

Minnesota's Multisector Blueprint for Aging

A 10-year plan for a more age-inclusive Minnesota



AGE FRIENDLY
minnesota



Table of Contents

▶ Introduction	3	▶ Goals and Actions	8
Blueprint Domains	3	Blueprint Structure	8
▶ Why Minnesota Needs a Multisector Plan for Aging	4	Domain 1: Connected Communities	9
Minnesota By the Numbers	4	Domain 2: Emergency Preparedness, Individual Rights and Safety	14
Understanding Minnesota's Older Population	5	Domain 3: Optimized Health and Longevity	17
▶ How the Blueprint Was Developed	6	Domain 4: Economic Security and Vitality	22
Age-Friendly Minnesota Timeline	7	▶ Appendix	25
		Age-Friendly Minnesota Council	25
		Blueprint Engagement	26
		Data Sources	27

Letter from the Council Chair

Dear Fellow Minnesotans,

It is with great enthusiasm and a deep sense of responsibility as the Chair of the Age-Friendly Minnesota Council that I share the Multisector Blueprint for Aging—a first-of-its-kind plan that embodies Minnesota’s commitment to ensuring a future where we can all live with dignity, vitality, and opportunity.

The Blueprint is a call to action for all Minnesotans to join us in our commitment to creating an age-friendly state where older adults from all our remarkably diverse communities can continue to live fulfilling and meaningful lives. As a roadmap, the Blueprint outlines actionable steps to promote accessible housing options, improve transportation networks, enhance healthcare services, foster social engagement opportunities, and ensure older adults can remain active and engaged members of our communities.

As we continue this journey, we recognize the importance of collaboration and partnership and invite you to join us in this endeavor to create a Minnesota where each of us can thrive as we age.



With a focus on the future,

Sherrie Pugh
Chair, Age-Friendly Minnesota Council



About the Age-Friendly Minnesota Council

The Age-Friendly Minnesota Council drives collaboration on aging across state agencies and public and private sectors, addresses disparities facing older Minnesotans, and equips communities with the tools to become more age-friendly. Established in 2019 through Governor’s Executive Order 19-38, the Council includes leadership from nine state agencies, a Tribal representative, and five community representatives.

Introduction

Minnesotans at every age deserve to be included, valued, and given opportunities to thrive.

Minnesota's Multisector Blueprint for Aging is a plan for Minnesota's future. As the number and proportion of older Minnesotans grows, the Blueprint guides us as we reimagine our communities as more age-inclusive places on every front—from housing and transportation to social connection and financial security. Like multisector plans for aging being adopted in other states, the Blueprint brings together partners across sectors to co-design policy, programs, and funding through an age-friendly lens.

Alongside the Blueprint, **Age-Friendly Minnesota Grants** spark innovation and action that bring age-friendly practices to life. The majority of these grants go directly to community-driven projects with a focus on local systems and environment change—everything from creating a multigenerational community center to purchasing an accessible van.

If we're living, we're aging. The Blueprint is for all of us.



Age-friendly communities embrace systems that help us stay connected, active, and included throughout our entire lifespan.

Blueprint Domains

The Blueprint outlines four areas of focus:

Connected Communities

Goal: Our communities will include housing, transportation, and public spaces that foster well-being and social connection as we age.



Economic Security and Vitality

Goal: Our communities will empower us to be financially secure and recognize us as valued contributors to the fabric of society as we age.



Emergency Preparedness, Individual Rights and Safety

Goal: Our communities will ensure that we are safe, secure, and respected as we age.



Optimized Health and Longevity

Goal: Our communities will have access to the health care, community services, and caregiver supports needed as we age.



Why Minnesota Needs a Multisector Plan for Aging

How can we shape communities to fulfill what we want and need in different chapters of life?

Our systems and communities play a major role in our aging experience. We can look to the Blueprint as a roadmap when making decisions for a more inclusive and equitable future.

To achieve this, multisector plans for aging:¹

- Foster collaboration between state agencies, local governments, and many other organizations to find system-wide solutions
- Provide clear priorities when we encounter new funding opportunities or shortages
- Promote a more well-rounded view of aging in our health care and community systems

Why “Blueprint”?

The Blueprint builds and expands on previous plans in Minnesota. Our new plan for aging is called a blueprint to reflect the iterative, collaborative process used to create and implement it.



Minnesota By the Numbers

More than one million Minnesotans now are over the age of 65, and the proportion of older adults is growing. We’re also becoming more diverse—in race, ethnicity, and other ways. Older adults contribute immensely to our communities and economy but can also face challenges tied to increasingly extreme weather, health disparities, and social disconnection.

ECONOMIC CONTRIBUTIONS

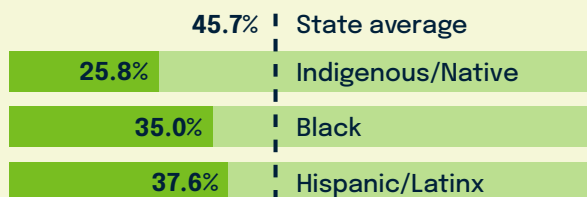
Minnesotans age 50 and older are responsible for **57 cents of every dollar** spent in Minnesota.²



Expected to grow to **62 cents** by 2050

UNEQUAL CARE

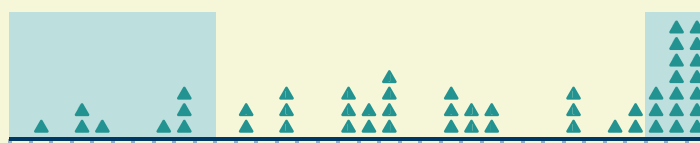
Minnesotans receiving optimal diabetes care³



Some communities have **significantly lower rates of optimal care** compared to statewide average in most reported measures.

NATURAL DISASTERS

Weather/climate disasters in Minnesota with losses over \$1 billion each⁴



MN experienced **8 climate disasters** from 1990–1999.

MN experienced **17 climate disasters** from 2021–2023.

