2026 Minnesota Comprehensive Aging Survey Project

Minnesota Board on Aging
2026 Strategic Planning – Day 2
Sept. 24, 2026

Agenda

- Project Overview
- Comprehensive Aging Survey
- Data from Other Sources
- Interpreting the Findings
- Key Takeaways and Findings
- Next Steps

Project Overview

Purpose

- Along with information from other sources, findings from the Comprehensive Aging Survey Project will help inform the next State Plan on Aging, regional area plans, and the Age-Friendly Minnesota and Healthy Aging initiatives
- The project will identify strengths, unmet needs, and service gaps for people 60+ by region and three to five key takeaways for strategic planning
- Aging and Adult Services Division (AASD) and the Minnesota Board on Aging (MBA) contracted with Vital Research to support the project

VITAL RESEARCH

Key Objectives

- Develop a comprehensive survey of older Minnesotans based on recent surveys, assessments, and stakeholder input
- Gather survey responses statewide that can be analyzed by region, age, race and ethnicity
- Review recent reports, assessments, Adult Protective Services data, and NCI-AD™ survey results to provide context for the Comprehensive Aging Survey findings
- Develop reports and presentations on the findings to support strategic planning efforts
- Submit a toolkit to help the state conduct similar projects in the future

Steering Committee

- Nikki M. Peterson, DHS/MBA Project Coordinator
- David Beal, MBA Representative
- Leonard Geshick, MBA Staff Representative
- Lacey Boven, MBA Consultant
- Heather Pender, Area Agencies on Aging (AAA) Representative
- Lisa Edstrom, Age-Friendly Minnesota (AFMN) Representative
- Lydia Morken, AFMN Consultant
- Mary Olsen Baker, AASD Leadership Representative
- Ann Zukoski, Minnesota Long-Range Planning—Healthy Aging
- Rajean Moone, Community Representative

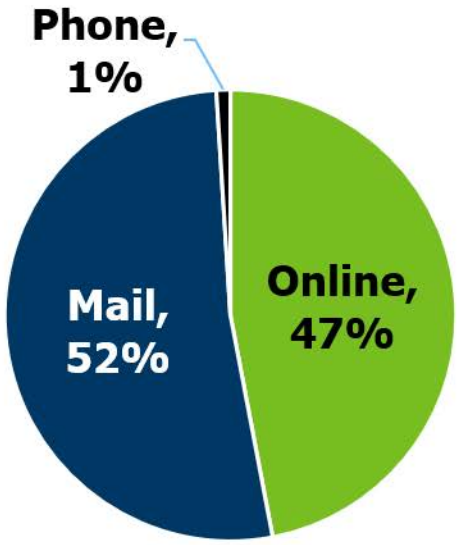
Comprehensive Aging Survey

Survey Topic Areas

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 Responses

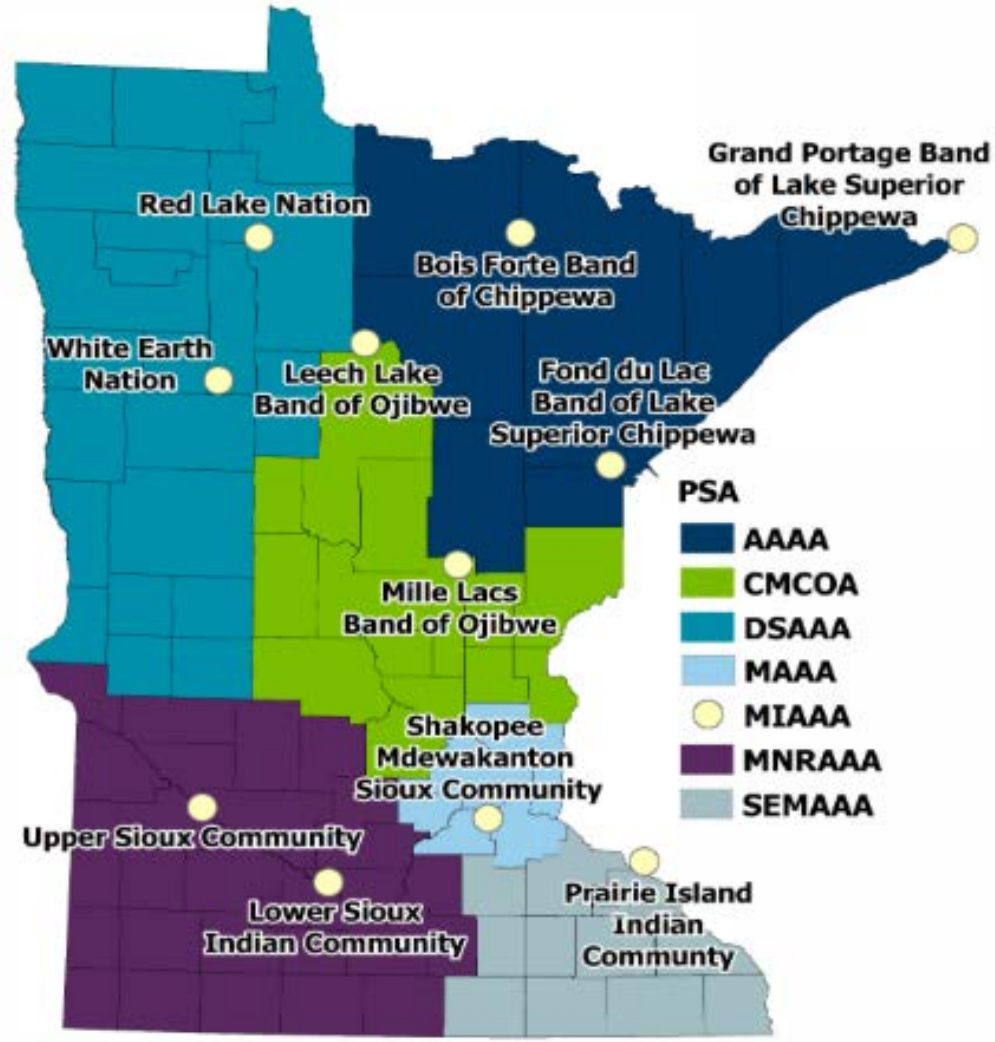
- **5,921** survey responses were included in the analysis
- Most completed the survey by mail or online



