

Age-Friendly Status Check

INCLUSION & EQUITY

SEPTEMBER 2021



AGE-FRIENDLY MINNESOTA

Inclusion and Equity

We will be valued, respected, and free from discrimination, and will have access to services that are appropriate for us, regardless of age, income, physical or cognitive ability, sexual orientation, gender identity, religion, geography, race, ethnicity, or culture.

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

The Governor's Council on an Age-Friendly Minnesota championed diversity, equity, and inclusion as one of its top recommendations and one that underlies each thread of the work. The Minnesota Board on Aging (MBA) and Department of Human Services (DHS) have embedded practices and are undertaking work across their divisions designed to reduce disparities experienced by Black, Indigenous and people of color and to ensure that *all* older adults are intentionally included and well-served in their work. These efforts to be more inclusive and equitable will continue to evolve as more is learned from ongoing education and research; concerted and genuine commitment to learn and grow; successes and challenges gleaned from various strategies; and capacity being developed in communities over time.

As is true in many places, Minnesota is becoming more racially and ethnically diverse. About 950,000 (or 17%) of Minnesotans are aged 65 or older. Of those, 66,000 (or about 7%) are people of color.² Younger generations are more diverse at present—about 32% of Minnesota youth ages 0-19 are children of color—but older adults also are becoming more diverse, and that will become increasingly true over time as younger generations age.

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 2020 US Census, via [Minnesota Compass](#).

Age-Friendly Minnesota is working alongside the eleven American Indian tribal nations whose geography overlap with the State of Minnesota in this work. The state’s American Indian population is about 60,251, and about 5,888 of them are 65 and older.

Inclusion and equity also refer to age itself. While older people are, of course, the focus of this work, there remains a need to update our thinking, and help others update their thinking, about the inherent value of a person at all ages, what it means to grow older, and the importance of appreciating the possibilities in older age and the contributions that we, as older people, make to our communities. Ageism—stereotypes, prejudice and discrimination towards people based solely on their age—has very real consequences. It is linked to maltreatment of vulnerable older adults, poorer health outcomes, and even shorter life spans.

For the purposes of this document, Inclusion & Equity includes discussions of various ways that the aging network, MBA, and DHS are working to learn about the lived experiences of older Minnesotans, and the disparities that exist as a result of our current systems, with a goal of helping *all* older Minnesotans live full and rewarding lives.

Impact and Examples of Current Work

The following section describes current themes in our work as it relates to Inclusion and Equity, followed by examples of strategies, projects, and grants that help demonstrate how it is being carried out. They primarily draw from work undertaken in 2019-2021. These are but a few examples of work of this nature. Additional examples can be found in the other documents in this series.

Commitment to and investment in greater equity in the aging network, MBA, and DHS

Throughout the aging network and beyond in DHS and State of Minnesota, work is underway to better include and serve our state’s increasingly diverse population. Among other things, we are undertaking extensive efforts to engage and learn from historically excluded groups, gather and analyze data, build relationships, and train and educate staff to make important changes to a system that is well-established but does not function well for all people.

Some examples of this work include:

- DHS has been leading an effort to understand and help close racial and ethnic disparities in home and community-based services. This multi-year project, a partnership with the University of Minnesota Center on Healthy Aging and the MN Diverse Elders Coalition, runs from late 2019 through 2022 and has been identified by the Blue Ribbon Commission³ as a key strategy to advance equity in state services for Minnesota’s older adults and individuals living with disabilities. While not focused exclusively on older adults, people ages 65 and older are a major piece of the work. Findings and recommendations that emerge from the research will be important to integrate into Age-Friendly Minnesota’s planning and strategies.

³ The Blue Ribbon Commission on Health and Human Services was created by the Minnesota Legislature and Governor Tim Walz in 2019 to develop an action plan, “to advise and assist the legislature and governor in transforming the health and human services system to build greater efficiencies, savings, and better outcomes for Minnesotans.”

- With around 80% of its current users being White, Senior LinkAge Line (SLL) is focusing on more effective outreach to diverse populations. Barriers are both cultural and practical. SLL is working to partner with culturally-specific community organizations as well as publishing materials in additional languages, among other strategies. It also has developed a productive relationship with the state’s tribal nations.
- DHS Adult Protective Services (APS), whose work includes adults of all ages but impacts many older people, is conducting a study related to equity and outcomes. It has previously identified racism in its screening processes and outcomes, and will be using CARES Act funding (federal dollars tied to COVID-19) to train APS staff throughout the state on unconscious bias, and to advance work related to tribal issues and culturally-specific service providers.

