



Area Agency on Aging Diversity – Equity – Inclusion – Belonging Associations & Resources

National Associations

1. SAGE: Advocacy & Services for LGBTQ+ Elders <https://www.sageusa.org/what-we-do/sagecare/>
2. NICOA National Indian Council on Aging <https://www.nicoa.org/> and <https://www.nicoa.org/elder-resources/older-americans-act/>
3. National Caucus and Center on Black Aging: Preeminent National Organization on issues impacting Minority Citizens age 55+ <https://ncba-aging.org/>
4. National Asian Pacific Center on Aging <https://napca.org/#>
5. National Hispanic Council on Aging (NHCOA) <https://nhcoa.org/>
6. MHP Salud (Latino-Hispanic): National Nonprofit Organization that Implements & Supports Community Health Workers <https://mhpsalud.org/our-programs/>
7. The New York Academy of Medicine Center for Healthy Aging <https://www.nyam.org/center-healthy-aging/>

Resources Included in Package

1. Facts on LGBT Aging – SAGE and the National Resource Center on LGBT Aging
2. 2020 Profile of Hispanic Americans Age 65 and Older – Administration for Community Living
3. 2020 Profile of American Indians and Alaska Natives Age 65 and Older – Administration for Community Living
4. National Asian Pacific Center on Aging (NAPCA) CBO Survey Report 2020

Links to Resources

1. LGBTQIA+ [SAGE – Advocacy & Services for LGBTQ+ Elders \(sageusa.org\)](https://www.sageusa.org/)



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2. Indigenous/Indian/Tribal populations [Nicoa.org – National Indian Council On Aging](https://www.nicoa.org)
3. Black [Home - NCBA \(ncba-aging.org\)](https://www.ncba-aging.org)
4. Black and Aging in America [https://ncba-aging.org/wp-content/uploads/2023/01/FINAL-NCBA Black Aging America Digital web47.pdf](https://ncba-aging.org/wp-content/uploads/2023/01/FINAL-NCBA-Black-Aging-America-Digital-web47.pdf)
5. AAPI - [Home Page | National Asian Pacific Center on Aging - National Asian Pacific Center on Aging - AAPI Aging \(napca.org\)](https://www.napca.org)
6. Latinx/Hispanic - [Aging in Place Initiatives - MHP Salud](https://www.mhp.org)
7. Various populations: [OAEC Resource Library | New York Academy of Medicine \(nyam.org\)](https://www.nyam.org)
8. ACL resources: [Older Adults' Equity Collaborative | ACL Administration for Community Living](https://www.acl.org)

USAgging Diversity Resources <https://www.usaging.org/content.asp?contentid=1278>

- [Government Alliance on Race and Equity: Resource Guides](#)
- [The National Hispanic Council on Aging's Salud y Bienestar \(Health and Well-Being\): Diabetes Prevention and Management Toolkit](#)
- [National Asian Pacific Center on Aging Cultural Competency Course](#)
- [U.S. Administration for Community Living's Diversity and Cultural Competency page](#)
- [U.S. Department of Health and Human Services' Office of Minority Health](#)
- [National Indian Council on Aging](#)
- [National Caucus and Center on Black Aging](#)
- [National Resource Center on LGBT Aging](#)
- [National Partnership For Action To End Health Disparities](#)
- [National Center for Cultural Competence](#)
- [Aging with Pride: National Health, Aging, and Sexuality/Gender Study](#)
- [Association of University Centers on Disabilities' Online Cultural Competence Curriculum for Health Care Professionals](#)
- [City and County of San Francisco Language Diversity Policy](#)
- [Detroit Area Agency on Aging Cultural Competency and Diversity Plan](#)
- [U.S. Administration on Aging Toolkit for Serving Diverse Communities](#)
- [U.S. Department of Health and Human Services Office of Minority Health: Healthy People 2020 Health Disparities Data](#)



Area Agency on Aging Diversity – Equity – Inclusion – Belonging Associations & Resources

Black Community Resources

Provided by SSU

- [Affinity Faculty and Staff Association \(AFSA\)](#)
- [Association for the Study of African American Life & History \(ASALH\)](#)
- [NAACP - Santa Rosa | Sonoma County](#)
- [North Bay Black Chamber of Commerce](#)
- [Petaluma Blacks for Community Development](#)
- [Sonoma County Black Forum](#)
- [100 Black Men of Sonoma County](#)
- [The HUB Cultural Center](#)
- [The Legacy of bell hooks](#)
- [Why is Kente Cloth important to the Black Community?](#)
- [APB Must-Reads for Black History Month and Beyond by Eddie Glaude Jr.](#)

Black History Month

Since 1976, every American president has dedicated the month of February to celebrate Black History and embrace a specific theme.

The chosen theme for Black History Month 2024 is "[African Americans and the Arts](#)," which delves into the profound influence African Americans have had in various domains of culture, including visual and performing arts, literature, fashion, folklore, language, film, music, architecture, culinary arts, and other captivating forms of cultural expression.

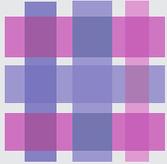
Arts & Cultural Events in Sonoma County

- Visit the [Sonoma County Library](#) page to explore their events and activities for Black History Month.
- Participate in one of the many events hosted by [Sonoma State University](#) celebrating black history and culture.
- Check out the [Museum of Sonoma County](#) to register for a special event with local artist Rose Hill, in discussion with Denise Ward. The talk will be focused on Black Americana and its place in American History and our collective experience.



FACTS ON LBGT AGING

A publication by SAGE and the National Resource Center on LGBT Aging

National Resource Center 

ON LBGT AGING

sage | Advocacy & Services for LGBT Elders

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305 Seventh Avenue
15th Floor
New York, NY 10001
212.741.2247
sageusa.org
lgbtagingcenter.org
f t i @sageusa

LGBT Older People

LGBT older people are a diverse and widespread population, residing in every area of the country.

While the U.S. census has never measured how many LGBT people live in America, reports estimate that there are currently around 3 million LGBT adults over age 50.¹ That number is expected to grow to around 7 million by 2030.²

LGBT older people face unique challenges as we age. LGBT elders are...



MORE likely to face poverty⁵ and homelessness,⁶ and to have poor physical and mental health⁷

Caregiving

Caregiving can be a rewarding but sometimes challenging experience. Because LGBT older people tend to rely on families of choice,⁸ their care networks are often structured differently than those of their non-LGBT peers. LGBT people face unique obstacles in both giving and receiving care, from healthcare laws that privilege biological families to a lack of resources for LGBT-specific needs.

21 percent of older LGBT people have provided care to friends, compared to only 6 percent of non-LGBT older adults.⁹

LGBT people become caregivers at a higher rate than non-LGBT people, and make up 9% of the caregivers in the United States.¹⁰

LGBT caregivers are more likely to be caring in isolation, which can exacerbate stress and lead to caregiver burnout.¹¹

Cultural Competency

LGBT elders are significantly less likely than other older adults to reach out to senior centers, meal programs, and other vital services,¹³ and may even be reluctant to access medical care. After decades of experiencing discrimination and harassment, many simply assume they will not be welcome in these environments.

Many LGBT people have reported delaying or avoiding necessary medical care because they fear discrimination or mistreatment by health care staff.^{14, 15}

Nearly 1 in 4 transgender people report having to teach their health care provider about transgender issues in order to receive appropriate care, and 15% report being asked invasive or unnecessary questions unrelated to the health care they are seeking at the time.¹⁶

88 percent of LGBT older people say they would feel more comfortable with long-term care services if they knew staff had been specifically trained about the needs of LGBT patients. More than two thirds say this would make them feel *much* more comfortable.¹⁷



54 percent of LGBT elder care recipients receive care from their partner; 24 percent receive care from a friend.¹²

Discrimination

LGBT older people came of age at a time when simply being openly LGBT could get them arrested, fired, or worse. As such, they have experienced discrimination based on their perceived or actual sexual orientation and gender identity on many fronts. Moreover, they've lived through many years in which this discrimination was condoned and even encouraged by society in the form of laws, policies, and cultural norms. 82 percent report experiencing at least one instance of victimization, such as threats, harassment, or even physical assault.¹⁸

About two-thirds of LGBT older people have experienced victimization at least three times in their lives.¹⁹

More than half of LGBT older people report being discriminated against in employment and/or housing.²⁰

It's been reported that LGBT older people have received inferior, neglectful health care or have been denied health care altogether.²¹

Research has shown that repeated experiences of discrimination can lead to long-term negative health outcomes.²²

Health Care

Ongoing experiences of discrimination and prejudice often lead to what is commonly referred to as *Minority Stress*,²³ and it has been well documented that such experiences can profoundly impact both mental and physical health.²⁴ Not surprisingly, LGBT older people experience significant health disparities:

Research has repeatedly shown that LGBT people have higher rates of poor physical health and mental distress.^{25, 26}

41 percent of LGBT older people report having a disability, compared to 35 percent of heterosexual older adults.²⁷

A national study of transgender people found that in the prior year, 23% of respondents avoided going to a doctor when they needed to because they feared being mistreated, and 33% did not go because they could not afford it.²⁸



34 percent of LGBT older people worry about having to hide their identity in order to access senior housing.³⁵

HIV/AIDS

HIV disproportionately impacts the LGBT community, and LGBT older people are no exception. Thirty years ago, the idea that someone with HIV would live decades was unimaginable; now people with HIV are living well into their golden years.

In 2018, 17% of all new HIV diagnoses in the U.S. were in people aged 50 and older.²⁹

Researchers estimate more than 50 percent of patients with HIV have an HIV associated neurocognitive disorder, which can impact memory, motor skills, and other aspects of cognitive function, as well as cause depression or psychological distress.³⁰



Housing

Appropriate housing is a cornerstone of wellness, and a major concern for many older adults. Unfortunately, bias and discrimination can make it more difficult for LGBT older people to find housing that is safe, affordable, and conducive to aging well.