3% reported receiving help to complete the survey

Area Agencies on Aging Regions

- **AAAA** - Arrowhead Area Agency on Aging
- **CMCOA** - Central MN Council on Aging
- **DSAAA** - Dancing Sky Area Agency on Aging
- **MNRAAA** - MN River Area Agency on Aging
- **SEMAAA** - Southeastern MN Area Agency on Aging
- **MAAA** - Metropolitan Area Agency on Aging



Regional Targets and Survey Responses

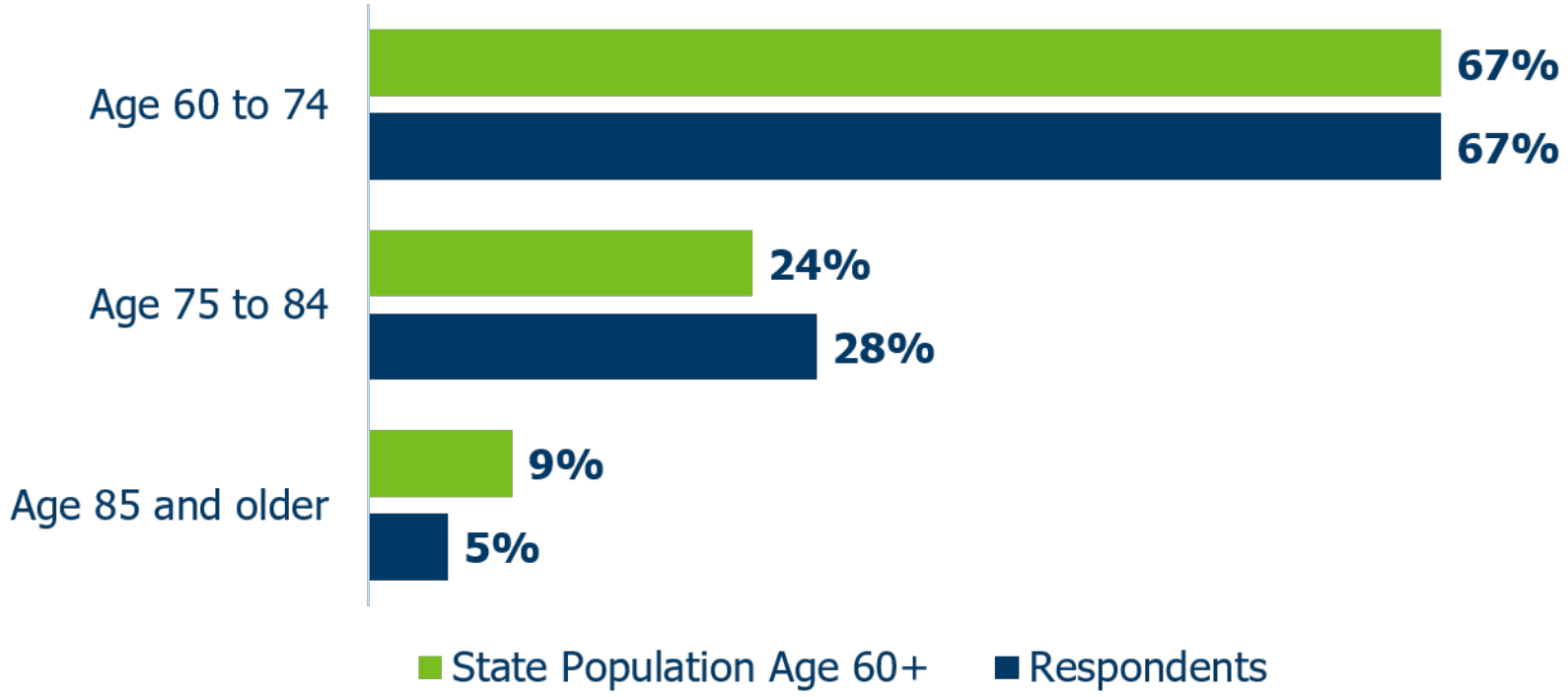
AAA (Economic Development Region)	Target	Number of Respondents	Percent of Target
Dancing Sky (1)	268	366	137%
Dancing Sky (2)	268	394	147%
Arrowhead (3)	270	520	193%
Dancing Sky (4)	270	432	160%
Central MN (5)	270	398	147%
MN River (6)	270	440	163%
Central MN (7)	271	486	179%
MN River (8)	269	414	154%
MN River (9)	270	492	182%
Southeast MN (10)	270	557	206%
Metro (11)	271	1,422	525%
Total:	**2,967**	**5,921**	**200%**

Analysis by Region

- Eleven Economic Development Regions (EDRs) were consolidated into six geographically regions based on AAAs
- Survey weights were not applied because each individual EDR was well represented in the sample
- Chi-square tests were used to assess whether observed differences across regions were statistically significant (i.e., unlikely to be due to random chance)
- Comparisons for responses to “check all that apply” questions are presented descriptively and were not tested for statistical significance

Age of Survey Respondents

The age of survey respondents generally reflect the state population overall



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

Analysis by Age

- Three age groups were examined: 60–74, 75–84, and 85 and older
- Survey weights were applied to ensure the results reflect the state's population by EDR
- Chi-square tests were used to assess whether observed differences across age groups were statistically significant (i.e., unlikely to be due to random chance)
- Comparisons for responses to "check all that apply" questions are presented descriptively and were not tested for statistical significance

Race and Ethnicity of Survey Respondents

The race/ethnicity of survey respondents generally reflect the state population of people age 60 or older

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

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

Analysis by Race and Ethnicity

- Five race/ethnicity groups are represented: Asian, Black, Latino, Native American, and White
- Race/ethnicity categories are not mutually exclusive; individuals may be represented in more than one group
- Survey weights were applied to ensure the results reflect the state's population by EDR
- Comparisons across race/ethnicity groups are presented descriptively
- Statistical tests of differences between race/ethnicity groups were not conducted because of small sample sizes

Data from Other Sources

National Core Indicators and Vulnerable Adult Maltreatment Data

- The project also included an analysis of recent vulnerable adult maltreatment report data and National Core Indicators – Aging and Disabilities (NCI-AD™) survey results
- Unlike the Comprehensive Aging Survey, NCI-AD™ represents older adults receiving services through Medicaid-funded programs
- These results provide more context but do not represent the experiences of all older Minnesotans

NCI-AD™ Survey Results

- Analyzed Minnesota results from 2023-24 and 2025-26
- Survey results represent adults age 65 or older receiving Elderly Waiver, Alternative Care, or State Plan Home Care services
- Topics include community participation, choice, safety, service coordination, access to needed supports, transportation, and overall quality of life

