Minority Elders in Minnesota

Richard A. Chase, Ph.D.
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A copy of the full report, Older Minnesotans: What Do They Need? How Do They Contribute?, is available from the Wilder Research Center at a cost of $15.00 per report.
A summary of findings from the study has been published in the October 1989 issue of the WRC Report and is available at 50¢ per copy.
INTRODUCTION

Background

This study of non-institutionalized minority elders age 60 and older supplements a statewide telephone survey conducted with a representative sample of 1,500 non-institutionalized Minnesotans age 60 and older.\(^1\) It provides reliable, firsthand information about four minority groups whose numbers are very small in the representative sample. Overall, only about 1 percent of Minnesota seniors are minorities.\(^2\)

We interviewed 100 American Indians, 100 Blacks, 100 Hispanics, and 100 Southeast Asians, using the same survey instrument used for the statewide representative survey. Findings from the statewide representative survey are cited throughout this report for comparisons with the characteristics and needs of the four minority elder groups.

Study Methods

The goal was to obtain useful samples that if not bias-free are at least as unbiased as feasible. The 1980 Census was used as a guide for the number of interviews to be completed with men and women and the number to complete inside and outside the Metro Area.

We obtained many names for the study samples from organizations serving minority seniors. The persons to be interviewed from each organization were selected at random from all the names listed on the organization's roster.

In order to have samples that also included persons not affiliated with organizations, we asked each person interviewed to give us the names of persons age 60 or older to add to our sampling lists. In this way, we were able to obtain enough names to complete 182 of the 400 interviews (46%) with persons not affiliated with senior organizations.

We obtained samples for each group as follows:

1. American Indians

   The names of Indian elders were obtained from the Minneapolis American Indian Center, the St. Paul Division of Indian Works, and the Minnesota Indian Area Agency on Aging Nutrition Programs. The sample included persons from the Metro Area, the Lower Sioux, White Earth, Grand Portage, Leech Lake, Mille Lacs, Red Lake, and Fond du Lac.

2. Blacks

   The names of Black elders were obtained from the senior programs at Hallie Q. Brown Community Center in St. Paul, the Saint Paul Urban League, the Minneapolis Urban League, and the Sabathani Center in Minneapolis. In addition, five churches in St. Paul, four churches in south Minneapolis, and four churches in north Minneapolis were selected at random from lists of churches in the Black Ministerial Alliance. These churches supplied the names of seniors in their congregations.

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1 For further information about the statewide representative senior survey, contact Lucy Rose Fischer, Wilder Research Center, (612) 647-4618.

2 The 1980 Census reported these figures for persons age 60 or older in Minnesota: American Indian: 2,197; Black: 3,730; Hispanic 2,012. The Spanish Speaking Affairs Council estimates the statewide 60 and over Hispanic population as 3,276. In 1987, the Minnesota Department of Human Services reported these figures for persons age 65 or older in Minnesota: Cambodian: 334; Hmong: 680; Laotian: 255; Vietnamese: 418.
3. Hispanics

The names of Hispanic elders were obtained from the senior programs at CLUES and Our Lady of Guadalupe Church in St. Paul, Centro Cultural Chicano in Minneapolis, and the Minnesota Migrant Council for Greater Minnesota. Other sources of names included: churches in Minneapolis, St. Paul, East Grand Forks, Crookston, and Winona; the Community Action Council in Freeborn County; and the statewide subscription list to Visiones de la Raza, a Spanish language newspaper published by Centro Cultural Chicano.

4. Southeast Asians

This group included 20 Cambodians, 40 Hmong, 15 Laotians, and 25 Vietnamese. This distribution is the same as the 1987 estimates for these groups prepared by the State of Minnesota Refugee Office. The names were obtained from the senior programs at Minnesota Cambodian Buddhist Society, Women's Association of Hmong and Lao, Hiawatha YMCA, Vietnamese Social Services, Lao Family Community, Southeast Asian Ministry, and Eagan Laotian Association.

Interviewing the Minority Elders

Interviews with Blacks, Indians, and Hispanics were conducted by telephone. Most of the interviews with Hispanics were conducted in Spanish. Interviews with Southeast Asians were conducted in person in their own language. Interviews were conducted from January to July, 1989.

The minority seniors contacted for interviews were generally cooperative; 85 percent of those contacted agreed to be interviewed. The response rate for each group is as follows:

- American Indians: 74 percent
- Blacks: 92 percent
- Hispanics: 83 percent
- Southeast Asians: 94 percent

Geographic Distributions of Study Samples

The geographic distributions of the study samples are similar to the distributions reported in the 1980 Census that we used as a guide for our sampling. In this study, all of the Black and Southeast Asian elders, 32 percent of the American Indian elders, and 61 percent of the Hispanic elders are from the Twin Cities Metro Area.

Limitations of this Study

Readers should take into account these study limitations when interpreting study results:

- Comparable to the larger representative sample, these samples contain only non-institutionalized persons age 60 and older. That is, we did not interview persons in nursing homes, hospitals, prisons, or other long-term care facilities, who are probably the most frail. We also interviewed people based on their age (60 or older) and not on their own identification as an "elder."

