

**Aging Alone in the City and Aging in the Suburbs:
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007**

A project designed and implemented by
the Buehler Center on Aging, Health & Society, Northwestern University
under a subcontract from
the Japanese American Service Committee

Funded by the United Way Chicago Metropolitan Venture Investment Funds
and
the United Way Chicago Suburban Venture Investment Funds

Japanese American Service Committee

Copyright 2007, Japanese American Service Committee. All rights reserved. This report may not be reproduced in whole or in part without written permission from the Japanese American Service Committee, 4427 N. Clark Street, Chicago, IL 60640.

Suggested Citation: Sayaka Machizawa, PsyD, and Denys T Lau, PhD. "Aging Alone in the City and Aging in the Suburbs: A Qualitative Needs Assessment of Isolated Nikkei Elders." Full Report. The Japanese American Service Committee: Chicago, IL. 2007

CONTENTS

- I. Introduction, 4**
- II. Project Overview, 6**
 - Interview Guides and Demographic Surveys, 6
 - Outreach and In-Person Interviews, 7
 - Data Analysis and Review, 8
 - Research Team, 9
- III. Description of Study Sample, 10**
 - Characteristics of Nikkei Elders by Elder's Location, 10
 - Characteristics of Family/Friends/Personal Carers by Elder's Location, 12
 - Characteristics of Licensed Professional Service Providers, 14
- IV. Results of Assessment, 15**
 - Needs, Barriers, Strengths and Resources, 15
 - Psychological and Cultural Needs, 15
 - Safety Needs, 20
 - Social Needs, 22
 - Financial Needs, 27
 - Service and Assistance Needs, 29
 - Key Issues Facing Elders Living in Chicago and Elders Living in the Suburbs, 41
 - Coping Strategies, 42
 - Health and Safety Strategies, 42
 - Cognitive Strategies, 43
 - Psychological Strategies, 44
 - Adjustment Strategies, 45
 - Services/Assistance Priorities, 47
- V. Summary, 48**
 - Potential Approaches and Strategies for Effective Interventions, 48
 - Potential Interventions: Services and Programs, 51
- VI. Summary in Japanese (日本語の概略), 59**
- VII. Acknowledgments, 67**
- Appendix A. Needs Assessment Interview Guide for Nikkei Elders 2007—English Language, 68**
- Appendix B. Needs Assessment Demographic Survey for Nikkei Elders 2007—English Language, 76**

**Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007**

- Appendix C. Needs Assessment Interview Guide for Nikkei Elders 2007—
Japanese Language, 81**
- Appendix D. Needs Assessment Demographic Survey for Nikkei Elders 2007 —
Japanese Language, 90**
- Appendix E. Needs Assessment Interview Guide for Family/Friends/Personal
Carers 2007—English Language, 94**
- Appendix F. Needs Assessment Demographic Survey for Family/Friends/
Personal Carers 2007—English Language, 98**
- Appendix G. Needs Assessment Interview Guide for Licensed Professional
Service Providers 2007— English Language, 100**
- Appendix H. Glossary, 103**

**To obtain a copy of the Executive Summary of the
Qualitative Needs Assessment of Isolated Nikkei Elders
and other JASC publications or information, please
contact the Japanese American Service Committee at
(773) 275.0097 or jascinfo@jasc-chicago.org**

I. INTRODUCTION

Since 1946, the Japanese American Service Committee (JASC) has been serving the needs of the Nikkei¹ community in the greater Chicagoland area, including Cook, DuPage, Kane, Lake, McHenry, and Will counties. Founded after World War II, the JASC was formed to help over 20,000 Japanese Americans who had been interned in the United States concentration camps to find housing and employment in their new hometown -- Chicago. As the only Japanese American social service agency in the Midwest, the JASC now serves a diverse multicultural population including the Asian American community at large.

Currently, the JASC provides comprehensive social services, including adult day care, home support care and counseling. The JASC has substantial experience providing direct services that allow Nikkei elders to retain their independence and age with dignity. While services are open to all elders, the JASC is the only agency with the necessary language and cultural competency to serve those Nikkei elders who need this type of assistance.

In 2001, in response to the changing nature of the community, the JASC embarked upon a two-year community needs assessment that identified current and future needs, concerns, resources, and expectations from a broad range of respondents. The published report, *Culture, Community, and Commitment: The Nikkei Community Assessment 1999 - 2000*, was based on three focus groups and 1,001 completed self-administered surveys (847 in English and 154 in Japanese). The assessment found that the most pressing issues facing the Nikkei Community were preserving cultural heritage, more Japanese American leadership, more inclusion of multiracial issues in general, preserving community through social gatherings, more civil rights advocacy, and collaboration with other Asian American groups.

Due to over-sampling of elders, 50% of the respondents of the Nikkei Community Assessment were 60 years old and over 12% were 80 and over. Among elders (aged 60 and over in this report), more than one third lived alone, and of those who lived alone, about one quarter had incomes of \$10,000 or less. A significant number of Nikkei elders were at high risk of being underserved due to social, cultural, and geographic isolation, cultural/language barriers, a mistrust of systems due to historical trauma, and low socio-economic status. Of the elderly who lived alone, about 80% wanted and needed an ethnic provider who could meet their cultural and language needs. Accessing and serving these elders has become more challenging. They have become increasingly dispersed geographically, with the majority of “younger elders” (aged 60 to 80) living further from the center of Chicago and aging in place in the surrounding suburbs. Within this cohort, there is a wide range in socioeconomic status. Some seniors qualify for subsidized services; others can pay for the care they need.

¹ The term “Nikkei” refers to people of Japanese ancestry, both American-born and resident Japanese nationals. Please see the Glossary for explanations of other Japanese terms.

**Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007**

However, a significant number of elders are at risk because their incomes and assets are too high for subsidized services but not high enough to allow them to purchase private care.

The Nikkei Community Assessment found that about one-third of the elderly respondents were living alone in the Chicagoland area, a percentage comparable to estimates of the general elder population. Through its years of service, the JASC has found that many of isolated Japanese elders do not seek or accept help from formal support systems, even those services offered by the JASC. Often, these elders only seek services when they are in crisis situations that require the assistance of the police or hospital emergency services. Referrals from a friend or neighbor often occur when their situations have gotten too extreme to ignore. What had been their strength of stoicism and independence has now become isolation and self-neglect.

The JASC recognizes the importance of reaching out to the isolated Nikkei elderly population and providing services before crises occur. To meet the needs of these high-risk Nikkei elders and to ensure that new methods and services are culturally competent and effective, the JASC applied for and received two grant awards – one from the United Way Chicago Metropolitan Venture Investment Funds and the other from the United Way Chicago Suburban Venture Investment Funds - to conduct an in-depth, qualitative needs assessment of two groups of isolated Nikkei elders: (1) those who live alone in Chicago and (2) those who live in the suburbs in Cook County and the six collar counties. The JASC subcontracted with the Buehler Center on Aging, Health & Society at Northwestern University to carry out the study. A qualitative approach has been chosen for this assessment because establishing a strong rapport through one-on-one, in-person interviews will be necessary to discuss in depth personal and sensitive issues with these generally hard-to-access elders. Specifically, this project assesses:

- the wellness and safety needs of these Nikkei elders,
- the barriers they encounter, and
- the strategies and resources they employ to meet the identified needs.

Results of this assessment will help the JASC to design and deliver more effective, timely, and culturally competent services so that Nikkei elders can continue to age in place in a safe and healthy manner.

II. PROJECT OVERVIEW

This project employed a comprehensive, multi-source approach to assess the wellness and safety needs of isolated Nikkei elders who are aging alone in Chicago and who are aging in the suburban areas. These needs were phrased positively as desired states for health and general well-being. This approach embodies three key features:

- (1) **Multi-source data collection.** Study participants included three groups of individuals to collectively generate a rich and comprehensive snapshot of the needs of isolated Nikkei elders:
 - a. Isolated Nikkei elders aged 60 and over. Isolated elders were defined as either those who lived alone in the Chicago metropolitan area or those who lived in a suburban Chicago neighborhood (regardless of the cohabitating situations in their households).
 - b. Family, friends, or personal carers of isolated Nikkei elders. Personal carers included personal aides and homemakers.
 - c. Licensed professional service providers with experience delivering care to isolated Nikkei elders. Providers included physicians, nurses, and social workers.

- (2) **In-depth, semi-structured interviews of needs and strengths.** In-person interviews were conducted to establish the necessary rapport with study participants, and discussions were guided by a semi-structured questionnaire. Open-ended questions included those concerning not only problems of unmet needs and barriers to resources, but also strengths and resources that elders employ to remain healthy and safe, and strategies to overcome barriers.

- (3) **A community advisory group.** A panel of experts, including community leaders, service providers, researchers, and members of the target population, served as advisors to this study. Advisors helped develop a culturally sensitive needs assessment tool and interpret the findings of the study.

The needs assessment of isolated Nikkei elders was carried out in three phases: developing interview guides and demographic surveys, outreach and conducting in-person interviews, and performing data analysis and review.

Interview Guides and Demographic Surveys

Based on the existing literature on wellness and safety issues concerning elders and the 2002 Nikkei Community Assessment, preliminary versions of the interview guides were developed. The interview guides covered five key domains: social interactions, personal care, information transfer, health status and treatment, and psychological states. Based on traditional qualitative research approach, additional topics were explored and discussed during the interviews if the study participants considered them important. Furthermore, questions were asked about how activities and needs had

**Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007**

changed over time so that subtle issues could surface that otherwise might not be apparent by focusing only on the present time.

Study participants were asked to speak from their own perspectives and experiences. While Nikkei elders spoke about their current activities and felt needs, family, friends, and personal carers spoke about what they observed and knew about the health, safety, and personal needs of Nikkei elders. Licensed professional service providers spoke about the personal, health and social needs of isolated Nikkei elder patients whom they served in their practices. Service providers also gave valuable insights on the needs of those elders who were more difficult to access, and who would have been reclusive and refused to participate in this assessment by themselves. The identities of study participants were held strictly confidential.

In addition to interview guides, we supplemented the assessment with a self-administered, paper-and-pencil demographic survey that asked for more sensitive topics, including age, generation in the US, residence, education, assets/income, and experience with discrimination. Respondents had the option of having the interviewer assist by reading each question aloud while the respondents were completing the survey.

A seven-member community advisory group was convened on September 8, 2006, at the JASC to review and finalize the questions on the interview guides. Collectively, the community advisors included two registered nurses, four social workers, one home services coordinator, one adult day services coordinator, one hospice care researcher, two family carers, and two Nikkei elders. During the meeting, advisors discussed and reached a consensus on the face validity of each question according to the *understandability* of the wording; the *importance* to health and safety needs; the potential *magnitude* of the needs, and the *appropriateness* according to individual and cultural values. Questions were either deleted or rephrased, and additional questions were solicited. Both English- and Japanese-language versions of the interview guides were developed using forward and backward translation methods. Finally, the interview guides were pilot-tested with one Nikkei elder, one family member, and one professional. (See Appendices A to G.)

Outreach and In-Person Interviews

To recruit a wide range of Nikkei elders and family/friends/personal carers of Nikkei elders, the study was announced through electronic listserv blasting, posting and handing out flyers in health clinics and at health fairs around Chicago, postal mailing to the JASC members, and listings in local newspapers with high readership among Japanese Americans. Even though no quotas were specified in recruiting elders, balanced representation on gender (male and female) and language proficiency (Japanese and English) was actively pursued. To target licensed professional service providers, letters of inquiry for participation were sent to professional groups that were associated with the JASC. As the only Japanese American social service agency in the

**Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007**

Midwest, the JASC had the necessary extensive network of organizations, institutions, and professional groups that provided services to isolated Nikkei elders.

Each informant's participation was voluntary, and written informed consent, either in Japanese or in English, was obtained prior to the start of all interviews according to the approved protocol for this study by the Institution Review Board at Northwestern University. Study participants were asked to speak from their own perspectives and experiences. While Nikkei elders spoke about their current activities and felt needs, family, friends, and personal carers spoke about what they observed and knew about the health, safety, and personal needs of Nikkei elders. Licensed professional service providers spoke in general terms about the personal, health and social needs of isolated Nikkei elder patients whom they served in their practices. No specific names of any patients were solicited by the study or provided by the respondents. Service providers also gave valuable insights on the needs of those elders who were more difficult to access, and who would have been reclusive and refused to participate in this assessment by themselves. All interviews took no more than one hour and were audiotaped with participants' consent. Face-to-face interviews were conducted individually with the respondent either at the JASC or at a site chosen by the study participant, such as at the home of a Nikkei elder or the workplace of a licensed professional service provider.

Data Analysis and Review

All of the interviews were transcribed from the audiotapes. Interviews conducted in Japanese were translated to English before analyses took place. Content analysis and transcript coding were performed consistent with the grounded theory approach using the Atlas.ti software. Major recurrent themes were identified using an iterative process of comparison and evaluation across interviews. Themes were broadly categorized into the following four key domains: needs, barriers, resources, and strategies.

A draft version of the findings from the needs assessment was e-mailed to the community advisory group for review. On June 6, 2007, the community advisors convened again at the JASC to help interpret the findings and provide feedback on the draft report. Based on their input, this final report, "Aging Alone in the City and Aging in the Suburbs: A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007," was produced.

Research Team

The research team included Denys T. Lau, Ph.D. (Principal Investigator), Assistant Professor and Section Director of Health Services and Policy Research at the Buehler Center on Aging, Health & Society, of the Feinberg School of Medicine at Northwestern University; and Sayaka Machizawa, Psy.D. (Project Coordinator), Community Engaged Scholarship Coordinator and Adjunct Faculty at The Chicago School of Professional Psychology. On an as-needed basis, the research team consulted Jean Fujii, LCSW, Executive Director of the JASC, and Gayle Iwamasa, Ph.D., Associate Professor, Department of Psychology, at DePaul University.

Suggested Citation

Sayaka Machizawa, PsyD, and Denys T Lau, PhD. "Aging Alone in the City and Aging in the Suburbs: A Qualitative Needs Assessment of Isolated Nikkei Elders." Full Report. The Japanese American Service Committee: Chicago, IL. 2007

III. DESCRIPTION OF STUDY SAMPLE

In total, we conducted 60 interviews: 41 Nikkei elders, 11 family members/friends/personal carers, and eight licensed professional service providers.

Characteristics of Nikkei Elders by Location

Among the 41 interviews with Nikkei elders, six interviews were conducted in Japanese and 35 in English. Thirty-three interviews were conducted at the JASC and eight were at the elders' homes.

The average age of the elderly participants was 77.4 (living alone in the city = 78.1; living in the suburbs = 76.6) (see Table 1). The majority of the participants were women. In both locations, approximately one in five elders had less than \$20,000 annual income, whereas one in six had more than \$50,000 per year. The majority of elders listed Social Security and stocks or investment as their financial sources. More than half of the participants in Chicago were widowed, compared to about one-third in the suburbs. Elderly participants in the suburbs tended to be younger and more educated, have higher incomes, and were more likely to own a car and a house. Whereas the majority of elders were not born in Chicagoland, they lived in Chicago or the suburbs for an average of more than 52 years, suggesting that they are likely to be rooted in their neighborhoods and have strong social networks there. Even though many isolated Nikkei elders mentioned their historical trauma with the internment camp experience, which they perceived as discrimination based on race, few reported that they felt discriminated against within the last five years, based on age (5%) or race (7%). The impact of these acts of discrimination on their daily lives was rated less than significant.

Table 1. Characteristics of Nikkei Elders by Location

Characteristics	Total N= 41	Live Alone in Chicago N= 22	Live in Suburban Neighborhood N= 19
	%	%	%
Age			
60 to 69	17	14	21
70 to 79	37	36	37
80 and older	46	50	42
Sex			
Male	24	18	32
Female	76	82	68

Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007

Table 1. Characteristics of Nikkei Elders by Location - Continued

Characteristics	Total N= 41	Live Alone in Chicago N= 22	Live in Suburban Neighborhood N= 19
	%	%	%
Highest Education			
Less high school diploma	7	14	0
High school diploma	17	18	16
Some college education	34	28	42
College degree	20	18	21
Some graduate/professional school	7	4	11
Graduate/professional school degree	15	18	10
Marital Status			
Married	22	14	16
Never married	17	18	32
Divorced/separated	12	9	16
Widowed	49	59	36
Most Recent Employment			
Administrative & clerical	27	32	21
Freelance/contract	15	9	21
Engineering	10	5	16
Restaurant/cafeteria	8	14	0
Education	8	5	11
Beautician	5	9	0
Mechanic	5	0	11
Legal	5	5	5
Human resources	5	5	5
Sales & retail	2	4	0
Professional services	2	4	0
Accounting	2	4	0
Financial	2	4	0
Health care	2	0	5
Management	2	0	5
Asset			
Own a car	63	45	84
Own a house	76	64	89
Income			
Less than \$10,000	2	4	0
\$10,000 to \$20,000	17	23	11
\$20,001 to \$30,000	15	14	16
\$30,001 to \$40,000	17	18	16
\$40,001 to \$50,000	20	23	16
More than \$50,000	17	4	32
No answer	12	14	11

Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007

Table 1. Characteristics of Nikkei Elders by Location- Continued

Characteristics	Total N= 41	Live Alone in Chicago N= 22	Live in Suburban Neighborhood N= 19
	%	%	%
Income Sources *			
Jobs	15	9	21
Inheritance	2	5	0
Stock/investment	51	45	58
Support from family members	2	5	0
Social Security	90	91	89
Real estate/property	7	9	5
Savings	37	32	42
Others	37	41	32
Birth Place			
United States			
West Coast	63	68	58
Midwest	10	9	11
Hawaii	7	4	11
Japan	15	18	10
Others	5	0	10
Nikkei Generation			
First	15	18	11
Second	55	59	53
Third	20	18	21
Other	10	5	15
Felt Discriminated within the Last 5 Years (%)			
Based on age	5	9	0
Based on race	7	9	11
	In Years	In Years	In Years
Average No. of Years in the Chicagoland Area	52.4	53.7	51.0
Average No. of Years in Current Residence	20.2	18.2	22.5

* Categories are not mutually exclusive, therefore the sum of the percentages does not equal to 100%.

Characteristics of Family/Friends/Personal Carers by Elder's Location

All 11 interviews conducted with family members, friends, or personal carers of Nikkei elders were in English. Ten interviews were conducted at the JASC, and one at the home of a personal carer to a Nikkei senior.

The average age was 46.2 (family/friends/personal carer of elders living alone in the city = 46.1, family/friends/personal carer of elders living in the suburbs = 46.3). The majority of them were female Japanese Americans who were family members of Nikkei elders (see Table 2). There were two personal carers of elders living in Chicago, and both of them were of Filipino heritage. Almost all of the family members of Nikkei elders had at least a college degree, and more than one third had a graduate or professional degree.

**Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007**

None of the family members, friends, or personal carers of Nikkei elders knew that their elderly family members were discriminated based on age in recent years. In contrast, 4 out of 11 (36%) reported that their elder family members were discriminated against recently due to race/ethnicity. The impact of the discrimination was rated as moderately significant.

