Anti-Asian Hate, Social Isolation, and Mental Health among Asian American Elders during COVID-19

CONTRIBUTORS
Russell Jeung, Ph.D.
Aggie J. Yellow Horse, Ph.D.
Theresa Chen
Anne Saw, Ph.D.
Boaz Tang
Alison Lo
Mika Ro
Layla Schweng
Samiksha Krishnamurthy
Winnie Chan
Matthew Chu
Candice Cho
**Foreword**

As an organization that condemns social injustice in all forms, AARP is a proud supporter of the Stop AAPI Hate national coalition, and we fully endorse the “Anti-Asian Hate, Social Isolation, and Mental Health among Asian American Elders during COVID-19” report. The Stop AAPI Hate study is significant because it spotlights the impact of COVID-19 quarantine orders and the rise in anti-Asian hate on the safety, social isolation, and mental health of AAPI older adults. AARP is committed to uplifting, protecting, and advocating for older Americans and we will not stop fighting on their behalf to ensure that their voices are heard, they are fairly represented, and they have equitable access to services and resources in order to thrive.

---

**DAPHNE KWOK**

AARP Vice President of Diversity, Equity, and Inclusion, Asian American and Pacific Islander Audience Strategy
Executive Summary

Over the past two years, COVID-19 exacerbated threats to the safety and wellbeing for Asian American elders ages 60 and up — a community that was already highly vulnerable prior to the pandemic. Early shelter-in-place orders and recommendations to limit contact with others outside their homes made seniors more physically and socially isolated. Further, anti-Asian hate and violence instilled a sense of fear and anxiety, especially among Asian American older adults in dense, urban areas. Together, these factors led to a community in crisis, with vulnerable Asian American older adults needing significant support from their families, social networks, broader communities, and government to stay safe and well.

KEY FINDINGS

1. Asian American elders — those ages 60 and up — experienced verbal harassment, shunning, physical assault, and other hate incidents.
   - One out of four (26.2%) cases were physical assault, twice the rate of those under the age of 60 (15.4%). Elders also reported being refused service (5.7%) and having their property vandalized (7.2%) more than non-elders (4.0% and 4.2% respectively).
   - Six out of 10 (62.5%) incidents reported by elders involved verbal harassment or shunning — the deliberate avoidance of individuals.
   - In one in 12 (7.8 %) incidents, elders were coughed and spat upon.
   - Asian American elders named race, ethnicity, and gender as the top suspected reasons for their discrimination. They reported language (8.1%) as a reason more than those under the age of 60 (7.2%).

2. Asian American elders were most likely to encounter incidents in public and at businesses.
   - Like those under the age of 60, Asian American elders were most likely to face discrimination on public streets (36.7 %) and at businesses (26.7 %).
   - Elders were twice as likely to face discrimination at private residences (15.8%) than those under the age of 60 (9.8%).
Asian American elders experienced increased fear, stress, and anxiety in the pandemic.

- Nearly all (98.2%) Asian American elders who experienced hate incidents believed the United States has become more physically dangerous for Asian Americans.

- Asian American elders who experienced hate incidents stated they experienced higher levels of stress (65.5%) and anxiety (24.2%) than Asian American elders overall (24.2% and 19.1% respectively).

Asian American communities rose to the challenge to address the vulnerabilities and discrimination against their Asian American elders. We spotlight community efforts that arose in the pandemic to meet the specific needs of Asian American elders and encourage more research on such programs.

**RECOMMENDATIONS**

Addressing fear, social isolation, and mental health challenges among Asian American elders requires support at multiple levels. Community-based organizations are best positioned to support individual older adults with their immediate needs in times of crisis. Local, state, and federal government agencies, however, can address the structural roots that cause fear, isolation, and mental health challenges through culturally and linguistically responsive programming.

We conclude with recommendations to different types of organizations to support Asian American elders in this time.
Introduction

"Since the pandemic started, my neighbor's attitude toward me has escalated to the point [where] I had to file a protection order to make him stop with his constant violent rage and use of racial slurs ... I have also been verbally assaulted while trying to buy groceries. I have not seen my grandson who is afraid to come over to our home because of my neighbor's verbal threats. Things have gotten so bad, I refuse to go out unless it is absolutely necessary. I am retired, former (military), and feel like I am back in school with racist bullies to defend myself once again. All of this has brought back bad memories and now I am severely depressed." (Lawrence, KS)

As incidents like this one indicate, Asian American individuals and communities confront the dual challenges of COVID-19 and anti-Asian hate incidents during the pandemic. The Stop AAPI Hate coalition received 10,905 reports of hate incidents against Asian American and Pacific Islander persons from March 2020 to December 2021 [1]. While this number is high, national survey results determined that the problem may be more ubiquitous than previously understood, with as many as one in five Asian Americans and Pacific Islanders experiencing discrimination within the last year and a half [2].