- In order to supplement the statewide representative survey and to have points of reference, the survey of minority elders used the same survey instrument that was developed for the statewide representative survey. This instrument was not designed to capture "cultural" differences or to explore the perceptions and experiences of specific ethnic groups. It also may be that some items on the questionnaire are not equivalent or not interpreted the same across all groups or even within racial or ethnic groups.
• The small sample sizes do not allow intra-group comparisons. For example, the Hispanic sample contains Mexican-Americans, Puerto Ricans, Cubans, and Central Americans; and the Southeast Asian sample contains Hmong, Cambodian, Vietnamese, and Laotians. This study was not designed to examine the potentially vast heterogeneity of these ethnic groups.

• In sum, while this study is an important first step in providing useful information about minority elders in Minnesota, much more study is needed to obtain specific information about the status, needs, and social relations of the various minority ethnic groups.

DEMOGRAPHIC CHARACTERISTICS

Sex

The sex distributions of the study samples for American Indians, Blacks, and Hispanics are similar to the distributions reported in the 1980 Census, which we used as a guide for our sampling. (Very little data are available on Southeast Asians from the 1980 Census.) In general, males make up a slightly higher proportion of minority elder groups (46%) than they do in the non-minority age 60 and older population (38%).

Age

The elders in this survey ranged in age from 60 to 101. Black elders have a similar age distribution to Minnesota seniors in general. Other minority groups, especially Southeast Asians, tend to be younger than non-minority seniors. For example, nine in ten Southeast Asians are under age 75, contrasted with seven in ten non-minority seniors.

<table>
<thead>
<tr>
<th>TABLE 1</th>
<th>Demographic Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>American Indian Elders</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>57%</td>
</tr>
<tr>
<td>Male</td>
<td>43%</td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>60-74</td>
<td>78%</td>
</tr>
<tr>
<td>75 or older</td>
<td>22%</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>46%</td>
</tr>
<tr>
<td>Widowed</td>
<td>39%</td>
</tr>
<tr>
<td>Other</td>
<td>15%</td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>Less than High School</td>
<td>53%</td>
</tr>
<tr>
<td>High School Graduate Only</td>
<td>27%</td>
</tr>
<tr>
<td>Any Post-graduate</td>
<td>20%</td>
</tr>
<tr>
<td>Other</td>
<td>0%</td>
</tr>
</tbody>
</table>

-3-
Marital Status

About four in ten minority elders are widowed, compared with a quarter of non-minority elders. Figure 1 shows that minority elders 60 and older are widowed in similar proportion to non-minority elders age 75 to 84.

![Diagram of Percent of Elders Who Are Widowed]

Educational Levels

Among minority elders, Blacks have the highest educational levels, 60 percent with high school educations or higher, similar to non-minority Minnesota elderly. The formal educational levels of Southeast Asians and Hispanics are quite low. Very few Southeast Asian elders speak English. Among the Hispanic elders, 40 percent were born outside the United States, and 52 percent speak Spanish as their main language.

Household Composition

Despite their being more commonly widowed, minority elders do not more commonly live alone compared with non-minority elders. About a quarter of Hispanics and about a third of American Indian and Black elders live alone, similar to the general sample of Minnesota seniors (26%). In contrast, very few Southeast Asians (only 5 percent) live alone.

For minority elders who are not living alone, their households are quite different from the households of non-minority seniors. In general, minority elders are more likely than non-minority elders to live with their adult children. This arrangement is especially common among Southeast Asians (27%) and Hispanics (18%).
**TABLE 2**

<table>
<thead>
<tr>
<th>Household Composition</th>
<th>American Indian Elders</th>
<th>Black Elders</th>
<th>Hispanic Elders</th>
<th>Southeast Asian Elders</th>
<th>General Elderly Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lives Alone</td>
<td>31%</td>
<td>35%</td>
<td>23%</td>
<td>5%</td>
<td>26%</td>
</tr>
<tr>
<td>Lives With Spouse Alone or Spouse and Others</td>
<td>43%</td>
<td>48%</td>
<td>52%</td>
<td>52%</td>
<td>67%</td>
</tr>
<tr>
<td>No Spouse Present. Lives with Child Age 18 or Older. Others May Also Be Present.</td>
<td>9%</td>
<td>7%</td>
<td>18%</td>
<td>27%</td>
<td>3%</td>
</tr>
<tr>
<td>No Spouse or Children Present. Lives With Others.</td>
<td>17%</td>
<td>10%</td>
<td>7%</td>
<td>16%</td>
<td>4%</td>
</tr>
</tbody>
</table>

**ECONOMIC PROFILE**

**Poverty**

Minority elders have very low incomes. About a third of American Indian and Hispanic elders and three-quarters of Southeast Asians have incomes below the poverty level. These poverty rates are far higher than found among Minnesota seniors in general (12%), equaling the poverty rates for the 85 and older non-minority population (35%). Black elders, on the other hand, have poverty rates (18%) fairly similar to their non-minority counterparts.

