

MN  
2030 LOOKING FORWARD



**The Minnesota Board on Aging**  
**State Plan**  
**2019 - 2022**

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## **Verification of Intent**

The Minnesota Board on Aging hereby submits its State Plan on Aging for the State of Minnesota October 1, 2018 through September 30, 2022 as required under Title III of the Older Americans Act of 1965.

All required assurances and plans to be carried out by the Minnesota Board on Aging which is the state unit on aging and has been given authority to develop and administer the State Plan on Aging in accordance with all requirements and purposes of the Act are on file.

The State Plan, when approved by the U.S. Assistant Secretary for Aging, constitutes authorization to proceed with activities under the plan.

Executive Director, Minnesota Board on Aging

\_\_\_\_\_  
Kari Benson

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Date

Chair, Minnesota Board on Aging

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Don Samuelson

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Date

## **Executive Summary**

In the spring of 2017, the Minnesota Board on Aging (MBA), in partnership with the Minnesota Department of Human Services (DHS), began a strategic planning effort called MN2030 Looking Forward. The year 2030 was marked as an important milestone because that is the year baby boomers start to turn 85 years old. On average, at about age 85 people start to need more help around the house or with their personal care and many move out of their homes and into congregate settings in order to receive that help. We want to make it possible for each of us as we grow older to age in our community for as long as possible. And, with that cornerstone in mind, we are planning our multi-year commitment to prepare for a permanently older state.

Minnesota has unique opportunities to ensure all older Minnesotans age well and live well. Because we are living longer, healthier and more connected lives there is momentum to take steps to shape our future into one that supports all of us as we age. As a result of the state's established aging network and committed stakeholders there is also momentum to make necessary changes to help the state prepare for the year 2030.

Minnesota has already made a lot of progress with the development of a robust long-term services and support (LTSS) system. There is a strong foundation on which to build and improve LTSS quality and access and to fully prepare other aspects of our communities for the demographic shift. The vision of MN2030 Looking Forward is; *Minnesota is a great place to grow up and grow old, where all Minnesotans are treated with dignity and respect, regardless of age.* The values that guide this vision are ingenuity, equity and justice.

The blueprint to achieve Minnesota's vision is anchored by five broadly-defined goals:

1. Leverage the experience, expertise and energy of older Minnesotans to combat ageism.
2. Equip older Minnesotans with the tools to take charge of their health and make informed decisions about services when they need them
3. Support families and friends in their caregiving roles
4. Support aging in community with a range of services and housing options
5. Ensure the rights of older people receiving long-term care services.

This document outlines the work that the MBA will undertake to help achieve these goals and realize the vision of MN2030. Future iterations of the MN2030 plan will articulate the role of DHS in helping older adults age in community and prepare the state for 2030. It is our hope that other state and local, public and private partners will join us in this effort and commit to their role in realizing the vision of MN2030.

## **World Health Organization – Eight Domains of Community Living**

The goals are aligned with the World Health Organization's (WHO) eight domains for community living. In 2006, the WHO launched an effort to prepare the world for a rapidly aging population. The main tenet behind their Age-Friendly Cities and Communities program is to target the social and economic factors that influence health and aging for older adults. The WHO recognized that to make a community age-friendly was to have active participation by people of all ages, especially older adults. AARP became an affiliate of the WHO program and adopted the WHO's eight domains of livability. The eight domains outline distinct topics that help a community gauge, organize and prioritize how to become a livable community for all ages. Below are the eight domains of an age-friendly community.

1. Outdoor Spaces and Buildings
2. Housing
3. Transportation
4. Social Participation
5. Civic Participation and Employment
6. Respect and Inclusion
7. Communication and Information
8. Community and Health Services

New York State has been recognized by WHO and AARP as the first state in the nation to become an age-friendly state. We want Minnesota to be the second!

### **Stakeholder Engagement**

Starting in the fall of 2017, MBA and DHS used the eight domains for community living as a structure to conduct community conversations throughout the state. The community conversations engaged attendees to discuss the current landscape of aging services and community infrastructures and what attendees believe will help them age successfully. By June 2018, there were 30 community conversations attended by approximately 800 people.

With the help of the Office of Ombudsman for Long Term Care, community conversations were held with 12 resident councils in nursing homes and assisted living facilities around the state that were attended by 176 residents.

Beginning in the winter of 2017, MBA and DHS hosted several external stakeholder engagement meetings to introduce MN2030 and engage a wide range of public and private, state and local stakeholders to envision long term services and supports (LTSS) and our community infrastructures in 2030. These conversations will continue as the MBA and DHS work with stakeholders to identify their roles and partnership opportunities to prepare Minnesota for 2030.

An additional way that people around the state and from all walks of life could provide their input into MN2030 was to complete the online survey. The survey mirrored the community

conversations asking people what they envision for long-term services and supports, housing, and community infrastructure for older people in 2030. At the time of this report approximately 650 people have completed the online survey.

### **The Minnesota Board on Aging**

The MBA is the designated State Unit on Aging for Minnesota. It is the gateway to services for older Minnesotans and their families. The MBA **administers** federal and state funds to deliver a range of in-home and supportive services to older adults and their family caregivers. In addition, the MBA manages two direct service programs: the Office of Ombudsman for Long-Term Care and the Senior LinkAge Line®. In total, the MBA, in partnership with its designated Area Agencies on Aging and their contracted providers, serves 189,000 older adults and caregivers each year who are not yet eligible for the state's other publicly-funded home and community based service programs.

The second role of the MBA is an **advisor** to older adults through good information and decision support and to partners through sharing best practices and evidence-based models. The third role of the MBA is as an **advocate**. It is in this role that the Board promotes state and local policies and programs that support older adults to age well and live well at home. It is under this third role that the Board develops their legislative priorities and spearheads its strategic planning processes, as evidenced with MN2030 Looking Forward.

## **MN2030: Introduction**

In the spring of 2017, the Minnesota Board on Aging (MBA), in partnership with the Minnesota Department of Human Services (DHS), began a strategic planning effort called MN2030 Looking Forward. The year 2030 was marked as an important milestone because that is the year baby boomers start to turn 85 years old. On average, at about age 85 people start to need more help around the house or with their personal care and many move out of their homes and into congregate settings in order to receive that help. We want to make it possible for each of us as we grow older to age in community for as long as possible. And, with that cornerstone in mind, we are planning our multi-year commitment to prepare for a permanently older state.

MBA and DHS are leveraging the State Plan on Aging required of the MBA as a vehicle to refresh the vision and priorities for 2030. We are at the midpoint between our original vision for the long-term services and supports system, crafted by the 2000 legislatively-mandated Long-Term Care Task Force, and the year that baby boomers start turning 85. It is truly a transformative time in our communities. To that end, Minnesota is revisiting its multi-year commitment to prepare for a permanently older society. The MBA and DHS are using this opportunity to engage people across all Minnesota communities, sectors and generations with the goal to refresh and refocus our efforts.

Central to the stakeholder engagement that has shaped this State Plan on Aging and will continue to guide our efforts into 2030 are the strategies to reframe aging developed by the Frameworks Institute. The Frameworks Institute conducted extensive research to develop messages that were proven to reframe the public conversation around aging and ageism. With the tools and support provided by the Frameworks Institute, our aim is to refocus our conversation about aging to one that involves everyone, of all ages.

The value of justice is a key component of the Frameworks Institute’s reframing approach, and it’s a value that will guide all of the work that we do. Justice requires recognizing that all members of society are equal. Right now, our society is not treating older people as equals. In fact, we are marginalizing their participation and minimizing their contributions. To achieve the future that we want, we must confront the injustice of ageism and work to reshape society so that everyone is fully included in their communities, regardless of their age.

To do so, we have learned from the Frameworks Institute that we want to shift from a moral claim of “doing right” by older adults to emphasizing their participation, contributions, and inclusion. We need to disrupt the *Us vs. Them* binary that separates the old from the young in the public mind and, thereby, permits a paternalistic stance toward older people (*we* must do a better job of taking care of *them*). Within this frame, it is only too easy to associate older people with vulnerability—and, therefore, it is much more difficult to imagine a society in which older adults are full and equal participants. In the development and implementation of the MN2030 plan we want to work across generations, sectors and communities to create a future for all of us that includes all of us.

## **MN2030 Vision and Values**

The exciting culmination of our stakeholder engagement is our renewed vision for Minnesota: *Minnesota is a great place to grow up and grow old, where all Minnesotans are treated with dignity and respect, regardless of age.* The values below will guide our work to achieve this vision and will shape our efforts throughout each goal described below.

### **Ingenuity**

As Minnesotans live longer and healthier lives, this presents new opportunities for our communities. We will tap our creativity and resourcefulness to make the most of them. We are problem-solvers. When we see an opportunity, we will figure out how to seize it and when we see that something isn't working, we will rethink our approach.

### **Equity**

We achieve equity when every person in a community has what they need to reach their full potential and by helping to increase their social, economic and political assets. We will work with others to take a systemic approach to promote the physical, mental, social and economic well-being for people of all ages across all ethnicities and cultures.

### **Justice**

Creating a just society includes treating older people as equal members of the community. It also means making sure we are all connected to our communities as we age, so that we can recognize, prevent and address elder abuse. We will confront ageism and work towards a future where people of all ages are valued and fully included in society.