Acts of hate against older Asian Americans are exceptionally heinous, as they target among the most vulnerable of Asian American communities. Asian American elders (older than 60 years of age) and Asian American seniors (older than 65 years of age) are underreported victims of hatred and violence. These attacks on Asian American elders reverberate throughout the entire family. Over one-quarter of all Asian Americans live in multigenerational households — the highest percentage of any racial/ethnic group [3].

In this report, we first provide demographic, social, and economic background on Asian American elders. Next, we explore Asian American elders’ experiences with anti-Asian hate incidents. We then examine three key challenges that Asian American elders faced over the past two years: fear for their safety, social isolation, and mental health concerns. We then explore ways to address these challenges through both immediate and long-term solutions. We present Community Spotlights — brief narratives illustrating how community-based organizations addressed the immediate challenges of the pandemic through culturally relevant approaches. We also share longer-term recommendations to local, state, and federal government agencies that address the structural root causes of fear, isolation, and mental health challenges.

In discussing the challenges Asian American elders have been experiencing during the pandemic, we used data from (1) Stop AAPI Hate National Reporting Data, (2) Stop AAPI Hate Follow-Up Survey, (3) National Asian American COVID-19 Needs Assessment Study, and (4) qualitative interviews with select community-based organizations. For more detailed information about our methodology, please refer to the Technical Appendix at the end of this report.
1. DEMOGRAPHIC, SOCIAL, AND ECONOMIC CHARACTERISTICS OF ASIAN AMERICAN ELDERS

The Asian American population is the fastest-growing racial group in the United States since 2000 [5]. Similar to the general Asian American population, Asian American seniors are highly diverse in ethnicity, foreign-born nativity, citizenship, English proficiency, socioeconomic background, and health status [6].

Asian Americans seniors (aged 65 and older) account for about 4.4% of the total U.S. senior population in 2019 [4]. This age group makes up about 9.3% of the Asian American population of all ages [4].

In addition to facing health and other challenges that elders of all racial and ethnic backgrounds faced in the pandemic, Asian American elders encountered particular barriers to accessing resources and services:

![Chart of statistics: 85% of Asian American adults 65 and older are foreign-born [7]; 15% of Asian American seniors speak English at home [7]; 60% of Asian Americans 65 and older have limited English proficiency [7]; 1 in 3 Asian American adults 65 and older are linguistically isolated, meaning all members of the household speak English “less than well” [7]; 4 in 10 Asian Americans 65 and older are low-income across Los Angeles County [8]; 1 in 3 Asian American adults 65 and older are low-income across Los Angeles County [8]; A recent survey of Asian American older adults 50 and above in New York City found that over one-third did not have access to the internet, Over half were not comfortable using the Internet, even if they had access [9].]

Further cultural, language, and technological barriers and a lack of political will and funding to disaggregate data within the Asian American community have left older Asian Americans out of policy and research discussions [6].

2. ASIAN AMERICAN ELDERS’ EXPERIENCES OF ANTI-ASIAN HATE

The Stop AAPI Hate coalition has received 10,905 reports of hate incidents against Asian American and Pacific Islander persons from March 2020 to December 2021. Of these 10,905 hate incidents, 824 were reports of hate incidents against Asian American elders aged 60 and up (7.6% of all the anti-Asian reports). Of the total, 707 (6.5%) were self-reported by elders aged 60 and up and 117 (1.1%) were submitted by others on behalf of elders who experienced hate incidents. Though Stop AAPI Hate collects incidents in 15 different languages, these figures are highly likely to be underreported, as elders are less likely than others to report due to technological, linguistic, and cultural barriers. The data reveals that Asian American elders are particularly vulnerable to physical assaults as compared to the younger Asian American population.
Types of Hate Incidents

- Six out of 10 (57.6%) incidents reported by adults aged 60 and up involved verbal harassment or shunning, the deliberate avoidance of Asian Americans.
- One out of four (26.2%) cases against adults 60 and up were physical assault, more than the rate of those under the age 60 (15.4%).
- In one in 11 incidents, elders were coughed and spat upon (7.8%).
- Elders reported refusal of service (5.7%) more than those under the age of 60 (4.0%), as well as having their property vandalized (7.2%) more than others (4.2%).

Figure 1.

**TYPES OF HATE INCIDENTS**

- Harassment
- Physical assault
- Avoidance or shunning
- Online
- Coughed at or spat upon
- Job discrimination/hostile work environment
- Graffiti, vandalism, robbery or theft
- Refusal of service
- Barred from transportation

**Note:** *** denotes statistically significant differences at p<0.001
** at p<0.01
* at p<0.05
Dimensions of Hate Incidents

• Like those under the age of 60, Asian American elders aged 60 and up were most likely to face discrimination on public streets (36.7%) and at businesses (26.7).

