

# HENNEPIN COUNTY AGING INITIATIVE

## Community Focus Group Project: Overview, Methods and Participant Demographics

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**Hennepin County**

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Research, Planning & Development Department

“You're saying how many of us are getting old. I mean, I don't know that it takes a rocket scientist to say that we probably are going to have to do things differently.”

## Hennepin County Aging Initiative

### Community Focus Groups

#### Introduction and Overview

During three months in late 2011 and early 2012, CLEAR LLC conducted mixed method focus groups with persons 55 to 65 years of age, to gather data complementary to ongoing research being done by Hennepin County's Department of Planning, Development and Research. We conducted 15 focus groups, and an extended pilot test focus group, with 137 highly diverse persons in various locations throughout Hennepin County. The sampling strategy and the population groups represented are described in detail in the Methods section.

The population involved in these focus groups is interesting for a number of reasons, mostly their sheer numbers. The post-World War II “baby boom” generation (persons born between 1946 and 1964) is so large that at each stage of the life cycle, they have dramatically changed the demand for public services. In 2011, the oldest of the generation turned 65 and their average life expectancy is 82; many will live considerably longer. In Hennepin County, the proportion of persons aged 60-64 grew by 60 percent over the past ten years. At least five Hennepin County cities have 20 percent or more of their residents aged 65 or older; the population of persons aged 85 and older is also growing rapidly. It is anticipated that this demographic group will have significant public policy implications for the County as they age.

Complementing the County's own research on aging, these groups were designed to provide a rich and detailed description of how people approaching retirement, or in early retirement, see their lives: their views on aging, their health and well being, their sense of financial security, their aspirations and hopes, their concerns and fears and their expectations for health care, housing, transportation and services in the next fifteen years. Importantly, too, we wanted to know how this group makes use of services provided by the County and how they see themselves utilizing such services when aging.

The findings are fascinating and illuminating, providing a glimpse into a changed approach to traditional retirement, the far-reaching effects of the current recession, the challenges of navigating and paying for the escalating costs of health care and health insurance, and the extent to which people need to and want to work. It is clear that while all would appreciate an opportunity to travel, enjoy new experiences, spend quality time with their children and grandchildren, most will simply not be able to contemplate “traditional” retirement. And even as jobs are scarce in this environment and older persons face age discrimination, most reported that they will continue to work in their current jobs as long as they are able, and those looking for work are facing uphill challenges in finding work. For low income and immigrant groups the challenges of aging well are daunting. For Hennepin County, the implications for health care, housing, transportation, information and other services are important. It should be noted that these focus groups, however instructive, cannot be generalized to the entire population of baby boomers.

Findings are reported in several detailed sections (Financial Security, Health, Aging Well, Transportation, Safety, Transportation and Resources/Services) and in individual descriptions of each group. The overarching findings are reported below.

## Over-Arching Findings

**This is a “younger” generation with much to contribute.** Many of the focus group participants described themselves as “younger” and certainly healthier than their parents at the same age. They understand the importance of both physical and mental health and most work at maintaining health. They have significant experience and considerable skills. They believe that they are valuable workers, and lament that their skills are often overlooked in the workplace. Some suggested that they have become “invisible,” and in at least one group, participants noted that, as a generation, they could organize to dispel that invisibility and advocate for workplace changes and other public policy enhancements. A few examples:

**Younger than our parents.** “I kind of think we’re better off, younger than our parents were at the same age. My mother, she was mentally stronger than we are now, but we’re physically stronger than she was then. My mother was like taking care of the house, taking care of the kids. I don’t remember anybody deciding to jog or to do things to stay healthy.”

**Experience and wisdom.** “We have wisdom and experience, we’ve learned from our mistakes, and we’re the strongest asset in anybody’s business, and future employers need to recognize and be aware of that.”

**More to offer.** “Makes you feel like you’re not useful should go in the corner to die, if you’re in your late 60’s. There’s just this mentality you’re too old. I think our generation, the baby boomers, have more to offer than they’re given credit for.”

**Push the limits on aging.** “There’s more of us, and we lived through the ‘60s, you know, and now is the time for us to emerge again. I mean, we pushed the limits all the way through. We’ve got to do it with aging.”

**Aging gracefully.** Focused on their physical and mental health, focus group participants see themselves as aging well and aging gracefully. They speak of volunteering, of finishing a college degree, working at something passionately, starting a business.

**Aging gracefully.** “So I’m looking forward to — when I see myself as aging gracefully — I’m going to be a fine, foxy mature woman. I don’t use the term old. I’m going to dress well, I’m going to look well, I’m going to wear my hair — and I’m going to look better than them women on TV.”

**Another degree.** “Would I want to go back and get another degree? I keep doing that. I like the idea of the challenges of being in a college classroom. I think there’s a sense of accomplishment in just going. I finished one degree last year, and I’ll probably go back in another year.”

**Passionate about work.** “I truly would like to be employed for the next ten years or more in something that actually consumes my time. Where a lot of my friends or people my age are looking to cut back, I would like to be in a situation where I worked 50, 60 hours at something that I was so passionate about that I forgot to sleep.”

**No intentions of stopping.** “Well, I’m 70 next week, and I have no intentions of stopping, but the type of work I plan on doing is lecturing and developing programs, nonprofits for other people. I don’t see age as being a criteria to retirement for something like that, so I plan on traveling and doing what I like to do at the same time.”



**Raising grandchildren.** I want to see my great grandkids get through school and graduate – by the time I'm 78, my youngest one, I have 4 of them I'm raising, and by the time I'm 78, he'll be 18."

**Just making ends meet.** "You know, I'm on Social Security too, but I've also got a job, and if I didn't have the job, I don't know what in the world I'd be doing now, because, you know, this makes my ends meet. I worry about my finances,"

**A fairy tale.** "I had this fairy tale thing that I was going to do the cruise around the world and do Europe and get to Africa. Not in this lifetime, but at one point, it may have been an option. Now I'm wondering, you know, am I going to have enough money to afford healthcare, the gap insurance or whatever."

**Homes are no longer a retirement investment.** Many thought their homes would serve as a retirement nest egg, but the housing crisis means that most have lost significant value, and are not easily saleable. Instead of hoping that their home would support their retirement, many worry that they will not be able to afford to live in their homes. Increasing property taxes, paired with declining home values, are a significant concern.

**Lost 50 percent of its value.** "Well, it's like my home. I mean, I bought my home ten years ago. It's a duplex, I bought it solely as a retirement investment, and it's lost better than 50 percent of its value. I actually — I probably couldn't sell it today for what I have a mortgage on it. I know I can't. You know, my only option would be to walk away from it, to actually get up and walk away from it."

**Can we afford our house?** "15 years ago we were like, "Yes, I'm going to retire. I'm going to have my house." And now we're all sitting here saying can we even afford our house one year to the next? You know, can we — you know, I look at my property taxes, I look at my electricity bill, I look at the city taxes, the county taxes, the state taxes."