## **The Minnesota Board on Aging**

The MBA is the designated State Unit on Aging for Minnesota. It is the gateway to services for older Minnesotans and their families. The MBA **administers** federal and state funds to deliver a range of in-home and supportive services to older adults and their family caregivers. The Older Americans Act (OAA) instructs the MBA to designate a statewide network of Area Agencies on Aging (AAAs). The seven Area Agencies on Aging leverage additional local dollars and resources and ensure local input and accountability in the delivery of aging services in communities around the state. The Minnesota Indian Area Agency on Aging administers OAA funds to deliver services to Native American elders in the northern half of the state.

In addition, the MBA manages two direct service programs: the Office of Ombudsman for Long-Term Care and the Senior LinkAge Line®. The Office of Ombudsman for Long-Term Care provides direct, one-to-one advocacy and problem-solving for nursing home residents, older persons receiving services in the community and their families. The Senior LinkAge Line®, and the [www.minnesotahelp.info](http://www.minnesotahelp.info) website, provides streamlined service information, access assistance, health insurance and long-term care options counseling to older Minnesotans and their families.

In total the MBA, in partnership with its designated Area Agencies on Aging and their contracted providers, serves 189,000 older adults and caregivers who are not yet eligible for the state's other publicly-funded home and community based service programs.

The second role of the MBA is an **advisor** to older adults through good information and decision support and to partners through sharing best practices and evidence-based models. The third role of the MBA is as an **advocate**. It is in this role that the Board promotes state and local policies and programs that support older adults to age well and live well at home. It is under this third role that the Board develops their legislative priorities and spearheads its strategic planning processes, as evidenced with MN2030 Looking Forward.

The administrator role of the MBA and its partners is depicted by this illustration.

# Minnesota's Aging Network

An infrastructure that annually supports over 189,000 older Minnesotans and caregivers

Minnesota Board on Aging

7 Area Agencies on Aging

100 Contracted Service Providers

Provides Services & Supports to 1 in 6 Older Minnesotans

<b>123,897</b>	<b>38,503</b>	<b>10,274</b>	<b>4,060</b>	<b>65,845</b>	<b>22,106</b>	<b>599</b>	<b>2,671</b>
consumers served via the Senior LinkAge Line®	older adults received congregate meals	older adults received home delivered meals	older adults received 100,438 one-way trips	hours of respite provided to 873 caregivers	units of coaching/support/education provided to 2,927 caregivers	older adults participated in Chronic Disease Self Management education programs	older adults participated in Fall Prevention programs



FFY 2017

## **World Health Organization - Eight Domains of Community Living**

In 2006, the WHO launched an effort to prepare the world for the rapidly aging society. The main tenet of the program, [World Health Organization's Age-Friendly Cities and Communities program](#) is to target the social and economic factors that influence health and aging for older adults. The health and quality of life of people of any age is determined by several factors<sup>1</sup> that include; environmental, lifestyle, social and economic factors. We maintain this extends to any cultural and ethnic population and any city regardless of population size.

The WHO recognized that to make a community age-friendly was to have active participation by people of all ages, especially older adults. AARP became an affiliate of the WHO program and adopted the eight domains of livability. The eight domains are divided by distinct topics that help a community gauge, organize and prioritize how to become livable community. Below are the eight domains of community living:

1. Outdoor Spaces and Buildings
2. Housing
3. Transportation
4. Social Participation
5. Respect and Inclusion
6. Civic Participation and Employment
7. Communication and Information
8. Community and Health Services

New York State has been recognized by WHO and AARP as the first state in the nation to become an age-friendly state. We want Minnesota to be the second!

The first three domains; Outdoor Spaces and Buildings, Housing and Transportation feature the physical environment. The physical surroundings shape if a community is safe, secure, efficient, and if there is mobility. The next three topics; Social Participation, Respect and Inclusion and Civic Participation reflect social engagement for older people. The last two domains, Communication and Information and Community and Health Services address both “social environments and health and social service determinants.”<sup>1</sup>

The eight domains were identified by the WHO in research that show close connections or complementary effect between each domain. Accessible and safe transportation is dependent on effective Communication and Information. Housing interacts with Social Participation. When all domains converge an age-friendly community is created. Highlighted in the section “Goals, Objectives and Priorities” is alignment of the eight domains within the five State Plan goals.

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<sup>1</sup> “Global Age-friendly Cities: A Guide.” WHO. World Health Organization, 2007

## **Stakeholder Engagement– Community Conversations**

The stakeholder engagement strategy was a multidimensional effort. Starting in the fall of 2017, the MBA and DHS used the eight domains for community living as a structure to conduct community conversations throughout the state. The idea was to engage with people of all ages, in particular older adults.

The structured community conversations engaged attendees to talk about their own aging and what they envision the future could be like for older people in 2030. By June 2018, there were 30 community conversations attended by approximately 800 people hosted primarily by the Area Agencies on Aging and other stakeholder organizations. The hosts used a [facilitator’s guide](#) to lead groups through the conversation.

With an intentional effort to engage older people across all settings, community conversations were held with residents of nursing homes and assisted living facilities. With help from the Office of Ombudsman for Long Term Care, community conversations were coordinated by the Ombudsman staff with resident councils to gather their perspectives about what is important to them and how they envision services and supports could be shaped into the future. Through the Resident Council Community Conversation process there were 12 hosted throughout the state attended by 176 residents.

A [survey](#) was posted on the MN2030 website to gather the input from people all around the state. By April 2018 over 650 surveys were completed. Along with demographic questions, the survey asked people to rank important factors to age in the community and inquired about innovative solutions to prepare for 2030.

Results from the scripted community conversations, resident council community conversations and the survey were categorized using the WHO eight domains for community living.

Given space limitations in the State Plan, only the rankings and general observations for the three input methods are presented below. A report with detailed analysis will be available in summer 2018.

<b>Stakeholder Engagement Results</b>		
<b>Community Conversations</b>	<b>Resident Council Community Conversations</b>	<b>MN2030 Survey</b>
<ol style="list-style-type: none"> <li>1. Community and Healthcare</li> <li>2. Housing</li> <li>3. Transportation</li> <li>4. Respect and Social Inclusion</li> </ol>	<ol style="list-style-type: none"> <li>1. Community and Healthcare</li> <li>2. Respect and Social Inclusion</li> <li>3. Outdoor Spaces and</li> </ol>	<ol style="list-style-type: none"> <li>1. Community and Healthcare</li> <li>2. Transportation</li> <li>3. Housing</li> </ol>

5. Communication and Information 6. Social Participation 7. Outdoor Spaces and Building 8. Civic Participation and Employment	Building 4. Communication and Information 5. Social Participation 6. Transportation <i>*Civic Participation and Employment and Transportation – Not mentioned</i>	4. Social Participation 5. Outdoor Spaces and Building 6. Respect and Social Inclusion 7. Civic Participation 8. Communications and Information
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People who provided their input through one of the three methods described above most frequently ranked Community and Healthcare as the most important domain. This is the domain that includes LTSS. Not surprisingly the specific needs are dependent on the living situation. People who participated in the community conversations wanted:

- presence of technology as a tool to age well
- better service coordination
- more efficient delivery of services in the community and
- improved access to direct service workers.

Within the same domain – Community and Healthcare – the nursing home and assisted living resident council attendees want to remain close to their family, have adequate food options, private rooms and improved access to physicians and mental health services.

Interestingly, Respect and Social Inclusion was identified as a top domain in the community conversations and resident council community conversations but ranked 6<sup>th</sup> within the survey results. This could be because a higher proportion of younger people completed the online survey. Participants in the community conversations highlighted a need to ensure people with dementia as well as people of all cultures, religions and sexual orientations are included and respected. The participants also highlighted a need for, and interest in developing, a culture of caring with less isolation and more structured opportunities to get to know diverse people. Within Respect and Social Inclusion, the resident council participants focused on responsive staffing, which included staff turnover, training and ability for residents to effectively communicate with staff. They also highlighted choices and privacy as high priorities.

In both the community conversations and MN2030 online survey, housing was an essential domain, ranking #2 and #3 respectively. In the community conversations, attendees moved beyond aging in place to having choices to age in community. Specifically, attendees want an array of housing options that include:

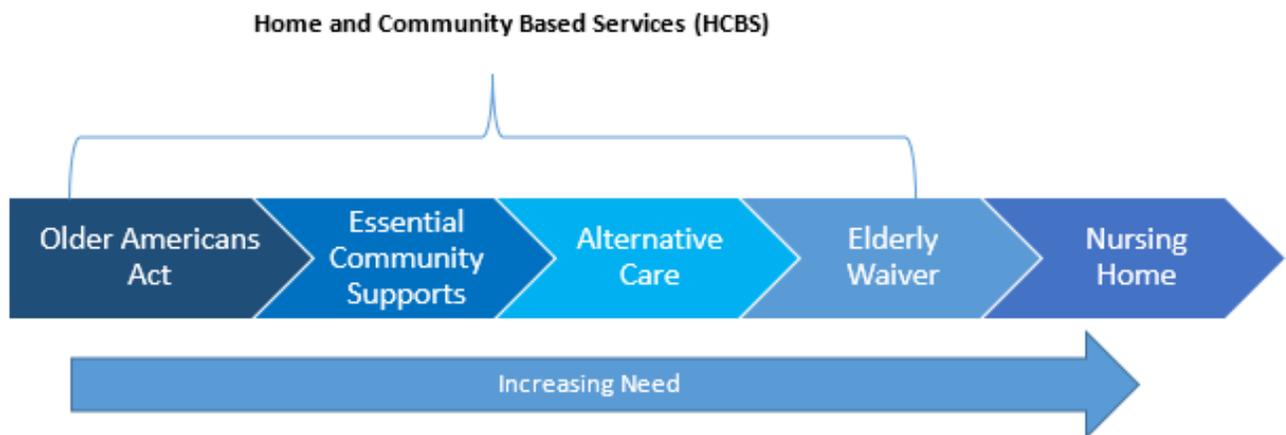
- Affordable home modifications,
- More affordable housing,

- Single level homes,
- Home sharing,
- Zoning to support innovations in housing, and
- Lifetime communities.

