Legislative Task Force on Aging

Draft Interim Report

April 2024

Executive Summary

The Legislative Task Force on Aging ("Task Force") was established by the Minnesota Legislature during the 2023 Session.[1] The Task Force was charged with reviewing state resources for an aging demographic; identifying necessary support for an aging population through statewide and local endeavors for people to remain in their communities; and ensuring all aging-related state policies are inclusive of race, gender, ethnicity, culture, sexual orientation, abilities, and other characteristics that reflect the full population of the state. From this review, the Task Force is ultimately tasked with identifying the governmental entity to plan, lead, and implement recommended policies and funding for all aging Minnesotans. The Task Force is comprised of 8 members, including 4 legislators and 4 aging professionals to provide a broad range of input and expertise.

From August 2023 through April 2024, the Task Force has heard testimony on diverse sectors that impact healthy aging and aging in community from agencies, researchers, and other stakeholders. This has included presentations on health care, caregiving, transportation services, housing, nutrition programs, care providers, social programs, built environments, and more. The Task Force is planning to hear future testimony on the financial security of older adults, the "longevity economy" and older adults in the workplace, and the health care systems. Testifiers have been asked to give an overview of information, data, and trends and provide a discussion on their recommendations to the Task Force for promoting a state where all can experience healthy aging in the community of their choice.

The Task Force also received public testimony, both in-person and through an online public testimony submission form on the Task Force's website.

This draft interim report reflects the Task Force's review of state aging resources and planning, and recommendations from presenters of various aging-related sectors.

[1] See Minnesota Laws 2023 Chapter 62, Article 2, Section 120

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REPORT LAST UPDATED 4/9/2024

Overview of the Task Force

The Legislative Task Force on Aging was established in 2023 to review and develop state resources for Minnesota's aging demographics. Through this review, the Task Force is charged with identifying and prioritizing necessary support for an aging population with both state and local ventures to help older Minnesotans remain in their communities. The Task Force has reviewed aging-related governmental programs and services across state departments, current plans to improve the health and care provider workforces, along with family caregivers. The Task Force has also reviewed strategies to improve the quality of long-term care and home care, as well as how to sustain neighborhoods and communities for an aging population. Planning efforts across the state were also reviewed, including projected impacts on housing options, land use, transportation, social services and health systems, and access and availability of safe and affordable rental housing options for aging tenants.

From this review, the Task Force on Aging is required to determine the governmental entity to plan, lead, and implement recommended policies and funding for all aging Minnesotans.

The Task Force's review will conclude with a final report to the Legislature, which will include an overview of the various sectors involved with aging in Minnesota, an analysis of current resources and data presented to the Task Force, and the group's recommendations to the Legislature on a proposed entity to plan, lead, and implement all aging-related funding and policies in the state.

It is widely agreed that health outcomes, of which life expectancy and quality of life are often used as a proxy, are not simply a factor of an individual's current physical health. Social determinants of health, defined as socioenvironmental conditions where people are born, live, work, and age that affect broad health and quality of life outcomes, are a more holistic view of health and livelihoods. As such, this report will be framed along the social determinants of health, including health care quality and access, neighborhood and built environment, social and community context, and economic stability.

This draft interim report represents the Task Force's review of data on Minnesota's aging-related programs and services and organizations' current plans and recommendations to prepare for our growing older adult population. For each presentation given to the Task Force, testifiers were asked to present a brief overview of information they perceived as critical the Task Force should know, along with their recommended opportunities to improve healthy aging and aging in community. This information is summarized in the *Overview of Testimony to the Task Force* section on page 8.

Enabling Legislation

2023 Minnesota Session Law, Chapter 62

Sec. 120.

LEGISLATIVE TASK FORCE ON AGING.

Subdivision 1.

Establishment.

A legislative task force is established to:

(1) review and develop state resources for an aging demographic;

(2) identify and prioritize necessary support for an aging population through statewide and local endeavors for people to remain in their communities; and

(3) ensure all aging-related state policies are inclusive of race, gender, ethnicity, culture, sexual orientation, abilities, and other characteristics that reflect the full population of the state.

Subd. 2.

Duties.

The task force shall review:

(1) all current aging-related governmental functions, programs, and services across all state departments;

(2) the current plans to improve health and support services workforce demographics;

(3) current public and private strategies to:

(i) support family caregivers for older adults;

(ii) define and support quality of care and life improvements in long-term care and home care; and

(iii) sustain neighborhoods and communities for an aging population;

(4) the necessity for planning and investment in aging in Minnesota to address:

(i) the longevity economy and the impact it has on the workforce, advancing technology, and innovations;

(ii) housing options, land use, transportation, social services, and the health systems;

(iii) availability of safe, affordable rental housing for aging tenants; and

(iv) coordination between health services and housing supports;

(5) coordination across all state agencies, Tribal Nations, cities, and counties to encourage resolution of aging related concerns; and

(6) from this review, determine the governmental entity to plan, lead, and implement these recommended policies and funding for aging Minnesotans across the state.

Subd. 3.

Membership.

(a) The task force shall include the following members:

(1) two members from the house of representatives, one appointed by the speaker of the house and one appointed by the minority leader;

(2) two members from the senate, one appointed by the majority leader and one appointed by the minority leader;

(3) the chair of the Minnesota Board on Aging, or a board member as designee;

(4) the chair of the Minnesota Council on Disability, or an agency employee as designee;

(5) the chair of the Minnesota Indian Affairs Council, or a council member, except the legislative council member, as designee; and

(6) the director of the University of Minnesota Center for Healthy Aging and Innovation, or a University of Minnesota employee as a designee.

(b) The speaker of the house and the senate majority leader shall appoint a chair and a vice-chair for the membership of the task force. The chair and the vice-chair shall rotate after each meeting.

Subd. 4.

Meetings.

(a) The task force shall meet at least once per month. The meetings shall take place in person in the Capitol complex, provided that the chair may direct that a meeting be conducted electronically if doing so would facilitate public testimony or would protect the health or safety of members of the task force.

(b) The task force shall invite input from the public, the leadership of advocacy groups, and provider organizations.

(c) The chair designated by the speaker of the house shall convene the first meeting of the task force no later than August 1, 2023.

Subd. 5.

Expenses; per diem.

Members serving on the task force shall receive the following per diem:

(1) the Board on Aging task force member who is a volunteer citizen member shall receive the per diem listed in Minnesota Statutes, section 15.059, subdivision 3;

(2) the Council on Disability task force member shall not receive a per diem;

(3) the Indian Affairs Council task force member who is a citizen member shall receive the per diem listed in Minnesota Statutes, section 15.059, subdivision 3;

(4) the University of Minnesota task force member shall not receive a per diem; and

(5) legislative members of the task force shall not receive a per diem.

Subd. 6.

