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Needs Assessment of Older Adults in Minnesota's Diverse Communities

*Perspectives from Minnesota's
Culturally Diverse Aging Service
Providers*



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Background

About the Authors

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About the Sponsoring Organization

Minnesota Leadership Council on Aging

The Senior Federation and the Metropolitan Area Agency on Aging (MAAA) formed the Minnesota Leadership Council on Aging (MNLCOA) in 2004 to advocate for home and community-based services. At that time, membership consisted of large Twin Cities based non-profits and some statewide organizations. Over the years the Council has introduced legislation, hosted annual summits, and participated in several systems redesign initiatives.

Today the Council is 32 members strong, representing membership/trade associations, large Twin Cities based non-profits, and advocacy organizations. The Council is a champion, thought leader, planner and educator that advances positive systems change for older adults, their families and caregivers. The Council focuses on creating communities and systems that support aging with dignity and a spirit of well-being in Minnesota.

Over the years the Council has coalesced around three primary areas:

1. Advocating for policy and systems that support older Minnesotans and caregivers.
2. Convening stakeholders for and participating in conversations about aging in Minnesota.
3. Crafting a shared narrative on aging in Minnesota.

Intended Use and Users

This assessment was conducted in partnership with the MNLCOA's *Aging Together Minnesota* initiative that began in 2018. *Aging Together Minnesota* aims to explore aging in diverse communities using a lens of cultural humility. The initiative engages diverse older adults and the community service providers who serve them in order to amplify the voices of Minnesota's diverse older adults. Through *Aging Together Minnesota*, MNLCOA seeks to engender a sense of community connectedness, participation, inclusion, and civic engagement for underserved older adults. MNLCOA plans to create a statewide Diverse Elders Coalition in 2019. The coalition will review the information gathered in the present needs assessment, prioritize needs, and develop an action plan. The coalition will make recommendations for MNLCOA and other policymakers regarding the unmet needs of Minnesota's diverse older adults. This report will also be distributed to the organizations and individuals interviewed for the assessment and to MNLCOA membership organizations.

Executive Summary

Minnesota is undergoing an unprecedented demographic shift, becoming increasingly diverse and aging rapidly. Given these changing demographics, it is important to understand the strengths and needs of Minnesota's diverse population of older adults. The purpose of this needs assessment is to identify existing assets as well as unmet needs and challenges facing Minnesota's diverse older adults in order to identify priorities for future interventions and policy efforts.

Qualitative data were collected from key informant interviews with community-based service providers (N=15). Key informants were recruited from a list of contacts compiled by the Minnesota Leadership Council on Aging Health Equity Work Group. Participants were purposively selected to represent the following communities: African American, East African, American Indian, Southeast Asian, Latino, and lesbian, gay, bisexual, and transgender (LGBT). Key informants worked for organizations including non-profits, community centers, tribal government, and adult day services. Interviews were recorded, transcribed verbatim, and analyzed using Braun and Clarke's approach to thematic analysis. Results presented in this report focus on themes that were mentioned by all or nearly all communities represented in this assessment.

Results indicate there are a number of assets supporting Minnesota's diverse older adults. Assets of cultural communities include culturally specific services, faith communities, and close-knit families. Assets of older adults include their cultural and historical knowledge, wisdom, experience, and resilience. Despite the many assets supporting diverse older adults, they experience many unmet needs. Results indicate seven primary categories of unmet needs: (1) health (2) healthcare, (3) transportation, (4) housing, (5) education, (6) social support, and (7) financial security. Except for health, all other themes are social determinants of health, indicating the need for policies and programs that address these social determinants. As Minnesota's population grows increasingly older and more diverse, it is imperative that these unmet needs be addressed so that all Minnesotans have the opportunity to age well.

Recommended next steps include collecting data from diverse older adults to determine if their perceptions diverge from service providers and convening a statewide coalition of diverse service providers to more deeply explore themes presented in this assessment. The coalition should identify and advocate for policies that build on existing strengths and address the needs of Minnesota's diverse older adults. It is recommended that this assessment be used as a starting point for the coalition's work.

Needs Assessment Context

Projected Demographics of the United States

The United States is becoming increasingly diverse and is aging rapidly. The non-Hispanic white population is projected to shrink over the coming decades from 199 million in 2020 to 179 million by 2060 while the white population (regardless of Hispanic origin) is estimated to grow from about 253 million to 275 million in the same time period. The population identifying as two or more races is projected to be the fastest growing population over the coming decades (although small on an absolute basis) and this growth is followed by Asians and Hispanics of any race. The population is also aging. By 2035, for the first time in U.S. history, the number of older adults ages 65 and older in the United States will be greater than the number that are under the age of 18.¹ The number of Americans 65 years and older is estimated to grow from 53 million in 2018 to 88 million by 2050.² Due to these demographic shifts, it is crucial to identify the needs and challenges facing diverse older adults.