APS also is leading a multi-year effort called the Vulnerable Adults Act (VAA) Redesign, a substantial review of the VAA, which establishes state policy for the protection of vulnerable adults and Minnesota’s adult protection system. The VAA Redesign was inspired in part by a recognition that the current system does not serve people equitably and was not built to support Minnesota’s increasingly diverse population. The Redesign also aims to make services consistently equitable across Minnesota’s 87 counties, which administer APS under state oversight.

- Annual area plans developed by each of state’s seven Area Agencies on Aging (AAAs) specify goals related to addressing disparities in their regions. AAAs also are working to ensure that their regional Boards of Directors include individuals who represent a broad spectrum of the community.
- MBA is working to strengthen relationships with Minnesota’s tribal nations—specifically, working to develop government to government tribal consultation policies.
- Live Well at Home® grants support provider efforts to develop and offer culturally appropriate services for a range of historically underserved groups. This includes grants that support culturally specific providers to serve members of their own communities.
- The DHS Gaps Analysis⁴ process is using data to better understand disparities in accessing services and utilization by Minnesotans who are Black, Indigenous and people of color.

Connecting older adults with broadband and technology

Access to broadband service has become as necessary as basic utilities. A recent study also identified digital inclusion as a social determinant of health.⁵ The COVID-19 pandemic made this crystal clear when it relegated much of society to the internet in order to access everything from work and school to medical appointments to visits with friends and family to grocery delivery.

⁴ The DHS Gaps Analysis is an ongoing process to understand and improve access to services systems for older adults, people with disabilities and children, and youth and adults living with mental health conditions in Minnesota. It is a collaboration between DHS, lead agencies (counties, tribal nations and managed care organizations), service providers, consumers and local community members.

⁵ Sieck, C.J., Sheon, A., Ancker, J.S. *et al.* Digital inclusion as a social determinant of health. *npj Digit. Med.* 4, 52 (2021). <https://doi.org/10.1038/s41746-021-00413-8>

The aging network helped older adults use technology to take classes, access services, and connect with family and friends by providing devices, WiFi service, and online programs and services. However, this does not substitute for reliable, universal internet access that residents of all ages can count on during emergency situations as well as more ordinary times.

Broadband is not only for the young. The Governor's Council for an Age-Friendly Minnesota included affordable broadband access in its recommendations as a way to achieve fundamental equity across geography, race, and income, as well as age. Broadband unlocks doors to information, telemedicine, opportunities to maintain social ties, and vital services such as transportation. The aging network will continue to prioritize broadband access and associated resources (devices, training, tech support, etc.) into its work, and will actively support the Minnesota Office of Broadband Development's goal to provide all Minnesota homes and businesses with high-speed internet by 2022.

During the pandemic, multiple AAAs pivoted to provide internet access and devices to help older adults adapt to an abrupt shift to an online world. One AAA amended a funding award to affordable housing nonprofit CommonBond to include purchase of 50 iPads and 12 internet hotspots so that older adults could join Evidence-Based Health Promotion programs. Another used CARES Act funding to support programs that provided tablet devices and internet service to older adults to allow them to participate in classes and stay socially connected.

Numerous Live Well at Home® grants⁶ also have supported access to WiFi, devices, and technical knowledge.

- In Minneapolis, the Lyndale Neighborhood Association worked with Minneapolis Public Housing Authority to provide digital access and inclusion services with a special focus on serving older Somali residents of Charles Horn Towers. Personal electronic devices were given to 30 households, free wireless hotspots were available in community spaces of Horn Towers, and part-time tech support was provided.
- Lighthouse Center for Vision Loss in Duluth is delivering technology services to older adults with disabilities and chronic health conditions. The project includes a statewide resource center as well as outreach and public education in several regions, including Native American communities.
- In Itasca and St. Louis counties, ElderCircle is implementing a program that includes new technologies to combat isolation and loneliness, and virtual Adult Day Stay for those confined to their homes. This includes the purchase of 30 iPads that older adults and caregivers can check out and use to attend virtual support groups, health and wellness sessions, and community education.
- Faith in Action for Cass County is recruiting and training volunteers, providing resources, and giving virtual support to people living in remote rural areas, including online Memory Cafés and caregiver support groups. This includes the purchase of six GrandPads to loan to isolated older adults without internet service.

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

We build capacity of culturally-specific organizations to better support their older community members.

Organizations rooted in a particular cultural or ethnic group often are best positioned to serve members of that community. Along with a shared language and culture, they serve as trusted partners and a bridge between their traditional culture and the culture and systems of this country. We help those organizations expand their reach and their services.

Below are two examples of Live Well at Home® grants that are building capacity in cultural communities.

