the term used to describe situations in which an older person refuses or fails to attend to his/her most basic needs and self-care. Seniors who self neglect are vulnerable to increasing risks of morbidity and mortality. In addition, self-neglected elderly may be at higher risks of being abused by others who may think that the senior is not able to protect himself/herself. The estimated prevalence of self-neglect is 9% in American older adults.

STUDY RESULTS We examined self-neglect phenotypes by personal and environmental observations. After in-home interviews, trained interviewers preformed observations based on the following domains: hoarding, poor personal hygiene, house in need of repair, unsanitary conditions, and inadequate utilities. Results show personal and environmental hazards were present in 12% of participants.

CONCLUSION Self-neglect in older adults and specific personal and environmental hazards were common in the Chinese community. Chinese older adults can fall victim to self-neglect for a number of reasons, including burden of medical comorbidities, physical and cognitive impairment, poverty, depression, and social isolation. Social support by family, community members, and social services providers is very important in helping vulnerable Chinese older adults remain safely in the community.

背景 自我忽視意指老人拒絕或者無法照顧自己以及滿足基本生活需要。自我忽視的老人有更高的病發率及死亡率，同時老人往往被認為沒能保護自己，從而遭受更高的被虐風險。研究表明全美有9%的老人自我忽視。

研究結果 自我忽視可通過個人或者周圍環境觀察來判定。訪談人員在家訪後觀察受訪者家中是否存在囤積物，衛生條件差，個人衛生習慣差或房子待修等狀況。12%的受訪者存在個人或者環境不潔的情形。

結論 老人自我忽視以及個人和環境不潔在華人社區中為普遍情形。由於疾病負擔，貧窮，抑鬱，身體和認知障礙以及社會隔離等原因，華人老人更可能自我忽視。家庭，社區成員以及社工提供的支持對華人老人的健康以及安全有重要的作用。
BACKGROUND  Depression is the most prevalent mental health illness. Late life depression can lead to fatal consequences including both suicide and non-suicide mortality. It is also closely linked to physical illness and disability. Depression in elderly people often goes untreated because many people think that depression is a normal part of aging. Racial disparities in the diagnosis, detection, and treatment of depression are also very common. National studies suggest that 14% of American older adults have clinically relevant depressive symptoms.

STUDY RESULTS Our data show that over half of study participants (55%) reported at least one depressive symptom. About one in three older adults reported trouble with sleep (35%) or lack of energy (31%) in the past two weeks. 16% reported little interests in doing things, and 15% reported feeling down or had trouble concentrating on things.

CONCLUSION Depression is not inevitable during aging. However, Chinese older adults continue to be affected by depressive symptoms. There is ample evidence to suggest that Chinese older adults are more likely to present with the physical aspects of depression (such as sleep problems or pain), rather than mood or cognitive symptoms. This can further complicate recognition and diagnosis of depression. Partnerships must be forged between family, the community gatekeepers, health care professionals, and policy makers to overcome challenges related to detecting, preventing, and implementing treatments for depression.

Depressive Symptoms 抑鬱症狀

- Any Symptom 任何一項 55%
- Trouble with Sleep 睡眠問題 35%
- Little Energy 沒活力 31%
- Little Interests 做事沒興趣 16%
- Feeling Down 情緒低落 15%
- Trouble Concentrating 注意力不集中 15%
- Poor Appetite 胃口差 10%
- Feeling Bad About Oneself 對自己有不好感覺 10%

結論 抑鬱是老化過程中可以避免的現象，然而華裔老人卻持續受到抑鬱的影響。研究顯示華裔老人抑鬱更多表現在身體症狀上如睡眠問題或身體疼痛等，而非情緒或認知方面，這也使對抑鬱的偵測和診斷變得更複雜。家庭成員，社區服務者，醫療服務者以及政策制定人員應攜手克服對抑鬱者老診斷，預防以及治療的困難。
BACKGROUND Similar to depression, anxiety is among the most common mental health issues in the aging population. The two conditions often go hand in hand, with almost half of older adults who are diagnosed with a major depression also meeting the criteria for anxiety. Anxiety is associated with a lack of social connections and a sense of perceiving an environment more threatening than it actually is. It also appears that more socially alienated populations have higher levels of anxiety. The prevalence of anxiety symptoms is estimated for around 20% of the U.S. older population.

