

Age-Friendly Status Check

SOCIAL AND COMMUNITY CONNECTIONS

SEPTEMBER 2021



AGE-FRIENDLY MINNESOTA

Social and Community Connections

We will be connected to the people and things that matter to us and have lifelong opportunities to participate in and contribute to our communities.

Background

This document is one of eight briefs that explore current approaches and impact of the Minnesota Board on Aging, Minnesota's aging network¹ and Department of Human Services. A better understanding of the foundation provided by our existing work will guide us as we develop strategies for Age-Friendly Minnesota. We aim to stretch our thinking about what aging can and should mean for all Minnesotans—creating policies, communities, and services that see age in everything and empower us with what we need to live with dignity and autonomy at every stage.

The briefs are not exhaustive but aim to capture major ideas, prompt needed questions and discussions, and help us identify priority opportunities for greater impact and better outcomes. All briefs are available at the Age-Friendly Minnesota website.

Overview

Human beings are wired to connect with other people. That doesn't change with age. For various reasons, older adults commonly find themselves with too few connections with other people. It may stem from retirement, loss of the ability to drive or get around, family members moving away, death of a partner or spouse, having fewer occasions to meet new people, managing a chronic health condition, or other reasons.

Our relationships and interactions with others greatly impact our overall wellbeing. Social isolation and loneliness have very real consequences. They take a measurable toll on physical and mental health, make us more vulnerable to abuse and maltreatment, and put us at risk of getting too little or suboptimal care.

The need for active strategies that bolster our social and community connections are becoming increasingly important as a growing number of older people are living and aging alone. About 30% of Minnesotans ages 65 and older live alone, and more than one-quarter of boomers are divorced or never married.

As the Citizens' League points out in its report *A Backup Plan for Solos*, it is not that "solo" agers lack family or friends, but that they may not have the types of support they need when facing issues related to health, functioning, and end-of-life decisions. Public policy makers, medical professionals, and others who work with older adults do not recognize or understand "solo-ness," but it is an issue that requires specific and active attention.²

¹ The Older Americans Act of 1965 established a national network of federal, state, and local agencies to plan and provide services that help older adults, including American Indian and Alaska Native elders, to live independently in their homes and communities. This interconnected structure of agencies is known as the aging network.

² Citizens League, [A Backup Plan for Solos: Health Care Decision Making for People Aging Alone](#), 2019.

Older adults play critical roles as volunteers and in the workforce, making social and economic contributions on which we all depend. One-quarter of Minnesotans ages 65-74 are currently working,³ and 45% volunteer, compared to 30% in the U.S.⁴ Work and volunteering benefit our communities, and they also provide important interpersonal connections for people engaged in those activities. And, of course, connecting with family, friends, and neighbors for its own sake is important at every stage of life.

The [AmeriCorps Seniors](#) volunteer program (formerly SeniorCorps) connects thousands of Minnesotans ages 55 and up with volunteer opportunities each year.⁵ Area Agencies on Aging (AAAs), Live Well at Home® grants, and Minnesota Board on Aging (MBA) Dementia grants all also help older adults stay or become socially connected in ways that are meaningful to them, while at the same time filling important community needs.

The State of Minnesota recognizes the reality and risks of social disconnection, isolation, and of aging without a reliable network of family or comparable support. This issue is being addressed in a variety of ways and will be incorporated into the work of Age-Friendly Minnesota.

For the purposes of this document, Social and Community Connections include issues related to social connectedness, volunteering, and employment.

Impact and Examples of Current Work

The following section describes themes that have emerged related to our impact on Social and Community Connections, followed by examples of strategies and grants that help demonstrate how it is being carried out. These examples are drawn primarily from work planned for and undertaken during 2019-2021.

We connect people to each other and reduce social isolation.

Many Live Well at Home® grants support providers who offer an array of services that, collectively, address an older person's overall well-being and ability to live at home. This can include social connections in a variety of forms. Culturally-specific organizations provide opportunities for older adults with similar customs, language, background, and experiences to gather and socialize. Some providers work specifically with caregivers to reduce the social isolation that can come with that role. Others test new approaches to the very important work of ensuring that people are connected to other people.

Two recent Live Well at Home® grants supported the following efforts:

- Little Brothers-Friends of the Elderly in Minneapolis piloted an innovative “warm line” program targeted at isolated older adults throughout the state. Specially-trained volunteers staffed this inbound phone line.

³ U.S. Census Bureau, Decennial Census and American Community Survey (2019), via Minnesota Compass

⁴ 2021 Senior Report, America's Health Rankings,

⁵ AmeriCorps Senior includes three main programs: Foster Grandparent, where volunteers work with kids across the state; Senior Companion, where volunteers help older adults who need help with daily tasks; and RSVP, where volunteers can provide a wide range of support.