Needs of Diverse Older Adults in the United States

Culturally and linguistically competent services for older adults have been identified as an unmet need. Many older adults, particularly those who are immigrants, have limited English language proficiency. More than 5 percent of all individuals 65 years and older have limited English proficiency.³ Approximately 56 percent of Asian American and Pacific Islander, 11 percent of American Indian/Alaska Native, 53 percent of Latino, and 85 percent of Southeast Asian older adults have limited English language proficiency.⁴ With the exception of Spanish, services typically are not available in the native languages spoken by these older adults. Diverse older adults are underrepresented in those seeking social services (e.g. programs funded by the Older Americans Act), even though they have a greater need for these services than older adults in the general population.^{5,6}

The need for culturally competent services extends beyond language. For example, lesbian, gay, bisexual, and transgender (LGBT) older adults have reported concerns of having to “go back into the closet” in retirement communities or healthcare facilities out of fear of homophobic or transphobic staff and residents. Latino elders have reported a need for services that recognize the value of the family unit and the importance of including multiple generations of the family in their care.⁵

Culturally competent services must also recognize additional challenges facing these communities. For example, many American Indian older adults living in Indian Country do not have access to running water, electricity, and cellphone and Internet services. Diverse older adults in many communities are not aware of programs and services available to them. Many report needing assistance reading mail, filling out paper work, and getting transportation to and from appointments. Greater outreach in these communities has been identified as an unmet need.^{5,6}

Financial security and housing have also been identified as needs of diverse older adults. Diverse older adults have higher poverty rates than white, heterosexual, and cisgender older adults.^{7,8} It is not uncommon for diverse older adults, particularly those who are American Indian, to be caring for their grandchildren. More than half (56%) of American Indian and Alaska Native households have grandchildren living with them.⁹ This often causes additional financial strain. A high prevalence of poverty makes it more likely that diverse older adults will have difficulty affording adequate housing.⁶ Many indicate a preference to age in place but lack the resources to modify their homes to accommodate their declining mobility. For those who are not able to age in their homes or who wish to age in a senior or long-term care facility, such supportive housing is expensive.⁵

Social isolation has also been identified as a concern for diverse older adults,⁶ particularly those who identify as LGBT. LGBT older adults are more likely to be single and to be disconnected from their family of origin, and less likely to have children than their heterosexual and cisgender peers. This is particularly problematic as family caregivers (e.g. spouse, adult children) are often the primary caregivers for older adults.¹⁰

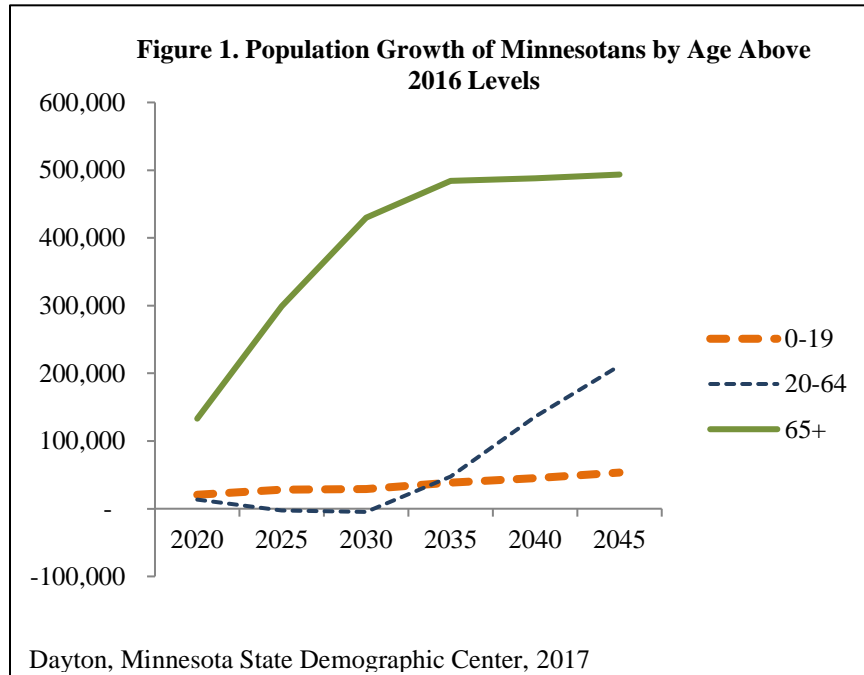
Prevalent chronic conditions and health disparities have also been identified as a key issue facing diverse older adults. Black and Hispanic older adults are more likely than white non-Hispanic older adults to need help with personal care from another person.¹¹ African American, American Indian, and Hispanic older adults are at a greater risk for dementia than white older adults.^{2,12} These disparities are likely a result of variations in socioeconomic risk factors, lifestyle, and health (e.g. cardiovascular disease and diabetes). There is also evidence that misdiagnosis of dementia is more common among African American and Hispanic older adults than in white older adults.² Dementia prevalence and incidence are not well understood in Asian American and Pacific Islander older adults because of a lack of data disaggregated by country of origin. Many languages spoken in these communities do not have a word for dementia; it is often considered a normal part of aging. This makes it difficult for individuals with dementia and their caregivers to get appropriate care and support.¹³

Adding to health disparities for American Indian and Alaska Native older adults is the chronic underfunding of services and supports serving this population. Specifically, services for elder abuse prevention, long-term care, end-of-life planning, legal services, caregiver support, fraud and financial exploitation awareness programs, long-term care ombudsman services, and discharge care are needed.⁵