ISOLATION

35% of Minnesotans, and 29% of Tribal elders, ages 55 and older feel isolated in their communities.⁵



Understanding Minnesota's Older Population

Aging is not a one-size-fits-all journey. It's shaped by our diverse identities, cultures, and life experiences. Our communities reveal varied pathways to thriving as we grow older. Black, Indigenous, people of color, LGBTQ+ individuals, rural residents, and those without traditional support networks each bring resilience, lived experience, and strong community ties. Yet long-standing inequities have limited access to opportunities and resources over time. Recognizing both strengths and structural barriers allows us to build on community assets and ensure everyone can age with dignity, purpose, and well-being.

A closer look at Minnesota's older population:

- **Tribal Nations and elders:** Eleven Tribal nations have geography that overlaps with the state of Minnesota. The state's American Indian and Alaska Native population is 126,250, which includes more than 9,250 adults age 65 or older.⁶
- **Racial, ethnic & cultural minorities:** Approximately 7% of Minnesotans ages 65 or older are people of color. Nearly 500,000 Minnesotans are immigrants.⁷ About 12% of Minnesota residents speak a language other than English at home such as Spanish, Hmong, Somali, Karen, Ojibwe, or Dakota.⁸
- **LGBTQ+ people:** Minnesotans age 50 and older who identify as LGBTQ were projected to double in population size between 2016 and 2026.⁹ LGBTQ older adults in Minnesota are nearly twice as likely to be caregivers, and also less likely to have a caregiver. They are half as likely to have children, and more likely to live alone.¹⁰
- **Rural residents:** Greater Minnesota is collectively older than the Twin Cities. By 2033, 32% of residents of rural Minnesota counties are projected to be ages 65 or older, compared to 19% for urban counties.¹¹ Rural older adults more often face less access to services, limited internet connectivity, and closure of hospitals and nursing homes.¹²
- **"Solos":** The number of 'solos' is growing—people who, by choice or circumstance, function without the support system usually provided by family. About 27% of Minnesotans age 65 and older live alone, or nearly 285,000 people.¹³ While not all people who live alone are solos, living can alone can provide a clue about the number of solos in Minnesota.

The Blueprint reflects the voices and experiences of Minnesotans statewide. The Blueprint will help our state become a place where all residents are respected and empowered, regardless of age, income, physical or cognitive ability, sexual orientation, gender identity, religion, geography, race, ethnicity, or culture.



Source: SEWA-AIFW

SEWA used its AFMN grant to engage and support South Asian older adults.



Older adults are an **increasingly racially diverse group**.¹⁷

This trend will increase over the next several decades, as nearly one in three Minnesotan children (ages 0-19) are people of color.¹⁸

How the Blueprint Was Developed

Multisector collaboration needed to meet the moment of shifting demographics.

The complex challenges and opportunities of these demographic shifts can only be addressed through strategic collaboration, and our partners rose to the challenge. The Blueprint was developed with input and partnership from governments, non-profits, agencies, local leaders, and Minnesota residents.

Engagements included:

- **Regional Exchanges:** In 2023, seven Regional Exchange events hosted by AFMN grantees were held simultaneously across the state. Each Exchange convened community leaders from the region to provide input that would shape the Blueprint's priorities.
- **Statewide Needs Assessment:** Beginning in 2021, Minnesota conducted a multi-stage needs assessment focused on the state's older residents. The assessment received over 900 statewide responses and 300 Tribal elder responses. Additionally, 48 focus groups were conducted across the state, covering every region.
- **Action Team convenings:** Hundreds of people shared their ideas across four in-person events, each focused on one of the Blueprint's domains.
- **Partner meetings:** Dozens of partner meetings with state agencies, councils, commissions, and other key partners helped inform the Blueprint based on the work already in progress.
- **AFMN Council meetings:** The Council meets regularly to advance Multisector Blueprint, ensuring a collaborative approach that reflects the diverse experiences of older Minnesotans.

Based on input from **thousands of Minnesotans**, the Blueprint:

1. Summarizes the landscape of aging our state
2. Identifies goals for a more age-friendly Minnesota
3. Proposes actions that will drive us toward those goals

Thanks to our partners across the state, **every region of Minnesota** is reflected and engaged in the Blueprint.



Source: Age-Friendly Minnesota

Thousands of Minnesotans shaped the Blueprint through statewide engagement.

Age-Friendly Minnesota Timeline

The Blueprint builds on Minnesota's decades of leadership and forward thinking when it comes to aging.

2019

Governor establishes the **Age-Friendly MN Council (AFMN)** through Executive Order

2020

AFMN releases its initial recommendations to the Minnesota Legislature

2021

Minnesota Legislature passes the **state's first age-friendly legislation**; includes AFMN funding for grants program and two staff members

2022

Minnesota becomes the 10th state to join the AARP Network of Age-Friendly States & Communities

Minnesota joins first cohort of Multisector Plan for Aging Learning Collaborative

2023

AFMN launches **first round of grants**, dispersing over \$2.3 million to over 100 grantees

AFMN hosts seven Regional Exchanges and a virtual conference to gather input for the Blueprint

2024

AFMN hosts Action Team Convenings to prioritize community feedback for the Blueprint

AFMN releases **first version of the Blueprint**

“The aging of America’s population represents a historic moment to create an institutional and cultural infrastructure for a more inclusive and vibrant America.”

Chris Farrell
“Healthier aging only helps the economy, society”
Minnesota Star Tribune



Source: Age-Friendly Minnesota

AFMN hosted seven Regional Exchanges in 2023 to gather input for the Blueprint.

Goals and Actions

The Blueprint is a 10-year plan that sets an ambitious new course for our state.

Minnesota is one of many states undertaking such work—generally known as **multisector plans for aging**. This national movement helps states restructure policy and programs across various sectors to put a lifespan lens on health, housing, transportation, social connection, and more.

