Equity Assessment on Access to Title III Services for Native Americans and Minority Older Adult Populations

Presented to Trellis

June 2021

SDK Communications + Consulting

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Acknowledgement

This report was commissioned by Trellis. Trellis assists individuals to age well and develops the capacity of communities to care for an aging population and is committed to reducing disparities in access and ensuring equity and inclusivity.

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Introduction

Aging and the need for racial equity are two substantial forces with far-reaching effects for our society. The importance of these issues will only grow as the Metro Area older adult population balloons and the need for more equity in structural systems for people of color and American Indians accelerates.

Trellis sits at the nexus of those issues. Trellis is one of the many Area Agencies on Aging funded by the Administration for Community Living (ACL) (via Minnesota Board on Aging). Trellis is charged with administering Older Americans Act Title III funding and delivering Senior Linkage Line services, and also provides wellness classes and consultative services. Trellis works with older adults, family caregivers, and communities to support healthy aging in place.

SDK Communications + Consulting was engaged by Trellis to conduct an equity assessment of its Title III program funding in the summer of 2020. Title III services are intended to help older adults thrive in their home and create livable communities that are supportive, nurturing, and flexible to meet the changing needs of people as they age. Specific services funded include access to things like meals and transportation, help with household chores and others. However, the way older adults experience these services varies greatly. There are large inequities experienced from birth to old age that place constraints on people of color and American Indians' ability to equitably access Title III services and to age in their communities.

The year 2020 brought issues of health, isolation, racial injustice and more to the forefront of public attention. It was also a year that saw Trellis and its service delivery partners experiment in new and bold ways, always in the spirit of providing uninterrupted services to as many people as possible in what was an otherwise disruptive year.

Older adults of color face unique and substantial barriers that influence their ability to access and benefit from Title III services. Barriers limiting access to stable income, healthy food or stable housing throughout life create massive inequities in health and wealth by the time people of color and American Indians reach age 60 and become eligible for Title III services – inequities greater than what Title III alone could ever close.

Equity + Aging

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The following racial equity analysis of Trellis' Title III funding presents a community-centered view on racial equity and aging in the Twin Cities, with a special focus on the common and unique needs of older adults in the Black, Latinx and American Indian communities. The research began six months into the COVID-19 quarantine and three months after the social unrest that followed the killing of George Floyd. The report that follows captures the state of racial inequity for older adults at this unique moment in time from several sources:

- Census and demographic data paint a broad picture of older adults in the Twin Cities and their needs.
- Program data from Trellis provide a snapshot of the people served across the Twin Cities and within key programs.
- Landscape data from secondary sources and interviews with professionals offer a glimpse at the different services available to help older adults of color age in their home and community.
- Interviews and listening sessions with leaders and older adults in the Black, Latinx and American Indian communities capture their unique and shared needs and priorities in aging.

Throughout the research process and data analysis, we apply a community-centered lens. We strive to first understand the unique needs, experiences and context of older adults of color, and then analyze programs and services from that perspective to develop recommendations. It's a subtle yet significant shift from traditional assessment that can be replicated in Trellis' approach to engaging with and funding services for communities of color. Our approach puts the experiences of people of color and American Indians at the center of our understanding, each racial and ethnic community on its own terms and in its own voice.

In this light, what's important changes.

The scars of discriminatory policies from the 1950s and 1960s -- being uprooted to build I-94, being uprooted and sent to cities under the Bureau of Indian Affairs' Indian Relocation Act -- create collective trauma that still influence today's older adults of color and American Indian elders. Recent years' threats to our current immigration system are another source of constant anxiety that significantly influences the range of choices for older residents who are not U.S. citizens.

In this light, new features of Title III funding are illuminated and opportunities to scope Trellis' unique contributions to racial equity and aging come into view. The value of partnership, trust and collaboration are the starting points for truly transformative and impactful work.

The significance of these historical policies and practices has real and lasting impacts on aging adults, and how they access and experience Title III services. For example, an older adult who spent their working years in 'under the table' jobs due to immigration status or other employment barriers has no real opportunity for retirement benefits like Social Security. Discriminatory lending practices of decades ago still impact the people of color who were deprived of the opportunity to invest in homeownership and cannot rely on that asset of a stable home in retirement. As previously stated, older adults of color accumulate a lifetime of inequities that determine their ability to have personal independence, age well and engage in community life.

We are grateful to Trellis for the opportunity to partner on this important first step in the journey toward delivering racially equitable Title III services for Minnesota's older adults and hopeful for the change that can follow.

Project Overview + Research Methods

Trellis engaged SDK Communications + Consulting to perform a Racial Equity Analysis of Title III funding. The goal of this assessment was to provide a more complete picture of equity issues in Trellis' Title III funding areas and current investments. The information is intended to help inform the board and staff and guide the refinement of Title III funding policies to meet identified gaps.

Trellis Learning Goals

Trellis staff and the SDK team began the project with a SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis of Trellis' work to engage communities of color and American Indians in Title III funding, and a discussion about project goals. Staff identified three core goals for the project:

1. *Craft Tools to Move in New Ways.* Trellis is committed to making its funding more accessible to people of color and American Indian communities. Staff at all levels have been clear that making Title III funding more equitable is a high priority. This could take many forms in practice: from engaging new partners and programs in Title III delivery to fostering connections and strategies to work in new ways. The agency intends to use results of the racial equity analysis to inform tools and strategies that can help staff work in more equitable ways.

2. *Provide Baseline Data to Measure Progress*. The racial equity analysis is a first step for Trellis, and staff expect their work to evolve toward equity in the years to come. Staff will look back at the racial equity analysis to track progress on the transformations they intend to begin.

3. *Inform Trellis Internal Learning*. Trellis is resolved in its journey toward becoming a more equitable organization. Staff hope that the racial equity analysis will provide information and context to their work that can inform the staff's collective growth.

The SDK and Trellis teams dug deeper into these goals through the SWOT Analysis (Strengths / Weaknesses / Opportunities / Threats) of Trellis' capacity to address issues of racial equity in Title III grant making and broader service delivery. The staff offered wise insights that further informed the shape of SDK's analysis.

- *Trellis begins its racial equity journey with a strong, earned reputation for creative problem solving and deep partnerships*. Trellis' Special Access program was created 25 years ago to forge connections with organizations rooted in communities of color and provide a bridge to larger organizations providing Title III services. This program is one of many reasons Trellis enjoys a network of relationships and history of goodwill with service providers across communities. The Senior Linkage Line, offered in partnership with the Minnesota Board on Aging and Minnesota's regional Area Agencies on Aging, is another resource accessed by nonprofits serving people across racial, ethnic and geographic communities by providing connections and referrals to available services. Trellis' Community Advisory Committee provides input from diverse perspectives on Trellis' programs and services. The committee can be a sounding board or reserve of allies as Trellis considers the next stretch of its journey toward supporting racial equity.

- *Still, Trellis' journey will not be without challenges*. Staff recognize that they are not very diverse themselves. The federal regulations that set broad boundaries for Trellis' work are built with a largely white, middle-class lens on what aging services will help keep older adults healthy and in the community, and staff recognize the limits and challenges of this operating context. For example, nonprofits providing Title III services are required to document a 15 percent matching requirement, either cash or in-kind, which can create an unintentional barrier to providing the service for historically under-resourced organizations, including those best positioned to address equity because of deep relationships in communities of color. Staff are also sensitive to the potential power dynamics that come into play as a funder – and they accept that Trellis' funding resources are relatively small compared with the size of investments in aging and equity overall. Deliberate, practical and strategic thought will be needed to maximize Trellis' goals in ways that work past these limitations.

- *Trellis is pursuing racial equity with attention to the opportunities and threats in the broader community*. The changes underway because of 2020's upheaval may offer unique opportunities for Trellis. CARES Act funding spurred new partnerships and new funding approaches that could offer important lessons for larger, more deliberate changes toward equity. The Department of Human Services, Board on Aging and other key allies are also paying more attention to racial equity in aging, creating potential partners for taking action on the analysis' results. At the same time, common threats of competing priorities and ageism create challenges in ensuring that racial equity in aging receives the attention and resources necessary to reach success.

Research Methods

Equity in aging is a complex topic to investigate in isolation. Racial inequities are, by definition, about the systemic barriers, and past and present opportunities denied to people of color and American Indians, whether by intent or neglect. These systemic challenges are manifested at birth and carry throughout life. Achieving racial equity in aging becomes particularly challenging with this context in mind, because older adults are managing through a life of inequities that have limited both options and trust in the systems and organizations with which they must interact.

SDK designed the racial equity analysis with this context in mind. First, we reviewed the community context for aging and inequities in the topic-areas where Trellis delivers services. Next, we reviewed Trellis' services and conducted a broad scan of similar services available to older adults in the Metro Area. Finally, we conducted in-depth interviews and focus group conversations to understand older adults' priorities and perceptions from a community-centered lens. The sequence was designed to understand aging service inequities within the broader context of inequities in the community and throughout life. Community-centered perspectives add illustration to these findings. But, more importantly, community voices deeply inform recommendations for the best strategies and priorities to meaningfully address inequities by the community's estimation.

Research in pursuit of these goals focused on three key areas:

- *Context Research.* The research includes custom analysis of Census data on Twin Cities residents age 60 and older, as well as a review of secondary data. Census data reviewed comes from the American Community Survey (ACS) collected from 2011 to 2018. The Census data and secondary data sources provide a picture of the diversity and inequities faced by Twin Cities older residents of color. Interviews with leaders of complementary services for older adults operating in the Twin Cities area supplemented the Census and secondary research to provide a more complete picture of both the population and service context Trellis and the older people of color and American Indians it serves operate within.

- *Program Data Analysis.* Next, SDK reviewed reporting and evaluation data of Trellis' Title III-funded programs. This analysis included reviewing grant / contract agreements with service providers to understand any potential regulations that could create unintended barriers to small, community-connected providers from participating in the programs. The 2019 service numbers were also evaluated, including a review of the racial diversity of service recipients.

- *Targeted Listening Sessions.* Racial and cultural communities share many experiences with systems that drive inequalities. Yet each also has distinct history and cultural experiences that create different experiences with systemic inequalities. SDK worked with Trellis to prioritize listening to the unique needs and experiences of older adults in three communities – Black, American Indian and Latinx. Questions focused on understanding perceptions of community strengths, priorities and hopes for the future.

A Note on Research Timing. It's important to note that this research was conducted from August to December 2020. Census and program data reviewed described people and services of 2019 and before. Listening sessions were conducted in November and December 2020, nine months into the pandemic, six months after the murder of George Floyd and during an unusual period of ambiguity and tension following the U.S. Presidential election. In some respects, these pieces of data reflect different measurements on completely different worlds. The changes that began in 2020 will continue to unfold well into 2021.

The report that follows is written for the purpose of informing actionable, practical changes that can further Trellis' equity goals. Program data provided accurately reflect services of 2019 and provide an accurate baseline of typical funding provided, apart from the CARES Act emergency resources that provided a substantial infusion in 2020. Qualitative data captures how communities think about aging, equity and aging services following the tumult of 2020. At the same time, caution is needed to ensure that the future direction informed by this racial equity analysis neither over- or under-reflects the significant changes happening in Trellis programs, the organizations it partners with and communities at large.

A Note on Language. Language in community and everyday life differs greatly from the federal terminology used in the Census and American Community Survey (ACS) data. This report uses the Census language in most respects, while conscious that the nuance of language is an important reflection of communities and how they see themselves. The differentiation is important on two levels. First, language is directly tied to culture and identity. In the Latino community for example, individuals use their family's country of origin to describe their identity, something the term 'Hispanic' does not capture. The language used in the Census and other data sources doesn't 'fit' with how the community views itself and does not take into account the nuance of culture in its racial and ethnic categories. Best practice is to defer to the individual on how

they choose to define their identity. Second, community language also includes implied meaning around terms like the word ‘elder’. In the American Indian community, for example, ‘elder’ implies a cultural reverence for the earned wisdom of old age. Federal language often uses ‘senior’, however. While both ‘elder’ and ‘senior’ refer to the same age group, the two words have very different meanings in terms of their cultural significance. Throughout the report, SDK has adopted Trellis’ older adult language unless quoting reference to elders or similar cultural relevance of terms.

Equity + Aging: People in the Metro Area

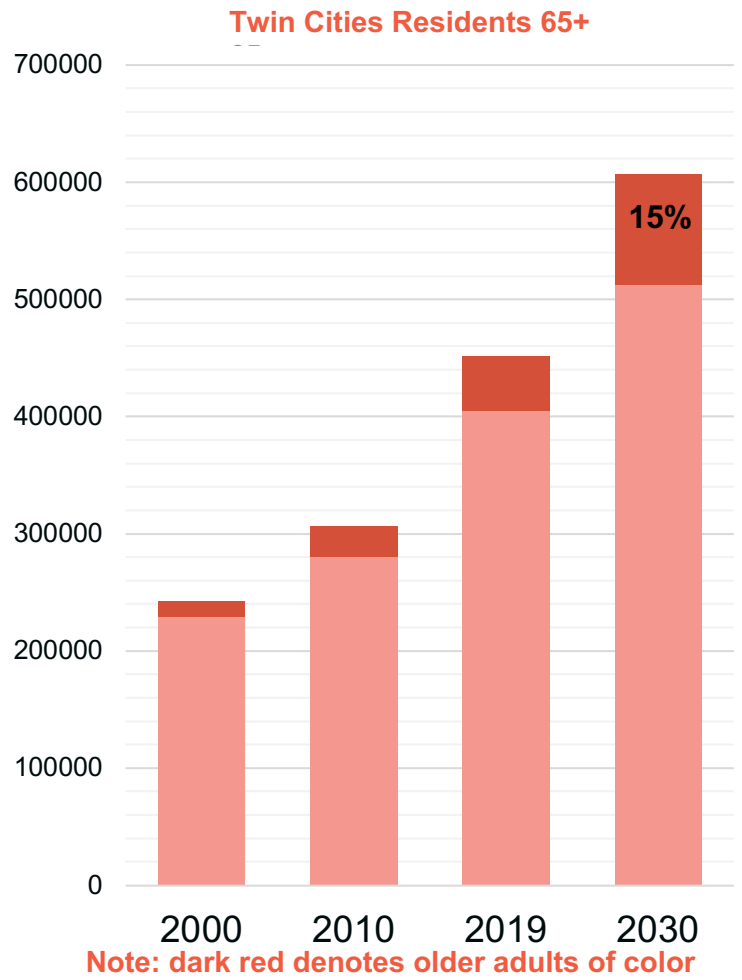
The Metro Area's aged population is growing and becoming increasingly diverse. The pages that follow capture population trend and demographic data from the U.S. Census, the Minnesota State Demographer's Office, and the U.S. Social Security Administration to provide broad context on older adults in the Twin Cities. All U.S. Census data provided is for ages 60 and up. Additional secondary sources are most often data for ages 65 and older and noted accordingly.

- *The Twin Cities is aging*. The number of older adults living in the Twin Cities has grown from almost 230,000 people in 2000 to almost 450,000 people in 2019. The total population is expected to grow to more than 600,000 over the next decade.

- *Twin Cities older adults are becoming more diverse*. By 2030, 15 percent of Twin Cities older adults will be people of color and American Indians. It's a proportionately big increase – people of color made up only 5 percent of older adults in 2000. In terms of raw numbers comparison, the growth in older adults of color becomes even more dramatic. Consider this: There will be almost 95,000 older adults of color living in the Twin Cities by 2030. Those 95,000 will make up the size equivalent to 40 percent of all older adults in 2000.

  This population growth – and the reality that Title III funding has not grown proportionate to the older adults' population -- has real implications for Trellis' work to serve all older adults but particularly older people of color and American Indians in a way that emphasizes racial equity.

- *Older adults of color most often live in Hennepin and Ramsey counties in the Metro*. People of color and American Indians make up only 11 percent of people 60 and older living in the Twin Cities metropolitan area as of 2019. Nearly 75 percent of all older adults of color, age 60 and older, live in Hennepin and Ramsey counties. Carver County has the smallest, with only 814 older adults of color living there.



