MINNESOTA

Comprehensive Aging Survey Full Report

09/30/2026

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Introduction

The Minnesota Department of Human Services Aging and Adult Services Division (DHS AASD), and the Minnesota Board on Aging (MBA) contracted with Vital Research, LLC (Vital) to develop and conduct a statewide survey of Minnesotans age 60 and older — the Comprehensive Aging Survey (CAS) — and review data from other sources to help inform Minnesota's next State Plan on Aging, Area Agencies on Aging (AAA) regional plans, and the ongoing work of Age-Friendly Minnesota (AFMN) and Minnesota Long-Range Planning–Healthy Aging (Healthy Aging).

The report begins by presenting the four key takeaways. It then explains how the Vital project team developed and conducted the CAS, who took the survey, and how Vital analyzed the results. Next, the report presents comprehensive findings from the survey's 12 sections, which covered a wide array of topics important to older Minnesotans and the project sponsors. The report concludes with findings from an analysis of recent Minnesota vulnerable adult maltreatment reports and National Core Indicators–Aging and Disabilities (NCI-AD™) survey results.

Key takeaways

Four takeaways emerged through Vital's analysis of the CAS, vulnerable adult maltreatment reports, and NCI-AD™ data. This section presents each takeaway, summarizing the statewide CAS findings and notable differences by region, age group, and race and ethnicity to show how older Minnesotans' perspectives and experiences vary within each major theme. A total of 5,921 Minnesota residents age 60 and older completed the survey and were included in the analysis. Parentheses indicate the total number of respondents (or *n*) associated with each survey result.

The report also summarizes findings related to each of the four major themes from the review of vulnerable adult maltreatment reports and NCI-AD™ survey results. Unlike the CAS, NCI-AD™ focuses on older adults who receive services through Medicaid-funded programs. These findings provide additional context for the four takeaways but do not represent the experiences of all older Minnesotans.

1. Many older Minnesotans are having a healthy, positive experience of aging.

Statewide Comprehensive Aging Survey results

- 85% shared that they are in "Good," "Very good," or "Excellent" health (*n*=5,897).
- 96% can access primary care (*n*=5,846), and 93% can access specialty care when needed (*n*=5,379).
- 93% of respondents who receive a service or support said they are helping them meet some or all their needs and goals (*n*=2,431).
- 87% shared that they are "Satisfied" or "Very satisfied" with the amount of contact they have with family, friends, and neighbors (*n*=5,670).
- 96% said they feel "Safe" or "Very safe" in their home (*n*=5,646), and 92% feel "Safe" or "Very safe" in their community (*n*=5,618).
- 97% have internet access in their home (*n*=5,528), and 92% said they feel "Comfortable" or "Very comfortable" using the internet (*n*=5,403).

Notable differences by region, age, or race and ethnicity

- 76% of Black respondents (*n*=157) and 69% of Native American respondents (*n*=92) reported "Good," "Very good," or "Excellent" health, compared to 85% for the state overall.
- 96% of Black respondents (*n*=146) and 82% of Latino and Native American respondents (*n*=87 and 89) reported satisfaction with the amount of contact they have with family, friends, and neighbors, compared to 87% for the state overall.

- 79% of Asian respondents (*n*=105) and 81% of Black respondents (*n*=146) reported feeling "Safe" or "Very safe" in their community, compared to 92% for the state overall.
- 89% of Native American respondents reported having internet at home (*n*=87), compared to 97% for the state overall.

NCI-AD™ survey results

- In both 2024 and 2026, more than 90% of respondents said their paid caregivers treated them with respect, and nearly all felt safe around the people paid to help them.
- About 80% said paid caregivers provided help in the way they wanted, while more than 90% said their services and supports respected their culture.
- In both years, 91% could get transportation to medical appointments when needed. Most respondents also reported consistent access to meals and healthy food.

Minnesota vulnerable adult maltreatment data

- Although most Comprehensive Aging Survey respondents reported feeling safe, Minnesota received 56,554 reports of suspected abuse, neglect, self-neglect, or financial exploitation of vulnerable adults in 2025–2026, 4% more than the previous year.

2. Some older Minnesotans are not sure where to turn or what to do if they have needs, concerns, or emergencies.

Statewide Comprehensive Aging Survey results

- 40% of survey respondents said they were unsure or did not know where to call to connect with services and supports (*n*=5,552).
- 45% shared they were unsure or did not know who to talk to if they were mistreated, hurt, disrespected, or neglected by others (*n*=5,276).
- 52% reported that they were unsure or did not have an emergency plan to respond to a natural disaster, disease outbreak, or another wide-scale emergency (*n*=5,350).
- 34% said they were unsure or did not know if they have someone who is willing and able to take care of them if they are sick or disabled (*n*=5,071).

Notable differences by region, age, or race and ethnicity

- 29% of people age 85 and older were unsure or did not know where to call to connect with services and supports (*n*=271), compared to 40% statewide. 33% of Native American respondents (*n*=88) and 57% of Asian respondents (*n*=100) were unsure or did not know where to call.

- 80% of Native American respondents (*n*=81) and 61% of Black respondents (*n*=134) knew who to talk to if they or someone they knew was mistreated, hurt, disrespected, or neglected by others, compared to 56% statewide. 59% of Asian respondents (*n*=96) were unsure or did not know who to call.
- Respondents in central (26%, *n*=746), northwest (29%, *n*=1,020), and southwest Minnesota (30%, *n*=714) were unsure or did not know if they have someone who is willing and able to take care of them if they are sick or disabled, as compared to 34% statewide.

NCI-AD™ survey results

- The percentage of respondents receiving service information in their preferred language fell from 81% in 2024 to 65% in 2026.
- Respondents were less likely to learn about service options from a case manager or service coordinator in 2026 than in 2024, declining from 37% to 22%.
- Although the percentage with an emergency plan increased from 73% to 76%, the percentage who believed they could quickly get to safety during an emergency declined from 87% to 83%.

Minnesota vulnerable adult maltreatment data

- Self-neglect and caregiver neglect were the two largest allegation categories, making up 56% of all maltreatment reports across the two years.
- Reports of suspected self-neglect increased by 9% between 2024-25 and 2025-26.

3. Connections with family, friends, and neighbors are an important part of a positive aging experience, but some older Minnesotans have too few of these important connections.

Statewide Comprehensive Aging Survey results

- 32% shared that their basic need for social connection, like seeing friends and neighbors, went unmet at least “Sometimes” (*n*=4,093).
- 40% said they feel lonely at least “Sometimes,” with 7% saying they are lonely “Usually” or “Almost always” (*n*=5,682).
- 44% said too few connections with family, friends, and neighbors was the main reason for their loneliness, regardless of how often they feel lonely (*n*=2,557).

Connections with family, friends, or neighbors become even more important as people need information and support.

- 70% shared that they would reach out to family, friends, or neighbors if they needed information about services – more than any other source (*n*=5,480).

- 52% of people who receive help with activities of daily living receive help from a spouse or partner; 35% receive support from a child or child-in-law; and 13% from a friend or neighbor (*n*=588).

Notable differences by region, age, or race and ethnicity

- About one-third (35%) of Twin Cities metro area respondents (*n*=1,012) reported "Sometimes" lacking basic need of social connection, which was slightly above the statewide average (32%) and highest among all other regions: 30% in the northeast region (*n*=341), 28% in the southwest and central regions (*n*=582 and 583), and 26% in the northwest and southeast regions (*n*=828 and 696).
- Reported unmet social connection needs, at least "Sometimes," varied across racial and ethnic groups, including 58% of respondents who identified as Native American (*n*=50), 51% as Asian (*n*=65), 49% as Latino (*n*=62), and 41% as Black (*n*=100), compared with 29% of respondents who identified as White (*n*=3,754), the largest group represented in the survey.

NCI-AD™ survey results

- Feelings of loneliness improved somewhat between 2024 and 2026. The percentage who were "Never" or "Almost never" lonely increased from 43% to 49%, while the percentage who were "Often" lonely declined from 23% to 20%.
- Transportation to social activities, errands, and other non-medical activities became less reliable. The percentage who could always get transportation fell from 73% to 63%.

4. Older Minnesotans named access to affordable, accessible housing and access to health care and mental health services as their top two priorities for aging.

Statewide Comprehensive Aging Survey results

While older Minnesotans have mixed perspectives on what they would do if they could no longer live independently in their current home, they agreed that the most significant barrier to a possible move is cost.

- 65% said other housing options cost too much, and 33% said moving expenses cost too much (*n*=2,393).

Older Minnesotans generally reported good access to primary care and specialty care. However, they expressed concerns about accessing affordable dental care and their ability to access and pay for health care in the future.

- 20% said they “Disagree” or “Strongly disagree” that they can access affordable dental health care when they need to (*n*=5,767).
- 55% reported worries about cuts to what their health care plan might cover in the future, and 46% said they were worried about paying for future care they may need (*n*=4,778).

Notable differences by region, age, or race and ethnicity

- About one-third of respondents who identified as Native American (37%, *n*=87), Black (30%, *n*=148), and Latino (29%, *n*=87) “Disagreed” that they can access affordable dental health care.
- 59% of Black respondents (*n*=70) reported concerns about the cost of moving expenses compared to the state overall (33%).

About the Comprehensive Aging Survey

This section explains how Vital developed, tested, and implemented the CAS statewide with support from a steering committee. It also describes who responded, how closely the respondents represented older Minnesotans, and how Vital analyzed the results. Appendices A and B list the steering committee members and provide additional details about the CAS survey process.

Survey development

Vital developed the CAS survey based on recent Minnesota surveys and assessments and feedback from the project steering committee. Prior to implementing the survey across the state, Vital had a small group of older Minnesotans carefully test the survey to provide feedback on whether the questions and response options made sense to them. The final version of the survey included 12 sections:

1. Health and health care access
2. Daily living needs
3. Caring for others
4. Social connection and participation
5. Housing and community
6. Transportation
7. Services and supports
8. Technology
9. Basic needs
10. Work, retirement, and long-term care planning
11. Rights, safety, and emergency preparedness
12. Everyday experiences

Survey implementation

Vital purchased an address list of nearly 16,500 older Minnesotans (aged 60+) to reach a wide array of Minnesotans. To ensure statewide representation by region and race and ethnicity, Vital set sample targets for Minnesota's 11 Economic Development Regions (EDRs)[1] and race and ethnic groups. Data collection for the survey occurred between May and July 2026. The survey was available in English and

[1]Minnesota Department of Employment and Economic Development, Economic Development Regions map and county grouping: https://apps.deed.state.mn.us/assets/lmi/areamap/edr.shtml

Spanish, and respondents could take the survey online, by mail, or by phone. Beyond the statewide mailing list, Vital, DHS, MBA, and the steering committee members also engaged in targeted outreach to hard-to-reach communities, such as communities of color and low-income older adults.

Survey respondents

Vital included 5,921 survey responses in the final analysis. Figure 1 shows that just over half of survey respondents completed a survey by mail, just less than half completed the survey online, and a small percentage of respondents completed the survey by phone. A small percentage (3%) reported receiving help to complete the survey.

Figure 1. Most respondents completed the survey by mail or online, rarely requiring help. (N=5,921)

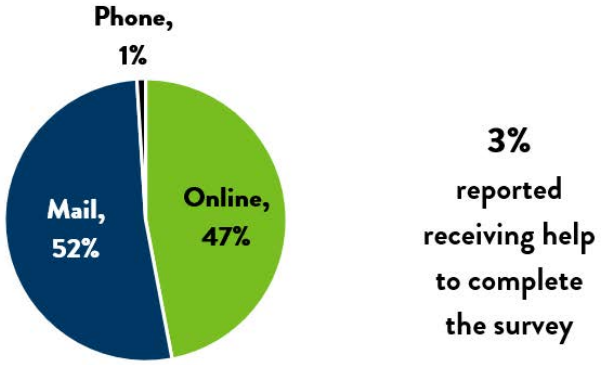


Table 1 shows the original statewide and regional targets and the number of responses included in the analysis.[2] The total number of surveys completed was nearly double the original target.

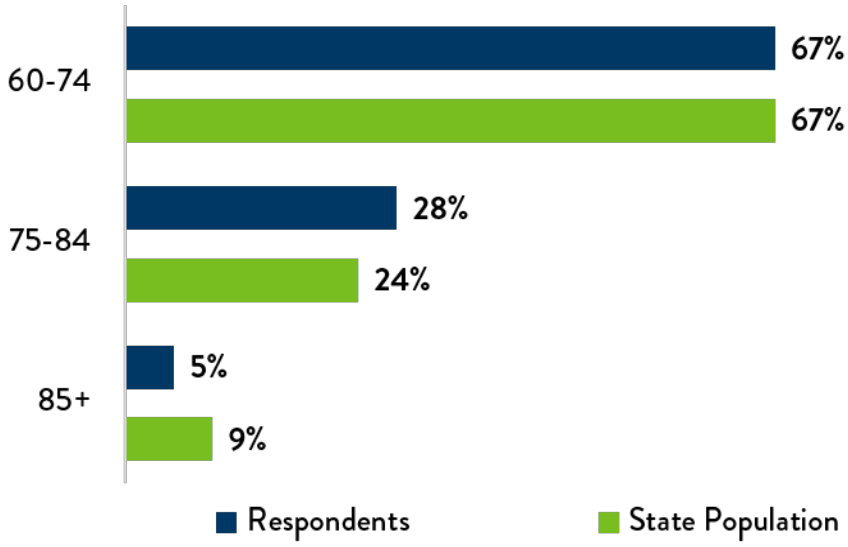
Table 1. Number of respondents by area agency on aging region. (N=5,921)

Area Agency on Aging (Economic Development Regions)	Target	Number of Respondents (*n*)
Arrowhead Area Agency on Aging – AAAA (3)	270	520
Central Minnesota Council on Aging – CMCOA (5,7)	541	884
Dancing Sky Area Agency on Aging – DSAAA (1,2,4)	806	1,192
Metropolitan Area Agency on Aging – MAAA (11)	271	1,422
Minnesota River Area Agency on Aging – MNRAAA (6,8,9)	809	1,346
Southeast Minnesota Area Agency on Aging – SEMAAA (10)	270	557
Total	2,967	5,921

Respondents' age, race, and ethnicity closely mirrored the state's estimated demographic distribution for older Minnesotans aged 60 years or older, as seen in Figure 2 and Table 2. The survey asked several demographic questions. Appendix C provides additional demographic information about respondents.

[2] The initial target number of completed surveys for any given EDR was between 268-271 surveys for a total of 2,967. Targets were set to reach a 90% confidence level and ±5% margin of error.

Figure 2. Age of survey respondents compared to state demographics. (N=5,921)



Note: State population estimates are from Population Projections, Minnesota State Demographic Center, May 2024.

Table 2. Race and ethnicity of survey respondents compared to state demographics for people age 60 or older. (N=5,921)

Racial/Ethnic Group	State of MN percentage	Respondent percentage	Respondent *n*
African/African American/Black	3%	2%	91
Asian American/Native Hawaiian/Pacific Islander	1%	1%	80
Latino(a)/Hispanic	2%	1%	81
American Indian/Alaska Native	2%	2%	90
White	93%	93%	5,517

Note: State population estimates are from Population Projections, Minnesota State Demographic Center, May 2024.

Analysis

Vital analyzed CAS responses to provide a statewide and regional picture of older Minnesotans' experiences, strengths, needs, and priorities across a range of topics. For select survey questions, Vital also examined statewide results by age group and race and ethnicity. The analysis focused on patterns and notable differences in responses. Appendix B provides additional details about the analysis.

What we learned from the Comprehensive Aging Survey

This section presents comprehensive findings from the CAS across the survey's 12 sections. For each topic area, the analysis identifies notable findings from the survey results. Vital analyzed all survey questions by region and select questions by age group and race and ethnicity. The report highlights findings by region, age group, or race and ethnicity when they differ notably from the statewide results. For regional findings, the report uses the name of the AAA that serves the region. For example, it refers to northwest Minnesota as DSAAA, or Dancing Sky Area Agency on Aging. For findings by race and ethnicity, the report uses the terms Black, Asian, Latino, Native American, and White.

The report highlights select survey results, while Appendix C contains all statewide survey results and Appendix D contains results by region.

How to interpret and use the findings

Based on the analysis conducted, most findings in this report are descriptive. This means they simply summarize how people answered the survey. For example, the percentage of respondents who reported a specific experience, strength, or need. When looking at descriptive findings, differences between groups or regions may suggest a real pattern in respondents' perspectives, but some differences may be due to chance. Vital tested a smaller number of findings to see whether differences were statistically significant. A statistically significant difference is a difference in findings that is unlikely to be due to chance. This gives us more confidence that the difference may reflect a real pattern among older Minnesotans. Figure and table notes, and footnotes, provide more information on the statistical significance of findings.

Whether descriptive or statistically significant, readers should consider the report's findings together with other information and data when developing policies or taking actions related to older Minnesotans.

1. Health and health care access

The health and health care access section of the survey asked about older Minnesotans' overall health and wellness, access to basic health care services, and their experiences with telehealth, chronic conditions, memory or thinking difficulties, and falls.

85% of older Minnesotans report "Good," "Very good," or "Excellent" health

Older Minnesotans across the state reported good overall health and wellness, with 85% sharing that they are in "Good," "Very good," or "Excellent" health. However, results were less favorable for Black and Native American respondents who reported "Good," "Very good," or "Excellent" health 76% and 69% of the time as compared to 85% for the state overall.

Older Minnesotans also reported that they can see a primary care doctor or provider when they need to (96%, “Agree” or “Strongly agree”). When asked about access to specialty care services and mental health services, results remained positive (93% for specialty care and 89% for mental health care). Respondents also reported that they generally know how to manage their chronic conditions (76% “Yes,” 22% “Somewhat, or for some conditions”).

Survey results provided an impression of how disabilities and chronic conditions impact older Minnesotans’ daily lives, and how frequently calm, nervous, depressed, or hopeful feelings arise for them. Over half of respondents shared that disabilities and chronic conditions “Rarely or never” impact their daily lives (54%). However, 15% of older Minnesotans reported that a disability or chronic condition frequently impacts their daily life (8% “Usually,” 7% “Almost always”).