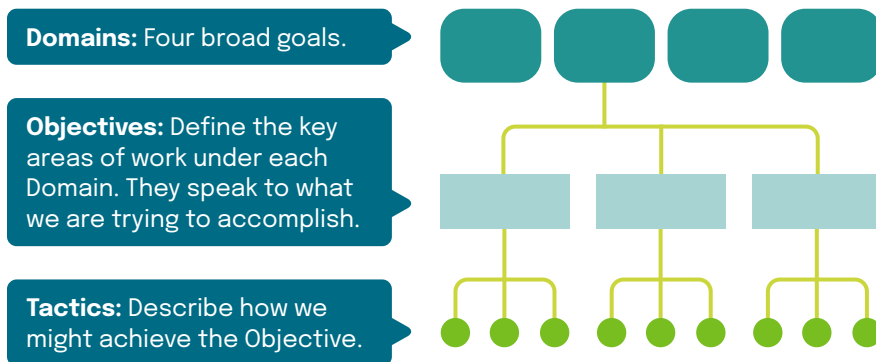
Minnesota's Multisector Blueprint is organized around four broad goals, or Domains, that were identified based on extensive community input:

-  **Connected Communities**
-  **Emergency Preparedness, Individual Rights, and Safety**
-  **Optimized Health and Longevity**
-  **Economic Security and Vitality**

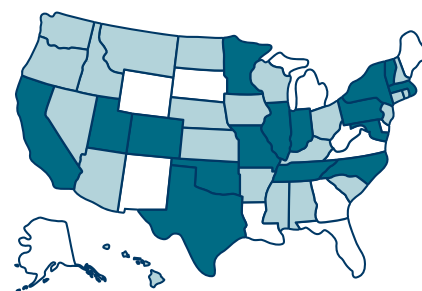
The Blueprint is and will remain grounded in community voices and input. As a dynamic and iterative document, it will respond to the unfolding opportunities, needs, and recommendations that are brought forward by community members and our many partners. Updates will be shared regularly. We invite you now to take a deep dive into Minnesota's Multisector Blueprint for Aging.




Blueprint Structure

The Blueprint is organized by Domains, Objectives and Tactics:



Multisector Plan for Aging Activity Across States²⁷



-  Implementing or legislating
-  Interested or planning
-  Not actively engaged



Domain 1 Connected Communities

Goal: *Our communities will include housing, transportation, and public spaces that foster well-being and social connection as we age.*

Does where we live—both our dwelling and our immediate community—allow us to live comfortably, safely, and affordably, and to remain connected to the people and things we care about? Our homes, our ability to get around, and to stay connected to people and information all intersect and depend on each other.

Jump to:

▶ Connected Communities

Emergency Preparedness,
Individual Rights and Safety

Optimized Health and Longevity

Economic Security and Vitality

Affordable Housing for the Lifespan

Objective 1 Affordable Housing

- **Fund incentives for developers to work in rural areas,** as benefits for developers in Greater Minnesota are not comparable to the metro area.
- **Reduce barriers and promote development of housing options such as Accessory Dwelling Units (ADUs) and “Missing Middle Housing.”** ADUs include backyard cottages, above-garage apartments, etc., and “Missing Middle Housing” includes a range of house-scale buildings with multiple units—compatible in scale and form with detached single-family homes—located in a walkable neighborhood.
- **Support funding for [Housing Infrastructure Resources](#)** (no base budget, bonding bill or one-time appropriation). These state funds are eligible for certain projects related to affordable housing, including housing specifically for adults ages 55 years and older.

Objective 2 Housing for the Lifespan

- **Explore and invest in relevant housing models and options,** such as shared housing, intergenerational homesharing, [cohousing communities](#), multigenerational housing, and care provider arrangements, including culturally specific approaches. This might include:
 - **Homesharing matching services** that engage colleges, schools, resettlement programs, foster care transition programs, domestic violence support programs, and others.



The number of older adults who are experiencing homelessness in Minnesota **increased 7%** between 2018 and 2023, while it fell for other ages.¹⁴

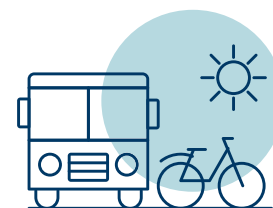
- **Explore bringing services such as Nesterly** (a homesharing platform that connects younger and older housemates and facilitates the ability to exchange a portion of rent for help with house/yard work, grocery shopping, etc.) to Minnesota communities.
- **Replicating programs that house college students in assisted living communities** for reduced rent in exchange for volunteer hours (e.g., Watkins Manor/Winona State University model and elsewhere in the US).
- **Expand access to home modifications.**
 - **Pursue legislation** to promote rehabilitation and retrofitting loans for older adults
 - **Increase availability of 0% interest home modification loans** for low-income older adults to allow for aging in community (e.g., [Rehabilitation Loan Program and Emergency & Accessibility Loan Program](#)).
- **Support or offer incentives for builders incorporating universal design concepts**, green space, and walkable community features in their projects as well as cottage design developments available for older adults or intergenerational residents (older adults, single parents, young adults).
- **Support and promote programs such as [CAPABLE](#)** to coordinate services and home improvements.

Jump to:▶ **Connected Communities****Emergency Preparedness,
Individual Rights and Safety****Optimized Health and Longevity****Economic Security and Vitality****Multimodal Transportation Options****Objective 1 Accessible and Age-Friendly Transportation Access**

- **Support efforts at the federal level to make changes to legislation**, such as the Volunteer Driver Tax Appreciation Act of 2023, that would raise the amount of mileage reimbursement that volunteers can claim exempt from federal taxes.
- **Expand and promote volunteer driver programs.**
- **Partner with local organizations to expand transportation options for medical appointments**, particularly in rural Minnesota.

Objective 2 Safe and Active Transportation Options for All Ages

- **Maintain and expand Greater Minnesota Transit**, aligning with the MN Department of Transportation's Greater Minnesota Transit Plan.



20% of Minnesotans, and 36% of Tribal elders, ages 55 and older say that lack of transportation negatively impacts their lives.¹⁵

- **Prioritize enhanced pedestrian safety measures**, with a focus on active design choices (such as improved crosswalks) rather than passive choices (such as signage).

