

**Final  
Report**  
*to the  
Legislature*

*Assessment of Indian Elder  
Access to Services  
in Minnesota*

Minnesota Board on Aging  
444 Lafayette Road North  
St. Paul, MN 55155-3843

February 1993

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# ASSESSMENT OF INDIAN ELDER SERVICES IN MINNESOTA

## EXECUTIVE SUMMARY

### Introduction

The Minnesota Board on Aging was directed by the 1991 Minnesota Legislature to appoint an advisory task force consisting of Indian elders and representative from the area agencies on aging, counties and other interested parties to make recommendations on how Indian elder access to services can be improved.

The Indian Elder Services Task Force charge was to study the issues and recommend a method of assisting the Indian elders with the identified problems. The National Law Center model recommends that programs be culturally appropriate.

### Key Findings

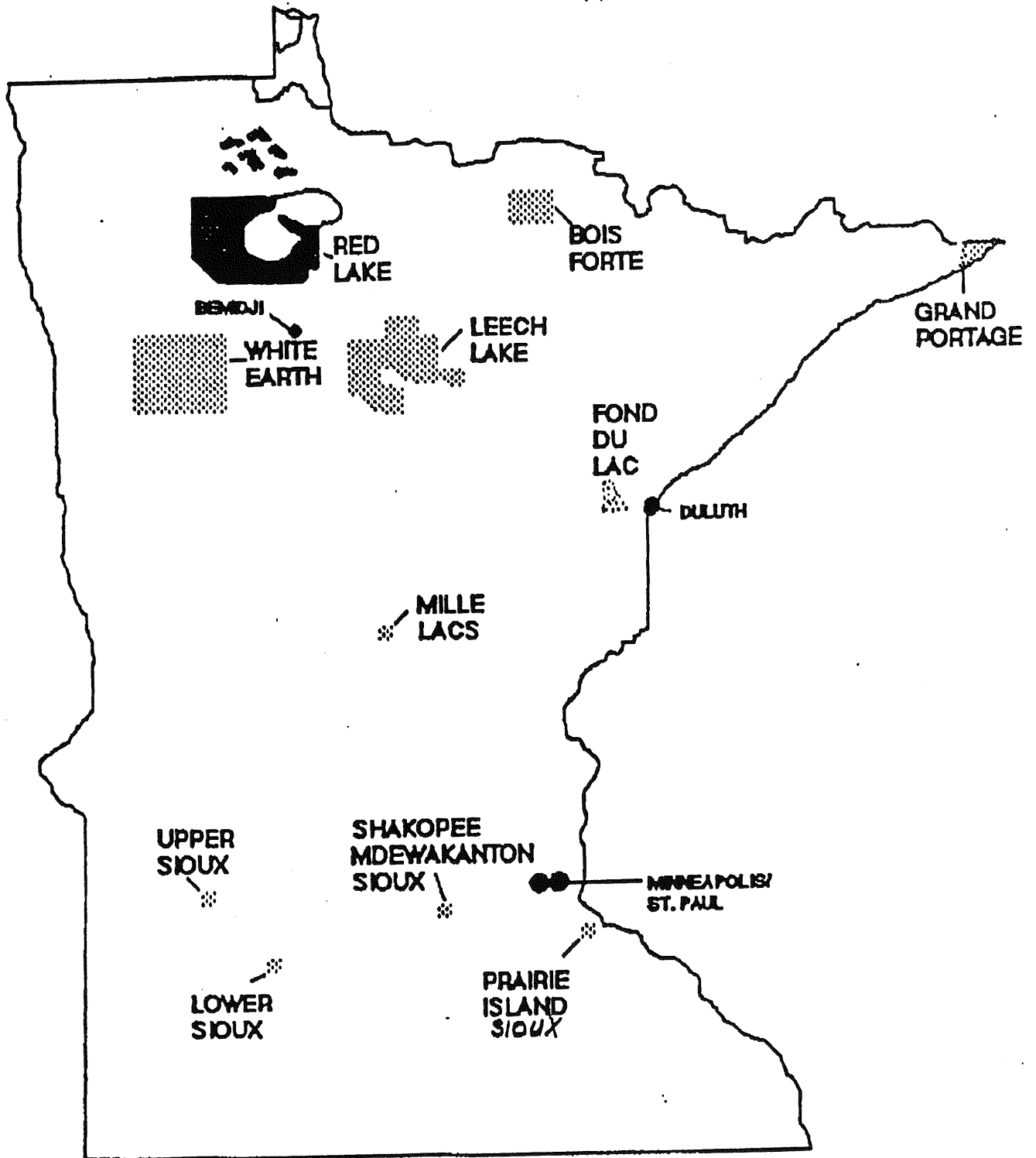
- Many Indian elders do not know the resources available to their community.
- Coordination of benefits and better organization of the health services is needed.
- Many Indian elders lack adequate and proper nutrition secondary to their economic status.
- Transportation difficulties are sighted as a problem in all areas of need.
- Indian elders do not have appropriate housing options.
- Cultural gaps still exist in programming for Indian elders.
- Many Indian elders are vulnerable to abuse from their own families or extended family.
- A growing misconception is that every Indian is now becoming wealthy from the proceeds from Indian controlled gambling in the state.

