

AGE FRIENDLY  
**minnesota**

# 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 ensure all Minnesotans are included, valued, and given equitable opportunities to thrive. As our state's population grows older, 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 outlines the what and how—our key domains, strategies, objectives, and tactics. In 2025, we will expand it to include additional background on the issues being addressed through the Blueprint, and the process of developing this plan.

While this document references various programs and organizations, Age-Friendly Minnesota does not officially endorse them. These resources are provided as examples to contribute to understanding of the topic area.

Excitement is high as we release the Blueprint after several years' work. Now, we need partners at every level to step in and help bring this vision to life.

## Age-Friendly Minnesota and the Blueprint

Age-Friendly Minnesota (AFMN) is a statewide, collaborative 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.

Established by [Executive Order 19-38](#) in 2019, the Age-Friendly Minnesota Council includes leadership from nine state agencies, a Tribal representative, and five community representatives from age-friendly communities, faith communities, and universities (see Appendix 1). The 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 age-related work across state agencies and other sectors. MPAs are a framework to co-design policy, programs, and funding across sectors through an aging lens focused on empowering and including us as we grow older.

While MPAs go by different names, all of these plans are state-led efforts with multi-year timelines (usually 10 years) that convene cross-sector partners.

## Minnesota’s Blueprint: A Distinct Approach

Minnesota named its MPA a “blueprint” to reflect the iterative, collaborative process used to create and implement this plan. The Blueprint builds on existing cross-agency coordination through the AFMN Council and is creating a sustainable 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 meets the challenges associated with an older, more diverse population.

### A Community-Driven Process:

The priorities outlined in the Blueprint reflect the voices of community members, subject matter experts, and many other 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 across 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 meetings** with state agencies, councils, commissions, and 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

These efforts generated hundreds of ideas that shaped the Blueprint’s domains, strategies, and objectives. 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 Blueprint’s goals.

### Blueprint Development Timeline:

- 2021: Community and partner engagement begins through a statewide needs assessment
- 2022: Minnesota joins the Multistate Collaborative for Developing a Multisector Plan for Aging, led by the Center for Health Care Strategies
- 2023: AFMN hosts Regional Exchanges across the state to gather community input
- 2024: Action Team Convenings bring hundreds to Saint Paul to prioritize 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, while staying 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**, as benefits for developers in Greater Minnesota 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 years and older.

#### 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, and care provider arrangements, including culturally specific approaches.
  - a. **Provide incentives and protections** for intergenerational living (e.g., pairing college students and older adults for mutual benefit).
  - b. **Establish homesharing matching services** by engaging colleges, schools, resettlement programs, foster care transition programs, domestic violence support programs, and others.
  - c. **Explore bringing services such as [Nesterly](#)** (a homesharing platform that connects younger and older housemates and facilitates the ability to exchange a portion of rent for help with house/yard work, grocery shopping, etc.) to Minnesota communities.

- d. **Replicate programs that house college students in assisted living communities** for reduced rent in exchange for volunteer hours (e.g., Watkins Manor/Winona State University model and elsewhere in the US).
2. **Expand access to home modifications.**
    - a. **Pursue legislation** to promote rehabilitation and retrofitting loans for older adults,
    - b. **Increase availability of 0% interest home modification loans** for low-income older adults to allow for aging in community (e.g., [Rehabilitation Loan Program and Emergency & Accessibility Loan Program](#)).
  3. **Provide diverse housing options and use universal design.**
    - a. **Expand age-friendly housing choices**, such as through support for home rehabilitation and retrofitting, use of universal design principles, and age-restricted housing.
    - b. **Support or offer incentives for builders** incorporating universal design concepts, green space, and walkable community features in their projects as well as cottage design developments available for 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. **Boost 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**, aligning with the MN Department of Transportation's [Greater Minnesota Transit Plan](#).

2. **Prioritize enhanced pedestrian safety measures** in locations frequented by older adults, with a focus on active design choices (such as improved crosswalks) 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 age-friendly improvements.
  - 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 it is 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** by partnering with neighborhood groups or task forces, subsidizing snowblowers or snow removal services (income-dependent), and accessibility-focused street markings that prioritize and/or subsidize plow service.
  - 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, and Friends & Co. (e.g., planting or gardening, taking a drive to a nearby park or along a scenic route, or other activities suitable to the individual's interests and abilities).
  - g. **Increase/support the number of informal gathering spaces.** Support programs like [Culturally Responsive Elder Connections](#) led by the Volunteers of America.
2. **Offer age-friendly and accessibility training to city, nonprofit, and business staff** to ensure public spaces meet community needs (e.g., benches, bathrooms, smooth walking surfaces).