• Elders were twice as likely to face discrimination at private residences (15.8%) than those under the age of 60 (9.8%).

• Asian American elders named race, ethnicity, and gender as the top-suspected reasons for their discrimination. They reported language (8.1%) as a reason more than those under the age of 60 (7.2%).

Figure 2.

SITES OF HATE INCIDENTS

<table>
<thead>
<tr>
<th>Site</th>
<th>Elders (60+) (n=824)</th>
<th>Non-Elders (Under 60) (n=10,881)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public street and space</td>
<td>36.7%**</td>
<td>32.0%</td>
</tr>
<tr>
<td>Business</td>
<td>26.7%</td>
<td>26.9%</td>
</tr>
<tr>
<td>Private residence</td>
<td>15.8%***</td>
<td>9.8%</td>
</tr>
<tr>
<td>Online</td>
<td>7.4%**</td>
<td>10.3%</td>
</tr>
<tr>
<td>Public transit</td>
<td>7.0%</td>
<td>8.5%</td>
</tr>
<tr>
<td>Public park</td>
<td>7.5%</td>
<td>6.1%</td>
</tr>
<tr>
<td>School</td>
<td>3.2%***</td>
<td>6.2%</td>
</tr>
<tr>
<td>University or college</td>
<td>1.8%*</td>
<td>3.0%</td>
</tr>
<tr>
<td>Workplace</td>
<td>0.4%*</td>
<td>1.2%</td>
</tr>
<tr>
<td>Hospital, medical practice, or clinic</td>
<td>1.3%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Place of worship</td>
<td>1.7%*</td>
<td>0.8%</td>
</tr>
<tr>
<td>Government building</td>
<td>1.6%*</td>
<td>0.8%</td>
</tr>
</tbody>
</table>

Note: *** denotes statistically significant differences at p<0.001
** at p<0.01
* at p<0.05
Figure 3.

**SUSPECTED REASONS FOR HATE INCIDENTS**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Elders (60+) (n=824)</th>
<th>Non-Elders (Under 60) (n=10,081)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td>88.7%**</td>
<td>91.7%</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>52.5%</td>
<td>52.4%</td>
</tr>
<tr>
<td>Gender/ gender identity</td>
<td>15.7%</td>
<td>14.5%</td>
</tr>
<tr>
<td>Language</td>
<td>8.1%</td>
<td>7.2%</td>
</tr>
<tr>
<td>Face mask or clothing</td>
<td>3.2%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Food</td>
<td>3.8%</td>
<td>4.1%</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>4.6%</td>
<td>3.9%</td>
</tr>
<tr>
<td>Religion</td>
<td>2.9%</td>
<td>2.8%</td>
</tr>
</tbody>
</table>

Note: ** denotes statistically significant differences at p<0.01

Figure 4.

**GENDER OF INDIVIDUAL REPORTING INCIDENT**

N=707 Incidents self-reported by elders

- Female: 53%
- Male: 40%
- Gender Nonbinary: 4%
- Prefer Not to Specify: 3%

STOP AAPI HATE | Anti-Asian Hate, Social Isolation, and Mental Health among Asian American Elders during COVID-19
NOTE: Individuals who reported to Stop AAPI Hate could select multiple racial and ethnic categories. The numbers above indicate the exact categories individuals used to self-identify. Some respondents selected the category "Asian" instead of selecting a specific Asian ethnicity. Others selected two or more categories to convey their multiracial heritage (e.g., "Chinese" and "White"). This accounts for the presence of non-AAPI categories.

**Figure 5.**

<table>
<thead>
<tr>
<th>ETHNICITY OF INDIVIDUAL REPORTING INCIDENT</th>
<th>N=707 Incidents self-reported by elders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chinese</td>
<td>43.1%</td>
</tr>
<tr>
<td>Japanese</td>
<td>16.5%</td>
</tr>
<tr>
<td>Korean</td>
<td>12.4%</td>
</tr>
<tr>
<td>P/Filipinx</td>
<td>8.8%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>6.7%</td>
</tr>
<tr>
<td>White</td>
<td>5.1%</td>
</tr>
<tr>
<td>Taiwanese</td>
<td>3.3%</td>
</tr>
<tr>
<td>Asian</td>
<td>2.7%</td>
</tr>
<tr>
<td>Latinx</td>
<td>1.8%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>1.8%</td>
</tr>
<tr>
<td>Indian</td>
<td>1.7%</td>
</tr>
<tr>
<td>Hmong</td>
<td>1.6%</td>
</tr>
<tr>
<td>Thai</td>
<td>1.3%</td>
</tr>
<tr>
<td>Cambodian</td>
<td>0.8%</td>
</tr>
<tr>
<td>Lao</td>
<td>0.6%</td>
</tr>
</tbody>
</table>

