

# Demographic and Service Data on Korean Elders

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

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## Age Cohorts of Korean 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	15	7	6	2	0
Carver County	10	8	2	0	0
Dakota County	105	73	20	12	0
Hennepin County	625	473	92	49	11
Ramsey County	117	68	22	20	7
Scott County	16	14	2	0	0
Total 7-County Metro Area	888	643	144	83	18

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

Source: Census SF2 files by race

Age Group			Above or Below Poverty		Total
			Above Poverty	Below Poverty	
Age 50-64	Living Arrangements	Live alone	0	0	0
		Live with Spouse	181	0	181
		Live with Family	76	0	76
		Live with Non-family	14	0	14
	<b>50-64 Total</b>		<b>271</b>	<b>0</b>	<b>271</b>
Age 65 Plus	Living Arrangements	Live alone	23	81	104
		Live with Spouse	72	0	72
		Live with Family	68	0	68
		Live with Non-family	0	0	0
	<b>65+ Total</b>		<b>163</b>	<b>81</b>	<b>244</b>

## Medicaid-Eligible Korean 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	3	0	5
65 - 74	10	0	13
75 - 84	13	0	15
85 +	7	0	8
<b>Total</b>	<b>33</b>	<b>0</b>	<b>41</b>

**Medicaid-Eligible Korean 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	0	1	3	3	7

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

Source: DHS

ADLs - IADLs	Number of Individuals Needing Assistance
Dressing	1
Eating	6
Transferring	1
Walking	2
Toileting	3
Medication Management	4
No Dependencies	0
1 or 2 Dependencies	5
3 or More Dependencies	2
<b>Total</b>	<b>7</b>

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

Source: MN Department of Human Services

Number of Recipients	Total MA: 24	Waiver: 7
<b>Chronic Disease</b>	<b>Percent</b>	<b>Percent</b>
Arthritis	12.5	14.3
Alzheimers / Dementia	4.2	14.3
Cancer	.0	14.3
Cardiovascular Disease (stroke or at high risk of stroke -CVD)	20.8	14.3
Chronic Obstructive Pulmonary Disease (COPD)	16.7	14.3
Congestive Heart Failure	4.2	28.6
Chronic Hypertensive Disease (CHD)	16.7	14.3
Depression	12.5	28.6
Diabetes	20.8	57.1
Parkinsons	4.2	0

**Korean Elder Waiver Beneficiaries Receiving Selected Services  
Twin Cities Metro Area, March 2005  
Source: MN Department of Human Services**

<b>Age Group</b>	<b>50 - 64</b>	<b>65 +</b>	<b>Totals</b>
<b>Number of Recipients</b>	<b>0</b>	<b>7</b>	<b>7</b>
<b>Waiver Services</b>	<b>Recipients Receiving Services</b>	<b>Recipients Receiving Services</b>	<b>Recipients Receiving Services</b>
PERSONAL CARE SERVICES, 15 MIN	0	0	0
SUPERVISION OF PERSONAL CARE ASSISTANT	0	0	0
COMPANION SERVICES - 30 MINUTES	0	0	0
HOME DELIVERED MEAL - 1 MEAL	0	2	2
SKILLED NURSE VISIT	0	3	3
HOME HEALTH AIDE VISIT	0	0	0
RESIDENTIAL CARE SERVICES MONTHLY	0	0	0
ASSISTED LIVING SERVICES MONTHLY	0	2	2
ASSISTED LIVING PLUS	0	5	5
FOSTER CARE-CORPORATE	0	0	0
FOSTER CARE ONE MONTH	0	0	0
EXT HOME HEALTH MED SUPP/EQUIP	0	6	6
HOMEMAKER ONE DAY	0	0	0
ADULT DAY CARE 30 MINUTES	0	0	0
ADULT DAY CARE ONE DAY	0	0	0
EXTEND PERSONAL CARE, 15 MINUTES	0	0	0
PERSONAL CARE - 15 MINUTES	0	0	0
EXTENDED HOME HEALTH AIDE, 15 MIN	0	0	0
HOMEMAKER SERVICE, 15 MIN	0	0	0

**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.