STUDY RESULTS Anxiety symptoms were present in 66% of Chinese older adults. The prevalence of feeling tense, worrying thoughts, restlessness, and feeling frightened were 29%, 26%, 24% and 19%, respectively.

CONCLUSION Anxiety is common in this population. However, research on the course and treatment lags well behind research on depression. It is believed that late life anxiety is underestimated. Dealing with anxiety involves improving prevention, treatment, as well as education and training. Stress management may be a critical component of preventing and minimizing anxiety in this immigrant community.

「生老病死是人生必經的過程，關鍵在於我們自己是否開開心心的過每一天。」 - 研究受訪者
BACKGROUND Stress refers to the perception that one’s resources are not sufficient to meet a challenge. A life situation can be damaging to one’s health if it is perceived as stressful. Research suggests perceived stress in late life is related to increased physical illnesses and a decreased sense of life satisfaction.

STUDY RESULTS Three in four study participants (74%) reported signs of stress in the month preceding the survey. Feeling that things were not going their way was present in 40% of participants. About 36% reported a lack of confidence in handling personal problems.

CONCLUSION Although old age can be an exciting and lively time, many older adults struggle to cope with deterioration of physical strength and health. It is likely that language and cultural barriers may further compound stress facing Chinese older adults in America. A better understanding of common life stressors in this population should be the first step towards developing culturally appropriate coping mechanisms and strategies.

“"Our mindsets need to be calm. If our mindset is stressed, then every negative feeling intensifies. Eventually your health suffers." - Study Participant

“我們的心態需要時刻保持清淨。如果有壓力，那負面情緒也會加劇，最終影響我們的身心健康。” - 研究受訪者

背景 壓力是指一個人對自己現有的能量資源感到無法應付挑戰。充滿壓力的生活狀態對一個人的健康有嚴重的影響。研究顯示晚年壓力與身體疾病增加以及生活滿意度下降有關。

研究結果 四分之三的受訪者（74%）在過去一個月有感受到壓力。40%的老人覺得周圍的事情不順利，36%的老人對自己處理個人問題的能力缺乏信心。
BACKGROUND A sense of loneliness is associated with older adults' evaluation of their overall quality and quantity of social interactions. Older adults are particularly vulnerable to loneliness due to the increase of multiple losses, changes, or transitions in late life. More importantly, loneliness has been associated with suicidal ideation. It is estimated that 10% of U.S. older adults complain of frequent feelings of loneliness.

STUDY RESULTS In our study, over one in four (26%) participants reported a sense of loneliness. Feelings of lack of companionship were reported by 21% of participants, and 19% felt left out of life.

CONCLUSION Loneliness affects one in four Chinese older adults. Social isolation and the absence of social support network may trigger loneliness in Chinese older adults. Providing social support and companionship, as well as developing more bilingual social activities may help reduce loneliness among Chinese older adults.

I feel the most terrible thing for old people is to be lonely. No one talks to you and no one cares about you. Having two or three meals a day, then all you can do is to sit down facing the four walls at home. Like watching TV, you could only watch the programs that you like; then for the ones that you don't like, you can only go to sleep. But then how long can you sleep in a day? - Study Participant

「我覺得老年人最怕的是孤獨。沒人跟你說話，沒人關心你。除了每天三餐之外，你能做的就是對著四堵牆。若看電視，你只能收看你喜歡的節目，播放到你不喜歡的，你就只能去睡覺了。但難道你能睡一整天嗎？」 - 研究受訪者

CONCLUSION 孤獨感影響了四分之一華裔老人的生活。社會疏離以及缺乏社群支持可能是導致華裔老人孤獨感的重要原因。提高社會支持以及陪伴，提供更豐富的雙語社交活動可以幫助減低華裔老人的孤獨感。
BACKGROUND Mental health status is associated with attitudes towards the future. Having a sense of hopelessness often reduces older adults’ confidence and willingness to combat illnesses, and increases the incidence of mortality. In addition, the sense of despair may deter older adults from seeking timely medical treatment.