Projected Demographics of Minnesota

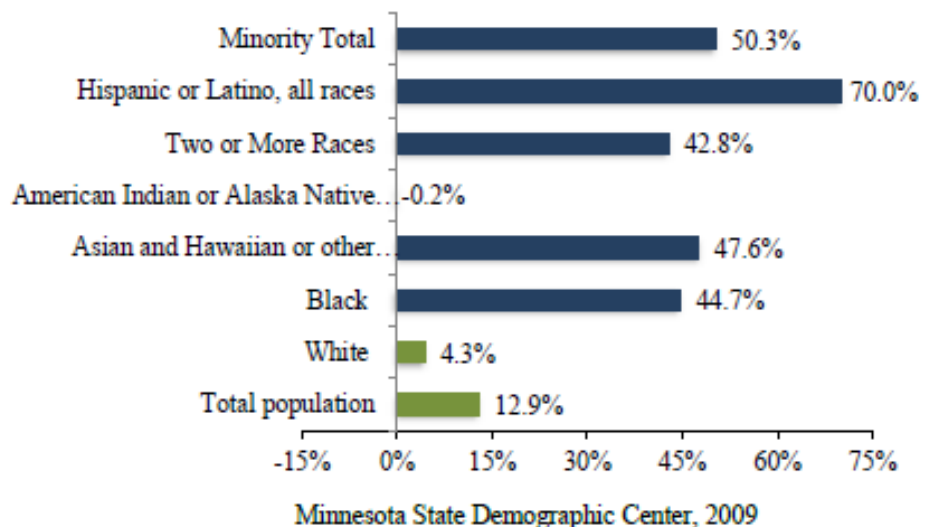
Like the rest of the United States, Minnesota is undergoing an unprecedented demographic shift. By 2020, for the first time in history, the number of Minnesotans 65 years and older will be greater than the number that are between the ages of 5 and 17. The number of Minnesotans 65 years and older is expected to double between 2010 and 2030. By 2030 it is estimated that one in five Minnesotans will be 65 years and older.¹⁴ Between 2016 and 2045, Minnesota is expected to add 493,524 people to the population 65 years and older, compared

to an increase of 211,226 in the population ages 20-64 and an increase of 53,392 in the population ages 0-19 (Figure 1).¹⁵



In addition to a rapidly aging population, Minnesota is becoming more racially and ethnically diverse. Between 2010 and 2015, Minnesota added four times as many People of Color and American Indians as non-Hispanic whites.¹⁶ In 2015, about 19 percent of Minnesotans identified as a Person of Color;¹⁶ this is expected to increase to 25 percent by 2035.¹⁷ Between 2015 and 2035 Minnesota’s minority population is projected to increase by 50.3 percent and the population identifying as Hispanic or Latino is projected to increase by 70 percent, compared to a projected increase of 4.3 percent in the white only population (Figure 2).¹⁸

Figure 2. Minnesota Population Growth by Race/Ethnicity, 2015-2035



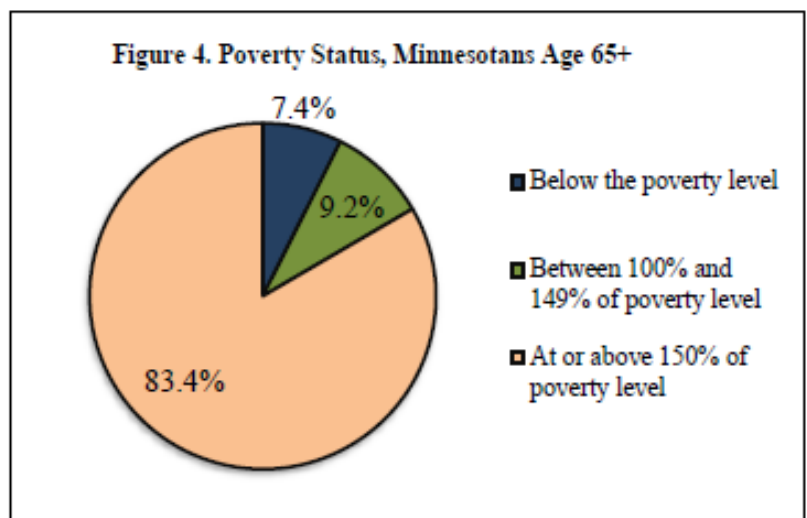
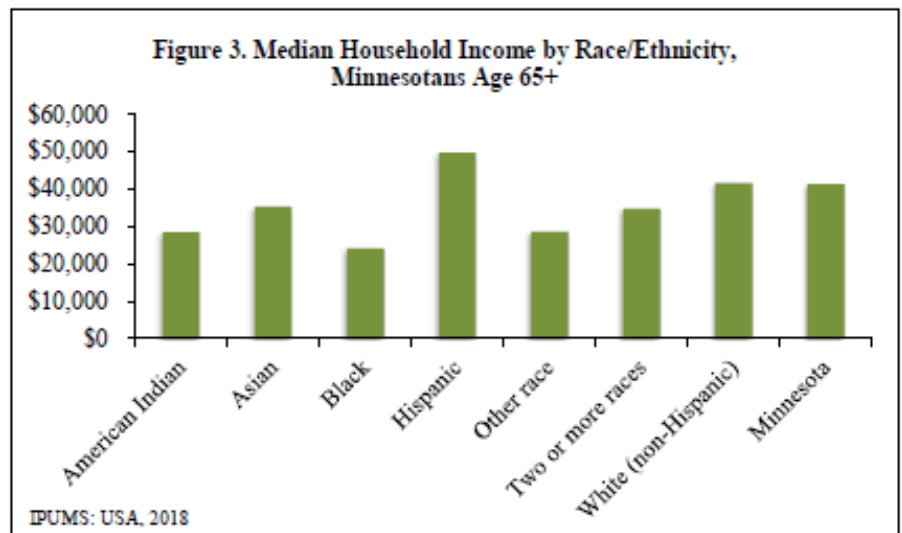
Minnesota's Older Adults

Age and sex. There are an estimated 779,405 Minnesotans that are 65 years and older, having a median age of 73.7 years. Approximately 55.4 percent of this population are female and 44.6 percent are male.¹⁹

Race and ethnicity. About two percent of Minnesotans 65 years and older are black or African American, 0.5 percent are American Indian, 1.7 percent are Asian, and 1 percent are of Hispanic or Latino origin. Just under six percent of Minnesotans age 65 and older speak a language other than English¹⁹ and approximately 4.6 percent were born outside the United States.²⁰