**Underwater.** "Yeah, unfortunately it goes back to my finances. I bought a house in 2008, and even though it had already gone down in value, it's gone down dramatically, so I'm somebody who...put a down payment on a house and it's been lost...I'm underwater on my mortgage. The house is worth a lot less than the mortgage... I just really never imagined that I could find myself in this situation, you know, and particularly because I bought a modest house, and it's just like, 'Whoa'."

**Taxes scare us to death.** "The thing that really scares us to death, I've got to bring it up, is taxes. I mean, if we do have to leave, it's because the taxes are so high. ... That's a huge issue. Taxes are what, you know, people's mortgage payments should be. And that's not really in our control."

**Eroding cultural norms of children caring for aging parents.** Among immigrant groups it has been traditional that children take in and care for parents as they age. Our focus group participants fear that acculturation has changed this, and, in addition, they recognize that their children are struggling economically and likely will not be able to support them.

**Invest in our children.** "We don't believe like retirement plan or investment. We invest in our children and we hope our children will take care of us when we get older."

**Exposure to western culture.** "Let me put it in this is now. We are in America. Our children have exposure to the Western culture. We don't know how much. Do they take the good with the good

or do they take the good with the bad or do they take the bad with the good or the bad with the bad. This is the worry we have.”

**Kids not doing well.** “Over there, 30 years old, not good job, living with parents. Everyone here has 30 year old kid living at home. Very rare that kids is doing well.”

**Participants need to and want to work.** Focus group participants both want to and need to work, and many said they expected to work well past traditional retirement age. As noted, participants believe they have valuable life and work experiences and skills; skills not often recognized in the workplace because of ageism. Participants who are still working, hope to retain their jobs but recognize that high performance on the job will be harder as they age. Participants who are looking for work, particularly among low wage workers hard hit by the recession, are finding jobs very hard to get. Ageism is a common experience of most participants.

**Work makes my ends meet.** “You know, I'm on Social Security too, but I've also got a job, and if I didn't have the job, I don't know what in the world I'd be doing now, because, you know, this makes my ends meet.”

**Don't see retirement in my future.** “I don't see retirement in my future, so when I die, that's when I'll be retired. So I'm still working on a résumé, you know, so that and what job opportunities will be like for seniors, you know, because, you know, the ageism and all that stuff when you go in and apply for a job. You know, you've got to — you can't put down all your work experience on a résumé, you know, because people aren't even going to waste the time to look at all that.”

**Work till the last breath.** “Our generation is really in a hard spot because we didn't come over here when we were young regardless that we have positions, we have jobs and so on...in order to survive we would have probably to work till the last breath. That's how I feel because it's not enough social security to live on.”

**Not at the top of my game.** “I also realize at 61, I work in an organization where most everyone is much younger. I'm the oldest. Now, I don't look terribly old. I dye my hair, but, you know, I know that in another five years I won't be at the top of my game and I won't be an attractive employee.”

**Increasing job opportunities for our age group.** “I have serious work accomplishments, and if I stand next to a 25-year-old, they're going to pick the 25-year-old even if I say to them, “I'll take that compensation,” and there is nobody that I hear of, and maybe it's my — maybe I'm more out of the loop than I thought, but name me some organization, name me some person in our community that is actively vocal and doing something proactive to increase the job opportunities for our age groups?”

**Where are we going to get jobs?** “When you hear, oh, the boomers are going to have to be working until they're 70 years old, I think where the hell do they think we're going to get jobs?”

**Financial Insecurity is high.** If any single theme pervaded these discussions, it was uncertainty about financial health. The impacts of the current recession cannot be over-stated. All, even among higher income families, have been forced to make some lifestyle adjustments. Over half of focus group participants reported that they are just meeting or not meeting their basic expenses. A single woman in our “uncoupled” group framed this uncertainty movingly:

**I'm terrified.** “There is nothing that is certain. My job isn't certain, my kids' future isn't certain, where I live isn't certain, my financial situation isn't certain, everything, and it's the first thing I

think of every morning when I wake up. I'm terrified. It's just like I wake up and I'm like, oh, my God, you know, what's going to happen."

Like many other participants who have suffered job losses and from the mortgage crisis, this comment sums up the real anguish that people expressed.

**Everything's gone.** "You know if I think about it, I'm not going to want to do nothing. I'd just stay in bed, I'd do nothing. Any second now...I lost my house last year, I lost all my savings, you know my retirement, everything's gone. I don't have any cushion."

**Those receiving benefits fear cuts.** For low income persons, and in our immigrant groups, financial uncertainty includes anticipated cuts in programs and services. Most said that they had never been able to save money, and noted that even when they did manage to save a little, it typically resulted in reduced eligibility for services. Most reported that they barely get by on the benefits they now receive; cuts are deeply feared.

**Cuts in MA.** "I used to get my teeth cleaned twice a year and now it's once a year. Which you know I have to say is actually a great luxury to be able to get your teeth cleaned when you don't have any money, but it's still just another one of those things where it's been cut in half. I think I used to be able to get glasses, my eyes checked once a year, now it's once every two years. And if the MA glasses they give me break, I can't get new MA glasses for two years. And it just feels like things are just being cut more and more as things get tighter and tighter. And it worries me that it's just going to keep getting worse."

**Cutting everything.** "Well, it's sort of frustrating to me, because, you know, I'm thinking — you know, they're always talking about cutting, you know, Social Security. Well, you know, they're cutting everything for people, Medicare, you know, people in my condition. They want to cut everything."

**Many things to worry.** "Mostly we are low income people, Somalis mostly they are low income people, so worries now with health because the course of health, the insurance going up, subsidized homes, mostly we live in low income houses, the price is going up so we have many things to worry I think in the future. "

**Benefit cuts.** "You know, what's the point of trying to get ahead if you're falling behind? You know, I saved \$25, you know. Well, now you can't get food stamps because you've got a checking account."

**Many fear cuts in Social Security.** Persons on Social Security, and those anticipating that their principal source of income will be social security, are very concerned about possible cuts in benefits or increases in the age of eligibility.

**Social Security as our only income.** "I mean, let's face it, with the cost of living and, you know, whatever, I think for a number of us, we hadn't imagined that at this point we would be thinking of Social Security as our only income."

**Will they do away with it?** "Social security...I'm worried about whether I'll get social security, or will they do away with it, or will they cut it down so much so we have to pay our health premiums and we wouldn't have any money left for food."

**Will my benefits continue?** “Every year we hear of the debates from the Congress. We hear that in the year 2020 the social security will be overthrown. For example, when I pay my dues I do expect that I end in my retirement. Are we actually living like Africa, sometimes we pay our dues back there but we never get any [benefits]. Will I be able to access like affordable healthcare...? That's number one and number two is will my benefits be continued and what does Congress have in mind.”

**You don't qualify.** “Because, you know, it may be a time and place as government proceeds, we may not even have Social Security or... — you don't qualify because they've done raised the Social Security age.”