STUDY RESULTS A sense of hopelessness and despair was common in this study sample. Around half of the participants (46%) endorsed at least one item of feelings of hopelessness.

Feelings About Future 對未來看法

<table>
<thead>
<tr>
<th>Item</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Item 任何一項</td>
<td>46%</td>
</tr>
<tr>
<td>Unlikely to Satisfaction 不能得到滿足</td>
<td>20%</td>
</tr>
<tr>
<td>No Faith 對未來沒信心</td>
<td>17%</td>
</tr>
<tr>
<td>Unlikely to Achievement 不期待得到想要的</td>
<td>15%</td>
</tr>
<tr>
<td>More Bad Times Than Good Times 不期待未來更好</td>
<td>12%</td>
</tr>
<tr>
<td>Limited Expectation to Success 不期待成功</td>
<td>12%</td>
</tr>
<tr>
<td>Only See Unpleasantness 看不到愉快</td>
<td>12%</td>
</tr>
<tr>
<td>Seemed Dark 未來一片黑暗</td>
<td>9%</td>
</tr>
</tbody>
</table>

CONCLUSION The high sense of hopelessness among Chinese older adults may likely be explained by various psychosocial and physiological changes brought about by migration and aging. The deep-rooted cultural belief of fatalism may also play a key role. While older adults feel they have limited ability to shape the future, the ultimate outcome, such as having a physical illness or experiencing a loss, is often thought as pre-determined by destiny. Reducing the likelihood of hopelessness by promoting active and positive aging with culturally sensitive measures should be a public health priority.

結論 華裔老年的高絕望感可能與移民以及老化變化影響，或文化中根深蒂固的宿命論也可能相關。老人經常認為無力改變未來，而身體疾病以及失落都是命運決定的。通過宣揚積極正面的老齡化思想，從而降低華裔老人的絕望感，是公衛政策的首要任務。
BACKGROUND Suicide is a substantial public health threat. Older adults have higher rates of suicide than other age groups. Over the age of 65, there is one estimated suicide for every 4 attempted suicides. The overall suicide rate for aged 65 and over is 14.3 per 100,000, and the figure rises to 16.3 per 100,000 for those over 75 years old. Among all ethnic groups, Chinese Americans aged 65 and over have the highest rate of completed suicides. Suicide rate is also a higher leading cause of death among Chinese older women than other groups of elderly.

STUDY RESULTS Our findings show that 3.7% of participants aged 60 and over reported suicidal thoughts in the past year, compared to 2.3% of U.S. older adults aged 50 and over. For suicide attempts, the lifetime prevalence was 9 per 1,000. When asked about suicide plans, overdose, medication and jumping from heights were the most commonly reported methods. In addition, 2% of participants reported knowing a friend, family member or spouse who felt suicidal.

You might not agree with me. But sometimes when I feel bad about my life I would rather swallow a pill and die as long as it is not too painful. - Study Participant

「你可能不同意，但有時候我真覺得活不下去了，只要不是很痛苦的話，乾脆吃粒藥死了算了。」 - 研究受訪者

CONCLUSION Elderly suicide is deeply affected by social, cultural, and familial contexts. Health professionals on the frontline should consider outreach programs particularly designed to increase familial, social and community support for Chinese older adults. Direct suicide prevention strategies with culturally and linguistically sensitive services, including hotlines and counseling programs should be expanded.

