

# Demographic and Service Data on Somali 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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**2004 Total Statewide Somali Population Estimate for All Ages: 25,000**

## Medicaid-Eligible Somali Elders in the Twin Cities Metro Area, February 2005

Source: DHS

	Anoka County	Carver County	Dakota County	Hennepin County	Ramsey County	Scott County	Washington County	Total
50 - 64	16	3	21	409	79	3	0	531
65 - 74	6	0	12	428	49	1	1	497
75 - 84	2	1	2	115	12	0	0	132
85 +	0	0	1	15	1	0	0	17
<b>Total</b>	<b>24</b>	<b>4</b>	<b>36</b>	<b>967</b>	<b>141</b>	<b>5</b>	<b>1</b>	<b>1,178</b>

## Medicaid-Eligible Somali 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	4	36	18	1	59

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

Source: DHS

ADLs - IADLs	Number of Individuals Needing Assistance
Dressing	43
Eating	23
Transferring	35
Walking	17
Toileting	39
Medication Management	53
No Dependencies	5
1 or 2 Dependencies	13
3 or More Dependencies	41
<b>Total</b>	<b>59</b>

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

Source: MN Department of Human Services

<b>Number of Recipients</b>	<b>Total MA: 904</b>	<b>Waiver: 52</b>
<b>Chronic Disease</b>	<b>Percent</b>	<b>Percent</b>
Arthritis	372	615
Alzheimers / Dementia	69	154
Cancer	34	19
Cardiovascular Disease (stroke or at high risk of stroke -CVD)	65	96
Chronic Obstructive Pulmonary Disease (COPD)	149	308
Congestive Heart Failure	46	115
Chronic Hypertensive Disease (CHD)	117	96
Depression	293	231
Diabetes	260	327
Parkinsons	6	19

**Somali 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>Total</b>
<b>Number of Recipients</b>	<b>4</b>	<b>48</b>	<b>52</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	3	41	44
SUPERVISION OF PERSONAL CARE ASSISTANT	3	25	28
COMPANION SERVICES - 30 MINUTES	0	1	1
HOME DELIVERED MEAL - 1 MEAL	2	3	5
SKILLED NURSE VISIT	0	6	6
HOME HEALTH AIDE VISIT	0	0	0
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	6	7
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	1	2	3
PERSONAL CARE - 15 MINUTES	3	17	20
EXTENDED HOME HEALTH AIDE, 15 MIN	0	0	0
HOMEMAKER SERVICE, 15 MIN	1	7	8

## **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.