Vulnerable adult maltreatment data

- We reviewed vulnerable adult maltreatment reports made to Minnesota Adult Abuse Reporting Center (MAARC) from May 2024 through April 2026 related to people 60 or older
- Data included:
  - Number of people and reports made by region, age group, race/ethnicity, gender, and disability
  - Types of suspected maltreatment reported, including caregiver neglect, emotional abuse, financial exploitation, physical abuse, self-neglect, and sexual abuse
  - Investigation results/decisions, services offered, and whether maltreatment was confirmed

Interpreting the Findings

Descriptive and Tested Findings

All findings should be considered alongside other information when shaping policies or actions affecting older Minnesotans

Descriptive Findings

- Simply summarizes how respondents answered survey questions
- Some differences may be due to chance

Tested Findings

- Select findings by region and age were tested to see whether differences were statistically significant
- A statistically significant difference is unlikely to have occurred by chance alone

Key Takeaways and Findings

Key Takeaways

- The Minnesota Comprehensive Aging Survey Project surfaced a wide array of findings about older Minnesotans' experiences of aging across the state
- Four key takeaways were identified to help guide the state's strategic planning efforts
  - These major themes are supported by statewide findings that cut across the different topics covered in the Comprehensive Aging Survey
  - Notable differences by region, age group, and race and ethnicity show how some older Minnesotans' experiences vary on each major theme
  - NCI-AD™ and APS data provide more context

Key Takeaways, Continued

1. Many older Minnesotans are having a healthy, positive experience of aging
2. Some older Minnesotans are not sure where to turn or what to do if they have needs, concerns or emergencies
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
4. Older Minnesotans named access to affordable, accessible housing and access to health care and mental health services as their top two priorities for Minnesota's aging population

Takeaway #1: Many older Minnesotans are having a healthy, positive experience of aging

Takeaway #1: Statewide Findings

- **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)

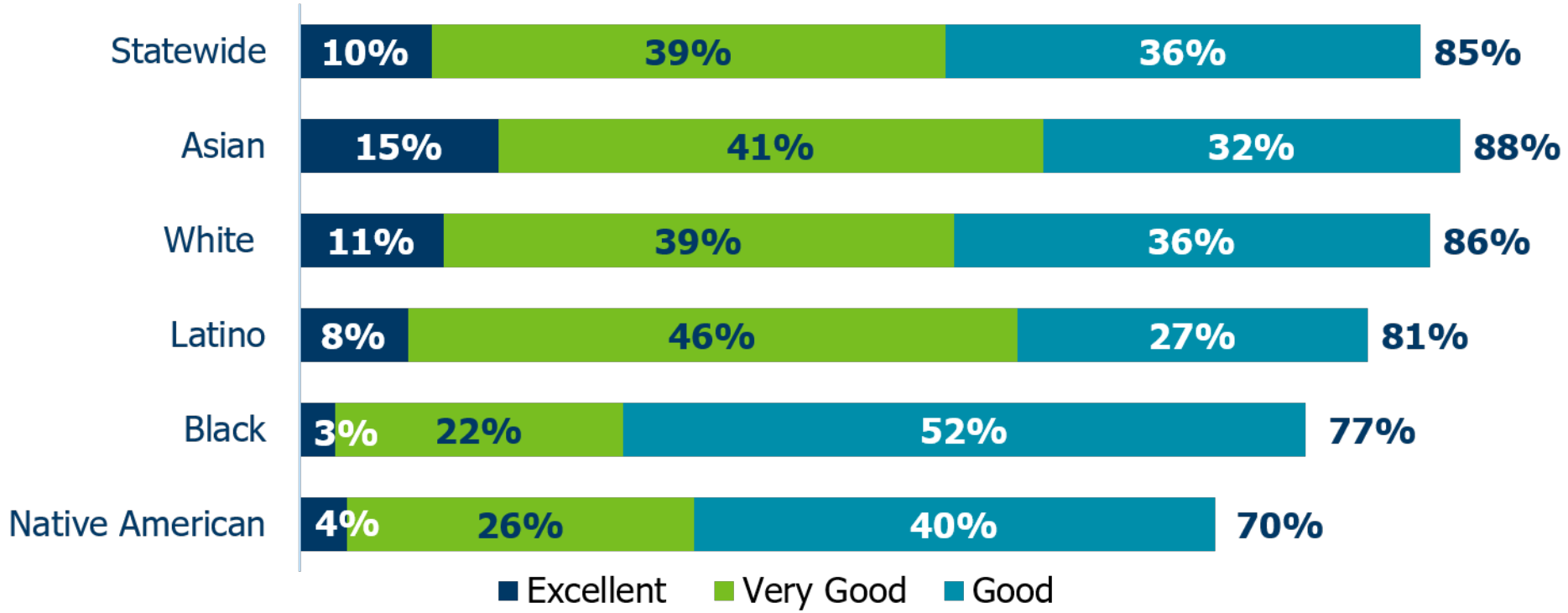
Note: Only respondents who receive services or supports answered the question about needs and goals

Takeaway #1: Statewide Findings, Continued

- **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)