Report.

The task force shall submit a report with recommendations to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services finance and policy and state government by January 15, 2025.

Subd. 7.

Expiration.

The task force expires January 31, 2025.

EFFECTIVE DATE.

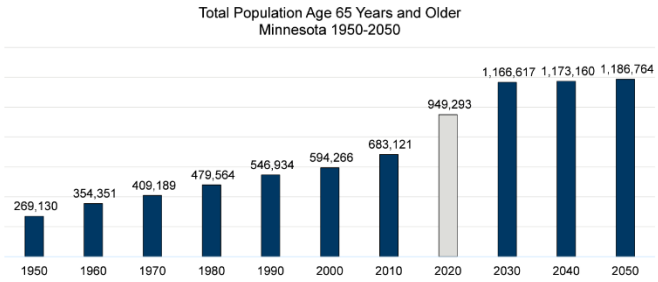
This section is effective July 1, 2023, or when the legislative leaders required to make appointments to the task force name appointees beginning the day after final enactment.

Overview of Testimony to the Task Force

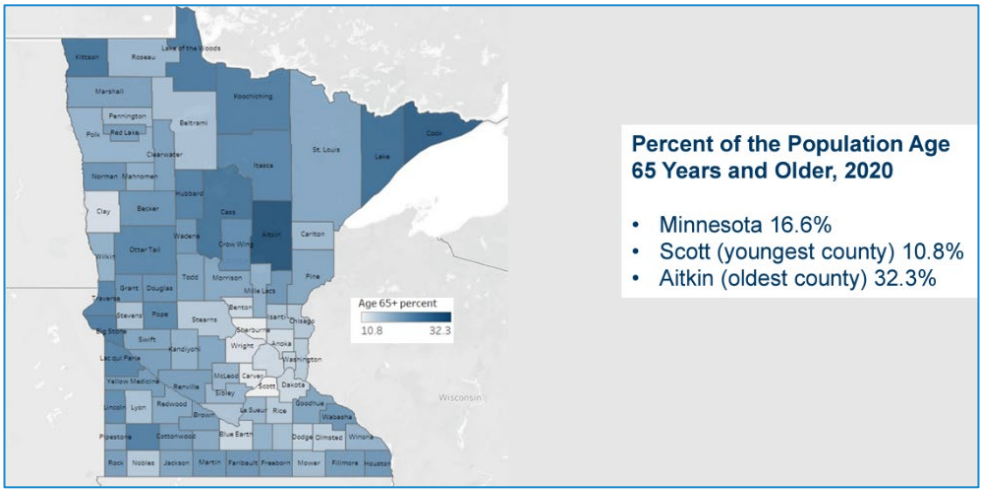
The State of Aging in Minnesota

Aging Demographics

Minnesota is one of the healthiest states in the country, and has high rates of civic engagement, volunteerism, and other metrics that factor into healthy aging. At the same time, these successes will create a permanent demographic transition to an older state, which requires an assessment of how our state and its communities are planning to address issues associated with growing numbers of adults living longer. The state is now home to over 1 million individuals aged 65 or older, outnumbering the population of school-age children.[2] Around 8% of this older adult population are people of color.[3] By 2030, the number of older adults will reach around 1.16 million and stay near that level though 2050.[4]



There are 25% more women aged 65+ than men, and 78% more women than men over the age of 85.[5] Adults over the age of 85 are the fastest growing age group in the United States.[6] Nearly 78% of women aged 85+ live alone, and older women rely exclusively on Social Security income at 2 times the rate of older men.[7] Greater Minnesota has a larger share of the state's older adults and is aging at a faster rate than metropolitan areas in part due to outmigration of younger people to urban areas.[8]



[2] Brower, "Older Adults and the Need for Long Term Services and Supports."
[3] Department of Human Services (DHS), "Overview of Services that Support Aging in Community."
[4] Brower, "Demographic Overview of Minnesota's Older Adults."
[5] Bussey, "Aging in Minnesota Fact Sheet 2022."
[6] Williams, January 9, 2024
[7] Bussey, "Aging in Minnesota Fact Sheet 2022."
[8] Brower, "Demographic Overview of Minnesota's Older Adults."

Moreover, 70% of women 65+ live in rural Minnesota.[9] Due to lower population density, it can be more challenging to adequately support health care access, transportation and housing programs, and other resources that promote healthy aging and aging in the community.

While it is necessary to understand the future challenges that this growing older adult population will create, it is also important to acknowledge the contributions that Minnesota's older adults bring to our state. Minnesota's population aged 50 and older is responsible for 57 cents of every dollar spent in the state – this is projected to increase to 62 cents by 2050 – and contribute $154 billion to the state GDP while holding 1.7 million jobs.[10] Older adults have the highest rate of formal volunteering of all population groups and provide the highest rate of childcare.[11]

According to Dr. Susan Brower, the State Demographer, Minnesota's aging demographics will create permanent, wide-ranging impacts across different sectors of society. Minnesota's labor force has already slowed, which may lead to diminished economic growth.[12] Public budgets will see impacts due to differing spending pressures that comes with an aging population, including costs for social and health care.[13] As Dr. Brower concluded in her first presentation to the Task Force, "policies put in place to address aging today will position the state to be in better alignment with future populations."

[9] Bussey, "Aging in Minnesota Fact Sheet 2022."
[10] Ibid.
[11] Grina, "Aging Task Force Testimony."
[12] Brower, "Demographic Overview of Minnesota's Older Adults."
[13] Ibid.

Health Care Access and Quality – Background Information

Older Adult Health in Minnesota

The Legislative Task Force on Aging heard many agencies and organizations give presentations regarding the health and care of aging Minnesotans. The reality presented to the Task Force is that all will age, and many will age to a point where they require some sort of care for their health needs. While Minnesota consistently ranks among the best states in terms of life expectancy, that alone is not an indicator for healthy aging, nor adequate preparation for our growing aging population. Providing care for those that develop a need for health care and other long-term services and supports (LTSS) will stress the state's health care systems and personal finances and public budgets, not to mention those that provide the care for this population.

There are 307,000 older adults that live with a disability in Minnesota; about 1/3 of this population lives alone in the community.[14] About 103,000 older adults in the community report having an independent living difficulty, making it hard to run errands or visit a doctor's office, and 54,000 older adults in the community have difficulty caring for themselves inside their own homes.[15] For the United States as a whole, 70% of adults who survive to age 65 will develop severe LTSS needs before they die, and 48% receive paid care over their lifespans.[16] Many older adults with severe LTSS needs rely solely on family and other unpaid caregivers.[17] 24% of older adult Americans receive more than 2 years of paid LTSS care, and only 15% spend more than 2 years in a nursing home.[18]

Falls among older adults constitute a critical public health issue for Minnesota. According to 2014 data, the total cost of falls among older Minnesota adults was more than $713 million per year.[19] 29% of adults over the age of 65 have reported a fall in the past year, and more than 48,000 falls-related emergency department visits and hospitalizations occur every year.[20]

[14] Brower, "Older Adults and the Need for Long Term Services and Supports."
[15] Ibid.
[16] Ibid.
[17] Ibid.
[18] Ibid.
[19] Minnesota Department of Health (MDH). "Older Adult and Elder Health and Well-being in Minnesota."
[20] Ibid.

