

MN
2030

LOOKING
FORWARD

Status Check

DEVELOPING STRATEGIES IN CULTURAL
AND ETHNIC COMMUNITIES

MINNESOTA BOARD ON AGING

SEPTEMBER 2017

REIMAGINING THE FUTURE OF AGING

The Minnesota Board on Aging, in partnership with the Minnesota Department of Human Services, is looking forward to 2030. Today marks the midpoint between our original vision for the long-term services and supports (LTSS) system, and the year that baby boomers start turning 85. It is truly a transformative time in our communities. To that end, we are revisiting our multi-year commitment to prepare for a permanently older society. Across all Minnesota communities, sectors and generations, we aim to refresh and refocus our efforts. In 2000 Minnesota worked with key stakeholders and developed a report called Reshaping Long-Term Care in Minnesota, known as the [Long-Term Care Task Force Report](#). The Long-Term Care Task Force Report identified six broad goals and 15 strategies to prioritize action. This document provides a snapshot of our current status in one of those goal areas, specifically – [Developing Strategies in Cultural and Ethnic Communities](#).

Developing Strategies in Cultural and Ethnic Communities

Why is this important?

The Long-Term Care Task Force identified “Service Gaps in the Community” as a principal theme for all older Minnesotans. The report stated there are gaps, “especially immigrant elders, have difficulty finding and coordinating services.” The report called for specific strategies to assist cultural and ethnic communities. Two such strategies included outreach with useful information for minority communities and to expand capacity of the community long-term care system and “Provide long term care that is responsive to the special needs of elders in ethnic, immigrant and tribal communities.”

While the population of older people of color or American Indian elders remains relatively small, the population is expected to grow and with it, a rise in the number receiving home and community based services (HCBS).
Alley

Aging Data Profiles: Minnesota Population by Race and Ethnicity

Year	Total 65+	White non-Hispanic	Black or African American	Asian	Hispanic or Latino	American Indian Alaskan Native	Two or More races
2000	594,266	96.9%	0.9%	0.9%	0.5%	0.4%	0.4%
2010	683,121	95.2%	1.6%	1.5%	0.9%	0.5%	0.4%
2015	753,529	94.6%	1.7%	1.7%	1.0%	0.5%	0.6%

Source: [Aging Data Profiles](#)

How are we doing so far?

The state of Minnesota has developed many strategies to reach and provide supports and services to older people of color and American Indian elders. To showcase those efforts this status check is divided into four parts; I. Initiatives that involve outreach efforts; II. Specific projects intended to increase cultural and ethnic community capacity; III. Data on the trends in service use for people of color and American Indian population in Minnesota; IV. Data from the recent National Core Indicators for Aging and Disabilities survey (NCI-AD).

I. Education and Outreach

Senior LinkAge Line®. [The Senior LinkAge Line®](#) is the Minnesota Board on Aging's free statewide service that provides options counseling. The Senior LinkAge Line® service is provided by six Area Agencies on Aging (AAA) that cover all 87 counties of Minnesota. The Minnesota Board on Aging (MBA) supports these AAA to fulfill a statutory requirement to ensure a Senior LinkAge Line® presence at the neighborhood level. An emphasis is placed on outreach to older people in cultural and ethnic communities. Examples of this outreach to tribal elders include:

- The provision of health insurance counseling for the American Indian tribes, delivered in partnership with Indian Health Services and the Centers for Medicaid and Medicare Services (CMS);
- Senior LinkAge Line® booths at health fairs, pow wow attendance and sponsorships;

In November 2015, the MBA in partnership with the AAAs, ECHO TPT (Emergency Community Health Outreach, Twin Cities Public Television), providers and community members developed a combined media and outreach campaign to offer information and resources for new immigrant caregivers. The initiative included videos titled [“Caregiving for Older Adults.”](#) The videos were produced in five languages: Cambodian, English, Hmong, Somali and Spanish.

[Cultural Awareness in Dementia Care](#). The MBA started an initiative in 2016 called [“Cultural Awareness in Dementia Care”](#) to assist community organizations with their outreach and service delivery to diverse ethnic and cultural communities. “Cultural Awareness in Dementia Care” promotes principles of health equity and enhances person-centered dementia care for diverse ethnic and cultural communities who most often experience health disparities.

