

Serving Diverse Elders

Strategies for Meaningful Inclusion in Service Planning and Delivery

PRODUCED BY THE NATIONAL
CONSORTIUM ON AGING
RESOURCES FOR SENIORS'
EQUITY MEMBERS

Asociación Nacional
Pro Personas Mayores
(ANPPM)

National Asian Pacific
Center on Aging
(NAPCA)

National Indian Council
on Aging (NICOA)

The National Caucus
and Center on Black
Aging (NCBA)

The National Resource
Center on LGBT Aging
(SAGE)

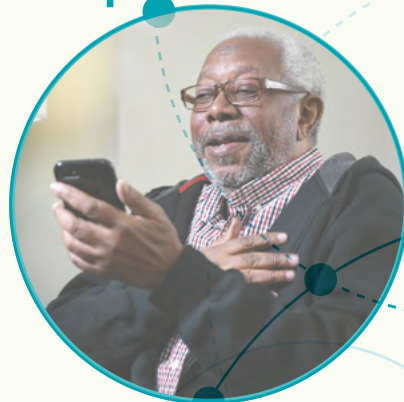
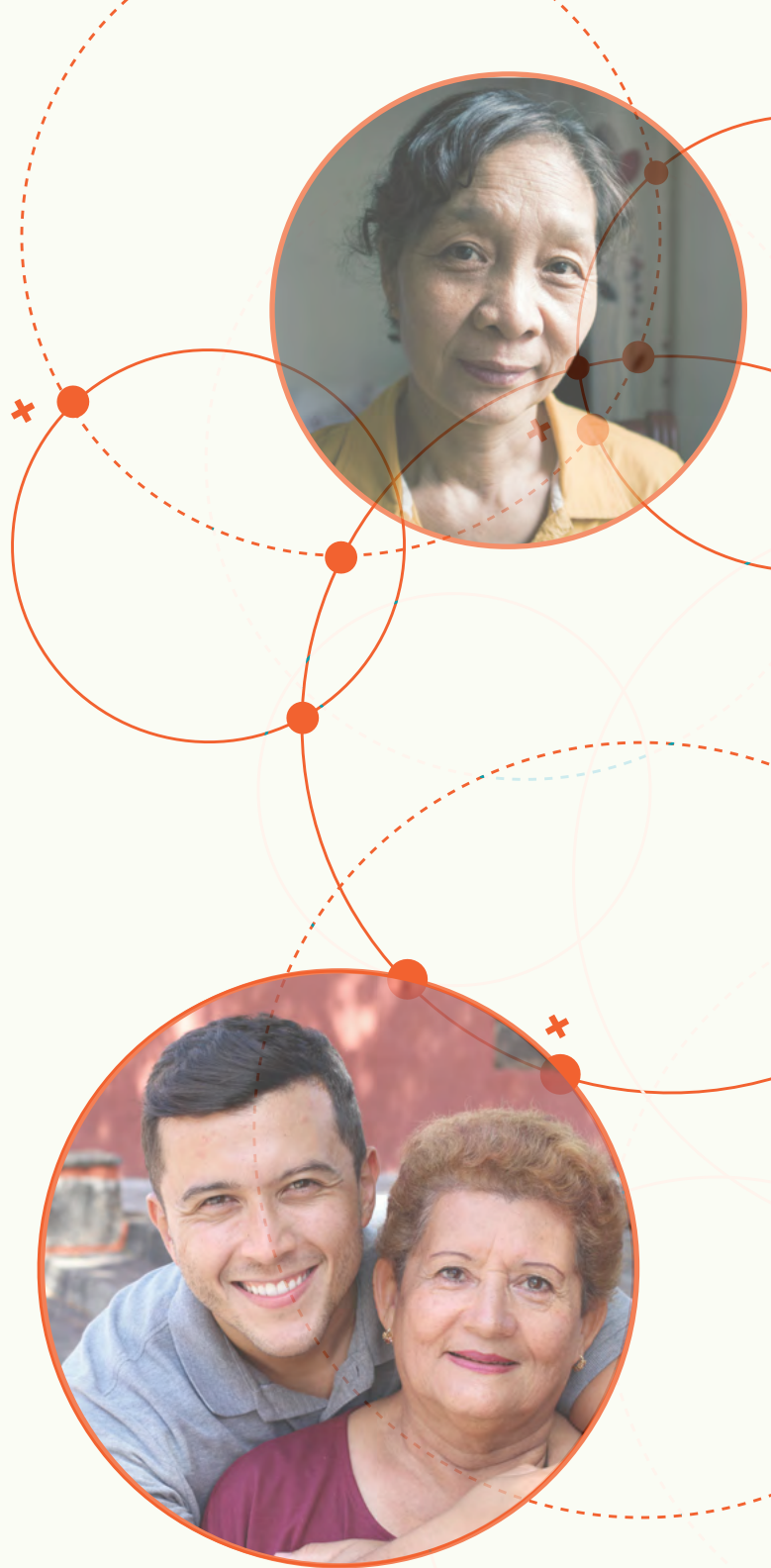




TABLE OF CONTENTS

- 6** Introduction
- 8** Framing the Issue
- 10** The Intersections of Aging and Diverse Communities
- 14** Facts on Aging and Diverse Elders
- 19** Including Diverse Elders in the Planning Process
- 24** Assessing Community Needs for Diverse Populations
- 26** Inclusive Planning Goals and Objectives
- 29** Measuring Success and Planning for the Future
- 30** Best Practices for Working with Diverse Elders
- 31** Conclusion



THE CONSORTIUM FOR SENIORS EQUITY is grateful for Elizabeth Fuchs who worked with members of the Consortium in coordinating the writing and research for this guide. The Consortium is also grateful for the contributions and guidance provided by Greg Link, Cynthia LaCounte, and Cecelia Aldridge with the U.S. Administration for Community Living. We are also thankful for the review of this guide by Amy Gotwals, Karol Tapias, and Sandy Tribe Clark with n4a, and Nanette Relave and Elaine Swayer with ADvancing States, as well as the many aging network partners who have contributed to this work as referenced throughout the guide.



DEAR AGING NETWORK PARTNERS:

Thank you for your commitment to providing the best possible services for older adults. As the aging population grows, the visibility of the wide range of identities that exist within the aging community increases. This guide will serve as a reference for how to provide culturally affirming and specific services that center diverse elders in every step of your planning process.

The National Consortium on Aging Resources for Seniors' Equity (Consortium) with funding from the Administration for Community Living (ACL), works to support the aging network to enhance and expand cultural inclusivity. The consortium consists of the National Association for Hispanic Elderly [Asociación Nacional Pro Personas Mayores] (ANPPM), the National Asian Pacific Center on Aging (NAPCA), the National Indian Council on Aging (NICOA), the National Caucus and Center on Black Aging, Inc (NCBA), and SAGE's National Resource Center on LGBT Aging (SAGE).

The Aging Network plays a critical role in delivering services to older adults across the country. Yet, the specific needs of diverse elders are often invisible and they may not seek services due to fear of, and experiences with, discrimination and bias because of race or ethnicity, gender, sexual orientation, disability, or socioeconomic status. As the aging population grows, the demand for aging service providers with cultural awareness is increasing. For example: ^{1,2,3,4,5,6,7}

- Over the past ten years, the population of people ages 65 years and older increased from 37.2 million in 2006 to 49.2 million in 2016 (a 33% increase) and is projected to almost double to 98 million in 2060.
- In 2016, 23% of persons age 65 and over were members of racial or ethnic minority populations including:
 - 9% were African-Americans (not Hispanic)
 - 4% were Asian or Pacific Islander (not Hispanic)
 - 0.5% were Native American (not Hispanic)
 - 0.1% were Native Hawaiian/ Pacific Islander, (not Hispanic)
 - 0.7% of persons 65+ identified themselves as being of two or more races.
- There were over 258,616 American Indians over the age of 65 in 2016. The population of elder Natives is expected to grow by 116 percent by 2030. They're estimated to increase to 309,000 by next year, 443,000 in 2030, and more than 648,000 by 2060.
- The population of racial and ethnic minorities has increased from 6.9 million in 2006 (19% of the older adult population) to 11.1 million in 2016 (23% of older adults) and is projected to increase to 21.1 million by 2030 (28% of older adults).
- Persons of Hispanic origin (who may be of any race) represented 8% of the older population
- For LGBT older adults, estimates indicate nearly 3 million LGBT people age 50 and older who identify as lesbian, gay or bisexual. By 2030, these estimates rise to nearly 7 million.
- The lifetime probability of becoming disabled in at least two activities of daily living or of being cognitively impaired is 68% for people age 65 and older.
- By 2050, the number of individuals using paid long-term care services in any setting (e.g., at home, residential care such as assisted living, or skilled nursing facilities) will likely double from the 13 million using services in 2000, to 27 million people. This estimate is influenced by growth in the population of older people in need of care.

- Over 25 million Americans aged 60+ are economically insecure—living at or below 250% of the federal poverty level (FPL) (\$29,425 per year for a single person). These older adults struggle with rising housing and health care bills, inadequate nutrition, lack of access to transportation, diminished savings, and job loss.

As the data above indicates, older adults are not a homogeneous group. Part of the work Aging Network agencies have going forward is to affirm the lived experiences of diverse elders through assessment, planning, and service delivery. Aging authentically is possible when people feel seen, heard, and validated.