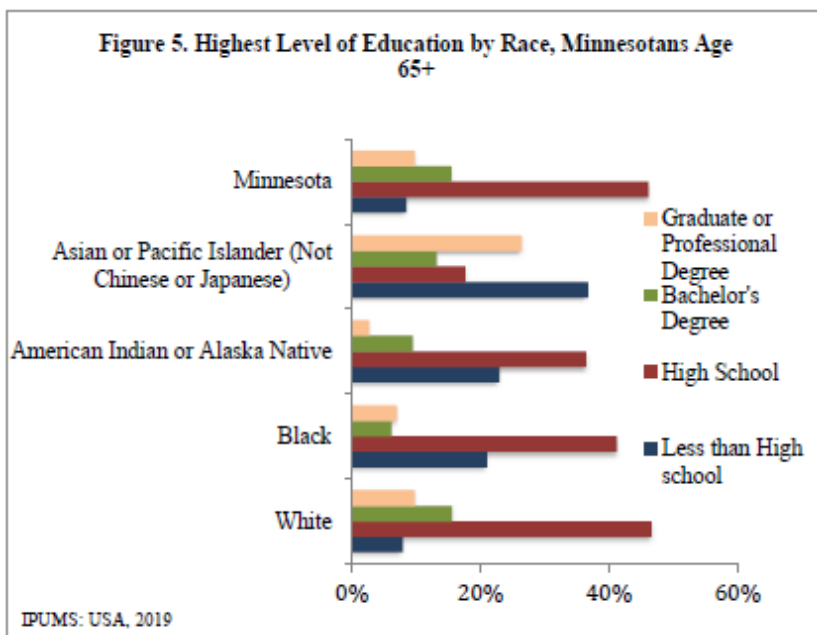
Income. The median annual income for Minnesotans age 65 and older is \$41,292; however, median income levels vary widely by race and ethnicity. American Indian older adults have a median income of \$28,589. Asian older adults have a median income of \$35,280. Black older adults have a median income of \$24,214. Hispanic older adults have a median income of \$49,815 and white non-

Hispanic older adults have a median income of \$41,731 (Figure 3).²¹ Approximately 92.3 percent of Minnesotans 65 years and older receive Social Security, with a mean income from Social Security of \$20,397. It is estimated that 2.5 percent receive cash public assistance, with a mean income from cash public assistance of \$2,597 per year. An estimated 5.5 percent rely on Supplemental Nutrition Assistance Program (SNAP) benefits. The majority (82.3 percent) of Minnesotans ages 65 and older are not in the labor force. An estimated 7.4 percent live below the poverty line and 9.2 percent live at between 100 and 149 percent of the poverty line (Figure 4). The majority of Minnesotans (56.3 percent) 65 years and older who are renters spend more than 30 percent of their income on rent.¹⁹ Rates of homeownership vary by race/ethnicity. For example, homeownership among white



Minnesotans is three times the rate of black Minnesotans (76 percent vs. 22 percent).²²

Education. Among Minnesotans age 65 and older, 8 percent have less than a high school education, 46 percent have a high school education, 15 percent have a bachelor's degree, and about 10 percent have a graduate or professional degree. There are disparities in highest level of education by race. Among whites 65 years and older, 8 percent have less than a high school education compared to 21 percent of blacks, 23 percent of American Indians and Alaska Natives, and 37 percent of Asian or Pacific Islanders (not including Chinese and Japanese). Approximately 16 percent of white older adults have a bachelor's degree as their highest level of education compared with 13 percent of Asian and Pacific Islanders (not Chinese or Japanese), 9 percent of American Indians and Alaska Natives, and 6 percent of blacks (Figure 5).²⁰



Disability. An estimated 31.7 percent of non-institutionalized Minnesotans 65 years and older are living with a disability.¹⁹

Geography. About one third (32%) of people in Minnesota's urban regions are 50 years and older. In larger towns 38 percent of residents are 50 years and older. In small towns 41 percent are 50 years and older and in rural areas 44 percent are 50 years and older. In rural areas and in small towns, one out of every 20 residents is over 80 years old. This number is expected to increase in the coming years.²²

LGBT older adults. LGBT older adults are less likely to have a caregiver, increasing the likelihood they will have to purchase services from a provider. This is potentially problematic as a survey of Twin Cities LGBT older adults found that only 18 percent felt they would receive safe services from a provider if their LGBT status were known.²³

Health Equity and Diverse Older Adults in Minnesota

On average Minnesota ranks among the healthiest states in the United States, however these averages fail to tell the whole story. Minnesotans of American Indian, African American, African, Asian, and Hispanic descent as well as LGBT Minnesotans experience worse outcomes

in education, economic status and health compared to white Minnesotans.²² These disparities are not random nor are they unpredictable. They exist because opportunity is not equally available for everyone in the state. The populations in Minnesota that experience the greatest disparities in health outcomes have also experienced the greatest inequities in social and economic conditions that influence health. These disparities continue throughout the life course and are often exacerbated in old age.²⁴ For example, structural racism resulting in homeownership disparities between whites and Persons of Color and American Indians have profound implications for older adults. Many older people use reverse mortgages to pay for increasing care needs or use the funds from selling their home to pay for long-term care. Such disparities in homeownership rates contribute to the disadvantages faced by older People of Color and American Indians. Understanding structural racism and inequity is key to understanding health disparities. Addressing health disparities is both a moral and economic imperative. As Minnesota's population grows increasingly older and more diverse, it is important that these unmet needs be addressed so that all Minnesotans have the opportunity to age well.²²

Needs Assessment Focus

The purpose of this needs assessment is to identify existing assets as well as unmet needs and challenges facing Minnesota's diverse older adults in order to identify priorities for future interventions and policy efforts. The assessment questions this project addressed are:

- 1) What are the existing assets that support older adults in Minnesota's diverse communities?
- 2) What are the unmet needs facing Minnesota's diverse older adults?
- 3) What are the challenges facing Minnesota's diverse older adults?

