AGE FRIENDLY
minnesota

Action Team Recommendations Report 2026

Moving Minnesota's Multisector Blueprint for Aging Forward

OCTOBER 2026



Table of Contents

Executive Summary **3**

I. Introductory Letter **4**

II. Process Overview **5**

III. Cross-Cutting Themes **7**

IV. Recommendations & Outcomes **8**

Domain 1: Connected Communities **10**

Action Team: Affordable Housing 10

Action Team: Multimodal Transportation Options 13

Action Team: Public Spaces for All Ages & Seasons 15

Action Team: Digital Engagement 17

Domain 2: Emergency Preparedness, Individual Rights, and Safety **19**

Action Team: Inclusive and Integrated Emergency Preparedness and Response 19

Domain 3: Optimized Health and Longevity **21**

Action Team: Integrated and Coordinated Care 21

Action Team: Equitable Opportunities for Brain Health 24

Action Team: Equitable Opportunities for Physical and Mental Health and Well-Being 26

Action Team: Long-Term Care 31

Domain 4: Economic Security and Vitality **33**

Action Team: Meeting Basic Needs and Beyond 33

Action Team: Vital Contributors to the Workforce 37

V. Conclusion **41**

VI. Acknowledgments **42**

Appendix A: Community and Partner Feedback 44

Executive Summary

Minnesota's Multisector Blueprint for Aging: From Blueprint to Action

Minnesota's Multisector Blueprint for Aging provides a framework for creating communities, systems, and policies that support people in living healthy, connected, safe, and meaningful lives as they age. Developed through a statewide, cross-sector process, the Blueprint identifies opportunities for action across multiple domains that influence the aging experience, recognizing that aging is shaped by far more than health care alone.

To help advance implementation of the Blueprint, Age-Friendly Minnesota convened Action Teams representing a range of sectors, organizations, community members, and lived experiences. Participants reviewed Blueprint priorities, explored challenges and opportunities, and developed recommendations intended to support planning, partnership, and implementation efforts. The recommendations included in this report reflect the collective perspectives, expertise, and experiences of Action Team participants and are intended to serve as a resource for agencies, organizations, communities, and advocates across Minnesota.

Action Teams:

- Affordable Housing
- Digital Engagement
- Equitable Opportunities for Brain Health
- Equitable Opportunities for Physical and Mental Health & Well-Being
- Inclusive and Integrated Emergency Preparedness & Response
- Integrated and Coordinated Care
- Long-Term Care
- Meeting Basic Needs and Beyond
- Multimodal Transportation Options
- Public Spaces for All Ages & Seasons
- Vital Contributors to the Workforce

Cross-Cutting Themes

While each Action Team focused on a distinct topic area, several themes emerged across the recommendations. These themes reflect shared opportunities for advancing the goals of the Multisector Blueprint for Aging and highlight areas where coordinated action may have broad impact across multiple domains.

- **Access, Choice, and Co-Design**: Services, programs, and environments should be accessible, responsive, and shaped by the voices, experiences, and preferences of older adults and communities.
- **Coordinated Systems of Care and Support:** Health care, housing, transportation, caregiving, and community supports work best when they are connected, person-centered, and easy to navigate.
- **Systems and Policy Alignment:** Long-term progress depends on policies, funding structures, and regulations that support shared goals across sectors and levels of government.
- **Infrastructure and Capacity Building**: Sustainable change requires investments in workforce development, technology, data, organizational capacity, and other foundational resources.

Many of the priorities reflected in this report are also being advanced through related statewide, regional, and local plans and initiatives. Better alignment of goals, investments, and implementation efforts across these efforts can reduce duplication, accelerate progress, and maximize impact for Minnesotans as they age.

Looking Ahead

This report represents an important milestone in implementing Minnesota's Multisector Blueprint for Aging. In the coming year, the Age-Friendly Minnesota Council will identify priority recommendations for focused action, while Action Teams and community partners continue advancing work within their areas of focus. The recommendations are intended to inform ongoing collaboration and future action across Minnesota.

I. Introductory Letter

Dear Colleagues and Partners,

Minnesota is at an important inflection point. As our population ages, communities, agencies, organizations, and systems must work together in new and more coordinated ways to ensure that all Minnesotans can live healthy, connected, and meaningful lives. Meeting this moment will require shared leadership, community-informed solutions, and a commitment to aligning efforts across sectors.

On behalf of Age-Friendly Minnesota, we are pleased to share this report highlighting recommendations developed through the Multisector Blueprint for Aging Action Teams. The Blueprint provides a framework for advancing age-friendly policies, programs, and systems across Minnesota. Recognizing that Minnesotans have diverse experiences, priorities, and needs, the Blueprint emphasizes solutions that reflect the unique strengths and challenges of different populations and communities across the state.

This report represents an important step in moving the Blueprint from vision to action. Over the past year, Action Team participants contributed significant time, expertise, and lived experience to identify priorities, explore challenges, and develop recommendations for advancing age-friendly communities and systems. We are deeply grateful to the many individuals and organizations who contributed to this work. Their thoughtful discussions, collaboration, and willingness to engage complex issues helped shape the recommendations contained in this report.

Importantly, these recommendations reflect the collective perspectives, experiences, and expertise of Action Team participants. They intend to inform planning, partnership, and implementation efforts across Minnesota while serving as a resource for agencies, organizations, communities, and advocates working to advance the goals of the Multisector Blueprint for Aging.

While this report marks the completion of one phase of work, it also marks the beginning of the next. In the months ahead, the Age-Friendly Minnesota Council will identify a focused set of recommendations to prioritize over the coming year, while Action Teams continue to explore opportunities to advance recommendations within their areas of focus. The recommendations in this report will also be shared broadly with agencies, organizations, communities, and other stakeholders, creating opportunities for others to contribute to, align with, and build upon this work. As we move forward, Age-Friendly Minnesota will continue to explore additional priorities within the Multisector Blueprint for Aging, identifying new ways to advance age-friendly policies, programs, and systems across Minnesota.

We look forward to the next phase of this work and invite others to help shape it. Whether you are interested in learning more, contributing your expertise, or exploring opportunities for collaboration, we encourage you to connect with Age-Friendly Minnesota.

Sincerely,

Lisa Edstrom
Director, Age-Friendly Minnesota Council

Sherrie Pugh
Chair, Age-Friendly Minnesota Council

II. Process Overview

Overview of the Multisector Blueprint for Aging

Minnesota's Multisector Blueprint for Aging provides a comprehensive, statewide framework to support aging well across the lifespan. The Blueprint organizes priorities across four domains—Connected Communities; Emergency Preparedness, Individual Rights and Safety; Optimized Health and Longevity; and Economic Security and Vitality—engaging partners across sectors to address the complex, interconnected issues that shape our aging experience.

The Blueprint was developed through a multi-year, collaborative process involving state agencies, local partners, community-based organizations, and older adults. This work established a shared vision and a broad set of strategies, including dozens of actionable tactics to advance age-friendly communities across Minnesota.

Building on this foundation, Action Teams were formed to translate these tactics into a more targeted and actionable set of recommendations.

Action Teams and Structure

To support implementation of the Blueprint, Action Teams were convened, each aligned to a specific topic area within the four Blueprint domains. These teams brought together cross-sector representation, including state and local government, community-based organizations, advocacy groups, health systems, and other key partners.



Each Action Team was supported by a Convener, responsible for facilitating the group's work, an Age-Friendly Minnesota Council Champion, who provided strategic guidance and helped connect recommendations to broader statewide efforts, and Age-Friendly Minnesota staff.

Action Teams were initially launched in 2025 and have been meeting regularly to advance priorities within their respective focus areas. From January through June 2026, Action Teams engaged in a structured process to develop a set of actionable recommendations grounded in the Blueprint. As part of this process, each Action Team:

- Identified 1–3 priority tactics from the Blueprint to advance in 2026
- Participated in a series of working sessions to discuss and refine recommendations
- Developed SBAR (Situation, Background, Assessment, Recommendation) documents to provide context and rationale for each priority area
- Created Implementation Plans outlining key roles, stakeholders, and considerations for advancing the work

This process was designed to balance focus and flexibility. Action Teams were encouraged to prioritize a manageable set of tactics to support meaningful progress, while tailoring their work to reflect the specific needs, opportunities, and readiness within their focus area.

SBARs were used to ensure that recommendations were grounded in a shared understanding of current conditions and challenges, while Implementation Plans helped to identify potential pathways for action, including responsible parties, collaboration needs, and resource considerations.

The recommendations presented in this report reflect the collective work of the Action Teams during this 15-month development period.

III. Cross-Cutting Themes

While each Action Team focused on a distinct topic area, several common themes emerged across the recommendations. These themes reflect shared opportunities for advancing the goals of Minnesota's Multisector Blueprint for Aging and highlight areas where coordinated action may have broad impact across multiple domains.

Taken together, the recommendations underscore the importance of policies, partnerships, infrastructure, and systems that empower Minnesotans to live healthy, connected, and meaningful lives as we age. Advancing these opportunities will require leadership, shared vision, and sustained commitment across sectors and levels of government. Because these themes cut across multiple Action Teams and areas of work, they cannot be addressed in isolation. Rather, meaningful progress will depend on ongoing coordination, collaboration, and alignment among organizations, sectors, and government agencies.

In addition, Action Teams consistently highlighted the importance of recognizing the value, contributions, and diverse experiences of older adults. This commitment serves as an important foundation for the recommendations that follow and influences how policies, programs, and services are designed, delivered, and experienced.

Access, Choice, and Co-Design

- As we age, we benefit from services, programs, and environments that are accessible, responsive, and reflective of diverse needs and preferences.
- Meaningful access is strengthened when older adults and communities help shape policies, programs, and solutions through lived experience and community engagement.

Coordinated Systems of Care & Support

- As we age, we benefit when health care, housing, transportation, caregiving, and community supports work together in coordinated and person-centered ways.
- Collaboration across sectors can improve navigation, reduce complexity, and create a more seamless experience for older adults and caregivers.

