

**IMPROVING SERVICES FOR MINORITY ELDERS:**

**POLICY DIRECTIONS FOR THE 1990s**

**Metropolitan Area Agency on Aging**  
**METROPOLITAN COUNCIL**  
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## I. PURPOSE

This report contains proposed policy and funding recommendations for improving services for minority elderly in the Twin Cities Metropolitan Area. The recommendations are based on work conducted by the Metropolitan Area Agency on Aging (MAAA) during 1991 that included an evaluation of the current mechanism used to fund minority access services (called "special access") using federal Title III funds of the Older Americans Act. In addition, two series of roundtable meetings were held; one to identify service priorities and issues of American Indian, Asian-American, Black and Hispanic elderly, and the second to review a draft of this document that includes summaries of priorities and recommendations for addressing them.

This report will be used during the MAAA's work in 1992 and 1993 on reshaping regional policies for services for older people in the Twin Cities Metro Area. Thus, this effort establishes a policy direction to guide future work of the MAAA. Because this process raised issues that go beyond the specific purview of the MAAA, this report will be shared with many community organizations and policy makers with the intent of building new alliances to affect needed changes in the service system.

## II. BACKGROUND

The Metropolitan Council as the federally-funded and state-designated area agency on aging, has as its charge to develop a comprehensive and coordinated system of services for older people in the Metropolitan Area. Part of its responsibility in carrying out this charge is to administer federal Title III Older Americans Act funds. As such, it seeks to improve the system of services and access to this system by all older persons, especially persons in greatest social and economic need. Particular emphasis is placed on the low-income, minority elderly. Funding of "special access" projects is the most recent in a number of strategies to fulfill this mission.

"Special access" grew out of a 1985 study conducted by the MAAA as a method for improving services for minority elders. The study recommended that:

*1) "The MAAA should identify specific community programs that provide access services (information and referral, advocacy, outreach, limited case management) to minority elders. Such programs may be sponsored by community focal points, mutual assistance associations, or other organizations that already provide services to minority persons or older people. The programs should:*

*- Provide the access services listed above to determine service needs and to link minority elders to available services. Such services should be provided by bilingual staff when necessary.*

*- Maintain records of client contacts, service needs and service availability to provide ongoing information on minority elders' needs and identify gaps in the general service delivery system.*

*- Maintain resource files on all available services and specifically services targeted to minority elders and service providers that employ minority/bilingual staff to serve elders.*

*- Work with elders and providers of services to minority persons to facilitate information exchange, close service gaps and solve specific problems.*

*- Include minority elders in program planning and decision-making at the agency.*

*2) In particular, one-to-one advocacy and outreach are critical access services for minority elders. Any agency that provides access services to minority elders should have the capacity to provide advocacy and outreach services to help minority elders obtain benefits or services to which they are entitled but are not currently receiving.*

*3) Funding to support minority access services should be provided through the same sources that currently fund community focal points for older people. These sources include Title III, United Way, city, county and school district funds; and foundation and corporate grants.*

Special Access funding was intended to be developmental and short-term with the expectation that, after three years, the sponsoring agency would integrate the service/program into their ongoing operations. Since 1986, eleven projects have been funded to provide access services for minority elders to the "general" existing system of services. Many projects have had considerable difficulty obtaining the broad-based and on-going funding needed to continue the service. As a result, the MAAA decided that additional information was needed in order to determine future approaches for improving services for minority elders.

An evaluation completed during the summer of 1991 by a Gerontological Society of America fellow concluded that Special Access has been an effective means of reaching and serving minority elderly and that special access has resulted in increased participation of minority elders in services.

The roundtables held in August 1991 served to identify current needs and service priorities, implementation ideas and other issues that funders and policymakers need to know in order to improve service for minority elders.

A second series of roundtables were held in November 1991 to obtain input and feedback on a draft of this report that included summaries from the August roundtables and proposed recommendations and policy directions to address the priorities and issues identified.

The roundtables raised issues that go far beyond service priorities and how Title III funds should be used to improve services for minority elders and relate more to the ways in which we, as policymakers and funders in aging, conduct our business. It is clear that there is much yet to be done.

This report is the outcome of a community process and provides a foundation from which to move forward on a much broader agenda to improve the quality and responsiveness of the general service delivery system in the Metro Area.

### III. SERVICE PRIORITIES EXPRESSED BY INDIVIDUAL GROUPS

Four roundtables were held in August of 1991 for the purpose of gaining a better sense of the priorities and needs of the state's four largest minority elderly groups. With a special grant from the Minnesota Board on Aging, the MAAA convened roundtables on Hispanic Elderly, Asian-American Elderly, American Indian Elderly and Black Elderly. Older people, service providers, community leaders, policymakers and funders participated in the roundtables.<sup>1</sup>

The roundtables documented some unique needs and priorities in each of the minority groups; yet many common themes emerged, most notably that basic access to services remains a critical priority. *The major barriers faced by minority elders continue to be language, transportation and limited information about services that are available to them. The common goal for the future identified in the roundtables is equal access to services for all older people.*

#### A. SERVICE PRIORITIES FOR AMERICAN INDIAN ELDERLY

- . Access services. Services are needed to help people find out what services are available and how to obtain them. Such services include outreach, information and referral and individual and organizational advocacy.
- . A "community focal point" is needed for American Indian elders. Such a place would serve as a "drop-in" center where elders could comfortably gather, visit together and find out about available services and how to obtain them.