Table 2. Characteristics of Family/Friends/Personal Carers by Elder's Location

Characteristics	Total N = 11	Elder's Location	
		Lives Alone in Chicago N = 7	Lives in Suburban Neighborhood N = 4
	%	%	%
Relationship			
Family			
Adult child	45	43	50
Adult grandchild	19	29	0
Nephew/niece	9	0	25
Friend	9	0	25
Personal carer	18	28	0
Age			
30 to 39	36	43	25
40 to 49	10	0	25
50 to 59	45	43	50
60 to 69	9	14	0
Sex			
Male	9	14	0
Female	91	86	100
Race/Ethnicity			
Japanese American	73	71	75
Caucasian	9	0	25
Filipino American	18	29	0
Highest Education			
High school diploma	9	14	0
College degree	46	57	25
Some graduate/professional school	9	0	25
Graduate/professional school degree	36	29	50
Nikkei Generation			
Third	45	43	50
Fourth	28	29	25
N/A (non-Japanese)	27	28	25
Knew about Discrimination Against Nikkei Elders within the Last 5 Years			
Based on age	0	0	0
Based on race	36	43	25

Characteristics of Licensed Professional Service Providers

Licensed professional service providers who participated in the interviews included two internal medicine doctors, one optometrist, one dentist, one nurse, two social workers, and one licensed caregiver. Among them, two were males, and six were females. By race and ethnicity, six were Nikkei, one was Korean, and one was Caucasian. All of the providers, except for one, practiced in Chicago. The years of practice in their profession ranged from 4 to 40.

Table 3. Characteristics of Licensed Professional Service Providers

Characteristics	Total N = 8
	n
Profession	
Internal medicine doctor	2
Optometrist	1
Dentist	1
Nurse	1
Social worker	2
Licensed caregiver	1
Sex	
Male	2
Female	6
Race/Ethnicity	
Japanese American	6
Caucasian	1
Others	1
Practice Location	
Chicago metropolitan area	7
Suburban Chicago area	1

IV. RESULTS OF ASSESSMENT

Needs, Barriers, Strengths and Resources

Overall, there are five types of needs identified: psychological and cultural needs, safety needs, social needs, financial needs, and service and assistance needs. Needs are phrased positively to indicate the desired state of the elder for greater health. Barriers to getting needs met and resources that help get needs met will be discussed according to each category of needs. Typical of qualitative research, these needs, barriers, and resources have emerged in response to the questions in the semi-structured interview guides (see Appendices) and from topics raised by the study participants themselves.

Overall, two common types of barriers to meeting elders' needs have emerged: psychological and cultural barriers and lack of adequate services and resources. Psychological and cultural barriers across needs include reluctance to verbalize needs and difficulty accepting assistance, *gaman* (endurance, self-discipline) mentality, shyness and passivity, minimization and denial of problems, mistrust of professionals, frugality, and self-sacrifice for family. Lack of adequate services and insufficient internal or external resources also hinder Nikkei elders from meeting their needs. Lack of culturally competent services, job opportunities, financial resources, transportation, and social interaction, as well as limitations in cognitive or physical functioning, are significant barriers. Nikkei elders also rely on strengths and resources to help meet their needs. Strengths include resiliency, independence, autonomy, loyalty, adherence to treatment, and altruism. Resources on which Nikkei elders rely include strong supportive family and social networks, financial resources, and availability of transportation. It should be noted that some barriers and resources can have negative and positive impacts on meeting the needs of Nikkei elders. For example, a strong emphasis on family can be a strength, but an excessive focus on the needs of their family members at the expense of their own needs can be a barrier.

Psychological and Cultural Needs

Table 4. Psychological and Cultural Needs, the Barriers and Their Resources for Isolated Nikkei Elders

Needs	Barriers	Strengths & Resources
Independence and self-reliance	<ul style="list-style-type: none"> • Financial limitation • Lack of social support • Health problems • Cognitive problems 	<ul style="list-style-type: none"> • Supportive family/friends • Financial resources • Transportation/car
Cultural connection	<ul style="list-style-type: none"> • Lack of transportation • Social/geographical isolation • Health problems 	<ul style="list-style-type: none"> • Transportation/car • Geographical proximity • Social networks
Routine activities and structured lifestyle	<ul style="list-style-type: none"> • Reclusive • Social isolation • Depression 	<ul style="list-style-type: none"> • Classes, meetings, groups • A calendar reminder • Supportive family/friends

Independence and Self-Reliance

Isolated Nikkei elders have strong needs to maintain their independence and current lifestyle in the community for as long as possible.

“I don't particularly want to be taken care of by my daughter. But that doesn't mean I want to go into a retirement home or nursing home.” (Elder, suburbs)

They tend to consider the ability to drive as critical component of independence.

“I'm trying to get back to where I can drive my own car ... I would like to be on my own to do my own shopping, groceries ... go wherever I want, anytime I want, I like to go to the mall and just look around and see what's out there” (Elder, suburbs)

Many elders have difficulty accepting that their driving skills are deteriorating, and therefore, they do not heed the advice of their doctors or family members to stop driving for safety reasons. They may only stop driving when an accident occurs or when they are stopped by police for a driving violation.

Many isolated Nikkei elders are reluctant to enter residential facilities or move in with their children. They prefer to reside in their current houses, condominiums, or apartments for as long as possible. In order to stay in their own homes, many of them have hired or wish to hire in-home healthcare and homemaking services. Many elders say that if their health declines and they cannot maintain independent living, they would rather utilize paid services than depend on their families for care.

“If my health gets bad, my family might say, ‘No, you come and stay with us ... we'll take care of you.’ They might do that but I wouldn't want them to do that. I think I would rather go into an assisted living situation.” (Elder, Chicago)

“It's not that I don't think that they wouldn't do it or anything like that, but I would rather not be a burden if they're busy with their own lives and have family to take care of. They're very good kids, but at the same time ... I'm not going to live my life depending and assuming that that's how I'm going to be cared for.” (Elder, suburbs)

Barriers: Lack of resources described above are barriers that hinder elders from meeting their independence needs. Physical and cognitive declines significantly affect their functioning level. For example, some elders were compelled to give up driving because of vision problems or slow reaction time. Loss of ability to drive can significantly impact the lives of elders, especially those who live alone in the suburbs.

“The doctor told her he didn't want her to drive on the expressway any more, and she just went off the deep end. She wouldn't get out of bed, she wouldn't eat, she wouldn't take her medication, and she screamed at me all the time....I think not driving for most elders is a difficult thing. You take away their independence.” (Family member, suburbs)

**Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007**

Physical problems, such as illness, surgery, injury, or susceptibility to fatigue, can also lead to difficulty with chores and negatively impact their ability to maintain their houses. Elders who have lived with their parents or siblings all their lives may have never learned cooking skills. They often require immediate help with chores when their family members die or become seriously ill.

Strengths & Resources: Some Nikkei elders already have personal, social, and/or financial resources that help them meet their needs for independence. They have supportive family or friends who can help them drive and cook. Some of them have sufficient financial resources and are willing to have hired home services to help them live independently. In addition to external resources, Nikkei elders also have internal strength to maintain independence, such as good physical and mental health. Certain personal characteristics and skills, including internal locus of control (i.e., believing that events and outcomes are guided by and are within control of one's personal decisions and efforts), cooking and housekeeping skills, financial management skills, and ability to drive also help them stay independent. These abilities and skills vary among individuals and often are related to their family environment and background. For example, male Nikkei elders who have helped their families during childhood or have not depended on their spouses for housework appear to be more independent and capable of taking care of themselves when they live alone.

“My parents had to work every day. So when we'd go to school and come home, we'd have to cook for them and do the laundry and everything, do the housework. So you know, it was nothing, because we've been doing it all this time.” (Elder, suburbs)

Cultural Connection

Many isolated Nikkei elders report that they need to feel connected to the Japanese culture. They have needs for cultural resources, such as Japanese foods, television programs (e.g., “NHK World”), newspapers, and books. For example, one elder says that Japanese foods are not served at her independent living facility, and when she doesn't like what is served, she just eats *gohan* (rice) and *tsukemono* (Japanese pickles) by herself.

Some Nikkei elders revert back to prioritizing their own racial/cultural identity in the later years of their lives. They rediscover the importance of their Japanese heritage and desire to explore their racial/cultural identity despite their experience with racial discrimination and their efforts to “Americanize” in their younger years. Many have a new appreciation of their Japanese cultural and religious roots. This is especially true for many *Nisei* elders because their interment camp experience was such a life-defining moment that forever changed their perspectives on life. One elder reports that he goes back to Japan to research the history and origin of his family before their immigration to the United States. A few elders report that, although they were raised Christians, they decide in their later years to become Buddhists after spiritual and cultural exploration.

Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007

Another elder says that the influence of Japanese culture on his attitudes and values has become stronger as he got older.

“The amazing thing to me in this day and age is despite my exposure to as many cultures as I've been exposed to ... I still have my roots in my Japanese upbringing....And I think because when you're younger, you don't really [care]. When you get older, you begin to understand the importance and the value of Japanese qualities. And I think that's what's happened with me. The value of those qualities becomes more and more, I don't want to say honorable, but important.” (Elder, Chicago)

“I didn't want to be Japanese when I was younger. Now, I really enjoy the community because of the similarity and understanding of attitudes, of values. It's just very comforting to me to be with *Nisei* people. I admire that generation so much. They went through a lot to give me the opportunity to be me and to also have a strong identity to fall back on because of what they did.” (Elder, Chicago)

Isolated Nikkei elders engage in various cultural activities to feel connected with and maintain their cultural heritage. These activities include *ikebana* (flower arranging), *buyou* (Japanese classical dance), *origami* (paper folding), *taiko* (drumming), *sadou* (tea ceremony), collecting *katana* (swords), and making *yukata* (summer kimonos). Cultural activities are incorporated into their everyday lives, such as eating and cooking Japanese foods, watching Japanese television programs and movies, hanging out with Nikkei friends, and attending events at Japanese American organizations.

“I think being Japanese is something she embraces as her - it's Japanese American. She cooks mostly Japanese food. Everything she maintains pretty much is Japanese. Even though she might not be fluent in Japanese, the language that she is most comfortable with is Japanese. Whether it's friends, the food, the activities, it's all she knows - Japanese/Japanese American everything. The temple is where she spends a lot of her time. All her friends are *Nisei*, and some of the walking friends are a mix of *Nisei* and Caucasian.” (Family member, suburbs)

Furthermore, Nikkei elders need to interact with the Nikkei community. It is important to have both cultural activities and personal contacts with other Nikkei individuals because being involved in ethnic activity without connection with other Nikkei persons may not satisfy their “emotional” need.

Barriers: In addition to the lack of resources listed above as barriers, health problems can limit the ability of elders to participate in cultural activities or events. In addition, elders who are in an independent living facility where there are only a few Japanese or Asian elders may feel culturally isolated.

“The hard part is that there are no Asians here, and that's what I miss most.” (Elder, suburbs)

Strengths & Resources: The ability to drive, access public transportation, or get a ride from their family, friends, or personal carer is often necessary to access cultural resources, such as Asian or Japanese grocery markets, Japanese video stores, and Japanese American service organizations. Geographical factors also affect accessibility to cultural resources. Some elders say that having Japanese American organizations and/or Asian grocery stores close to their homes enable them to continue their cultural activities and buy cultural products they need. In addition, many isolated Nikkei elders rely on their social networks for information on cultural events, as well as motivation to participate in these activities.

Routine Activities and Structured Lifestyle

Most isolated Nikkei elders say they need structure and routine activities in their everyday lives to feel comfortable and safe. For example, many elders go to the gym, meet their friends for lunch, or walk the dog on a regular basis. Some of them have their homemakers, social workers, or medical personnel visit them on a regular basis. Elders may also have particular daily routines such as cooking and cleaning at certain times, reading a newspaper in the morning, and/or watching the same TV programs. In addition, those who are involved in a group, club, or volunteering activity have a certain schedule on a weekly basis. Stability and predictability make them feel more secure and help them get motivated.

“When I do not go to JASC, like weekends or holidays, I think I don’t really know what to do. It’s my routine to come here in the morning after I wake up, you know, and I think that’s why I am still healthy.” (Elder, Chicago)

Barriers: Nikkei elders who are reclusive and stay home all day are more likely to lack structure in their daily lives than those who are socially active. Physical limitations can also be a barrier that hinders elders from being involved in activities and the community. Lack of structured lifestyle is of special concern because elders can develop unhealthy habits, such as irregular sleep and eating schedules. For example, a family member expresses concerns that her mother often naps throughout the day and stays up until the middle of the night, as late as 3 a.m. Depression also makes it difficult for elders to continue their routine activities. Depression can reduce their energy and motivation level and may cause cognitive problems.

Strengths & Resources: Some Nikkei elders have routine activities such as scheduled classes and standing meetings that keep them involved in the community. For example, one elder reports that she reads the newspaper and checks her e-mail when she gets up in the morning, and then does exercise. She volunteers at a hospital during the day and goes to a taiko lesson at night. Good health is also an important factor to maintain their routine activities because it enables elders to stay active. Calendar reminders and family or friends who remind them help elders keep track of these routine activities.

Safety Needs

Table 5. Safety Needs, the Barriers and Their Resources for Isolated Nikkei Elders

Needs	Barriers	Strengths & Resources
Clean and organized house	<ul style="list-style-type: none"> • Mistrust in “strangers” • Hoarding/cluttering behaviors • Physical limitation Desire not to be wasteful 	<ul style="list-style-type: none"> • Trusted homemaking service • Supportive family/friends
Home modifications	<ul style="list-style-type: none"> • Financial limitation • Minimization • Frugality 	<ul style="list-style-type: none"> • Family’s awareness of elder’s condition and risks • Financial resources

Clean and Organized House

Many isolated Nikkei elders express the need to keep their house clean and organized. They recognize that it is important to live in an organized home to prevent slipping and falling. Furthermore, some elders have difficulty throwing out old things such as foods, medications, clothing, and magazines. They may need assistance to cope with their hoarding behavior.

Barriers: Physical and cognitive limitations may prevent elders from keeping their houses clean and organized, especially if they do not have family members or professional cleaners/homemakers who clean their houses on a regular basis. For instance, inability to organize may be a sign of early Alzheimer’s disease. Elders who have diminished sense of smell may not be able to recognize that food is spoiled or rotten. However, many Nikkei elders do not want to admit that they do not have the ability to clean or organize their own homes. In addition, hiring homemaking services can also be a difficult decision for some isolated Nikkei elders when they lack the trust and comfort in allowing a “stranger” into their homes. Some Nikkei elders feel that their privacy is infringed in their own homes.

Some elders, especially women, have difficulty discarding old things that they may consider dear to them. For example, one licensed professional who works closely with Nikkei elders says that one of her female clients lives in a cluttered apartment because she believes that all of her craft materials and magazines are extremely meaningful to her memories of the past. Some elders live in messy and disorganized apartments due to their hoarding behavior, which may create safety problems.

“She doesn’t throw things out that much so she has this ‘don’t be wasteful’ personality. I think she has a lot of clutter because she doesn’t want to get rid of anything.” (Family member, Chicago)

**Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007**

Hoarding or cluttering behaviors are commonly reported as a problem for the elderly in general. But for Nikkei elders, hoarding may be at least partially related to their experience in internment camps during World War II, when their possessions were confiscated and stripped from them. They lost many irreplaceable items that were of value to them, such as family photos and heirlooms. Therefore, hoarding may be a sign of emotional insecurity and an attempt to maintain control and ownership.

Cultural values such as *mottai nai* (need to conserve resources) and fear of *somatsu ni suru* (being wasteful) may also be related to Nikkei elders' difficulty throwing away old or unnecessary things.

Strengths & Resources: Some isolated Nikkei elders utilize homemaking services to keep their homes clean and organized. Others have family members or neighbors who visit them and help clean their houses and discard old things, especially expired food items from the refrigerators.

“We are starting to throw away old things. Food is probably more than anything else in the refrigerator because I don't think she realizes how old things really are. We check her refrigerator weekly to throw out things that have been there too long.”
(Family member, suburbs)

Whether it is a professional cleaner, homemaker, or a family member, having someone they trust to clean their house is a big resource for isolated Nikkei elders.

Home Modifications

For isolated Nikkei elders to continue living in their homes safely, home modifications are often needed. Because many elders prefer to take baths, it would be important to install railings to assist them getting in and out of the tub or to prevent them from slipping and falling. Other useful modifications include a bench for bathing, showering, or transferring; temperature-controlled shower and tub water fixtures; widened doors for a walker or wheelchair; higher bathroom counters; and installation of telephones and emergency medical response devices around the home.

Other home modifications to enhance the elders' safety can include extra railings along the stairs; more well lit hallways and rooms; a gas-sensing and smoke-detecting device; and adjustable upper shelves and pull-out lower shelves in the kitchen; as well as installation of a security system.

Barriers: Because some major house modifications can be costly, the lack of financial resources can be a barrier. Because house modification may be perceived as a luxury item rather than a necessity to maintain safety, frugality can be a barrier. Many Nikkei elders also have the tendency to overestimate their physical capacities and, therefore, refuse to modify their homes by installing railings and other safety devices. Furthermore, some elders do not want to admit that they need home modifications for fear of admitting that they are weak and are losing independence.

Strengths & Resources: Elders’ family members often have better understanding and awareness of the elders’ health risks and declines, such as fragility, vision problems, and mobility impairment. They may initiate house modifications for the elders to ensure their safety. Financial resources also help elders to get home modifications, as they can be expensive.

Social Needs

Table 6. Social Needs, the Barriers and Their Resources for Isolated Nikkei Elders

Needs	Barriers	Strengths & Resources
Interaction with family	<ul style="list-style-type: none"> • Geographical separation • Relational problems • <i>Enryo</i> (fear of being a burden) 	<ul style="list-style-type: none"> • Family’s availability • Geographical proximity • Closeness with family • Communication tools
Interaction with friends/neighbors	<ul style="list-style-type: none"> • Health problems • Shyness/passivity • Lack of transportation • Change in social networks 	<ul style="list-style-type: none"> • Information sources • Extroversion • Social skills
Helping others and contributing to the community	<ul style="list-style-type: none"> • Health problems • Cognitive problems • Lack of transportation • Community burnout 	<ul style="list-style-type: none"> • Available opportunities

Interaction with Family

For those with living relatives, isolated Nikkei elders express the need to interact and maintain close ties with their children, grandchildren, and extended families. Many of them either see their families on a regular basis or, at the minimum, contact them via phone or e-mail if they live far from their families. Elders enjoy spending time with their families, including eating out, going to movies or concerts, traveling, attending a church or temple, or volunteering together. They also enjoy teaching their philosophy, wisdom, and knowledge to the younger generations, especially their grandchildren. Many isolated Nikkei elders express the desire to pass along their life stories to their children and grandchildren. Nikkei elders who have experienced the internment camps especially want an opportunity to discuss their war experiences in depth with their families.

“It gives me a great deal of satisfaction to talk about my internment experiences because I feel that it is the story that has to be told.” (Elder, Chicago)

Many isolated Nikkei elders put strong emphasis on the success and well-being of their families. For example, when asked about their families, many elders talk about their children and grandchildren’s careers and academic achievements. It appears that for many Nikkei elders, their families’ prosperity and well-being can overshadow their own

**Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007**

needs. Some elders say that they regularly baby-sit for their grandchildren or do chores for them so that their children can focus on their careers.

For some isolated Nikkei elders who lack blood relatives for emotional, social, or financial support, the definition of family expands to include friends, neighbors, and personal carers. Some elders prefer to talk to their friends and personal carers about their problems and seek their advice, rather than that of their family members. A few elders identify their friends or neighbors as emergency contacts. While many elders invite their friends and personal carers to family birthdays and holiday parties, a few elders have developed such strong bonds with their friends that they included them into their wills.

Barriers: In addition to geographical (e.g., live in different states or countries) and relational (e.g., conflicts) barriers, there are psychological factors that make it difficult for elders to interact with their family. Many isolated Nikkei elders, for example, talk about *enryo* (undue reticence) and fear of being a burden to their family.

“My daughter-in-law told me to call her at work but I usually try not to bug her. I don’t want to be her burden. But it’s nice to see my grandson.” (Elder, Chicago)

One elder in an independent living facility says that she has lived with her son and his family, but after it became difficult for her to cook for them, she moved out because she felt *katami ga semai* (ashamed and small).