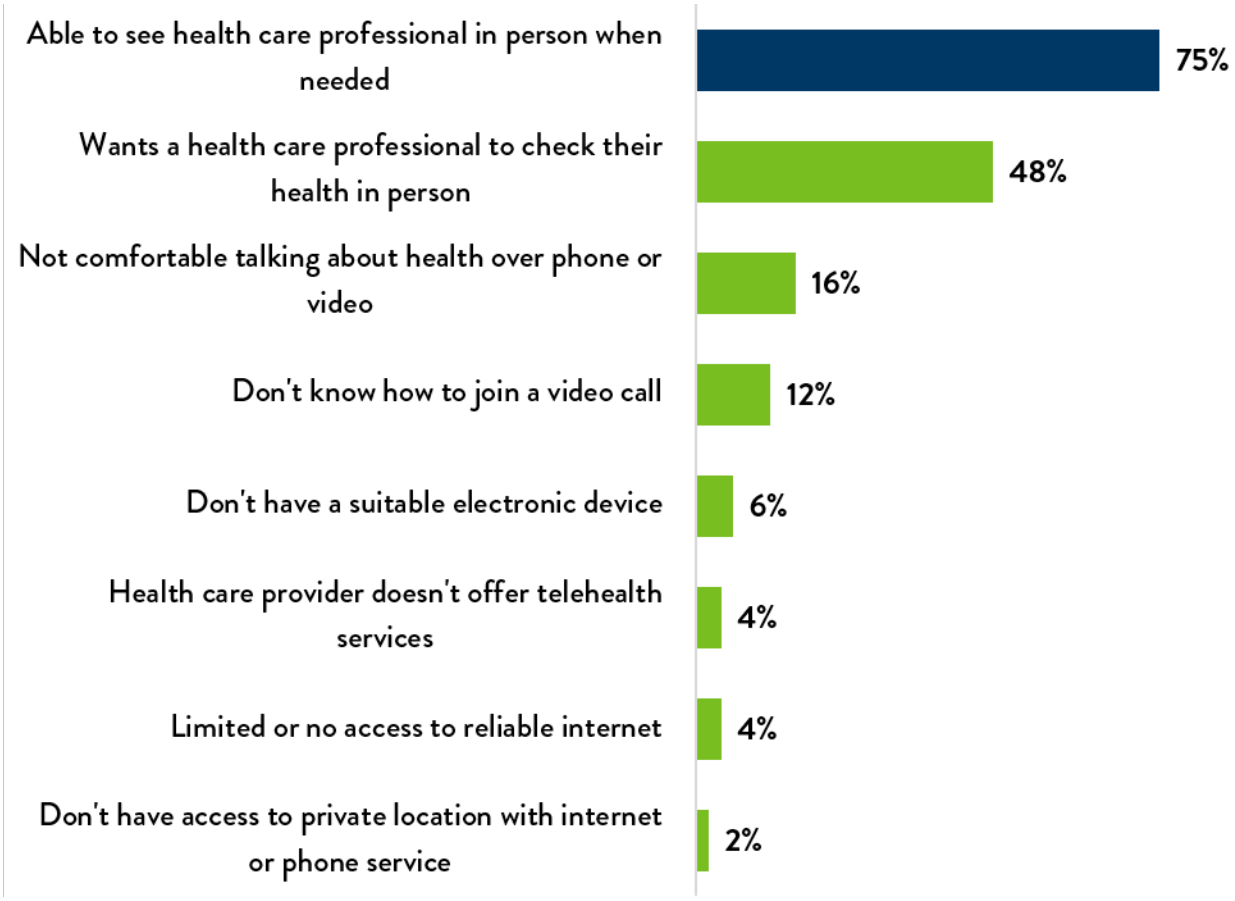
Nearly 8 in 10 older Minnesotans felt “Comfortable” seeking help for changes in memory or thinking

The survey also asked how comfortable older Minnesotans felt asking for help if they noticed changes in their memory or thinking. Nearly eight in 10 respondents felt “Comfortable” seeking help (23% “Very comfortable” and 55% “Comfortable”). Black and Native American respondents reported the highest levels of comfort asking for help about these concerns, at 90% and 88%, respectively. Most respondents (85%) said they would seek help from a health care provider.

Respondents who had not used telehealth reported good access to and a preference for in-person care

Across the state, 62% of older Minnesotans reported having a telehealth visit with a doctor or other health care professional by phone or video. For those who had not used telehealth (38%), the most common reasons were that they are able to see health care professionals in person when needed (75%), and that they want to receive care in person (48%), as shown in Figure 3.

Figure 3. Older Minnesotans' top reason for not using telehealth was being able to see a health care professional in-person when needed. (*n*=1,985)



Note: Total percentage exceeds 100% because respondents could select multiple reasons.

At the regional level, experience with telehealth varied, and the differences were statistically significant.[3] In the MAAA region, respondents were more likely to have used telehealth (74%), as compared to the DSAAA (43%) and MNRAAA (42%) regions. However, among people who had not used telehealth, the top reasons why in the regional analysis reflected the state overall.

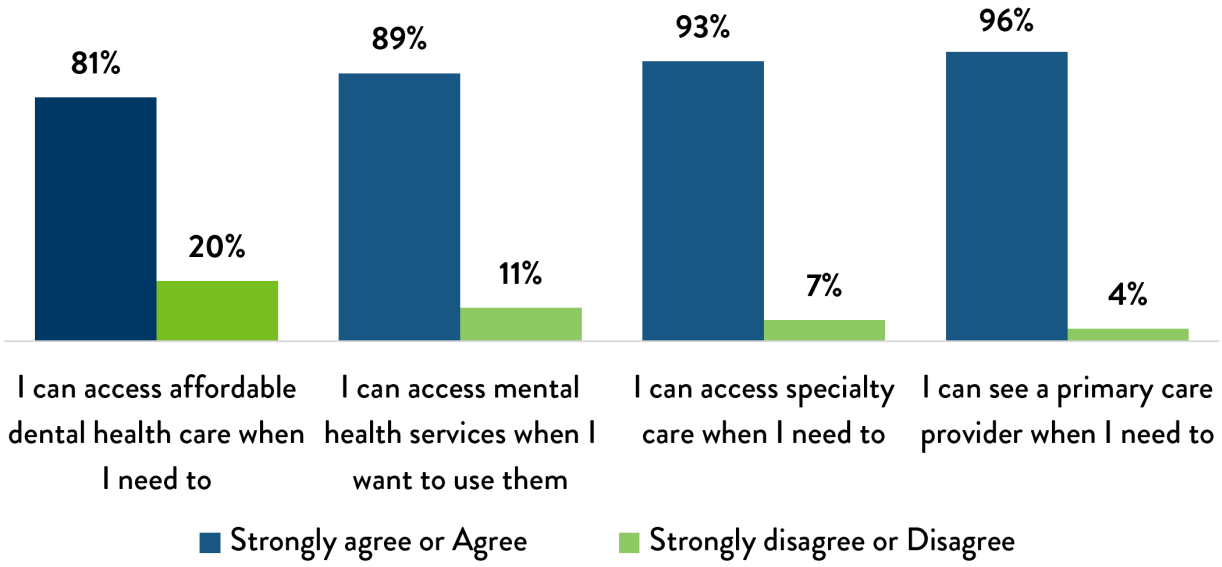
[3] Regional differences for experience with telehealth: $\chi^2(5, 5841) = 335.26$, $p < .001$.

Older Minnesotans find it more difficult to access affordable dental health care than other types of care

Across Minnesota, one in 5 older adults said that they "Disagree" that they can access affordable dental health care when they need to (8% "Strongly disagree," 12% "Disagree"). By comparison, nearly all respondents said they can access primary care (96%) and specialty care (93%) when needed. Figure 4 shows that accessing dental care is more challenging for older Minnesotans than other health care services.

96% of older Minnesotans can access primary care and 93% can access specialty care when needed

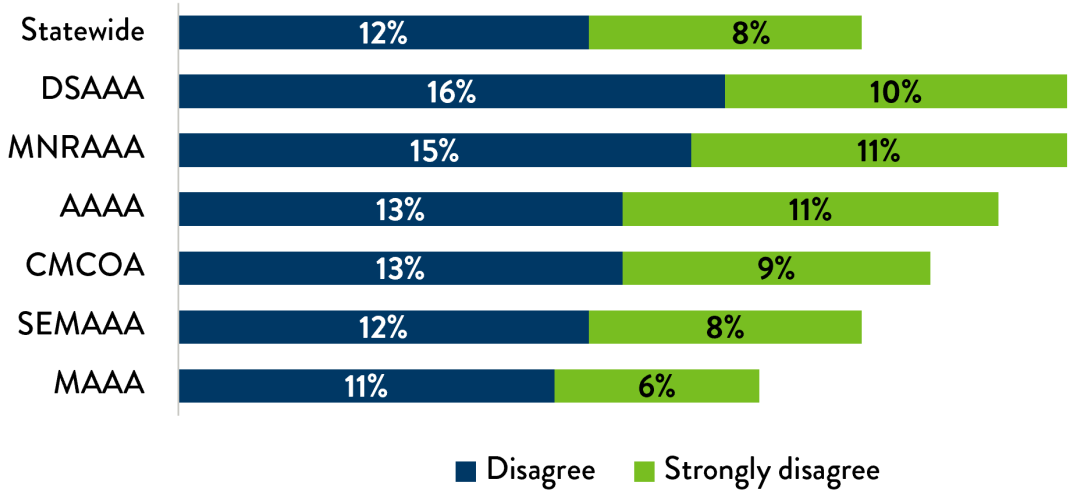
Figure 4. Older Minnesotans were less likely to report access to affordable dental care than other health care services. (*n*=4,251-5,846)



The MAAA region is the only region where dental access is better than the state overall.[4] All other regions reflect the statewide result or report worse access (See Figure 5).

[4] Regional differences for dental access were statistically significant: $\chi^2(15, 5726) = 59.30$, $p < .001$.

Figure 5. Respondents who said "Disagree" or "Strongly disagree" when asked whether they can access affordable dental health care, by region. (*n*=5,726)



Note: Regional differences were statistically significant: $\chi^2(15, 5726) = 59.30$, $p < .001$. Statewide results have been weighted to be representative of region. Regional percentages are not weighted.

Results also varied on this topic by race and ethnicity. While dental care access for White and Asian respondents mirrored the statewide results, a larger portion of Native American, Black, and Latino respondents "Disagreed" that they can access affordable dental health care (37% Native American, 30% Black, and 29% Latino).

Some older Minnesotans reported recent falls, and many do not have a plan in place if they fall in the future

Twenty-five percent of older Minnesotans reported falling at least once in the past 12 months. The survey also asked whether respondents have a plan for how they would get help if they fall in the future. Across the state, 42% said they did not have a plan. Results by region closely mirror the state overall; differences were not statistically significant.[5]

[5] Regional differences for falls and having a plan were not statistically significant: Falls: $\chi^2(5, 5836) = 8.37$, $p = .137$; Plan: $\chi^2(5, 5785) = 3.67$, $p = .598$.

Analysis by age showed differences on this topic and were statistically significant.[6] The occurrence of falls increased with age, but so did respondents' tendency to have a plan for how to get help with a future fall, as shown in Table 3.

Table 3. Respondents who fell in the past twelve months and respondents who have a plan for how to get help with a future fall by age group. (*n*=5,753-5,791)

Responded "Yes"	Age 60 to 74	Age 75 to 84	Age 85+
Fell in past 12 months	22%	31%	43%
Have plan for how to get help for future fall	54%	67%	78%

Note: Differences by age are statistically significant Falls: $\chi^2(2, 5791) = 89.34$, $p < .001$; Plan: $\chi^2(2, 5753) = 134.97$, $p < .001$.

2. Daily needs

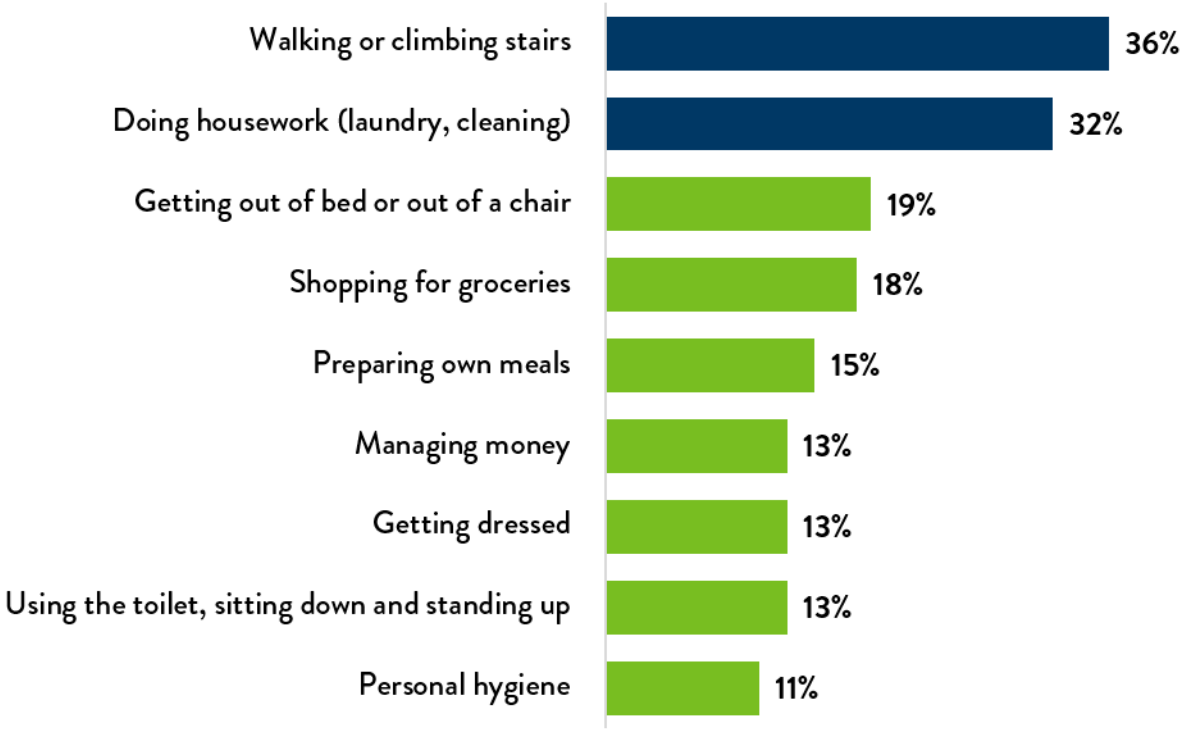
The daily needs section of the survey explored older Minnesotans' ability to complete activities of daily living (ADLs) and instrumental activities of daily living (IADLs), and whether they receive support for these activities. If they receive support, the survey asked respondents who is providing that support and how satisfied they are with the support.

Most older Minnesotans complete activities of daily living independently

State survey results showed that most respondents did not have trouble completing ADLs or IADLs independently. Between 81% and 89% of respondents reported no difficulty with tasks such as bathing, showering, washing their hair, or shaving, getting dressed, managing their money, using the toilet, preparing their own meals, shopping for groceries, or getting out of bed or a chair. However, 32% to 36% of respondents reported "Some" or "A lot" of difficulty with mobility-related tasks, such as walking or climbing stairs, and with housework like laundry and cleaning. Statewide, roughly one in 10 reported they receive assistance to complete ADLs or IADLs.

[6] Age difference for falls and having a plan were statistically significant: Falls: $\chi^2(2, 5791) = 89.34$, $p < .001$; Plan: $\chi^2(2, 5753) = 134.97$, $p < .001$.

Figure 6. Older Minnesotans identify mobility and housework as the two most difficult activities of daily living. (*n*=5,392-5,592)



Note: Percentages combine responses of "Some" and "A lot" of difficulty for each activity.

Informal, unpaid caregivers provide most support with ADLs or IADLs

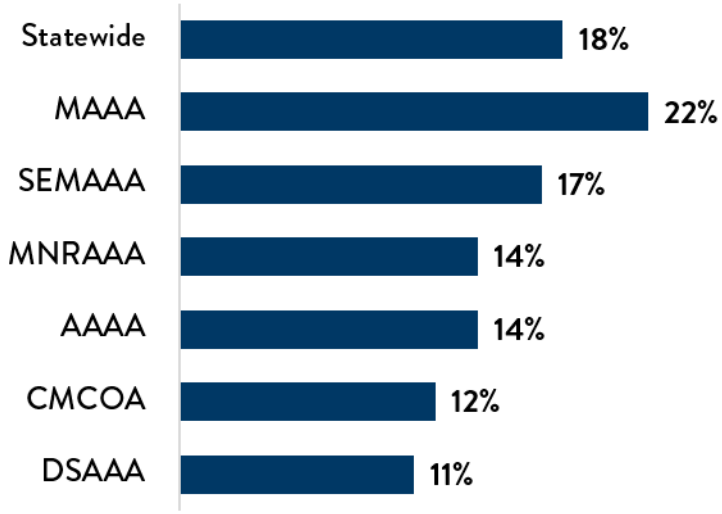
Among the 11% of older Minnesotans who reported that they receive support with ADLs or IADLs, most received support from a spouse or partner (52%) and/or a child or child-in-law (35%). A smaller portion relied on help from a paid (16%) or unpaid (12%) professional caregiver; a friend or neighbor (13%); and/or a grandchild (10%).

Most older Minnesotans receiving support with ADLs are satisfied with their experience

Among the 11% of respondents who receive support with ADLs, 91% reported being "Satisfied" or "Very satisfied." When asked "How often do the people who support you let you do things on your own?," roughly 8 in 10 respondents said "Usually" or "Always."

Eight in 10 respondents said the help they receive meets their needs; however, 18% indicated they require more help, and the need for additional help varied by region. Figure 7 shows that respondents needing additional help with ADLs ranged from 11% to 22% across regions[7].