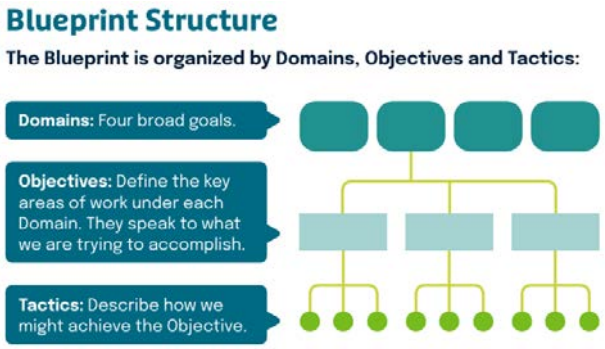
Systems & Policy Alignment

- Policies, funding structures, and regulations play an important role in creating the conditions for long-term progress.
- Alignment across local, state, and federal partners can help accelerate implementation and support shared goals

Infrastructure & Capacity Building

- Sustainable progress depends on strong organizational capacity, workforce development, technology, data, and other shared infrastructure.
- Investments in these foundational assets can help communities and organizations scale and sustain successful efforts.

IV. Recommendations & Outcomes



Recommendations are organized within the structure of Minnesota's Multisector Blueprint for Aging, which is comprised of four domains, under which are a set of objectives and tactics. Each of the Action Teams were asked to identify and prioritize 1-3 tactics from the Blueprint to advance in 2026. These priorities were selected based on several factors, including the group's level of interest, their assessment of the potential impact, and their perceived ability to advance the recommendations.

This prioritization is not intended to suggest that other Blueprint tactics are unimportant or will not be addressed in the future. Rather, it reflects a deliberate effort to focus Action Team efforts on a manageable set of opportunities that can be meaningfully advanced in the near term.

Following prioritization, Action Teams met regularly to discuss their selected tactics and develop a corresponding set of recommendations. Recommendations are not intended to provide every implementation detail; however, they are expected to be specific enough to support action. Wherever possible, Action Teams were encouraged to articulate the "who, what, why, and how" of each recommendation. The level of detail and format of recommendations varies across Action Teams, reflecting differences in the stage of their work, the complexity of the issues addressed, and the perspectives brought forward by each group.

To further support prioritization and understanding, Action Teams were also asked to assess each recommendation across two dimensions: potential impact and ability to advance (see the corresponding scales below). These ratings are included to provide additional context to the reader regarding both the anticipated significance of each recommendation and the level of control or influence Action Teams and/or Age-Friendly Minnesota may have in advancing it.

Potential Impact: *How impactful could this recommendation be if fully implemented?*	***Ability to Advance:*** *What is our ability to move this recommendation forward?*
• ***High*** *= Produces broad, lasting change by shifting policies, funding, access, or system design* • ***Moderate*** *= Improves reach, quality, coordination, or capacity but does not fundamentally change how the system operates* • ***Low*** *= Provides support, information, or incremental improvement that enables or complements other efforts*	• ***High*** *= Can be advanced by the Action Team/AFMN* • ***Moderate*** *= Requires coordination, alignment, or approvals beyond the Action Team* • ***Low*** *= Dependent on policy, legislation, or external actors*

Measuring Our Progress

The recommendations in this report are intended to advance the goals of Minnesota's Multisector Blueprint for Aging. To support implementation and help assess progress over time, Age-Friendly Minnesota will monitor progress in two complementary ways:

- **Implementation progress**, tracked through Action Team implementation plans, including updates, milestones, and completion status; and
- **Population-level outcomes**, tracked through a set of indicators aligned to each domain and Action Team.

An initial set of outcome measures is included alongside the Action Team recommendations in the sections that follow. These measures are not intended to capture every aspect of progress and will continue to evolve as implementation advances and additional data become available. Together, these approaches allow Age-Friendly Minnesota to track near-term implementation efforts while maintaining a focus on the long-term outcomes these recommendations are intended to influence.



Domain 1: Connected Communities

Action Team: Affordable Housing

Tactic 1: Support local communities in preparing housing studies that focus on the needs of older Minnesotans, including surveys that identify housing preferences

Rationale for Prioritization: This tactic was prioritized in response to the need for more localized, data-driven understanding of housing needs among older Minnesotans. While the overall shortage of affordable and accessible housing is well documented, each community faces unique conditions, preferences, and constraints that cannot be fully captured through statewide or national data. As a result, many communities lack the information needed to plan effectively for the housing needs of their aging populations, contributing to limited options and reactive, crisis-driven decision-making for older adults. At the same time, demographic trends indicate a rapidly growing older population, increasing the urgency of proactive, community-specific planning. Supporting local housing studies and surveys will enable communities to better identify gaps, align housing development with resident preferences, and inform targeted policy and investment decisions.

Recommendations	Potential Impact	Ability to Advance
a) Work with advocates to secure funding for the Age-Friendly Minnesota Council (or other designated state entity) to provide grants to local communities, particularly those with limited resources, for the cost of housing studies and related technical assistance.	Moderate	Low
b) Provide tools and assistance for selecting an organization to carry out a housing study or provide technical assistance, which would include strategies for identifying potential organizations and selecting a final vendor.	Low to Moderate	Moderate
c) Create a toolbox of sample housing surveys of older Minnesotans.	Low to Moderate	Moderate

Tactic 2: Create and make available sample land-use and zoning policies and ordinances that promote age-friendly housing, including Accessory Dwelling Units (ADUs), cottage homes, "missing middle housing," and shared housing

Rationale for Prioritization: This tactic was prioritized in response to a significant and growing gap in age-friendly housing options across Minnesota. Many older adults face limited access to safe, affordable, and accessible housing within their communities, driven in part by an aging housing stock, increasing cost burden, and rising prevalence of older adults with disabilities. Local land-use and zoning policies have further

constrained the development of alternative housing models—such as accessory dwelling units, "missing middle" housing, and shared housing—while smaller communities often lack the capacity to pursue policy changes independently. At the same time, Minnesota's aging population is growing rapidly, increasing demand for diverse and adaptable housing options. Addressing these challenges will require expanding the range of available housing types and supporting local communities with the tools and resources needed to adopt context-appropriate solutions.

Recommendations	Potential Impact	Ability to Advance
a) Work with a graduate school program, such as the Center for Urban and Regional Affairs (CURA) at the University of Minnesota's Humphrey School, to develop model land-use and zoning ordinances for units of local governments in Minnesota.	Moderate to High	High
b) Work with the League of Cities, Minnesota chapter of the American Planning Association, local Area Agencies on Aging, Minnesota Association of Development Organizations (MADO) and others to make the sample ordinances widely available.	Moderate to High	Low to Moderate
c) Create a plan to encourage local communities to adopt the ordinances that will work best in their communities.	Moderate	Low to Moderate

Tactic 3: Increase resources to fund the development, rehabilitation and retrofitting of housing for older Minnesotans

Rationale for Prioritization: This tactic was prioritized in response to a significant and growing gap between the housing needs of older Minnesotans and the resources available to address them. Many older adults face limited access to safe, affordable, and accessible housing within their communities, driven in part by an aging housing stock, increasing cost burden, and rising prevalence of older adults with disabilities. While Minnesota has several effective programs supporting housing development, rehabilitation, and home modifications, current funding levels are insufficient to meet existing demand, with available resources often significantly oversubscribed. These challenges are compounded by broader housing shortages and a rapidly growing older adult population, increasing both the scale and urgency of need. Addressing these gaps will require sustained and expanded investment to support the development, rehabilitation, and retrofitting of housing, ensuring that older Minnesotans can remain in their communities of choice.

Recommendations	Potential Impact	Ability to Advance
a) Advocate for more state funding at Minnesota Housing for the development, rehabilitation and retrofitting of housing for older Minnesotans, including: o Housing Infrastructure Bonds and Appropriations o Rental Rehabilitation Deferred Loan program, o Rehabilitation Loan Program, and o Economic Development and Housing Challenge Fund.	High	Low to Moderate
b) Create a coalition of older-adult and housing advocacy organizations	High	Moderate to High
c) Encourage Minnesota Housing and the Governor's office to include increased funding in the Governor's budget	Low to Moderate	Low to Moderate
d) Advocate at the state legislature	Low to Moderate	Low to Moderate

Outcomes Dashboard

Proposed	Source
Percentage of 65+ households that are housing cost-burdened	America's Health Ranking
Number of affordable housing units produced annually (construction and development)	Minnesota Housing Program Assessment Reports
Number of affordable housing units preserved or rehabilitated with state support	Minnesota Housing Program Assessment Reports

Action Team: Multimodal Transportation Options

Tactic 1: Promote education, awareness, and navigation of existing services while advocating for a centralized, easy-to-use system that allows users to quickly locate and access local transportation options.

Rationale for Prioritization: This tactic was prioritized in response to the complexity and fragmentation of transportation information available to older adults and those who support them. While numerous transportation services and resource directories exist across Minnesota, information is often dispersed across multiple websites, organizations, and regions, making it difficult for individuals to identify available options, compare services, understand eligibility requirements, and determine costs or accessibility features. Transportation providers and service organizations also face challenges maintaining accurate and up-to-date information across multiple platforms, resulting in inconsistent and sometimes unreliable information. Although several statewide and regional coordination efforts have been established to improve transportation access, many of these systems operate independently and do not provide a seamless user experience. As Minnesota's population ages and more residents rely on alternatives to driving, improving awareness of existing services and advancing more coordinated, user-friendly navigation tools will help older adults, caregivers, and service providers more effectively access available transportation options.

Recommendations	Potential Impact	Ability to Advance
a) Educate the public and providers about available transportation options to increase the utilization of existing services. o Educate service providers, such as human services, hospitals, and aging and disability services, about finding effective transportation options, mobility managers, and other available services o Educate Minnesota residents about available transportation options using messages that promote positive perceptions of public transit, walking, and other non-driving options.	Moderate	Moderate
b) Support and advocate for existing coordination and collaboration efforts to make transportation easier to use, including, but not limited to, the MnDOT MaaS, RTCCs, and TCAPs (Mobility Managers).	Moderate	Moderate

Tactic 2: Prioritize enhanced pedestrian infrastructure within transportation systems with a focus on safe, active and accessible design choices.

