

**Sustaining Minority Elders in Their Communities
Korean Elders in the Twin Cities:
A Community Needs Assessment
2006**

Prepared by
Metropolitan Area Agency on Aging
2365 N. McKnight Road, Suite 3
North St. Paul, MN 55109-2264
Main Phone: 651-641-8612
Fax: 651-641-8618

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For further information about Korean elder services

Contact Gaoly Yang at MAAA by phone 651-917-4603 or email Gaoly@tcaging.org for further information on these Korean-specific elder services:

- Home health services including Personal Care Attendants (PCAs)
- Adult day programs
- Assisted living programs
- Adult foster care
- Meals on wheels

TABLE OF CONTENTS

Introduction 1

Methodology..... 1

Population Characteristics..... 3

Demographics 3

Health and Functional Characteristics..... 5

Findings from Interviews and Focus Groups..... 7

Current Service Utilization 7

Findings from Interviews and Focus Groups..... 7

Service Gaps 8

Cultural Considerations 8

Conclusion..... 10

Introduction

As part of the Metropolitan Area Agency on Aging (MAAA)'s *Sustaining Minority Elders in Their Communities* project, Korean Service Center (KSC) staff worked with the MAAA and Malone Consulting to conduct a needs assessment of the Korean elder community related to long-term care services. KSC received funding from the MAAA to assess the Korean community's needs to serve frail elders through focus groups with elders and key informant interviews. The MAAA staff conducted focus groups with care coordinators to assess their views about services among the Korean elder population. The MAAA also provided data from the 2000 Census and state Medical Assistance (MA) beneficiary records for Korean elder program participants. Malone Consulting analyzed this data to provide a general indication of the potential need for long-term care services.

The goal of the "Sustaining Minority Elders in Their Communities" project is to develop new high quality services for elders that respect and honor different cultures and the family role in caring for elders.

This assessment:

1. Addresses the current and future needs of Korean elders for home- and community-based, culturally specific services
2. Examines the likelihood that Korean elders will use non-family care
3. Identifies potential opportunities to enhance support of Korean elders within the Korean community.

Methodology

The Korean Service Center (KSC) contracted with CHIA Consulting, Inc. to conduct individual interviews with Korean elders and key informants. All interviews took place during May 2005.

Twenty-two (**22**) **Korean elders** were interviewed. A list of Korean elders was generated by KSC staff through churches and other community contacts. In some cases, KSC staff called prospective interviewees to inform them about the interview. The actual telephone interviews were conducted by two consultants who are both native Korean language speakers. KSC staff provided a mini training session to the bilingual interviewers to ensure culturally-appropriate approaches were used. During the interviews, some elders' caregivers (usually family members) answered for elders. Questions for the elders addressed only the need for services, current services and cultural factors.

Throughout the process, interviewers maintained cultural appropriateness and kept the questions brief. Frequently, interviewees were not aware of KSC services. In these cases, interviewers would identify the KSC Executive Director's and Program Coordinators' names. Despite interviewers' attempts to be culturally sensitive, some interviewees called KSC staff to verify interviewers were associated with KSC. Although the interview instrument included many questions, interviewers encountered several barriers resulting in their inability to obtain responses for all questions, including:

- Some interviewees were hearing-impaired;
- Cultural and language-related issues such as interviewees' inability to identify or pronounce the city in which they live;
- Some age-related issues including some interviewees' inability to comprehend the questions

Six **(6) key informants** were interviewed. Key informants were selected based on their frequent contact with the Korean elder community as service providers, or as former or current leaders within Korean Service Center. These informants worked closely with the Korean Service Center and the population of Korean elders who currently live at the Cedar Riverside apartments. Prior to the interview, staff sent a letter to advise key informants they would be asked to participate in an interview. This activity was necessary to establish trust. Interviews with Korean key informants were conducted in English. Five interviews took place over the phone and one was conducted face-to-face. Key informant questions addressed four topics: caring for the elderly in Korean culture, need for services, current services, and cultural factors.

The MAAA staff conducted focus groups with **29 case managers** from the following agencies: 14 - Ramsey County; 4 - Hennepin County; and, 11 MSHO case managers groups divided in two groups. (MSHO is Minnesota Senior Health Options a managed care product provided by several health plans.) Staff asked the case managers to identify the long-term care needs of the elders, current services available, and any gaps in service.