Figure 7. Percent of older adults reporting that they need more help with ADLs, by region. (*n*=609)



Note: Regional differences were not statistically significant: $\chi^2(5, 609) = 8.38$, $p = .137$. Statewide results have been weighted to be representative of region. Regional percentages are not weighted.

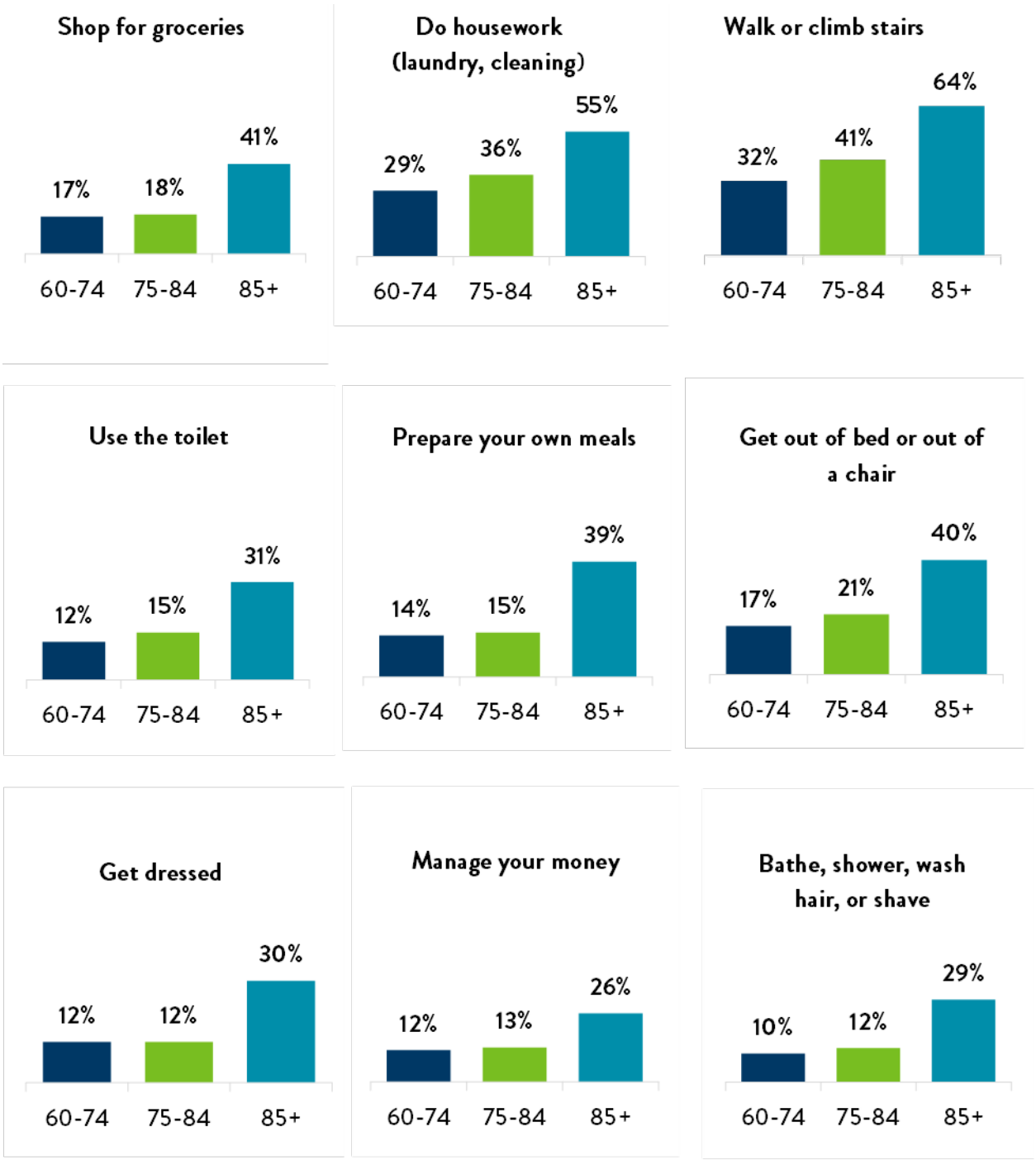
Difficulty with ADLs and the need for support generally increased with age

Analysis by age group showed that difficulty completing ADLs and IADLs increased with age across nearly every activity measured on the survey.[8] The single exception was getting dressed, where those 60 to 74 years and 75 to 84 years both reported equal rates of "Some" or "A lot" of difficulty (12%), before the rate rose to 30% among those who were 85 years and older. However, all three age groups reported the most difficulty with mobility-related tasks like walking or climbing stairs and doing housework including laundry and cleaning, mirroring statewide results. See Figure 8 for ADL needs reported by age group.

[7] Regional differences for needing additional help were not statistically significant: $\chi^2(5, 609) = 8.38$, $p = .137$.

[8] Age group differences for all ADLs were statistically significant; $\chi^2(4, N = 5355 \text{ to } 5551)$ ranged from 51.75 to 150.94, $p < .001$.

Figure 8. Percent of respondents who had "Some" or "A lot" of difficulty completing ADLs and IADLs increased with age across nearly every activity measured. (*n*=5,355 – 5,551)



Note: Age group differences for all ADLs were statistically significant; $\chi^2(4, n=5,355=5,551)$ ranged from 51.75 to 150.94, $p < .001$.

The likelihood of receiving support with ADLs or IADLs rose with age as well, from 8% among those 60 to 74 years old, to 14% among those 75 to 84, to 38% among those 85 and older,[9] compared to 11% statewide. Across the three age groups, among those who receive help with ADLs or IADLs, most respondents reported that they receive enough support (78%-84%), though 22% of the 60 to 74 group, 13% of the 75 to 84 group, and 16% of the 85 and older group said "No, I need more help."[10] Notably, respondents 60 to 74 years of age were both the least likely to receive support with ADL, and the most likely to report "No, I need more help" even if they were receiving support with ADL.

3. Caring for others

The caring for others section of the survey asked older Minnesotans whether they are currently providing informal support and care for family members, relatives, friends, or neighbors because of an injury, disability, medical condition, or inability to care for themselves. For those who are currently caring for someone else, the survey explored their caregiving experience and services and supports that might help them as caregivers.

Across the state, 26% of older adults reported that they are currently providing support and care to another person (*n*=5,689). Results varied by region, age, and by race and ethnicity. Figure 9 shows the percent of older adults caring for others by region, which ranged from 19% in the DSAAA region to 28% in the MAAA region.[11]

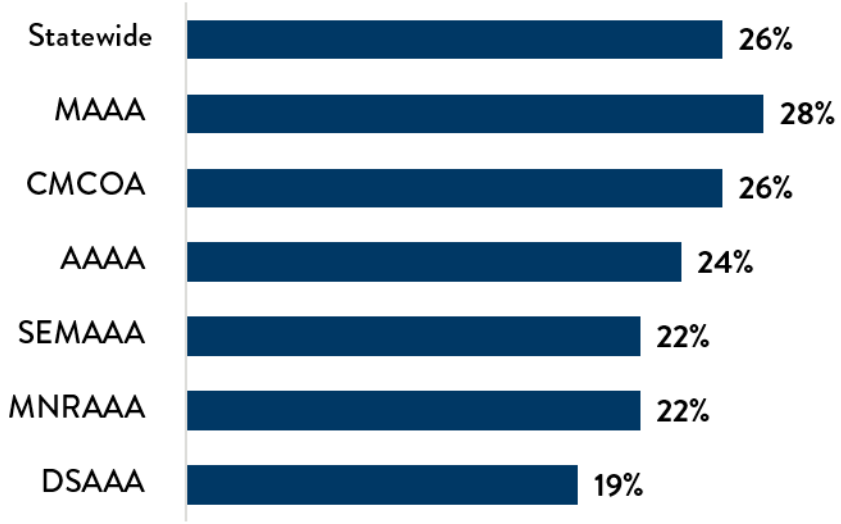
26% of older Minnesotans reported currently providing care or support to another person

[9] Age group differences for receiving support with ADL were statistically significant: $\chi^2(2, 5672) = 252.76$, $p < .001$.

[10] Age group differences for needing more help among those who do receive support for ADL were statistically significant: $\chi^2(2, 620) = 7.71$, $p < .05$.

[11] Regional differences for caring for others were statistically significant $\chi^2(5, 5735) = 37.34$, $p < .001$.

Figure 9. Older Minnesotans' caregiving rates range from 19% (DSAAA) to 28% (MAAA) by region. (*n*=5,735)



Note: Differences by region were statistically significant $\chi^2(5, 5735) = 37.34$, $p < .001$. Statewide results have been weighted to be representative of region. Regional percentages are not weighted.

Age group differences for caregiving were also statistically significant. Caregiving was more common for younger older adults with 28% of people age 60 to 74 actively supporting another person, as compared to 22% for people age 75 to 84 and only 12% for people age 85 and older.[12]

When looking at survey participants by race and ethnicity, caregiving was more common among Latino (39%) and Black (32%) older adults. Native American (26%) and White (25%) respondents reflected the state overall. Caregiving was far less common for Asian respondents (14%).

What caregivers shared about their experiences

The survey explored several topics with respondents who reported that they were providing support and care to another person, including who they provide care for, how often they help the other person, how long their caregiving experience has lasted, and how the experience impacts them. After exploring their experience, the survey asked about their knowledge and interest in services that are available in Minnesota to help caregivers.

[12] Age group differences for caregiving were statistically significant: $\chi^2(2, 5646) = 46.49$, $p < .001$.

Statewide, caregivers were most likely to report caring for a spouse or partner (33%) or a parent or parent-in-law (30%). Table 4 shows the types of care recipients older adults reported caring for, including friends and neighbors, children, and grandchildren.

Table 4. Spouses and parents were the most common care recipients among older adult caregivers in Minnesota. (*n*=1,418)

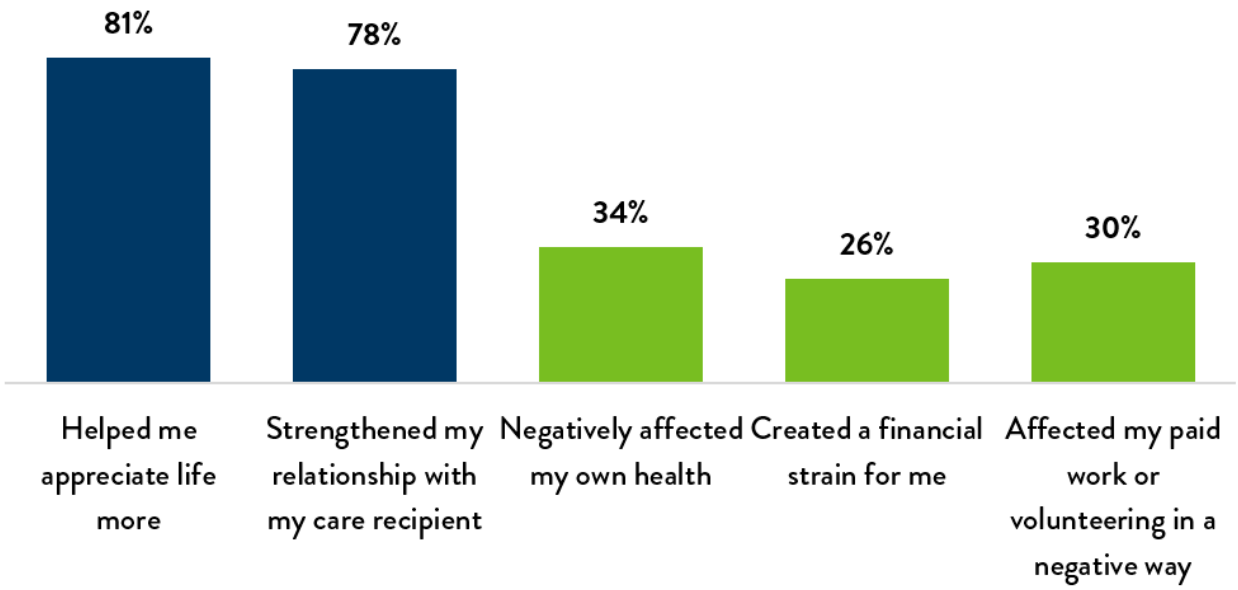
Care Recipient	Number of Responses (*n*)	Percent of Respondents (%)
Spouse or partner	471	33%
Parent or parent-in-law	418	30%
Friend or neighbor	244	17%
Child or child-in-law	243	17%
Sibling	134	9%
Grandchild	134	9%
Another relative	79	6%

Note: Total percentage exceeds 100% because respondents could select multiple care recipients.

Most respondents reported that they had been providing care for 3 or more years (59%). The survey also asked, on average, how many hours each week they currently provide care. Most respondents reported 1-5 hours (41%) or 6-10 hours per week (20%).

Older Minnesotans reported both positive and negative impacts from their caregiving experience. Most respondents shared that caregiving has helped them appreciate life more and strengthened their relationship with their care recipient. At the same time, Figure 10 shows that a quarter to a third of caregivers experienced negative impacts including health effects (34%), cutting back or quitting paid work or volunteering (30%), and financial strain (26%).

Figure 10. Positive impacts of caregiving were more common than negative impacts among older Minnesotans. (*n*=1,209-1,405)



Note: Percentages combine responses of "Strongly agree" and "Agree" for each statement.

What support would caregivers like

Minnesota currently offers a range of services to support people who are informally providing care to family, friends, and neighbors. The final questions in this section of the survey asked whether the person had used a specific service before and if it would help them provide care for someone now or in the future. The services the survey asked about include:

1. Counseling, coaching, and consultation to help navigate caregiving
2. Education and training on caregiving (webinar or class on how to provide care, manage stress)
3. Friendly visitors and phone calls to the care recipient
4. Homemaker services for the respondent or their care recipient (laundry, preparing meals, shopping for household goods)
5. Respite care for the respondent (a break from providing care)
6. Support groups for the respondent (in-person or virtual)
7. Transportation services for the respondent or their care recipient

Across the state, respondents showed interest in all services. The services older Minnesotans most reported using now or in the past were counseling, coaching, and consultation (20%); friendly visitors and phone calls (18%); and education and training on caregiving (17%). The services they thought would help them most now were friendly visitors and phone calls (16%), transportation (16%), and

homemaker services (15%). Respondents thought all caregiver services could help them provide care in the future (26-34%).

Caregiver service preferences vary by region

Although respondents across the state expressed interest in all of Minnesota's caregiver services, caregivers' preferences varied somewhat by region. Table 5 and Table 6 show these differences by highlighting the services respondents said "Would help them right now."

Table 5. Percent of caregivers who selected a service, saying it "Would help them now," by region. (*n*=1,296-1,310)

Region	Counseling	Education	Friendly Visitors	Homemaker
Statewide	13%	13%	16%	15%
AAAA	14%	16%	17%	13%
CMCOA	7%	6%	13%	11%
DSAAA	14%	13%	17%	19%
MNRAAA	9%	9%	13%	13%
SEMAAA	11%	13%	12%	11%
MAAA	14%	15%	18%	17%

Note: Regional differences are presented descriptively. Percentages 16 or higher shaded dark blue, 10-15 shaded medium blue, and 9 or less light grey blue.

Table 6. Percent of caregivers who selected a service, saying it "Would help them now," by region, continued.

Region	Respite Care	Support Group	Transportation
Statewide	13%	11%	16%
AAAA	11%	10%	16%
CMCOA	10%	5%	10%
DSAAA	15%	10%	16%
MNRAAA	9%	7%	14%
SEMAAA	6%	6%	12%
MAAA	16%	13%	18%

Note: Regional differences are presented descriptively. Percentages 16 or higher shaded dark blue, 10-15 shaded medium blue, and 9 or less light grey blue.

4. Social connection and participation

The section of the survey about social connection and participation included four questions that asked older Minnesotans about their ability to connect with other people in their lives and their community.

87% of older Minnesotans were "Satisfied" or "Very satisfied" with their level of contact with family, friends, or neighbors

Across Minnesota, most survey respondents (87%) reported being either "Very satisfied" or "Satisfied" with the amount of contact they had with family, friends, or neighbors. However, there were statistically significant differences in respondents' satisfaction with their social connections by region, ranging from 84% to 92%. Most notably, older Minnesotans from the MAAA region were less satisfied (84%) with their level of social contact compared to the other five regional areas (89%-92%).[13] Also,

[13] Regional differences were statistically significant: $\chi^2(15, 5714) = 66.29$, $p < .001$.

based on analysis by race and ethnicity, Black older Minnesotans reported much higher satisfaction with their social connections (96%) compared to White and Asian (87%) or Latino and Native Americans (82%).