Rationale for Prioritization: This tactic was prioritized in response to growing concerns about the ability of Minnesota's transportation infrastructure to support safe and independent mobility as residents age. Many older adults are reducing or stopping driving due to health, vision, or mobility changes and increasingly rely on walking and other forms of active transportation to access essential services and remain connected to their communities. However, existing pedestrian infrastructure often includes barriers such as uneven sidewalks, inadequate curb ramps, poor lighting, long crossing distances, and limited winter maintenance, creating safety

risks and restricting mobility. These challenges are compounded by decades of transportation investments that have largely prioritized automobile travel and by inconsistent implementation of pedestrian improvements across communities. While effective planning tools, funding programs, and age-friendly design practices exist, awareness, funding stability, and local capacity vary considerably. As Minnesota's population continues to age, expanding support for safe, accessible, and pedestrian-friendly environments will be essential to promoting independence, reducing isolation, and ensuring equitable access to community life for older adults.

Recommendations	Potential Impact	Ability to Advance
a) During the 2027 Legislative session, advocate for the Active Transportation Program (Statute 174.38) funding to stabilize by educating legislators about the reach and impact of the program and how the instability affects the quantity and quality of applications that can be funded, and ultimately the number of communities across MN benefitting from the program.	High	Low to Moderate
b) Campaign to include a "toolkit" with o education about how equitable access to pedestrian areas for all ages improves local communities o education about the Active Transportation Planning process (opportunities/points to influence) o inventory of a-f pedestrian strategies and actions municipalities can implement beyond ADA compliance requirement (eg. Sidewalk Snow Clearing Guide, Sidewalk Repair Funding Guide, AARP's Walk Audit and Bike Audit Toolkits, etc.) o success stories and lessons learned from communities across MN and beyond o funding sources (eg. AARP's Community Challenge Grants, MN SHIP (Statewide Health Improvement Partnership) grants, amonst others)	Moderate	Moderate

Tactic 3: Strengthen, expand, and promote volunteer driver programs, including by supporting key federal legislation, the Volunteer Driver Tax Appreciation Act of 2023.

Rationale for Prioritization: This tactic was prioritized in response to the critical role volunteer driver programs play in meeting transportation needs for older adults and the significant challenges these programs face in recruiting and retaining volunteers. Volunteer driver programs provide essential transportation services throughout Minnesota, particularly in rural communities where transportation options are often limited and travel distances are greater. However, outdated federal reimbursement policies create barriers for volunteers by providing mileage reimbursement well below the actual cost of driving and subjecting reimbursements above a modest threshold to federal tax reporting requirements. These policies can discourage participation, create financial burdens for volunteers, and contribute to workforce shortages at a time when demand for transportation assistance is increasing. Challenges related to volunteer recruitment and retention have been further exacerbated by demographic and economic factors, including the lingering impacts of the COVID-19 pandemic and more adults working later into life. Strengthening volunteer driver programs, expanding awareness of available supports, and advancing federal policy changes such as the Volunteer Driver Tax

Appreciation Act would help stabilize and grow a vital transportation resource that enables older Minnesotans to access healthcare, services, and community activities.

Recommendations	Potential Impact	Ability to Advance
a) Promote the Minnesota Volunteer Driver Coalition (VDC) to strengthen its influence and broaden its reach--including encouraging additional Minnesota (and agencies nationally) organizations, that could enhance VDC's influence and reach, to join.	Moderate	High
b) Develop plan to provide, educate and promote the utilization of comprehensive platform/toolkits to support volunteer driver programs. These resources will focus on volunteer retention and recruitment.	Moderate	Moderate
c) Develop and implement strategies advocating for the Volunteer Driver Tax Appreciation Act of 2023. For example: sending letters of support - sent from Action Team members to key members of Congress; providing support letter templates to all key people/organizations and encouraging them to send.	Moderate	High

Outcomes Dashboard

Proposed	Source
Percentage of population living in areas with above-average walkability	National Walkability Index
Percentage of state-owned sidewalk miles substantially compliant with ADA standards (MnDOT)	ADA Compliance - Performance Measure Dashboard - MnDOT
Future Measures to Explore	
Number of volunteer drivers supporting community transportation programs	
Number and percentage of older adults using public transportation and paratransit	

Action Team: Public Spaces for All Ages & Seasons

Tactic 1: Built environment and programming

Rationale for Prioritization: This tactic was prioritized in recognition of the important role parks, trails, natural areas, and public gathering spaces play in supporting healthy aging. Access to nature and outdoor recreation can promote physical activity, social connection, mental well-being, and a sense of belonging, yet many public spaces do not consistently reflect the needs of older adults. Barriers such as limited seating, inadequate lighting, inaccessible restrooms, uneven walking surfaces, and seasonal challenges related to snow and ice can restrict

participation and reduce opportunities for engagement. These challenges are often amplified for individuals with mobility limitations, people living in rural areas, and communities that have historically experienced barriers to accessing public amenities. While Minnesota benefits from a strong network of parks and public spaces, opportunities exist to more intentionally incorporate age-friendly and universally designed features that support year-round accessibility, inclusion, and community connection. Expanding access to age-friendly parks and public spaces can help ensure that older adults have opportunities to remain active, engaged, and connected throughout the lifespan.

Recommendations	Potential Impact	Ability to Advance
a) Provide funding and technical assistance for age-friendly audits and improvements and expansion of nature-based programming for older adults. Support HF 3025, which creates a local Nature As We Age grant program administered by the DNR, a corollary to the Leave No Child Inside grant program.	High	Moderate
b) Adopt and implement universal design standards across state and local systems.	High	High
c) Include older adults in design and program planning decisions.	High	Moderate
d) Prioritize year-round accessibility, including winter maintenance and adaptive equipment.	High	Moderate
e) Expand partnerships to support inclusive, culturally responsive programming.	High	High

Tactic 2: Offer age-friendly and accessibility training to city, nonprofit, and business staff to ensure public spaces meet community needs (e.g., benches, bathrooms, smooth walking surfaces).

Rationale for Prioritization: This tactic was prioritized in recognition that creating age-friendly communities requires more than physical improvements to the built environment. Community planners, parks staff, business leaders, nonprofit organizations, and other decision-makers play an important role in shaping the spaces, programs, and services that older adults use every day. However, awareness of age-friendly principles, universal design practices, accessibility considerations, and the lived experiences of older adults vary considerably across sectors and communities. As a result, opportunities to improve accessibility, inclusion, and usability are often missed during planning, design, programming, and maintenance activities. Participants emphasized that increasing knowledge and practical skills among community leaders and frontline staff can help embed age-friendly practices into routine decision-making and create lasting change. Expanding access to training, tools, and real-world examples can support more consistent implementation of age-friendly practices while ensuring that public spaces better reflect the needs and experiences of older adults and diverse communities.

Recommendations	Potential Impact	Ability to Advance
a) Develop and deliver standardized age-friendly and accessibility training for city, nonprofit, and business staff, grounded in universal design and real-world applications.	Moderate	Moderate
b) Partner with trusted organizations to offer training that includes lived experiences of older adults and diverse communities.	High	High
c) Integrate training into existing professional development, certification, and onboarding systems to ensure broad and sustained uptake.	High	Low
d) Provide practical tools (e.g., checklists, audit guides, case examples) that staff can immediately apply to improve public spaces.	High	Moderate
e) Establish incentives and recognition for communities and organizations that complete training and implement age-friendly improvements.	High	Moderate

Outcomes Dashboard

Note: The Action Team continues to refine and prioritize outcomes measures. Measures will be shared as they become available.

Action Team: Digital Engagement

Tactic 1: Expand technology training and education

Rationale for Prioritization: This tactic was prioritized in response to persistent barriers that prevent many older Minnesotans from fully participating in an increasingly digital world. While technology can support independence, social connection, access to services, and overall quality of life, many older adults face challenges related to internet access, device availability, affordability, and digital literacy. Action Team members emphasized that meaningful digital inclusion depends on three interconnected components: Access (reliable and affordable internet service), Devices (appropriate technology such as computers, tablets, and smartphones), and Usage (the skills, confidence, and support needed to use technology effectively). Like a three-legged stool, all three components are necessary for successful participation in the digital world.

Many older adults are unaware of the potential benefits of technology, lack opportunities for individualized instruction, or struggle to find assistance tailored to their needs. Rural residents often face additional barriers due to limited broadband availability and fewer local support resources. At the same time, access to healthcare, financial services, government programs, and other everyday activities is becoming increasingly dependent on digital technologies. Expanding technology training and education will help ensure that older adults can remain connected, access vital resources, age more independently, and participate fully in their communities.

Recommendations	Potential Impact	Ability to Advance
a) Create a resolution that increases awareness of the three-legged stool of digital inclusion—internet access, devices, and digital skills/support (usage)—and the importance of addressing all three components together.	Low to Moderate	High
b) Connect with MN Aging Pathways group so that the website being created/updated with documents of all the existing older adult technology efforts and online programs across the state are collaborating.	Moderate	High
c) Create an open access program that provides CEU credit and content to create "Technology Coaches."	Moderate to High	Low
d) Create a basic primer on Artificial Intelligence leveraging Senior Planet curriculum.	Moderate to High	Moderate
e) Create "leave behind documents" of "How Tos" for older adults.	Moderate to High	Moderate

Outcomes Dashboard:

Proposed	Source
% of households with adults age 65 and older that have a broadband internet subscription and a computer, smartphone or tablet	America's Health Rankings
Social isolation risk index value for adults age 65+ *Includes, living alone, being divorced/widowed, having a disability, and having independent living difficulty*	Explore Risk of Social Isolation - Age 65+ in Minnesota | AHR
Future Measures to Explore	
% of 65+ households with a device that is less than 5 years old	
% of 65+ households with a current device who know how to use them	

Domain 2: Emergency Preparedness, Individual Rights, and Safety

Action Team: Inclusive and Integrated Emergency Preparedness and Response

Tactic 1: Ensure communication access for all by developing integrated emergency preparedness plans that identify community members who may need additional assistance and outline strategies to support them during emergencies.