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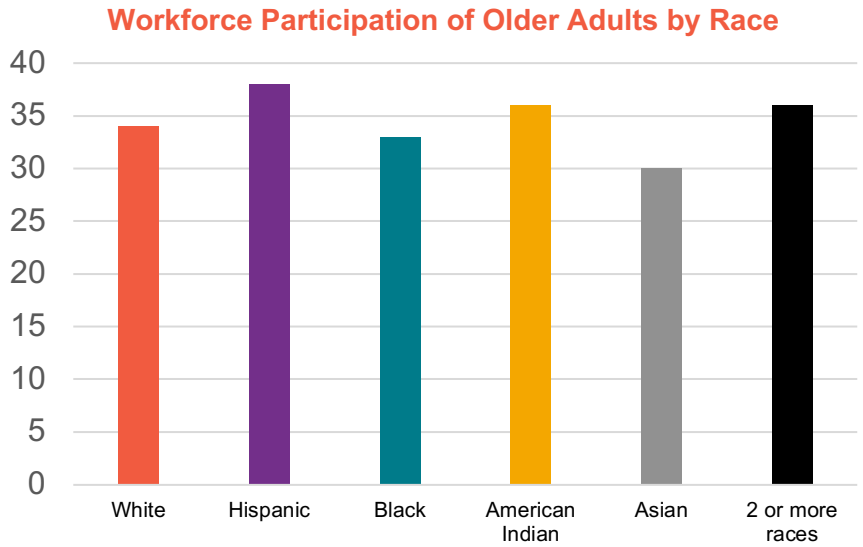
Income + Economic Equity

Household income and access to wealth are factors that can have a significant impact on older adults' capacity to age at home, the goal of Title III funding. SDK explored three measures to provide some context to the potential income and economic inequities that older adults of color in the Twin Cities navigate: Workforce participation, social security retirement benefits, and poverty rates.

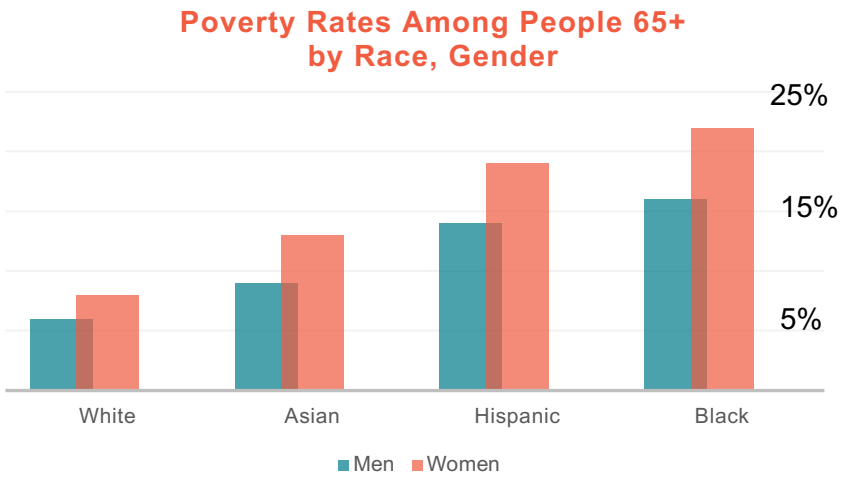


Workforce participation for Twin Cities residents 60 and older is relatively consistent across races. The Census data displayed at left shows that workforce participation ranges from 30 percent of all Asian respondents 60 and older, to 38 percent of Hispanic residents. In between, 36 percent of American Indians, 34 percent of whites and 33 percent of Black residents 60 and older still participate in the workforce.

It is important to note that the typical retirement age is 65 years old. Workforce participation does not give a clear picture for why people have left the workforce. Reasons could vary from a disability that limits ability to work, to sufficient financial independence and available pensions to comfortably quit working earlier. Drawing conclusions on why people have left the workforce is beyond the scope of data available for analysis.

Poverty rates in old age vary greatly by race, more than gender. Men have lower poverty rates in old age when compared with women, reflecting the impact of traditional gender roles and gender pay gaps on lifetime earnings. The poverty rate inequities between races outweighs gender differences. In fact, a Black woman is almost 4 times more likely to live in poverty in old age when compared with a white man.

As the graph at right illustrates, only 6 percent of white men and 8 percent of white women live in poverty at 65 or older. Asian older adults fair slightly worse, with 9 percent of men and 13 percent of women living in poverty. Among Hispanic older adults, 14 percent of men and 19 percent of women live in poverty. Black older adults have the most substantial poverty rate: 16 percent for men and 22 percent for women. The inequities in poverty rates, as calculated by Congressional Research Services, show the disproportionate need for Trellis services among older adults of color.



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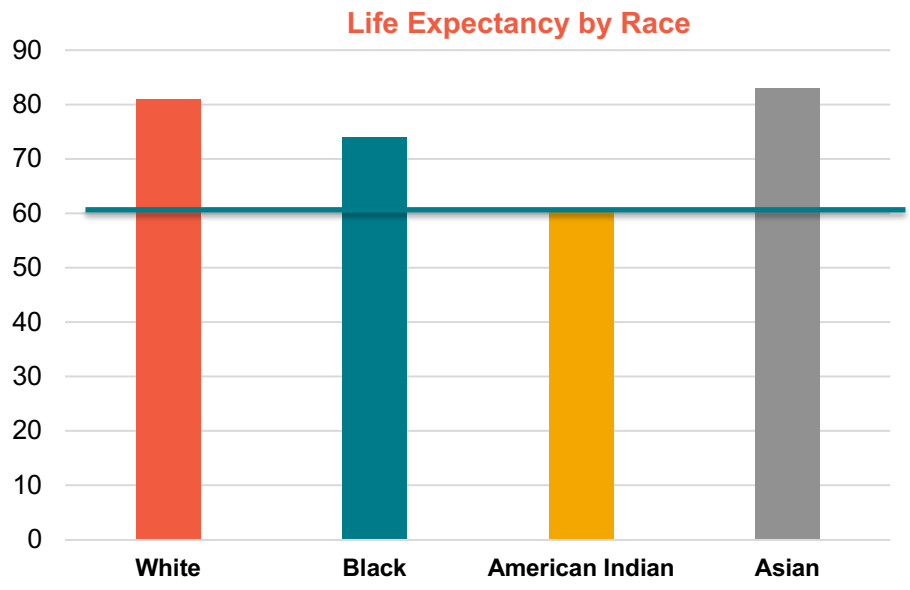
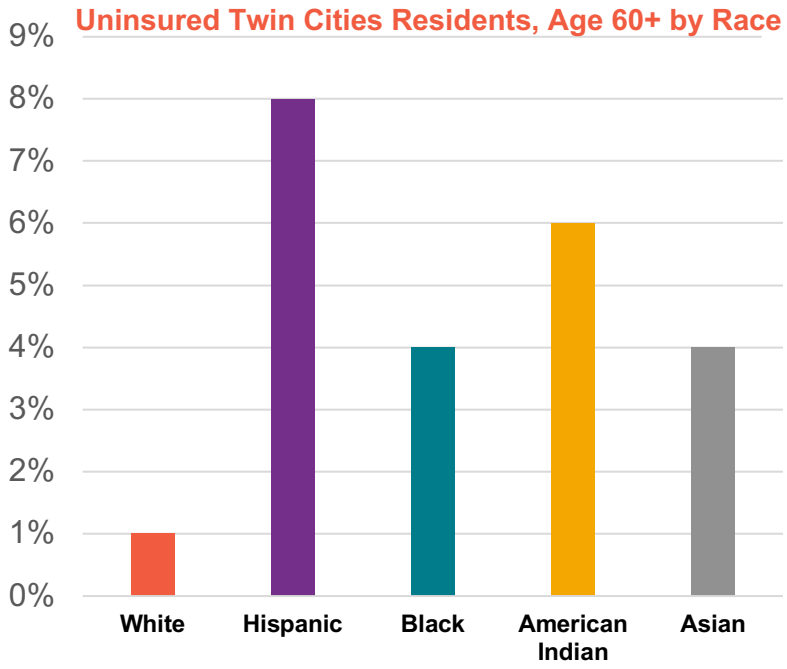
Health + Healthcare Access

Minnesotans' 22-year life expectancy gap shows significant health inequities. Data from the Minnesota Department of Health, depicted at right, shows that the life expectancy for Asian older adults is 83, on average. This is a 22-year life-expectancy gap with American Indians, who have an average life expectancy of 61. Black Minnesotans have a life expectancy of 74 on average, while whites have an average life expectancy of 81. These gaps and the lost life years they depict are a telling illustration of unequal access to opportunities for health and quality of life that have a significant, real influence on people's ability to age well in the community.

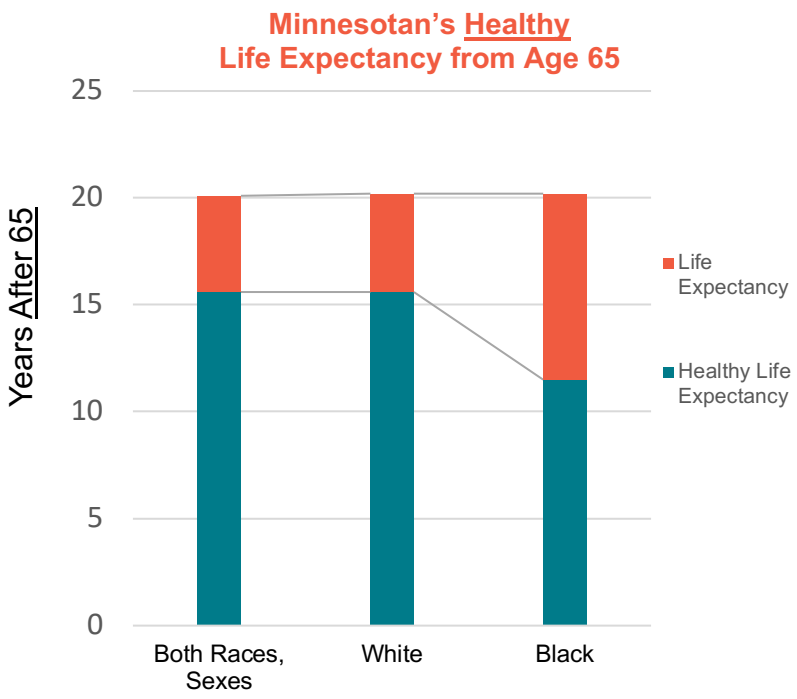
Trellis programs are available for people 60 years old and older. Life expectancy data illustrates the reality that peoples' opportunities to take advantage of Title III services may be unfairly impacted by the health inequities experienced throughout life (not just in older years).





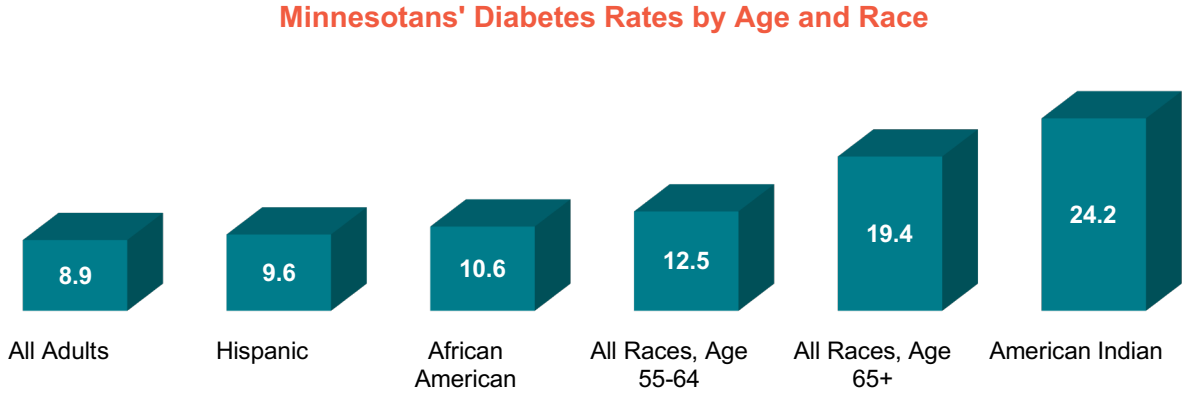
Twin Cities' Hispanic older adults are most likely to lack health insurance. The highest uninsured rates are seen in the Hispanic population, with 8 percent reporting they have no health coverage, according to SDK Census data. Only 1 percent of white residents' report having no health care coverage compared to American Indians at 6 percent and Black and Asian groups at 4 percent.

The uninsured rate for people 60 and older is especially startling for two reasons. First, Medicare is assumed available to everyone at 65 years old and above. Unfortunately, low wage, "under the table" jobs are not recorded with the Social Security Administration. As a result, workers may not receive the expected Medicare benefits in retirement. People of color and American Indians are more likely to be employed by these types of jobs (construction, etc.). Second, the immigration system limits access to health programs, such as Medicare and Medicaid. This likely drives the high uninsured rate among Twin Cities' Hispanic older adults.



Black Minnesotans are more likely to live with more health burdens longer. The Healthy Life Expectancy measure, as calculated by the Centers for Disease Control, looked beyond life expectancy to explore the differences in chronic disease burden between white and Black people after age 65. The analysis found that life expectancy after the age of 65 can be nearly equal across the two races. However, Black Minnesotans live almost 9 years with disease burdens that impact quality of life, mobility and more. White Minnesotans spend less than 5 final years impacted by lower quality of life, mobility and other factors. This disparity is the third largest in the United States.

Twin Cities diabetics are older and more diverse. Diabetes is one example of a chronic disease that is more common among older adults, and even more common still among older people of color and American Indians. As the graph below illustrates, almost 9 percent of all Minnesota adults are diabetic, but the rate grows substantially among specific racial and ethnic groups and with age. Data provided below is Census data presented by Minnesota Compass.



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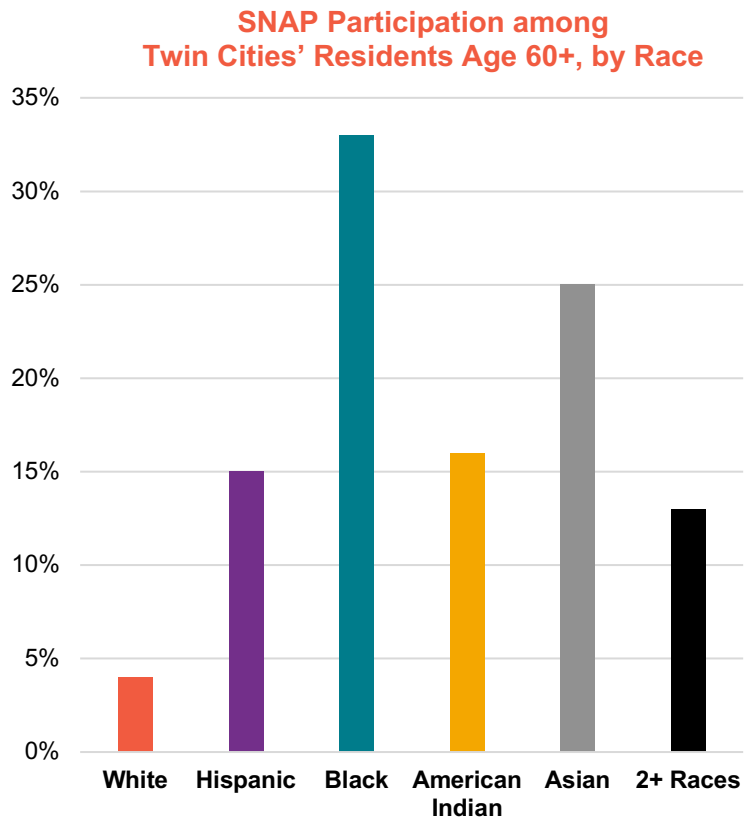
Nutrition + Food Assistance

Older adults of color are relying on SNAP food assistance far more than white Twin Cities residents. A full one in three Black older adults in the Twin Cities access SNAP (Supplemental Nutrition Assistance Program) benefits, according to Census data analyzed by SDK. One in four Asian older adults access the program for food assistance, and 15 percent of Hispanic and 16 percent of American Indian older adults rely on the program for nutrition assistance. Only 4 percent of white older adults in the Twin Cities rely on the SNAP program to help with their nutrition needs.



Food shelves are seeing spikes in older adults' needs. Older adults 65 and above visiting food shelfs grew almost 50 percent, from just over 250,000 visits in 2014 to almost 400,000 in 2019. The spike in older adults accessing food shelves was the largest change for any age group, according to Hunger Solutions, which tracks food shelf data in Minnesota.

Nutrition and home-delivered meals are a core Title III service funded by Trellis, and the service most accessed by people of color. Hunger and nutrition data indicate that this is a Title III service-area where greater focus on equitable delivery could be especially impactful.

Housing

Trellis does not provide housing services. However, stable and safe housing is an essential component of providing all services that aim to help older adults age at home and in the community. Home-delivered meals are not possible without a home, and preferably a stable and consistent home. Homemaker and Chore services like home repair, laundry and cleaning become less urgent without a stable home. The Twin Cities has been caught in a housing crisis in recent years, with rental rates increasing and available homes dwindling. The number of Twin Cities older adults (age 65 +) who are housing cost burdened saw a 35 percent jump from 2014 to 2018, according to the U.S. Census.

For the purposes of this analysis, SDK gathered context data on the key housing issues that impact older adults' ability to benefit from Trellis services: homeownership, as a measure of presumed stable living and decreased or stable housing costs for older adults (likely living on a fixed income); homelessness, which is growing significantly among older adults of color; and multi-generational housing.