**Health issues are the great unknown in aging.** Focused on their physical and mental health, all of the group members said they do what they can to exercise, eat well, and stay healthy. However, they recognize that significant changes in health status can be as close as, one put it, “falling down the stairs.” People recognize that an unexpected illness can dramatically change their life plans.

**Lives can change instantly.** “We are as healthy as, it is as close as falling down the stairs. That our lives can change instantly.”

**Changes the game plan.** “15, 20 years, hopefully I have my health, but if you don't have your health, that sort of changes the game plan. It really changes the game plan.”

**You cannot afford to get sick.** “One of the most important things that we need in our age is our health. You can't afford to get sick. You cannot afford to get sick. All the people that got all that insurance, 100 percent, all them folks, they can get sick as much as they want, because they get all the care in the world. We cannot afford to get sick.”

**Sick with no money.** “Illnesses. Sometime you get sick and you have no money... how do we get well if we don't have money, we have nobody to take care of us? We will just die laying in our beds.”

**Health care and health care costs drive financial Insecurity.** Without question, participants in these focus groups described a sense of financial uncertainty or insecurity because of increasing (and in the future, unknown) health care costs. Persons with health insurance provided by their employers (35 percent of respondents) or private health care policies (15 percent) are concerned about increasing premium costs, along with cuts in coverage. People on Medicare or contemplating Medicare are very concerned about the high cost of necessary supplemental policies. People with no health care coverage (10 percent) reported that they are simply “terrified.”

The disproportionate importance of health care issues, costs and insecurity are clearly illustrated in the “word cloud” created from open-ended responses to written questions about the “negative” aspects of aging:



**Very expensive for health care.** “As for me, I am concerning about health care, because right now for example, for older people, it is expensive for Part A and Part B. They have \$1000 dollars, Part A and Part B almost \$100 right now, only \$900 for rent, for food, for everything. But very expensive for health expenses.”

**Fear for ways society will view seniors.** This group worries that their sheer numbers will create a burden, and worry about the options that will be available to them. We heard, nearly universally, that nursing home living, what one called “warehousing,” was a terrifying prospect. Participants recognized that they would very likely require help as they aged, for home maintenance and other services, and suggested that the priority of policymakers should be finding ways to maintain people in their own homes, both for economic and humane reasons.

**A huge burden?** “We're going to be a huge burden to society because of the fact that those under 65 are only growing by 4 percent and those over 65 are going to be growing by 40 percent, and I think that we, as thinking, active people, need to be able and can look forward to planning for that so that we're not a burden. Just the facts of the boomers are — we're all hitting it, and, boy, we have to figure out — we have the opportunity to figure out how to live on little money, because it's not going to be there, and how to maintain our health and our activity and our body flexibility and all that kind of stuff.”

**Housed like cattle.** “Now my fear is that we're going to be all put in dormitories and housed like cattle, because that's the only way they're going to be able to do it.”

**Awful places.** “You know, God please shoot me before I get to a nursing home, because I don't want to be there. I mean, it would be the worst thing in the world. I fell and fractured my shoulder, and somebody said something about sending me to a rehab facility, and I said, ‘The hell you will.’ I'm like, ‘Not me. I'm going home.’ So it is frightening for all of us. You know, and watching those nursing homes, they're godawful places. I haven't seen one I like yet.”

**Keep the elderly in their homes.** “Well personally I think it would be like a win, win situation to make available for most elderly to stay in their homes. To make that somehow available. Then it would be less money spent on health care, facilities, all that kind of stuff. That's one way I look at it.”

**Creating Infrastructure for livability.** Focus group participants had many ideas and suggestions for County policymakers. They all, in general, had to do with creating infrastructure that will allow seniors to age in place, to walk safely to shops and services, and to be able to access recreation, information in their neighborhoods, and access to reasonable and safe public transit. Here are a few of many examples:

**Community centers.** “I mean, one of my hopes is that I would walk when I'm retired, I would walk over to the library or walk to social activities at the community center that's two blocks from our house and that those would be places that people could gather.”

**Culturally specific community centers.** “I would say Hennepin County should care about the health things about the elders. Also create services like creating a center that Somali can just meet like that and find out what elders do. They need just to get somewhere that they can meet and actually discuss about anything issues they are concerned about.”

**Aging in place.** “I think supporting infrastructure for livability, of neighbors, to help people age in place if they desire to, and then a menu of services that help that happen.”

**Better urban planning.** “But what we were talking about earlier, safe neighborhoods, recreation and shopping and leisure activities within walking distance for people who can't get around, planning our communities so that we have what we need closer to us. So whatever effect at the county level can be exerted on urban planning in a way to sort of serve those interests would be a good thing.”

**Mobility planning.** “I don't know how much Hennepin County really is a player in transportation, but I think the whole issue of mobility and how we tackle mobility in the Metro area is just going to be so critical. So I would really urge them to be a thoughtful and strong advocate as it relates to the transportation system planning. With this many people, how are we going to get around?”

**Thanks for listening and hope for action.** Group members asked us to convey their appreciation for listening to their concerns.

So I think the county, by this session today, is starting to realize that a good number of their clients in the future are going to be aging and how do they get on top of it. So I think this is the first good step, and the two of you can take this data back to whoever made these decisions and say, “Here are the kind of things we're hearing.”

I'd like to say one thing. It heartens me that Hennepin County is paying you to even assemble a group like this, that they're concerned enough to do this with people from the GLBT community.

Participants also urged action based on feedback from focus groups. Group members cautioned that policymakers not only need to listen but to act on these findings.

‘Don't let our discussion become feel-good statements, but actually do something about it, because it makes people feel good when we discuss these things, but getting your boots on the ground and actually doing something is what I want to come out of it, but if they take one thing like today and really see something happen, I think it would make us all feel it's worth it.’

**Preview of this report.** In the remainder of this report, we provide further detail and discussion of these overarching themes. The report which follows explains the methods used and demographics of the 137 participants in 15 focus groups. Information from both written questions and focus group discussions are analyzed and reported in the relevant sections:

- Expectations for the Coming 15 Years;
- Financial Security;
- Health and Health Care;
- Aging Well;
- Safety;
- Transportation; and
- Services.

The report concludes with information about participants' plans for residence in the County, their expectations of government, how they see the role of Hennepin County and their suggested priorities for the County to consider in its Aging Initiative. We offer participants' voices, with illustrative quotes for the themes discussed in each of these sections.

In addition, this report includes a summary of each of the fourteen focus groups conducted after the pilot phase. Each summary identifies the group and location, has a chart comparing some key indicators for each group with the results across all groups, and reports the major themes, with illustrative quotes, from each discussion.

## METHOD

The purpose of these focus groups was to gather qualitative, detail-rich information to supplement other research efforts undertaken by the County's Planning, Research and Development Office.

### Objectives:

- To gather information from current 55 to 65 year old Hennepin County residents about how they are thinking about their own future and aging;
- To identify issues, factors and trends which can inform County efforts to plan for the coming age waves as baby boomers reach the traditional retirement age; and
- To better understand Hennepin County residents' expectations of County government as they contemplate their own aging.