- Ecumen is testing a new approach to the mitigation of social isolation and depression among older adults through a partnership with Intuition Robotics, the inventors of ElliQ, a robotic companion with artificial intelligence.

MBA's Dementia grants also include social support for people with dementia and caregivers. A recent grant funded First Community Health Organization/The Victory Fund in Duluth to increase awareness of dementia and connection through expansion of the Victory Chorus's educational outreach, providing social connection, musical outreach, and support networks among choir participants.

During COVID-19, AAAs worked with providers to find other ways to facilitate social connections—such as phone-based visiting with isolated people; helping community and residential facilities maintain social connections for their residents, who were unable to receive visitors during the pandemic; and establish virtual opportunities to socialize.

The extreme social isolation experienced by residents of long-term care facilities during COVID-19, due to visiting restrictions and quarantine requirements, was emotionally devastating and also posed significant health and safety risks for those individuals. Office of Ombudsmen for Long-Term Care (OOLTC) experienced an unprecedented number of calls and issues related to the serious social and emotional consequences of imposed, pandemic-driven isolation.

We improve capacity and expand reach of volunteer programs.

All AAAs are working in different ways to strengthen the capacity and reach of AmeriCorps Seniors, which seeks to increase the number of new volunteers and boost the impact and value of volunteer service. As COVID-19 curtailed opportunities for in-person volunteering, however, AAAs generally shifted focus to finding other ways to provide social connections.

Many Live Well at Home® grants⁶ also include support for strengthening the role of volunteers in providing services to older adults who need assistance. This includes support for numerous Block Nurse Programs in Minneapolis and Saint Paul neighborhoods as well as in rural communities, which count on volunteers to provide crucial services like transportation and chore service. Recent Live Well at Home® grants have supported the following efforts:

- The Argyle Living at Home Block Nurse Program will maintain and expand volunteer services for older adults and its own role as the primary in-home services resource in northwestern Minnesota.
- START Senior Solutions in Eden Prairie will support an innovative Dementia Visitor program that empowers faith community volunteers to provide companionship and welfare check-ins for isolated older adults in Hennepin County and expanding into Carver and McLeod counties.

We advocate for older workers and support local economies.

Employment, whether full- or part-time, is a critical source of income, purpose, and social connections for adults of all ages, including many older people. AAAs are helping employers better understand the value

⁶ All Live Well at Home® grants referenced in this brief were awarded in State Fiscal Years 2019, 2020, or 2021.

of older workers and their potential for filling workforce gaps. AAAs also are educating employers about age-friendly policies, including how to support the growing number of working caregivers.

AAA staff meet with employers directly and participate in workforce development initiatives in their regions. Some AAAs are meeting with Chambers of Commerce to cultivate interest in collaboration related to older workers. Several are developing educational materials and presentations for employers related to retaining employees who are engaged in family caregiving.

In one region, the AAA human resource director met with numerous human resource officers and business leaders to better understand what businesses are doing to support, retain, and recruit older workers. Another developed an employer survey regarding working caregivers; the survey was administered internally and may be rolled out to external organizations post-COVID.

We pursue promising models.

Grants, technical assistance, and other resources provided by the aging network and DHS help make it possible to explore new ways to help people function well at home and remain engaged in their communities. One such model is Villages. Through this approach, which often is initiated at the neighborhood level, Village members pay dues (which may be subsidized) to gain access to a network of trained volunteers, paid staff, and vetted local businesses for needed services. Villages often organize social events, as well, and members also volunteer to help each other.

One AAA is working with existing and potential Villages in hopes of expanding the model to additional communities. Two AAAs are teaming up to use the work of a Village in Minneapolis to guide development of a potential Village in rural Minnesota. Another AAA is exploring the possibility of assisting a local agency in developing a Village, which, among other benefits, has potential to address rural transportation challenges.

We build intergenerational connections.

Live Well at Home® grants provide opportunities to connect people across generations—something that doesn't often happen in modern day-to-day life but benefits people of all ages. Recent grants of this nature include:

- Something Cool in Aitkin and Carlton counties is helping teenage youth gain work skills by providing chore services for veterans, American Indian elders, and adults with disabilities.
- Centro Tyrone Guzman in Minneapolis is promoting intergenerational relationship-building by coordinating activities with children from the Siembra Montessori early learning program.

We advocate for policies and funding that support social connections and older workers.

AAAs, often as leaders or members of coalitions or other collaborative efforts, advocate for legislative changes on priority issues.