In a matched-pair test across 10 ten states, 48 percent of same-sex couples experienced adverse treatment when seeking senior housing.³²

Nearly one-quarter (23%) of transgender individuals report having experienced some form of housing discrimination in the past year.³³

21 states and 5 territories have no explicit laws prohibiting housing discrimination on the basis of sexual orientation and/or gender identity.³⁴

Financial Security

Discrimination can negatively impact an individual's opportunities in education, employment, housing stability and much more. All of this leads to decreased financial stability and less (if any) accumulation of wealth. Many LGBT older people have experienced these inequities throughout their lifetime, and the cumulative effects are clear:

In general, LGBT people are poorer and have fewer financial resources than their non-LGBT counterparts.³⁶

Research has shown that LGBT people are likelier to be subject to employment discrimination, making their earnings—and their Social Security payments—lower.³⁷

One-third of LGBT elders live at or below 200% of the federal poverty level.³⁸

Social Isolation

Social connectedness is an important factor in healthy aging, impacting happiness, health and even lifespan.⁴⁰ But LGBT older people, who are more likely to live alone and have smaller social networks,⁴¹ are particularly vulnerable to social isolation.

59 percent of LGBT older people report feeling a lack of companionship and 53 percent report feeling isolated from others.⁴²

Research has shown that loneliness and isolation are associated with poor physical health. Some experts have equated the health risks of prolonged isolation to those of smoking 15 cigarettes a day.⁴³

25 percent of SAGE care management clients in New York City report having no one to call in case of an emergency.⁴⁴



Transgender people in the U.S. are more than twice as likely to be living in poverty as non-transgender people. Transgender people of color are more than three times as likely.

Wellness

Wellness affects health outcomes and encompasses positive habits such as physical activity, abstaining from cigarettes and alcohol, and receiving regular check-ups from a physician. In the same way that Minority Stress impacts physical health, it also takes its toll on mental health and overall wellness.

Nearly one in three LGBT people smoke, a rate that is more than 50% higher than the general population.^{45, 46}

LGB older people are significantly more likely to drink alcohol excessively than heterosexual older adults, and transgender older adults are more likely to drink excessively than their non-transgender counterparts.⁴⁷

39% of LGBT older adults have had suicidal thoughts,⁴⁸ and 2 of every 5 transgender people have actually attempted suicide in their lifetime.⁴⁹

Despite all of these challenges, LGBT older people are living vibrant, full lives throughout every part of the country and around the world.

They were the pioneers who stood up and pushed back at the Stonewall uprising, and the caregivers who stood by friends and loved ones through the height of the AIDS epidemic. They are models of resilience, celebrating their identities while persevering through adversity and helping to bring about incredible change for all LGBT people over just a few short decades.

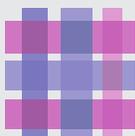
Notes

- ¹*Out & Visible: The Experiences of Lesbian, Gay, Bisexual and Transgender Older Adults, Ages 45-75*, SAGE, 2014.
- ²*Outing Age 2010: Public Policy Issues Affecting Lesbian, Gay, Bisexual and Transgender Elders*, The National Gay and Lesbian Task Force Policy Institute, 2010.
- ³*Improving the Lives of LGBT Older Adults*, Movement Advancement Project and SAGE, 2010.
- ⁴Ibid.
- ⁵*Understanding Issues Facing LGBT Older Adults*, Movement Advancement Project & SAGE, 2017.
- ⁶U.S. Department of Housing and Urban Development, Office of Policy Development and Research, *Message from the Assistant Secretary: LGBT Elders*. Accessed December 20, 2020, https://www.huduser.gov/portal/pdredge/pdr_edge_frm_asst_sec_011312.html.
- ⁷*LGBT Aging: A Review of Research Findings, Needs, and Policy Implications*, Williams Institute, 2016.
- ⁸*Improving the Lives of LGBT Older Adults*.
- ⁹*Still Out, Still Aging*, MetLife Mature Market Institute and American Society on Aging, 2010.
- ¹⁰*Caregiving in the U.S. 2015*, AARP Public Policy Institute and National Alliance for Caregiving, 2015.
- ¹¹*Caregiving in the LGBT Community: A Guide to Engaging and Supporting LGBT Caregivers through Programming*, SAGE, 2017.
- ¹²Fredriksen-Goldsen et al., *The Aging and Health Report*, 2011.
- ¹³*Improving the Lives of LGBT Older Adults*.
- ¹⁴*Discrimination Prevents LGBTQ People from Accessing Health Care*, Center for American Progress, 2018.
- ¹⁵*The Report of the 2015 U.S. Transgender Survey*, National Center for Transgender Equality, 2016.
- ¹⁶Ibid.
- ¹⁷*Maintaining Dignity: Understanding and Responding to the Challenges Facing Older LGBT Americans*, AARP, 2018.
- ¹⁸Fredriksen-Goldsen, *Aging and Health*.
- ¹⁹Ibid.
- ²⁰Ibid.
- ²¹*LGBT Aging: A Review of Research Findings*.
- ²²U.S. Department of Health & Human Services, *Healthy People 2020: Discrimination as a Social Determinant of Health*, last updated October 8, 2020. Accessed December 20, 2020, <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/discrimination>.
- ²³Ilan H. Meyer, *Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence*, 2003.
- ²⁴See e.g., Pascoe & Smart, *Perceived Discrimination and Health: A Meta-Analytic Review*, 2009.
- ²⁵See e.g., *Health and Access to Care and Coverage for Lesbian, Gay, Bisexual, and Transgender Individuals in the U.S.*, Kaiser Family Foundation, updated 2018.
- ²⁶See e.g., Pascoe & Smart, *Perceived Discrimination*.
- ²⁷Fredriksen-Goldsen, *Aging and Health*.
- ²⁸*The Report of the 2015 U.S. Transgender Survey*.
- ²⁹Centers for Disease Control and Prevention, *HIV Surveillance Report*, 2018 (Updated); vol.31, Published May 2020. Accessed December 20, 2020, <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>.
- ³⁰U.S. Department of Health & Human Services, HIV.gov: *Growing Older with HIV*, last updated May 26, 2020. Accessed December 20, 2020, <https://www.hiv.gov/hiv-basics/living-well-with-hiv/taking-care-of-yourself/aging-with-hiv>.
- ³¹U.S. Department of Health & Human Services, Centers for Disease Control and Prevention, *HIV and Older Americans*, September 2020. Accessed December 21, 2020, <https://www.cdc.gov/hiv/group/age/olderamericans/index.html>.
- ³²*Opening Doors: An Investigation of Barriers to Senior Housing for Same-Sex Couples*, Equal Rights Center, 2014.
- ³³*The Report of the 2015 U.S. Transgender Survey*.
- ³⁴*Equality Maps: State Nondiscrimination Laws*, Movement Advancement Project. Accessed December 22, 2020, https://www.lgbtmap.org/equality-maps/non_discrimination_laws.
- ³⁵*Maintaining Dignity*.
- ³⁶See e.g., *Health and Access to Care and Coverage for Lesbian, Gay, Bisexual, and Transgender Individuals in the U.S.*, Kaiser Family Foundation, updated 2018.
- ³⁷*The Report of the 2015 U.S. Transgender Survey*.
- ³⁸*Improving the Lives of LGBT Older Adults*.
- ³⁹*Understanding Issues Facing LGBT Older Adults*.
- ⁴⁰See e.g., Cacioppo JT & Hawkley LC, *Social Isolation and Health, With an Emphasis on Underlying Mechanisms*, 2003.
- ⁴¹*Out & Visible*.
- ⁴²Fredriksen-Goldsen, *Aging and Health*.
- ⁴³Holt-Lunstad et al., *Social Relationships and Mortality Risk: A Meta-Analytic Review*, 2010.
- ⁴⁴Movement Advancement Project, *LGBT Older People & COVID-19*, 2020.
- ⁴⁵Fallin et al., *Smoking Cessation Awareness and Utilization Among Lesbian, Gay, Bisexual, and Transgender Adults: An Analysis of the 2009-2010 National Adult Tobacco Survey*, 2016.
- as cited in *Fact Sheet: Cancer in LGBT Communities*, LGBT Healthlink. Accessed December 19, 2020, <https://www.lgbthealthlink.org/FactSheets/LGBTCommunities>.
- ⁴⁶Agaku et al., *Tobacco Product Use Among Adults-United States, 2012-2013*, 2014. as cited in *Fact Sheet: Tobacco Use in LGBT Communities*, LGBT Healthlink, 2017. Accessed December 19, 2020, <https://www.lgbthealthlink.org/FactSheets/LGBTTobaccoUse>.
- ⁴⁷Fredriksen-Goldsen, *Aging and Health*.
- ⁴⁸Ibid.
- ⁴⁹*The Report of the 2015 U.S. Transgender Survey*.