A mixed method approach was developed, with written questions followed by focus group discussions in domains of interest to the County, including financial security, health and health care, aging well, safety, transportation and resources/services. Questions were also designed to provide an overview of how participants imagined their coming 15 years, and to explore plans to continue living in Hennepin County, expectations from government, and expectations and priorities for Hennepin County. (See Appendix A for the Survey Booklet Questions, and Appendix B for the Focus Group Script.)

**Focus Groups.** We developed a plan to conduct focus groups in 15 geographically diverse locations, intended to meet the project goals, as outlined in the scope of services:

*To convene population segments including diverse racial groups, immigrant groups, low-income, women, urban and suburban residents, people with disabilities and other segments as needed.*

We operationalized these categories to include:

- Racial groups: American Indians, Asian Pacific Islanders, and African Americans (including Africans)
- Immigrant groups: Asian, African and Eastern European
- Geography: Urban, suburban and exurban
- People with disabilities: People living with chronic health conditions
- Other segments: Caregivers, GLBT, Independent or Uncoupled Women

[Note that the recruitment categories were not mutually exclusive. For example, we had African Americans participate in a number of groups, not just the intended African American group. There were GLBT participants in groups beyond the GLBT group; we had one Asian participant beyond the Lao and Pan Asian groups.]

**Recruiting and convening.** Recruiting, particularly for racial and culturally-specific groups, involved contacting a community-based organization with links to the group we hoped to reach. We would explain the project, its purpose and logistics, usually in a face to face meeting. A flyer was developed to aid in recruiting participants (see Appendix C, Sample Flyer). In some cases, the participating organization provided space and assisted in recruiting; in other cases, they did the recruiting and served as "cohost," joining in the focus group discussion.

Focus groups began with a review of informed consent; participants had the opportunity to ask questions and were asked to sign the informed consent form. [See Appendix C for the Consent Form.]

The focus groups were then conducted over three hours, including time to complete the written questions, interspersed with group discussions. Participants were provided a meal and at the end of the group were given (and asked to sign for ) a \$25 gift card. Group size for 11 of the groups fell within the intended range of 7 to 10; four groups were slightly larger (11 or 12) and one group had 4 participants.

Materials were translated into Spanish and Russian, and two groups were conducted in those languages by moderators fluent in that language. In other cases where language, literacy or culture were issues, assistance was provided in completing the written materials (an additional \$5 gift card was provided for those assisting), and simultaneous language or cultural translation was provided by a cohost or service provider.

**Focus Group locations.** The following grid shows the focus groups and locations.

Group	Description	Geography	
		HC District	Location of group
1	Pilot Group	4	Powderhorn neighborhood
2	African American	4	North Minneapolis
3	American Indian	4	Franklin Ave. neighborhood
4	Asian: Lao	4	North Minneapolis
5	Asian: Pan Asian	4	North Minneapolis
6	Caregivers	4	Downtown Minneapolis
7	Chronic Health Issues	2	Golden Valley
8	Eastern European (1)	3	St. Louis Park
9	Eastern European (2)	7	Plymouth
10	Exurban	7	Independence
11	GLBT	6	Edina
12	Hispanic/Latino	5	Richfield
13	Liberian	1	Brooklyn Center
14	Somali	4	Cedar Riverside neighborhood
15	Uncoupled Women	6	Minnetonka

**Data management and analysis.** Survey responses were collected from participants and entered into an SPSS (a statistics software program), using both numeric and string variables (the latter allowing responses to open-ended questions to be entered). Evaluators analyzed quantitative responses using descriptive statistics. Qualitative data from open-ended questions were used to create “word clouds” or “tag clouds” to summarize and visually capture the major issues and concerns expressed by focus group participants. All group discussions were audio taped and transcribed.

There were multiple strategies for analysis of these data. As the groups were completed and transcripts available, a group summary was completed identifying the major themes, with illustrative quotes that captured some of the unique concerns and perspectives of each group. Using the responses to written questions, we also included a chart of key indicators, comparing each of the groups to the entire set of participants. [Note that all of these are very small sample sizes; they cannot be representative of or generalized to any group.]

We also worked with these data as transcripts were available to analyze responses topically, organizing responses to the question domains (financial security, health, aging well, etc.). We incorporated graphs from the responses to written questions in both analysis and reporting for each of these areas of interest.

This reporting presents both our analysis of these data, and the direct findings from participants drawn from written questions and the focus group transcripts. This report makes substantial use of quotes from participants. These are indented and set off in the text of the report. Minor editing was done for clarity and brevity. There is no identification of persons, although occasionally when deemed relevant the group is identified in the text before the quote.

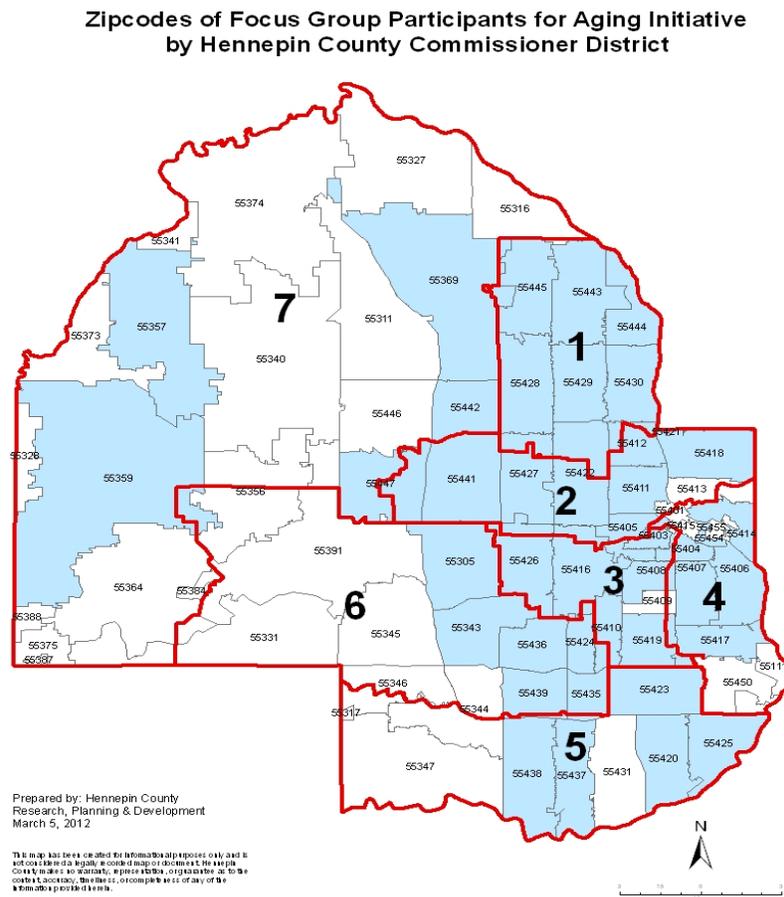
## DEMOGRAPHICS

Because focus group participants are not representative of the larger population, it is important to understand the background of participants. This section provides information about the demographics of those who participated in the fifteen focus groups held throughout Hennepin County. At the beginning of the survey booklet, we asked some basic background information, reported here.