Takeaway #1: Differences by Race and Ethnicity

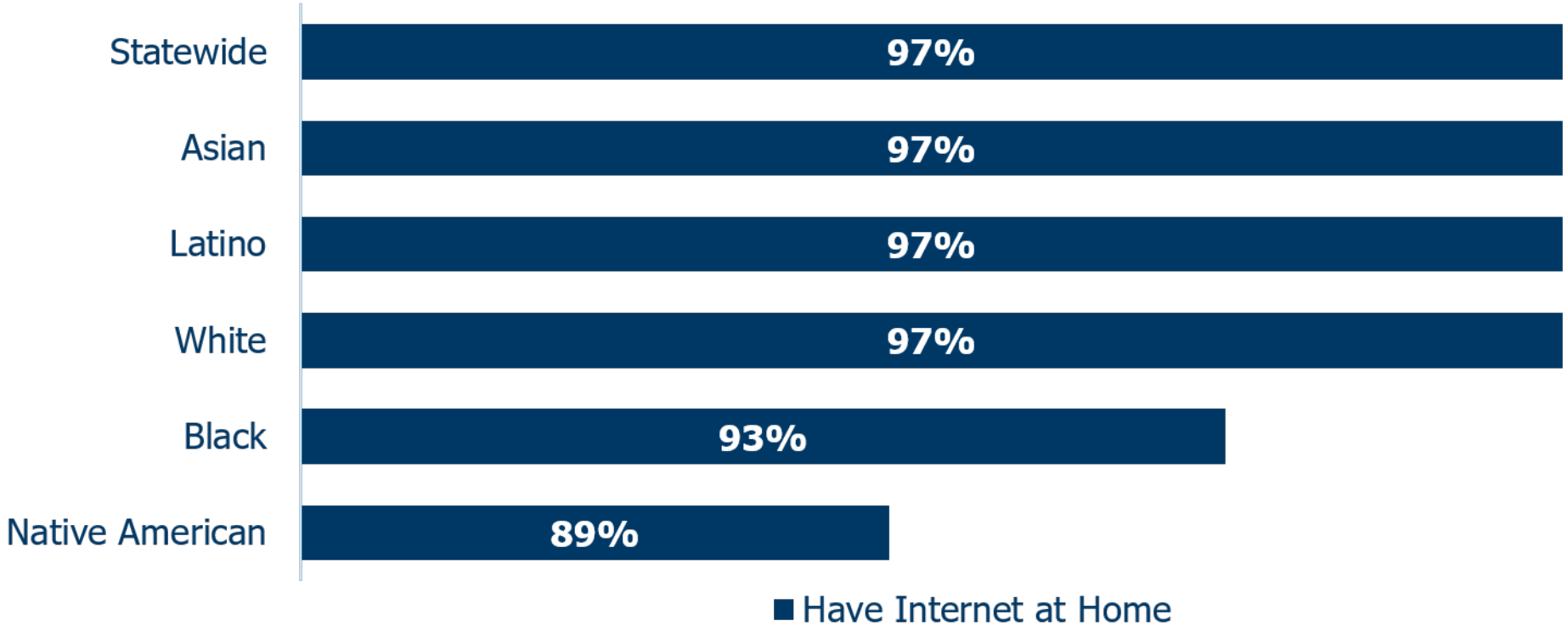
Native American, Black, and Latino respondents were less likely to report good, very good, or excellent health



Note: Statewide, *n*=5,028; Asian, *n*=94; White, *n*=4,598; Latino, *n*=74; Black, *n*=119; Native American, *n*=63.
Race/ethnicity group differences are presented descriptively and were not subjected to statistical significance testing.

Takeaway #1: Differences by Race and Ethnicity, Continued

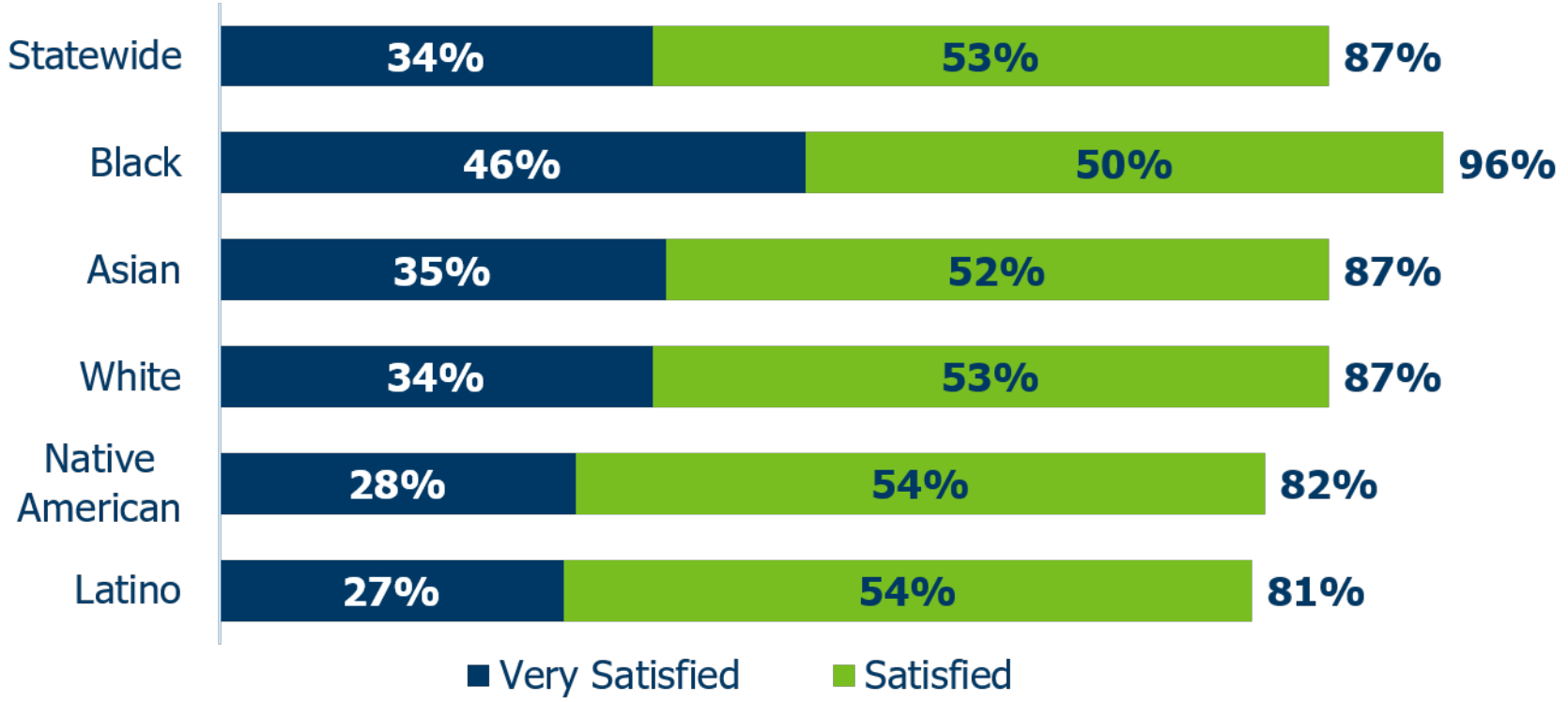
Native American and Black respondents were less likely to report having internet at home



Note: Statewide, *n*= 5,348; Asian, *n*=103; Latino, *n*=85; White, *n*=5,034; Black, *n*=146; Native American, *n*=87. Race/ethnicity group differences are presented descriptively and were not subjected to statistical significance testing.

Takeaway #1: Differences by Race and Ethnicity, Cont.

Older Minnesotans' satisfaction with the amount of contact they have with family, friends, or neighbors also varied by race and ethnicity



Note: Statewide, *n*=4,497; Black, *n*=140; Asian, *n*=91; L; White, *n*=3,754; Native American, *n*=73; Latino, *n*=71. Race/ethnicity group differences are presented descriptively and were not subjected to statistical significance testing.