The goal of this guide is to:

- Help you understand the unique challenges and needs of diverse elders as they age;
- Lay the groundwork for the Aging Network to further their commitment to serving diverse elders.
- Provide tools and resources to advance inclusion of diverse elders during state and local planning; and,

Throughout this guide, organizations share how they have worked to engage diverse elders and develop culturally inclusive plans and services. We hope this guide compliments your work and enhances your ability to advance the inclusion of diverse elders. Small changes can make a big impact. Thank you for your efforts to create secure, affirming, and supportive spaces and programs for the country's diverse aging population.

RESOURCE LINKS FOR DEMOGRAPHIC INFORMATION

2017 Profile of Older Americans

<https://acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2017OlderAmericansProfile.pdf>

Aging with Dignity: Diverse Elders Speak Up

<https://nicoa.org/wp-content/uploads/2014/04/Aging-with-Health-and-Dignity-WEB-FINAL.compressed.pdf>

Tribal Epidemiology Centers

<https://tribalepicenters.org>

Demographic Data and Policy Research on Asian Americans and Pacific Islanders

<https://aapidata.com>

The Williams Institute, UCLA School of Law – Census & LGBT Demographic Studies

<https://williamsinstitute.law.ucla.edu/category/research/census-lgbt-demographics-studies>

Who is the National Consortium on Aging Resources for Seniors' Equity?

Funded by the Administration for Community Living (ACL), the National Consortium on Aging Resources for Seniors' Equity works to decrease the prevalence of social, economic, environmental, and health disparities among racial, ethnic minority, and LGBT older adults, their families, and caregivers by providing technical assistance to the Aging Network. Additionally, the Consortium members develop educational resources such as fact sheets, toolkits, best practice guides, conference presentations, webinars and cultural competency training. To learn more, see the member descriptions and websites below.

MEET THE CONSORTIUM MEMBERS



Asociación Nacional Pro Personas Mayores [National Association for Hispanic Elderly]

www.ANPPM.org

The National Association for Hispanic Elderly [Asociación Nacional Pro Personas Mayores] was founded in 1975 to serve the needs of Hispanic elderly and other low-income persons. It is recognized as the pioneer and the leading organization in the field of Hispanic Aging. It has become one of the broadest based Hispanic organizations in the nation. It is a private, non-profit 501(c)(3) corporation with both public and private funding. It has earned a national reputation for its work with the elderly and for its increasingly significant role in the larger Hispanic community.



National Asian Pacific Center on Aging

www.napca.org

With over 40 years of working on behalf of Asian American Pacific Islander (AAPI) older adults across the country, National Asian Pacific Center on Aging (NAPCA) is committed to promoting the dignity, well-being, and quality of life of AAPIs as they age. The AAPI community is ethnically and culturally diverse, representing over 40 countries and many ethnic groups that speak over 100 different languages. The goal of NAPCA is to ensure that AAPI older adults have the programs and services they need wherever they live in the United States.



National Indian Council on Aging, Inc.

www.nicoa.org

The National Indian Council on Aging, Inc. (NICOA) was founded in 1976 by members of the National Tribal Chairmen's Association which called for a national organization focused on American Indian and Alaska Native elders. The mission of NICOA is to advocate for improved comprehensive health, social services, and economic wellbeing for American Indian and Alaska Native elders. In addition to providing service through several grants from agencies within the U.S. Department of Health and Human Services, NICOA operates as a national sponsor of the federal Senior Community Service Employment Program (SCSEP) in 8 states through a grant from the Department of Labor. For over 40 years, the organization has provided service as the nation's foremost advocate for American Indian and Alaska Native elders.



The National Caucus and Center on Black Aging Inc.

www.ncba-aging.org

The National Caucus & Center on Black Aging, Inc. (NCBA) was founded in 1970 to ensure the social and economic concerns of low-income African American older adults were on the 1971 White House Conference on Aging agenda. Since then, NCBA has helped protect and improve the quality of life for low-income African American older adults by ensuring legislators, policy makers, philanthropists, advocacy groups, service organizations, thought leaders and the public include low-income African Americans in their programs, policy- and law-making, and giving. NCBA is one of the country's oldest organizations dedicated to aging issues and the only national organization devoted to low-income African American aging.



SAGE's National Resource Center on LGBT Aging

www.lgbtagingcenter.org

SAGE's National Resource Center on LGBT Aging (SAGE) is the country's first and only technical assistance resource center aimed at improving the quality of services and supports offered to lesbian, gay, bisexual and transgender (LGBT) older adults. Established in 2010 through a federal grant from the U.S. Department of Health and Human Services, the National Resource Center on LGBT Aging provides training, technical assistance and educational resources to aging providers, LGBT organizations and LGBT older adults. The center is led by SAGE in collaboration with 18 leading organizations from around the country.



Introduction

As the older adult population grows, many Aging Network providers are considering the unique needs and barriers diverse elder communities navigate by incorporating their stories and experiences into their organization's planning process. By making some simple changes, diverse elders can be included as aging services and programs are designed, implemented, and evaluated. This guide aims to provide the Aging Network with tools and resources needed to be more inclusive of culturally diverse populations of older adults during the planning process.

To better understand the significance of including a breadth of diverse populations in planning processes, this guide contains a number of important concepts, tools and resources to assist the Aging Network in strengthening outreach and services to diverse elder populations. Topics discussed in this guide include:

- **The Intersections of Aging and Diverse Communities** provides a brief discussion on recognizing the many intersecting identities that a person may have and how these intersections may influence their life experiences.
- **Framing the Issue** offers a brief overview of the experiences of diverse elder populations and barriers that limit access to services.
- **Facts on Aging and Diverse Elder Populations** provides key data points to consider in planning, as well as additional resources to assist in planning and identifying needs.
- **Including Diverse Elders in the Planning Process** focuses on strategies to build new partnerships with culturally

focused organizations to assist with an inclusive planning process with a discussion of how to change your community assessments to capture the needs and concerns of culturally diverse constituents.

- **Inclusive Planning Goals, Objectives and Measurement** provides real examples from aging network plans that have successfully included diverse elders in their planning documents followed by a discussion on measuring success.
- **Best Practices for Working with Diverse Elders** outlines best practices derived from the success stories shared throughout this guide, providing examples for inclusive planning in your organization.

Throughout the guide, readers will review stories that highlight successful strategies for including diverse elders. The agency stories are examples of how this work can be done with intention across the country. In today's fast-paced world, programmatic shifts can take time. In seeing the success of other organizations in creating change, we hope it inspires change in your agency.

SUCCESS STORY

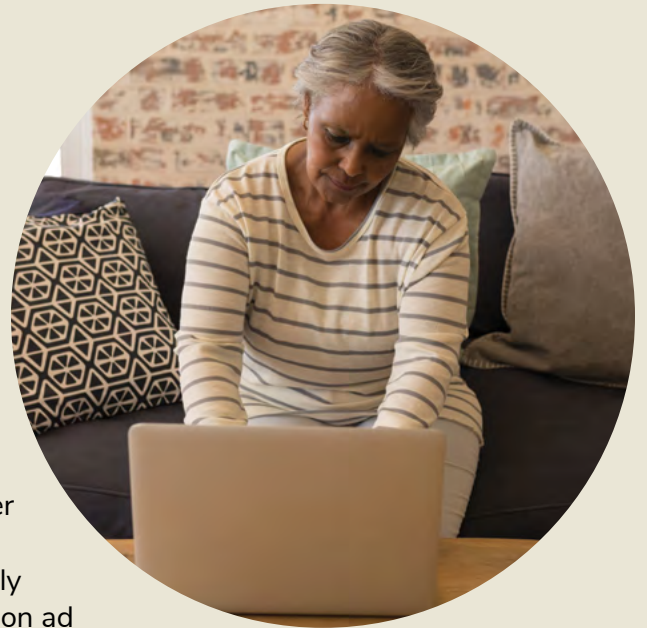
HOW THE AGING NETWORK SUPPORTS EMPLOYMENT FOR OLDER AFRICAN AMERICAN AND BLACK PEOPLE

Retiring five years ago, Shirley was looking for a new opportunity. She wanted a part-time job, but wasn't sure who would hire her. Talking with a friend, Shirley learned about the D.C. Department of Aging and Community Living (DACL).

After a few telephone calls and an interview with DAACL, Shirley got the opportunity she wanted. She landed a job as part-time receptionist at Seabury Resources for the Aging located in Washington, D.C., where she worked for two years. While working at Seabury, Shirley answered the telephones and sorted mail. Six months into her assignment, she learned how to use a computer.

With newly honed computer skills, Shirley was immediately able on to take on ad hoc typing and editing assignments. Now, fully retired, Shirley said, "everyone at Seabury Resources for the Aging was nice and friendly. Learning how to use a computer widened my skillset and meant a lot to me." Outside of work, Shirley now sends and receives email to her children, grandchildren and friends on a regular basis. She recommends older adults and retirees in search of employment go to their local Department on Aging for job training and employment assistance.

For older African American workers like Shirley, the DC Department on Aging and Community Living offered person-centered counseling, assistance, and resources that helped her learn and develop skills that lead to a job that fulfilled Shirley's desire to support herself and on occasion help her family. In addition to earning a steady paycheck, Shirley attained confidence, self-respect and social status, which made her feel like a valued part of society. The skills she learned not only helped Shirley on the job, but also help to keep her engaged socially with her family and community.



Framing the Issue

WHO ARE THE DIVERSE ELDERERS REFERENCED IN THIS GUIDE?