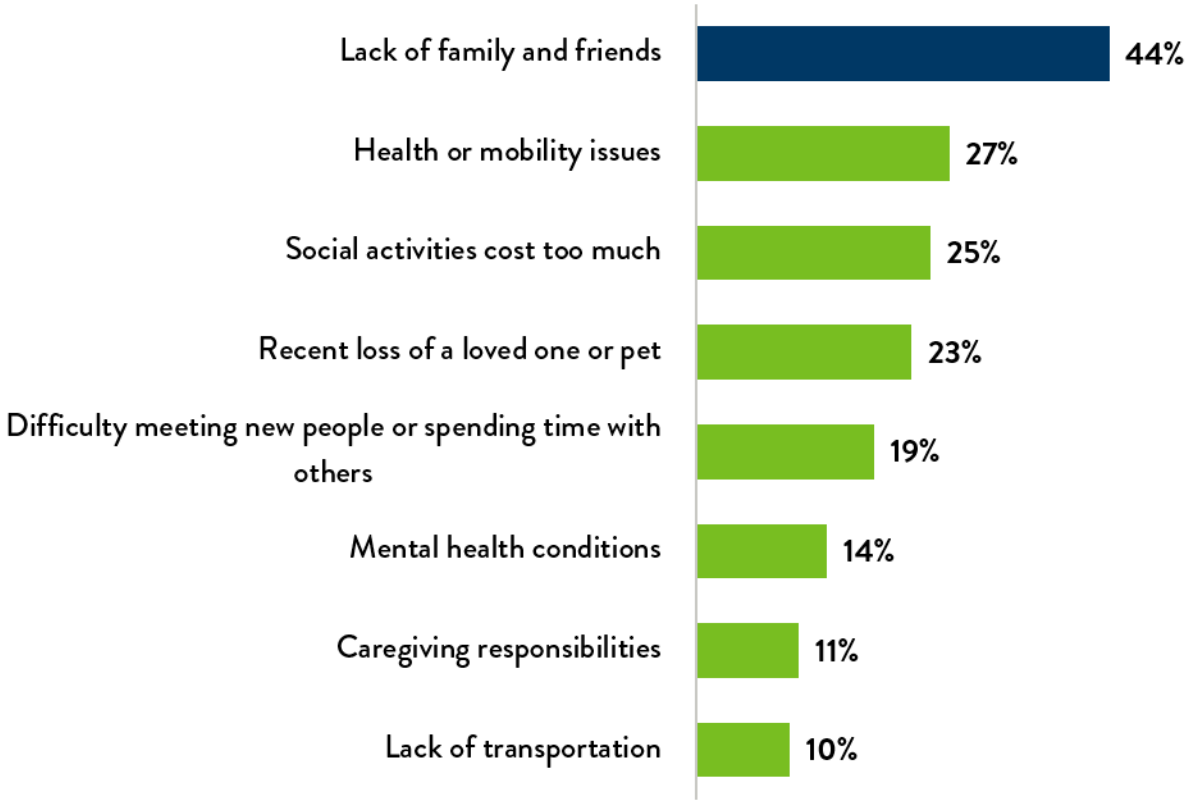
7% of older Minnesotans reported feeling lonely "Usually" or "Almost always"

The survey asked all respondents how often they felt lonely (*n*=5,682). Statewide, four in 10 respondents (40%) reported experiencing some degree of loneliness. About one third (33%) said they felt lonely "Sometimes," while 5% reported being lonely "Usually" and 2% said they were "Almost always" lonely. Like regional differences with satisfaction with social connection, older Minnesotans from the MAAA region were also more likely to report feelings of loneliness. Forty-four percent reported some degree of loneliness versus 35%-39% for the other five regions.[14] Comparisons of loneliness by race and ethnicity did not vary as much as satisfaction with social connection and ranged from 40% to 46% (40% White, 41% Native American, 42% Black and Latino, and 46% Asian).

The survey also asked all participants, regardless of how often they reported feeling lonely, about their reasons for loneliness (*n*=2,557). As seen in Figure 11, the most common reason for loneliness statewide was the lack of family and friends (44%). This was also the most common reason reported by region and nearly all racial and ethnic groups. The one exception was for Black older Minnesotans, for whom the top reason for feeling lonely was experiencing a recent loss.

[14] Regional differences were statistically significant: $\chi^2(15, 5733) = 40.66$, $p < .001$.

Figure 11. Older adults who felt lonely most often cited lack of family and friends as the reason. (*n*=2,557)

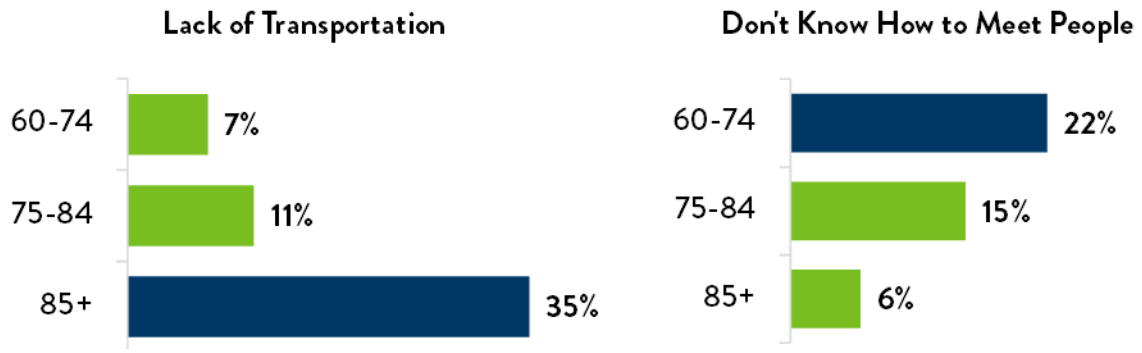


Note: Total percentage exceeds 100% because respondents could select multiple reasons.

Reasons for loneliness varied by age group

Analysis by age group showed that the lack of family and friends was the most common reason across all groups (40-45%). However, as noted in Figure 12, Minnesotans age 85 and older, were more likely to indicate that lack of transportation was a reason for loneliness (35%) as compared to younger older Minnesotans (7% - 11% of those under age 85). Younger older Minnesotans reported "Not knowing how to meet new people or spend time with others" more often than older respondents. Approximately 22% of those aged 60-74 chose this as a reason for loneliness, whereas 6% of the oldest group aged 85+ reported this.

Figure 12. Lack of transportation increases and not knowing how to meet people decreases with age as reasons for loneliness. (*n*=2,539)



Note: Age group differences are presented descriptively.

Most older Minnesotans volunteer

Nearly six in 10 older Minnesotans (58%) reported helping or volunteering with organizations such as churches, libraries, neighborhood groups, or service clubs within the previous 12 months. Volunteer participation varied by age with almost two-thirds (62%) of those in the 75-84 years of age group reporting having volunteered in the past year, about half (48%) of the oldest group (85+), and 58% of those aged 60-74 years old.[15]

58% of older Minnesotans volunteered or supported community organizations in the past year

Rates of volunteerism also varied by region and by race and ethnicity. Across regions, older Minnesotans from the MAAA region volunteered at a much higher rate than respondents in other parts of the state; 62% versus 52-56% across the other five regions[16]. White older Minnesotans were more likely to report having volunteered with an organization in their community (60%) compared to other racial and ethnic groups whose rates of volunteering ranged from 38% to 54% (38% Latino, 40% Native American, 49% Black, and 54% Asian).

[15] Age group differences were statistically significant: $\chi^2(2, 5618) = 18.19$, $p < .001$.

[16] Regional differences were statistically significant: $\chi^2(5, 5703) = 33.23$, $p < .001$.

5. Housing and community

96% of older Minnesotans reported feeling "Safe" or "Very safe" at home

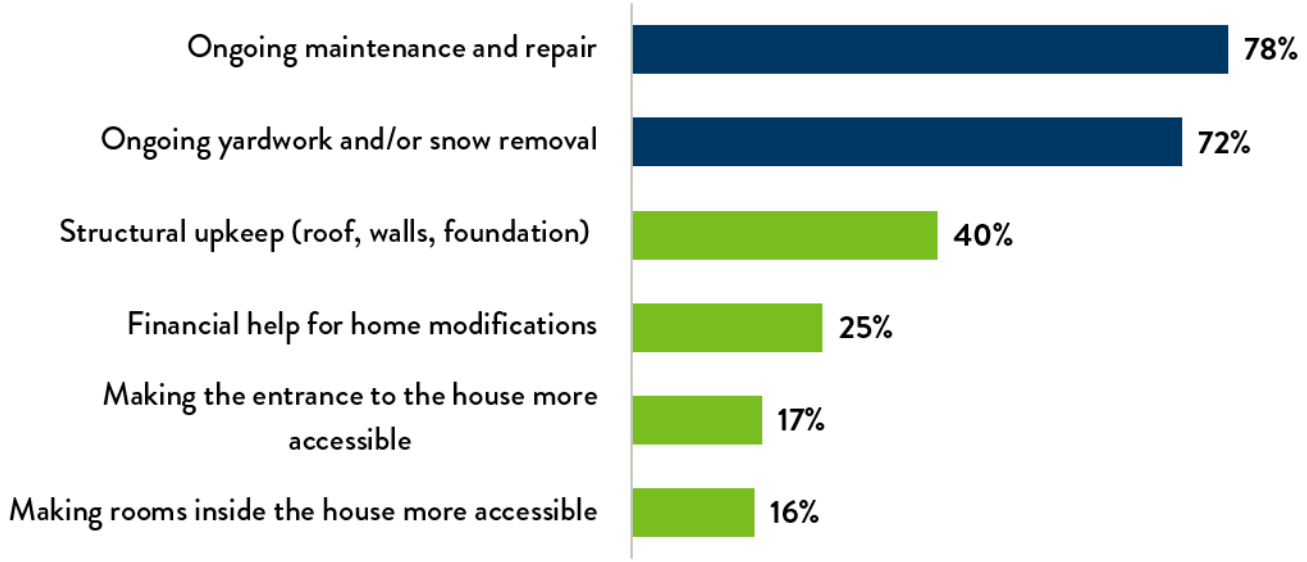
The housing and community section of the survey asked respondents about their current housing situation and ownership status, how safe they feel in their home and community, what resources they may need to remain in their home, what barriers stand in the way of moving. It also asked about whether they have experienced housing instability, and their sense of belonging in their community.

Most respondents reported that they live in a single-family home (69%) and that they own their home (83%). Perceived safety at home was high overall: 96% of respondents said they feel "Very safe" or "Safe" in their home, with less than 1% of respondents reporting feeling "Unsafe."

Maintenance and yardwork are the resources most needed to age in place

The survey asked older Minnesotans what they need help with now or what they might need help with in the future to stay in their current home. Respondents could choose multiple needs. Ongoing maintenance and repair (78%) and yardwork or snow removal (72%) were by far the most common needs. Figure 13 shows all the current and possible future needs respondents identified.

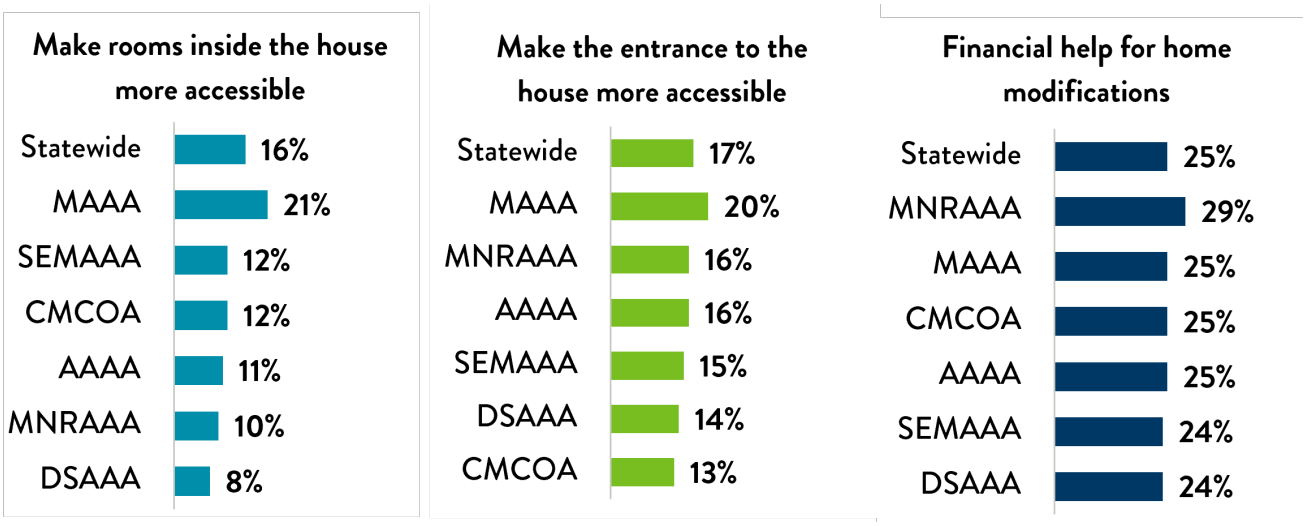
Figure 13. Ongoing home maintenance and yardwork are the most common resources older Minnesotans need to remain in their current residence. (*n*=3,334)



Note: Total percentage exceeds 100% because respondents could select multiple reasons.

Regional results were generally consistent with statewide findings. However, there were differences on the topic of accessibility, as shown in Figure 14.

Figure 14. Resources needed to remain in current residence, by region, where MAAA respondents more often selected the need for home accessibility as compared to other regions. (*n*=3,361)



Note: Regional differences are presented descriptively. Statewide results have been weighted to be representative of region. Regional percentages are not weighted.

As with the statewide and regional findings, ongoing maintenance and repair (73%-79%) and yardwork or snow removal (67%-75%) were the top needs across all three age groups to remain in their current home.

Need for yardwork and home modification assistance varied notably by race and ethnicity

Support with ongoing maintenance and repair was the number one area of need to stay in their current residence across all racial and ethnic groups. However, the need for ongoing yardwork or snow removal showed variation by race and ethnicity, from 36% among Black respondents to 81% among Asian respondents. Additionally, Black respondents were more likely to report a need for financial help for home modifications (49%), compared to White respondents (24%).

For those who might move in the future, cost is the leading barrier to moving

The survey identified potential barriers among respondents who said they might move in the future (*n*=2,393). Cost was the dominant concern. Sixty-five percent of respondents said other housing options cost too much, and 33% said moving expenses themselves cost too much. Limited availability of other housing options (41%) and simply not liking the available options (26%) were also common barriers to moving. Practical and physical barriers were less frequently cited, including not having

people to help with a move (17%), difficulty finding an accessible place (16%), and health or mobility limitations (14%).

Black respondents reported the highest percentages for moving expenses (59% compared to 25% to 35% among other racial and ethnic groups).

Limited housing availability was a larger barrier for respondents in the AAAA region, and for Black respondents

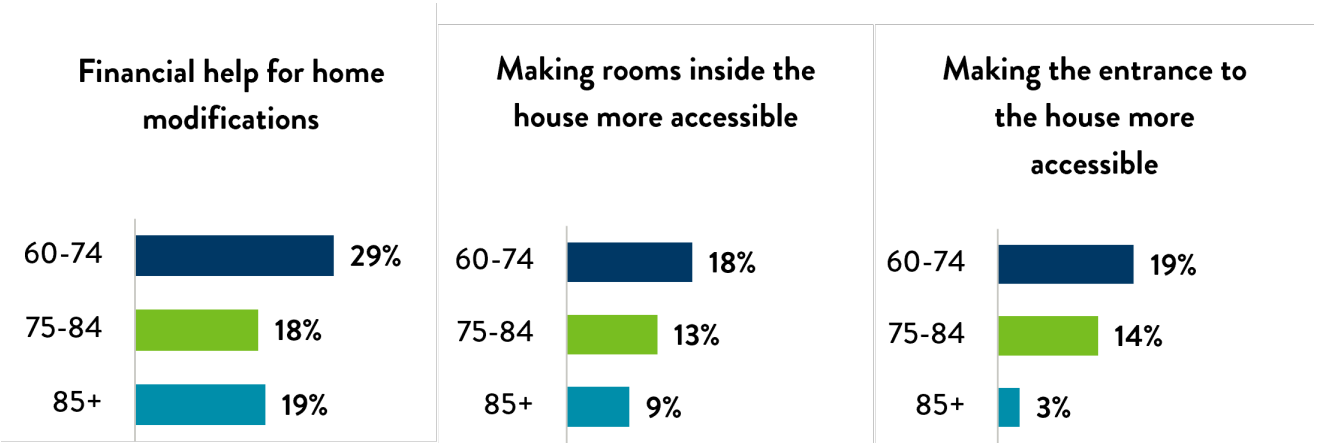
In terms of barriers for a future move, the cost of other housing options was the most cited issue across all six regions, ranging from 60% to 67%. However, AAAA respondents were the most likely to choose limited availability of other housing options as a barrier to moving (56%), compared to 33% to 41% in every other region. AAAA respondents also reported the highest rate of difficulty finding an accessible place to move to (19%, versus 14% to 16% elsewhere).

Black respondents were the most likely to choose limited housing availability (55% compared to 25% to 47% among other racial and ethnic groups).

Need for accessibility modifications was the highest among the youngest age group

The need for accessibility-related home modifications declined with age rather than increased. The share of respondents who reported needing a more accessible entrance fell from 19% for those 60 to 74 years to 14% among those 75 to 84 years and just 3% among those 85 years and older. Needing more accessible rooms inside the home followed a similar pattern (18% to 13% to 9%, respectively).

Figure 15. The need for accessibility modifications was highest among 60–74-year-old Minnesotans. (*n*=3,308)



Note: Age group differences are presented descriptively.

Cost concerns about moving decline with age, but health and mobility barriers rise among the oldest respondents

Financial barriers to moving were most common among respondents ages 60 to 74 (69%), followed by respondents ages 75 to 84 (56%), and eased for respondents who were 85 years and older (51%). Health or mobility limiting the ability to move showed the opposite trend, where just 13% of respondents 60 to 74 years old cited this barrier, compared to 15% of respondents 75 to 84 years old, and 40% of respondents 85 years and older.

Housing instability is rare among respondents to the survey

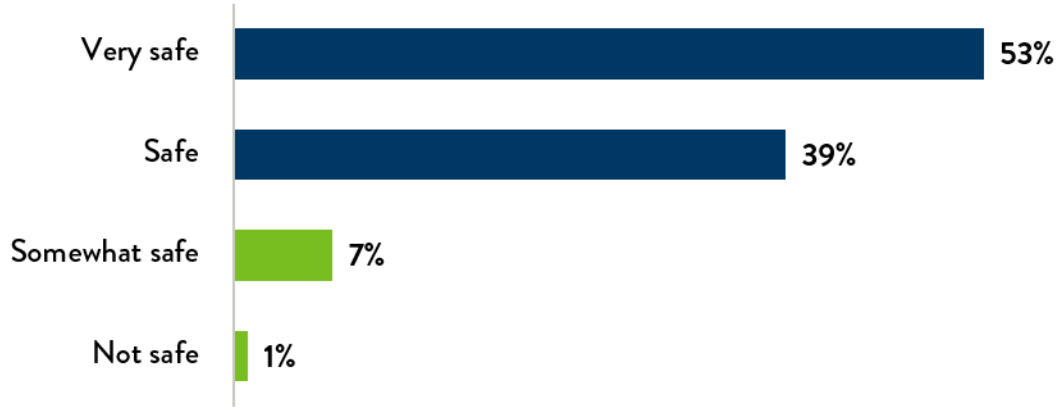
Housing instability in the past 12 months was uncommon, as almost all respondents reported no instability (99%), while 1% (76 respondents) reported experiencing it. Among the small number who did, the reasons were similar to the broader barriers to moving, including housing costing too much (87%), difficulty finding a place that felt safe (48%), and difficulty finding a place that was accessible (36%).