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A publication by SAGE and the National Resource Center on LGBT Aging

**National
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Center**



ON LGBT AGING

sage

Advocacy &
Services for
LGBT Elders

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305 Seventh Avenue
15th Floor
New York, NY 10001
212.741.2247
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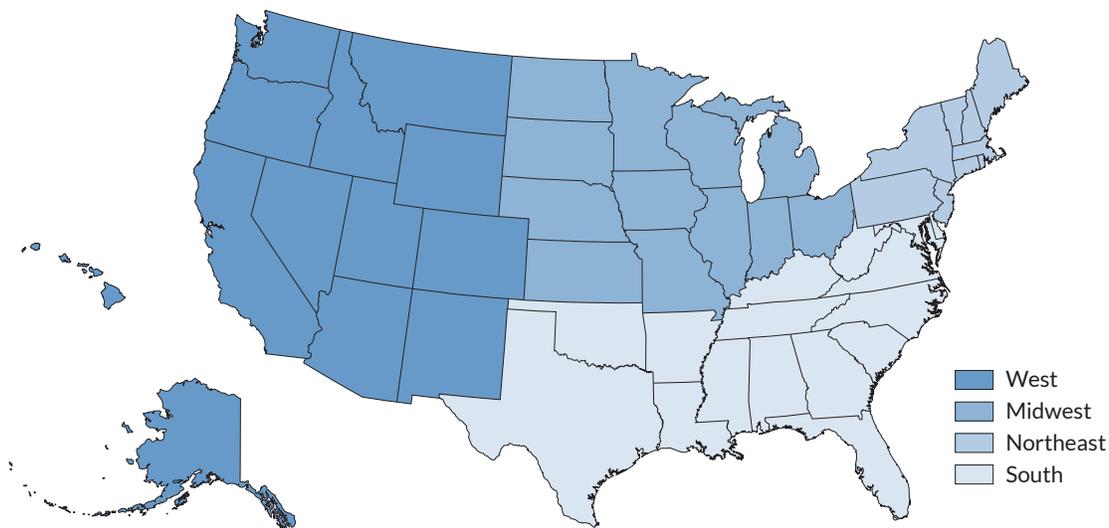
Identifying the Needs of AAPI Elder-Serving Organizations

Community-based organizations (CBOs) across the U.S. play an essential role in addressing health, economic, and social disparities of Asian Americans and Pacific Islanders (AAPIs). In an effort to better understand the landscape of AAPI-serving CBOs and the needs of AAPI elders, the National Asian Pacific Center on Aging (NAPCA) conducted a needs assessment survey of 558 of its community partners. This report reveals the extent to which AAPI-serving CBOs vary in programming, resources, and clientele, and identifies the service gaps and barriers to information and resources of the AAPI older adult community.

Profile of CBO Respondents

GEOGRAPHY

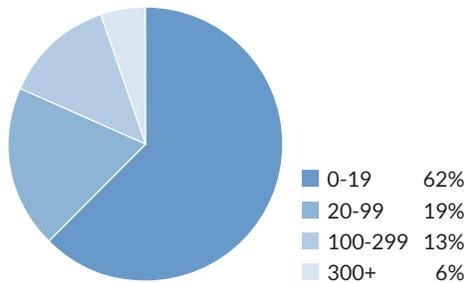
Figure 1: Geographic Distribution of CBO Respondents by Region



West	Midwest	Northeast	South
<ul style="list-style-type: none"> • 64% of responding CBOs • Most commonly served AAPI ethnicities: Chinese, Vietnamese, Filipino, Korean, Japanese 	<ul style="list-style-type: none"> • 14% of responding CBOs • Most commonly served AAPI ethnicities: Korean, Lao, Vietnamese, Chinese, Cambodian, Hmong 	<ul style="list-style-type: none"> • 11% of responding CBOs • Most commonly served AAPI ethnicities: Chinese, Korean, Vietnamese 	<ul style="list-style-type: none"> • 11% of responding CBOs • Most commonly served AAPI ethnicities: Vietnamese, Chinese, Korean, Filipino
<ul style="list-style-type: none"> • 54% of all AAPI elders in the U.S. 	<ul style="list-style-type: none"> • 9% of all AAPI elders in the U.S. 	<ul style="list-style-type: none"> • 18% of all AAPI elders in the U.S. 	<ul style="list-style-type: none"> • 18% of all AAPI elders in the U.S.
<ul style="list-style-type: none"> • 47% of all AAPIs in the U.S. 	<ul style="list-style-type: none"> • 12% of all AAPIs in the U.S. 	<ul style="list-style-type: none"> • 20% of all AAPIs in the U.S. 	<ul style="list-style-type: none"> • 22% of all AAPIs in the U.S.

Survey responses came from organizations in all four of the U.S. geographic regions (as defined by the U.S. Census).¹ Compared to the geographic distributions of the AAPI elder and overall AAPI populations, the West was overrepresented by survey respondents, and the Northeast and South were underrepresented. The Midwest was adequately represented among respondents.

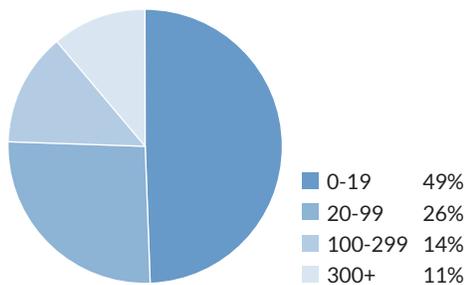
Figure 2: Number of Paid Staff per CBO



ORGANIZATION SIZE

The majority of CBO respondents (62%) indicated that they are small organizations with zero to 19 paid employees on staff (Figure 2). Responding CBOs often receive additional unpaid assistance, with the number of volunteers ranging from less than 20 to more than 300 per organization (Figure 3), or an average of 70 volunteers per CBO. Over 50% of responding CBOs serve under 5,000 clients annually, about one-third (32%) serve 5,000-49,999 clients, and 4% serve over 50,000 clients per year.

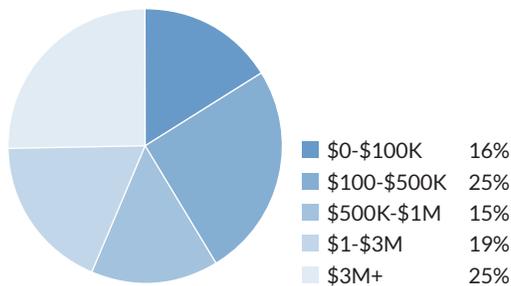
Figure 3: Number of Unpaid Volunteers per CBO



ORGANIZATION BUDGET

CBOs reported annual budgets ranging from less than \$100,000 to over \$3 million (Figure 4). The median response came from CBOs with annual budgets in the \$500,000-\$1 million range. Elder-specific CBOs tend to have lower budgets (41% reported having a budget of \$0-\$100,000), suggesting that organizations that focus specifically on elders tend to have fewer financial resources (Figure 5).

Figure 4: CBO Budgets (n=91)

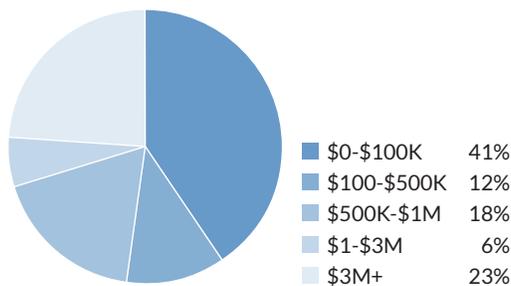


Profile of Populations Served by CBOs

GEOGRAPHIC AREAS

CBOs in NAPCA's network primarily serve their local AAPI communities in urban settings. The majority of responding CBOs (64%) serve urban areas, while only 2% of respondents reported serving rural communities. This corresponds with data from the U.S. Census, which indicates that only 3% of AAPIs live in rural areas.² Most of the CBO respondents serve cities (48%) or counties (53%), whereas only 10% serve AAPIs nationwide.

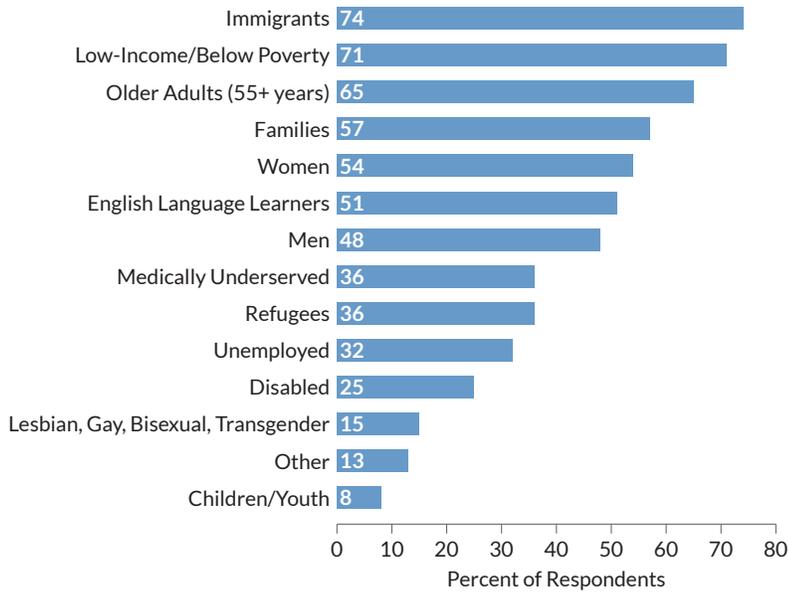
Figure 5: Elder-Specific CBO Budgets (n=17)



TARGET POPULATIONS

Survey respondents specialize in serving populations across the age spectrum. A total of 81 CBOs (84%) serve adults ages 55 and over, and 19 CBOs (20%) are elder-specific, meaning that they exclusively serve individuals 55 years and older. CBOs also reported serving youth up to 24 years (78%) and adults ages 25-54 years (51%). When asked to specify the target populations served, responding CBOs most often identified low-income immigrants, older adults, and families (Figure 6). Most of the elder-specific CBOs (n=12) serve low-income elders.

Figure 6: Key Populations Served by CBOs



RACIAL AND ETHNIC GROUPS

Responding CBOs serve a wide range of racial and ethnic groups. Because the survey was mailed to AAPI-serving CBOs, all of the respondents reported serving AAPIs, either exclusively or in addition to other racial groups. A majority of respondents serve Caucasians (63%), Hispanics/Latinos (62%), and African Americans (61%). A smaller number of CBOs reported serving American Indians or Alaska Natives (19%), Middle Eastern populations (7%), and other African immigrants (5%). About 7% of the CBOs reported serving individuals of mixed races.