Takeaway #1: NCI-AD™ Survey Findings

- In both 2023-24 and 2025-26
  - 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
  - **91%** could get transportation to medical appointments when needed
  - Most respondents also reported consistent access to meals and healthy food across both years

Note: NCI-AD™ results are based on responses from people age 65 or older served on Alternative Care, Elderly Waiver, or State Plan Home Care in SFY 2024 (N=645) and SFY 2026 (N=889)

Takeaway #1: Vulnerable Adult Maltreatment Findings

- Although most Comprehensive Aging Survey respondents reported feeling safe, between May 2025 and April 2026, Minnesota received **56,554** reports of suspected abuse, neglect, self-neglect, or financial exploitation
  - This was a **4%** increase compared to data from the same time period in 2024 and 2025

Note: Vulnerable adult maltreatment data included two years of suspected maltreatment reports through the state's Minnesota Adult Abuse Reporting Center (MAARC) from May 2024 to April 2026

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

Takeaway #2: Statewide Findings

- **40%** of survey respondents said they were unsure or did not know where to call to get connected 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 do 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)

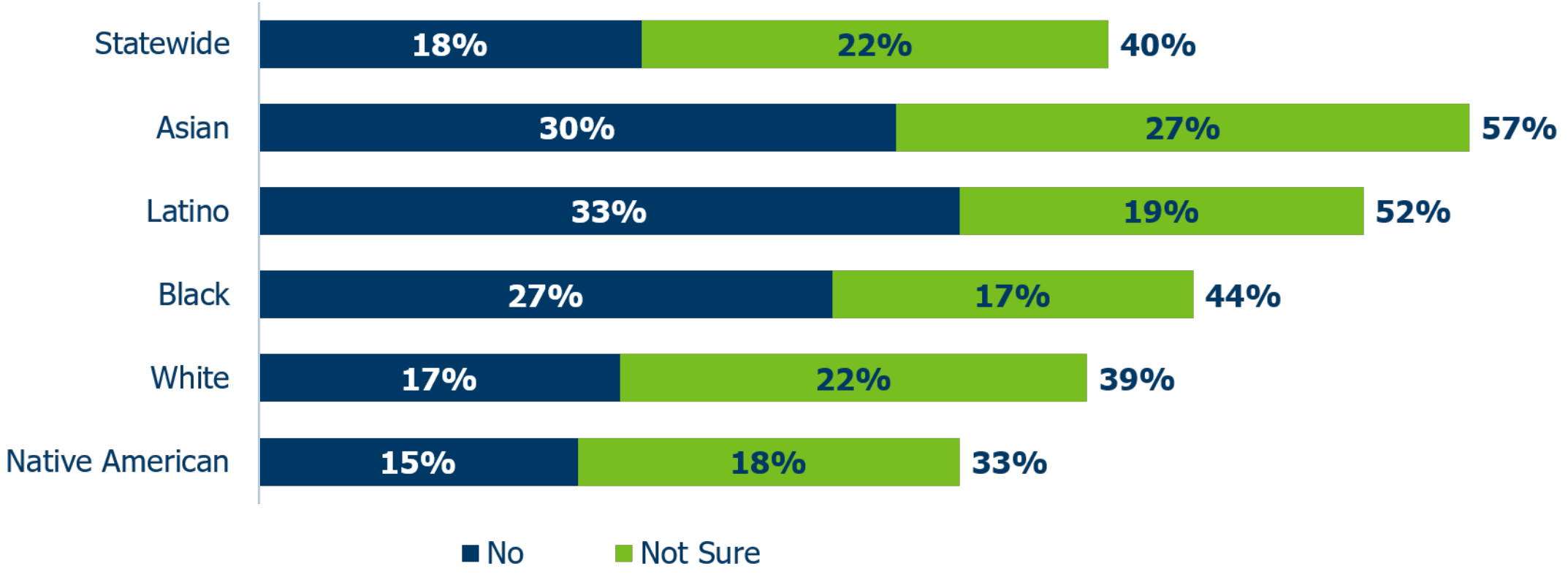
Takeaway #2: Differences by Age

- **29%** of people age 85 and older were unsure or did not know where to call to get connected with services and supports *(n=*271), compared to **40%** statewide

Note: Age group differences are presented descriptively and were not subjected to statistical significance testing.

Takeaway #2: Differences by Race and Ethnicity

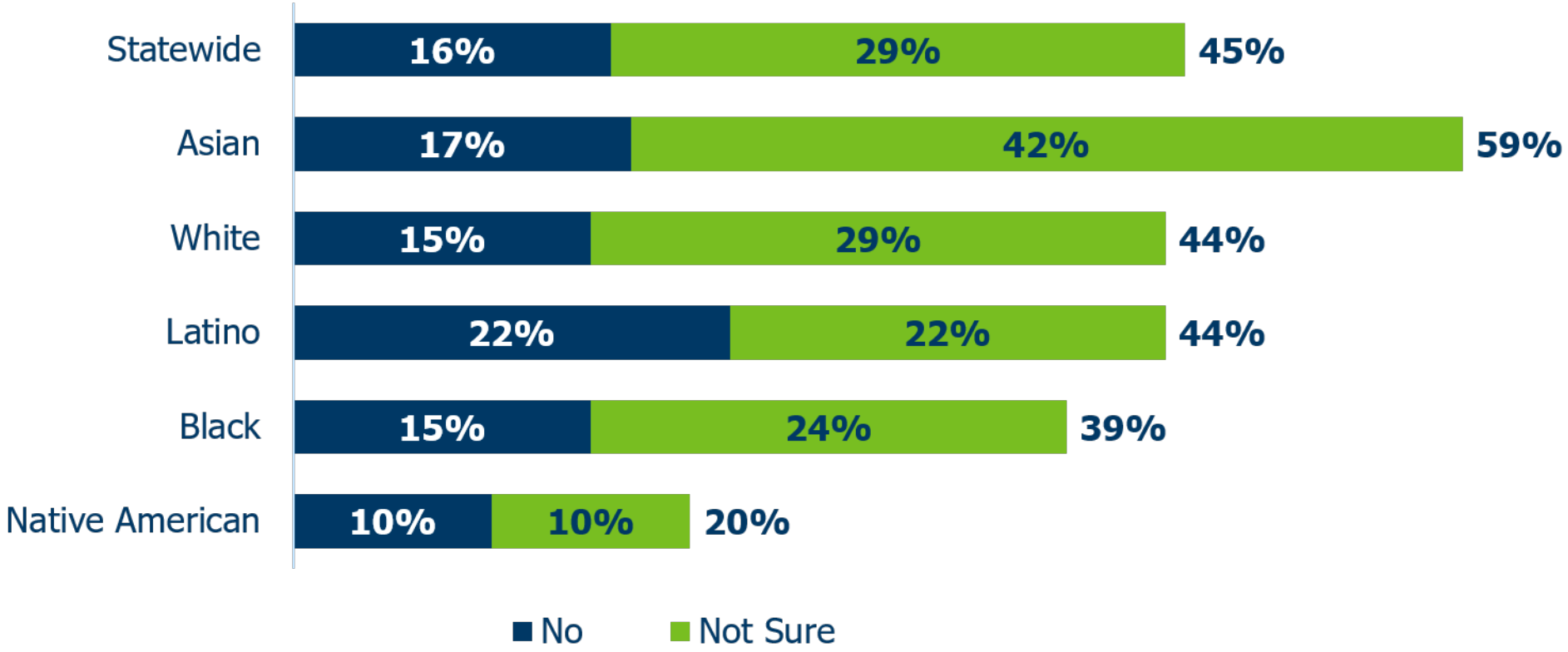
Not knowing where to call to get connected with services varied by race and ethnicity