### Recommendation

The recommendation of the Indian Elders Services Task Force is to have an Indian position at the Minnesota Board on Aging responsible for coordination with the Indian office at the federal level. Through this position the Indian communities would have direct contact with the federal proposals that affect them. The position would also assist with the preparation necessary for the proposals, as well as providing information and education to the Indian communities. Therefore, the Indian communities would have the necessary link that would ultimately expand Indian elder's access to the services available.

Historically the Indian elders role was advisory and intergenerational. They are the keepers of the Indian traditions and history. The Indian communities must be approached on a holistic basis, not as it has been in a fragmented manner. Presently, the method has been to just provide for the physical well being, but the Indian communities need respect and revitalization of their traditional lifestyle. The task force recommends the position at the Minnesota Board on Aging as the method to provide the necessary changes.

# MINNESOTA INDIAN RESERVATIONS



## **TASK FORCE PURPOSE**

The 1991 Minnesota Legislature [1991 Minn. Laws Ch.292, Art.1, Sec. 2, Subd. 5] directed the Minnesota Board on Aging to appoint an advisory task force consisting of Indian elders and representatives from the area agencies on aging, counties and other interested parties to make recommendations on how Indian elder access to services can be improved. The Minnesota Board on Aging shall report its recommendations to the legislature by February 1, 1992. (See appendix for this report).

The present structure of the multiple federal, state, and tribal systems creates special problems for Indian elders. The National Indian Council on Aging (NICOA) has only one representative for 4 states. The Bureau of Indian Affairs (BIA) districts are too large to assist with specific issues that affect individuals in each region. No one represents regions, so therefore, the system becomes cumbersome to access. Historically there has been a lack of access to services for Indian elders. There has been a decrease in minority elder participation in programs, even though the elder population has increased. The large areas are too difficult to cover considering the diversity of problems. The system seems to bypass the people who are organized and want to act. There is no forum to be heard in a timely manner.

The Indian Elder Services Task Force charge is to study the issues and recommend a method of assisting the Indian elders with the identified problems. The National Law Center model recommends that programs be culturally appropriate.

## **TASK FORCE MEMBERSHIP**

The Task Force members represent the Dakota (Prairie Island, Shakopee, Upper Sioux Agency, Lower Sioux Agency), the Chippewa (Leech Lake, White Earth, Grand Portage, Bois Forte, Mille Lac, Fond du Lac) and the Red Lake Indian Tribes. There are representatives from urban and reservation Indian senior organizations. The President of the Minnesota Chippewa Tribal Executive Committee is a member. The aging organizations are represented by 3 members of the Minnesota Board on Aging, including the Minority Affairs Chair, and a member of the Area Agency on Aging.

## **BACKGROUND**

The federal Older Americans Act serves as the starting point for the aging network in the nation and in the state. In Minnesota, it gives direction and responsibilities to the Minnesota Board on Aging (as the designated state unit on aging) and it authorizes a network of Area Agencies on Aging (AAAs) to extend the network on a regional level.

The Older Americans Act was first enacted over 25 years ago, and has been amended several times since. The state network also has evolved during that time. Minnesota now has one AAA for the Minneapolis/St.Paul metropolitan area and 13 AAAs for Greater Minnesota including the Minnesota Chippewa Tribe AAA. All of the AAAs cover multi-county areas, except the tribal AAA which includes four of its six member reservations (Bois Forte, Grand Portage, Leech Lake and White Earth reservations) in its planning and service area. The boundaries of six other AAAs overlap with the boundaries of the tribal AAA.

When the Indian AAA was established, the intent was to have it involve all federally recognized Indian tribes and organizations in Minnesota, these are: the member reservations of the Minnesota Chippewa Tribe (the four listed above plus Fond du lac and Mille Lacs), the Red Lake Chippewa Reservation, and the four Sioux tribal communities (Upper Sioux Agency, Lower Sioux Agency, Shakopee, and Prairie Island). This initiative was impeded by several factors including a federal restriction that prevented federally recognized Indian organizations from receiving both Title III and Title VI funds. Those who already received Title VI would have had to relinquish to participate in the Title III based AAA. Since then those restrictions have been removed from the Act.

