

Demographic and Service Data on Hispanic Elders

Prepared by the Metropolitan Area Agency on Aging for the
Transform 2010 Focus Groups with Minority Service Organizations, March 2006

Age Cohorts of Hispanic Elders by County Twin Cities Metro Area, 2000

Source: Census SF2 files by race

County	Total Population Age 50+	50-64	65-74	75-84	Age 85+
Anoka County	369	259	66	32	12
Carver County	95	77	12	6	0
Dakota County	820	584	143	66	27
Hennepin County	2831	2067	459	223	82
Ramsey County	2411	1634	501	220	56
Scott County	134	98	23	11	2

2004 Total Statewide Population Estimate for All Ages: 179,303

Living Arrangements of Hispanic Elders by Poverty Status and Age Group, Twin Cities Metro Area, 2000

Source: Census SF2 files by race

Age Group	Living Arrangements	Above or Below Poverty		Total	
		Above Poverty	Below Poverty		
Age 50-64	Living Arrangements	Live alone	475	140	615
		Live with Spouse	3,336	293	3,629
		Live with Family	1,011	103	1,114
		Live with Non-family	264	162	426
		Group Quarters	10	129	139
	Total		5,096	827	5,923
Age 65 Plus	Living Arrangements	Live alone	338	167	505
		Live with Spouse	693	111	804
		Live with Family	511	59	570
		Live with Non-family	31	82	113
		Group Quarters			
	Total		1,573	419	1,992

Medicaid-Eligible Hispanic Elders in Hennepin and Ramsey Counties, Twin Cities Metro Area, February 2005

Source: DHS

Age Group	Hennepin County	Ramsey County	7-County Metro Total
50 - 64	143	158	334
65 - 74	131	158	341
75 - 84	53	40	108
85 +	12	17	35
Total	339	373	818

Medicaid-Eligible Hispanic Elders Receiving Community-Based Long-Term Care, EW and CADI Waivers, Twin Cities Metro Area, February 2005

Source: DHS

Age Group	50-64	65-74	75-84	85+	Total 50+
Number	18	47	36	14	115

Hispanic Elder Waiver Beneficiaries with Selected ADLs and IADLs, Twin Cities Metro Area, March 2005

Source: DHS

ADLs - IADLs	Number of Spanish-Speaking Individuals Needing Assistance	Number of Non-Spanish-Speaking Individuals Needing Assistance
Dressing	32	20
Eating	29	24
Transferring	18	20
Walking	12	15
Toileting	16	25
Medication Management	55	37
No Dependencies	8	5
1 or 2 Dependencies	28	22
3 or More Dependencies	30	22
Total	66	49

Hispanic Elder Medical Assistance Beneficiaries with Selected Chronic Conditions, Twin Cities Metro Area, March 2005

Source: MN Department of Human Services

	Hispanic (Spanish Speaking)	Hispanic (Non - Spanish Speaking)	Hispanic (Spanish Speaking)	Hispanic (Non - Spanish Speaking)
Number of Recipients	All MA: 300	All MA: 244	Waiver: 65	Waiver: 47
Chronic Disease	Percent	Percent	Percent	Percent
Arthritis	22.0	23.0	36.9	31.9
Alzheimers / Dementia	3.3	3.7	18.5	27.7
Cancer	7.7	3.7	12.3	19.1
Cardiovascular Disease (stroke or at high risk of stroke -CVD)	9.7	9.4	16.9	25.5
Chronic Obstructive Pulmonary Disease (COPD)	11.3	16.8	15.4	21.3
Congestive Heart Failure	7.7	9.0	7.7	23.4
Chronic Hypertensive Disease (CHD)	21.7	18.0	27.7	46.8
Depression	34.0	41.0	44.6	38.3
Diabetes	41.0	45.1	53.8	57.4
Parkinsons	1.3	1.2	1.5	4.3

Hispanic Elder Waiver Beneficiaries Receiving Selected Services, Twin Cities Metro Area, March 2005

Source: MN Department of Human Services

Age Group	50 - 64	65 +	Total
Number of Recipients	17	95	112
Waiver Services	Recipients Receiving Services	Recipients Receiving Services	Recipients Receiving Services
PERSONAL CARE SERVICES	5	18	23
SUPERVISION PERSONAL CARE ASSISTANT	3	13	16
COMPANION SERVICES	0	0	0
HOME DELIVERED MEAL	5	34	39
SKILLED NURSE VISIT	8	22	30
HOME HEALTH AIDE VISIT	0	4	4
RESIDENTIAL CARE SERVICES	0	0	0
ASSISTED LIVING SERVICES	0	2	2
ASSISTED LIVING PLUS	2	10	12
FOSTER CARE-CORPORATE	0	0	0
FOSTER CARE - FAMILY	4	1	5
HOME HEALTH MED SUPP/EQUIP	7	47	54
HOMEMAKER	0	3	3
ADULT DAY CARE 30 MINUTES	1	35	36
ADULT DAY CARE ONE DAY	0	0	0
EXTENDED PERSONAL CARE	3	7	10
EXTENDED HOME HEALTH AIDE	0	2	2
HOMEMAKER SERVICE	4	20	24

Focus Group Insights

(Focus group participants included county case managers and Minnesota Senior Health Options (MSHO) case managers)

- Elders have a variety of basic and chronic health conditions that are related to both their mental and emotional health status as well as a disconnect between their perspectives on health and health care and the western view of health care. Basic health education, including chronic care management, and mental health services are significant needs.
- Transportation and interpretation services are needed by many elders, especially to ensure they can make their medical appointments and experience effective communication with their health care providers.
- As family members are increasingly needing to work outside the home to make ends meet, they may be less able to provide the support their elder family members need. Respite for family caregivers, such as flexible/drop-in adult day care and in-home respite, is needed. As more elders have fewer or no family members at home with them they are becoming more interested in congregate living arrangements, such as apartments with social opportunities, foster care or assisted living. All services must be delivered in a culturally appropriate manner.