Jump to:

▶ **Connected Communities**

**Emergency Preparedness,
Individual Rights and Safety**

Optimized Health and Longevity

Economic Security and Vitality

Public Spaces for All Ages & Seasons

Objective 1 Age-Friendly Parks and Public Spaces

- **Built environment and programming:**
 - **Funding and resources for communities to audit public spaces for age-friendly attributes and to implement changes** (such as lighting, benches with backs, shelters, shade, curb cuts, sidewalks, bike lanes, timely snow/ice removal, rental of adaptive equipment such as walking sticks). Utilize resources such as [AARP's Creating Parks and Public Spaces for People of All Ages](#).
 - **Adopt universal design strategies at state parks to increase accessibility and inclusivity**. Universal design is the design and composition of an environment so that it is usable to the greatest extent possible by all people without the need for adaptation or specialized design.
 - **Encourage development of accessible bathrooms (PDF) at all local and state park facilities. Ensure parks/public spaces are accessible for assistive devices in the winter** by partnering with neighborhood groups or task forces, subsidizing snowblowers or snow removal services (income-dependent), and accessibility-focused street markings that prioritize and/or subsidize plow service.
 - **Increase/support the number of informal gathering spaces**. Support programs like [Culturally Responsive Elder Connections](#) led by the Volunteers of America.
- **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).
- **Encourage multi-purpose, intergenerational community spaces, such as by:**
 - **Offering incentives** for entities such as developers, Chambers of Commerce, churches, parks and recreation entities, city and county health agencies, State Health Insurance Assistance Program (SHIP), and schools to open unused spaces for public use for free or reduced cost to enable public groups to meet up.



In Age-Friendly Minnesota's 2023–2024 Community Grant cycle, **17 of 88 grant projects** focused on improving the built environment and connecting older adults to the outdoors.

- **Encouraging rural communities to partner with the YMCA, Friends & Co, or similar organizations to create accessible indoor spaces for wellness and socialization**—especially during the winter months.
- **Add the MN Department of Natural Resources (DNR) to the Age-Friendly Minnesota Council** to add their voice and expertise related to connecting and including older adults in the state's parks systems and natural spaces.

Objective 2 Community Connections and Programming

- **Implement a social prescription program** that allows healthcare, social work or other professionals to refer individuals to non-clinical community resources—ranging from art classes to chronic disease management programs to financial services.
- **Promote and expand age-friendly framework and practices:**
 - **Raise awareness of the age-friendly community model and partnership opportunities** (e.g., [Project Blue Star](#)) in education— in collaboration with the MN School Boards Association, MN Department of Education, MN Association of School Administrators, and MN Administrators for Special Education. Explore toolkits to implement in K-12 schools to reduce ageism.
 - **Support programs that create social engagement across the state**, such as further developing senior centers, [Let's Go Fishing](#), [Friends & Co.](#), [Silverwood SPARKS](#), [Men's Shed](#), and congregate dining sites.
 - **Partner with and fund faith entities to conduct a scan of local older adult programs and activities and services** (such as those offered through faith communities, community centers, school districts, etc.) and recommend or develop programs based on findings—including culturally responsive and intergenerational programs.
 - **Support programming initiated by age-friendly universities, libraries, historical societies, and museums** to foster culturally-responsive intergenerational interaction and community building.
- **Ensure that [Minnesota Aging Pathways](#) (formerly known as Senior LinkAge Line) and [Minnesota Disability and Aging Resources](#) include comprehensive nature-based resources.**

Jump to:

▶ [Connected Communities](#)

[Emergency Preparedness, Individual Rights and Safety](#)

[Optimized Health and Longevity](#)

[Economic Security and Vitality](#)



Source: West Central Area Schools

AFMN helped West Central Area Schools forge intergenerational connections in its communities.

Digital Engagement

Objective 1 Digital Inclusion and Literacy

- **Expand technology training and education.**
 - **Provide education about artificial intelligence (AI)** and its impact on social spaces and vulnerability.
 - **Fund mobile digital learning labs** that can operate throughout Minnesota.
 - **Fund technology lending libraries and staff to train** people on different technologies and devices.
- **Increase access to devices, troubleshooting, and technical support** to bridge the digital divide (e.g., [Senior Community Services TECH program](#)).
- **Support statewide broadband access**—particularly in rural areas.

Objective 2 Social Engagement through Technology

- **Enhance digital access, collaboration, mentoring, and toolkits.**
 - **Collaborate with technology companies to create affordable, accessible digital tools for social engagement.** Expand access to voice-command digital devices.
 - **Support peer-to-peer mentoring programs**, where tech-savvy older adults help others navigate technology.
 - **Develop a standardized home assessment toolkit for use by visiting nurses, waiver assessors, and service providers.** The toolkit will include resources that promote virtual social engagement platforms where older adults can connect with family, friends, and their communities.

Jump to:

▶ Connected Communities

Emergency Preparedness,
Individual Rights and Safety

Optimized Health and Longevity

Economic Security and Vitality



29% of Minnesotans ages 65 and older live alone.¹⁶



Source: City of Shakopee

AFMN Council Chair Sherrie Pugh celebrates with grantee the City of Shakopee.



Domain 2

Emergency Preparedness, Individual Rights and Safety

Goal: *Our communities will ensure that we are safe, secure, and respected as we age.*

Aging sometimes increases our vulnerability, whether due to physical or cognitive changes or greater isolation. When it comes to things like emergency situations and elder abuse, these vulnerabilities can be highlighted, and we need strong systems to empower us, boost our resilience, and ensure our autonomy.

Jump to:

Connected Communities

▶ Emergency Preparedness, Individual Rights and Safety

Optimized Health and Longevity

Economic Security and Vitality

Inclusive and Integrated Emergency Preparedness and Response

Objective 1 Ensuring Emergency Responders have Essential Information

- Strengthen systems for providing important information to emergency responders when they arrive at a person's home. Develop or identify existing models for ways to accomplish this—may involve a toolbox/form completed by families ahead of time (such as File of Life) and posted in a visible location. Planning should specifically include people living alone, people with dementia, and people with disabilities.