The Department of Health (MDH) identified the need to reduce dementia risk and promote healthy aging by addressing chronic conditions. Earlier detection and diagnosis of dementia is critical, and Minnesota is not sufficiently screening for cognitive impairment. 40% of Minnesota adults who reported they felt they had trouble with their memory have talked about it with a healthcare provider, and only 30% of Minnesota adults with Medicare had an annual wellness visit in 2019, which includes cognitive screening.[21]

Rates of chronic disease for older adults 65+ in Minnesota are high: 84% live with at least 1 chronic disease, such as arthritis, cardiovascular disease, diabetes, high blood pressure, or high cholesterol.[22] Deaths related to chronic diseases impact populations of color in Minnesota at a higher rate and earlier in life.[23] Chronic disease-related spending for adults over the age of 60 is $9.3 billion and is projected to grow 60% by 2028.[24]

Chronic Disease	% MN Adults 65 and older with the disease
Arthritis	47%
Cardiovascular Disease (e.g., heart attack, heart failure)	19%
Diabetes	20%
High Blood Pressure	56%
High Cholesterol	50%
At Least 1 Listed Chronic Disease	**84%**

Caregiving, in of itself, is a risk factor for various chronic diseases. Caregivers to older adults are more likely to live with chronic diseases than non-caregivers (55% vs 48%).[25] Caregivers also report having worse mental health, and 30% report needing additional support in their caregiving role.[26] Welfare costs to caregivers are estimated at $2.5 billion per year.

Hearing loss is another aspect of the aging experience for many older adults. Nearly 2/3 of Americans older than 70 years old have a clinically significant hearing loss, and those with hearing loss are 24% more likely to experience some cognitive decline.[27]

There are large gaps in resources for aging Minnesotans experiencing age-related hearing loss. Many state resources for older adults do not include or refer viewers to information on age-related hearing loss, and community partners report challenges with supporting seniors in adapting to hearing and communication access technology.[28] Caregivers are often not fluent in American sign language. Additionally, hearing loss is not a part of standard screening protocol and can go undetected. Minnesotans on Medical Assistance (MA)

[21] MDH, "Older Adult and Elder Health and Well-being in Minnesota."
[22] Ibid.
[23] Ibid.
[24] Ibid.
[25] Ibid.
[26] Ibid.
[27] Minnesota Commission of the Deaf, Deafblind & Hard of Hearing, "Aging in Minnesota: Hearing Loss and Communication Access."
[28] Ibid.

often have difficulty accessing hearing aid services due to reimbursement rates and declining MA coverage.[29]

In 2020, 99,000 Minnesotans were living with Alzheimer's disease or related dementia (ADRD), and that number is expected to increase by 21.5% by 2025.[30] 95% of people with ADRD have at least one other chronic condition, and ADRD often complicates the management of those conditions, resulting in poorer health quality of life, and care costs.[31] Older Black, American Indian, and Hispanic Americans are more likely to have Alzheimer's or another form of dementia and are more likely to not be diagnosed than older Americans.[32] Medicaid costs for caring for Minnesotans with Alzheimer's in 2020 reached $905 million. That cost is expected to increase by 20.1% in 2025.[33]

Public budgets will need to shift to meet the rising costs of health care and LTSS for our aging population.[34] Tax revenues may be impacted by this demographic change, as federal and state tax systems are largely based on income and spending, which often decrease after individuals retire.

Health and Caregiving Workforce

Minnesota has around 640,000 family caregivers, of which most are women, that provide an estimated $8.6 billion a year in care to older adults.[35] An estimated 61% of family caregivers are in the workforce and provide care for an average of 4.5 years.[36] Over 170,000 family caregivers are providing care to a relative living with ADRD in MN.[37] In 2022, 163,000 caregivers for individuals with ADRD provided 225 million hours of unpaid care, at a value of $5.25 billion.[38] Nearly 60% of ADRD caregivers rate the emotional stress of caregiving as high or very high.[39] An estimated 40% of family caregivers of people with Alzheimer's and other dementias suffer from depression, and caregiver burnout is the leading cause for placement in assisted living or nursing homes.[40] As one respondent to the Task Force's online public testimony form stated, "Family members are carrying much of the burden at a significant

[29] Ibid.
[30] MDH, "Older Adult and Elder Health and Well-being in Minnesota."
[31] Alzheimer's Association, "Minnesota Legislative Task Force on Aging."
[32] Ibid.
[33] Ibid.
[34] Brower, "Demographic Overview of Minnesota's Older Adults."
[35] Vrolson, "Roles and Perspectives of Minnesota's Area Agencies on Aging."
[36] Ibid.
[37] Ibid.
[38] DHS, "Overview of Services that Support Aging in Community."
[39] Alzheimer's Association, "Minnesota Legislative Task Force on Aging."
[40] Ibid.

financial cost due to working less or not at all to care for family members. The reimbursement rate is virtually nonexistent unless the family becomes destitute."[41]

There is a noted lack of providers specializing in geriatrics to provide care for Minnesota's growing older adult population, even more so in Greater Minnesota, and aging adults require a disproportionate share of healthcare resources.[42] Geriatric care is often underemphasized in clinical training, at a time when Minnesota's growing older adult population will facilitate a further need for geriatric physicians, nurses, and other health care providers.

Long-Term Care

Long-term care (LTC) in nursing homes and assisted living has been declining over the past several decades, due in part to an increase in availability of and preference for services and care received at home and in the community. Currently only 3%, or around 33,000, of Minnesota's older adults ages 65+ live in long-term care facilities, such as nursing facilities or assisted living.[43] Quality of care is the top complaint category among individuals that contact the Office of Ombudsman for Long-Term Care.[44] Complaints across all categories, including care, autonomy, admission, facility policies and practices, environment, and abuse, grew 16% from 2021 to 2022, and complaints about care problems rose 30%.[45] Racial differences in nursing home residents' quality of life exist, with minority populations reporting lower quality of life than white residents.[46]

Despite this, access to quality, well-staffed, and compassionate LTC was identified as an important factor in aging in Minnesota for those that need it. According to the Long-Term Care Imperative, 79% of Minnesotans expect care within 30-40 minutes of their home community, and 80% of Minnesotans believe that people who care for older adults deserve comparable wages to other fields of health care.[47]