Note: Statewide, *n*=2,219; Asian, *n*=57; Latino, *n*=44; Black, *n*=64; White, *n*=1,996; Native American, *n*=28.
Race/ethnicity group differences are presented descriptively and were not subjected to statistical significance testing.

Takeaway #2: Differences by Race and Ethnicity, Continued

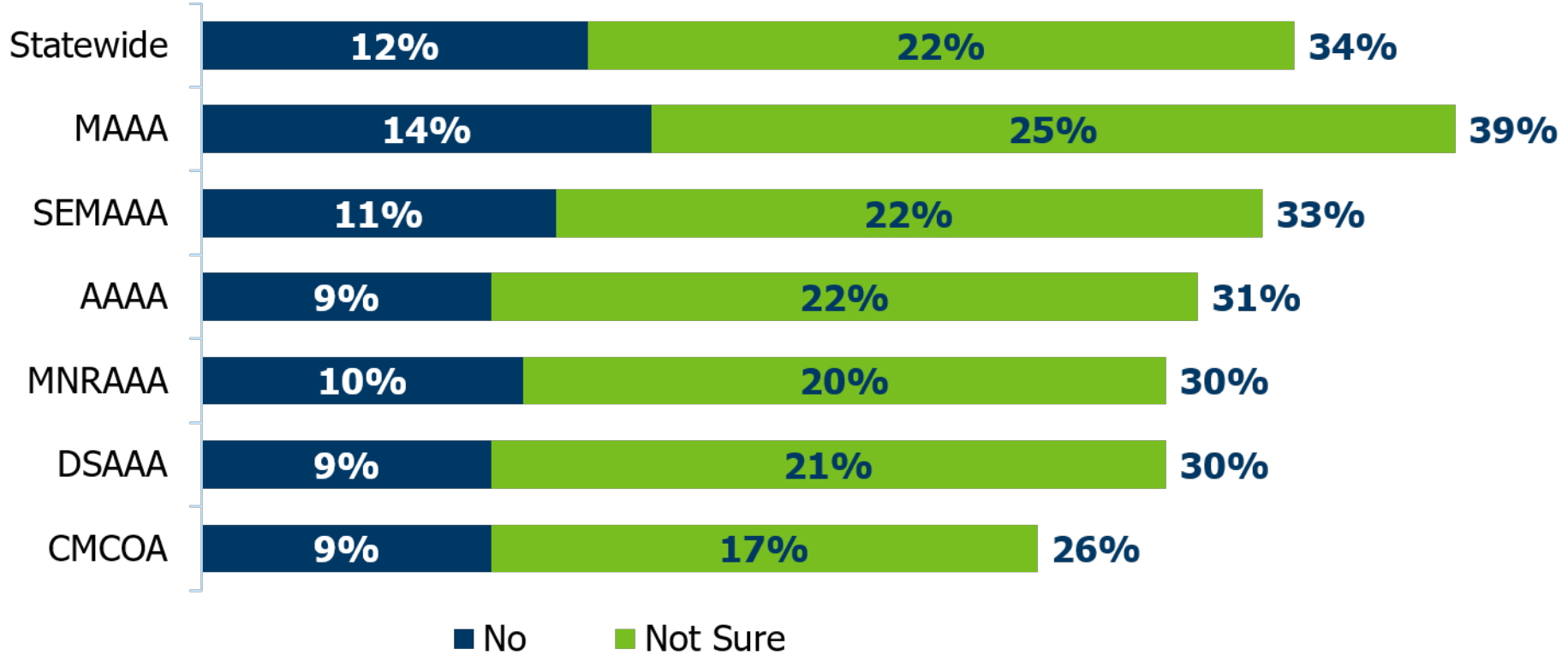
Not knowing where to call if they or someone they knew was mistreated, hurt, disrespected, or neglected by others varied by race and ethnicity



Note: Statewide, *n*=2,326; Asian, *n*=56; White, *n*=2,128; Latino, *n*=36; Black, *n*=52; Native American, *n*=16.
Race/ethnicity group differences are presented descriptively and were not subjected to statistical significance testing.

Takeaway #2: Differences by Region

Not knowing whether they have someone who is willing and able to take care of them if they were sick or disabled varied by region



Note: Statewide *n*=1,724; MAAA, *n*=473; SEMAAA, *n*=289; AAAA, *n=140*; MNRAAA, *n*=215; ; DSAAA, *n*=300; CMCOA, *n*=195. Differences by region are statistically significant $\chi^2(10) = 43.67$ $p < .001$.