## **PROCESS**

The task force, which includes representatives from all of the reservations and tribal communities, has met as a group for the past year since the first meeting on January 10, 1992. During that time several methods have been used to gain input toward the process were identified. The Minnesota Indian Council of Elders hearing and the Metro AAA roundtable discussions of service providers, and representatives from the Indian community were used to determine issues and recommendations. Issues and concerns identified were highly similar to those identified for the majority population with one exception, access to and understanding of available services. The SAIL (Senior's Agenda for Independent Living) program development also identified Indian community needs.

## INDIAN ISSUES

**Access to Services:** There are many Indians elders who don't know that services are available. Access to services is complicated and often intimidating. There is a continued lack of minority elder participation in programs even though the elder population has increased. There is a continuing lack of trust. Many elders live in isolation from the community by choice and therefore are not aware of the services available to them.

**Health Care:** In understanding the health problems that affect the Indian elders, it is clear that early intervention and better organization of the health services is needed. Coordination of benefits and access to health care systems are also identified as priority needs. The Indian health system development causes the Indian elders to travel from the urban areas to the reservations solely to obtain health services. The access point for Indian elders in the metropolitan area is the federal Indian Health Board. After the Indian Health Board has assessed the Indian elders needs, they are referred to the appropriate health care services. The Indian Health Board is a bridge for the Indian elders. The urban Indians have access to the same resources as any other person in the urban area. The Indian Health Service through federal dollars provides many clinics, hospitals, and nursing homes.

The life expectancy of Indian elders is 10 years below the dominant culture. Poverty creates stress, which contributes to poor health. Alcohol, tobacco, and drug abuse affect 9 of 10 Indian families. Primary health care is necessary to prevent future medical care.

**Nutrition:** Many Indian elders lack adequate and proper nutrition secondary to their economic status. The surplus foods are high in salt, sugar, and fat. Many elders do not participate in the food stamp programs because they are participating in the surplus foods programs. Many believe there is minimal results for a large amount of paper work. Another problem is that grocery stores are not conveniently located, nor are they competitively priced.

Historically, Indians had a better diet than they do today. Their foods did not contain the chemical preservatives of today's diet. The Indian diet of the past consisted of fresh, dried, baked or boiled foods.

**Transportation:** Transportation difficulties are sighted as a problem in all areas of need. Accessing programs and services, or participating in activities depends on one's ability to get to the service. Rural transportation is often more expensive and less accessible than in urban areas. There are fewer buses that run to fewer locations.

**Housing Issues:** Indian elders do not have appropriate housing options. There continues to be displacement of Indian elders secondary to lack of adequate housing options. Policies that provide open access to a variety of underserved groups prevent the creation of cultural and ethnic-based housing options, which Indian elders have said they want. In urban areas, there are not housing options for Indians that are Indian community based. Another problem for elders is that they want to share their housing with younger people, ie., grandchildren, but highrise regulations do not allow this.

**Cultural Gaps:** Cultural gaps still exist in programming for Indian elders. Examples: Lack of traditional meal at congregate meal sites and differing concepts about voluntary contributions. The Indian elder's value system prevent them from attending a place where they do not pay for the food. When food is not charged for, it is a social situation and they are an invited guest.

The Indian elder's life styles value system is affected by the language barrier. In health care, they may not understand what a physician is telling them. The majority of the providers are white and many Indians do not feel comfortable in that setting. Many times because of the language barrier meanings of words are not understood.

Traditionally, Indian people are non-confrontational. Therefore, they do not assert their rights.

**Vulnerability:** Many Indian elders are vulnerable to abuse from their own families or extended families. They are afraid to break family ties. Because of their isolation, they become more susceptible to scams or con artists. Many times they trust the wrong people. Again, the language barrier causes them to not be aware of word meanings.

**Misinformation:** A growing misconception is that every Indian is now becoming wealthy from the proceeds of Indian controlled gambling in the state. This misconception provides the image that Indian elders can take care of their needs. Minnesotans need clear information about Indian-specific income and assets, such as gaming proceeds and reservation land leases.

Historically, the non-Indian community made fortunes from the Indian resources, but the profits were not returned to the Indian communities. Now the expectations of the Indian communities are to return the profits to the Indian communities.

The myth continues that the Indian communities are wards of the government. Other communities believe that Indians receive monies from the government, just for being of Indian heritage.