Rationale for Prioritization: This tactic was prioritized in response to gaps in emergency preparedness systems that can place older adults and other vulnerable populations at increased risk during emergencies. Emergency response agencies often lack reliable information about the location and needs of individuals who depend on medical equipment, electricity-dependent devices, mobility supports, or other forms of assistance. At the same time, healthcare providers, public health agencies, and emergency responders frequently operate within separate systems, limiting the sharing of critical information needed to coordinate timely and effective responses. Existing emergency preparedness efforts have largely focused on population-wide response strategies rather than proactively identifying and planning for the needs of individuals who may require additional support during emergencies. Recent emergency events have highlighted the consequences of these gaps, including delayed response times and increased risk for vulnerable residents. Addressing these challenges will require stronger collaboration across healthcare, public health, emergency management, and local government partners, as well as improved systems for identifying, mapping, and supporting at-risk populations before emergencies occur. Strengthening communication, coordination, and preparedness planning will help ensure that all Minnesotans can access the assistance they need during emergencies and disasters.

Recommendations	Potential Impact	Ability to Advance
a) Develop a centralized registry of vulnerable individuals (opt-in), maintained through collaboration between healthcare providers, public health agencies, and emergency management teams.	High	Moderate
b) Establish formal data-sharing agreements that comply with privacy regulations while enabling emergency responders to access critical information when needed.	High	Moderate
c) Implement GIS mapping tools to identify geographic clusters of vulnerable populations and integrate this data into emergency response planning.	High	Moderate

Recommendations	Potential Impact	Ability to Advance
d) Create interagency coordination protocols to eliminate silos and ensure seamless communication during emergencies.	High	Low
e) Conduct community outreach and education campaigns to encourage voluntary registration and preparedness among vulnerable individuals.	Moderate	High
f) Pilot integrated response programs at the city or county level to test effectiveness and refine processes before broader implementation.	High	Moderate
g) Provide specialized training for responders on assisting individuals with medical dependencies, people with hearing loss and persons with disabilities or mobility limitations.	High	Moderate

Outcomes Dashboard

Proposed	Source
% of people using the EMS system who are age 65 years or older	MN EMS System Report;
# of emergency department visits due to falls among adults 65 years and older in Minnesota	MN EMS System Report;
Future Measures to Explore	
% of adults age 65+ with a written emergency preparedness plan	



Domain 3: Optimized Health and Longevity

Action Team: Integrated and Coordinated Care

Tactic 1: Empower caregivers with information so that they advocate for themselves and the people they care for in healthcare settings

Rationale for Prioritization: This tactic was prioritized in response to the critical role caregivers play in delivering care and the limited preparation and support they receive. Family and friend caregivers provide the majority of home-based care in Minnesota, yet most are not trained for the medical, coordination, or daily living tasks they are expected to perform. As care needs become more complex, caregivers are increasingly expected to navigate healthcare systems, communicate with care teams, and manage care independently, often without sufficient knowledge, recognition, or resources. Without greater support for self-advocacy and system navigation, many caregivers remain underprepared to effectively engage in care, limiting outcomes for both caregivers and those they support.

Recommendations	Potential Impact	Ability to Advance
a) Develop a toolkit that provides caregivers with resources to help them advocate for their own inclusion in the care team	Low	Moderate
b) Ensure that the toolkit remains updated and continues to be promoted.	Low	Low

Tactic 2: Create a culture shift within health care systems so that health care providers integrate caregivers into their practice as part of the patient's care team.

Rationale for Prioritization: This tactic was prioritized in response to gaps in how healthcare systems recognize and incorporate caregivers into care delivery. Despite their essential role, caregivers are not consistently identified, engaged, or supported within clinical workflows, which are largely designed around individual patients rather than caregiving units. Structural barriers—including workflow constraints, reimbursement limitations, and lack of formal training for providers—limit the ability of healthcare professionals to meaningfully include caregivers in care planning and decision-making. These limitations reduce care coordination and place additional burden on caregivers, highlighting the need to strengthen provider knowledge and practices related to caregiver integration.

Recommendations	Potential Impact	Ability to Advance
a) Consult with the University of California, San Francisco, Caregivers as Partners in Care Teams (UCSF CAP-CT) and/or other organizations that are successfully training healthcare staff on ways to include caregivers in their practice. Understand their strategies for dissemination. Create partnerships with other entities who are interested in or successfully train healthcare staff to help disseminate and promote the training materials.	Low	Moderate
b) Advocate with health systems to champion the existing trainings within their own departments, clinics, etc.	Moderate	Low
c) Create requirements and incentives to drive adoption. Explore a requirement for medical professionals to learn about caregiver integration and make it a condition of licensing, certification, or contracting.	Moderate to High	Low

Tactic 3: Improve and streamline referrals from health care to community-based caregiver services statewide

Rationale for Prioritization: This tactic was prioritized in response to limited infrastructure connecting healthcare providers with community-based caregiver supports. While caregivers frequently interact with healthcare systems, there is currently no consistent process for identifying caregivers, assessing their needs, or referring them to available services and supports. Healthcare providers often lack efficient mechanisms for connecting caregivers to community resources, while community-based organizations face challenges establishing referral pathways and information-sharing processes with health systems. Existing models demonstrate that stronger integration between healthcare and community-based services can improve caregiver access to support, but broader adoption will require investment in referral infrastructure, cross-sector coordination, and systems that make caregiver identification and connection to services easier and more consistent.

Recommendations	Potential Impact	Ability to Advance
a) Explore ways to use electronic health records (EHRs) to identify caregivers and make referrals for caregiver supports through the EHR. This requires technological infrastructure that allows for a patient to have a caregiver identified and attached to their record, a system for sending referrals for caregiver services through the EHR, reimbursement for healthcare staff for the time completing the referral, and processes and agreements at the level of healthcare systems and community-based providers. These pathways require input from community-based providers, technical training for all users	High	Moderate

Recommendations	Potential Impact	Ability to Advance
and automatic trigger points for health care staff to be alerted to the need to make a referral.		
b) Explore ways that large-scale, statewide data hubs, like the MN Aging and Disability Resource Center could be enhanced and used for referring caregivers from healthcare to community supports. Consider referral pathways like the current online referral system for Resource Coordination on the MN Aging Pathways website and the Dementia Care Ecosystem referral portal as examples. Ideally, one hub, one QR code, one website, etc. rather than multiple hubs across the state. These pathways require input from community-based providers, technical training for all users and automatic trigger points for health care staff to be alerted to the need to make a referral.	High	Moderate
c) Create incentives for healthcare systems and community providers to adopt, adapt and scale models that are proven to work like RUSH, Care Ecosystem and CAP-CT.	High	Low

Outcomes Dashboard

Proposed	Source
Percentage of family caregivers asked by health care providers about care needed for their care recipient and themselves	AARP: Caregiving in the US Report;

Action Team: Equitable Opportunities for Brain Health

Tactic 1: Create awareness campaigns on cognitive health. Educate the public and healthcare professionals about brain health, risk factors for dementia, Parkinson's disease, other brain disorders, and the importance of early diagnosis. Reduce stigma and promote understanding through targeted messaging.

Rationale for Prioritization: This tactic was prioritized in response to growing concerns about brain health and the increasing prevalence of dementia and other neurological conditions across Minnesota. While age is a significant risk factor, it is not the only factor that influences brain health. Many people remain unaware of the actions that can support cognitive well-being, reduce dementia risk, and encourage early identification and intervention when concerns arise. At the same time, stigma, misconceptions, and limited awareness often delay conversations about memory concerns and reduce the likelihood of seeking evaluation or support. Significant disparities also exist in those who develop dementia, who receives a diagnosis, and who has access to culturally responsive information and services. Expanding public and professional awareness of brain health, risk reduction, early detection, and available supports can help promote healthier aging, reduce stigma, and improve outcomes for individuals, families, and communities.

Recommendations

a) Develop and promote culturally responsive brain health and dementia outreach materials
   - Ensure outreach efforts reflect Minnesota's cultural and linguistic diversity.
   - Expand the MDH Community Toolbox with culturally tailored materials.
   - Integrate and update Act on Alzheimer's tools.
   - Embed promising outreach strategies into community partner funding streams.
   - Elevate stories and lived experience to reduce stigma and promote early detection.

Tactic 2: Establish metrics to determine status of the Minnesota Dementia Strategic Plan, developed by the MN Healthy Brain Partnership in 2023.

Rationale for Prioritization: This tactic was prioritized in recognition of the need for stronger coordination, accountability, and measurement to advance brain health and dementia-related efforts across Minnesota. While the Minnesota Dementia Strategic Plan provides a framework for action, implementation involves numerous partners, systems, and initiatives operating across healthcare, public health, aging services, community organizations, and government. Participants identified a need for shared metrics and more robust data infrastructure to monitor progress, identify disparities, guide decision-making, and support continuous improvement. Establishing meaningful measures of progress will help strengthen alignment across partners, inform future priorities, and ensure that statewide efforts are contributing to more equitable opportunities for brain health, early detection, supportive care, and caregiver support.

Recommendations

a) Strengthen and expand the MN Healthy Brain Partnership
   - Position MHBP as a statewide hub for coordinated dementia action.
   - Convene task forces and implementation workgroups.
   - Integrate lived experience through a structured community engagement strategy.
   - Monitor progress, identify implementation priorities, and build statewide alignment.
   - Share and promote evidence-based programs and practices.
   - Expand participation to partners aligned with the Multisector Blueprint for Aging.

b) Use data to drive meaningful change
   - Build shared data infrastructure to support equity, learning, and accountability.
   - Coordinate analysis and shared learning sessions.
   - Strengthen partnerships to improve equity-focused dementia data.
   - Advance a dementia dashboard and shared indicators.
   - Establish systems for regular reporting and monitoring.
   - Support bi-directional referrals by understanding technical solutions and partnership models.

c) Educate and train providers, CHWs, navigators, and service providers
   - Strengthen prevention, detection, diagnosis, and caregiver support through coordinated training.
   - Promote existing training resources (GWEP, Community Health Worker modules, DHS, Alzheimer's Association).
   - Launch a coordinated Dementia education program to support primary care teams, Community Health Workers, community-based organizations, etc.
   - Share best practices from models like GUIDE to improve care coordination.
   - Collaborate on statewide training events and presentations.

d) Improve dementia referral pathways between clinics and community organizations
   - Create a statewide, equity-focused referral system for earlier diagnosis and caregiver support.
   - Conduct a statewide scan of referral pathways and gaps.
   - Develop a statewide referral framework informed by national models.
   - Co-design referral tools and protocols with clinics and CBOs.
   - Identify funding opportunities to pilot referral pathways.
   - Implement, evaluate, and refine the framework across diverse regions.

