Needs Assessment for Japanese American Senior Facilities

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Summary Statement

A survey of 1,478 participants was conducted from 2018-2019 in U.S. communities with significant concentration of Japanese Americans. The respondents' age range was from 17 to 100, and five generations of Japanese Americans from *Shin-Isseis* to *Goseis*, and mixed heritage population, consisting of Japanese & Other Asian and Japanese & Non-Asian individuals. The majority was in the 61-80-age range and this included the ages of baby boomers. Many were married or widowed at the time of the survey. Education level of respondents was high with college education or higher. Although close to half of the participants were retired, more than a third were employed. The majority was U.S. citizens but one fourth was green card holders.

Majority preferred to live in the three types of residences: *Nikkei* retirement home, Nikkei assisted living facility, and Nikkei nursing home. With the retirement home and the assisted living, the highest interest was shown by Shin-Issei, followed by *Sansei*, then by *Nisei* population. It is to be noted also that nearly half of those who preferred to live in the retirement home stated that they could pay up to $2,000 per month as rent. With assisted living, which typically does not accept government insurances, majority responded that they would use Medicare, minority would use both Medicare and Medi-Cal, and only 14% would pay out-of-pocket. Of the three long-term care facilities, the respondents showed the highest interest in Nikkei nursing home. Method of payment was similar to the case of assisted living. These findings indicate a lack of awareness of many Japanese American individuals of the current cost of facility-based care and which insurance can be used for what type of care.

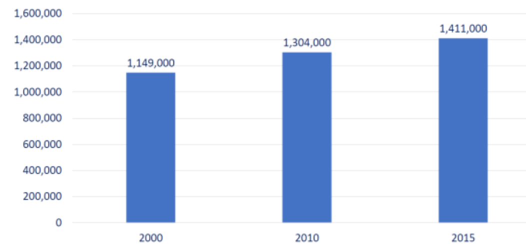
The vast majority of respondents believed that the Japanese culturally sensitive services were an important factor when deciding their long-term care residence; however, as far as services were concerned, their preferences differed depending on the generation. It is to be noted that 209 Nikkeis expressed need for immediate care for their family members living with dementia. The vast majority were willing to make donations and volunteer their time at a Nikkei facility.

Feasibility study that was conducted by one of our team members independent of the Needs Assessment study, showed sustainable demand and shortage of nursing and assisted living beds in the Japanese community. Currently, of the beds available in the Nikkei senior facilities, Japanese seniors occupy over 90% of the beds. This indicates a need to develop more beds. With demand levels rising and no new supply being planned, there is need for new development. Based on the current operational costs, it will require at least $22,000,000 in community non-profit funding to construct either a nursing home or assisted living operation. More detailed study is recommended.

I. Background and Introduction

In February 2016, Keiro sold the Nikkei facilities that took half a century to develop with financial support and volunteerism from the community. Despite strong objections from the community, Keiro, a non-profit organization sold all four facilities, consisting of a Retirement Home, an Intermediate Care Facility and two Skilled Nursing Homes. The facilities housed approximately 600 mostly Japanese residents. The ownership changed to a for-profit, real estate corporation, the Pacifica Companies. Thirteen conditions for the sale were set by the California Attorney General to last for five years. These conditions will expire in February 2021. Some of these conditions are to maintain the culturally sensitive services as well as the Medicare and Medi-Cal programs, and to continue the four distinct facilities that constituted the former Keiro Services.

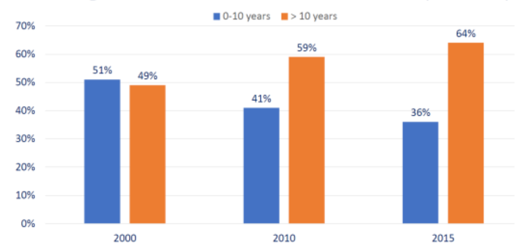
After the sale of the Keiro Homes, affordable, long-term senior care facilities that serve the Japanese elders in the U.S. dwindled to almost none. In order to assess the current needs of individuals in the Japanese American communities regarding facility-based care of Nikkei elders, the current survey and feasibility study, *Needs Assessment for Japanese American Senior Facilities* was conducted in 2018-2019.

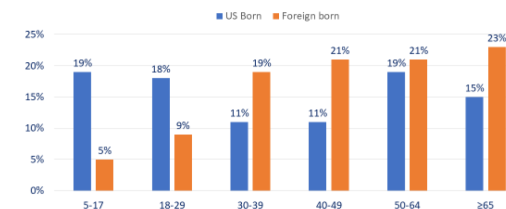


Recent demographics indicate a steady increase of Japanese population in the U.S. In 2015, there were 1,411,000 Japanese living in the nation and Japanese immigrants are staying longer in the U.S. than ever before (Pew Research Center, 2017).

However, only half of the Shin Isseis are proficient in the English language. Moreover, about 10% of Shin Isseis are living at a poverty level compared to 7.7% of U.S.-born Japanese.

Los Angeles and Honolulu share the largest population of Japanese Americans in the U.S. with concentrations of Japanese living in other cities such as San Francisco, New York and Seattle.





While the U.S.-born Japanese Americans outnumber the foreign-born Japanese at younger age groups, this number reverses with the older age groups, such that at age 65 and older, there are more Shin Isseis than the native-born Japanese Americans in the U.S. (Pew Research Center, 2017).

Shin Issei population in the U.S. is a major presence that cannot be ignored when we discuss the needs of the Japanese. We wanted to find out how the different generations, including the Shin Issei, the younger generations and individuals of mixed heritage felt about entering a Nikkei senior facility. We also wanted to know how different age groups, people with varying educational backgrounds and marital status viewed this issue.

II. Methods

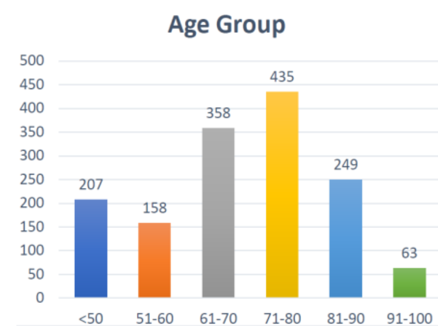
We conducted the community needs assessment for facility-based senior care services from December 2018 and April 2019. Both paper and online survey formats were used to collect data. The survey consisted of a total of 23 multiple-choice questions including respondent's sociodemographic information, as well as current and future living arrangement preferences. The surveys were written in English and Japanese, and the length of the paper survey was two pages.