背景 自殺是嚴重公共衛生威脅。年齡越大自殺死亡率也越高，美國六十五歲以上老人自殺人口為每十萬人中有14.3人，七十五歲以上年齡層則增加至16.3人。與其他族裔相比，華裔65歲以上的老人自殺率最高，同時，自殺的死因在華裔女性老人中排名也比其他族裔高。

研究結果 3.7%的六十歲以上受訪者在去年曾有自盡的想法，全美五十歲以上比例則是2.3%。受訪者一生中有自殺企圖的比例為每一千人中有9個。當問及自殺計劃時，服藥過量以及跳樓是最常見的想法。此外，2% 受訪者知道身旁配偶，家人或者朋友曾有自盡的想法。

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BACKGROUND Characteristics of neighborhoods have direct impact on the health of residents. In addition, because residential environment is highly associated with ethnicity and social positions, neighborhood features can contribute to health inequalities. Given that older adults’ geographic world may shrink with decreased physical mobility, the role of community and its support is even more critical. Among U.S. older adults, “aging in place” is a common residential pattern. Only 5% of elderly move each year.

STUDY RESULTS

SENSE OF COMMUNITY The term “sense of community” helps evaluate the nature and quality of older adults’ social relationships in the community. Participants were asked about their perceived sense of membership or shared emotional connection with their neighborhood. Our data show Chinese older adults had a high sense of belonging in the community; 87% of participants felt that their community is a good place to live.

NEIGHBORHOOD PROBLEMS AND UNSAFE CONDITIONS Unsafe conditions and community problems are critical indicators of the quality of life of older adults. With respect to perceived neighborhood problems, about half of the older adults (45%) heard loud noises and 38% elderly saw trash and litter. Safety issues were also reported.

CONCLUSION Understanding the dynamics of older adults in their residential contexts has important implications for public health policy. The high sense of community reported from the seniors may help promote well-being and quality of life, and reduce acculturation stress. However, neighborhood problems warrant equal attention. One in three older adults felt unsafe walking around in their own community. When Chinese elderly are aging in their newly found home, more policy efforts should be made to further improve the neighborhood context in which they live.

<table>
<thead>
<tr>
<th>Neighborhood Problems 社區問題</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Loud Noise 噪音</td>
<td>45%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trash 垃圾</td>
<td>38%</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Unsafe to Walk Around 行走不安全</td>
<td>36%</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Poor Maintenance 缺乏維修</td>
<td>32%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vandalism 破壞公物</td>
<td>27%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sense of Community 社區意識</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A Good Place to Live 這是可以生活的好地方</td>
<td>87%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feel at Home in the Community 住在這有家的感覺</td>
<td>82%</td>
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</tr>
<tr>
<td>Expect to Live Here for a Long Time 希望在這住很久</td>
<td>79%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is Important to Live Here 住在這很重要</td>
<td>79%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can Get Along with Neighbors 與鄰居相處得來</td>
<td>73%</td>
<td></td>
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</tr>
</tbody>
</table>
華人松年報告是目前第一份針對大芝加哥地區華裔老人所做的健康調查，希望透過社區和學術的合作，了解華人所面臨的健康問題，並結合各方研究資源和服務力量，提出解決方式以提升華人社區福祉。尤其隨著人口老化及壽命的延長，我們不僅希望華人身體健康，免除病痛，但同樣重要的更是生活品質，也就是所謂的成功老化。華裔老人是我們社區中尊貴的一份子，如儒家文化中俗話所說，家有一老，如有一寶，更需要我們提供更多關注，透過這份華人松年報告，華人在美國頤養天年的生活有更豐富完善的健康保障。華人松年報告顯示由於社會，文化和語言等多重障礙，華裔老人正面臨複雜的健康挑戰。這些問題包含慢性疾病，身體殘障，心理壓力，移民適應，老人虐待等，若我們華人社區中需要及時關注，才能夠更全面的為華裔老人提供更全面的華人文化語言的健康服務，增加生活品質。然而這一系列的問題也是轉機，正為家庭成員，社區工作者，研究人員，醫療服務人員，社會服務機構和政策制定者說明提升老人健康的契機。