There are several Green House Homes, different than traditional nursing homes and one of the several 'scalable innovations' highlighted for the Task Force's consideration, in Minnesota. These facilities focus on person-centered care that includes resident direction, staff empowerment and relationships. Research shows that Green House Homes have fewer hospital readmissions and bedfast, catheter, and low-risk pressure ulcer indicators than traditional

[41] LCC Public Testimony Form, 55372
[42] Minnesota Association of Geriatrics Inspired Clinicians, "Minnesota Legislative Task Force on Aging."
[43] Brower, "Older Adults and the Need for Long Term Services and Supports."
[44] Office of Ombudsman for Long-Term Care, "February 9, 2024 Presentation."
[45] DHS, "Overview of Services that Support Aging in Community."
[46] Shippee, "Facility Differences in Nursing Homes Affect Quality of Life for Minnesota Minorities."
[47] Long-Term Care Imperative, "Aging Services in Minnesota."

nursing homes.[48] Data also show that Green House Homes lower Medicare spending by $7,700, or around 30%, per resident per year.[49] Episcopal Homes, which operates 6 Green House Homes in St. Paul, reports a 98% positivity score for quality of life and dignity of residents and 60% lower rehospitalization rates than the national average.[50]

Many states have made investments to improve quality of life and care for LTC recipients, but, according to Elder Voices Advocates, few of these have been implemented.[51] Consistent delivery of quality and compassionate care is required in LTC, which is supported by adequate staffing levels and investments to improve education, benefits, income, and working conditions for care providers.[52] Elder Voices Advocates highlighted the lack of statewide plans to ensure the LTC system is adequately addressing Minnesota's growing aging population.[53]

Long-Term Care Workforce

The LTC workforce is seeing staffing shortages that will be unable to adequately provide care for the growing older adult population that will need care. While certified nursing assistants and unlicensed personnel vacancy rates have been declining, they are still at 15.6% for assisted living facilities and 20.7% for nursing homes.[54] Additionally, 6.3% of assisted living facilities and 9.7% of nursing facilities are considering closure. [55]

Low wages for healthcare support and LTC workers exacerbate workforce shortages, with current median wages for personal care aides at $14.98 per hour, and median wages for nursing assistants at $16.83.[56] One respondent to the Task Force's online testimony form spoke to the shortage of the LTC workforce while also highlighting the need for alternatives to keep aging adults in their homes, stating that "Sufficient workforce should be a priority in order to ensure access to healthcare needs across all of MN, especially in our rural communities. This is a cost saving alternative to bricks and mortar type of residential care- keeping people in their homes to age in place is preferable and most cost effective for our healthcare systems."[57]

Table 1: Summary of Testimony on Health Care Quality and Access Resources and Recommendations to the Task Force

[48] Zimmerman, "The Green House Model of Nursing Home Care."
[49] Ibid.
[50] Episcopal Homes, "The Greenhouse Model of Care."
[51] Elder Voices Advocates (EVA), "Opportunities and Innovations Through a Department for Community Aging."
[52] Ibid.
[53] Ibid.
[54] Long-Term Care Imperative, "Aging Services in Minnesota."
[55] Ibid.
[56] Brower, "Demographic Overview of Minnesota's Older Adults."
[57] LCC Public Testimony Form, 55422

	Current Aging-related Resources	Recommendations to the Task Force
Long-Term Services and Supports - Department of Human Services (DHS)	• MnCHOICES - helps lead agencies complete LTSS and health risk assessments and eligibility for LTSS • Offers HCBS through Elderly Waiver and Alternative Care • MN Adult Abuse Reporting Center	• Address disparities in services access and outcomes • Increase support for vulnerable adults experiencing self-neglect • Strengthen support for family caregivers • Reach people earlier in their need for services • Reach middle income with financing options
Long-Term Services and Supports – Minnesota Board on Aging (MBA)	• Provides services (caregiver supports, meals, transport, falls prevention programs) through Older American Act funds • Advise on opportunities to meet changing needs of older adult populations • Advocate policies to legislature, Governor, and agencies that reflect the needs of older Minnesotans • MBA, along with Area Agencies on Aging, advocate, plan, develop, and deliver LTSS • Offers Senior LinkAge Line • Provides administrative support to Office of Ombudsman for Long-Term Care • Creates State Plan on Aging	
Long-Term Services and Supports/Home and Community Based Services – Area Agencies on Aging	• 7 Area Agencies on Aging statewide, connect people with resources and services, fund community partners, and advocate for resources and systems change • Plan, develop, coordinate, and deliver LTSS	• Strengthen support for family and friend caregivers
Falls Prevention – MDH	• Promoting falls prevention programs and supporting walkable communities	• Expand falls prevention campaign and scale up evidence-based programs identified through chronic disease prevention

	through Statewide Health Improvement Partnerships (SHIP)	programs and MDH grants (SHIP, Eliminating Health Disparities Initiative (EHDI), Healthy Brain) • Reimburse community-based organizations that offer prevention programs through Medicare, Medicaid, and commercial payors • Address social determinants of health (food security, social isolation, and environmental safety in home and community)
Alzheimer's Disease and Related Dementia – MDH	• Preventing, reducing and managing chronic diseases that are risk factors for ADRD through SHIP, EHDI, Healthy Brain grants • Funding community-based organizations (CBOs) to implement culturally competent brain health promotion and clinic-community linkage practices • Planning Alzheimer's Awareness campaign • Supporting primary care organizations to improve screening protocols and developing continuing education for Community Health Workers	• Increase funding to community partners to implement local solutions, and establish regional dementia screening and referral programs • Engage community health workers to train local messengers in communities to promote dementia risk reduction and connect older adults to resources • Follow Centers for Medicare and Medicaid (CMS) Guiding an Improved Dementia Experience (GUIDE) model to address gaps in primary care and promote provider continuing education
Alzheimer's Disease and Related Dementias – Alzheimer's Association	• Cooperates with Volunteers of America, Minnesota, to provide dementia services and caregiver support, including support of African American and East African older adults and caregivers • Respite Care Grants • Live Well at Home Grants	• Create Dementia Services Coordinator within MDH • Fund Eliminating Health Disparities Initiative and create Healthy Aging and Dementia Health Curricula • Simplify the Elder Care System • Educate Minnesotans about AD and other forms of dementia • Ensure that all health care settings, particularly PC, are equipped with the tools to recognize the signs of dementia and refer their patients for a cognitive assessment. • Raise awareness about available services and supports for early engagement for people with dementia and caregivers