The ethnic groups that respondents most commonly reported serving, such as Chinese, Vietnamese, Korean, and Filipino, correspond with the AAPI ethnic groups with the largest populations in the U.S. (Figure 7 & Table 1). However, CBOs that serve Cambodians appear to be slightly overrepresented by survey respondents, and CBOs that serve Asian Indian populations are underrepresented.

Figure 7: Ethnic Groups Served by CBOs

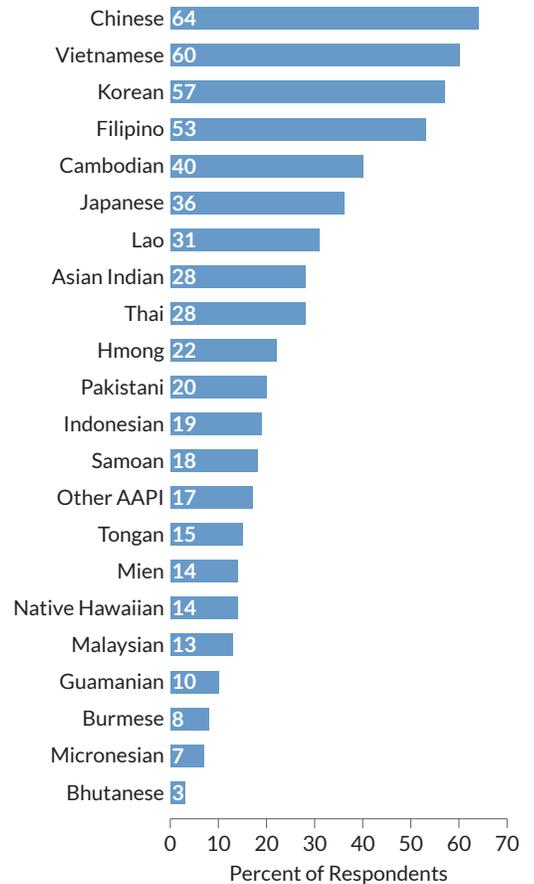


Table 1: U.S. Asian Ethnic Groups, Ranked in Order of Largest Population

Ethnic Group
1. Chinese
2. Asian Indian
3. Filipino
4. Vietnamese
5. Korean
6. Japanese
7. Pakistani
8. Hmong
9. Cambodian
10. Taiwanese

Source: U.S. Census Bureau, 2010 Census

LANGUAGES SPOKEN

Languages spoken by CBO clients reflect the general AAPI demographics. Chinese (43%), Vietnamese (39%), and Korean (36%) were the most commonly reported languages spoken other than English (Figure 8). This is representative of the ethnicities that the CBOs serve. Thirty-two percent of CBOs reported serving Spanish-speaking individuals. After Spanish, Tagalog (25%) and Khmer/Cambodian (20%) were the next most commonly reported primary languages spoken by CBO clients.

ORGANIZATION TYPE

Responding CBOs were asked to identify which organization types best describe them. Respondents were allowed to choose more than one category, as many CBOs often serve numerous functions in their communities. Over half (53%) of responding CBOs identified as a social services provider, 25% as a senior center, 23% as a health clinic or health care center, 23% as a community center, 7% as a housing organization, and 7% as an education or cultural center.

A majority of the respondents provide health education and information/referral services. Many of the responding CBOs also offer immigration/citizenship services, volunteer programs, and recreational and social activities (Figure 9). Very few offer mental health services and long-term care, even though they identify these as needed resources for AAPIs. (See “Key Issues Not Being Addressed.”) Most elder-specific CBOs reported that they offer recreational and social activities (68%), health education (68%), and meals/nutrition (63%), which is consistent with senior center services.

One-quarter of the CBO respondents reported that they provide support groups. Most commonly offered support groups include caregiver (33%), cancer patient/survivor (17%), chronic illness/disease management (13%), and grief (8%). Other groups mentioned services pertaining to drug and substance abuse, HIV, youth, disabled seniors, and support groups for parents with children with special needs.

Needs of AAPI Elders

PRIORITIES

CBOs were asked to rank a list of 10 issues facing AAPI elders based on their importance, with 1 indicating “most important” and 10 indicating “least important.”

Figure 8: Languages Spoken by Clients Served

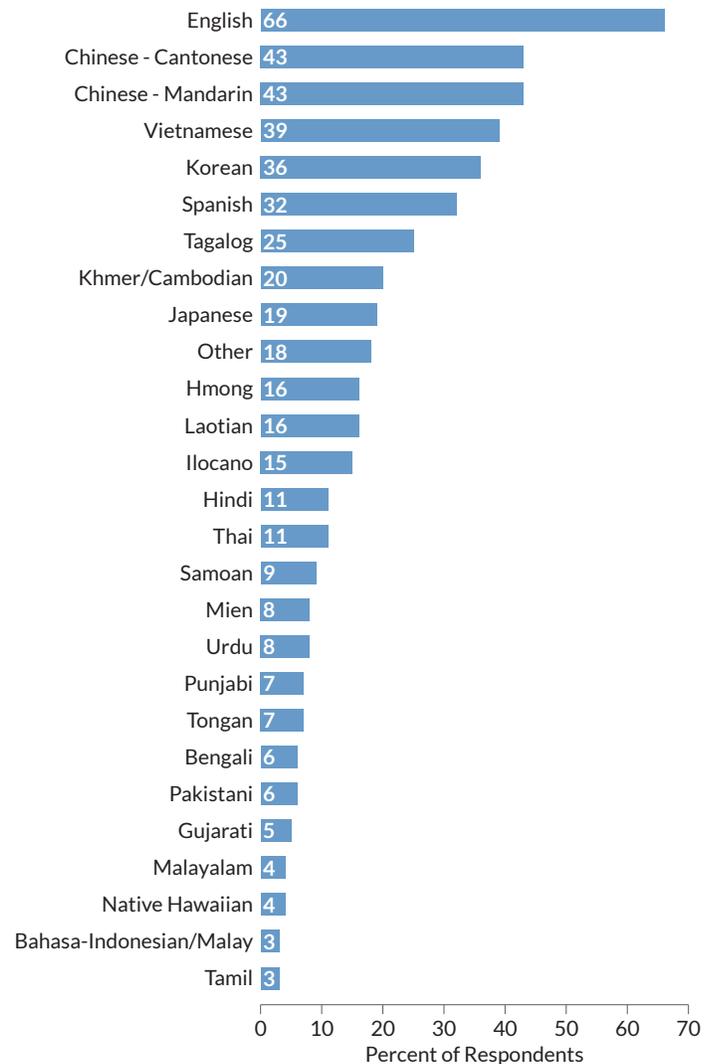


Figure 9: CBO Services and Programs

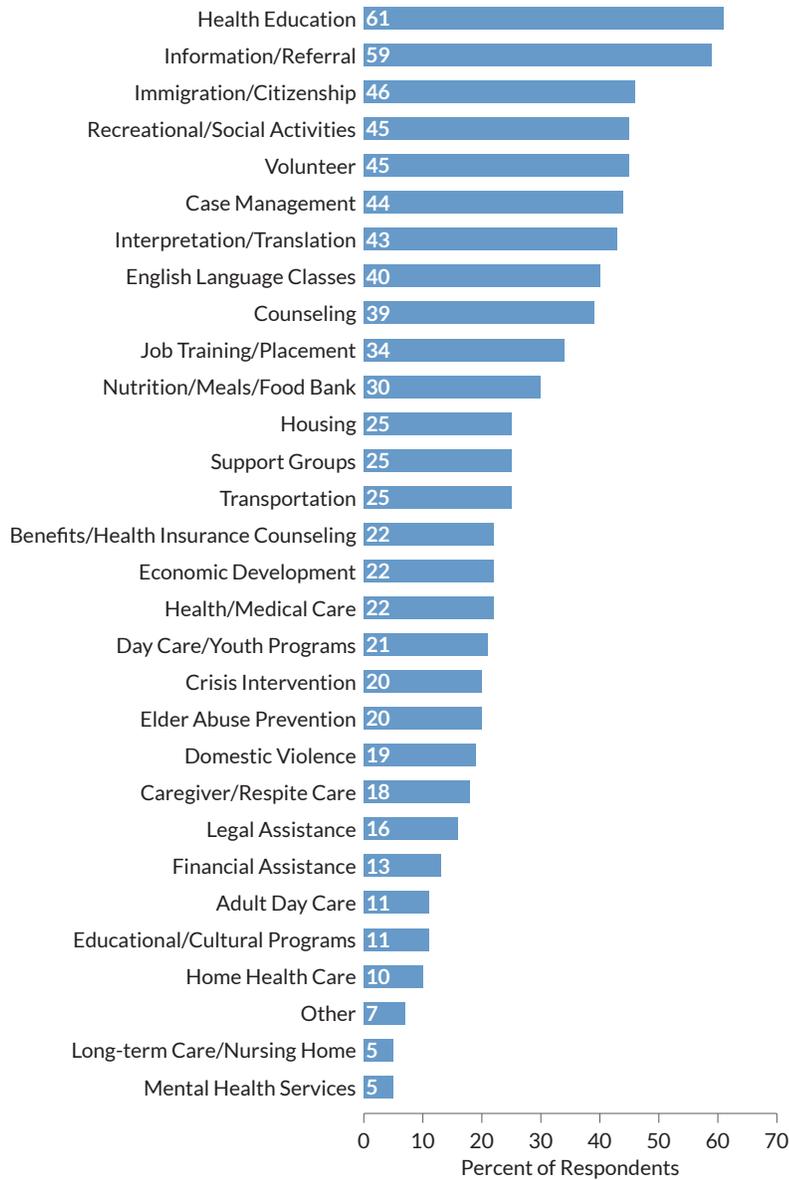


Table 2: Priority Issues for AAPI Elders, Reported by All Responding CBOs

Priority Issue	Average Ranking
1. Health/Medical Care/Fitness	3.4
2. Economic Security	4.0
3. Housing	4.2
4. Caregiving/Long-term Care	4.9
5. Food/Nutrition	5.0
6. Transportation	5.3
7. Immigration/Citizenship	5.4
8. Mental Health	5.5
9. Employment	6.0
10. Elder Abuse	7.7

Table 3: Priority Issues for AAPI Elders, Reported by Elder-Specific CBOs

Priority Issue	Average Ranking
1. Health/Medical Care/Fitness	2.5
2. Housing	3.7
3. Food/Nutrition	4.1
4. Economic Security	4.1
5. Caregiving/Long-term Care	4.7
6. Mental Health	4.7
7. Immigration/Citizenship	6.2
8. Transportation	6.8
9. Elder Abuse	6.8
10. Employment	7.8

The top priority issues for AAPI elders identified by CBOs were health/medical care/fitness, economic security, and housing. The next most important issues for AAPI elders were caregiving/long-term care and food/nutrition.