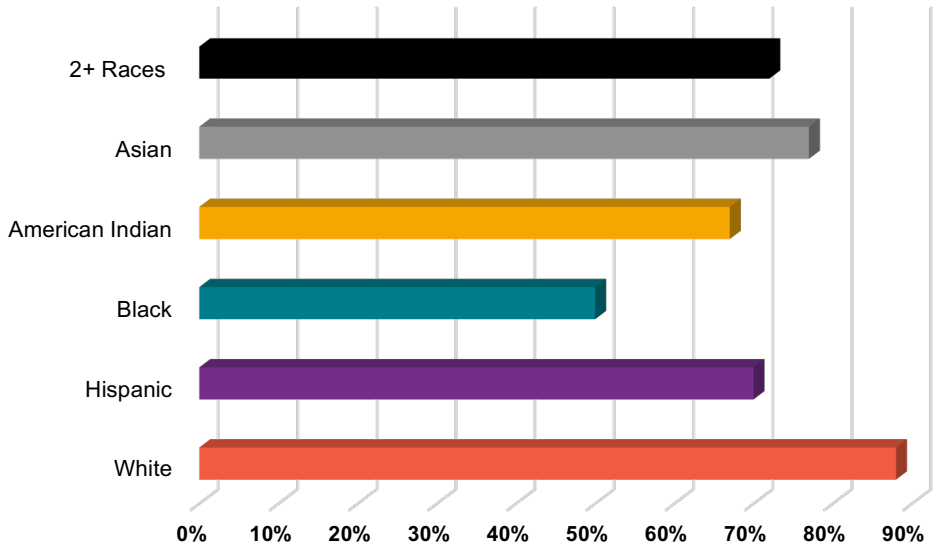
Twin Cities' older adults of color are less likely to have homeownership as an asset and source of stability in aging. The Twin Cities has the nation's largest homeownership gap across all ages, and the gap persists into a person's aging years. At age 60 and older, 88 percent of white Twin Cities residents own their home, while only 50 percent of Black residents own, according to Census data analyzed by SDK.

That is an almost 40 percent homeownership gap.

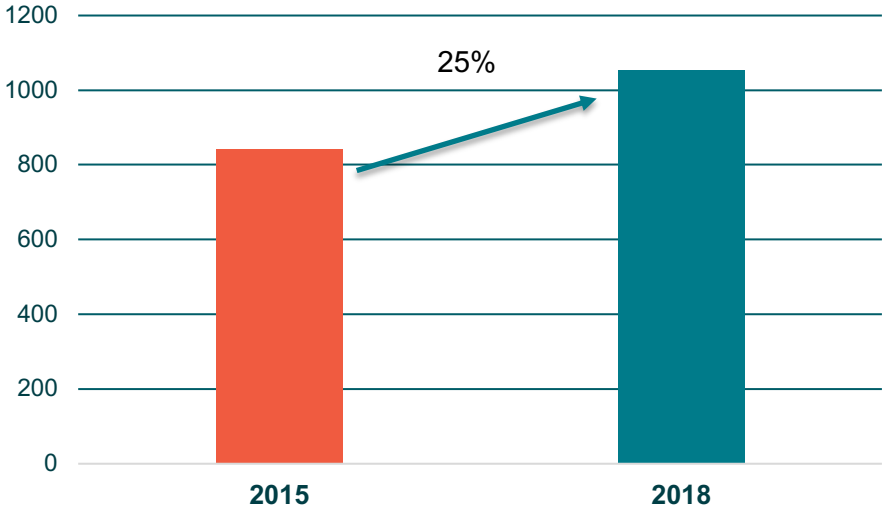
Homeownership rates are slightly better for other racial and ethnic groups reported in the Census: 67 percent of American Indians age 60 or older own their home; 70 percent of Hispanics and 77 percent of Asians also own their homes.

The homeownership gap has roots in several discriminatory, long-standing practices including discriminatory lending, redlining, racial covenants and more. The Urban Institute offers a library of information on the homeownership gap. The University of Minnesota's Mapping Prejudice Project is another source of local information on the Black homeownership gap, in particular.

Twin Cities Homeownership Rate by Race, 60+

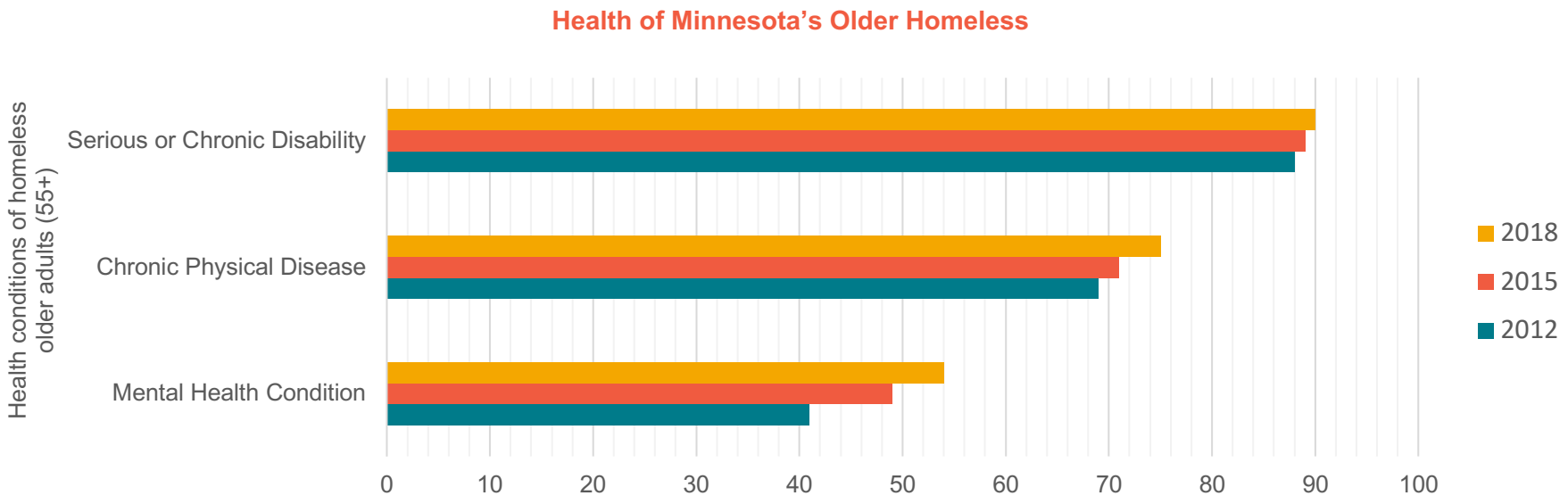


Homeless Older Adults (55+) in Minnesota



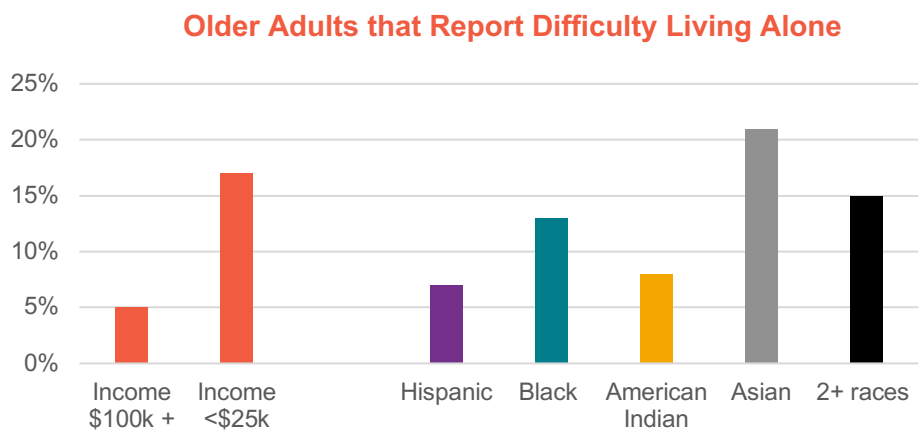
Homelessness is increasing among older Minnesotans. A recent study by Wilder Research found that the number of homeless older adults (age 55+) in Minnesota jumped by almost 25 percent from 2015 to 2018.

Homelessness is not impacting all races equally. Blacks make up only 3 percent of Minnesotans age 55 or older, but 35 percent of older homeless are Black. American Indians are only 1 percent of older Minnesotans, but 8 percent of all older homeless are American Indian. The inverse is true for older whites. Whites make up 92 percent of older Minnesotans, but only 42 percent of older homeless are White.



Most of Minnesota's older homeless are managing a chronic disease, disability or both. A full 90 percent of older homeless Minnesotans are managing a serious or chronic disability, and 75 percent are managing a chronic disease, according to a study by Wilder Research (graph above). More than half are also managing a mental health condition. The data highlights how health and poverty converge to create unimaginable housing challenges for older adults, and disproportionately for older adults of color and American Indians. Trellis services do not reach older homeless. However, the growing older homeless population points to the importance of Trellis' upstream services that provide help with nutrition, chronic disease management and others in preventing homelessness or other dire scenarios for Twin Cities older adults.

Low income and older adults of color have more difficulty living alone. The U.S. Census defines difficulty living alone as having a physical, mental, or emotional problem making it difficult to run errands alone such as visiting a doctor's office. Twin Cities older adults, 60 and older, with incomes of less than $25,000 per year and Asian older adults report the greatest difficulty living alone, according to Census data – 17 percent and 21 percent, respectively, have difficulty. However, only 8 percent of American Indian and 7 percent of Hispanic older adults' report difficulty living alone. Black older adults fall in the middle, with 13 percent reporting difficulty living alone. Twin Cities older adults making more than $100,000 per year have the least difficulty living alone – only 5 percent report trouble.



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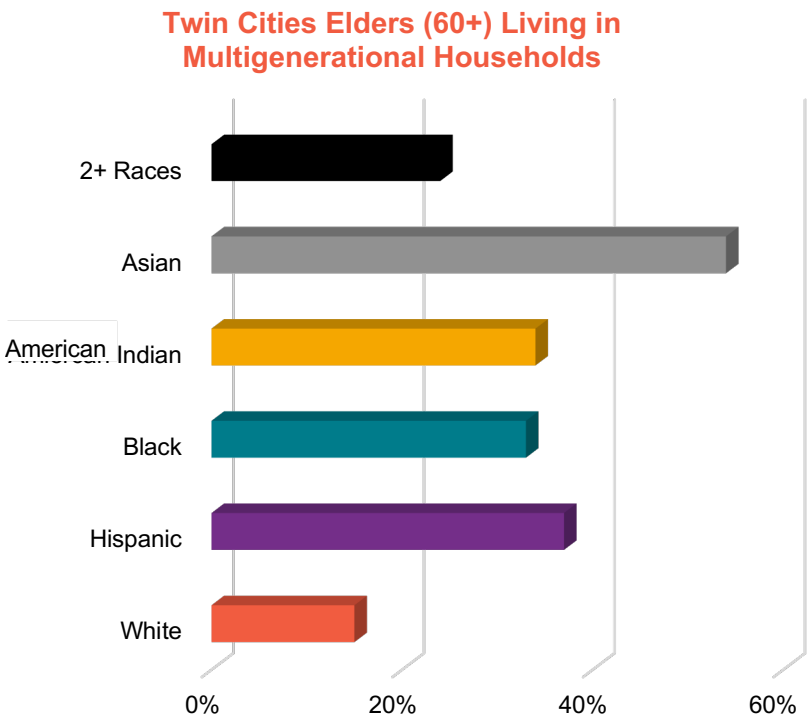
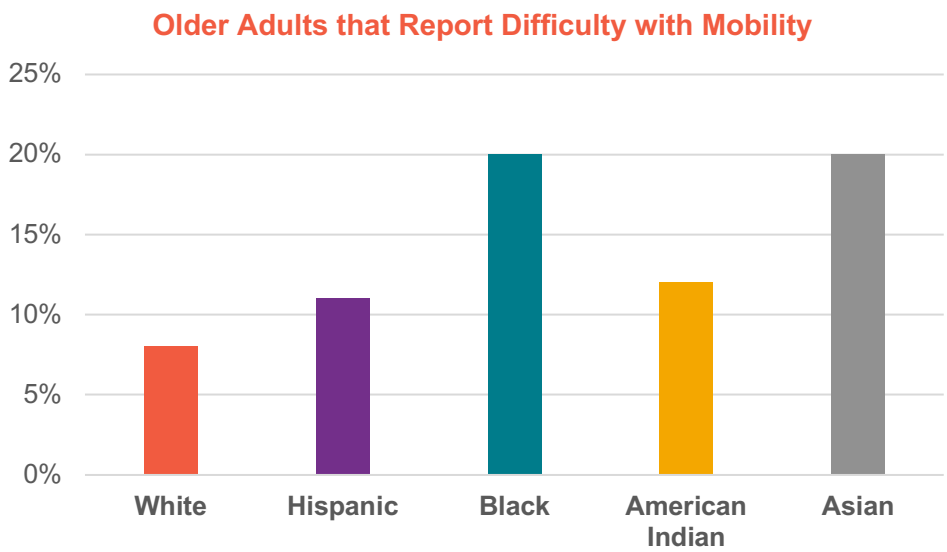


Asian, Hispanic older adults are most likely to live in multi-generational households. Multigenerational households are most common among Asian older adults. Fifty-four percent of Asian older adults in the Twin Cities live in multi-generational households, according to Census data analyzed by SDK. Among Hispanic older adults, 37 percent live in multi-generational households. Similarly, 34 percent of American Indian older adults in the Twin Cities live in multigenerational households and 33 percent of Black older adults do, as well.

It's important to note that the types of multigenerational households may vary within these broad groups. For example, the Census does not differentiate between Black and foreign-born Blacks, but the different Black communities have distinct attitudes towards multigenerational living. This is one example where multigenerational living came up throughout qualitative interviews. The conversations across communities uncovered different attitudes and drivers behind multigenerational living.

One in five Black, Asian older adults report difficulty with mobility. Mobility can be a key factor in whether older adults can age at home. Census data analyzed by SDK shows substantial differences in mobility across races among Twin Cities older adults, age 60 and older.

Black and Asian older adults are the most likely to face mobility challenges, with one in five reporting difficulty with mobility. On the other hand, just 8 percent of white older adults' report mobility issues. Twelve percent of American Indians and 11 percent of Hispanic older adults' report difficulty with mobility, as well.



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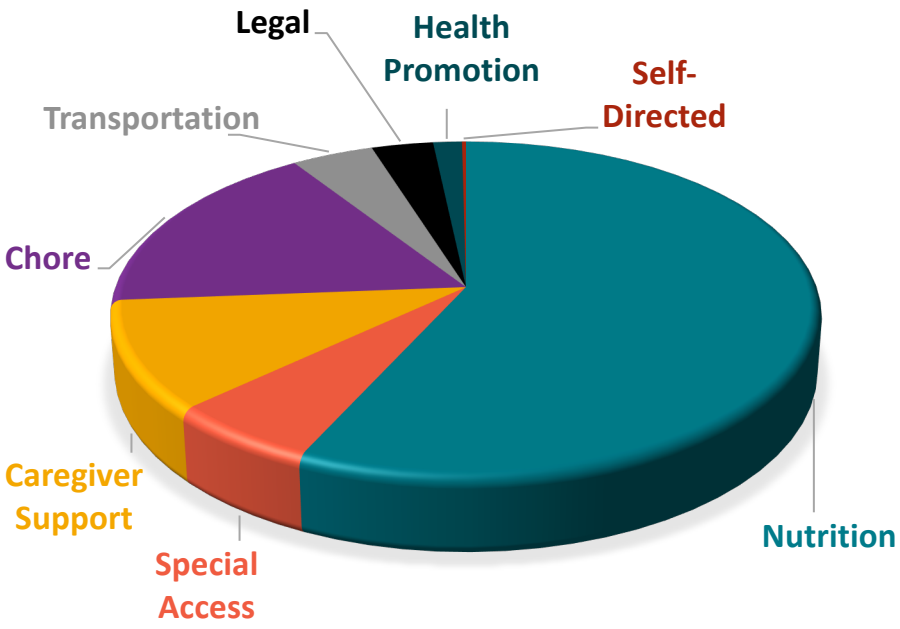
Equity + Aging: Trellis Program Data

Trellis is one of seven Area Agencies on Aging serving Minnesota's older adults. The Title III funding is the anchor service of area agencies on aging, offering a mix of funding opportunities designed to give older adults 60 and above access to services that will help them age at home and in the community.

Title III program data reviewed offer a snapshot of people served and services offered in 2019. The CARES Act funding of 2020 infused significantly more money into Trellis' Title III providers, and the 2021 proposal process will be a gateway to previous funding levels, delivered with the lessons of change that began in 2020. This is a unique and important window for analysis. At the same time, caution is needed to ensure that the future direction informed by this racial equity analysis neither over- or under-reflects the significant changes happening in Trellis programs, the organizations it partners with, and communities at large.

