

**Sustaining Minority Elders in Their Communities
Hispanic Elders in the Twin Cities:
A Community Needs Assessment
2006**

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For further information about Hispanic elder services

Contact Gaoly Yang at MAAA by phone 651-917-4603 or email Gaoly@tcaging.org for further information on these Hispanic-specific elder services:

- Home health services including Personal Care Attendants (PCAs)
- Adult day programs
- Assisted living programs
- Adult foster care
- Meals on wheels

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Introduction

As part of the Metropolitan Area Agency on Aging (MAAA)'s *Sustaining Minority Elders in Their Communities project*, Comunidades Latinas Unidas En Servicio (CLUES) staff worked with the MAAA and Malone Consulting to conduct a needs assessment of the Hispanic elder community related to long-term care services. CLUES received funding from the MAAA to assess the Hispanic community's needs to serve frail elders through focus groups with elders and key informant interviews. MAAA staff conducted focus groups with care coordinators to assess their views about services among the Hispanic elder population. The MAAA also provided data from the 2000 Census and state Medical Assistance (MA) beneficiary records for Hispanic elder program participants. Malone Consulting analyzed this data to provide a general indication of the potential need for long-term care services.

The *goal* of the "Sustaining Minority Elders in Their Communities" project is to develop new high quality services for elders that respect and honor different cultures and the family role in caring for elders.

This assessment:

1. Addresses the current and future needs of Hispanic elders for home- and community-based, culturally specific services
2. Examines the likelihood that Hispanic elders will use non-family care
3. Identifies potential opportunities to enhance support of Hispanic elders within the Hispanic community.

Methodology

Staff of CLUES' Elder Services Program worked with a consultant to identify an initial list of possible service options for CLUES to explore. Staff then identified key stakeholder groups to contact for input. Those groups included:

- Elders in the Elders Service Program
30 Elders were interviewed during a Mother's Day lunch at Old Country Buffet. To complete the interviews, four people conducted the interviews, two consultants and two non-Elder Program staff. All interviews were conducted in Spanish (unless the elder preferred English or a combination of Spanish/English).
- Families of Elders
6 family interviews were completed. At the end of their interviews, elders were asked if they were comfortable having their families and/or caregivers interviewed. Fifteen elders provided names of people to contact.
- Case Managers
The MAAA staff conducted focus groups with **29 case managers** from the following agencies: 14 - Ramsey County; 4 - Hennepin County; and, 11 MSHO case managers groups divided in two groups. (MSHO is Minnesota Senior Health Options, a managed care product provided by several health plans.) Staff asked the case managers to identify the long-term care needs of the elders, current services available, and any service gaps.

- External community stakeholders, including funders and partners. 10 responded to 15 surveys sent out to community stakeholder via email.
- CLUES staff
15 electronic surveys complete by CLUES staff. The surveys were similar to the external stakeholder surveys, with the differences being questions on services offered by the Elder Program and services the elders need.

The case managers of the MSHO product work closely with elders who receive publicly-funded services under the *Elderly Waive (EW)* program. Waiver programs provide Medical Assistance (MA) funded home and community-based services to elders at risk for nursing home level of care. Counties are responsible for purchasing services for elders under the age of 64 eligible for the Community Assistance for Disability Individuals (CAD) programs as well as for elders 65+ for the Elderly Waiver (EW) and Alternate Care (AC) programs. MNSHO healthplans case managers are responsible for purchasing services for elders eligible for the EW program.

The information gleaned from the interviews and focus groups was augmented by Malone Consulting with an analysis of data from the 2000 Census and MN Department of Human Services' (DHS) data about Hispanic Medical Assistance (MA) beneficiaries. There are significant limitations to the Census data that result in an undercounting of the Hispanic elder population.

Malone Consulting, Inc. analyzed the elder and key informant interviews and case manager focus groups as well as some of the data pieces. The MAAA staff incorporated the remaining data pieces and additional focus group input to create this final report. A conclusion section was added to highlight the major findings from all of the sources regarding the current and future need for long-term care services of the Hispanic elder population.

Population Characteristics

The following section highlights demographic information related to the overall elderly Hispanic American population in Twin Cities metropolitan area. This information is provided to give an indication of the potential need for publicly funded long-term care services. The data should be used to identify general proportions of the elderly population that may be at risk for long-term care services.

