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SOUDERTON, Pa. — Two thick blankets wrapped in a cloth tie lay near a single pillow on the red leather sofa in Phuong Lu's living room. Doanh Nguyen, Ms. Lu's 81-year-old mother, had prepared the blankets for a trip she wanted to take. "She's ready to go to Vietnam," Ms. Lu said.

But Ms. Nguyen would not be leaving. The doors were all locked from the inside to prevent her from going anywhere — not to the coating of snow that had fallen that day outside Ms. Lu's suburban Philadelphia home, and certainly not to her home country, Vietnam.

Ms. Nguyen has Alzheimer's disease, and Ms. Lu, 61, a manicurist who stopped working two years ago when her mother's condition worsened, is her full-time caretaker. In Vietnam, if a couple has children, the children must stay home and care for their parents, Ms. Lu said. Elders "don't want nursing home," she said: Being in a nursing home creates "trouble in the head." The family now relies financially on Ms. Lu's husband, a construction worker.

In a country that is growing older and increasingly diverse, elder care issues are playing out with particular force and resonance for many Asian-Americans. The suicide rate for Asian-American and Pacific Islander women over 75 is almost twice that of other women the same age. In 2012, 12.3 percent of Asian-Americans over 65 lived in poverty, compared with 9.1 percent of all Americans over 65. Nearly three-quarters of the 17.3 million Asians in the United States were born abroad, and that population faces the most vexing issues.

Language barriers and cultural traditions that put a premium on living with and caring for the elderly further complicate the issue at a time when the

population of older Asian-Americans is surging. According to the Administration on Aging, an agency of the Health and Human Services Department, the number of Asian, Hawaiian and Pacific Islanders over age 65 is expected to grow to 2.5 million by 2020 and 7.6 million by 2050, from less than one million in 2000.

Asian-Americans are hardly alone in their commitment to care for aging relatives themselves. Many Hispanic families share a belief in “familialismo,” the idea that family members will take care of one another. But despite those cultural expectations, more Latinos are entering nursing homes, and long-term care facilities that specifically serve Latinos are increasingly in demand. Also, finding a home health aide or nursing home supervisor who speaks Spanish is usually much easier than finding one who speaks, say, Khmer.

Zhanlian Feng, a senior research analyst at RTI International who has studied demographic shifts, said that filial piety, or respect for one’s elders — a concept based on Confucian philosophy — was a large part of Asian-Americans’ cultural expectations surrounding elder care.

“This idea that the younger generation is culturally mandated to take care of their parents is deeply ingrained in the Chinese culture,” Mr. Feng said. “Children are supposed to take care of older parents in need. That’s the tradition.” But that tradition is slowly being eroded, he said, by the increasing number of families that are geographically dispersed or in which both spouses have to work.

That is changing somewhat both here and in Asia. The aging population has forced some communities in China to create nursing homes and assisted-living facilities, which barely existed in the country years ago, Mr. Feng said. And retirement communities for Asian-Americans are becoming increasingly popular.

Health care providers in the United States must confront culturally sensitive questions like whether to address someone by their first name or whether to ask someone who may have been a refugee about war trauma. Language barriers, particularly for those Asian-Americans who do not speak English and rely on their children for help navigating elder care systems, are also a major hurdle, said Kun Chang, the Northeast regional coordinator at the National Asian Pacific Center on Aging.

Mr. Chang said that limited English proficiency among older Asian-Americans was “the No. 1 issue.” “Are we able to address that culturally and with

linguistic services?” he said. “When you cannot communicate with someone, how can you get further information?”

For Ms. Lu, putting her mother in a nursing home where she would be unable to communicate with the staff is, at the moment, not an option. Instead, through a program offered by Penn Asian Senior Services, known as Passi, she is learning how to care for her mother at home. But despite Ms. Lu’s sunny demeanor, the strain of caregiving is becoming evident.

“I don’t work, but I’m so tired,” she said. “Sometimes it makes me crazy, too.”

She began to lock the doors after Ms. Nguyen left the house one night and walked a few miles alone before the local police found her and brought her home. Ms. Nguyen has also been known to remove framed family portraits from the living room wall to take with her on her imaginary trips to Vietnam.

“If I can’t take care,” Ms. Lu said, she will have to consider a nursing home. “But not now,” she said. “In the nursing home she’s scared.”

The challenges Ms. Lu and so many others are facing underscore the need for culturally competent elder care services for Asian-Americans, said Im Ja Choi, the founder and executive director of Passi, which offers training classes for home health aides who speak languages including Korean, Mandarin and Vietnamese.

Ms. Choi founded the organization after her own mother developed stomach cancer. “When she was sick, I could not just abandon her at a nursing home,” Ms. Choi said. “That’s not in my culture, either.” She added: “That’s the agony of Asian-Americans. They have to work, and their children go to school and their parents remain at home by themselves. They put them in a senior housing complex, and there they are alone.”

The need for services that would allow Asian-Americans to keep their loved ones at home, where they can speak their own language and eat familiar foods, has had an impact on Ms. Choi’s organization. The center is expanding to a new two-building, 29,300-square-foot facility in Philadelphia, where it will provide ethnic meals, a community center, counseling, caregiver training and other activities for clients of a variety of Asian nationalities, including Cambodian, Chinese and Korean. Ms. Choi said that the center would also serve non-Asian clients and that the aides there had worked with patients of other races and ethnicities.

“I am a proponent for home care because my mother, who everybody predicted wouldn’t live more than two months, lived eight years under my care,” she said. “That’s living proof.”

Pheng Kho, 68, came to the United States from Cambodia in 1981 with his wife, his two children and his mother, Oun Oy. In 2012, Ms. Oy, 90, had a stroke that left her unable to perform many daily tasks. “After she left from the hospital, at that time she cannot stay home alone,” Mr. Kho said. “She cannot do anything like prepare a meal by herself.”

He and his wife tried to care for Ms. Oy alone but soon realized that, while they did not want to send her to a nursing home, they needed help. “She don’t want to go there,” Mr. Kho said of a nursing home. “When she was in the emergency room, she wanted to go home.” In the summer of 2012, the family contacted Ms. Choi’s organization, and they now have a Cambodian home health aide who visits twice a week.

Mr. Chang of the National Asian Pacific Center on Aging said that as the aging Asian-American population increased, he expected to see more community groups and nonprofit organizations trying to provide tailored elder care services. Mainstream long-term care providers are just beginning to realize the challenges in serving the Asian elderly, he said.

“They haven’t figured this out because they have to think in a very different way to address this issue,” Mr. Chang said. “They have to hire more bilingual staff to design these services. It’s a cultural change.”

AARP is also setting its sights on this demographic, said Daphne Kwok, the organization’s vice president of multicultural markets and engagement for Asian-Americans and Pacific Islanders. The organization has been meeting with groups like Mr. Chang’s to learn more about the needs of the population and to recruit new members.

Ms. Kwok described the term “caregiving” as “mainstream terminology.” For Asian-Americans, “it is what is expected of us,” she said. “We don’t see it as caregiving in the American definition of caregiving.”