Methods

Data Sources

Qualitative data were collected from key informant interviews with community-based service providers who serve diverse older adults in Minnesota (N=15). Key informants were recruited from a list of contacts compiled by the MNLCOA Health Equity Work Group. Service providers were purposively recruited to ensure representation from the following communities: African American (n=3), American Indian (n=2), East African (n=2), Southeast Asian (n=2), Latino/a (n=3), and LGBT (n=3). They worked for a variety of organizations including non-profit organizations, community centers, tribal government, adult day services, and as consultants.

Interviews were conducted in-person, unless the service provider preferred to do the interview by telephone. Interviews were audio recorded with the permission of key informants.

Interviews lasted between 40 and 70 minutes. This project was determined not to be human subjects research by the University of Minnesota Institutional Review Board.

Key informant interviews focused on the assets, unmet needs, and challenges facing diverse older adults in Minnesota. The interviews included questions such as: *What do you think are the greatest strengths or assets for older adults in your community? What resources or services are missing or needed in your community? Is there anything you would change about how older adults in your community are served or treated? If you were given a blank check to spend on the needs of older adults, what would you use it for?* The complete interview guide can be found in appendix A.

Data Analysis

Recordings were transcribed verbatim and organized into NVivo for analysis. Data were analyzed using Braun and Clarke's²⁵ approach to thematic analysis. First, transcripts were read in their entirety and an initial coding structure was generated. Next, all material was coded. This was an iterative process with the coding structure being continually refined. Codes were examined and collated into overarching themes. Themes were reviewed and refined to ensure the assessment questions were adequately addressed. Results focus on themes that were mentioned by all or nearly all communities represented in this assessment.

Timeline

Key informants were recruited in October 2018. Interviews were conducted from November 2018 to January 2019. Interviews were transcribed and data analyzed in January 2019. The writing of this report took place between October 2018 and March 2019.

Results

Who is an "older adult"?

Service providers offered a range of criteria for who they consider to be an older adult. Some mentioned life experience and wisdom, or having children and grandchildren. Others mentioned the presence of physical limitations or chronic conditions that may shorten life expectancy. Nearly all mentioned age as part of their definition although many felt age cutoffs were arbitrary. Ages offered as defining of an older adult ranged from 45 years and older to 70 years and older.

Assets

Service providers mentioned a wealth of assets that support older adults in Minnesota's diverse communities. Two categories of assets were mentioned: (1) assets of the cultural community and (2) assets of the older adults.

Community assets. Many providers said their communities have existing culturally specific services such as adult day services, community centers, and caregiver programs that are an asset to older adults in their community. Latino and African American service providers also mentioned faith communities as an asset supporting older adults, providing trusted information and social support. One African American service provider explained,

The church community and the role of the church is very important in [older adults'] life. It's a place of, you know where they receive information... providing first that information, that education component. And it's also where you get your support. I mean the church community for a lot of people it is their extended family.

Many providers also said that in their culture, older adults are treated with more respect as they age and hold an esteemed place in the community. Some service providers stated that close-knit families, as customary in their culture, lead to less social isolation of older adults.

Assets of older adults. Nearly all service providers pointed to the wealth of cultural knowledge as a key asset of the older adults in their communities. One Southeast Asian service provider explained:

I mean the asset's definitely cultural knowledge, historical knowledge, life experiences, leadership, wisdom. Because the Hmong community's an oral tradition. And they do carry the living memories, the living history of the Hmong people and the Hmong experience.

Many providers mentioned experience as an important asset. An East African service provider described the older adults in his community as being "a library of good things." One African American service provider elaborated:

The greatest strengths that I see in a lot of the African American seniors is that if young people would listen, they could figure out that these [seniors] have been somewhere. They've experienced some things. And they can help us in a lot of areas that we don't have to go through if we would listen. 'Cause a lot of our seniors have been through some things that [have] been traumatic and [their] lives have been shaped by that... We're the legacy, but they've trail blazed a legacy for us to follow.

Many service providers also mentioned the resiliency of older adults as being an asset. They gave examples of resiliency in the face of war, violence, and discrimination.

Unmet Needs

Despite the wealth of assets in Minnesota's diverse communities, older adults experience a variety of unmet needs. These unmet include (1) health (2) healthcare, (3) transportation, (4) housing, (5) education, (6) social support, and (7) financial security.

Health. Service providers mentioned a variety of health conditions that are prevalent in their communities such as: hypertension, high cholesterol, stroke, diabetes, obesity, memory loss/dementia, depression, and other mental illnesses. Nearly all providers pointed to the trauma experienced by older adults in their communities as a cause of mental illness. Many also mentioned the stigma in their communities around mental illness, preventing many from seeking care. One East African service provider explained: “That trauma doesn’t go away easily... So there are a lot of mental health issues. The problem is there’s also taboo and cultural stigma to say someone has mental illness...It means somebody’s crazy. They don’t want to be labeled.” Providers also mentioned a need for an investment in “upstream” interventions to prevent more debilitating and expensive health conditions from occurring.