The primary source of this information is the 2000 Census. The majority of the data was pulled from the Census Public Use SF2 Files. The SF2 information is only available for Census tracts in which there are at least 100 persons of the specified subcategories, e.g., racial/ethnic group. As a result, these numbers should be considered the minimum likely number of individuals in any given table. The remaining Census tables display data from the Census Public Use Micro Sample (PUMS) data files. These numbers are based on population areas that have at least 100,000 residents. These numbers may not exactly match the SF2 numbers because they are based on a selection of five percent of all household forms returned to the Census and also often under-represent in smaller population groups.

Additional information is presented from the DHS records of Medical Assistance (MA) beneficiaries in March 2005. The information is provided for those Hispanic elders who were receiving MA services in March 2005.

Demographics

Age category. According to the Census, 7,776 Hispanic elders live in the Twin Cities metro area. Of these, 26 percent speak Spanish. The Hispanic elder population is relatively young with a majority (74 percent) between the ages of 50-64. The Spanish-speaking Hispanic elder population is a little older than the overall Hispanic elder population. The total Hispanic population has more elders age 65-74 at 14 percent than age 75 and older at 11 percent. The Spanish-speaking population had just seven percent age 65-74 but 18 percent who are 75 years of age or older.

Table 1: Community-Dwelling Hispanic Elders by age, 7-County Metro Area

Age Category	Total Population	Spanish-Speaking Only
Aged 50-64	5784	1509
Aged 65-74	1105	144
Aged 75-84	647	256
Aged 85+	240	95
All aged 50+	7,776	2,004

Source: Census 2000, SF2 files for total population, PUMS files for language spoken

Age group and county. Table 2 provides a breakdown of the Hispanic elder population by age and county of residence. Hennepin County has the largest Hispanic elder population at 2,831 individuals, followed closely by Ramsey County at 2,411. Dakota County has the third-largest Hispanic elder population at 820 and Anoka County has the smallest Hispanic elder population in the Twin Cities metro area at 369. Notably, the Hispanic population in Hennepin County is relatively younger than the population in the other three counties with a greater proportion between the ages of 50 and 64.

Table 2: Elderly Hispanics by age group, 7-County Metro Area and selected counties

County	Total Population Age 50+	Age 50-64	Age 65-74	Age 75-84	Age 85+
Anoka	369	259	66	32	12
Dakota	820	584	143	66	27
Hennepin	2831	2067	459	223	82
Ramsey	2411	1634	501	220	56
Total 7-Cty Metro Area	6431	4544	1169	541	177

Source: Census 2000, SF2 files

Poverty status and language spoken. A higher percentage of Spanish-speaking Hispanic elders live in households at or below the poverty level than in the overall Hispanic elder population. The percentage of individuals living in households at or below poverty level was 14 percent in the total Hispanic population ages 50-64 and 21 percent for those age 65+. In contrast, 27 percent of the Spanish-speaking population ages 50-64 and 23 percent of those ages 65+ live in households at or below poverty level. Income information in the Census is based on the income of the total household,

not the individual's income. Thus, the actual number of Hispanic elders who are living below poverty level based on their own individual income is likely much higher than the numbers shown in this table.

Table 3: Number and percentage of Hispanic elders 50+ by age, poverty status and language spoken, 7-County Metro Area

	All Hispanics			Spanish-Speakers		
	Above Poverty	Below Poverty	Total	Above Poverty	Below Poverty	Total
Age 50-64	5096 (86%)	827 (14%)	5923 (100%)	1149 (73%)	428 (27%)	1577 (100%)
Age 65+	1573 (79%)	419 (21%)	1992 (100%)	382 (77%)	113 (23%)	495 (100%)

Source: Census 2000, PUMS data.

Poverty status of those living with others versus those living alone (Census).

According to the Census, 14 percent of the Hispanic elder population lives alone. Of these individuals, 27 percent (307) live below poverty level. The majority of Hispanic elders live with others (86 percent). A smaller percentage of this group lives below poverty level at 12 percent. Close to 90 percent of the Spanish-speaking Hispanic population 50+ live with others. A greater proportion of this group (21 percent) lives below poverty level as compared to the overall population (12 percent). A total of 199 Spanish-speaking Hispanic elders live alone; 43 percent live below poverty level.

Table 4: Living arrangements for Hispanic elders by poverty status and language spoken, 7-County Metro Area

	Total Population		Spanish-Speakers	
	Above Poverty	Below Poverty	Above Poverty	Below Poverty
<i>Live Alone</i>				
Age 50-64	475	140	72	0
Age 65-74	175	45	0	0
Age 75-84	163	36	41	36
Age 85+	0	86	0	50
<i>Live with Others</i>				
Age 50-64	4591	558	1077	360
Age 65-74	687	198	117	27
Age 75-84	421	27	179	0
Age 85+	127	27	45	0

Source: Census 2000, PUMS data.