3. **Encourage multi-purpose, intergenerational community spaces by offering incentives** for organizations such as developers, Chambers of Commerce, churches, parks and recreation entities, city and county health agencies, State Health Insurance Assistance Program (SHIP), and schools to open unused spaces for public use for free or reduced cost to enable public groups to meet up.

## **Objective 2: Community Connections and Programming**

1. **Implement a social prescription program** that allows healthcare, social work or other professionals to refer individuals to non-clinical community resources—ranging from art classes to chronic disease management programs to financial services.
2. **Engage older adults in volunteer opportunities**, for individual and community benefit.
3. **Promote and expand age-friendly framework and practices:**
  - a. **Raise awareness 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](#), [Silverwood SPARKS](#), [Men's Shed](#), 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. **Expand technology training and education.**



- a. **Provide education about artificial intelligence (AI)** and its impact on 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 bridge the 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. Enhance digital access, collaboration, mentoring, and toolkits.

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

## 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. **Ensure communication access for all,** related to emergency responders, translation, transcription, and 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 of people 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, and healthcare professionals.

## **Objective 2: Integrated Emergency Response Systems**

- 1. **Ensure communication access for all:** related to emergency responders, translation services, transcription services, people with hearing loss, FEMA disability experts, and others.
- 2. **Develop integrated emergency preparedness planning for community members** living with disabilities and older adults. Implementation with multi-disciplinary teams through intentional inclusion of government agencies, utilities, police, fire, EMT/paramedic, county attorney, health care, Tribal communities, and local media, plus community partners.
- 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 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 to identify where potentially vulnerable residents live** (including people with disabilities and some older adults), and create networks, such as peer networks, to check on vulnerable residents.

- 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 those addressing 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 healthcare agents or attorneys-in-fact.
  - b. **Fund organizations to educate all relevant professionals**, including legislators, special education professionals, judges, lawyers, case managers, supervisors, and healthcare professionals about the benefits of SDM in addressing the needs and challenges faced by clients/patients/students/consumers.

### Objective 3: Long-Term Care Rights

1. **Streamline transitions when the level of care changes** (such as hospital to home health care). Create a more seamless transition from the first point of entry with a lens of person-centeredness. Keep all health information intact in a virtual database, as information does not follow patients.
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 does 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 law and aging-specific continuing legal education materials for pro bono and emeritus attorneys that focus on substantive areas where there is a lack of free or reduced cost legal service attorneys, such as probate, homeownership/mortgage foreclosure, and capacity restoration.
3. **Evaluate and update family preservation policies** to include large-scale tactics applicable to all Minnesotans. These updates should address the number of children placed within the foster care system or for an adoption when a grandparent is available. (This is 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, healthcare quality, and health outcomes exist across racial and other demographic factors. How can the prevention strategies and services we all receive enable us to live both longer and healthier lives?

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

## Objective 2: Strong Long-Term Services and Supports Systems

1. **Support increased reimbursement rates for Elderly Waiver (EW) services** to help individuals remain in their homes rather than moving into a licensed care setting, such as assisted living. (Licensed service providers may receive reimbursement from the State for providing EW services; reimbursement rates are periodically adjusted.)
2. **Leverage existing resources and strengthen collaboration across DHS, State agencies, partners, and providers to maximize efficiency and effectiveness.** MN Department of Human Services (DHS) is engaging in a collaborative effort to identify and leverage existing resources and initiatives within DHS, State agencies, partners and providers, so that they may be utilized more broadly, efficiently and collaboratively. DHS staff are currently identifying and gathering information on existing resources and initiatives.
3. **Address costs and reimbursements:**
  - a. **Explore the development of a "Catastrophic Lite Benefit" program** to reduce the strain of long-duration and intense claims and offset the need for families to spend down assets. This program would provide funds to help pay for long-lasting, long-term care expenses for five years after a two-year elimination period.
  - b. **Increase state Medical Assistance reimbursement rates to align with national averages.** (*Wisconsin and Iowa reimburse \$10.50 per prescription, while Minnesota reimburses \$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](#), [Minnesota Access to Communication Technology](#) (MN ACT, formerly known as the Telephone Equipment Distribution (TED) program), and home and community-based services (HCBS).
2. **Expand culturally-appropriate education materials**, particularly regarding dementia, given higher Alzheimer's rates among communities of color.