Alzheimer’s disease and related dementias (ARD) disproportionately affect members of ethnic and cultural communities who also have high rates of diabetes, hypertension and cardio vascular disease - risk factors for Alzheimer’s disease. African Americans are two times and Latinos 1.5 times more likely to develop Alzheimer’s disease than whites. The “Cultural Awareness in Dementia Care” initiative was intended to increase awareness among aging service providers and healthcare personnel about the norms and values of specific ethnic and cultural groups to assist them in providing better service. Individuals from four cultural communities: African American, American Indian, Latino/Hispanic/Chicano, and Somali, were selected to complete on-line and in-person dementia trainings to become consultants as part of this initiative. The cultural consultants are available to provide technical assistance to organizations wishing to provide more culturally competent dementia care.

[MBA Dementia Grants](#). The MBA Dementia 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.

Wisdom Steps. [Wisdom Steps](#) is a partnership among the eleven Minnesota Indian tribes, three urban areas (Minneapolis/St. Paul, Duluth and Bemidji) and the MBA. Wisdom Steps invites Tribal Elders to participate in activities that build their health. Wisdom Steps was created by American Indian elders for American Indian elders to overcome barriers to a healthier life. By 2030, there will be more than 16,000 American Indians over age 55 compared to 5,000 in 1997. Resources and activities help the tribal elders take steps to improve their health. These efforts are recognized and celebrated at an annual Wisdom Steps conference which has an average of 400 attendees each year. The three-day event provides health education, health screenings and healthy living activities for elders in Minnesota's American Indian communities.

II. Community Service Capacity

Three [Live Well at Home \(LWAH\)](#) grants exemplify development of services by cultural and ethnic communities for their older members. First, in 2008 and 2009 SunLight Investments, Inc. in St. Paul used a LWAH grant to leverage a loan and commence development on their 35-unit assisted living facility. The grantee originally intended to serve Hmong elders and later found a need to serve other Asian elders. Serving an ethnically and culturally diverse population, they made adjustments in staffing, menus, and programming in order to cater to each individual's needs. Languages spoken by residents include Vietnamese, Lao, Chinese, Hmong and Cambodian.

The next two examples describe how LWAH grantees expanded service capacity to meet the adult day needs of cultural and ethnic communities. Adult day services are beneficial for older adults as well as family caregivers. Participants have an opportunity to socialize with others in a safe environment, get assistance with their activities of daily living, such as bathing, toileting and eating, while family caregivers can get a break or attend to other responsibilities, knowing their loved one is safe. These services are particularly helpful for working caregivers.

In 2009, Comunidades Latinas Unidas En Servicio (CLUES) in Ramsey County, a human service organization that supports the Latino community in Minnesota, opened a licensed adult day service for Latino elders. The organization renovated the space to be used for the program to comply with licensing regulations. This program serves a vulnerable and hard-to-reach population and has grown in the years since it opened.

Third, in 2015 the Minnesota Chippewa Tribe used LWAH grant dollars to build the very first adult day in the nation to serve American Indian elders. The adult day can serve up to 10 people that are both private pay and on public assistance. In addition to the LWAH grant-funded efforts, the AAAs have worked extensively with cultural and ethnic communities as well as the American Indian tribes to build capacity to serve their older community members. The AAAs have worked with their contracted nutrition providers and local community organizations to develop culturally specific congregate dining sites in multiple regions throughout the state. Examples of these programs include those serving Lao, Somali, Hmong, and Hispanic or Latino elders.