**FIGURE 2** Percent of Elders With 1988 Income Below Poverty*

*Includes only elders alone and elders with spouses. 1988 poverty threshold for single persons was $5,770 and for two persons $7,730.

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Main Source of Income

As with the Minnesota seniors in general, American Indians, Blacks, and Hispanics tend to rely on social security for their main source of income. Southeast Asian elders primarily rely on Supplemental Security Income (64%).

Employment Status

About a third of Black elders and one in five American Indian and Hispanic elders, similar to non-minority elders, are currently employed. Three out of four of these employed elders work part time (less than 35 hours per week).

<table>
<thead>
<tr>
<th>TABLE 3</th>
<th>Economic Profile</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>American Indian Elders</td>
</tr>
<tr>
<td>1988 Income Below Poverty*</td>
<td>32%</td>
</tr>
<tr>
<td>Main Source of Income</td>
<td></td>
</tr>
<tr>
<td>Social Security</td>
<td>61%</td>
</tr>
<tr>
<td>Pension</td>
<td>4%</td>
</tr>
<tr>
<td>Employment</td>
<td>15%</td>
</tr>
<tr>
<td>Supplemental Security Income</td>
<td>8%</td>
</tr>
<tr>
<td>Other</td>
<td>12%</td>
</tr>
<tr>
<td>Currently Employed</td>
<td></td>
</tr>
<tr>
<td>20%</td>
<td>35%</td>
</tr>
<tr>
<td>Housing Tenure</td>
<td></td>
</tr>
<tr>
<td>Own</td>
<td>62%</td>
</tr>
<tr>
<td>Market-rate Rent</td>
<td>6%</td>
</tr>
<tr>
<td>Subsidized Rent</td>
<td>28%</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
</tr>
<tr>
<td>Has Savings</td>
<td>31%</td>
</tr>
</tbody>
</table>

* Includes only elders alone and elders with spouses. 1988 poverty threshold for single person was $5,770 and for two persons $7,730.

Home-ownership

Hispanic and Black elders have the highest rates of home-ownership, at 76 percent and 72 percent, respectively, followed by American Indians at 62 percent. Southeast Asian elders lag far behind at only 9 percent. Each of the minority groups are less likely than their non-minority counterparts to be home-owners (84%).
On the other hand, minority elders are more likely than non-minority elders to receive rent subsidies, especially Southeast Asians (56%) and American Indians (28%).

Savings

Minority elders are far less likely to have a cushion of savings than are their non-minority counterparts. Nearly eight in ten seniors across the state report having savings or investments to fall back on in case of emergencies. About half of Blacks, a third of Hispanics and American Indians, and less than one in 20 Southeast Asians have savings or investments. In general, female minority elders are less likely than male minority elders to have savings (27% vs. 40%).

THE HEALTH OF MINORITY ELDERS

Introduction

As described in the Methods section, the samples included only non-institutionalized persons age 60 and older. That is, we did not survey anyone in nursing homes or hospitals.

<table>
<thead>
<tr>
<th>TABLE 4</th>
<th>Health of Minority Elders</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>American Indian Elders</td>
</tr>
<tr>
<td>Self-reported Current Health Status</td>
<td></td>
</tr>
<tr>
<td>Excellent/Good</td>
<td>40%</td>
</tr>
<tr>
<td>Fair</td>
<td>40%</td>
</tr>
<tr>
<td>Poor/Very Poor</td>
<td>20%</td>
</tr>
<tr>
<td>Did Not See Doctor When Should Have in Past Year</td>
<td>12%</td>
</tr>
<tr>
<td>Hospitalized Last Year</td>
<td>33%</td>
</tr>
<tr>
<td>Seriously Ill or Injured in Past Year</td>
<td>23%</td>
</tr>
<tr>
<td>Difficulty Eating Solid Foods</td>
<td>17%</td>
</tr>
<tr>
<td>Vision Problems Even With Glasses</td>
<td>36%</td>
</tr>
</tbody>
</table>
Self-reported Health

Minority elders, regardless of age, tend to rate their health lower than older persons in the general population. Even among the oldest-old (85 and older) non-minorities, most (59%) rate their health as good or excellent. In contrast, 40 percent of American Indians and about half of Blacks, Hispanics, and Southeast Asians report their current health status is good or excellent. American Indians and Southeast Asians are especially likely to report their health as poor or very poor.

FIGURE 3 Percent of Elders Reporting Health as Excellent or Good

Access to Health Care

Few minority elders lack adequate access to health care. One in ten American Indians, Hispanics, and Southeast Asians, and one in twenty Blacks report that in the past 12 months they should have seen a doctor about a health concern but did not. These numbers are comparable to those reported by elderly throughout Minnesota.

Health Care in the Past Year

With the exception of American Indians, similar percentages of minority elders and non-minority elders had a serious illness or injury in the past year (about 15 percent) and were hospitalized at least overnight in the past year (about 15 percent). In contrast, about a quarter of American Indian elders had a serious illness or injury, and a third were hospitalized in the past year.