**Figure 6.**

<table>
<thead>
<tr>
<th>10 STATES WITH MOST HATE INCIDENTS REPORTED BY ASIAN AMERICAN ELDERS</th>
<th>N=707 Incidents self-reported by elders</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>51.7%</td>
</tr>
<tr>
<td>New York</td>
<td>18.2%</td>
</tr>
<tr>
<td>Washington</td>
<td>4.1%</td>
</tr>
<tr>
<td>Texas</td>
<td>3.9%</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>2.4%</td>
</tr>
<tr>
<td>Maryland</td>
<td>2.3%</td>
</tr>
<tr>
<td>Illinois</td>
<td>2.2%</td>
</tr>
<tr>
<td>Florida</td>
<td>1.9%</td>
</tr>
<tr>
<td>Oregon</td>
<td>1.7%</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>1.3%</td>
</tr>
</tbody>
</table>
3. FEAR FOR SAFETY

I am a 70-year-old disabled woman living alone. I was assaulted and battered by two women in front of my apartment. One woman verbally abused me by saying, “I hate Asians, you Asian woman c*nt” and the other punched me in the face on my eye and cheekbone. I fell to the ground, and I was injured on my face, back, elbows, and head. After I fell, I passed out with a concussion. The ambulance took me to the hospital and [now I] greatly fear for my life.” (Columbia, CA)

“On my daily walk in my hometown Sausalito [I was] wearing a face mask, [and] a white woman yelled at me, “I hate Chinese people! Why do they come to this country!” when she passed me. I was stunned by her words and caused me to fear and be more alert of my surroundings.” (Sausalito, CA)

“In my experience, the fear of anti-Asian violence makes up 80% of our elders’ [overall stress and] fears, versus concern over the pandemic being 20%.” (San Leandro, CA)

Pre-pandemic, older adults across all races and ethnicities were more fearful of being victimized — even though in reality they experience lower rates of direct victimization relative to other age groups [10]. During the pandemic, Asian American elders aged 60 and up experienced a real differential in physical victimization: more than a quarter of incidents involving elders reported to Stop AAPI Hate involved physical assault, as opposed to 15% of those involving non-elders. (See Figure 1 above.)

The increased physical violence on top of preexisting fears has taken a toll on Asian American elders. Nearly all (98.2%) Asian American elders who reported experiencing hate incidents believe the United States has become more physically dangerous for Asian Americans. In comparison, of a nationwide sample of Asian American elders who may or may not have experienced hate incidents, two thirds believe the country is more physically dangerous for Asian Americans [11] (Figure 7).
Community Spotlight

Self Help for the Elderly Escorts Seniors

In June 2020, an individual stabbed Ahn Taylor, a 94-year-old woman, in the Tenderloin area of San Francisco, sending a shockwave of fear and anxiety throughout the Asian American community. Similar incidents of attacks against lone Asian American elders have raised concerns among the Asian American community and have highlighted the particular vulnerability and fear of physical violence Asian American elders face. Fortunately, Ms. Taylor survived the incident and San Francisco’s Self Help for the Elderly (SHE) provided her with an in-home support staff to aid her recovery.

In the aftermath of violent attacks and anti-Asian hate, SHE started a program that escorts Asian American seniors aged 65 and up in their day-to-day life. Trust between escorts and seniors is of paramount importance. The program pairs culturally similar escorts with senior citizen clients. While the majority of escorts are Chinese (fluent in speaking, reading, and writing Chinese), SHE actively engages with Asian American seniors of all backgrounds.

SHE’s escorts have helped over 300 seniors. These seniors are members of SHE’s elder registry or are referrals from family members or other organizations. Many seniors access the services as a part of the senior wellness check. A dedicated team of eight safety escort staff are ready to accompany the senior on public transit or walking commutes to doctors’ appointments, parks, classes, and grocery stores to ensure their safety. Staff join the seniors on public transit and provide assistance and translation where necessary. One senior receiving the service commented, “During the time of my surgery, senior escort services from Self-Help for the Elderly truly provide support for my emotions and needs. I truly appreciate [the] senior service program.”

Figure 7. PERCENT OF ASIAN AMERICAN ELDERS 60 AND OLDER BELIEVING “THE UNITED STATES HAS BECOME MORE DANGEROUS FOR ASIANS”

Asia elders who reported experiencing a hate incident, according to the Stop AAPI Hate 2020 Follow-Up Survey

Nationwide sample of Asian elders, who may or may not have experienced a hate incident, according to the 2021 National Asian American COVID-19 Needs Assessment Study
Community Spotlight

The Center for Pan Asian Community Services Transports Seniors

Across the nation, Asian Americans have been stricken with fear after the March 2021 mass shootings in the Atlanta area. Two months later, Asian Americans in the South faced racial trauma yet again when a young Asian American was shot in a road rage incident.