### 疾病預防以及干預
促進健康的老齡化尤其重要，應為老人提供更多的疾病預防以及治療。同時，在華人文化中，定期檢測健康問題的習慣並不普遍，導致有許多疾病並沒有得到及時的治療，這方面我們需要更多的教育宣導，讓耆老了解並且善加利用政府所建議提供的預防性服務。

### 醫療服務利用
我們應為華裔老人提供更多配合語言以及文化的醫療服務，尤其是心理疾病相關的服務，提供可負擔的保險，中文服務，交通工具和文化適合性照護。

### 以家庭為中心的醫療聯盟
基於家庭成員在中國文化中的重要意義，必須加深家庭成員對華裔老人的了解，當務之急是要培養兩代間的良好關係以及弘揚孝順的文化傳統。

### 社區服務
為老人提供多語言多文化的服務是社區機構的重要職能之一，應設計更多以社區為主的健康提升活動。我們的報告結果也顯示，社區中心在耆老的生活中也扮演重要社交活動的提供角色，完善的社區服務對耆老的生活品質有最直接的關係。

### 公眾的認同以及教育
提高華裔群體的疾病防範意識關鍵在於擴展健康促進項目。我們應投入更多資源提高老年人對心理疾病和老年虐待等健康問題的認識。

### 醫療人員的教育以及培訓
對醫療人員進行文化適當度高的教育可提升華裔老人及其家庭得到應有的服務。教育培訓項目應強調華裔老人獨特的社會文化背景。符合這些文化與語言獨特性的工作坊與研討會影響到華裔老人的使用行為以及滿意程度。

### 州市介入
政府應該成立相關委員會，系統性的研究調查針對華裔老人的服務。在州市所提供的健康服務與華裔老人的文化背景相應，針對華人中常見的疾病多增設服務項目。

### 基金支持
州市政府應該給予基層社區更多支持。慈善機構，州立衛生研究院等應為社區參與性研究提供更多基金以設計適當文化的預防和干預措施。

### 政策改革
我們要和政策制定者一同合作，確保全球性的法律，例如美國老年人法，老年人公平法等，能夠提供更全面的華人文化語言的服務給耆老。我們需結合美國衛生與社會保障部（美國老年管理機構，國家衛生研究院，聯邦醫療保險與醫療補助服務中心，濫用藥物和心理健康管理中心）一起調查與華裔人群相關的醫療服務。州立及聯邦法律制定者需在法律制定中詳細考慮少數族裔的利益。

### 未來研究
華人松年研究只是我們邁向了解華裔老人健康情形的第一步，我們需更深入調查華裔老人的健康行為，社會，家庭以及文化因素。在此基礎上設計更多有效的預防措施，我們需要長期追蹤研究華裔老人健康狀況的變化。同時也需理解成年子女或其他重要的家庭成員對老人健康的看法。此外，我們還需將華裔老人的健康狀況研究延伸到全球不同華裔老人的健康狀況的瞭解。

### 結論
在過去180多年，華裔群體為美國的現代化發展作出了卓越貢獻。儘管如此，華裔老人沒有完整享受醫療領域的發展成果。作為西方國家中針對華裔老人最大規模的健康研究，華人松年報告揭示了華裔老人面臨的身體，心理等多重壓力。我們強烈呼籲更多社區合作，更完善的醫療服務，更深入的研究議題和政策提案來幫助這個弱勢群體。正如我們在報告中所說，這項研究的目的是希望對在美華人社區和健康有所貢獻：「我們想反映我們聆聽民意，讓政府有所改變，讓我們的問題可以得到解決。」藉著華人松年報告的出版，華裔老人已表達他們的需要，這是我們應該做出行動的時刻了。
Chinese older adults are confronting significant life challenges and health disparities due to multiple social, structural, cultural and linguistic barriers, discussed throughout this report. Nevertheless, these health challenges also represent tremendous opportunities for family members, community stakeholders, researchers, health professionals, social services agencies and policy makers to work in concert to improve the health and well-being of this vulnerable population.