Planning efforts should be undertaken to explore the opportunities for the development of a senior center. The potential for including a continuum of care (housing and health services to be attached or nearby) should also be explored.

- . Inter/multi-generational activities are needed to provide opportunities for elders to pass on language, values and culture to the younger members of their community. These services promote independence and increase a person's capacity to contribute to the community.
- . An Indian Area Agency on Aging to serve the entire state of Minnesota should be explored as a way of reducing the fragmentation of planning and service delivery that results from the involvement of many tribal organizations and AAAs across the state.
- . Grandparent support programs are needed because many Indian elders have responsibilities for grandchildren, including many who have legal custody; however, they are not eligible for financial support to pay related expenses.

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<sup>1</sup> Detailed summaries of the roundtables are available from the MAAA. A list of participants is attached in the appendix

- . Indian elders have much mistrust of health services, often the result of bad first experiences, which sometimes prevents their seeking needed care.
- . Bi-lingual/bi-cultural direct service staff are important to improve elders' comfort with, access to and participation in services.
- . Equal access to services for all older people, including American Indian elders, is the goal; however, the current system of services cannot now assure this. Therefore, it is important that the above special services be supported *at the same time* that the existing system of services is working to improve its targeting efforts.

## **B. SERVICE PRIORITIES FOR ASIAN AMERICAN ELDERLY**

- . Access services. Services are needed to help people find out what services are available and how to obtain them. Such services include outreach, information and referral and individual and organizational advocacy.
- . Specialized transportation that may include escort and translation assistance is critical for Asian American elders to get the services they need and want.
- . Health and nutrition education and services that are culturally relevant, sensitive and appropriate. Service providers need to be prepared to work with the whole family and understand the spiritual beliefs that govern behavior.
- . Social/cultural activities are important to help Asian American elderly feel a sense of belonging and reduce the isolation, depression and loneliness that is particularly acute for refugee and immigrant populations. These services promote independence and increase a person's capacity to contribute to the community. Links should be made between elders living alone and families who could provide assistance.
- . Inter/multi-generational activities should be available to provide opportunities for elders to pass on language, values and culture to the younger members of their community.
- . A "community focal point" is needed for Asian American elders. Such a place would serve as a "drop-in" center where elders could comfortably gather, visit together and find out about available services and how to obtain them.

Planning efforts should be undertaken to explore the opportunities for the development of some type of center. The potential for providing housing opportunities and community gathering space (for all ages as well as for elders) should be assessed, as should the potential for sharing resources and space among other ethnic/cultural groups. More specifically, contact should be made now to explore the potential for such a space in the already planned facility of the Center for Asians and Pacific Islanders.

- . Special classes on citizenship and survival skills are needed that are designed particularly for immigrant and refugee elders.



- . Education and community development activities are needed to provide development opportunities for the education, empowerment and leadership of Asian Americans to maximize their contribution to the community.
- . Bi-lingual/bi-cultural direct service staff are important to improve elders' comfort with, access to and participation in services.
- . Many cultures and languages are represented within the "Asian American/Asian Pacific Islander" community.
- . Mutual assistance associations (MAAs) are strong cultural associations and resources in the community. MAAs should be a resource for others seeking to serve Asian populations.
- . Equal access to services for all older people, including Asian American elders, is the goal; however, the current system of services cannot now assure this. Therefore, it is important that the above services be supported *at the same time* that the existing system of services is working to improve its targeting efforts.

### C. SERVICE PRIORITIES FOR BLACK ELDERLY

- . Access Services. Services are needed to help people find out what services are available and how to obtain them. Such services include outreach, information and referral and individual and organizational advocacy.
- . Inter/multi-generational activities and approaches should be encouraged since they are effective in identifying and working with Black elderly. Such activities provide opportunities for the elders to pass on values and culture to younger members of their community and serve to promote independence and enhance elders' capacity to contribute to the community. Black elders should also be supported as mentors to youth.
- . Grandparent support programs are needed because many Black elderly have responsibilities for grandchildren and need financial, emotional and social support.
- . Black churches should be vehicles for reaching Black elderly since they are accepted by the elderly. The churches should be encouraged to provide information and support to elderly as part of their social ministry. The church is also a strong source for recruiting and training volunteers.
- . Black staff are important to improve elders' comfort with, access to and participation in services.
- . It is important to allow sufficient time to reach Black elderly. Due to high levels of mistrust of "the system" among Black elderly that stems from historical barriers, more time is necessary to earn the trust that will enable the elderly to avail themselves to services.

. Equal access to services for all older people, including Black elderly, is the goal; however, the current system of services cannot now assure this. Therefore, it is important that the above services be supported *at the same time* that the existing system of services is working to improve its targeting efforts.

#### **D. SERVICE PRIORITIES FOR HISPANIC ELDERLY**

. **Access services.** Services are needed to help people find out what services are available and how to obtain them. Such services include outreach, information and referral and individual and organizational advocacy.