Takeaway #2: NCI-AD™ Survey Findings

- The percentage of respondents receiving service information in their preferred language fell from **81%** in 2023-24 to **65%** in 2025-26
- Respondents were less likely to learn about service options from a case manager or service coordinator in 2025-26 than in 2023-24, declining from **37%** to **22%**
- Although the percentage with an emergency plan increased from **73%** to **76%** between the two time periods, the percentage who believed they could quickly get to safety during an emergency declined from **87%** to **83%**

Note: NCI-AD™ results are based on responses from people age 65 or older served on Alternative Care, Elderly Waiver, or State Plan Home Care in SFY 2024 (N=645) and SFY 2026 (N=889)

Takeaway #2: Vulnerable Adult Maltreatment Findings

- 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

Note: APS data included two years of vulnerable adult maltreatment reports through the state's Minnesota Adult Abuse Reporting Center (MAARC) from May 2024 to April 2026

Takeaway #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

Takeaway #3: Statewide Findings

- **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)

Note: Only respondents who said they feel lonely answered the question about reasons for their loneliness

Takeaway #3: Statewide Findings, Continued

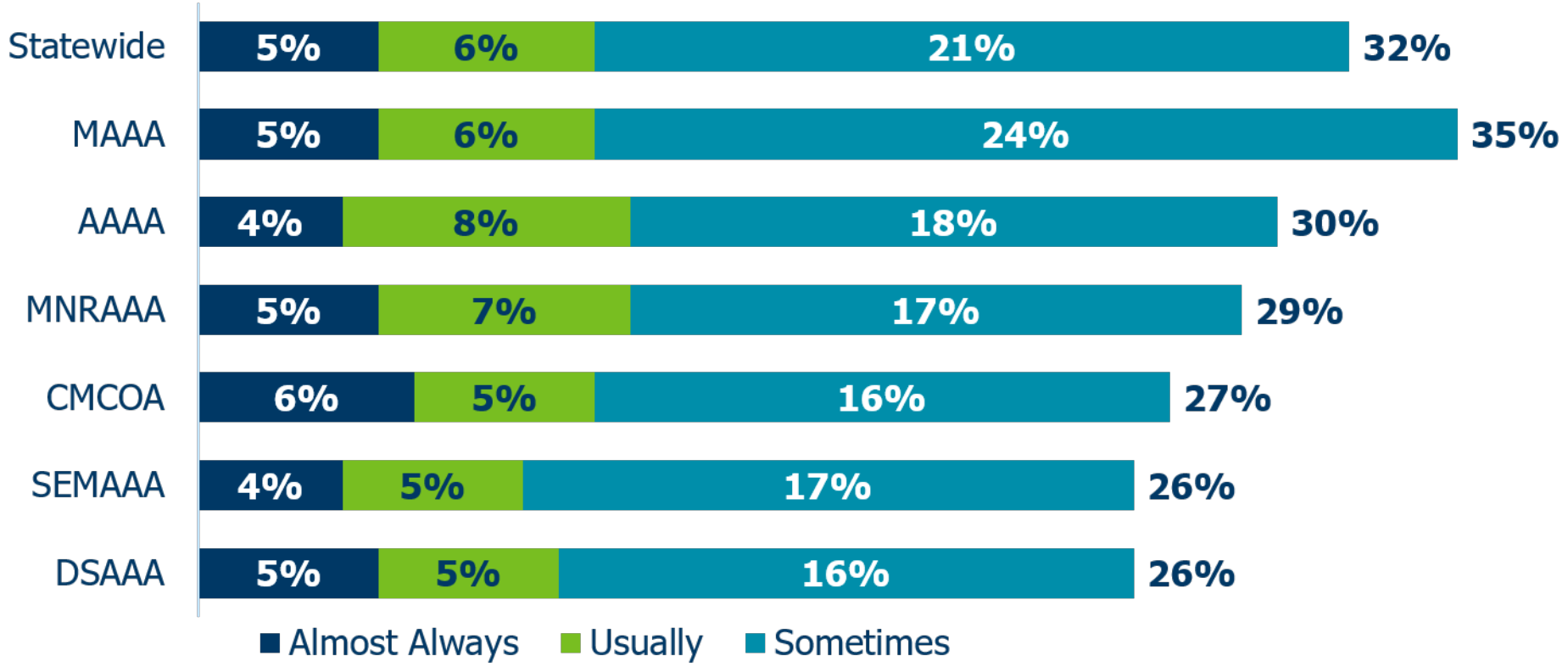
Connections with family, friends or neighbors become even more important as people need information and support

- **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)

Note: Only respondents who receive help with activities of daily living answered the question about who helps them

Takeaway #3: Differences by Region

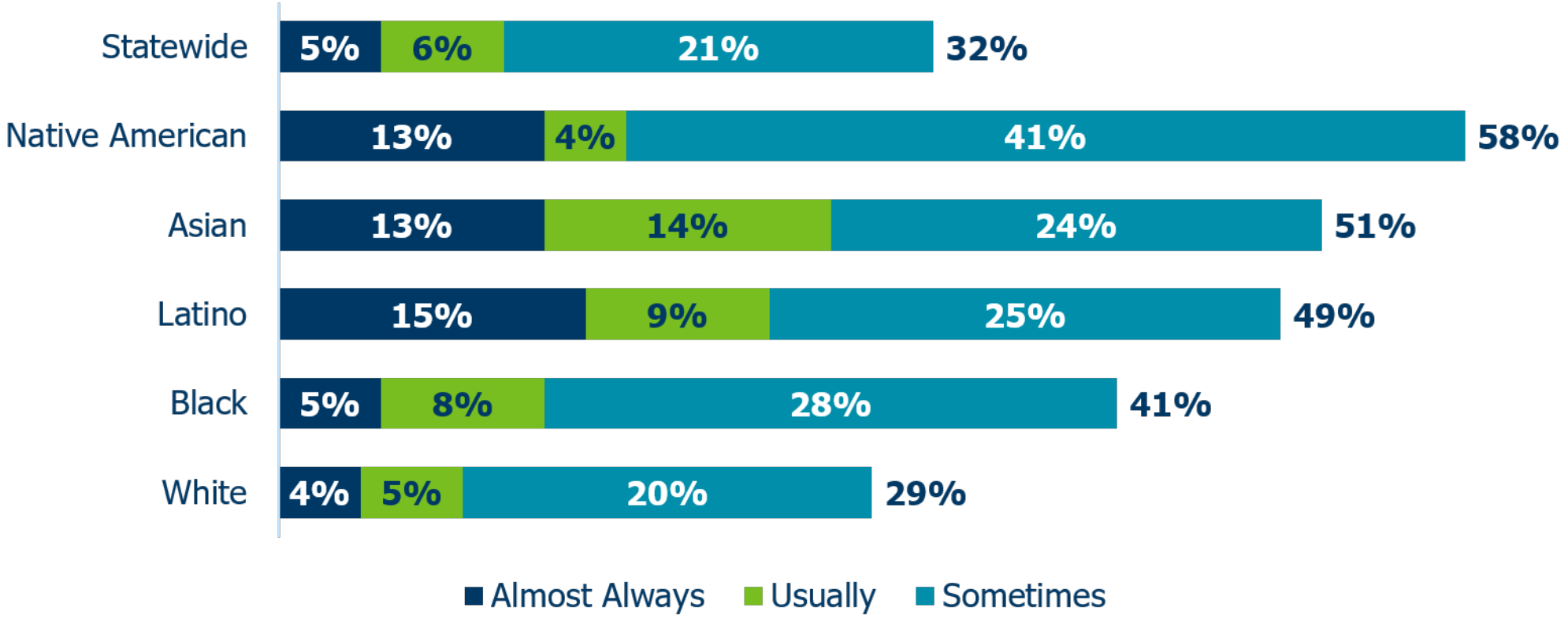
Respondents who reported, at least sometimes, lacking the basic need of social connection varied by region



