

Policy Brief: Addressing the Economic Realities of Latino Older Adults and Caregivers in Minnesota



Implemented March 2026

Introduction

To address the systemic gaps facing Minnesota's aging population, Hispanic Advocacy and Community Empowerment through Research (HACER) conducted extensive statewide engagement with Latino older adults, caregivers, and cross-sector stakeholders. While this research was conducted during a period of heightened political tension that significantly impacted community trust and participation, the findings reveal a clear path forward. This policy brief is structured to provide a strategic guide for state leaders based on community testimony. By addressing the economic and structural barriers identified by HACER's research, Minnesota can ensure that its Latino elders and their support networks transition from a state of vulnerability to one of stability and dignity.

Problem Description

The Latino population in Minnesota has grown steadily over the past few decades, and with it, the number of older adults within this community. As of 2024, more than 1 million Minnesota residents are age 65 and older. While Latino older adults represent a smaller share of this population, their presence is steadily increasing, with 18,682 Latino adults ages 65+ identified statewide.[1] However, Latino seniors face economic challenges that surpass those of other demographic groups in the state. This report analyzes the structural factors that contribute to this vulnerability, describes current conditions, and proposes public policy recommendations aimed at improving their economic and social well-being.

Key Economic and Structural Barriers Affecting Latino Older Adults and Caregivers in Minnesota (HACER Community Findings, see Appendix B):

Insufficient Income in Old Age	Many older adults rely primarily on Social Security and have limited retirement savings due to long work histories in low-wage jobs.
Language and Culture	Limited Spanish-language information and complex application processes reduce access to economic and health supports.
Unstable or Expensive Housing	Rising costs and low homeownership rates lead to housing vulnerability, often requiring multigenerational living that can create economic dependence.
Immigration Status	Eligibility restrictions and fear of consequences prevent some older adults from accessing benefits.
Caregiver Burden	Latino family caregivers provide extensive unpaid care, often experiencing physical, emotional, and financial strain.

Cost of Inaction

Maintaining the current system of barriers for Latino older adults and caregivers is not a neutral choice. Choosing to maintain the status quo for the State of Minnesota, and not implementing the policy options recommended in this brief, can result in the following costs:

Policy Domain	COI
Access to Benefits	<p>Lack of benefits, including SNAP and Medicare/Medicaid, can increase the chances of an ER visit. More than 20% of Hispanic Minnesotans report being uninsured, over three times the statewide rate, increasing the likelihood that individuals delay needed care until conditions become severe. [1]</p> <p>SNAP participation is linked with improved health outcomes and lower healthcare costs, helping prevent chronic conditions and hospitalizations. [2]</p> <p>A preventable ER visit in Minnesota can cost up to \$1,600. Avoiding these visits could save the state a portion of the \$1.3 billion annually spent on “preventable events.” [3]</p>
Economic Security	<p>About 46% of Latino workers in Minnesota lack access to an employer-provided retirement plan. With Social Security averaging only \$1,600 per month (if eligible), most retirees need additional savings. Without sufficient retirement assets, older Latinos face financial insecurity and greater reliance on public safety-net programs. [4]</p>

<p>Affordable Housing</p>	<p>Without culturally and linguistically appropriate support, Latino older adults face increased risk of premature institutionalization. In Minnesota, nursing home care costs approximately \$146,000–\$168,813 annually per person, creating significant public expenditure when families cannot sustain unpaid care. [5]</p>
<p>Language and Culture</p>	<p>Inadequate language access increases the likelihood of medical errors, longer hospital stays, and preventable readmissions among patients with limited English proficiency (LEP), contributing to avoidable health system costs and patient safety risks. Lack of language access also prevents community members from accessing benefits to help finance their aging and caregiving needs. [6]</p>
<p>Preventative Health</p>	<p>Without sustained investment in prevention strategies, Minnesota risks forgoing an estimated \$6.20 in health care savings for every \$1 invested (about \$316 million annually), resulting in avoidable health care expenditures and worsening chronic disease outcomes. [7]</p>
<p>Caregiver Support</p>	<p>Across the US, family caregivers provided an estimated 36 billion hours of unpaid care in 2021 valued at about \$600 billion (more than all out-of-pocket health care spending that year). Without financial relief and access to culturally competent resources, caregivers face burnout, lost income, and poorer health, which can lead to higher long-term costs for Minnesota’s health and social support systems. [8]</p>

