

**Section IV**  
FFY 2005-2008 State Plan on Aging  
Minnesota Board on Aging  
**STATE PLAN FOCUS AREAS  
AND OUTCOMES**

**MBA POLICY DIRECTIONS**

The Focus Areas and strategies in this plan are broadly based on five policy directions adopted by the MBA:

- Help older people (and their families) help themselves to maintain their autonomy in their preferred choice of residence.
- Ensure cost-effective use of public dollars by targeting resources to those most at risk (with particular attention to low income, minority persons) and maximizing scarce resources, including labor.
- Shift from an "institutional" model to a "support " model of long-term care; rebalance the state's long-term care system to increase the availability of community-based options.
- Promote knowledgeable consumer direction and choice; include consumer feedback in making funding decisions and in reshaping services.
- Encourage age-friendly communities that accommodate the needs and expectations of their older residents, and that promote opportunities for older persons to contribute in meaningful ways to the life and vitality of their communities.

**FOCUS AREA 1**

**HEALTHY AGING**

Health promotion and disease management strategies are critical for preserving health, preventing physical, emotional or cognitive decline, improving quality of life, and controlling rising health care costs. The incidence of chronic disease and disability increases with age, and chronic diseases such as cardio-vascular disease and diabetes can be prevented or at least delayed by modifying risk factors such as proper nutrition, controlling blood pressure, maintaining a healthy weight, regular physical activity, and not smoking. Older persons must be encouraged to assume personal responsibility for planning to meet their current and long-term care needs. The MBA will continue to target limited public resources to those at highest risk and to their caregivers. Through partnerships with tribes, other state agencies and local organizations, the MBA will target communities with identified health disparities—including low income, minority and frail/disabled persons who may have difficulty accessing health care.

## OUTCOMES and MEASURES

1A **Health promotion/education:** Reduce unnecessary health risk in old age.

Measure/s:

- Implementation of annual statewide health promotion or self-help campaigns in collaboration with the Aging Network and new partners including other state agencies, local chapters of health organizations, other non-profit providers, and the University of Minnesota.

1B **Target nutrition services to high risk persons:** Continue progress toward locating new congregate dining sites in settings that are specifically accessible to those who are at highest health risk and targeting home delivered meals to highest risk elderly.

Measure/s:

- Number and proportion of total dining sites located in affordable housing,
- Nutrition risk scores of home delivered meals recipients.

1C **Reduce health disparities through partnerships with community-based organizations and culturally competent programming:** Participate in local implementation of Healthy Aging Initiative in partnership with the Center for Disease Control and Prevention, Chronic Disease Directors, NASUA and AoA. Develop and provide culturally acceptable health and mental health education and programs to improve access and reduce health disparities across culturally diverse groups. Continue to implement and improve Wisdom Steps Preventive Health Program for American Indian Elders in the areas of health screenings, medicine management, nutrition and physical activities.

Measure/s:

- Established partnerships between MBA and the MN Department of Health, the University of Minnesota and chronic disease organizations (viz., local chapters of health and mental health organizations) and service providers in minority communities.
- Increased documentation by Tribal and Indian Health Services of health screening results and referrals to preventive health programs.
- Mortality rates by age, race and ethnicity in Minnesota.

1D **Improve chronic care management and overall health outcomes:** Foster linkages between OAA and other community-based service programs with health-care programs to provide more seamless support for persons with chronic illnesses, especially persons with compromised mental health and cognitive functioning. Advocate for raising expectations

for geriatric competence among health care providers who serve older Minnesotans.

Measure/s:

- A new model specifically focused on improved chronic care management will be implemented and accessible to at least 20% of the state's elderly.
- Numbers of persons (both elderly consumers and their caregivers) who are assisted through with Alzheimer's programs to improved health care and personal well-being.