## RECOMMENDATIONS

### I. DEVELOPMENT OF A STATEWIDE ENTITY

- A.** Because of the Sovereignty of Indian tribes and the special status given in the Older Americans Act, Minnesota should designate an entity that has the responsibility to work solely with the concerns of all Indian elders in Minnesota.

(Minnesota's elders can be categorized in many ways: racial/ethnic origin, geographic location, occupation, income, extent of frailty, etc. Two factors make Indian elders a unique grouping. One is the sovereignty of Indian tribes, defined in federal and state law, treaties and compacts. The other is the particular status given to federally recognized Indian tribes and organizations in the Older Americans Act).

- B.** That entity should involve all of the Indian Reservations, tribal communities, and urban areas within Minnesota. (Only four reservations have consistently been able to access Older Americans Act Title III and Title VI funding and services through the Minnesota Chippewa AAA. An entity concerned with Indian elders can be most effective if it involves all Indian reservations and tribal communities).

(For numerous reasons, including cultural and economic factors and the structure of the social services system, many Indian elders living in urban areas still maintain a strong connection to their home reservations. To address the needs of those elders, a state entity needs to assure that a comprehensive and coordinated service delivery system is available in every area with a significant Indian elder population. Services must be easily accessible wherever Indian elders reside).

- C.** An Indian elder entity charged with the responsibility for planning a comprehensive statewide service system for Indian elders.

Planning for a coordinated comprehensive service system would be a starting point for the entity. The service system should include the following components:

1. An assessment of the formula for program eligibility
  - to change need based vs age eligibility
  - to promote lowering the age of eligibility to 55, which is more appropriate for the Indian communities

2. A planning system that would grant or recommend the granting of service dollars available.
3. Plan for service focal points for Indian elders. Senior centers or community centers for socialization and service accessibility need to be developed.
4. Development and implementation of education and public awareness campaigns.
  - awareness programs
  - sensitivity cultural training
  - public education on Indian elder needs
5. Plan for information and referral services
  - trained advocates
  - Indian elder newsletter
6. Plan for a coordinated health care system
  - health promotion/prevention
  - in-home service
  - long term care services
  - health care services
7. Plan for ongoing research involving Indian elders
  - needs assessment
  - needs analysis
8. Legal Services
9. Coordinate and network with existing organizations
  - Council of Indian Affairs
  - Minnesota Council of Elders
  - Minnesota Board on Aging
  - Tribal Governments

## **APPENDIX**

## INDIAN ELDER SERVICES TASK FORCE MEMBERS

Emily Peake, Chair Minneapolis, MN	MBA member
Curtis Campell, Sr. Welch, MN	Prairie Island Dakota Tribe
Helen Cummings Cass Lake, MN	MICOE, Chair Chippewa Tribe
Dorene Day Minneapolis, MN	Urban Seniors Chippewa Tribe
Amelia Flocken Cass Lake, MN	Senior Advocate Chippewa Tribe
Gerrit Van Hunnik Moorhead, MN	Minority Affairs, Chair MBA member
Joseph James, Sr. Walker, MN	Leech Lake MICOE, Chair
Charles Melberg Bemidji, MN	MBA, Vice Chair
Leslie Gerald Northrup Cloquet, MN	Fond du Lac Seniors
Luella Seelye Cass Lake, MN	AAA Director Chippewa Tribe
Mary Sumner Red Lake, MN	Red Lake Seniors
Wayne Takeshita Minneapolis, MN	Hennepin County Seniors
Ernest Wabasha Morton, MN	Dakota Tribe
Darrell Wadena Waytahwaush, MN	Tribal Executive Council, Chair Chippewa

Minnesota Board on Aging  
 444 Lafayette Road, St. Paul, MN 55155-3843  
 (612)-296-3839

**M E M O R A N D U M**

**TO:** MBA MEMBERS  
**FROM:** Emily L. Peake  
**DATE:** March 19, 1993  
**SUBJECT:** Cost of Indian Task Force Recommendation

	<u>FY 1994</u>	<u>FY 1995</u>
<b>Professional (Salary &amp; Fringe)</b>	\$34,800.	\$34,800.
Space	4,772.	5,092.
Travel	1,660.	1,660.
Communication	820.	856.
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	\$42,052.	\$42,408.
<b>Clerical (Salary and Fringe)</b>	\$24,000.	\$25,000.
Space	5,756.	5,927.
Travel	145.	145.
Communication	870.	900.
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	\$30,771.	\$31,972.
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	\$73,823.	\$74,380.