Note: Potential Impact and Ability to Advance ratings are still being developed for the Equitable Opportunities for Brain Health Action Team recommendations and are not included in this report. The Action Team also continues to refine and prioritize outcomes measures, which will be shared as they become available.

Action Team: Equitable Opportunities for Physical and Mental Health and Well-Being

Tactic 1: Expand holistic health programming with an equity focus — equity in grants, mental health, and funding administration

Rationale for Prioritization: This tactic was prioritized in response to persistent inequities in access to health promotion opportunities, funding resources, and evidence-based programs for older Minnesotans. While Minnesota has invested in community-based programs that support physical health, mental health, chronic disease management, and healthy aging, access to these opportunities remains uneven across geography, race and ethnicity, language, income, disability status, and community type. Older adults in rural communities, Tribal Nations, communities of color, LGBTQ+ communities, and other underserved populations often face barriers to participating in or benefiting from existing programs. At the same time, smaller community-based and culturally rooted organizations frequently encounter administrative, funding, and capacity barriers that limit their ability to access grants, sustain programming, or adapt services to local needs. Information about available programs, funding opportunities, and evidence-based practices is also fragmented across systems and regions, making it difficult for organizations, providers, and older adults to identify available resources. Addressing these challenges will require a more equitable and coordinated approach to grantmaking, program dissemination, community-clinical partnerships, and statewide infrastructure development. Equally important, older adults—particularly those experiencing health inequities—must be meaningfully involved in shaping, implementing, and evaluating the programs designed to support their health and well-being. These actions will help create a more sustainable, culturally responsive, and accessible health promotion system throughout Minnesota.

Recommendations	Potential Impact	Ability to Advance
a) *Reduce Administrative Burden of Grant Programs for Mental and Physical Health Initiatives and Programming and Initiatives:* This includes programs funding mental and physical health promotion, built environment improvements, community education on healthy aging, chronic disease management, and fall prevention for older adults with specific attention to equity-focused, smaller, and community-based organizations. Reductions should include: (1) pre-RFP grant-writing technical assistance for under-resourced CBOs, with accessible application materials in plain language, no jargon, and recorded information sessions designed to help applicants succeed; (2) broad definition of evidence-based to include evidence-informed and community-developed approaches, consistent with the Prevention Institute UCEE framework; (3) allow and celebrate flexibility in program delivery formats to support cultural adaptation; and (4) partner with philanthropic organizations to cover items state dollars cannot, such as community engagement support and participant incentives. These should apply consistently across the full spectrum of holistic health programming not just mental health grants. The Age Friendly Minnesota grant process and the Prevention Institute Communities Principles should be used as models.	High	Moderate

Recommendations	Potential Impact	Ability to Advance
b) *Promote initiatives and programs equitably based on an understanding of gaps and barriers in current resource and opportunity distribution:* Commission a landscape geospatial mapping of age-friendly health promotion opportunities and resources that includes evidence-based health promotion programs, built environment features (parks, sidewalks, transit), and age-friendly infrastructure at the census tract level across Minnesota. Disaggregate by rurality, age, race/ethnicity, language, and Area Deprivation Index (ADI; University of Wisconsin ADI, census-tract level). Include qualitative component to understand local barriers and facilitators. Develop a replicable methodology and publicly available interactive dashboard so the map can be updated every five years. Use findings to direct future promotion, collaborative, and grant funding priorities.	High	Moderate
c) *Disseminate information statewide:* Create and maintain a multi-channel, equity-focused information resource on ready-to-use health promotion programs, toolkits, and funding opportunities for older adults and their care partners and advocates. This should cover topics like fall prevention, chronic disease management, physical activity, depression, anxiety, and suicide prevention. The resource should include three levels of evidence: research, contextual, and experiential. Equity-focused means content is multilingual, in accessible formats, and prioritizes programs relevant to people of color, rural, LGBTQ+, and disability communities. Channels should reflect older people's preferences and include: a maintained dynamic online hub building on existing systems (MN Thrives, MN Aging & Disabilities Resources); AAA and community organization newsletters; and a print catalogue modeled on community education booklets for those without reliable internet access. Channel and content decisions should involve all seven AAAs, SHIP, and community partners.	Moderate	High
d) *Prioritize Faith-Based Programming:* Direct dedicated grant funding to faith-based and culturally rooted community organizations including Black churches, Hmong, Karen, Somali, and Tribal Nation communities, and organizations such as Black Nurses Rock, the Black Queens, the Faith Community Nurse Network in the Twin Cities, and parish nurses throughout the state to sustain, expand, and adapt culturally grounded health promotion programming for older adults. Funding should be flexible, reduce administrative burden, and include pre-award technical assistance so that under-resourced organizations can successfully compete. Recognize that many of these organizations already have effective programming and trust relationships that need resourcing, not redesign. Tribal Nation funding should recognize sovereign governmental status and be structured accordingly.	Moderate	Low to Moderate

Recommendations	Potential Impact	Ability to Advance
e) *Build a Collaborative Hub,* MN4A to convene all seven AAAs Arrowhead, Central MN, Dancing Sky, MN Indian, MN River, Southeastern MN, and Metropolitan Area to build on Juniper and Metropolitan Area AAA's foundational work to develop a collaborative, statewide model for evidence-based health promotion program dissemination, phased as follows: (1) conduct a baseline assessment of current Juniper use, awareness, and perceived barriers across all seven AAAs; (2) develop a shared program catalog with adaptation rights so each AAA can tailor programs for their regional communities; (3) establish a data-sharing and reporting agreement; and (4) work toward a formally jointly governed network with shared staffing. Governance should ensure co-ownership across all seven AAAs, not a hub-and-spoke model centered in the metro. Minnesota Indian AAA participation must be meaningful, culturally grounded, and structured to respect Tribal Nation sovereignty.	High	Low to Moderate
f) *Establish an operational link between regional primary care systems and the statewide health promotion network.* Standardize a Bidirectional Community-Clinical Referral Workflow and Evidence Based Health Promotion Programs in the community. Develop a standardized clinical referral protocol and matching digital toolkit that allows Minnesota healthcare clinics to screen older adults for complex, multiple chronic conditions (such as dementia, hypertension, diabetes, depression, falls,), plus caregiving and route them directly to community-based evidence-based programs. Simultaneously, configure the local tracking fields within a data system to map directly to national NCOA center Title III-D and ACL-approved cloud database metrics, facilitating automated, compliant reporting and regional return on investment evaluations.	High	Moderate

Tactic 2: Enhance the role of technology in health and wellness

Rationale for Prioritization: This tactic was prioritized in recognition of the growing role technology plays in improving access to health care, behavioral health services, wellness supports, and health promotion programs for older adults. Telehealth, remote monitoring tools, and mobile health applications have demonstrated significant potential to improve access for individuals with mobility limitations, chronic conditions, transportation barriers, or those living in rural and underserved communities. However, the benefits of these technologies are not distributed equitably. Many older adults continue to face barriers related to broadband access, device availability, digital literacy, accessibility, disability, language, affordability, and trust in technology. These challenges create a risk that technology-enabled care could reinforce existing disparities if implementation is not intentionally designed around equity and choice. The Action Team also emphasized that many older adults prefer audio-only telephone communication and may view it as the most trusted and effective option for accessing health care. As a result, expanding technology in health and wellness must include protecting multiple care modalities, including phone, video, and in-person services, while providing the support,

training, infrastructure, and accessibility standards needed to ensure all older adults can benefit from digital health opportunities. Continued assessment of telehealth access, community-based technology support, provider education, and age-friendly digital tools will be essential to ensuring that technology advances health equity rather than widening existing gaps.

Recommendations	Potential Impact	Ability to Advance
a) *Develop a brief provider toolkit that is vetted by older adults and addresses:* o The full landscape of telehealth modalities including phone, and older adult preferences and use trends; o Screening for telehealth readiness without presuming video as a goal; o Culturally responsive telehealth practice for MN's diverse older adult populations.	High	Moderate
b) *Co-develop a brief, plain-language telehealth self-advocacy resource with older adults* that helps them understand their options, know their rights, and communicate preferences to providers. Content should address: the right to request phone over video; questions to ask before a telehealth appointment; and what to do if a clinic presents video as the only option. The resource should be available in multiple languages	Moderate	Moderate
c) *Protect and Permanently Reimburse Audio-Only (Phone) Telehealth:* Advocate at the state legislative level for permanent, payment-parity reimbursement of audio-only (phone) telehealth as a fully equal care modality, not a lesser or transitional option, for Minnesota Medical Assistance and state-regulated commercial plans, with parallel federal advocacy for Medicare parity. Parity should include equivalent billing codes and prior authorization treatment so that technical compliance does not undermine intent. Many older adults prefer the telephone; this is a legitimate, long-standing choice that must be protected in policy, not treated as a deficit. Aligns with MDH 2024 Telehealth Report recommendations supporting audio-only coverage and reimbursement parity.	High	Moderate
d) *Support and expand dedicated community-based telehealth support infrastructure for older adults in underserved areas,* including: (a) a telephone support line for technology assistance; (b) staffed support at community sites like libraries, community centers, faith community spaces, county buildings, and high schools, ensuring private space for virtual visits; and (c) home visits for older adults unable to access community sites. All support settings require trained staff or volunteers operating under a consistent statewide training standard covering device setup, connectivity, and basic program use with timely troubleshooting. High schools are a particular opportunity, a formal intergenerational tech support volunteer program aligns with existing MN service-learning requirements and creates a low-cost, high-impact model	High	Moderate

