

# Demographic and Service Data on Vietnamese 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 Vietnamese 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	150	116	20	13	1
Carver County	18	14	4	0	0
Dakota County	241	177	45	17	2
Hennepin County	1449	1065	275	92	17
Ramsey County	707	497	152	40	18
Scott County	49	33	10	5	1
Washington County	58	44	8	6	0
Total, Counties Shown**	2672	1946	514	173	39

2004 Total Statewide Population Estimate for All Ages: 25,000

## Living Arrangements of Vietnamese 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	67	23	90
		Live with Spouse	1,314	49	1,363
		Live with Family	477	68	545
	<b>Total</b>		<b>1,858</b>	<b>140</b>	<b>1,998</b>
Age 65 Plus	Living Arrangements	Live alone	0	77	77
		Live with Spouse	198	18	216
		Live with Family	408	0	408
	<b>Total</b>		<b>606</b>	<b>95</b>	<b>701</b>

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

Source: DHS

Age Group	Hennepin County	Ramsey County	7-County Total
50 - 64	113	95	254
65 - 74	247	114	431
75 - 84	100	63	205
85 +	25	11	50
<b>Total</b>	<b>485</b>	<b>283</b>	<b>947</b>

**Medicaid-Eligible Vietnamese 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	2	42	28	20	92

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

Source: DHS

ADLs - IADLs	Number of Individuals Needing Assistance
Dressing	54
Eating	52
Transferring	27
Walking	20
Toileting	39
Medication Management	71
No Dependencies	10
1 or 2 Dependencies	28
3 or More Dependencies	54
<b>Total</b>	<b>92</b>

**Vietnamese 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: 811	Waiver: 92
<b>Chronic Disease</b>	<b>Percent</b>	<b>Percent</b>
Arthritis	17.9	35.9
Alzheimers / Dementia	4.7	13.0
Cancer	5.9	12.0
Cardiovascular Disease (stroke or at high risk of stroke -CVD)	7.0	17.4
Chronic Obstructive Pulmonary Disease (COPD)	11.5	18.5
Congestive Heart Failure	3.9	9.8
Chronic Hypertensive Disease (CHD)	12.5	17.4
Depression	18.7	27.2
Diabetes	28.7	35.9
Parkinsons	.9	3.3

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

Source: MN Department of Human Services

Age Group	50 - 64	65 +	Total
<b>Number of Recipients</b>	<b>2</b>	<b>90</b>	<b>92</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	1	32	33
SUPERVISION OF PERSONAL CARE ASSISTANT	1	30	31
COMPANION SERVICES - 30 MINUTES	0	0	0
HOME DELIVERED MEAL - 1 MEAL	1	26	27
SKILLED NURSE VISIT	2	18	20
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	1
FOSTER CARE-CORPORATE	0	0	0
FOSTER CARE ONE MONTH	0	1	1
EXT HOME HEALTH MED SUPP/EQUIP	2	28	30
HOMEMAKER ONE DAY	0	3	3
ADULT DAY CARE 30 MINUTES	0	1	1
ADULT DAY CARE ONE DAY	0	0	0
EXTENDED PERSONAL CARE, 15 MINUTES	0	1	1
PERSONAL CARE - 15 MINUTES	1	19	20
EXTENDED HOME HEALTH AIDE, 15 MIN	0	0	0
HOMEMAKER SERVICE, 15 MIN	1	15	16

**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.