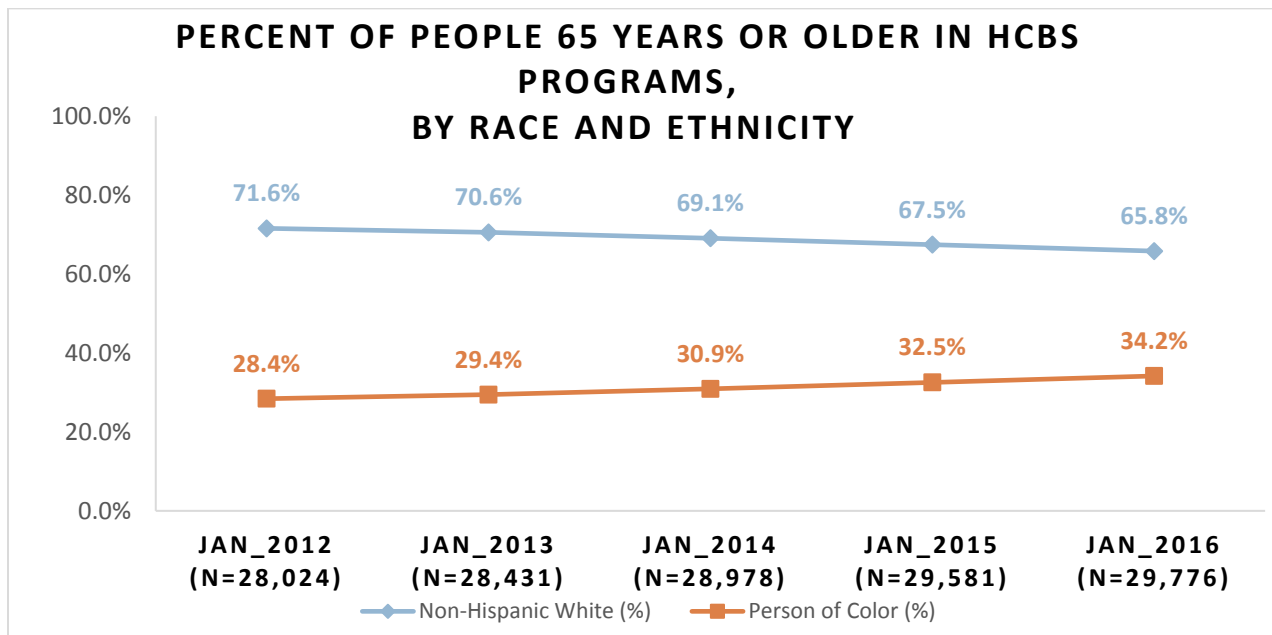
The Metropolitan AAA contracts with several cultural and ethnic community organizations to offer Older Americans Act-funded Special Access Programs. These programs provide helpful information and referral,

advocacy, translation/ interpretation, and short-term case management support for older people of color and non-English-speaking elders to help them access services and connect to community. Contracted organizations include:

- Brian Coyle Center
- Centro
- CLUES
- Division of Indian Work (GMCC)
- Korean Service Center
- Lao Advancement of America
- United Cambodian Association
- Volunteers of America (VOA) Minnesota
- Bhutanese Community Center
- Other AAAs are also funding Special Access Programs in cultural and ethnic communities in order to better reach older people of color