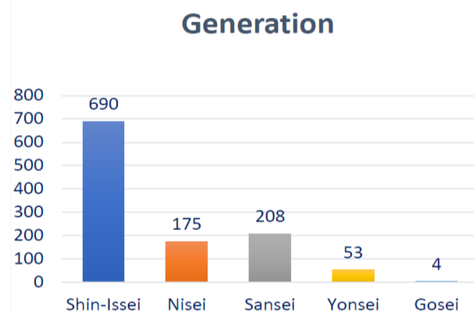
III. Results

A total of 1,478 surveys was returned, and 1,455 (98.4%) were paper and 23 (1.6%) were online. 1,414 (96.5%) were responses from the U.S. and 51 (3.5%) were from Japan. The top five survey response locations included California (n=1,363), Japan (n=51), Washington (n=12), New York (n=8), and Hawaii (n=4). (see Appendix A for complete Tables)

Participants' characteristics (Table 1 in Appendix)

The age ranges of the respondents were between 17 and 100 years old with a mean age of 68.4 years old. More than half of the respondents (54%; n=793) were between the ages of 61 and 80 years old, including the age range that covers the ages of baby boomers (55-73 years old). There were more female (65.7%; n=958) than male (34.3%; n=500) respondents and many of them were married (51.1%; n=748) or widowed (21%; n=307) at the time of the survey.





The majority (62.2%; n=909) was U.S. citizens, but 24% of them (n=351) were green card holders. Ninety-two percent of the respondents (n=1,294) were Japanese or Japanese Americans. This percentage is also supported by the number of Shin-Issei (61%), who may be Japanese citizens but green card holders, and their primary language is Japanese (63.1%).

In terms of the education levels of respondents, the vast majority had a college education or higher (66.2%; n=964). Nearly half of respondents were retired (48.6%; n=664), however, more than one-third of them (36.6%; n=499) were employed at the time of the survey.

a) Participants' residential preferences (Table 2 in Appendix)

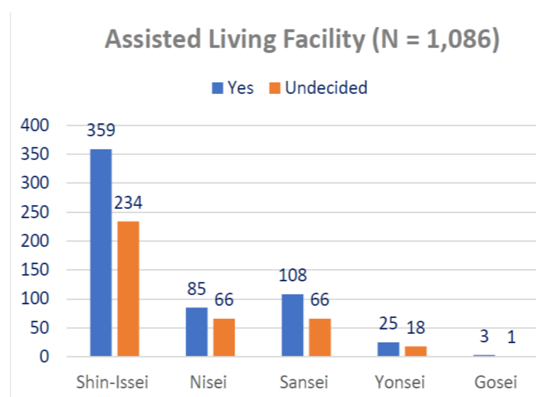
In regards to the respondents' current residential conditions, the vast majority (93.4%; n=1,369) lived in California. Their living arrangements were almost equally divided into three categories: live alone (31.9%; n=465), live with spouse only (36.2%; n=527), or live with family members (27.6%; n=402).

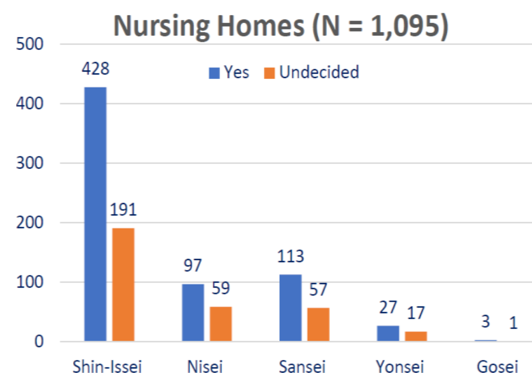
In terms of the respondents' future residential preferences, on average, 51.7% (n=749) expressed interest in living in the Nikkei retirement home while 34.4% (n=498) had not decided. Those who showed interests included current seniors: Shin-issei (54.7%) and Nisei (45.3%) as well as future generation seniors: Sansei (49.8%), *Yonsei* (45.1%) and Gosei (75%) (table not shown). If they had decided to live in the Nikkei retirement home, 48.5% noted they could pay up to $2,000 per month as a rent.

For the Nikkei assisted living facility, similarly, 52.3% (n=740) planned to live in the facility while 36.4% (n=515) had not decided. The ratios of interests were slightly higher than those of the retirement home: Shin-issei (54%), Nisei (50.6%), Sansei (54.3%), Yonsei (50%), and Gosei (75%) (see Table below). If they chose to live in the assisted living facility, they planned to use their Medicare (49.8%; n=480), Medi-Cal (7.5%; n=72) and Medicare and Medi-Cal (8%; n=77) to pay for the cost and/or pay out-of-pocket (14.1%; n=136). Some (14.8%; n=142) planned to use their long-term care insurance (LTC) along with Medicare for the cost.

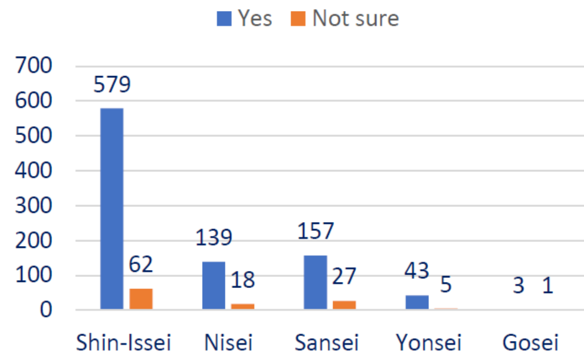
Lastly, for the Nikkei nursing home, many of them planned to live in the nursing home (59.5%; n=853) while 31.1% (n=445) were not decided. As far as the ratios are concerned, the respondents showed the highest interest among the three long-term care facilities. The current senior generations, Shin-issei (63.5%), Nisei (57.7%), as well as future senior generations, Sansei (56.5%), Yonsei (55.1%) and Gosei (75%) expressed their highest residential interest (see Table below). The methods of payment were very similar for the case of assisted living: 48.9% of them planned to use their Medicare, Medi-Cal (7.8%), Medicare & Medi-Cal (7.8%), and/or out-of-pocket (14.3%). 15.5% would use LTC and Medicare/Medi-Cal.

Although small numbers, there were mixed heritage respondents (Japanese & Other Asian heritage = 16 and Japanese & Non-Asian heritage = 9). The vast majority of Japanese & Other Asian heritage respondents preferred to live in the Nikkei residential facilities at all levels (69%) and Japanese & Non-Asian respondents preferred the Assisted Living facility (56%) the most.