The Consortium primarily focuses on the following five diverse groups: American Indian and Alaska Native elders; Asian American, Pacific Islander American, and Native Hawaiian elders; African American and Black elders; Hispanic and Latino/a elders; and lesbian, gay, bisexual, and transgender (LGBT) elders. However, we know that diversity is much broader than these groups. We encourage you to consider all diverse identities when working with older adults. Consider these other important aspects, including physical, intellectual and developmental disabilities, mental health, socioeconomic status, education, immigration status, caregiver supports, location of residence and access to services and religion/spirituality. When planning for services to support older adults, it is essential to consider all the diverse aspects of a person's life and not limit ourselves to what is readily known. There are several National Resource Centers funded by the Administration for Community Living which can provide educational resources and technical assistance to your organization as it commits to meeting the needs of diverse elders in your community. For more information, please visit *ADvancing States* for a directory of national resource centers serving older adults <http://www.advancingstates.org/state-technical-assistance/key-national-resources>.



A LIFETIME OF DISCRIMINATION AND SYSTEMIC OPPRESSION

The United States Census estimates that “by 2030, one in five Americans will be 65 and over; by 2044, more than half of all Americans are projected to belong to a minority group, and by 2060, nearly one in five of the nation’s total population is projected to be foreign born.”⁸

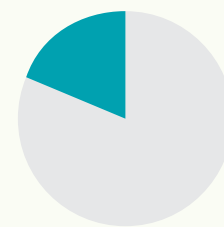
Diverse older adults encounter unique challenges when seeking home and community-based services, social services, and long-term care services and supports. Planning for inclusive programs requires keeping these challenges in mind throughout the planning process.

Many, if not most, older adults of diverse identities have experienced a lifetime of systemic discrimination and prejudice. Due to their race, ethnicity, disability, immigration status, socioeconomic status, gender identity, sexual orientation, education and/or occupation many people have lacked access to social institutions that provide critical security in later life, such as citizenship and employment. And for LGBT older adults, many have been experienced rejection by family and until 2015, they did not have federal protections afforded through marriage.^{9,10} Some diverse elders express fear of continued discrimination from the staff of long-term care and social services, and by their peers, contributing to a delay in accessing care until a crisis. For for LGBT older adults, some may “go back in the closet” as a result of this fear.¹¹ Actual experiences of stigma and discrimination or the fear of such, can lead to social isolation, which is arguably one of the greatest issues for diverse elders as they age. The Diverse Elders Coalition, a collective made up of six national organizations representing diverse older adults throughout the country, states:¹²

More research and programmatic support are needed to uncover and address the unique social isolation concerns of communities of color, American Indian/Alaska Native elders, and LGBT communities. The Diverse Elders Coalition continues to monitor federal policy for opportunities to help those on the front lines of providing support to our constituencies.

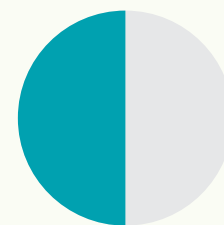
Through consistent engagement with diverse older adults, their families and their caregivers, the Coalition will amplify best practices at all levels and advocate for policies and programs to end social isolation in our communities.

A lifetime of systemic oppression has often discouraged diverse elders from seeking the very services meant to support them. By committing to inclusive planning, outreach and services delivery, the aging network can reduce barriers and encourage increased participation among diverse communities.



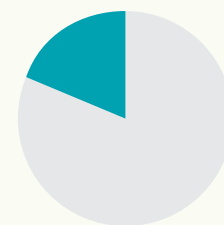
2030

1 in 5
Americans will
be 65+



2044

Half of all
Americans will belong
to a minority group



2060

1 in 5
Americans will
be foreign born



The Intersections of Aging and Diverse Communities

In recent years, there has been an increased focus on recognizing and understanding the intersectional framework of working in diverse communities. Intersectionality was coined in 1989 by Kimberlé Crenshaw, a civil rights activist and legal scholar. In a paper for the University of Chicago Legal Forum, Crenshaw wrote that traditional feminist ideas and antiracist policies exclude black women because they face overlapping discrimination unique to them.¹³ More recently Crenshaw theorizes that:

*Intersectionality is a lens through which you can see where power comes and collides, where it interlocks and intersects. It's not simply that there's a race problem here, a gender problem here, and a class or LGBTQ problem there. Many times that framework erases what happens to people who are subject to all of these things.*¹⁴

The intersectional theory has since been applied across the spectrum of human experiences, especially when working with diverse communities. A blog written for the American Society on Aging provides the following description of intersectionality from a lens of aging and diversity:¹⁵

People differ from each other in ways that often reflect heterogeneity. In relation to aging, individuals might vary in flexibility, strength, lung capacity, or how quickly they heal from injuries. When groups differ, then disparities may result from inequalities that privilege some (whites, men, middle-class members, citizens), while disadvantaging others (women, blacks, working-class members, foreign migrants). These differences are structured into daily lives and behaviors, based on the ways in

which we normally do things (such as family and paid work); as a result, they are taken for granted and generally unseen. The concept of intersectionality illuminates the complex ways in which people's experiences over the life course and in old age emerge from the intertwining of their various categorical memberships within systems of inequalities.

When working with diverse elder communities it is essential to realize that outside forces like systemic oppression can add to the lifetime of discrimination that some members have faced. Systemic oppression creates barriers. The more intersecting identities a person holds, the more likely the older adult lived and continues to live knowing that on a daily basis they will face obstacles and have to navigate oppression.

Let us take for example, a 67-year-old Hispanic/Latino, transgender woman with co-occurring mental health and physical disabilities, and low socioeconomic status. As a person who identifies as part of multiple marginalized communities, she is more likely to experience discrimination. Many areas of discrimination may occur throughout her life, in areas such as employment, public accommodations, housing instability, food insecurity, lack of access to affirming health care and be at higher risk for suicidal ideation and substance use. Furthermore, federal and many state policies do not always protect her status as a person with a transgender identity. The oppression that accompanies each of these intersecting identities compounds over time and create real barriers when accessing services necessary for living a healthy and fulfilling life.



To really know how best to support a person according to their needs and preferences, it is important to inquire about their lived experiences and multiple identities. Asking someone about their identities is personal and how we ask is very important. The language that is used needs to be culturally specific. When asked from a framework of cultural awareness, a door opens and creates a space where the person can feel safe in sharing the information that is important to them. Making sure that staff is trained on how to engage with diverse elders is key to successful programming. Knowing who the person accessing services is—includes consideration for all the unique identities, a person brings with them. Reach out to the resource centers highlighted in this guide for further technical assistance in asking personal questions related to a person's identity.

Creating a conducive environment for diverse elders to accept community services and supports requires programming and materials that include and appropriately represent diverse identities. Consider the following questions:

- Do your brochures and other marketing materials reflect the diversity of your community?

- Do you see members from ethnically diverse backgrounds?
- Are there multiple generations represented?
- Does your agency have a public facing non-discrimination policy that is inclusive of diverse communities?
- Does your agency provide training opportunities for staff and providers on best practices for working with diverse communities?
- Are there ways to be more inclusive in policies or on assessment forms?
- Is your staff representative of the community that you serve?
- Do you have a strategy for strengthening diversity, equity, and inclusivity among clients and staff?

These types of considerations go a long way when building rapport and establishing deep connections with the people your agency serves. For more information about how to incorporate more cultural competency into your agency, please visit: <https://www.hhs.gov/ash/oah/resources-and-training/tpp-and-paf-resources/cultural-competence/index.html>.

SUCCESS STORY

SÍ, SE PUEDE... YES, IT'S POSSIBLE

by *Asociación Nacional Pro Personas Mayores*

The need for working partnerships between the Hispanic Community and Aging Services Networks, SUAs, AAAs and national aging organizations is imperative in assuring that low-income Hispanic older persons are allowed access to needed Older Americans Act (OAA) services and programs. Two key aspects of creating these partnerships, include advocacy from the Hispanic Community's community-based organizations (CBOs) and responsive leadership from the aging network.

A number of years back, through the leadership of the CEO of the National Association of Area Agencies on Aging (N4A), a historic outreach to partner with national minority aging organizations through the sharing of grant/contract funds was created. The Asociación Nacional Pro Personas Mayores (ANPPM), was asked to be the Hispanic partner for these two important projects.

The first project was a national outreach project targeting potential older Hispanics that might be eligible for the Medicare Low Income Subsidy program (Medicare LIS). N4A asked us to target select zip codes in Los Angeles County, CA, thus providing access to potential eligible LIS recipients.

The zip codes were located in historic Hispanic communities, with large monolingual populations. The contract was a performance-based contract, we had a targeted number of persons to reach. Through our local community contacts, that included churches and CBOs, we were

more than able to complete the outreach project achieving the performance measures as required. Most importantly, many eligible low-income older Hispanics were successfully enrolled in the LIS program.

The second project, "Keeping Seniors Connected" was a project directed by N4A, and once again they included our organization as the Hispanic link for this contract. The ANPPM proposed to reach approximately 10,000 monolingual and bilingual older Hispanics in three states with the largest target in three of the largest counties in Southern California. The ANPPM developed the "digital divide" bilingual education information and organized local volunteers to conduct one-on-one and group meetings. This partnership with N4A, like the Medicare LIS project, was successful in reaching the project's goals and objectives. In addition, we were able to reach our performance measures. Numerous Hispanic older persons and their families were given the information they needed to access the new digital divide program. These two projects are an excellent example of working partnerships between the formal aging network and Hispanic/minority organizations.