## Objective 4: Health Insurance Access and Navigation

1. **Establish a one-stop resource to improve healthcare literacy for older adults and caregivers, ensuring they understand health insurance options and benefits.** Increase the capacity of health insurance staff to respond to caregivers and patients in overcoming service or prescription barriers.
2. **Enhance navigation support for health systems and insurance.**

## Objective 5: Promising Public Health Practices and Promotions

1. **Fund and expand access to prevention programs:**
  - a. **Establish sustainable reimbursement to community-based organizations offering proven prevention programs** through Medicaid, commercial payers, and Medicare.
  - b. **Secure sustainable funding and efficient payment systems** for chronic disease self-management.
  - c. **Expand availability of chronic disease prevention and management programs** in high-need communities.
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 Minnesotans, regardless of pay sources.** Assess private charges, provider policies, and procedures that may limit consumer options.
2. **Improve access to Elderly Waiver (EW) and Alternative Care (AC) services through ongoing rate evaluations and updates.** Educate consumers on available programs that help older people living in their homes and communities, including [Essential Community Supports \(ECS\)](#), [AC](#), [EW](#), and [Live Well at Home grants](#).
3. **Ensure the Minnesota Department of Health (MDH) Health Regulation Division (HRD) has sufficient resources** to manage an increased number of complaint investigations and enforcement activities effectively.

## Strategy B: Promoting Healthy Living

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

1. **Encourage collaboration between community partners and organizations to promote age-friendly practices and outreach programs**—such as colleges/universities, senior centers, libraries, museums, community education, intergenerational organizations, and other community-based partners. Prioritize engagement with low-income, rural, communities of color, and other underserved populations.
2. **Expand age-friendly frameworks across sectors:**

- a. **Museums: Allocate funding to support age-friendly museum initiatives** such as training programs for staff and volunteers focused on age-friendly practices, including communication strategies and accessibility considerations.
  - b. **Libraries: Allocate funding to support age-friendly library initiatives**, including grants for accessibility improvements, program development, staff training and outreach efforts.
  - c. **Community Education:** 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. **Create awareness campaigns on cognitive health.** Educate the public and healthcare professionals about brain health, risk factors for dementia, Parkinson’s disease, other brain disorders, and the importance of early diagnosis (e.g., [Dementia Friends Minnesota](#)). Reduce stigma and promote understanding through targeted messaging.
- 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. **Expand holistic health programming with an equity focus--equity in grants, mental health, funding administration:**
  - a. **Expand the Mental Health Innovation Grant Program,** issuing requests for proposals (RFPs) that focus on the mental health needs of older adults in communities facing inequities.
  - b. **Provide grants/funding to expand community education focused on healthy aging,** chronic disease management, and fall prevention.
  - c. **Provide grant funding to faith-based organizations** that develop programming for older adults.
  - d. **Expand evidence-based health promotion programs,** such as those offered through the [Juniper Network](#), ensuring cultural relevance for Minnesota’s diverse communities.
- 2. **Improve accessibility in community environments:**
  - a. **Support the development of accessible built environments** (buildings, streets, sidewalks, open spaces, and other infrastructure) to promote safe and active living and community inclusion.

- b. **Add the Minnesota Department of Natural Resources (DNR) to the Governor’s Council for an Age-Friendly Minnesota** to add their voice and expertise related to connecting and including older adults in the state’s parks systems and natural spaces.
  - c. **Ensure that [Senior LinkAge Line](#) and [MinnesotaHelp.info](#)** include comprehensive nature-based resources.
- 3. **Enhance the role of technology in health and wellness.**
  - a. **Support/Expand telehealth** services to improve access to care, including therapy, for those with mobility and transportation limitations.
  - b. **Educate providers on the use of mobile apps** for monitoring physical activity, mindfulness exercises, cognitive training, and symptom tracking.
- 4. **Increase transportation access for older adults.**
  - a. **Partner with local organizations to expand transportation options for medical appointments**, particularly in rural Minnesota.
  - b. **Support intergenerational programs that foster connections across generations** (e.g., [The Pillars Child Care](#) in Minneapolis).

## 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 visa programs that allow skilled immigrants** who have expertise working with older adults to help 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 health care.

## Strategy D: Support for Family, Friend and Neighbor Caregiving

### Objective 1: Caregiver Financial and Well-Being Support

- 1. **Waiver programs and Medical Assistance:**
  - a. **Create a separate budget for caregiver support services in the Elderly Waiver (EW) and Alternative Care (AC) waiver programs** to avoid reductions in the care recipient’s budget.