**TOTAL BIENNIUM: \$148,203.**

The Minnesota board on aging shall appoint an advisory task force consisting of Indian elders and representatives from the area agencies on aging, counties, and other interested parties to make recommendations on how Indian elder access to services can be improved. Compensation, terms, and removal of members shall be as provided in Minnesota Statutes, section 15.059. The Minnesota board on aging shall report its recommendations to the legislature by February 1, 1992.

**Minnesota  
Board on Aging**



Human Services Building  
444 Lafayette Road  
St. Paul, Minnesota 55155-3843  
612/296-2770

March 9, 1992

The Honorable Dee Long  
463 State Office Building  
St. Paul, Minnesota 55155

Dear Representative Long:

The 1991 Minnesota Legislature directed the Minnesota Board on Aging to appoint an advisory task force consisting of Indian elders and representatives from the area agencies on aging, counties, and other interested parties to make recommendations on how Indian elder access to services can be improved. The Board on Aging was directed to first report its recommendations to the Legislature at this time (Chapter 292, H.F. 719, Subd. 5). Funding for task force meeting expenses was granted for both years of the current biennium; legislators indicated a desire to have a final report prepared prior to the start of the 1993 Legislative session.

The Board on Aging advertised the openings on the Indian Elder Services Advisory Task Force; in addition, it successfully sought out the participation by key leaders in the Indian elder community. A task force of 14 members was appointed; a list of the members is enclosed.

The task force held its first meeting on January 10, 1992. At that meeting, the task force reviewed its charge, examined the background of the national, state and local aging network structures, and discussed access issues affecting Indian elder services in both reservation and urban settings. The task force met a second time on Feb. 26, 1992. The purpose of that meeting was to examine findings from recent public hearings and roundtables conducted by organizations in the Indian aging network. The meeting also began the process of designing a new state-level structure and approach to the development of Indian elder services.



In addition to preparing a final report to the Legislature, both the Board on Aging and its Indian Elder Services Advisory Task Force intend to keep you informed of our progress. If you have any questions regarding the Task Force or regarding Indian elder services, we are available to assist you in any way we can.

Sincerely,

A handwritten signature in cursive script that reads "Helen Johnston".

Helen Johnston  
Chair

cc: Honorable Peter Rodosovich  
Honorable Lee Greenfield  
Honorable Karen Clark





March 7, 1992

The Honorable Jerome H. Hughes  
328 State Capitol  
St. Paul, Minnesota 55155

Dear Senator Hughes:

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In addition to preparing a final report to the Legislature, both the Board on Aging and its Indian Elder Services Advisory Task Force intend to keep you informed of our progress. If you have any questions regarding the Task Force or regarding Indian elder services, we are available to assist you in any way we can.

Sincerely,

Helen Johnston  
Chair

cc: Honorable Linda Berglin  
Honorable Don Samuelson  
Honorable Harold R. "Skip" Finn

RESOLUTION 40-93

WHEREAS, The Minnesota Chippewa Tribal Executive Committee is the duly elected governing body of The Minnesota Chippewa Tribe, comprised of the six member reservations, (Bois Forte, Fond du Lac, Grand Portage, Leech Lake, Mille Lacs and White Earth), and

WHEREAS, an Indian Elders Task Force has been appointed by the Minnesota Board on Aging at the direction of the 1991 State Legislature, to examine the health and social needs of Indian elders and the network of agencies and organizations that address those needs in the state of Minnesota, and

WHEREAS, the Task Force is beginning to study the need for structural changes in the service delivery system, in relation to serving Indian elders throughout the state, and

WHEREAS, the Task Force seeks the support, approval and cooperation of The Minnesota Chippewa Tribal Executive Committee to assist the Indian Elders Task Force to effectively do a comprehensive study and make appropriate recommendations for a more improved system of services for older Indians in Minnesota, and