Healthcare. Service providers also cited issues related to healthcare as being an unmet need for older adults in their communities. Many mentioned that the cost of healthcare and prescriptions is not affordable especially for older adults on a fixed income. Lack of health insurance or not having “the right health insurance” is often a barrier to getting medical care. Bias and outright discrimination from medical professionals was cited as another barrier. Providers also explained that in their communities there is distrust of predominately white institutions. One African American service provider explained: “[What] we have to recognize with the elders is that because of the historical and current trauma that people are experiencing, there are low levels of trust of traditional- I’ll say white- agencies and services.” They cited both current and historical examples such as Henrietta Lacks and the Tuskegee syphilis experiment as cause for distrust. A Latina service provider explained that due to the current rhetoric around immigration, many in her community regardless of their immigration status avoid healthcare and other institutions for fear of deportation or separation from their families.

Issues regarding dementia diagnoses were also stated as a problem for many communities. One Latina service provider mentioned concerns that older adults in her community are not receiving appropriate dementia diagnoses because the tests are preformed only through an appointment with a specialist, which many Latino older adults cannot afford. An African American service provider expressed her frustrations with medical professionals not taking the older adults in her community seriously when they report concerns of memory loss and dementia. A Southeast Asian service provider explained how the diagnostic tools are not culturally appropriate for her community:

I have a lot of elders that are here and they’re starting to have memory issues. [But] health professionals say to me “Oh you know [in the] Hmong community rates of Alzheimer’s and dementia are really low. What do you guys do in your community to make that happen?” And I’m like “Uh, well we do have [dementia in our community]. And when you use your testing tools and your diagnostic tools, it doesn’t ask the questions that get to memory loss issues. And so then you’re saying they don’t have memory issues when in fact they do.”

As a result, many cases of dementia may be left undiagnosed in these communities.

Providers mentioned a need for more health professionals and personal care assistants (PCAs) who speak their language and know their culture. Some service providers also expressed concerns over lack of regulation over certain aspects of healthcare. They wanted more training, particularly for PCAs and medical interpreters. Two LGBT service providers expressed a need for more training for service and medical providers on how to work with LGBT patients.

Transportation. Nearly all service providers mentioned transportation as an unmet need. Many said the older adults in their communities do not drive. The lack of transportation options prevents many older adults from going to medical appointments, picking up prescriptions, getting groceries, and socializing. Several said that they were limited in the number of older adults they could serve at their organization because of lack of transportation.

Several providers explained that the Metro Transit bus system is difficult to navigate, especially for older adults. This difficulty is often made worse by lower rates of literacy and English language proficiency and higher rates of memory loss than the general population. Many older adults report being fearful they will get lost in the Metro Transit system. The bus system is also not an option for many with mental, physical, and/or mobility limitations.

Service providers also expressed concerns with Metro Mobility. They said it is not reliable, takes too long to get where you need to go, and is not practical in many instances because of the requirement to call ahead days in advance. An African American service provider explained some of the issues older adults attending her center have experienced:

I'm not a fan of Metro Mobility...just because of the incidents we have here with it, with seniors waiting and waiting and [Metro Mobility] not coming. Or coming to the wrong side of the building, and telling [the seniors] to walk [to the other side of the building].

Some service providers mentioned the need for door-to-door service, making sure older adults get into their homes safely before leaving. One service provider suggested an additional screening for Uber and Lyft drivers and special training to make them "senior certified," although others mentioned the cost of Uber and Lyft as being prohibitive. A few mentioned that the older adults in their community prefer to walk as a mode of transportation and exercise. However concerns over safety and weather conditions often makes this not feasible.

Housing. Housing is a need expressed by all service providers. Several stated that housing is unaffordable and unavailable, with long waitlists for senior and Section 8 units. Others mentioned that older adults in their community are on the verge of homelessness because they cannot afford their current rent. A Latina service provider explained:

Rents keep climbing up. And even families are being displaced. In families with elders and with little kids. So, the homelessness is going to be a problem unless we can act and

stop their rent [from] going up- in the cities, places where people have lived for a long time and now they are just being chased away- gentrification and all that.

An African American provider expressed her frustration with housing for the older adults in her community:

I've been to aging meetings where people are talking about, "I don't know if my dog can go there." This community isn't thinking about their dogs. They're thinking about, "How do I keep my home that we fought for to keep?" Because at the point in time where our families tried to buy homes, their names couldn't go on deeds. You know, so housing is a big thing. But I think housing, let's just be clear, it's a horrible issue for everyone making under \$100,000. It's a horrible issue.

One Southeast Asian service provider explained that many older adults in her community cannot afford a place of their own and live with extended family. These homes are often overcrowded, resulting in the older adult not having a bedroom or having to share with grandchildren.

Housing concerns also include a need for resources and services to help older adults remain in their homes and communities. Such services include shoveling, home maintenance, housekeeping, home modification services, and resources for family caregivers. Some providers mentioned the need for culturally specific community-based long-term care facilities. One African American service provider elaborated:

I think the answer to the large number of elders that are gonna need housing and support would be if you had people that wanted to have, I'm gonna call it like a[n] elder home...they can be fairly independent but still need some assistance... And then maybe services come in... You know because that's going to be more attractive, and keep the person connected with the family and healthier.

She saw potential for policies to incentivize entrepreneurs to open these culturally specific assisted living facilities in their communities.

Education. Service providers mentioned a variety of unmet needs related to education. They mentioned the need for educating older adults in their community on topics such as advanced directives, citizenship, English, exercise, finances, mental and physical health, nutrition, renter's rights, and technology. Many also mentioned the need for culturally competent navigation services that can assist older adults in navigating Medicare, Medicaid, and Social Security, as well as connect them to other resources.

Some providers felt that their communities were often last to receive new information about resources or new research. One African American provider expressed her frustration with the lack of information being disseminated to her community:

We just need the information, the proper and the adequate information given to the population, to the community, so people can know how to take care of themselves better, prevent certain things that can be prevented. Just give us what we need to live better. You know, live a healthier life, live longer. 'Cause we're living longer, but we wanna be healthy.