Title III funding is provided in eight areas:

Trellis Title III Spending by Program Areas in 2019



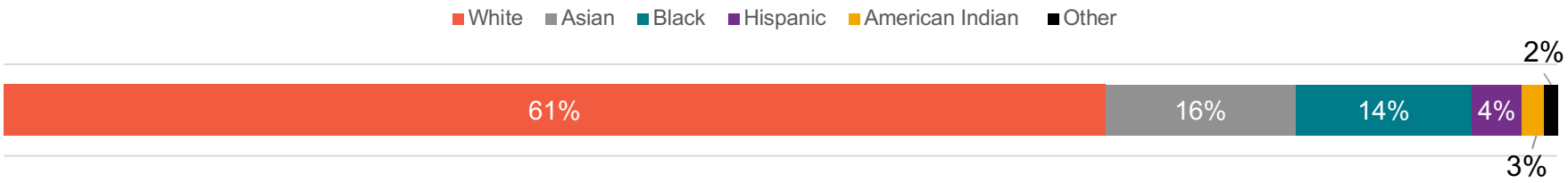
- **Nutrition (57%).** More than half of Trellis' Title III budget was dedicated to nutrition services in 2019. This includes both home-delivered meals and "congregate dining" meals served at community centers and other group settings.
- **Chore and Homemaker Services (17%).** Example services include help with housecleaning and laundry, grocery delivery, managing mail, yard work, light housework and small home projects like cleaning gutters.
- **Caregiver Supports (11%).** Caring for older adults with significant health needs can be taxing. Caregiver support services include support groups, respite care, and phone support for family or friends caring for an older adult.
- **Special Access (6%).** Trellis designed this program to fund nonprofit organizations rooted in racial and cultural communities to connect community members with Trellis' broader network of Title III services.
- **Transportation Services (4%).** Services include scheduled rides to senior centers, doctor appointments or other errands.

- **Legal (3%).** Legal services vary by client need, but the most common areas of legal service include advocating on older adults' behalf for expanded Elderly Waiver services, correcting errors to pension benefits, or advocating for disability services.

- **Health Promotion (2%)**. Health promotion programs help older adults manage chronic diseases and stay healthy by providing wellness classes, safe exercise classes, and connecting older adults with the information needed to make healthy choices.

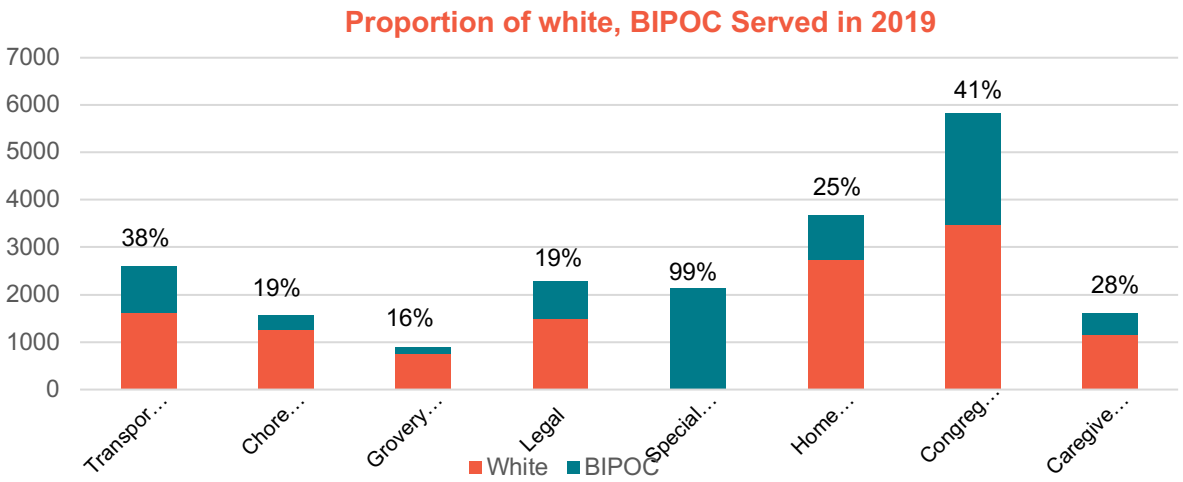
- **Self-Directed Services (<1%).** Older adults can choose to dedicate set funds to provide the support they need at their direction. For example, it could be used to pay an adult child to be an older adult's caregiver or to hire other help that will allow the older adult to remain in their home.

RACE / ETHNICITY OF PEOPLE SERVED (2019)



Almost 40 percent of older adults served by Trellis Title III programs are people of color and American Indians. In 2019, 61 percent of the people served through all of Trellis' programs identified as white. Of the 39 percent people of color and American Indians served, Asians made up 16 percent of those served and 14 percent of people served were Black. The remaining people identified as Hispanic (4%), American Indian/Alaskan Native (2%), or Other (3%). The 'Other' group represents individuals of multiple races or for those who do not identify with the race options given.

But not all service-areas reached BIPOC communities equally. Special Access services focus specifically on connecting people of color and American Indians to Title III services, and 99 percent of those served are Black, indigenous, people of color (BIPOC). Congregate dining and transportation are two other services that reached a greater portion of BIPOC communities. However, four service-areas served proportionately fewer than 25 percent people of color and American Indians. Those services are chore, grocery delivery, legal and home delivered meals.



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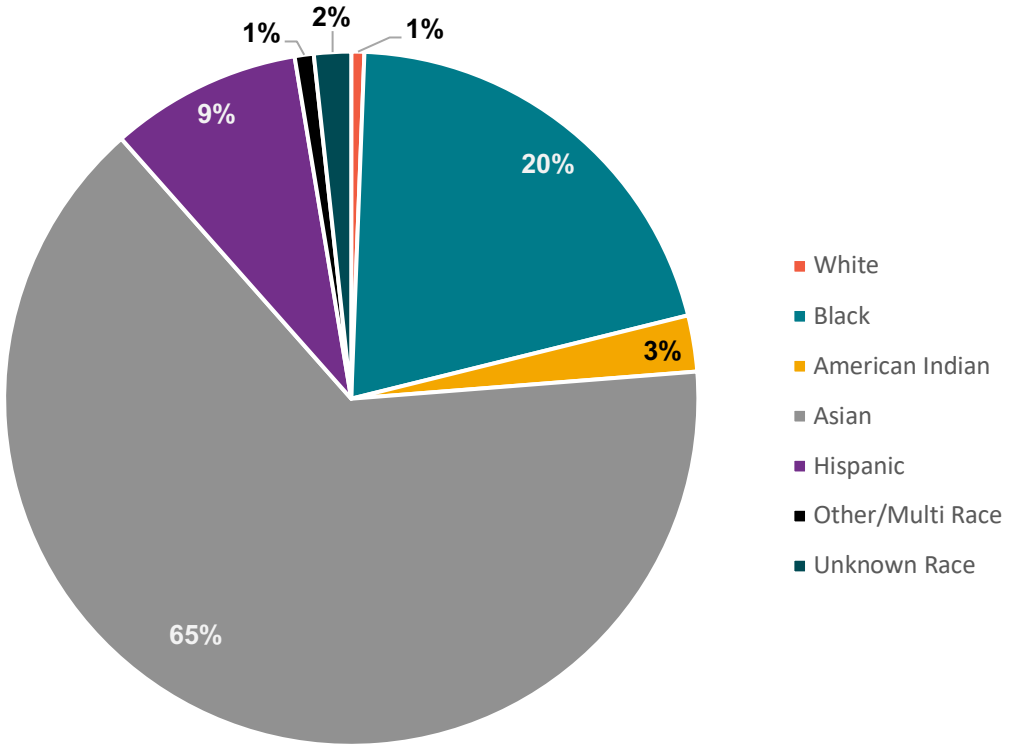
Findings: Special Access Services

Trellis designed its Special Access program almost 25 years ago to fund nonprofit organizations rooted in racial and cultural communities. The purpose of Special Access funding is to offer community-specific social connection for older adults of color and to connect these older adults with Trellis' broader network of other Title III services. Organizations providing Special Access services received a combined total of $543,000 in 2019. Trellis currently works with 9 providers: Bhutanese Community Organization of Minnesota; Centro Tyrone Wise Elders Program; CLUES; Division of Indian Work; Korean Service Center; Lao Advancement Organization of America; Pillsbury United Communities; United Cambodian Association of Minnesota; and Volunteers of America of Minnesota and Wisconsin.

Two-Thirds of people served in Special Access identify as Asian. The pie chart at right depicts the racial and ethnic makeup of older adults who received Special Access services in 2019. In addition to the Asian older adults served, Black older adults made up 20 percent of people receiving services and 9 percent of older adults receiving services identified as Hispanic.

Communities served reflect service providers. Four of the nine organizations providing Special Access services represent Asian cultures or nationalities. Services are funded more often to reach Asian older adults, and that reality is reflected in the disproportionate number of Asian older adults receiving Special Access services. The proportionate impact does indicate that when Trellis builds partnerships with community-based organizations, services reach that community as a result.

Race or Ethnicity of People Served via Special Access



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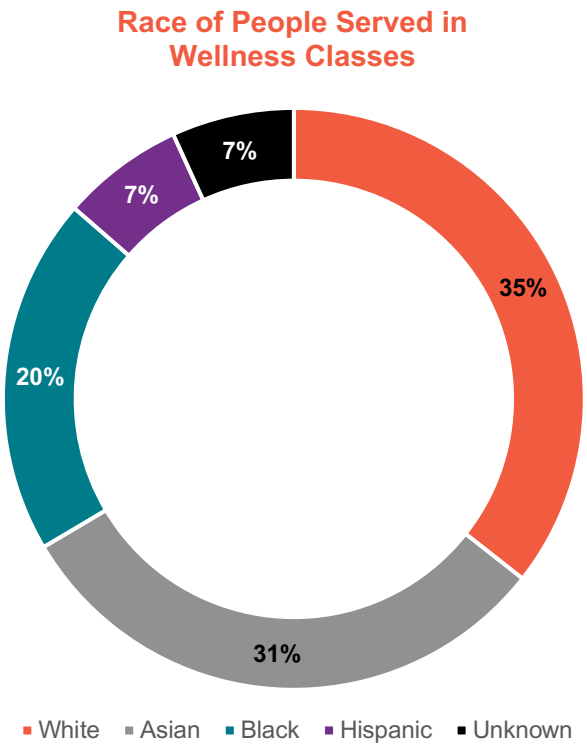
Findings: Health and Wellness Services

Health and Wellness services account for just 2 percent of Trellis' 2019 Title III spending, though other non-Title III Trellis programs expand on the service. The heart of this service is classes that help older adults manage chronic disease and increase wellbeing through exercise and diet, and live healthy at home as a result. Example classes include: Live Well with Chronic Conditions, Live Well with Diabetes, Tai Ji Quan: Moving for Better Balance, and A Matter of Balance.



Two-thirds of class attendees are older adults of color. Wellness classes were especially successful in engaging older adults from the Asian (31 percent of attendees) and Black (20 percent of attendees) communities. Another 35 percent of class attendees identify as white. Just 7 percent of wellness class participants identify as Hispanic, and the racial or ethnic identity of the remaining 7 percent is unknown.

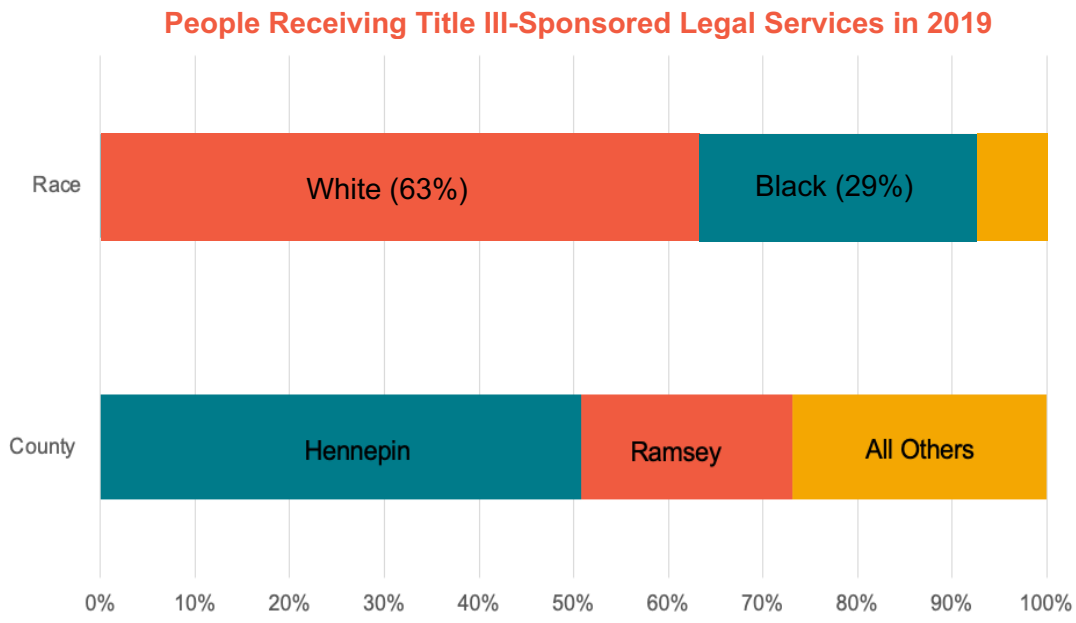
Health inequities make health and wellness classes more important. BIPOC older adults face health inequities that lead to lower life expectancy and lower healthy life expectancy, as well as higher rates of chronic disease like diabetes. Classes alone are not sufficient to erase the damage of a life of inequity, but they are a promising strategy to help older adults better manage the chronic diseases and live with fewer health burdens.

Healthcare partners appreciate Trellis' health and wellness classes. Interviews with related service providers found collaborators value Trellis' strong courses and attention to cultural needs in its health and wellness offerings. Language is one of the greatest potential barriers to wellness services for many older adults, and Trellis' multiple languages is appreciated. Collaborators respect Trellis' attention to offering classes at locations that are in trusted community venues, as well.

Classes have moved online during COVID-19. Classes have been offered online since March of 2020 due to COVID-19. Collaborators interviewed noted that online classes delivered via Zoom present important health and safety challenges: It's important to offer the classes to help older adults stay healthy and connected; but classes have been edited slightly to be safely completed without an instructor in the room to offer support and adjustments. Still, falls and exercise strains have been a greater concern in the online format.

Findings: Legal Services

Legal Services received $280,000 of 2019 Title III funds evaluated. Legal services provided vary by client need, but the most common areas of legal service include advocating on older adults' behalf for contesting Elderly Waiver services benefit levels, correcting errors to pension benefits, or advocating for disability services.



Older adults served through legal services were:

- *Living in Hennepin and Ramsey Counties*. In fact, almost 75 percent of all legal service recipients live in these two counties. Residents of the five remaining Metro Area counties combined – Anoka, Carver, Dakota, Scott, and Washington – accounted for just over 25 percent of all legal service recipients.

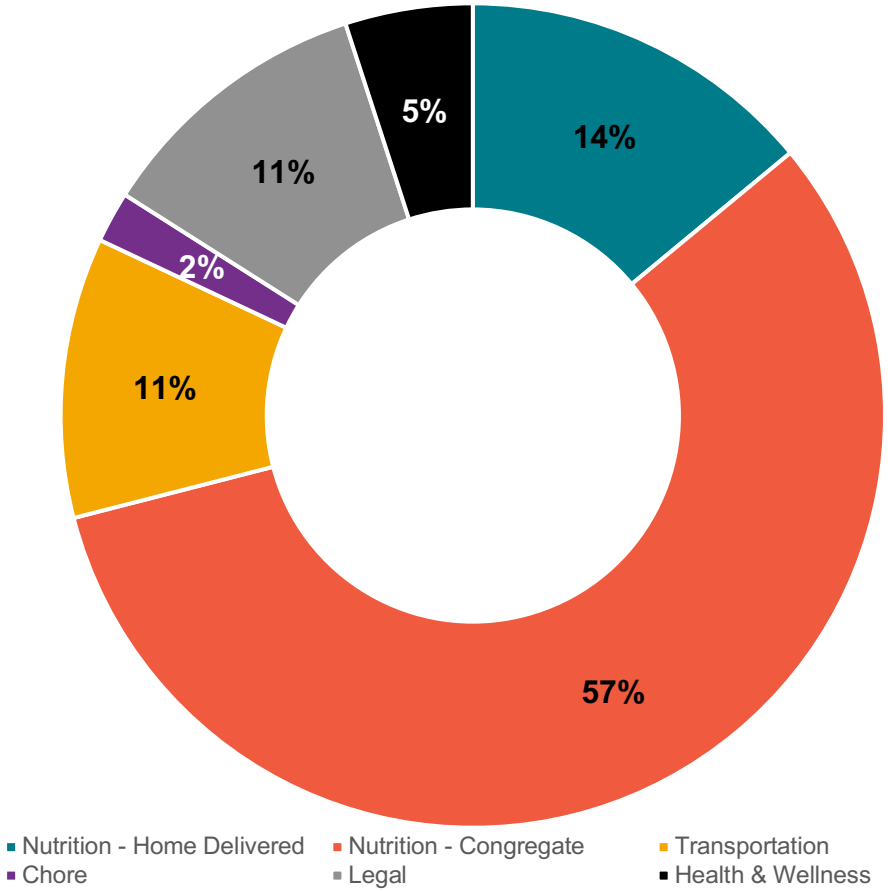
- *More than 90 percent of service recipients identify as either Black or white*. Specifically, 63 percent of people served identify as white and 29 percent identify as Black. Just 8 percent of service recipients identify as Hispanic / Latinx, Asian, American Indian, or as identifying with 2 or more races.