Elder-specific CBOs identified health/medical care/fitness as the top priority issue, housing as the second most important issue, and food/nutrition and economic security tied as the third most important issue.

The priority issues that were identified varied by type of organization and the services that the CBO provides. For example, organizations that provide health care tend to rate health/medical care as the top priority issue, while organizations that provide housing tend to rate housing as the top priority issue for AAPI elders. Tables 2 and 3 list the priority issues for AAPI elders and the average ranking.

Figure 10: Key Issues Not Being Addressed

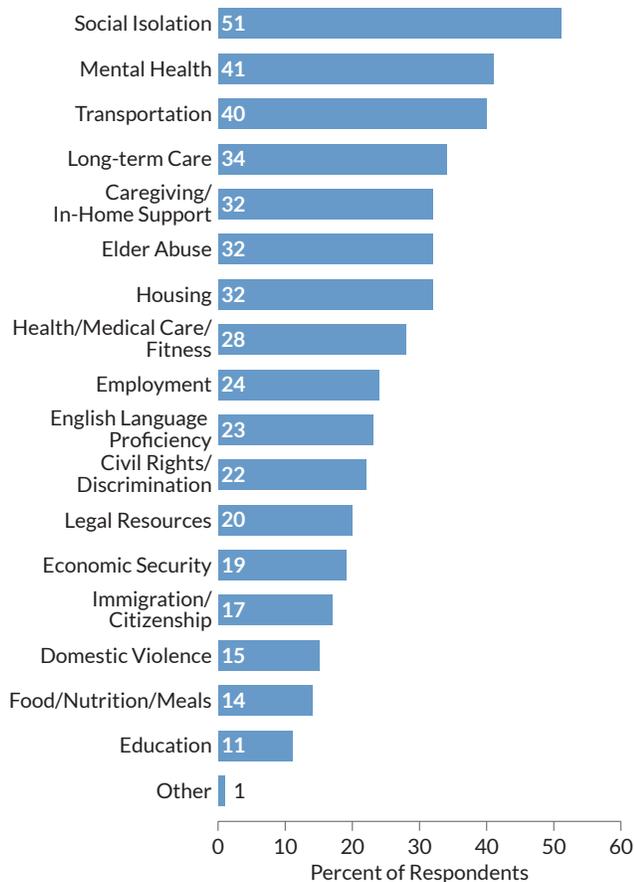
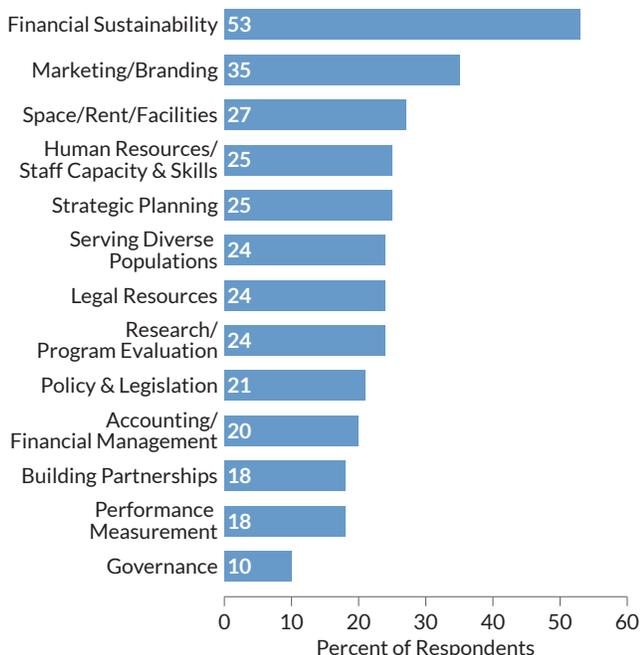


Figure 11: Community-Based Organization Capacity Challenges



KEY ISSUES NOT BEING ADDRESSED

In addition to prioritizing the issues that AAPI elders often face, respondents were asked to identify key issues that are not being adequately addressed by organizations in their communities. Responding CBOs most commonly identified social isolation (51%) as the key issue for AAPI elders that is not being adequately addressed. Moreover, a significant proportion of all responding CBOs reported mental health (41%), followed by transportation (40%), as issues not being adequately addressed (Figure 10).

Elder-specific CBOs also identified social isolation as the key issue for AAPI elders that is not being adequately addressed, followed by transportation, long-term care, and caregiving.

BARRIERS TO ACCESSING RESOURCES AND INFORMATION

CBOs were asked what barriers AAPI elders confront when accessing resources or information. Out of the 70 CBOs that answered this question, 76% reported that language was a significant barrier. Transportation (31%), cultural appropriateness (20%), and lack of awareness (14%) were also mentioned as barriers to accessing information and resources for AAPI elders.

Organizational Capacity

CHALLENGES

Responding CBOs reported being most concerned with their ability to continue providing high-quality services and informing others of their services, as demonstrated by their ranking of financial sustainability and marketing as the most challenging areas for their organization. Respondents were asked to rate issues that pose challenges for their organization. Over half (53%) of the CBOs rated financial sustainability as a “challenge” or “major challenge” and 35% rated marketing/branding as a “challenge” or “major challenge.” Elder-specific organizations frequently rated space/rent/facilities as a significant challenge for their organizations, in addition to financial sustainability.

ADDITIONAL FUNDING

NAPCA asked CBOs what they would do with additional funding. Out of the 81 CBOs that responded to this question, half said that they would expand existing programs or add new services with additional funding; 40% would hire more staff or raise staff salaries; 23% would use funding to build new infrastructure or fix existing facilities; and 8% would offer transportation. Other responses included conducting radio broadcasts, establishing paid internships for seniors and youth in the community, helping uninsured patients, serving more meals, and subsidizing citizenship fees.

NAPCA Helpline

NAPCA's toll-free multilingual Helpline provides information on Medicare, Medicaid, and Social Security to limited English speaking Chinese, Korean, and Vietnamese seniors. The Helpline also provides assistance on enrollment in Medicare Part D, the Medicare Low Income Subsidy, and other Medicare savings programs.

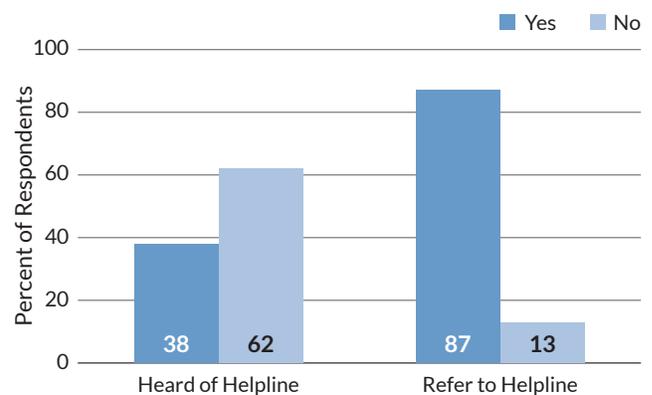
CBOs were asked if they had heard of the Helpline and if they would refer their AAPI elder clients to this resource. A majority of the respondents (62%) have never heard of the Helpline. However, a large proportion of the respondents (87%), regardless of whether or not they have heard of Helpline, would refer their AAPI elder clients to this resource. Among those who said they would not refer to the Helpline, the most common response reported was that the Helpline does not cater to the languages of those CBOs' client populations. The languages mentioned were Tagalog, Ilocano, Hindi/Urdu, Bengali, Punjabi, and Hmong. Other reasons for not referring clients to the Helpline included referring clients to local providers and not working with elder clients.

The survey also asked CBOs what additional information or assistance NAPCA could provide to their clients through Helpline. Only 25 CBOs answered this question and three requested languages other than the ones that are already offered. Two CBOs mentioned housing or estate planning. Other topics mentioned include mental health, long-term care, job training, and phone reassurance services. This illustrates the critical need for education and outreach to AAPI elders to inform and explain to them the myriad of important issues they may face as they age, as well as the resources they can access.

Methods

In April 2012, the survey was mailed to 558 AAPI-serving CBOs that are among the CBOs in NAPCA's network. A total of 97 organizations completed the survey, yielding a 17% response rate. The survey consisted of 29 questions in English. Key survey topics included: CBO characteristics; CBO programs and services;

Figure 12: CBO Awareness and Intention to Refer to NAPCA's Helpline



priorities of CBOs; AAPI elders' needs and barriers to service; organization capacity and challenges; and methods for reaching AAPI elders. Elders in this survey and report are defined as adults aged 55 years and over (55+).

While we attempted to design this survey in a way that captured important data without overwhelming respondents, one limitation of this survey is that 97 of the CBOs responded with a completed survey. While a 17% response rate is not uncommon for an organizational survey,³ a larger response rate and a more random sample of respondents would produce a broader and more generalizable representation of the priorities, needs, and challenges of AAPI-serving CBOs and AAPI older adults.