A few providers pointed out that although there is a great need to provide education for older adults, older adults also have a lot they can teach others. One Southeast Asian service provider elaborated:

And then the expectation that [the older adults] always have to learn. And sometimes they get tired of it. Because they do want to learn- but at the same time they're like, "oh, we're so tired of learning, why can't you guys learn something from us? Well you're always expecting us to learn, is it because we're stupid? Are we not wise already?"

Several mentioned the need for intergenerational and cross-cultural programming, where this wisdom can be shared between generations and across different cultural groups.

Social support. Most service providers expressed concerns of social isolation among older adults in their communities. One LGBT service provider explained:

For LGBTQ folk, a lot of them never had families or are estranged from their families. So that social support system is not as obvious, and hopefully they've created other support systems, other family support systems, not necessarily blood systems- but for many, they have not. So there's a lot of isolation.

Many felt that older adults in their community in need of temporary care, such as after a surgery, do not have anyone to rely on due to their thinning social networks.

Providers also expressed a need for outreach programs targeting isolated seniors. One Southeast Asian service provider explained:

[We need] more support in terms of how [older adults] can get together more and participate in festivals or things happening... There's no organized support to bring [them] to those places... So, it ends up that a lot of the [older adults] who really need to socialize and go to those events, don't have the resources to go. So they just stay at home.

Many said that their communities lack a meeting place where older adults can come to socialize with other older adults.

Financial security. Financial security was frequently cited as a concern for older adults. Service providers explained that many older adults in their community live on a fixed income and have difficulty affording necessities such as housing, phone lines, medical care, groceries, and

funerals services. Several expressed concerns with Social Security benefits being reduced and concerns that older adults in their communities do not have enough money saved for retirement. One American Indian service provider explained:

People in poverty [haven't] saved for retirement beyond Social Security. I think the whole country needs to think of what they gonna do with people who no longer can work. And they keep moving the age up... [but] people have a lot more health concerns and they can't keep working...especially in physical jobs or jobs that require just labor... So, I'm worried people are gonna have to work a lot longer than they really should be.

One African American service provider explained how structural racism has impacted the financial security of older adults in her community:

We have a lot of people, especially in the African American community, that- let's just be honest, they weren't awarded the same fair education. They weren't allotted the same jobs as other people. Their social security isn't the same. You know, so they don't have the money to pay to move into a housing, you know, senior assisted living. That's very expensive. That's not a reality in this community... So that's the one thing about aging in the community here, in the African American community. You stay, you know, as much as you can, where you can because you can't afford to go somewhere else.

Providers also voiced their concern that other benefits and programs that their older adults rely on such as SNAP, Meals on Wheels, and food shelf funding are being cut. One African American service provider explained, "We see a lot of people that come through our food shelf that, a couple years ago, were probably donating to it, but their Social Security isn't going up. The food prices are. Healthy food prices are." Service providers were quick to point out the connection between the economic disparities and health disparities in their communities. "You eat what you can afford," explained one service provider.

Summary and Suggestions

Minnesota's population is aging rapidly and becoming increasingly diverse. As such, it is important to identify the assets and unmet needs of this growing population in order to identify priorities for future interventions and policy efforts. Minnesota's diverse communities have many assets that can be leveraged to better meet the needs of older adults. Service providers identified existing culturally specific organizations as important assets in their communities. Such organizations should be funded to keep pace with the increasing demand for these services. Many service providers gave specific examples of ways they would expand their services to a greater number of older adults as well as to meet a greater breadth of needs if they had more funding.

Wisdom and experience are also important assets of older adults. Intergenerational and cross-cultural programming is a promising way to harness this wisdom while allowing older adults to

contribute in meaningful ways to their community. Faith communities, mentioned as a key asset for African American and Latinos, may be an effective way to disseminate information and provide education for older adults. Utilizing faith communities may also be an avenue to build trust with historically marginalized communities.

Minnesota's diverse older adults are experiencing a variety of chronic health conditions such as diabetes, memory loss/dementia, hypertension and depression. Notably, all other themes (healthcare, transportation, housing, education, social support, and financial security) are social determinates of health. This highlights the importance of programs and policies that modify these upstream determinates in order to improve health outcomes for diverse older adults.

A number of issues related to healthcare are unmet needs for older adults. Trauma, mental health, and pervasive stigma around such issues, indicates the need for community outreach to educate and dispel stigma. Additionally, training is needed for health providers to recognize and provide treatment in a culturally competent manner for those experiencing mental health conditions. Providers indicated a need for changes in the way that dementia is diagnosed. Specific recommendations include training providers to better listen to the concerns of patients, developing culturally competent diagnostic tests, and equipping general practitioners with the ability to diagnose dementia. The cost of health insurance and prescriptions are also a major concern for service providers. Legislation to control and subsidize healthcare and prescription costs could be considered to address this issue.

Transportation is another pervasive need mentioned by nearly all service providers. Responses from service providers indicate a need for more specialized transportation options rather than more mass transit. The private sector may provide innovative models to fill this gap. Companies such as Uber and Lyft could have senior-specific fleets that provide door-to-door service; however, fees charged by these companies could be prohibitive for many older adults.

Housing is a ubiquitous need that includes the lack of affordable housing, long-term care, and programs to help older adults remain in their homes. Every service provider interviewed mentioned housing as an unmet need for older adults in their community. Older adults, particularly those on a fixed income are being priced out of their homes leaving some on the brink of homelessness. Housing poses a challenge for nearly all except for the most resourced older adults. Potential solutions to address the lack of affordable housing include rent-control policies, building more housing units, and increasing the number of Section 8 and Section 202 vouchers.