. **Special outreach efforts are needed and should be funded with on-going, general operating funds of agencies.**

. **Social/cultural activities** are important to help reduce isolation and to present opportunities for providing information about services. Activities should include inter/multi-generational activities that provide opportunities for elders to pass on language, culture and values to younger members of the community. These services promote independence and increase elders' capacity to contribute to the community.

. **Specialized transportation** that may include escort and translation assistance is critical for Hispanic elders to obtain the services they need and want, particularly since the population is spread across the Metro Area. Alternative methods for bringing services and people together should be explored, such as transporting health services to people.

. **Hispanic elders need improved access to health education and health services** in order to help prevent major medical problems and maintain their independence.

. **Educational development** is needed to help expand the pool of qualified bilingual individuals to work in a variety of service organizations.

. **Bi-lingual/bi-cultural direct service staff** are important to improve elders' comfort with, access to and participation in services.

. **Many cultures are represented within the "Hispanic" community. In addition, many Hispanic seniors speak dialects.**

. **The fundraising capacity within the Hispanic community** should be explored.

. **Equal access to services for all older people, including Hispanic elderly, is the goal; however, the current system of services cannot now assure this. Therefore, it is important that the above special services be supported *at the same time* that the existing system of services is working to improve its targeting efforts.**

#### **IV. GENERAL RECOMMENDATIONS FOR DEVELOPING AND IMPROVING SERVICES**

This section includes recommendations for service providers for the planning and development of services, general funding recommendations for public and private funders that would support broader development of and investment in communities of color, and principles that should be considered by those making investment decisions about the service delivery system. More specific recommendations for Title III funding are addressed in the next section of the report.

##### **A. RECOMMENDATIONS FOR PLANNING AND DEVELOPMENT OF SERVICES**

The following recommendations are intended to serve as a guide for those attempting to reach minority populations and/or developing or improving any service to meet the needs of minority elders and increase their ability to live independently.

1. Locate services close to the target population to improve accessibility and familiarity with the service.
2. Employ staff and volunteers from the target population to directly deliver the service. Bilingual/bicultural staff are particularly important in the provision of individual advocacy, outreach and other access services.
3. Ensure appropriate and on-going training and education is provided to all staff, especially "front line" direct service staff and supervisors, in order to increase tolerance of and sensitivity to cultural differences (in areas of educational experiences, language, religion, diet and health issues, for example) and to increase the comfort of minority elder clients using their services. Work to instill an attitude that supports the need for on-going training and communication efforts.
4. Ensure access to translators/interpreters in the absence of staff members who can perform this service.
5. Involve members of the minority community in the planning and decision-making for services. The minority communities should be view as partners in such endeavors.
6. Use existing communication vehicles and networks in minority communities to convey information about services.

## B. GENERAL FUNDING RECOMMENDATIONS

Listed below are recommendations for project funding that reflect some of the broad and common themes that came out of the roundtable discussions. These priorities and principles should be considered by the larger funding community - public and private - since they relate generally to the development of people, communities and non-profit organizations and cut across many issue areas.

### Support is needed for:

1. Education and training of service providers, funders, policymakers and older adults about other cultures that develops improved understanding, respect and appreciation of other cultures and promotes the positive potential outcomes of working together. For direct service providers, this should include training on cultural differences, preferences and practices in order for the initial contact with a client to result in a positive outcome; this may include language training and/or the training on the availability and knowledge of translation services *at the level and location of the direct service provider.*
2. Cross-cultural and cross-subcultural experiences and celebrations that provide opportunities to increase understanding, reduce fears, and celebrate the richness of diversity in our communities. The diverse cultures within the four major minority groups must also be recognized.
3. Management and technical assistance to support the organizational growth and development of minority/cultural organizations.
4. Collaboratives, coalitions and partnerships between and among organizations that blend unique areas of expertise and can result in improved services and access to services.
5. Policy evaluation and development projects designed to review and modify policies, procedures and standards for cultural appropriateness and inclusivity, particularly in areas of housing, health and nutrition.
6. Community development initiatives designed to develop and nurture leadership and empower minority communities. This could include education projects, community organizing projects, and individual scholarships aimed support of minority researchers.
7. Research projects. More research is needed on the particular health conditions of particular populations; and, as important, this information needs to be integrated into practice in the service system; i.e. health care providers must know about particular conditions and propensities for different populations in order to provide the most basic of health care services.
8. Evaluation. Many existing services were developed and have evolved around the average, majority, white older person; all service providers should evaluate the accessibility and functionality of their services for other populations in their service areas. An example of a needed service assessment is ethnic food options in nutrition programs. Funders and grantees should also agree to outcome based evaluations.