Objective 2 Integrated Emergency Response Systems

- **Ensure communication access for all:** related to emergency responders, translation services, transcription services, people with hearing loss, FEMA disability experts, and others.
- **Develop integrated emergency preparedness planning for community members** living with disabilities and older adults. Implementation with multi-disciplinary teams through intentional inclusion of government agencies, utilities, police, fire, EMT/paramedic, county attorney, health care, Tribal communities, and local media, plus community partners.
- **Work to expand across Minnesota the model developed by [CARE Resource Connection](#),** which reduces emergency calls for lift assistance (after a fall) both in long-term care and in the community by connecting people to the right resources at the right time and through training for fire departments and long-term care community staff.



Approximately **70% of Minnesotans and Tribal elders** ages 55 and older say they have taken steps to prepare themselves for emergencies affecting their home or community.¹⁹

- **Identify and be prepared to assist individuals who need extra assistance during an emergency.**
 - **Prepare for the growing number of people who may need greater assistance in emergencies;** this should include identifying “solos” (e.g., [Vermont CARE–Citizens Assistance Registry for Emergencies](#)).
 - **Develop a process for communities to identify where potentially vulnerable residents live** (including people with disabilities and some older adults), and create networks, such as peer networks, to check on vulnerable residents and improve connections with neighbors.

Jump to:

Connected Communities

▶ Emergency Preparedness, Individual Rights and Safety

Optimized Health and Longevity

Economic Security and Vitality

Elder Justice**Objective 1 Protection from all Forms of Abuse and Exploitation**

- **Increase resources and support to county Adult Protective Services (APS) and Tribal nations to build their capacity** to identify and support adults who are vulnerable to maltreatment.
- **Expand funding for victim services** beyond those addressing intimate partner violence.
- **Involve Community Action Partnerships to deliver community appropriate services**, including sustainable adequate funding to the community.

Objective 2 Supported Decision-Making (SDM)

- **Explore ways that Supported Decision-Making can be financially viable for all Minnesotans.**
 - **Fund agencies and individuals to serve as supporters** for those unable to afford professional healthcare agents or attorneys-in-fact.
 - **Fund organizations to educate all relevant professionals**, including legislators, special education professionals, judges, lawyers, case managers, supervisors, and healthcare professionals about the benefits of SDM in addressing the needs and challenges faced by clients/patients/students/consumers.



In 2022, **nearly half of all reports** made to the Minnesota Adult Abuse Reporting Center were about a vulnerable adult age 65 or older.²⁰

Objective 3 Long-Term Care Rights

- **Streamline transitions when the level of care changes** (such as hospital to home health care). Create a more seamless transition from the first point of entry with a lens of person-centeredness. Keep all health information intact in a virtual database, as information does not follow patients.
- **Ensure information resources for residents and their families are in plain language and easily accessible.**

Objective 4 Enhanced Access to Justice

- **Increase the availability of mediation and promote its use; provide training to adjacent service providers and education on practice, benefits, and outcomes.** Mediation offers an alternative pathway and resource support for dispute resolution that does not involve the standard civil/criminal legal system and can offer remote availability, increasing accessibility for older Minnesotans in rural areas.
- **Expand education campaign regarding [emeritus attorneys](#).** Develop elder law and aging-specific continuing legal education materials for pro bono and emeritus attorneys that focus on substantive areas where there is a lack of free or reduced cost legal service attorneys, such as probate, homeownership/mortgage foreclosure, and capacity restoration.
- **Evaluate and update family preservation policies** to establish statewide strategies that reduce foster care and adoption placements when capable grandparents or relatives are available. (This is related to but different than grandparent rights).

Jump to:

Connected Communities

► Emergency Preparedness, Individual Rights and Safety

Optimized Health and Longevity

Economic Security and Vitality



Source: Aitkin County Friends of the Arts

AFMN helped fund *The Terrace*, a new community gathering space in downtown Aitkin.



Domain 3

Optimized Health and Longevity

Goal: *Our communities will have access to the health care, community services, and caregiver supports needed as we age.*

Today, the average Minnesotan lives to be around 80 years old. However, notable disparities in life expectancy as well as quality of healthcare and health outcomes exist across race and similar factors. How can prevention and the care and services we all receive help us live not only longer, but live well in later life?

Jump to:

Connected Communities

Emergency Preparedness,
Individual Rights and Safety

▶ Optimized Health and Longevity

Economic Security and Vitality

Integrated Care, Health Services and Social Supports

Objective 1 Integrated and Coordinated Care

- **Prioritize caregivers:**
 - **Redefine care teams to include family and friend caregivers.**
 - **Educate healthcare staff on the importance of integrating caregivers as key sources of patient information,** supporting their role in home-based treatment, and addressing their own health and wellbeing.
- **Fund non-governmental organizations (NGOs) and community organizations to support Care Coordinators** in helping older adults and caregivers navigate systems and programs.
- **Implement Presumptive Eligibility (PE) in Minnesota.** PE offers people temporary access to health care while application for a public healthcare program is being processed.



Better integrated healthcare and social services can **improve health outcomes** and **reduce costs** for older people, especially with more complex cases.²¹

Objective 2 Strong Long-Term Services and Supports Systems

- **Support increased reimbursement rates for Elderly Waiver (EW) services** to help individuals remain in their homes rather than moving into a licensed care setting, such as assisted living. (Licensed service providers may receive reimbursement from the State for providing EW services; reimbursement rates are periodically adjusted.)
- **Leverage existing resources and strengthen collaboration across DHS, State agencies, partners, and providers to maximize efficiency and effectiveness.** MN Department of Human Services (DHS) is engaging in a collaborative effort to identify and leverage existing resources and initiatives within DHS, State agencies, partners and providers, so that they may

be utilized more broadly, efficiently and collaboratively. DHS staff are currently identifying and gathering information on existing resources and initiatives.