Recommendations	Potential Impact	Ability to Advance
connecting students with older adults in their communities. Sustained funding is essential to this infrastructure.		
e) *Convene a Digital Health Curation workgroup:* Purpose: to develop and maintain a curated, accessible digital health app resource for distribution through ADRC and AAA channels. Workgroup composition: Representatives from AAAs, a university partner (Extension, CHAI), and older adult advisors. Criteria could include: accessibility, plain-language privacy policy; not sell personal health data to third parties; use encryption for stored and transmitted data; disclose what data is collected and why, with preference given to apps with data minimization practices (collect only what's needed)	High	Moderate
f) *Establish a continuous quality improvement cycle for telehealth equity among older Minnesotans:* (a) starting 2026, every 5 years conduct equity-focused scan of telehealth access and use, disaggregated by rurality, race/ethnicity, income, disability status, language, and modality preference, using both quantitative data and qualitative methods including focus groups and listening sessions; (b) report findings to the Board on Aging and AAAs with an explicit expectation of targeted response where gaps are identified; and (c) repeat the Minnesota Study of Telehealth Expansion and Payment Parity every five years. Links to recommendations of the Technology Action Team.	High	Moderate
g) *Advocate that the MN Department of Health monitor and publicly report on in-person care availability trends for older adults as telehealth policy evolves.* This is to ensure that promoting telehealth access does not reduce the availability of in-person care as a fully equal option. Monitoring should track rural clinic capacity, in-person visit availability by care type, and insurance reimbursement structures that may incentivize telehealth over in-person care in ways that reduce older adults' access to hands-on assessment and face-to-face provider relationships.	High	Low
h) *Ensure legal and operational accessibility across all current and future digital health tools.* Establish a Section 508 Accessibility and Linguistic Compliance Standard for All Digital Curation and Virtual Delivery Platforms. Ensure that apps, community telehealth station deployed, or video/telehealth training resource developed aligns with federal Section 508 standards. This requires that remote health education sessions feature live captioning edited by professional captioners to eliminate automated system mistakes, document tools remain fully navigable by screen readers, visual layouts preserve high contrast, and materials are translated to align with the linguistic requirements of Minnesota's diverse older adult cohorts.	High	High

Outcomes Dashboard

Proposed	Source
Percentage of adults aged 65+ reporting frequent poor physical health	MN Behavioral Risk Factor Surveillance System
Percentage of adults aged 65+ reporting frequent poor mental health	MN Behavioral Risk Factor Surveillance System
Percentage of adults age 65+ who reported meeting aerobic (150+ minutes/week) and muscle-strengthening (2+ times/week) recommendations	MN Behavioral Risk Factor Surveillance System
Percentage of adults aged 65+ who reported consuming two or more fruits and three or more vegetables daily	America's Health Rankings
Social isolation risk index value for adults age 65+ *Includes, living alone, being divorced/widowed, having a disability, and having independent living difficulty*	Explore Risk of Social Isolation - Age 65+ in Minnesota | AHR
Future Measures to Explore	
Percentage of adults age 65+ who live in an environment conducive to a healthy lifestyle	
Percentage of older adults accessing mental health services	
Percentage of adults aged 65+ who reported balance training three or more times per week	

Action Team: Long-Term Care

Note: *The tactics presented in this section reflect priorities identified through the Action Team process. While the rationale for these priorities has been established, the team continues to refine associated recommendations and outcomes, which will be incorporated as they are finalized.*

Tactic 1: Craft a new narrative on nursing homes and assisted living

Rationale for Prioritization: This tactic was prioritized in response to persistent negative perceptions and outdated narratives surrounding nursing homes, assisted living communities, their residents, and the professionals who provide care. Long-term care settings are often viewed through a lens of decline, dependency, or institutionalization, reinforcing ageist stereotypes and limiting opportunities for meaningful community inclusion. At the same time, many long-term care communities remain disconnected from the broader communities around them, further contributing to social isolation and misunderstanding. Language also plays an important role in shaping perceptions and experiences, with ageism often influencing the ways older adults and residential care settings are discussed in public discourse, organizational policies, and everyday

interactions. Reframing long-term care through a more positive, age-inclusive narrative can help promote dignity, respect, and belonging while recognizing residential care settings as important community assets and places where older adults continue to live meaningful lives.

Tactic 2: Foster a culture of "long-term care as home"

Rationale for Prioritization: This tactic was prioritized in response to the need to more fully align long-term care settings with the fundamental understanding that these communities are first and foremost residents' homes. While nursing homes and other residential care settings provide essential healthcare and support services, residents also rely on these environments as places where they build relationships, maintain routines, express personal preferences, and exercise autonomy. Historically, long-term care evolved from institutional models that emphasized efficiency, risk management, and medical oversight, often at the expense of individual choice and quality of life. Although person-centered care and culture-change movements have advanced important reforms, many long-term care settings continue to face challenges balancing regulatory requirements, staffing constraints, and operational demands with residents' preferences and independence. Strengthening a home-centered approach will require continued efforts to promote resident choice, dignity, cultural responsiveness, meaningful engagement, and access to high-quality services and supports that enable individuals to live according to their values and preferences.

Tactic 3: Cultivate a stable, educated, and compensated workforce

Rationale for Prioritization: This tactic was prioritized in recognition of the critical role that a stable, well-trained, and adequately compensated workforce plays in the quality of long-term care. Residents depend on consistent relationships with caregivers who understand their histories, preferences, and evolving needs, yet many long-term care providers continue to face significant challenges related to recruitment, retention, staffing shortages, and workforce burnout. These challenges have developed over decades due to the historical undervaluing of caregiving work, increasing care complexity, workforce inequities, and reimbursement systems that have often failed to keep pace with the true costs of staffing and professional development. The COVID-19 pandemic further intensified these issues, exposing the physical, emotional, and financial pressures faced by long-term care workers and contributing to workforce attrition across the sector. Addressing these challenges will require sustained investments in education, workforce development, career advancement opportunities, workplace supports, and compensation strategies that recognize the essential contributions of long-term care professionals. Strengthening the workforce is fundamental to ensuring high-quality care, improving resident outcomes, and building long-term care communities where both residents and staff can thrive.

Domain 4: Economic Security and Vitality

Action Team: Meeting Basic Needs and Beyond

Tactic 1: Advance equitable food access, with special emphasis on (underserved) rural areas

Rationale for Prioritization: This tactic was prioritized in response to increasing food insecurity among older Minnesotans and persistent barriers to accessing food and nutrition services, particularly in rural communities. Demand for food support has reached historically high levels, with older adults representing a growing share of food shelf users, signaling both rising need and gaps in existing systems. At the same time, policy and funding structures have not kept pace with this growing demand, limiting flexibility in how resources can be used and constraining providers' ability to adapt services to meet changing needs. These challenges are more pronounced in rural areas, where transportation barriers, limited retail and service infrastructure, and reduced provider capacity restrict access and increase isolation. The current system—shaped by outdated funding models and limited coordination—does not adequately support innovative, collaborative, or community-based approaches needed to ensure consistent access to nutritious food.

Recommendations	Potential Impact	Ability to Advance
a) Advocate for changes to key policies that would expand allowable use of Title III senior nutrition funding - move away from a "meals only" approach.	Moderate to High	Moderate to High
b) Advocate for policy changes that would modernize delivery models via more flexible funding and support a more holistic approach to food and nutrition.	Moderate to High	Moderate to High
c) Advocate for policy change to prevent funding silos that negatively affect food or meal delivery: Example - Access to reimbursable mile.	Moderate	Moderate
d) Conduct landscape scan of innovative collaborations/models for pilots or expansion: Explore/document grocery and food delivery and opportunities for collaboration–such as rural grocers, rural mail, other things being transported around regions and communities; partnerships with school districts to use buses to transport people to meal sites.	Moderate	Moderate

Tactic 2: Advance sustainable funding for services that support independence and safety at home and in the community, especially in rural areas

Rationale for Prioritization: This tactic was prioritized in response to growing gaps in the availability and sustainability of home- and community-based services (HCBS) that support older Minnesotans to live safely and independently, particularly in rural areas. Short-term funding mechanisms have enabled service development but are not sufficient to sustain programs over time, especially in communities with smaller populations and higher costs. At the same time, demand for services is increasing due to population aging, while workforce limitations and constrained provider capacity restrict the system's ability to respond. Current funding structures have not kept pace with these dynamics, and reductions in key funding sources have further strained service availability. As a result, many older adults—particularly in rural communities—face limited access to supports that enable them to remain in their homes, underscoring the need for more sustainable and equitable funding approaches.