## **A Strong Foundation of LTSS**

Long-term services and supports (LTSS) are a spectrum of health and social services that support Minnesotans who need help with daily living tasks. LTSS may be provided in institutional settings, such as hospitals and nursing homes, or in people’s homes and other community settings. When provided in a person’s home or other community settings, such as assisted living, the services are referred to as home and community-based services.

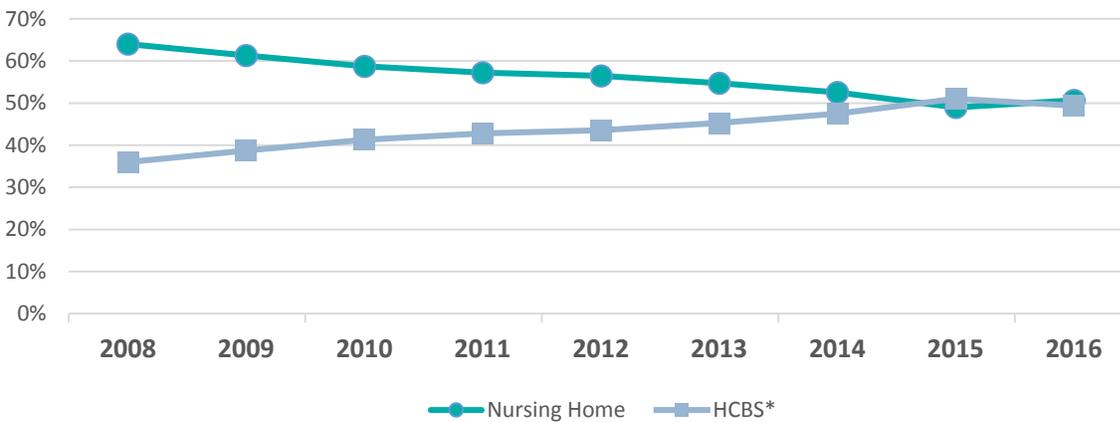
Federal and State policies, consumer preferences, and other factors have sought to shift the balance of LTSS services toward a greater emphasis on home and community based services (HCBS), with the goal of enabling people to live independently in their own home or in the community as long as possible. In fact, balancing was a key strategy articulated in 2000 by the legislatively mandated [Long-Term Task Force](#). The illustration below displays the continuum of LTSS programs developed by Minnesota to help older adults with varying levels of need and personal resources. Since 2000, the state has deliberately built the capacity of the system to provide a range of HCBS programs as an alternative to nursing home services.



Below are two tables that illustrate trends in Minnesota’s LTSS system.

The first table compares the percent of Medicaid, or Medical Assistance (MA) in Minnesota, LTSS expenditures for people in nursing homes to MA-funded HCBS. Table 1 shows that the state reduced reliance on nursing homes by decreasing the proportion of MA LTSS dollars spent on nursing home services and increasing the proportion spent on HCBS. By 2016, the proportion of public LTSS expenditures was balanced, with 50 percent supporting nursing home services and 50 percent supporting HCBS.

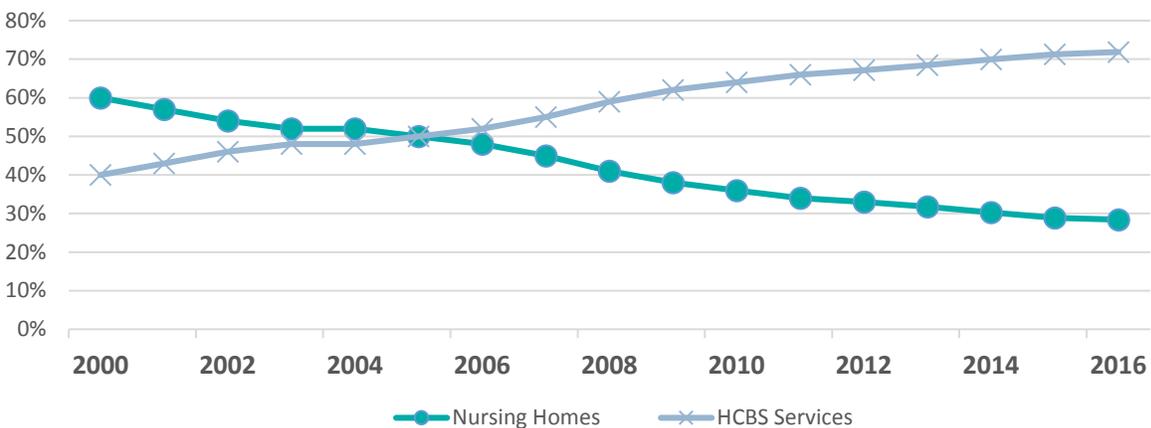
Percent of LTSS Expenditures for Older Adults  
(SFY 2008-2016)



\* HCBS programs include the Elderly Waiver, Alternative Care, State Plan Home Care  
Source: DHS Data Warehouse

The table below illustrates the number of older Minnesotans receiving MA-funded HCBS compared to people served in a nursing home. The data point to 2005 as a seminal year because it was the first-time Minnesota’s LTSS system was balanced in terms of people served. From that point on Minnesota increased momentum towards providing more HCBS options. By state fiscal year 2014, 70 percent of older adults received HCBS as compared to 30 percent living in nursing homes. This is a dramatic improvement from state fiscal year 2000 when only 40 percent of older adults received HCBS and 60 percent lived in nursing homes.

Percent of Older Adults using HCBS\* vs. Nursing Homes  
(SFY 2000-2016)



\* HCBS programs include the Elderly Waiver, Alternative Care, State Plan Home Care  
Source: DHS Data Warehouse

## **MINNESOTA'S FORMAL AND INFORMAL NETWORKS**

Minnesota's LTSS system is large and complex. It is made up of (a) informal services provided by family and friends who are caregiving, (b) formal home- and community-based services delivered by paid staff and volunteers, and (c) nursing home services.

The formal network of Minnesota's LTSS includes, but is not limited to, the MBA and its seven designated Area Agencies on Aging. The mission of the aging services network is to promote, plan, and facilitate the development of a comprehensive and coordinated service delivery system responsive to the needs of older adults age 60+ and family caregivers with OAA funding prior to needing MA-funded HCBS. The system is designed to maximize individual options for high quality, person-centered, and cost-effective services which enables older adults to age well and live well at home.

The continuum of LTSS is intended to support, build upon, strengthen, and integrate the person's informal support network. An important part of Minnesota's strategy is to reach people before they even become eligible for MA. By reaching people early, when their needs are relatively modest, we can provide less-expensive services, prevent or delay their spenddown to MA, and prevent or delay the use of more expensive services such as nursing home or assisted living services. Minnesota has multiple strategies in place to reach people early.

## **Trends Shaping the Future of LTSS**

As the baby boom population ages, the sheer number of people who will need LTSS when they are older will increase. By 2030, Minnesotans age 60 and older will number nearly 1.6 million and constitute 26 percent of the state's population. This is a result of an increase of almost 400,000 people in that age group over the next 12 years. With this demographic shift we will also witness the following trends that by now have become familiar to many of us.

- More people will need publicly funded services because they will not have the resources to pay for it themselves.
- Fewer family members will be available to provide support, especially intensive personal care, to their loved ones.
- A deepening workforce shortage will continue to strain the formal LTSS system.
- More people will experience behavioral health challenges and social isolation.

If we do not do anything differently in terms of our LTSS policies and programs, we will not be able to meet the level of need projected into 2030. Faced with this challenge, many people can understandably become overwhelmed and feel there is nothing that can be done. But in our MN2030 community conversations we found just the opposite! We heard from people of all ages in communities across the state who are thinking about what they want their future to be when they are older and they are exploring ways to support each other. The energy and enthusiasm from these conversations fueled the development of the MN2030 vision, values and the goals that are outlined in the following pages. These goals point out the ways in which we can shape the LTSS system – and other aspects of our communities – to prepare for and thrive in 2030.

At the same time that we are experiencing a demographic shift in the age of our state's population we will also be experiencing the most significant shift in the race, ethnicity and cultural heritage of our population. Thus, preparing for 2030 must include every cultural and ethnic community determining what their future looks like, how they want to support their older community members, and helping to shape the LTSS system and other community infrastructure to best meet their needs and preferences. Preparing for 2030 also includes acknowledging and tackling disparities by building the capacity of culturally-specific providers and meeting the cultural and linguistic needs, values, and preferences of older adults and their caregivers from cultural and ethnic communities. Through the *MN2030: Looking Forward* efforts there will be a deliberate focus on making resources available to cultural and ethnic communities so that they can determine how best to meet their LTSS needs.

## **State Plan Goals and Objectives**

The following goals, objectives and strategies outline the steps that the MBA will take to support older adults and prepare the state for 2030. As the State Unit on Aging, the MBA will fulfill its mission to advocate, advise and administer to effectively serve older Minnesotans.