**Geography.** Our intention in this project was to include people from across Hennepin County. In order to accomplish this, we held focus group meetings in a variety of locations. These included:

- Metro Areas:** Cedar-Riverside (1); Downtown Minneapolis (1); Franklin Ave. (1); North Minneapolis (3 groups); Powderhorn neighborhood (1 group)
- Suburban Areas:** Brooklyn Center (1); Edina (1); Minnetonka (1); Plymouth (1); Richfield (1); St. Louis Park (1)
- Exurban Area:** Independence (1)

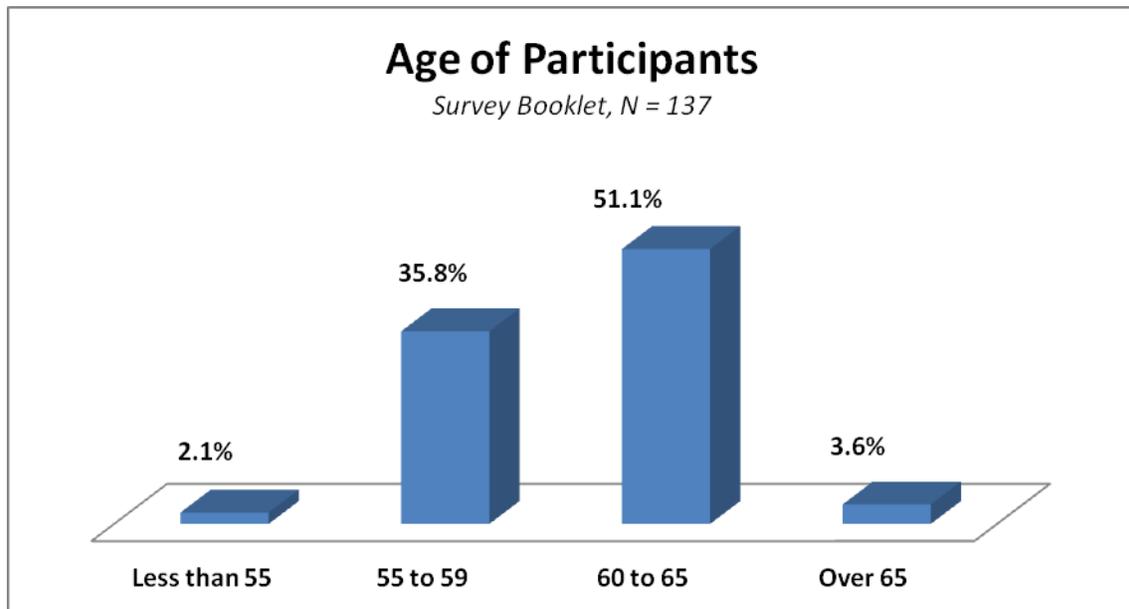
We asked participants to indicate their zip code. Of the 137 participants, 134 or 98 percent, indicated their zip codes. The following map indicates the zip codes within Hennepin County from which we drew participants.



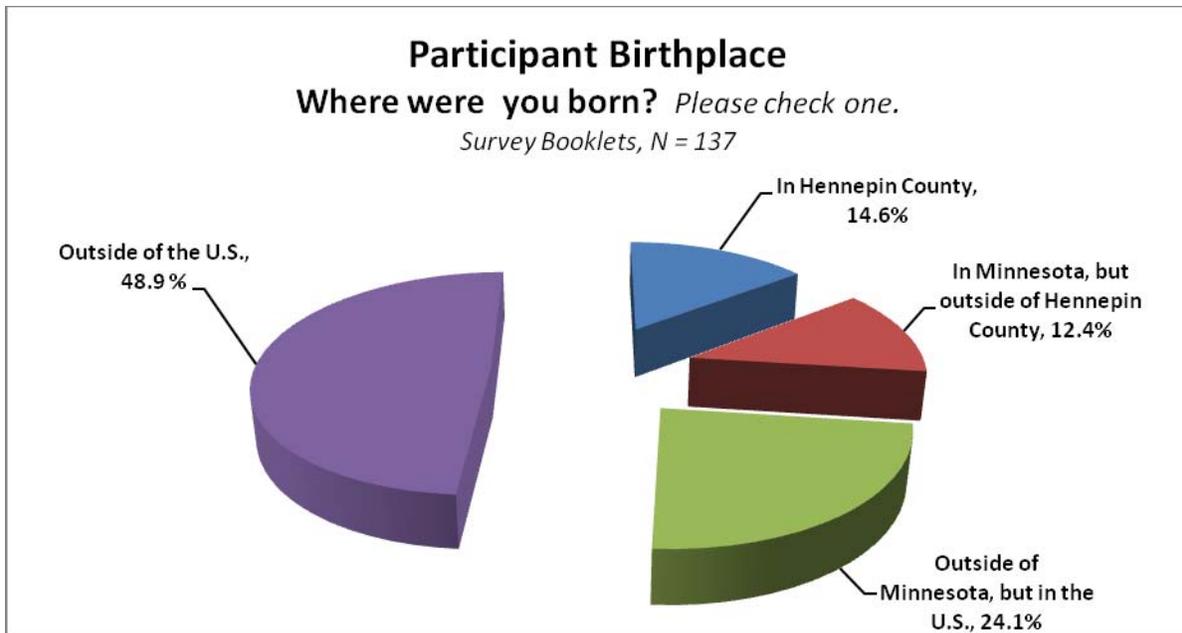
*Shaded areas indicate zip codes of one or more focus group participants.*

**Age.** We recruited people between the ages of 55 and 65. In the pilot group, several people over 65 were included to provide additional perspective. In a few cases in other groups, there were individuals over or under the target ages—about 5 percent of all participants.

The median age of participants was 61 years. Twenty-five percent were age 58 or younger; 25 percent age 64 or higher. The following graph indicates the ages of participants.