Lack of awareness and attitudes about legal services are potentially the greatest barriers to service. Trellis' legal services were never mentioned in interviews with either peer service providers or community leaders, even though many of the challenges legal services supports, like Elderly Waiver benefits or negotiating with Social Security, were mentioned. These responses suggest a lack of awareness about legal services and their potential benefits to BIPOC older adults, even among leaders and professionals who refer to services. Additionally, it's possible that older adults who recently immigrated to the United States may not be comfortable seeking legal support to navigate benefits or could be unaware that contesting decisions, like an awarded elderly waiver benefit, is safe and normalized in the United States.

Findings: Nutrition Services

Nutrition service is the largest funding area among Trellis' Title III services. In 2019, 57 percent of all Title III funds were dedicated toward home delivered meals and congregate dining. Nutrition Services is also the program that most successfully reaches older adults of color and American Indians, and nutrition services were significantly impacted by COVID-19 quarantine.

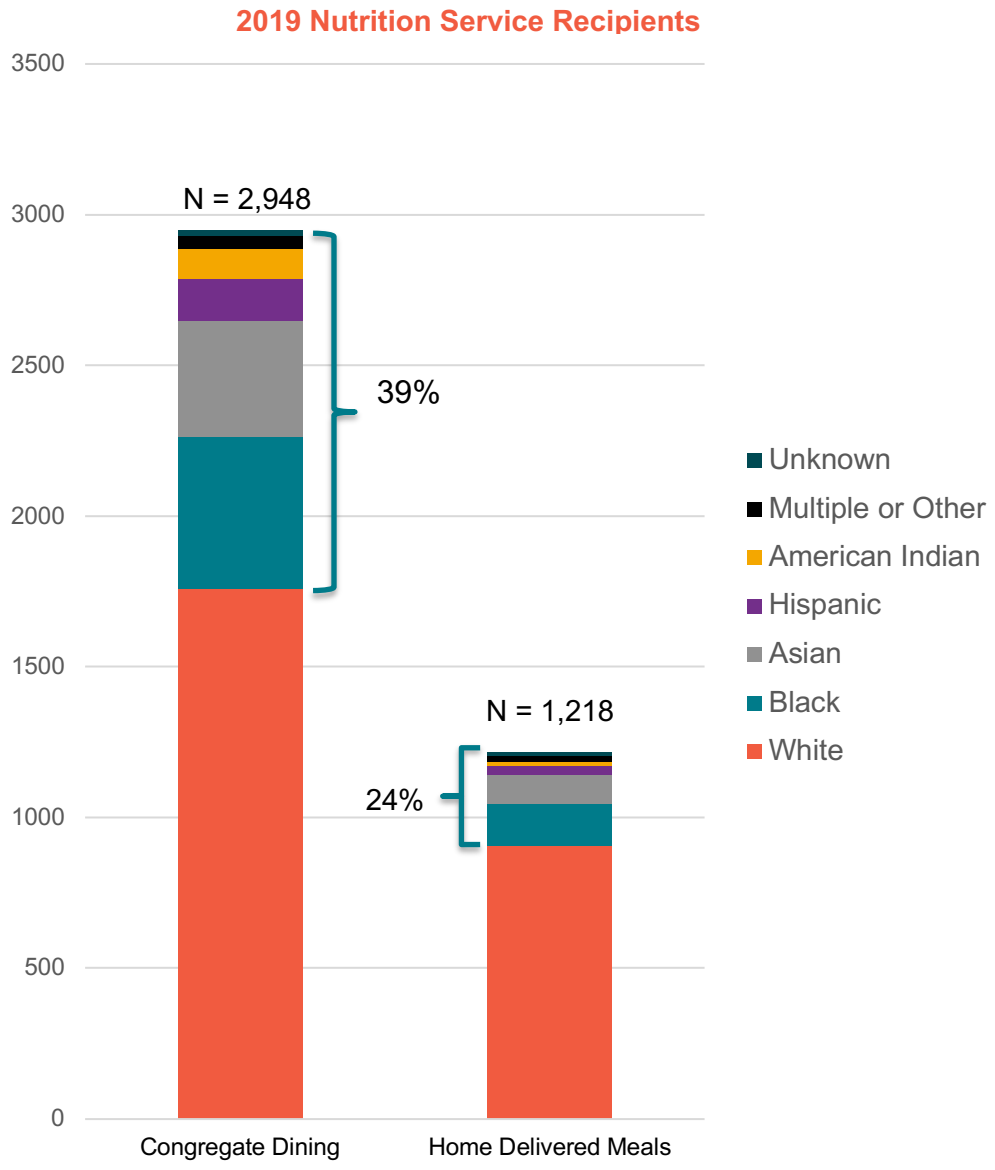
Distribution of Title III Services Provided to BIPOC Elders in 2019 Outside Special Access



More than 70 percent of service provided to BIPOC older adults in 2019 was nutrition-related, excluding Special Access. Specifically, 57 percent of the older adults of color served were reached through congregate dining services. This encompasses meals at community centers or similar organizations. Another 14 percent of older adults of color and American Indian elders served were reached through the home delivered meal program.

Interviews with community leaders also continually reinforced the importance of gathering over a meal as essential to supporting older adults' physical health and fostering social connection that is so important. For older adults from the Latinx community, for example, congregate dining programs offer culturally appropriate foods and opportunities to socialize not available elsewhere.

COVID-19 has closed congregate dining and forced programs to adapt. All congregate dining was closed in March 2020 due to the COVID-19. This analysis reviewed 2019 program data. The exact strategies programs used to repurpose congregate dining resources to meet older adults' needs will become clearer as data becomes available. Interviews with community leaders suggest programs pivoted toward delivered food boxes in place of the dining programs during quarantine.



The number of BIPOC older adults served in congregate dining is greater than the whole home delivered meal program. This emphasis on congregate dining is consistent across racial and ethnic communities served. Black, Asian, Hispanic and American Indian older adults are served through congregate dining more than any other Title III service, aside from Special Access.

As noted earlier, this service provides nutritious and culturally appropriate meals and, just as important, it provides a place for older adults to gather and socialize.

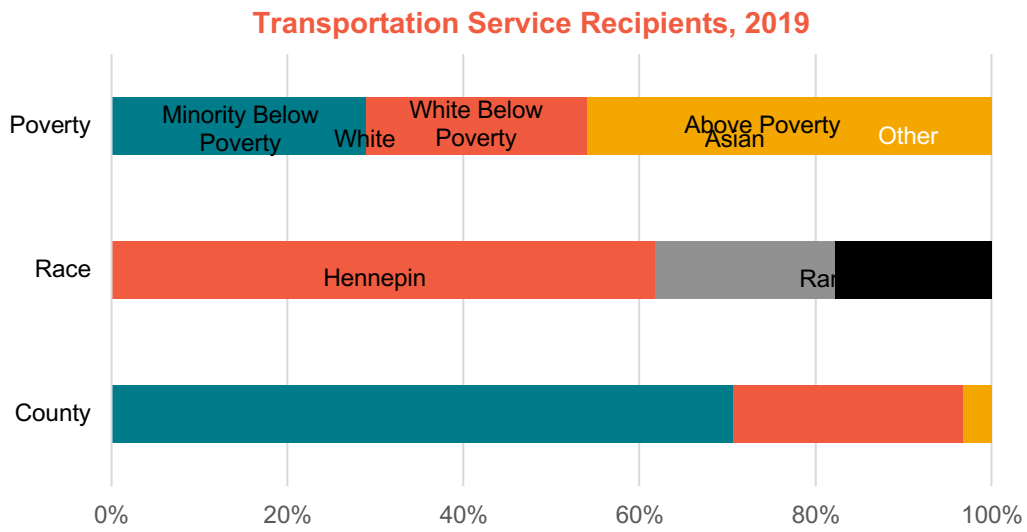
Future analysis of services provided in 2020 would benefit from evaluating both how nutritional needs of older adults were met when congregate dining was closed. Additional evaluation of how congregate dining attendees maintained social connection and combatted isolation during quarantine could offer valuable insights to inform future equitable program design.

Findings: Transportation Services

Transportation services available through Title III are a narrow but essential offering: one-way trips from an elder's home or apartment to any destination of their choosing. Services are billed as one-way trips, and drivers are allowed to help older adults to their door or into their home or apartment as part of the service.

Transportation Services received $400,000, or 5 percent, of Trellis' 2019 Title III funding evaluated. The high administrative requirements of managing a federal program and the high administrative and equipment costs incurred to provide a transportation service (insurance, van maintenance, etc.) are additional potential barriers for a community-based nonprofit that might offer transportation.

Transit riders live almost exclusively in Hennepin and Ramsey Counties. More than 90% of older adults accessing Trellis' transportation services in 2019 live in Hennepin or Ramsey County. The other five counties (Anoka, Carver, Dakota, Scott, and Washington) in the Metro Area account for less than 5 percent of all transit rides.

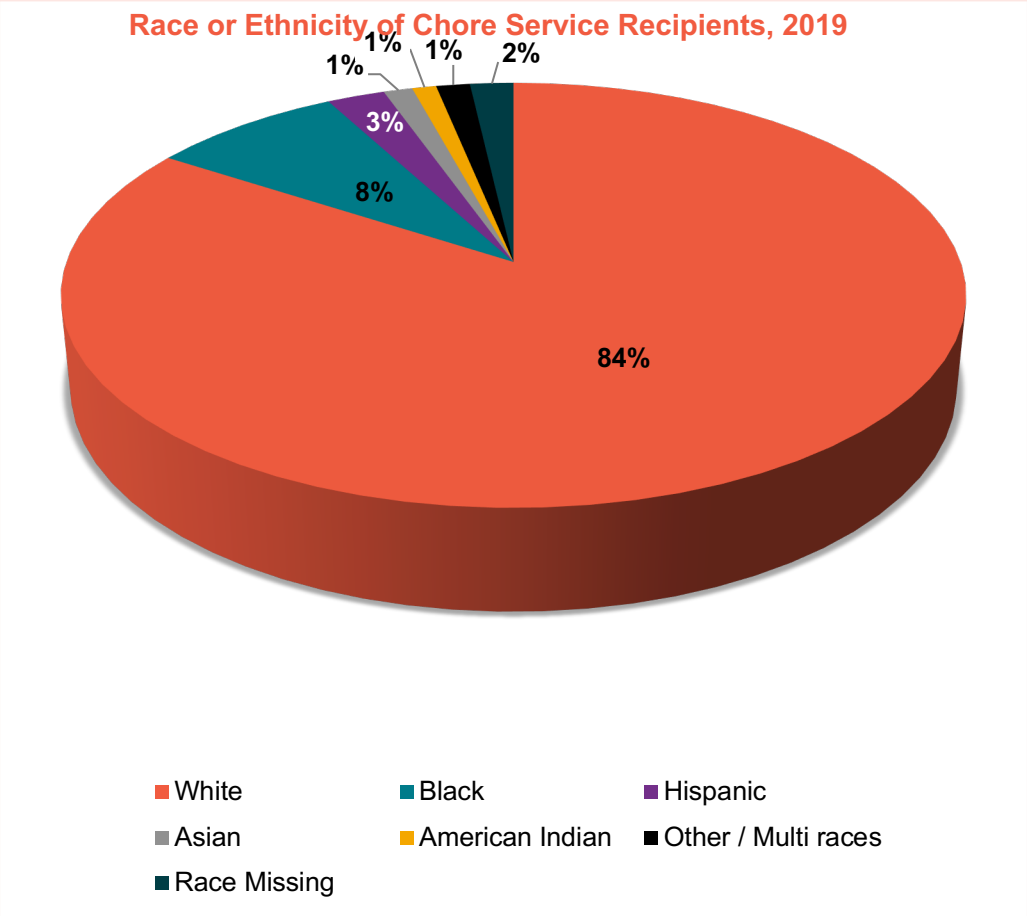


BIPOC older adults account for almost 40 percent of rides. Transportation is second only to nutrition in the diversity of people served. White older adults still accounted for 61 percent of rides, however. Latinx elders interviewed applauded Title III transportation as the only mobility service available to immigrants without documentation.

Latinx, Black leaders see transportation as essential – and even more so since COVID-19. Leaders interviewed talked about transportation as essential to allowing Special Access, dining, or other programs to reach full potential. This fills important niches for older adults. For example, in the Latinx community, leaders report that older adults feel more comfortable taking rides from a member of the community who speaks their language.

Findings: Chore and Homemaker Services

Chore and homemaker services accounted for 17 percent of Title III spending in 2019. Services provided range from in-home chores like light housekeeping, preparing meals, managing bills and laundry; to seasonal home projects like raking leaves and snow removal. This service can cover small home modifications, like installing rails in showers, that allow an elder to remain in the home safely, but funds were not used for this purpose in 2019. Grocery delivery is another service covered under chore and homemaker funding. Since March 2020, many programs used the grocery delivery service to deliver meals and food baskets to older adults who can no longer come to congregate dining; delivering crafts to help older adults participate in a Zoom class; picking up crafts and materials from older adults to use at programs; and more.



Chore service recipients are the least diverse of any program reviewed. Less than 20 percent of all service recipients are people of color and American Indians in 2019. Specifically, 8 percent of people served were Black and 3 percent were Hispanic. Older adults who identify as Asian, American Indian or multiple races each made up one percent of people served. Instead, 84 percent of people who received chore and homemaker services are white.

Services are facing variables that will force change. A February 2020 analysis of chore and homemaker services shows that investments in chore services declined 29 percent from 2017 to 2019. The service area is also managing a 67 percent decline in providers, and unique staffing challenges.

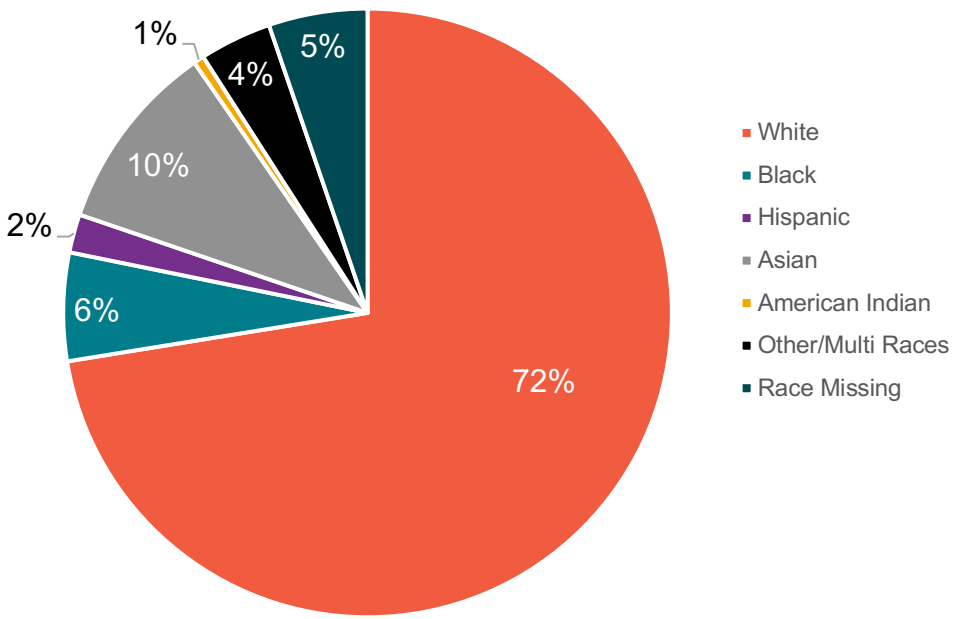
Many chore and homemaker services compete with other, better paying fields. Under proposed changes to Elderly Waiver reimbursements, the same service will pay $30 and $28 per hour respectively, while Title III reimburses only $17 (chore) and $15 (home maker) per hour. Other app-based services like Shipt provide additional competition to some chore and home maker services.

This confluence of factors makes chore services an area that could benefit from fresh thinking and scoping to better align with Trellis' equity goals.

Findings: Caregiver Support Services

Caregiver Support Services received 11 percent, or $992,000, of Trellis' Title III funding in 2019. The service area includes respite care, counseling, access assistance, information services, and self-directed services. Respite care consists of professionals and trained volunteers to come to an older adult's home to provide care so that the typical caregiver (often a family member) can have time away for errands or self-care. Counseling encompasses phone and other emotional support provided to the caregiver. Access assistance and information services connect caregivers with other services that help older adults age at home, including Title III services, and provide broad marketing of these programs. Self-directed services allow older adults to choose services or caregivers to support them and compensates chosen individuals for their time.