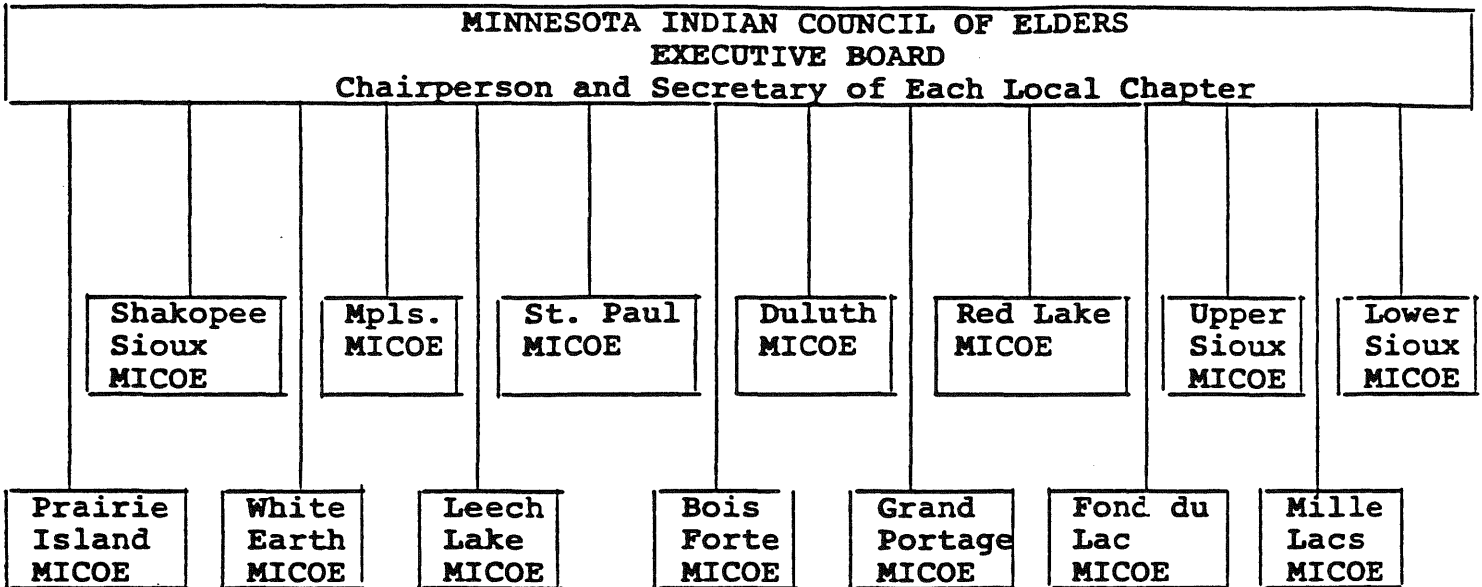
WHEREAS, the Education/Human Services Subcommittee did meet on October 20, 1992 and recommends Tribal Executive Committee approval of this resolution.

NOW THEREFORE BE IT RESOLVED, that The Minnesota Chippewa Tribal Executive Committee hereby provide support and assistance to the Indian Elders Task Force in their efforts to improve services for older Indians in Minnesota.

We do hereby certify that the foregoing Resolution was duly presented and acted upon by a vote of 10 For, 0 Against, 0 Silent, at a Regular Meeting of The Minnesota Chippewa Tribal Executive Committee, a quorum present, held on October 29, 1992 at Grand Portage, MN.

  
\_\_\_\_\_  
Darrell Wadena, President  
THE MINNESOTA CHIPPEWA TRIBE

  
\_\_\_\_\_  
Peter J. DeFoe, Jr., Secretary  
THE MINNESOTA CHIPPEWA TRIBE



**PURPOSE**

This Corporation is organized exclusively for charitable, educational, traditional, spiritual and scientific purposes within the meaning of Section 501(c)(3) of the Internal Code.

1. To improve the lifestyle of the American Indian seniors economically, physically, and spiritually.
2. To restore the seniors to the traditional position of respected advisors and leaders.
3. To enable seniors to have access to needed services.

**OBJECTIVES**

1. To establish and operate a system of Minnesota Indian Council of Elders Chapters throughout the state.
2. To obtain representation on the major senior organizations throughout the state.
3. To establish and maintain communications with tribal governing bodies.
4. To pursue funding for American Indian senior programs.
5. To establish programs meeting the greatest needs of seniors.
6. To be affiliated with the National Indian Council on Aging (NICOA).

**Indian Elderly Minnesotans by Age and Region  
(from 1990 Census totals)**

Region	60+	60+%	65+	65+%	75+	75+%	85+	85+%
Region 1	38	1.30	26	1.33	9	1.22	1	.71
Region 2	598	20.38	409	20.94	159	21.54	25	17.73
Region 3	499	17.01	337	17.26	118	15.99	21	14.89
Region 4	240	8.18	171	8.76	75	10.16	16	11.35
Region 5	272	9.27	192	9.83	75	10.16	15	10.64
Region 6E	12	.41	9	.46	4	.54	0	0.00
Region 6W	26	.89	15	.77	7	.95	2	1.42
Region 7E	121	4.12	85	4.35	38	5.15	11	7.80
Region 7W	39	1.33	25	1.28	10	1.36	2	1.42
Region 8	37	1.26	26	1.33	13	1.76	5	3.55
Region 9	20	.68	15	.77	7	.95	1	.71
Region 10	65	2.22	45	2.30	21	2.85	5	3.55
Region 11	967	32.96	598	30.62	202	27.37	37	26.24
State Totals	2934	100.00	1953	100.00	738	100.00	141	100.00