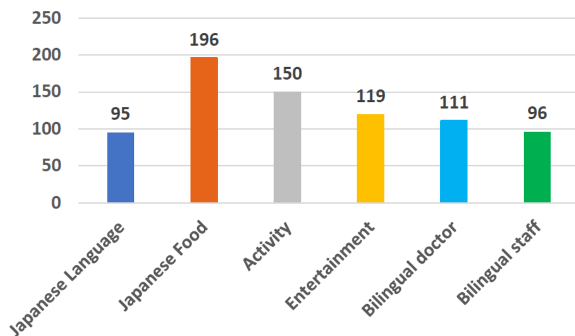


b) Availability of Japanese culturally sensitive services (Table 2)



The vast majority including mixed-heritage respondents (85.4%; n=1,193) believed that the Japanese culturally sensitive services were an important factor in deciding to use the Nikkei facilities for their future long-term residential facility. Even by generation, the majority of respondents emphasized the importance of culturally sensitive care at residential facilities (see Table to the right).

As far as the type of services were concerned, Japanese language, food, activities, and entertainment as well as bilingual doctors and staff were all important factors that these Nikkei long-term residential facilities offer (32.8%). But Japanese food (90.2%), bilingual doctors and staff members at the facilities (77.5%), and Japanese language (71%) were of particular importance. Another interesting finding was that not only single/divorced/widowed individuals, but also married individuals showed strong interest in potentially living in all levels of Nikkei long term care facilities.



Even among those who are English-speaking such as Sansei, Yonsei, Gosei and mixed-heritage individuals, the vast majority expressed having Japanese food (89.1%; n=196), Japanese activity (68.2%; n=150), Japanese entertainment (54.1%; n=119) followed by the availability of bilingual doctors (50.5%; n-111) and staff members (43.6%; n=96) (more detailed data, please see Table 3).

For families with a member who needs care, the vast majority (74.5%; n=1,028) agreed to enroll the family member to a Nikkei facility, and 209 respondents currently have a family member who need immediate care including dementia care. In response to questions regarding a donation and volunteer services if your family member resides and receives care at a non-profit Nikkei facility, eighty-one (n=1,025) percent of the respondents were willing to make a donation and 68.5% (n=919) were ready to volunteer their time at a Nikkei facility.

IV. Financial Model

This section of the report was studied and written by Ray Hamaguchi independent of our Needs Assessment study.

<u>Feasibility Study Results</u>

Feasibility Study outcome shows that both a sustainable demand and shortage of nursing and assisted living beds exist in the Japanese Community. Guidelines for financial feasibility for such a development are attainable based on current operations.

Demand is indicated in the results of the Needs Assessment Survey and national studies that show 51% of all Japanese are age 40 and over. Culturally sensitive services are needed by 65% of foreign-born Japanese who are age 40 and over. There will be a substantial number of seniors in the Japanese community over the next 10 to 30 years and beyond.

Currently, of the 700 plus beds available in the Nikkei senior facilities, Japanese seniors occupy over 90% of the beds. This high percentage is a clear sign of a need to develop more beds.

Financially, it will require at least $22,000,000 in community non-profit funding to construct either a nursing home or assisted living operation. This estimate is based on current operational costs. It is recommended that a task force of experts explore funding sources in the community and identify the type of facility that is most in demand.

With demand levels rising and no new supply being planned, it is clear that the need for new development exists. Although financing is a challenge, forecast for financing a new project is good. Moving forward with more detailed studies is recommended.

Financial Model Examples

Financial Model Estimated – **Nursing Home**

	Plan A	Plan B	National Average
Number of bed	100	100	100
Medi-Cal bed	65	60	61.6
Medicare bed	14.2	14.2	14.2
Full pay bed	20	26	24.2
Full pay monthly	$5,760	$6,150	
Cost per day	$272.78	$273.25	
Gross Income	$9,155,714	$9,178,035	
Net Operation Income	$200,957	$202,306	

Financial Model – **Nursing Home** Estimated Costs to Construct

Number of Beds	100
Square Feet	45,000 sq ft. (450/Bed)
Cost Per Square Foot	$500
Total Cost	$22,500,000
Land Size	2+ Acres
Construction Time	2.5 Years

Financial Model Estimated – **Assisted Living Facility**

Number of Beds	100
Private Pay Beds	95

Reserve/Respite	5
Full Pay Monthly	$5,700
Cost per Day	$155.14
Estimated Revenues	$6,980,048
Est. Net Operating Income	$317,278
Profit Margin	5.6%

Financial Model – **Assisted Living Facility** Estimated Costs to Construct

Number of Beds	100
Square Feet	57,060 sq ft. (570/Bed)
Cost Per Square Foot	$416.25
Total Cost	$23,751,562
Land Size	2+ Acres
Construction Time	2.5 Years

Please see the Appendix for further details of the Financial Study, which was conducted completely independent of this survey.

V. Recommendations

1. Survey outcome indicates strong need for facility-based care of our elders. There is need by the Japanese American community for all four types of care: retirement, assisted living, nursing home and dementia care. These findings are consistent with other research studies that indicate that family and community care alone are not enough for elders with physical and cognitive disabilities (American Geriatric Society, Ethnogeriatrics Committee, 2016; Gajaria, Dix, Sakauye, & Llorente, 2019; Weech-Maldonado, et al., 2012). Long-term care facilities are needed for a portion of elders. Furthermore, studies indicate that providing culturally specific services in both community settings and long-term care facilities are associated with:

    - Enhanced quality of life and well-being among elders and their families.
    - Improved health outcomes and depression prevention
    - Better communication among elders, families, and staff

    The results of our Needs Assessment indicated the need for long-term care that are based on the appreciation of Japanese culture, including bilingual staff, Japanese food, and Japanese activities.

2. We explored various factors that would make a nursing home or an assisted living facility financially successful for the next 10 years, and based on the study, a business model was developed. In order to use the business model for the next 30 plus years, however, additional factors must be taken into consideration.

3. As an initial step of developing a senior care facility, we recommend that an Independent Task Force of experts in property development and in finances be formed. Task Force will

explore the start-up cost of building a facility, and make recommendations for sources of funding, such as grants, government funds and private foundations.

4. We recommend the development of a Nikkei Nursing Home to provide care to individuals with physical and cognitive impairment. The facility is to accept government insurances (Medicare and Medi-Cal) as well as private pay to accommodate individuals of different levels of financial standing.