- The Minneapolis American Indian Center is providing in-home services such as meal delivery, weekly check-ins, and technology support for educational, social, and wellness resources to American Indian elders. Further, an evidence-based falls prevention program model called “Bingocize” is being delivered online each week by Native staff along with online Native language classes.
- In Saint Paul, Vietnamese Social Services of MN is providing interpretation and application assistance that helps refugees/immigrant elders access resources available to them.

In addition, during the pandemic, one AAA provided technical assistance to the executive director of an African organization for home-delivered meals to Somali elders. With the in-person dining site on hold, the organization partnered with a Somali restaurant to provide biweekly meal delivery to Somali elders.

We build other providers’ capacity to improve and expand effective services to older members of Minnesota’s ethnic and cultural communities.

As Minnesota’s population diversifies, service providers will need training and education to help them understand and support people from a wide range of backgrounds. Norms and expectations related to aging can vary considerably across cultural groups. Without an understanding of and respect for these differences, providers will struggle both to connect with members of these groups and to serve them effectively and equitably. Both AAAs and Live Well at Home® grants are investing in efforts to educate providers about cross-cultural work and ensure that older Minnesotans from all backgrounds can receive effective, knowledgeable, and respectful services. Examples of this work include the following:

- One AAA is working with new and continuing culturally-specific organizations that provide caregiver support services to improve services to low-income caregivers from those cultural communities. Another, understanding that Asian- and African-Americans are served more frequently once in the system, is helping providers more effectively market services to these groups.
- Through a Live Well at Home® grant, Lutheran Social Service of Minnesota in Kandiyohi County is partnering with immigrant communities to identify community ambassadors, learn more about community needs, culturally appropriate service delivery, and culturally specific meal offerings. Another Live Well at Home® grantee, Pelican Rapids OAKS Living at Home Network, is working to strengthen relationships with diverse older adults in Pelican Rapids.

We support and cultivate connections between LGBTQ older adults.

LGBTQ⁷ older adults face a unique set of challenges. Rather than relying on adult children or other relatives for care and support as they age—the common arrangement in the United States—many have “chosen families” made up of close friends and others who care for each other. They are more likely than non-LGBTQ older adults to have ruptured or complicated biological family relationships, face ongoing discrimination, have higher risks of mental health issues, and face barriers to getting health and social support. A report from The Williams Institute at the UCLA School of Law recommends that LGBT older adults be recognized by the Older Americans Act as a “greatest social need” group, which would open up funding to prioritize services and research related to LGBT aging.⁸

Minnesota DHS’ and MBA’s efforts to better include and serve diverse older adults includes LGBTQ individuals.

- Through two recent Live Well at Home® grants, Senior Community Services is conducting outreach efforts to LGBTQ older adults in Hennepin County, and Rainbow Health (formerly JustUs Health) in Saint Paul is designing and implementing a comprehensive long-term services plan for LGBTQ+ and HIV-positive older adults in the Twin Cities and Duluth.
- Rainbow Health is also using an MBA Dementia grant to support dementia awareness for LGBTQ+ and HIV-positive Minnesotans. That program has provided awareness training to almost 40 older adults of different genders, races, and geographies and is working to offer a LGBTQ+ Dementia Caregiver Support Group.
- Through another recent MBA Dementia grant, Northwoods Caregivers in Bemidji is working to increase awareness and early identification of dementia and to connect caregivers, including outreach to Native American and LGBTQ+ communities. Northwoods Caregivers will be building upon current partnerships with three tribal nations as well as a new LGBTQ+ Cultural Consultant.

We work to strengthen and sustain rural communities’ capacity to provide the services and options older residents desire.

Greater Minnesota is collectively older than the Twin Cities metro. Residents of rural and small-town Minnesota are more than twice as likely to be age 80 or older than residents in urban parts of the state.⁹ Rural older adults, however, often lack ready access to important services, such as caregiver support and transportation assistance. Further, rural hospitals and nursing homes have been closing, creating even bigger barriers to accessing care or being able to remain in one’s community.

The Rural Health Research Center at the University of Minnesota notes that because many aging-related resources and services originate at the state level—such as Medicaid funding for long-term care, Area Agencies on Aging, and other state agencies—states play a particularly important role in helping older rural residents age in place and allocating resources to rural communities.¹⁰ Indeed, AAAs as well as Live

⁷ We recognize that some older adults in this community prefer LGBT to LGBTQ.

⁸ Choi and Meyer, [LGBT Aging: A Review of Research Findings, Needs, and Policy Implications](#), The Williams Institute, UCLA School of Law. 2016.

⁹ *Greater Minnesota: Refined and Revisited*, Minnesota State Demographic Center, 2017.