**C. PRINCIPLES FOR IMPROVING SERVICES FOR MINORITY ELDERS**

- On-going, stable funding is needed for minority/cultural organizations. Planning efforts designed by individual communities to address this issue may be appropriate, such as exploring the development of new resources, shared efforts and affiliation with other related groups.
- Public services must be accessible to target populations. Counties, the primary provider of social services in Minnesota, particularly for low-income elderly, should operate and promote satellite offices in target communities to improve access to and use of county services, employ minority in-take and assessment workers (and, when needed, subcontract with agencies that employ ethnic staff), and work cooperatively with agencies that assess or refer ethnic elders for services.
- Translation and advocacy services should be available to non-english speaking elders. Offices providing application for public benefits, such as the Social Security Administration and county welfare offices, should provide these services on site. Rather than refer clients to community agencies, such offices could purchase services from community agencies. Other examples of places where translation and advocacy services should be provided are public hospitals and emergency rooms, health clinics, nursing homes and public housing.

The very limited availability of these services severely limit choices available to minority elders. As a result, elders either choose to not seek service when it is needed, often delaying care, or they require intensive escort and specialized transportation services. Public and private funders should ensure the availability of translation and advocacy services.
- Informational and promotional materials should be provided in the languages of target groups and through means that will effectively reach them. A variety of special efforts may be required to successfully reach target groups. The specific techniques used should be developed *with* members of the target community.
- Funding should support only those agencies with a demonstrated commitment to serve well all persons in the designated target area/group. Indicators of this include inclusive policies and planning and policy development processes that demonstrate a proactive attitude toward responsive service delivery and steps the agency is taking to serve (or prepare for serving) diverse populations, such as training programs and knowledge of and relationships with relevant minority organizations. The composition of boards, staff and committees is also an appropriate indicator.



## V. FUNDING RECOMMENDATIONS FOR TITLE III

Funding to support minority access services is necessary and should continue to be provided through a variety of sources, including Title III Older Americans Act funds; United Ways; County, City and School District funds; and corporate and foundation grants.

The MAAA should continue to support use of Title III funds for special access services for minority elders. While the goal of the MAAA is to have a comprehensive and coordinated system of services for older people in the Metro Area that is accessible to *all* older people, it is evident from the minority roundtable discussions that this goal has not yet been realized. It is also apparent that the participation of minority elderly in Title III services and other services is, in large part, due to the special access effort. To move toward fulfilling this goal, a two-pronged strategy for funding seems most appropriate for use of Title III funds at this time.

### A. A TWO-PRONGED FUNDING STRATEGY FOR TITLE III:

1. **Continue the current "Special Access" priority and funding with increased emphasis on the most basic and critical access services of information and referral, individual advocacy and outreach.**
2. **Strengthen targeting requirements for all Title III grant recipients.** Evaluation criteria for Title III grant awards should include demonstrated commitment to and performance of each project in reaching and serving minority elderly.

### Other Recommendations for Title III Services

- . Since transportation is also a critical access service, Title III-funded transportation providers should continue to focus on special needs through subcontracts that provide needed specialized transportation, particularly for non-English speaking elderly.
- . Title III nutrition providers should work with special access projects to explore opportunities for the development of ethnic menus and nutrition/health education for target groups. (When the demand for dining services for a group of ethnic elders is not sufficient to operate a dining site, congregate dining projects should offer technical assistance to ethnic access agencies that want to develop alternative nutrition services.) MAAA staff should provide needed technical assistance in this effort.
- . The Coordinated Information and Referral (I&R) projects should work to ensure access of minority elderly, especially non-English speaking elderly, to basic I&R services. MAAA staff should provide needed technical assistance in this effort. All projects should identify resources that employ ethnic staff and work with agencies that assess or refer ethnic elders for services. (These resources may serve as subcontractors.)

All projects should assess the population profile of their service areas and evaluate the success of their efforts in reaching and serving their communities, including minority elders. These results should be shared in order to inform the system and affect needed change.

## B. FUTURE PLANNING AND FUNDING OPTIONS

The MAAA should explore alternative funding options for service to minority elders as part of its larger planning effort during 1992. More discussion and study is needed on different funding models that support special access activities. This effort should significantly involve communities of color.

Listed below are several possibilities that have been mentioned that might be explored further in 1992:

- establish targeted funding goals for all services, i.e., raising the targeting goals to double the minority representation (of each group) in a given service area;
- increase allocations to special access services;
- examine existing programs to determine what changes should be made, including how programs differ and what works and why;
- review the model for delivery of transportation services for effectiveness in meeting the needs of minority elders, and examine the effect of making transportation one of the basic "access" services of special access funding. Specialized transportation, particularly in non or limited- English speaking senior groups that are geographically dispersed and the costs of providing specialized transportation service is a barrier to organizations;
- examine different models of funding, including:
  - a "coordinated model" of funding Special Access that could mean identifying and supporting one coordinating organization comprised of representatives of all minority groups *or* identifying and supporting one coordinating organization for each of the minority groups. Several culturally-based community groups with the best direct access to the target population could subcontract with the central coordinating agency to provide the direct service; the central coordinating agency could provide training, technical assistance and orchestrate organizational advocacy and in-service training activities.
  - a "collaborative model" of funding that would support the current "two-pronged" approach to reaching and serving minority elderly by blending the unique specialties of organizations and emphasizing and possibly formalizing the "access" and training role to be provided by cultural organizations and the direct service role to be provided by



mainstream direct service providers. Such a model may have components of the coordinated model.

a "community focal point model" that would include the development, operation and funding of "community focal points" for ethnic communities that would serve a larger, county or multi-county area and function as a culturally appropriate general access point, a one-stop shop, and a place to gather as a community. Family-centered community focal points in proximity to housing should be explored.



