Policy Brief

CULTURAL RESPONSIVENESS

MINNESOTA BOARD ON AGING

OCTOBER 2017
MN2030 – CULTURAL RESPONSIVENESS

The Minnesota Board on Aging policy briefs offer an opportunity for stakeholders to learn and engage in a planning effort to reform our system and to prepare communities and the state meet the challenges and opportunities associated with an aging population.

Engaging cultural and ethnic communities to better support older people of color and American Indian elders

As the population becomes more diverse, it will be important to have programs and services that are responsive to the needs of different cultures and backgrounds. The Minnesota Board on Aging (MBA) has a number of programs and initiatives underway to be culturally responsive, but there is an opportunity to improve them or add more. This policy brief outlines the demographic landscape, current efforts to reach diverse communities by the MBA and Minnesota Department of Human Services (DHS) and recommendations for the future.

Current status

Demographics/Service Utilization

Statewide, over five percent of the population age 60 and older is non-white (Aging Integrated Database using 2009-2013 American Community Survey Special Tabulation data). This varies by Area Agency on Aging (AAA) region, with the Metropolitan AAA having the most diverse population at nine percent of people age 60 and older who are non-White and Minnesota River AAA having the least diverse population at two percent.

Minnesotans (Age 60+) by race, 2014

- White: 1,035,000
- Black: 22,000 (2.1%)
- Am. Ind.: 6,000 (0.6%)
- Asian: 21,000 (2.0%)
- Multi/Other: 5,000 (0.5%)
- Latino: 12,000 (1.2%)
Racial and Ethnic Differences from NCI-AD 2015 Survey Data

The Minnesota Department of Human Services partnered with the MBA to conduct the National Core Indicators for Aging and Disabilities (NCI-AD) Survey in 2015 with older adults across all home and community-based service programs, including the Older Americans Act. The survey collects participant feedback regarding their satisfaction with their services as well as other aspects of their daily life and outcomes related to their quality of life. The following highlights are from the 2015 survey results across all programs.

Demographics:

- White older adults were older than other groups on average.
- Asian and Hispanic/Latino older adults were less likely to be English speakers.
- Black older adults were less likely to be married.
- Black and Hispanic/Latino older adults were more likely to skip a meal sometimes or often due to financial worries.

Living Arrangements:

- White older adults were more likely to live alone or with personal care assistants; Black older adults were more likely to live alone and less likely to live with a spouse or partner; Asian older adults were more likely to live with relatives (not spouse or partner) and friends.
- White older adults were less likely to live in their own or family’s house and more likely to live in an assisted living facility.

Health and Wellness:

- Black and Asian older adults had worse self-rated health than White older adults.
- Asian older adults felt less in control of their life than White older adults.
- Black and Hispanic/Latino older adults were less likely to say their services meet all their needs and goals than White older adults.

Current Programs

The MBA and the DHS have several existing programs that have a primary goal of engaging cultural and ethnic communities or have prioritized being culturally responsive. They include:

- Senior LinkAge Line®: The Senior LinkAge Line® is the Minnesota Board on Aging’s free statewide options counseling service. The Senior LinkAge Line® service is provided by the MBA in partnership with the six geographic Area Agencies on Aging that cover all 87 counties of Minnesota and helps connect people to local services and navigate care transitions.
• Older Americans Act Special Access Programs: provide helpful information and referral, advocacy, translation/interpretation, and short-term case management support for minority and non-English-speaking elders to help them access services and connect to community.
  - Metropolitan AAA works with
    - Brian Coyle Center
    - Centro
    - CLUES
    - Division of Indian Work (GMCC)
    - Korean Service Center
    - Lao Advancement of America
    - United Cambodian Association
    - VOA MN
    - Bhutanese Community Center

• Older Americans Act Nutrition Programs: the AAAs and Nutrition Providers have worked with cultural and ethnic communities around the state to develop culturally specific meal programs. Examples of these programs include those serving Lao, Somali, Hmong, and Hispanic or Latino elders.

• MBA Dementia Grants: These grants are intended to increase awareness of Alzheimer's disease and other dementias, increase the rate of cognitive testing in the population at risk for dementias, promote the benefits of early diagnosis of dementias, and/or connect caregivers of persons with dementia to education and resources. One area of special focus is projects that originate from culturally focused organizations or serve culturally and racially diverse older adult populations.

• Cultural Consultants: The vision is to create cultural awareness among service providers that will result in culturally responsive service to persons with dementia and their caregivers. Intended outcomes include: 1) Increase awareness among aging service providers and healthcare personnel about the norms and values of specific ethnic and cultural communities, 2) Promote person-centered planning that incorporates cultural norms to address consumer/patient concern about memory loss or an Alzheimer's disease diagnosis, and 3) Spur new initiatives that specifically meet the needs of a cultural or ethnic community.