## FOCUS AREA 2

### COMMUNITIES THAT OFFER A RANGE OF AFFORDABLE SERVICES AND SUPPORTS TO MEET INDIVIDUAL NEEDS

The preference of most older persons is to stay in their own homes or apartments in their own communities, and to maintain their daily habits and routines to the extent possible—even when challenged by reductions in functional and/or cognitive abilities. However, over the past 40 years, some communities have lost both population and economic vitality, making them increasingly unable to provide the basic services and supports needed by aging residents. Helping communities to be "senior friendly" requires looking at the wider issues regarding economic and workforce development as well as transportation. The MBA strongly supports re-balancing Minnesota's long-term care system, away from institutional supports and toward home- and community-based services that help individuals stay in their own homes and apartments. Because family members (with support from neighbors, friends and "hired help") currently provide about 95% of the daily assistance needed by very frail elderly in the community, these family and other informal caregivers need assistance to lessen the burden of caring. Federal Older Americans Act funds must be used to strategically leverage the entire range of community resources—family, friends and neighbors, civic and faith-based organizations, local businesses, public and tribal units of government—to support older Minnesotans in their communities of choice.

#### OUTCOMES and MEASURES

2A **"Rebalance" spending of limited public LTC dollars:** Assist counties and their sub-contracted health plans to focus public resources on identified gaps in community-based long-term care services, and to reduce artificial barriers to home care for low-income, at-risk older persons.

Measure/s:

- Proportion of public LTC dollars that fund home and community base services for at-risk elderly as opposed to nursing facilities.

- Percent of at-risk elderly who are able to remain in their own homes and apartments.

**2B Strengthen the statewide caregiver support network**

Ensure that family and other informal caregivers in all parts of the state are aware of and have access to assistance early on in order to extend and improve the quality of informal care.

Measure/s:

- The number of persons who receive caregiver support services annually.
- The number of counties that offer consumer-directed caregiver models to eligible persons.

**2C Promote optimum use of resources:** Integrate informal resources as appropriate into community support services. Continue to seek economies of scale and use of distance technologies—especially in rural areas.

Measure/s:

- Maintain number of units of service, despite flattened or reduced funding.
- Number of partnerships in which informal personnel (e.g., volunteers, family and neighbors) and/or technologies expand formal service capacity.

**2D Strengthen consumer direction models to better help people to help themselves:** Extend the availability and flexibility of services through the application of new assistive technologies and consumer-directed models. Use consumer feedback to inform decision-making regarding service design and funding – including summary information from the Senior LinkAge® Line.

Measure/s:

- The proportion of county-administered public funds that are used to provide assistive devices, consumer-directed programs and informal caregiver support.

**2E Improve service access to minority and American Indian communities:** Develop public and private partnerships with both tribal and urban American Indian communities, Mutual Assistance Organizations and other groups that emerge from minority communities to assist them to develop culturally appropriate long-term care programs/services for eligible elderly.

Measure/s:

- The number of eligible minority and Indian elders enrolled in public home and community services programs.

**2F Improve transportation for older Minnesotans:** In partnership with the Minnesota Department of Transportation and local transportation

providers, develop statewide plan to coordinate existing transportation programs in order to maximize the use of existing capacity (including volunteer drivers).

Measure/s:

- The number of counties that report improvement in overall transportation accessibility in biennial statewide Gaps Analysis.

### **FOCUS AREA 3**

## **ELDER RIGHTS AND PROTECTIONS FOR OLDER MINNESOTANS, ESPECIALLY THOSE AT RISK**

Older Minnesotans need to understand their rights, benefits and responsibilities under the law. Good information is key to effective self-advocacy and new web-based access is making it easier for many persons and their families to have immediate access to consumer-friendly information and resources. Nonetheless, many individuals, and particularly those at highest risk, need an advocate to help guide them through confusing paperwork or, in some cases, to represent their interests on their behalf. The federal Older Americans Act requires states to create a comprehensive system to both advocate on behalf of residents and other vulnerable elderly and to identify and redress instances of abuse, neglect or exploitation and redress instances of maltreatment which includes abuse, neglect and/or financial exploitation.

### **OUTCOMES and MEASURES**

3A **Elder rights:** Promote the rights of older Minnesotans, particularly those who are vulnerable and promote a community-based advocacy resource through Ombudsman and other programs.