## V. AN ACTION AGENDA FOR IMPROVING SERVICES FOR MINORITY ELDERLY

Many of the themes identified during the roundtable discussions related to larger, systems issues that suggested the need for stronger system-level work. In an effort to address these concerns, the following recommendations are action agendas for the Minnesota Board on Aging and the Metropolitan Area Agency on Aging to improve services for minority elders.

### A. AN ACTION AGENDA FOR THE STATE

The Minnesota Board on Aging should take a leadership role in organizing a statewide effort to improve the access of minority elderly to services throughout the state and in coordinating appropriate state-level agencies that can effect needed changes in state regulations and policy. Since nearly three-quarters of the state's minority elders live in the Metro Area, the MAAA should work with the Minnesota Board on Aging and its Minority Issues Task Force to coordinate efforts and collaborate on projects. Listed below are recommendations for coordinated action:

1. Support the development of additional statewide mechanisms to provide training and technical assistance and coordinate organizational advocacy efforts on behalf of minority elders throughout the state. A coordinated effort at the state level could further the goals of integration of minority aging issues into a broader community agenda, elevate the priority and attention given to minority concerns and serve to reduce fragmentation of both efforts and communities as well as reduce the current heavy demands on local direct service providers for these purposes. The result would be one of greater impact on systems change than what any one regional effort or funding strategy could accomplish on its own.

One possible strategy could be to develop the capacity of the existing state minority councils to provide a state-wide focus for the four minority elderly groups. An additional state appropriation to the state councils could support broader, more integrated efforts of minority communities, such as supporting elders within a family context. The councils also may be an appropriate recipients of related demonstration funds. The potential for a consortium of funders to support a coordinated network should also be explored. *In order to determine the best fit of this charge with the role and mission of organization, this initiative should provide for significant and appropriate community participation.*

In addition, these four statewide "focal points" could develop and organize training and workshops for sharing information, developing networks, replicating successful service models, and coordinating work on public awareness and organizational advocacy.

2. Advocate for the inclusion of minority elders in existing advocacy organizations such as the Minnesota Senior Federation.
3. Develop new targeted funding to promote access and increase participation of minority elderly in the Title III system of services in the state in response to increase in minority population in the state and metro area.

4. Evaluate the interstate funding formula used to allocate funds throughout the AAA network and revise to provide greater weight to poverty and low-income minority elderly population factor.
5. Assess the opportunity, desirability and feasibility of an Indian AAA.
6. Set higher targeting goals for Title III services to minority populations. This effort would include the examination of current data and possible collection of new data to better assess current performance and to set future goals. The targeting goal should be higher than the current goal of proportional representation of the target population in the service area.
7. Explore the development of ethnic-based housing options in coordination with other appropriate state agencies, such as the Minnesota Housing Finance Agency. Older people should have opportunities to live in housing planned just for them, as well as in housing developments for all ages. Opportunities for older minority persons to live in housing that is culturally appropriate for them should be explored. Integration and involvement of the older people within their neighborhood and communities should be strongly encouraged. Special attention should be paid to location and management since these are factors that are important in fostering interaction between the housing development and the rest of the community. If housing is developed for elderly and their families, special attention should be paid to the building design, management and services so there are opportunities for separation as well as integration of the age groups.
8. Collect, analyze and provide information to the federal level on areas where system changes are needed. This would also include monitoring of legislation and possibly initiating legislative action. An example would be providing information and testimony related to the current "age-based" principles that currently govern Title III and the Older Americans Act that limits minority participation in Title III services and presents a barrier in both service delivery and funding.
9. Explore use of waivers to free funds for flexible uses by putting fewer audit and monitoring controls on how money is spent. The increasingly strict regulatory environment for categorical funding, such as the Older Americans Act funds, works against innovative system redesign and is a significant cost drain for both funders and grant recipients.

## B. AN ACTION AGENDA FOR THE MAAA

At the regional level the MAAA should carry out the following planning and development efforts:

1. Communicate the findings of this effort to funders and policy makers in the community to increase awareness of the special needs of minority elders and to seek support for shared information, coordinated action and partnerships.
2. Integrate these findings and the issues of minority aging into other regional planning efforts of the Metropolitan Council, including the current work of the Human Investment Framework and the policy planning work to be conducted by the MAAA in 1992 and 1993. Both of these projects are intended to examine the needs and opportunities for future human investments in the metro area and to guide the reshaping of the human service system in the region.
3. Initiate forums to follow-up on the specific ideas identified at the minority roundtables. For example, the narrowly system-defined "target groups", such as "families", "elderly" and "children", often results in exclusion and missed opportunities. Alternatives should be pursued for combining the now largely separate age-specific efforts and categorical funding streams to develop new, holistic and responsive services that are cost-effective and that work for people as members of more flexibly support systems.
4. Seek collaboration for family and/or community-based demonstrations for reaching and serving elderly within a broader context of "family" that could support the agendas of other interest groups. This would likely involve work with age or issue-specific groups and waivers to current regulations. Demonstrations might include flexible payments to families to purchase needed services; grandparent eligibility for child financial support and participation in parents/youth-oriented service systems, such as schools; and/or the development of appropriate home care service options for Hmong elderly and families who do not want outsiders in their homes.
5. Seek partners in funding to support participation of those under age 60 while advocating for needs-based criteria (vs. age-based) for funding under Title III of the Older Americans Act.
5. Convene periodic roundtable discussions with members of the minority communities to maintain and promote dialogue about the status of minority elders, what is working and what is not working, and to maintain connection with the communities of color. Counties, state agencies and private funders should attend and participate in the dialogue to have more direct contact with communities. Meetings should be co-sponsored and planned together with the minority community(s). Veterans organizations should be involved as well since many minority seniors are veterans.
6. Develop an "access" work group of active community organizations that would include community focal points, information and referral projects and special access/cultural organizations. The work group should promote access of all elderly to all services available to older people through targeted activities. Examples include partnerships/collaborative projects between and among service providers; sharing information on models or best