Policy Implementation Matrix to Support Minnesota’s Latino Older Adults and Caregivers

Evidence-Informed Strategy	Policy Recommendation Action Steps	System Level of Change
<p>Improve access to barriers</p>	<ul style="list-style-type: none"> ● Implement statewide bilingual campaigns for Medicare, Medicaid, and SNAP enrollment. ● Redesign and simplify application forms for accessibility. ● Provide direct funding to community centers that provide personalized assistance. 	<p>State agency, executive (e.g., MN DHS, MNsure)</p>
<p>Strengthen economic security</p>	<ul style="list-style-type: none"> ● Create or expand state-managed retirement savings programs for low-income workers. ● Incentivize employers to offer more inclusive retirement plans. ● Increase grants for non-profits providing culturally specific financial counseling. 	<p>Legislative/private sector (MN State Legislature)</p>
<p>Expand the supply of affordable housing</p>	<ul style="list-style-type: none"> ● Finance housing projects for older adults with integrated services (health, transportation, social support). ● Expand programs that assist with rent and home maintenance. 	<p>Institutional (MN Housing Finance Agency)</p>

Reduce language and cultural barriers	<ul style="list-style-type: none"> ● Require state agencies to provide materials in Spanish and interpretation services. ● Train health and social service providers in culturally competent practices. 	State, Institutional (MDH, State HR)
Investing in preventive health	<ul style="list-style-type: none"> ● Fund community programs for wellness, nutrition, and chronic disease management. ● Improve access to transportation for medical appointments and community activities. 	Local, public-private (County Health Boards)
Holistic caregiver support	<ul style="list-style-type: none"> ● Establish a Special Fund to provide mental, physical, and economic relief to informal caregivers. ● Create a state-wide registry of culturally competent caregiver resources. 	Legislative (Appropriations)

Conclusion

Older Latino adults in Minnesota face a combination of economic inequalities, language barriers, and limitations in access to services, which are worsened by the current immigration climate that generates fear, misinformation, and distrust towards public institutions. Many avoid applying for essential benefits—such as Medicare, Medicaid, or food assistance—due to fear of immigration repercussions or because they do not understand complex processes that are rarely available in Spanish.

To improve their well-being, it is essential to expand bilingual campaigns that facilitate enrollment in public programs, strengthen economic security through financial education and accessible retirement savings options, and expand affordable housing with eviction protections that take into account the particular vulnerability of

immigrant families.

Therefore, removing cultural barriers through trained staff and Spanish-language materials is key to rebuilding trust, while investing in preventive health care and accessible transportation is urgent, as the stress associated with migration uncertainty worsens chronic conditions and limits quality of life. These actions, taken together, represent a realistic and necessary path to reduce inequities and promote dignified aging within the Latino community.

For More Information or Collaboration

This policy brief and research was conducted by Hispanic Advocacy and Community Empowerment through Research (HACER) with support from Age-Friendly Minnesota. HACER welcomes inquiries from policymakers, community organizations, other stakeholders interested in supporting Latino older adults in Minnesota. For more information, to discuss potential partnerships, or to access additional data from this research, please contact:



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Problem Description

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COI

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Appendix A, Concepts and Definitions

Stakeholder	Individual or group that has an interest in the outcomes, performance, and decisions of a specific business, topic or project.
Equity	Quality of being fair and just, especially in a way that takes account of and seeks to address existing inequalities.
Caregiver	A family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person.
SNAP	Supplemental Nutrition Assistance Program.
COI	Cost of Inaction, also called “The Price of the Status Quo.”

Appendix B, Research Brief



HACER
INVESTIGACION, COMUNIDAD, IMPACTO

AGING CON DIGNIDAD

Research Brief on the Economic Security and Vitality in Latino Communities of Minnesota

Introduction

The Latino population aged 65 and over – the most socioeconomical disadvantaged subset of the US’s older adults – is projected to quintuple between 2012 and 2050. While current longevity patterns for Latinos relative to their white counterparts are favorable, old age functioning and disability patterns for Latinos are unfavorable and have serious implications for caregivers; families; and local, state, and federal governments. Despite having much high levels of poverty and substantially lower levels of educational attainment and health insurance coverage than whites, Latinos currently live longer lives, on average, than their more socioeconomically advantaged counterparts. The combination of greater Latino longevity in the context of lower socioeconomic status has long been considered an epidemiologic paradox (often called the “Hispanic paradox”).^[1]