**Indian Elderly Minnesotans by Age and Region  
(from 1990 Census totals)**

	County name	60+	60+%	65+	65+%	75+	75+%	85+	85+%
Region 1	Kittson	0	0.00	0	0.00	0	0.00	0	0.00
	Marshall	1	.03	1	.05	0	0.00	0	0.00
	Norman	4	.14	3	.15	1	.14	0	0.00
	Pennington	4	.14	3	.15	1	.14	0	0.00
	Polk	17	.58	10	.51	3	.41	0	0.00
	Red Lake	2	.07	1	.05	0	0.00	0	0.00
	Roseau	10	.34	8	.41	4	.54	1	.71
	Region Total	38	1.30	26	1.33	9	1.22	1	.71
Region 2	Beltrami	374	12.75	246	12.60	94	12.74	16	11.35
	Clearwater	66	2.25	50	2.56	21	2.85	0	0.00
	Hubbard	27	.92	19	.97	7	.95	0	0.00
	Lake of the Woods	1	.03	1	.05	0	0.00	0	0.00
	Mahnomen	130	4.43	93	4.76	37	5.01	9	6.38
	Region Total	598	20.38	409	20.94	159	21.54	25	17.73
Region 3	Aitkin	12	.41	7	.36	4	.54	1	.71
	Carlton	82	2.79	60	3.07	24	3.25	5	3.55
	Cook	32	1.09	20	1.02	8	1.08	1	.71
	Itasca	122	4.16	88	4.51	33	4.47	6	4.26
	Koochiching	24	.82	12	.61	6	.81	0	0.00
	Lake	5	.17	3	.15	2	.27	1	.71
	St. Louis	222	7.57	147	7.53	41	5.56	7	4.96
	Region Total	499	17.01	337	17.26	118	15.99	21	14.89
Region 4	Becker	200	6.82	139	7.12	65	8.81	14	9.93
	Clay	12	.41	8	.41	3	.41	1	.71
	Douglas	2	.07	2	.10	0	0.00	0	0.00
	Grant	1	.03	0	0.00	0	0.00	0	0.00
	Ottertail	14	.48	11	.56	3	.41	0	0.00
	Pope	0	0.00	0	0.00	0	0.00	0	0.00
	Stevens	0	0.00	0	0.00	0	0.00	0	0.00
	Traverse	7	.24	7	.36	3	.41	1	.71
	Wilkin	4	.14	4	.20	1	.14	0	0.00
	Region Total	240	8.18	171	8.76	75	10.16	16	11.35

**Indian Elderly Minnesotans by Age and Region**  
(from 1990 Census totals)

	County name	60+	60+%	65+	65+%	75+	75+%	85+	85+%
Region 5	Cass	247	8.42	177	9.06	71	9.62	13	9.22
	Crow Wing	14	.48	9	.46	3	.41	2	1.42
	Morrison	5	.17	2	.10	0	0.00	0	0.00
	Todd	3	.10	3	.15	0	0.00	0	0.00
	Wadena	3	.10	1	.05	1	.14	0	0.00
	Region Total	272	9.27	192	9.83	75	10.16	15	10.64
Region 6e	Kandiyohi	6	.20	5	.26	2	.27	0	0.00
	McLeod	2	.07	2	.10	2	.27	0	0.00
	Meeker	1	.03	0	0.00	0	0.00	0	0.00
	Renville	3	.10	2	.10	0	0.00	0	0.00
	Region Total	12	.41	9	.46	4	.54	0	0.00
Region 6w	Big Stone	1	.03	1	.05	0	0.00	0	0.00
	Chippewa	1	.03	0	0.00	0	0.00	0	0.00
	Lac Qui Parle	2	.07	0	0.00	0	0.00	0	0.00
	Swift	1	.03	1	.05	1	.14	1	.71
	Yellow Medicine	21	.72	13	.67	6	.81	1	.71
	Region Total	26	.89	15	.77	7	.95	2	1.42
Region 7e	Chisago	7	.24	5	.26	2	.27	0	0.00
	Isanti	8	.27	4	.20	1	.14	0	0.00
	Kanabec	2	.07	1	.05	0	0.00	0	0.00
	Mille Lacs	70	2.39	52	2.66	26	3.52	9	6.38
	Pine	34	1.16	23	1.18	9	1.22	2	1.42
	Region Total	121	4.12	85	4.35	38	5.15	11	7.80
Region 7w	Benton	7	.24	3	.15	2	.27	0	0.00
	Sherburne	7	.24	5	.26	4	.54	1	.71
	Stearns	16	.55	12	.61	2	.27	1	.71
	Wright	9	.31	5	.26	2	.27	0	0.00
	Region Total	39	1.33	25	1.28	10	1.36	2	1.42