MA beneficiaries. According to the MA beneficiary records, there were 420 Spanish-speaking Hispanic adults in the Twin Cities metropolitan area who received Medical Assistance (MA) services in March 2005. The majority of these individuals are between the ages of 50 and 74. An almost equal number of Spanish-speaking MA beneficiaries live in Hennepin (161) and Ramsey (168) counties. A total of 42 beneficiaries live in Dakota County.

Table 5: Spanish-speaking MA beneficiaries by age group for total 7-County Metro Area and selected counties, March 2005

Age Categories	7-County Metro Total	Hennepin	Ramsey	Dakota
50-64	160	66	62	12
65-74	167	62	62	20
75-84	69	27	25	8
85+	21	5	12	2
Total	420	161	168	42

Source: DHS Data Warehouse

English-speaking MA beneficiary by age and county. As of March 2005, there were 321 English-speaking Hispanic adults in the Twin Cities metropolitan area who received Medical Assistance (MA) services. Just over half of these individuals are between the ages of 50 and 64. Ramsey County has the highest number of English-speaking Hispanic MA beneficiaries with 168, followed by Hennepin County (103). A total of 25 beneficiaries live in Dakota County.

Table 6: English-speaking MA beneficiaries by age group for total 7-County Metro area and selected counties, March 2005

Age Categories	7-County Metro Total	Hennepin	Ramsey	Dakota
50-64	174	51	96	14
65-74	94	30	52	5
75-84	39	18	15	4
85+	14	4	5	2
Total	321	103	168	25

Source: DHS Data Warehouse

Comparison of Spanish and English speaking waiver beneficiaries. Table 7 compares the total number of Hispanic waiver beneficiaries in March 2005 with those who had 12 or more months of continuous eligibility during the study period. There were a greater proportion of Spanish-speaking Hispanic beneficiaries as compared to English-speaking beneficiaries.

Table 7: Hispanic MA waiver beneficiaries by language spoken during March 2005 and those with 12 or more months of continuous eligibility as of March 2005

	Spanish-speaking	English-speaking	Total
Number of waiver-eligible beneficiaries with at least 12 months of eligibility	65	47	112
Waiver-eligible MA beneficiaries during March 2005	93	44	137

Source: DHS Data Warehouse

Differences in data: Census and Medical Assistance. It is important to note the significant differences in the data from the Census and Medical Assistance records regarding the Hispanic elder population living below the poverty level. The Census identifies a total of 1,246 Hispanic elders living below the poverty level. However, the MA records indicate a total of 741 Hispanic elder beneficiaries who were living below the poverty level. This could mean that there are elders who are unaware of their eligibility for MA. Some of those living below poverty may not be U.S. citizens and are therefore ineligible for MA services.

Health and Functional Characteristics

The following section provides information regarding the health and functional status of Hispanic elders age 50 and older. As with the data in the previous section, the Census Bureau information is likely undercounting those individuals who have a disability of some type since it is based on a five percent (5%) selection of the forms actually returned to the Census Bureau in 2000. Additional information is presented from DHS records of MA beneficiaries in March 2005. It provides an indication of the potential need for additional services in the future for this population, especially for those in the 50-64 age group. In addition, a comparison of the two data sources might identify a group of Hispanic elders for whom MA services may be beneficial today.

Number of individuals reporting disabilities. According to the Census, twenty-five percent (25%) of the Hispanic elder population reported having any disability. Approximately 23 percent (23%) of the Spanish-speaking Hispanic elder population reported having any disability. Individuals reporting “any disability” may be currently using long-term care services or are likely to be at a higher risk of needing these services than the general population.

Just under five percent (5%) of the total Hispanic population reported having a self-care disability. A slightly lower percentage of Spanish-speaking Hispanic elders reported having a self-care disability at two percent (2%). Those reporting a “self-care disability” are highly likely to require long-term care services. The definition for self-care disability is similar to the ADL (Activities of Daily Living) and IADL (Instrumental Activities of Daily Living) categories of need for human assistance that are described in more depth below.