- **Address costs and reimbursements:**
 - **Explore the development of a “Catastrophic Lite Benefit” program** to reduce the strain of long-duration and intense claims and offset the need for families to spend down assets. This program would provide funds to help pay for long-lasting, long-term care expenses for five years after a two-year elimination period.
 - **Increase state Medical Assistance reimbursement rates to align with national averages.** For example, Wisconsin and Iowa reimburse \$10.50 per prescription, while Minnesota reimburses \$3.50.

Jump to:

Connected Communities

Emergency Preparedness,
Individual Rights and Safety

▶ Optimized Health and Longevity

Economic Security and Vitality

Objective 3 Education and Awareness of Benefits, Services, Programs

- **Develop public awareness campaigns to promote available services** such as [Minnesota Aging Pathways](#) (formerly Senior LinkAge Line), [Disability Hub](#), [Minnesota Access to Communication Technology](#) (MN ACT, formerly known as the Telephone Equipment Distribution (TED) program), and home and community-based services (HCBS).
- **Expand culturally-appropriate education materials**, particularly regarding dementia, given higher Alzheimer's rates among communities of color.

Objective 4 Health Insurance Access and Navigation

- **Raise awareness of resources available to improve healthcare literacy**, and enhance navigation support for health systems and health insurance options and benefits.

Objective 5 Promising Public Health Practices and Promotions

- **Fund and expand access to prevention programs:**
 - **Establish sustainable reimbursement to community-based organizations offering proven prevention programs** through Medicaid, commercial payers, and Medicare.
 - **Secure sustainable funding and efficient payment systems** for chronic disease self-management.
 - **Expand availability of chronic disease prevention and management programs** in high-need communities.
- **Expand statewide falls prevention campaign efforts.**



Source: Wonderlust Productions

AFMN grantee Wonderlust produced a play focused on the experience of caregiving.

Objective 6 Person-Centered Practices and Individual Choice within Long-Term Care Communities

- **Ensure access to quality residential care options for all Minnesotans, regardless of pay sources.** Assess private charges, provider policies, and procedures that may limit consumer options.
- **Improve access to Elderly Waiver (EW) and Alternative Care (AC) services through ongoing rate evaluations and updates.** Educate consumers on available programs that help older people living in their homes and communities, including [Essential Community Supports](#) (ECS), [AC](#), [EW](#), and [Live Well at Home grants](#).
- **Ensure the Minnesota Department of Health (MDH) Health Regulation Division (HRD) has sufficient resources** to manage an increased number of complaint investigations and enforcement activities effectively.

Jump to:

Connected Communities

Emergency Preparedness, Individual Rights and Safety

▶ Optimized Health and Longevity

Economic Security and Vitality

Promoting Healthy Living

Objective 1 Increased Awareness and Adoption of Age-Friendly Frameworks and Practices

- **Encourage collaboration between community partners and organizations to promote age-friendly practices and outreach programs**—such as colleges/universities, senior centers, libraries, museums, community education, intergenerational organizations, and other community-based partners. Prioritize engagement with low-income, rural, communities of color, and other underserved populations.
- **Promote and expand age-friendly frameworks related to health**, including Age-Friendly Health Systems and Age-Friendly Public Health.
- **Support efforts to address ageism and reframe aging across various fields and sectors.**



54 of Minnesota's 87 counties are “health professional shortage areas” for dental and primary care. All 54 are in rural Minnesota.²²

Objective 2 Equitable Opportunities for Brain Health

- **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 (e.g., [Dementia Friends Minnesota](#)). Reduce stigma and promote understanding through targeted messaging.
- **Establish metrics to determine status of the [Minnesota Dementia Strategic Plan \(PDF\)](#)**, developed by the [MN Healthy Brain Partnership](#) in 2023.

Objective 3 Equitable Opportunities for Physical and Mental Health and Well-Being

- **Expand holistic health programming with an equity focus-- equity in grants, mental health, funding administration:**
 - **Expand the [Mental Health Innovation Grant Program](#),** issuing requests for proposals (RFPs) that focus on the mental health needs of older adults in communities facing inequities.
 - **Provide grants/funding to expand community education focused on healthy aging,** chronic disease management, and fall prevention.
 - **Provide grant funding to faith-based organizations** that develop programming for older adults.
 - **Expand evidence-based health promotion programs,** such as those offered through the [Juniper Network](#), ensuring cultural relevance for Minnesota's diverse communities.
- **Enhance the role of technology in health and wellness.**
 - **Support/Expand telehealth** services to improve access to care, including therapy, for those with mobility and transportation limitations.
 - **Educate providers on the use of mobile apps** for monitoring physical activity, mindfulness exercises, cognitive training, and symptom tracking.

Jump to:

Connected Communities

Emergency Preparedness, Individual Rights and Safety

▶ Optimized Health and Longevity

Economic Security and Vitality

Thriving Direct Care Workforce

Objective 1 Attract and Retain Direct Care Workers

- **Increase pay and benefits for direct care workers** to better recognize their contributions and support their ability to provide quality care.
- **Support grants and programs that allow skilled immigrants** who have expertise working with older adults to enter the long-term care workforce, e.g., [Supporting New Americans in the Long-Term Care \(LTC\) Workforce / Minnesota Department of Human Services](#).
- **Promote/expand programs** that help students in grades 9-12 learn about careers in health care, such as the [SCRUBS Camp model](#).



42% of direct care workers are living in or near poverty, and 40% are on public assistance.²³

Support for Family, Friend and Neighbor Caregiving

Objective 1 Caregiver Financial and Well-Being Support

- **Waiver programs and Medical Assistance:**
 - **Create a separate budget for caregiver support services in the Elderly Waiver (EW) and Alternative Care (AC) waiver programs** to avoid reductions in the care recipient's budget.
 - **Separate caregiver services from the overall Medical Assistance budget**, recognizing that caregiver burnout is the leading factor in care recipients moving to assisted living or skilled nursing community.
- **Strengthen caregiver relationships and social connections to reduce isolation and family strain.** Caregivers are often burdened with decisions and lack of support from family and/or friends.
 - Ensure supports are inclusive of solos, LGBTQ+ individuals, and other underrepresented communities.
 - Highlight and raise awareness of caregiver education programs such as [Trualta](#).
- **Expand the definition of family** to allow employees to use [Paid Leave Program](#) benefits for a broader range of caregiving relationships.