Sí, se puede (yes, we can...), the important message of this narrative is the need for leadership in our aging network, leadership that reaches out to the Hispanic community for inclusion. The continued example of the leadership of N4a, has gone beyond discussions about cultural diversity to the creation of successful partnerships. It is only through working partnerships that we in the Hispanic Community can contribute to the "Aging Network" our knowledge and experience, by helping the network reach and effectively serve our communities. Yes, it is possible!





A few strategies for partnering with the Hispanic/Latino Community

- Know how your Hispanic/Latino community self identifies, use that information in your outreach efforts. Some communities may identify as “Latino” while others may identify as “Hispanic” or by their country of origin.
- Know and use your population’s preferred language in your messaging. A growing number of Latinos are bilingual, while new immigrants tend to be monolingual Spanish speakers.
- Develop relationships with your Latino community, by building on their cultural strengths. A welcoming environment is part of Latino culture, “mi casa es tu casa” (my house is your house).
- Communicate with older Latinos/ Latinas face to face. Personal contact is still the best way to reach Latino individuals and their families.
- Partner with well-respected local Hispanic/Latino CBO’s and churches, that already serve the community. This approach will help spread the word on your services and programs.
- Know who your local trusted Latino community leaders are, and leverage these contacts to assist you in establishing rapport with the broader Latino community.
- Use traditional Latino media outlets to get your message out to the Latino community. To save costs in media advertising, make friends with local Latino/Latina news reporters who can help you gain regular access to Spanish radio and television public service announcements. They can also provide you with access to bilingual interviews about your programs and services.



Facts on Aging and Diverse Elders

Practicing diversity means to honor the unique and individual qualities that each person possesses. In a way, we all are unique. We all have qualities that may require additional consideration. Understanding more about how to identify and address these qualities is how we engage all of the diverse elders in our communities. The Consortium members provide the following unique facts related to diverse elder populations for you to consider in your planning:

- LGBT older adults who are also racial and ethnic minorities will often face the highest levels of disparities and discrimination, due to encountering racism, as well as anti-LGBT bias and possible violence due to transphobia, biphobia, and homophobia.
- American Indian/Alaska Natives (AI/AN) include many distinct populations, representing 574 federally recognized tribes, approximately 60 state-recognized tribes, and many who identify as AI/AN culturally, but are not members of an identified tribe.
- Many black immigrants are from English-speaking countries; however, many immigrants experience language barriers and low-literacy levels particularly when it comes to using preventative health care services.
- Half of the Hispanic population read English at an 8th grade level or lower. This creates a barrier when most health information is written in an 11th to 12th grade level or higher.
- Nearly 60% of Asian Americans and 25% of Native Hawaiians and Pacific Islanders are limited English proficient (LEP). More than 2 out of 3 Chinese, Korean, Vietnamese, Laotian, Hmong, Fijian, Marshallese, Nepalese, Taiwanese, Bangladeshi, and Burmese older adults are LEP.



RESOURCE LINKS FOR MORE INFORMATION ON SPECIFIC DIVERSE ELDER POPULATIONS

African Americans in Gerontology

www.blacksngerontology.org

Aging and Disability Resource Centers

www.acl.gov/programs/aging-and-disability-networks/aging-and-disability-resource-centers

American Psychological Association

www.apa.org

Christopher and Dana Reeves Foundation

www.christopherreeve.org/living-with-paralysis

Family Caregiver Alliance: National Center on Caregiving

www.caregiver.org/about-family-caregiver-alliance-fca

Jewish Federations of North America: Center for Advancing Holocaust Survivor Care

www.holocaustsurvivorcare.org

National Alzheimer's and Dementia Care Resource Center

nadrc.acl.gov

National Hispanic Council on Aging

www.nhcoa.org/wp-content/uploads/2017/09/2017-Status-of-Hispanic-Older-Adults-FV.pdf

National Panhellenic Council (NPHC)

www.nphchq.org/quantum

The Amputee Coalition

www.amputee-coalition.org

The Black Nurses Association

www.nbna.org

The Movement Advancement Project

www.lgbtmap.org

The National Center on Advancing Person Centered Practices and Services

<https://ncapps.acl.gov>

The National Medical Association

www.nmanet.org

Urban Indian Health Institute

www.uihi.org

THE IMPORTANCE OF LANGUAGE ACCESS IN AGING SERVICES

by National Asian Pacific Center on Aging

An Interview with: Ashley Muraoka-Mamaclay, Chief Planner, Elderly Affairs Division (Area Agency on Aging in Honolulu County, Hawaii)

In an interview conducted with Ashley Muraoka-Mamaclay, Chief Planner at the Area Agency on Aging in Honolulu County, Hawaii, she spoke about the importance of considering the cultural implications for people who have limited proficiency with the English language. The agency and Elderly Affairs Division (EAD) in particular strive to provide an environment where language barriers are reduced as a means to increase access to services. Fostering trust is important in ensuring that diverse older adults will receive the support and services they need to age in a healthy and empowered way. Yet, in order to begin building rapport with older adults, it is important for service providers from the aging network to integrate culturally and linguistically competent practices to support those with Limited English Proficiency (LEP) in communicating their needs and understanding what services are available.

The EAD works to strengthen access to long-term services and supports for older adults with limited proficiency in English through various methods incorporated throughout the planning, implementation, and evaluation process of their programs and contracts with other service providers. These include:

Demographic Analysis

The EAD regularly conducts a demographic analysis for planning purposes. Through this analysis, they identify the three to four most prevalent languages within the older adult community in Hawaii.

Language Access Plan

The EAD has developed a Language Access Plan in which they implement policies and procedures for utilizing interpreters for intakes and assessments. This allows an unbiased interpretation of dialogue exchanged during the assessment, ensuring that

what the older adult is saying is accurately captured throughout the process of interpretation. The Language Access Plan allows a more person-centered practice and helps the agency screen for abuse, neglect, and exploitation. EAD also translates vital correspondences to clients with limited English proficiency (LEP). These correspondences include, but are not limited to, reassessment letters and notifications regarding expired client authorizations for services.

Contracts with Sub-Grantees/Providers

Language access, as it pertains to federal, state and local laws and regulations, is incorporated into the scope of work and administrative standards of the agency's contracts with sub-grantee providers. To ensure contractors are in compliance with their contract, the agency conducts semi-annual assessments. Language access is also part of the agency's evaluation criteria. Prior to receiving funds from the agency, all interested service providers must submit their own Language Access Plan as part of the supplemental documentation of the application process and the plan must be approved.

Statewide Standardized Assessment Tools

The EAD collects disaggregated ethnicity data from older adults accessing services during their initial assessments. The assessment allows the flexibility to collect multiple responses regarding ethnic identity, which is beneficial for the multi-ethnic community of Hawaii. The Management Information System then maps the data to correspond with national and federal reports. Collecting the disaggregated data allows the EAD to better evaluate how they are responding to the needs of various ethnic communities of older adults. Additionally, EAD also collects data on clients' primary language, which allows EAD and their contractors to know if an interpreter or translated correspondence is needed.





Targeting Services and Prioritization

The EAD has developed a process for tailoring services and prioritizing individuals who are LEP. Their prioritization algorithm includes LEP for services with waitlists such as transportation, homemaker, adult day care, and attendant care.

EAD recognizes the importance of including older adult with limited English proficiency in the planning process. To support these efforts, EAD has developed and implemented a more inclusive process for their most recent Area Plan cycle (2019-2023). The EAD conducted a total of four in-language focus groups. The languages, which included Japanese, Korean, Cantonese and Tagalog, were determined based on the demographic analysis of several data sets, including the agency's own database. The feedback received by focus group participants was vital for the agency's development of comprehensive strategies to implement over the next four years, particularly how the agency can coordinate with other community partners to meet the needs for those who are LEP.

Through these efforts, the EAD has observed successful outcomes by including older adults with LEP. Many of the participants in the focus groups felt honored to be a part of the planning process. Participants said no one has ever asked their opinion on anything, so they were grateful for the opportunity. The EAD has intentions to move forward in working with their contractors and other community partners to ensure that the voices of those with LEP are heard and their needs are met.

Agencies and service providers in the aging network can improve to intentionally incorporate language access practices into their everyday work and systematically across their organizations. For organizations serving older Asian American Pacific Islanders, Ashley Muraoka-Mamaclay shares that developing a plan and taking things step-by-step is necessary towards reaching the end goal. It is important to take into consideration the multiple ways in which organizations can increase language access when developing policies, procedures and contract language for providers. For example, moving past requiring the use of "certified interpreters/translators" while ensuring best practices are in place can allow for better language access for certain communities given that not all languages have certification programs for their interpreters.

DISAGGREGATED DATA

The Asian American Pacific Islander community is diverse ethnically and culturally. To ensure that the unique needs of different ethnic groups are accurately and equitably addressed through services, programs, and policymaking, it is important to collect and analyze data that is disaggregated. Disaggregated data requires breaking down broad racial data categories into ethnic data categories that are more specific. For the AAPI community, disaggregated data helps to reveal significant differences and disparities amongst ethnic groups that could easily be overlooked or disregarded by aggregated racial data.