5. We recommend continuance of the Intermediate Care Facility (ICF) which accommodates individuals with government insurance or private pay.

6. For Nikkei seniors living in the community, we recommend a development of a Day Program with transportation service. Van service will pick up the elders and transport them to a center where they would receive various services. Funding for the program will be requested from various community sources.

7. Koreisha Senior Care & Advocacy (KSCA) along with Japanese Welfare Rights Organization (JWRO) have begun a joint series of community lectures in Japanese and English by experts in various fields. Medical concerns, pharmacological issues, psychological difficulties, social services matters, and questions about health coverage will be discussed with Japanese American seniors and their families to better prepare them for further aging.

VI. Acknowledgments

This report was made possible by the financial support of the George and Sakaye Aratani CARE Grant and the University of California Los Angeles (UCLA)'s Asian American Studies Center and Koreisha Senior Care & Advocacy. We acknowledge Ms. Rino Kodama, UCLA student intern for her consistent, dedicated effort in entering all the data by herself. We also thank all the community members who participated in this study within and outside of the United States. This report could not have been made without their input.

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Weech-Maldonado, R., Elliott, M., Schiller, C., Hall, A., & Hayes, R.D. (2012). Can hospital cultural competency reduce disparities in patient experiences and care? *Medical Care, 50*(1), S.48-S55. doi: 10.1097/MLR.0b013e3182610ad1

Appendix

Appendix A Tables

Table 1: Participants' Characteristics
Table 2: Participants' Residential Conditions and Preference of Nikkei Facilities
Table 3: Preferences for Culturally Sensitive Services by Sansei, Yonsei, Gosei & Mixed-Heritage

Appendix B Survey Questions

Appendix C Characteristics of Retirement Homes, Assisted Living Facilities, and Nursing Homes in English & Japanese

Appendix D Financial Study

Appendix E Authors

Appendix A: Tables

Table 1: Participants' Characteristics (N = 1,478)

	Category	Frequency	Weighted %
Age (years)	Mean (*SD*): 68.4 (15.66); Range: 17 - 100		
Age group (years)	<50	207	14.1
	51-60	158	10.7
	61-70	358	24.4
	71-80	435	29.6
	81-90	249	16.9
	91-100	63	4.3
Gender	Male	500	34.3
	Female	958	65.7
Marital status	Single	254	17.3
	Married	748	51.1
	Divorced	155	10.6
	Widowed	307	21.0
Nationality	U.S.A.	909	62.2
	Japan	195	13.3
	Green card holder	351	24.0
	Other	7	0.5
Race/ethnicity	Japanese/Japanese American	1,294	92.0
	Other Asian	56	4.0
	Non-Asian	31	2.2
	Japanese + Other Asian	16	1.1
	Japanese + non-Asian	9	0.6
	Other Asian + non-Asian	1	0.1
Educational attainment	Junior High School	46	3.2
	High School	442	30.3
	College	635	43.6
	Professional school	156	10.7
	Graduate school (incl. PhD)	173	11.9
	Other	4	0.3
Employment status	Employed	499	36.6
	Unemployed	160	11.7
	Retired	664	48.6
	Other	42	3.1
Immigrant generation	Shin-Issei	690	61.0
	Nisei	175	15.5
	Sansei	208	18.4
	Yonsei	53	4.7
	Gosei	4	0.4
Primary language	English	449	30.6
	Japanese	929	63.1
	English & Japanese	70	4.8
	Japanese & Other	4	0.3
	Other	17	1.2

Note: *SD* = standard deviation

Table 2. Participants' Residential Conditions and Preference of Nikkei Facilities

	Category	Frequency	Weighted %
State of residence	California	1,369	93.4
	Arizona	3	0.2
	Hawaii	4	0.3
	New York	8	0.5
	Washington	17	1.2
	Japan	51	3.5
	Other	13	0.9
Living arrangement	Live along	465	31.9
	Live with spouse	527	36.2
	Live with family (incl. spouse)	402	27.6
	Other	63	4.3
Type of residence	Home owner	1,059	72.8
	Rental unit	323	22.2
	Retirement home	51	3.5
	Assisted living facility	12	0.8
	Nursing home	5	0.3
	Board & Care home	3	0.2
	Other	1	0.1
Enroll in Nikkei Retirement Home	Yes	749	51.7
	No	201	13.9
	Undecided	498	34.4
If yes, how much monthly rent could you afford	<$2,000	87	8.8
	Up to $2,000	391	39.7
	$2,000-$3,000	155	15.7
	$3,000-$4,000	63	6.4
	$4,000-$5,000	3	0.3
	>$5,000	51	5.2
	Other	236	23.9
Enroll in Nikkei Assisted Living Facility	Yes	740	52.3
	No	160	11.3
	Undecided	515	36.4
If yes, how would you cover the cost	Out of pocket	136	14.1
	Medicare	480	49.8
	Medi-Cal (Medicaid)	72	7.5
	Long-term care (LTC) insurance	98	10.2
	Medicare + LTC	44	4.6
	Medicare + Medi-Cal	77	8.0
	Other	43	4.5
Enroll in Nikkei Nursing Home	Yes	853	59.5
	No	135	9.4
	Undecided	445	31.1

If yes, how would you cover the cost	Out of pocket	144	14.3
	Medicare	492	48.9
	Medi-Cal (Medicaid)	78	7.8
	Long-term care (LTC) insurance	110	10.9
	Medicare + LTC	44	4.4
	Medicare + Medi-Cal	78	7.8
	Other	44	4.4
Japanese culturally sensitive service important	Yes	1193	85.4
	No	56	4.0
	Not sure	148	10.6
If yes, what services are important (e.g., Japanese language, Japanese food, Japanese activities, Japanese entertainment, Bilingual doctors, Bilingual staff)	Japanese language	929	71.0*
	Japanese food	1,180	90.2*
	Bilingual doctors & staff	1,014	77.5*
	All six items	429	32.8*
Would you refer a Nikkei facility to your family	Yes	1028	74.5
	No	77	5.6
	Not sure	274	19.9
Family member with dementia needing a facility	Yes	209	15.5
	No	1136	84.5
Make a donation to a non-profit Nikkei facility	Yes	1025	80.6
	No	246	19.4
Volunteer at a Nikkei senior facility	Yes	919	68.5
	No	422	31.5

Note: * Percentages were calculated based on not as a total but the number of responded surveys per item (n = 1,308).

