

National Consortium on Aging Resources for Seniors' Equity

What Do We Do?

Funded by the Administration on Community Living (ACL), the National Consortium on Aging Resources for Seniors' Equity works to decrease the prevalence of disparities among racial, ethnic minority and LGBT older adults, their families and caregivers, by providing technical assistance to the Aging Network.

Four Best Practices for Working with Diverse Older Adults

1. Adopt person-centered policies.

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

2. Commit to disaggregated data collection to inform planning, evaluation, and resource allocations.

Prioritizing diversity requires a commitment to understanding the communities we serve. It is imperative that the Aging Network collect data on diverse populations to determine if programs are meeting goals and to identify areas for improvement.

3. Build relationships with diverse communities.

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

4. Provide language access.

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

Did You Know?

LGBT older adults who are also racial and ethnic minorities will often face the highest levels of disparities, due to encountering racism, as well as anti-LGBT bias.

American Indian/Alaska Natives (AI/AN) include many distinct populations, representing 567 federally recognized tribes, approximately 60 State recognized tribes, and scores who identify as AI/AN culturally, but are not members of an identified tribe.

Many black immigrants are from English-speaking countries; however many immigrants experience language barriers and low-literacy levels particularly when it comes to using preventative healthcare services.

Half of the Hispanic population reads at an 8th grade level or lower. Most health information is written in an 11th to 12th grade level or higher.

Nearly 60% of Asian Americans and 25% of Native Hawaiians and Pacific Islanders are LEP. More than 2 out of 3 Chinese, Korean, Vietnamese, Laotian, Hmong, Fijian, Marshallese, Nepalese, Taiwanese, Bangladeshi, and Burmese older adults are LEP.

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Important Statistics



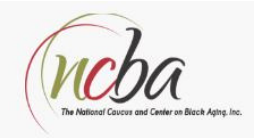


1 in 5 older adults in the U.S. is a person of color or American Indian/Alaska Native. By 2040 it will be 1 out of 3. ¹

3 out of 8 LGBT adults are older adults. ¹

Diverse older adults face disparities because of discrimination; service barriers, such as language access; cultural issues; and exclusion within data collection and research. ¹

1. Diverse Elders Coalition (2015). Diverse elders and the Older American's Act. <http://www.diverseelders.org/wp-content/uploads/2015/12/Diverse-Elders-Coalition-OAA-Fact-Sheet.pdf>

Where to Access Technical Assistance

	National Resource Center on LGBT Aging www.lgbtagingcenter.org	Working with LGBT older adults
	National Indian Council on Aging, Inc. 505-292-2001 www.nicoa.org	Working with American Indian and Alaska Native (AI/AN) older adults
	The National Caucus and Center on Black Aging Inc. (NCBA) 1220 L Street, Suite 800, Washington, DC 20005 Angie Boddie, Director of Health Programs 202-637-8400 ext. 132, aboddie@ncba-aging.org	Working with African American and Black older adults
	National Asian Pacific Center on Aging 206-624-1221 www.napca.org	Working with Asian American and Pacific Islander (AAPI) older adults
	Asociacion Nacional Pro Personas Mayores 234 E. Colorado Blvd., Ste. 300, Pasadena, CA 91101 Dr. Carmela G. Lacayo, President/CEO 626-564-1988 office, 626-564-2659 fax www.ANPPM.org	Working with Hispanic older adults

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