The State Plan also articulates the role of the MBA as a partner with other state agencies within the larger, publicly-funded system of services and programs for older persons. The goals, strategies and outcomes in this plan, therefore, represent both the federal expectations for the MBA as well as state priorities and issues identified through the input provided by the Area Agencies on Aging, their local partners, older adults, family caregivers and other community members. Future iterations of the MN2030 Plan will include detail regarding the role of DHS to support older adults to age in community and prepare the state for 2030. It is the hope of MBA and DHS that other state and local, public and private partners will join in this effort and commit to their role in preparing for 2030. The Goals are broadly defined and are not achievable by just one agency or in one community. But, rather, it is when we work together that we will truly achieve the vision for our state as *a great place to grow up and grow old, where all Minnesotans are treated with dignity and respect, regardless of age.*

### **Goal 1: Leverage the experience, expertise and energy of older Minnesotans**

As with the state's population overall, the workforce is growing older as the much larger baby boom generation ages. In 2016, 20 percent of the jobs in Minnesota were held by workers age 55 and older<sup>2</sup>. If baby boomers continue to retire near traditional retirement ages there will not be enough replacement workers available to fill all of these openings. This will exacerbate an already significant workforce shortage that is hitting every sector of our economy. But, our future in Minnesota can be very different! We are sitting on a gold mine of people at their prime in thinking, creativity and resourcefulness. And this "gold mine" does not just benefit our economy but can benefit all aspects of our communities as older people turn their attention to addressing community needs.

Standing in the way of these benefits is ageism, discrimination based on prejudices about age. It can be directed at people of any age but when it is directed at older people, it often involves the assumptions that older people are less competent than younger people and need someone else to take care of them. Ageism is largely unconscious. Our exposure to pervasive negative messages about older people and their capabilities leave us with a prejudice we may not even be aware of. The negative effects of this bias, however, can be dramatic.

It can range from workplace discrimination and harassment to social exclusion and neglect to egregious abuse in older adult care settings. Ageism affects the economic security of many older adults who would like to be working. Stress, depression and a higher risk of heart disease

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<sup>2</sup> *A Workforce in Transition*, Macht Cameron. Minnesota Department of Employment and Economic Development, September 2016

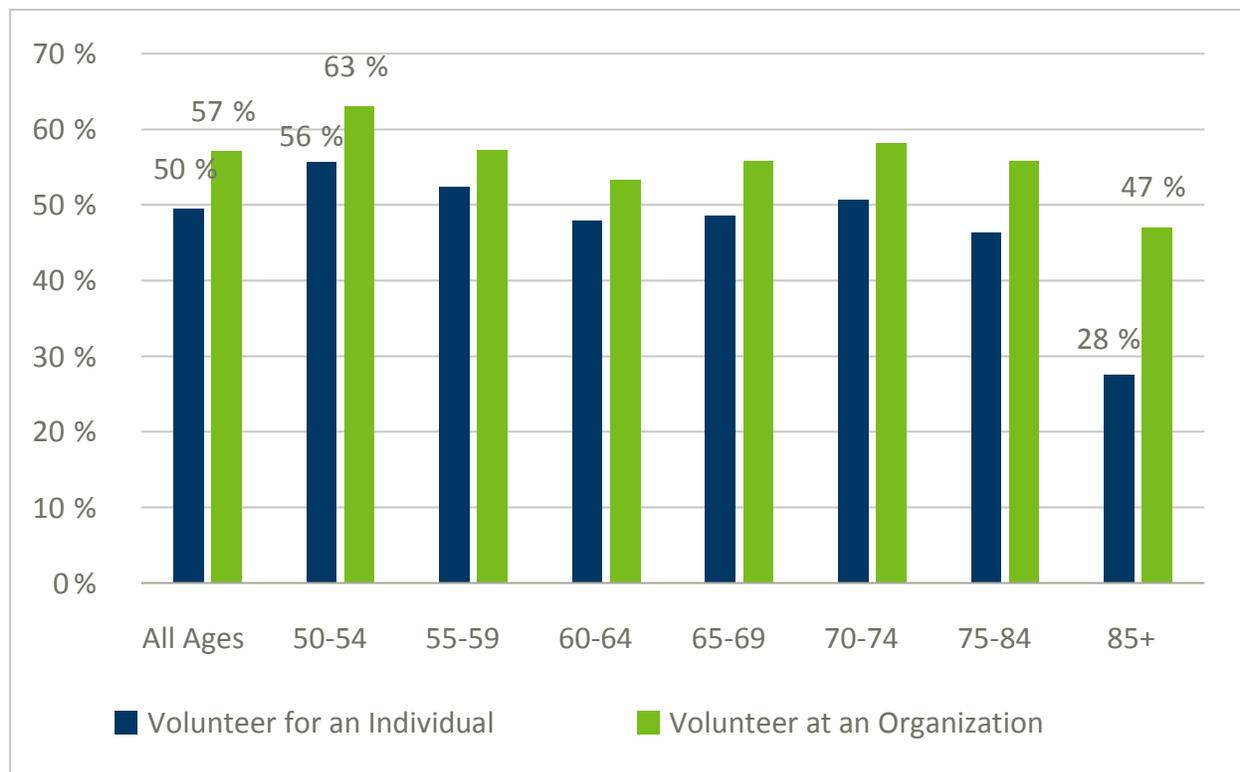
result when we internalize negative messages about growing older. Conversely, a Yale study showed that positive attitudes about aging could extend one’s life by more than seven years.

Many Minnesotans are ready for change. People participating in the MN2030 community conversations ranked respect and social inclusion high on issues the state should address as we prepare for the year 2030. Results of these conversations show that people of all ages want to be connected and to figure out how to support each other. Older adults have come forward in these discussions with ideas for making that happen and with creativity and energy to solve other community problems.

In addition data from 2015 Survey of Older Minnesotans (SOM) highlights further the social capital potential of Minnesota’s primarily older community members.

- Half of older adults ages 50+ reported volunteering for an individual such as helping others by doing things such as driving them to appointments , church, shopping, doctors; bringing them meals or groceries; helping with house or yard work; visiting; and so on.
- Almost 60 percent of older adults ages 50+ reported they helped organizations such as churches, libraries, hospitals, neighborhood groups or service clubs.
- Overall older adults volunteer at a higher rate of volunteering with an individual or an organization.

**Many Older Adults Volunteer, even those age 85 years and older**



*Source: Survey of Older Minnesotans, 2015*

Researchers have long known about the health benefits of “social capital”— the ties that build trust, connection, and participation. This link may be particularly important for older adults across Minnesota’s rural and urban communities who may also be able to offer more assistance to their peers with routine maintenance tasks, social visits and ultimately shape the landscape to elder abuse – financial, physical and emotional.

### **Strategic Priority 1.1**

Facilitate opportunities to connect older people to their communities and engage them in the activities that offer them social connections.

The Minnesota Board on Aging will:

- Advocate for public policies that will create opportunities for low-income older adults to engage in their neighborhoods.
- Build capacity within communities and Senior Corps agencies to harness social capital and take the pledge to be “MN2030 ready”.

### **Strategic Priority 1.2**

Work with employers to increase the number of older people (those 50+) who are actively recruited and retained as part of an overall workforce strategy.<sup>3</sup>

The Minnesota Board on Aging will:

- Advocate for older people to be an integral part of the state’s workforce.
- Promote flexibility to retain older workers by engaging in a multi-state agency coalition.
- Advise partners on workforce shortage and develop an outreach campaign to utilize older workers.
- Identify and promote incentives for businesses to employ older workers.
- Leverage research relationship with the University of Minnesota to focus on employer and older worker needs and priorities.

### **Strategic Priority 1.3**

Encourage older people to lead the development of housing and support models that help them age in community.

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<sup>3</sup> Older Workers: A Key to Bridging the Workforce Gap, August 2017. Brooksbank R., Tombarge C., and Wootten. S. University of Minnesota / Humphrey School of Public Affairs

The Minnesota Board on Aging will:

- Use Live Well at Home grant funding to solicit and test ideas to develop affordable housing initiatives that will assist people to age in their communities.
- Utilize social capital within the Senior Corps programs to support opioid abuse prevention, education, reduction, through local nonprofits, faith-based community organizations and with Tribal Nation partners across the State.

### **Strategic Priority 1.4**

Work with older people, their families, and all stakeholders to prevent abuse and neglect and support the ability of all people regardless of age to exercise their full rights.

The Minnesota Board on Aging will:

- Work with DHS and MDH to quickly respond to allegations of abuse and neglect of vulnerable adults.
- Partner with DHS to support the role of the county lead investigative agencies through increased regional support, training and technical assistance.
- Partners with DHS to fully develop a person-centered maltreatment reporting system to support remediation and prevention activities.

## **Goal 2: Equip older Minnesotans with the tools to take charge of their health and make informed decisions about services when they need them**

Nothing is more central to Minnesotans' quality of life than their health.<sup>4</sup> Creating an infrastructure that supports a system of services and that enables older adults to age with dignity, independence, and choice in the face of increasing health and daily needs is at the core of MBA programs and services. The goal of fulfilling this need will take unprecedented levels of public involvement, including being engaged in our daily lives, our neighborhoods, our communities, and at the state and federal levels. Regular physical activity is one of the most important things an older adult can do to be healthy. Wellness needs to be person-driven in that older adults and people with disabilities experiencing chronic conditions have choice, control and access to a full array of quality services that assure optimal outcomes, such as independence, health and quality of life.

Two key data points highlight Minnesota's robust systemic health and individual wellness.<sup>5</sup>

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<sup>4</sup> Retrieved from MN State Demographic Center, 2018.

<sup>5</sup> Retrieved from MN Compass, 2018.