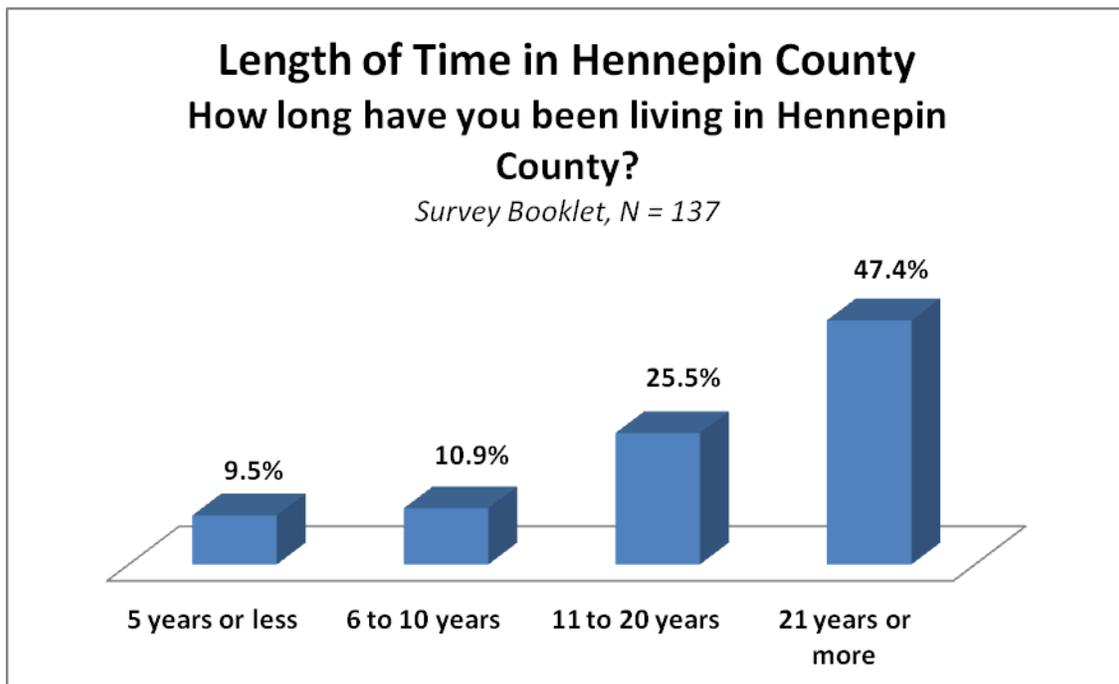


**Place of birth.** Fifteen percent of participants indicate they were born in Hennepin County, and an addition 12 percent were born in Minnesota but not within Hennepin County. Twenty-four percent of participants were born elsewhere in the U.S., and not surprisingly (given the number of immigrant group recruited) nearly 49 percent were born outside of the U.S.

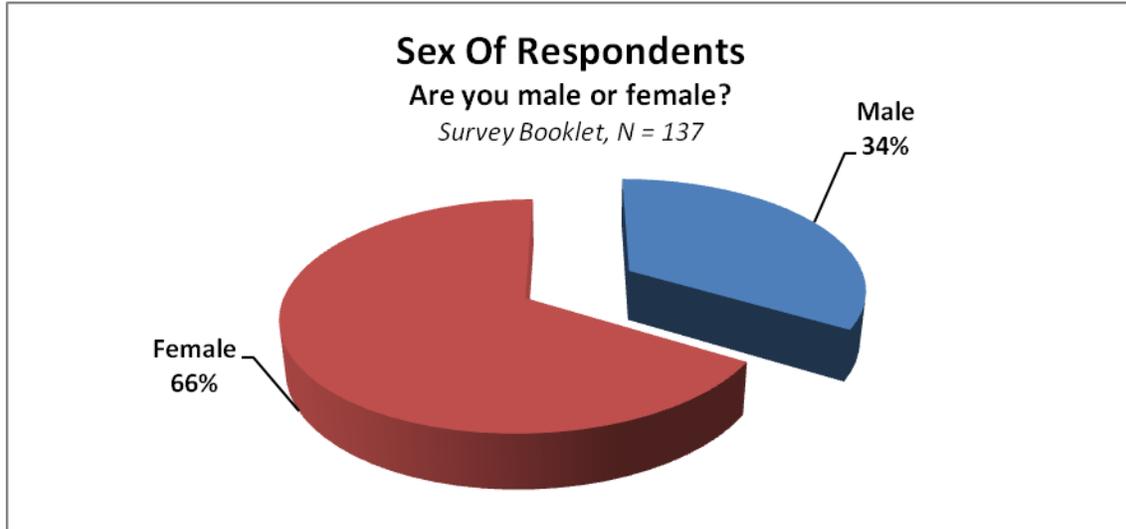


Foreign-born participants' birthplaces included: Austria, Belarus, Belgium, Cambodia, Germany, India, Poland, Laos, Liberia, Mexico, Romania, Russia, Somalia, Ukraine and Viet Nam.

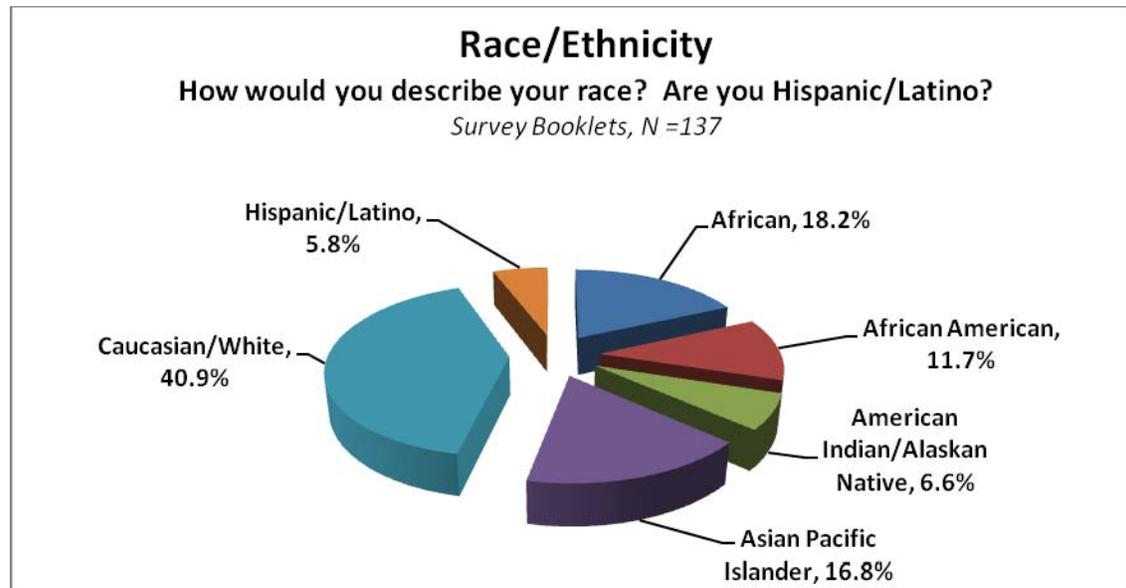
**Length of time living in Hennepin County.** The average time living in Hennepin County was just over 27 years, the median was 25 years. About 25 percent have been living here 10 years or less, 75 percent 41 years or less. In total just over 55 percent have been living here 30 years or more. The following table and graph illustrate length of time living in Hennepin County.