For additional information on conducting community needs assessment and planning tools inclusive of older AAPI and LEP adults, see the following resources:

A Toolkit for Outreach and Education for AAPI Medicare Beneficiaries

www.napca.org/wp-content/uploads/2017/10/AAPI-Toolkit-FINAL.pdf

Four Strategies to Identify an Interpreter for an AAPI Older Adult

www.napca.org/resource/national-resource-center-on-aapi-aging-3

Identifying AAPI Languages Within Your Community

www.napca.org/resource/national-resource-center-on-aapi-aging-1

Data Disaggregation General Factsheet

www.searac.org/education/data-disaggregation-general-factsheet

The Migration Policy Institute:

www.migrationpolicy.org/article/limited-english-proficient-population-united-states



HOW THE PENNSYLVANIA AGING NETWORK EMBRACED LGBT INCLUSIVE PLANNING

by *Pennsylvania Commission on LGBTQ Affairs*

In October 2018, Governor Wolf's Administration in Pennsylvania partnered with several lesbian, gay, bisexual, transgender, and queer (LGBTQ) aging advocates and organizations to host Pennsylvania's inaugural LGBTQ Aging Summit. Informed by the work of key partners such as the LGBT Elder Initiative and SAGE, the Pennsylvania Department of Aging gathered these key leaders to plan and implement a summit to train and improve the cultural understandings of LGBTQ older adults for aging service providers across the Commonwealth. Championed by former Secretary of Aging Teresa Osborne, the summit gathered over 300 providers, health care workers, educators, community advocates, and officials to dialogue about strategies and best practices in serving LGBTQ senior communities.

The summit included multiple distinguished keynote speakers. The honorable Kathy Greenlee, Vice President of Aging and Health Policy at the Center for Practical Bioethics and former Assistant Secretary of Aging for the U.S. Department of Human Health and Services presented on the urgency for provider networks to increase their cultural competencies and discussed several barriers that LGBTQ elders face in accessing vital services. Dr. Rachel Levine, Pennsylvania's Secretary of Health, engaged attendees in ways the Wolf administration has intentionally supported LGBTQ communities through policies and statewide efforts, and Michael Adams, CEO of SAGE, presented on the benefits of LGBTQ cultural competency and inclusion. Additionally, several panels and breakout sessions allowed participants to hear from providers and LGBTQ elders who shared aspects of their lived experiences and the impacts of engaging the LGBTQ aging population.

The Summit also organized regional planning sessions to allow attendees to network with others directly from their geographic areas and discuss ideas, collaborative approaches, and the unique needs and challenges facing their communities.

Recently, all Aging Summit participants received a joint letter from the Pennsylvania Department of Aging and the Pennsylvania Commission on LGBTQ Affairs. This letter introduced participants to the newly formed LGBTQ aging workgroup under the LGBTQ Commission which is co-chaired by Commissioners Joanne Carroll and Heshie Zinman. The letter additionally shared regional planning notes and contact information for participants to continue staying engaged and connected. The Department of Aging and the Commission on LGBTQ Affairs have agreed to partner to continue working on issues identified and prioritized at the summit and make additional progress with focus on regional outreach. The workgroup is currently exploring opportunities for further outreach and engagement, advocating for statewide and federal policy and legislation that enhances the lives of LGBTQ elders, and supporting new initiatives, such as the Long-Term Care Equality Index (LEI), the first-ever national assessment on the care of LGBTQ residents in longer-term care facilities developed by SAGE and the Human Rights Campaign.

It is the hope of the Wolf administration that the Summit built new connections and inspired participants to drive positive change for LGBTQ elders within every community across the Commonwealth. The Administration encourages every state to consider a similar event to promote inclusion, collaboration, and most importantly bettering the lived experiences of our LGBTQ elders.

For additional resources on LGBT inclusion visit:

Aging with Pride: <https://age-pride.org>

CenterLink: www.lgbtcenters.org

Movement Advancement Project:

www.lgbtmap.org

SAGECare: www.sageusa.care

SAGE: www.sageusa.org

Including Diverse Elders in the Planning Process

Effective area and state plans provide direction in an organized way that is easily interpreted. The plan guides the Aging Network over a period of time to achieve goals and objectives that benefit older adults and caregivers in each state. ADvancing States, formerly known as the National Association of States United for Aging and Disabilities (NASUAD) provides a more in-depth guide specific to state planning. The guide, found at www.advancingstates.org/plan, covers such areas as:

- *Mission & Values Clarification*
- *Environmental Scanning*
- *Issues Identification*
- *Needs Identification*
- *Asset Identification*
- *Barrier Identification*
- *Goals & Objectives*
- *Outcomes & Performance Measurement*
- *The Plan*

It's important to note, individual states may have specific requirements for AAAs in how to develop state plans. While this guide can be a resource tool, check with your state for specific guidance.

As you develop an effective plan, consider how the diversity of elders in your area or state is a part of each step in the process. A reoccurring request for guidance in planning work is support in writing goals, objectives and outcomes which are inclusive of the diverse communities. In the following section, we provide a collection of inclusive goals, objectives, and outcomes from SUAs, ADRCs,

and AAAs as the model language you can consider in your plan development.

It is essential to include the right stakeholders in the planning process. Many state and local aging networks already include representatives of minority communities on advisory boards and councils, and extending invitations to local cultural experts and community members affirms that the planning process is committed to incorporating the views and concerns of the specific communities.

Sound planning processes that are inclusive of and responsive to a wide range of backgrounds, experiences and beliefs can help to ensure that the programs are able to remain effective over time.

The following questions can assist in assessing who is and is not represented as a part of the planning process:

- *Who is currently a part of your planning process?*
- *What voices are represented?*
- *What voices are missing?*
- *How are you starting to include diverse constituents and stakeholders in your planning groups?*
- *How diverse is the leadership of the planning process?*
- *Who do you need to align or partner with in order to achieve more equitable representation at the table?*
- *Who are the leaders in your communities that you can reach out to strengthen your diverse partnerships?*

As these questions are considered, especially regarding equitable representation, it is not enough to simply ask diverse constituents and stakeholders for feedback. Meaningful and equitable representation includes providing guidance and active participation in the overall decision-making of the plan. Another essential aspect to consider is how to ensure that participation is accessible. If planning involves travel to and from meetings, are constituents reimbursed for travel expenses? If constituent members are not able to travel due to health or mobility concerns, are they able to participate virtually through a conferencing system? By taking the time to think through the many possible barriers to participation, you can ensure that creative solutions are in place to help ensure equitable participation.

When seeking to strengthen diverse representation in the planning process, a good starting point is to search for federal and local government agencies, community-based organizations, advocacy organizations, and special interest groups in your community who serve diverse populations. These days, most businesses value and embrace the contributions of racial, ethnic, and LGBT communities and are a good place to seek support as you seek partners in reaching the diverse elders in your community. These may include:

- *Government Organizations*
- *Legal Services*
- *Consulting*
- *Educational Institutions*
- *Hospitality/Tourism*
- *Healthcare/hospitals*
- *Public Health*
- *Chambers of Commerce*
- *Community Centers*
- *Non-profits*
- *Faith-based or Spiritual Organizations*
- *Civic Clubs*

MAKING POSITIVE CHANGE FOR AMERICAN INDIANS IN WISCONSIN

by National Indian Council on Aging

The Great Lakes Inter-Tribal Council's (GLITC) support for the creation of two units focused on the needs of aging American Indians began a journey to improved communication and understanding between many groups in Wisconsin.

Wisconsin is home to 11 federally recognized tribes, each with its own tribal government and sovereign government to government relationship to the state. Each tribe provides health services and aging services to its elders.

Wisconsin also has an Aging Network at the state and local level. The leadership of both tribal and state aging organizations agreed that communication between all entities could be improved.

The GLITC created the Tribal Aging Unit Association (TAUA) in 2005 and the Tribal Technical Assistance Center (TTAC) in 2009. The TAUA worked to improve communication between all interested stakeholders and the TTAC was created to develop greater coordination between the Title III AAAs and the Title VI tribal programs. Participation in the TAUA is voluntary and each Wisconsin tribe, plus the one Michigan tribe that is a GLITC member, are encouraged to join at no cost.

ASSESSING NEEDS

The TTAC collaborates with the National Resource Center on Native American Aging, located at the University of North Dakota, to assist tribes in surveying their tribal elder needs in a culturally





relevant manner. Since the structure of each tribe's Aging Unit varies, GLITC must adapt to each tribe's needs to collect the data. Some provide incentives for completing surveys, some have extra staff to assist in conducting surveys, while others use volunteers. As a by-product of the TTAC being located at GLITC, the Great Lakes Inter-Tribal Council Epidemiology Center has also researched elder needs. Additionally, the GLITC's TTAC and TAU regularly meet with the Wisconsin Tribal Health Directors Association to provide input into elder needs and to collaborate with Tribal Health Centers.

Regular bimonthly meetings provide another approach to identifying the needs of Wisconsin elders. The TTAC director regularly conducts site visits to tribal aging units, attends quarterly meetings with the Great Lakes Native American Elder Association and meets with tribal elder advisory committees as requested by tribes.

Each tribe conducts a Needs Assessment Survey for Title VI in each three-year cycle. The data collected, along with public hearings for their tribe's three-year Aging Plan, helps the tribe and the TTAC determine the elders' needs. Per the requirements of Title III, and suggested by all Title VI nutrition programs, annual assessments are conducted for each elder. The survey is designed by the National Resource Center on Native American Aging. The TTAC has a working relationship with the National Resource

Center to gather information for tribes and for the State of Wisconsin in a summary fashion and use this data to support the identification of elder needs for Tribal Aging Unit applications for grants, programs and funding.