Some Nikkei elders do not verbally express their needs to their families. They seem to expect their families or close friends to understand their needs without telling them explicitly (*amae*). This can lead to unnecessary hurt or poor relationships with their families. In addition, when *Nisei* elders share their experiences with their families, it is often more a narrative of events than a sharing of feelings. This may partly result from family life during the post-World War II period, which was often fragmented economically and emotionally. Both parents of the Nikkei elders were most often employed full-time to support their families, and there were language and emotional disconnects that made effective communication among family members difficult.

Licensed professionals report that sometimes they observe that Nikkei elders focus too much on their families, to the degree that they ignore their own needs. Furthermore, because Nikkei elders tend to be willing to sacrifice themselves for their children, in some cases, their children may take them advantage of them. For example, some Nikkei elders give away their money to their children, even when they themselves do not have adequate financial resources.

Strengths & Resources: Resources that help elders meet their needs for family interactions include geographical proximity, psychological closeness, and the availability and supportiveness of their families. Some elders live in the same buildings as their family members. Good family relationships and dynamics are important for determining the level of resources that family members provide and elders receive. Families support

**Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007**

elders in various ways, such as checking in on them regularly, accompanying them to the doctor's office, and driving them to the grocery store, as well as assisting them with house chores, financial management, and medication management. Many Nikkei elders primarily rely on the telephone to maintain contact with their families. In addition, for some elders, especially those who have family members in other states or abroad, the Internet has become an important communication tool.

Interaction with Friends/Neighbors

Many Nikkei elders express a strong need for social interaction with friends or neighbors. While some elders interact almost exclusively with other Nikkei individuals, others have interactions with individuals from different ethnic, racial, and/or cultural backgrounds. Their preference seems to depend on their levels of acculturation and openness. Many Nikkei elders enjoy activities with their friends such as going to a movies, concerts, museums, or casinos, going shopping, eating out, playing games, and playing sports together. In addition, many elders belong to social groups, clubs, or classes such as a fishing club, gourmet group, singles' group, walking club, investment group, ukulele group, weaving class, bowling league, and swing-dancing class. Many Nikkei elders belong to a Buddhist temple or church. Several elders say that, while they are not religious, they rely on religious organizations to build a social network.

Isolated Nikkei elders try to keep their interpersonal relationships mutual and reciprocal, emphasizing a custom of *orei* (returning favors). Furthermore, it is important to meet the need for social interaction among those elders who have limited physical capacity to participate in social activities, who have cognitive problems, or who are reclusive and socially isolated

“I think they just want to talk, but they repeat themselves. So it's important to listen to them, as if you heard what they said for the first time. Listen to them patiently. That's the most important thing.” (Licensed professional, suburbs)

Elders, especially those who have lived in their houses, condos, or apartments for a long time, often interact with their neighbors. The level of closeness varies, but for some elders their neighbors are important support networks, and some act as emergency contacts. For instance, some elders have neighbors who check in on them regularly. Some elders have neighbors who shovel snow, mow yards, and/or give them rides to grocery stores or the doctor's office.

“My neighbors watch over my place when I'm gone. We really look out for each other, so I think that really helps me a lot.” (Elder, suburbs)

Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007

Barriers: Many elders state that their health issues limit their social activity. Some of the more prevalent health issues include fatigue, hearing problems, physical pains, and dizziness. Personality factors such as shyness, introversion, and passivity in social interaction were also identified.

“He [elder] just spends time with his family. He doesn’t take an initiative to meet new people.” (Family member, suburbs)

Health problems and lack of transportation can also hinder the capacity of elders to meet their social needs. For instance, one elder says that she cannot go out to meet her friends because she needs a wheelchair and oxygen. Not surprisingly, depressed elders tend to become socially withdrawn, which makes them vulnerable to social isolation. Illness or loss of their social network to death also significantly affects elders’ social lives.

“My social life is kept down to almost nothing, because so many of my friends are gone. I have my one last friend who I met here 16 years ago, and she’s bedridden to 24-hour care, so if I have time, I drop in and say hello, but that’s about it.” (Elder, Chicago)

Several elders do not have a best friend since they lost their spouses.

“Elders’ marriage is always like, ‘We did these things together all the time; I never did things by myself. I didn’t have hobbies, I didn’t have outside friendships.’ And so the husband or wife dies, and, ‘I don’t know who I am anymore, I don’t have a personal identity,’ and so it’s a challenge, and it’s difficult for them.” (Licensed professional, Chicago)

It is especially difficult for socially isolated elders to begin getting involved in social activities. It can be intimidating to join a new group or meet new people. Furthermore, they may deny or minimize their needs for social contacts.

“One of the ladies said, ‘I never knew that I was missing something when I sat at home. I never realized that I was missing out.’ And she started to come and a whole new world opened up.” (Licensed professional, Chicago)

Some elders rely exclusively on their family for social interaction and have limited opportunities to expand their social support network to peers of their own generation.

“When you live at home with your extended family, they treat you well, but you are always ‘Grandma.’ You are part of the family structure. And when you come out of the house, you are just another lady with other women who are about the same age. So you have your own personal experience. You’re not ‘Grandma.’” (Licensed professional, Chicago)

**Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007**

Whereas some elders maintain close relationships with their neighbors, over time these relationships became more distant. Neighborhoods change and people move away, which affect elders' social interactions with their neighbors.

“When I first came here, almost 40 years ago, we had these house parties to introduce you, you know, meet the neighbors. Then we switched to small get-togethers, but that has changed now, so that when somebody moves in, we don't even feel obligated to invite him and the neighbors over. Nobody is picking up the ball and running with it, so to speak.” (Elder, suburbs)

Even though some Nikkei elders are socially active, they may not have close and satisfying interpersonal relationships. For instance, some elders reported that, although they have a group of peers they interact with on a regular basis (e.g., neighbors, residents in the same independent living facility), their relationships are rather superficial. Consequently, these elders do not receive emotional and psychological support from their everyday friendships.

“They are not really special friends. Just chatting. They are loud and gossipy. So I don't hang out with them seriously.” (Elder, Chicago)

Strengths & Resources: Nikkei elders report that their major sources of information on social events or activities are newsletters from social service or religious organizations, friends, newspapers, and the Internet. Elders who attend social events or activities accompanied by friends, family members, or others are more willing to participate than those who attend alone. Social networks and activities depend highly on the personality traits of the individual Nikkei elders. For example, extroversion, active lifestyle, and good social skills contribute to active and satisfying social lives. Those who had been socially active when they were younger tend to continue being socially active. Geographical closeness to friends and the ability to drive make it easier for elders to meet with their friends. Those who can use the Internet often use e-mail or online chatting to communicate with their friends.

Helping Others and Contributing to the Community

Nikkei elders express the need to contribute to the community and feel useful to other people. They often volunteer at hospitals, hospices, churches, and social agencies, or lead groups or events. Some elders bake cakes and pies to bring to their churches, temples, or groups. Elders who own cars often give other elders rides.

“After I quit my job, I thought about what I would like to do. Then I realized that I like cooking ... I like cooking for others here. It is quite satisfying when they said, ‘It was really good.’ I have always wanted to do something for others, as long as I live...I think we should all help each other.” (Elder, Chicago)

Barriers: Declines in physical health and cognitive function, as well as lack of transportation may prevent elders from being involved in the community. In addition, emotional distress, depression, and despair also hinder elders from participating meaningfully in community activities. The excessive need to help others may result in ignoring their own needs. In addition, a few elders experience guilt when they feel they are not helpful enough.

“I know I don’t do much for the church, you know, ‘cause I know the church, some people are very into it, and they’re baking for the church and this and that....I’m not a baker. Maybe I don’t do enough, do you think? I think maybe the church might think I don’t participate enough.” (Elder, Chicago)

Although Nikkei elders are reluctant to ask for help from individuals in the “out-group” (i.e., those who they do not relate to as “their own community”), they can be extremely demanding to those in the “in-group” (e.g., family, friends, and other Nikkei elders). Therefore, Nikkei elders who have difficulty setting a limit to asking for help may inadvertently take advantage of and overburden their peers and other Nikkei community members. For example, individuals who can carpool and provide transportation for Nikkei elders may experience burnout. They are always being asked for rides, and they do not expect or ask for gas reimbursement or compensation.

Strengths & Resources: The availability of social service organizations that allow elders to participate and contribute to society is an important resource. Many Nikkei elders are caring, altruistic, and loyal. In addition, their relationships with others tend to be interdependent and cooperative. They tend to help their friends even if their friends do not ask for help explicitly.

Financial Needs

Table 7. Financial Needs, the Barriers and Their Resources for Isolated Nikkei Elders

Needs	Barriers	Strengths & Resources
Financial security/management	<ul style="list-style-type: none"> • Limited financial resources • Loss of spouse • Lack of job opportunities Being overwhelmed by paperwork 	<ul style="list-style-type: none"> • Financial resources • Automated systems • Financial specialist • Family support

Financial Security and Management

Whereas some isolated Nikkei elders report that they feel financially secure, others express financial concerns.

“I’m wondering how many more years I can live before the money runs out, because with Social Security, any set amount comes in, then you have your set expenses with your medical bills and prescription, and you need eyeglasses, you need teeth fixed etc, etc.” (Elder, Chicago)

Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007

In addition, due to traditional gender role assignments, some elderly Nikkei women, especially *Issei* and *Nisei*, have never been involved in financial management. They depended on their husbands for financial planning and management. After losing their spouses, they often need assistance with financial management.

Barriers: Lack of financial resources appears to be a concern for some isolated Nikkei elders. Even though some have assets, such as owning homes or cars, many Nikkei elders have limited amount in liquidity to spend. Loss of a spouse can worsen the financial situation of the elder. To make ends meet, some elders have to continue to work past their retirement age. Others want to work in order to have an additional income source. However, job opportunities are not guaranteed, especially because of bias against employing older adults in many businesses. Several Nikkei elders expressed a need for assistance with finding jobs that match their qualifications. Cognitive limitations cause difficulties managing finances and paying bills. Financial management can be very complex and involves a lot of paperwork and paying close attention to distinguish bills of payment. In addition, some *Nisei* women who were married were not given the opportunity to develop professional skills outside of the household. As a result, they lack the necessary skills in making appropriate financial decisions, and effectively paying bills or managing their finances. Sometimes the personal carer of Nikkei elders is reluctant to help with paper work and financial management because the elders often become suspicious of the intent of their carer.

Strengths & Resources: Many Nikkei elders say that they feel they have adequate financial resources, including inheritances, investments, Social Security, savings, property, pensions, stocks, and/or incomes. In addition, some elders receive financial support or assistance with financial management from their family members. Several elders state that they use the Internet to access automatic payment systems available through their banks to expedite their monthly bill payments. Some hire a financial specialist or advisor. Many service providers report Nikkei elders are very diligent in paying bills on time.

Service and Assistance Needs

Table 8. Service and Assistance Needs, the Barriers and Their Resources for Isolated Nikkei Elders

Needs	Barriers	Strengths & Resources
Homemaking and cleaning services	<ul style="list-style-type: none"> • Limited financial resource • Mistrust of “strangers” • Frugality Preference for specific gender, race, culture, personality, and/or experience 	<ul style="list-style-type: none"> • Trusted source for homemaking service referrals • Financial resources • Supportive family/friends
Transportation services	<ul style="list-style-type: none"> • Social isolation • <i>Enryo</i> • Need for independence 	<ul style="list-style-type: none"> • Rides from family/friends • Accessibility to public transportation
Medical and healthcare services	<ul style="list-style-type: none"> • Limited English proficiency • <i>Gaman</i> (reluctance to complain) • Attitude toward health care • Lack of transportation Lack of adequate insurance 	<ul style="list-style-type: none"> • Treatment compliance • Loyalty & punctuality
Psychological services	<ul style="list-style-type: none"> • Stigma of mental illness • Reluctance to receive service • Reluctance to express emotions 	<ul style="list-style-type: none"> • Support family/friends • Resiliency • Life experience
Elder services	<ul style="list-style-type: none"> • Lack of culturally competent services • Dependence on family • Financial limitation 	<ul style="list-style-type: none"> • Information on resources • Matching preferences • Financial resources
Future planning	<ul style="list-style-type: none"> • Unwillingness to talk • Procrastination 	<ul style="list-style-type: none"> • Willingness to seek professional help • Open conversation with family
Support with caregiving	<ul style="list-style-type: none"> • Busy schedules • Unavailability of support group • Lack of information • Geographical factors 	<ul style="list-style-type: none"> • Availability of support groups

Homemaking and Cleaning Services

Some isolated Nikkei elders who have limited mobility and physical health express an interest in receiving hired help to take care of chores in their homes. Many feel that it is easier to ask for assistance from a hired home assistant than from their family members or friends. They need assistance with cooking, cleaning, laundry, and grocery shopping. One family member even mentioned that she does not want her elderly mother to cook on her own because she once had forgotten to turn off the stove and almost set her home on fire. Elders who are Japanese nationals tend to prefer homemakers who can speak Japanese. Oftentimes elders state preferences in gender, race, culture, and personality of their homemakers. They often prefer Japanese

Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007

homemakers because of an assumption that the homemakers shared similar values and characteristics (e.g., Japanese homemakers are honest, will not steal, and will work much harder than non-Japanese homemakers). They need to find homemakers who match their expectations and preferences.

In addition to the needs for assistance with general housework, many isolated Nikkei elders express the need for support with physically demanding housework, such as mowing the grass, painting walls, shoveling snow, and moving heavy furniture. To maintain their sense of independence and usefulness, some Nikkei elders will coordinate with the hired help (or with family) to carry out less labor-intensive tasks.

Barriers: In addition to the lack of financial resources, there are psychological factors that hinder isolated Nikkei elders from utilizing homemaking or cleaning services. Many elders feel uncomfortable about having someone come into their houses because they concerns about privacy and personal security.

“I wanted to hire a cleaning lady for her [elder mother’s] house, although it’s not messy at all - except for her room where things are piled all over - but she didn’t want any stranger in the house...” (Family member, suburbs)

Nikkei elders may trust home service providers if they are referred through a reliable source, such as trusted community organizations (e.g., JASC, church, temple) or their family or close friends.

There are feelings of guilt with using money for homemaking services, which may be partially attributed to historical trauma, such as experiences in internment camps during World War II or with poverty during the Great Depression. Nikkei elders tend to view hiring a professional homemaker or cleaner as a luxury (*zeitaku*). They do not want to flaunt their consumption or be flashy. They may also value frugality even if they have enough financial resources.

“I hate to put out about \$30 if I hire somebody. I’d rather not pay that much out, because then I’d be out that much.” (Elder, Chicago)

Many isolated Nikkei elders may also feel ashamed of themselves for no longer being able to clean their own homes. For instance, one family member reported that her elderly mother is reluctant to hire a housekeeper because “she doesn’t want anyone to see that she can’t do it anymore.” Nikkei elders may push themselves hard to do chores in order to stay active and maintain self-sufficiency, despite their health problems. This tendency may increase their risk of getting injured.

“I know older people think once they start asking for too much help, they end up losing even more strength. So I think that’s what she [elder] is worried about.” (Family member, suburbs)

Strengths & Resources: Some elders are utilizing homemaking or cleaning services offered by either JASC or other agencies. They often feel more comfortable using paid services than depending on their family for care because of fear of being perceived as a burden. Not surprisingly, those who feel financially secure tend to be more comfortable using paid services. Some elders have family and friends who help them with chores and housework. Family members also help with finding and matching the right homemaker with whom the Nikkei elder will want to interact with regularly.

Transportation Services

Many isolated Nikkei elders and their family members express the need for transportation services. The lack of transportation can prevent the elders from accessing important resources and services and maintaining their social interactions. Transportation to a grocery store is especially important because many elders have difficulty carrying heavy groceries (e.g., milk, water) by themselves. This may be more demanding during the severe weather conditions – winter snowstorms or summer heat waves – posing additional health and safety risks.

For Nikkei elders who continue to drive their own cars, driving at night or for long distances can be challenging. Therefore, having transportation services is especially important at night or for events that occur far from the elder's home.

Barriers: Elders who are geographically or relationally distant from their families and those who do not have close friends or friends who can drive may have difficulty finding needed transportation services. However, some isolated Nikkei elders are unwilling to ask for or to receive help because of *enryo* (fear of being demanding) or the need for independence, even when friends and family are available to provide transportation assistance. Furthermore, families may be overly protective and limit the freedom of elders from performing various tasks, including driving their cars or cooking their own meals even though they are still capable of doing so safely.

“She could go with her neighbors, but she values her independence, and she doesn't want to depend on her neighbors every time she needs something ... so I think she tries to do everything by herself.” (Family member, Chicago)

Strengths & Resources: Many isolated Nikkei elders help each other, and those who can drive often provide rides for friends who cannot drive. Friends are often cited to help drive elders to grocery stores, organizations (e.g., JASC, church), and the doctor's office. Carpooling among friends occurs often. However, extensive reliance on friends for transportation needs can impose a substantial burden that can lead to burnout on the supportive network. For those Nikkei elders who have family members who live geographically close by, the family often provides transportation. Taking public transportation during the day is also the preferred mode of travel for many elders who live in Chicago.

Medical and Healthcare Services

Many isolated Nikkei elders have a number of acute and chronic medical problems that require medical management. Reported chronic conditions include: hypertension, diabetes, cancer, high cholesterol, rheumatoid and osteoarthritis, osteoporosis, cataracts, glaucoma, sleep apnea, heart failure, chronic obstructive pulmonary disease, irritable bowel syndrome, bladder problems, constipation, neuropathy, thyroid problems, Parkinson's disease, and dementia. Acute conditions include ulcers, dizziness, balance or gait problems, and fractures.

Certain medical problems are more prevalent among Nikkei elders than among elders of other ethnic backgrounds. An internal medicine doctor reports that stomach cancer, hypertension, diabetes, osteoporosis, and high cholesterol are especially common among Nikkei elders because of a combination of biological disposition and dietary habits (e.g., high-fat American foods and salty Japanese diets). Another healthcare provider observes that gastrointestinal problems, cardiac problems, and fractures due to falls occur very often among Japanese elders.

One licensed professional cautions that the guidelines issued by the American Cancer Society and American Heart Association may not be applicable for treating Asian patients, including the Nikkei population. These guidelines were developed based on research results in Caucasian, African American, and Hispanic American populations. In addition, Japanese Americans in the United States have a different diet and lifestyle than Japanese nationals in Japan, thus demonstrating the inappropriateness of applying guidelines from Japan to the Japanese American population.

Many of the isolated Nikkei elders need culturally competent healthcare professionals who understand a holistic view of the body and the mind.

“There might be a preference for the mind/body connection in a more holistic way, and treating the emotional and spiritual part of an illness is extremely important when working with Nikkei elders. Western medicine is very arrogant. We believe that we have the best medicine, we can diagnose any problem, and we can treat it and cure it....Well, we're not there; we will never be there. I think there's a Chinese herbal practitioner who has been at this for 5,000 years, and maybe they know the answer already.” (Licensed professional, Chicago)

Some isolated Nikkei elders need culturally competent alternative healthcare services, such as chiropractic, massage therapy, acupuncture, and herbal therapy. However, oftentimes those services are not covered by health insurance. In addition, some elders express that alternative medicine in the U.S. does not have the same quality as that in Japan.