Recommendations	Potential Impact	Ability to Advance
a) Establish ongoing, predictable HCBS (Home and Community Based Services) funding mechanisms o Transition from reliance on short-term development grants (e.g., Live Well at Home) to sustained funding models that recognize HCBS as essential infrastructure. o Adjust funding formulas to account for rural population size, geographic dispersion, workforce scarcity, and higher per-capita infrastructure costs.	High	Low
b) Prioritize rural impact in funding and grantmaking decisions o Explicitly examine and weigh rural needs, service viability, and long-term sustainability in HCBS grant scoring and allocation processes, including future funding initiatives. o Protect rural communities from disproportionate losses when funding allocations shift toward population growth in metropolitan areas. o Examine ways to improve accessibility and affordability (minimum homemaker service hours = excludes rural communities)	Moderate	Moderate
c) Embed return-on-investment (ROI) and cost-avoidance considerations into policy decisions o Require HCBS funding proposals and budget decisions to consider evidence of cost savings from prevention, early intervention, and delayed institutionalization.	High	Moderate to Low

Recommendations	Potential Impact	Ability to Advance
o Use this evidence to justify proactive investments that reduce higher downstream costs from hospitalizations, falls, and nursing facility placement.		
d) Pursue and align multiple funding partners o Support cross-sector partnerships among state agencies, health systems, managed care organizations, insurers, and community-based providers. o Align HCBS needs with workforce development initiatives. o Explore shared-savings or braided funding models that align incentives across Medicaid, health care, and community services.	Moderate to High	Moderate
e) Advance a coordinated policy and advocacy agenda o Conduct a targeted landscape scan of other state models, particularly state-supervised, county-administered systems to identify scalable funding approaches. o Develop and advance a clear legislative proposal that defines the problem, proposed solution, evidence base, investment required and requested actions for policymakers and stakeholders. o Examine ways to provide older adults with more timely plan information prior to open-enrollment and accurate Medicare Advantage Plan in-network provider listings	Low to Moderate	Moderate

Tactic 3: Promote and increase access to MN programs that help older people living in their homes and communities including Essential Community Supports, Alternative Care Grant, Elderly Waiver and the Live Well at Home grants

Rationale for Prioritization: This tactic was prioritized in response to barriers limiting access to home- and community-based services (HCBS) that support older Minnesotans to live independently, particularly in rural areas. Recent administrative actions, including a moratorium on new 245D provider licenses and a significant application backlog, have constrained provider growth and created a bottleneck in the system, reducing the availability of services. At the same time, demand for HCBS is increasing due to population aging and policy emphasis on community-based care, while administrative complexity, workforce challenges, and reimbursement limitations continue to restrict provider participation. These dynamics have limited access to critical supports and disproportionately impacted rural communities with smaller provider networks, highlighting the need to address structural barriers within the system to improve access and capacity.

Recommendations	Potential Impact	Ability to Advance
a) Create and commit to formal, ongoing mechanisms for provider and stakeholder engagement to inform improvements to the 245D application and approval process, including timelines, documentation requirements, administrative workflows and prevention of future system backlogs.	High	Moderate
b) Evaluate and adjust fee-for-service reimbursement rates to reflect the true cost of service delivery, including compliance and workforce expenses, with particular attention to rural viability.	High	Low
c) Align 245D process improvements with HCBS access goals, ensuring that enrollment and licensing systems support, not constrain, programs such as Essential Community Supports, Alternative Care Grant, Elderly Waiver and the Live Well at Home.	High	Moderate

Outcomes Dashboard

Proposed	Source
Number and percentage of older adults who received HCBS services	LTSS Performance Measures | Tableau Public
Number of older adults enrolled in the Elderly Waiver and Alternative Care Program	LTSS Demographic Dashboards | Tableau Public
Rate of Elderly Waiver and Alternative Care Program enrollment per 1,000 adults age 65+, by County	LTSS Demographic Dashboards | Tableau Public + American Community Survey
% of adults aged 60 and older who lack access to enough food for an active and healthy life due to limited financial resources	America's Health Rankings

Action Team: Vital Contributors to the Workforce

Tactic 1: Develop standardized ageism trainings and age inclusion best practice resources for workforce stakeholders.

Rationale for Prioritization: This tactic was prioritized in response to the significant impact that ageism continues to have on workforce participation among older Minnesotans and the growing need for experienced workers across Minnesota's economy. Employers in many industries report persistent labor shortages, yet older workers continue to face barriers in hiring, advancement, and retention due to stereotypes and misconceptions about age rather than job-related qualifications. At the same time, demographic trends point to an increasing number of adults remaining in or returning to the workforce later in life, driven by longer life expectancy, economic considerations, and a desire to continue contributing their skills and experience. While state workforce plans and aging initiatives have identified the importance of supporting older workers, Minnesota currently lacks a coordinated statewide approach to address age bias in employment practices. Research and experience from other workforce inclusion efforts suggest that structured education, practical tools, and employer incentives can help reduce bias and improve employment outcomes. Expanding ageism training and age-inclusive workforce practices will help employers access a broader talent pool while improving economic security and workforce participation among older Minnesotans.

Recommendations	Potential Impact	Ability to Advance
a) Require standardized ageism training and age-inclusion best-practice resources for all State funding recipients and promote the training and resources statewide to employers. o Standardize core content: definitions of ageism (stereotypes, prejudice, discrimination); common workplace manifestations; and the business, workforce, and legal risks of age bias. o Provide a companion employer toolkit: age-neutral job description language; structured interview guides and scorecards; skills-based screening/assessments; and guidance for avoiding age-coded criteria (e.g., graduation dates). Include optional templates (job posting checklist, inclusive language cheat sheet, and hiring workflow map) to support consistent use across employers. o Offer delivery supports: a short, online training option; a facilitated option for workforce intermediaries; and light-touch technical assistance for employers (office hours, SME list, and a simple self-assessment). Ensure materials are accessible, low barrier, and usable by small employers. o Embed into existing workforce practices: align training/toolkit language with existing EEO/anti-discrimination requirements and common DEI and talent-management practices (recruitment, onboarding, performance management, training access) so it is adopted as a standard competency.	High	Moderate

Recommendations	Potential Impact	Ability to Advance
o Verify and measure: require training completion tracking; encourage (or require) adoption of at least one toolkit practice (e.g., structured interviews); and collect simple annual reporting (e.g., number trained, practices adopted, and optionally age distribution of applicants/hires where lawful and feasible).		
b) Use incentives to encourage adoption of age-inclusive hiring and retention practices o Incentivize verified practice changes: consider grants, reimbursements, or tax credits tied to completing the standardized training and implementing specific practices (e.g., structured interviews, age-neutral postings, or return-to-work pathways), rather than hiring numbers alone. o Create a public recognition program: establish a "MN Age-Inclusive Employer" designation (or seal) with clear criteria (training completion + practice adoption) to increase visibility, encourage competition, and normalize age inclusion as a best practice. Encourage corporate champions to be visible within the business community and offer mentoring as well as testimonials on successful implementation benefits. o Support retention and advancement: pair employer participation with incentives for upskilling, career pathways, flexible scheduling, and age-friendly job design (where relevant), so employers can retain and leverage older workers' experience over time.	High	Moderate

Tactic 2: Drive DEED Support and Employer Engagement for Age-Inclusive Workforce Development in Minnesota

Rationale for Prioritization: This tactic was prioritized in response to the growing importance of older workers within Minnesota's labor force and the absence of dedicated workforce development infrastructure to support their continued participation. Older workers represent a rapidly growing share of the state's workforce and possess valuable experience, institutional knowledge, and mentorship capacity, yet Minnesota faces projected declines in this population over the coming decade as many workers approach retirement. At the same time, employers across multiple sectors continue to report difficulty recruiting and retaining qualified workers. Although Minnesota maintains targeted workforce programs for other populations and has identified older worker participation as a strategic priority, current state-supported services for older adults are largely limited to income-qualified participants and do not address the needs of the broader population of experienced

workers. Successful employer-engagement models already exist within Minnesota for veterans, people with disabilities, and other workforce groups, demonstrating the value of dedicated outreach, employer partnerships, and tailored workforce supports. Building a more intentional age-inclusive workforce strategy will help employers retain critical talent, address workforce shortages, and ensure that older Minnesotans who wish to continue working have meaningful opportunities to do so.

Recommendations	Potential Impact	Ability to Advance
a) Align DEED Workforce Development & Leadership's Support to fund a pilot program that includes all Minnesota older workers and drives greater employer engagement, educates regarding age-inclusive best practices, and increases older worker labor participation rates.	High	Moderate
b) Establish a dedicated Older Worker Employer Engagement Unit within DEED's Workforce Development Division, with a clear mandate, staffing, and accountability structure.	High	Moderate
c) Fund eight to 12 Older Worker Employer Representatives (OWERs) statewide, modeled on Local Veterans Employment Representatives (LVERs), to conduct direct employer outreach.	High	Moderate
d) Create an Age-Inclusive Employer Ambassador Council with C-suite HR leaders from Target, Best Buy, 3M, General Mills, HealthPartners, Mayo Clinic, Land O'Lakes, Ecolab, and others.	High	Moderate
e) Commission a scan of all national and international age-friendly/older worker workforce program models and prepare a comparative assessment and whitepaper regarding participation rates, costs/benefit analysis, best practices, and outcomes.	High	Moderate
f) Develop CareerForce training and navigation services specifically tailored to the documented barriers older workers face — including ageism in hiring, resume gaps, multi-generational workplace dynamics, technology upskilling, and credential updates — distinct from general adult workforce services. Integrate with CareerForce CRM (Salesforce) for employer outreach tracking, performance monitoring, and data-driven program management.	High	Moderate
g) Align with the AARP Employer Alliance framework and Minnesota's Multisector Blueprint to leverage existing infrastructure and national recognition. Offer credible-but-low-barrier entry opportunities for Minnesota employers to participate as age-inclusive workplaces and age inclusion champions.	High	Moderate

Recommendations	Potential Impact	Ability to Advance
h) Elevate Minnesota's reputation as a national leader. Minnesota has an opportunity to become the first state in the Upper Midwest — and one of the first nationally — to establish a comprehensive, state-funded older worker initiative that goes beyond the Senior Community Service Employment Program (SCSEP). This would position DEED as a national model for age-inclusive workforce development.	High	Moderate

Outcomes Dashboard

Proposed	Source
Proportion of adults 65+ working	MN Compass
Median earnings of older adults (age 65+)	MN Compass
Percentage of workers age 50+ who report seeing or experiencing age discrimination in the workplace	AARP
Future Measures to Explore	
Proportion of older adults in skills-appropriate, living wage jobs	

V. Conclusion

The recommendations in this report represent an important milestone in the implementation of Minnesota's Multisector Blueprint for Aging, but they are not intended to be the final word. As community needs, opportunities, and partnerships continue to evolve, so too will the work of advancing age-friendly communities across Minnesota.

In the coming year, the Age-Friendly Minnesota Council will identify a focused set of recommendations to prioritize, while Action Teams are reconvened and refreshed with new participants and perspectives, including increased representation from underserved communities. The recommendations in this report will also be shared broadly with government agencies, communities, organizations, advocates, businesses, and other stakeholders, creating opportunities for others to align their efforts with, contribute to, and build upon this work.