Table 3. Preferences for Culturally Sensitive Services by Sansei, Yonsei, Gosei & Mixed-Heritage Respondents (N = 220)

	Japanese Language	Japanese Food	Japanese Activities	Japanese Entertainment	Bilingual Doctor	Bilingual Staff
Sansei English-speaking (n=129)	40 (31.0%)	117 (90.7%)	86 (66.7%)	67 (51.9%)	58 (25.0%)	51 (39.5%)
Sansei Japanese-speaking (n=24)	21 (87.5%)	20 (83.3%)	11 (45.8%)	10 (41.7%)	16 (66.7%)	12 (50.0%)
Sansei English/Japanese-speaking (n=3)	3 (100%)	3 (100%)	3 (100%)	2 (66.7%)	2 (66.7%)	2 (66.7%)
Yonsei (n=42)	17 (33.3%)	38 (90.5%)	33 (78.6%)	27 (64.3%)	20 (47.6%)	17 (40.5%)
Gosei (n=2)	1 (50.0%)	2 (100%)	2 (100%)	2 (100%)	2 (100%)	1 (50.0%)
Japanese/Other Asian (n=12)	9 (75.0%)	9 (75.0%)	7 (58.3%)	5 (41.7%)	9 (75.0%)	9 (75.0%)
Japanese/Non-Asian (n=8)	4 (50.0%)	7 (87.5%)	8 (100%)	6 (75.0%)	4 (50.0%)	4 (50.0%)
Total (N=220)	**95 (43.2%)**	**196 (89.1%)**	**150 (68.2%)**	**119 (54.1%)**	**111 (50.5%)**	**96 (43.6%)**

Appendix B: Survey Questions

Koreisha Senior Care & Advocacy (KSCA) P.O. Box1691, Monterey Park, CA 91754 www.ksca.org
Needs Assessment for Japanese American Senior Facilities
日系社会に非営利の介護・看護施設を再現させるための調査です。ご協力下さい。

In February 2016, the former Keiro senior facilities were sold to a for-profit company. KSCA is conducting this survey to determine the community's needs for re-building non-profit Japanese American senior facilities. Please take a few minutes to complete EACH question. If a question does not apply to you, indicate N/A. Please return this form (by 12/31/2018) to a KSCA representative or mail to: KSCA P.O. Box 1691, Monterey Park, CA 91754. 旧敬老施設は、２０１６年２月、営利会社に売却されました。高齢者を守る会は現在、施設再建のための調査をしています。該当しない質問にはN/Aと記入して下さい。 12/31/2018までにこの調査用紙を"高齢者を守る会"の上記宛先までお送り下さい。

1. Age 年齢：_____________

2. City and State of Residence 住所: City 市___________ State 州______________

3. Marital Status 婚姻関係: Single 独身__________ Married 既婚___________

Divorced 離婚__________ Widowed 死別____________

4. Sex 性別: Male 男_________ Female 女__________

5. Nationality 国籍: U.S.A. 米国_________ Japan 日本_________

Permanent Resident グリーンカード所持者_________ Other その他____________

6. Ethnicity 人種的背景: Japanese 日本人／日系米人______________

Other Asian 他のアジア系___________ Non-Asian アジア系以外____________

7. If you are Japanese American, indicate which generation 日系人の場合あなたは:

Shin Issei 新一世_________ Nisei 二世_________ Sansei 三世_________

4th Generation 四世___________ 5th Generation 五世____________

8. Current Living Arrangement 現在の居住形態: Live alone 一人住まい_________

Live with spouse 連れ合いと_________ Live with Family 家族と__________

Other その他__________

9. Type of Current Residence 現住居のタイプ: Home Owner 自宅____________

Rental Unit 借家またはアパート_______ Retirement Home 引退者ホーム______

Assisted Living Facility 中間看護施設________ Nursing Home 看護ホーム_________

Board & Care ボード＆ケア_________

10. Primary Language Used 最も使いやすい言葉: English 英語__________

Japanese 日本語___________ Other その他____________

11. Highest level of education completed 学歴: Junior High School 中学校 ______

High School 高校 __________ College 大学_________ Professional Education

専門学校 _________ Graduate School 大学院 _________Otherその他 _________

12. Employment status 雇用関係: Employed 現役________ Unemployed 無職______

Retired 引退後 ________ Other その他 __________

13. Would you enroll in a Nikkei Retirement Home in the future? 将来あなたは日系の引退者ホームに入りたいですか？: Yes はい________ No いいえ__________ Undecided まだ決めていない____________

14. If yes, how much monthly rent would you be able to afford for a Retirement Home?
その場合、引退者ホームに支払える１か月の入居費は？: $2,000 _________ $3,000 _______
$4,000 ________ $5,000 or more ________ Other その他 ________

15. Would you enroll in a Nikkei Assisted Living Facility (Intermediate Care Nursing) in the future? 将来あなたは日系の中間看護施設に入りたいですか？:
Yes はい_______ No いいえ________ Undecided まだ決めていない________
If yes, how would you cover the cost of your stay? その場合の入居費支払い方法は？:
Out-of-pocket payment 自費 _________ Medicare メディケア_________
Medi-Cal (Medicaid) メディキャル（メディケイド) __________
Long-term care insurance 長期介護保険________ Other その他__________

16. Would you like to be at a Nikkei Nursing Home in the future? 将来あなたは日系の看護ホームに入りたいですか？: Yes はい________ No いいえ__________
Undecided まだ決めていない______________

17. If yes, how would you cover the cost of your stay? その場合の入居費支払いは？ Out-of-pocket payment 自費_________ Medicare メディケア______________
Medi-Cal(Medicaid) メディキャル（メディケイド） _____________
Long-term care insurance 長期介護保険_________ Other その他____________

18. Is it important that Japanese culturally sensitive services be offered at a facility?
そこで日本文化に基づくサービスが提供されることは重要ですか？：
Yes はい________ No いいえ________ Not Sure 分からない__________

19. If yes, would it be for (check all that applies) その場合の大切な事項は？（該当するものすべてにチェックマークを）: Japanese Language 日本語__________
Japanese Food 日本食__________ Activities 娯楽・趣味活動______________
Entertainment 催し__________ Bilingual Doctors 日英両語の受持ち医__________
Bilingual Staff 日英両語のスタッフ（看護士など） __________