Most older Minnesotans feel a strong sense of belonging and safety in their community

Just over half of respondents (52%) said they feel "A lot" of belonging in their community, and another 43% said they feel "Somewhat" of a sense of belonging; only 5% reported not feeling any sense of belonging. Perceived safety in the community closely mirrored perceptions of home safety, with 92% of respondents reporting they feel "Very safe" or "Safe" in their community.

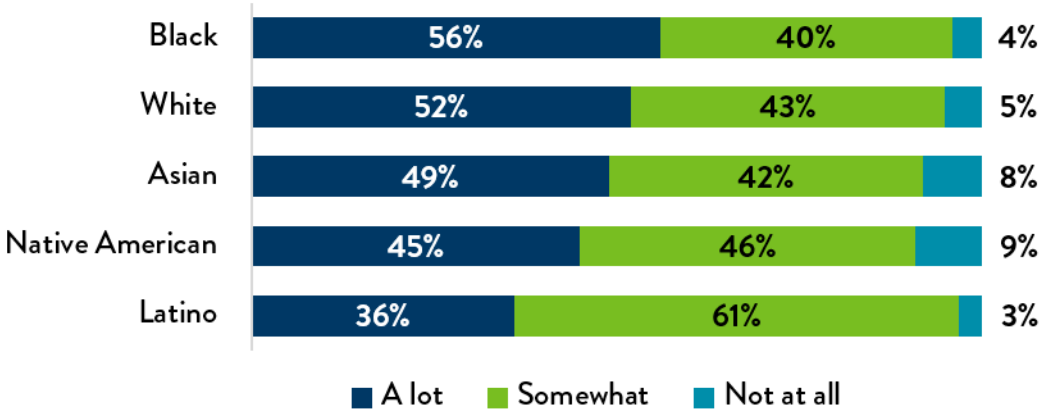
92% of older Minnesotans reported feeling “Very safe” or “Safe” in their community

Figure 16. More than nine in 10 older Minnesotans reported feeling “Safe” or “Very safe” in their communities. (*n*=5,618)



Most respondents across all racial and ethnic groups reported at least some sense of belonging in their community. However, Black respondents had the highest “A lot” response when asked “How much do you feel like you belong in your community?” (56%), while Latino respondents had the lowest at 36%. Native American and Asian respondents were somewhat more likely than other groups to report feeling excluded, reflected in the “Not at all” responses of 9% and 8%, respectively.

Figure 17. Sense of community belonging, by race and ethnicity. (*n*=5,410)



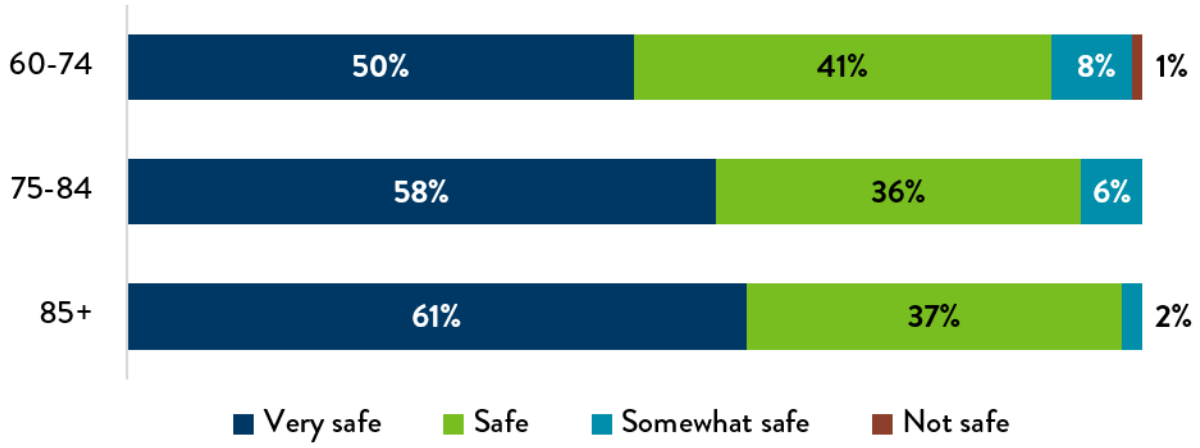
Note: Race/ethnicity group differences are presented descriptively.

Perceived community safety increased across the age groups

The share of respondents who feel "Very safe" in their community increased across the age groups (50% among those 60 to 74, 58% among those 75 to 84, and 61% among those 85 and older), while feeling only "Somewhat safe" declined from 8% to 2% across the same groups. Very few respondents in any age group reported feeling “Not safe” in their community (1% or less).[17]

[17] Age group difference on perceptions of community safety were statistically significant $\chi^2(6, 5578) = 46.26$, $p < .001$.

Figure 18. Perceived community safety increased with age. (*n*=5,578)



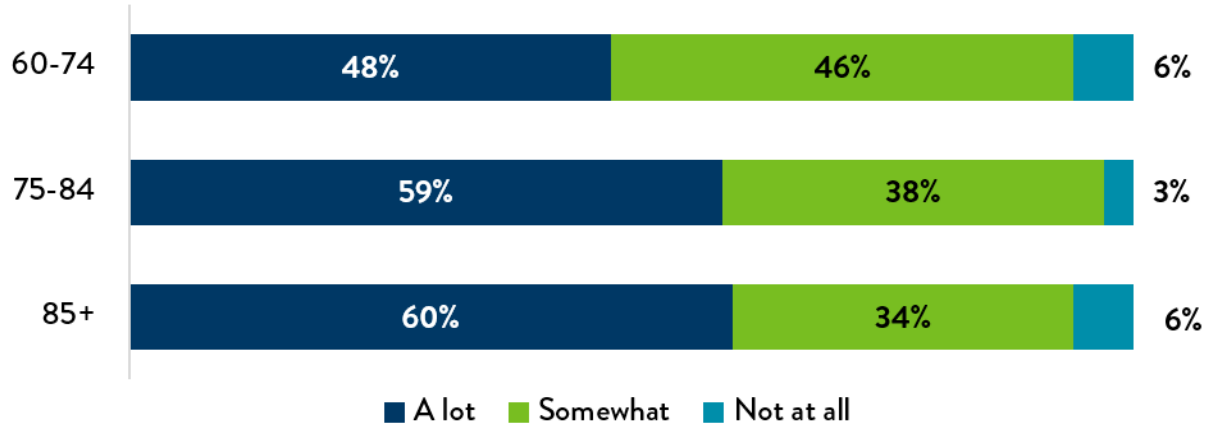
Note: Differences by age were statistically significant $\chi^2(6, 5578) = 46.26$, $p < .001$.

Sense of community belonging also increased across the age groups

Feelings of belonging followed a similar pattern as perceived community safety across age groups. That is, respondents' sense of belonging increased with age. For example, 48% of respondents 60 to 74 years said they felt "A lot" of belonging in their community, compared to 59% of those 75 to 84 years, and 60% of respondents 85 years and older.[18]

[18] Age group differences for sense of belonging were statistically significant $\chi^2(4, 5533) = 60.10$, $p < .001$.

Figure 19. Sense of belonging increased with age. (*n*=5,533)



Note: Differences by age were statistically significant $\chi^2(4, 5533) = 60.10$, $p < .001$.

6. Transportation

The survey asked four questions about transportation. The questions covered how older Minnesotans get around their community and if there were times in the last month they could not get around due to a lack of transportation.

When asked how they usually get around, most survey respondents (92%) reported that they drive. Statewide, respondents also said that they walk (27%) and have others, like friends or family, drive them around (20%).

Regionally, there were no meaningful differences from the statewide results on how older Minnesotans got around in their community. The top modes of transportation were the same across racial and ethnic groups, as well, except for Black older Minnesotans. While driving was still the top answer, the percent of people who chose this response was lower than for the state overall (74% versus 92% statewide). Black older Minnesotans were more likely to rely on family and friends (30% versus 20% statewide), and ride share services (24% versus 5% statewide).

The oldest Minnesotans (age 85 or older) were less likely to drive (69% versus 92% statewide) and more likely to rely on family and friends (49% versus 20% statewide).

Very few survey respondents said that a community service or health plan helped pay for transportation costs (5%).

Oldest Minnesotans report greater difficulty going somewhere due to transportation barriers

Transportation barriers were most common among older Minnesotans age 85+, with 20% reporting they were unable to go somewhere in the past month

The survey asked participants if there were times within the past month when they could not go somewhere because of the lack of transportation. Statewide, 8% of respondents indicated they experienced this limitation (*n*=5,615). A higher percentage of older Minnesotans aged 85 or older report having this experience (20%) compared to 7% for respondents age 60 to 74 and 9% for people age 75 to 84.[19] Older Minnesotans in the MAAA region were also more likely to report having difficulty with transportation, with 11% reporting that they were not able to go somewhere in the past month compared to 4-6% in the other five regions.[20] Black, Native American, and Latino older Minnesotans were also more likely to indicate that they were not able to go somewhere due to transportation limitations as compared to White and Asian older Minnesotans (20% Black, 17% Native American, 16% Latino, 8% White, and 3% Asian).

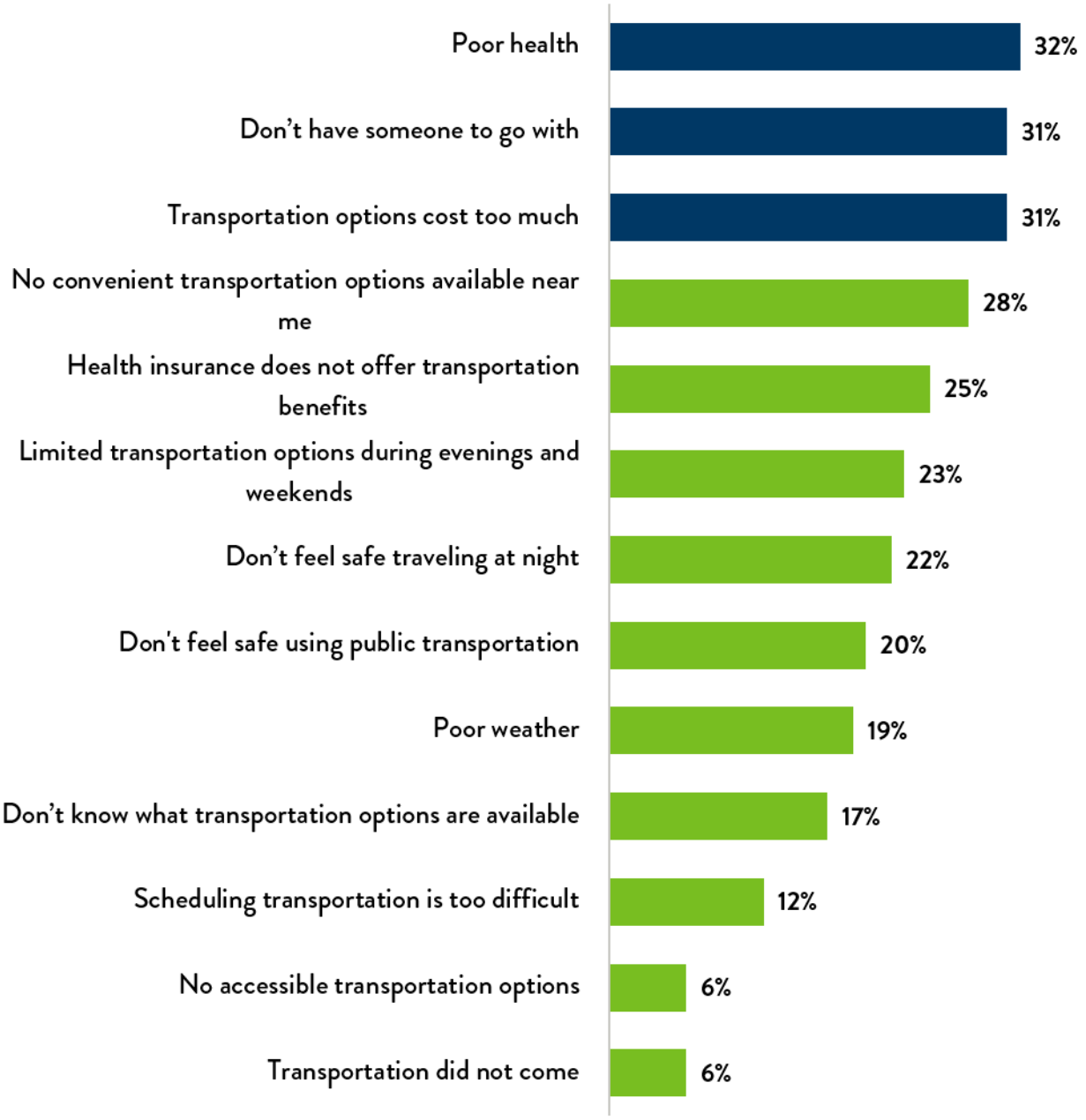
Poor health, cost, and lack of companionship were the most common barriers to getting around

For those who experienced transportation limitations, a follow-up question asked what reasons contributed to their inability to go somewhere (*n*=384). Older Minnesotans said the top three reasons were poor health, the cost of transportation being too high, and the lack of companionship or not having someone to go with. As seen in Figure 20, about one third of older Minnesotans who experienced transportation challenges indicated it was for these three reasons.

[19] Age group differences were statistically significant: $\chi^2(2, 5576) = 49.04$, $p < .001$.

[20] Regional differences were statistically significant: $\chi^2(5, 5670) = 63.52$, $p < .001$.

Figure 20. Poor health, not having someone to go with, and transportation costs were the most common reasons older Minnesotans were unable to go somewhere in the last month. (*n*=384)



Note: Total percentage exceeds 100% because respondents could select multiple reasons.

The most common reasons for transportation challenges varied by region. In the CMCOA region, poor health was the leading reason (50%). Limited transportation options during evenings and weekends was the most common reason in the DSAAA, AAAA, and MNRAAA regions. In the SEMAAA region, 42%

of residents reported there being no convenient transportation options nearby. In the MAAA region, cost was the leading concern (35%).

7. Services and supports

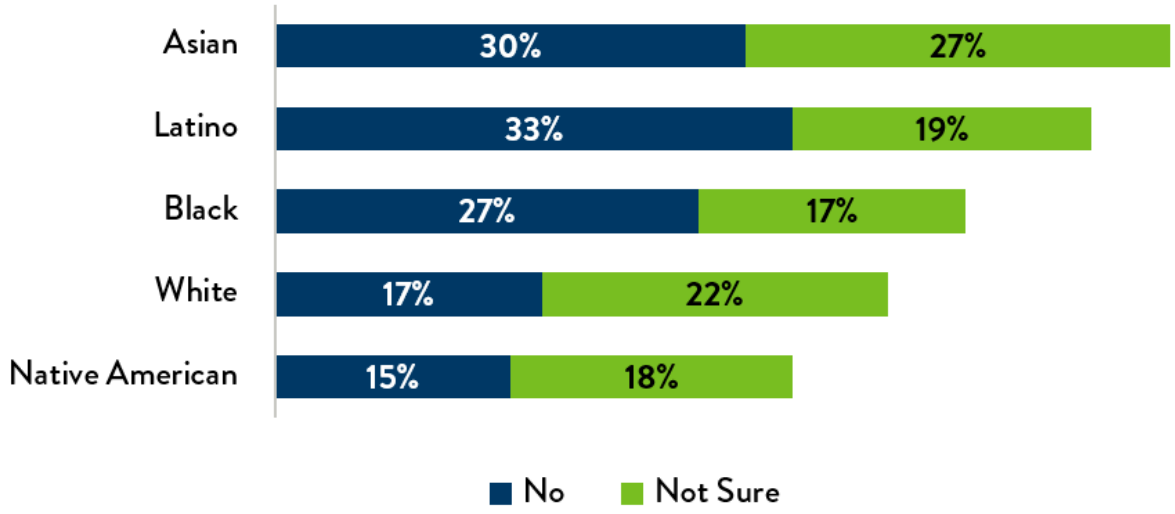
The services and supports section of the survey included five questions about accessing services and supports for things like help around a person's home, grocery delivery, or transportation services.

40% of older Minnesotans were unsure or did not know where to turn to for services and supports

When asked if older Minnesotans knew who or where to call to connect with these services and supports, most knew who to reach out to (60%). However, a sizeable number of respondents were "Not sure" (22%) or said "No" (18%). Some respondents were more confident they knew where to reach out for help including people who live in the MNRAAA and SEMAAA regions of Minnesota (65%), and people age 85 and older (71%).[21] Figure 21 shows that responses varied by race and ethnicity. A larger portion of Asian and Latino older adults are "Not sure" or responded "No" to knowing where to go for help.

[21] Regional differences on knowing where to get more information on services were statistically significant: $\chi^2(10, 5616) = 25.20$, $p < .01$; Age group differences on knowing where to get more information on services were statistically significant: $\chi^2(4, 5514) = 53.38$, $p < .001$.

Figure 21. Percent of older Minnesotans who responded "No" or "Not sure" when asked if they knew where to call to connect with services and supports, by race and ethnicity. (*n*=5,394)



Note: Race and ethnicity differences are presented descriptively and were not subjected to statistical significance testing.

70% of older Minnesotans said they would turn to family, friends, or neighbors for help

Setting aside whether older Minnesotans know who to call for help, the survey asked all respondents to consider who they would go to for help if they or a family member or friend needed it. Among the seven options provided, respondents commonly shared that they would go to family, friends, or neighbors (70%), search the internet (61%), or talk to a doctor or other health care provider (51%). Older Minnesotans were less likely to reach out to an aging services program, such as Minnesota Aging Pathways (41%), an area agency on aging (32%), or a community organization such as a senior center or home care provider (29%). Respondents were least likely to approach a faith community for help (22%).