Each tribal nation owns its data and it is at their discretion to share with the state. GLITC's Epidemiology Center may have data that can help the State Unit on Aging and Area Agencies on Aging (AAA) understand how many American Indians and Alaska Natives live in their service area. The National Resource Center on Native American Aging sends the compiled data results back to each tribe. Each tribe determines how they will share and use the data. Other statewide aging data collection is done in the System for Award Management (SAMS) reporting system. SAMS tracks nutrition program services, elder benefit services and information and assistance services.

It was crucial that tribal voices were heard and included in the process of developing aging plans. When asked what they would like to see happen for tribal aging in the next three to five years, many responses focused on the housing shortages, long-term care and home and community-based services. It was also important to approach all tribes, the Bureau of Aging & Disability Resources, the AAAs and other stakeholders at the local level in a cooperative spirit, focusing on serving the participants and addressing barriers to services. The frequent communication shared during in-person meetings with all the entities in the Aging Network are instrumental in building great relationships.



SAMPLE QUESTIONS FOR GATHERING INCLUSIVE DEMOGRAPHIC DATA

Provided by the Diverse Elders Coalition

An important aspect of any community needs assessment is gathering meaningful data that not only provides a better understanding of the needs in your area, but also shows a realistic picture of who is living in your community. Following are sample demographic questions which includes disaggregated data regarding race, ethnicity, sexual orientation and gender identity. The demographic questions were developed by the Diverse Elders Coalition (DEC), its six member organizations, and the Benjamin Rose Institute on Aging. The full set of questions was used in two national surveys, including a 2018 economic security research project from the DEC and the National Council on Aging, and a 2019 nationwide survey of family caregivers conducted by the Diverse Elders Coalition and the Benjamin Rose Institute on Aging, funded by The John A. Hartford Foundation.

By including these questions in your needs assessments, you will start to gain a greater appreciation for and understanding of the diverse constituents you serve. It is important to note, language is always changing, and we have not been able to capture every possible identity with these questions. It is important that there is an option for participants to write in their own answers and that you take feedback from participants into account when developing future needs assessments and surveys.

Please check your marital or relationship status.

- Single (Never Married)
- Committed Relationship
- Married or in a Domestic Partnership/Civil Union
- Widowed
- Divorced
- Separated
- Other not listed:
Specify _____

What is your gender?

- Woman
- Man
- Gender Queer/Gender Nonbinary
- Other not listed:
Specify _____
- Prefer not to answer

Do you identify as cisgender (you identify with the gender you were assigned at birth) or transgender?

- Transgender
- Cisgender
- Prefer not to answer

Which category below do you consider yourself?

- Straight/heterosexual
- Gay/Lesbian/Same-Gender Loving
- Bisexual

The Diverse Elders Coalition recommends that these questions not be modified without first seeking technical assistance from an organization that specializes in data collection on diverse communities, i.e. SAGE's National Resource Center on LGBT Aging or NAPCA's National Technical Assistance Center for Asian American and Pacific Islander (AAPI) Aging. As language changes, there may be a need to add, remove, or edit some of these questions, but that guidance would be issued by a leading national organization that provides technical assistance. To ensure that accurate, disaggregated data is collected, we recommend including a "write-in" or "self-describe" option for demographic questions so that even if an identity is not listed in the provided options, a person's identity will be captured by their response.

Please check all the racial or ethnic groups that you identify with (check all that apply).

AMERICAN INDIAN

ALASKA NATIVE

ASIAN AMERICAN:

- | | |
|--|-----------------------------------|
| <input type="radio"/> Asian Indian | <input type="radio"/> Hmong |
| <input type="radio"/> Chinese | <input type="radio"/> Laotian |
| <input type="radio"/> Iwo Jiman | <input type="radio"/> Okinawan |
| <input type="radio"/> Maldivian | <input type="radio"/> Cambodian |
| <input type="radio"/> Bangladeshi | <input type="radio"/> Indonesian |
| <input type="radio"/> Taiwanese | <input type="radio"/> Malaysian |
| <input type="radio"/> Japanese | <input type="radio"/> Pakistani |
| <input type="radio"/> Mongolian | <input type="radio"/> Singaporean |
| <input type="radio"/> Bhutanese | <input type="radio"/> Sri Lankan |
| <input type="radio"/> Filipino | <input type="radio"/> Singaporean |
| <input type="radio"/> Korean | <input type="radio"/> Thai |
| <input type="radio"/> Nepalese | <input type="radio"/> Vietnamese |
| <input type="radio"/> Burmese | |
| <input type="radio"/> Other not listed:
Specify _____ | |

BLACK/AFRICAN AMERICAN

HISPANIC/LATINO:

- | | |
|--|--|
| <input type="radio"/> Central American | <input type="radio"/> Mexican or Chicano/a |
| <input type="radio"/> Caribbean | <input type="radio"/> Puerto Rican |
| <input type="radio"/> Cuban | <input type="radio"/> South American |
| <input type="radio"/> Dominican | |
| <input type="radio"/> Other not listed:
Specify _____ | |

MIDDLE EASTERN OR NORTH AFRICAN

- | | |
|--|-------------------------------------|
| <input type="radio"/> Algerian | <input type="radio"/> Libyan |
| <input type="radio"/> Iraqi | <input type="radio"/> Qatari |
| <input type="radio"/> Kuwaiti | <input type="radio"/> Emirati |
| <input type="radio"/> Omani | <input type="radio"/> Jordanian |
| <input type="radio"/> Bahraini | <input type="radio"/> Moroccan |
| <input type="radio"/> Iranian | <input type="radio"/> Saudi Arabian |
| <input type="radio"/> Lebanese | <input type="radio"/> Syrian |
| <input type="radio"/> Palestinian | <input type="radio"/> Tunisian |
| <input type="radio"/> Egyptian | <input type="radio"/> Yemeni |
| <input type="radio"/> Israeli | |
| <input type="radio"/> Other not listed:
Specify _____ | |

NATIVE HAWAIIAN OR PACIFIC ISLANDER:

- | | |
|--|---|
| <input type="radio"/> Native Hawaiian | <input type="radio"/> Tongan |
| <input type="radio"/> Solomon Islander | <input type="radio"/> Mariana Islander |
| <input type="radio"/> Chuukese | <input type="radio"/> Kosraean |
| <input type="radio"/> Other Melanesian | <input type="radio"/> Papua New Guinean |
| <input type="radio"/> Samoan | <input type="radio"/> Tokelauan |
| <input type="radio"/> Other Polynesian | <input type="radio"/> Saipanese |
| <input type="radio"/> Palauan | <input type="radio"/> Pohnpeian |
| <input type="radio"/> Yapese | <input type="radio"/> Ni-Vanuatu |
| <input type="radio"/> Tahitian | <input type="radio"/> Fijian |
| <input type="radio"/> Guamanian or Chamorro | <input type="radio"/> Other Micronesian |
| <input type="radio"/> Carolinian | <input type="radio"/> I-Kiribati |
| <input type="radio"/> Marshallese | |
| <input type="radio"/> Other not listed:
Specify _____ | |

WHITE/CAUCASIAN

ANOTHER RACIAL OR ETHNIC GROUP NOT LISTED:
Specify _____

Assessing Community Needs for Diverse Populations

Planning is done at many different levels (city, county, regional, or statewide). Still, the concepts are the same: considering how to include and plan for diverse elders is crucial to ensure all perspectives are heard when assessing community needs.

Unique consideration should be given to diverse elders living in rural areas. They may have less access to communities of people with similar backgrounds and may be more likely to be isolated and have limited interaction with services, which may make it harder to engage diverse elders in the planning process. However, diverse elders are living in rural communities, and it is important that their voices are heard as well. Using this guide will help you to consider these types of cultural and geographic barriers when evaluating your current assessment tools.

Gathering data about diverse elder populations' size and unique service needs helps to set realistic and measurable goals, and direct your resources to where they will have the highest impact. Understanding the types and quality of services needed to best serve diverse older adults in your Planning and Service Area (PSA) will allow your agency to strategically leverage available resources. If conducting an inclusive needs assessment is not feasible, there are existing data sources that can be used to help guide your agency's planning process.

Please keep in mind when asking questions about demographic identities, there may be trauma associated with disclosure. With this in mind, many diverse elders may not feel comfortable self-identifying as a member of a marginalized population. Prepare your assessments with information about why you are collecting this information, its intended use, as well as information related to confidentiality and consent.

If you are conducting your own needs assessment, here are resources to help with how to ask demographic questions of diverse elders:

- **Behavioral Risk Surveillance System**
www.cdc.gov/brfss/questionnaires/index.htm

- **Best Practices for Asking Questions to Identify Transgender and Other Gender Minority Respondents on US Population-Based Surveys**
<https://williamsinstitute.law.ucla.edu/publications/geniuss-trans-pop-based-survey/>
- **Inclusive Questions for Older Adults: A Practical Guide to Collecting Data on Sexual Orientation and Gender Identity**
<https://www.lgbtagencycenter.org/resources/resource.cfm?r=601>
- **The Diverse Community Questionnaire of the AoA's "Toolkit for Serving Diverse Communities"**
www.aarp.org/content/dam/aarp/livable-communities/old-learn/demographics/Toolkit-for-Serving-Diverse-Communities-AARP.pdf
- **AAPI Self-Assessment Tool**
www.napca.org/wp-content/uploads/2017/10/NAPCA_Organization-AAPI-Self-Assesment.pdf
- **Identifying the Needs of AAPI Elder-Serving Organizations**
www.napca.org/wp-content/uploads/2017/10/cbo-survey-FINAL.pdf
- **The Williams Institute State Resource Map**
<https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/#density>
- **United States 2010 Census**
www.census.gov/topics/population.html

A full needs assessment may take months or years to complete, which is why it is important to make sure that diverse identities are represented in your existing assessment plans. For example, as you identify key stakeholders within each community, those stakeholders can help make sure that culturally diverse older adults are participating in your surveys, focus groups, and public hearings, thereby including their voices in your existing plan. The findings and insight gained will inform the planning of your agency's Area or State Plan on Aging to culturally diverse and inclusive goals, objectives, strategies, and outcomes, which are covered in the following section.