		• Increase alignment between EW, AC, and OAA service lines. • Support caregivers w/ respite care grants • Support HCBS providers with sustained increases to the elder waiver • Expand access to respite care • Washington model
Chronic Condition Prevention and Management – MDH	• Promoting health care system changes to reach vulnerable patients, developing and advancing community-led strategies, and expanding community-clinic links	• Increase availability and access of prevention/management programs to vulnerable communities, and address barriers to participation • Create sustainable funding sources and efficient payment systems for chronic disease self-management
Caregiver Health and Wellness – MDH	• Partnering with community and primary care organizations that connect caregivers with resources • Collaborate with U of M Center for Healthy Aging and Innovation (CHAI) on caregiver supports	• Scale culturally responsive community outreach for caregivers with community health workers • Collaborate with statewide partners to utilize and engage health systems in best practices of caregiver support • Provide health programming specific to caregivers that address social, emotional, and health needs
Oral Health – MDH	• Monitoring oral health needs of older adults and tracking ED visits • Starting age-friendly medical-dental integration projects and dental homes in LTC about geriatric oral health • Integrating dementia education in dental training	• Foster cross-agency collaboration to develop age-friendly dental public health system • Train dental students and oral health professionals and community health workers in geriatric oral health
Information on Age-Related Hearing Loss – Minnesota Commission of the Deaf, Deafblind, and Hard of Hearing (MNCDHH)	• DHS Deaf and Hard of Hearing Services Division (DHHSD) • Hearing Loss Association of MN, Twin Cities • MN Deaf Senior Citizens	• Have state agencies partner with MNCDHH and DHHSD to update statewide older adult resources (hearing health, communication access, protective measures to mitigate increased risk for cognitive decline associated with hearing loss with information about hearing health and

		communication access, culturally and linguistically competent information) • Update statewide data collection efforts on seniors to include questions on hearing loss and accommodations needed • Raise awareness of DHHSD's telephone equipment distribution program and include information on hearing access technology in resources offered to Minnesota seniors
Health Care and Age-Related Hearing Loss – MNCDHH	• Complete and implement recommendations from MNCDHH Age-related Hearing Loss Task Force	• Screen all adults age 55+ for hearing loss (in accordance with MN St. 256C.233, subd. 3). • Allow ASL-fluent hospice workers and volunteers to work at multiple facilities statewide. • MDH collaborate with MNCDHH in their health equity initiatives and continue collaboration between MBA and MNCDHH. • Hearing aid access: study hearing aid services reimbursement rates and work with Minnesota congressional delegation to include hearing aids coverage in Medicare.
LTC – Episcopal Homes	• Operates and promotes Green House Home model of care	• Financial incentives for culture change and private rooms • Elevate licensed practical nurse (LPN) care to be considered for federal staffing mandate
LTC Workforce – Long-Term Care Imperative	• Working to alleviate LTC workforce shortage and access to care through workforce incentives • Commit EW program for community-based services for seniors in assisted living • Incentivize high school students to work in LTC through elective credits • Caring Careers program through grant funds from CDC and MDH	• Aging Services Payment/Reimbursement Policy and ensure EW rates are indexed to current wage data. • Continue advocacy for implementation of Program of All-Inclusive Care for the Elderly (PACE). • Nursing Home Worker pay, provide $5/hr average wage increase to NH workers. • Expand access to trained Medication Aide training programs, provide language accommodation for CNA applicant written exams, include assisted living settings in state summer health care internship programs, and expand grants to cover full cost of student employment for LTC settings

		• Allow health care facilities to recover penalties caused by negligent assignment of supplemental nurse staffing agency • Enable LPNs to work in assisted living settings to the same scope as they already do in other health care settings • Reinstate MDH-subsidized background studies
LTC Workforce – SEIU Healthcare MN	• SEIU represents over 4,000 nursing home workers in 30 NH - about 30% of the industry is organized	• Home care: workers benefits, retain self-directed PCAs. Interest based bargaining for 25-27 contract. Secure Choices Retirement Accounts. Health insurance. • Nursing homes need to raise wages/census/ NHWSB composition. First Labor Standard. • Inflation for Homecare programs. Promote self-direction, nursing home pensions. Immigration
Geriatrics Workforce – Minnesota Association of Geriatrics Inspired Clinicians	• Geriatric specialty society that supports multidisciplinary care consistent with older adult values and preferences	• Improve capacity at MDH beyond federal grant initiatives • Coordinate services and care across health care continuum, especially in MN rural areas • Incentivize geriatrics education and careers and promote interest in geriatrics among PCPs • Ensure skilled workforce in geriatrics across the continuum of care • Include clinicians to be at the table with MDH and DHS. Expand medical director role • Innovate in long-term Clinical Care: • Leverage Medical Directors and geriatric focused primary care providers • Broader use of telemedicine
Geriatrics Workforce – Geriatric Workforce Enhancement Program	• Promotes age-friendly primary care, and educates health professionals on geriatric care • Dementia care and support for families and direct care providers	• Increase faculty and professionals specialized in geriatrics • Incentivize and train faculty, students, and health professionals to provide age-friendly care (scholarships, stipends, loan forgiveness) • Implement and incentivize AF and Dementia friendly practices into PC and dental care

Community Health - Trellis	• Juniper – a statewide social care network for chronic health conditions, prevent falls, and promote wellness. Bridges gap between social and medical care	• Invest in community care hubs to improve the aging experience, bend the cost curve and secure Minnesota's leadership in addressing health-related social needs • Evaluate recommendations from the Own Your Future study for legislative implementation in the next biennium • Create a cabinet-level position for aging and community living to support aging care innovations and to address service and systems issues that affect older adults
Aging Services and LTC – Elder Voices Advocates	• Supports federal minimum staffing standards and Medicaid institutional payment transparency reporting	• Establish a Department for Community Aging to coordinate and optimize existing age-related programs and services that are currently fragmented across different departments • Develop and sustain a LTC workforce statewide and scale and deliver innovations • Have Department lead a multisector Statewide Plan of Action in collaboration with counties, cities, and private sector to meet economic, health, and social challenges due to aging demographics
Home-based services – Community Aging in Place, Advancing Better Living for Elders (CAPABLE)	• 2 CAPABLE sites existed in MN, ended due to grant completion	• Cooperate with and build off of existing home-based innovations with AAAs • Expand CAPABLE program (state legislation, required benefit inclusion, or innovation-driven pilot program

Neighborhood and Built Environment – Background Information

Transportation and Mobility

Several sectors fall within the neighborhood and built environment determinant of health, including housing and transportation resources. Transportation was identified by many presentations and testifiers as one of the most critical requirements for healthy aging and aging in community – as Director Kate Williams with the Regional Transportation District of Denver stated, "A clinic is no good if you can't get there. A food bank is not good if you can't get there […]. Transportation underlies everything."