Where people go for help varies by race and ethnicity. Family, friends, and neighbors are the top source of information for every group, but use of more formal sources was different across groups. Asian respondents were most likely to turn to family, friends, and neighbors (74%). Native American respondents were least likely to do so (52%).

Black respondents are more likely than other groups to use community-based organizations. Asian respondents are more likely to use the internet and less likely to use formal aging agencies. Latino respondents are most likely to use or reach out to an aging services program such as Minnesota Aging Pathways (44%), the highest share of any group. White respondents are most likely to ask health care professionals for help (52%).

Interest in and experience with services

The survey asked all respondents about their interest and experiences with the following services:

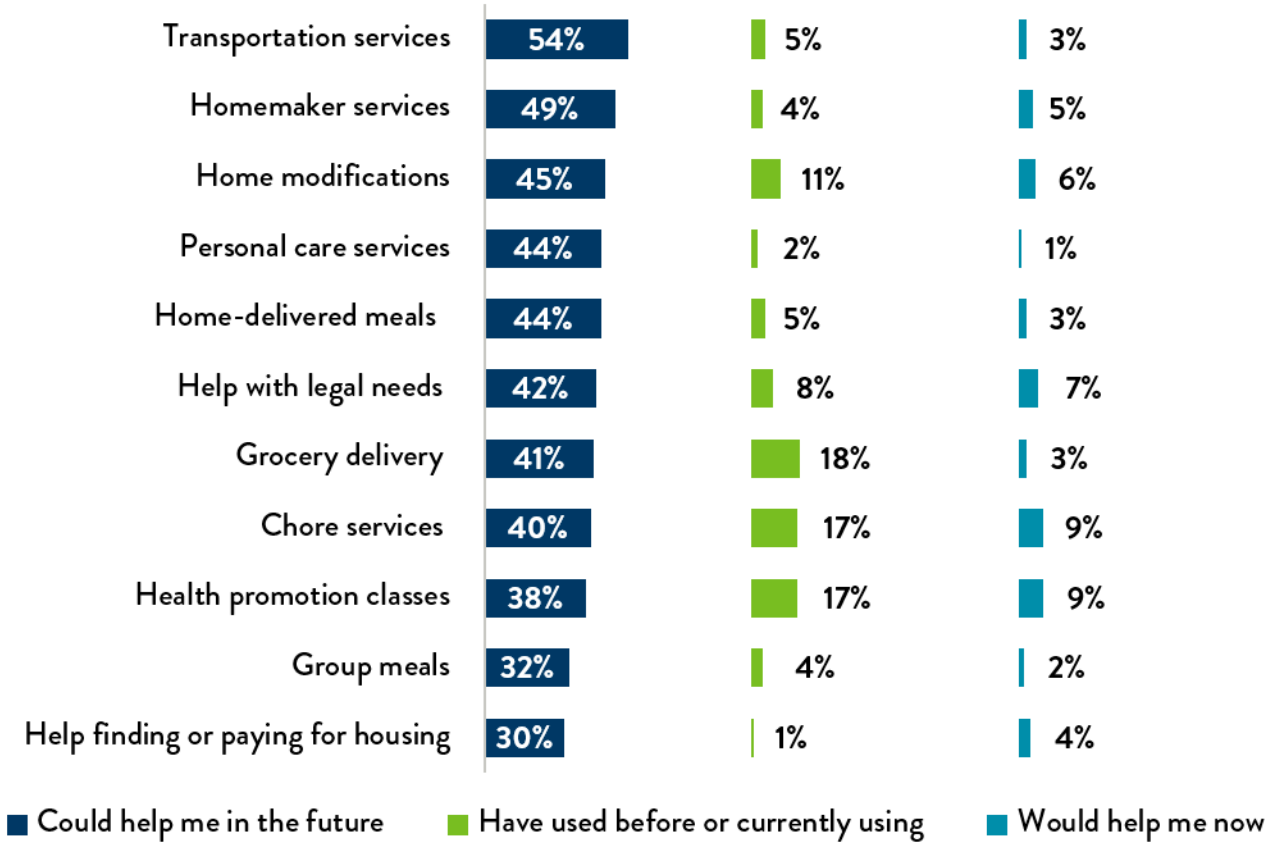
1. Chore services (outdoor home maintenance, wash windows)
2. Grocery delivery
3. Group meals (meals for older adults served in a community setting)
4. Health promotion classes (fall prevention, fitness classes)
5. Home modifications (ramp, grab bar)
6. Home-delivered meals
7. Homemaker services (laundry, preparing meals, shopping for household goods)
8. Help finding or paying for housing
9. Help with legal needs
10. Personal care services (help with daily tasks like dressing, bathing, eating)
11. Transportation services

Across the state, most respondents expressed current or future interest in most services. Among all the services, grocery delivery, chore services, and health promotion classes were currently the most popular, with around one in five respondents saying they currently use the services or have used them in the past. Respondents could also share what services "Would help them now." Chore and health promotion classes were again the most popular, with 9% of respondents selecting them. Respondents also shared that help with legal needs (7%), home modifications (6%), and homemaker services (5%) would help them now.

There were three services where most respondents said they were "Not interested," which included help finding or paying for housing (62%), group meals (59%), and personal care (51%).

Looking toward the future, respondents reported strong interest in many of the services. Figure 22 shows older Minnesotans' interests in services.

Figure 22. Future interest in services and supports was more common than current use among older Minnesotans. (*n*=5,313-5,420)



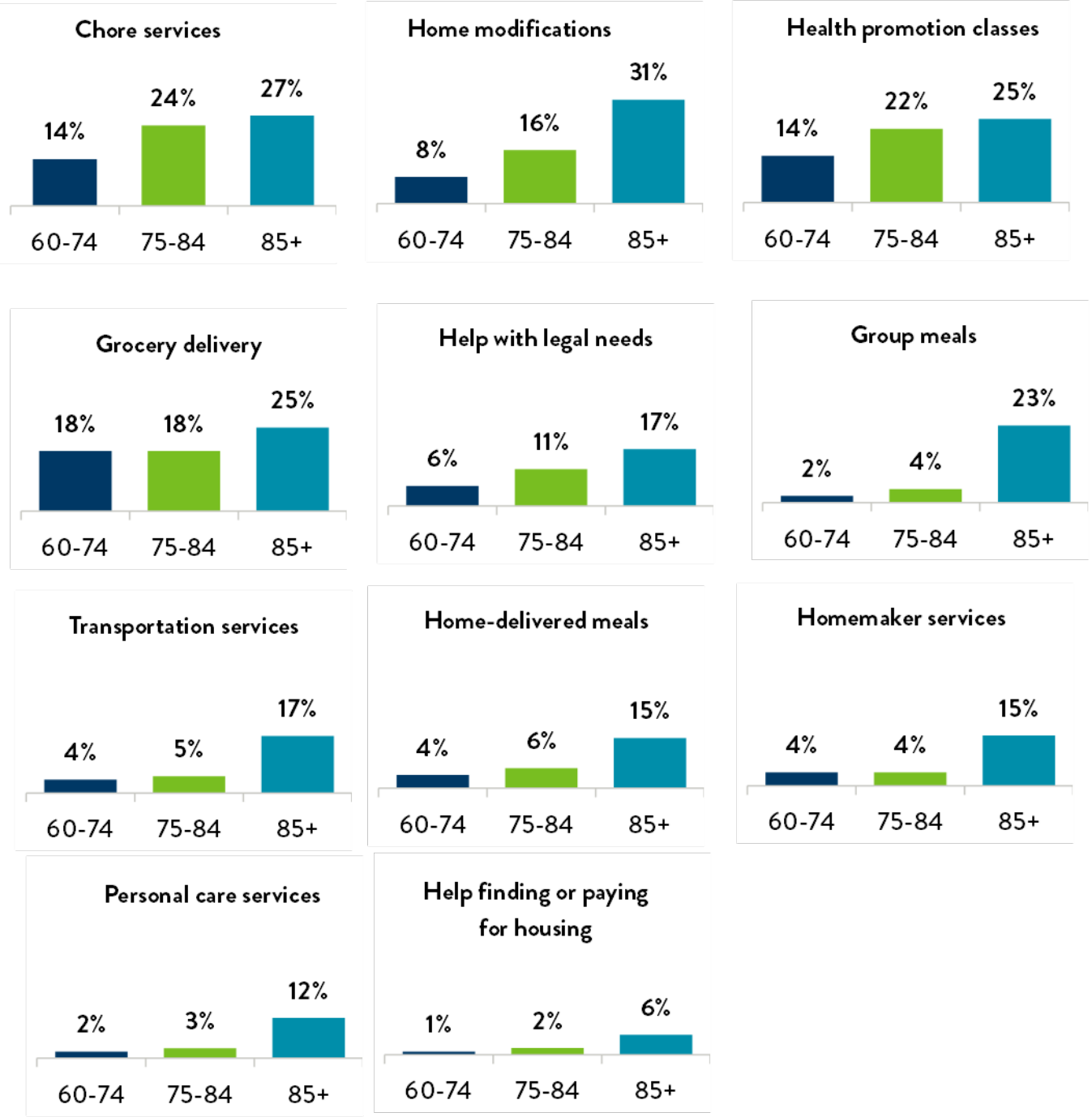
Note: Differences are presented descriptively and were not subjected to statistical significance testing.

Older Minnesotans' service preferences varied somewhat by region; however, the results are not statistically significant.

Service use increases with age

While it is not surprising, it is important to note that service use often increases as people age. Survey findings by age group show this. For services older Minnesotans currently use or have used in the past, there was often a sizable increase in use by age group. For example, 8% of people age 60 to 74 had used home modification services, compared to 16% of people age 75 to 84 and 31% of people age 85 and older. Figure 23 shows differences in service use across all three age groups to illustrate how use of these services shifts with age.

Figure 23. Service use is higher among respondents age 85+ for all services measured. (*n*=5,277-5,368)



Note: Percentages displayed reflect respondents who selected "Have used before or currently using" for each service. Differences are presented descriptively.

Most older Minnesotans who receive services are getting enough help, but people in some regions appear to have more unmet needs

The survey asked respondents who reported using a service "Do the services and supports you are getting meet your current needs and goals?" Across the state, most older Minnesotans shared that their services and supports met "All" (63%) or "Some" (30%) of their needs and goals. Only 7% reported that their services meet none of their needs or goals.

93% of older Minnesotans reported that "Some" or "All" of their needs and goals are met through their services and supports

While regional results generally paint a similar, positive picture with 87% to 94% of people reporting some or all their needs and goals met, a few regions reported a larger share of older Minnesotans with "No needs or goals met." The percentage of respondents reporting that "No needs and goals are met" was higher in the DSAAA (13%), AAAA (12%), and MNRAAA (10%) regions compared to the statewide percentage of 7%.[22]

Results on this topic by age group closely reflected the results for the state overall.[23] There were too few responses by race and ethnicity to report on this topic.

Some older Minnesotans face barriers accessing services

The survey also asked respondents who reported using a service now or in the past if they experienced any barriers. The barriers described in the survey included:

- No provider was available in my area
- There were waitlists for services and supports
- I found out I was not eligible
- I had trouble getting information because of language barriers
- I had trouble completing the required paperwork
- Services and supports cost too much

Across the state, respondents answering the question reported that cost (49%) and not meeting eligibility requirements (41%) were the most common barriers they faced, followed by waiting lists (34%), lack of providers in their area (23%), and trouble completing the required paperwork (18%).

[22] Regional differences for unmet needs were statistically significant: $\chi^2(10, 2209) = 32.41$, $p < .001$.

[23] Age group differences for unmet needs were not statistically significant: $\chi^2(4, 2410) = 4.45$, $p = .348$.

Results by region generally reflected the state overall; however, some individual barriers were more or less common by region. Most notably, 38% of respondents in the AAAA region reported a lack of providers in their area as compared to 23% statewide[24]. Also, only 19% of respondents in the MNRAAA region shared that waiting lists were a barrier compared to 34% statewide.[25]

Responses on this topic varied some by age; people age 85 and older reported fewer concerns as compared to the state overall related to cost (39%), waiting lists (19%), and lack of providers in their area (7%). At the same time, this group reported more concern with completing the required paperwork (24%) and getting information because of language barriers (11%) compared to the state overall.[26]

Access barriers, of any kind, were more commonly reported by Latino and Native American respondents. Waitlists were reported by 61% of Latino and 62% of Native American respondents, while cost was reported by 66% and 59% for each group, respectively. Among Asian respondents answering this question, 54% reported being ineligible for services and supports, 29% reported difficulty accessing information due to language barriers, and 38% reported difficulty with paperwork. Black and White respondents generally reported lower language and paperwork barriers, although cost remained a common concern (35% and 49%).

8. Technology

The technology section of the survey asked respondents if they have access to the internet at home, how well it works, what barriers limit their access, and how comfortable they are using the internet.

97% of older Minnesotans have access to the internet in their home

Findings revealed that most older Minnesotans have access to the internet in their home (97%), although 3% reported they do not. In terms of internet reliability, 72% indicated their internet "Works very well," a quarter reported it "Works okay most of the time," and 3% said it is "Often slow or unreliable."

Statewide results also revealed that generally, older Minnesotans feel comfortable using the internet. When asked, "How comfortable are you using the internet?," 92% reported they felt "Very

[24] Regional differences for lack of providers as a barrier were statistically significant: $\chi^2(5, 999) = 11.69$, $p < .05$.

[25] Regional difference for waiting lists as a barrier were statistically significant: $\chi^2(5, 938) = 21.44$, $p < .001$.

[26] Age group differences for cost, waiting lists, lack of providers, completing paperwork, and eligibility were statistically significant: $\chi^2(2, n=957\text{-}1116)$ ranged from 12.31 to 24.09, $p<.01$ to $p<.001$. Age group differences for language barriers were not statistically significant: $\chi^2(2, 921) = 4.86$, $p=.091$.

comfortable" or "Comfortable." A small percentage of respondents reported feeling "Uncomfortable" (6%) or "Very uncomfortable" (2%) using the internet.

Internet access barriers do exist for some older Minnesotans



Among respondents with limited internet access (n=684), cost was by far the biggest contributor, and this was true across regions, age groups, and racial and ethnic groups. Statewide, 70% reported "Internet services cost too much," and 44% pointed to costly phone plans that include internet and costly devices (computers, smartphones) needed for internet connectivity. Fewer respondents reported not knowing how to connect to the internet (14%), no broadband services in their area (7%), and unreliable transportation to visit a place with internet, like a library or coffee shop (5%).

Beyond cost, barriers varied by region. For example, 17% of AAAA respondents were the most likely to cite a lack of broadband service in their area (*n*=13 of 77), compared to 1% of MAAA respondents (*n*=1 of 132). Meanwhile, DSAAA and MNRAAA respondents were the most likely to report not knowing how to connect to the internet (25%, *n*=43; and 20%, *n*=31, respectively). Regionally, unreliable transportation to a place with internet was a minor barrier everywhere, cited by 3% to 8% of respondents.

Some technology barriers increase with age

As seen in Table 7, about three fourths of respondents 60-74 years old said "Internet services cost too much," 60% of respondents ages 75-84 and 44% of respondents 85 years and older selected this reason as a factor for limited access to the internet. Not knowing how to connect to the internet showed a different pattern rising sharply by age from 9% for respondents 60-74 years, to 23% for respondents 75-84 years, and 39% of respondents 85 years and older.

Table 7. Select reasons for limited access to internet at home, by age group. (*n*=674)

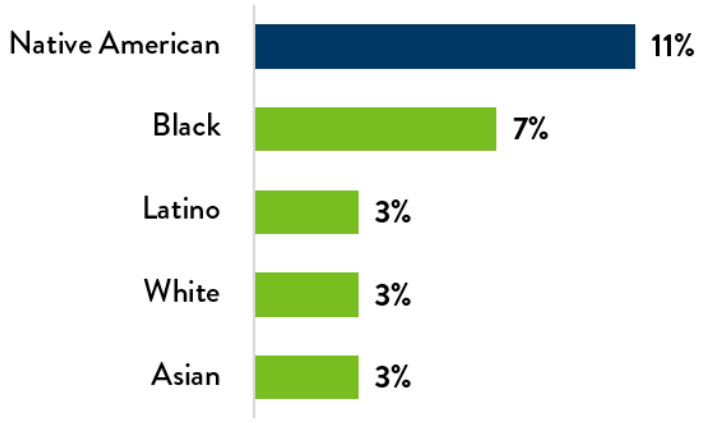
Reason	60-74	75-84	85+
Internet services cost too much	76%	60%	44%
I don't know how to connect to the internet	9%	23%	39%
I don't have reliable transportation to visit a place with internet (library, coffee shop)	4%	6%	14%

Note: Differences by age are presented descriptively.

Native American respondents were the most likely to lack access to the internet at home

Lack of access to the internet at home was low statewide (3%) but did vary by race and ethnicity. Latino, White, and Asian respondents mirrored the statewide figure, while Native Americans reported the highest rates (11%) of limited access.

Figure 24. Lack of internet access at home was uncommon across racial and ethnic groups, but highest among Native American respondents. (*n*=5,372)



Note: Differences for race/ethnicity are presented descriptively.

Additional factors limited internet access for people across racial and ethnic groups

Cost, again, was the most common barrier to home internet access across all racial and ethnic groups, as shown in Table 8. However, additional factors limited internet access for people across racial and ethnic groups. For example, Native American respondents were the most likely to report not knowing how to connect to the internet (28%), while Black respondents were more than twice as likely as any other racial and ethnic group to cite unreliable transportation to a place with internet (21% compared to 9% or less among other racial and ethnic groups, and the 5% statewide figure).