III. Use of Home and Community-Based Services by Race and Ethnicity

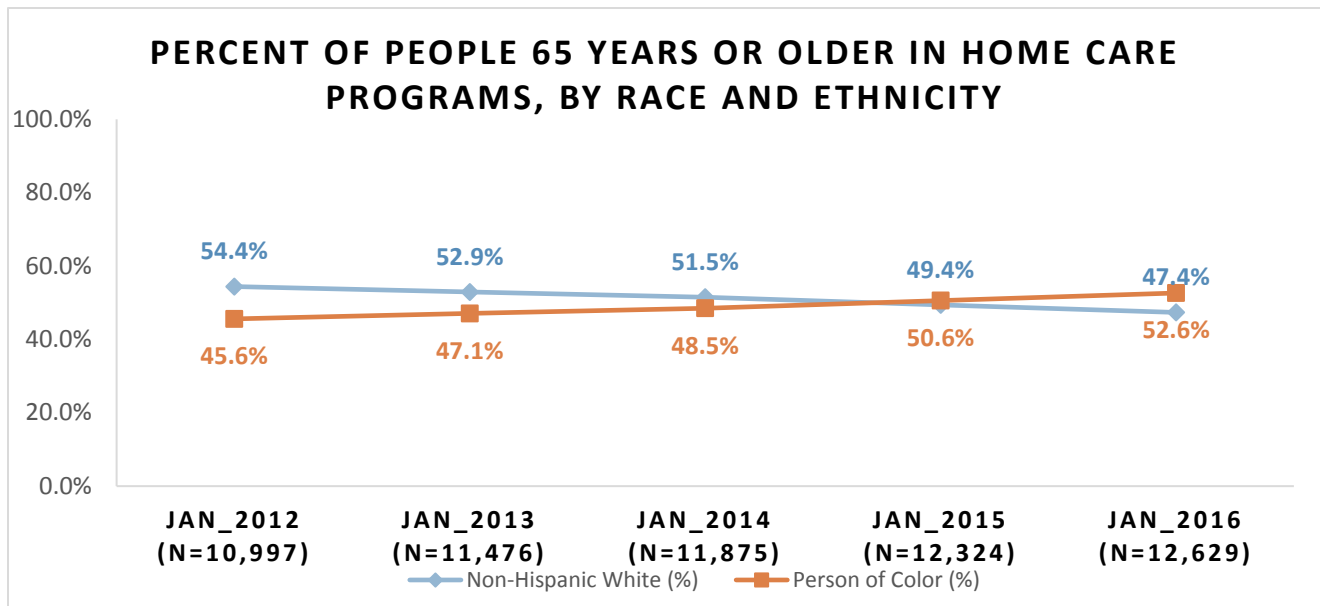
The Long Term Care Task Force outlined the need to expand the capacity of the long-term care system and reduce Minnesota’s reliance on the institutional model of long-term care, commonly referred to as “balancing.” Through the efforts described in the previous sections and many others, the state has made strides to help older people of color and American Indian elders receive services in their home and community. Below is a snapshot depicting the use of HCBS for older people of color and American Indian elders. Since 2012, enrollment for people of color and American Indians into all HCBS programs (figure 4) has increased slightly. Figure 4 represents older people who fit into at least one of the following categories: 1) those who have received Alternative Care (AC) or Elderly Waiver (EW) services, 2) those who are 65 years of age or older and have received home health, personal care assistance (PCA) and home care nursing (HCN) services, or 3) those who are 65 years of age or older and have received services through a [consumer supported grant \(CSG\)](#).



(Figure 4. Data Source: LTC Spending File, 2017. “N” represents total number of people age 65 or older in HCBS programs)

The illustration below (figure 5) shows that since the end of 2014 the percentage of older people of color and American Indian elders receiving state plan home care compared to the white population has increased. State plan home care can offer a range of medical and social services but unlike EW or AC the person does not need to meet the level of care to live in a nursing home. The state plan home care population includes people age 65 and over who received services through the personal care assistance (PCA), home care nursing, and/or home health programs. The data below represents counts of program recipients in January of each year.

This graph also suggests a need for a deeper dive into the many factors that affect how a person enters the LTSS system and begins to use services. It appears older people of color and American Indian elders may first begin receiving state plan home care and later become eligible for EW. These older adults are eligible for Medical Assistance (the name for the Medicaid program in Minnesota) when they enter the system and then eventually navigate to more intense LTSS. Conversely, the white population may have the financial resources to initially pay for LTSS when they first enter the system, and then spend down and become eligible for Medical Assistance.



(Figure 5. Data Source: LTC Spending File, 2017. “N” represents total number of people age 65 or older in Home Care programs)

Older Americans Act (OAA) programs serve people age 60 and older and include home delivered meals, homemaker and chore services, and assisted transportation. Data presented in the table below shows that OAA programs serve a higher percentage of older adults of color and American Indian elders than the percentage in the general population. For example, Black or African American older adults are approximately 3 percent of the OAA service users, but are about 2 percent of the total population of people age 60 and older in Minnesota.

OAA Registered Service Use by Race and Ethnicity

Race/Ethnicity	Percentage*
American Indian or Alaska Native	2%
Asian	2%
Black/African American	3%
Native Hawaiian/Pacific Islander	<1%
White	92%
Other	<1%
Two or More	1%
Hispanic/Latino	1%
Total	51,674

*Percentage of those without missing race and ethnicity data (Registered services include homemaker, chore, home delivered meals, assisted transportation, congregate meals in FFY 2016)

IV. Feedback from Older People who Receive Services

The most important way to measure the effectiveness of Minnesota's LTSS system is to ask the people who receive the services. The National Core Indicators Survey (NCI-AD survey) is a tool that is used by states to assess their LTSS system. The survey is a 45 minute in-person interview with people who receive publicly-funded LTSS, with a particular emphasis on gathering feedback from older people of color. The people interviewed received services through at least one of these programs: Older American Acts, State Plan home care, AC and EW.

