

Demographic and Service Data on Hmong Elders

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

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

Source: Census SF2 files by race

County	Total Population Age 50+	Age 50-64	Age 65-74	Age 75-84	Age 85+
Dakota	41	32	6	2	1
Hennepin	880	589	157	105	29
Ramsey	2036	1270	421	258	87
Total 7-County Metro Area	2957	1891	584	365	117

2004 Total Statewide Population Estimate for All Ages: 65,000

Living Arrangements of Hmong 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	Live alone	36	22	58
	Live with Spouse	581	505	1,086
	Live with Family	775	189	964
	Live with Non-family	0	45	45
	Group Quarters	0	13	13
	Total	1,392	774	2,166
Age 65 Plus	Live alone	0	22	22
	Live with Spouse	54	63	117
	Live with Family	453	175	628
	Live with Non-family	0	31	31
	Group Quarters			
	Total	507	291	798
	Group Quarters	0	13	13
	Total	1,392	774	2,166

Medicaid-Eligible Hmong 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	486	1,082	1684
65 – 74	233	502	821
75 – 84	137	294	486
85 +	51	119	200
Total	907	1,997	3191

**Medicaid-Eligible Hmong 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 of Recipients	27	111	123	59	320

**Hmong Waiver Beneficiaries with Selected ADLs and IADLs
Twin Cities Metro Area, March 2005**

Source: DHS

ADLs – IADLs	Number of Individuals Needing Assistance
Dressing	240
Eating	174
Transferring	155
Walking	97
Toileting	179
Medication Management	265
No Dependencies	18
1 or 2 Dependencies	92
3 or More Dependencies	210
Total	320

**Hmong Medical Assistance Beneficiaries with Selected Chronic Conditions, Twin
Cities Metro Area, March 2005**

Source: MN Department of Human Services

Number of Recipients	All MA: 2,550	Waiver: 313
<i>Chronic Disease</i>	<i>Percent</i>	<i>Percent</i>
Arthritis	15.0	29.1
Alzheimers / Dementia	3.9	8.6
Cancer	2.0	5.1
Cardiovascular Disease (stroke or at high risk of stroke -CVD)	8.3	15.0
Chronic Obstructive Pulmonary Disease (COPD)	11.2	20.4
Congestive Heart Failure	4.9	16.6
Chronic Hypertensive Disease (CHD)	7.8	18.5
Depression	30.3	37.4
Diabetes	25.6	36.1
Parkinsons	0.4	1.0

**Hmong 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	26	287	313
Waiver Services	Recipients Receiving Services	Recipients Receiving Services	Recipients Receiving Services
PERSONAL CARE SERVICES, 15 MIN	17	189	206
SUPERVISION OF PERSONAL CARE ASSISTANT	14	184	198
COMPANION SERVICES - 30 MINUTES	0	0	0
HOME DELIVERED MEAL - 1 MEAL	2	24	26
SKILLED NURSE VISIT	4	89	93
HOME HEALTH AIDE VISIT	0	2	2
RESIDENTIAL CARE SERVICES MONTHLY	0	0	0
ASSISTED LIVING SERVICES MONTHLY	0	1	1
ASSISTED LIVING PLUS	0	1	1
FOSTER CARE-CORPORATE	0	0	0
FOSTER CARE ONE MONTH	0	0	0
EXT HOME HEALTH MED SUPP/EQUIP	11	32	43
HOMEMAKER ONE DAY	0	1	1
ADULT DAY CARE 30 MINUTES	11	82	93
ADULT DAY CARE ONE DAY	9	5	14
EXTEND PERSONAL CARE, 15 MINUTES	0	4	4
PERSONAL CARE - 15 MINUTES	16	199	215
EXTENDED HOME HEALTH AIDE, 15 MIN	0	0	0
HOMEMAKER SERVICE, 15 MIN	1	10	11

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. There are significant differences 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.
- Because adult children and in-laws need to work outside the home to support the family, they may be less able to provide all of 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. Some elders that have fewer or no family members at home with them 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.