Adults 65+ have more trips than any other age group in Minnesota[58], and older adults outlive their ability to drive by 7-10 years.[59] Moreover, 1 in 5 older adults do not drive at all.[60] In the metro area, 8.5% of adults 65+ have no vehicles at home.[61] Due to a lower density of destinations and resources, transportation needs will grow for older adults in greater Minnesota, where many will need to rely on a personal vehicle or will become dependent on transit services.[62] Adding to this issue, consolidation among healthcare providers is creating greater distances between sites, requiring people to travel further for those services.[63] Public transit is expanding in Greater MN but cannot accommodate all the needs of elderly and disabled transit users.[64]

One solution to rural transit for older adults proposed to the Task Force was volunteer drivers, which, according to the Center for Rural Policy and Development, are the most cost-effective mode of essential rural transit services. While volunteer drivers make up a large portion of transportation services in Greater Minnesota, their numbers are falling.[65] According to a 2019 survey of transit providers around Greater MN, 68% report they are having trouble recruiting volunteer drivers, and 54% have cancelled trips due to volunteer driver shortage.[66] There are various causes of this shortage, including low charitable mileage reimbursement rate, no reimbursement to "no-load miles" (miles driven without a passenger), and fear of reduced social security benefits.[67]

Regardless of where one lives, Minnesota is a car-centric state which creates barriers to mobility and accessible transportation that older adults may need to rely on for necessary

[58] Minnesota Department of Transportation (MnDOT), "Legislative Task Force on Aging."
[59] Vrolson, "Roles and Perspectives of Minnesota's Area Agencies on Aging."
[60] Ibid.
[61] Metropolitan Council, "Legislative Task Force on Aging."
[62] MnDOT, "Legislative Task Force on Aging."
[63] Center for Rural Policy and Development, "Aging Rural Minnesota: The Future of Volunteer Drivers.
[64] Ibid.
[65] Ibid.
[66] Ibid.
[67] Ibid.

tasks, such as doctor's appointments or grocery shopping.[68] Winter can be a particularly isolating time for Minnesota's older adults, as several testifiers commented on the necessity to improve snow-removal infrastructure, and clear snow and ice off sidewalks and public spaces.

Table 2: Summary of Testimony on Transportation and Mobility Resources and Recommendations to the Task Force

	Current Aging-related Resources	Recommendations to the Task Force
Greater Minnesota Transportation Resources – Minnesota Department of Transportation (MnDOT)	• In 2022, Greater MN had 35 public transit systems and 6 tribal transit systems • Developing a Greater Minnesota Transit Plan with Spring 2025 completion • Participates in transportation access coordination with MN Council on Transportation Access • Active transportation and Complete Streets planning • Developing Statewide Bicycle System Plan • Makes investments in accessibility and ADA compliance of pedestrian facilities • Sponsor and facilitate Regional Transportation Coordinating Councils (RTCCS) and Transit Coordination Assistance Projects (TCAPs) to coordinate regional transit services	• Continue to be supportive of funding for Greater MN transit and active transportation
Greater Minnesota Transportation Resources – Arrowhead Regional Transportation Coordinating Council	• One of 7 RTCCs in MN, which work to improve access for transportation services • Assist and implement priorities in local Human Services Transportation Plans	• Provide adequate reimbursement rates for non-emergency medical rides, specialized transportation service rides and other state supported transportation services • Develop policy directive on how non-emergency medical transportation providers communicate service area

[68] Minnesota Council on Disability, "Testimony on Transportation for People with Disabilities in Minnesota

	• Formalize coordination plans to engage and work with providers and service agencies	changes or discontinuation of service in an area or region • Expand Medicaid Managed Care transportation service contracts • Change MnDOT procurement guidelines to allow for smaller vehicles/minivans • Increase capital investment for vehicle and specify funding for technology needs • Support development and operation of transportation services to events and locations outside of health care and after normal business hours • Support sustainability and/or expansion of public transit • Dedicate appropriation for mobility managers through Office of Transit for development of local programs
Volunteer Drivers – Center for Rural Policy and Development, and Volunteer Driver Coalition	• Nonprofits, communities, RTCCs, AAAs and others support advocacy to reduce barriers for volunteer drivers to support older adult mobility	• Support MnDOT's efforts to improve Greater MN's transit systems. • Modernize rural transit with cleaner vehicles and seek new innovation and best practices from around the country • Help volunteer driver recruitment through community outreach • Consider reimbursing transit orgs for no load miles
Transportation Accessibility – Minnesota Council on Disability	• Extensive network of accessible buses and light rail within urban areas, with audio/visual announcements at stations and priority seating options • Paratransit services exist for door-to-door services • GoMarti pilot program in Grand Rapids	• Remove car-centric policies that create barriers to accessible transportation • Add more trains, busses, and ride-share programs, which create a more pedestrian-friendly environment • Connect paratransit services with mainstream public transit • Increase accessible transit options in Greater MN
Transportation Services – Area Agencies on Aging	• Provides transportation services	• Increase services in rural communities • Clarity on requirements for nonprofit providers of volunteer transportation • Designate state funding for community-based transportation solutions • Volunteer mileage tax reform

Metropolitan Area Transportation – Metropolitan Council	• Offers Metro Mobility, with a $100 million annual budget and nearly 2 million annual ridership • Older adults 65+ have access to discounted fares on Metro Transit	
Transportation Development – Regional Transportation District (RTD) Director Kate Williams		• Create transit-oriented communities/development

Housing

Housing is a key component to aging in the community, affecting mental health, social and civic engagement, and access to care and food, among other aspects of healthy aging. 96% of Minnesotans 65+ live in households outside of group quarters such as nursing or assisted living facilities.[69] Of those, 55% live with a spouse or partner and no others, and around 29%, or around 270,000 Minnesotans live alone.[70] 78% of older Minnesotans live in homes they own, and homeownership remains high for all older adult age groups through age 84.[71] Compared to all age groups, 65- to 74-year-olds are the least likely to move.[72] As well, 22% of Minnesota's older adults rent their housing.[73]

According to 2016 data, 16,400 homeowner households of extremely low-income older adults in MN have home rehabilitation needs to remain in their homes.[74] On average, rehabilitation costs are nearly $16,000 per home, creating $250 million of rehab needs from 2016 to 2021.[75] 52% of the Minnesota Housing Finance Agency rehabilitation loan program are older adults, though this program has constraints as local administrators run the programs and local contractors do the work.[76]

Housing is often developed for older adults rather than with them.[77] Factors that should be considered which impact quality and accessibility of housing include finances, maintenance, and mobility.[78] One public testifier added to this, stating that "Properties that rent to seniors

[69] Brower, "Older Adults and the Need for Long Term Services and Supports."
[70] Ibid.
[71] Minnesota Housing, "Legislative Task Force on Aging: Housing for Older Adults."
[72] Ibid.
[73] Brower, "Demographic Overview of Minnesota's Older Adults."
[74] Minnesota Housing, "Legislative Task Force on Aging: Housing for Older Adults."
[75] Ibid.
[76] Minnesota Housing, "Legislative Task Force on Aging: Housing for Older Adults."
[77] Ramsey County Public Health, "Healthy Aging and Housing."
[78] Ibid.