Measure/s:

- The number of professionals who use curriculum circulated via the Internet to assist them in identifying elder abuse.
- The number of consumers educated on long-term care standards and quality measures.
- Legal Services address the needs of elderly who are victims of abuse, neglect or financial exploitation.
- The number of counties who have an adult protection team to review protective services cases and coordinate responses to vulnerable elderly consumers.

- 3B Elder advocacy:** Increase and improve advocacy service for older Minnesotans through Ombudsman and other programs. Resolve systematic problems in LTC to decrease consumer complaints
- Measure/s:
- The number of long-term care consumer complaints resolved through Ombudsman intervention.
  - Level of accuracy of elder maltreatment reporting in Minnesota, and use of the data to reduce opportunities for abuse, neglect and financial exploitation.
  - The number of subsequent reports of elder maltreatment on an individual consumer is reduced.
- 3C Service quality and accountability:** Promote and expand the development of effective accountability mechanisms (including consumer feedback) for services provided in community and residential settings
- Measure/s:
- Management information systems for in-home services routinely include customer feedback as part of quality evaluation.
  - Volunteer and informal oversight is available in non-institutional service settings.
  - Protective services are available and revised as necessary to support consumers in community and residential settings.

## **FOCUS AREA 4**

### **EASY ACCESS TO INFORMATION**

Older Minnesotans and their families need accurate and objective information in order to plan for their own futures and to make informed decisions in regard to supplementary services and supports. This is a particular challenge when a health care crisis or disability requires that older persons make changes in their daily routine. Public education regarding the realities of aging coupled with good information about all the options available can also prevent or postpone the use of public safety net services through the use of less costly—and preferred—community or self-help alternatives. The concept of "no wrong door" also means that all data sources can be inter-connected via new Internet and other communications technologies. This inter-connected information network vastly improves the quality, timeliness and accuracy of data available and allows those individuals who so wish to access information directly. So, no matter whom a person initially contacts, they will have access to accurate and helpful local information. In addition, many also need assistance with navigating the complex and often confusing aging services and benefits system and need the personal assistance that only one-on-one communication can provide. The MBA promotes easy access to information and assistance for older persons and their

families, thus allowing Minnesotans to access the spectrum of formal and informal services in their communities and make good decisions about their care.

## OUTCOMES and MEASURES

- 4A **Improve and expand Senior LinkAge® Line:** Promote clear and objective information across cultures and generations. Improve and expand Senior LinkAge® Line to be the telephone resource that most Minnesotans would use if they had a question about caregiving or support services for seniors, and a practical tool to aid them in evaluating their options. Promote Information competence among providers and consumers.

Measure/s:

- The proportion of older Minnesotans who recognize Senior LinkAge® Line (SLL) as the place to call for information about aging services and resources.
- The number of calls handled annually.
- The number of hits on MinnesotaHelp.info.
- Consumer satisfaction levels as measured by the SLL survey.

- 4B **Use new information and internet technologies:** Identify and apply new technologies and/or software to integrate information across databases, respond to consumer requests in real time, improve consumer and provider access to accurate, current information, and make getting information as efficient as possible.

Measure/s:

- Increased use of PDA (and other) specialized IT applications that improve information management for service providers.
- Implementation of an automated screening tool built into MinnesotaHelp.info that prioritizes options based on evidence-based criteria.
- Software application that allows crosswalk between service choice and eligibility determination (viz. MinnesotaHelp.Info and HealthMatch).

- 4C **Increase face-to-face consumer assistance statewide** through regional and sub-regional networks of Senior Outreach Specialists (SOS)—whether volunteer, stipended or paid.

Measure:

- Ratio of SOS providers to number of persons age 60+ in each Planning and Service Area meets state standards.

- 4D **Promote better public understanding of aging policy and research information:** The MBA web page, [mnaging.org](http://mnaging.org), is a reliable resource for information regarding the MN Board on Aging and its priorities and

programs, as well as issues, and research data related to the needs and resources of older Minnesotans.

Measure:

- Number of hits on [mnaging.org](http://mnaging.org).