“I've been disappointed by going to massage therapists here. They don't apply pressure; they only stroke. I will say, 'Oh I could do that by myself.' I much prefer the Shiatsu or any sort of pressure-point massages.” (Elder, Chicago)

**Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007**

Barriers: Limited English proficiency can be a barrier for some isolated Nikkei elders. Although some of them see healthcare professionals who can provide services in Japanese, others receive medical services in English. *Issei* elders often prefer seeing a doctor who can speak Japanese. Even if they are fluent in conversational English, their health literacy in understanding English medical terms may be limited, posing problems in communicating with their healthcare providers. One Nikkei elder says that she needs to ask her friend or family to accompany her and act as her health advocate during her regular doctor's visits. Health advocates will be important in assisting with obtaining and interpreting health information, navigating the healthcare system, and negotiating and making decisions. Another reported difficulty reading medication labels.

“I don't know what they [words in medical labels] mean. Even if I look in the dictionary, they don't have that word. Unless you have a medical dictionary, you don't know what you're taking.” (Elder, suburbs)

Nikkei elders also mention that they do not think they receive enough information on treatment from their healthcare providers. For example, one elder talks about her experience with adverse drug reactions with a medication that her doctor has prescribed. However, she believes that her doctor has not fully informed her about these potential side effects so that she can better monitor her health. This, in turn, negatively influences her desire to adhere to the medication and her trust in the doctor.

There are cultural and psychological factors that may impede Nikkei elders from receiving the appropriate healthcare services they need. For instance, several healthcare providers mention that isolated Nikkei elders tend to minimize or hide their symptoms. Many of the elders believe that they should *gaman* (endure) pain and discomfort. Consequently, they do not complain about their discomfort or health problems, and do not seek professional help until their symptoms became severe or intolerable.

“I think that one big issue is that they are so reserved and reluctant to complain. They never talk about what they need, even when they come here. So I imagine that they do not receive services which they are eligible to receive.” (Licensed professional, Chicago)

In addition, some Nikkei elders feel that seeing the doctor or accessing any medical services only happens when one is sick or dying. They also do not want to admit anything is wrong or that they are not healthy. This leads to the common attitude toward de-emphasizing preventive healthcare services. Some isolated Nikkei elders, especially *Issei* and *Nisei*, do not visit their doctors for regular check-ups.

“The older *Nisei* people believe that you don't go to the doctor, because if you went to the doctor, then you died. In Japan, you went when you were really sick and nobody could do anything for you, and you usually died. That is the attitude. My

Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007

own father was that way. You wouldn't go to the doctor if you hurt a little bit....You [didn't] go to the doctor unless it was serious....Maybe if you had a real bad earache you could have gone to the doctor." (Licensed professional, Chicago)

Some isolated Nikkei elders have a limited choice of services or limited duration of therapies because of their insurance policies. For example, one elder had been on a treatment for 14 weeks, but then she felt compelled to switch to another treatment because her Medicare coverage for that treatment ran out. Another elder says that, although she needs to receive a long-term rehabilitation treatment to fully recover, her insurance policy covers her rehabilitation for only a limited period.

Lack of transportation can be problematic for elders who do not drive or live close to their families. Some elders have to take taxis when they visit their doctors because of location. Given the cost, they may not visit their doctors as often as they should.

Strengths & Resources: Many professionals describe Nikkei elders as "good patients" because they generally are punctual, responsible, respectful, loyal, and adherent to treatment.

"They are the best patients because they are so caring. If I don't send a bill in a month, they would worry that we lost the bill. They would call me up and say, 'Where's my bill?' and they want to pay it." (Licensed professional, Chicago)

Nikkei elders tend to be very loyal to their doctors once they gain their trust. Many of them stay with their doctors even after they move or their doctors move their practices to another neighborhood. Their loyalty helps them develop trusting, long-term relationships with their doctors. These relationships can span across generations when the elders' children also see the same doctors. This tendency also helps the doctors provide better services because they thoroughly know their patients and family histories.

"My doctor moved all over, so I just followed him. Then he retired. So the doctor I go to now ... he was working with the doctor I started with, so I just kept going to the same doctor, the same office. See, they've gotten all my records there." (Elder, Chicago)

The ability to ask questions and communicate effectively with doctors also helps elders receive good healthcare services. Some isolated Nikkei elders who have worked in a medical field or have family members in the healthcare field tend to have knowledge in medicine and can better communicate with their doctors. One professional says that although Nikkei elders tend to be reserved, they are not passive clients. Many speak up, ask questions, and communicate well with their healthcare providers.

Psychological and Behavioral Services

While many isolated Nikkei elders do not discuss any psychological problems, many family members speak frankly about how the elders suffer from depression, often related to the loss of a family or a friend.

“I know that my grandmother didn’t want to go out very much, and the family was aware that she was depressed. Part of the depression I think was when some of her very close friends moved to Japan, and that was someone who she socialized a lot with and ... they would take her places, so I think she was very sad.” (Family member, suburbs)

Physical or cognitive deterioration could also cause depression:

“The loss of physical and cognitive abilities and independence is very difficult. The elder was really depressed. She said, ‘I cannot move by myself anymore....’ Sometimes she doesn’t want to do anything.... She says, ‘I want to die. Why do you think I should suffer like that?’ She feels hopeless.” (Licensed professional, suburbs)

Many family members observe depression-related symptoms, including sleeping too much, social withdrawal, weight loss, lack of energy, and forgetfulness among isolated Nikkei elders. Some Nikkei elders say that they have experienced stressful life events, such as the loss of friends and decline in cognitive or physical functions, causing psychological distress.

In addition to depression, some elders appear to suffer from adjustment difficulties, especially after losing their spouses, relatives, or close friends. Given that depression can worsen cognitive problems and deteriorate health status, it is important to provide appropriate services that are sensitive to the preferences and needs of isolated Nikkei elders to support and maintain their psychological wellness.

Barriers: Many Nikkei elders, especially *Issei* and *Nisei*, may not be willing to report psychological problems. They do not feel comfortable seeking mental health services, including therapy and counseling. A family member says that although her mother seems depressed, she refuses to enter psychotherapy because “she doesn’t like to think about problems, solve them, or discuss them. She thinks it will get things worse.” There seems to be a stigma associated with mental illness, which might be partially due to generational and cultural factors.

“If they lost a spouse, then they become more isolated ... depression is going to become a bigger problem. There are also anxieties about finances. I don’t think it’s any different; I think it’s different in how they handle it. A lot of it is generational, and older Asians in general, the generations before, I mean, mental health just wasn’t discussed so they’re less comfortable talking about depression and mood issues.” (Licensed professional, Chicago)

**Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007**

As mental illness is stigmatized and Nikkei elders are generally unwilling to talk about their emotions, they often somaticize their psychological issues by complaining about physical symptoms. If healthcare professionals do not understand this tendency, they may ignore their underlying psychological problems.

One might suspect that many Nikkei elders' unwillingness to talk about their problems or feelings partially relate to historical issues, for example, their experiences in the internment camps.

“I think that both of my parents had, not only been in the camps, but they both lost their parents. We think that they never talked about any of that. And when they were in the camps, they just sort of did the best and tried to make do and not complain ... they've never talked at all about it with us.... I think that's what they've learned - to keep everything in and pretend it's all okay.” (Family member, Chicago)

Other common neuropsychological problems among isolated Nikkei elders include memory problems (e.g., retrieval difficulty, inadequate retention, and selective memory), poor concentration, slow thinking (e.g., information-processing speed), language and speech problems (e.g., difficulty writing *kanji* (Chinese characters), naming problems), paranoid-like ideation, and poor dexterity. For isolated Nikkei elders who are afflicted with dementia, recognizing and properly treating the disease in a timely manner are crucial.

Strengths & Resources: Some isolated Nikkei elders are fortunate to have supportive social networks they can turn to for emotional and psychological support. Some participate in a support group in their community or online, and others receive religious support from their church or temple. In addition, many elders, especially those of the *Nisei* generation, are very resilient, probably because many of them have experienced and overcome historical trauma, including the Great Depression, internment, and resettling after World War II.

“She's [elder] always had a pretty positive outlook on life, and her brother and sister were the same way, and so they're just strong, resilient people who, you know, do what they have to do.” (Family member, suburbs)

Elder Services

Isolated Nikkei elders generally desire to continue living in their homes, while relying on culturally competent elder-specific services, such as meal and grocery delivery, in-home healthcare services, and personal care services. Assistance with “paperwork” is also needed, including sorting mail, filing taxes, writing checks, and filing insurance. Some Nikkei elders want to be prepared when they need to move into a residential facility, such as independent living, continuing care retirement community, assisted living, or a nursing home. Family members also talk about the need for adult day care and elder centers that offer culturally competent and affordable services to Nikkei elders.

Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007

Barriers: Several isolated Nikkei elders are currently looking for retirement homes or nursing homes because of their declining health. However, they have not found places that are affordable and meet their preferences and needs.

Some elders believe that there is a lack of culturally competent residential facilities for Nikkei elders. Many isolated Nikkei elders face financial hardship, and yet are not eligible for publicly subsidized services, such as Medicaid, because their income and asset levels are just above the eligibility requirement. The problem with inadequate culturally competent elder resources may be magnified for those living in the suburbs.

“That’s the only thing I’m concerned, you know, if I lose my health, the suburbs are not susceptible for that situation. The city has a facility ... but I don’t know any suburban facilities like that.” (Elder, suburbs)

Some Nikkei elders prefer to interact with other Nikkei elders. As a result, because many elder facilities lack that population, some Nikkei elders become socially inactive and endure psychological and cultural isolation. One family member has emphasized the need for an elder facility where her father can interact with other Nikkei elders.

“I think there was a special kinship with a brotherhood, or a family feeling among Nikkei elders. I think he would appreciate the cultural connection. If we lived in California or in Hawaii, I think maybe it would be easier. I wouldn’t feel like I’m putting him with strangers.” (Family member, suburbs)

Many isolated Nikkei elders think that retirement homes in the United States are too expensive for them.

“Retirement homes are expensive in the United States. How can you afford, you know? You would run out of money very quickly. Now, the government will take over after you’re totally broke, but you have to spend your money first.” (Elder, suburbs)

One Nikkei elder says that he is looking for a retirement home in Costa Rica, the Philippines, and the countryside of Japan, because their services are of the same or better quality for less money.

When moving into a residential facility or hiring an in-home carer, some elders make the decision by themselves, while others rely on their families to make decisions for them.

“I didn’t make the decision; my kids made the decision. My daughter-in-law said, ‘Mom you got to move out by the end of next summer because at least during the summer I can help move you.’ She is a schoolteacher, you see. So I’m like.... They demanded that I move. They know I can’t do too much now anyway. And every once in a while they don’t want me to drive, so they’ll drive to come get me or they’ll drive my car out there, because I need my car out there to get around, and I see my friends out there too. I like to be independent, you know.” (Elder, Chicago)

Strengths & Resources: Information on available services and financial resources can help elders and their families find appropriate elder services that meet their preferences. Some elders feel that their home carers are an important part of their social support network and later even become an integral part of their family. Many of the carers are of Filipino heritage, and Nikkei elders often find that they are nurturing and culturally compatible. It is also important to appropriately match the preferences and needs of the Nikkei elders and the characteristics and competency level of the carers.

“This woman who is taking care of my father, she’s a 66-year-old woman...I think because of her cultural background, it’s close enough, and plus she has some awareness of the Japanese American culture and community. I think my father really enjoys that.” (Family member, suburbs)

Future Planning and Preparation

Some isolated Nikkei elders have made future plans or preparation in case their health declines suddenly. These future plans can include purchasing a cemetery plot, making funeral arrangements in advance, establishing legal and living wills, assigning power of attorney, and purchasing long-term care insurance. Other future plans include decisions concerning moving to an assisted living facility or moving in with their children. Many of them recognize the importance of making specific future plans in case they become ill or die suddenly.

“I would feel better prepared if my will was done, papers were signed, everything was in order. I would feel better; so that people know what I want if anything should happen.” (Elder, Chicago)

A few Nikkei elders said that what they plan to do will depend on their children for caregiving and decision-making. Even though they know how important it is, some Nikkei elders have not initiated or talked with their family members about their wishes. For these elders, there is a need for assistance with developing plans to better prepare for the future. Family members also discuss the need for assistance from an expert, such as an attorney or a financial advisor. They believe that future plans should be made while the elders are still capable. Also important is that several elders express the need for a place and opportunity to talk about death and dying issues with fellow elders.

Barriers: Some Nikkei elders are unwilling to talk about future plans, possibly because they do not feel comfortable thinking or talking about death. Others say that although they want to talk with their families or friends about their future plans, their families or friends are unwilling to talk about it.

“I’m redoing my will and getting that done, but when the kids come over to my place, I say, ‘Now that’s worth something, so don’t throw that out.’ They’ll say, ‘Please don’t talk like that. Don’t say that.’ They get mortified.” (Elder, Chicago)

Strengths & Resources: Some Nikkei elders seek appropriate professional help and have made specific future plans.

“One of the things I’m doing right now is getting all my affairs settled and having everything in such a way that my executor can deal with very quickly without having to go through a lot ... with people’s estates, it makes it very difficult when their money is scattered all over the place. I’m trying put it together all in one place so it will be easy for somebody to take care of that ... leaving this mess even for the children to deal with, it’s unnecessary.” (Elder, Chicago)

Some elders do not have difficulty talking about death and dying and have had conversations with their families regarding their preferences when they become severely ill or die.

Support with Caregiving

Some isolated Nikkei elders are responsible for caring for their aging spouses and/or parents. For example, one elder has to take care of her husband, who has dementia, and also her mother, who is in an assisted living facility. Many of the elders express a strong need for support, including referral services, peer support groups, and psychological support to handle stress.

“It was not just my husband’s situation ... it was just seeing this major change in his family, and then about a year and a half before he died, his one sister’s husband died of Alzheimer’s, or related to Alzheimer’s, and then two months before my husband died, his older brother died. He was diagnosed with Alzheimer’s, so it was just this incredible change within a very short period of time ... so it was just very overwhelming for me and for my children.” (Elder, suburbs)

Many of the *Sansei* (third) generation are part of the “sandwich generation” that is responsible for caring for multiple generations (e.g., grandchildren, children, spouse, and parents).

Because burnout is a real risk for many family members, they need respite to alleviate their burdens and support to continue providing effective assistance to the Nikkei elders. Psycho-educational programs, for example, can provide training to family carers so that they can be better informed, prepared, and skilled. They may also benefit from respite care so that they can attend support groups or professional consultation if necessary. Culturally competent training on how to broach the issue of death and dying is also important for family members of Nikkei elders.

“It would be good to talk about how elders want to be cared for at some point.... Maybe it’s helpful for children to be thinking about those things before they’re in a situation where their parent’s health and independence is already declining and they’re sort of faced with making those decisions ... if you think about it ahead of

Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007

time ... if it's more than one sibling, like thinking about who will take the responsibility. Then probably inform elders to start thinking about the kinds of support they would want, rather than feel like it's all up to everybody else to make those decisions. Maybe they feel like they don't have a say in what happens to them ... probably people feel like they don't want to be a burden to family members, so to think ahead before you're faced with that situation." (Elder, Chicago)

Family members also need professional consultation and peer support groups to help them make financial, medical, and personal care decisions for a Nikkei elder. For example, a family member needs to decide whether her elderly father should be admitted to a residential facility or continue independent living with the help of a home carer. If she admits her father to a residential facility, she will need assistance to organize her father's belongings and clean and sell his house.

Barriers: Busy schedules can be a barrier against attending a support group. Several elders work full-time or are heavily committed to community activities while caring for their elder family member(s). Unavailability or unawareness of formal support groups is another obstacle. Some elders who live in the suburbs have difficulty attending support groups specifically for Japanese Americans because these meetings are often held in the city.

A few family members of Nikkei elders feel that they do not receive support or cooperation from other family members. For example, a woman who takes care of both her elderly father and children feels that she does not receive adequate support from her husband, leaving her emotionally isolated. Such a lack of support for family caregiving could increase the risk of burnout, frustration, and self-neglect. Unfortunately, the burden of family caregiving often is put on the oldest daughter.

Strengths & Resources: Some elders and families of elders participate in peer support groups that are offered by organizations to which they belong (e.g., church, temple, adult day care). Online support groups are also common for many who are computer users.

"It was almost exactly a year and a half ago when I joined the online chat group. It was just very important to me to have the resources. Fortunately I had just gotten a computer and I ended up finding a support group for spouses [of persons] who had the disease my husband had, a form of dementia that was just beginning to be recognized as apart from Alzheimer's. So, it was very valuable because many of the spouses there already had many years of experience with caregiving, and we did a lot of very good exchanges and that really helped. I just know the value of being able to share and support others too." (Elder, Chicago)

Key Issues Facing Elders Living in Chicago and Elders Living in the Suburbs

Many Nikkei elders living alone in Chicago rely on public transportation to access services. Ensuring their safety while using public transportation will be particularly important. Because some cultural resources, such as a Japanese supermarket and Japanese-speaking medical doctors, are not available in Chicago, some elders who do not drive primarily rely on their friends and families for transportation. Some elders who have been living in Chicago for a long time said that there have been changes in their neighborhoods, where Japanese markets and restaurants have closed.

Many Nikkei elders living in the suburbs tend to be completely dependent on their cars. Because an extensive public transportation system is not available in the suburbs, life is much more restricted and isolated if driving is not an option for these elders. They view this as the primary indication of independence and self-efficacy. Consequently, when they lose their ability to drive, or when their family members prevent them from driving by themselves, Nikkei elders may experience significant adjustment difficulties. Elders in the suburbs may participate in JASC events or activities less frequently than those in Chicago because of geographical distance. Due to the dispersed Nikkei population in Chicagoland, elders in the suburbs may feel culturally isolated, especially if they do not have close social networks with other Nikkei elders.

In regard to getting involved with cultural activities and interacting with members of their communities, there seems to be little difference between Nikkei elders in the city and those in the suburbs. Their level of involvement in the community and cultural connection seems to depend more on other factors, such as personality, social networks, availability of transportation, physical and cognitive abilities, and preferences.

Coping Strategies

Isolated Nikkei elders have various coping tactics to handle stressful life events and changes in health and cognitive status. They also have strategies to live safe, healthy, and happy lives. Not all the coping strategies are functional or effective. These coping strategies reflect their preferences of how to deal with barriers, stressors, and changes. Four types of coping strategies emerged: health and safety strategies, cognitive strategies, psychological strategies, and adjustment strategies. Even though these coping strategies are not unique to Nikkei elders, it is the combination of these coping strategies overlaying with the shared cultural values and behaviors that are specific to the population. By understanding how isolated Nikkei elders cope with their everyday lives and what preferred strategies they use to meet their needs, the JASC can develop more tailored, client-based, culturally competent interventions for this population.

Table 9. Coping Strategies of Isolated Nikkei Elders

Health and safety Cognitive Psychological Adjustment

Health and Safety Strategies

Many isolated Nikkei elders mention proper diet and regular exercise as their strategies to maintain their health. Exercise range from going shopping to weight training at the gym. Many elders attend an exercise, stretching, or dancing class at a local organization or participate in a walking group. Other elders, especially those who are physically healthy, play sports such as baseball and golf.

Other strategies include using alternative medicine (e.g., Ayurvedic medicine, Chinese herbs, chiropractic treatment), managing weight and dietary intake, maintaining sleep quality, prioritizing preventive care (e.g., regular medical checkups), and adhering to their medication regimens.

Many elders also use safety strategies to prevent injuries. Most of them try to be careful and aware of surroundings, and walk attentively to prevent falling.

“I just try to be more aware, like when I’m going up and down; we have a two-story house. The good news is that it’s good exercise going up and down the stairs; the bad news is that there’s always a risk that you’re going to fall. So I just, I’m aware of that, so I use the hand railing when I go up the stairs and come down. I just try to be careful that’s all.” (Elder, Chicago)

Several isolated Nikkei elders try to eliminate clutter and organize their houses so that the walkways are always clear and well-lit, even at night. Some use walkers, but they often try to hide them and avoid drawing attention in public to their gait problems.

