



MINNESOTA'S MULTISECTOR BLUEPRINT FOR AGING

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Minnesota's Multisector Blueprint for Aging

Overview

Minnesota's Multisector Blueprint for Aging is a new plan for the future to make sure all our state's residents are included, valued, and given equitable opportunities to thrive. 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.

This first version of the Blueprint includes the specifics of the plan itself – our domains, strategies, objectives, and tactics. In other words, the what and how. In early 2025, we will expand on this version to include Action Team members and a background document – or, the who and the why.

The Minnesota's Multisector Blueprint for Aging can be found at agefriendlymn.org/blueprint, a collaboration with the [Minnesota Leadership Council on Aging](#).

Age-Friendly Minnesota is not endorsing the programs, organizations linked throughout this document – these are provided as examples to contribute to understanding of the topic area.

Sustain the momentum! Excitement is high as we release the Blueprint after several years' work. We need all partners to find their place and join the work as implementation begins!

Age-Friendly Minnesota and the Blueprint

Age-Friendly Minnesota (AFMN) is a collaborative statewide effort to make our systems and communities more inclusive of and responsive to older adults. It is part of a global movement to prepare for shifting demographics and ensure that older people are valued and integrated into communities at a new level.

The Age-Friendly Minnesota Council was established by Executive Order in 2019. Council members include leadership from nine state agencies, a Tribal representative, and five community representatives from age-friendly communities, faith communities, and universities (see Appendix 1). The AFMN Council leads Blueprint development, providing strategic guidance and content expertise, and serving as a convener of various engagement events and efforts.

What are multisector plans for aging?

Multisector Plans for Aging (MPA) are being developed by states nationwide - and at the [federal level](#) - as a powerful new way to elevate and coordinate aging across state agencies, and to co-design policy, programs, and funding across sectors with an aging lens.

While they use different names, all of these plans are state-led efforts with a multi-year timeline (usually ten years) that convene cross-sector partners.

Minnesota’s Blueprint is distinct from past plans.

Minnesota named its MPA a “blueprint” to reflect the iterative, collaborative process used to create and implement it. The Blueprint builds on cross-agency coordination happening through the Age-Friendly Minnesota (AFMN) Council, and is creating an infrastructure for cross-sector collaboration related to aging.

Our systems and communities play a huge role in our aging experience. We all are needed to ensure Minnesota seizes the opportunities and meet the challenges associated with an older, more diverse population.

A community-driven process: The priorities laid out in the Blueprint reflect the voices of both community members and many subject matter experts and entities over the past several years. Input was gathered in many ways, including but not limited to:

- **Statewide needs assessment:** 1,000+ surveyed, 43 focus groups in every region of the state
- **Tribal survey:** 301 respondents
- **Regional Exchange events:** in-person gatherings in seven regional locations, focused on informing Blueprint domains
- **Ongoing Age-Friendly MN Council meetings**
- **Dozens of partner meetings** with state agencies, councils, commissions; and with key partners
- **Online forms and surveys**
- **Action Team Convenings:** Hundreds of attendees at four in-person events, each focused on tactics under one of the Blueprint’s domains

Hundreds of ideas were suggested along the way. See Appendix 2 for a list of some of the many entities who have participated in these efforts. Most recently, a broad cross-section of participants gathered at the Blueprint Action Team Convenings to discuss and prioritize specific tactics for how best to achieve the goals set out through the Blueprint’s domains, strategies, and objective.

Timeline:

2021: Community and partner engagement begins for the Blueprint

2022: Minnesota joins the Multistate Collaborative for Developing a Multisector Plan for Aging, led by Center for Healthcare Strategies

2023: AFMN hosts Regional Exchanges across the state to gather community input on the Blueprint domains

2024: Action Team Convenings brings hundreds to Saint Paul to dive into Blueprint tactics

2025: Action Teams launch – implementation begins!

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.

Strategy A: Affordable Housing for the Lifespan

Objective 1: Affordable Housing

1. **Fund incentives for developers to work in rural areas.** Benefits for developers in Greater MN are not comparable to the metro area.
2. **Ease and promote the production of Accessory Dwelling Units (ADUs),** such as backyard cottages, above-garage apartments, etc.
3. **Reduce zoning barriers to housing options such as ADUs and “Missing Middle Housing”**, which 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.
4. **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-plus.