Health-related Problems

Southeast Asians (45%) and, to a lesser degree, American Indians (17%) are more likely than other elders to report having difficulty eating solid foods. For perspective, 14 percent of the 85 and older general population report having difficulty eating solid foods.
Minority elders, in general, appear more likely than non-minority elders to report having vision problems which interfere with their daily activities, such as reading, even with glasses. Vision problems are most common among American Indian elders (36%).

One other type of problem related to health involves problems completing health-related forms, such as Medicare forms, insurance forms, and Social Security forms. Southeast Asians (91%), Hispanics (46%), and American Indians (31%) are more likely than Blacks (20%) and non-minority elderly (19%) to experience difficulty filling out such forms. Those groups are also more likely than other seniors to receive help filling out health-related forms.
FUNCTIONAL ABILITIES AND NEEDS OF MINORITY ELDERS

Introduction

This section describes the functional abilities and needs of minority elders. The level of functional ability used here, a self-report of any difficulty performing an activity because of a health or physical problem, is comparable to the level used in National Health Interview Surveys (see McBride, 1989).

Persons who have any difficulty performing routine functions such as dressing or preparing meals because of a health or physical problem are likely to have difficulty living on their own without assistance. This survey contained two measures of "Activities of Daily Living" or ADLs: 1) the ability to perform personal care, including bathing, dressing, washing hair, or shaving; and 2) the ability to get outside (mobility). The survey also contained broader measures of functional needs in everyday life or "Instrumental Activities of Daily Living" (IADLs), including preparing meals, shopping for groceries, managing money, doing light housework. This section on daily functioning also includes the transportation needs of minority elders.

<table>
<thead>
<tr>
<th>TABLE 5</th>
<th>Functional Needs of Minority Elders</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>American Elder</td>
</tr>
<tr>
<td>Reports Any Difficulties With ADL’S:</td>
<td></td>
</tr>
<tr>
<td>Personal Care(^a)</td>
<td>10%</td>
</tr>
<tr>
<td>Getting Outside</td>
<td>5%</td>
</tr>
<tr>
<td>Reports Any Difficulties With IADL’S:</td>
<td></td>
</tr>
<tr>
<td>Preparing Meals</td>
<td>10%</td>
</tr>
<tr>
<td>Grocery Shopping</td>
<td>23%</td>
</tr>
<tr>
<td>Money Management</td>
<td>13%</td>
</tr>
<tr>
<td>Light Housework(^b)</td>
<td>13%</td>
</tr>
</tbody>
</table>

\(^a\) Personal care includes bathing, dressing, washing hair, or shaving.

\(^b\) Light housework includes doing dishes, straightening up, or light cleaning.

Personal Care

Overall, about 5 percent of non-institutionalized Minnesotans age 60 and older, including minority elders, report that, because of a health or physical problem, they have difficulty doing personal care for themselves. American Indian elders appear to be slightly more likely to report having difficulty with personal care (10%).
Mobility

About 4 percent of non-institutionalized elders throughout Minnesota report having difficulty getting outside of their homes because of a health or physical problem. Mobility problems appear to be more common among Southeast Asian elders (12%). For this group, however, these limitations may be as much related to transportation, language, and cultural problems as they are to health or physical problems.

Instrumental Activities of Daily Living (IADLs)

Table 5 shows the percent of each minority group who report any difficulty with four IADLs. Relatively small numbers of Blacks and Hispanics, comparable to the percentages of non-minority elders, report difficulties with meal preparation, grocery shopping, money management, or light housekeeping.

In contrast, American Indians and Southeast Asians are far more likely to report having difficulties with the four IADLs. For American Indians, grocery shopping is the biggest problem (23%). For Southeast Asians, money management (37%) and grocery shopping (31%) are the biggest problems.

An overall measure of problems with IADLs was created by combining those who report any difficulty with any one of the four activities (see Figure 6). For American Indians, the percent (33%) who have any functional limitations is more than double that found in the general population of elderly (13%). For Southeast Asians, the rate (50%) is nearly four times that of other elderly. In fact, the Southeast Asians look very much like the oldest-old (85 and older) non-minority elderly in their levels of functional problems (43%). In general, minority elders without spouses have a higher rate of functional limitations than those living with a spouse (33% vs. 19%).

![Figure 6: Any Difficulty With Either Preparing Meals, Shopping, Money Management, or Light Housework](image)

Transportation Needs

Minority elders are much more likely than other seniors to lack transportation. Six percent of Minnesota seniors in general and 12 percent of those age 75 and older lack transportation, compared with 15 percent of Blacks, 22 percent of Hispanics, 30 percent of American Indians, and 39 percent of Southeast Asians. Lack of transportation is more common for females than for males among minority elders in general (32% vs. 15%). For those elders who lack transportation, shopping is the most commonly missed activity.
For large numbers of minority elders, neither they nor their spouse (if they are married) drive a car. A third of Blacks, 4 in 10 American Indians and Hispanics, and nine in ten Southeast Asians are non-drivers. For perspective, 37 percent of non-minority elders age 75 and older are non-drivers.

