

AGE-FRIENDLY STATUS CHECK

HEALTH & WELL-BEING

AUGUST 2021



AGE-FRIENDLY MINNESOTA

Health & Well-Being

We will have convenient, timely, and affordable access to activities we enjoy, and the care and services we need, to optimize our physical health, mental health, and overall well-being.

Background

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

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

Overview

Health is far more than medical care. The circumstances of our lives—our families, homes and neighborhoods, our jobs and education, our access to healthcare, and the natural environment—play the largest role in our overall health and well-being. These factors are known as the social determinants of health (SDOH).² Digital inclusion, which encompasses high-speed internet access and the ability to use it, recently has been added to this list, and is linked closely to the other SDOH.³ All of these have particular implications for us as we grow older and are likely to increase our focus on health.

From this angle, virtually all of the work of the aging network, Minnesota Board on Aging (MBA), and Department of Human Services addresses health and well-being. The good news is that because public policy plays a huge role in how we experience aging, Age-Friendly Minnesota is rich with potential to help improve health and later life for older Minnesotans, present and future.

Strategies for healthier aging increasingly are shifting to include not just healthcare but the bigger picture of our lives. This is especially important because many health disparities and inequities are rooted in SDOH. Minnesota, while often recognized for its high quality of life, in fact has some of the worst race-driven health disparities in the country. Further, older adults who have experienced decades of inequities on many fronts—namely Black, Indigenous, and people of color, along with the LGBTQ community and others—enter later life in a more precarious position.

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

² [Healthy People 2030, US Department of Health and Human Services](#)

³ Sieck, C.J., Sheon, A., Ancker, J.S. *et al.* Digital inclusion as a social determinant of health. *npj Digit. Med.* 4, 52 (2021).

Affordability and access are two major issues associated with healthcare itself. Even with insurance coverage, healthcare costs, including prescription medications, can become unaffordable to many older adults. Nationally, more than half of people 65 and older report taking four or more prescription drugs, and nearly one in four say it is difficult to afford their prescriptions.⁴

Access to healthcare is of increasing concern in greater Minnesota, where rural hospitals and nursing homes have been closing in the last 10 to 15 years, making it more difficult to access care—an even greater barrier for non-drivers given limited transportation options. Of the hospitals that remain, many offer fewer services than they once did.

As of 2019, the Minnesota Department of Health designated 54 of Minnesota’s 87 counties as health professional shortage areas in dental and primary care; all 54 are in rural Minnesota.⁵ At the same time, rural Minnesotans are older, more likely to be low income, have more chronic conditions, and report overall poorer health.⁶

As more Minnesotans live longer lives, we need to create conditions that allow all of us to enjoy optimal health as we enter older age and as we move through the various chapters of late life. Investing in better systems and services is good for people and for the system—the two can’t be separated.

More of us will seek home or community-based services to support our autonomy and a good quality of life. The State of Minnesota provides a vast array of services to older adults throughout the state—through Area Agencies on Aging, Live Well at Home®, and other means, many of which address various social determinants of health. For the purposes of this document, Health and Well-Being includes physical health, mental health, nutrition, and healthcare.

Impact and Examples of Current Work

The following section describes themes that emerged in the area of Health & Well-Being followed by examples of strategies and grants⁷—primarily drawn from 2019-2021—that help demonstrate how it is being carried out.

We provide evidence-based health promotion and disease management programs and coaching that empower older adults to make informed decisions about their health.

Our work creates opportunities for older adults to access high-quality programs that address common concerns associated with aging—chronic conditions, falls prevention, movement and balance, and others. Program participants learn valuable skills and information, move their bodies, and connect with other people.

This is increasingly important, because while people are living longer, more of us are living with chronic conditions that drive up healthcare costs (for both the individual and the system) and take a toll on our well-being. Many of these conditions—such as diabetes and cardiovascular disease—can be prevented or

⁴ Kaiser Family Foundation, [Data Note: Prescription Drugs and Older Adults](#), 2019.