Race or Ethnicity of Caregiver Service Recipients, 2019



Less than one in four people receiving caregiver services in 2019 were people of color or American Indian. Caregiver service recipients can be the elderly spouse, the adult child, or a friend or neighbor of someone who needs caregiving. More than 70 percent of people participating in the program in 2019 were white. People who identify as Asian made-up 10 percent of service participants, and those who identify as Black made-up 6 percent of recipients.

Most caregivers receive services to support family members. Client surveys show that 92 percent of people participating in caregiver services are caring for a spouse, parent, brother or sister. The remaining 8 percent of service participants receive caregiving support to care for a friend, neighbor or other important relationship.

Many programs offering caregiver services are not serving any people of color or American Indians. A review of caregiver service evaluations from seven providers found that only two providers engaged people of color and American Indians in caregiving services. Five providers only reached white people with caregiving services in 2019.

Interviews with other aging service providers pointed to a growing respect for caregiver services as an area of potential innovation and equity. The slimmer paperwork requirements, when compared with similar Elderly Waiver (Medicaid) reimbursement, was a key factor cited in this observation.

Community Voices on Aging – American Indian, Black and Latinx

Quantitative Census and program data provide a snapshot of Trellis' service reach and older adults in the Metro Area, broadly, from 2019 and before. But the arrival of the COVID-19 pandemic in 2020 and the racial justice protests provoked by the murder of George Floyd fundamentally reshaped the lives of older adults from every racial and cultural community.

The COVID-19 pandemic forced people of all ages to wrestle through challenges that many older adults have lived with for years: loneliness and feelings of isolation, vulnerability to illness, and the struggles to meet basic needs while dealing with these challenges. It also brought to light and underscored the huge disparities that have existed in our community for generations. The killing of George Floyd and the unrest that followed shone a global spotlight on the struggles and pain that's all too present in the daily lives of people of color and American Indians in the Twin Cities and across the country.

This project's listening work happened after the major events of 2020 occurred, as communities and community leaders were still in the process of understanding all that had happened and considering impacts on the future. The findings that follow reflect input received from 17 community leaders and older adults in the Twin Cities' Black, Latinx and American Indian communities. The data analysis emphasizes the shared challenges and unique needs of older adults of color.

Resiliency and history are foundational assets for older adults. Those interviewed consistently talked about resiliency and history as essential assets for both their communities and for older adults. At the community level, people talked about the ability to overcome adversity and the importance of stories of triumph, or even survival, for all generations. In this light, Black, American Indian and Latinx older adults are viewed as the ultimate embodiment of resiliency. Those interviewed believe older adults' personal resilience – living through moving to a new country, or being uprooted to a new city, or living through having your home moved to build a highway – is recognized by younger generations, who are taking a growing interest in learning from older adults' stories and experiences. That cycle of oral history and generational learning only adds to older adults' resiliency.

> *"Our resiliency is our greatest strength. We are survivors of genocide and we're still here. Many still congregate for ceremonies, culture. Native language is a first language for many." –* ***American Indian leader***

> *"One of our greatest assets is storytelling. Elders wonder – will young people appreciate our stories? Young people now want to hear from them – what was their journey to the U.S. like? …Our youth are getting stronger in who they are and where they've come from, and elders play a big part in that. Elevating our identity as Latinx people is causing young people to go back to elders and ask them, to learn about our history." –* ***Latinx leader***

> *"History is our greatest asset – understanding our context. Understanding the experiences elders lived through can give us a road map of how to address issues. Elders here grew up in our original neighborhood (Rondo). We recognize the pain of the neighborhood that was demolished." –* ***Black leader***

Family, spirituality and community are anchors of resiliency for older adults consulted. Across interviews and across racial and ethnic communities, leaders and older adults pointed to relationships with family, with their community and with their church or spiritual practice as being resources of strength that help them be resilient. Children, grandchildren and friends provide a network of connection that make it possible for older adults to access resources and, just as important, to find the social connection that supports mental and emotional health. In the American Indian community, those interviewed also pointed to the real difference in how the community treats older adults on reservations, compared with the urban experience. American Indian culture reveres elders, and that reverence is shown in reservation communities through actions like putting elders at the front of the line for community meals, whereas in the urban environment elders can feel pushed aside.

> *"There's a real difference between how elders are served on the reservation and in the urban area. On the reservation, elders offer the prayer, they eat first at events. We honor our elders. Here [In the Metro] elders feel pushed aside." –* ***American Indian elder***
>
> *"Family is the heart of where people turn for help. Most turn to their children and their families" –* ***Latinx leader***
>
> *"Our families are tight. Sovereignty matters"* ***– American Indian leader***
>
> *"It's about nurturing the community, beliefs, spirituality and the connection that we have with each other" –* ***American Indian leader***

Language illustrates how culture grounds elders in community. Many programs providing services to older adults rely on distant, individual or clinical language to talk about the services provided. Food and meals with friends are nutrition services and congregate dining, as just one example. The language shared by those interviewed, as quoted below, provide concrete examples of how connection to family and community is front-and-center in the lives and experiences of Black, Latinx and American Indian elders.

> "*The greatest asset of our elders is their connection to the community. When someone is a* ***grandmother in our community****, she's not just a grandmother to her descendants – she's a grandmother to the community." –* ***Latinx leader***
>
> *"When I first started [at the organization], a young girl about 8 years old was giving me a tour of the community center. The front desk was staffed by an elder and she called him* ***'Awowo,' which means Grandpa in Somali****. He's not her grandparent, but all elders are caring for them. Young people show up and respect elders like grandparents. It teaches responsibility to family and community broadly." –* ***Black community leader***
>
> *"There's a strong connection for back home [reservation]. I've lived in Apple Valley for the last 30 years. When I retire,* ***I'm looking at going home*** *[reservation]. There's more services through the tribe." –* ***American Indian leader***
>
> *"There are issues, but* ***you go home*** *[reservation] to be amongst family. You have that kind of support. There isn't a collective that you can be a part of and really be at home here [in the Cities]." –* ***American Indian leader***

Multigenerational living is common for many older adults. Family plays a substantial role in the lives of older adults of color and American Indians for another reason: multigenerational living. However, the exact reasons for multigenerational living and overall experiences vary across racial and ethnic communities. For example, in the Latinx community, multigenerational living was brought up as common among recent immigrant families where older adults may have come to the United States with their adult children and grandchildren, and now live with the family. In the American Indian community, on the other hand, those interviewed talked about multigenerational living as grandparents caring for grandchildren because parents are unavailable. Black community leaders talked about multi-generational living the least of the three communities interviewed for focused listening, but some did mention older adults moving in with adult children and grandchildren since COVID-19 as a way to both combat isolation and help their families through the pandemic.

> *"A lot of our elders are living with their adult children and bigger families. The whole family is together more and absorbing big debts right now with COVID-19, so many out of work." –* ***Latinx leader***
>
> *"They're close knit and in dire straits. [Many elders] struggle with their own needs, let alone taking care of grandchildren that live with them. Little Earth right now is full of kids distance learning." –* ***American Indian leader***
>
> *"The foster care system is a significant weight on elders, too. American Indians have the highest out-of-home placement rate in the country. Heroin / opioids are driving a lot of it. Grandma's raising grand kids." –* ***American Indian leader***
>
> *"[Intergenerational living] is a vibrant and exciting way of living but challenging to sustain. Not always supported by the existing systems and structures" –* ***Black leader***

The challenges of 2020 have created challenges for BIPOC older adults. The past year has been one for the history books. The COVID-19 pandemic forced people in Minnesota and across the globe into quarantine. The murder of George Floyd and social unrest that followed thrust the Twin Cities' race relations and police-community relations onto the national stage. These challenges are forcing people across the Twin Cities and the nation to manage many of the exact struggles that older adults have faced for years, creating an unparalleled window of empathy for the feelings of isolation and disconnection that can plague too many older adults of all races and incomes. The challenges are also reopening the pain of racist practices and discrimination that older adults of color have faced too often throughout their life.

> *The murder of George Floyd and reopening historical trauma*
>
> *"Trauma is still there for a lot of elders. Events of the last year – the killing of George Floyd, racism – have made those traumas fresher. Issues that were part of elders' younger years are being brought back to life. Reliving the trauma is very hard because they're being charged with healing themselves." –* ***Black leader***
>
> *"At [community center] there are lots of kids that go there to play basketball. They've had to limit the gyms being open because of kids bringing guns. It's gotten worse since the protests. Both kids and elders are impacted."* ***– American Indian leader***

*"We don't deal with mental health the way we deal with physical health. Depression, trauma, anxiety. We had to develop relationships to be trusted with their stories…. These older adults know what it's like to have their history and their stories, denied, taken, abused and twisted. Stories are a sign of trust." –**Black leader***

*"For the size of the population, a significant portion of Native elders are urban. They find comfort in the language and the cultural practices, but they're dealing with generational cycles of trauma and poverty. They've been gone long enough they don't get anything from their tribe for rental assistance or anything like that." – **American Indian leader***

*"Generational trauma is a real issue to pay attention to. Oral histories are an important part of BIPOC communities because it's the only way our truth is passed on." – **Black leader***

Isolation + stress from added family responsibilities

*"Many elders feel lonely because family is always working. Sometimes they feel useful, sometimes not." – **Latinx leader***

*"We're seeing suicides, overdoses, all of the impacts of loneliness from COVID-19" – **American Indian leader***

*"A lot of our older adults are living with their adult children and bigger families. The whole family is together more and absorbing debts right now with COVID-19 and so many out of work." **– Latinx leader***

*"The debt families are accumulating because of having to choose between paying rent and paying for food is troubling." **– Latinx leader***

*"Many can't go out because they need to stay home and be the childcare" – **Latinx leader***

Community Elder Voices: Needs + Priorities

Assessing the equitable delivery of services starts with understanding service needs and priorities from the community's perspective and in their language. The section that follows presents the needs and service priorities of Twin Cities' Black, American Indian and Latinx leaders and older adults in this spirit.

Older adults rely on relationships to navigate inequities. The Title III services funded by Trellis and other Area Agencies on Aging provide important but discrete services relative to the broad challenges faced by many older adults of color. Across communities engaged, leaders and older adults see relationships among older adults and their communities as being the essential glue that helps them navigate challenges where traditional services are not available, not accessible, or not trusted sufficiently to be approached.

***"**[Elders] used to meet at Maria's once a month for breakfast or lunch or something [restaurant on Franklin Ave.]. COVID-19 has*

stopped that." – ***American Indian leader***

"We have a value proposition for [organization] -- people suffer social and economic trauma, -- We provide them connection to each other as a way of providing healing." – ***Latinx leader***

"So many elders are in the community but do not reach out for help. There's a distrust of organizations that don't treat them right or don't respect their needs." – ***American Indian leader***

American Indian elders have fewer resources for support. The urban American Indian community is managing significant needs and unique challenges that warrant special mention. For context, the Bureau of Indian Affairs (BIA) led an urbanization program in the late 1950s through the mid 1960s where American Indian families received a stipend to move to an urban metropolitan area – not necessarily near their home reservation[1]. Some American Indians from Minnesota and Wisconsin were moved to Ohio. American Indians from South Dakota were moved to the Twin Cities. Some Navajo from Arizona were moved to the Twin Cities, and so on.

The urbanization program was ultimately unsuccessful and damaging. It created significant and, at times, permanent cuts in families' connection to their tribes and home communities. Children who were swept up in these programs are now older adults in the Twin Cities – and in metro areas across the United States. Their needs are especially acute and unmet. Connections to their tribes are minimal, and many tribes' policies for serving members prioritize the needs of those living on reservations over those in urban communities. The cultural reverence for elders that is core to American Indian cultures is also missing from many of the anonymous social service systems of large cities. Against this backdrop, the limited availability and resources of American Indian service providers with deep connection to community is acutely felt.

"Little Earth, I'm not sure what percent of people there are elders but it's a lot and growing. About half [of urban elders]…grew up in the Twin Cities and lived through everything with the Relocation Act." – ***American Indian leader***

"There really isn't anywhere for elders to go. The urban elders just don't have a lot of support you'd expect. Some have relationships with their tribal government on the reservation and they go to the urban offices. Otherwise, there isn't much." – ***American Indian leader***

"Dream of Wild Health is a good organization that I hope can do more. There's a real opportunity for elders to share their knowledge on the farm and through stories. It would be great to see that better connected." – ***American Indian leader***

"Elders go to American Indian Center (AIC) and Little Earth. There's a food shelf. Some have daughters. On the reservation some have good services. For example, Mille Lacs pays for housing, utilities and a monthly stipend. Less is available for people off-reservation." – ***American Indian leader***

[1] https://www.apmreports.org/episode/2019/11/01/uprooted-the-1950s-plan-to-erase-indian-country

Healthcare, social connection and safety are older adults' priorities. The specific needs that older adults volunteered most consistently across communities were healthcare, social connection and safety. Those consulted talked about healthcare as a significant and consistent need. However, the exact healthcare needs varied across communities. In the Latinx community, the greatest healthcare need raised was the challenge of healthcare access and chronic disease management for those who are recent immigrants and may not have legal status or citizenship. These older adults have limited access to any healthcare besides emergency services, which creates many challenges to healthy living. The lack of immigration status can also create challenges in social connections, as older adults new to the country do not have a lifetime of social connections to call on, may face language barriers to building new relationships, and may fear for their safety (particularly in terms of potential deportation) if they move too far beyond their adult children's social circles.

In the American Indian community, on the other hand, concerns of health, social connection and safety are rooted in different challenges. Some American Indians have not paid in social security for sufficient quarters to qualify for Medicare or other healthcare services and may have limited retirement income. Opioid addiction is a significant problem in the Twin Cities' American Indian community that also relates to healthcare and safety. Leaders interviewed observed that elders who do have healthcare and prescription drugs are concerned about having their prescriptions stolen, and many elders in communities like Little Earth (no matter their healthcare) are concerned about safety broadly.

> *"[The] cost of healthcare and medications, and then safety."* – ***American Indian leader***
>
> *"Accessibility to resources is key…. Accessing insurance is the biggest issue. Elders don't have enough money to access insurance but can't get government [Medicaid or Medicare]."* ***– Latinx leader***
>
> *"Healthcare and socializing are elders' biggest needs."* ***– Latinx leader***
>
> *"Elders just want peace. No arguments, no deaths. When I talk with them about what they want for the future, they say they want peace and to be with their family. To feel safe and stable in one place. Safe means not losing the home, not getting deported."* – ***Latinx leader***
>
> *"In Phillips Neighborhood elders don't feel safe. Their grandchildren steal their meds. A lot are forced to choose between food and medicine, and access to healthy food is a real issue."* – ***American Indian leader***

Precarious housing is a growing concern. While housing is not a service provided by Title III, maintaining stable housing is essential for older adults who hope to access many of the other services sponsored by Trellis. The Twin Cities has been in the grips of a housing crisis for several years[2]. The COVID-19 quarantine and resulting recession have stopped evictions and foreclosures for the time being, but community leaders interviewed remain concerned that housing instability and homelessness could spike for elders once the current moratoriums expire.

> *"The debt families are accumulating because of having to choose between paying rent and paying for food is troubling. The biggest fear for many is a public charge. They are looking for a path to citizenship."* – ***Latinx elder***

2

*"Many are choosing between rent and food. Depending on their level of English, many are struggling with chemical dependency. Some come to [organization] for connection to social service and some are dealing with or near homelessness." – **Latinx community leader***

Some older adults are playing a substantial role in their grandchildren's lives. The COVID-19 quarantine and spike in distance learning have placed even greater responsibilities for older adults living in multigenerational households, according to several leaders interviewed. These expanded responsibilities come on top of the burdens many older adults have carried as their families and communities manage the foster care or immigration systems.

*"Elders work hard with their established families. They're close knit and dire straits. Right now, Little Earth is full of kids' distance learning…The foster care system is a significant weight on our elders. American Indians have the highest out of home placement rate in the country." **– American Indian leader***

*"Many elders are also providing childcare and they can feel isolated or not want to be a burden to their children. Trying to contribute to the family is a big part of their thinking" – **Latinx leader***

*"One of the biggest strengths is the value of collective, communal, intergenerational households…[COVID-19] presents barriers and challenges in this context. Culture, tradition, language can be carried on across generations. Knowledge and wisdom can be transferred. Childcare and homemaking can be shared across generations."– **Black leader***

Trellis services are respected. The services offered through Title III funding are understood and largely respected across the racial and cultural communities engaged through this process. Leaders in positions of program management were most familiar with Trellis. The overall impression of comments received is that Trellis staff are both competent and compassionate, and genuinely work with funded partners to find workable solutions to problems. At the same time, many leaders perceive the specificity of Title III funded services and limited allowance for overhead support to be challenging aspects to managing the services. These leaders would appreciate the capacity to pay greater attention to community relationships, which they believe is essential for equitable service delivery.