FIGURE 7 Percent Having Transportation Problems in Past Month

![Bar chart showing transportation problems by group.](chart1)

FIGURE 8 Percent Who Are Neither Drivers Nor Spouse of Drivers

![Bar chart showing non-drivers by group.](chart2)
SOCIAL TIES

Contact With Own Children

Most minority elders have adult children living nearby (within 30 minutes by car). The proportions for Hispanics (83%) and Southeast Asians (91%) are much higher than found among Minnesota elders in general (66%).

Minority elders are much more likely to see their children everyday, compared with their non-minority counterparts. A third of Blacks, half of American Indians and Hispanics, and eight in ten Southeast Asians see their children daily, compared with only 16 percent among non-minority elders.

<table>
<thead>
<tr>
<th>Has Children Living Nearby</th>
<th>American Indian Elder</th>
<th>Black Elder</th>
<th>Hispanic Elder</th>
<th>Southeast Asian Elder</th>
<th>General Elderly Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has Children Living Nearby</td>
<td>75%</td>
<td>70%</td>
<td>83%</td>
<td>91%</td>
<td>66%</td>
</tr>
</tbody>
</table>

How Often Sees Children

<table>
<thead>
<tr>
<th>How Often Sees Children</th>
<th>American Indian Elder</th>
<th>Black Elder</th>
<th>Hispanic Elder</th>
<th>Southeast Asian Elder</th>
<th>General Elderly Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>53%</td>
<td>34%</td>
<td>55%</td>
<td>81%</td>
<td>16%</td>
</tr>
<tr>
<td>Several Times a Week</td>
<td>9%</td>
<td>2%</td>
<td>13%</td>
<td>2%</td>
<td>17%</td>
</tr>
<tr>
<td>Weekly</td>
<td>6%</td>
<td>28%</td>
<td>14%</td>
<td>8%</td>
<td>24%</td>
</tr>
<tr>
<td>Less Than Weekly</td>
<td>22%</td>
<td>22%</td>
<td>13%</td>
<td>7%</td>
<td>31%</td>
</tr>
<tr>
<td>Has No Living Children</td>
<td>10%</td>
<td>14%</td>
<td>5%</td>
<td>2%</td>
<td>12%</td>
</tr>
</tbody>
</table>

How Often Sees Friends

<table>
<thead>
<tr>
<th>How Often Sees Friends</th>
<th>American Indian Elder</th>
<th>Black Elder</th>
<th>Hispanic Elder</th>
<th>Southeast Asian Elder</th>
<th>General Elderly Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>47%</td>
<td>40%</td>
<td>15%</td>
<td>36%</td>
<td>32%</td>
</tr>
<tr>
<td>Several Times a Week</td>
<td>33%</td>
<td>6%</td>
<td>32%</td>
<td>11%</td>
<td>24%</td>
</tr>
<tr>
<td>Weekly</td>
<td>11%</td>
<td>40%</td>
<td>26%</td>
<td>19%</td>
<td>26%</td>
</tr>
<tr>
<td>Less Than Weekly</td>
<td>9%</td>
<td>14%</td>
<td>27%</td>
<td>34%</td>
<td>18%</td>
</tr>
</tbody>
</table>

Lonely

<table>
<thead>
<tr>
<th>Lonely</th>
<th>10%</th>
<th>3%</th>
<th>16%</th>
<th>31%</th>
<th>6%</th>
</tr>
</thead>
</table>

Depressed

<table>
<thead>
<tr>
<th>Depressed</th>
<th>11%</th>
<th>3%</th>
<th>13%</th>
<th>27%</th>
<th>8%</th>
</tr>
</thead>
</table>

Contact With Friends

Nearly nine in ten American Indian and Black elders, similar to non-minority elders, report seeing their friends at least weekly. Hispanics and Southeast Asians, in contrast, appear to be isolated from friends, with a quarter to a third seeing their friends less than weekly.
Loneliness and Depression

Similarly, Hispanics and Southeast Asians are more likely than other elders to report that loneliness is a problem. Southeast Asians are also most likely to report that depression is a problem (27%). In contrast, very few Blacks are lonely or depressed.

Who Would Help if Elders are Sick?

Nine in ten elders, minority and non-minority alike, report having someone who would take care of them if they were sick or disabled. The proportion is lower, however, for elders without spouses present than for those living with spouses (82% vs. 95%).

Among minority elders in general the care would be provided first by children and next by spouses, the reverse of the pattern reported by non-minority elders. Grandchildren and other relatives also may commonly help out among Blacks and Southeast Asians. For Black elders, friends and neighbors are another likely source of help.