Table 8: Hispanic elders reporting any disability by age and language spoken

	Any disability-Yes	Any disability- No	Total
<i>All Hispanics</i>			
Age 50-64	1179	4744	5923
Age 65+	811	1181	1992
Total, age 50+	1990	5923	7915
<i>Spanish-Speaking</i>			
Age 50-64	212	1365	1577
Age 65+	263	232	495
Total, age 50+	475	1597	2072

Source: Census 2000, PUMS data. Population: those for whom disability questions were answered.

Table 9: Hispanic elders reporting self-care disability, by age and language spoken

	Self-care disability-Yes	Self-care disability- No	Total
<i>All Hispanics</i>			
Age 50-64	184	5739	5923
Age 65+	107	1885	1992
Total, age 50+	291	7624	7915
<i>Spanish-Speaking</i>			
Age 50-64	47	1530	1577
Age 65+	0	495	495
Total, age 50+	47	2025	2072

Source: Census 2000, PUMS data. Population: those for whom disability questions were answered.

Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL).

ADLs and IADLs are commonly used to describe activities for which an individual needs help from another person on a daily basis whether they continue living in the community or reside in a nursing home or assisted living facility. ADLs include bathing, dressing, eating and using the toilet. IADLs include such things as using the telephone, buying groceries, cooking for oneself, and managing one’s own medications correctly.

Percentages of MA waiver-eligible Hispanic elders age 50+ with selected IADL/ADL needs are shown in Table 10. Due to the small number of Hispanic waiver beneficiaries, these numbers should be used with caution. The Spanish-speaking and English-speaking Hispanic 50+ populations have similar proportions of individuals needing highly intensive assistance with three or more ADL/IADLs at 45 percent. The most common need for assistance in both populations is medication management followed by dressing for the Spanish-speaking population and toileting by the English-speaking population.

Table 10: Percentage of Hispanic MA Waiver clients needing ADL/IADL Assistance

ADL/IADL need	Spanish-Speaking	English-Speaking
Number of waiver beneficiaries	66	49
Medication management	83% (55 people)	76% (37 people)
Dressing	48% (32 people)	41% (20 people)
Toileting	24% (16 people)	51% (25 people)
Waiver recipients with zero of selected** ADL/IADL needs	12%	10%
Waiver recipients with 1 or 2 of selected** ADL/IADL needs	42%	45%
Waiver recipients with 3 or more of selected** ADL/IADL needs	45%	45%

Source: DHS Data Warehouse

*for MA Clients having 12 months of Eligibility in Study Period, 1-1-04 to 3-30-05

** Selected ADL/IADL needs include Medication Management, Dressing, Eating, Transferring from Bed to Chair or getting in and out of chair; Toileting, Walking 50 or more feet indoors.

Chronic conditions. Table 11 highlights the prevalence of chronic conditions typically linked to long-term care. Diabetes and depression affect a very large proportion of the Hispanic MA population. Alzheimer’s Disease/dementia, CVD (stroke) and COPD (breathing complications) also affect a significant segment of this population.

The percentage of Hispanic Spanish-speaking elders with Alzheimer’s Disease/dementia is significantly higher in the waiver population as compared to the overall MA population. The other chronic conditions are somewhat higher in prevalence in the waiver population. The percentage of Hispanic English-speaking elders with Alzheimer’s Disease/Dementia and CVD (stroke) are also significantly higher in the waiver population as compared to the overall MA population. In contrast, the percentage of Hispanic English-speaking elders with depression is slightly lower in the waiver population as compared to the overall MA population.

Because waiver beneficiaries need a higher level of care than those in the general MA population and chronic conditions are progressive, it is likely only those individuals in the later stages of these conditions are eligible for waiver services. In contrast, the higher rate of depression in the overall MA population of English-speaking Hispanic elders may be an indication of an increasing prevalence of this condition.

The prevalence of these chronic conditions provides an indication of need for regular monitoring by a registered nurse as well as other support provided through the waiver program. For example, insulin-dependent elders may require registered nurse supervision for injections, and, therefore, need the services of a licensed home health agency, one of the services on the Elderly Waiver menu.

Table 11: Percentage of Hispanic elders with selected diagnoses within the total community MA population and for those who also receive MA Waiver services, by language spoken

Disease	Spanish-speaking		English-speaking	
	All Community MA Beneficiaries	MA Waiver Population	All Community MA Beneficiaries	MA Waiver Population
Alzheimer’s/dementia	3.3%	18.5%	3.7%	27.7%
COPD (chronic obstructive pulmonary disease)	11.3%	15.4%	16.8%	21.3%
CVD (cardio-vascular disease)	9.7%	16.9%	9.4%	25.5%
Diabetes	41.0%	53.8%	45.1%	57.4%
Depression	34.0%	44.6%	41.0%	38.3%

Source: DHS Data Warehouse

Differences in Data: Census and Medical Assistance. According to the Census, 338 Hispanic elders 50+ reported having a self-care disability. A person with this level of disability would very likely require the level of assistance that is available through the MA waiver program. However, 115 Hispanic elders were receiving MA waiver services in March 2005. The difference in these numbers may point to additional individuals for whom waiver services would be beneficial.