- In 2016, less than 5 percent of Minnesota residents lacked health care coverage. This rate of un-insurance is lower than most States and ensures that health insurance impacts access to health care.
- The prevalence of diagnosed diabetes among Minnesota's adults is consistently lower than the national average, which stood at nearly 11 percent in 2016.

It is estimated that Minnesota has more than 1.1 million adults age 60 and older. When it comes to the current state of healthy aging and nutrition consider the following, of those age 60 and older, it is estimated that 72 percent have at least one chronic health condition (ongoing health issue) and 60 percent have 2 or more. It is also estimated that up to 15 percent experience under nutrition (not consuming enough calories, protein or nutrients). Those at most risk for under nutrition are older women, minorities, and people who are poor or live in rural areas.

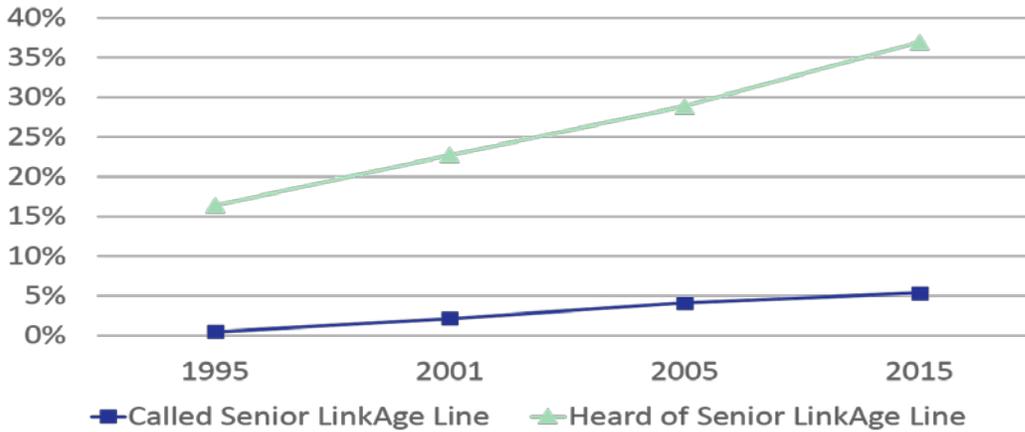
In addition, falls are the leading cause of injury-related deaths among persons aged 65 and older, and the age-adjusted rate of deaths from falls is increasing. According to the Minnesota Department of Health (MDH), injurious falls and fall related deaths place Minnesota at 3rd in the nation. Minnesota's fall mortality rate has consistently been calculated to be at least 60% higher than the U.S. rate. Minnesota's rate continues to increase, moving unintentional injury from the 5th leading cause of death in 2008 to the 3rd leading cause in 2016.

While the above statistic is alarming, Minnesota was ranked as the number 1 healthiest state, in early 2017 by United Health Foundation that released their America's Health Rankings Senior Report. The rankings are based upon analysis of older adult population health on a national and state-by-state basis across 34 measures. Minnesota's has many strengths including: a high level of volunteerism, decrease in percentage of those in poverty and, nursing home quality (four and five star ratings), prescription drug coverage and a low prevalence of frequent mental distress.

And we know that people can maintain and even improve their health well into their later years, even while living with chronic conditions. Minnesota has made significant progress in making available a range of healthy aging programs that are proven to equip older people with the tools they need to take charge of their health and maintain their wellness. Minnesota also has a strong nutrition services program that reaches 40,000 older people each year. This represents a strong foundation upon which to build our future.

Managing our chronic conditions, living a healthy lifestyle, and addressing our risks for falls can help delay the need for long-term services and supports. But, as we get older, most of us (about 75 percent) will need some help around the house or with our personal care. The MBA, in partnership with the Area Agencies on Aging, seeks to make it easy for older people and their families to find this help when they need it.

# More People Know and Call Senior LinkAge Line

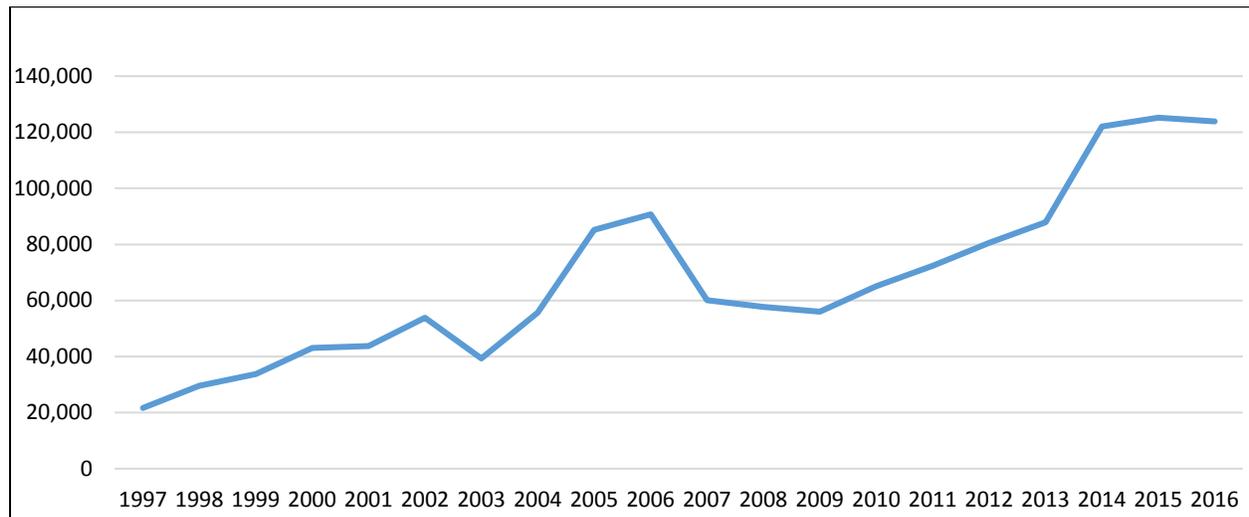


Survey Question: Have you heard of the Senior Linkage Line? Have you or your spouse or partner ever called the Senior Linkage Line?

The Senior LinkAge Line® assists individuals to find community resources, including supports for family caregivers, and to create a support plan to remain in the community. This type of assistance, also known as long-term care options counseling, has been used successfully to help older people and their caregivers make informed decisions about their long-term services and support needs.

The year 2018 marks another milestone for the MBA and its designated Area Agencies on Aging partners. It is the 25th anniversary of the Senior LinkAge Line®, which has done innovative work to enrich and improve the lives of older Minnesotans and their families. The Senior LinkAge Line® works to provide comprehensive services and supports for all Minnesotans. This is a critical time to acknowledge accomplishments, review emerging needs and identify priorities going forward.

## People Served through Senior LinkAge Line® 1997-2016



Source: Senior LinkAge Line®

There are key opportunities to engage in the delivery of a strong system for providing long-term care options counseling to help older adults and their families make educated decisions about long-term services and support needs. This coupled with healthy aging initiatives offer self-determination options for older Minnesotans to age in their communities.

### Strategic Priority 2.1

Achieve statewide availability of a range of healthy aging programs.

The Minnesota Board on Aging will:

- In collaboration with the MN Department of Health, launch a statewide public-private partnership to support health and wellness for all older Minnesotans.
- Increase the support structure for regional and community-wide efforts (such as Juniper), including sustainability and availability, to promote health and wellness.

### Strategic Priority 2.2

Pursue new opportunities to address disparities and reach currently unserved or underserved populations with healthy aging programs and nutrition services.

The Minnesota Board on Aging will:

- Look toward new and creative partnerships such as with the: Veterans Administration, cultural and ethnic community organizations, community health workers, and healthcare providers to expand opportunities for all older adults to participate in healthy aging programs.

- Support the dissemination of community level efforts led by older adults (such as Vital Aging Network’s engagement effort, Evolve) to encourage health and wellness.
- Consider other models of healthy aging program delivery such as telehealth, online access or others that meet the standards and outcomes.
- Partner with food shelves to reach high risk older adults with low incomes who are experiencing undernutrition or malnutrition.
- Work with cultural and ethnic communities to train community members as coaches/leaders and increase the availability of culturally tailored programming.
- Advocate for more translations of materials for the healthy aging programs and nutrition.
- Align the work of the MBA Indian Elder Services Coordinator with Wisdom Steps and tribal efforts to support healthy aging for Native American elders.

### **Strategic Priority 2.3**

Modernize the nutrition services delivery model to achieve efficiencies, promote sustainability and increase choice.

The Minnesota Board on Aging will:

- Develop and implement a business plan to test and bring to scale one or more new models of nutrition service delivery.
  - Identify and engage non-traditional partners to leverage their areas of expertise.
  - Explore new roles for volunteers to address needs such as social isolation.
  - Explore different infrastructure models for the cooking, packaging, purchasing and delivery of meals.
  - Explore and test the use of new technology to achieve efficiencies in program operation.
  - Maximize the use of participant and population data to drive continuous program improvements.

### **Strategic Priority 2.4**

Strengthen the delivery of health insurance counseling, long-term care options counseling, and decision making support, through the Senior LinkAge Line® (SLL) and [www.minnesotahelp.info](http://www.minnesotahelp.info).