¹⁰ “Aging in Place in Rural America: What Does It Look Like and How Can It Be Supported?” Rural Health Research Center, University of Minnesota, 2021.

Well at Home® grants and MBA Dementia grants work throughout the state to build up service capacity, test innovative approaches, and provide choices for older residents in communities in rural Minnesota.

While many examples exist, one notable example is the CAPABLE program (Community Aging in Place – Advancing Better Living for Elders), 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. The State of Minnesota is helping to pilot this promising model in various places across the state, including several rural counties.

We dismantle ageism through education and communications.

Age-related stereotypes often are perpetuated with humor or offhand condescension, but ageism is real and its consequences are serious. Ageism—negative stereotypes, prejudice, and discrimination towards others or ourselves based on age— influences how policies related to older adults are developed, adversely impacts health, contributes to maltreatment of vulnerable older adults, and was widely noted as a factor in how systems and society treated older people in relation to COVID-19. As we internalize society’s negative messages about aging, it also impacts our health and well-being on an individual level and can even shorten life expectancy. This is a widespread issue that will require consistent work to begin to change. It is an important piece of age-friendly communities work.

All AAAs are working to address ageism in how they think about, communicate about, and approach their work. Several AAAs are using the Frameworks Institute’s “Reframing Aging” tools and recommendations to train staff and audit their own marketing and communications materials. Staff learn about language and themes to avoid as well as preferred alternatives shown to more effectively influence public policy and change the public’s thinking about aging.

Gaps, Considerations, and Opportunities

The following items present key points related to advancing Inclusion & Equity as part of Age-Friendly Minnesota. This is not an exhaustive list, but an important starting point.

- State-level and other government task forces, working groups, and other efforts to formulate and influence plans, policies, and funding decisions must include members whose race, ethnicity, culture, and other characteristics reflect the full population of the state of Minnesota.
- Efforts to uncover institutional biases and adopt practices that address disparities must be deliberate and ongoing. As part of this work, seek out and raise up the voices of older adults who experience disparities to share their lived experience, and use that input to directly inform the policies and programs seeking to serve them.
- Continue to train and educate staff and providers to understand, respect, and knowledgeably serve people from historically underserved groups. Training should include diversity, equity, inclusion, and access (DEIA) but also go beyond it to include cultural competency, which helps develop knowledge of and sensitivity to cultural issues and their many implications in planning and delivering services. This includes a recognition that people of color differ considerably from culture to culture. Further,

even those under one umbrella, such as Asian, includes older adults from Laos, Pacific Islands, and Korea, among others, each of which represents a distinct culture with different needs.

- Recognize the value and importance of existing and new community-based, culturally-specific organizations that are seeking to serve members of their communities. Increase support (financial and otherwise) of these organizations to increase their capacity to serve their community.
- The complexity of the current system is a barrier—even more so for people with limited English proficiency and/or those who, for any reason, have a limited ability to read.
- Continue partnership with the Minnesota Leadership Council on Aging, Minnesota Diverse Elders Coalition, and other key partners to work towards ending institutional barriers and race-based disparities facing Minnesota’s older adults.
- Strengthen connections between and actively learn from existing and new efforts that focus on people who experience disparities and advance equity for all older adults.

Examples of internal efforts include 1) the VAA Redesign and 2) DHS research project to examine racial and ethnic disparities in home and community-based services, both discussed earlier, as well as:

- Healthy Minnesota Partnership,¹¹ whose charge is to develop an approach for statewide health improvement that engages multiple sectors and communities across the state and assures that every person in every community can be healthy. The Partnership has a particular focus on equity, inclusion, and understands the degree to which systems and places influence our health.

Among others, additional research and efforts include:

- A recent report developed for Trellis (formerly Metropolitan Area Agency on Aging) includes important insights and recommendations related to barriers that influence the ability of older adults of color to access and benefit from Title III services. [Equity Assessment on Access to Title III Services for Native Americans and Minority Older Adult Populations](#) presents a community-centered view on racial equity and aging in the Twin Cities, with a special focus on both the common and unique needs of older adults in the Black, Latinx, and American Indian communities.¹²
- *50+ LGBTQ Needs Assessment Study* being conducted by Rainbow Health and University of Minnesota to provide actionable insight into the health needs of aging LGBTQ Minnesotans.
- *Immigrant Memory Collaborative* hosted by ACER (African Education, Career and Resource) and the University of Minnesota School of Public Health to learn about dementia caregiving strengths and needs in the African immigrant community.

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.

¹¹ Health Minnesota Partnership 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.

¹² [Equity Assessment on Access to Title III Services for Native Americans and Minority Older Adult Populations](#), SDK Communications + Consulting, June 2021.