Findings from Interviews and Focus Groups

Families of Elders. Six family interviews were completed. Family member interviewees identified the following “day to day issues” with which their elder has difficulty:

- Transportation to necessary places (groceries or doctor) and “nice” places (i.e., social visits, sightseeing);
- Cannot walk much or far;
- Loneliness;
- Recent Alzheimer’s diagnosis;
- Not enough financial resources;
- Cooking (mentioned only as related to a male elder whose wife died); and
- Failing health.

Case Managers. The MAAA staff conducted focus groups with a total of 29 case managers from the following agencies: 14 - Ramsey County; 4 - Hennepin County; and, 11 MSHO case managers groups divided in two groups. The case manager focus group participants noted the following health and functional characteristics of the elders they see:

- Many elders have basic health needs including vision loss, hearing loss, diabetes medication issues. Often there is no follow-up to a presenting problem; as a result, a crisis develops.
- A lot of “Case Mix A” needs among those elders who are most able to “do for themselves.” The presenting issues are often mental-health related. The focus group participants noted high levels of depression, diagnosed and undiagnosed, and post-traumatic stress syndrome. Chronic pain, weakness, and dizziness are prevalent.
- Health care clinics have difficulty assisting Spanish-speaking elders correctly use medications. Labels are printed in English, and no medication administration education is available in Spanish.

Current Service Utilization

The data below illustrate the characteristics of Hispanic elders who receive long-term care services from a publicly-funded source. As shown in Table 12, the most frequently utilized service by Hispanic waiver beneficiaries was medical supplies and equipment. This is followed by a cluster of services used with similar frequency and includes home delivered meals, adult day center services, personal care assistance, and skilled nurse visit. All Spanish-speaking 50-64 year old beneficiaries utilized personal care assistance and most had at least one skilled nurse visit. The most frequently used services by Spanish-speaking 65+ beneficiaries were medical supplies/equipment and adult day services.

For the English-speaking Hispanic population, the most frequently utilized service was medical supplies and equipment. This was followed by personal care assistance and home delivered meals for the 65+ population. The next most frequently used services for the 50-64 year olds included home delivered meals, skilled nurse visit, and assisted living plus.

Table 12: Hispanic MA waiver beneficiaries receiving selected services, by age and language spoken, January 2004-March 2005, 7-County Metro Area

Waiver Services	Total	Spanish-Speaking		English-Speaking	
	All age 50+ (CADI + EW)	Age 50- 64 (CADI)	Age 65+ (EW)	Age 50-64 (CADI)	Age 65+ (EW)
Total Eligible	112	7	58	10	37
Personal Care Assistance (PCA)	34	7	11	1	15
Home delivered meals	39	1	19	4	15
Skilled Nurse Visit	30	4	12	4	10
Home Health Aide visit	6	0	2	0	4
Assisted Living Plus & other residential (e.g., foster care)	19	2	9	4	4
Med Supp/Equipment	54	1	25	6	22
Adult Day Center Services	36	0	28	1	7
Homemaker Service	25	1	11	3	10

Source: DHS Data Warehouse

Findings from Interviews

Elder interviews. The Hispanic elder interviewees reported participating in the CLUES Elder Program five to twenty years. The services they reported receiving from CLUES include participation in social activities, transportation to medical appointments and other outings, and assistance with translation and paperwork. Of the 30 Hispanic elders interviewed, over half lived alone although some have family in the area. The remaining individuals live with their families.

Family interviews. The family member interviewees reported that they provide transportation, companionship, interpretation, assistance with accessing services, and help around the house to their elder family member.

Case manager interviews. Case manager interviewees identified the following available services that are culturally specific for Hispanic elders.

- One home care agency has Spanish-speaking homemakers;
- An adult day center at CLUES with Spanish-speaking staff; and
- Two adult day centers in Minneapolis with limited Spanish-speaking staff.

Service Gaps

Elder interviews. Elders reported they currently need more assistance with household chores, transportation, socialization opportunities and accessing health and mental health care services. The elders noted they may need more assistance in the future with these activities.