Objective 2: Housing for the Lifespan

1. **Explore and invest in relevant housing models and options** (such as ADUs, shared housing, intergenerational homesharing, [cohousing communities](#), multigenerational housing, care providers, etc.), inc. that are culturally specific approaches.
 - a. Provide incentives and protections for intergenerational living – e.g., college student & older adult = mutually beneficial
 - b. Establish home-sharing matching services by engaging colleges, schools, resettlement programs, those aging out of foster care, domestic violence programs and others.
 - c. Explore bringing services such as [Nesterly](#) to Minnesota communities. (Nesterly’s homesharing platform helps housemates connect over common interests and facilitates the ability to exchange a portion of rent for help with house/yard work, grocery shopping, etc.)

- d. Expand the model of college students living in assisted living communities for reduced rent in exchange for volunteer hours - such as at Watkins Manor/Winona State University and elsewhere in the US.
2. Home modifications:
 - a. **Expand access to [home modification services](#)**. Pursue legislation to promote loans for rehab/retrofitting to older adults.
 - b. **Increase availability of 0% interest loans for low-income older adults to modify existing houses** (e.g., [Rehabilitation Loan Program and Emergency & Accessibility Loan Program](#)) if it allows a person to age in place.
3. Housing options and design:
 - a. **Support housing choice and range of options**: rehab and retrofit, new age-friendly universal design housing, age restricted housing.
 - b. **Support/offer incentives for builders incorporating universal design concepts, green space, and walkways in their projects** as well as cottage design developments available for inter-generational residents (older adults, single parents, young adults).
4. **Support and promote programs such as [CAPABLE](#) to coordinate services and home improvements**.

Strategy B: Multimodal Transportation Options

Objective 1: Accessible and Age-Friendly Transportation Access

1. **Volunteer driver reimbursement**.
 - a. **Increase reimbursement rates for volunteer drivers**.
 - b. **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.
2. **Expand and promote volunteer driver programs**.

Objective 2: Safe and Active Transportation Options for All Ages

1. **Maintain and expand Greater Minnesota Transit**. ([The Greater Minnesota Transit Plan](#) is currently in development by the MN Department of Transportation.)
2. **Prioritize enhanced pedestrian safety measures** in locations where older adults are likely to be through active design choices rather than passive choices (such as signage).

Strategy C: Public Spaces for All Ages & Seasons

Objective 1: Age-Friendly Parks and Public Spaces

1. Built environment and programming.
 - a. **Funding for communities to audit public spaces for age-friendly attributes** (lighting, benches with backs, shelters, curb cuts, sidewalks, bike lanes, timely snow/ice removal). Funding to make public spaces welcoming to older adults. Adapt [AARP's Creating Parks and Public Spaces for People of All Ages](#) resource to audit/assess state parks. Prioritize improvements for age- friendliness.
 - b. **Increase shade and seating options across parks/public spaces. Offer rentals of adaptive equipment such as walking sticks.**
 - c. **Adopt [universal design strategies at state parks](#) to increase accessibility and inclusivity.** Universal design is the design and composition of an environment so that usable to the greatest extent possible by all people without the need for adaptation or specialized design.
 - d. **Encourage development of [accessible bathrooms](#) at all local and state park facilities.**
 - e. **Ensure parks/public spaces are accessible for assistive devices in the winter,** such as by partnering with either neighborhood groups and/or task forces; subsidizing snowblowers or snow removal services (income-dependent), and accessibility street markings that subsidize plow service.
 - f. **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 Services of Minnesota's Senior Companion Services, AmeriCorps Seniors, 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 older adults' interests and abilities).
 - g. **Increase/support the number of informal gathering spaces.** Support programs like [Culturally Responsive Elder Connections](#) lead by the Volunteers of America.
2. **Offer age-friendly and accessibility training to staff in city government, nonprofits, businesses** to help them understand what is needed. (e.g., benches, bathrooms, smooth surfaces for walking).
3. **Explore any opportunities to offer incentives** to private business and organizations, developers, Chambers of Commerce, churches, parks and recreation entities, local city and county health agencies, State Health Insurance Assistance Program (SHIP), and schools to

create shared multi-purpose and intergenerational community gathering spaces and make available unused meeting space for free or reduced cost to enable public groups to meet up.