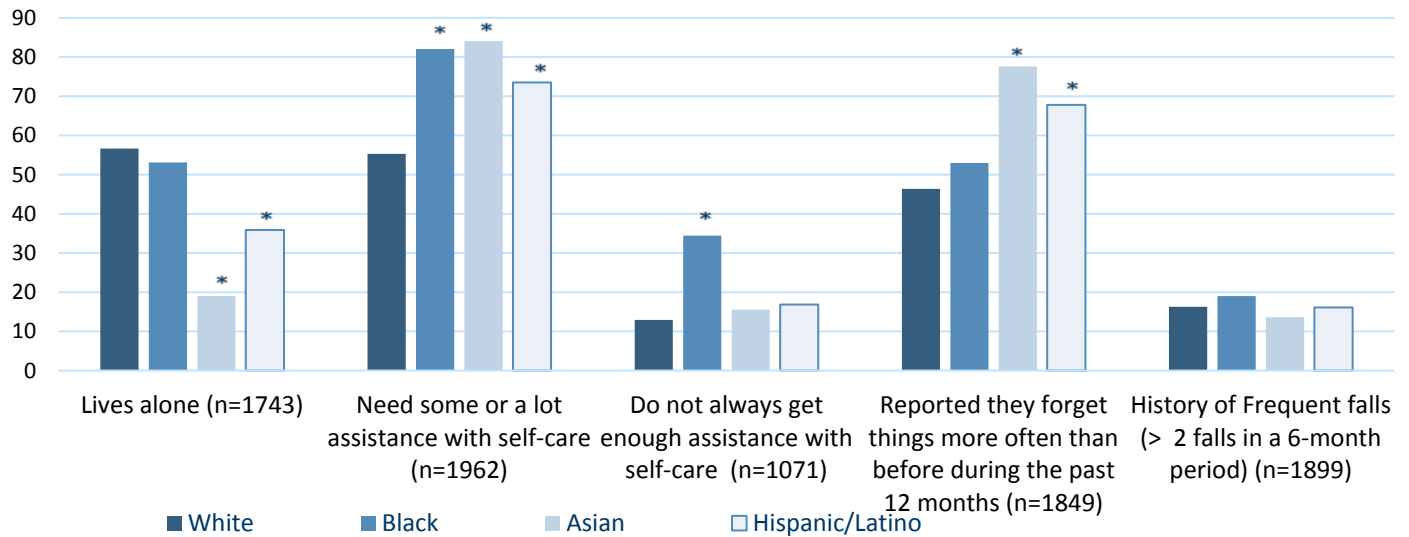
The NCI-AD survey assesses an older adult's perception about their health, such as self-reported health, feeling in control of their lives, and psychological well-being (how often they feel sad). The survey also looked at their social well-being, such as community enjoyment (being able to do things they enjoy outside of their homes), social relationships (can see or talk to friends and family when they want to), feeling safe at home and service satisfaction. The table below (Figure 1) is a breakdown by race of older Minnesotans that participated in the NCI-AD survey.

N=1936	Freq.	Percent
White	1,405	72.57
Black	246	12.71
Asian	133	6.87
Hispanic/Latino	38	1.96
Multiple races	114	5.89

(Figure 1)