Objective 2 Caregiver training and education

- **Align caregiving and dementia data collection efforts** across state agencies.
- **Build awareness around the language we use and associate with caregiving, promoting cultural shifts in attitudes and understanding.** Elevate the role of family, friend, and neighbor caregivers and improve proactive outreach to care partners.
- **Provide outreach to employers on supporting caregivers in the workplace.** Educate Minnesotans about the new Paid Family and Medical Leave program.

Jump to:

Connected Communities

Emergency Preparedness,
Individual Rights and Safety

▶ Optimized Health and Longevity

Economic Security and Vitality



Across Minnesota, approximately **530,000** family members, friends, and neighbors are helping to care for an older adult. The estimated value of this care adds up to **\$10 billion per year**.²⁴



Domain 4

Economic Security and Vitality

Goal: *Our communities will empower us to be financially secure and recognize us as valued contributors to the fabric of society as we age.*

We help drive local economies and make vital contributions to the social fabric of our communities as we age. Among Americans 65 and older, nearly one-third have jobs, up from less than one-quarter in 2000. However, as people live longer and costs continue to rise, many older Minnesotans—present and future—eventually struggle to cover essential needs, even if we were able to save for retirement.

Financial Security as We Age

Objective 1 Meeting Basic Needs and Beyond

- **Alleviate food insecurity among older adults.**
 - **Advocate for innovation** in meal delivery and Supplemental Nutrition Assistance Program (SNAP).
 - **Explore new models to serve those aging in community**, such as adding one meal a day to those receiving medications from long-term care pharmacies and developing innovative food access models.
- **Promote and increase access to MN programs that help older people living in their homes and communities** including [Essential Community Supports \(ECS\)](#), [Alternative Care Grant \(AC\)](#), [Elderly Waiver \(EW\)](#), and the [Live Well at Home grants](#). Many of these programs are unknown and underutilized.
- **Advocate for Social Security reform** by preventing 2033 benefit cuts, addressing inequities, and eliminating the tax on Social Security benefits.

Objective 2 Retirement and Financial Preparedness

- **Develop and promote youth programs that provide incentives for saving and financial education.** Educate young people (starting in high school) about the importance of financial preparedness and retirement savings (e.g., [MN Dept. of Health PREP Program](#)). Work with MN Department of Education to ensure new required financial literacy classes include savings for retirement and financing long-term care needs.
- **Increase funding and programming for lifelong financial training.**

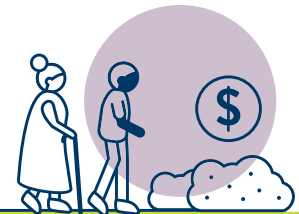
Jump to:

Connected Communities

Emergency Preparedness,
Individual Rights and Safety

Optimized Health and Longevity

▶ Economic Security and Vitality



While Minnesota has one of the lowest poverty rates in the U.S., poverty among older adults (ages 65 and older) is **higher than the statewide average**.²⁵

Economic Contributors

Objective 1 Vital Contributors to the Workforce

- **Expand ageism training for employers** by increasing the number of trainings focused on:
 - Discouraging policies that push older workers out of the workforce.
 - Recruiting, hiring, and retention policies that promote age inclusivity.
 - Workplace culture, language, flexibility and scheduling options for older workers.
- **Demonstrate economic contributions of older workers:** Produce a quarterly report (MN Department of Employment and Economic Development) that provides data on the number of individuals ages 50 and older in the workforce (full-time, part-time, small business owners) and their economic impact.
- **Combat ageism through community initiatives.** Develop community programs that raise awareness of ageism and promote older adults.
- **Expand employment opportunities for older adults:**
 - **Support the [Veterans Employment Program](#)** through CareerForce (operated by Dept. of Employment and Economic Development).
 - **Promote the [Senior Community Service Employment Program](#),** a community service and work-based job training program for older Americans.
 - **Expand eligibility criteria for employment services training** under the [State's Dislocated Worker Program \(SF 4027\)](#), part of DEED.
- **Support “returnship” programs** by promoting [RETURNSHIPS: A Toolkit for Employers](#), prepared by Northspan and Northland Foundation.
- **Promote the Certified Age-Friendly Employer program.**

Jump to:

Connected Communities

Emergency Preparedness,
Individual Rights and Safety

Optimized Health and Longevity

▶ Economic Security and Vitality



Minnesotans age 50 and older are responsible for **57 cents of every dollar** spent in Minnesota.²⁶

Objective 2 Valued Volunteerism for All Ages

- **Create programs or campaigns than incentivize volunteerism across generations.**
- **Support [AmeriCorps Seniors](#)**, a national network of volunteer programs for people 55 years and older, and other programs that offer stipends for service.
- **Fund training for volunteer companions who visit older adults to make nature accessible to older adults as part of their social visits** in partnership with programs such as Lutheran Social Service of Minnesota's Senior Companion Services, AmeriCorps Seniors, and Friends & Co. (e.g., planting or gardening, taking a drive to a nearby park or along a scenic route, or other activities suitable to the individual's interests and abilities).

Jump to:

Connected Communities

Emergency Preparedness,
Individual Rights and Safety

Optimized Health and Longevity

▶ Economic Security and Vitality



Source: Theatre 55

AFMN grantee Theatre 55 works exclusively with older adults in Minnesota.

Appendix

Age-Friendly Minnesota Council

The [Age-Friendly Minnesota Council](#) was established through [Executive Order 19-38 \(PDF\)](#) by Governor Tim Walz in December 2019. The Council works to coordinate, collaborate, and innovate related to aging across state agencies as well as across public and private sectors. It also works to address disparities experienced by older Minnesotans, and to empower local governments and community organizations with tools and resources to become more age-friendly.