Economic insecurities present a significant challenge to aging Latinos in the US. In 2017, households led by Latinos aged 65 and over reported a median income of \$40,512, in contrast to the overall median income of \$61,946 for all older households. The economic insecurities face by aging Latino populations in the US contribute to limited retirement savings, lower pensions, and financial instability, all of which can impede access to healthcare and long-term care services.^[2]

There is insufficient disaggregated and culturally specific data to better understand the personal experiences, economic security, and contributions of Latino older adults and their caregivers in Minnesota.^[3] Aging policies often rely heavily on fixed age thresholds that often overlook how culture, caregiving roles, health inequities, and

continued labor shape aging in Latino communities.^[4] As a result, many Latino older adults meet policy definitions while remaining economically active and central to multigenerational household stability, often without access to retirement benefits or long-term financial stability.^[5]

These challenges are further exacerbated by structural and political factors that increase fear, reduce access to services, and deepen economic vulnerability. The current conditions further emphasize the urgency for culturally responsive aging policies grounded in trust, dignity, and economic vitality.^[6]

Research Overview

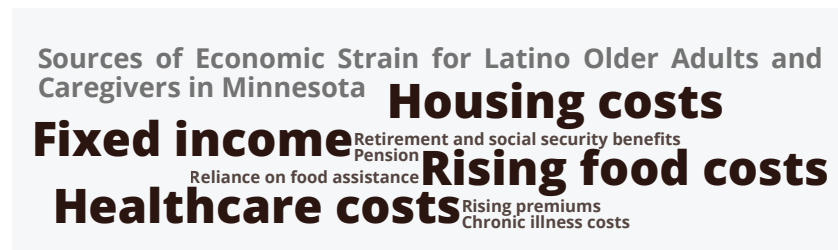
In response to the persistent data gaps on Latino older adults and their caregivers in Minnesota, Hispanic Advocacy and Community Empowerment through Research (HACER) conducted 30 in-depth interviews, 15 in the Metro area and 15 in Southern Minnesota, with 10 of the Metro interviews conducted in a single in-person focus group. Additionally, HACER interviewed four stakeholders from varying systems of change, three in Southern Minnesota and one in the Metro area. These conversations focused on understanding the lived experiences, economic security, and community contributions of Latino older adults and their caregivers. Data collections occurred during a challenging political climate in Minnesota marked by increased ICE presence and violence, which heightened fear, limited engagement with services, and constrained stakeholder participation. These contextual factors shaped both participation and outreach. This is important to consider while interpreting the findings presented in this research brief.

Findings

Theme 1: Economic Insecurity on Fixed or Limited Income

Economic insecurity emerged as a reoccurring theme among Latino older adults and caregivers in Minnesota. Most participants relied primarily on fixed or limited incomes, like Social Security or pensions, that did not keep pace with rising housing, food, and healthcare costs. Several participants shared they use food shelves, free meal programs, or informal community networks to meet their needs, not as temporary support but as a supplemental strategy to survive. Chronic health conditions and fear of losing essential benefits, particularly Medicaid, further

intensified financial uncertainty and limited some participants' ability to plan for their future. While other stakeholders in the Latino community acknowledge the availability of benefits and programs, they also agree with Latino older adults and their caregivers that current income supports are insufficient to ensure economic stability and dignity as they age.



Theme 2: Caregiving Burden and Limited Support

For many Latino families, caregiving is a culturally rooted and expected part of family life. However, participants in this study described how this expectation often comes with significant physical, emotional, economic, and social strain when adequate support is limited. Caregiving responsibilities frequently extended over long periods of time and were described as emotionally exhausting, particularly when caring for older adults with chronic illness or memory loss. This negatively impacts their quality of life and highlights the need for effective support strategies.

Another problem found is the lack of knowledge that Latino caregivers have about how and where to find resources that can help them with the challenges they face as caregivers. The information that is found is very little and is often only in English, making it even more difficult to understand and make good use of it. Metro-area participants emphasized that even when services exist, they are difficult to navigate and often lack culturally responsive or Spanish-speaking options, leading caregivers to rely heavily on family members or informal support networks instead of formal systems.