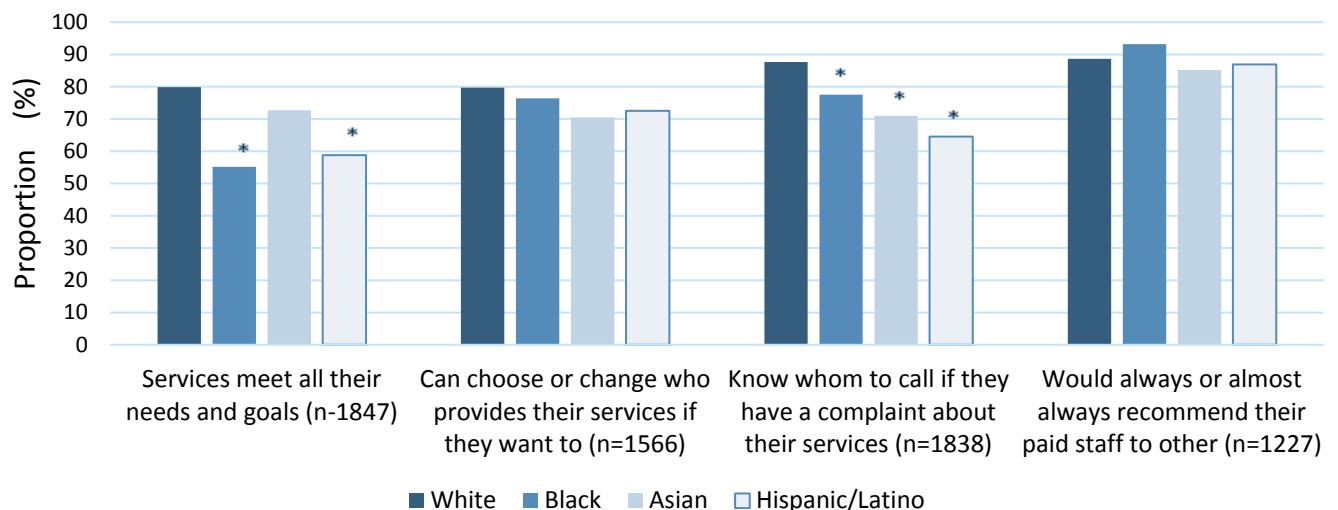
Minnesota's LTSS system strives to support older people in their own home and community for as long as possible and to help them maintain their independence. To that end, the NCI-AD survey data is used to gauge the overall risk of nursing home placement across populations. The data below shows that Black, Asian and Hispanic/Latino older adults indicated significantly higher levels of need with activities of daily living (ADLs) than white older adults, a predictor of nursing home placement. Forgetfulness, an early sign of cognitive impairment, is another predictor of nursing facility placement. More than half of Asian and Hispanic/Latino older adults reported they forget things more often than before during the past 12 months, a significantly higher proportion

than in the white population. In contrast, Asian and Hispanic/Latino older adults were significantly *less* likely to live alone than white older adults. Living alone in your home may lead to social isolation and general decline in overall health, also risk factors for nursing facility placement.



(Figure Table 2. *Indicated having a significant difference compared to white respondents)

The following graph (figure 3) measures the overall service satisfaction across populations. Both the Black and Hispanic/Latino population experienced significantly worse levels of satisfaction with the indicator, “Services meet all their needs and goals.” Additionally, when asked if they “know whom to call if they have a complaint about their services” a significantly lower proportion of the Black, Asian and Hispanic/Latino older adults answered yes. This measurement is important because these data show continued room for improvement with the strategy outlined by the Long-Term Care Task Force Report to increase a presence in communities of color. When asked about provider choice and recommending staff, all populations exhibited a satisfactory experience.



(Figure 3. *Indicated having significant difference compared to white respondents)

Looking Forward

Minnesota has a strong history of developing a range of programs and services to meet the needs of older people of color and American Indian elders, but there is room for improvement. Progress with programs like Wisdom Steps and Cultural Awareness in Dementia Care along with the LWAH grants are positive signs related to goals of the Long-Term Care Task Force. As the NCI-AD data suggests some areas of the LTSS system are strong while other topics show room for improvement.

As indicated in section III there has been a slight increase in the proportion of older people of color using services in their home or community rather than an institution. As a state, the aim is to continue this trend. In the future, a closer analysis of this data and the proportion of older people of color and American Indian elders living in congregate settings compared to the white population is needed. This analysis could help target efforts to improve the experience of older people receiving LTSS across all populations.

How can I learn more?

Join the conversation! Go to the [MN2030: Looking Forward](#) website to find out more about the initiative and how you can get involved. There you will find tools to help you be a part of the conversation to shape our state's future.