The case managers of the MSHO product work closely with elders who receive publicly-funded services under the *Elderly Waiver (EW)* program. Waiver programs provide Medical Assistance (MA) funded home and community-based services to elders at risk for nursing home level of care. Counties are responsible for purchasing services for elders under the age of 64 eligible for the Community Assistance for Disability Individuals (CADI) programs as well as for elders 65+ for the Elderly Waiver (EW) and Alternate Care (AC) programs. MNSHO healthplans case managers are responsible for purchasing services for elders eligible for the EW program.

The information gleaned from the interviews and focus groups was augmented by Malone Consulting with an analysis of data from the 2000 Census and MN Department of Human Services' (DHS) data about Korean Medical Assistance (MA) beneficiaries. There are significant limitations to the Census data that result in an undercounting of the Korean elder population. The data is limited because it identifies elders by country-of-origin or language rather than by ethnicity. However, the data is provided in order to give an overall indication of the potential need for long-term care services by the Korean elder population, as well as current and potential future service utilization.

CHIA Consulting, Inc. provided the vast majority of the content for this report including the analysis of the elder and key informant interviews and case manager focus groups as well as an analysis of some of the data pieces. The MAAA incorporated the remaining data pieces and additional focus group input to create this final report. A conclusion section was added to highlight the major findings from all of the sources regarding the current and future need for long-term care services of the Korean elder population.

Population Characteristics

The following section highlights demographic information related to the overall elderly Korean population in Minnesota. This information is provided to give an indication of the potential need for publicly funded long-term care services. The data should be used to identify general proportions of the elderly population that may be at risk for needing long-term care services.

The primary source of this information is the 2000 Census. The majority of the data was pulled from the Census Public Use SF2 Files. The SF2 information is only available for Census tracts in which there are at least 100 persons of the specified subcategories, e.g., racial/ethnic group. As a result, these numbers should be thought of as the minimum likely number of individuals in any given table. The remaining tables display data from the Census Public Use Micro Sample (PUMS) data files. These numbers are based on population areas that have at least 100,000 residents. These numbers may not exactly match the SF2 numbers because they are based on a selection of 5 percent of all household forms returned to the Census and also often under-represent smaller population groups.

Additional information is presented from the MN Department of Human Services' (DHS) records of Medical Assistance (MA) beneficiaries in March 2005. The information is provided for those MA beneficiaries for whom a Korean-language interpreter was requested in their records. It is assumed by state DHS program officials that this request was not made for a significant number of Korean elder MA beneficiaries and that they are actually included in the "Asian unknown" category of the MA database. As a result, the number of Korean elders reported to have received MA and MA waiver long-term care services in March 2005 is likely an under-representation. In 2005, Korean Service Center (KSC) records showed 116 clients receiving MA, and 38 receiving community based long-term care waiver services through KSC programs.

Demographics

According to the 2000 Census, there are 888 persons identifying as Korean over age 50 in the seven county Twin Cities metropolitan area. The Korean elder population is relatively young, with only 28 percent (245) over the age of 65. As illustrated by Table 1, the majority of those over 65 (62 percent) live in Hennepin county, with the next largest populations in Ramsey county (20 percent) and Dakota county (13 percent).

Table 1: Korean Elders in the Selected Twin Cities Metro Counties, 2000

County	Total Age 50+	50-64	65-74	75-84	Age 85+	Total Age 65+
Total 7-County Metro Area	888	643	144	83	18	245
Anoka County	15	7	6	2	0	8
Carver County	10	8	2	0	0	2
Dakota County	105	73	20	12	0	32
Hennepin County	625	473	92	49	11	152
Ramsey County	117	68	22	20	7	49
Scott County	16	14	2	0	0	2

Source: Census 2000, SF2 files.

Poverty status of those living with others versus those living alone (Census). Just over 40 percent of Korean elders age 65 and older live alone, while 29 percent live with a spouse and 28 percent live with family. A total of 81 (33 percent) live below poverty level, all of whom are 65 years of age or older and live alone. No Koreans elders between the ages of 50 and 65 live alone or in poverty. Income information in the Census is based on the income of the total household, not the individual's income. Thus, the actual number of Korean elders who are living below poverty based on their own individual income is likely much higher than the numbers shown in this table.