need to recognize that many of their residents have mobility and other issues that require some level of safety. This will require regulatory oversight to make sure that basic safety is met. They aren't renting to 20-year-olds."[79] Housing developers will need to start incorporating universal design principles, such as no-step entries, wider doors and hallways, and lever handles, to adequately conform to the current and future needs of Minnesota's aging population that want to age in their homes.[80]

Furthermore, there are large housing needs for older adults in Greater Minnesota. In Olmsted County, for example, housing units for older adults that has been delivered compared to what was in demand is insufficient.[81]

Table 3: Summary of Testimony on Housing Resources and Recommendations to the Task Force

	Current Aging-related Resources	Recommendations to the Task Force
Housing Choices and Affordability – MHFA and John Patterson, Age-Friendly MN	• Section 202 Housing with Rental Assistance Contract • Project-Based Section 8 Rental Assistance and Preservation Affordable Rental Investment Fund • Public Housing • Housing Infrastructure Resources	• Support diverse housing choices and rehab and retrofit existing housing, both rental and owner-occupied • Develop new housing that is age-friendly with universal design • Develop age-restricted senior housing • Support funding for: Housing Infrastructure Resources; Economic Development and Housing Challenge; Rehabilitation Loan Program; Preservation Affordable Investment Rental Fund; Rental Rehabilitation Deferred Loans; Publicly Owned Housing Program • Support age-friendly housing efforts (connect housing with services and transportation, CAPABLE) • Promote alternative age-friendly housing (Accessory dwelling units, shared housing, intergenerational home sharing, cohousing communities, multigenerational housing, missing middle housing) • Promote age-friendly communities (holistic planning with housing,

[79] LCC Public Testimony Form, 56301
[80] Johnson-Reiland Builders and Remodelers, "January 9, 2024 Presentation."
[81] Olmsted County, "Greater Minnesota Housing for Older Adults."

		transit, outdoor spaces, social life, work, and community health services) • Make the Governor's Council for Age-Friendly MN a permanent entity

Greater Minnesota Housing – Olmsted County Housing	• Priority to enhance housing options for seniors
	• Co-designing and planning senior housing with community partners of Coalition for Rochester Area Housing
	  ○ Work to create and raise awareness of diverse housing options
	  ○ Understand role of transportation with housing for aging in community
	  ○ Simplify programs
		• Fund housing rehabilitation programs
		• Implement statewide rental assistance program and modify Housing Support Program
		• Construct new multifamily and single-family housing (older adult housing currently not prioritized in the state Qualified Allocation Plan, and modify housing infrastructure bonds to include senior housing
		• Support local housing options (flexible funds to assist counties)
		• Tax policies that allow seniors to age in place
		• Reduce administrative burden

County Housing – Ramsey County Public Health	• Heading Home Ramsey for homeless older adults • Living at Home/Block Nurse programs provide options to have care and support at older adults' own homes	• Create older adults as a category of long-term homelessness to be eligible for state rapid rehousing services and change the prioritization based on high need and add 65+ as one criterion • Increase meal delivery, safe transportation and infrastructure and in-home services to age at home • Uptake universal design principles and improve affordability of ADA compliant housing • Have housing developers talk to older adults
Universal Design – Johnson-Reiland Builders	• Develops housing that satisfies universal design standards	• Improve education on reverse mortgages • Finance missing middle housing • Standardize zoning techniques • Educate on benefits of universal design
Housing Development – RTD Director Kate Williams		• Promote and develop multigenerational and multicultural housing communities

Economic Stability – Background Information

Economic stability impacts access to many factors that affect healthy aging in the community of one's choice, including care, nutrition, housing, transportation, and more. This is particularly important considering incomes generally decrease as we age past retirement. While the poverty rate for older adults has consistently dropped since 1960 due to the enactment of programs such as Medicare, it significantly increased between 2020-2021 due to the COVID-19 pandemic.[82] According to 2021 data, around 110,000 Minnesotans who live alone had a total household income of less than $25,000.[83] According to Elder Index, a tool that calculates how much income older adults require to meet basic needs, a single older adult in Minnesota needs around $24,000 to meet their costs.[84] In the Twin Cities metropolitan area, 18% of older adults age 65+ have an income less than 185% of the federal poverty threshold, and 31.5% live in households whose housing costs exceed 30% of total income.[85]

Housing Costs

Housing affordability is intertwined with aspects of healthy aging. Many older adults would like to downsize but cannot afford to do so.[86] Single level ranch-style homes have become one of the highest priced types of homes in all parts of the United States, in part because people are thinking ahead about where they would like to live when they get older.[87] Most government entities are not offering benefits that lead to downsizing, such as property tax exemptions. Around 31% of older adult households are housing cost burdened,[88] and oftentimes there is no weight given to age for affordable housing eligibility.[89]

Testimony to the Task Force also highlighted several gaps in affordability and housing types for older adults. As one respondent to the Task Force's online testimony form stated, "affordable housing for [the] elderly isn't affordable if you are single. You cannot pay over $1000 dollars when you make $1300."[90] Another member of the public responded they "would like to move out of the large house that I raised my family in, but my community, Virginia, MN lacks options for active elders that are affordable. In addition, my house needs work in order to sell it for [its] real value."[91]

[82] Brower, "Demographic Overview of Minnesota's Older Adults."
[83] Ibid.
[84] Ibid.
[85] Metropolitan Council, ""Legislative Task Force on Aging."
[86] Williams, "January 9, 2024 Testimony"
[87] Ibid.
[88] Brower, "Demographic Overview of Minnesota's Older Adults."
[89] Williams, "January 9, 2024 Testimony."
[90] LCC Public Testimony Form, 55372
[91] LCC Public Testimony Form, 55792

Nutritional Security

2023 was Minnesota's hungriest year on record, with a record number of visits to food banks.[92] According to 2021 estimates, 3.8%, or over 47,000, of adults 60+ were food insecure.[93] Food insecurity for older adults is intensified for historically marginalized populations. Nationally, senior food insecurity is worse for seniors and older adults who are Black, Latino, or have a disability.[94] Food insecure seniors are more likely to have chronic health conditions and limitations in daily activity, and multigenerational households experience elevated rates of food insecurity. The rate of food insecurity is rising as pandemic-related aid and funding is ending.[95]

Various programs assist older adults with access to food, including food banks, Meals on Wheels, Supplemental Nutrition Assistance Program (SNAP), and Commodity Supplemental Food Program (CSFP).[96] The current minimum SNAP benefit level is $23 per month, which fell to this level after the loss of SNAP emergency allotments.[97] CSFP has seen a decrease in the number of users, possibly due to difficulty of outreach and lack of culturally relevant foods.[98]