- 4E **Ensure "No Wrong Door" interconnectivity among information brokers, quality staff (training and competence) and information (accuracy and completeness):** Ensure that information providers are well-trained and inter-connected.

Measure/s:

- Percentage of staff in aging "specialty information areas" (SLL, DLL, SHIP, HIC) meet state and national training and competence standards.
- Number of information brokers—counties, clinics, libraries, clergy, etc.—who access the database.

## FOCUS AREA 5

### STRATEGIC ROLES FOR AREA AGENCIES ON AGING

The MBA supports Minnesota state strategies to re-shape the system of services and supports for older people in Minnesota. With generally flat OAA funding, and significant demographic changes across the state, a new administrative configuration – new Planning and Service Areas and sub-areas for local work -- has been developed to ensure efficient and effective administration and to focus resources on the activities necessary to transform Minnesota's service and support systems. The work will be guided by state-wide AAA standards in three critical areas: (1) administration of Title III and other resources, (2) information and access services, and (3) local services development and/or redesign. Area Agencies and their stakeholders will continue to refine local strategies to meet these statewide quality standards.

#### OUTCOMES and MEASURES

- 5A **Strengthen AAA administrative capacity:** Ensure OAA administrative accountability, capacity to manage increasingly complex budgets and to use new management information and E-business technologies to track service use, quality, and expenditures.

Measure/s:

- All AAAs have MIS capacity for Continuous Quality Improvement (CQI) in management system.
- Implementation of consumer driven evaluation mechanisms for nutrition programs.

- 5B **Develop and improve home- and community-based services**

The highest priority focus of the Aging Network over the next several years is to reshape and expand the range and availability of in-home support services, working in regional and community partnerships (with both public and private providers) to fill identified gaps in services—to give older Minnesotans and their families more choices in meeting their LTC needs.

Measure/s:

- AAAs meet Program Development and Coordination outcomes in their Area Plans.
- Development of successful and sustainable Community Service/Service Development projects.

**5C Improve information access and assistance**

AAAs must ensure that information and assistance regarding the options available in any given community are (a) accurate, (b) easily accessible and (c) useful to the consumer. As this system evolves, emerging telecommunication technologies should be utilized that maximize access and minimize cost.

Measure/s:

- Consumer information and assistance staff meet state standards.
- SOS personnel meet state standards.
- Data integrity for MinnesotaHelp.info database meets state standards.

**5D Target Title III programs and services:** Limited public funds for senior nutrition and other programs must be targeted to those who are at highest risk, including low income minorities and persons who are geographically or socially isolated.

Measure/s:

- MBA/AAA negotiated goals for service participation among minority, high-risk and low-income persons are met.

## **FOCUS AREA 6**

### **STATE AND LOCAL AGING LEADERSHIP**

Over the next 15-20 years, increasing numbers of well educated, vital retirees in communities across the state can play leadership roles in local problem solving as well as to understand and advocate for necessary changes in both public and private policies. There is currently a shortage of new senior volunteers to both raise awareness of aging issues and to actively become involved in solving them. In addition, consumer-self advocacy will be necessary to ensure quality in the growing private "market" for services and supports. The MBA encourages and supports the emergence of a new cadre of leaders at all levels in Minnesota

## OUTCOMES and MEASURES

- 6A **Raise public awareness of aging issues** among state and local leaders and increase public support for developing and implementing effective solutions.

Measure/s:

- MBA annually convenes statewide aging advocacy groups to collaboratively develop effective aging legislative strategies.
- Specific positions and priorities of the Board are reflected in State Legislative and Executive actions.

- 6B **Encourage leadership roles specifically for older Minnesotans** in both public and private sectors. Collaborate with partners in Advocacy Leadership to recruit and support participation and to develop strategy and materials to increase leadership skills and effectiveness of Aging Advisory Committee members statewide.

Measure/s:

- Number of persons who complete the Advocacy Leadership training program.

- 6C **Maximize the effectiveness of consumer self-advocacy** and strengthen the ability of older persons to advocate for themselves.

Measure/s:

- Numbers of persons enrolled in consumer-directed service options.