There is also a need for culturally competent community-based long-term care where older adults see their culture reflected in the food, activities, people, and décor. It is important for older adults to have the option to remain in their community, near family and friends. Policies to incentivize and assist individuals to open small, community-based long-term care facilities in their communities may help to fill this need. One provider suggested an assisted living model where family members share chores in order to keep costs down. For example, families of the older adults living in the facility could take turns doing laundry and cooking meals. Maintaining

funding and increasing awareness of programs that help older adults stay in their homes longer (e.g. home modification and home maintenance services) is also needed to help prevent premature placement in long-term care.

Several issues related to education were identified as unmet needs for diverse older adults. Navigating services such as Medicare, Medicaid, and Social Security is difficult for many older adults due to language and literacy barriers as well as the amount of paperwork and changing regulations. Culturally specific navigation services to help older adults navigate these social programs and identify other resources and programs they might be eligible for could help ease this burden. There is also a need for educating older adults on a number of topics related to health, legal issues, and technology. As previously stated, faith communities may be an effective setting for such education to occur. Also as previously mentioned, there is a need for more intergenerational and cross-cultural programming, allowing older adults to share their cultural knowledge. Such programming could strengthen intergenerational bonds as well as build community across cultural groups.

Rampant social isolation is another concern for older adults. Social isolation limits access to both instrumental support (e.g. family caregiver) and emotional support (e.g. socializing). Outreach that includes both awareness and transportation assistance is necessary in order to include the most isolated individuals. There is also a need for physical infrastructure, such as senior centers and coffee shops, where older adults can come to socialize.

Many older adults in Minnesota's diverse communities struggle with financial security as they age. Many live on a fixed income and have difficulty affording basic necessities. In Minnesota, African American, American Indians, and Hispanic/Latino populations have household incomes that are almost half of the white population's. The median income for whites 65 years and older is \$40,054 while the median income for blacks of the same age is \$18,417. These economic disparities are largely a product of structural racism.^{22,24} As one service provider explained, older adults in her community did not have the same access to education and jobs as white counterparts, which impacts Social Security income and financial security later in life. The link between economic and health status has been well documented in the scientific literature,²⁶⁻²⁸ affecting access to healthcare and other social determinants of health such as housing.

Findings from this assessment are similar to other national needs assessments of diverse older adults. In particular results echo those from assessments done by the Diverse Elders Coalition, a national coalition advocating for policies and programs that improve aging in racially and ethnically diverse communities and LGBT people. Diverse Elder Coalition results also found that limited language proficiency, chronic health conditions, social isolation, and financial security are primary concerns for diverse older adults nationwide.⁵

Limitations

This assessment provides insight into the assets and unmet needs of Minnesota's diverse older adults; however, there are a number of limitations. Results may not be generalizable to other communities that have different demographic compositions and sociopolitical contexts. Although key informants were purposively selected to reflect six different diverse communities with large populations in Minnesota, a number of populations with sizable numbers in the state were not represented. Further, all key informants were currently living and working in the Minneapolis-Saint Paul metropolitan area. Results may not be reflective of diverse older adults living in Greater Minnesota. Additionally, it would be erroneous to assume that two or three key informants could capture the full breadth and depth of assets and needs of older adults in their community. As such, this assessment is limited in that we cannot compare assets and needs between different cultural groups. Finally, this assessment involved interviews with community service providers, rather than older adults themselves. Although all but one key informant was a member of the community in which they served, service providers may have different perspectives than older adults.

Recommended Next Steps

Based on results from this assessment, it is recommended that MNLCOA collect data from diverse older adults in Minnesota to determine if their perceptions diverge from the assets and needs identified by service providers interviewed in this assessment. It is also recommended that MNLCOA convene a statewide coalition of diverse service providers to more deeply explore themes presented in this assessment. The coalition should identify and advocate for policies that build on existing strengths and ameliorate the needs of Minnesota's diverse older adults. It is recommended that this assessment be used as a starting point for the coalition's work.

Conclusion

Minnesota's diverse older adults have a wealth of assets but also many unmet needs. Programs and policies are needed to leverage assets and address unmet needs, specifically those related to health, healthcare, transportation, housing, education, social support, and financial security. Except for health, all other themes are social determinants of health, indicating the need for policies and programs that address these social determinants. As Minnesota's population grows increasingly older and more diverse, it is imperative that these unmet needs be addressed so that all Minnesotans have the opportunity to age well.

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Appendix A

1. How would you describe someone you consider to be an “older adult”?
 - Probe: Who are considered to be “older adults”? / Who are considered “elders”?
Function of age, respect, physical or cognitive ability etc.?
2. What do you think are the greatest strengths or assets for older adults in your community?
3. What are the greatest needs of the older adults in your community?
 - Probe: Are there prevalent physical, mental, emotional health needs? If so, what are they?
4. What do you think keeps them from getting these needs met?
5. What resources or services are missing or needed for older adults in your community?
6. Do you see a need for education for older adults in your community? If so what should that look like? If not, why not?
7. Do you see a need for advocacy for older adults in your community? If so what should that look like? If not, why not?
8. Does <organization name> advocate for the diverse older adults you serve at the systems/policy level? What does this look like? If not, why not?
9. What barriers, if any, are there for <organization name>’s participation in policy/systems advocacy?
10. Is there anything you would change about how older adults in your community are served or treated?
11. If <organization name> were given a blank check to spend on the needs of older adults, what would you use it for?
12. In what ways would <organization name> be interested in adding it’s voice to conversations (e.g. planning for policy initiatives, programs etc.) around aging and diverse older adults?