Transportation Costs

Affording transportation can be an issue, particularly for older adults on a fixed income – the average cost to own and operate a vehicle is $11,000 per year.[99] Public transportation can be a lower cost option for older adults, as transit service providers often offer rides at a lower rate.[100] However, local governments' share of the cost to serve older riders is expected to double from 2020 to 2030.[101]

Costs of Care

According to the State Demographer, many older adults report difficulty in affording LTC and services and supports. 43% of American adults nationally say they are not confident they will have the financial resources to access the care they may need as they age.[102] Of those nearing retirement aged 50-64, only 28% say they have enough money saved that could be

[92] Second Harvest Heartland, "Senior Hunger in Minnesota Current State & Policy Priorities."
[93] Ibid.
[94] Ibid.
[95] Ibid.
[96] Ibid.
[97] Ibid.
[98] Ibid.
[99] MnDOT, "Legislative Task Force on Aging."
[100] Ibid.
[101] Ibid.
[102] Brower, "Older Adults and the Need for Long Term Services and Supports."

used to pay for future living assistance expenses.[103] Nationally, 90% of adults report that it would be very difficult or impossible to pay the estimated $100,000 per year at a nursing home, and 83% report this difficulty or impossibility to pay for a year of care from a paid nurse or aide.[104] Nursing homes are exceptionally expensive for the vast majority of older adults; only 14% of adults 65+ could finance living in a nursing home with their monthly income, and only 5% of those with severe LTSS needs could finance it.[105] Around 74,000 Minnesotans over 65 live in the community with a disability and make an income of below $14,580.[106] As one respondent that testified to the Task Force's online form stated, it is "very hard to find support without paying a lot out of pocket."[107]

Caregiving for a friend or family member is an expensive prospect. On average, 26% of caregivers in the U.S. spend a quarter of their income on caregiving expenses, and African American, Hispanic, and Asian American spend more than white caregivers.[108] Most caregivers are women, exacerbating gender wealth gaps.[109] 64% of solo agers, those who, by choice or by situation, live with support traditionally provided by family, receive only unpaid care, and only 22% of solos pay for care.[110] According to 2023 data, the welfare cost to Minnesota caregivers, in terms of value of time and future employability, is $2.5 billion per year, and caregivers' out-of-pocket expenses is $3 billion every year, not to mention incalculable costs to loss of wisdom and community interactions, and workforce contributions.[111]

Table 4: Summary of Testimony on Economic Security Resources and Recommendations to the Task Force

	Current Aging-related Resources	Recommendations to the Task Force
Housing Availability and Affordability – Ramsey County Public Health and RTD Director Kate Williams	• Housing Stability Department works to reduce barriers and racial disparities, and key housing functions that create pathways to affordable housing • Healthy Aging Coordinator promoting housing affordability	• Promote the Silvernest program, which encourages older adults to make roommate arrangements with other older adults • Give weight to age when considering eligibility for housing affordability programs

[103] Brower, "Older Adults and the Need for Long Term Services and Supports."
[104] Ibid.
[105] Ibid.
[106] Ibid.
[107] LCC Public Testimony Form, 55446
[108] MDH, "Older Adult and Elder Health and Well-Being in Minnesota."
[109] Vrolson, "Roles and Perspectives of Minnesota's Area Agencies on Aging."
[110] Camp, "Why Solos Matter."
[111] MDH, "Older Adult and Elder Health and Well-Being in Minnesota."

Nutritional Insecurity – Second Harvest Heartland and Hunger Solutions	• Provided 128 million meals in 2023 – along with meals provided through 5 other MN food banks • Older adult food support provided through Meals on Wheels, SNAP, and CSFP	• Increase SNAP minimum benefits to $50 for older adults • Support access to food in rural communities • Fund food delivery, especially to older adults with disabilities • Increase access to culturally relevant food, including in CSFP • Increase support for prepared food
Nutritional Security – Area Agencies on Aging	• Partner with community organizations to provide meals to older adults	• Strengthen reliable source of nutrition for frail and food-insecure seniors
Affording Care - DHS	• Funds for Home and Community-Based Services through Older Americans Act Federal funds and Elderly Waiver/Alternative Care	• LTSS financing options and public-private program integration
Transportation – Metropolitan Council	• Older adults 65+ have access to discount fares	

Social and Community Environment – Background Information

Social contexts of living and aging that involve interactions with friends, family, and the community have significant impacts on quality of life and aging. Many aging adults, however, live without the support of a beneficial social environment. Solo agers make up around 30% of the older adult population, and 62% of baby boomers worry they will be a burden to children or other family members.[112] In a nationwide survey of solo agers, 67% of respondents had no help with household activities, 71% had no one to help with finances, and 51% said they had no planning for health needs.[113] Current aging-related systems and infrastructure is mostly aimed towards those with traditional family support, and with Minnesota's increasing aging population, there will be an increasing number of solos across all future generations.[114]

Broadband access is critical to consider when providing services and offering some of the social aspects of living and aging in the community. According to the Surgeon General, loneliness and isolation is at epidemic levels, especially among older adults.[115] Prioritizing broadband access, especially for older adults, is vital.

Table 5: Summary of Testimony on Social and Community Environment Resources and Recommendations

	Current Aging-related Resources	Recommendations to the Task Force
Social Connection and Housing – Ramsey County Public Health and RTD Director Kate Williams	• Living at Home/Block Nurse Programs, that provide social connection and companionship visits	• Promote Silvernest older adult roommate finder
Solo Agers – Linda Camp	• Development of Backup Plan Model & Tool • Launch of 8 Solos Groups, with 3 more in 2024 • CLE Training on Solos for 130 Elder Law and Estate Planning attorneys • Inclusion of Solo Agers as target population in MBA State Plan on Aging	• Identify and prioritize solos in aging initiatives, including work plans, age-friendly plans, and outreach • Prioritize resource gaps impacting solo agers in allocating state funds for aging services • Include needs of solos in addressing workforce issues to include decisional support workers • Incorporate solo agers in existing data gathering

[112] Camp, "Why Solos Matter."
[113] Ibid.
[114] Ibid.
[115] Rose, "Testimony at February 9, 2024 meeting of State of Minnesota Legislative Task Force on Aging."

Broadband infrastructure – All Elders United for Justice		• Categorize broadband as a necessary utility, and affirm taxpayer ownership in broadband infrastructure • Regulate services so high costs are not passed down to older adults

Task Force Recommendations

RECOMMENDATIONS TO BE ADDED WHEN FINALIZED

Appendices

INSERT ALL PRESENTATIONS AND TESTIMONY TO THE TASK FORCE (AVAILABLE ON TASK FORCE WEBSITE)