**Sex.** Thirty four percent of participants were male, 66 percent female.

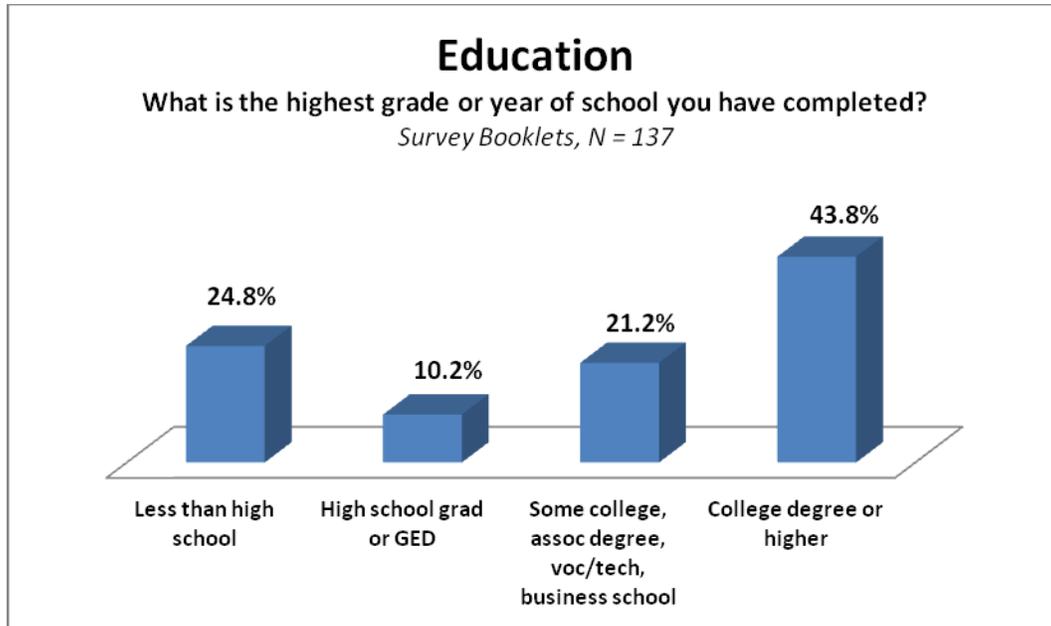


**Race/Ethnicity.** Forty one percent of participants were Caucasian/White, 18 percent African, 17 percent Asian Pacific Islander, 12 percent African American, 7 percent American Indian, and 6 percent Latino.

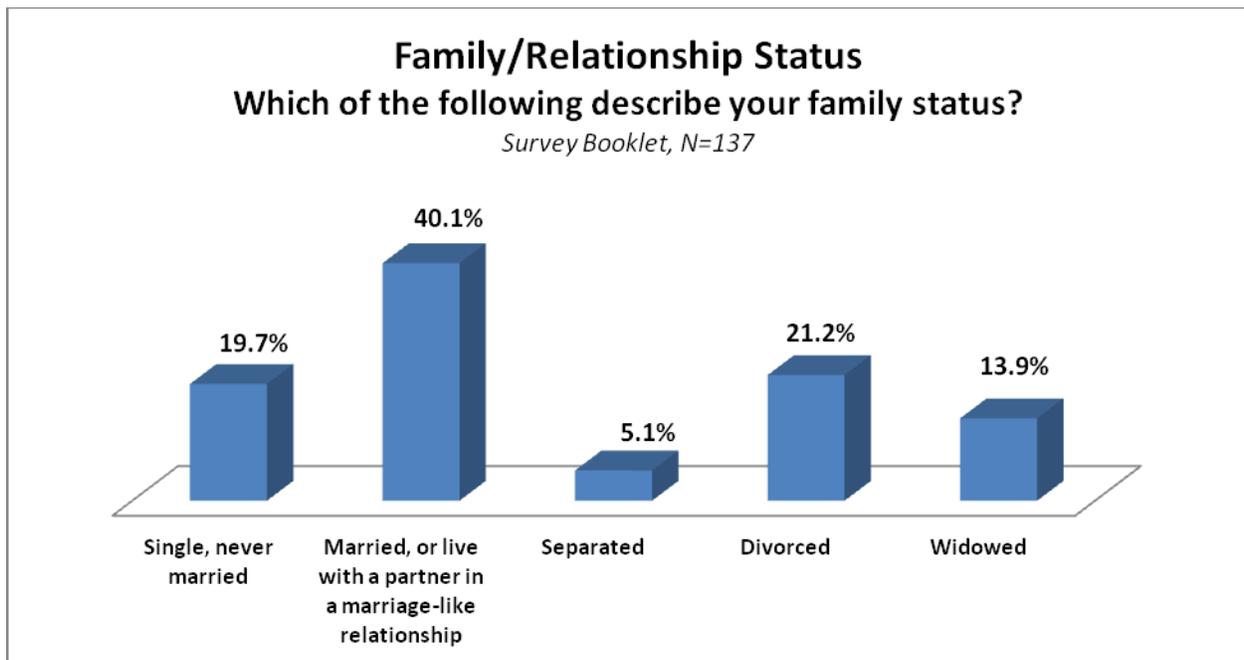


**First language.** Fifty-five percent indicated English was their first language, and 44 percent indicated it was not. We asked those (who did not have English as a first language) to indicate their first language. Other first languages included Cambodian, French, German, Grebo, Hindi, Hmong, Kissi, Krahn, Kru, Lao, Liberian, Romanian, Russian, Somali, Spanish and Yiddish. Twenty-five percent of those non-native English speakers have been speaking English for 10 years or less, 50 percent for twenty years; and the top 25 percent have been speaking English 31 years or more.

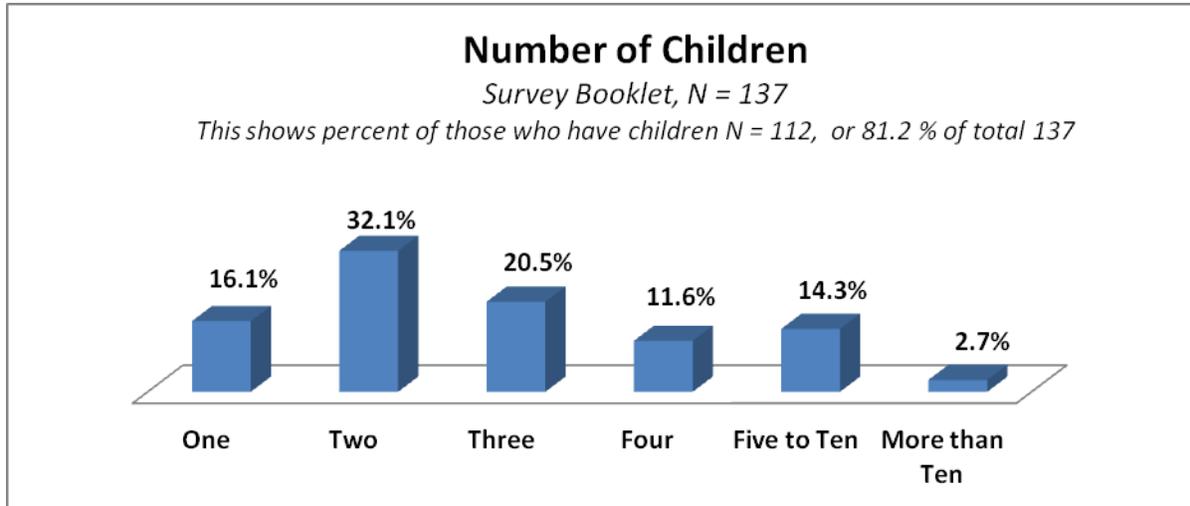
**Education.** Nearly 25 percent of participants reported they had less than high school education, 10 percent high school or GED, 21 percent some college and 44 percent a college degree or higher.