The Minnesota Board on Aging will:

- Develop and implement a robust training plan to support SLL staff and volunteers in the successful delivery of the full range of SLL services.
- Conduct an information technology needs assessment, research existing options to meet those needs and deploy the preferred solutions statewide.
- Review lessons learned in the delivery of care transition support for people moving into a nursing home, leaving a nursing home, considering a move to assisted living, and being

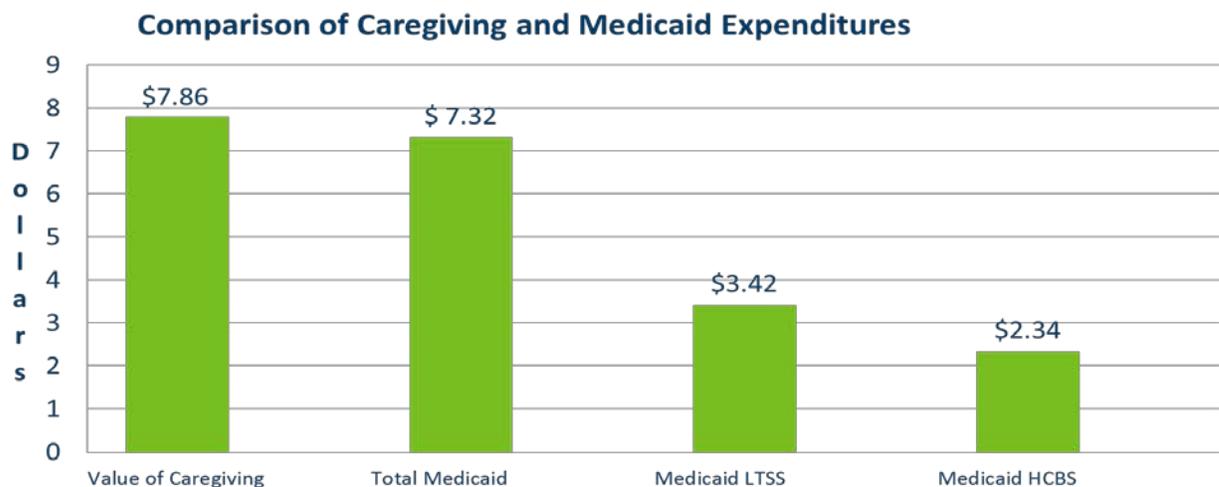
discharged from a hospital. Refine protocols and increase coordination with partners to achieve statewide consistency based on best practices.

- In partnership with DHS MDH and external stakeholders, launch an assisted living report card to provide older adults and families with useful quality information.

### Goal 3: Support families and friends in their caregiving roles

In 2016, about 5 percent (27,000) of Minnesota’s 585,000 caregivers were served through federal and state funded home and community-based services programs (e.g., federal Title III-E, State respite and MBA (MBA) dementia grants, Elderly Waiver, Alternative Care) and the Senior LinkAge Line®. Family, friends, and neighbors, provide the vast majority of the support for older people with chronic conditions and functional limitations. The recognition of and support for family and friends who are caregiving matters because it impacts the well-being of the family as well as the individual to continue to age in their communities.

The unpaid help provided by family and friends who are caregiving is valued at \$7.9 billion a year and exceeds State Medical Assistance expenditures<sup>6</sup>. Aging demographics coupled with longer life expectancies and increased disability rates with age will likely strain our publicly funded long-term services and supports (LTSS) system. Changing family size and composition, and increasing numbers of baby boomers who are divorced or single without children and lack traditional support networks are also factors impacting LTSS for older adults. We have an opportunity to find innovative ways to support family and friends who are vital for supporting older adults, for sustaining public funding for LTSS and lessening the impact of Minnesota’s projected workforce shortage (~59,000 direct care workers by 2020).



Economic value and expenditures reported in billions of dollars. AARP Valuing the Invaluable, 2015.

<sup>6</sup> *Valuing the Invaluable 2015 Update: Undeniable Progress, but Big Gaps Remain.* AARP Public Policy Institute.

The presence of a caregiver has been shown to improve medical compliance, reduce hospital re-admissions, prevent or delay premature nursing home placement, and improve quality of life for older adults.

A recent report from the National Academies of Sciences, Engineering and Medicine suggests that society's reliance on this "work force" — largely taken for granted — is unsustainable. While the demand for caregivers is growing because of longer life expectancies and more complex medical care, the supply is shrinking, a result of declining marriage rates, smaller family sizes and greater geographic separation. In 2015, there were seven potential family caregivers for every person over 80. By 2030, this ratio is expected to be four-to-one, and by 2050, there will be fewer than three potential caregivers for every older American.

This volunteer army is also impacted by a great financial risk. Many reduce the number of hours they work, take a leave of absence or make other career changes, to care for their loved one. Even worse, perhaps, is the physical and emotional toll of extended caregiving. Family caregivers are more likely to experience negative health effects like anxiety, depression and chronic disease.<sup>7</sup>

An estimated 91,000 Minnesotans over age 65 have Alzheimer's disease or related disorders (ADRD). ADRD primarily strikes older adults but also significantly affects their families. It poses emotional and medical challenges to family members and affects their finances, living situations, and well-being. Family and friends who are caregiving frequently face fatigue, anxiety, depression, social withdrawal and health problems. They often need education, counseling and support to continue their caregiving role. Nursing facility placement is frequently the result of persons who are caregiving exceeding their capacity to provide in-home care. Research has found that older adults with ADRD were five times more likely to require nursing facility placement and for longer stays than older adults without dementia.

In the 2017 session, the Legislature authorized the MBA to re-establish an Alzheimer's Disease Working Group. The Working Group will finalize its recommendations in a report to the Legislature by January 2019. The MBA is committed to working with all partners to support people with ADRD and their families and will incorporate the recommendations of the workgroup into the State Plan on Aging at that time.

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<sup>7</sup> *Families Caring for an Aging America*, September 2016. National Academies of Sciences, Engineering and Medicine

### **Strategic Priority 3.1**

Enhance the caregiving support infrastructure to provide family caregivers with on-demand access to consultation and resources in person, by phone or online.

The Minnesota Board on Aging will:

- Expand Senior LinkAge Line® hours to include evenings and weekends to accommodate individuals' caregiving. Enhance services by providing web conferencing, online support and problem solving that meets caregivers at their level of information exchange.
- Increase coordination between Senior LinkAge Line® and OAA-funded caregiver services grantees to maximize support for caregivers.
- Through the MBA Dementia grants, strengthen education and resources for caregivers of persons with dementia.
- Increase work with cultural and ethnic communities to develop models that best meet the needs and preferences of those in their community who are providing care as well as the care receivers. Important to recognize the variation in family systems, cultural contexts, and disease trajectories.
- Expand the caregiver consultation service and create regional "hubs" or virtual centers to increase access to a range of support for people who are caregiving.
- Explore/promote market-based solutions for supporting caregivers. Includes vouchers for services and supports and better technology to support older adults and caregivers
- Coordinate the identification and support of family and friend caregivers across the health care and long-term services and supports systems, especially during care transitions

### **Strategic Priority 3.2**

Build capacity within informal caregiver networks to enhance caregiving skills.

The Minnesota Board on Aging will:

- Train caregiver consultants to assist family and friends with finding and using various technologies to complement their roles and ease care tasks.
- Continue and increase support for caregivers of older adults during transitions of care, and others who are stressed and at risk of formal placement of older adults. Strengthen partnerships to fully realize the potential of the CARE Act.
- Extend home modification trainings for caregivers by caregiver consultants.
- Disseminate statewide the mobile REST model that taps college-level nursing, OT and PT students and with high school service learning projects.

### **Strategic Priority 3.4**

Support family and friends who are caregiving by building respite options.

The Minnesota Board on Aging will:

- Increase the availability of affordable respite including in-home, out-of-home, weekend, evening, overnight, self-directed and culturally specific options.
- Provide alternatives to one-to-one respite to maximize resources, such as group respite.
- Offer one free session of emergency respite to any individual that identifies as a caregiver.
- Establish a statewide Respite Care Coalition that can, as some of its first objectives, develop and broadcast respite public service announcements and request that the Governor proclaim a state respite day.

### **Strategic Priority 3.5**

Strengthen the statewide system for working caregivers to prevent or mitigate caregiver stress and burden.

The Minnesota Board on Aging will:

- Educate and work with employers to develop caregiver flexibility and supports in their policies.
- Conduct educational sessions at workplaces aimed at working caregivers to provide them with strategies and access to resources and services.