Table 2: Living Arrangements by Poverty, Ages 50+, 2000

Age Group			Above or Below Poverty		Total
			Above Poverty	Below Poverty	
Age 50-64	Living Arrangements	Live alone	0	0	0
		Live with Spouse	181	0	181
		Live with Family	76	0	76
		Live with Non-family	14	0	14
	50-64 Total		271	0	271
Age 65 Plus	Living Arrangements	Live alone	23	81	104
		Live with Spouse	72	0	72
		Live with Family	68	0	68
		Live with Non-family	0	0	0
	65+ Total		163	81	244

Source: Census 2000, PUMS data.

According to the Medical Assistance beneficiary records, there were 41 Korean adults in the Twin Cities metropolitan area who received MA services in March 2005. Of these, five are under age 65 and 30 are women.

Table 3: Korean MA beneficiaries by age group, by county, March 2005

Age Categories	7-County Metro Total	Anoka	Carver	Dakota	Hennepin
50-64	5	1	0	1	3
65-74	13	0	2	1	10
75-84	15	1	0	1	13
85+	8	0	0	1	7
Total	41	2	2	4	33

Source: DHS Data Warehouse

Differences in Data: Census and Medical Assistance. There is a gap between the reported number of Medical Assistance recipients (41) and the reported number of adults over age 65 living in poverty by the Census (81). The 40 individuals not accounted for seem to be not accessing Medical Assistance programs even though they are eligible due to their low income status. The combination of their age, potential disability and low-income state makes these impoverished elders ideal candidates to benefit from assistance programs. As noted previously, limitations in the way Korean elders are identified in the MA database likely undercounts Korean elders. Korean

Service Center records indicate 116 elders receiving Medical Assistance benefits in March 2005.

Elder Interview Demographics. Of the 22 Korean elders interviewed for this study, fourteen were female and eight were male. Thirteen live in Minneapolis and nine live in the surrounding suburbs. The most common living arrangement is with spouse and/or adult children. Seven indicated they live alone.

Health and Functional Characteristics

The following section provides information regarding the health and functional status of Korean elders age 50 and older. As with the data in the previous section, the Census information is likely undercounting those individuals who have a disability of some type since it is based on a 5 percent selection of the forms actually returned to the Census in 2000. Additional information is presented from the MN Department of Human Services’ (DHS) records of Medical Assistance beneficiaries in March 2005. The data is limited by what information DHS tracks on its beneficiaries. However, it can provide an indication of the potential need for additional services in the future for this population, especially for those in the 50-64 age group. In addition, a comparison of the two data sources might identify a group of Korean elders for whom MA services may be beneficial today.

Number of individuals reporting disabilities. According to the Census, almost 40 percent of the 50+ Korean population reported having any disability. Half of all Korean elders age 65 and older reported having any disability while 30% of Korean elders age 50-64 reported having any disability. Individuals reporting “any disability” may be currently using long-term care services or are likely to be at a higher risk of needing these services than the general population. No Korean elder reported having a self-care disability. Those reporting a “self-care disability” are highly likely to require long-term care services. The definition for self-care disability is similar to the ADL (Activities of Daily Living) and IADL (Instrumental Activities of Daily Living) categories of need for human assistance are described in more depth below.

Table 4: Korean elderly reporting any disability, by age 50-64 and 65+

Age Category	Any Disability Yes	Any Disability No	Total
Age 50-64	81	190	271
Age 65+	122	122	244
Total, age 50+	203	312	515

Source: Census 2000, PUMS data. Population: those for whom disability questions were answered.

Table 5: Korean elderly reporting self-care disability, by age 50-64 and 65+

Age Category	Self Care Disability Yes	Self Care Disability No	Total
Age 50-64	0	271	271
Age 65+	0	244	244
Total, age 50+	0	515	515

Source: Census 2000, PUMS data. Population: those for whom disability questions were answered.

Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL). ADLs and IADLs are commonly used to describe activities for which an individual needs help from another person on a daily basis whether they continue living in the community or reside in a nursing home or assisted living facility. ADLs include bathing, dressing,

eating and using the toilet. IADLs include such things as using the telephone, buying groceries, cooking for oneself, and managing one's own medications correctly.

Percentages of MA waiver-eligible Koreans age 50+ with selected IADL/ADL needs are shown in Table 6. Due to the very small number (seven) of Korean waiver beneficiaries, these numbers must be used with great caution. Approximately 29 percent (29%) of the total Korean waiver population needs highly intensive assistance. The most common need for assistance was medication management followed by toileting.