Objective 2: Community Connections and Programming

1. **Implement a social prescription program**, through which healthcare or other professionals, such as social workers, can refer people to non-clinical resources in the community – from art classes to chronic disease management programs to financial services.
2. **Engage older adults in volunteer opportunities.**
3. **Promote and expand age-friendly framework and practices:**
 - a. **Inform groups of the Age-Friendly Community model and partnership opportunities** (e.g. [Project Blue Star](#)) 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.
 - b. **Support programs that create social engagement across the state**, such as further developing senior centers, [Let's Go Fishing](#), [Friends & Co.](#), [AARP Friendly Voice](#) programs, [Silverwood SPARKS program](#), [Men's Shed programs](#), and [congregate dining sites](#).
 - c. **Partner with and fund faith communities to conduct a scan of local senior programs and activities and develop culturally responsive intergenerational programs** that help foster a sense of belonging within the community. Partner with childcare centers, schools, etc.
 - d. **Support programming initiated by age-friendly universities, libraries, historical societies, and museums to foster culturally responsive intergenerational interaction and community building.**
4. **Encourage small towns to partner with YMCA, Friends & Co. or similar organizations to create accessible indoor spaces for wellness and socialization** - especially during the winter months.

Strategy D: Digital Engagement

Objective 1: Digital Inclusion and Literacy

1. Training and Education
 - a. **Provide education about artificial intelligence (AI)** moving into social spaces and vulnerability.
 - b. **Fund mobile digital learning labs** that can operate throughout MN.

- c. **Fund technology lending libraries and staff to train** people on different technologies and devices.
- 2. **Increase access to devices, troubleshooting, and technical support** to reduce digital divide - e.g., [Senior Community Services TECH program](#).
- 3. Support Statewide broadband access—particularly in rural areas.

Objective 2: Social Engagement through Technology

- 1. Collaboration, mentoring, toolkits.
 - a. **Collaborate with technology companies to create affordable, accessible digital tools, apps, and services that facilitate social engagement and connection. Expand access to digital devices with voice commands.**
 - b. **Support peer-to-peer mentoring programs** where older adults who are more tech-savvy can help others navigate technology.
 - c. **Develop a standardized toolkit for home assessments that can be used 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.

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.

Strategy A: Inclusive and Integrated Emergency Preparedness and Response

Objective 1: Community Education

- 1. **Communication access for all:** related to emergency responders; translation; transcription; people with hearing loss.
- 2. **Emergency planning efforts**
 - a. **Conduct a statewide emergency planning campaign.**
 - b. **Getting information to emergency responders** (combined several tactics)

- i. **Create a toolbox/form** for families to complete and post at their home that includes information relevant to the independent living status of all people residing in the home. This is particularly of concern to families living with dementia.
 - ii. For those living alone in an apartment/home, **emergency contact info for law enforcement /Fire/EMTs should be placed by the front door.**
 - iii. Develop a standard list of information to assist responders; [File of Life](#) is an existing program that could be referenced/utilized.
3. **Fund organizations to educate all relevant professionals about Supported Decision-Making (SDM)**, to help them understand the benefits/value of SDM without the need for guardianship—including: legislators, special education professionals, judges, lawyers, case managers and supervisors, health care professionals.