Table 8. Reasons for limited access to the internet at home, based on race and ethnicity. (*n*=657)

Reason	Black	Asian	Latino	Native American	White
Internet services cost too much	65%	89%	96%	70%	69%
Devices, like computers and smartphones, that connect to the internet cost too much	50%	28%	38%	23%	44%
Phone plans that include internet cost too much	46%	48%	38%	25%	43%
I don't know how to connect to the internet	26%	14%	9%	28%	13%
I don't have reliable transportation to visit a place with internet (library, coffee shop)	21%	6%	1%	9%	4%
There are no broadband services in my area	0%	3%	0%	7%	9%

9. Basic needs

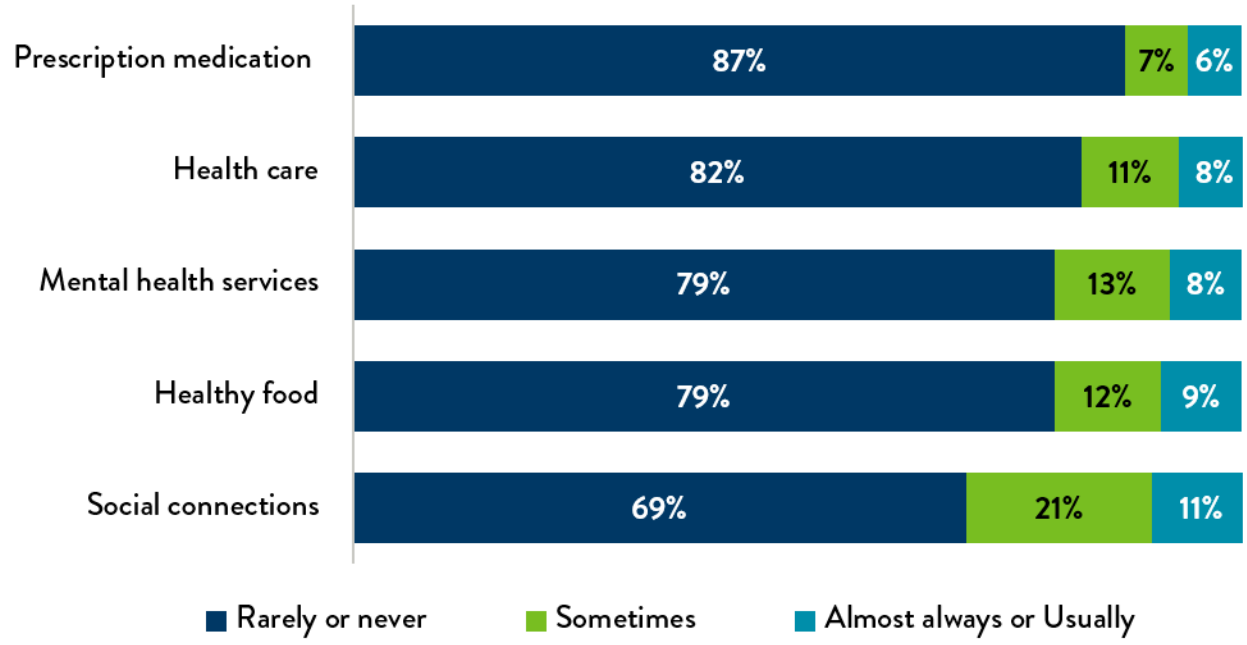
The basic needs section of the survey explored how often, if at all, respondents go without basic needs like healthy food, health care, mental health services, medication, or social connection. It also asked about people's worries, such as affording care, losing benefits, housing stability, and their own or a loved one's health.

Statewide, most basic needs are met, but social connection is a notable exception

Social connection emerged as the greatest area of unmet need, affecting 32% of older Minnesotans at least "Sometimes"

Across the basic needs measured, most respondents reported their needs were "Rarely" or "Never" unmet. However, social connections like seeing friends and neighbors stood out as the most frequently unmet need where 32% of respondents said their social connections went unmet at least sometimes. By contrast, most respondents "Rarely" or "Never" went without more tangible needs like prescription medication (87%), health care (82%), healthy food (79%), and mental health services (79%).

Figure 25. Sixty-nine to 87% of respondents report "Rarely or Never" having an unmet basic need. (*n*=2,267-4,093)



Going without the basic need of social connection, at least sometimes, was more common for respondents in the MAAA region (35%) as compared to the state overall, and less common for respondents in other regions (30% AAAA, 28% MNRAAA and CMCOA, and 26% DSAAA and SEMAAA).[27]

[27] Regional differences for unmet needs regarding social connection were statistically significant: $\chi^2(15, 4042) = 45.69$, $p < .001$.

Native American respondents report the most frequent hardship meeting basic needs

Results by racial and ethnic groups were largely consistent with statewide findings on basic needs, though some notable differences emerged between groups. White respondents reported the highest rates of "Rarely" or "Never" going without basic needs across nearly every category. Native American respondents, by contrast, reported the most frequent hardship in health-related needs, including access to healthy food, health care, mental health services, and prescription medication. This pattern shifted for social connections where Asian and Latino respondents reported the most frequent difficulty with seeing friends and neighbors ("Usually" or "Almost always" going without, at 27% and 23% respectively), while Native American hardship in this area was more moderate (17%).

Health-related worries top older Minnesotans' concerns statewide

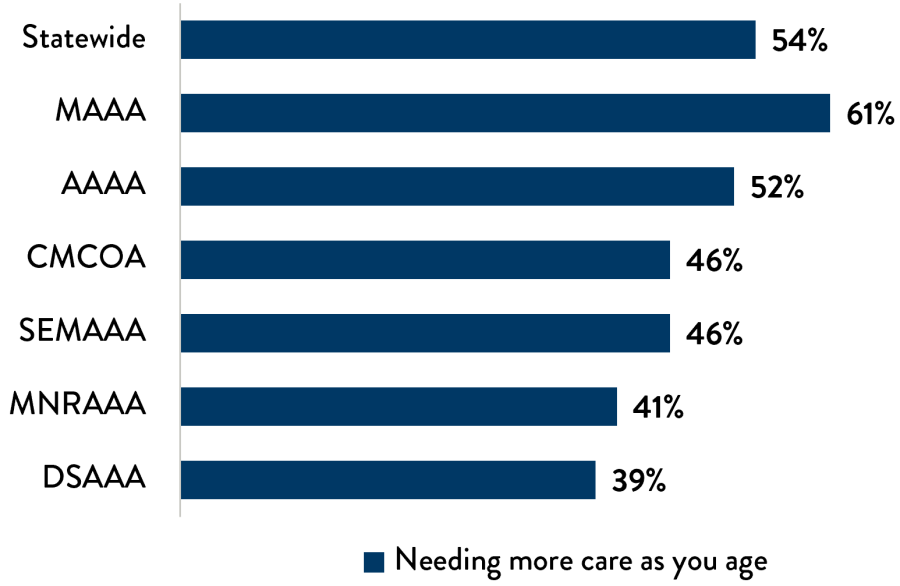
Health and health care related concerns were most common for older Minnesotans. Of the 4,778 respondents to a question about what were causes for worry, almost two-thirds worried about their own health (65%, n=3,108), and over half worried about cuts to their health care plan coverage (55%, n=2,647) and the need for more care as they age (54%, n=2,565). Additionally, 46% of respondents were concerned about paying for future care (*n*=2,203), 42% had worries about a spouse or partner's health (*n*=1,994), and 33% were worried about getting good health care (*n*=1,558). Other concerns were less common but still present, such as worries about being cheated or scammed (32%, *n*=1,526), problems with family (31%, *n*=1,466), and loss of benefits (30%, *n*=1,421).

Fewer respondents were concerned about financial responsibilities. For example, having enough money to cover household expenses (27%, *n*=1,270), pet health and/or affording pet care bills (19%, *n*=915), or paying for prescription drugs (19%, *n*=903).

Across regions, at least half of respondents had health-related worries

Health-related worries also consistently ranked the highest across all six regions, with about six in 10 older adults concerned about their own health (61%-67%), and about half or more worried that their health care plan may cover less in the future (51%-57%). Worries about "Needing more care as I age" varied the most by region, as shown in Figure 26.

Figure 26. Worries about "Needing more care as I age" varied by region. (*n*=4,724)

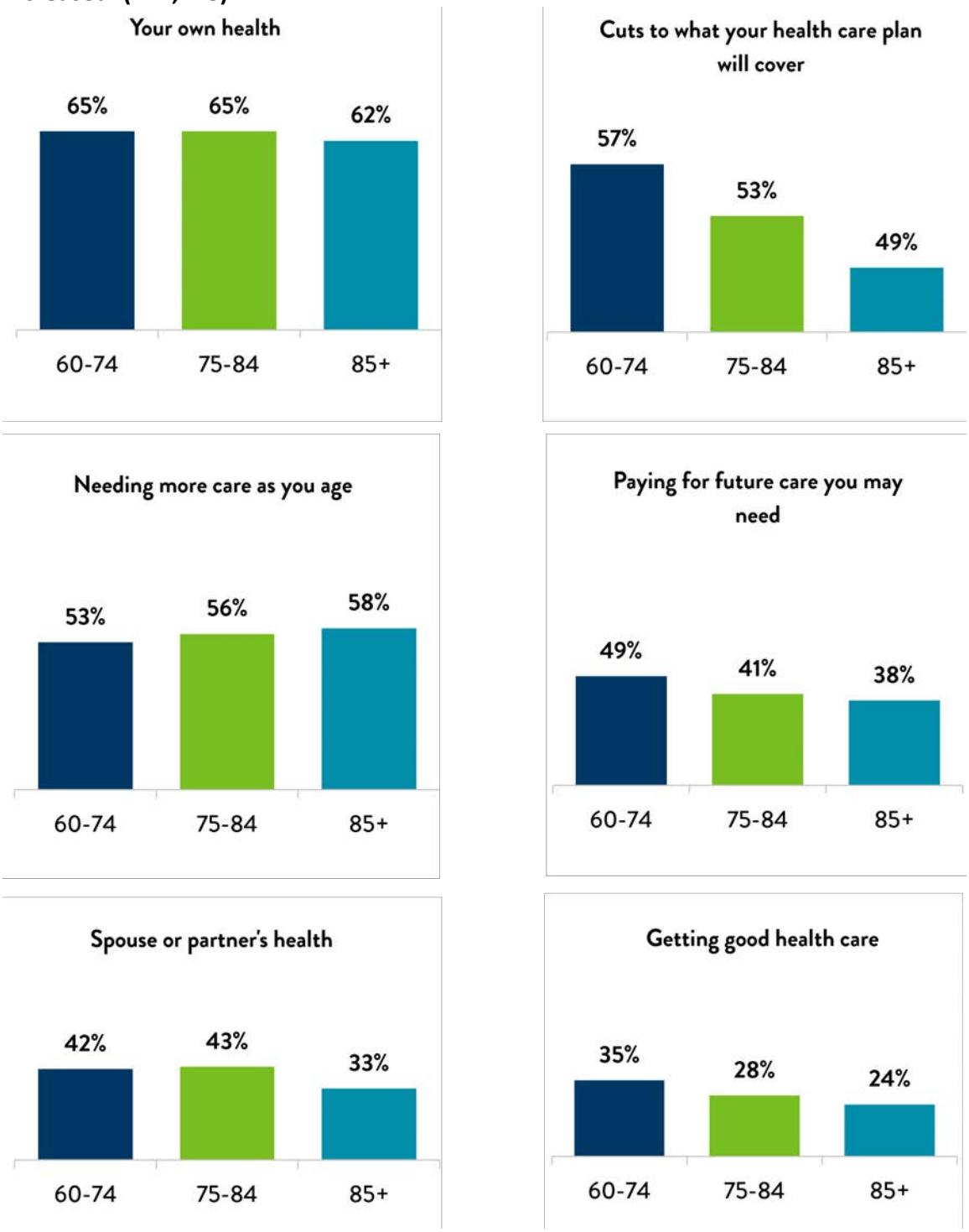


Note: Regional differences are presented descriptively. Respondents were able to choose multiple areas of worry.

Health-related worries shift somewhat with age, though top concerns remain the same

Respondents 60-74 years, 75-84 years, and 85 years and older all shared the same top three concerns, which were their own health, cuts to health care coverage, and needing more care as they age. Notably, while needing more care as they age was the one concern that grew as age increased (from 53% for those 60-74 years, to 56% for those 75-84, to 58% for respondents 85 years and older), most other worries declined as shown in Figure 27.

Figure 27. Most health-related worries declined with age, while concern about needing more care increased. (*n*=4,748)



Note: Age group differences are presented descriptively. Respondents were able to choose multiple areas of worry.

10. Work, retirement, and long-term care planning

The work, retirement, and long-term care planning section of the survey asked questions about paid work, end-of-life planning, and whether and how respondents have planned for their long-term care needs. The section included seven questions.

Across the state, 62% of respondents reported that they are retired and not working for pay at all. Among those who were working, 17% worked full-time, 8% worked part-time, and 10% were retired and working part-time. Only 1% of respondents were unemployed and looking for work.

For the small proportion of survey respondents who are looking for paid work or more paid work (*n*=797), the most common difficulties reported are age discrimination (48%), health limitations (46%), lack of flexible or part-time job options (34%), and their job skills are not up to date (23%). Regional results and results for people age 60 to 74 generally reflected the state overall, and all groups shared the same top three difficulties. There were too few responses by race and ethnicity to report on this topic.

After questions about paid employment, the survey focused on end-of-life planning and planning for long-term care needs.

Statewide, most older Minnesotans have made plans related to their estate and financial affairs (68%) and their medical care (68%). End-of-life plans for estate and financial affairs were more common for people 85 and older (88%), than for people age 75 to 84 (83%) or age 60 to 74 (61%).[28]

End-of-life plans are far less common for some race and ethnic groups

Asian respondents' end-of-life planning for medical care plans were similar to statewide results and just below the statewide results for financial plans. However, end-of-life plans are much less common for other racial and ethnic groups. Table 9 shows that end-of-life plans for Black, Latino, and Native American respondents are well below the statewide results.

[28] Age group differences for estate and financial estate end of life plans were statistically significant: $\chi^2(2, 5369) = 295.75$, $p < .05$.

Table 9. End-of-life planning varied by race and ethnicity, with White respondents reporting the highest percentages for both financial and medical care planning. (*n*=5,255-5,264)

Type of planning	Statewide	Black	Asian	Latino	Native American	White
Estate and financial affairs	68%	39%	54%	39%	45%	70%
Medical care	68%	49%	66%	36%	41%	69%

Some older adults may not have someone who could support them if they became sick or disabled

To help explore older Minnesotans' long-term care plans, the survey asked respondents who did not currently live in an assisted living facility or nursing facility (*n*=5,590) if they had someone who could take care of them if they were sick or disabled (for example: a spouse or partner, a member of your family, or a friend).

66% of older Minnesotans said they had someone who is willing and able to take care of them if they are sick or disabled

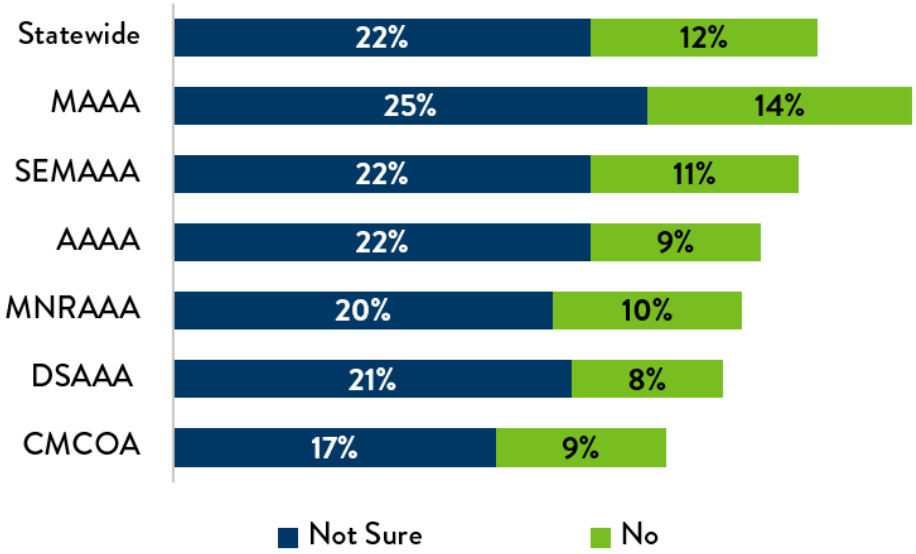
34% of older Minnesotans did not have or were unsure if they had someone to take care of them if they are sick or disabled

Of the 5,071 who responded to this follow-up question, two thirds of respondents said "Yes" (66%, *n*=3,348), 12% (*n*=592) said "No", and another 22% (*n*=1,132) said they were "Not sure." This closely reflects the result of a separate question asked of older adults: "Solos are individuals who cannot or choose not to rely on family for support and care as they age. Do you think this definition applies to you?" Twenty percent of respondents agreed with this statement and another 15% said they were "Not sure."

Results on this topic varied by region. Figure 28 shows that results for older adults who did not have someone who could support them ranged from 26% to 39%.[29]

[29] Regional differences for having a reliable caregiver were statistically significant: $\chi^2(10, 5032) = 43.67$, $p < .001$.

Figure 28. Twenty-six to 39% of older Minnesotans were unsure or said they did not have a reliable caregiver if they became sick or disabled. (*n*=5,032)



Note: Differences by region are statistically significant $\chi^2(10, 5032) = 43.67$ $p < .001$.

Older Minnesotans' plans vary if they could no longer live independently for health reasons

The survey also asked people who do not currently live in an assisted living facility or nursing facility (*n*=5,590) what they would most likely do if they could no longer live independently for health reasons. In addition to "Not sure," "Not applicable," and "Not listed," the survey offered the following response options:

- Stay in your home with an agency providing care services
- Stay in your home with family or friends providing care
- Share a residence with a family member
- Share a residence with a friend
- Move to assisted living
- Move to a nursing home

Across the state, of the 4,858 who responded to the question, staying at home was the most common response (37%). Moving to assisted living was the next most common response (27%); however, about the same portion of people said they were "Not sure" what they would do (24%). Other responses included sharing a residence with a family member or friend (7%) or moving to a nursing home (1%).