Trellis is also respected for its willingness to allow programs to adapt through CARES Act funding and the upheaval of COVID-19. Of those consulted who provided or connect to some Title III service, all were complimentary of Trellis' willingness to pay for iPads and other technology to allow older adults to access services and participate in programs remotely. These leaders believe that the technology investments provided in 2020 have the potential to benefit older adults for years to come.

A sampling of quotes related to each of Trellis' Title III services and related services is provided below. Quotes provided reflect *perceptions* of Title III services offered by providers, elders and caregivers, rather than SDK analysis of programs and partners.

Transportation

"[Provider] is a 'golden partner' for us. They help us get meals to our older adults and they will do things like take cards to our older adults and then bring them back to us when they're complete. We've been able to do so much more because of them." – ***Latinx leader***

"Right now, transportation is scheduling someone 3 days in advance for a 6--hour window. Elders can't wait like that just to go somewhere." – ***American Indian leader***

"We have bilingual, bicultural services. The driver is a community person that the elders know, and they enjoy seeing him when he picks them up." – ***Latinx leader***

"Mobility for All has been an essential partner through COVID-19, too. They have senior transportation; help get groceries or will take our meals and food boxes to older adults." – ***Black leader***

Nutrition + Food

"Food and social connection are two big needs we see." – ***Latinx leader***

"Pride can be a barrier [to accessing food shelves or food services], but we took away the stigma with our Family Food Basket program. People can shop and select foods that fit with the culture. Elders sit outside Family Food Basket and knit and socialize. Those who don't work and live with adult children like it because they feel like they are contributing more to the family." – ***Latinx leader***

"Right now, the elderly day center has a bus that delivers groceries to people in the program. Food boxes. It's been a great help and connection" – ***Latinx leader***

"Older adults had to go through Medicaid, etc. to pay to go to adult daycare. Older adults with no legal status can't get health insurance, so they couldn't participate" – ***Latinx leader***

Health and Wellness

"We have a doctor who has talked with them about things like heart disease and diabetes. These chronic conditions don't go away with COVID-19." ***– Black leader***

"One gap in the services we provide is around chronic disease prevention, intervention, management and education. People having the tools to understand the diseases (diabetes, etc.) that they're managing." – ***Black leader***

"There are language barriers to go to the doctor. We try to help, but there's a lot of paperwork [to get approval]." – ***Latinx leader***

Legal Aid

"We had the Hennepin County attorney's office come talk about fraud. We talk about open enrollment and Medicare and insurance" – ***Black leader***

Social connection is core to older adults' needs. Isolation has been a challenge facing all older adults for years, but the social connection needs in the communities consulted go deeper. For these older adults, social connection is foundational to living with a sense of place and belonging, and the emotional wellbeing that these feelings produce. For many older adults in the communities consulted, social connection is a foundational pathway to connecting with resources, solving tough problems, and even survival.

"Our elders now are the first elders that have grown up 100% after the Relocation Act and in our urban areas. People in the Twin Cities are from all over the country. People with family from Mill Lacs, Fondu Lac, they might have some connection still to their home reservation. But people from Navajo don't have that connection so much. It has a lot to do with location and connection. People really need connection to each other, now more than ever." ***– American Indian leader***

"Social connection is so key. Some elders also come to us for activities like Zumba, dancing. Staff observed elders who would sit at home but getting connected with our environment rejuvenated them." ***– Latinx leader***

"Most of our elders are women. We have the Women of Distinction monthly breakfast. Women come together to socialize and rely on each other. They have a sense of community together." – ***Black leader***

Systemic Barriers + High Hopes: The Path Forward

Complex systems make accessing services harder for older adults. "Systems change" is a phrase that has gained momentum in policy circles out of recognition that many traditional service delivery mechanisms create intentional and unintentional barriers that can limit access to opportunity, most often for people of color and American Indians. These perennial challenges are present for older adult services, as well. What's more, the challenges faced by today's older adults of color are compounded by a lifetime of barriers and limited access to opportunity. These trends are reflected in the Census data earlier in the report, and observations about the impact of systemic barriers shone through in the interviews, as well.

"[It] is all about changing the menu of options available to elders and not just how to select the right thing off the menu. [Cross-sector collaboration] requires people to think about systemic inequality. It's not about wrong choices -- people of color don't have the right choices available to them." – ***Black leader***

"Systems matter. Across programs, some existing and some not, there's an individual that will be working and when that individual goes away, the service goes away. There's no comprehensive system to keep capacity in the American Indian community and keep

our elders served." – ***American Indian leader***

"Our numbers are so small, but the needs are so great." – ***American Indian leader***

Elderly Waiver + Social Security are systems older adults struggle to access. Minnesota's social services system offers significant resources for those who can navigate the system, but it's also confusing, complex and overwhelming according to many of the leaders and older adults consulted. Those interviewed who do not work in direct service, and even some that did, would offer comments that hopped seamlessly from thoughts about the Medicaid Elderly Waiver process and Trellis' more broad and flexible offerings. Others talked about how onerous and overwhelming the paperwork can be, and how the challenges of managing these processes can be even greater for older adults who do not have access to the resources and support needed to navigate the system. Unfortunately, these resource barriers are often more common and more severe in the racial and ethnic communities consulted.

"It's so important to have someone who gets the complex registration system and knows our community who can help them through it." ***– American Indian leader***

"The [Elderly] Waiver doesn't cover a lot – especially for people who are residents but not citizens. The big problem is language [too]." – ***Latinx leader***

"There's not a lot of social security for many of our elders -- it's not enough to cover $20 a day for adult daycare services. That's just not affordable for most." – ***Latinx leader***

"Social Security is a big issue to pay attention to. So many [American Indians] have barely enough credits to get their Social Security. If they could show grandkids live with them, they could get a lot more money. But no one helps them figure out that process to get that money they are entitled to." – ***American Indian leader***

The immigration system is another complex system that directly impacts older adults. Latinx community leaders and older adults interviewed consistently talked about the challenging toll that the immigration system places on many older adults. The challenges are multi-faceted: the stress placed on families when a member does not have documentation; the health costs of undocumented immigrants' lack of access to healthcare; the social isolation and limited-service opportunities available to those who do not have documentation; and more. Leaders in the Latinx community applaud Trellis' flexible service structure, as often Trellis' Title III services are the only offerings undocumented immigrants can access.

"Immigrants may not have access to Medicaid depending on their status and whether they've worked, etc. We can take them to the free clinic / FQHC for check-ups and we can get emergency care, but there are no dependable resources if we see signs of Alzheimer, diabetes or something like that. We have no way to help them stop from getting worse until it gets really bad." – ***Latinx leader***

"Elders are often recent immigrants. Most have been here for a few years but they're first generation. They were isolated before

COVID-19. The challenges are bigger because of the language barrier." – ***Latinx leader***

"Elders often have family here. Thank God for them. A couple clients don't have anyone – thank goodness they have residency. A lot of families, maybe one person has residency, and another has citizenship. [In] big families, maybe one or two has documents." – ***Latinx leader***

"The debt families are accumulating because of having to choose between paying rent and paying for food is troubling. The biggest fear for many is a public charge. They are looking for a path to citizenship." – ***Latinx elder***

More strategically connected services and social connections have provided older adults with better experiences. The leaders and older adults interviewed offered one common theme on service delivery: models that make *services* an add-on to *social and community connection* are more respected and impactful than those that focus on service delivery and treat social connection as separate and secondary.

The basic service delivery model endorsed in these comments is the Settlement House model[3], though no one used the exact language. Pillsbury United Communities is one of the Twin Cities' most known and enduring settlement houses, for example. Many nonprofits serving specific racial and cultural communities are modernizing this model with great success. Centro is one example of the Settlement House model refreshed to meet modern needs for the Latinx community.

"A lot of improvement has happened in recent years for wrap-around services. Human services and clinic services work together. Now with telehealth we can get on the same visit and really make things easy for the older adults." – ***Black leader***

"[Elder] would get ready every day and be excited to see her friends. She went [to an adult daycare center] for 8, 9 years and developed really good friends there. Isolation and not knowing what the resources are or how to access them is a real challenge. Moms are used to being the care-taker, not being the one taken care of." **– Latinx leader**

Older adults were struggling even before COVID-19 and the challenges of 2020. Leaders and older adults were asked if they believe conditions for older adults of color have improved or gotten worse over the past five years. Unfortunately, those consulted consistently felt that things had been deteriorating, even before COVID-19, social unrest and calls for racial justice.

"[In recent years] it's gotten a lot worse. Opioid addiction, housing and food insecurity are big issues that keep getting worse." – ***American Indian leader***

"Elders were stable until the federal administration started attacking us. The stress every time we heard [the past President] talk, anxiety was really high." – ***Latinx leader***

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> "*I'd say we're stagnating or getting worse. The past years' atrocities have been terrible. Older adults see the issues on a national stage as reliving their traumas. They look at everything over the course of their lives and it creates traumas. The rug gets pulled out from under them all of the time. Now our country is going through a whole new level of instability and it's traumatic." – **Black leader***

Leaders are optimistic about the future. Most of the leaders and older adults consulted remain incredibly optimistic about the future for older adults of color in the Twin Cities. Through the many challenges of 2020, they see glimmers of hope in the conversations about racial and health inequities that are coming to the forefront; the attention to isolation and social connection that has become a greater concern for so many. They're inspired by the resiliency of older adults today and hopeful that the lessons of 2020 and all that led to these pronounced crises will produce seeds for new opportunities.

> *"Looking ahead five years, I hope we can get a lot better. I want to find a way to engage the young elders – people 65 or so. We could be doing more programs in English, maybe look at a microenterprise for people to sell their crafts. People are able, capable and want to contribute their talents. But they don't see themselves as elders." – **Latinx leader***

> *"It's getting a lot better. Hennepin County and others are starting to understand the value of our reach into the community and the value of putting it all together in one place. It's our resilience. Older adults are seeing the improvements and they're willing to work to get what they need." – **Black leader***

Leaders have concrete recommendations for Trellis: Invest in relationships and connection. Across the Black, American Indian and Latinx leaders and older adults consulted, the two consistent recommendations for Trellis emerged. First, leaders and older adults believe that investing in relationships – providing the capacity among Trellis staff and among the staff of those funded – will be essential to delivering Title III services in ways that better connect with racial and ethnic communities. Doing the long, hard work of trust takes time between providers and from provider to community, but it's an investment that pays great dividends. Second, leaders and older adults consulted suggested that Trellis consider investing more in supporting social connections between older adults. Leaders in the American Indian community see a need for more opportunity to foster connection among their older adults. Likewise, Latinx leaders see the gathering programs available as essential to resume, once safe to do so. Black leaders talked about the Women of Distinction program and the Hallie Q. Brown community center as two concrete examples of investing in social connection for older adults in the community.

> *"Invest in relationships. Invest in staff to be the bridge. It has to be full time, ongoing to manage social conditions. Special access grants basically cover a part time person and it's just about handing out the paperwork." – **American Indian leader***

> *"Make funding more accessible to anybody. Support holistic approaches to care for the social, mental and physical health needs of people." – **Latinx leader***

> *"[G]o deeper and really figure out the social connections to build the relationships and give elders a bridge to accessing the money and resources out there." – **American Indian leader***

Conclusions

1. *The Twin Cities is aging and becoming more diverse, and these trends will only continue over the next decade*. By 2030, 15 percent of all older adults in the Twin Cities will be people of color. That's almost 95,000 people in pure population numbers, and equivalent to half of the total Twin Cities older adult population in 2000. In total, this means that Trellis' work to provide Title III funding in more equitable ways will happen as both the needs for aging services and the needs for elevating equity in the field of aging are accelerating, likely far beyond the pace of funding.

2. *Inequity in aging is a biproduct of a lifetime of inequity*. A lifetime of income inequality, fewer education opportunities and a higher rate of nontraditional (and non-taxed) jobs translate into lower social security benefits in retirement for many people of color and American Indians. In extreme cases, this can also translate into a lack of Medicare accessibility. Past discriminatory lending policies that kept people and communities out of homeownership translate into lower homeownership rates and greater housing instability in old age. A lifetime of limited access to healthy, affordable foods, access to opportunities for physical activity and green spaces, and limited access to healthcare translate into greater instances of chronic disease. For some this can lead to a lower quality of life in old age; for others it's a shorter life expectancy.

3. *Historical and collective traumas are a constant undercurrent of these inequities and inform where people of color feel safe accessing services*. From I-94's construction through the Rondo neighborhood, to American Indian families' experiences with urban relocation in the 1950s and 1960s, past discriminatory policies remain part of the life experience for many older adults of color. More recent experiences with a barrier-laden immigration system can also leave traumatic scars. These experiences with public institutions have had a lasting impact on where and who communities trust for services. The shared traumas have been reopened for many in 2020's tumult. Many people of color and American Indians interviewed also talked about the importance of turning to friends and family -- trusted members of the community – for support. The shared history and relationships create a foundation of trust that makes services more accessible.

4. *The COVID-19 quarantine and racial injustice protests heightened public understanding of the challenges and inequities that older adults and people of color have lived with for years*. Isolation was often an issue contained to older adults prior to 2020 and became a mainstream mental health issue during last year's quarantine. The swift transmission of COVID-19 among older adults and their caregivers highlighted the long-known vulnerability of older adults to infectious disease. The footage of George Floyd's killing and the racial injustice protests that followed reopened pains and fears for elders of color who experienced profiling from police in their younger years. This heightened public awareness offers a window of opportunity to make progress on issues of isolation and inequality.

5. *The 2020 CARES Act provided Trellis and its network opportunities to work in new ways*. The combined effect of quarantine and a significant infusion of emergency federal money provided Trellis and its network with opportunities to reimagine many services. Congregate dining and nutrition assistance became delivered food boxes through reimagined Title III services. Social gatherings were replaced with iPads and shuttled crafts. Once in-person monthly breakfasts became Zoom sessions with experts. The infusion of added resources will be gone in 2021, but the technology assets, creativity and lessons from the pivots offer seeds for reimagining a more equitable Title III service delivery system.

6. *Trellis provides nimble and valuable services that have potential to positively impact racial equity in aging*. Trellis' attention to relationships with its programs is respected and encouraged by community older adults. Title III services are relatively small compared to other, larger service areas, like Elderly Waivers. However, the services are respected as filling an essential role in supporting older adults living at home, and Title III's capacity to fund in nimble ways is respected by communities of color. Trellis' desire to build more and deeper connections in communities of color has the potential to foster more availability of services that are connected to people of color in ways that will foster trust and enable broader access.

7. *Strategically channeling Trellis' funding, knowledge and partnership reach offers the best opportunity to help positively transform aging services in the Twin Cities towards equity.* The current health and social service system is complex and difficult to navigate for older adults. This is even more true for older adults who might face a language barrier or more complex needs. Trellis' unique role as the region's Title III administrator – and Title III's unique role as a nimble funding source – can be leveraged to impact equity in aging at a scale beyond its grant making. The organization's approach to sharing lessons of its work, building partnerships, and making strategic investments that unlock greater resources could be catalytic in elevating the needs and voices of older adults of color.

Recommendations

Recommendation 1: Cultivate an Expanded Network to Support Trellis' Transformational Equity Goals. Trellis is pursuing the Racial Equity Assessment as a first step in its broader commitment to providing Title III services with greater attention toward supporting racial equity in aging. Achieving this goal will require transformational change over time, and success begins with cultivating an expanded network of relationships with leaders and organizations deeply connected to their racial and ethnic communities. Still, the Title III Request for Proposals and funding competition process planned for 2021 can offer a springboard to the process. Specific action steps could include:

1. *Capture and consider lessons of 2020 for Trellis' providers committed to serving communities of color*. Leverage a similar approach to program data analysis provided here. Also consider program and staff sessions to reflect on the capacities built through rapid deployment of CARES Act funding, and how those seeds of new capacity could contribute to Trellis' future equity goals.

2. *Set parameters of the 2021 RFP to facilitate Trellis' long-term equity goals*. Trellis is working hard to elevate equity across its funded services, while at the same time trying to ensure uninterrupted services for all older adults and maximum reach of every dollar. Pivots of this nature are delicate and complex, and they take time, clear communication and nurtured relationships to effectively execute. We are recommending the following parameters and context for the 2021 Title III funding process to balance Trellis' immediate needs and long-term goals.

    - *Offer two-year awards with potential for extension, rather than five-year awards*. Trellis will begin a concerted effort to build new relationships in communities of color in 2021. However, these relationships need time for trust to build to produce a fruitful partnership. It's likely that in two years, more organizations from communities of color would be better positioned to prepare a successful proposal for Title III service delivery.

    - *Create a simpler two-step RFP process*. Draft a simplified RFP, no more than 3 pages long, that invites organizations to provide brief narrative about their work. Applicants may specify whether they are applying to Trellis in one of three roles: 1) Deliver Title III services in 2022 (and specify which are of interest with check boxes for each service area); 2) Deliver Title III Community Hub (see below) support, planning and set up to begin in 2022; or 3) Participate in capacity building with the intent to apply to deliver Title III services in 2024.