Objective 2: Integrated Emergency Response Systems

- 1. **Communication access for all:** related to emergency responders; translation; transcription; people with hearing loss, FEMA disability experts, and others.
- 2. **Develop integrated emergency preparedness planning for community members** living with disability or older adults. Implementation with multi-disciplinary teams through intentional inclusion of government agencies, utilities, police, fire, EMT/paramedic, county attorney, healthcare, Tribal communities, and local media, plus community partners.
- 3. **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.
- 4. **Identify and be prepared to assist individuals who need extra assistance during an emergency.**
 - a. Prepare for the growing number of people in the community who may need greater assistance in emergencies; this should include identifying “solos.” (e.g., [Vermont CARE—Citizens Assistance Registry for Emergencies](#)).
 - b. Develop a process for communities, such as peer networks, to identify where potentially vulnerable residents (such as people with disabilities and some older adults). Within these networks, designate individuals to check on vulnerable residents.
 - c. Connect emergency responders to older adults living in their own homes (using programs/tools such as [File of Life](#), lock boxes).
 - d. Provide funding for neighborhoods to improve connections with neighbors.

Strategy B: Elder Justice

Objective 1: Protection from all forms of abuse and exploitation

1. **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.
2. **Expand funding for victim services beyond intimate partner violence.**
3. **Involve Community Action Partnerships to deliver community appropriate services,** including sustainable adequate funding to the community.
4. **Advocate for more federal approaches to ending financial exploitation** and strategies for recovering losses.

Objective 2: Supported Decision-Making (SDM)

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

Objective 3: Long-Term Care Rights

1. **Streamline transitions when level of care changes** (such as hospital to home healthcare). 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.
2. **Ensure resources are in plain language, age-appropriate and easily accessible.**

Objective 4: Enhanced Access to Justice

1. **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 do not involve the standard civil/criminal legal system and can offer remote availability, increasing accessibility for older Minnesotans in rural areas.

2. **Expand education campaign regarding [emeritus attorneys](#).** Develop elder and aging law 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, home ownership/mortgage foreclosure, and capacity restoration.
3. **Evaluate and update family preservation policies** need to include large-scale family preservation tactics that are applicable to all Minnesotans, the number of children placed within the foster care system or for an adoption when a grandparent is available. (*Related to but different than grandparent rights*).

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?

Strategy A: Integrated Care, Health Services and Social Supports

Objective 1: Integrated and Coordinated Care

1. Prioritize caregivers:

- a. **Redefine care teams to include family and friend caregivers.**
 - b. **Educate healthcare staff about the need to include caregivers as sources of information for the treatment of the patient,** to acknowledge and support the role of implementing treatment at home and to support the health and wellbeing of the caregiver themselves.
2. **Provide funding for non-governmental organizations (NGOs) and community organizations to support Care Coordinators** to help older adults and caregivers navigate systems and programs.
 3. **Implement Presumptive Eligibility (PE) in Minnesota.** PE offers people temporary access to healthcare while application for a public health care program is being processed.

Objective 2: Strong Long-Term Services and Supports Systems

1. **Support increased reimbursement rates for Elderly Waiver (EW) services** so people who wish to remain in their own home can find the care they need without needing to move into a licensed setting, such as assisted living. (Licensed service providers may receive

reimbursement from the State for providing EW services; reimbursement rates are periodically adjusted.)

2. **Leverage existing resources and initiatives, and increase collaboration within DHS, state agencies, partners and providers:** 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.
3. **Costs and Reimbursements:**
 - a. **Explore the development of a "Catastrophic Life Benefit"** to reduce the strain of long-duration and intense claims and offset the need for families to spend down assets.
 - b. **Increase state Medical Assistance reimbursement rates to national averages.** (*Wisconsin and Iowa are at \$10.50 per prescription, Minnesota is at \$3.50*).

Objective 3: Education and Awareness of Benefits, Services, Programs

1. **Develop public awareness campaigns to promote available services** such as the Senior LinkAge Line, Disability Hub, Telephone Equipment Distribution Program, and home and community-based services (HCBS).
2. **Increase culturally relevant education materials**, including related to dementia, as people of color have higher rates of Alzheimer's disease.