Table 6: Percentage of Korean Waiver clients needing ADL/IADL Assistance*

Total Number of Korean 50+ Waiver Beneficiaries	7
<i>ADL/IADL need</i>	<i>% (# of people)</i>
Medication Management	57.1% (4 people)
Dressing	14.3% (1 person)
Toileting	42.9% (3 people)
Waiver recipients with Zero of selected** ADL/IADL needs	0% (0 people)
Waiver recipients with 1 or 2 of selected** ADL/IADL needs	71.4% (5 people)
Waiver recipients with 3 or more of selected** ADL/IADL needs	28.6% (2 people)

Source: DHS Data Warehouse

*for MA clients having 12 months of eligibility during study period

**Selected ADL/IADL needs include medication management, dressing, eating, transferring from bed to chair or getting in and out of chair, toileting, and walking 50 or more feet indoors.

Table 7 highlights the prevalence of chronic conditions which are typically linked to the need for long-term care services. These proportions are also based on a very small number (seven) of beneficiaries and must be used with caution. The percentage of Korean elders with Alzheimer's Disease/dementia, diabetes and depression is higher in the waiver population as compared to the overall MA population. Because waiver beneficiaries need a higher level of care than those in the general MA population and chronic conditions are progressive, it is likely only those individuals in the later stages of these conditions are eligible for waiver services.

The prevalence of these chronic conditions provides an indication of need for regular monitoring by a registered nurse as well as other support provided through the waiver program. For example, insulin-dependent elders may require registered nurse supervision for injections, and, therefore, need the services of a licensed home health agency, one of the services on the Elderly Waiver menu.

Table 7: Percentage of Korean MA Beneficiaries with selected diagnoses within the total community population and for the subgroup of waiver-eligible individuals, 7-County Metro Area

Disease	All Community MA Beneficiaries	MA Waiver Population
Alzheimer's/ Dementia	4.2%	14.3%
CVD (cardio-vascular disease)	20.8%	14.3%
COPD (chronic obstructive pulmonary disease)	16.7%	14.3%
Diabetes	20.8%	57.1%
Depression	12.5%	28.6%

Source: DHS Data Warehouse

Differences in Data: Census and Medical Assistance. According to the Census, no Korean elders age 50 and older reported having a self-care disability. However, there are 38 Korean elders Korean receiving long-term care services which address at least some self-care disabilities.

Findings from Interviews and Focus Groups

Although most Korean elders were healthy and living independently, many elder interviewees reported a variety of medical problems that require some assistance. The case manager focus group participants identified basic health problems related to an IADL level of need for assistance. Basic health needs include vision loss, hearing loss, and medication management issues. A Hennepin County case manager noted a fatalistic outlook from Korean elders in which they express the view, “I am old, stuff happens.” This outlook may prevent elders from following up on their health needs.

Current Service Utilization

The data below illustrate the characteristics of those Korean elders who are receiving long-term care services through the Medical Assistance waiver program. According to DHS, seven (7) Korean elders received waiver services as of March 2005. Of these individuals, two (2) received home delivered meals, three (3) received a skilled nurse visit, five (5) participated in assisted living, and six (6) received home medical supplies or equipment. Some individuals received more than one service. It should be noted Korean Service Center provided waiver services to 38 clients during this period, with the majority receiving assisted living services.

Table 8: Number of Korean EW and CADI Waiver clients receiving at least one unit of service in each of the selected waiver-covered service categories, January 2004 – March 2005, 7-County Metro Area

Waiver Services	All age 50+, (CADI + EW)	Age 50-64 (CADI)	Age 65+ (EW)
Total Eligible	7	0	7
Personal Care Assistance (PCA)	0	0	0
Home Delivered Meals	2	0	2
Skilled Nurse Visit	3	0	3
Home Health Aide Visit	0	0	0
Homemaker Service	0	0	0
Assisted Living Plus and other residential (e.g., foster care)	5	0	5
Med Supp/Equipment	6	0	6
Adult Day Center Services	0	0	0

Source: DHS Data Warehouse

Findings from Interviews and Focus Groups

Korean elders reported currently receiving interpretation assistance, transportation, and IADL supports such as shopping assistance and help taking medications. A few were also receiving a high level of primary care from family members, usually children.

Key informants had a different perspective on the Korean elder community in the Twin Cities than the elders. Key informants reported a majority elders they knew or worked with receive Medical Assistance, though they were unsure how many receive Supplemental Security Income (SSI). They said elders had to be low-income to live in public housing, which would indicate these elders would be on some sort of fixed income. Key informants also noted KSC clients were happy to live close together, in particular at the Cedar Riverside apartment residents. This population seems to have high access to both state-funded and Korean Service Center (KSC) services.