Conclusions

The results of the 2012 CBO survey reveal the priorities and challenges of AAPI-serving CBOs. Responding CBOs reported that while health/medical care, economic security, and housing are top priority issues for AAPI elders, they feel that social isolation, transportation, and mental health are key issues for AAPI elders that are not being adequately addressed in AAPI communities. Language and transportation, followed by lack of cultural appropriateness, were identified as the main barriers to accessing information and resources for AAPI elders.

The responding CBOs provide service to over half a million clients that need linguistically and culturally appropriate resources and programs. As identified by community service providers, it is evident that more funding is needed for CBOs to properly serve the AAPI older adult population. CBOs reported they are unable to address key issues facing AAPI elders; half reported that they would expand existing programs or add new services if additional resources were available.

NAPCA will use the results of this assessment to improve upon existing services and identify new opportunities for future partnerships with CBOs committed to improving the lives of AAPI elders. We greatly appreciate the feedback and support of our partners and for the staff of these organizations who provide essential services to the AAPI community.

Acknowledgements

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Compiled by Karen Blacher, NAPCA
Research Associate. Design by Debbie Louie.
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NATIONAL ASIAN PACIFIC
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2020 PROFILE OF **AFRICAN AMERICANS** **AGE 65 AND OLDER**

The Administration for Community Living, which includes the Administration on Aging, is an operating division of the U.S. Department of Health and Human Services.



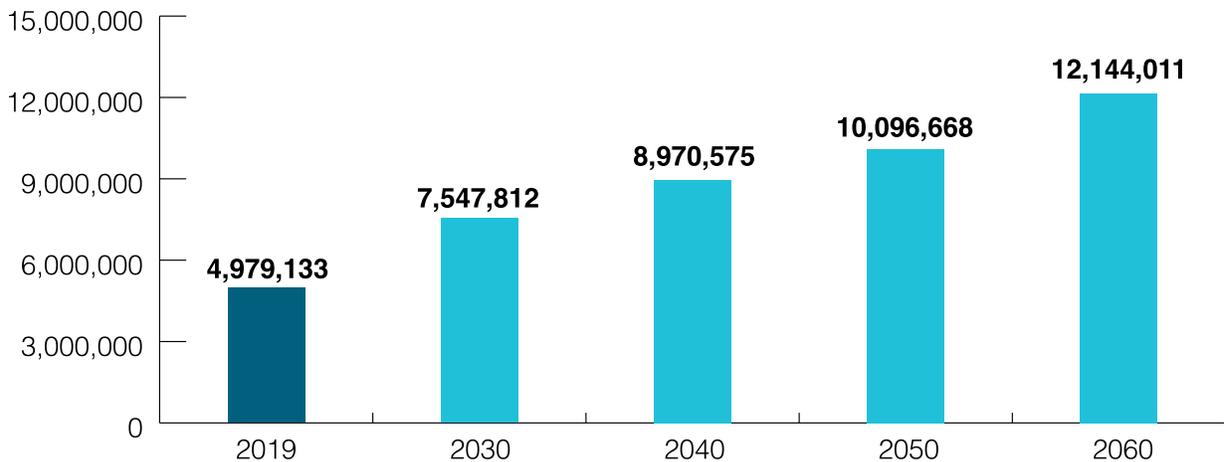
Introduction

Each year, ACL compiles [The Profile of Older Americans](#), a summary of critical statistics related to the older population in the United States. Relying primarily on data offered by the U.S. Census Bureau, the Profile illustrates the shifting demographics of Americans age 65 and older. It includes key topical areas such as education, marital status, employment, and income. This supplement to the Profile presents some of those same demographics as they pertain to the African American population age 65 and older.

Older American Population

In 2019, there were 54.1 million Americans age 65 and older and 6.6 million age 85 and older. The population age 65 and older is expected to increase to 94.7 million in 2060. The population age 85 and older is expected to nearly triple to 19 million during the same period. Among the population age 65 and older, there were 125 women for every 100 men. At age 85 and older, this ratio increased to 178 women for every 100 men. Along with these general trends for America's older population, the African American older population is also growing.

Population and Projections of African Americans Age 65+: 2019 to 2060



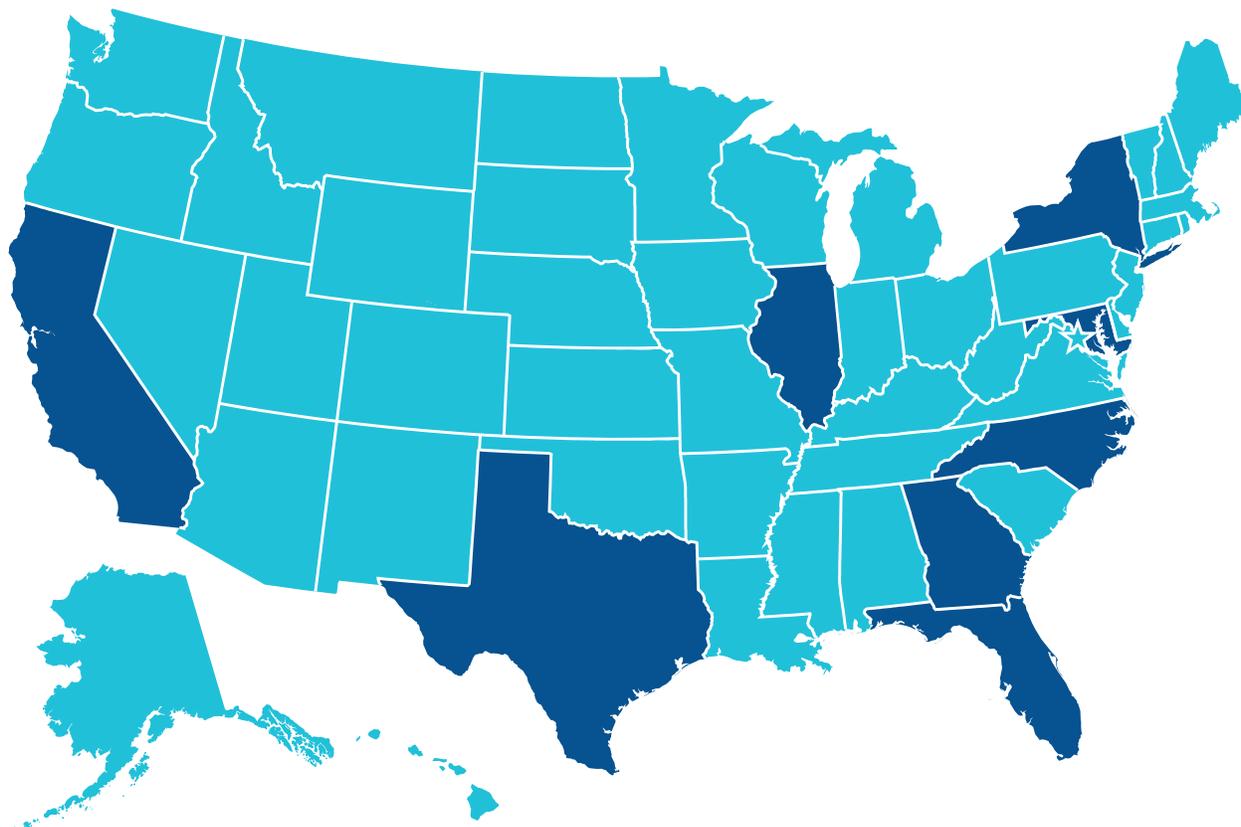
Source: U.S. Census Bureau, *Population Estimates and Projections, 2017 (revised)*

Note: Increments in years are uneven. Lighter bars indicate projections.

The African American population age 65 and older was 4,979,133 in 2019, and is projected to grow to 12.1 million by 2060. In 2019, African Americans made up 9% of the older population. By 2060, the percentage is projected to grow to 13%. The number of African Americans age 85 and older is projected to increase from 511,540 in 2019 to 2.2 million in 2060.

Residence

In 2019, slightly more than half (52%) of all older African Americans lived in eight states: New York (396,677), Florida (394,377), Georgia (362,535), Texas (357,166), California (347,751), North Carolina (298,365), Maryland (238,219), and Illinois (237,467).



Education

The past decade has seen a significant increase in educational attainment among older Americans, including African Americans. In 2022, 81% of the African American population age 65 and older had finished high school, and 22% had a bachelor's degree or higher. There are still educational differences among racial and ethnic groups. In 2022, 89% of all older persons were high school graduates and 33% had a bachelor's degree or higher.

Marital Status

In 2022, 38% of older African Americans were married, 26% were widowed, 22% were divorced (including separated and spouse absent), and 14% had never been married.

Grandparents

Among African American grandparents age 60 and older living with their grandchildren, 35% were responsible for the basic needs of one or more grandchildren under age 18 living with them and 65% were not.

Employment

In 2020, 962,000 (18.2%) of African Americans age 65 and older were in the labor force (working or actively seeking work) – 20.7% of men and 16.4% of women. This is compared to 10.6 million (19.4%) of all older adults age 65 and older, 23.9% of all men, and 15.8% of all women in this age range.

Income and Poverty

In 2019, households containing families headed by African Americans age 65 and older reported a median income of \$51,743. This is compared to \$70,254 for all older households. The median personal income for older African American men was \$25,106 and \$18,214 for older African American women. The comparable figures for all older persons were \$36,921 for men and \$21,815 for women. The poverty rate in 2019 for African Americans age 65 and older was 18%, double the rate of 8.9% for all older Americans.

Life Expectancy

In 2018, life expectancy at birth for African Americans was 71.3 years for men and 78.0 years for women. At age 65, life expectancy for this group was 16.1 years for men and 19.5 years for women. This is in comparison to the total population which has a life expectancy at birth of 76.2 for men and 81.2 for women, and a life expectancy at age 65 of 18.1 for men and 20.7 for women.