20. If you have a family member needing a senior facility, would you refer the member to a Nikkei facility? ご家族に高齢者介護施設の必要が生じた場合、日系の施設を薦めますか？:
Yes はい______ No いいえ______ Not Sure 分からない______

21. Do you have a family member with dementia who needs a facility? ご家族に認知症の方があり介護施設をお探しですか？: Yes はい______ No いいえ______

22. Would you make a donation to a non-profit Nikkei facility where your family member resides and receives care? ご家族のどなたかが日系の非営利介護・看護施設に入居されている場合お宅ではそこへ寄付をなさいますか？: Yes はい________ No いいえ_________

23. Would you volunteer your service at a Nikkei senior facility?ボランティア活動をするお気持ちはありますか？: Yes はい________ No いいえ_______

Appendix C

Characteristics of Retirement Homes, Assisted Living Facilities, and Nursing Homes

Type of Facility	Services Offered	How to pay	Sakura Intermediate Care Facility (ICF)	Cost (Los Angeles, CA)
Retirement Homes	• Private independent living apartments or home • No special Medi-Cal services offered • 3 meals/day-dining room style • Exercise areas, meeting areas, coffee lounge • Group activities-cultural, trips-local and overnight • Local transportation	• Private pay		$4,000-$5,000
Assisted Living Facilities	• Up to 3 meals/day • Personal care assistance • 24-hour supervision • On-site Medi-Cal staff • Social and recreational activities • Transportation (limited) • Some nursing staff and social worker • Vary by state • Some have memory care • Some have respite rooms	• Private pay • Long-term care insurance • Life insurance		$4,500-$7,000 depending upon levels of care
Sakura Intermediate Care Facility (ICF)	• 3 meals/day • 24-hour supervision • Onsite Medi-Cal staff (RN, LVN) • Walkers allowed but no wheelchairs • Activities provided by volunteers	• Medicare/Medi-Cal • Private pay • 70-80% residents with Medi-Cal • Mostly Japanese-speaking residents	Private pay: Private room: $6,500/mo Semi-private: $5,700/mo Medi-Cal pay: Reimbursement: $3,000/mo	
Nursing Homes	• Focused on Medi-Cal care • Medi-Cal care post hospitalization for rehab • Assistance with Activities of Daily Living and Instrumental Activities of Daily Living • 3 meals/day • 24-hour nursing care & supervision • Onsite Medi-Cal staff • Social and recreational activities • Memory care • Vary by state	• Medicare • Medicare for rehab • Medi-Cal/Medicaid • Private pay • Long-term care insurance		$6,000-$9,000 depending upon quality and level of care

リタイアメントホーム, アシステッドリビングファシリティーとナーシングホームの特徴

施設の種類	サービスの提供	支払い方法	Sakura Intermediate Care Facility (ICF)	費用（ロサンゼルス）
リタイアメントホーム	• 独立したアパートまたは家 • 医療サービスは無い • 1日3食　ダイニングルーム • 運動や人と会う部屋、コーヒーラウンジ • 集団アクティビティ　日帰りおよび一泊旅行 • 近隣地域の送迎	• 私費		$4,000-$5,000
アシステッドリビングファシリティー	• 1日3食まで • 個人のケア援助 • 24時間管理体制 • 常勤の医療スタッフ • 社交および娯楽アクティビティ • 限られた範囲の送迎 • 数人の看護スタッフとソーシャルワーカー • 州による • 認知症のケアを提供するところもある • レスパイトケアの部屋を提供するところもある	• 私費 • Long-term care 保険? • 生命保険?		$4,500-$7,000 ケアのレベルによる
Sakura Intermediate Care Facility (ICF)	• 1日3食 • 24時間管理体制 • 常勤の医療スタッフ　(RN, LVN) • 歩行器は可能、車椅子は不可能 • ボランティアによるアクティビティ	• メディキャル/メディケイド • 私費 • 70-80% の居住者は メディキャルを利用 • 大半が日本語を話す居住者	私費 Private room: $6,500/mo Semi-private: $5,700/mo メディキャル: Reimbursement = $3,000/mo	
ナーシングホーム	• 医療ケアに焦点 • 入院後の医療ケアあるいはリハビリ • ADLとIADLの援助 • 1日3食 • 24時間の看護管理体制 • 常勤の医療スタッフ • 社交および娯楽アクティビティ • 認知症のケア • 州によってサービスは異なる	• メディケア • メディケア(リハビリ用) • メディキャル/メディケア • メディケイド • 私費 • Long-term care 保険		$6,000-$9,000 ケアの質とレベルによる

Appendix D: Financial Study

FINANCIAL STUDY

Ray Hamaguchi

In terms of a facility providing culturally sensible healthcare services to the Japanese American Community of Greater Los Angeles (JACGLA), the Feasibility Study (Study) was intended to show an estimate of the cost to build and a general description of basic guidelines for a project to be financially viable. The Study reasonably believes it is likely that a sustainable demand (next 20 to 30 years) probably exists and that there is a shortage of culturally sensitive nursing and assisted living beds currently available for the JACGLA. Cultural sensitivity being defined as a facility that provides Japanese speaking staff, Japanese foods and Japanese activities and services. The estimates for financial feasibility for development and operation are reasonable and attainable based upon information researched and obtained from reliable sources.

The general assumption being used in this Study is that the demand for culturally sensitive facilities comes from the foreign-born segment of JACGLA. This group can be described as having Japanese dominant traits (JD) and are predominately immigrants to the U.S. after World War II. The demand is further supported by a population segment born in the United States but raised in Japan. The secondary demand pool possesses the same Japan Dominant traits (USJD) and cultural preferences as the foreign-born immigrants. The unknown factor over time that will directly affect the demand pool is the degree of acculturation in maintaining cultures. By comparison, the current Sansei (Third Generation) and Yonsei (Fourth Generation) have assimilated into the American culture so they cannot be expected to be a significant demand segment for culturally sensitive facilities over the next 30 to 50 years.

Although the sampling was relatively small and narrowly conducted, the demand is shown in the Needs Assessment Survey (NAS) and supported by a national study (Pew Survey). The national study (Pew Survey) shows that in 2015, 51% of all foreign-born Japanese Americans were 40 years and older, which leads to the reasonable observation that in 20 to 30 years, a significant portion of this 51% will be senior aged. The aforementioned USJD population in the same age groups will offset any questions of reductions of age group populations caused by death and net relocation outside the U.S. In estimating the number of foreign-born seniors within JACGLA, we can start with the estimate of 60,000 Japanese American seniors in Southern California per the South Bay Japanese American.