Case manager focus group participants identified Grace Place Assisted Living as a resource utilized by Korean elders who live in the Cedar Riverside apartments.

Service Gaps

Korean elders living outside of the Cedar Riverside apartment complex seem to be less connected to KSC, and perhaps have less access to state assistance, as well. Despite their satisfaction with services by KSC to help them live independently, several key informants pointed out Korean elders generally have few options. While elder Koreans indicated many of their service needs are currently being met by family members, church volunteers, hospital translators and others, interviewees also identified some unmet current and future needs. Most in demand were general and medical translation services, transportation assistance, and respite for their primary caregivers. Most elder interviewees did not report feeling lonely; elders either had a social group with which they associated or did not mind being alone.

Key informants' reporting of elder needs was consistent with elder informants'. They identified needs such as translation, transportation and assistance with IADLs. In sharp contrast to elders, key informants expressed isolation is a grave problem among Korean elders. They reported local Korean elders, as mostly non-English speakers, are lonely and social and outing programming is extremely important.

Case managers noted current minority client needs fall more heavily in assistance with instrumental activities of daily living (IADLs such as homemaking, assistance with appointments and paperwork, medication management, etc.) than assistance with activities of daily living. Case managers also identified the need for interpretation related to accessing health care services, bi-cultural and bi-lingual staff to provide the full range of home and community-based services, and culturally appropriate health education methods.

Care Coordinators indicated a majority of their clients present with unspecific pains and weaknesses that are often a result of depression, both diagnosed and undiagnosed. Reducing isolation that leads to depression was most often cited as needed services for communities that do not have culturally-specific services.

Cultural Considerations

Family Responsibility in Caring for the Elderly. Key informants reported, traditionally, the oldest son takes responsibility of caring for his parents, but this has changed over time. Parent care was associated with inheritance, and Korean law and tradition dictated the oldest son also was the sole heir to the estate. Now that inheritance is shared equally among siblings, it is more common for children to share the

responsibility of caring for their parents also. In the Twin Cities, many Korean elders are cared for by their children. However, some live independently, either because they have no children who can take care of them, or because they prefer to do so.

Key informants reported elders who need extra care without children or other family have no choice but to rely on the government. However, one informant noted most elder Koreans in the Twin Cities are first generation immigrants who came to the United States through their children's sponsorship, so most do have children that they live nearby. Because it is traditional for women to take care of their husbands, key informants report women are more likely to accept help from outside their families than men. Korean men are used to being cared for by their wives. If they are widowed, they might find it difficult or be reluctant to accept other help. Therefore, male surviving spouses may have additional requirements when it comes to identifying need.

Perceptions about Nursing Homes. One key informant said people are becoming somewhat more accepting of nursing homes, but most key informants noted nursing homes are dreaded by elder Koreans and generally avoided by the Korean community. Nursing homes have no historical precedence in Korea and are culturally out of place in Korean communities because children traditionally have cared for their parents. More than one informant associated abandonment by children with nursing homes. One informant said Koreans think of nursing homes, "...like a waiting room to die."

Generally, Koreans consider nursing homes a last resort for those who need twenty-four-hour care and do not have family who can take on this role. Practically speaking, nursing homes do not cater to non-English speakers, and most Korean elders are not fluent English speakers. Key informants advised service providers and health care providers to be sensitive to cultural and language issues because most Korean elders in the Twin Cities are first-generation immigrants with few English language skills.

Care delivered by other than children. Beliefs about nursing homes extend to eldercare services from outside the family, though to a lesser degree. Key informants report Korean elders want personal relationships with caregivers and usually prefer family caregivers. Korean families are perceived as responsible for their own family welfare and are not interested in outside help. However, because in the United States many work outside the home, families have a growing interest in getting help with eldercare. For most services, key informants said Korean elders would accept someone from outside the family if the caregiver spoke Korean and had some knowledge of Korean cultural norms, such as respect for the elderly and ethnic fraternity. One key informant stated,

"Elderly people are not readily able to assimilate into American culture. Anyone trying to provide any kinds of services needs to be respectful and aware of and knowledgeable about Korean culture... [our] elderly lived most of their lives in Korea. Their sense of isolation is tremendous. Any attempt to change their way of life is very much resisted. Cultural sensitivity is very important for anyone trying to work with elderly people."