MAINE STATE PLAN ON AGING AND REACHING DIVERSE ELDERERS

State of Maine Aging and Disability Services

www.maine.gov/dhhs/oads

According to the U.S. Census Bureau, Maine has the highest median age (44.6 years) of any state or territory and the second-highest percentage (20.5%) of persons 65 years of age or older (Florida is at 20.6%). Maine also has the highest percentage (94.6%) of individuals who identify as White in the nation. As Maine prepares its 2020-2024 State Plan on Aging, efforts have been made to amplify the voices of diverse and underserved older adults throughout the state by using targeted recruitment of key stakeholders to serve in an advisory role on the State Plan on Aging Work Group.

Despite the high percentage of individuals who identify as White, there is diversity in Maine, which continues to grow. The four key groups of underserved older adults the State of Maine Aging and Disability Services wanted representation from were older Native Americans, New Mainers, LGBTQ older adults, and rural/remote communities. There are four federally recognized Native American tribes in Maine, the Passamaquoddy, Penobscot, Maliseet and Micmac, consisting of five tribal communities, each with tribal health facilities. Maine welcomes and embraces new immigrants and refugees. The State views them as New Mainers who contribute

to our communities
as valued
neighbors.

But not all New Mainers are younger individuals. Issues like access to services and caregiving among New Mainers are of great concern considering language barriers and different cultural backgrounds. There are strong formal and informal networks of LGBTQ older adults across the state with some connecting through SAGE Maine and online groups while others connect through word-of-mouth. Maine is the largest and most rural New England state with the largest area of frontier and remote areas east of the Mississippi River. The rurality and remoteness of the state present unique challenges to delivering services, especially in island communities along the coast.

When convening the State Plan on Aging Work Group, we used multiple strategies to recruit stakeholders from these communities. The most successful recruitment strategy was asking community-based organizations in these communities that currently partner with the Aging Network to join. When there were no established connections, we searched the internet for organizations who are working in the community to contact via email and phone calls. Multiple follow-up phone calls and patience were needed sometimes to reach the right individual. This was especially true for the stakeholder from an island community who must go to the mainland for cell reception and internet connection. Another successful recruitment strategy was to hold meetings both physically and virtually to reduce logistical barriers to participation. Not surprisingly, these stakeholders were eager to participate because historically, they have not been offered a seat at the table.

Identifying the diverse and underserved older adults in your community is the first step because each community will look different. Then work with your partners to identify the appropriate stakeholders. However, the most important part is to ask those who are already doing the work in their communities to join the planning process.



Inclusive Planning Goals and Objectives

The heart of the planning process are the goals and objectives that guide how programs and services are designed and implemented at the organizational, local, county, regional, and state level. Inclusion of diverse elder populations in the goals, objectives, strategies, and outcomes in plans may be new to some local and state planning departments. This section provides a broad overview of plans inclusive of diverse communities followed by examples of goals, objectives and strategies from local and state planning documents.

For a reference about goals and objectives, please visit: ADvancing States www.advancingstates.org/goals-objectives

Diverse Elders Plan Narratives

Many local and state plans include a description in the “Narrative” section of the groups the agency considers minorities or underserved populations. Any reference to minority populations in goals, objectives, strategies, and outcomes therefore incorporates these groups. Including the culturally diverse populations you serve in the Narrative description ensures that those older adults are visible and included throughout the planning process.

The following sections explain how each of these components of Plans on Aging can be inclusive of diverse elder populations.

Diverse Elders-Inclusive Plan Goals

Goals are broad and provide direction as to where the agency is headed and what the agency wants to achieve. Some agencies have developed goals that specifically focus on being intentional about including diverse populations. Being mindful to create goals that are inclusive of diverse populations will ensure a holistic perspective to the planning process.

Diverse Elders-Inclusive Plan Objectives

While goals are broad enough to encompass diverse populations, objectives allow agencies to provide specific descriptions for how they can include culturally diverse older adults. Objectives should be measurable, time specific, attainable, and realistic. Some plans use objectives that are narrower than the goal but broad enough to encompass many strategies that are specific to subpopulations. This

can be a useful strategy when targeting services to populations of greatest social need.

Diverse Elders-Inclusive Plan Strategies

Strategies or action steps usually describe how the agency plans to achieve the related goal and objective in more detail. Oftentimes, multiple strategies are found beneath one related goal and objective where each strategy can be inclusive of culturally diverse populations or where some strategies can specifically address diverse populations, depending on the nature of the related goal and objective. Where appropriate, strategies should speak to specific approaches that will be used to ensure diverse populations’ needs are effectively addressed and that there is a plan (or will be) to measure that success.

Diverse Elders-Inclusive Plan Outcomes and Performance Measures

Assigning outcome and performance measures (some plans use the term “metrics”) like target dates and totals to goals, objectives, and strategies is a tool many agencies use to measure success. Agencies should pay close attention to setting realistic and achievable outcomes that provide opportunities for success. It will take time to build relationships and trust with diverse communities, so starting small is a good idea while providers and diverse communities become more accustomed to working with one another.

It is important to remember the difference between outcomes vs. outputs. Outcomes are the impact made through the outputs or activities. Outputs are programs, training, and one-on-one interactions. Outcomes are the behaviors changed and knowledge acquired by the outputs. Being able to measure the two is important in determining success at your agency. If you are measuring the increase in cultural competency of your staff as an outcome, but are not evaluating with the right questions on assessments, there will be no way to determine the outcome (behavior change and/or knowledge acquired) of your output (training program).

For more information about how to measure outcomes, please visit: ADvancing States www.advancingstates.org/outcomes-performance-measurement

Examples of Inclusive Goals, Objectives, Strategies, and Outcomes

Below are examples of local and state planning goals, objectives, strategies, and outcomes that include diverse populations. It should be noted that not all local or state plans use the same format in documenting their goals and outcomes. The examples below are intended to show how your organization may choose to explicitly incorporate culturally diverse populations into your particular process.

EXAMPLE OF AREA PLAN WITH DIVERSE AND INCLUSIVE GOAL AND OBJECTIVES (MULTNOMAH COUNTY AGING, DISABILITY, & VETERANS SERVICES DIVISION 2017-2020 AREA PLAN)

<https://multco.us/file/56083/download>

GOAL: Decrease isolation and barriers to access experienced by physically, *emotionally, culturally or linguistically isolated* older adults.

OBJECTIVES: Build capacity to provide *inclusive and culturally specific* services.

Utilize a targeted outreach approach that builds on existing relationships, trusted *cultural centers*, and leverages the strengths of the community.

GOAL: ADRC is recognized by the community as a valuable resource for *older adults and people with disabilities*.

OBJECTIVES: Utilize a multimodal approach to promote ADRC as front door/coordinated entry to all ADVSD/ *Enhancing Equity services*

75% of consumers at District Senior Centers, agencies that specifically service *racial, ethnic, and sexual minority elders*, will express satisfaction (excellent or good) with services and activities provided at these community access points.

EXAMPLE FROM AGING AND DISABILITY RESOURCE CONNECTION: (FLORIDA'S STATE PLAN ON AGING)

GOAL: Information and Access—Enable older Floridians, individuals with *disabilities*, their families, and other consumers to choose and easily access options for existing physical health, as well as long-term and end-of-life care.

OBJECTIVE: Provide culturally appropriate information in a variety of formats to elders, their families, and other caregivers taking into *account linguistic and cultural differences*.

STRATEGIES: Provide information and referral assistance in a culturally and linguistically appropriate manner regardless of *elders' ethnicity, race, gender, religion, sexual orientation, gender identity, or socioeconomic status*.

Encourage individuals who identify with the *lesbian, gay, bisexual, and transgender (LGBT)* community to plan for their elder years through education about long-term care options.

Educate in-home and institutional care service providers about the unique needs of diverse elders, especially elders with the *greatest economic need, elders with physical or mental limitations, elders with Limited English Proficiency, elders facing cultural or social isolation including LGBT individuals, and elders in rural communities*.

EXAMPLE FOR FAMILY CAREGIVER SUPPORT & SERVICES (MULTNOMAH COUNTY AGING, DISABILITY, & VETERAN SERVICES DIVISION 2017-2020 AREA PLAN)

<https://multco.us>

GOAL: Promote access to family caregiver services and resources, including respite services, to meet the needs and preferences of family and informal caregivers from *diverse cultural backgrounds*.

OBJECTIVE: Increase participation by family and informal caregivers that identify in *racial, ethnic, and cultural minority groups*.

STRATEGIES/TASKS: Develop *culturally specific* outreach materials and other methods to serve *culturally diverse family caregivers*.

Distribute *culturally specific* outreach materials and conduct other methods of reaching out to *culturally specific* family caregivers.

Hold *bilingual outreach* event(s) targeting *Spanish-speaking* family caregivers, Elders, and professionals who serve them, in places identified by the *Spanish-speaking* community as appropriate.

Collaborate with PreSERVE Coalition to promote access to *African-American family caregivers*.