Unlike the Asian American population centers of New York and California, the areas that the Center for Pan Asian Community Services (CPACS) serve are more spread out and isolated. CPACS serves close to 70,000 clients annually in the greater Atlanta area. As Victoria Huynh, vice president of CPACS, observed: “Transportation is very much a big barrier, compared to other areas [where one] can take the subway or train. It doesn’t work that way here in Georgia. Our communities are isolated because services are not always available in cities and counties here.”

Travel for basic necessities and to access services is especially difficult for the growing refugee elder population in the South. Language barriers increase perception of foreignness, so elders are subject to more harassment and violence in public spaces. They often cannot drive or utilize public transit because of language barriers. To assist isolated seniors aged 65 and up, CPACS established its Transportation Program and provided service to more than 1,000 passengers annually. Seniors use the service to attend health care appointments, pick up prescriptions and groceries, and participate in senior wellness programs.

The booking process is simple for the clients. Seniors call into the office to schedule an appointment. CPACS, which provides services in 20 languages, dispatches the program’s 14 shuttle buses, passenger vans, and sedans to riders. Annually, CPACS provides 16,000 one-way trips around greater Atlanta. For many passengers, this transportation system offers in-language support, transportation safety, and the ability to live independently.

The transportation infrastructure has also delivered 500 ethnically-appropriate meals to seniors every week since the pandemic began. Huynh lauds hiring community leaders as the reason for the program’s effectiveness, as the director and staff of the refugee program are former clients or volunteers who outreach to their community members, family members, and friends.

The Transportation Program began in 2015 after one of CPACS’ community focus groups highlighted how members organically developed their own carpool groups. CPACS then standardized, streamlined, and resourced the practice and launched CPACS Express (for clients seeking employment) and CPACS Mobility (for riders ages 65 and up and clients aged 19 and up with disabilities). The comprehensive program leverages federal grants from the Atlanta Regional Commission to offset the cost to clients. Other Asian American community organizations in Las Vegas, NV, and Akron, OH have reached out to CPACS wanting to replicate the Transportation Program in their suburban metropolitan contexts. CPACS hopes to add staff and to its fleet of vans to ensure safety and access to benefits, goods, and services for elder Asian Americans.
4. SOCIAL ISOLATION

“Isolation has been a real problem. The fact is our senior citizens live in quite small apartments. So, when they’re isolated, not only are they isolated from socialization, but the area of living space is so small that it adds to the mental stress they are experiencing.” (Philadelphia, PA)

Social isolation is a key contributor to poor health for all, including Asian American elders. During the COVID-19 pandemic, social isolation among the elder population has increased due to COVID-19 health concerns and social distancing guidelines [12-13]. A survey of Asian American seniors in New York City found that almost a third lived alone, and over a third did not have daily contact with anyone who they did not live with, such as friends, family, or neighbors [9]. The isolation during the COVID-19 pandemic contributed to depression, anxiety, and declines in physical health [14].

Social isolation also negatively affects quality of life among U.S. elders due to decreased mental stimulation and social interaction. An analysis of the 2018 California Health Interview survey found that only 54% of Asian seniors 65 and older expressed current life satisfaction in comparison to 80% for other races and ethnicities [15]. Adults aged 70 and above who live alone and are low-income are especially vulnerable [12].

Concernedly, Asian American elders aged 60 and up who reported hate incidents experienced more stress (65.5%) from social isolation than those who did not (43.4%). (Figure 8).

Figure 8. PERCENT OF ASIAN AMERICAN ELDERS STRESSED FROM SOCIAL DISTANCING AND QUARANTINE

| 66% | 43% |
|----------------------------------|
| Asian elders who reported experiencing a hate incident, according to the Stop AAPI Hate 2020 Follow-Up Survey |
| Nationwide sample of Asian elders, who may or may not have experienced a hate incident, according to the 2021 National Asian American COVID-19 Needs Assessment Study |
Community Spotlight

Chinese Information and Service Center Reduces Social Isolation

After the U.S. confirmed its first case of COVID-19 on January 15, 2020, Washington Governor Jay Inslee encouraged calm and alertness: “This is certainly not a moment for panic or high anxiety. It is a moment for vigilance.” However, a combination of racial prejudice, lockdown mandates, and fear led to panic, anxiety, and social isolation for Asian American and Pacific Islander elders.

Because of the extent of the social isolation of elders, the Chinese Information and Service Center (CISC) in Seattle, Washington quickly pivoted its work. Executive Director Michael Itti observed: “Unfortunately we had to close our program due to the pandemic, so we asked ourselves what could we do to connect elderly clients socially? We know social isolation is a huge concern.”