Objective 4: Health Insurance Access and Navigation

1. **Provide a one-stop-shop to provide education to increase "healthcare literacy" among older adults and caregivers related to health care insurance options and benefits;** increase the capacity of health insurance staff to respond to caregivers and patients when they encounter barriers to getting services or prescriptions covered.
2. **Improve access to supports related to navigation for health systems/ insurance.**

Objective 5: Promising Public Health Practices and Promotions

1. **Fund/expand access to prevention.**
 - a. **Build sustainable reimbursement to community-based organizations to offer proven prevention programs** via Medicaid, commercial payers, and Medicare.
 - b. **Secure sustainable funding sources and efficient payment systems for chronic disease self-management.**

- c. **Increase access and availability of chronic disease prevention and management programs** to reach communities most in need.
2. **Expand statewide falls prevention campaign efforts.**

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

1. **Ensure access to quality residential care options for all consumers regardless of pay sources.** This may require exploration and consideration of private charges and provider policies and procedures which may limit the options of consumers.
2. **Continue to evaluate and update rates for Elderly Waiver (EW) and Alternative Care (AC) services to improve access.** Educate consumers on the programs available to help older people living in their homes and communities, including Essential Community Supports (ECS), AC, EW, and the Live Well at Home grants.
3. **Ensure MDH/Health Regulation Division (HRD) has staffing capacity for increased quantity of complaint investigations, and sufficient resources to devote to enforcement activities.**

Strategy B: Promoting Healthy Living

Objective 1: Increased awareness and adoption of age-friendly frameworks and practices

1. **Encourage colleges/universities to collaborate** with local community organizations, senior centers, and other partners to promote age-friendly practices and outreach programs.
 - a. Libraries, museums, community education, intergenerational organizations, low income, BIPOC, rural, or other underserved populations.
2. **Age-friendly frameworks across sectors:**
 - a. **Allocate funding to support age-friendly museum initiatives** such as training programs for museum staff and volunteers focused on age-friendly practices, including communication strategies and accessibility consideration.
 - b. **Allocate funding to support Age-Friendly Library initiatives**, including grants for accessibility improvements, program development, staff training and outreach efforts.
 - c. **Allocate funding to support culturally-responsive Community Education programs.**
3. **Support efforts to address ageism and reframe aging.**

Objective 2: Equitable Opportunities for Brain Health

1. **Promote campaigns to raise awareness about cognitive health, risk factors for dementia, Parkinson's disease and other brain-related diseases and disorders and the importance of early diagnosis** (e.g., Dementia Friends Minnesota). These campaigns should target both the general public and healthcare professionals to reduce stigma and promote understanding.
2. **Establish metrics to determine status of the Minnesota dementia strategic plan**, developed by the MN Healthy Brain Partnership in 2023.

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

1. **Holistic programming - equity in grants, mental health, funding administration**
 - a. **Expand the Mental Health Innovation Grant Program** and specifically issue request for proposals (RFPs) that focus on the mental health of older adults from communities that have experienced inequities.
 - b. **Provide grants/funding to expand community education programs focused on healthy aging classes** that promote healthy living, help manage chronic health conditions and prevent falls.
 - c. **Provide grant funding to religious/spirituality-based organizations** that develop programming focused on older adults.
 - d. **Expand evidence-based health promotion programs**, such as those offered through the Juniper Network, and including culturally relevant programs inclusive of Minnesota's diverse communities.
2. **Accessible environment**
 - a. **Support the development of accessible built environments** (buildings, streets, sidewalks, open spaces, and other infrastructure) so that people safely get/stay active.
 - b. **Add the Minnesota Department of Natural Resources (DNR) to the Governor's Council for an Age-Friendly Minnesota.**
 - c. **Ensure that the Senior LinkAge Line and MinnesotaHelp.info; include nature-based information and resources.**
3. **Health and Technology**
 - a. **Support telehealth** which can increase access to care, including therapy sessions, especially for those with mobility limitations.
 - b. **Educate providers on mobile apps** for monitoring physical activity, mindfulness exercises, cognitive training, and symptom tracking.

4. **Transportation**

- a. **Partner with local organizations to expand transportation offerings to and from healthcare appointments**, particularly in rural MN.
- b. **Support intergenerational programs that foster connections across generations** (e.g., The Pillars Child Care).

Strategy C: Thriving Direct Care Workforce

Objective 1: Attract and Retain Direct Care Workers

1. **Increase pay and benefits for direct care workers** to better recognize their contributions and support their ability to provide quality care.
2. **Support federal programs that issue visas to skilled immigrants** who have expertise working with older adults to address the caregiver gap.