Family interviews. The family member interviewees indicated needs for assistance with household chores, interpretation and paperwork assistance, extended adult day care, and socialization/companionship opportunities.

Case manager interviews. Case managers noted there is a lack of bi-cultural and bi-lingual staff and culturally-specific services for Spanish-speaking Hispanic elders – from homemakers through assisted living services. The case managers also noted nurses do not come with an interpreter because the county does not reimburse for interpreters except during the initial assessment. Home care providers often send nurses who:

- Do not speak the client’s language; do not come with a translator
- Do not have an appreciation or receive training in cultural differences/diversity
- Approach the client as though they are American-born;
- Assume the elder understands English, written instructions, and basic health concepts, e.g. taking medication.

Some providers (doctors, home health nurses, home health aides, and dialysis treatment centers) do not have interpreters on hand to explain medications and other aspects about the visit or treatment. Subsequently, elders do not understand and disregard the medications, do not return to the doctors, and do not follow the doctor’s instructions.

Staff and stakeholder interviewees. This group identified the following issues as those most important for families to ensure their elders receive needed care.

Issue	Percent of Respondents
Medical/Dental/Mental Health Services	91%
Transportation	77%
Social and physical activities	68%
Meals – shopping and cooking	59%
Household chores	55%
Respite care	36%
Cultural programs	36%
24-hour care	32%
Volunteer opportunities	18%

Conclusion

The data gathered for this report provides insight into service needs, service utilization, and cultural considerations for serving Hispanic elders in any future service development. The following summary highlights these insights while noting the limitations of the data for making definitive statements of demand or need for any specific service.

Insights from Medical Assistance (MA) and Census Data

A significant portion of this report highlights data related to the service needs and utilization characteristics of the Hispanic elder population from the Census and Medical Assistance records. This data is useful as a basis for service development planning but significant limitations exist. The most significant limitation related to the Hispanic elder population relates to the number of individuals living below poverty. The Census identifies a total of 1,246 Hispanic elders (50+) living below poverty.

However, the MA records identify a total of 741 Hispanic elders living below poverty and receiving MA benefits. The difference may be due to some low-income elders not being aware of MA benefits, or there may be others who are not U.S. citizens and, therefore, are not eligible for MA coverage. The data also shows only 15% of elders on MA

receive elderly waiver services (112 of 741). This may be due to the relative youth of the Hispanic elder population who may not have as much need for long-term care. While Census data shows that 291 elders report a self-care disability that could indicate a need for long-term care services, without knowing poverty status, the data can only be used to estimate potential need, not eligibility for public-pay programs.

Despite these limitations, initial conclusions can be made regarding the current and future service needs and utilization of the Hispanic elder population in the metro area.

They are:

- There are significant differences in need for publicly-funded services between the Spanish-speaking Hispanic elders and the English-speaking elders. Those who are Spanish-speaking are more likely to have low incomes, more likely to live with others, more likely to be older, and more likely to receive waiver services.
- More specifically, the younger Spanish-speaking elders used personal care assistants. The older Spanish-speaking elders used adult day care. The younger English-speaking elders used medical supplies/equipment and assisted living. The older English-speaking elders used medical supplies/equipment, personal care assistants, and home delivered meals.

Insights from Interviews and Surveys

Transportation continues to be a large unmet need for elders, as is quality interpretation and translation related to healthcare and maintaining eligibility to public benefits. While there are some culturally appropriate services, case managers reported gaps in the full range of community services for frail Spanish-speaking elders. Both elders and case managers placed high value on opportunities for social connections. Case managers recognized their importance in mitigating depression and improving general health and well-being. The high prevalence of diabetes among Hispanic elders points to the need for culturally-competent home health care and disease management education for elders and their caregivers, as well as the other IADL supports.

Service Development

These findings provide the following directions for service development:

- Independent Living Services (ILS) delivered by bi-lingual staff to assist elders maintain benefits. This includes the services of forms/paperwork completion and transportation to appointments.
- Services by a bi-lingual provider that fall into the IADL category such as: help managing medications, assistance ensuring the elder's house is safe and clean, adequate nutrition, improved ability to manage basic health care needs, chore, grocery shopping, and companion.
- Medication management and disease management education by bi-lingual trained health care staff, with special focus on diabetes and related diseases (vision loss, renal disease, etc.).
- Caregiver support services, including adult day services in Hennepin County
- Medical translation/interpretation at the point-of-service: home health, clinics, hospitals.