In response, CISC’s Sunshine Garden Chinese Senior Community Center created the Sunshine Garden virtual program. Providing 96 iPads to low-income elders at no cost, this program aims to alleviate isolation; train elders on how to use technology through step-by-step tutorials, multilingual instructions, and technology classes; educate elders about pandemic-related health news; and connect elders to other CISC services. CISC offers a daily menu of online programs. Some of the most popular online classes offered include fitness, ESL courses, and healthy living hosted by a retired pharmacist. CISC’s technology classes help elders navigate their devices and even keep in touch with their families and grandkids. The technology program provides a sense of routine and community for seniors and serves to connect them to other CISC services like food, transportation, translation, and vaccine distribution.

It continues CISC’s work of promoting health, emotional well-being, and life-long learning through activities and combating social isolation.

One client said, “I am so thankful for the free iPad from Sunshine Garden. It allows me to participate in the handicraft class I like most, and I can see my friends again.”

By July 2021, CISC hosted 144 elders attending the Sunshine Garden virtual program, and the average daily attendance was 27.
5. MENTAL HEALTH

I was shopping and [a] child grabbed my arm. Child said I should, “go back to my country!” and that I was the “reason his father died.” Mother came up and put her hand on my arm, but she didn't try to help me. Bakersfield occasionally has ignorant people who make fun of how I talk and look and tell me to go home. But this is [the] scariest and saddest experience I’ve had in [the] U.S. since about 1977. (Bakersfield, CA)

I am submitting this on behalf of my parents who are 70 and 65 years old. My parents were pumping their gas at a gas station when a group of men started yelling at them. They couldn’t understand them completely but heard them say, “China virus” and “Chinese.” They were scared and got in the car and drove away. They are already super paranoid about their own health, so the fact that they could also be targeted for being Asian is making them more afraid. (unspecified location)

They (feel they) have to stay inside because they can be targeted. They are staying at home, just like they did for the COVID-19 quarantine, but the way it impacts their feeling of wellness is completely different. The expression they use is, “It hurts my spirit.” (San Leandro, CA)

Fear for safety and health has increased social isolation of elders aged 60 and up, which impact their mental health and physical well-being. Around 15% of the senior population aged 65 and up worldwide suffers from some form of mental illness, much of which is underdiagnosed and remains untreated [17]. The main psychological issues that affect elder populations are dementia, depression, and anxiety [19].

Asian American elders experience mental health challenges such as “depression and anxiety, [which] are often reported to be the most common psychological disorders among older adults in the United States” [19]. Among Asian American elders, other key mental health issues include [20]:

- Suicide ideation
- Culture-bound syndromes: psychiatric symptoms distinct within specific cultures
- Somatization of psychological symptoms such as fatigue, heart palpitations, indigestion, and a lack of appetite.

Predictors of these psychological disorders specific to Asian American elders are [19]:

- Unemployment and low socioeconomic status
- Gendered differences, men report better mental health status than women [20]
• Social isolation
• Recency of immigration
• Premigration experience and post-migration adjustment

During the pandemic, several factors have heightened the elderly's anxiety and depression, including difficulty adapting to technology and telehealth, isolation, disruption to daily routines, and increased concerns about health [21]. Across all ages, a study of Chinese Americans pandemic-related racial discrimination has been found to be correlated to depression. [22]

Significantly, Asian American elders aged 60 and up who reported experiencing hate incidents had a higher incidence (24.2%) of anxiety compared to a nationwide sample of Asian American elders who may or may not have experienced a hate incident (19.1%) (Figure 9).

**Figure 9.** PERCENT OF ASIAN AMERICAN ELDERS EXPERIENCING ANXIETY DURING THE PANDEMIC

Systemic, cultural, and linguistic factors create additional challenges to support Asian American elders’ mental health [20]. U.S. healthcare providers may not be aware of or trained to properly detect and treat culture-bound syndromes (e.g., psychiatric symptoms of specific cultures) such as Korean elders’ “hwa-byung” (directly translated as “anger syndrome”) where elders describe the symptoms as having a fire in their heart [23]. Without healthcare providers and organizations that are fluent in culture-bound syndromes and expressions, Asian American mental health issues will remain undetectable and unaccounted for by healthcare professionals and policy makers.

Long-standing cultural stigma against seeking professional help remains prevalent in Asian American communities. Compared to non-Hispanic white elders, Asian elders are significantly less likely to share their mental health issues with friends, family, or medical professionals largely due to the desire to maintain social harmony [24]. However, Asian seniors 65 and up noted that seeing an Asian mental health professional would make it easier to share their difficulties [24].
Community Spotlight

Korean Community Services and Mental Health

“I’m getting old and sick, [but] my kids can’t visit me, and I’m really really lonely. We are depressed, isolated, we are old. I cried and went outside, but there was no one outside because of COVID.” –elder Korean Community Services client

Korean American elders report the lowest levels of life satisfaction and social and emotional support among Asian Americans [15]. Their challenges have increased due to COVID-19 and quarantines, anti-Asian violence, and the economic downturn.