Objective 2: Training and Career Growth Opportunities

1. **Promote/expand [SCRUBS Camp model](#)**, to help students in grades 9-12 learn about careers in healthcare.

Strategy D: Support for Family, Friends & Neighbor Caregiving

Objective 1: Caregiver financial and well-being support

1. **Waiver programs and Medical Assistance**
 - a. **Create a separate budget for caregiver support service in the Elderly Waiver (EW) and Alternative Care (AC) waiver programs** so it doesn't come out of the care recipient's budget.
 - b. **Separate caregiver services from the overall budget of someone Medical Assistance**, as caregiver burnout is the #1 indicator that a person will transition to an assisted living or skilled nursing setting.
2. **Help caregivers maintain and strengthen relationships with other biological and/or chosen family members and others as a part of life.** Caregivers are often burdened with decisions and critique/lack of support from family and/or friends.
 - a. Focused to include solo older adults, LGBTQ+ community, etc.

Objective 2: Caregiver training and education

1. **Align data collection efforts around caregiving and dementia with MN Department of Health's efforts in the same areas.**

2. **Build awareness around terminology, commonality of caregiving – understanding the language we use and associate with caregiving.** Elevate the role of family, friend, and neighbor caregiving, cultural changes around attitudes and understanding. Reach care partners earlier by being more proactive with information distribution.
3. **Provide outreach to employers about supporting caregivers in the workplace.** AARP will be educating consumers about the new Paid Family and Medical Leave program taking effect in January 2026. Examples of a program that can provide education such as Trualta.

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.

Strategy A: Financial Security as We Age

Objective 1: Meeting Basic Needs and Beyond

1. **Alleviate food insecurity among older adults.**
 - a. Advocate for innovation in meal delivery and Supplemental Nutrition Assistance Program (SNAP).
 - b. Explore new models to serve those aging in community. Add one meal a day to those receiving medications from long-term care pharmacies. Develop an innovative food access model.
2. **Develop affordable small universal design housing.** Include examination of existing models.
3. **Advocate for Social Security reform:**
 - a. to avoid predicted cuts in 2033—ensure a guaranteed income for all older people;
 - b. to address lower Social Security payments for people who are not in the workforce, due to raising families—particularly in communities of color; and
 - c. to eliminate tax on Social Security benefits.

Objective 2: Retirement and Financial Preparedness

1. **Develop and promote programs that provide incentives for saving.** Educate at an early age (starting in high school) the importance of financial preparedness/saving for retirement (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.
2. **Funding for financial lifelong training.**

Strategy B: Economic Contributors

Objective 1: Vital Contributors to the Workforce

1. **Ageism training for employers:** Increase the number of trainings for employers regarding age discrimination and address the following topics:
 - a. discouraging older workers from remaining in the workforce.
 - b. recruiting, hiring, and retention policies and practices.
 - c. workplace culture, language, flexibility and different work schedules for older workers.
2. **Demonstrate economic contributions:** Produce a quarterly report (MN Department of Employment and Economic Development) that provides data on the number of individuals ages 50+ in the Minnesota workforce (full-time, part-time, small business owners). The report should calculate the economic contribution of older workers.
3. **Fighting ageism:**
 - a. Develop community programs that raise ageism awareness and promote older adults.
 - b. Develop culturally-sensitive ageism awareness outreach.
 - c. Promote Certified Age-Friendly Employer program.
4. **Employee programs:**
 - a. Support the [Veterans Employment Program](#), part of CareerForce, which is operated by Dept. of Employment and Economic Development (DEED).
 - b. Promote the Senior Community Service Employment Program, a community service and work-based job training program for older Americans.
 - c. Expand eligibility criteria for employment services training under the [State's Dislocated Worker Program \(SF 4027\)](#), part of DEED.

- d. Support [AmeriCorps](#), a national network of volunteer programs for people 55-plus and other programs that offer stipends for service.
- e. Support “returnship” programs by promoting [RETURNSHIPS: A Toolkit for Employers](#), prepared by Northland Foundation.