Community Needs Assessment (SBJACNA). By applying the national study (Pew Survey of the foreign-born pool being roughly 27% (Pew Survey) in 2015, this would lead to an estimated 16,200 foreign-born seniors in the JACGLA. Demand clearly exists for the next 20 to 30 years, but the aforementioned issue of acculturalization still must be considered to some degree.

Currently, there are over 700 beds in Culturally Sensitive Healthcare Facilities (CSHF), either skilled nursing, intermediate care or assisted living, that offer culturally sensitive services and food for Japanese Americans. Phone calls to the facilities provided basic occupancy levels,

which in the aggregate easily exceed the 90% level. Under a basic development feasibility analysis, there would be a clear development justification from a population viewpoint. As previously stated, there are an estimated 16,200 targeted seniors, so potential demand exceeds supply by approximately 23 X's. Occupancy levels at existing facilities exceed 90%. Even though it will be argued that all seniors do not require the higher-level services offered at SNF or ALF, the current supply of culturally sensitive beds is still low. Therefore, justification from a demand and supply standpoint clearly exists. It must be understood that the demand-supply ratios are only one measurement of feasibility and must be considered along with the abilities to finance, finding the best location and operational cash flow viability. Greater Los Angeles is a large geographic area so a detailed study at a later date must be conducted to finalize finance and locational factors.

As stated, there is a clear development justification when comparing demand to supply. It has to be realized that development justification is not just judged by demand versus supply. In order to prepare a professional presentation to the community, financiers (donors) and public officials, it involves a fully detailed market analysis that concludes the depth and demographics of the demand population, geographic factors, the market for the targeted facility and a detailed cost and design analysis to build and operate. It will raise any sociological issues stemming from governmental issues that must also be considered. Lastly, it will conclude the most desirable facility type with the highest probability of success. This type of study will cost tens of thousands of dollars and be conducted by a team of experts. To engage this type of study at the onset of the process without any thought of project cost or operational viability was not prudent. So, the alternative was the herein Study to gain initial thoughts and then decide how to move forward. The Survey moving forward.

DEVELOPMENT AND OPEATION OF SKILLED NURSING AND ASSISTED LIVING FACILITIES.

In trying to reach a rough estimate of financial magnitude, the process began with the preparation of financial models (Model) that are based upon information deemed reliable. The Model is the financial basis for the information shown in the Presentation (Slide). Knowing the estimated range of cost to build begins to answer the question, "What's it going to cost?" Equally important are the estimated guidelines to operate the facility successfully and together are the first steps in understanding whether the project can be developed or not. Supply and demand only provide a basic criterion but without financial feasibility, the chances of success are very limited.

SKILLED NURSING FACILITY:

The passage of time and stricter requirements mandated by the Federal and State Governments have changed the footprint of a skilled nursing facility by over 50% over the past 40 years. KASB s a 100-bed skilled nursing facility and was built with a layout equating to approximately 250 square feet per bed. Today that requirement exceeds 400 square foot per bed (2019) and it is estimated that by the time a new facility can be designed and built, the current footprint (2019) could expand by another 10%. Room sizes and design layouts are changing and

with stricter staff hour requirements, staffing and all related layout spaces are increasing. The estimate provided, SNF CONSTRUCT, shows an estimated cost of $22,500,000 based upon a building shell of 45,000 square feet, or 450 square feet per bed. Again, SNF CONSTRUCT is provided to create a rough cost range to understand the cost dynamics of a proposed project. It has to be clearly understood that until a more detailed feasibility study with detailed drawings and actual construction bids is conducted, the provided cost is only an estimate.

The comparison Facility (KSBF) was also important to create occupancy levels, composition of beds and operational expense line items for the operational models (Model) (SKO-A AND SKO-B). KSBF was audited by the Attorney General of the State of California as of 2014. The operating figures were adjusted to 2019 levels and then compared to operating information provided by the current operators. The operating figures were then adjusted to 2023 estimated levels to consider a development period of 4 years for design, financing and construction. A reserve is estimated to offset start-up costs to reach stabilized occupancy levels. The operating estimates are reasonable based upon information available and are subject to change when a detailed market study, along with design and construction details are finalized.

The ability to operate the facility with efficiency and in a professional manner may be even more important than the cost to build a facility. The targeted intent is a community project for not only culturally sensitive residents, but also ones that have financial limitations. Clearly, accommodate those that can qualify for Medi-Cal (Medicaid outside of California) along with a segment that can pay affordable rates (full pay). This is believed to be the segment of JACGLA in need of the facilities.

In meeting the community project theme, the project's operating viability moves away from a traditional financial analysis. A traditional financial analysis is yield driven in that the operating results have to satisfy the yield/return sought by the investing partners, owners/developers and financiers. After review of studies, both market and financial factors, the resulting yield is then judged to be acceptable or not. In the desired community project theme, the goal is affordability, so instead of charging residents a high enough pay rate to reach a yield target, the objective is to charge a pay rate that will generate enough revenues to cover operating costs, along with a reasonable estimate for a reserve to cover unexpected costs. The Models (SKOA AND SKOB) view the effect of changing the number of beds for Medi-Cal and full pay and how these changes effect full pay rates, shown as Plans A and B on SNFOP. The net effect is that the reduction in the number of Medi-Cal beds (SKOB) causes the full pay rate to rise. This effect is caused by the fact that the Medi-Cal per day rate is actually higher than the full pay rate ($244.70 vs. $192.00). Again, the most important factor is affordability.

Since Medi-Cal loses money every day and full pay rates are well below the daily cost of a room, it is the rehabilitation and recovery beds paid through Medicare and private insurance that are critical. These are short term beds, no longer than 100 days per stay. Daily pay rates for Medicare and private insurance may be 3X to 4X's the daily rate paid by Medi-Cal. Most important, Medicare coverage is only short term, versus Medi-Cal which is only long-term custodial care. The market to treat these short-term residents is highly competitive and requires a highly trained marketing staff to lure residents to the facility. The success or failure of a facility will rely upon keeping the short-term beds occupied.

Another important factor that must be clearly understood. This is a community project that has to be developed using non-repayable financing, i.e. no bank or private financing that needs to be repaid. Any debt would have to be repaid annually at a reasonable rate of $100,000 per $1,000,000 borrowed, payable over 30 years, renewable every 10 years. Simply, if $10,000,000 of repayable debt was used, the annual cash flow would be lowered by debt payments of $1,000,000. The only offsets to this reduced cash flow would be higher full pay rates or cash donations from the community. Operating reserves are so important.