The Council's 15 members include representatives of nine state agencies, as well as a Tribal representative, and five community members representing universities, faith communities, age-friendly communities, and others from around the state.

State agencies:

- **Minnesota Board on Aging (MBA):** Sherrie Pugh, Chair
- **Metropolitan Council (Met Council):** Anjuli Cameron
- **Minnesota Department of Commerce:** Tara Ambrose
- **Minnesota Department of Employment and Economic Development (DEED):** Mike Lang
- **Minnesota Department of Health (MDH):** Khatidja Dawood
- **Minnesota Department of Human Services (DHS):** Rachel Shands
- **Minnesota Department of Transportation (MNDOT):** Sarah Ghandour
- **Minnesota Department of Veterans Affairs (MDVA):** Simone Hogan
- **Minnesota Housing Finance Agency (MHFA):** John Patterson

Tribal Representative:

Faron Jackson, Sr., Chairman, Leech Lake Band of Ojibwe

Community Representatives:

- Dian Lopez, *Alexandria*
- Rajean Moone, PhD, *Woodbury*
- Russell Pointer, Sr., PhD, *Lakeville*
- Mimi Stender, *Duluth*
- Sandy Vargas, *Golden Valley*



Source: *Cycling Without Age Alexandria*

This AFMN grantee bought trishaws to give older adults rides around the community.

Appendix

Blueprint Engagement

The following list, not exhaustive, includes entities who were engaged in the development of the Blueprint—including through meetings, presentations, and/or attending one or more of the Blueprint Action Team Convenings.

AARP MN	Connecting to Thrive	Minnesota Center for Health Care Ethics
Able Solutions, LLC	Crow Wing County Community Services	Minneapolis VA Homeless Programs
Accessible Space, Inc./Trellis/Juniper	Dancing Sky Area Agency on Aging	Minnesota Chamber of Commerce Office
Age-Flourishing St. Cloud	Duluth Aging Support	Minnesota Commission of the Deaf, DeafBlind and Hard of Hearing
Age-Friendly Minnesota Council	FamilyMeans	Minnesota Council on Disability
Age-Friendly Minnesota Grantees	Family Service Rochester	Minnesota Council on Transportation Access
Aitkin County CARE, Inc.	Finish Strong Funders Network	Minnesota Department of Commerce
Alexandra House	Good Samaritan Society - Albert Lea	Minnesota Department of Corrections
Alzheimer's Association	GreySource, LLC	Minnesota Department of Employment and Economic Development, Office of Broadband, and Paid Family Leave Program
American Cancer Society	HealthPartners	Minnesota Department of Health, Office of Rural Health & Primary Care
American Heart Association	Hennepin County - Age-Friendly Hennepin County	Minnesota Department of Human Services
Animal Humane Society	Hennepin County - Adult Representation Services	Adult Protective Services
Anishinaabe Legal Services	Holistic Nursing Services, LLC	Behavioral Health
Anoka County Community Action Program	InTegrity Partners	Health Care Access
Antioch University	Interagency Council on Homelessness	HIV Support
Arrowhead Area Agency on Aging	Joelle Hoeft Consulting	Housing Supports
Arrowhead Changemakers	Justice North Legal Aid	Nursing Homes Rates/Policy
Asian Women United of Minnesota	Keystone Community Services	Resource Development Team (Aging)
Linda Camp	LeadingAge Minnesota	Resettlement Program Office
Care Options Network	Live Well at Home Network	Tribal Transitions and Transformations
Care Providers of Minnesota	Lutheran Social Service of Minnesota	Minnesota Department of Revenue
Care Resource Connection	Metropolitan Council	
Catholic Charities Twin Cities	Minnesota Alliance for Volunteer Advancement (MAVA)	
City of Dayton Fire Department	McNellis & Asato	
City of Hopkins Fire Department	Mid-Minnesota Legal Aid	
City of Moorhead Fire Department	Minnesota Board on Aging	
Central Minnesota Council on Aging		
Community Deliverance Church		
Community Mediation Minnesota		

Appendix

Blueprint Engagement *continued*

- Minnesota Department of Transportation
- Minnesota Department of Veterans Affairs
- Minnesota Disability Law Center
- Minnesota Elder Justice Center
- Minnesota Gerontological Society
- Minnesota Grandparent Advocates (Citizen Grassroots Coalition)
- Minnesota Leadership Council on Aging
- Minnesota Housing Finance Agency
- Minnesota River Area Agency on Aging
- Minnesota State Arts Board
- Minnesota State Bar Association, Elder Law Section
- Morken Consulting
- North Star Consultants
- Northspan Group, Inc.
- Office of Ombudsman for Long-Term Care
- Office of Ombudsman for Mental Health and Developmental Disability
- Olmstead Implementation Office
- Olmsted County Public Health
- Pillars of Prospect Park
- Prairie Five Community Action Council, Inc.
- Ramsey County Public Health
- Saint Paul & Minnesota Foundation
- Salvation Army Northern Division
- Scott County, inc. Public Health
- Semcac
- Southeastern Minnesota Area Agency on Aging
- Southern Minnesota Regional Legal Services
- Southwest Initiative Foundation
- Think Dementia and Tembo Health
- Three Rivers Community Action, Inc.
- Trellis
- United Community Action Partnership
- University of Minnesota
- University of Minnesota, Geriatrics Workforce Enhancement Program
- University of St. Thomas
- U.S. Department of Veterans Affairs
- Volunteer Lawyers Network, LTD
- Volunteers of America MN-WI, Center for Excellence in Supported Decision Making
- Wabasha County Public Health
- Wheeler Consulting
- Wright County Health and Human Services



Source: Age-Friendly Minnesota

Hundreds gathered in St. Paul for four Blueprint convenings (2024).

Appendix

Data Sources

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- 26 [The Longevity Economy Outlook: Minnesota \(PDF\)](#), AARP, 2018.
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Source: Theatre 55

AFMN grantee Theatre 55 works exclusively with older adults in Minnesota.