- **DISEASE PREVENTION AND EARLY INTERVENTION**
  Targeted efforts are needed to identify at-risk older adults and provide early intervention and preventive measures. The promotion of successful and healthy aging is especially critical.

- **ACCESS TO HEALTH CARE SERVICES**
  Culturally and linguistically appropriate care resources are needed for medical and mental health services. There is a need to eliminate access barriers through: affordable insurance coverage, literacy and linguistically appropriate communication and education about services and insurance options, improved transportation options, and culturally appropriate care.

- **FAMILY-CENTERED HEALTH ALLIANCE**
  Family members’ deeper understanding of their aging parents’ needs is critical in promoting healthy aging. It is imperative to help nurture and support intergenerational relations and filial piety values.

- **COMMUNITY SOCIAL SERVICES**
  Community-based organizations are well-positioned to provide older adults with bilingual services, social activities, and care programs. Initiating community-based health-related activities is needed to effectively promote successful aging.

- **PUBLIC AWARENESS AND EDUCATION**
  We need to expand health promotion programs with the intent of raising awareness and the level of health knowledge. Efforts to educate older adults with respect to under-recognized medical conditions, including psychological distress and elder abuse issues, are particularly crucial.

- **HEALTH PROFESSIONAL EDUCATION AND TRAINING**
  Culturally grounded education will help ensure that more Chinese older adults and families can receive necessary health services. The trainings must emphasize the unique medical, social, and cultural complexities of vulnerable Chinese older adults.

- **CITY AND STATE EFFORTS**
  There is a need for city council and governor appointed commissions to systemically examine the state-of-care for Chinese older adults through existing city and state services.

- **FUNDING SUPPORT**
  The city and state need to better support grass-root community organizations. We need the private philanthropic foundations, NIH, CDC, and SAMHSA to support a wide range of community engaged research including CBPR and to devise culturally sensitive intervention and prevention strategies.

- **POLICY REFORM**
  We need to work with policy makers on relevant national policies (Older Americans Act, Elder Justice Act, among others) to ensure that linguistically and culturally appropriate services are provided to protect vulnerable older adults. We need to work with DHHS (AoA/ACL, CDC, CMS, SAMHSA, and ASPE) to examine the relevant existing programs and services that can potentially impact the health of the diverse and rapidly growing Chinese populations. We need the broad support of state and federal law makers to integrate the importance of diversity and culture in existing and future legislation to support our increasingly diverse aging populations.
FUTURE RESEARCH

The PINE Report is only our first step towards understanding the dynamics of health and well-being among Chinese older adults. An expanded research agenda is needed to deepen our understanding of the biological, behavioral, familial, social, and cultural factors that predispose Chinese older adults to these health disparities. We need to conduct longitudinal studies to examine how the health status of these older adults changes over time in order to better understand risk and protective factors associated with health disparities.

In addition, it will be imperative to understand the intergenerational perspectives on the health of older adults from viewpoints of adult children or other key family members. Moreover, due to the vast diversities within the Chinese populations, we need national and international studies to provide in-depth information on the health of the global Chinese aging populations.

CONCLUSION

Over the last 180 years, Chinese populations have contributed greatly to the building of contemporary U.S. society and have continued to grow rapidly. Despite scientific and medical advances, U.S. Chinese older adults experience disproportionate health disparities, which further limit them from benefiting from these advances. Through this largest cohort of Chinese older adults ever assembled in Western countries, The PINE Report illustrates the physical, psychological, and social challenges, barriers, and stressors of their daily lives. We call for increased family and community care, improved delivery of care, expanded research agendas, practice changes and policy reform for our vulnerable communities. As a study participant stated, “We want to reflect our opinions so that the government can have improvement. Any social problems can be improved upon. We just need to express it.” Chinese older adults have voiced their needs. Now, it’s our turn to make a difference.

REFERENCE LIST


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