- b. **Separate caregiver services from the overall Medical Assistance budget**, recognizing that caregiver burnout is the leading factor in care recipients moving to assisted living or skilled nursing community.
- 2. **Strengthen caregiver relationships and social connections to reduce isolation and family strain.** Caregivers are often burdened with decisions and lack of support from family and/or friends.
  - a. Ensure supports are inclusive of solos, LGBTQ+ individuals, and other underrepresented communities.

## Objective 2: Caregiver training and education

- 1. **Align caregiving and dementia data collection efforts** with MN Department of Health initiatives.
- 2. **Build awareness around the language we use and associate with caregiving, promoting cultural shifts in attitudes and understanding.** Elevate the role of family, friend, and neighbor caregivers and improve proactive outreach to care partners.
- 3. **Provide outreach to employers on supporting caregivers in the workplace.** AARP will lead efforts to educate consumers about the new Paid Family and Medical Leave program taking effect in January 2026. Highlight caregiver education programs 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.

As we age, we continue to drive local economies and make vital contributions to our communities. Among Americans 65 and older, nearly one-third are employed, up from less than one-quarter in 2000. However, as people live longer and costs continue to rise, many of us—present and future—eventually struggle to cover essential needs, even those of us 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**, such as adding one meal a day for individuals receiving medications from long-term care pharmacies and developing innovative food access models.

2. **Develop affordable, small-scale housing with universal design.** Include an examination of existing models.
3. **Advocate for Social Security reform:**
  - a. **Prevent predicted cuts in 2033** to ensure a guaranteed income for all older adults.
  - b. **Address disparities in Social Security benefits** for individuals—especially in communities of color—who left the workforce to raise families.
  - c. **Eliminate the tax** on Social Security benefits.

## Objective 2: Retirement and Financial Preparedness

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

## Strategy B: Economic Contributors

### Objective 1: Vital Contributors to the Workforce

1. **Expand ageism training for employers** by increasing the number of trainings focused on:
  - a. Discouraging policies that push older workers out of the workforce.
  - b. Recruiting, hiring, and retention policies that promote age inclusivity.
  - c. Workplace culture, language, flexibility and scheduling options for older workers.
2. **Demonstrate economic contributions of older workers:** Produce a quarterly report (MN Department of Employment and Economic Development) that provides data on the number of individuals ages 50 and older in the workforce (full-time, part-time, small business owners) and their economic impact.
3. **Combat ageism through community initiatives:**
  - a. **Develop community programs** that raise awareness of ageism and promote older adults.
  - b. **Develop culturally-relevant ageism outreach initiatives.**
  - c. **Promote the Certified Age-Friendly Employer program.**

4. **Expand employment opportunities for older adults:**
  - a. **Support the [Veterans Employment Program](#)** through CareerForce (operated by Dept. of Employment and Economic Development).
  - 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 Senior](#)**, a national network of volunteer programs for people 55 years and older, 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** from \$0.14 per mile.
3. **Strengthen partnerships to support** culturally-specific, faith-based, and intergenerational communities.
4. **Recruit older adults as volunteers or employees** to help address the childcare crisis.

### **Objective 3: Essential Caregivers of Our Families**

1. **Expand the definition of family** to allow employees to use [Paid Leave Program](#) benefits for a broader range of caregiving relationships.

# Appendix 1

## Governor's Council for an Age-Friendly Minnesota

### State Agency Representatives

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

### 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

### Entities Engaged in the Development of the Blueprint

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

Holistic Nursing Services, LLC  
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
- Health Care 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	Think Dementia and Tembo Health
Office of Ombudsman for Mental Health and Developmental Disability	Three Rivers Community Action, Inc.
Olmstead Implementation Office	Trellis
Olmsted County Public Health	United Community Action Partnership
Pillars of Prospect Park	University of Minnesota
Prairie Five Community Action Council, Inc.	University of Minnesota, Geriatrics Workforce Enhancement Program
Ramsey County Public Health	University of St Thomas
Saint Paul & Minnesota Foundation	U.S. Department of Veterans Affairs
Salvation Army Northern Division	Volunteer Lawyers Network, LTD
Scott County, inc. Public Health	Volunteers of America MN-WI, Center for Excellence in Supported Decision Making
Semcac	Wabasha County Public Health
Southeast Minnesota Area Agency on Aging	Wheeler Consulting
Southern Minnesota Regional Legal Services	Wright County Health and Human Services
Southwest Initiative Foundation	