Finally, the lack of fair financial compensation for their work was another problem mentioned by participants. There is a feeling that what they receive financially for their care is not enough, as it is not in accordance with the hard work they have done taking care of the elderly. Several caregivers also notes that the high cost of professional care and the absence of affordable, trustworthy alternatives force families to absorb caregiving responsibilities without adequate financial or respite support, increasing stress and the risk of burnout. While family support was often

described as a blessing, participants acknowledged that not all older adults have access to nearby or available relatives, increasing the risk of isolation and unmet care needs.



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“My job now is to care for my wife. She has memory problems...For me, for her, and for the Latino community, there is nowhere for caregivers like me to get free time. Programs exist, but they are very expensive...It’s like being in prison, always on alert, because if you let your guard down something could happen”

Caregiver in Metro area

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Theme 3: System Navigation as Barrier to Access

Participants consistently described difficulty accessing clear, culturally and linguistically appropriate information about healthcare, financial assistance, housing, and retirement planning. While services may exist, many older adults and caregivers reported confusion about eligibility, transportation challenges, and complex application processes that require navigating multiple agencies. Language barriers and limited in-person guidance further reduce confidence in seeking support. Caregivers managing chronic conditions emphasized the difficulty of coordinating care without a trusted point of contact. Stakeholders echoed these concerns, noting that fragmented systems, limited outreach, and broader immigration-related uncertainty contribute to underutilization of available resources. Together, these findings demonstrate that availability of programs does not guarantee meaningful access.

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“You have to fill out a lot of paperwork and turn in a bunch of documents. Because my brother is here, and since he used to live with them, we had to submit a lot of his paperwork too. But he’s separate, you know? Still, because he’s in the house, they would make it difficult and put up obstacles just to give them a little card...Like the one I mentioned, the assistance card for my parents. It was crazy. It’s so hard. So hard.”

Caregiver in Southern MN



Recommendations

Across the state, Latino older adults and stakeholders identified the following policy priorities:

Strengthen Economic Security	Expand Affordable Housing and Aging in Place	Improve Healthcare Access and Affordability	Invest in Culturally Responsive, Community-Based Supports
<p>Participants identified financial insecurity as the most urgent issue and called for:</p> <ul style="list-style-type: none"> ● Strengthening income supports, including benefits through the Social Security Administration ● Direct assistance for housing, medical expenses, and daily living costs ● Fair compensation and financial support for family caregivers ● Expanded retirement planning and financial literacy education ● Protection against financial exploitation and elder scams ● Age-appropriate employment and supplemental income opportunities 	<p>Older adults expressed a strong preference for remaining in their homes and communities.</p> <p>Participants recommended:</p> <ul style="list-style-type: none"> ● Expanding truly affordable senior housing aligned with fixed incomes ● Increasing home- and community-based services ● Supporting family-based caregiving as a sustainable long-term model ● Addressing the high cost of senior living facilities 	<p>Participants emphasized the need for affordable, culturally responsive care, including:</p> <ul style="list-style-type: none"> ● Expanded health coverage for adults 65+ ● Affordable medications and preventive services ● Increased access to home nursing care ● More in-person interpreters to address language barriers ● Greater attention to mental health impacts of financial stress and isolation 	<p>Participants called for stronger community infrastructure and policymaker engagement:</p> <ul style="list-style-type: none"> ● Expanding free or low-cost senior centers, social programs, and exercise spaces ● Providing Spanish-language workshops on caregiving, retirement, and aging preparation ● Improving outreach so older adults can access available services ● Increasing Latino representation in policymaking spaces, including collaboration with the Minnesota Council on Latino Affairs ● Pairing community stories with data to inform legislative action

Conclusion

The findings from this study make clear that Latino older adults and their caregivers in Minnesota are aging within systems that do not fully understand or respond to their lived realities. Despite their resilience, strong family networks, and ongoing economic and social contributions to their communities, many face persistent economic insecurity, overwhelming caregiving responsibilities, and significant barriers to accessing services intended to support them. Addressing these challenges requires policies and programs that prioritize trust, dignity, and meaningful access to resources for this growing population. A policy brief has been created in response to these findings on behalf of HACER in partnership with Age-Friendly Minnesota.

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