Most Korean elders, even those with health problems and service needs, claimed not to need any additional help. In addition, Korean elders were extremely reluctant to talk about other Korean elders, even when specifically prompted. Instead, they responded they did not know anyone who needed help. The only exceptions to this were in

instances where the interviewees themselves were helping another Korean elder in the community. One interviewee stated getting help is not a topic discussed in his circle of friends. When comparing elder interview results to interview responses of key informants the critical needs in the Korean elder community becomes evident.

Conclusion

The data gathered for this report provides insight about the service needs, service utilization, and cultural considerations for serving Korean elders in any future service development. The following summary highlights these insights while noting the limitations of the data for making definitive statements of demand or need for any specific service.

Insights from Medical Assistance (MA) and Census Data

A major limitation with the MA data relates to country-of-origin and language spoken. Specific Asian elder populations may be undercounted because they are included in a general category of Asian as their country-of-origin. Additionally, financial workers do not consistently identify the language spoken by the elder unless they need assistance from an interpreter. As of March 2005, there were 104 MA clients in the “Asian unknown” category. This difference most significantly impacts the Korean elder population due to their low overall numbers, with only 41 identified as receiving MA services at that time. There may be elders from any number of Asian countries found in this broad category, including Korean elders. Korean Service Center records show in March 2005, 116 elders received MA benefits, and 38 were receiving Elderly Waiver services.

The Census data also undercounts smaller population groups such as the Korean population. Census data is available only for census tracts with at least 100 persons in a specific racial/ethnic group. In addition, a significant portion of Census data is based on a five percent sample of households from larger population areas. If smaller racial/ethnic groups such as the Korean population do not fall into either of these categories they will not be fully counted. The numbers become even more unreliable when one tries to count both race/ethnicity and age in order to determine the total number of Korean elders.

Given these limitations, the following indications emerge regarding the current service needs and utilization characteristics of Korean elders.

- A significant proportion of Korean elders age 65 or older live alone. This may be a result of the death of a spouse and a desire to not move in with their adult children. Since the Korean elder population is relatively young, this may point to a growing trend in the population and one that could inform future service development.
- Of the very low number of Korean elders (seven) who were reported receiving MA waiver services, most receive medical supplies/equipment and assisted living services. It will be important to determine if this is an indication of service needs for the overall Korean elder population.

Insights from Interviews and Focus Groups

A total of 22 Korean elders were interviewed by telephone. Notable characteristics of the elders interviewed and their insights include:

- Fourteen of the interviewees were female, eight were male;
- Thirteen live in Minneapolis, nine live in the surrounding suburbs;
- Most lived with spouse and/or adult children, seven lived alone;
- Most reported a variety of basic and chronic health problems for which they need assistance including general medical translation, medications management, help with paperwork, and household tasks management.

A total of six (6) key informants were interviewed based on their experience in working with Korean elders. Their insights largely support that of the elders. However, there were two additions:

- The Korean elders who live in the Cedar Riverside Apartments in Minneapolis enjoy access to a wide array of services and supports, including access to the Assisted Living program, Grace Place, operated by the Korean Service Center. Those who do not live in that apartment complex are not able to access information and supports as easily.
- Korean elders experience a significant amount of mental and emotional health problems. These problems amplify the chronic conditions identified by the elders. Language and cultural barriers make these elders isolated and lonely.

Case manager focus group participants' insights supported those of the elders and key informants. They indicated a majority of their clients present with unspecific pains and weaknesses which are often a result of depression, both diagnosed and undiagnosed. Reducing the isolation that leads to depression with companionship and/or adult day services was most often cited as needed services for communities that do not have such culturally-specific services. However, case managers also explained the type of assistance needed by elders is IADL assistance such as medication management, cooking, and using the telephone. (This is a result of their chronic conditions and their younger overall age.) At this time, most Korean elders do not need of intensive personal care or ADL assistance.

Service Development

These insights provide the following directions for service development:

- Dramatically improve access to IADL assistance with tasks such as cooking, cleaning, shopping, and medication management. This is the highest priority. Bi-lingual and bi-cultural provision of these services must be a key feature if Korean elders' needs are to be adequately met.
- Increase availability of medical translation/interpretation to improve elders' ability to manage medications and other healthcare instructions.
- Develop creative ways to improve the mental health of Korean elders to reduce future demand for more intensive ADL-type services
- Increase outreach to the broader Korean community to inform about elder services
- Develop supports for family caregivers