      Trellis can then invite organizations that are likely well-suited to deliver service in 2022 to complete a more in-depth application. Organizations better suited for a Community Hub or capacity building role could be referred to Eldercare Development Partnership (EDP) managers to determine whether the organization is a fit for either

role. Specific questions to include in the first-round RFP might include:

- Tell us about the people you serve and their unique needs and strengths.
- What is your service population and service area? For example, do you most often serve people from a specific racial or ethnic community, or a neighborhood or geographic area?
- What Title III services would you like to provide?
- What is unique about the services your organization provides, and how would Title III services add value?
- How do the unique attributes of your services make life better for the people or area you serve?

- *Introduce Trellis and add key definitions to the RFP*. The RFP is an important tool to learn about potential service delivery partners. But it's also an important communications tool to introduce Trellis to potential partners and other stakeholders, and to frame Trellis' lens on equity broadly. Capture the opportunity with a compelling description of Trellis, Title III and the value services provide. Include Trellis' definitions for equity and community, as these words can take on many meanings.

- *Make the equity assessment report and data available to Round 2 applicants*. Provide those submitting an in-depth application with access to the SDK report, including Census data, secondary sources and qualitative research. Invite applicants to directly address how the services they are proposing will address a data point or key finding of the research.

- *Assemble a community input panel*. Leverage Trellis' community advisory committee or assemble a small panel of three to six leaders from communities of color to evaluate service delivery applications with Trellis staff. The goal of an input panel is two-fold. First, it provides Trellis with an opportunity to hear input from people of color on the proposed services and the proposed overall service mix across organizations. This will give Trellis a clearer understanding of how its funding decisions could be received. Second, it deepens transparency and trust with the community, potentially creating greater interest in future funding opportunities as a result.

3. *Leverage the 2021 RFP process to engage new organizations and leaders in the American Indian, Black and Latinx communities*. Building relationships and trust takes time, and we are encouraging Trellis to make that investment. Still, the RFP process offers an opportunity to begin building relationships and deepening the relationships that can help Trellis grow towards its equity goals. Specific tactics that can support this action would include:

- Arranging one-on-one meetings with leaders of color who share Trellis' commitment to aging and might be

well positioned to participate in the process.

- Offering personalized information sessions for applicants to learn about the process and Title III funding broadly and begin an open dialogue about the organization capacities that might be needed to manage the funding opportunity.
- Offering follow up conversations with applicants that were not successful to provide feedback on how to prepare a successful proposal in the future.

4. *Create a "Community Hub" role eligible for funding*. Here, "Community Hub" is an organization with deep connections in their racial or ethnic community and strong managerial skills needed to effectively administrate complex federal funding. The "Community Hub" role would serve as a broker between Trellis and the delivery of multiple services like congregate dining, delivered meals, transportation, and connection to caregiving and legal resources. Multiple small service providers could be sub-grantees to the "Community Hub" organization. The "Community Hub" role would have two functions: 1) Provide backbone services like accounting and service tracking to smaller, community-based organizations that offer Title III eligible services; and 2) Support culturally tailored capacity building for service providers that hope to offer Title III or related aging services in the near future.

5. *Create a "Capacity-Building Cohort" opportunity in the Title III funding opportunities.* One of the barriers to accessing Title III funding for many small organizations serving communities of color is building the operational capacity and systems necessary to manage and track federal money. We are recommending that Trellis set aside portion of its Title III funding (perhaps 10 percent) to offer stipends for staff of small nonprofits from racial and ethnic communities where it hopes to deepen its service reach. The stipends would be provided to staff to compensate for time spent completing training, paperwork and system development needed to successfully manage a Title III award. A cohort approach to the capacity-building effort would add additional value by helping new potential programs build relationships with each other. Successful completion of the Cohort program would make these organizations immediately eligible to apply for Title III funds.

Recommendation 2: Involve More People of Color in Trellis' Staff, Board and Partner Networks. Diversifying Trellis' staff and network of providers, beyond those offering Special Access services, will be an important aspect of embedding equity into Trellis' programs, strategies and more. Work is underway with the board of directors related to embedding equity into the organization. Overarching recommendations are provided here; a review against other initiatives underway will help to further prioritize in implementation.

1. *Name Trellis' equity definition and role in achieving it*. Equity can mean many things to many people. Take the time as a full organization to clearly define what equity for older Minnesotans means from Trellis' perspective and articulate the organization's role in achieving it. Some roles could include: funder, partner, data-resource and thought-leader. While Trellis may aspire to its roles in advancing equity as a matter of internal exercise, engaging community partners in a deliberate process to articulate the roles and have them accepted will matter greatly.

2. *Diversify Trellis' staff and board*. As new positions on Trellis' board or staff arise, make a concerted effort to recruit and retain people from diverse racial and ethnic backgrounds. This will be especially true in board leadership, where representation can help ensure Trellis' commitment to equity endures. The same holds true in roles interfacing with Title III programs, where common experience as a person of color can help accelerate trust-building needed for true partnership. The Special Access funding breakdown offers a case-in-point to why diversity and authentic relationships in communities matter so much: Trellis had an Asian staff member several years ago who helped build the Special Access program. Her impact is still reflected in Trellis' partnerships and reach: today 65 percent of people receiving Special Access services identify as Asian.

3. *Identify and cultivate relationships with potential "Community Hub" partners*. Trellis has the potential to play a catalytic role in advancing equity for aging Minnesotans. Playing that role well will require careful attention to where Trellis is best positioned to lead and, more importantly, where the mission of equity will be better served by empowering leadership in the communities where it's working to advance equity. The "Community Hub" role, mentioned earlier, could be an important bridge to this end. The concept: Cultivate relationships with nonprofit organizations equipped to serve as a "backbone" support to small and less fiscally robust nonprofits in their community – whether it be a small kitchen and café for urban American Indians, a home cleaning and repair service, or something else. Few organizations could play this role well. We are recommending that Trellis begin to cultivate relationships with some organizations that might be strong candidates for the role, and potentially co-design a pilot scope and role description with the potential partner-organization and small community nonprofits.

4. *Build capacity for ongoing relationship-building that reinforces the community-centric approach*. The community-centric approach used to develop this report is anchored in the belief that each racial and ethnic community has unique histories and experiences that influence cultures, priorities and needs. Even where structural barriers to equity are consistent across communities, these barriers could be experienced and interpreted differently. Maintaining this approach in daily operations would entail providing staff with the capacity to care for relationships with leaders from the American Indian, Black and Latinx (and other) communities Trellis aspires to build durable partnerships with. Here capacity means both the available time to invest in relationships, and the skills, tools and cultural competencies to foster sustainable relationships.

Recommendation 3: Work with American Indian Leaders to Create a Service Hub to Meet the Needs of Urban Elders. American Indian leaders interviewed were clear that the needs of Twin Cities' urban elders are both substantial and terribly under-resourced. Equally important, successfully addressing this need will require collaborating with American Indian leaders to support the community conversations needed. Trellis cannot drive this work; it must come from and through the community. However, Trellis can take smart steps to productively encourage and support the effort. Recommended actions include:

- *Outreach in the spirit of service*. Trellis can see the significant needs facing American Indian elders in the Metro Area. However, it's not the right organization to be the face of solutions. Instead, consider approaching a respected, neutral Native-led organization or tribe to ask how Trellis might help. Offer the idea of the Native-led group leading a community conversation on the topic of supporting unaffiliated urban elders. Attend and support the conversation as trust allows.

- *Support American Indian led processes to design an urban elder service system and healing process*. Collaborate with other partners committed to improving resources for urban elders to support a process of future service and policy design. The sponsored process should engage urban and tribal leaders across the Metro Area and Midwest, as well as state and federal representatives. Aim to produce a roadmap for services and strategies to both meet the needs of urban elders and facilitate acknowledgement and healing of the urbanization process.

- *Support sponsorship of a small team of American Indian leaders to develop the missing programs*. Invest in one or two committed individuals willing to dedicate the time and passion to creating the services needed for urban elders. Ideally, the effort will draw on the road map (see 2) and attract support from additional sponsors that share Trellis' commitment.

Recommendation 4: Leverage Title III to Unlock Maximum Resources for Equity. Title III is a valuable resource that helps many older Minnesotans age at home. Yet it's a small resource when compared with Elderly Waivers, supportive housing and other substantial aging services. We are recommending that Trellis build partnerships and strategically target fund awards with the intent of unlocking even greater resources for communities of color. Some key steps to this end might include:

1. *Understand the data.* Accessing Medicaid data can be complex because of the county-based delivery system and patient privacy. However, consider exploring the Minnesota Department of Health's statewide health data, reports from the Minnesota Department of Human Services or other sources to capture a picture of Elderly Waiver enrollment in the Metro Area. No matter the source, gathering clear information about the racial and ethnic makeup of Elderly

Waiver enrollees would help illuminate the resources that could be leveraged to help elders of color age at home.

2. *Support and participate in collaborations to rethink Elderly Waiver (and other program) access for people of color.* The substantial and complex paperwork necessary to access Elderly Waiver services came up throughout the interviews. The complex nature and county-by-county rules keeps many from pursuing the benefit, yet the resources available for individualized services a lot like Title III services is substantial. Trellis should consider convening a county-based partnership of county social services, Title III special access, legal services and caregiver service providers to review the Elderly Waiver application process. The partnership could map the system of available resources and information about the Elderly Waiver program and recommend approaches to targeting program information and enrollment support to a community of color. For example, the partnership could begin in Hennepin County at Little Earth. In this instance, the final products would include recommended strategies to make American Indian elders aware of Elderly Waiver (as well as grandparent benefits from Social Security), a recommended service coordination map to facilitate better cooperation between the county and Title III, and strategies for future accountability to maintain momentum in implementation.

Recommendation 5: Build Trellis' Capacity to Innovate Cross-Sector Solutions on Equity Issues. As an established leader in aging, Trellis is at the forefront of spotting and understanding trends, challenges and opportunities facing older Minnesotans. This includes having access to the data and relationships to identify emerging equity issues in aging. We recommend that Trellis embrace this unique role. This could look like:

1. *Conducting regular emerging issue scans.* The work should focus on taking a step back from daily work to look at emerging issues and trends. These could be done bi-annually or quarterly, and narrative reports from Title III grantees could be an important data source. Trellis could take on the work alone or develop a peer conversation with other Area Agencies on Aging and the Minnesota Board on Aging.

2. *Leverage Trellis' broad view to name history's impact in current aging trends.* As noted throughout the report, issues of equity in aging are the product of a lifetime of discriminatory policies, limited opportunities, and resulting the long-term consequences in terms of opportunity to retire with health, wealth and stability. This narrative is not well articulated in aging conversations. Trellis has an opportunity to bring this frame forward in both ongoing communication and as it considers the causes and consequences of specific aging issues that emerge. Stepping into this role is a substantial opportunity to elevate Trellis' thought leadership and framing of emerging policy issues.

3. *Convene partners to explore meaning of emerging trends*. Develop a Trellis convening process – for example, typical data to support convening, criteria for who to engage in meaning-setting conversations – to engage impacted communities in developing meaning around the data trends identified. One example of how this could look: If Trellis

learned that there has been a spike in nursing home admittance among African Americans, it might choose to bring together a group of African American community leaders to begin considering the drivers behind this new trend – whether they are health, housing, or something else. Data provided in this report, and methods like it, could also support these efforts. Hypotheses that emerge from these conversations could be tested and a final understanding of the data-point's meaning would be the product of this effort.

4. *Develop solutions teams*. With meaning developed, Trellis can explore solutions to address the emerging issue in partnership with the community. Trellis may lead the convening and management of solutions teams, or it may be a participant in a community-convened solutions team. It will likely depend on the specific issue to be resolved and the capacity of the community. However, key features of all solutions teams should include representation from the racial or cultural community impacted by the issue; Trellis or similar data organization; and representation from the community services or resources that may have a hand in executing solutions. The goal of Solutions Teams should be to collaborate across sectors to develop innovations – from impactful tweaks to current processes, to large-scale rethinking of policies – that offer potential for sustainable solutions to challenges to equity.

Project Team

Stephanie Devitt, M.P.P., Owner + Principal Consultant, SDK Communications + Consulting
Stephanie Devitt served as Project Director for the Trellis Racial Equity Assessment. She is a 20-year veteran of public affairs strategy, working in both political appointee and consulting roles. Since 2012, she has led SDK Communications + Consulting, providing strategy and research, training and capacity building services for public sector and public interest clients. SDK also provides coalition, task force and change management services to help clients take action.

Under Stephanie's leadership, SDK has shaped new narratives and facilitated system changes for clients like Center for Prevention at Blue Cross, CentraCare Health, McKnight Foundation, Bush Foundation, The Minneapolis Foundation, and Minnesota Departments of Health, Human Services, Natural Resources, Corrections, and others. Stephanie began her career in community relations and campaign leadership roles for U.S. Senator Tom Daschle (D-SD). She served as a consultant for M+R Strategic Services, a national engagement strategy firm, and HimleHorner, a Minnesota-based public affairs firm, before founding SDK.

She holds a Master of Public Policy in Nonprofit Management, Communications and Engagement from the Humphrey School at the University of Minnesota, where she was the recipient of the Dean's Advisory Council full-tuition scholarship. She has a B.S. in Sociology including doctoral coursework on social research methods, also from the University of Minnesota. Her research with Dr. Jeff Broadbent on multinational evaluation of advocacy networks has been presented to the American Sociological Association and other national and regional audiences.

Stephanie's current and past board and committee appointments include Hennepin Healthcare (Mission advancement committee), Good Shepherd School Board, Women's Foundation of Minnesota (Advocacy committee), Golden Valley Human Services Fund, and Vail Place.

Dr. Ed Ehlinger, Meta-Physician, Equity and Public Health Strategy Advisor
Ed Ehlinger served as an equity and public health strategy advisor. Dr. Ehlinger is an accomplished leader who has spent his career working in various settings to advance health equity and optimal health for all. He currently chairs the U.S. Department of Health & Human Services' Secretary's Committee on Infant Mortality and provides coaching for the National Leadership Academy for Public Health.

Dr. Ehlinger blends approaches of medical care, public health, community building and social justice in roles including, most recently, as Commissioner at the Minnesota Department of Health (MDH). There, he was a recognized champion of health equity and elevating the importance of social determinants for public understanding. Prior roles include serving as Chief Health Officer at Boynton Health Services at the University of Minnesota, Director of Maternal and Child Health at the Minneapolis Health Department, and serving as Senior Assistant Surgeon at the National Health Service Corps.

Sandy Vargas, M.P.A., Equity and Human Services Strategy Advisor
Sandy Vargas served as an equity and human services strategy advisor. Sandy is an accomplished leader in Minnesota's public and philanthropic sectors, where she served as a Senior Executive Leadership Fellow at the Humphrey School of Public Affairs until 2020. Prior to joining the Humphrey School, Vargas led The Minneapolis Foundation as its President and CEO from 2007 until her retirement in 2016.

While at TMF, Sandy worked to elevate TMF as a leader in advancing social, economic and racial equity. Additionally, Sandy was an early champion of helping the philanthropic sector engage productively with the public sector to support ideas and strategies for the public sector to achieve greater, more equitable outcomes at lower costs.

Prior to joining The Minneapolis Foundation, Sandy served as the Hennepin County Administrator where she managed an annual budget of $2 billion and 12,000 employees. Hennepin County is also Minnesota's largest health and human services provider and plays an essential role in partnering with the state and area nonprofits to deliver essential services in housing, food access, income support, chemical and behavioral health, and more. Sandy also held roles with the Minnesota Department of Employment and Economic Development (DEED), the City of Minneapolis and the Minnesota Department of Transportation (MnDOT) before her work at the county.

A respected civic leader and volunteer, Sandy has held served on the board of directors for local and national organizations including St. Catherine University, Minnesota Comeback, Wallin Educational Partners, Independent Sector, 50CAN, and Hispanics in Philanthropy. In 2012, Caux Roundtable awarded Sandy its "Outstanding Citizen" award and the Minneapolis / St. Paul Business Journal recognized Sandy as a top "Women in Business" for her leadership in the broader Twin Cities Community. Sandy has also received a Bush Fellowship and received Women Venture's 2009 Pioneer Award. She holds a degree in Business Administration from the College of St. Catherine and a Master of Public Administration from Harvard's John F. Kennedy School of Government.

Katie Basil, Communications Associate, SDK Communications + Consulting

Katie has been a Communications Associate with SDK, providing clients with research, writing and coordination services since January 2020. In this role, clients served include the Department of Corrections (DOC), Department of Human Services (DHS), Rail~Volution, St. Cloud Technical and Community College, Trellis, and the Trust for Public Land (TPL). Katie began her career in sports promotion as Director of Promotion and Community Engagement for the Southern Illinois Miners (a baseball team similar to the Saint Paul Saints). She has also provided public engagement and promotion support to the Timberwolves, Lynx, Gophers Football and Minnesota Twins. She holds a Bachelor's in Communications from the University of Minnesota.