<table>
<thead>
<tr>
<th>TABLE 7</th>
<th>Who Would Help If Minority Elders Are Sick?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>American Indian Elders</td>
</tr>
<tr>
<td>Has Someone Who Would Care for Them if Sick</td>
<td>87%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Who Would Care for Them If Sick?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
</tr>
<tr>
<td>Child</td>
</tr>
<tr>
<td>Grandchild</td>
</tr>
<tr>
<td>Other Relatives</td>
</tr>
<tr>
<td>Friend/Neighbor</td>
</tr>
<tr>
<td>Public Agency</td>
</tr>
</tbody>
</table>
SOCIAL CONTRIBUTIONS

This section examines volunteer work of minority elders in three areas: volunteer work for organizations, help to families, and service to individuals.

<table>
<thead>
<tr>
<th>TABLE 8</th>
<th>Social Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>American Indian Elders</td>
</tr>
<tr>
<td>Does Volunteer Work for Organizations</td>
<td>49%</td>
</tr>
<tr>
<td>Provides Volunteer Service for Individuals</td>
<td>37%</td>
</tr>
<tr>
<td>Helps Family</td>
<td>47%</td>
</tr>
</tbody>
</table>

Volunteer Work for Organizations

Volunteer work for organizations includes primarily volunteer activity for churches. It also includes providing food for others through organizations, leadership and office-holding, and other help to organizations.

Black (58%) and American Indian elders (49%) report doing volunteer work for organizations more so than do Hispanics (36%) and Southeast Asians (15%). For perspective, 60 percent of non-minority elders do volunteer work for organizations.

Help to Families

Help to families primarily consists of care for grandchildren, caregiving when someone is ill, help with housework, and transportation. About half of American Indian, Black, and Hispanic elders and about two-thirds of Southeast Asian elders provide help to families, comparable to the 59 percent reported by non-minority elderly. Minority elders with spouses present are more likely than those without spouses to provide help to families (57% vs. 41%).

Service to Individuals

Service to individuals includes caregiving; help with shopping, transportation, and housework; visiting, and errands. About two-fifths of Blacks and American Indians provide these types of service to individuals, comparable to their non-minority counterparts. Consistent with their lower contact with friends, Hispanics have a somewhat lower rate of service to individuals (32%), and only one in ten Southeast Asians do this type of volunteering. Transportation is generally the most common type of service to individuals, followed by visiting.

Time Spent Doing All Types of Volunteer Work

Similar to non-minority elderly volunteers, about seven in ten American Indians, Hispanic, and Southeast Asian elders who volunteer spend fewer than 15 hours per month volunteering. In contrast, Black elders appear to volunteer more hours per month, about half volunteering 15 or more hours per month.

-15-
MINORITY GROUP PROFILES

How are minority elders alike?

Planners, policymakers, and the media tend to lump all the elderly together. For nearly twenty years, the image of elderly as sick and needy was the prevailing image. As the incomes and health status of elderly have improved, a new image has emerged. Once the deserving poor, today's elderly are viewed as affluent and independent, able to pay more for the services they receive. "Greedy geezers" captures this new sentiment towards the elderly.

In truth, however, elderly have never been uniform and homogeneous. This diversity is especially true of minority elders. The four groups of minority elders surveyed for this study display a wide variety of characteristics and needs, so to lump all minority elders together would be grossly inaccurate. They actually appear alike on very few of the measures we examined. Most notably, about four in ten in each group are widowed (similar to other Minnesotans age 75 and older), and about half provide voluntary help such as babysitting or housekeeping to their families (similar to other Minnesotans age 60 and older).

Profiles of the diverse economic, health, functional, and social characteristics of each minority group are summarized below.

American Indian Elders

About a third of American Indian elders show signs of serious disadvantage. A third have incomes below poverty; a third lack home equity, and two-thirds lack savings. A fifth rate their health as poor or very poor; a third have difficulty performing everyday activities such as shopping and cleaning, and 30 percent lack transportation.

On the other hand, American Indian elders are socially active. Half provide volunteer help to organizations, and two-fifths provide volunteer service to individuals. Nine in ten see their friends at least once a week, and half see their children everyday.

Black Elders

Black elders appear to be the most well-off minority group, although not quite as well off as their non-minority counterparts. A fifth have incomes below poverty, a quarter lack home equity, and half lack savings. Six percent rate their health as poor or very poor; 15 percent have difficulty performing everyday activities, and 15 percent lack transportation.

Black elders are also among the most socially active. More than half provide volunteer help to organizations, and two-fifths provide volunteer service to individuals. Nine in ten see their friends weekly, and a third see their children daily. Very few are lonely or depressed. For some Black elders, friends and neighbors may take the place of family members as a likely source of help with functional activities. The importance of friends and neighbors as informal helpers among Black elders is consistent with other research on Blacks, including the National Survey of Black Americans (Chatters, et. al., 1986; Chatters, et. al., 1989).