⁵ [Rural Health Care in Minnesota: Data Highlights](#), Minnesota Department of Health, 2019.

⁶ *Ibid*

⁷ All Live Well at Home® grants referenced in this brief were awarded in State Fiscal Years 2019, 2020, or 2021.

mitigated with physical activity, education, and other preventive measures addressed through evidence-based health promotion (EBHP) programs.

Area Agencies on Aging (AAAs) and Live Well at Home® help make EBHP programs possible, by working to raise awareness of the programs, funding providers to offer the classes, and identifying and funding training for new instructors. During the pandemic, AAAs worked with providers to shift their EBHP programs online and had overall encouraging results after a steep learning curve.

AAAs are working to reach more ethnically and culturally diverse residents with these programs by creating partnerships with leaders and organizations from specific cultural communities. They also convene the home- and community-based services (HCBS) providers who offer EBHP programs to discuss regional disparities and how best to reach underserved groups. Some ideas have included vending machines with shelf-stable food and basic supplies for homeless older adults; collaboration with farmers markets and/or Second Harvest food bank to donate food; and mental health program like PEARLS or REACH in Indian country.

Examples of Live Well at Home® grants related to this work include:

- Faith Community Nurse Network in Saint Paul is supporting and training nurses to deliver five distinct evidence-based falls prevention and chronic disease management programs to older adults. Each program improves health outcomes and reduces risks for further injury, illness, or disability.
- Minneapolis Indian Center will deliver an evidence-based falls prevention program model called “Bingocize” online each week by Native staff along with online Native language classes.

AmeriCorps Senior (formerly SeniorCorps) Retired Senior Volunteer Program (RSVP) offers another EBHP program called Stay Active and Independent for Life, or SAIL. SAIL is a strength, balance, and fitness program for people 65 and older. Currently four RSVPs offer SAIL in southwest, central, and northwestern Minnesota. Most classes transitioned to online formats during the pandemic.

We promote and provide effective, respectful services for older adults who are LGBTQ.

Older adults who are LGBTQ face particular challenges related to aging. LGBTQ older adults are more likely to be financially insecure and to live alone, less likely to have children to help care for them, and often lack culturally competent healthcare, service providers, and senior housing. Many have faced years of discrimination that can continue into older age. The aging network and DHS are working to better understand and build capacity related to serving LGBTQ older adults.

The Minnesota Board on Aging requires that Caregiver Consultants⁸ be competent and have skills to work with individuals and families from a variety of communities, including the LGBTQ community. AAAs are doing work such as educating communities and providers on developing and offering appropriate

⁸ Caregiver Consultants are trained professionals who help caregivers on an individual basis with problem-solving, information, skills and emotional support. See the *Caregiving and Dementia* brief in this series for more information.

services to LGBTQ older adults. One has worked with tribal health leaders to bring a Training to Serve workshop to a reservation to develop greater understanding and improve care for LGBTQ tribal members.

Additionally, recent Live Well at Home® grants have supported the following work:

- Rainbow Health (formerly JustUs) will design and implement a comprehensive long-term services plan for LGBTQ+ and HIV-positive older adults in the Twin Cities and Duluth. The plan will respond to housing, mental health, transportation, and other needs.
- East Side Neighborhood Services in Minneapolis is connecting the east side LGBT communities' older adults to education, resources, and social engagement opportunities that enhance health outcomes and improve quality of life. The organization will partner with other groups, including the East Side's Queer Affinity Group, and use "gerontechnology," including virtual reality and videography, to build intergenerational friendships, support families who care for older adults, and provide an array of programming.

We provide free counseling to help people reduce Medicare costs.

Senior LinkAge Line (SLL) provides free, unbiased counseling to people eligible for Medicare, including all adults 65 and older. Trained specialists talk with SLL callers to answer questions, and also hold free classes for those new to Medicare and during the annual open enrollment people to help people make informed choices. Each year this invaluable service helps 17 percent (or 177,000) of Medicare-eligible Minnesotans navigate what can be a complex and overwhelming—but incredibly important—decision-making process. SLL can also help callers identify programs available to help lower prescription medicine costs. SLL is working to make more culturally diverse older Minnesotans aware of Senior LinkAge Line and the resources it offers.