Prior to finalizing this report, a draft version was shared with partners, community members, and other stakeholders for feedback. In keeping with the intent of this report to reflect the recommendations developed by the Action Teams, the recommendations themselves were not revised through this review process. Feedback received has been documented and will be considered as implementation moves forward and as future Age-Friendly Minnesota priorities and activities are developed. A summary of the feedback process, participation, and common themes is provided in **Appendix A: Community and Partner Feedback**.

Many of the recommendations contained in this report will require action beyond the direct influence of Age-Friendly Minnesota. Progress will depend on continued collaboration among state and local government agencies, community organizations, Tribal Nations, health systems, businesses, advocates, older Minnesotans, and other partners. As a cross-sector initiative, Age-Friendly Minnesota will continue to support coordination, collaboration, and shared learning among partners working toward common goals.

If you would like to learn more about the recommendations or explore opportunities to contribute to this work, please contact the Age-Friendly Minnesota team at MN.DHS.AgeFriendlyMN@state.mn.us.

VI. Acknowledgments

This report reflects the time, expertise, lived experience, and commitment of the many individuals who participated in the Action Teams and contributed to the development of these recommendations. Age-Friendly Minnesota extends its sincere appreciation to everyone who shared their perspectives, experiences, and ideas throughout this process.

We would like to especially recognize the Action Team Conveners, who are acknowledged individually below for their leadership and facilitation of this work. We also gratefully acknowledge the dozens of organizations – many of which are listed below – whose staff participated in the process and helped shape the recommendations contained in this report. Together, these contributions have strengthened a shared vision for aging well in Minnesota.

Conveners

- **Amy Lucht,** President/CEO, Care Resource Connection | Integrated Emergency Response Systems
- **Catherine Engstrom,** Family Caregiving Supports Developer, Aging and Adult Services, Minnesota Department of Human Services | Integrated & Coordinated Care
- **Elma Johnson,** Project Support Coordinator, Division of Health Policy and Management, University of Minnesota School of Public Health | Multimodal Transportation Options
- **Gary Spears**, HOME Technology Services Coordinator, Senior Community Services | Digital Engagement
- **Hannah Shibeshi,** Critical Care Clinical Nurse Specialist, HealthPartners | Integrated & Coordinated Care
- **Joelle Hoeft,** Project Lead and Consultant, Nature As We Age | Public Spaces for All Ages & Seasons
- **John Patterson,** Director, Planning, Research & Evaluation, Minnesota Housing | Affordable Housing
- **Kim Anderson,** CEO & Founder, Grey Source | Vital Contributors to the Workforce
- **Marcus Kubichek,** Director of Innovation, Monarch Healthcare Management | Long-Term Care
- **Patty Takawira,** Manager, Aging and Healthy Communities Unit, Center for Health Promotion, Minnesota Department of Health | Equitable Opportunities for Brain Health
- **Rajean Moone,** Associate Director of Policy; Faculty Director and Professor, Long-Term Care Administration, University of Minnesota College of Continuing and Professional Studies and School of Public Health | Long-Term Care
- **Siobhan McMahon,** Professor; Director, Center on Aging Science and Care, University of Minnesota School of Nursing | Equitable Physical Health, Mental Health, & Well-Being
- **Thomas Hayden,** Director of Aging Services, Family Service Rochester | Meeting Basic Needs and Beyond

Participating Organizations

Action Team participants included representatives from more than 80 cross-sector organizations across Minnesota, including community members affiliated with advocacy groups, age-friendly community initiatives, and other stakeholder organizations. The organizations listed below reflect affiliations represented by participating individuals

and are included in recognition of their contributions. While not exhaustive, this list is intended to acknowledge the diverse sectors, perspectives, expertise, and lived experiences that helped inform this work.

- *AARP Minnesota*
- *Age-Friendly Virginia*
- *Age-Flourishing St. Cloud*
- *Age Well at Home*
- *All Elders United for Justice*
- *Allina Health*
- *Apparatus*
- *Arrowhead Area Agency on Aging*
- *Arrowhead Regional Development Commission*
- *Brainerd for All Ages*
- *Care Providers of Minnesota*
- *Care Resource Connection*
- *Carver County Public Health*
- *Catholic Charities of the Diocese of St. Cloud*
- *Cecilia Button Co., LLC*
- *Center for Interactive Learning and Collaboration*
- *CentraCare*
- *Central Minnesota Council on Aging*
- *City of Albert Lea*
- *City of Dayton*
- *City of Duluth*
- *City of Moorhead*
- *City of St. Louis Park*
- *Community Thread*
- *Crow Wing County*
- *Dancing Sky Area Agency on Aging*
- *Douglas County Senior Services*
- *Duluth Age-Friendly*
- *Duluth Aging Support*
- *East Central Regional Development Commission*
- *East Side Neighborhood Services*
- *Ecolibrium3*
- *Elder Network*
- *FamilyMeans*
- *Family Service Rochester*
- *Gifts for Seniors*
- *GreySource*
- *Headwaters Regional Development Commission*
- *HealthPartners*
- *Independent Consultant*
- *Justice North Civil Legal Aid*
- *Kittson County Public Health*
- *Lake County Health and Human Services*
- *Lakes Area Age Friendly*
- *Living at Home Network*
- *Lutheran Social Service of Minnesota*
- *Memory Keepers Medical Discovery Team*
- *Metropolitan Area Agency on Aging*
- *Metropolitan Interfaith Council on Affordable Housing*
- *Mid-Minnesota Development Commission*
- *Minnesota Aging Pathways*
- *Minnesota Board on Aging*
- *Minnesota Department of Commerce*
- *Minnesota Department of Employment and Economic Development*
- *Minnesota Department of Health*
- *Minnesota Department of Human Services*
- *Minnesota Department of Transportation*
- *Minnesota Housing*
- *Minnesota Nutrition Directors Association*
- *Minnesota Office of Ombudsman for Long-Term Care*
- *Minnesota River Area Agency on Aging*
- *Monarch Healthcare Management*
- *Northspan*
- *Northwest Minnesota Foundation*
- *Northwest Regional Development Commission*
- *Oak Terrace Senior Living*
- *Prairie Five Community Action*
- *Ramsey County Public Health*
- *Rebuilding Together Minnesota*
- *Regions Hospital*
- *Saint Therese*
- *Scott County Public Health*
- *SEMCAC*
- *Senior Community Services*
- *Southeastern Minnesota Area Agency on Aging*
- *St. Louis County*
- *Stratis Health*
- *The Topliff Team - Draz Real Estate, Inc.*
- *Twin Cities Cohousing Network*
- *United Community Action Partnership*
- *University of Minnesota Center for Healthy Aging and Innovation*
- *University of Minnesota Medical School*
- *University of Minnesota School of Nursing*
- *University of Minnesota School of Public Health*
- *Vivie*
- *Western Prairie Human Service*

Appendix A: Community and Partner Feedback

Community and Partner Feedback Process

Prior to finalizing this report, Age-Friendly Minnesota invited community partners, state and local agencies, advocacy organizations, service providers, and community members to review the draft recommendations and share perspectives on future implementation.

More than 50 individuals participated in the feedback process, representing a broad range of organizations and perspectives, including state government, local governments, public health agencies, Area Agencies on Aging, advocacy organizations, health care and long-term care providers, educational institutions, age-friendly community initiatives, community-based organizations, and community members.

Participants were asked to identify related initiatives and ongoing work, highlight recommendations they viewed as having the greatest potential, identify important considerations not reflected in the recommendations, suggest partners for future engagement, and express interest in participating in future implementation efforts.

How Feedback Will Inform Future Work

Consistent with the intent of this report to reflect the recommendations developed by the Action Teams, the recommendations themselves were not revised through this feedback process. Instead, feedback was solicited to help inform future implementation planning and Age-Friendly Minnesota priorities.

Feedback received through this process will help Age-Friendly Minnesota identify implementation opportunities, strengthen alignment with related efforts already underway, engage additional partners and stakeholders, better understand implementation considerations across sectors and communities, and identify opportunities for future exploration.

All feedback received has been documented and will continue to inform implementation planning, stakeholder engagement, and future Age-Friendly Minnesota activities.

Common Themes Identified Through Feedback

While feedback reflected a wide range of perspectives and experiences, several themes emerged across responses.

Recognition of the Action Teams: Many respondents expressed appreciation for the time, expertise, and effort contributed by Action Team participants. Feedback frequently acknowledged the breadth of the recommendations, the collaborative nature of the process, and the value of bringing together diverse perspectives to advance the goals of the Multisector Blueprint for Aging.

Implementation Opportunities and Priorities: Many respondents highlighted recommendations they viewed as having particularly high potential and offered suggestions related to implementation strategies, leadership, coordination, funding, accountability, and long-term sustainability.

Related Work Already Underway: Respondents identified numerous programs, initiatives, partnerships, and community efforts already advancing goals aligned with the Blueprint. Many encouraged Age-Friendly Minnesota to build on existing work, strengthen coordination, and avoid duplication where programs, infrastructure, partnerships, or resources already exist. Respondents from state agencies also identified existing tools and initiatives that could support implementation and clarified instances in which proposed roles or activities may fall outside an agency's authority.

Additional Needs and Future Areas of Focus: Many comments identified issues, opportunities, or emerging needs that were not fully addressed within the current recommendations. Respondents suggested additional considerations that may help inform future Age-Friendly Minnesota activities, implementation efforts, and exploration of future priorities.

Access, Equity, and Inclusion: Respondents emphasized the importance of ensuring that implementation efforts address barriers related to geography, disability, language, culture, affordability, transportation, technology access, and other factors that influence participation and outcomes.

Rural and Community Context: Many respondents noted the importance of recognizing the distinct realities facing rural, Tribal, and smaller communities, including workforce capacity, housing, transportation, service availability, and implementation resources.

Partnership and Stakeholder Engagement: Respondents identified numerous organizations, agencies, community groups, and individuals that should be engaged as implementation moves forward. Many also expressed interest in continued participation and collaboration to help advance recommendation areas aligned with their expertise and ongoing work.