Develop capacity for meeting the needs of *LGBT elders* and family and informal caregivers.

Identify age-specific training topics that are desired by community health workers to help them better serve older adults and family caregivers (ADVSD Planner)(July 2016-June 2020)

Support the development of age-specific training topics that are desired by community health workers to help them better serve older adults and family caregivers.

OUTCOME: Participation of family and internal caregivers of *racial, ethnic, and cultural minority groups* increased because people saw themselves represented in services as evidenced by quantitative needs assessments completed by attendees.

EXAMPLE STATE PLAN WITH DIVERSE AND INCLUSIVE GOAL, OBJECTIVE AND STRATEGY (CALIFORNIA STATE PLAN ON AGING 2017-2020)

<https://www.aging.ca.gov>

GOAL: Enable older Californians, *persons with disabilities*, and their caregivers to be active and supported in their homes and communities.

OBJECTIVE: Promote effective delivery of the OAA core services to eligible persons, with particular attention to noted *special target groups* who often do not access these services for various reasons.

STRATEGIES: Develop and provide guidance, training, and technical assistance on effective Title IIIB and Title IIIE care management practices.

Develop and provide guidance, training, and technical assistance on effective approaches for delivering OAA core services to *target populations including older Holocaust survivors, Native Americans, recent refugees, and LGBTQI individuals*.

EXAMPLE FOR OUTREACH EFFORTS FOR LOCAL OR STATE PLANS: (GENERIC)

GOAL: Create a focus on reaching underserved persons.

OBJECTIVE: Develop an Aging Network that reaches underserved persons across the state/ PSA.

STRATEGY: Identify and prioritize potential underserved populations (*i.e., greatest economic need, greatest social need, rural, limited English speaking, LGBT populations, and veterans*) to be reached.

OUTCOME: Increase percentage of underserved *individuals (i.e., greatest economic need, greatest social need, rural, limited English speaking, LGBT populations, and veterans)* by 10% after setting baseline in one year.

Measuring Success and Planning for the Future

Once your local Aging Network begins to implement plans and services inclusive of diverse elders, the next question is how to measure success and progress towards achieving the outlined goals, objectives, strategies, and outcomes. Think about the multiple ways your local Aging Network is currently monitoring such progress through its ongoing performance measuring and how these processes can be adapted to be culturally inclusive. For example, if you are using a program satisfaction survey, it is important to ensure that demographic questions are inclusive of diverse elders' identities. This allows you to know which comments are coming from the diverse older adult populations you serve, while simultaneously measuring your success at reaching diverse older adults while collecting feedback that can be used in future planning.

The established culturally inclusive outcomes in your agency's plan can be monitored on an ongoing basis to identify opportunities for improvement early in the planning cycle. For example, one of your outcomes may be to provide cultural competency training about diverse elders to at least 20% of your agency and provider staff by the end of the planning cycle. A good way to measure performance is to have ongoing reporting on what percentage of each group has received training related to cultural competency in serving diverse elders. Additionally, staff can report on how the cultural competency training and knowledge gained has supported their work in providing services and outreach to diverse populations.

For more information about cultural competency training contact the Consortium members or visit this resources page provided by the Administration for Community Living: <https://acl.gov/programs/strengthening-aging-and-disability-networks/diversity-and-cultural-competency>

As your agency continues the planning process, the culturally diverse and inclusive advisory board or council that was established during the planning process can provide feedback during the plan's implementation. Ask these members if they are seeing an impact in their communities. Hold a town hall or focus group and invite members of diverse aging communities to give feedback and suggestions for future planning. The advisory council and the community's input, in addition to your agency's monitoring processes, are great sources of data to inform the development of future plans. To learn more about outcomes and performance measurement, visit <http://www.advancingstates.org/outcomes-performance-measurement>.





Best Practices for Working with Diverse Elders

Throughout this guide a number of success stories, strategies and resources have been highlighted to assist in planning for outreach and services to diverse elder populations. The following best practices will help set the framework for your organization's commitment to serving diverse elder populations.

ADOPT INCLUSIVE POLICIES AND PRACTICES. *Every older adult brings with them their racial identity, ethnic heritage, sexual orientation, gender identity, and unique individual history. Recognize that many older adults have significant histories of trauma, discrimination, and stigma, which influence cultural identity.*

COMMIT TO DISAGGREGATED DATA COLLECTION TO INFORM PLANNING, EVALUATION, AND RESOURCE ALLOCATIONS. *Prioritizing diversity requires a commitment to understanding the communities we serve. It is imperative that the Aging Network collect data on diverse populations to determine if programs are meeting goals and to identify areas for improvement.*

BUILD RELATIONSHIPS WITH DIVERSE COMMUNITIES. *It is essential for diverse communities to be involved in Aging Network planning. To develop trust and outreach to diverse populations, develop relationships with trusted organizations/tribal communities.*

PROVIDE LANGUAGE ACCESS. *For many older adults, English is not their first language. Equitable access must be ensured by providing limited English proficient (LEP) older adults with in-language services, resources, and information.*

COMMIT TO CULTURAL AWARENESS/HUMILITY AND COMPETENCY TRAINING. *It is important that employees and volunteers have the knowledge, resources and opportunities for ongoing training to serve the diverse needs of the older adult community.*



Conclusion

This guide is a collection of tools and resources for the local and state Aging Network entities to use as they begin or continue planning aging services with diverse older adults in mind. Many of the organizational inclusive examples described throughout this guide did not cost additional money or involve new resources. Rather, the examples illustrated the importance of ensuring that key stakeholders from culturally diverse communities were active partners assisting with planning and outreach. Existing programs can be made more inclusive by ensuring the Aging Network is culturally competent and services are welcoming to all diverse aging communities, making the provision of services more efficient by serving those most in need.

We hope that you and your agency have found the organizational stories and resources throughout this guide useful, and that you are better prepared to incorporate the needs of diverse older adults into the planning of your agency's next Plan on Aging.



Notes

¹ 2017 Profile of Older Americans <https://acl.gov/aging-and-disability-in-america/data-and-research/profile-older-americans>.

² Movement Advancement Project and SAGE (2017), Understanding the Issues Facing LGBT Older Adults. Retrieved from <http://www.lgbtmap.org/policy-and-issue-analysis/understanding-issues-facing-lgbt-older-adults>.

³ National Indian Council on Aging, Inc, retrieved from <http://nicoa.org/policy>.

⁴ U.S. Census Bureau, American Community Survey. National Center for Health Statistics, National Health Interview Survey National Indian Council on Aging, Inc, retrieved from <http://nicoa.org/policy>.

⁵ AARP. Beyond 50.2003: A Report to the Nation on Independent Living and Disability, 2003. Retrieved from <https://www.aarp.org/health/doctors-hospitals/info-11-2003/aresearch-import-753.html>.

⁶ U.S. Department of Health and Human Services, and U.S. Department of Labor. The future supply of long-term care workers in relation to the aging baby boom generation: Report to Congress. Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, (2003)

⁷ National Council on Aging, Economic Security for Seniors Facts. Retrieved from www.ncoa.org.

⁸ US Census, Projections of the Size and Composition of the U.S. Population: 2014 to 2060. Retrieved from <https://www.census.gov/content/dam/Census/library/publications/2015/demo/p25-1143.pdf>.

⁹ Out and Visible, SAGE (2014). Retrieved from <http://sageusa.org/resources/publications.cfm?ID=214>.

¹⁰ Fredriksen-Goldsen, K. I., Bryan, A. E. B., Jen, S., Goldsen, J., Kim, H.-J., & Muraco, A. (2017). The unfolding of LGBT lives: Key events associated with health and well-being in later life. *The Gerontologist* 57(S1), S15-S29. Retrieved from <http://age-pride.org/wordpress/published-articles>.


¹¹ Stein, G. L., Beckerman, N. L., & Sherman, P. A. (2010). Lesbian and Gay elders and long-term care: Identifying the unique psychosocial perspectives and challenges. *Journal of Gerontological Social Work*, 53(5), 421–435. <https://doi.org/10.1080/01634372.2010.496478>.

¹² Diverse Elders Coalition, (2019). Despite connectivity, social isolation in not declining—especially among diverse older adults. Retrieved from <https://www.diverseelders.org/2019/05/28>.

¹³ Crenshaw, Kimberle () “Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics,” *University of Chicago Legal Forum*: Vol. 1989: Iss. 1, Article 8. Available at: <http://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8>.

¹⁴ Kimberlé Crenshaw on Intersectionality, More than Two Decades Later, 2017. Retrieved from <https://www.law.columbia.edu/pt-br/news>.

¹⁵ American Society on Aging: The Challenge of Intersectionality by Toni Calasantie and Sadie Giles, www.asa.org.



THE CONSORTIUM ON AGING RESOURCES FOR SENIORS' EQUITY member organizations are supported, in part, under a cooperative agreement from the U.S. Department of Health and Human Services, Administration on Aging. Grantees undertaking projects under government sponsorship are encouraged to freely express their findings and conclusions. However, these contents do not necessarily represent the policy of the U.S. Department of Health and Human Services, and endorsement by the Federal Government should not be assumed.

© National Consortium on Aging Resources for Seniors' Equity Member organizations—Asociación Nacional Pro Personas Mayores (ANPPM), National Asian Pacific Center on Aging (NAPCA), National Indian Council on Aging (NICOA), The National Caucus and Center on Black Aging (NCBA), The National Resource Center on LGBT Aging (SAGE), 2020, All rights reserved.