Objective 2: Valued Volunteerism for All Ages

1. **Create a general funding program to financially support and train volunteers.**
2. **Increase the volunteer mileage reimbursement rate** (\$0.14 per mile).
3. **Build/strengthen partnerships and support to reach specific communities** - (e.g., culturally-specific, faith-based, or intergenerational communities.)
4. **Recruit older adults as volunteers or employees to help with the childcare crisis.**

Objective 3: Essential Caregivers of our Families

1. **Expand the way employees define family to allow for use of [Paid Leave Program](#) benefits.**

Appendix 1

Governor's Council for an Age-Friendly Minnesota

State Agency Representatives

- Minnesota Board on Aging (MBA), Sherrie Pugh (Chair)
- Minnesota Department of Health (MDH), Khatidja Dawood
- Minnesota Department of Veterans Affairs (MDVA), Simone Hogan
- Minnesota Department of Employment and Economic Development (DEED), Mike Lang
- Minnesota Housing Finance Agency (MHFA), Ryan Baumtrog; John Patterson
- Minnesota Department of Commerce (COMM), Martin Fleischhacker
- Minnesota Department of Transportation (DOT), Sarah Ghandour
- Metropolitan Council (Met Council), Susan Vento
- Minnesota Department of Human Services (DHS), Natasha Merz

Tribal Government

- Faron Jackson, Chair, Leech Lake Band of Ojibwe

Community Representatives

- Dr. Rajean Moone, Woodbury
- Dian Lopez, Alexandria
- Dr. Russell Pointer, Sr., Lakeville
- Michelle Stender, Duluth
- Sandy Vargas, Golden Valley

Appendix 2

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	Catholic Charities Twin Cities
Able Solutions, LLC	City of Dayton Fire Department
Accessible Space, Inc./Trellis/Juniper	City of Hopkins Fire Department
Age-Friendly Minnesota Council	City of Moorhead Fire Department
Age-Friendly St. Cloud	Central Minnesota Council on Aging
Age-Friendly Minnesota Grantees	Community Deliverance Church
Aitkin County CARE, Inc.	Community Mediation Minnesota
Alexandra House	Connecting to Thrive
Alzheimer’s Association	Crow Wing County Community Services
American Cancer Society	Dancing Sky Area Agency on Aging
American Heart Association	Duluth Aging Support
Animal Humane Society	FamilyMeans
Anishinaabe Legal Services	Family Service Rochester
Anoka County Community Action Program	Finish Strong Funders Network
Antioch University	Good Samaritan Society - Albert Lea
Arrowhead Area Agency on Aging	GreySource, LLC
Arrowhead Changemakers	HealthPartners
Asian Women United of Minnesota Linda Camp	Hennepin County - Age-Friendly Hennepin County
Care Options Network	Hennepin County - Adult Representation Services
Care Providers of Minnesota	Holistic Nursing Services, LLC
Care Resource Connection	InTegrity Partners

Interagency Council on Homelessness

Joelle Hoeft Consulting

Justice North Legal Aid

Keystone Community Services

Leading Age Minnesota

Live Well at Home Network

Lutheran Social Service of Minnesota

Metropolitan Council

Minnesota Alliance for Volunteer Advancement (MAVA)

McNellis & Asato

Mid-Minnesota Legal Aid

Minnesota Department of Health, inc. Office of Rural Health & Primary Care

Minneapolis VA Homeless Programs

Minnesota Board on Aging

Minnesota Center for Health Care Ethics

Minnesota Chamber of Commerce Office

Minnesota Commission of the Deaf, DeafBlind and Hard of Hearing

Minnesota Council on Disability

Minnesota Council on Transportation Access

Minnesota Department of Commerce

Minnesota Department of Corrections

Minnesota Department of Employment and Economic Development, inc. Office of Broadband, and Paid Family Leave Program

Minnesota Department of Health

Minnesota Department of Human Services, inc.

- Adult Protective Services
- Behavioral Health
- Healthcare Access
- HIV Support
- Housing Supports
- Nursing Homes Rates/Policy
- Resource Development Team (Aging)
- Resettlement Program Office
- Tribal Transitions and Transformations

Minnesota Department of Revenue

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
Southeast 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