Some Nikkei elders are philosophical in their strategies. They say that staying happy and “keeping the right attitude” are the best ways to stay physically healthy.

“I think the most important thing that I have learned from my *Sensei* is attitude, and I also see that with the philosophy at the Buddhist temple I attend. You know, we all have our aches and pains, but it’s the attitude that makes the difference. Also, it’s fun to be able to complain a little bit. We all sympathize with each other, and we laugh, and I think that’s the best gift. My father, my mother, we’d always laugh at ourselves. I think that is really important.” (Elder, Chicago)

Whereas many elders trust their doctors and their decisions, some have feelings of mistrust in medicine, and they challenge the medical advice from their healthcare providers.

“I stick to my gut. I do what I believe I should. Several years after I had my bypass surgery, I went to a medical checkup. Then my doctor told me that I should do another surgery because of blood clots. So I told him, ‘I did not come here to do another operation.’ I did not feel I really need it. It was about ten years ago. And I didn’t do surgery. Bypass sounds good, right? But who will take care of me after my bypass surgery? It takes three years until you feel comfortable with your heart meter in your body, and seven years until you gain senses in your muscle and skin in that area. It takes a long time to adjust, you know. Who would take care of me meanwhile? So I didn’t, and I’m still alive.” (Elder, Chicago)

Cognitive Strategies

Many isolated Nikkei elders play crossword or Sudoku puzzles to stimulate their minds. They also consider social interaction as indispensable for keeping their minds active.

“If I was home by myself, not be able to go to any of these kinds of places, I think it would be kind of boring and bad for my mind. I don’t think it will help. It’s good to be with other people, to see what’s going on. One of my neighbors, she keeps an eye on me. And once in a while we’ll get together or talk on the phone, and we joke a lot, so I think joking is kind of good for you. I think it’s a good medicine.” (Elder, suburbs)

Other mentally stimulating activities include artwork, computer games, crafts, reading, and watching educational television programs. Critical thinking and self-reflection are also cited as strategies.

“I read and think about different things like current events and try to form an opinion that things are good or are bad.... And I try to come up with a reason why they do something.... I don’t want to become like a conspiracy nut, but I think it is a reason for why they do it. Why everything is done. So, try to know what’s happening and why things happen.” (Elder, suburbs)

To remember events, many elders frequently write things down, use a big calendar, or use memory strategies.

“I do have a calendar, and I do make notations. Since I had Thanksgiving dinner at my house, I literally would write out exactly what I had to do ... or to buy on my shopping list. Instead of just making a shopping list now, I cross off what I bought, so I can make sure it's down to the end ... that I don't need anything. You try to make little tricks for yourself to try to remember things.” (Elder, suburbs)

Psychological Strategies

Many Nikkei elders comment that being socially active, being connected with other people, and having good rapport with their families are important for staying happy and being satisfied with life. They also view that helping others and contributing to the community makes them happy.

“To stay happy, being with people is important, especially if you live alone. To do things for other people, and not always be ‘me, me, me.’ For example, one Thanksgiving, because I don't celebrate the holidays, no dinner or nothing, so I went to the local service organization and helped feed people who are homeless or something. That made me feel thankful for what I have. So again I think doing things for others is important to bring you out of the aloneness.” (Elder, Chicago)

What strategies are adopted to stay happy depends on how elders view their lives. For instance, many elders say that being grateful with what one has in life is important to staying happy.

“Who knows what your future will bring. Just have to live with whatever is given to me.... If you're not grateful for what you have, I'm sure that it would be a very unhappy life. You can't compare with somebody else, somebody else might have more, but when you look around there are all kinds of people.... Might not be the lavish life, but your basic needs are met. Beyond that you have your family, your health, you have your mind still working, be thankful.” (Elder, suburbs)

Several elders emphasized the importance of accepting pain and making an effort to endure and overcome problems. Such endurance for pain and hardship can lead elders to not ask for help until the pain or problem becomes overwhelming and irresolvable.

“To be happy, I need to experience pains and then overcome them. Then you reach the state that you can be calm and happy no matter what. No pains no gains.” (Elder, Chicago)

Some elders focus on a “living in the moment” attitude.

“I’m happy seeing my morning glories. I love morning glories. I love looking at them in the neighborhood when they’re blooming. I’ve been taking photographs, because I want to do some design. I like my garden. I love being in the yard.” (Elder, Chicago)

Many elders think that spirituality is an important part of their well-being. Some say, “My faith has been the center of my life,” and “I think that when I don’t go to church, it seems like I’m missing something.” A few elders go to both churches and temples and consider Christianity and Buddhism compatible, not mutually exclusive.

Adjustment Strategies

Many Nikkei elders begin living alone when their spouses die or their marriages end in divorce. In addition to difficulty with emotional adjustment, elders face financial stress (such as decreased income), additional paperwork, organizing the spouses’ belongings, and difficulty maintaining their homes by themselves.

Nikkei elders have various coping strategies to deal with stress. Some elders try to accept pain and do not try to control the situation, which may be related to Japanese value of *shikataganai* (it can’t be helped).

“You know this is going to be in the natural life, and this is what was given to me to live through whatever life is given to me that’s fine.... If you cannot control with the available things, well that’s, you have to learn to do that.” (Elder, suburbs)

Reaching out to others, staying active, and creating mental distractions to avoid suffering are other strategies to cope with stress.

“Well, losing spouse was difficult, but you’ve got to do it. I tried to get everything straightened out financially and everything, whatever I had to do, and I probably overdid it. But then a couple of weeks after he died, I was so busy running around trying to straighten things out and I think ... I was just.... I didn’t have to rush around like I did, but I did. That’s probably just an aftereffect of ... you know, a way of coping ... keeping myself busy, you know? But now it’s settled down.” (Elder, Chicago)

Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007

A few elders proactively seek social support.

“When I lost my husband, 20 years ago, I used to go to church, but my kids were kind of young and I didn't know too many people real good, close. And after he passed away, I have to go out of my way and say hi to people and be friendlier. Otherwise, I would just end up hurting myself. Because I thought if you don't go out of your way, people won't come to you. So I really changed. I used to be very quiet before. After he passed away, I thought, I have to start getting out and meet more people and join the women's fellowship.... They knew what I was going through.”
(Elder, suburbs)

Some elders engage in self-care activities to feel relaxed and decompressed.

“I go for occasional manicures. I do little things like that that make me feel good. I'll go for a massage. I don't know. I'm not unhappy. I guess I'm just used to life the way it is now. I don't look for a lot of ... I don't know.” (Elder, suburbs)

Not all the coping strategies that isolated Nikkei elders adopt are positive and healthy. Some elders are emotionally constricted and they tend to over-rely on intellectualization and rationalization to neutralize emotionally charged materials when they are under stress.

“Well, the thing I noticed with the Out-of-the-House group [a JASC program for seniors who are in good mental and physical health] particularly is that they spend a whole lifetime not really carrying on conversations. And they haven't interacted in a way that they talk about their feelings and about times that made them happy, things that made them sad.... They haven't been taught to treasure things that have happened. Or, express it attached to their feeling.” (Licensed professional, Chicago)

To cope with stress, several elders may push themselves too hard (*ganbare* mentality).

“I would sort of just tune out. That was a bad thing. I would be working late into the night and just tune out. I think that's a bad habit. I think I do that now, you know ... push myself, and then I tune out.” (Elder, suburbs)

Services/Assistance Priorities

In the demographic survey of the needs assessment, Nikkei elders have ranked the importance of services and assistance that would be needed for maintaining wellness and aging successfully in place. Rankings are based on a Likert scale, in which 1 is not important at all and 5 is most important. The results indicate domains in which Nikkei elders feel comfortable receiving service and assistance; the results do not indicate their levels of needs.

Overall, assistance needs that are rated highest (a rating of 3 or above) are “Having a formal plan for the future when their health condition declines,” followed by “Help with keeping their mind stimulated and remembering things.” Elders do not only have needs to receive service and assistance in these areas, but they also feel comfortable receiving the help. Interestingly, needs for assistance in transportation, financial security, and maintaining health are higher among elders living alone in Chicago than those living in suburbs, regardless of cohabitating situations in their households. This appears to be because more elders in suburbs who have participated in this study still can drive their own car, are financially more secure, and have better current health status.

Table 10. Ranking of Importance to Receive Services/Assistance

Needs	Total	Chicago	Suburbs
Future planning	3.31	3.50	3.11
Stimulating mind	3.17	3.32	3.00
Information	2.71	2.73	2.68
Health	2.59	3.00	2.11
Supportive network	2.59	2.77	2.37
Financial security/management	2.56	3.04	2.00
Transportation	2.56	3.13	1.89
Clean house/safety	2.46	2.77	2.11
Hobby	2.34	2.32	2.37
Meal	2.34	2.59	2.05

V. SUMMARY

Potential Approaches and Strategies for Effective Interventions

Table 11. Potential Approaches and Strategies for Effective Interventions

<p>Individual</p> <ul style="list-style-type: none">• Consideration of acculturation, language, and generational factors Focus on relationship building• Involvement of family and friends in various activities• Respect for elders' preferences <p>Program</p> <ul style="list-style-type: none">• Culturally sensitive services• Integration of Nikkei culture and heritage in programs• List of available services and resources• Increase visibility of services• Innovative ways to recruit isolated elders <p>Organization</p> <ul style="list-style-type: none">• Offer Japanese American cultural/heritage programs and events that are intergenerational.• Collaboration with local community organizations• Expansion of services to suburbs
--

Based on isolated Nikkei elders' needs, coping styles, and strengths emerged through this study, we identified the following approaches and strategies to develop and deliver interventions and services for them effectively (see Table 11).

Individual

- *Consideration of acculturation, language, and generational factors.* Nikkei elders' needs, barriers, and coping styles can differ, depending on their acculturation levels, generations, and language. Therefore, it is important to consider these factors in order to provide appropriate services in an appropriate manner to each individual.
- *Focus on relationship building.* To work effectively with Nikkei elders, it is important to build a trusting relationship first. They may be initially distrustful of professionals, but once the rapport is established, they tend to be loyal and compliant to treatment. One licensed professional states that it is important to create a friendly environment and build trust first by asking the elders about their families. In that way, elders would feel that they are treated as "whole persons."

Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007

- *Involvement of family and friends in various activities.* Nikkei elders may hesitate to participate in social activities if they are alone, but they may be willing to participate if their family members or friends also join them. In order to increase participation of Nikkei elders in social events, groups, or activities, it is important to recruit their friends and families.
- *Respect for elders' preferences.* As many elders have developed certain ways of life that they strive to maintain for as long as possible, programs and services should respect their preferences and assist them in maintaining them. For example, some elders prefer individually-based activities such as reading and crocheting to group-based ones such as dancing and walking. Services should respect their preferred activity style.

Program

- *Culturally sensitive services.* Cultural/ethnic identity, activities, preferences, and foods can be significantly important for Nikkei elders, depending on their acculturation levels. Services and programs should be sensitive to their culture. A greater number of bilingual (Japanese and English) service providers may be needed. Diversity training that aims to enhance cultural awareness and competency may be needed for service providers who are not of Japanese ancestry.
- *Integration of Nikkei culture and heritage in services and programs.* It is important to integrate cultural values, shared beliefs, customs, behaviors and identity into the broad range of activities and programs for elders.
- *List of available services and resources.* One carer states that she would utilize services if she knew more about them. She feels that she does not have sufficient information about available services and resources for elders and their families. Therefore, creating a list of available services and resources for elders and their families would be helpful.
- *Increase visibility of services.* Nikkei elders rely on their social networks to receive information on events and activities. Therefore, those who are isolated or do not have close friends in Chicagoland may not receive information on events held or services provided by the JASC. It is important to make them more visible to elders in any living situations through multiple media (e.g., ads in newspapers and on the radio, posters at local churches or temples, newsletters).
- *Innovative ways to recruit isolated elders to events and services.* It is difficult to recruit elders who are already socially isolated to events, groups, or services. Innovative ways of marketing and recruiting are needed to reach those isolated from other Nikkei elders in Chicagoland.

Organization

- *Cultural and intergenerational approaches.* Cultural programs and activities that attract multiple generations do not only provide more opportunities for Nikkei elders to attend with their family members or friends but also help them develop meaning connections with younger generations. In addition, intergenerational approaches are effective in building a community that is characterized by reciprocity, engagement, and mutual respect. When developing intergenerational programs, it is important to consider such factors as physical and functional limitations, resources and strengths, and preferences and interests of participants of different age groups.
- *Collaboration with local community organizations such as churches and temples.* Because many Nikkei families and individuals live in the suburbs now, it is difficult for them to attend activities and events at the JASC. Although they feel some groups (e.g., support group) might be helpful, they do not have time or resources (e.g., transportation) to attend them. Therefore, it might be helpful for the JASC to collaborate with local community organizations and host events, activities, and groups at other sites. For example, one elder reported that she wishes that a facilitator from the JASC would come to her local church to run a support group for carers because she lives far from the JASC.
- *Expansion of services to suburbs.* The Nikkei population in Chicagoland has become dispersed, and many elders live in the suburbs. Those who live in the suburbs are beyond the geographical limits of the JASC day care's transportation service. Consequently, they cannot use the day care service unless they have family members or carers who can provide rides. Therefore, expanding services to the suburbs is needed in order to respond to the geographical changes of Nikkei population in Chicagoland.

Potential Interventions: Services and Programs

Table 12. Potential Interventions: Services and Programs

<p>Transportation services</p> <ul style="list-style-type: none">• Transportation to JASC social services, events and classes• Transportation service to get around <p>Homemaking services</p> <ul style="list-style-type: none">• Comprehensive homemaking service• Culturally competent meal and food delivery service <p>Medical services</p> <ul style="list-style-type: none">• Holistic medical service• Health screening and preventive health services• Health advocacy and assistance with self-care, including medication management• Post-acute and long-term care home health services <p>Behavioral and psychological services</p> <ul style="list-style-type: none">• Alternative interventions for depression and bereavement• Support group for elders who have lost their spouses or friends• Group on loss of independence• Groups and activities for mental health issues• Programs that help elders to cope with cognitive problems• Group to talk about death and dying <p>Elder services</p> <ul style="list-style-type: none">• Assistance with future planning• Service to help elders manage and maintain their houses• Temporary assistance• Check in on isolated elders regularly• Culturally competent assisted living/independent living facility• A list of resources for Nikkei elders and their families <p>Services for families/carers</p> <ul style="list-style-type: none">• Psycho-educational programs for families• Support groups and programs for carers <p>Classes for Nikkei elders</p> <ul style="list-style-type: none">• Class to write life stories• Financial management and planning class• Cooking and chores class• Computer/Web site learning class

Table 12. Potential Interventions: Services and Programs - Continued

<p>Social services</p> <ul style="list-style-type: none">• Language assistance for Japanese-speaking elders• Tours to different residential facilities• Support to access public assistance systems• Vocational assistance <p>Other services and programs</p> <ul style="list-style-type: none">• Tours to concerts and cultural events• Holiday activities for elders who are alone during the holidays• Mentoring program• Assistance with elder groups and organizations

Transportation Services

- *Transportation to JASC social services events and classes.* Nikkei elders who do not drive may spend most of their time at home. Therefore, their hobbies might be limited to solitary activities (e.g., reading). It seems to be effective to provide them with transportation in order to encourage their participation in social activities at the JASC.
- *Transportation service to get around.* Many Nikkei elders who do not have a car appear to need transportation to go shopping, get to a doctor's appointment, and so on. They often feel reluctant to ask their families or friends for rides due to their fear of being a burden to others. Even those who drive stated that they feel uncomfortable driving at night because of vision problems. Therefore, many elders, whether they drive or not, would appear to benefit from transportation service. Assistance with coordinating carpooling may be also helpful. In addition, teaching elders how to take public transportation may be effective. For instance, those whose late spouses drove might have difficulty taking public transportation after losing their spouses. Working with townships and suburban villages to subsidize transportation for elders may be also effective.

Homemaking Services

- *Comprehensive homemaking service.* Nikkei elders seem to have a tendency to develop close relationships with homemakers who visit them on a regular basis. Oftentimes they talk about their needs and feelings more to the homemakers than to their family members, due to their pride and sense of *enryo*. Therefore, it may be helpful if homemakers can also provide more comprehensive and broader services to support elders'

psychological and cultural well-being or refer them to social services if appropriate.

- *Culturally competent meal and food delivery service.* Elders, especially those who are immobile, often wish to have Japanese food delivered to their homes, as they cannot go to Japanese restaurants by themselves. Delivering Japanese *bento* (boxed meal) or *okazu* (dish to eat with rice) may be helpful for such elders.

Medical Services

- *Holistic medical services.* The traditional western medical model, which focuses on technology, diagnoses, and symptom reduction, might not be appropriate for Nikkei elders. They tend to have a holistic perspective of health and look for more comprehensive medical advice that focuses on not only physical, but also psychological, spiritual, and social well-being.
- *Health screening and preventive health services.* Regular health screenings among Nikkei elders are important for identifying chronic conditions, including high blood pressure, diabetes, or cholesterol, as well as sensory problems, such as vision and hearing tests. Innovative ways of changing elders' attitude and improving transportation and access to preventive health services, such as influenza shots during winters, are important to maintain the health of elders.
- *Health advocacy and assistance with self-care, including medication management.* Health advocates are needed to play a variety of roles, depending on elder's need, including accompanying elders during doctor's visits, assisting with obtaining and interpreting health information, communicating with healthcare providers about the elder's symptoms and health status, navigating the healthcare system, and negotiating and making decisions. Depending on the elder's dependence level, health advocates can assist in medication management, such as reading drug labels, understanding adverse drug reactions, and administering the medication to ensure adherence. This is especially important for Nikkei elders who have deficiency in health literacy.
- *Post-acute and long-term care home health services.* Home health services can be important for allowing Nikkei elders to remain in their own homes during a time of health services need. In particular, providing adequate and acceptable follow-up, post-acute services is critical to ensure proper recovering period after discharge from the hospital in home settings. This is particularly important for Nikkei elders who live alone with no family, friends, or neighbors available to help. Those requiring long-term care home health services should be made available upon request if it is medically appropriate. Identifying home health care providers who fit the

preferences of the Nikkei elder will be critical to gain trust and provide long-term services.

Behavioral and Psychological Services

- *Alternative interventions to help depression and bereavement.* Traditional mental health services to treat depression or bereavement issues may not work for Nikkei elders. Therefore, alternative methods or services are needed. For instance, one medical service provider states that he recommends his depressed elder patients to get a pet, instead of going to psychotherapy or taking antidepressant medications.
- *Support group for elders who have lost their spouses or friends.* Loss of a spouse or family member can be extremely stressful and overwhelming. Some Nikkei elders appear to have difficulty coping with their loss. For example, they may get depressed and withdraw, which increases their risk of social isolation. They may have difficulty sharing their sad feelings with others, even with their families. Also, many elders report that they have been going through losses of their friends. Therefore, a support group facilitated by a trained professional would help elders cope with their loss.
- *Group on loss of independence.* Nikkei elders have a strong need to be independent and the loss of it can be devastating to them. It may also negatively affect their identities. A group to talk about the loss of independence or growing dependence on others may help elders cope with this situation.
- *Groups and activities for mental health issues.* Mental health issues should be approached in a discussion group or in forced activities. They should be carried out during various recreational activities, such as arts and crafts, around which discussion can be wrapped to solicit feelings and emotions. Psycho-educational groups that focus on life education or other relevant topics may be helpful, especially because elders are not willing to receive traditional psychotherapy or counseling services.
- *Programs that help elders cope with cognitive problems.* Nikkei elders with early dementia may be capable of everyday functioning while still needing assistance to remember things and stay organized. Programs that help these elders learn memory aids and strategies might be effective. It is recommended that their families, friends, or homemakers help them use a big calendar or memo boards in order to remind them of scheduled important events, and when to take their medications. Also, referrals to neuropsychologists and/or neurologists are needed in order to ensure that elders' cognitive problems are adequately assessed and treated.

Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007

- *Group to talk about death and dying.* Nikkei elders feel they need to talk about death and dying issues with other elders. A death and dying group in which elders can talk about these issues in a safe and supportive environment would be helpful.

Elder Services

- *Assistance with future planning.* Many elders reported that they need assistance with making future plans in case they become ill or die suddenly, such as arranging funeral details, legal and living will, and long-term care insurance. Furthermore, some have not talked with their family members about their wishes. Therefore, both elders and their family members need guidance from professionals, including attorneys or financial advisors, to develop future plans.
- *Service to help elders manage and maintain their houses.* Elders who live alone in big houses often reported difficulty managing their houses. For instance, shoveling snow, painting walls, and cleaning the garage are physically demanding. Nevertheless, they often wish to keep their houses, and may be reluctant to move to more manageable places, such as condos or apartments, for different reasons (e.g., wish to live with their children in the future, or to keep the houses that their spouses bought). Services that help elders maintain and manage their houses might be helpful. Elders might feel more comfortable receiving services from the JASC than hiring someone whom they do not trust.
- *Temporary assistance.* Elders who have the physical capacity to do chores might not need regular home assistance. However, they might need some assistance when they are sick or injured, after surgery, or are busy with other issues (e.g., loss of family).
- *Check in on isolated elders regularly.* Many isolated elders reported the concern that if something were to happen to them at home (e.g., injury, stroke, sickness), no one would notice it, as no one checks in with them on a regular basis. For instance, one elder states, “Who would know if I dropped dead, until they started smelling the body, more or less?” A service to check in regularly on elders who live alone may be helpful.
- *Culturally competent assisted living/independent living facility.* Some elders are reluctant to live in an assisted or independent living facility because it does not serve Japanese meals. One elder states that she does not want to move to senior housing because, “They’ll have bread and potatoes every day, and I have to have my *gohan* [rice].” Elders in the suburbs state that they need culturally competent senior facilities in those areas.

**Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007**

- *A list of resources for Nikkei elders and their families.* Many elders and their families feel that they do not know where they can get information on resources and elder services. Creating and disseminating a list of resources and services for elders and their family would be helpful.
- *Referral services.* Many Nikkei elders and their families seem reluctant to receive services or hire a professional carer due to mistrust. They are more likely to trust these professionals if referred by the JASC or people they know well.

Services for Families/Carers

- *Psycho-educational programs for families.* Nikkei elders may trust information from their close friends or family members more than that from the media or experts. When they need more information, they tend to go to their friends or families. Therefore, it seems to be important to ensure that their families or friends have adequate information on elders' health and safety. Psycho-educational programs targeted at elders' families and friends seem to be effective.
- *Support groups and programs for carers.* Carers of Nikkei elders often complain about frustration and burnout. For instance, one carer states that she feels she is not appreciated, and she does not know what she can do to support her elderly mother because her mother does not verbalize her needs. A discrepancy in acculturation levels across generations might also cause misunderstanding and disagreement between Nikkei elders and their children. Another cause of misunderstanding is related to the role reversal resulting from the elderly parents' dependence on their adult children. The parents have difficulty giving the children the power to make decisions, and the children, in turn, are reluctant to take over. It is important to develop programs that assist carers and help them communicate effectively with their elderly parents.

Classes for Nikkei Elders

- *Class to write life stories.* Many Nikkei elders express the need to pass along their life experiences to their children and grandchildren. A story-writing class would help them meet that need. In addition, it would give them an opportunity to reflect on their lives.
- *Financial management and planning class.* Many Nikkei women depend on their husbands for financial management. When they lose their spouses they often find it difficult to manage and plan finances by themselves. For instance, one elder reported, "I've noticed that sometimes women who become widows have no idea about their finances or health issues about where to go to the doctor ... that kind of thing."

Maybe if ... you could maybe have certain lectures pinpointed on things that would be of interest to them.” They may need to learn how to write checks, pay bills, deal with income tax forms, and how to plan financially.

- *Cooking and chores class.* Single men who live with their parents or siblings all their lives, or widowers often do not have skills to cook nutritious and balanced meals because of the traditional gender role assignments. When their family members or wives become seriously ill or die, these individuals require immediate help with cooking, laundry, and food shopping. Therefore, a class to help these elders to learn cooking and other chore skills would be helpful.
- *Computer/Web site learning class.* Some elders show interest in learning computer skills. In addition, those who have family members in Japan or different states may enjoy communicating with them via e-mail or online chatting. In addition, learning computer skills may enable them to find useful information on medications, social events, news, and online support groups, as well as to use automated payment systems. Virtual resources and online connections will help elders with limited mobility through delivery of automated services, as well as elders who have difficulty in discussing their emotions through online support groups. These resources, however, should only supplement existing services and not be taken as substitutes for social events and person-to-person interactions.

Social Services

- *Language assistance for Japanese-speaking elders.* Some elders speak mostly Japanese. They may have difficulty communicating with their doctors or reading medication labels in English. Therefore, language assistance for them would be helpful.
- *Tours to different residential facilities.* Some elders are interested in visiting different assisted or independent living facilities in Chicagoland so that they can decide where they want to go when their health declines. It would be helpful to take a group of Nikkei elders to visit residential facilities in Chicagoland and provide them information on these facilities.
- *Support to access public assistance systems.* For eligible Nikkei elders to receive timely and adequate public assistance, access must be improved. Advocates are needed to help identify eligible Nikkei elders and assist them to obtain, understand, and navigate the public assistance system so that they can receive necessary resources.
- *Vocational assistance.* Some physically healthy Nikkei elders want to work and support themselves. However, they often report having difficulty finding a new job that matches their needs and abilities. For instance,

they are unwilling to work a demanding job or one that requires long working hours. Therefore, many of them end up volunteering, rather than finding formal employment. They state that it would be helpful if there were a program to assist them in finding appropriate jobs.

Other Services and Programs

- *Tours to concerts and cultural events.* Oftentimes elders stop going to concerts and cultural events after their spouses pass away. For example, one Nikkei elder states that she used to go to concerts frequently when her husband was alive. However, she seldom goes now because most concerts are held at night, and she does not feel safe going out by herself. She also experiences difficulty motivating herself to go out on her own. Elders would feel more comfortable going to these events if they are with other Nikkei elders and transportation is provided.
- *Holiday programs for elders who cannot spend them with their families.* Elders who do not have family members close to them may feel lonely during holidays. For instance, one elder states, “November and December, it’s such a family time. I don’t have family, so it’s hard to listen to friends say, ‘My grandchildren are coming over,’ ‘My husband and I are doing this.’ I say nothing. It’s just another day for me. I don’t celebrate because I’m all alone, so that part is hard.” Isolated elders might be more vulnerable for “holiday depression.”
- *Mentoring program.* Many elders have desire to pass along their wisdom and experiences to younger generations. Programs in which Nikkei elders mentor Nikkei youth might be empowering for both mentors and students. It would also help elders’ needs for intergenerational interaction.
- *Assistance with elder groups and organizations.* It has become more difficult for some Nikkei elders as they age to organize and run their community elder groups. Although many of them enjoy organizing and planning elder activities, they express the need for assistance to help run their groups and recruit new and younger elders. One elder reported that she wants to recruit new elders in her group, but it has been difficult because, “Baby boomers who reached [their] 60s tend to be scattered so much into the suburbs and intermarriage, so there aren’t too many pure Japanese that are in need of organized groups.” Therefore, assistance with running and advertising elder groups and recruiting new members would be helpful for Nikkei elders to continue their groups and lessen their burden.

JAPANESE PAGES

JAPANESE PAGES

JAPANESE PAGES

JAPANESE PAGES

JAPANESE PAGES

JAPANESE PAGES

JAPANESE PAGES

JAPANESE PAGES

VI. ACKNOWLEDGMENTS

Through this qualitative assessment project, the JASC sought to take a deeper look into the needs and strengths of isolated Nikkei elders. Reaching out across a wider geographic area and to engage participants who could give us a comprehensive view was essential to the effective completion of this study. We are especially grateful to the 60 individuals who graciously agreed to participate in our study. Attempting this feat would not have been possible without the cooperation and support of many local Nikkei organizations, groups, and individuals. The JASC is grateful for their generosity.

Project Team: Denys T. Lau, Ph.D. (Subcontract Principal Investigator), Assistant Professor and Section Director of Health Services and Policy Research at the Buehler Center on Aging, Health & Society, of the Feinberg School of Medicine at Northwestern University; Sayaka Machizawa, Psy.D. (Project Coordinator), Community Engaged Scholarship Coordinator and Adjunct Faculty at The Chicago School of Professional Psychology; Jean Fujii, LCSW (Project Director), Executive Director of the Japanese American Service Committee; and Gayle Iwamasa, Ph.D. (Consultant), Associate Professor, Department of Psychology, at DePaul University.

Community Advisory Board: Frances Chikahisa, LCSW, Counseling Supervisor; Mary Doi, PhD, independent consultant; Asayo Horibe, RN; Tak Mizuta, retired social worker; Helen Nakayama, Home Support Services Supervisor; Melba Ristow, RN, Adult Day Services Supervisor; Kiyo Yoshimura, retired social worker

Research Assistant: Mary Jarzebowski, former research assistant, of the Buehler Center on Aging, Health and Society, at Northwestern University

Transcribers: Beth M. Funk, Maria Papachrysanthou and Ashlyn Pyfer

Translator: Kay Kawaguchi, Cultural & Community Affairs Assistant

Editors: Karen Kanemoto, Legacy Center Manager; and Jean Fujii

Funded By: the United Way Chicago Metropolitan Venture Investment Funds and the United Way Chicago Suburban Venture Investment Funds

Special Thanks To: All participants; all of the people who distributed the flyers and emails; all interview pilot participants; Japanese American Service Committee mailing volunteers; Japanese American Service Committee staff; Mi Jeong Kim; Tri-Tower Printing; and many others.

Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007

**APPENDIX A. NEEDS ASSESSMENT INTERVIEW GUIDE FOR NIKKEI ELDERS 2007
ENGLISH LANGUAGE**

(As an interview guide, this provides suggested questions designed to elicit more information and has the flexibility to follow the direction of the participant's responses. Therefore, the number of questions asked and the sequence of the questions are specific to each individual.)

Introduction
Opening Section
Thank you for agreeing to participate in this research project. Feel free to share as much of your experience and opinions as you feel comfortable. There are no right or wrong answers and I am not expecting you to respond in a particular way. Do you have any questions before we begin?
Building Rapport
R1. How are you today? R2. How did you hear about this project? (<i>Listen for potential resources of the respondent</i>) If the interview is conducted at JASC: R3. How did you get here today? (<i>Listen for potential transportation issues</i>) R4. Have you ever been here before? (<i>Listen for potential Japanese activities</i>)
IRB Informed Consent

Domains	Current Activities	Longitudinal View	Potential Need
Social Interactions			
Q1. What is your typical day like?			
For all,	1A. What do you do for fun? 1B. How often do you do them? 1C. With whom do you do them? 1D. Do you belong to any social activity groups? (e.g., walking group, playing games) 1E. If so, what is it? 1F. What do you like about them?	1G. How have these hobbies and activities changed over the last several years? 1H. Can you tell me why?	1I. What makes it possible for you to keep doing these activities? 1J. Are you interested in trying new activities? If yes, what kind of activities? 1K. What would make it possible to start these activities?
Q2. If no cultural activities have been raised by the respondent, ask: What cultural activities do you engage in?			
If Yes,	2A. How often do you do them? 2B. With whom do you do them? 2C. What do you like about these activities?		2D. What makes it possible for you to keep doing these activities?
If No,	2E. What is preventing you from doing these activities?		2F. Would you like to participate in cultural activities in the future? 2G. If yes, what kind of activities would you like to do? 2H. What might make it possible for you to start these activities?

Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007

Q3. If no spiritual or religious organizations have been raised by the respondent, ask: Are there any spiritual or religious organizations that you are a part of?			
If Yes,	3A. Can you tell me about these activities?		3B. How has being part of religious organization/community enhanced your life?
If No,			3B. Do you want to participate in any spiritual or religious activities? 3D. If yes, what might make it possible for you to get started?
Q4. Based on the previous answers, ask: Do you interact (talk to, see, or e-mail/phone) with your family or friends on a regular basis?			
If Yes,	4A. How often do you see your family or friends?	4B. How has your social and family life changed over the last several years? 4C. How has your life changed since you started living alone (or moved to the neighborhood where you live now, away from the city)? 4D. What have you done to make living alone (or moving to the suburbs) easier?	4E. Would you say you see your friends/family often enough or not enough? 4F. If often enough, what would make it possible for you to see them regularly? 4G. If not often enough, what prevents you from seeing them as often as you want to?
If No,	4H. How often do you interact with your friends/family? 4I. If you want to socialize whom would you contact? 4J. How do you prefer to spend your time: alone or with others? 4K. How come?	4L. How has your social and family life changed over the last several years? 4M. How has your life changed since you started living alone (or moved to the neighborhood where you live now, away from the city)? 4N. What have you done to make living alone (or moving to the suburbs) easier?	4O. What would make it possible for you to see your friends/family more frequently? 4P. What kind of people would you like to meet? What might make it possible for you to meet them?

**Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007**

Information Transfer (Receiving)			
Q5. How do you get information on health, social events, and the news?			
For all,			5A. Which source of information do you trust most for health information? For the news? 5B. How come? 5C. How much do you understand the information you receive from these sources? 5D. What health information do you want to know more about? What social events or news? Any other information you want to know about?
Personal Activities (Independence and Safety)			
Q6. Do you drive?			
If Yes,	6A. How often do you drive in a week?		6B. What factors affect your ability to drive (e.g., morning vs. night, long vs. short drives) and how come?
If No,	6C. How do you get around (e.g., shopping, seeing friends/family /doctors)? 6D. Whom do you ask for a ride, if you need to?		6E. What would make it possible for you to get around from one place to another?
Q7. Do you prepare your own meals?			
If Yes,	7A. When? 7B. What do you usually eat for breakfast? Lunch? Dinner? 7C. How often do you go grocery shopping?		

**Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007**

If No,	7D. How come? Who helps you with preparing meals? 7E. What do you usually have for breakfast? Lunch? Dinner? 7F. How often do you go grocery shopping? 7G. Who helps you?		
Q8. Do you clean your home by yourself?			
If Yes,	8A. How often do you clean your home? 8B. Some people have difficulty throwing old things away such as foods, clothing and medications. What about you?		
If No,	8C. Do you have help with cleaning your home? 8D. If so, who helps you? 8E. Some people have difficulty throwing old things away such as foods, clothing and medications. What about you?		
Q9. Some people cannot afford things that they need, such as foods, clothes, and medications. Do you feel financially secure?			
If Yes,	9A. How do you manage your finances?	9B. How has your financial situation changed over the past several years?	
If No,	9C. Can you tell me what happened?	9D. How has your financial situation changed over the past several years?	9E. What would help you feel more financially secure?

Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007

Q10. Have you ever been hurt or injured in your house? For example falling, slipping, or cutting yourself.			
If Yes,	10A. Can you describe what happened? 10B. Did anyone help you? 10C. If yes, who helped you? 10D. Who do you feel most comfortable asking for help in an emergency situation?		10E. What would make it possible for you to feel safer at home?
If Not,	10F. Who do you feel most comfortable asking for help in an emergency situation?		10G. What do you do to prevent injuries at home?
Q11. You said you live in (name of the city). How long have you lived there?			
For all,	11A. How satisfied are you with your neighborhood? 11B. Do you know where the closest hospital is in your neighborhood? Social security office? Pharmacy? Senior centers?		11C. Do you feel safe going around your neighborhood by yourself? 11D. If yes, what do you do to ensure your safety in your neighborhood? 11E. If not, what might help you feel more comfortable?
Q12. ONLY IF THE RESPONDENT LIVES IN A SUBURB: There might be less transportation and fewer stores in the suburbs. How has living in the suburbs influenced your ability to get around, go shopping, seeing your doctor, or seeing your family and friends?			
For all,			12A. What would make it possible for you to get around and see doctors/friends/family?
Health Status and Treatment			
Q13. How would you rate your overall health: Excellent, good, fair, not so good, or poor?			
For all,	13A. Can you explain your rating?	13B. How has your health condition changed over the last several years?	13C. What do you do to maintain your health? 13D. What would make it possible for you to improve your health?

**Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007**

Q14. What two health conditions are you concerned about most?			
For all	14A. How many medications do you take regularly? 14B. Do you think medications are improving your health? 14C. Have you ever not taken or forgotten to take your medications? 14D. Have you ever taken the wrong medications? 14E. What other things do you take for your health, such as vitamins or herbs?	14F. <i>If you are taking medication:</i> Have you experienced drowsiness, dizziness, or blurry vision after you take your medications? 14G. <i>If you are taking medication:</i> Have you experienced any bad reactions or side effects after you take your medications? For example, shortness of breath, rash, or vomiting? 14H. Have you experienced a change in your appetite or sleep recently?	14I. Do you feel that your health problems are being treated adequately? 14J. If no, what would make it possible to take care of your health problems? 14K. Do you feel the need to see your doctor more frequently? 14L. If yes, what would make it possible for you to go to the doctor? Do you feel more comfortable seeing your doctor if someone accompanies you? 14M. If no, how come? 14N. How much do you trust your doctor's medical advice?
Q15. Have you made any plans in the event if your health declines suddenly?			
If Yes,	15A. What formal plans have you made? 15B. Who have you told about these plans?		15C. Are there more plans that need to be made? 15D. What would make it possible for you to be better prepared?
If No,	15E. How come?		15F. What would make it possible for you to be better prepared? 15G. Do you want to talk to someone about making these plans?
Psychological States			
Q16. How satisfied are you with your life: Very satisfied, satisfied, somewhat satisfied, not so satisfied, not at all?			
If very satisfied /satisfied	16A. Whom do you talk to about your feelings? 16B. If no one, do you want to talk to someone about your feelings?	16C. Are you hopeful about the future?	16D. What do you do to stay happy?

**Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007**

If somewhat satisfied/ not so satisfied/not at all.	16E. Can you tell me why? 16F. What kinds of things make you happy? 16G. Whom do you talk to about your feelings? 16H. If no one, do you want to talk to someone about your feelings?	16I. Are you less satisfied with your life than you used to be? 16J. Can you tell me why? 16K. Are you hopeful about the future?	16L. What would make it possible for you to feel more satisfied? 16M. If you had a magic wand, what would you wish for and why?
Q17. Are your memory and cognitive abilities as good as they used to be?			
If Yes,			17A. What do you do to remember things? 17B. What might make it possible for you to maintain your memory and cognitive abilities?
If No,	17C. What kinds of things do you have the most trouble concentrating on or remembering?		17D. What do you do to remember things? (e.g., memory strategies, calendar, to-do list)? 17E. What might make it possible for you to prevent decline in memory and cognitive abilities?

Demographics

We will now ask you to complete a short survey regarding your demographic information (see Demographic Survey; pp.20-22). You have two options. One, you can read and answer the questions by yourself. Or two, I can read the questions aloud to help you while you fill out the survey. Which do you prefer – complete the survey by yourself or have me read the questions aloud to you?

If a family member, friend or neighbor is referred by the Japanese elder:

Thank you for suggesting a family/friend/neighbor (choose one) whom we can interview. His/her interview will follow the same format as the interview you just experienced. S/he will be asked about information that s/he knows concerning your social and daily activities. All information will be held confidential and all results will be written in such a way that you can not be identified. If you agree, please sign the Release of Information form (not provided here).

Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007

Closing

Thank you so much for your time. This information will be very helpful to us. We hope to develop services based on the information you and other Japanese American elders provide us. I've asked you a lot of questions. What questions do you have for me?

**APPENDIX B. NEEDS ASSESSMENT DEMOGRAPHIC SURVEY
FOR NIKKEI ELDERS 2007
ENGLISH LANGUAGE**

Thank you for participating in this research project. The following demographic information you will provide only be used in total/averages and will not be reported at the individual level. Please read and answer the following questions. Where appropriate, either fill in the blanks or place an "X" on the line provided to indicate your answer choice.

1. In what year were you born? _____

2. What generation are you in the U.S.?
_____ a) *Issei* (1st generation) _____ c) *Sansei* (3rd generation)
_____ b) *Nisei* (2nd generation) _____ d) Other

3. How many years have you lived in the Chicagoland area? _____ Years

4. How many years have you lived in the current residence (apartment, home, condo, retirement village, etc)?
_____ Years

5. Where were you born? City/Country: _____

6. What is your highest level of education?
_____ a) Elementary school diploma (finished 5th grade)
_____ b) Junior high school diploma (finished 8th grade)
_____ c) Some high school
_____ d) High school diploma (finished 12th grade)
_____ e) Some college education
_____ f) College degree (bachelor's degree/equivalent)
_____ g) Some graduate/professional school
_____ h) Graduate/professional school degree (master's degree/equivalent or higher)

7. What is your marital status?
_____ (a) Single _____ (d) Separated

Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007

15D. Having tasty and nutritious meals prepared.

□1—□—□—□—□5

**Not at
all**

**Definitely
need**

15E. Having a clean home and living in a safe neighborhood.

□1—□—□—□—□5

**Not at
all**

**Definitely
need**

15F. Having financial security and good financial management.

□1—□—□—□—□5

**Not at
all**

**Definitely
need**

15G. Maintaining good health (e.g., ability to see your doctor and buy medications when necessary).

□1—□—□—□—□5

**Not at
all**

**Definitely
need**

15H. Having a formal plan for the future when my health condition declines.

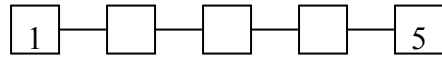
□1—□—□—□—□5

**Not at
all**

**Definitely
need**

Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007

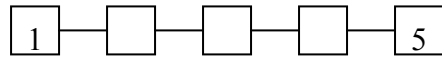
15I. Having a strong support network (e.g., have someone to talk to when you need help).



**Not at
all**

**Definitely
need**

15J. Keeping your mind stimulated and remembering things



**Not at
all**

**Definitely
need**

**APPENDIX C. NEEDS ASSESSMENT INTERVIEW GUIDE FOR NIKKEI ELDERS 2007
JAPANESE LANGUAGE**

自己紹介/調査概要説明
オープニングセッション
JASC の調査プロジェクトに参加していただきどうもありがとうございます。このインタビューでは、あなたの経験や意見をできるだけ正直にお話下さい。回答に正しいまたは間違いはありません。また、きまった回答を期待しているわけでもありません。始める前に、何か質問はございますか？
信頼関係の確立
<p>R1. 今日の調子はいかがですか？</p> <p>R2. このプロジェクトをどこで知りましたか？ (ソースを伺う)</p> <p>R3. インタビューが JASC で行われる場合：</p> <p style="padding-left: 20px;">R4. 今日はどうやってこちらに来られましたか？(交通手段の問題に注意を払う)</p> <p style="padding-left: 40px;">R5. こちらに来られたことはございますか？ (文化的活動への参加について注意を払う)</p>
IRB インフォームド・コンセント

ドメイン	現在の活動	長期的見解	潜在的ニーズ
社会的交流			
Q1. あなたの典型的な一日の過ごし方はどのようなのですか？			

Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007

ドメイン	現在の活動	長期的見解	潜在的ニーズ
全ての回答者に対し	1A. 趣味・娯楽は何ですか? 1B. どのくらいの頻度で行いますか? 1C. 誰と行いますか? 1D. 社会活動グループには属していますか? (e.g., 散歩グループ、ゲームグループなど) 1E. はいの場合、どのグループですか? 1F. そのグループのどこが好きですか?	1G. ここ数年間で、趣味や娯楽はどのように変わりましたか? 1H. それはどうしてですか?	1I. このような活動を続けることが可能な理由は何故ですか? 1J. その他の新しい活動を始めることには興味がありますか? もしそうであれば、どのような活動ですか? 1K. どうすればそのような活動を始めることができますか?
Q2. もし文化的活動について言及されていなければ次のように尋ねる: どのような文化的活動に参加していますか?			
参加しているならば	2A. どのくらいの頻度で行いますか? 2B. 誰と行いますか? 2C. それらの活動のどこが好きですか?		2D. このような活動を続けることが可能な理由は何故ですか?
参加していなければ	2E. 参加していない理由はなぜですか?		2F. これから先、文化的活動に参加したいですか? 2G. もしその場合、どんな活動をしたいですか? 2H. どうすればそのような活動を始めることができますか?
Q3. もしスピリチュアル又は宗教的な組織について言及されていなければ次のように尋ねる: スピリチュアル又は宗教的な組織に参加していますか?			
参加しているならば	3A. どのような組織ですか?		3B. スピリチュアル又は宗教的な組織に参加することで、どのように人生が豊かになると思いますか?
参加していなければ			3B. スピリチュアル又は宗教的な組織に参加したいと思いますか? 3D. どうすればそのような活動を始めることができますか?
Q4. これまでの回答に基づき尋ねる: 家族や友達と定期的に交流しますか (話す、電話する、メールするなど) ?			

Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007

ドメイン	現在の活動	長期的見解	潜在的ニーズ
はいの場合	<p>4A. 家族や友達にはどのくらいの頻度で会いますか?</p>	<p>4B. ここ数年間で、社会生活と家族生活はどのように変化しましたか?</p> <p>4C. 一人暮らしを始めてから (又はシカゴ郊外に引っ越してから) どのように変わりましたか?</p> <p>4D. 一人暮らし (又は近郊への移り住むこと) をより快適にするために何をしましたか?</p>	<p>4E. 家族や友達には充分に会っていますか?</p> <p>4F. 充分であれば、定期的に会うのが可能な理由はなんですか?</p> <p>4G. 充分でなければ、充分に会えない理由は何ですか?</p>
いいえの場合	<p>4H. 家族や友達にはどのくらいの頻度で会いますか?</p> <p>4I. 誰かに会いたい時は誰に連絡しますか?</p> <p>4J. どのように時間を過ごすのが好きですか: 一人で又は誰かと一緒に?</p> <p>4K. そのように答えた理由を説明してください</p>	<p>4L. ここ数年間で、ソ社会生活と家族生活はどのように変化しましたか?</p> <p>4M. 一人暮らしを始めてから (又はシカゴ郊外に引っ越してから) どのように変わりましたか?</p> <p>4N. 一人暮らし (又は近郊への移り住むこと) をより快適にするために何をしましたか?</p>	<p>4O. 家族や友達ともっと頻繁に会えるようにするにはどうすれば良いですか?</p> <p>4P. どのような人に出会いたいですか? そしてどうやったらそのような人に会えますか?</p>
情報伝達(受容)			
Q5. 健康、社会的イベント、時事問題などの情報はどやってどこから得ますか?			
全ての回答者に対し			<p>5A. 健康情報はどのソースを最も信頼していますか? ニュースは?</p> <p>5B. それはなぜですか?</p> <p>5C. これらのソースからの情報をどの程度理解できますか?</p> <p>5D. 健康情報の中では何をもっと知りたいですか? 社会的イベントやニュースでは? その他の情報では何をもっと知りたいですか?</p>
個人的活動(自立と安全)			

Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007

ドメイン	現在の活動	長期的見解	潜在的ニーズ
Q6. 運転はしますか?			
はいの場合,	6A. 一週間に何回くらい運転しますか?		6B. あなたの運転に影響を及ぼすかもしれない要素は何ですか (e.g., 朝対夜、長距離対短距離)? それはなぜですか?
いいえの場合	6C. どのような交通手段を使って移動しますか (ショッピング、友達、家族、病院を訪れる時など)? 6D. 送り迎えが必要な時は誰に頼みますか?		6E. どうすれば場所の行き来がもっと簡単になりますか?
Q7. 食事は自分で用意しますか?			
はいの場合,	7A. いつしますか? 7B. 朝食、昼食、夕食には何を食えることが多いですか? 7C. 食料品の買い物にはどのくらいの頻度で出かけますか?		
いいえの場合	7D. なぜですか? 7E. 誰が食事の用意をしてくれますか? 7F. 朝食、昼食、夕食には何を食えることが多いですか? 7G. 食料品の買い物にはどのくらいの頻度で出かけます? 7H. 誰が手を貸してくれますか?		
Q8. 家の掃除は自分で行いますか?			
はいの場合,	8A. どのくらいの頻度で掃除しますか? 8B. 人によっては古いものやいらぬ物 (食べ物、洋服、薬など) を捨てられないこともありますが、あなたはどうですか?		

Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007

ドメイン	現在の活動	長期的見解	潜在的ニーズ
いいえの場合	8C. 掃除を手伝ってくれる人がいますか? 8D. はいの場合、誰ですか? 8E. 人によっては古いものやいらぬ物（食べ物、洋服、薬など）を捨てられないこともありますが、あなたはどうですか?		
Q9. 必要なもの、例えば食べ物、洋服、薬などを買えないという人もいます。あなたは経済的に安定していると感じますか?			
はいの場合	9A. どうやって家計を管理していますか?	9B. ここ数年間で、あなたの経済状態はどのように変わりましたか?	
いいえの場合	9C. もっと詳しく説明してくれますか?	9D. ここ数年間で、あなたの経済状態はどのように変わりましたか?	9E. どうすればもっと経済的な安定感を得ることが出来ますか?
Q10 家の中で怪我をしたことはありますか? 例えば、転んだ、滑った、切り傷ができたなど。			
はいの場合	10A. その時のことをもっと詳しく説明してくれますか? 10B. 誰か助けてくれましたか? 10C. 誰が助けてくれましたか? 10D. 緊急の事態が起きた時（病気や怪我など）、誰に助けを求めますか?		10E. どうすれば、家の中でもっと安全でいられますか?
いいえの場合	10F. 緊急の事態が起きた時（病気や怪我など）、誰に助けを求めますか?		10G. 家の中での怪我や事故を防ぐために何をしていますか?
Q11. ～(都市の名前)に住んでいると言いましたが、そこにはどのくらい長く住んでいますか?			

Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007

ドメイン	現在の活動	長期的見解	潜在的ニーズ
回答者全てに対し、	<p>11A. 現在住んでいる地域にどれくらい満足していますか？</p> <p>11B. 自分の近所の病院、ソーシャルセキュリティオフィス、薬局、シニアセンターの場所は知っていますか？</p>		<p>11C. 自分の近所を歩くのは安全だと感じますか？</p> <p>11D. その場合、安全であるために気をつけていることは何ですか？</p> <p>11E. そうでない場合、どうすれば自分の近所でもっと安全だと感じる事ができますか？</p>
回答者全てに対し、			<p>12A. どうすれば移動したり、友達、家族、病院を訪れることがもっと容易になりますか？</p>
健康状態と治療			
<p>Q13. あなたの現在の健康状態を評価するとしたら、次のどれに当てはまりますか？: 大変よい、よい、普通・まあまあ、あまり良くない、悪い</p> <p>全ての回答者に対し</p>	<p>13A. なぜそのような評価にしましたか？</p> <p>13B. ここ数年間であなたの健康状態はどのように変わりましたか？</p>		<p>13C. 健康を維持するために行っていることは何ですか？</p> <p>13D. どうすればより健康になることが出来ますか？</p>
<p>Q14. 一番大きな健康上の問題を二つ挙げてください</p>			

Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007

ドメイン	現在の活動	長期的見解	潜在的ニーズ
全ての回答者に対し	<p>14A. 毎日薬は何種類飲んでますか？</p> <p>14B. 薬によって健康状態が改善されていると思いますか？</p> <p>14C. 薬を飲み忘れたことはありますか？</p> <p>14D. 間違っって違う薬を飲んでしまったことはありますか？</p> <p>14E. 医療薬品以外に常用しているものはありますか（例えばビタミンやハーブなど）？</p>	<p>14F. 医療薬品を常用している場合：薬を飲んだ後、眠気、めまい、目のかすみなどを経験したことはありますか？</p> <p>14G. 医療薬品を常用している場合：薬を飲んだ後、息切れ、蕁麻疹、吐き気などの悪性反応や副作用を経験したことはありますか？</p> <p>14H. 最近食欲は睡眠リズムに変化はありませんでしたか？</p>	<p>14I. 健康上の問題に対し適切な治療を受けていると思いますか？</p> <p>14J. いいえの場合、どうすればこのような健康上の問題に対し適切な治療を受けられますか？</p> <p>14K. もっと頻繁に医者診察を受ける方がいいと思いますか？</p> <p>14L. はいの場合、もっと頻繁に医者にかかるにはどうすれば良いですか？ 誰かが同伴してくれればもっと医者にかかりやすいと思いますか？</p> <p>14M. いいえの場合、なぜですか？</p> <p>14N. あなたの医者の医学的アドバイスをどのくらい信用していますか？</p>
Q15. 健康状態が急変した時に備えた計画は考えてありますか？			
はいの場合	<p>15A. どのような正式な計画/決断をしていますか？</p> <p>15B. そのような計画/決断について誰に話していますか？</p>		<p>15C. より詳しい計画や決断をしておく必要がありますか？</p> <p>15D. より準備を整えておくためにはどうすれば良いですか？</p>
いいえの場合	<p>15E. なぜですか？</p>		<p>15F. より詳しい計画や決断をしておく必要がありますか？</p> <p>15G. そのような計画について誰かに話したいと思いますか？</p>

Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007

ドメイン	現在の活動	長期的見解	潜在的ニーズ
心理的健康状態			
Q16. 自分の今の人生への満足度を評価するとしたら、次のどれに当てはまりますか?: とても満足している、満足している、ある程度満足している、満足していない、全く満足していない			
とても満足あるいは満足の場合	16A. 自分の気持ちや感情について誰に話しますか? 16B. 誰にも話さない場合、気持ちや感情を話す相手が欲しいですか?	16C. 将来について希望を持っていますか?	16D. 幸せであるためにしていることは何ですか?
ある程度満足、満足していない、全く満足していない場合	16E. それはなぜですか? 16F. どんなことに幸せを感じますか? 16G. 自分の気持ちや感情について誰に話しますか? 16H. 誰にも話さない場合、気持ちや感情を話す相手が欲しいと感じますか?	16I. 昔より人生への満足度が減りましたか? 16J. それはなぜですか? 16K. 将来について希望を持っていますか?	16L. どうすれば人生により満足できますか? 16M. もし魔法の杖があるとしたら、何を願いますか?
Q17. 昔と同じくらい頭がしっかりしていますか?			
はいの場合			17A. 物事を覚えているために何をしていますか? 17B. どうすれば明瞭な頭脳を保つことができますか?
いいえの場合	17C. 集中したり覚えるのに苦労することは何ですか?		17D. 物事を覚えているために何をしていますか? (記憶するためのコツ、カレンダー、やることリストなど) 17E. どうすれば明瞭な頭脳を保つことができますか?

人口統計

Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007

これからあなたの人口学的情報に関する調査に答えて頂きます。(人口学的調査参考：pp.20-22). あなたがご自分でお読みになって答える頂いても、私が質問を読んで口頭で答えて頂いても、どちらでも構いません。どちらの方がよろしいですか？

もし家族、友達、近所の知人を照会してくれば場合：

インタビューするための家族/友達/近所の知人を照会してくれてありがとうございました。その方へのインタビューもこれと同じ形式で行われます。その方には、あなたの社会的そして日常的活動についての質問をします。またその回答及び全ての情報は秘密厳守され、研究結果を発表する際も匿名が守られ、個人が特定できる形では公表されません。もしこれに同意なされば、情報の公表書に署名をお願いします。

クロージング

研究に御協力いただきどうもありがとうございました。あなたが提供してくださった情報は、我々にとって大変役に立ちます。あなたとその他の日系のお年寄りの方が提供してくださった情報に基づいて、よりよいサービスを開発したいと考えています。今日は沢山質問をさせていただきましたが、私へ質問は何かございませんか？

**APPENDIX D. NEEDS ASSESSMENT DEMOGRAPHIC SURVEY
FOR NIKKEI ELDERS 2007
JAPANESE LANGUAGE**

JACSの研究プロジェクトにご参加いただきありがとうございます。これからご記入いただく人口学的情報は、合計/平均を算出するためにのみ使用され、個人の情報を報告するためには一切使用されません。以下の質問を読んで、回答欄にお答えを御記入下さい。また、当てはまる選択肢の左側にバツ印（“X”）を御記入下さい。

1. 何年生まれですか? _____
2. 何世ですか?
_____ a) 一世 _____ c) 三世
_____ b) 二世 _____ d) その他
3. シカゴ市内/近郊には何年間住んでいますか? _____ 年間
4. 現在の住所に何年間住んでいますか（アパート、家、コンド、老人ホームなど）
_____ 年間
5. 出生地はどこですか? 都市名/国名: _____
6. 最高学歴は以下のどれに当てはまりますか?
_____ a) 小学校 (5年生まで)
_____ b) 中学校修了 (8年生まで)
_____ c) 高校中退
_____ d) 高校修了 (12年生まで)
_____ e) 大学中退
_____ f) 大学修了 (学士または同等の学位取得)
_____ g) 大学院中退
_____ h) 大学院 修了(修士以上または同等の学位取得)
7. 配偶関係は以下のどれに当てはまりますか?
_____ (a) 独身 _____ (d) 別居
_____ (b) 既婚 _____ (e) 未亡人

Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007

_____ (c) 離婚 _____ (f) その他 _____

8. 雇用経験はありますか?

_____ はい 職業をお答え下さい(複数回答可):

_____ いいえ

9. 車を所有していますか? _____ はい _____ いいえ

10. 家を所有していますか? _____ はい _____ いいえ

11. 現在の年収は以下のどれに当てはまりますか?

_____ (a) \$10,000 以下 _____ (e) \$40,001 ~ \$50,000

_____ (b) \$10,000 ~ \$20,000 _____ (f) \$50,001 ~ \$75,000

_____ (c) \$20,001 ~ \$30,000 _____ (g) \$75,001 ~ \$100,000

_____ (d) \$30,001 ~ \$40,000 _____ (h) \$100,000 以上

11. 現在の収入源は以下のどれに当てはまりますか? (複数回答可)

_____ (a) 仕事 _____ (e) ソーシャルセキュリティ

_____ (b) 相続財産 _____ (f) 土地/不動産

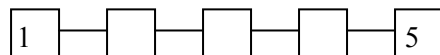
_____ (c) 株/投資 _____ (g) 貯金

_____ (d) 家族からの金銭的援助 _____ (h) その他 _____

12. 近年、年齢によって不当又は差別的な扱いを受けたことはありますか?

_____ (a) はい _____ (b) いいえ

はいと答えた方、そのような差別はあなたの日常生活にどのくらいの影響を及ぼしていますか?
当てはまる数字の下にバツ印“X”を御記入下さい。



全く影響
しない

非常に影
響する

Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007

13. 近年、人種/民族性によって不当又は差別的な扱いを受けたことはありますか?