Note: Statewide *n*=841; MAAA, *n*=357; AAAA, *n*=102; MNRAAA, *n*=165; CMCOA, *n*=161; SEMAAA, *n*=180; DSAAA, *n*=216; Differences by region are statistically significant $\chi^2(15) = 47.20$, $p < .001$.

Takeaway #3: Differences by Race and Ethnicity

Respondents who reported, at least sometimes, lacking the basic need of social connection also varied by race and ethnicity



Note: Statewide *n*=841; Native American, *n*=29; Asian, *n*=33; Latino, *n*=30; Black, *n*=40; White, *n*=1,121.
Race/ethnicity group differences are presented descriptively and were not subjected to statistical significance testing.

Takeaway #3: NCI-AD™ Survey Findings

- Feelings of loneliness improved somewhat between 2023-24 and 2025-26
  - 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%**

Note: NCI-AD™ results are based on responses from people age 65 or older served on Alternative Care, Elderly Waiver, or State Plan Home Care in SFY 2024 (N=645) and SFY 2026 (N=889)

Takeaway #4: Older Minnesotans named access to affordable, accessible housing and access to health care and mental health services as their top two priorities for Minnesota's aging population

Takeaway #4: Statewide Findings

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)

Note: Only respondents who said they plan to move in the future answered a question about barriers to moving

Takeaway #4: Statewide Findings, Continued

Older Minnesotans reported good access to primary and specialty care. 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 (*n*=4,778)
- **46%** said they were worried about paying for future care they may need (*n*=4,778)

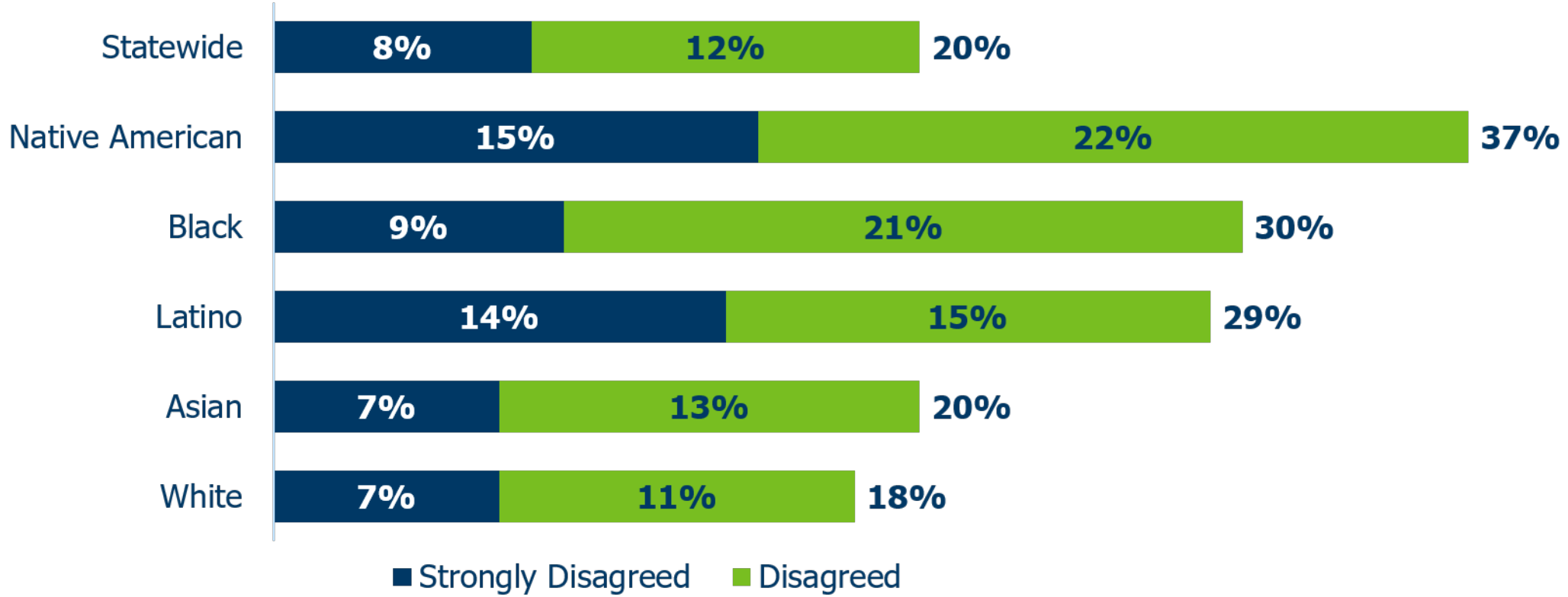
Takeaway #4: Differences by Race and Ethnicity

- **59%** of Black respondents (*n*=70) reported concerns about the cost of moving expenses compared to **33%** statewide

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

Takeaway #4: Differences by Race and Ethnicity, Continued

Respondents from some ethnic groups were more likely to disagree that they can access affordable dental health care



Note: Statewide, *n*=1,120; Native American, *n*=32; Black, *n*=44; Latino, *n*=25; Asian, *n*=20; White, *n*=966.
Race/ethnicity group differences are presented descriptively and were not subjected to statistical significance testing.

Next Steps

Reports and Other Presentations

- Report will be released publicly by mid-October
  - Posted to Comprehensive Aging Survey webpage
- Presentations to Age-Friendly Minnesota Council and Aging and Adult Services Division on Oct. 14, 2026

MINNESOTA BOARD ON AGING

DEPARTMENT OF HUMAN SERVICES

Questions?

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