Fortunately, Korean Community Services of Metropolitan New York (KCS) addresses these issues through its in-program, state-licensed outpatient mental health clinic. KCS Senior Center serves over 1,000 elders. With bilingual professionals, mobile messaging, online technology, and culturally responsive programs, they have continued to provide activities that check on the wellness of their elders annually.

KCS staff, who had trusting relations with the elders, employed Kakaotalk, a Korean-language messaging app, to communicate with their seniors and connect them to online technology. Yuna Youn, interim assistant clinic director, explained, “We had to have a relationship between the staff who provide homebound meals to bring phones to seniors, and give [the seniors] training on how to use Zoom.”

Seniors could then use the phones to access virtual programs and access one-on-one mental health therapy with the KCS clinic if needed. Then, to monitor and develop psychological well-being, KCS created a virtual mentor and support group. Every Thursday a licensed social worker hosts an online video conference helping the group of seniors process their concerns. This virtual program developed culturally responsive activities for its seniors — such as art therapy, wellness checks, and K-drama discussions — as a way for the group to explore their mental health statuses without facing pressure to reveal family and individual struggles.

Finally, to reduce the stigma of mental health, KCS also employed an elder to be an ambassador of mental health. As a peer, this staff member openly shares her experience with depression, taking medication, and meeting with a mental health therapist. Through her own example, this ambassador has encouraged other Korean American seniors to discuss their own struggles and gain help.
Recommendations

Addressing fear, social isolation, and mental health challenges among Asian American elders requires support at multiple levels. Community-based organizations are best positioned to support individual older adults with their immediate needs in times of crisis. Local, state, and federal government agencies, however, can address the structural roots that cause fear, isolation, and mental health challenges through culturally and linguistically responsive programming.

- **Community-based organizations** To address fear, isolation, and mental health challenges among Asian American elders, organizations should provide resilience programs that foster a sense of safety and community, offer mentally stimulating social activities, and leverage culturally and linguistically responsive frameworks in services and offerings.

- **Local, state, and federal government** To address fear, isolation, and mental health challenges among Asian American elders, governments should increase support to community-based organizations within a culturally and linguistically responsive framework to serve Asian American elders.

- **Local, state, and federal government** To best target resources, governments can improve data collection by (1) tracking hate incidents across the Asian American elderly community, and (2) disaggregating data to identify how racial subgroups across the umbrella Asian American elder community experience and address fear, isolation, and mental health differently.

- **Local transit agencies** To reduce fear and anxiety among Asian American elders using public transit, transit agencies should collect data and engage with community groups on culturally relevant approaches to reducing harassment on transit systems.

- **Federal government** To better support the 60% of Asian American elders with limited English proficiency, the federal government should pass the "Mental Health Workforce and Language Access Act of 2021" (HR 5937), a pilot program to increase language access at federally qualified health centers.
References


Technical Appendix

The Stop AAPI Hate coalition is committed to quality and transparency when sharing community-driven data, or data collected with and for Asian American communities, that documents experiences with anti-Asian hate.

Data used in this report

(1) Stop AAPI Hate National Reporting Data: This is a community-driven dataset collected with and for Asian American communities. It is not a nationally-representative sample, although the proportions of hate incidents reported to Stop AAPI Hate by state are positively and significantly correlated with the number of Asian American population in each state (i.e., states with larger Asian American populations reporting more hate incidents).

Stop AAPI Hate reviews “hate incidents” to address the range in types of discrimination faced by Asian Americans, instead of a narrow focus on the enforcement of “hate crimes.” Hate incidents are motivated bias against another person’s race, color, disability, religion, national origin, sexual orientation or gender identity, but are not arrestable crimes and can include language or behavior that contribute to an unwelcoming environment, such as the use of racial slurs, spitting, coughing, etc. Hate crimes are motivated by these same biases but are considered criminal under legal code.

For transparency and accountability, we have a living data cleaning codebook that systematically documents all our data practices for this dataset.

(2) Stop AAPI Hate Follow-Up Survey: In collaboration with the National Asian American COVID-19 Needs Assessment Study (see below), Stop AAPI Hate conducted a follow-up study with individuals who reported their anti-Asian hate incidents to Stop AAPI Hate as of November 2020. The follow-up survey was conducted in January-March 2021 with 413 individuals, including 62 Asian American elders aged 60 and up.

(3) National Asian American COVID-19 Needs Assessment Study: From January to April 2021, the Asian American Psychological Association conducted an assessment of mental health needs across 3,736 Asian American individuals, including 842 Asian American elders aged 60 and up.