One AAA created the Volunteer Driver Coalition to protect the viability of volunteer driver programs in Minnesota, which are vital to older adult transportation. The AAA serves as the backbone organization for

the Coalition, which has 81 members, including other AAAs. The Coalition advocated with the Legislature to support policies that protect volunteer driver programs.

Another AAA advocated to policymakers to begin exploring and researching incentives regarding hiring and/or retaining older workers, and for increased funding to expand AmeriCorps Senior. Yet another is an active part of establishing the Minnesota Area Agencies on Aging (M4A) legislative priorities for the next two years, as it will be critical to expand the capacity of the Elderly Waiver program to ensure that older adults have the financial resources necessary to stay at home.

Gaps and Opportunities to Consider

While much good work is being done related to social inclusion and connection, major needs and opportunities exist given the fundamental importance of social connection to other areas of our lives.

Gaps and opportunities include those discussed below; this list is not comprehensive, but an important starting point.

American Rescue Plan Act: Federal funding creates new opportunities

As part of the American Rescue Plan Act of 2021, a coronavirus relief bill, MBA received funds via the Administration for Community Living that can be used to invest in Title III⁷ program areas, including social supports. MBA will be working with AAAs to determine how these one-time funds can be most impactfully invested; the work must be implemented over the funding period, which runs through September 2024.

Quantify the impact

Consider undertaking a return on investment study to help build the case for increased investment in this area. On the federal level, we already know that a lack of social contacts among Medicare recipients is associated with about \$6.7 billion in additional funding each year.⁸

“Solo” aging

- The Citizens League’s 2019 report [A Backup Plan for Solos](#) was developed to recognize health care decision making by and for “solos”—those aging alone—as an important public policy issue that is currently not recognized or understood by policymakers and other key professionals, such as those in the medical, legal, and aging services fields. The report includes a set of recommendations that should be considered as part of the development of Age-Friendly Minnesota’s priorities, goals, and strategies. While many recommendations apply to the work of DHS and the MBA, two note the State of Minnesota specifically:
 - Key agencies, including the Departments of Human Services; Health; Workforce Development; and Employment and Economic Development, should collaborate to

⁷ Title III of the Older Americans Act—Grants for States and Community Programs on Aging—funds supportive services (of numerous types), nutrition programs, health promotion and disease prevention services, and caregiver support.

⁸ AARP Public Policy Institute, Stanford University, Harvard University. [“Medicare Spends More on Socially Isolated Older Adults,”](#) 2017.

address the emerging and critical need for credentialed professionals to serve in Personal Health Decision⁹ support and health care agent roles.

- State agencies serving older adults should identify and implement policies, standards, and procedures to better address solos and solo-ness.
- *A Backup Plan for Solos* also recommends that organizations who identify, train, and provide volunteers to support older adults should expand their scope of services to include health decision assistants.¹⁰ Given its reach, scope, and well-established structure, AmeriCorps Senior should consider whether health decision assistance is something that could be incorporated into its programs.

Ensuring choice and connection for long-term care residents

- For many residents of long-term care facilities, the responses to COVID-19—which focused narrowly on prevention of infectious disease and involved severe visitor restrictions and quarantine requirements—resulted in extreme isolation, emotional distress, and overall decline. This was especially difficult for people with dementia.

Looking ahead to future pandemics or crises, OOLTC is working on policies that balance disease prevention with 1) the rights of people (including those who live in state-regulated assisted living facilities) to remain connected even during emergencies, and 2) older adults' overall well-being, autonomy, and the health impacts of social isolation. This may involve exploring legal rights and protections of older adults, including the right to essential caregivers who could always visit, even during a pandemic. Such measures could be implemented at the state level for assisted living and settings; it is also being considered at the federal level for federal settings.

Intersection with Adult Protective Services

- Socially isolated older adults are at greater risk of maltreatment, such as abuse, neglect, or financial exploitation. This reality intersects with the work of Adult Protective Services (APS), an essential human service program that is administered by counties and tribes responsible for service response in appropriate cases for vulnerable adults who are reported to the Minnesota Adult Abuse Reporting Center (MAARC). In 2020, more than 24,500 reports of Minnesotans 65 or older being maltreated were made to MAARC, representing nearly half of the total reports made that year. Social supports can be used in both prevention and response to maltreatment of older adults.

Thank you to Minnesota's seven Area Agencies on Aging, Live Well at Home® grantees, and MBA Dementia grantees for the examples of work highlighted in this brief.

⁹ A Personal Health Decision Assistant is at least one individual who has the appropriate skills and is available to whom a solo can turn for help in the face of a health care change or health event. The person may be a paid professional or a volunteer.

¹⁰ *Ibid*