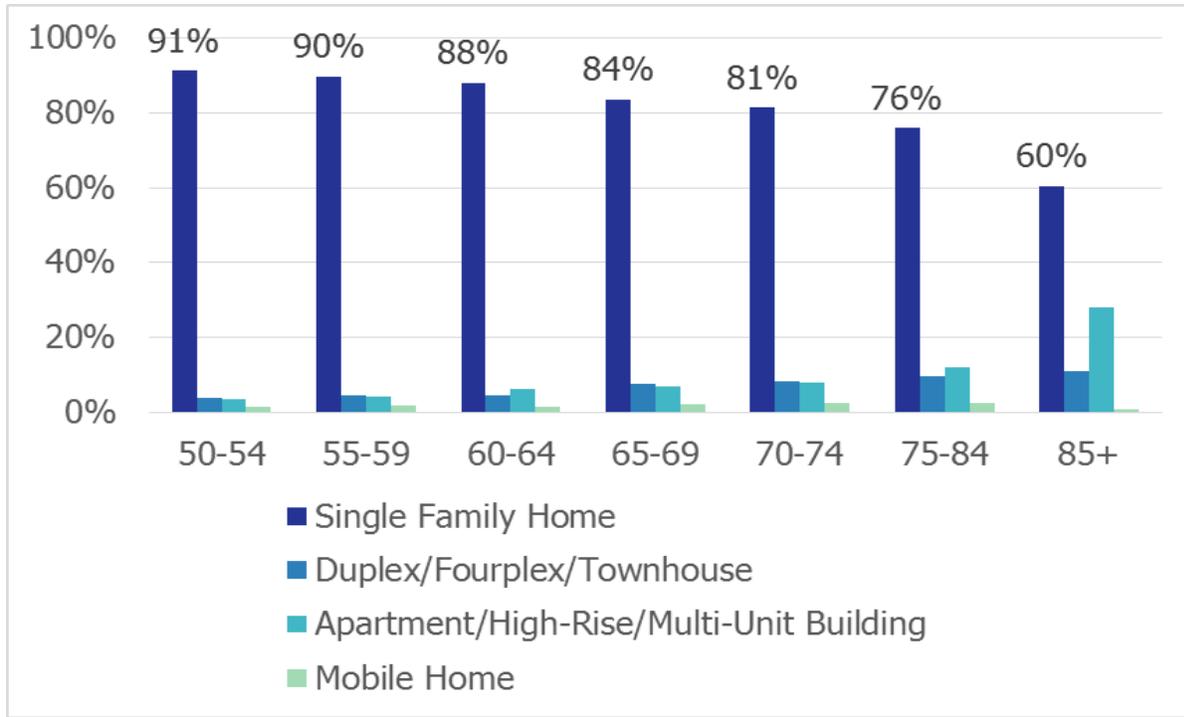
## **Goal 4: Support aging in community with access to a range of services and housing options**

The MBA supports continued expansion of access to home and community-based service options for older adults, in order to provide meaningful choice for consumers. Minnesota's Older Americans Act-funded services are targeted to individuals who are at risk for falling into the public safety net, and the demand for services continues to grow.

In Minnesota, nearly 475,000 households (23 percent of Minnesota's 2.1 million households) included one or more people age 65 or older. As we get older, most of us want to stay living in the single family home that we own. According to an AARP study, 71 percent of people ages 50 to 64 and 87 percent of adults age 65 and older want to stay in their current home and community as they age (Harrell, et al., 2014). And, in fact, that is what the majority of older adults do. In the 2015 Survey of Older Minnesotans, 85 percent of older adults reported living in a single family home, while 13 percent lived in some sort of multi-family dwelling, such as an

apartment, high-rise, or duplex. Even among those age 85 and older, 60 percent lived in a single family home.

### Older Adults Live in Single Family Homes

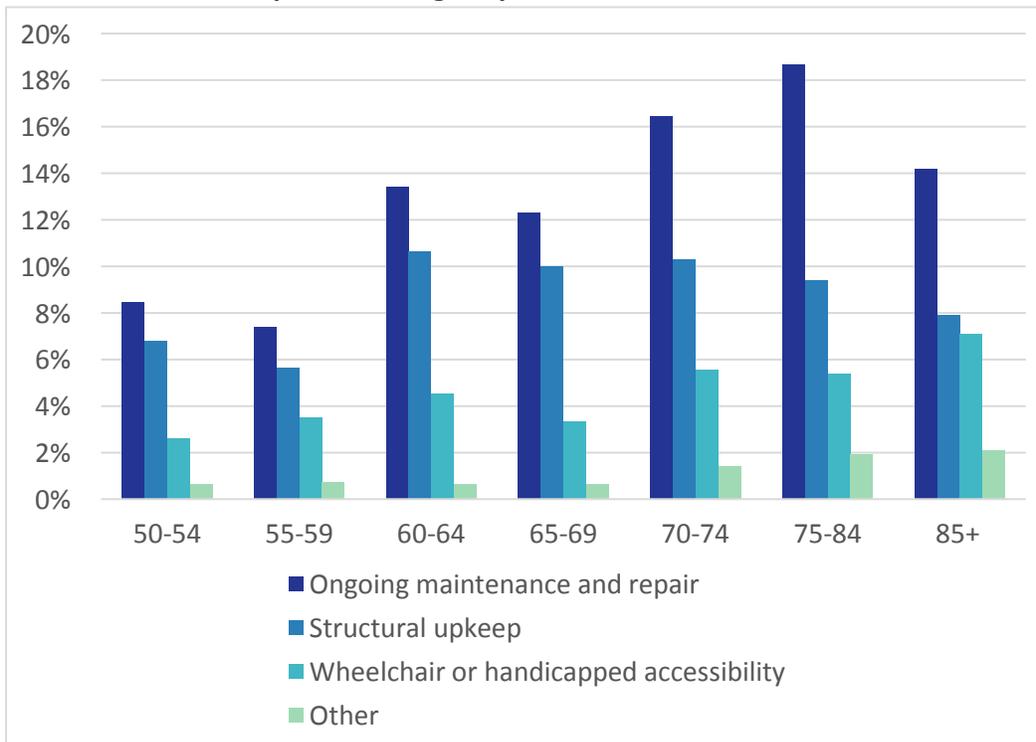


Source: Survey of Older Minnesotans, 2015

### Homeownership and Rental Rates of Minnesotans by Age of Householder

It must be noted that not all older adults have a home. In fact, according to Wilder Research, there is a growing number of older adults who are homeless. In 2015, a total of 843 people age 55 and older were homeless. This number is expected to continue to grow with the aging of the baby boom generation. The MBA is committed to ending homelessness experienced by older adults.

### Few Older Adults Report Needing Help with Their Homes



Source: Survey of Older Minnesotans, 2015

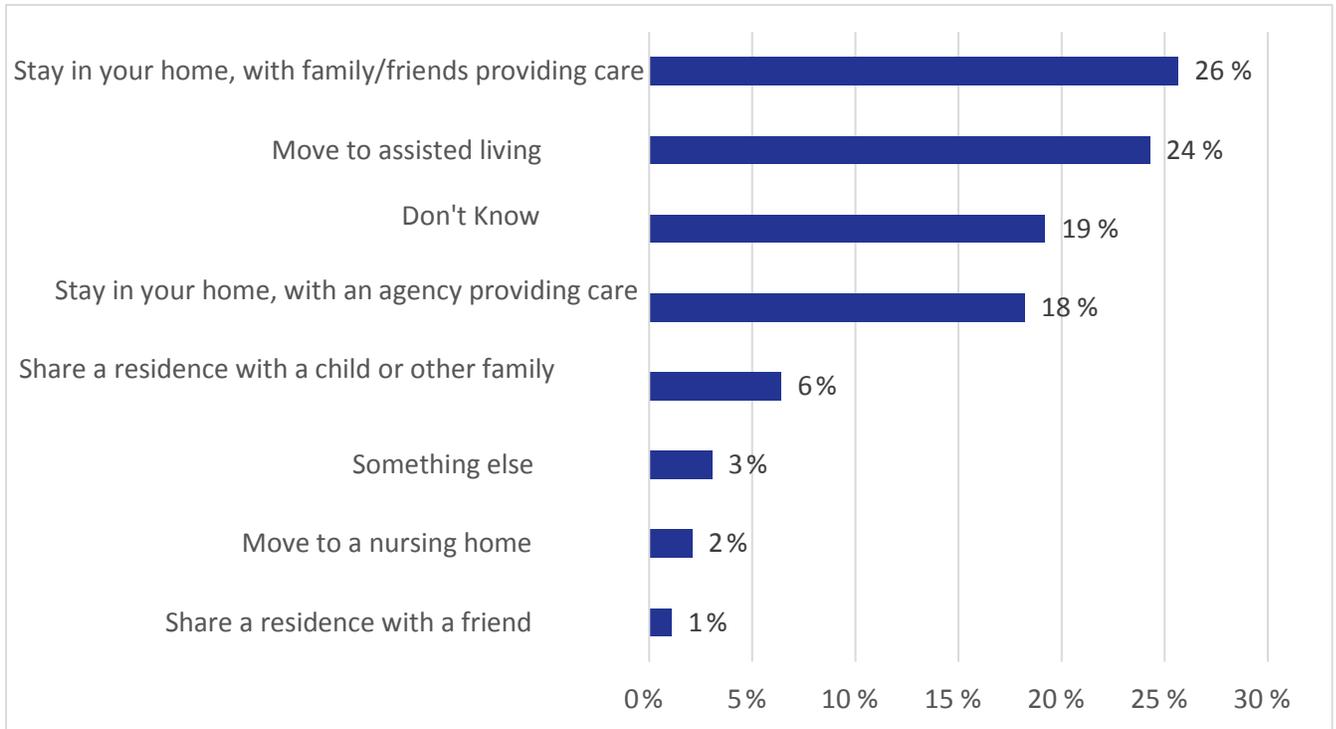
For those who do live in their own home, maintaining them as we get older can be difficult as the need for ongoing maintenance and repair oftentimes increases at the same time as the need for structural upkeep and accessibility modifications. And, as we get older, most of us will need help around the house or with our personal care. The majority of this help is provided to older adults in their own home by family and friends. Additional support is provided through agencies by volunteers or paid staff.

For very low-income older homeowners, meeting these multiple simultaneous needs can be extremely challenging and can often precipitate a move to assisted living or a nursing home. According to a 2015 Wilder study commissioned by the MN Housing Finance Agency, an estimated 16,400 very low-income<sup>1</sup> older homeowners may need to move out of their homes within the next five years if they do not make critical home modifications and repairs. Of these, 74 percent (12,100) will also need home and community-based services (e.g. homemaker and chore).<sup>2</sup> The MBA wants to make it possible for older adults to continue to live in their single family home as long as possible while receiving the help that they need.

