

Demographic and Service Data on Lao Elders

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

Age Cohorts of Lao Elders by County

Twin Cities Metro Area, 2000

Source: Census SF2 files by race

County	Total Age 50+	50-64	65-74	75-84	Age 85 +
Anoka County	95	73	14	6	2
Carver County	4	3	0	1	0
Dakota County	77	65	9	2	1
Hennepin County	461	306	86	55	14
Ramsey County	145	118	18	6	3
Scott County	16	11	3	2	0
Washington County	67	54	9	0	4
Total 7-County Metro Area	865	630	139	72	22

2004 Total Statewide Population Estimate for All Ages: 13,000

Living Arrangements of Lao 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 with Spouse	300	0	300
		Live with Family	116	54	170
		Live with Non-family	54	23	77
		Group Quarters	0	16	16
	Total	470	93	563	
Age 65 +	Living Arrangements	Live with Spouse	0	27	27
		Live with Family	45	27	72
		Live with Non-family	0	0	0
		Group Quarters	0	0	0
	Total	45	54	99	

Medicaid-Eligible Lao 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	136	25	193
65 - 74	71	21	129
75 - 84	43	21	86
85 +	17	6	24
Total	267	73	433

Medicaid-Eligible Lao 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
Number of Recipients	2	9	17	6	34

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

Source: DHS

ADLs - IADLs	Number of Individuals Needing Assistance
Dressing	21
Eating	16
Transferring	15
Walking	9
Toileting	12
Medication Management	27
No Dependencies	4
1 or 2 Dependencies	13
3 or More Dependencies	17
Total	34

**Lao 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: 370	Waiver: 34
Chronic Disease	Percent	Percent
Arthritis	17.6	26.5
Alzheimers / Dementia	2.7	17.6
Cancer	2.4	2.9
Cardiovascular Disease (stroke or at high risk of stroke -CVD)	8.6	11.8
Chronic Obstructive Pulmonary Disease (COPD)	12.4	20.6
Congestive Heart Failure	6.5	20.6
Chronic Hypertensive Disease (CHD)	10.0	29.4
Depression	29.7	35.3
Diabetes	36.2	47.1
Parkinsons	.3	5.9

**Lao 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	2	32	34
Waiver Services	Recipients Receiving Services	Recipients Receiving Services	Recipients Receiving Services
PERSONAL CARE SERVICES, 15 MIN	1	15	16
SUPERVISION OF PERSONAL CARE ASSISTANT	0	12	12
COMPANION SERVICES - 30 MINUTES	0	0	0
HOME DELIVERED MEAL - 1 MEAL	0	1	1
SKILLED NURSE VISIT	0	9	9
HOME HEALTH AIDE VISIT	0	2	2
RESIDENTIAL CARE SERVICES MONTHLY	0	0	0
ASSISTED LIVING SERVICES MONTHLY	0	0	0
ASSISTED LIVING PLUS	0	0	0
FOSTER CARE-CORPORATE	0	0	0
FOSTER CARE ONE MONTH	0	0	0
EXT HOME HEALTH MED SUPP/EQUIP	1	3	4
HOMEMAKER ONE DAY	0	0	0
ADULT DAY CARE 30 MINUTES	1	12	13
ADULT DAY CARE ONE DAY	0	0	0
EXTEND PERSONAL CARE, 15 MINUTES	0	0	0
PERSONAL CARE - 15 MINUTES	1	14	15
EXTENDED HOME HEALTH AIDE, 15 MIN	0	0	0
HOMEMAKER SERVICE, 15 MIN	0	2	2

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.