Responses on this topic varied by race and ethnicity. White respondents were most likely to say they would move to assisted living (28%, *n*=1,236), while Black respondents were least likely to choose this

option (9%, *n*=11). Black respondents were more likely than other groups to live with family or friends, either by staying in their own home with support (31%, *n*=38) or sharing a family member's residence (20%, *n*=25). Asian respondents' preferences were consistent across all the options, including agency care at home (21%, *n*=19), care from family or friends at home (23%, *n*=21), and assisted living (15%, *n*=14). Latino respondents were the most likely to be unsure (31%, *n*=24), followed by Native American respondents (26%, *n*=18) and White respondents (24%, *n*=1,078). Native American respondents (23%, *n*=16) and Latino respondents (20%, *n*=16) were also likely to select assisted living. Very few respondents in any racial group expected to move to a nursing home or share a residence with a friend.

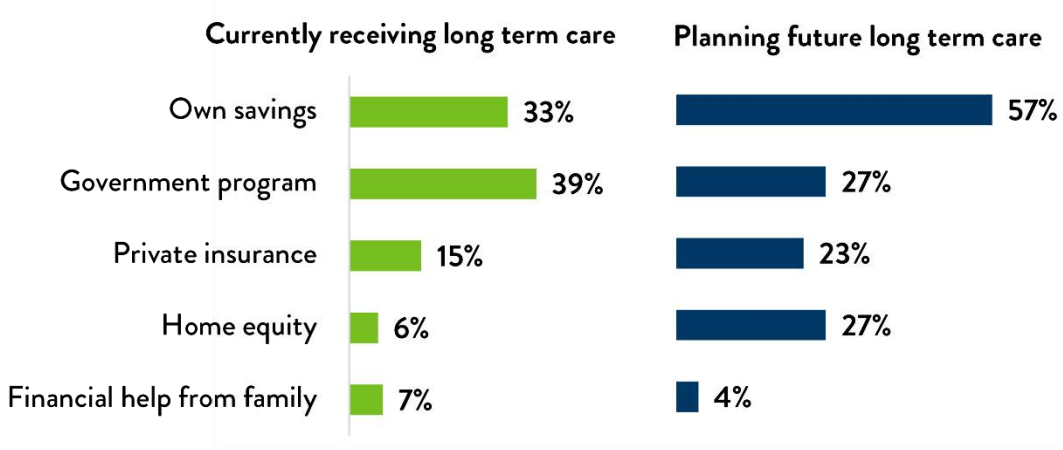
People receiving long-term care had different perspectives on paying for services than people anticipating future care needs

After asking about long-term care options, the survey asked two questions about paying for long-term care. For people receiving long-term care now, it asked: "How are you paying for the care?" (*n*=358). For people not receiving long-term care now, it asked: "How do you think that will most likely be paid for?" (*n*=5,003). The question defined long-term care services as help in your home, assisted living, or nursing home care.

There were notable differences in responses from each set of respondents. People receiving long-term care commonly reported that government programs (39%) or their own savings and investments (33%) would pay for the cost of care. By comparison, most people planning for future long-term care needs thought they would use their own savings and investments (57%).

Notably, many respondents were unsure of how they currently pay for long-term care (25%) or how they might pay for it in the future (28%). Figure 29 shows the response options and the differences between respondents currently receiving long-term care and people planning for future long-term care needs.

Figure 29. How older Minnesotans currently receiving long-term care pay for services compared to people planning for future long-term care needs. (*n*=358-5,003)



Note: Total percentage exceeds 100% because respondents could select more than one source of payment.

11. Rights, safety, and emergency preparedness

The rights, safety, and emergency preparedness section of the survey included four questions about older Minnesotans' experiences seeking health care or social services, reporting mistreatment, and planning for emergencies.

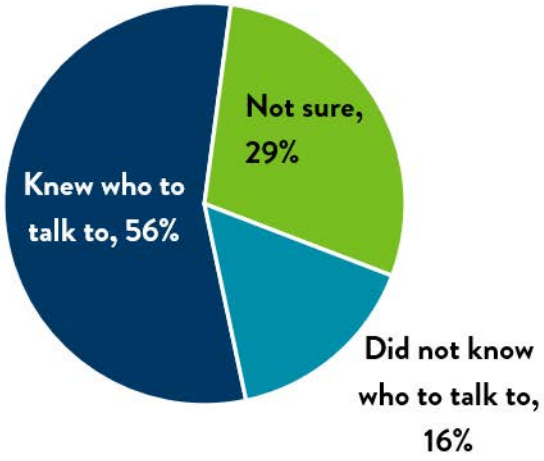
Most would contact a private lawyer if a legal issue presented

When asked about where they would go for help if they realized that they had a legal issue, like losing government benefits or needing to set up a power of attorney, the three most frequent responses were contacting a private lawyer they have worked with before (35%), asking a friend or family member for advice (20%), and searching the internet for information (15%). Those in the MAAA region (20%) were more likely to search the internet for information than those in the MNRAAA region (7%).

Most knew who to contact to report mistreatment, with differences by race and ethnicity

Over half of respondents knew who to talk to if they or someone they knew was mistreated, hurt, disrespected, or neglected by others.

Figure 30. Over half of respondents knew who to talk to if they or someone they knew was mistreated, hurt, disrespected, or neglected by others. (*n*=5,276)



Results varied by race and ethnicity. More Native American and Black respondents reported that they knew who to talk to if they or someone they knew was mistreated, hurt, disrespected, or neglected by others (80% and 61% respectively). Asian respondents were less certain, with 59% reporting that they did not know or were "Not sure" who to talk to.

About half of older Minnesotans had an emergency plan in place

When asked if they had an emergency plan in place, about half of respondents (49%) responded that they had one in place. Twenty-eight percent did not have an emergency plan and 24% were "Not sure" if they had one in place.[30]

Discomfort seeking care was uncommon overall, but higher among Black, Latino, Native American, and Asian respondents

Most respondents reported they "Rarely" or "Never" felt uncomfortable seeking health care or social services because they were concerned about experiencing discrimination. Of those who were uncomfortable seeking health care or social services, the reasons they gave were discrimination based on age (11%), a disability (10%), their racial/ethnic identity (6%), or their sexual orientation or gender identity (5%).

Respondents who identified as Black (43%), Latino (41%), Native American (39%), and Asian (33%) were more likely than those who identified as White (3%) to report that they were uncomfortable

[30] Total percentage in the blue text box exceeds 100% due to rounding.

seeking health care or social services in the past 12 months based on their racial or ethnic identity. Respondents who identified as Latino (34%), Native American (25%), and Black (21%) were more likely than those who identified as Asian (13%) and White (9%) to report that their disability made them feel uncomfortable seeking health care or social services in the past 12 months.

Table 10. Reported discomfort seeking health care or social services related to age, racial or ethnic identity, sexual orientation, gender identity, or disability. (*n*=2,618-3,351)

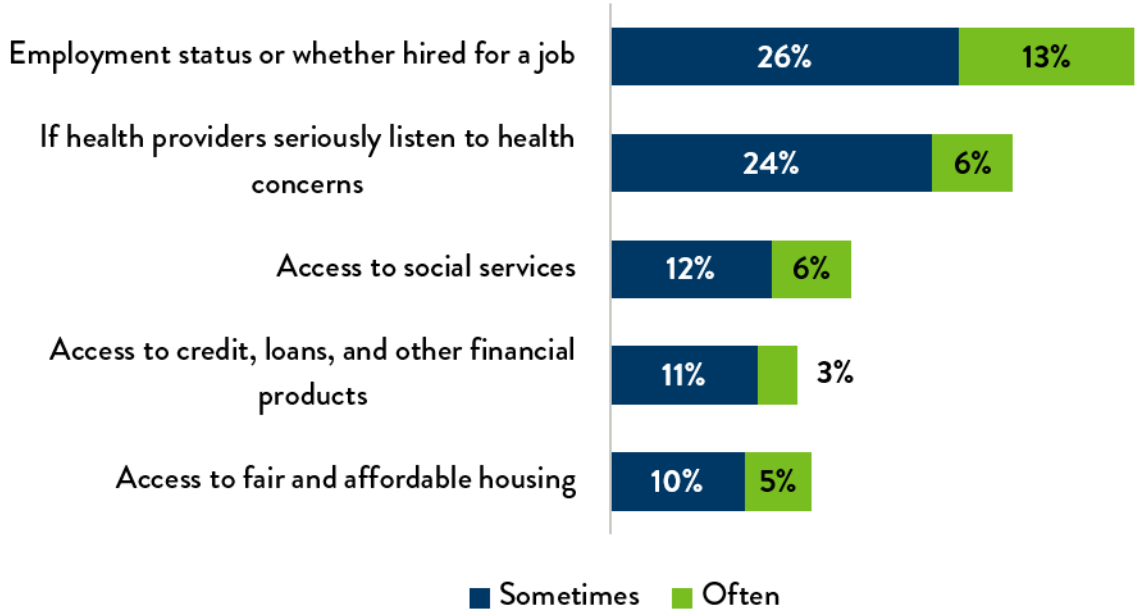
Reason	Statewide	Black	Asian	Latino	Native American	White
Age	11%	26%	8%	28%	24%	10%
Racial or ethnic identity	6%	43%	33%	41%	39%	3%
Sexual orientation or gender identity	5%	11%	14%	13%	5%	4%
Disability	10%	21%	13%	34%	25%	9%

12. Everyday experiences

The survey asked three questions about older adults' general experiences in the everyday experiences section.

Across the state, three in 10 respondents shared that they believe their age "Sometimes" or "Often" negatively affects whether a health care provider seriously listens to their health concerns. Almost 40% of respondents reported their age "Sometimes" or "Often" negatively affects their employment status or whether they are hired for a job.

Figure 31. Many older adults believed their age negatively affected their employment status and whether health care providers seriously listened to their health concerns. (*n*=1,828-3,753)



Older Minnesotans were most interested in training to spot and avoid scams, with 58% saying they were at least "Somewhat interested."

When asked about learning opportunities, respondents were most interested in joining training to improve their ability to spot and avoid scams (58% "Very interested," "Interested," or "Somewhat interested") and to enhance technology skills (45% "Very interested," "Interested," or "Somewhat interested"). About 40% of respondents expressed interest in anti-ageism community initiatives (13% were "Interested" or "Very interested" and 26% were "Somewhat interested").

Older Minnesotans identified priorities for the State of Minnesota

When asked what the State of Minnesota's top priorities should be for improving life for older adults, the most frequently selected options by the 5,018 survey respondents were affordable, accessible housing (49%), access to health care and mental health services (48%), and help finding or navigating services (30%). While results varied little by region, there were some racial and ethnic group differences. Native Americans were more likely to select access to health care and mental health services (60%) than any other racial group (35-54%) and less likely to select support for caregiving (14% vs. 21-29%). Asians were more likely to select safety in your community (31%) than any other racial group (10-19%).

Table 11. Desired state priorities for improving life for older adults, by race and ethnicity. (*n*=4,890)

Area of Focus	Black	Asian	Latino	Native American	White	*n*
Access to health care and mental health services	54%	35%	47%	60%	48%	2,332
Help with daily living needs	27%	36%	26%	23%	27%	1,310
Support for caregiving	21%	25%	28%	14%	29%	1,378
Social connection and participation	15%	23%	10%	19%	15%	752
Affordable, accessible housing	63%	33%	52%	64%	49%	2,402
Safety in your community	19%	31%	15%	11%	10%	521
Transportation	21%	27%	18%	26%	26%	1,234
Help finding or navigating services	31%	14%	27%	23%	31%	1,478
Technology access and training	14%	13%	14%	10%	11%	554
Help getting your basic needs	19%	18%	20%	23%	16%	786
Job support	7%	4%	3%	0%	2%	105
Long-term planning	18%	24%	17%	12%	18%	865

What we learned from other sources

As a part of the CAS, Vital analyzed recent data from DHS Data Warehouse and NCI-AD™. This data helps us understand older Minnesotans' experiences with potential maltreatment and Medicaid-funded programs.

Minnesota vulnerable adult maltreatment data

The vulnerable adult maltreatment data included two years of reports for people 60 or older made through the state's Minnesota Adult Abuse Reporting Center (MAARC) from May 2024 to April 2026. The data summarized the number of people and reports made by AAA region, age group, race and ethnicity, gender, and disability. The data also summarized types of suspected maltreatment reported, including caregiver neglect, emotional abuse, financial exploitation, physical abuse, self-neglect, and sexual abuse. Finally, the analysis summarized the results of maltreatment reports, including whether investigators accepted the reports, offered services to the person at the center of each report, and confirmed the alleged maltreatment.

Total statewide reports of suspected vulnerable adult maltreatment of adults aged 60+ rose from 54,636 to 56,554 between May 2024 and April 2026, an increase of 1,9 reports (4%). Across this timeframe, self -neglect and caregiver neglect were the two largest allegation categories, together totaling 56% of all reports. Financial exploitation made up 24% of all reports, and sexual abuse was the smallest category at 1%. Regionally, the MAAA region had the highest volume of reports overall, between 31%-32% of statewide reports each year.

The overall volume of reports grew 4% from May 2024 to April 2026; however, some report categories moved in different directions. Sexual abuse reports saw the largest increase from May 2024 to April 2026 (growing 16%), followed by financial exploitation by a trusted person (up 10%), and self-neglect (up 9%). In contrast, reports of physical abuse decreased by 5%.

Additional data on vulnerable adult maltreatment in Minnesota is available through the Vulnerable Adult Protection Dashboard.[31]

[31] Vulnerable Adult Protection Dashboard. Minnesota Department of Human Services Adult Protective Services. https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/adult-protection/dashboard.jsp

National Core Indicators – Aging and Disabilities data

Minnesota has been participating in the NCI-AD™ survey every other year since the national survey launched in 2014, with the exception of 2020. For this project, we looked at survey results from state fiscal year 2024 and 2026 for Minnesotans age 65 and older who receive services through the following Medicaid-funded programs: Elderly Waiver (EW), the Alternative Care Program (AC), or State Plan Home Care (HC).

The NCI-AD™ survey asks older adults and people with disabilities about their experiences with publicly funded services and supports. Topics include community participation, choice and control, relationships, safety, health care, service coordination, access to needed supports, employment, transportation, and overall quality of life.

An analysis of NCI-AD™ results for state fiscal year 2024 and 2026 showed that older Minnesotans' experiences with paid caregivers were consistently positive. In both years, more than nine in 10 respondents said their paid caregivers treated them with respect, and nearly all felt safe around the people paid to help them. About eight in 10 said caregivers provided help in the way they wanted, and more than nine in 10 also said their services and supports respected their culture.

There were other positive results related to medical transportation and food security. Most respondents could get transportation to medical appointments when needed, with 91% reporting this in both years. Food security was also generally strong. Eighty-nine percent of respondents never had to skip a meal because of financial concerns, and 84% to 87% always had access to healthy foods.

Increasing and shifting services and support needs

Respondents reported needing more help with daily activities in 2026 compared to 2024. The percentage of people needing "A lot" of help with everyday activities increased from 30% to 41%, while the percentage needing substantial help with self-care rose from 20% to 25%.

Priorities for respondents' additional service needs also changed. Homemaker and chore services were the most identified needs in 2024 but fell to the third greatest need in 2026. In 2026, "Other" services became the leading response at 38%, followed by transportation at 30%. Interest in companion services increased slightly, as did interest in end-of-life planning and hospice services. The reported need for nursing home or skilled nursing facility services fell from 9% to 3%.

Information and service navigation: Fewer received information in their preferred language or from case managers

Between 2024 and 2026, the percentage of respondents receiving information in their preferred language fell from 81% to 65%. Respondents were also less likely to say they learned about service

options from a case manager or service coordinator, declining from 37% to 22%, or from a doctor, hospital, or clinic, declining from 17% to 10%. At the same time, the percentage learning about options from state or county agencies increased from 15% to 20%.

Respondents reported receiving more information about employment options in 2026 compared to 2024. The percentage who had been told about employment options doubled from 12% to 24%.

Non-medical transportation: Less reliable access was reported for social activities and errands

Transportation for social activities, errands, and other nonmedical outings was less reliable than transportation for medical care and access worsened between 2024 and 2026. The percentage who could always get transportation for nonmedical outings fell from 73% to 63%, while the percentage who could seldom or never get transportation increased from 12% to 18%.

Emergency preparedness: More had a plan, but fewer felt confident they could get to safety

There were mixed results on the topic of emergency preparedness between 2024 and 2026. More respondents reported having an emergency plan, increasing from 73% to 76%; however, the percentage who believed they could quickly get to safety during an emergency, such as a house fire, declined from 87% to 83%.

Health and social connection: Improved health ratings and loneliness, but fewer knew how to manage their chronic conditions

Between 2024 and 2026, self-reported health shifted slightly. “Fair” was the most common health rating in 2024 (33%), while “Good” was the most common rating in 2026 (35%). However, the percentage of people who knew how to manage their chronic health conditions fell from 84% to 78%.

Feelings of loneliness improved somewhat. The percentage who said they were “Never or almost never” lonely increased from 43% to 49%, while the percentage who were often lonely declined from 23% to 20%.

Appendix E provides a series of tables comparing NCI-AD™ results in 2024 and 2026, with a focus on topics related to the CAS conducted through this project. Also, additional state and national results from the NCI-AD™ survey are available on the NCI-AD™ national website.[32]

[32] National Core Indicators – Aging and Disabilities (NCI-AD™) Reports. ADvancing States and Human Services Research Institute. https://nci-ad.org/reports/

Concluding remarks

The CAS surfaced a wide array of findings about older Minnesotans' experiences of aging across the state, highlighting both the strengths that support a healthy, positive experience of aging and the needs that require continued attention.

Notable differences by region, age group, and race and ethnicity, along with additional context from vulnerable adult maltreatment data and NCI-AD™ survey results, show that older adults' experiences vary across communities and that some needs are more pronounced for specific groups.

Considered together with other information and data, these findings can help inform Minnesota's next State Plan on Aging, Area Agencies on Aging regional plans, and the ongoing work of Age-Friendly Minnesota and Minnesota Long-Range Planning–Healthy Aging, supporting policies and actions to help older Minnesotans age well now and in the future.