examples for reaching and serving those in greatest social and economic need, particularly the low-income minority elderly; exploring ways in which services might be better coordinated to develop a continuum of services at the local level; and providing a forum for an informal support network that includes minority service providers.

7. Develop an assessment tool for use in assessing grantee progress on implementation of inclusive policies, measured by such factors as composition of board and staff, planning processes, special and on-going training plans for all levels of the organization (staff and volunteers, etc...) and add to criteria for funding decisions.
8. Require plans for promoting access to minorities in a proposed project's service area and monitor more closely the targeting performance of all Title III service providers.
9. Require outcome-based service evaluation to assess the success and quality of services funded.
10. Sponsor training for Title III grantees that promotes improved access and best use of existing resources; work with MBA and other funders to sponsor training for the larger network of aging service providers.
11. Develop a "user-friendly" guide on federal grants management for use by newly formed groups and service developers considering federal grant support.
12. Provide technical assistance to organizations (grantees and others) that need help in planning, needs assessment, data and data collection, evaluation, organizational advocacy, and service development as well as assistance in meeting regulatory compliance requirements.
13. Advocate for improved systems access for all older persons in work with other funders, state and local governments, policymakers and service providers.
14. Model inclusive planning and policy work by seeking greater and broader representation of persons of color all levels of the organization and seek appropriate ways to involve minority groups and seniors, such as use of task forces/committees within the various minority communities to examine data and plan for future services.

## VI. THE CHALLENGE FOR SYSTEM CHANGE

All those involved - planners, policymakers, service providers and individuals participating in the system - have a responsibility to ensure equal access and participation by all older persons to the full range of services that are available. There are a variety of strategies that should be employed to fulfill this charge, including:

- ensuring broad representation of diverse persons and groups at all levels of our organizations (staff, boards, task forces and advisory and decision-making groups);
- ensuring existence and performance of inclusive policies;
- ensuring appropriate and *on-going* training and communications at *all* levels of an organization; and
- ensuring that planning and policy development activities are more sensitive to cultural differences and that they include more genuine involvement of and listening to elders and other minority representatives.

The effects of historical racism make minority elderly suspicious of the "mainstream" service "system". Institutional racism continues to exist and stronger action is needed. Members at all levels of institutions need to be sensitive to issues of race and poverty and be considerate in attitudes and remarks. Training should be provided for all levels of the organization to become more sensitive to how racism is perpetuated and to learn new ways of approaching problems and opportunities.