However, due to financial or other reasons, for some older people there may come a time when they want or need to seek out other housing options. When contemplating a time when they may not be able to live independently, the proportion of SOM respondents who say they would

stay in their own home decreases with age. This is replaced by a growing proportion who say they will move to assisted living or a nursing home.

### Older Adults Want to Stay in Their Home



Source: Survey of Older Minnesotans, 2015

When seeking out other options, many older people would like to stay in their community. That is when aging in community becomes very important. The MBA encourages the development of a range of flexible housing and service options within communities across the state.

To ensure older Minnesotans have a range of services and housing options is a vast goal. Through our assessment, this specific goal is linked to five WHO domains; Communication and Information, Housing, Outdoor Spaces and Buildings, Transportation and Community and Health Services. In home services and housing options are interdependent in how they impact successful aging. "Housing" needs cross over into in-home service needs. In many ways an older person that has a secure and accessible physical environment is well-supported to age successfully. It is this "service and housing" interdependence that presents the unique challenge to allow older adults to continue to age well and live well in the home of their choice.

The services that an older adult might need to successfully age in community are not just limited to those that address physical limitations, such as help with personal care or with chores around the house. Service needs might also include those that help an older adult treat

or manage behavioral health conditions or substance use disorders. The MBA and DHS, in partnership with the Humphrey Institute of Public Affairs, are currently undertaking an assessment of the mental health needs of the older population and the state's current service capacity. Strategic priorities identified through this effort will be included in a future iteration of the MN2030 Plan.

#### **Strategic Priority 4.1**

Assist older low income homeowners to age in community through affordable home maintenance, modifications and in-home services.

The Minnesota Board on Aging will:

- Advocate for the implementation of a state-level multi-agency task force assigned to focus solely on the needs and opportunities related to older adult housing.
- Launch a public-private partnership to complete all home modifications and home maintenance repairs needed by the 16,400 very low-income homeowners at risk of needing to move.
- Request additional state funds for the Minnesota Housing Finance Agency's (MHFA) Rehabilitation Loan Program to fund home modifications and maintenance for very low-income older home owners.
- Create a strong linkage between the MHFA Rehabilitation Loan Program and the delivery of HCBS.

#### **Strategic Priority 4.2**

Coordinate funding support of, and service provision in, affordable and subsidized congregate housing options for older adults.

The Minnesota Board on Aging will:

- Explore ways to coordinate funding between Minnesota Housing Finance Agency, DHS and MBA to modernize existing affordable and subsidized congregate housing options with tele-monitoring or other technology and in-home supports.

### **Strategic Priority 4.3**

Assist older adults to age in community through strengthened HCBS.

The Minnesota Board on Aging will:

- Provide resources to cultural and ethnic communities and work with them to fill gaps in HCBS in ways that they need, prefer, and align with their culture.
- Increase the flexibility of OAA contracting to facilitate the delivery of multiple in-home, supportive and caregivers support services to the same individual or family.
- Pilot models of an OAA-funded “universal worker” or self-directed options that better meet the needs of older people and expand the workforce pool.
- As a member of the MN Council on Transportation Access, advocate for legislative changes to state policies and regulations that limit the availability of volunteer drivers. Advocate for increased capacity to educate, train and support providers and volunteer drivers.
- Advocate for increased reimbursement rates for “critical access” state and MA-funded HCBS that support older people in hard to reach areas, “service desert” areas, or those with complex needs.
- Advocate for a robust, multi-faceted approach to address the direct support workforce shortage that includes the provision of a living wage, benefits such as health insurance coverage, training, and provisions that allow providers to coordinate a 40 hour work week.
- Educate community groups about neighbor-helping-neighbor models such as the Beacon Hill concierge model and service credit banking to reduce or delay the need of participants for formal publicly-funded HCBS.

### **Strategic Priority 4.4**

Assist communities to implement life cycle housing planning and development.

The Minnesota Board on Aging will:

- Provide technical assistance to communities to assess their housing needs holistically and create “communities for a lifetime”.
  - Encourage the development of housing plans and zoning policies that balance the housing needs across generations, increase flexibility in allowed housing types and otherwise encourage fluid use of housing across generations as needs change.
- Support the development of new smaller-scale housing options that provide meaningful alternatives to assisted living for low income older adults and encourage family, friends and informal help around the house or with personal care.

#### **Strategic Priority 4.5**

Through the Heading Home Together Plan, work with others to prevent and end homelessness experienced by older adults.

The Minnesota Board on Aging will:

- Through the Senior LinkAge Line<sup>®</sup>, identify older adults in nursing homes and hospitals who are homeless and coordinate their services to address the complexity of health care needs among homeless older adults, including referrals to service providers, medication management, access to transportation and mental health care.
- Ensure programs for older adults (Senior LinkAge Line<sup>®</sup>, Caregiver Consultants, and Cultural Consultants) and grantees (Senior Corps, Dementia grantees, Eldercare Development Partnerships and Live Well at Home grantees) make the appropriate referrals if the individual discloses homelessness and is looking for assistance.
- Enhance discharge planning for older adults at risk of homelessness by working with Community Living Specialists (Return to Community initiative) and the Office of Ombudsman for Long Term Care.
- Educate older adults about affordable housing resources through the Senior LinkAge Line<sup>®</sup>.
- Align process to assist with forms completion for economic assistance programs for older adults through Senior Linkage Line, DHS grantees and Area Agencies on Aging (Special Access Programs). This includes, but not limited to setting up a bank account, assisting with pensions, entitlement programs (Social Security, Medicare and Medicaid) and other public assistance programs.
- Align the work of the MBA Indian Elder Services Coordinator with the MN Chippewa Tribe – Indian Area Agency on Aging to identify and develop protocols for referrals for Native American elders who are homeless.
- Increase the availability of culturally-specific services, programs, and housing opportunities to better reflect preferred options and choices responsive to the needs and interest of people experiencing or at risk of homelessness.

## **Goal 5: Ensure the rights of older people receiving long-term care services**

The mission of the Office of Ombudsman for Long-Term Care (OOLTC) is to enhance the quality of life and the quality of services for consumers of long-term care services (LTSS) by conducting individual complaint investigation, systemic advocacy, and community involvement through advocacy, education, and empowerment.

Ombudsmen envision a time when all consumers will receive high quality health and long-term care services that are free from abuse, honor rights and have built in proper consumer protections. Ombudsmen work to prevent abuse by promoting person-centered planning, and encourage consumer choice by honoring choices in living arrangement and services. The Ombudsmen also ensure the service provider is properly trained to meet individual needs, particularly for those who require dementia care due to a diagnosis of advanced dementia.

People receiving LTSS are not always able to effectively advocate for themselves due to a number of factors. The factors include but are not limited to; diagnosis, age discrimination, fear of retaliation, and a lack of information about their rights. The Older Americans Act enshrines the duties of Ombudsmen staff and volunteers in federal and state law to assist individual consumers with problem-solving through a consistent presence in long-term care settings and responding to calls for assistance. A regular presence by Ombudsmen and Ombudsmen Volunteers is necessary to ensure rights are honored, to provide education, encourage empowerment and bridge collaboration with service providers.

Systemic advocacy aims to create change in laws, regulations, policies and community attitudes by providing a more informed understanding based on the experiences and challenges of seniors and vulnerable adults who receive long-term services and supports. Systemic advocacy occurs as a result of the Ombudsmen and Volunteer work day to day. Knowing the consumer experience through advocacy and educational efforts mobilizes the Ombudsman Office to partner with other consumer groups, public agencies, policy makers, service providers, and citizens to enhance the well-being of older and vulnerable Minnesotans.

The MN Elder Justice Roadmap is a critical component of the MN2030 initiative that, ideally, will convene the OOLTC with partners to identify shared priorities to prevent and end elder abuse, neglect, and exploitation. MBA, OOLTC and DHS Adult Protection will work with the MN Elder Justice Center, and all interested partners, to develop this roadmap and begin a more coordinated and focused approach to elder justice.

### **Strategic Priority 5.1**

Expand and support the capacity of the Ombudsman for Long-Term Care program through paid staff to serve all people who receive LTSS from: nursing homes, board and care homes, home care consumers, and Veterans Homes.

The Office of Ombudsman for Long-Term Care will:

- Continue to provide individual complaint investigations.
- Continue to provide information and consultations.
- Continue to provide support to resident and family councils
- Continue to provide a statewide presence.

### **Strategic Priority 5.2**

Expand the capacity of the Ombudsman for Long-Term Care Program through use of certified Ombudsman volunteers (COVs).

The Office of Ombudsman for Long-Term Care will:

- Hire a full-time Volunteer Coordinator.
- Establish goals and objectives for the volunteer program based on current need/trends of the LTSS consumer and data analysis of volunteer activities.
- Increase the number of volunteers assigned to regional ombudsman, should the Office receive additional full-time regional ombudsman, by 50 percent through local and statewide recruitment efforts.
- Implement a statewide training curriculum for COVs comparable to the goals and objectives of the volunteer program.

### **Strategic Priority 5.3**

Expand outreach and education about resident rights, consumer protections, person-centered planning/care etc. to resident/family/tenant councils, providers of service, legislators, community organizations, and other government agencies at the national, state, and local levels. Expand legal resources for consumers served by OOLTC.

The Office of Ombudsman for Long-Term Care will:

- Continue to provide in-service training on resident rights and other topics of interest related to serving people who receive long-term services and supports.
- Conduct advocacy service outreach to cultural and ethnic communities.
- Conduct advocacy outreach to Legislators.
- Reach out to legal service providers statewide willing to serve consumers of LTSS.