We advocate for improving and strengthening support service provision to meet growing mental and behavioral health needs of older adults.

Mental health is health. Generally, about one in 10 older adults experience depression or anxiety, and this jumped to one in four during the COVID-19 pandemic.⁹ While these conditions are typically treatable, they often are under-recognized and untreated in older adults. Further, most areas of Minnesota do not have sufficient services to meet mental health needs.

Substance abuse is a growing but under-recognized problem among older people, as well, for a variety of reasons. Older adults are prescribed more medications than other age groups, including potentially addictive pain management medications. Decreased social connections may contribute to, as well as make it easier to hide, a problem. Healthcare practitioners may under-diagnose the issue in older people, and older people may be less likely to recognize a problem or seek help.¹⁰

AAAs around the state either lead or participate in collaborative mental health initiatives related to topics that include mental health and aging, and needs and barriers related to mental health services. AAAs also develop and share resource lists related to mental health services.

⁹ Kaiser Family Foundation, October 2020.

¹⁰ NIDA. "Substance Use in Older Adults DrugFacts." *National Institute on Drug Abuse*, 9 Jul. 2020, <https://www.drugabuse.gov/publications/substance-use-in-older-adults-drugfacts>.

Live Well at Home® grants also support efforts to address mental health among other older adults. One example is a grant to Touchstone Mental Health in Minneapolis to provide access to housing, and coordination of services and long-term supports for older people who have been homeless and have multiple barriers to housing, including many people of color and veterans. Live Well at Home® grants also support the offering and expansion of PEARLS, a national evidence-based program for late-life depression discussed later in this brief.

We expand access to nutritious food as a foundation of overall health and well-being.

Food is one of the most needed and important things we work to provide. This includes home-delivered meals, congregate meals, and support of grocery delivery, food shelves, and other services. Nutritious food can become a challenge in older age—due to things like limited transportation and greater difficulty cooking or preparing food—yet it is critical to good health, ability to manage or prevent chronic disease, and maintaining a high quality of life.

When COVID-19 hit, the need for food quickly emerged as the most urgent. Examples of notable initiatives related to food included:

- One AAA gathered and compiled data on grocery stores that provide home delivery and that accept EBT payments; it explored partnership with grocery stores to facilitate both services as a way to provide greater access to fresh foods.
- Through a Live Well at Home® grant in Rushford, Semcac Community Action Agency bought five used delivery vehicles to replace three aging vehicles and to add two home-delivered meal routes to their service area. SEMCAC serves 11 southeastern Minnesota counties via their senior nutrition programs.

We invest in and expand promising models.

The aging network provides opportunities to test promising new approaches to building capacity of older adults and communities. Two such programs—CAPABLE and PEARLS—are being used in both rural and urban parts of the state and are demonstrating good results in both contexts.

Community Aging in Place – Advancing Better Living for Elders (or, CAPABLE) is a low-cost, person-centered model that helps low-income older adults remain at home by addressing the home environment and using the strengths of the client themselves. Developed at the John Hopkins School of Nursing, CAPABLE provides in-home support by an occupational therapist, registered nurse, and handy worker over the course of five months.

- Through a Live Well at Home® grant, Twin Cities Habitat for Humanity, the first known CAPABLE provider in Minnesota, served 46 older adults in 2019, its first full year of operations. While slowed by COVID, Twin Cities Habitat still served 32 homeowners in 2020, and is working on a pilot to serve households at slightly higher incomes with a fee-for-service model. A major accomplishment was becoming a waived service provider, which makes Habitat eligible to serve UCare, Blue Cross and Blue Shield, and Medica's Medicaid and dual-eligible clients. In the future, Habitat will also be eligible for reimbursement for projects through the Medicare Advantage plans that these insurers provide.