An ongoing donor program is also very important. Unexpected cash flow issues always arise and the only means of preparation is a well operated donor program. Efficient management will keep costs down but unanticipated costs always happen. The eventual detailed report will measure the depth of the donor pool and ways to initiate donor programs.

ASSISTED LIVING FACILITY

Assisted Living Facility (ALF) is a senior care facility that provides a low level of care compared to a skilled nursing operation. Residents can move independently with the use of a walker, eat meals in a dining hall but need assistance in getting dressed, bathing and other daily needs. Facilities are nicer and most spacious with dining halls, meeting rooms, exercise rooms and larger accommodation choices. The most important financial consideration is that an **ALF does not accept Medi-Cal payments, so all residents are private pay**. With the intention of a community project, the goal of affordability is critical. Being able to attain this goal seems more reasonable for ALF since overall operating costs are lower ($273 per day SKO-B vs. $155.14 per day (GEN2018 and ALM-08-2019). There are less mandated requirements for direct care which lowers staffing costs and the ability to use more volunteers for further cost savings. Profit margins are acceptable (ALM-08-2019). The facility footprint will be larger and the cost to build will be lower because of less governmental requirements. This appears to be an ideal affordable situation for seniors, but because of no Medi-Cal, it is a facility that excludes both the indigent and those that cannot afford the full pay rates. It is important as to care services needed, but a targeted demand base within JACGLA is reduced and overlooked.

OBSERVATION SUMMARY

The Japanese American Senior Population in Greater Los Angeles is faced with a challenge when considering senior healthcare services in the future. That portion of the population that will need ALF and SNF services in the future could face the same high cost barriers as other Americans throughout the country, whether financially affordable or not. These barriers are further heightened by high staffing and operational costs in California, along with strict government regulations. So, the major issue of affordability is important to understand. There is no study as to the number of Japanese American seniors that have invested in some form of long-term care insurance to offset long care costs, so there is the high probability of poor financial preparation. In the case of SNF, indigent residents can qualify for government assistance while in ALF, all residents will be full pay. The biggest financial challenge in the SNF area are to those seniors that cannot qualify for Medi-Cal and cannot afford private pay rates. This a clear problem with no current solution and far greater impact than the need for facilities.

The sustainability of a project over time will be a critical factor dealt with in the detailed studies to be done. Locational factors along with in-depth studies as to future demands for culturally sensitive services and the financial capabilities to build and operate a facility will be analyzed and evaluated by the future detailed studies. The project must be built for the next 30 to 50 years or will suffer the same fate as the closed or sold culturally sensitive facilities in Los Angeles and Seattle.

The goal of the Study was to estimate the cost of both SNF and ALF along with estimating the full pay rate and other revenue sources needed to make the operation financially viable. Without financial viability along with a long-term continuing demand and financially giving donors, the chances of lasting sustainability are very limited. This Study raises other questions that will be important parts of future studies for decisions to be made within the community. Whether it is SNF or ALF, the estimated cost to construct will be in the range of $20,000,000. Can the community raise $20,000,000 of non-repayable debt to build the project? The estimates show a full pay rate of $5,700 to $6,100 per month for either SNF or ALF. Is this rate affordable? The Japanese American senior population has changed dramatically since 1960 when the last project of this type was built. Can a project built in 2023 sustain itself within the community for the next 30 to 50 years? To what extent will assimilation have changed the identity of the Japanese Community? Can a community senior healthcare project be built? Yes, there are sufficient financial resources within the community but is the community willing or capable to make that investment is not clear.

In final closing, an issue not previously discussed in this Study but impactful to the JACGLA is that of isolation. Are facilities, especially ALF, suitable alternatives to the victim of isolation? It would appear so, but financial resources and a general state of care needed may muddy their ability to qualify for SNF or ALF. This population segment is not part of any study simply because Japanese people do not openly speak of their situation. This is not a culturally sensitive issue, but rather an entire community issue that will continually need to be addressed or too many will suffer.

Appendix E: Authors

Christina Miyawaki, PhD, MSW is an assistant professor at the University of Houston Graduate College of Social Work and an affiliate investigator for the Centers for Disease Control and Prevention (CDC) - Healthy Brain Research Network. She received her Master of Arts in Gerontology from San Francisco State University, Master of Social Welfare in Gerontology from the University of California, Berkeley, and PhD from the University of Washington. Prior to obtaining her PhD, she was the Program Director at *J-Sei* (formerly Japanese American Services of the East Bay), a senior social service agency, developing new programs for seniors and their families in Berkeley. Her research includes racial and ethnic health disparities, mental health, cultural and acculturation issues among older immigrants and their caregivers pertinent to migration, especially focusing on Asian immigrants.

Tazuko Shibusawa, PhD, MSW is an associate professor at New York University Silver School of Social Work. She is the former Associate Dean and Director of Global MSW Program in Shanghai. She has also been an associate professor at Columbia University School of Social Work. She was the Director of Social Services at City View Hospital-Keiro Nursing Home-Japanese Retirement Home, Los Angeles. She has her B.A. from Occidental College, MSW from University of California Los Angeles, and PhD in Social Welfare from UCLA. She has received numerous awards and honors for her research in cross cultural gerontology and has published extensively on issues of aging among Asians and East Asian immigrant population.

Ray Hamaguchi has 47 years of real estate experience in Southern California. His areas of expertise include escrow, title insurance, property management, development analysis and acquisition valuation. He has been the research and negotiation advisor for commercial property acquisitions on behalf of international clients such as Nissho Iwai, Haseko, Sanwa Bank, Chuo Trust and Banking, Morrison and Foerster and Yamaha International. He has provided client advisory services in commercial lease analysis, property valuations, and acquisition strategy.

Keiko Ikeda, PhD is a clinical psychologist in private practice for the past 38 years. She is the former Director of Coast Asian Pacific Mental Health Services, a Los Angeles County Department of Mental Health Outpatient Clinic. She has also been an assistant clinical professor, Department of Psychiatry, UCLA School of Medicine. She received her BA from Bryn Mawr College, MA from Harvard University and PhD from California School of Professional Psychology. Her research interest has focused on the acculturation process of Japanese in America. She has presented papers on interracial marriage, identity issues of bi-racial children, and depression among the elderly.