(4) Qualitative interviews with community-based organizations: We conducted interviews with 25 experts across 18 organizations that work with Asian American older adults, listed below.
<table>
<thead>
<tr>
<th>Organization</th>
<th>Contact Name</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian American Federation</td>
<td>Jo-Ann Yoo</td>
<td><a href="http://www.aafederation.org">www.aafederation.org</a></td>
</tr>
<tr>
<td>AARP</td>
<td>Daphne Kwok</td>
<td><a href="http://www.aarp.org">www.aarp.org</a></td>
</tr>
<tr>
<td>Center for Pan Asian Community Services</td>
<td>Victoria Huynh</td>
<td><a href="http://www.cpacs.org">www.cpacs.org</a></td>
</tr>
<tr>
<td>Chinatown Community Development Center</td>
<td>Rita Lui</td>
<td><a href="http://www.chinatowncdc.org">www.chinatowncdc.org</a></td>
</tr>
<tr>
<td>Chinatown Service Center</td>
<td>Nina Yuen Loc</td>
<td><a href="http://www.cscla.org">www.cscla.org</a></td>
</tr>
<tr>
<td>Chinese Information and Service Center</td>
<td>Michael Itti</td>
<td><a href="http://www.cisco-seattle.org">www.cisco-seattle.org</a></td>
</tr>
<tr>
<td>Compassion in SGV</td>
<td>Phoebe Gallo</td>
<td><a href="http://www.compassioninsgv.org">www.compassioninsgv.org</a></td>
</tr>
<tr>
<td>Hamilton-Madison House</td>
<td>Isabel Ching</td>
<td><a href="http://www.hamiltonmadisonhouse.org">www.hamiltonmadisonhouse.org</a></td>
</tr>
<tr>
<td>Korean Community Center of the East Bay</td>
<td>Una Chen, MFT</td>
<td><a href="http://www.kcceb.org">www.kcceb.org</a></td>
</tr>
<tr>
<td>Korean Community Services of Metropolitan New York, Inc.</td>
<td>Yeri Shon, MPH, MSW</td>
<td></td>
</tr>
<tr>
<td>Little Tokyo Service Center</td>
<td>Amy Phillips</td>
<td><a href="http://www.ltsc.org">https://www.ltsc.org</a></td>
</tr>
<tr>
<td>National Federation of Filipino American Associations</td>
<td>Dr. Aida Rivera, MD</td>
<td><a href="http://www.naffaa.org">www.naffaa.org</a></td>
</tr>
<tr>
<td>OCA</td>
<td>Deborah Chen, JD</td>
<td><a href="http://www.ocahouston.org">http://www.ocahouston.org</a></td>
</tr>
<tr>
<td>Philadelphia Chinatown Development Corporation</td>
<td>John Chin</td>
<td><a href="http://chinatown-pcdc.org">chinatown-pcdc.org</a></td>
</tr>
<tr>
<td>South Asian Network</td>
<td>Hina Ahmad, Shakeel Syed</td>
<td></td>
</tr>
<tr>
<td>Special Service for Groups</td>
<td>Jasmine Seo, LMFT, Yvonne Sun, MA, LCSW</td>
<td><a href="http://www.ssg.org">www.ssg.org</a></td>
</tr>
<tr>
<td>Self Help for the Elderly</td>
<td>Emily Chum, Anni Chung</td>
<td><a href="http://selfhelpelderly.org">selfhelpelderly.org</a></td>
</tr>
<tr>
<td>University of California</td>
<td>Professor Ashwin Kotwal, MD, Professor Alex Smith, MD, MPH, MS</td>
<td><a href="https://geriatrics.ucsf.edu">https://geriatrics.ucsf.edu</a></td>
</tr>
</tbody>
</table>
Stop AAPI Hate is a national coalition addressing anti-Asian racism across the United States. The coalition was founded by AAPI Equity Alliance (formerly the Asian Pacific Policy and Planning Council), Chinese for Affirmative Action, and San Francisco State University's Asian American Studies Department. Between March 19, 2020 and December 31, 2021, Stop AAPI Hate received 10,905 reported incidents of racism and targeting Asian Americans and Pacific Islanders across the United States.

AARP is the nation’s largest nonprofit, nonpartisan organization dedicated to empowering people 50 and older to choose how they live as they age. With a nationwide presence and nearly 38 million members, AARP strengthens communities and advocates for what matters most to families: health security, financial stability; and personal fulfillment. AARP also produces the nation’s largest circulation publications: AARP The Magazine and AARP Bulletin. To learn more, visit www.aarp.org or follow @AARP, @AARPadvocates and @AARPAAPI on Facebook and Twitter for more community news and videos. For translated resources, please visit the AARP Chinese website, or our AARP pages in Korean and Vietnamese.