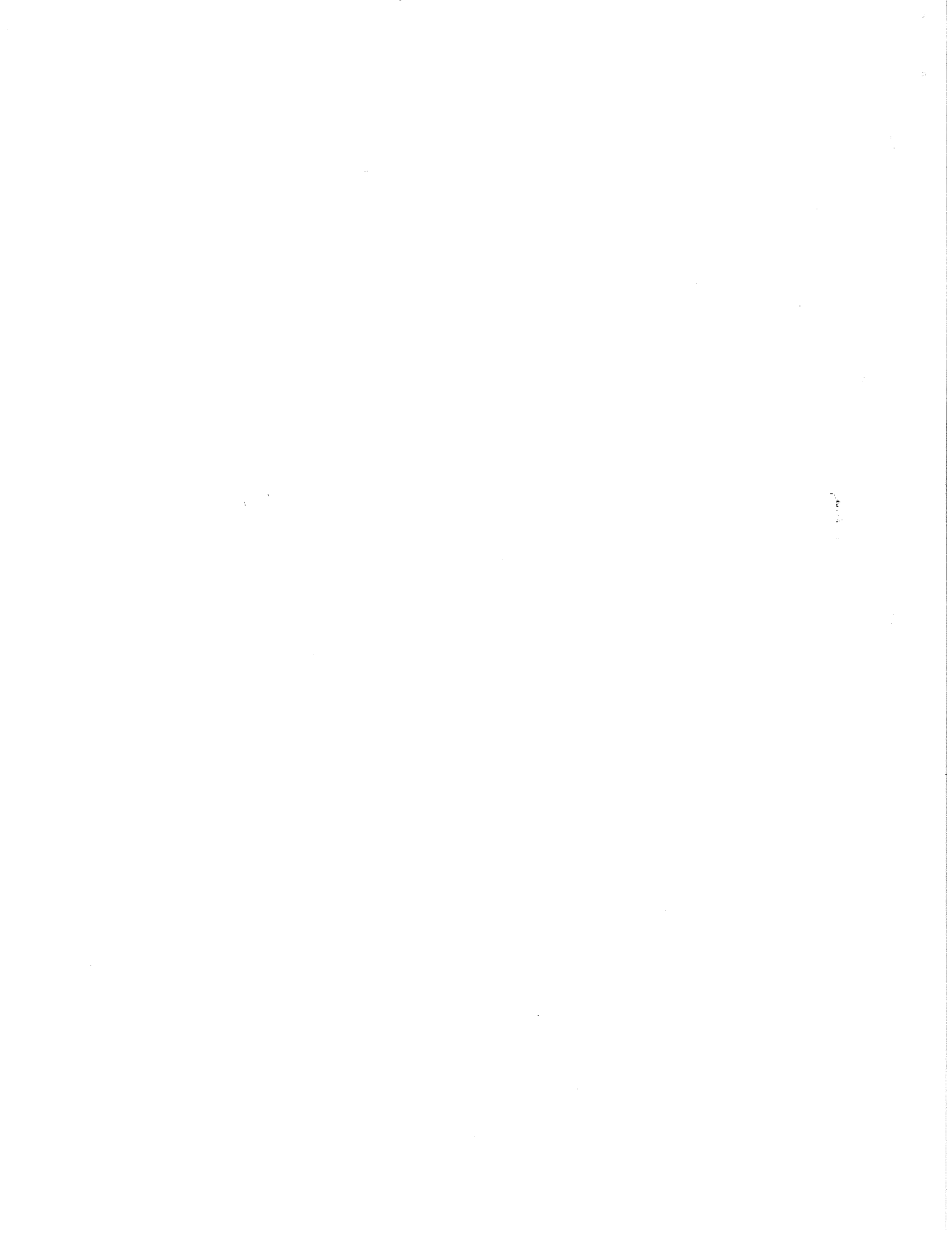
Institutions should espouse the benefits of cultural pluralism. In order to convey sincerity to the community with respect to these issues, institutions, including the Metropolitan Council, need to identify ways to model appropriate, responsive institutional behavior.





**Appendix**

**LIST OF ROUNDTABLE PARTICIPANTS**



## ROUNDTABLES ON AMERICAN INDIAN ELDERLY

**Convenor: Emily Peake, Member, Minnesota Board on Aging, and  
Co-Founder, Minnesota Indian Council of Elders**

- |  |   |
|--|---|
| 1. Ellen Black<br>St. Paul Division of Health<br>555 Cedar St.<br>St. Paul, MN 55101                     | 7. Helen Johnson<br>Minnesota Board on Aging<br>444 Lafayette Road<br>St. Paul, MN 55155                    |
| 2. Louis Abraham<br>St. Paul Division of Health<br>555 Cedar St.<br>St. Paul, MN 55101                   | 8. Jane Kennedy Sawina<br>United Way of St. Paul<br>166 E. 4th St.<br>St. Paul, MN 55101                    |
| 3. Ralph Brown<br>Minnesota Board on Aging<br>444 Lafayette Road<br>St. Paul, MN 55155                   | 9. Sandra King<br>St. Paul Indian Center<br>341 University Av.<br>St. Paul, MN 55101                        |
| 4. Beatrice Brunette<br>United Way of St. Paul<br>166 E. 4th St.<br>St. Paul, MN 55101                   | 10. LaRhae Knatterud<br>Metropolitan Council<br>Mears Park Centre<br>230 E. Fifth St.<br>St. Paul, MN 55101 |
| 5. Dorene Day<br>Indian Family Services<br>1305 E. 24th St.<br>Minneapolis, MN 55404                     | 11. Diane Levitt<br>Minnesota Board on Aging<br>444 Lafayette Road<br>St. Paul, MN 55155                    |
| 6. Amy Flocken<br>Minneapolis American Indian<br>Center<br>1530 E. Franklin Av.<br>Minneapolis, MN 55404 | 12. Edie Meissner<br>St. Paul Foundation<br>St. Paul, MN  |

13. Scott Magnuson-Martinson  
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Mears Park Centre  
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14. Andrea Skolkin  
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230 E. Fifth St.  
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15. Amy Sunderland  
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16. Gerrit Van Hunnik  
Minnesota Board on Aging  
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17. Winona Wilson  
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18. Harriet Denomie  
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19. Alberta Dawnwind  
Minneapolis American Indian  
Center  
1530 E. Franklin Ave.  
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20. Beverly Thomas  
Minneapolis American Indian  
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21. Kate Houston  
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## ROUNDTABLES ON ASIAN-AMERICAN ELDERLY