Hispanic Elders

Hispanic elders, while economically disadvantaged, are usually able to function adequately day-to-day. A third have incomes below poverty, a quarter lack home equity, and two-thirds lack savings. A tenth rate their health as poor or very poor; a fifth have difficulty performing everyday activities, and a fifth lack transportation. Transportation problems are more commonly reported by females than by males (37% vs. 4%).
Hispanic elders have fairly frequent contact with family members but are not as active socially. About a third provide volunteer help to organizations, and a third provide volunteer service to individuals. Half see their children everyday, including a fifth who live with their children. However, a quarter see their friends less than weekly, and sixteen percent report being lonely. Loneliness is particularly a problem for Hispanic elders living in poverty (47% vs. 7% for those with incomes above the poverty level). This profile is consistent with other research that found, compared with other ethnic groups, Hispanics tend to have more family interaction, have fewer friends, and belong to fewer organizations (Alvirez, 1981; Bengston, 1979; Woehr, 1982).

Southeast Asian Elders

Southeast Asian elders are the most vulnerable minority group, similar in need to the 85 and older non-minority population. Three-quarters have incomes below poverty; more than nine in ten lack home equity and savings, and two-thirds depend on SSI as their main source of income. Nearly a quarter rate their health as poor or very poor; half have difficulty performing everyday activities, and two-fifths lack transportation.

Southeast Asian elders have frequent contact with family members but are otherwise socially isolated. About a quarter of those without spouses live with their adult children, and 8 in 10 see their children daily. However, only 15 percent provide volunteer help to organizations, and a third see their friends less than weekly. Nearly a third are lonely, and a quarter report that depression is a problem. This profile is consistent with other reports that have described isolation, loneliness, and a lack of a role within the family as major problems for Southeast Asian elders (Gozdziak, 1988; American Council for Nationalities Service, 1987).

Non-minority Elders

For perspective, most non-institutionalized non-minority elders are doing well. Twelve percent have incomes below poverty; 16 percent lack home equity, and about a fifth lack savings. Only 8 percent rate their health as poor or very poor; 13 percent report having difficulty performing daily activities, and 6 percent lack transportation.

Sixty percent provide volunteer help to organizations, and 42 percent provide volunteer service to individuals. Four-fifths see their friends at least weekly, but only 16 percent see their children daily.

It should be noted, however, that not all non-minority elderly are doing well. The likelihood of being poor and having health and functional problems steadily increase after age 75 and are very high for those age 85 and older.

POLICY AND SERVICE DELIVERY IMPLICATIONS OF STUDY FINDINGS

The substantial health, income, and functional needs of minority elders combined with their low numbers and great diversity have important policy and service implications:

1. Minority elders, to a far greater extent than non-minority elders, have a critical need for social services. Particular attention should be focussed on:

   • Transportation and escort services. Escorts trained to assist elders, including non-English speaking elders, complete paperwork required to receive services would also be helpful.

   • Services to help American Indian and Southeast Asian elders with daily functional needs.
• Services to combat loneliness and isolation, especially for Hispanics and Southeast Asians. In addition to transportation services, other needed services include English language classes; child care services for the grandchildren of elders to relieve elders of that family responsibility; and "survival skills" training or teaching elders to help themselves be as independent as possible, including, for example, how to use public transportation, how to shop for groceries, and how to manage their own money. For elders living with their children, additional housing options also should be explored.

2. To be effective, services and programs must be targeted rather than delivered broadly. The delivery of health and social services must be sensitive and responsive to the values and multifaceted needs of diverse groups.

There really is no such thing as "minority elders" as a whole, so no single approach is likely to work for all groups. Some of the various alternatives include:

• Most importantly, support to expand and strengthen existing social and cultural support programs for minority elders (see list of programs on page 20-21). The primary approach should be to support comprehensive services (one-stop) from minority providers.

• Support for mainstream programs and community clinics to hire minority or bilingual/bicultural staff and to train non-minority staff. Making the services available may not be sufficient for those in need to use them. Staff must be sensitive to the educational levels; languages; and religious, dietary, and other norms and values of elders from different cultures. For example, different elder groups may define old age or what it means to be a client in different ways.

• Outreach to minorities where they are most likely to be reached, taking advantage of existing support networks and access points. The appropriate service delivery models and locations vary by ethnic or racial group:

Blacks, for example, are very active in churches and community organizations. American Indians tend to be connected with tribal and reservation programs and to live close by one another on reservations and in inner-city neighborhoods.

On the other hand, Hispanics and, in particular, Southeast Asians tend to be more isolated due to language and cultural barriers that are exacerbated by limited transportation. These groups require that services be located in close proximity and may best be reached in their own homes through their families. Any home-based models, however, must recognize that a major goal for many elders may be to increase independence and the ability of elders to get out and socialize with their peers.

3. Policies should support service delivery alternatives appropriate for meeting the needs of diverse groups.

• The low incomes and lack of other financial resources such as home equity among minority elders mean, for example, that they may need public support for privately delivered services (e.g., subsidized long-term care insurance, subsidized housing, vouchers for home care).

• Expanding Medicaid coverage to pay for all home care would greatly assist minority elders.

• Targeting publicly-funded homemaker and chore services to minority elders, particularly to American Indians and Southeast Asians, would be helpful.
• Elders living with their families as an alternative to living alone in senior high rises or in congregate housing could benefit from housing vouchers or other forms of housing subsidies. For example, for Hispanics in Greater Minnesota (given the small numbers and wide dispersion) it may be more effective to deal with individuals through families than through congregate-style programs for Spanish-speakers or to expect them to move to housing where no one else speaks their language.