Leading Causes of Death

In 2018, the top five leading causes of death for African American men age 65 and older were heart disease, cancer, stroke, diabetes, and chronic lower respiratory diseases. The top five causes for older African American women were heart disease, cancer, stroke, Alzheimer's disease, and diabetes.

Disability Status

In 2019, 38% of older African Americans had one or more disabilities compared with 33.5% of all older adults age 65 and older.

Participation in Older Americans Act (OAA) Programs

In 2019, State and Area Agencies on Aging provided services to a total of 10.5 million persons age 60 and older. Consistent with requirements of the OAA, considerable emphasis was placed on services to persons with the greatest social and economic need, including members of racial and ethnic minority groups, and especially those who are poor. Among older persons who received Title III OAA home and community-based registered services, 13.3% were African American.

Notes

The sources for the data in this report come from the U.S. Census Bureau, Population Estimates; Population Projections; Current Population Survey, Annual Social and Economic Supplement; and American Community Survey. Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey; National Vital Statistics System. Administration for Community Living, State Program Report data.

This report includes data on the age 65 and older population unless otherwise noted. The phrases “older adults” or “older persons” refer to the population age 65 and older. Age-adjusted estimates are used when available.

The data presented in this report refer to the noninstitutionalized population except where noted. Numbers in this report may not add up due to rounding.

Due to availability of data, content of profiles may differ.

Profile of African Americans Age 65 and Older: 2020 was developed by the Administration for Community Living, an operating division of the U.S. Department of Health and Human Services.

2020 PROFILE OF **HISPANIC AMERICANS AGE 65 AND OLDER**

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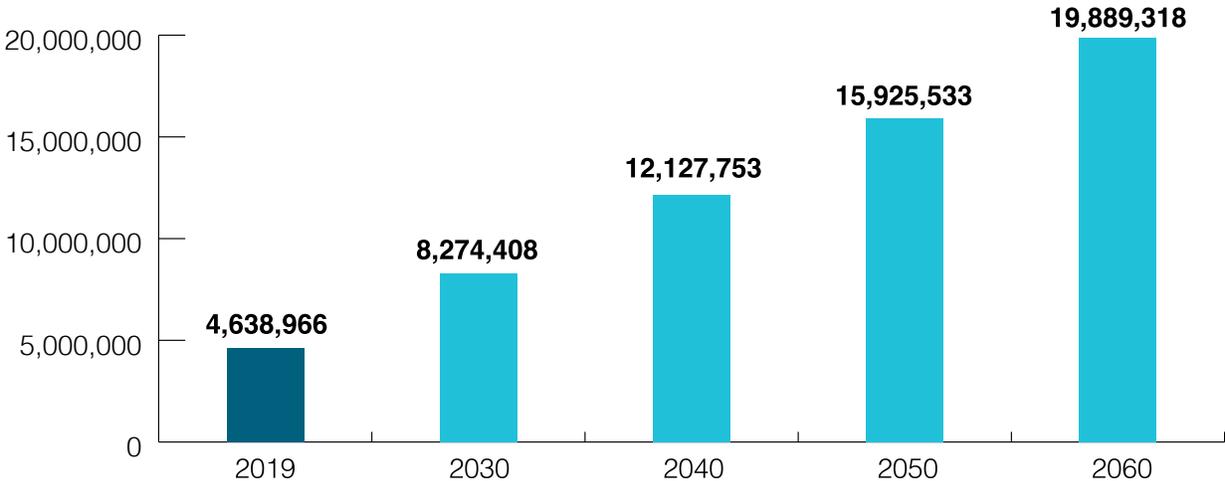
Introduction

Each year, ACL compiles [The Profile of Older Americans](#), a summary of critical statistics related to the older population in the United States. Relying primarily on data offered by the U.S. Census Bureau, the Profile illustrates the shifting demographics of Americans age 65 and older. It includes key topic areas such as education, marital status, and income. This supplement to the Profile presents some of those same demographics as they pertain to the Hispanic American population age 65 and older.

Older American Population

In 2019, there were 54.1 million Americans age 65 and older and 6.6 million age 85 and older. The population age 65 and older is expected to increase to 94.7 million in 2060. The population age 85 and older is expected to nearly triple to 19 million during the same period. Among the population age 65 and older, there were 125 women for every 100 men. At age 85 and older, this ratio increased to 178 women for every 100 men. Along with these general trends for America’s older population, the Hispanic older population is also growing.

Population and Projections of Hispanic Americans Age 65+: 2019 to 2060



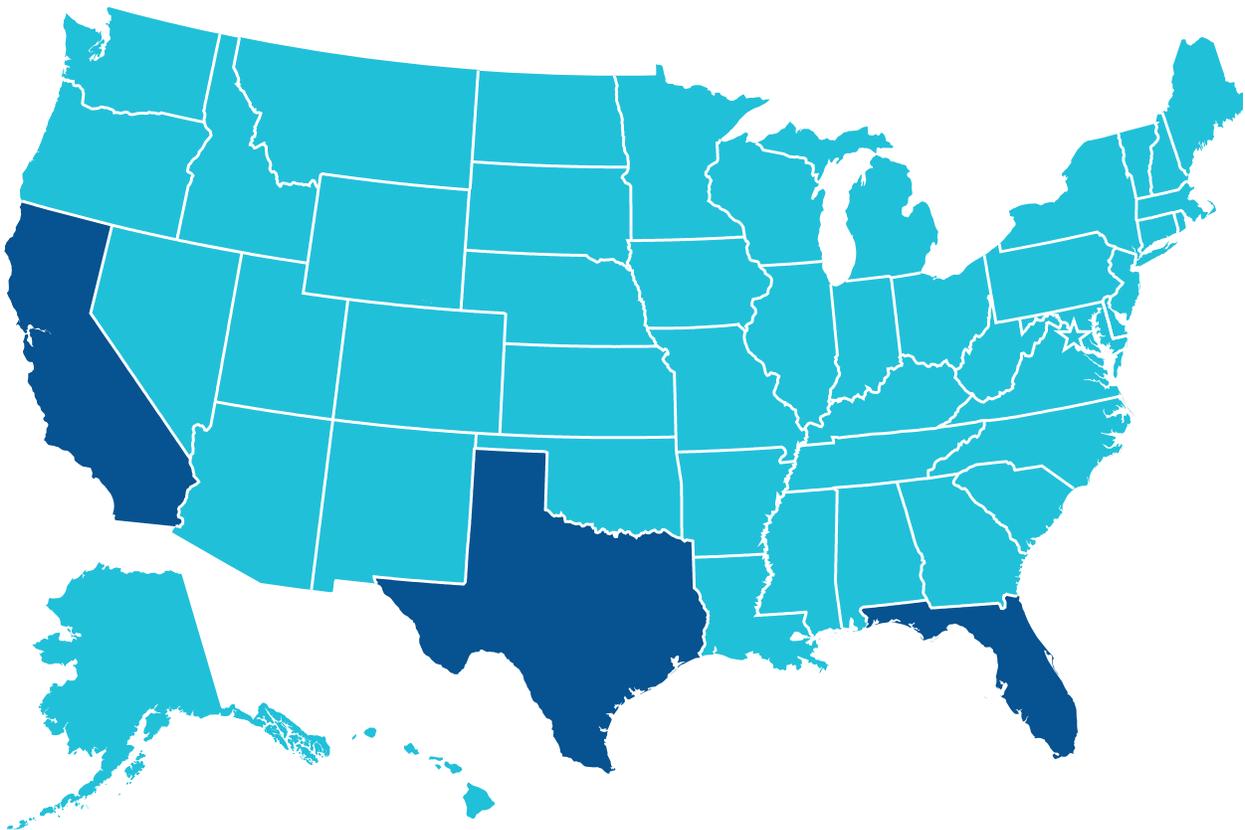
Source: U.S. Census Bureau, *Population Estimates and Projections, 2017 (revised)*.

Note: Increments in years are uneven. Lighter bars indicate projections.

The Hispanic American population age 65 and older was 4,638,966 in 2019 and is projected to grow to 19.9 million by 2060. In 2019, Hispanic Americans made up 9% of the older population. By 2060, the percentage is projected to be 21%. The number of Hispanic Americans age 85 and older is projected to increase from 509,096 in 2019 to 3.4 million in 2060. It is important to note that people who report themselves as Hispanic can be of any race.

Residence

In 2019, 60% of all older Hispanic Americans lived in three states: California (1,202,723), Texas (874,518), and Florida (698,801).



Education

The past decade has seen a significant increase in educational attainment among older Americans, including Hispanics. In 2020, 63% of the Hispanic American population age 65 and older had finished high school and 18% had a bachelor's degree or higher. In 2020, 89% of all older persons were high school graduates and 33% had a bachelor's degree or higher.

Marital Status

In 2020, 51% of older Hispanic Americans were married, 20% were widowed, 20% were divorced (including separated and spouse absent), and 8% had never been married.

Grandparents

Among Hispanic American grandparents age 60 and older living with their grandchildren in 2019, 19% were responsible for the basic needs of one or more grandchildren under age 18 living with them, and 81% were not.

Income and Poverty

In 2019, households containing families headed by Hispanic Americans age 65 and older reported a median income of \$50,553. This is compared to \$70,254 for all older households. The median personal income for older Hispanic American men was \$21,357 and \$14,701 for older Hispanic American women. The comparable figures for all older persons were \$36,921 for men and \$21,815 for women. The poverty rate in 2019 for Hispanic Americans age 65 and older was 17.1%, which is higher than the rate for all older Americans at 8.9%.

Life Expectancy

In 2018, life expectancy at birth for Hispanic Americans was 79.1 years for men and 84.3 years for women. At age 65, life expectancy for this group was 19.7 years for men and 22.7 years for women. This is in comparison to the total population which has a life expectancy at birth of 76.2 for men and 81.2 for women, and a life expectancy at age 65 of 18.1 for men and 20.7 for women.