_____ (a) はい

_____ (b) いいえ

はいと答えた方、そのような差別はあなたの日常生活にどのくらいの影響を及ぼしていますか?
当てはまる数字の下にバツ印“X”を御記入下さい。

<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="1"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="5"/>
全く影響 しない				非常に影 響する

14. 今回のインタビューの中で、社会的、個人的、そして健康面における様々なニーズについて話しました。あなたの健康、安全、幸せなライフスタイルを維持するために、以下の要素がどのくらい必要であるか答えてください。当てはまる数字の下にバツ印“X”を御記入下さい。

15A. 興味深い趣味や社会的活動に参加すること

<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="1"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="5"/>
全く重要 でない				非常に 重要

15B. 健康、社会的イベント、そして時事問題について重要な情報が手に入ること

<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="1"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="5"/>
全く重要 でない				非常に 重要

15C. 行きたい又は必要な場所に移動するための交通手段があること

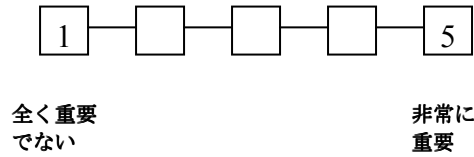
<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="1"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="5"/>
全く重要 でない				非常に 重要

15D. おいしい栄養のある食事を取れること

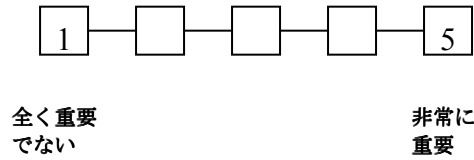
<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="1"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="5"/>
全く重要 でない				非常に 重要

Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007

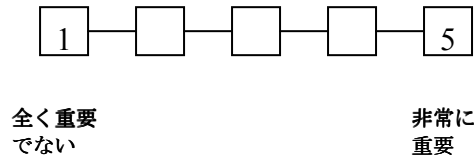
15E. 安全な地区に在住し、家が片付いていること



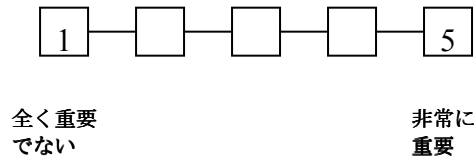
15F. 経済的安定の確保と効率的な家計管理ができること



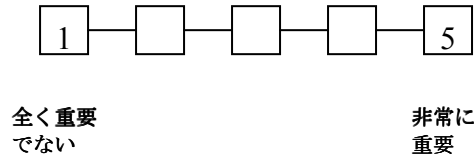
15G. 健康の維持が出来ること (必要な時に病院へ行ったり、薬を買いにいける).



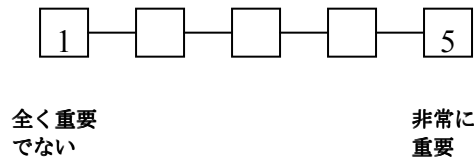
15H. 健康状態が悪化した時のための将来的対策が整っていること



15I. 確実な支援ネットワークがあること (助けが必要な時に頼める家族・友人がいる).



15J. 頭脳が明快で物事を記憶できること



APPENDIX E. NEEDS ASSESSMENT INTERVIEW GUIDE FOR FAMILY/FRIENDS/PERSONAL CARERS 2007 ENGLISH LANGUAGE

(As an interview guide, this provides suggested questions designed to elicit more information and has the flexibility to follow the direction of the participant's responses. Therefore, the number of questions asked and the sequence of the questions are specific to each individual.)

Opening
Thank you for agreeing to participate in this research project. <u>Elderly participant's name</u> identified you as a referral to participate in this study. Feel free to share as much of your experience and opinions as you feel comfortable.
Building Rapport
R1. What is the relationship between you and him/her? R2. How long have you known him/her? R3. Where do you live – do you live close to where he/she lives? R4. How often do you see or talk to him/her? R5. What kinds of things do you talk about or do together? R6. Do you think you see or talk to him/her often enough? R7. If yes, what do you think helps you talk to or see each other? R8. If no, what do you think might help your interactions happen more often? R9. What do you think she/he likes most about your interaction? R10. Can you explain why?

Domains	Inquiries / Reflective Thoughts	Longitudinal Views	Interventions
Social Interactions			
Q1. Can you tell me if <u>Elderly participant's name</u> participates in hobbies or activities on a regular basis?			
If Yes,	1A. What kinds of activities does s/he enjoy doing? 1B. Whom does s/he do these activities with? 1C. Does s/he participate in any formal or informal social gatherings (e.g., church activities, walking group)?	1D. How have her/his hobbies/activities changed since you know him/her?	1E. What do you think makes it possible for him/her to participate in these activities?
If No,	1F. How does s/he usually spend her/his time? 1G. Do you think s/he actually wants to but cannot? 1H. Does s/he participate in any formal or informal social gatherings (e.g.,	1I. What kind of activities/hobbies has she enjoyed doing since you know him/her?	1J. What do you think might make it possible for him/her to participate in these activities?

Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007

Domains	Inquiries / Reflective Thoughts	Longitudinal Views	Interventions
	church activities, walking group)?		
Q2. Other than you, who does <u>Elderly participant's name</u> talk to or see on a regular basis?			
If Yes,	2A. What is their relationship? 2B. How often do you think? 2C. How is his/her relationship with his/her family?		2D. Where do you think s/he goes to meet new people?
If No,	2E. How is his/her relationship with his/her family or friends? 2F. Do you think s/he tends to avoid social gatherings? 2G. Has s/he told you that s/he feels lonely?	2H. Does s/he used to be more social?	2I. What do you think might make it possible for her/him to be social?
Personal Activities (Independence and Safety)			
Q3. Can you tell me if <u>Elderly participant's name</u> needs assistance with			
3A. Public transportation? 3B. If s/he drives a car, how is her/his driving? 3C. Preparing a meal and going to grocery shopping? 3D. Cleaning his/her home? 3E. Medication use (preparing and taking correct dose)? 3F. Managing his/her money (write checks, pays bills)? If yes, who or what helps him/her? How often?			
Home and Neighborhood Environment			
Q4. Have you ever visited the home where <u>Elderly participant's name</u> lives?			
If Yes,	4A. Can you describe the condition of his/her home? 4B. How clean, tidy and well-lit is it?		
Q5. Do you know if s/he has been hurt or injured in her/his house?			
If Yes,	5A. How did it happen? 5B. How bad was his/her injury? 5C. What did s/he do after the injury?		5D. What do you think might make it possible for him/her to be more safe at home?
If No,			5E. What do you think might help prevent injuries at home?
Q6. Have you visited the neighborhood where <u>Elderly participant's name</u> lives?			
If Yes,	6A. Can you describe the condition of		6D. Do you know if s/he has ever been

Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007

Domains	Inquiries / Reflective Thoughts	Longitudinal Views	Interventions
	his/her neighborhood? 6B. Are there a lot of shops and businesses around where he/she lives? 6C. How safe do you think his/her neighborhood is?		hurt or injured in her/his neighborhood? 6E. If yes, can you tell me about it? 6F. What might help prevent this from happening again?
Health Status and Treatment			
Q7. How would you rate <u>Elderly participant's name</u> overall health: Excellent, good, fair, not so good, or poor?			
For all,	7A. Can you explain your rating?	7B. How has his/her health condition changed over the last several years?	7C. How do you think s/he does to maintain her/his health? 7D. What do you think might help him/her improve his/her health?
Q8. Can you tell me what health conditions <u>Elderly participant's name</u> complains about on a regularly basis?			
If health problems were mentioned,	8A. Does s/he see the doctor or take any drugs for these complaints? 8B. If yes, is s/he seeing the doctor frequently enough? 8C. If not, do you know why?		8D. How do her/his health problems interfere with her/his everyday activities? 8E. What do you think might help him/her see the doctor for the medical complaints?
Psychological States			
Q9. Do you think s/he is generally in a happy mood?			
If Yes,	9A. Can you tell me why? 9B. What kind of things makes her/him happy? 9C. Has s/he told you about worries or complaints? 9D. If yes, can you tell me about it?	9E. Has her/his mood changed since you know him/her?	9F. What does s/he do to stay happy? 9G. Do you think s/he might benefit from seeing a mental health professional (e.g., social worker, therapist)?
If No,	9H. Can you tell me why? 9I. Has s/he told you about worries or complaints? 9J. If yes, can you tell me about it? 9K. Do you think s/he is depressed or sad? 9L. If yes, can you give me some examples?	9M. Has her/his mood changed since you know him/her?	9N. What do you think might help him/her feel happier? 9O. Do you think s/he might benefit from seeing a mental health professional (e.g., social worker, therapist)?
Q10. Do you think his/her memory and cognitive abilities are as good as they used to be?			
If Yes,			10A. What might make it possible for

Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007

Domains	Inquiries / Reflective Thoughts	Longitudinal Views	Interventions
			him/her to maintain his/her memory and cognitive abilities?
If No,	10B. Can you tell me some examples? 10C. Does s/he appear to have trouble concentrating or remembering things?	10D. How have her/his memory or cognitive abilities changed over the past years?	10E. What do you think might help her/him cope with these difficulties? 10F. What do you think might make it possible for him/her to prevent decline in memory and cognitive abilities?

Demographics
We will now ask you to complete a short survey regarding your demographic information.

Closing
Thank you so much for your time. This information will be very helpful to us. We hope we can develop services based on the information you and other family, friends, and neighbors of Japanese American elders provide us. I've asked you a lot of questions. What questions do you have for me?

**APPENDIX F. NEEDS ASSESSMENT DEMOGRAPHIC SURVEY FOR
FAMILY/FRIENDS/PERSONAL CARERS 2007
ENGLISH LANGUAGE**

Thank you for participating in this research project. The following demographic information you will provide only be used in total/averages and will not be reported at the individual level. Please read and answer the following questions. Where appropriate, either fill in the blanks or place an "X" on the line provided to indicate your answer choice.

1. What is your age? _____

2A. Are you Nikkei (Japanese ancestry)?

_____ a) Yes _____ b) No

2B. If yes, what generation are you in the U.S.?

_____ a) *Issei* (1st generation) _____ c) *Sansei* (3rd generation)

_____ b) *Nisei* (2nd generation) _____ d) Other

3. What is your highest level of education?

_____ a) Elementary school diploma (finished 5th grade)

_____ b) Junior high school diploma (finished 8th grade)

_____ c) Some high school

_____ d) High school diploma (finished 12th grade)

_____ e) Some college education

_____ f) College degree (bachelor's degree/equivalent)

_____ g) Some graduate/professional school

_____ h) Graduate/professional school degree (master's degree/equivalent or higher)

4A. Are you aware of any situations where the elder participant was treated unfairly due to his/her age?

_____ (a) Yes _____ (b) No

**Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007**

4B. If Yes, how much do you think it influences his/her day-to-day living?

□1—□—□—□—□5

**Not at
all**

Extremely

5A. Are you aware of any situations where the elder participant was treated unfairly due to his/her race/ethnicity?

_____ (a) Yes

_____ (b) No

5B. If Yes, how much do you think it influences his/her day-to-day living?

□1—□—□—□—□5

Not at all

Extremely

Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007

**APPENDIX G. NEEDS ASSESSMENT INTERVIEW GUIDE FOR
LICENSED PROFESSIONAL SERVICE PROVIDERS 2007
ENGLISH LANGUAGE**

(As an interview guide, this provides suggested questions designed to elicit more information and has the flexibility to follow the direction of the participant's responses. Therefore, the number of questions asked and the sequence of the questions are specific to each individual.)

Opening
Thank you for agreeing to participate in this research project. Feel free to share as much of your experience and opinions as you feel comfortable. <u>No</u> medical or personal records will be asked or reviewed. <u>No</u> specific medical diagnosis or medications will be asked of you as a provider.
Building Rapport
R1. What professional services do you offer Japanese American elders? R2. How do they come to you? R3. Can you describe some of the barriers you have observed among Japanese American elder clients in accessing social and health services? R4. What might help them access your services more easily or frequently? R5. Do you think they appreciate and understand your services? R6. If yes, what do you think helps them understand the importance of your services? R6. If no, what might you think hinders or prevents them from understanding the importance of your services?
Demographics
D1. What is your ethnicity? D2. How long have you been in this profession? D3. Are you able to provide services to your patients in Japanese? D4. How many Japanese American seniors do you see in a month (or have in your caseload)? D5. Among Japanese American elders you interact with how many of them live alone? D6. How commonly do you verbally ask your elder patients if they live alone?

Domains	Inquiries / Reflective Thoughts	Longitudinal Views	Interventions
Social Interactions [FOR PERSONAL/SOCIAL SERVICE PROVIDERS]			
<i>Q1. Can you tell me if many of the Japanese American seniors you interact with participate in hobbies or activities on a regular basis?</i>			
If Yes,	1A. What kinds of activities do they enjoy doing? 1B. Who accompanies when they do these activities?		1C. What makes it possible for them to participate in these activities?
If No,	1D. Do you think they actually want to but cannot?		1E. What might help them participate in these activities?

Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007

Domains	Inquiries / Reflective Thoughts	Longitudinal Views	Interventions
Q2. Can you tell me if Japanese American seniors you interact with tend to be social with other people when you see them?			
If Yes,	2A. With whom do they usually spend time? 2B. What they are like in social situations?		
If No,	2C. Do you think they tend to avoid social gatherings? 2D. Do you know what they do alone? 2E. Have they told you they felt lonely?	2F. Do you think they used to be more social?	2G. What might make it possible for them to be more social?
Health Status and Treatment [FOR HEALTH PROVIDERS]			
Q3. What kind of health problems and injuries do you see among your Japanese American senior patients?			
For all,	3A. How do you compare Japanese American seniors who live alone and who live with others? 3B. (Alternative) How do you compare Japanese American seniors and non-Japanese American seniors?		3C. What do you think they do to stay healthy in general? 3D. What might help them improve their health? 3E. What activities do you think they put their health at risk, comparing those who live alone and those who live with others?
Q4. Do many of the Japanese American seniors you interact with take medications?			
If Yes,	4A. What are medication use issues among Japanese American seniors? 4B. Is medication adherence a big problem among those who live alone? 4C. Is alternative medication prevalent among Japanese American seniors?		4D. What might make it possible for them to manage their medication use?
Psychological States [FOR HEALTH PROVIDERS]			
Q5. What kinds of psychological problems do they suffer from? (e.g., depression, anxiety)			
For all,	5A. Are these problems more prevalent among Japanese American seniors who live alone than those who live with others?		5B. What factors might contribute to their psychological well-being?
Q6. What kind of cognitive problems do they suffer from? (e.g., forgetfulness, mental rigidity, paranoid thinking)			

Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007

Domains	Inquiries / Reflective Thoughts	Longitudinal Views	Interventions
For all,	6A. Are these problems more prevalent among Japanese American seniors who live alone than those who live with others?		6B. What do you think might help them sustain their cognitive abilities? 6C. What do you think might help them cope with their cognitive problems?
Personal Activities [FOR PERSONAL/SERVICE SERVICE PROVIDERS]			
<p>Q7. Can you tell me if many of the Japanese American seniors you interact with need assistance with</p> <p>7A. Using public transportation?</p> <p>7B. Preparing a meal and going to grocery shopping?</p> <p>7C. Cleaning their home?</p> <p>7D. Medication use (preparing and taking correct dose)?</p>			
Closing [FOR ALL PROVIDERS]			
<p>Thank you so much for your time. This information will be very helpful to us. We hope we can develop services based on the information you and other family, friends, and neighbors of Japanese American elders provide us. I've asked you a lot of questions. What questions do you have for me?</p>			

APPENDIX H. GLOSSARY

<i>Amae</i>	<i>Amae</i> is the noun form of <i>amaeru</i> , an intransitive verb which is defined as “to depend and presume upon another’s benevolence” and “dependency needs.” It indicates “helplessness and the desire to be loved.”
Asian American	In this report, immigrants and subsequent generations of Asian ancestry.
<i>Bento</i>	Japanese boxed lunch.
<i>Buyou</i>	Japanese traditional classical dance.
<i>Eijusha</i>	In the 1978 JASC community assessment study, the term for Japanese persons who are permanent residents of the United States.
<i>Enryo</i>	To exercise restraint or to defer to others, which comes from sensitivity to others’ reactions and needs.
Evacuation	Because of Executive Order 9066, over 120,000 people of Japanese ancestry (70,000 of which were US citizens by birth) were interned in 12 US-run concentration camps located in remote areas in the interior of the United States from 1942 to 1945. (Please see the JASC’s Web site www.jasc-chicago.org for more information.)
<i>Gaman</i>	Self-discipline, endurance, or self-sacrifice.
<i>Ganbaru</i>	To keep up courage, strength, etc (under strain). <i>Ganbare</i> (noun form) is encouraging oneself or others to <i>ganbaru</i> .
<i>Gohan</i>	Cooked rice.
<i>Gosei</i>	The “fifth generation” of Japanese Americans in the United States.
<i>Hapa</i>	In this report, a Hawaiian slang term referring to a person of mixed race or ethnicity. <i>Hapa</i> is not a Japanese word. At one time this term was considered rude, but has been given more legitimacy; claimed by groups such as Hapa Issues Forum.
<i>Hakujin</i>	European Americans.

**Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007**

Heiwa Terrace	A Department of Housing and Urban Development (HUD) rent-subsidized apartment building for low-income seniors planned by the JASC Housing Corporation and financed and constructed by HUD.
<i>Ikebana</i>	The Japanese art of flower arranging.
Internment	See “Evacuation.”
<i>Issei</i>	The “first generation” of Japanese Americans in the United States, consisting of people who emigrated from Japan to the United States in the late 19 th and early 20 th centuries.
Japanese American (JA)	Immigrants and subsequent generations of Japanese ancestry.
Japanese national	A Japanese citizen who lives in the United States.
<i>Kanji</i>	Japanese writing system based on characters or ideographs that originated in China.
<i>Katami ga semai</i>	Feeling small or ashamed.
<i>Katana</i>	Japanese sword.
<i>Mottainai</i>	Behavior or attitude that respects and conserves products and resources.
<i>Nikkei</i>	In this report, people of Japanese ancestry, both American-born and resident.
<i>Nisei</i>	The “second generation” of Japanese Americans in the United States; the US-born sons and daughters of <i>Issei</i> parents. <i>Kibei Nisei</i> were born in the United States, went to Japan for their education, and returned to live in the United States.
NHK (<i>Nihon Hosokyoku</i>)	Japanese broadcasting corporation. For audiences overseas it provides a service called NHK World, composed of NHK World TV, NHK World Premium, short-wave and Internet radio NHK World Radio Japan, and the Internet.
<i>Okazu</i>	Hot or cold dish that, together with rice, comprises the main part of a meal.

Japanese American Service Committee
A Qualitative Needs Assessment of Isolated Nikkei Elders, 2007

<i>Orei</i>	Doing something (e.g., giving a gift, doing favor) in return for what one received.
<i>Origami</i>	Traditional Japanese paper craft.
Out-of-the-House group	A JASC program that provides activities and socialization opportunities to elders who are physically and mentally able and otherwise would be isolated.
<i>Sadou</i>	Traditional Japanese tea ceremony
<i>Sansei</i>	The “third generation” of Japanese Americans in the United States; the US-born grandchildren of <i>Issei</i> grandparents.
<i>Sensei</i>	Japanese term for teacher.
<i>Shikataganai</i>	It can't be helped; there is no other choice; there is nothing that can be done; it's out of one's hands.
<i>Somatsu ni suru</i>	Being wasteful.
<i>Taiko</i>	Japanese drumming style.
<i>Tsukemono</i>	Japanese pickles, usually eaten with rice.
<i>Yonsei</i>	The “fourth generation” of Japanese Americans in the United States.
<i>Yukata</i>	Japanese summer garment or cotton kimono.
<i>Zeitaku</i>	Luxury or extravagance.