- Live Well at Home® also funded Habitat Douglas County to implement CAPABLE in a rural setting, one of few rural sites in the nation. Around a dozen older adults will complete CAPABLE, and more than 15 home modifications will be completed. Habitat Douglas hopes to expand its service area for the program.
- One AAA, also through a Live Well at Home® grant, assisted a coalition in implementing the CAPABLE program in three rural counties to decrease hospitalizations and nursing home stays by improving medication management, problem-solving ability, strength, balance, mobility, nutrition and home safety.

Program to Encourage Active, Rewarding Lives (or, PEARLS) is a short-term, evidence-based, chronic condition management intervention for older adults with depressive symptoms. It teaches problem-solving and behavior skills and engages participants in activities designed to help them deal with depression. PEARLS is being implemented through two Live Well at Home® grants—one in the Twin Cities metro, one in greater Minnesota:

- VINE Faith in Action in Mankato is implementing PEARLS in Blue Earth, Nicollet and Le Sueur counties, with all materials being translated into Spanish, Somali, and Arabic.
- Jewish Family Service of St. Paul is extending the reach of PEARLS in Blue Earth, Hennepin and Ramsey counties. This expansion includes a collaboration with Jewish Family and Children’s Service of Minneapolis, providing a refresher series to individuals who have completed the initial PEARLS program and extending the program’s reach to a more diverse population.

Finally, Keystone Community Services is using a Live Well at Home® grant to pilot two new food program options designed to improve low-income older adults’ access to high-quality, nutritious food. Keystone will form new partnerships and deploy its wheelchair lift-equipped food mobiles, which are food shelves on wheels. The programs operate in seven neighborhoods in St. Paul and northern Ramsey County suburbs.

Gaps and Opportunities to Consider

The following items present key points related to addressing health and wellness as part of Age-Friendly Minnesota. This list is not comprehensive, but an important starting point.

American Rescue Plan Act: Federal funding creates new opportunities

As part of the American Rescue Plan Act of 2021, a coronavirus relief bill, MBA received funds via the Administration for Community Living that can be used to invest in Title III¹¹ program areas, including those related to healthy aging. MBA will be working with AAAs to determine how these one-time funds can be most impactfully invested; the work must be implemented over the funding period, which runs through September 2024.

¹¹ Title III of the Older Americans Act—Grants for States and Community Programs on Aging—funds supportive services (of numerous types), nutrition programs, health promotion and disease prevention services, and caregiver support.

Healthy aging: systems and vision

- Apply an age-friendly lens to the public health system using recommendations from the emerging [Age-Friendly Public Health Systems](#) model being led by the Trust for America's Health. A core tenet of this work is cross-sector coordination and collaboration.
- Create a new healthy aging vision as part of Age-Friendly Minnesota.
- Identify and maximize opportunities to align with, contribute to, and leverage the Healthy Minnesota Partnership, which brings community partners and the Minnesota Department of Health together to improve the health and quality of life for individuals, families, and communities in Minnesota. The [Healthy Minnesota 2022: Statewide health improvement framework](#) advances health equity that focuses on improving the conditions that create health.

More and better services for the full range of Minnesota's residents

- Continue and increase investment in building capacity to more effectively serve older adults who are Black, Indigenous, and people of color and older members of the LGBTQ community
- Recognize the consequences of the loss of rural hospitals and healthcare, the limited availability of home- and community-based services in many rural communities, and incorporate these issues into planning and decision-making.

Programs and models

- Consider shifting investments away from EBHP programs—now well-established through Juniper—and toward promising models like CAPABLE, which is being successfully applied in both urban and rural contexts.
- Continue to expand PEARLS and similar programs that have demonstrated success in addressing mental health for older adults.
- Consider implementation of other complementary programs that would leverage existing provider partnerships—for example, programs that could be offered at a dining site or faith-based organization, such as Eat for Life or Eating for a Healthy Life.

Links to social connection and inclusion

- Recognize the fundamental importance of social connectedness to the area of health and well-being, and identify new ways to bring social connections into this work.

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