**Family status.** We asked participants to indicate their family status. As the graph below indicates, about 40 percent of participants are married or in a relationship, 21 percent divorced, 20 percent single and never married, 14 percent widowed, and 5 percent separated.

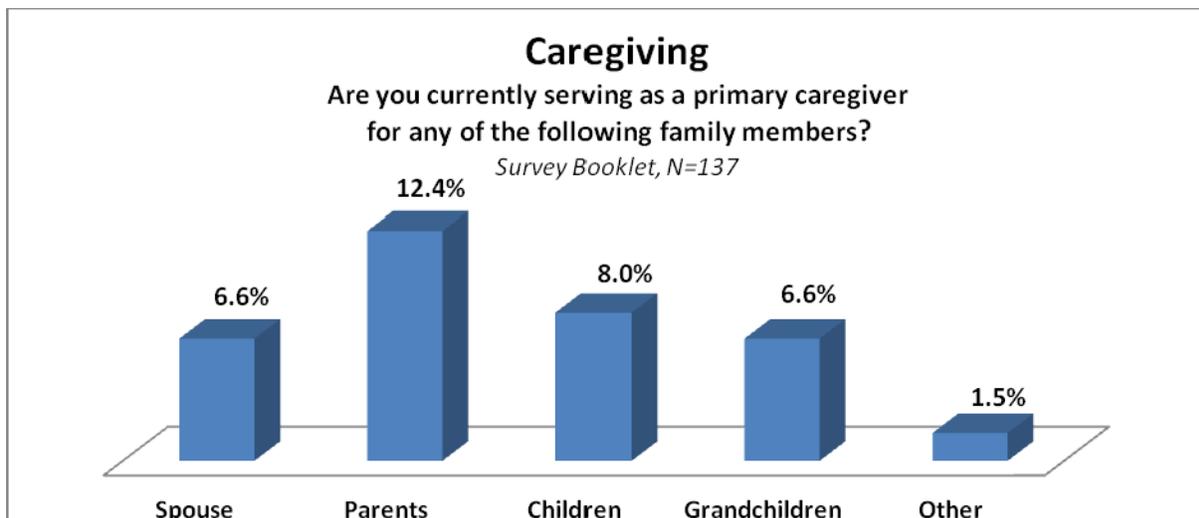


**Children.** We asked participants whether or not they have children, the number of children and where their children live. Eighty-one percent of participants have children; 19 percent do not. The average number of children participants have is 3.2; 25 percent of participants have two or fewer, the top 25 percent have four or more children.



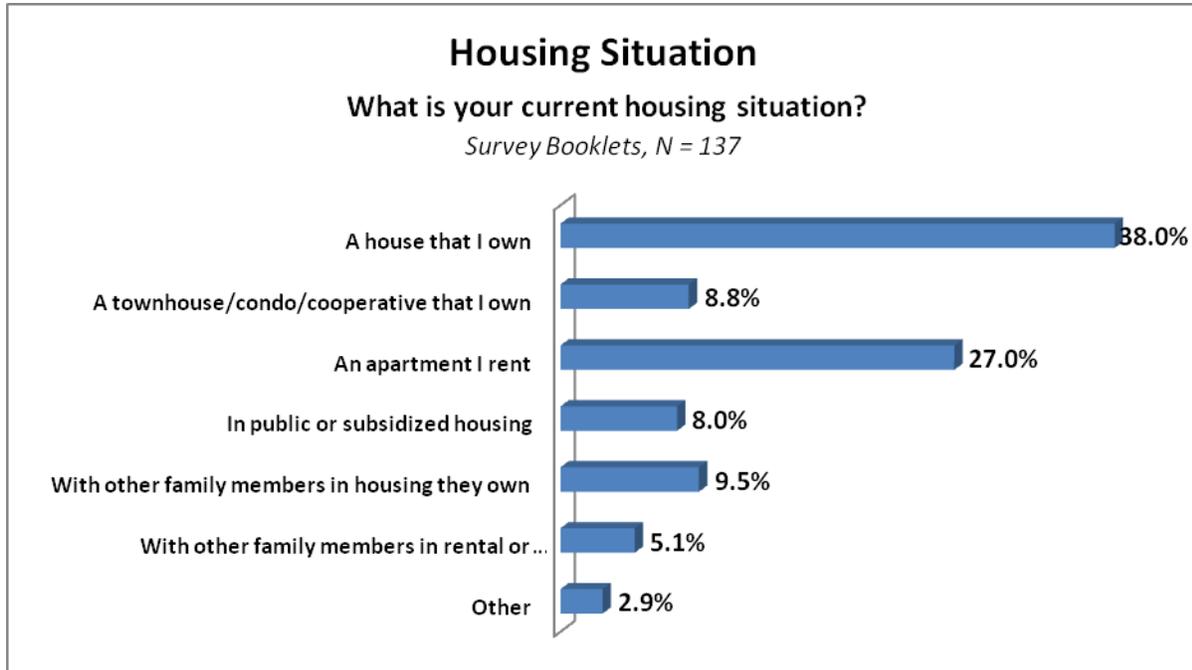
We also asked about where adult children live. Forty-three participants, or 39 percent of those who have children, indicate that they have adult children living with them (or with whom they live). Sixty-one, or 55 percent of those with children indicate they have adult children who do not live with them, but live in Minnesota; forty-nine, or 44 percent indicate they have adult children who live outside of Minnesota. [Note: These were asked as separate questions, and participants may have more than one child; reported percentages do not necessary add up to 100.]

**Caregiving.** In the survey booklet, we asked a question about caregiving for other family members. Over 12 percent indicate they are providing caregiving services for parents, 8 percent for children, 7 percent for grandchildren, nearly 7 percent for spouses, and 2 percent for others. The two who indicated “other” indicated they are caring for a disabled family member, in one case for a sister, in the other case a child.



We also asked people who are providing caregiving to indicate the approximate number of hours they spend on providing care for the other family members. The range was from 2 to 70 hours; on average those providing caregiving spend about 16 hours a week.

**Housing situation.** The most frequent housing type, for 38 percent, was living in a house they own. Another 9 percent live in a townhouse/condo/cooperative they own. About 27 percent rent an apartment, and 8 percent indicate they live in public or subsidized housing. In total about 15 percent live with other family members, 10 percent in houses owned by family members, 5 percent in rental or subsidized housing with other family members.



**Employment status.** Half of all participants were currently employed -- 27 percent full time for wages, an additional 20 percent part time for wages and 8 percent self employed. Another 21 percent said they were currently out of work; 5 percent were actively looking for work, and 16 percent were no longer looking for work. Ten percent were retired, 9 percent unable to work (usually due to disability) and 3 percent identified themselves as homemakers.

## Employment Status

What is your current employment status?

*Survey Booklet, N = 137*