• Wisdom Steps: Wisdom Steps is a preventive health program developed by Tribal Elders for Tribal Elders in Minnesota in 1999. Wisdom Steps is a partnership among the eleven
Minnesota Indian tribes, three urban areas (Minneapolis/St. Paul, Duluth and Bemidji) and the Minnesota Board on Aging. Wisdom Steps encourages elders to take simple steps toward better health. Activities such as participating in health screenings, attending a health education class, or enjoying a healthy living activity are promoted.

- **Live Well at Home Grants:** DHS works with partners statewide to expand the capacity of long-term services and supports to help people age 65 and older stay in their homes and communities of choice. Grant opportunities through this program help Minnesota communities meet the challenges of an aging population and forecasted pressures on Minnesota’s long-term support system. One goal of the grants is to improve targeting and management of public funds for culturally and racially diverse older adult populations, older adults in rural areas and those with at-risk needs. Examples include the Lao Advancement Organization of America’s comprehensive licensed adult day service, Korean Service Center Escort Program which provides door-to-door transportation, Northwoods Caregivers Chronic Disease Self-Management classes in partnership with Leech Lake and Minnesota Indian AAA (MIAAA), VINE’s English literacy program for refugees, and CAPI’s Hmong Seniors Program which connects Hmong older adults and their caregivers to support services in the community.

- **Eldercare Development Partnerships:** The goal for these regional staff based in the AAAs is to make strategic changes in the long-term services and supports system for older adults including statewide capacity for local service development and technical assistance, and statewide availability of home and community-based services for older adult services, caregiver support and respite care services, and other supports to create incentives for new and expanded home and community-based services in Minnesota. One example of engaging cultural communities is in developing an East African elders program in St. Peter.

- **MIAAA:** serves tribal elders on the four reservations that are members of the Minnesota Chippewa Tribe (Bois Forte, Grand Portage, Leech Lake, and White Earth) with nutrition, healthy aging, caregiver support and assisted transportation. MIAAA also collaborates with neighboring AAAs to expand services to tribal elders.

- **Older Americans Act Healthy Aging Programs:** Older Americans Act Title III D funds evidence based health promotion (EBHP) programs. These programs encourage participants to make healthy decisions and engage in healthy behaviors OAA services are targeted to older adults in most need, with a particular focus on reaching people of color and Native Americans. EBHP programs have been expanded by offering programs that maintain fidelity but can be tailored to the needs of a specific community for example: making Tomando Control de su Salud, (Spanish version of Chronic Disease Self-
Management) available to Hispanic/Latino communities and the Tai Ji Quan Moving for Better Balance can be offered in the language specific to the community being served.

In addition to the current programs, the MBA and DHS have recently undertaken new efforts to engage cultural and ethnic communities and these include:

- Somali elders community event: A conversation was held with a group of Somali elders many of whom currently receive publicly funded long term services and supports in their home. The purpose of the engagement was to understand their experience with home and community-based services and to inform DHS in the development and revision of services and strategies to improve the care experience of Somali elders.

- Caregiving in the African American and Hmong Communities: The MBA, DHS and Wilder Research partnered to learn how to better respond to the increasingly diverse populations of older adults, and the family caregivers. The focus of the study and focus groups was on African American and Hmong communities. MBA and DHS worked with Wilder Research to review concepts, barriers and opportunities to engage caregivers based on a review of current studies and research, combined with information shared by community representatives. The purpose of the roundtable was to get solid ideas (i.e. tangible, accessible and real) for supporting African American and Hmong elders.

Roles
The MBA has three roles: Advocate, Advisor and Administrator. Through these different roles, the board works to better engage cultural and ethnic communities as well as better support older people of color and American Indian elders.

Advocate
The Board has the opportunity to advocate for certain strategies to improve long-term services and supports and form partnerships to increase the quality of culturally responsive services.

Advisor
The Board keeps tabs on demographics of older adults and provides accurate data and resources to those serving older adults.

Administrator
As administrator for Older Americans Act programs, including the Senior LinkAge Line®, the Board serves people of many different cultures and has the ability to engage those diverse communities in improving or expanding them.

Recommendations for Strategic Priorities
- Refocus our efforts to truly engage cultural and ethnic communities to determine how they would like to support their elders, instead of figuring out ourselves how to deliver
services to them. To do so, we can use what we have learned through the development of OAA Special Access Programs, MBA cultural consultants, grant-funded provider efforts and others.

- Since Black and Hispanic/Latino older adults were less likely to say their services meet all of their needs and goals, the MBA could advocate for changes in long-term services and supports that better meet all the needs and goals of people from diverse communities.

- Since older adults with more assistance with self-care were more likely to report better health the MBA could work to ensure that people in diverse communities have access to assistance with self-care.