**Convenor: Dr. Albert deLeon, Director of Council on Asian-Pacific Minnesotans**

1. Margaret Chan  
Chinese Senior Society  
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Minneapolis, MN 55437
2. Larry Clausen  
Minnesota Board on Aging  
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3. Dr. Albert deLeon  
Council on Asian-Pacific  
Minnesotans  
Summit National Bank Bldg.  
205 Aurora Av., Suite 100  
St. Paul, MN 55103
4. Marjorie Goebel  
15 E. Grant St.  
Minneapolis, MN 55403
5. Chad Her  
Hmong Elders Program  
1544 Timberlake Road  
St. Paul, MN 55117
6. Peter Inthisone  
Minneapolis YMCA  
30 S. Ninth St.  
Minneapolis, MN 55402
7. Jane Kennedy Sawina  
United Way of St. Paul  
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8. LaRhae Knatterud  
Metropolitan Council  
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9. Khon Kong  
Refugee and Immigrant Resource  
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1821 University Av., #360S  
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10. Diane Levitt  
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11. Chi Lu  
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St. Paul, MN 55104
12. Scott Magnuson-Martinson  
Metropolitan Council  
Mears Park Centre  
230 E. Fifth St.  
St. Paul, MN 55101
13. Lar Mundstock  
Refugee and Immigrant Resource  
Center  
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14. Karin Sandstrom  
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15. Laura Schommer  
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16. Kelly Simmons  
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1544 Timberlake Road  
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17. Andrea Skolkin  
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18. Amy Sunderland  
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19. Wayne Takeshita  
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20. Ming Tchou  
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22. Moua Vang  
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23. Donna Wahlberg  
Central Minnesota Council on  
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St. Cloud, MN 56301
24. Sammoy Knight  
YWCA Outreach  
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25. Henry Nelson  
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26. Kate Houston  
Metropolitan Council  
Mears Park Centre  
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27. Grace Lee  
MN Korean-American Multi-Service  
Center  
620 Cedar Ave. S.  
Minneapolis, MN 55454

## ROUNDTABLES ON BLACK ELDERLY

**Convenor: Rev. Melvin Turner, St. Philip's Episcopal Church, St. Paul**

1. Nancy Anderson  
Catholic Charities  
215 Old Sixth St.  
St. Paul, MN
2. Roger Banks  
United Way of Minneapolis  
404 South 8th St.  
Minneapolis, MN 55404
3. Rev. Rufus Campbell  
Camphor United Methodist  
Church  
585 Fuller Av.  
St. Paul, MN 55103
4. Warren Carey  
Senior Resources  
2021 E. Hennepin  
Minneapolis, MN
5. Raymond Lee Davis  
Ebenezer Community Services  
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Minneapolis, MN 55403
6. Josephine Ewing  
3740 4th Av. South  
Minneapolis, MN 55409
7. Bonnie Mertesdorf  
Region IX Area Agency on  
Aging  
Mankato, MN
8. Eunice Green  
Senior Program Coordinator  
Hallie Q. Brown Community  
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St. Paul, MN 55102
9. Brenda Hill  
Senior Resources  
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10. Gail Kaba  
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11. LaRhae Knatterud  
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13. Scott Magnuson-Martinson  
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14. Georgia Marinkov-Omorean  
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15. Maeola McKinnies  
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16. Evelyn Robinson  
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St. Paul, MN 55104
17. Donna Sherlock  
St. Paul Foundation  
1120 Norwest Center  
St. Paul, MN 55101
18. Amy Sunderland  
Metropolitan Council  
Mears Park Centre  
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St. Paul, MN 55101
19. Shirley Underwood  
Sabathani Community Center  
Minneapolis, MN
20. Ruthie Dallas  
MN Council on Black Aging  
MN Department of Human Services  
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21. Mabel Evans Cason  
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St. Paul, MN 55106
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23. Helen Reed  
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24. Kate Houston  
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## ROUNDTABLES ON HISPANIC ELDERLY

**Convenor: Roy Garza, Director, Community Services, City of St. Paul**

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2. Paul Carrizales  
Family Services of St. Paul/CLUES  
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St. Paul, MN 55101
3. Larry Clausen  
Minnesota Board on Aging  
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St. Paul, MN 55155
4. Roy Garza  
Director of Community Services  
City of St. Paul  
City Hall  
St. Paul, MN 55102
5. Helen Johnston  
Minnesota Board on Aging  
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St. Paul, MN 55155
6. Jane Kennedy Sawina  
United Way of St. Paul  
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7. LaRhae Knatterud  
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St. Paul, MN 55101
8. Diane Levitt  
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9. Scott Magnuson-Martinson  
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10. Donna Sherlock  
St. Paul Foundation  
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St. Paul, MN 55101
11. Andrea Skolkin  
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12. Amy Sunderland  
Metropolitan Council  
Mears Park Centre  
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St. Paul, MN 55101
13. Blanca Rosa  
Member  
Minority Issues Advisory Committee  
Metropolitan Council

14. Gloria Jordan  
CLUES  
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15. Christine Hubbard  
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St. Paul, MN 55107
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17. Estolio Benevides  
Neighborhood House  
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St. Paul, MN 55107
18. Margarita Romo  
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St. Paul, MN 55102
19. Maria Lopez  
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20. Augustine Dominguez  
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21. Dorene Day  
Member  
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Metropolitan Council
22. Gerrit Van Hunnik  
Member  
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23. Kate Houston  
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