**Indian Elderly Minnesotans by Age and Region**  
(from 1990 Census totals)

	County name	60+	60+%	65+	65+%	75+	75+%	85+	85+%
Region 8	Cottonwood	2	.07	0	0.00	0	0.00	0	0.00
	Jackson	0	0.00	0	0.00	0	0.00	0	0.00
	Lincoln	0	0.00	0	0.00	0	0.00	0	0.00
	Lyon	4	.14	4	.20	3	.41	1	.71
	Murray	2	.07	1	.05	0	0.00	0	0.00
	Nobles	6	.20	4	.20	1	.14	0	0.00
	Pipestone	7	.24	6	.31	1	.14	1	.71
	Redwood	15	.51	10	.51	7	.95	3	2.13
	Rock	1	.03	1	.05	1	.14	0	0.00
		Region Total	37	1.26	26	1.33	13	1.76	5
Region 9	Blue Earth	6	.20	5	.26	2	.27	0	0.00
	Brown	0	0.00	0	0.00	0	0.00	0	0.00
	Faribault	3	.10	3	.15	1	.14	0	0.00
	Le Sueur	2	.07	1	.05	0	0.00	0	0.00
	Martin	2	.07	0	0.00	0	0.00	0	0.00
	Nicollet	2	.07	2	.10	1	.14	1	.71
	Sibley	3	.10	3	.15	2	.27	0	0.00
	Waseca	1	.03	0	0.00	0	0.00	0	0.00
	Watonwan	1	.03	1	.05	1	.14	0	0.00
		Region Total	20	.68	15	.77	7	.95	1
Region 10	Dodge	4	.14	1	.05	1	.14	0	0.00
	Fillmore	0	0.00	0	0.00	0	0.00	0	0.00
	Freeborn	6	.20	5	.26	1	.14	0	0.00
	Goodhue	16	.55	13	.67	3	.41	0	0.00
	Houston	7	.24	6	.31	4	.54	1	.71
	Mower	4	.14	1	.05	1	.14	0	0.00
	Olmsted	13	.44	10	.51	5	.68	2	1.42
	Rice	6	.20	4	.20	2	.27	1	.71
	Steele	1	.03	1	.05	0	0.00	0	0.00
	Wabasha	3	.10	2	.10	2	.27	0	0.00
	Winona	5	.17	2	.10	2	.27	1	.71
	Region Total	65	2.22	45	2.30	21	2.85	5	3.55



**Indian Elderly Minnesotans by Age and Region  
(from 1990 Census totals)**

	County name	60+	60+%	65+	65+%	75+	75+%	85+	85+%
Region 11	Anoka	53	1.81	24	1.23	11	1.49	1	.71
	Carver	4	.14	2	.10	1	.14	0	0.00
	Dakota	34	1.16	29	1.48	13	1.76	3	2.13
	Hennepin	616	21.00	365	18.69	121	16.40	19	13.48
	Ramsey	210	7.16	144	7.37	45	6.10	12	8.51
	Scott	25	.85	16	.82	6	.81	1	.71
	Washington	25	.85	18	.92	5	.68	1	.71
	Region Total	967	32.96	598	30.62	202	27.37	37	26.24
State Totals	2934	100.00	1953	100.00	738	100.00	141	100.00	

**Minority Elderly Minnesotans (60+) by Region  
(from 1990 Census totals)**

Agency -----	Blacks -----	Indians -----	Asians -----	Other -----	Hispanic -----	Total Minority -----	Percent of Total -----
1	4	38	7	17	63	129	.84
2	1	598	7	0	21	627	4.08
3	111	499	48	13	86	757	4.93
4	15	240	47	11	65	378	2.46
5	27	272	14	3	27	343	2.23
6E	7	12	17	21	69	126	.82
6W	4	26	4	3	11	48	.31
7E	22	121	10	8	30	191	1.24
7W	17	39	28	5	53	142	.92
8	13	37	33	6	47	136	.88
9	6	20	30	53	131	240	1.56
10	40	65	188	58	271	622	4.05
11	5231 -----	967 -----	2938 -----	517 -----	1977 -----	11630 -----	75.67 -----
Total	5498	2934	3371	715	2851	15369	100.00