Leading Causes of Death

In 2018, the top five leading causes of death for Hispanic American men age 65 and older were heart disease, cancer, stroke, diabetes, and Alzheimer's disease. The top five causes for older Hispanic women were heart disease, cancer, Alzheimer's disease, stroke, and diabetes.

Disability Status

In 2019, 36% of older Hispanic Americans had one or more disabilities compared with 33.5% of all older adults age 65 and older.

Participation in Older Americans Act (OAA) Programs

In 2019, State and Area Agencies on Aging provided services to a total of 10.5 million persons age 60 and older. Consistent with requirements of the OAA, considerable emphasis was placed on services to persons with the greatest social and economic need, including members of racial and ethnic minority groups, and especially those who are poor. Among the older persons who received Title III OAA home and community-based registered services, 9.8% were Hispanic American.

Notes

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Profile of Hispanic Americans Age 65 and Older: 2020 was developed by the Administration for Community Living, an operating division of the U.S. Department of Health and Human Services.

2020 PROFILE OF
**AMERICAN INDIANS
AND ALASKA NATIVES
AGE 65 AND OLDER**

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Introduction

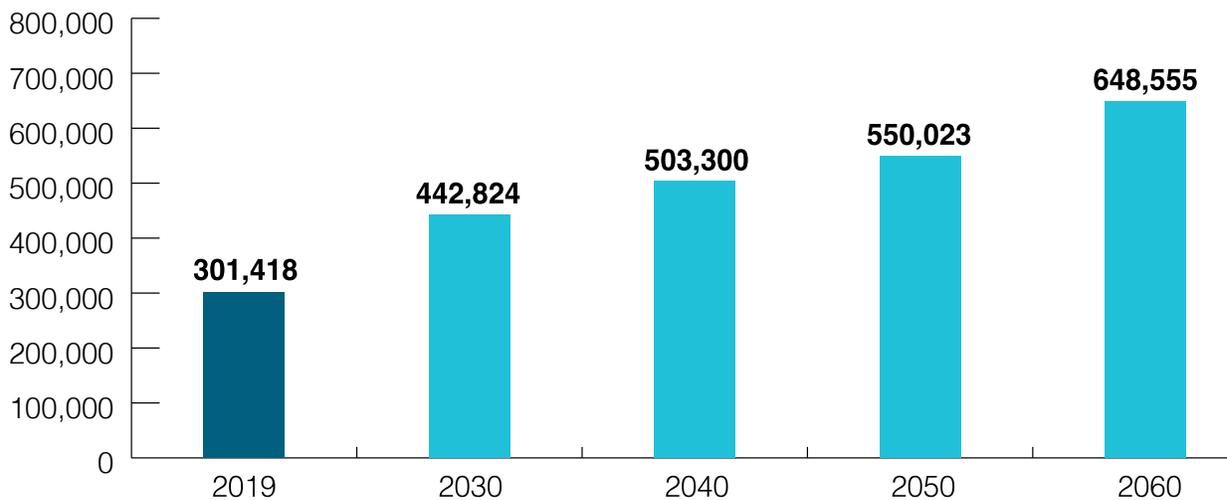
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Older American Population

In 2019, there were 54.1 million Americans age 65 and older and 6.6 million age 85 and older. The population age 65 and older is expected to increase to 94.7 million in 2060. The population age 85 and older is expected to nearly triple to 19 million during the same period. Among the population age 65 and older, there were 125 women for every 100 men. At age 85 and older, this ratio increased to 178 women for every 100 men.

Along with these general trends for America's older population, the American Indian and Alaska Native older population is also growing.

Population and Projections of American Indians and Alaska Natives Age 65+: 2019 to 2060



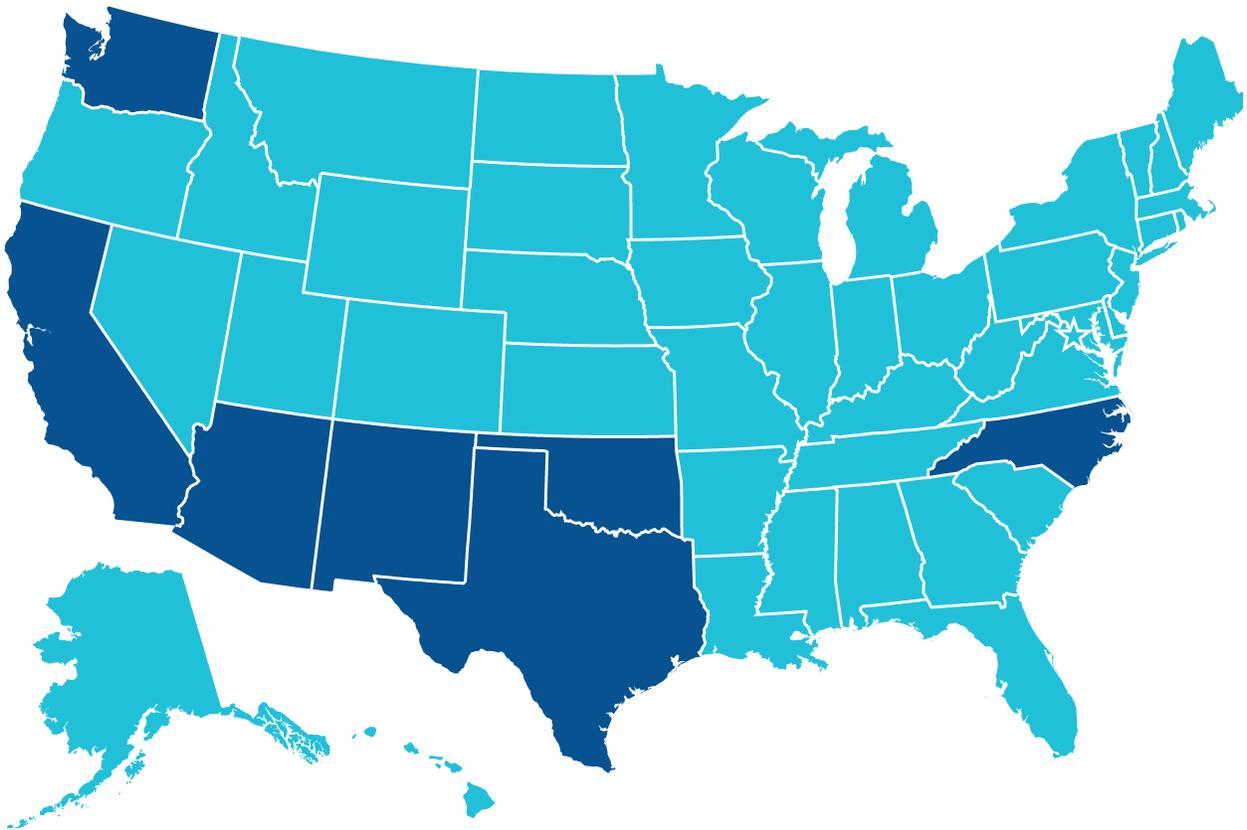
Source: U.S. Census Bureau, *Population Estimates and Projections, 2017 (revised)*

Note: Increments in years are uneven. Lighter bars indicate projections. The terms American Indians and Alaska Natives refer to American Indians and Alaska Natives who are not Hispanic and do not identify as more than one race. The number of Americans age 65 and older who reported they were American Indian and Alaska Native in combination with one or more races was 702,325 in 2019.

The American Indian and Alaska Native population age 65 and older was 301,418 in 2019 and is projected to grow to more than 648,000 by 2060. In 2019, American Indian and Alaska Natives made up 0.6% of the older population, and by 2060, are projected to make up 0.7% of the population. The number of American Indian and Alaska Natives age 85 and older is projected to increase from 26,916 in 2019 to 118,905 in 2060.

Residence

In 2019, half (51%) of all older American Indians and Alaska Natives lived in seven states: Oklahoma (36,095), Arizona (28,868), California (25,666), New Mexico (20,649), North Carolina (16,517), Texas (14,825), and Washington (11,523).



Education

The past decade has seen a significant increase in educational attainment among older Americans, including American Indians and Alaska Natives. In 2020, 79% of the American Indian and Alaska Native population age 65 and older had finished high school, and 21% had a bachelor's degree or higher. This is compared with 89% of all older persons who were high school graduates and 33% who had a bachelor's degree or higher.

Marital Status

In 2020, 45% of older American Indians and Alaska Natives were married, 29% were widowed, 18% were divorced (including separated and spouse absent), and 8% had never been married.

Grandparents

Among American Indians and Alaska Natives grandparents age 60 and older living with their grandchildren in 2019, 45% were responsible for the basic needs of one or more grandchildren under age 18 living with them, and 55% were not.

Poverty

The poverty rate in 2019 for American Indians and Alaska Natives age 65 and older was 18.7%, more than double the poverty rate for all older Americans of 8.9%.

Leading Causes of Death

In 2018, the top five leading causes of death for American Indian and Alaska Native men age 65 and older were heart disease, cancer, chronic lower respiratory diseases, diabetes, and stroke. The top five causes for women were heart disease, cancer, chronic lower respiratory diseases, stroke, and diabetes.

Disability Status

In 2019, 47% of older American Indians and Alaska Natives had one or more disabilities compared with 33.5% of all older adults age 65 and older.

Participation in Older Americans Act (OAA) Programs

In 2019, State and Area Agencies on Aging provided services to 10.5 million persons age 60 and older. Consistent with requirements of the OAA, considerable emphasis was placed on services to persons with the greatest social and economic need, including members of racial and ethnic minority groups, and especially those who are poor. Among the older persons who received Title III OAA home and community-based registered services, 1.3% were American Indians and Alaska Natives.

Notes

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