• For elders living with their families, it may also be appropriate to treat the families as adult foster care providers, personal care attendants, or home health aides and to pay them for taking care of their relatives.

• The small numbers of minority elders make them difficult to reach, but they should not be considered unreachable. Outreach alliances with informal and formal support networks, including families, community centers, ethnic associations, and churches and temples should be encouraged and supported. Connections between mainstream providers and minority providers should also be strengthened.

4. Policymakers should be aware that raising the age limits for services or eligibility for entitlement programs would be harmful to minority elders. For many minority elders, in fact, the best approach would be to lower or to eliminate the age limits.

Minorities at age 60, especially American Indians and Southeast Asians, often have the same functional needs as the 85 and older general population. For these elders who are "old" before their time, the best approach would be to base services on need rather than on age and to restructure policies so that help and opportunities would be available to them throughout their lifetimes.

The best example of this preventive approach would be to encourage health policy that addresses the needs and health problems of all Minnesotans, from the prenatal to the aged, to make it possible for minority and non-minority elders alike to get support early on and to avoid lifetimes of disadvantage and vulnerabilities.
ORGANIZATIONS SERVING MINORITY ELDERS

American Indian

Anishinabe Legal Education for Older Americans
P.O. Box 157
Cass Lake, MN 56633
(218) 335-2223

Indian Family Services, Inc.
1305 East 24th Street
Minneapolis, MN 55404
(612) 348-5788

Indian Health Board
1315 East 24th Street
Minneapolis, MN 55404
(612) 721-7425

Minneapolis American Indian Center
1530 East Franklin
Minneapolis, MN 55404
(612) 871-4555

Minnesota Chippewa Tribe
Title VI Nutrition and Supportive Services for Older Indians
P.O. Box 217
Cass Lake, MN 56633
(218) 335-8585

Minnesota Chippewa Tribe Transportation/ Homemaker/Outreach Project
P.O. Box 217
Cass Lake, MN 56633
(218) 335-8585

Minnesota Indian Area Agency on Aging
P.O. Box 217
Cass Lake, MN 56633
(218) 335-8585

St. Paul American Indian Center
341 University Avenue
St. Paul, MN 55103
(612) 222-0690

St. Paul Division of Indian Works
1671 Summit Avenue
St. Paul, MN 55105
(612) 644-2768

St. Paul Urban Indian Health Board
1021 Marion Street
St. Paul, MN 55117
(612) 487-3315

Black

Hallie Q. Brown Community Center
270 North Kent
St. Paul, MN 55102
(612) 224-4601

Minneapolis Urban League Seniors
2929 4th Avenue South
Minneapolis, MN 55408
(612) 822-6505

Sabathani Center Senior Program
310 East 38th Street
Minneapolis, MN 55409
(612) 824-0739

St. Paul Urban League
401 Selby Avenue
St. Paul, MN 55102
(612) 228-9348
ORGANIZATIONS SERVING MINORITY ELDERS

Hispanic

Centro Cultural Chicano Seniors
1704 Dupont Avenue North
Minneapolis, MN 55411
(612) 588-9330

CLUES
Spanish Speaking Seniors Program
530 Andrew Street
St. Paul, MN 55107
(612) 228-1328

Minnesota Migrant Council
P.O. Box 1231
St. Cloud, MN 56302
(612) 253-7010

Southeast Asian

American Refugee Committee
2344 Nicollet Avenue, Suite 350
Minneapolis, MN 55404
(612) 872-7060

Community University Health Care Center
2016 16th Avenue South
Minneapolis, MN 55404
(612) 627-4774

Hiawatha YMCA (Laotian Elderly)
4100 28th Avenue South
Minneapolis, Mn 55406
(612) 729-7397

Lao Family Community of Minnesota, Inc.
976 Minnehaha Avenue West
St. Paul, MN 55108
(612) 487-3466

Minnesota Cambodian Buddhist Society
1821 University Avenue, Room 360 South
St. Paul, MN 55104
(612) 645-7077

Southeast Asian Ministry (ELCA)
105 University Avenue West
St. Paul, MN 55103
(612) 293-1261

Vietnamese Social Services of Minnesota
1821 University Avenue, Room 210 South
St. Paul, MN 55104
(612) 644-1317

Wilder Foundation's Social Adjustment Program for Refugees
91 East Arch Street
St. Paul, MN 55101
(612) 222-2876

Women's Association of Hmong and Lao
1544 Timberlake Road
St. Paul, MN 55117
(612) 487-3872
REFERENCES

Alvirez, David; Bean, Frank and Williams, Dorie.

American Council for Nationalities Service

Bengston, Vern L.

Chatters, Linda M.; Taylor, Robert Joseph and Neighbors, Harold W.

Chatters, Linda M.; Taylor, Robert Joseph and Jackson, James S.

Godziak, Elzbieta

Woeher, Carol E.