



## MINNESOTA BOARD ON AGING

### Strategic Plan – 2010

**Background:** The Minnesota Board on Aging developed and submitted a three-year plan to the Administration on Aging (2008-2010 State Plan) that covers its intended work under the Older Americans Act, and annually submits updates to that plan that reflect the changes on both federal and local mandates and resources. Federal policy direction to the Board emphasizes:

- Empowering individuals to make informed choices,
- Providing more choices for high-risk individuals,
- Building prevention into community-living; and
- Implementing the Choices Demonstration through competitive matching grants to states that include program evaluation regarding outcomes and performance measures

The Board has partnered with the Department of Human Services and the MN Department of Health in *Project Transform 2010*—a joint initiative to help prepare the state for the aging of the Boomer generation. This plan reflects the 5 Transform 2010 themes for action:

- Help individuals prepare for retirement
- Support families as caregivers
- Foster communities for a lifetime
- Integrate and improve health and long-term care, and
- Maximize use of technology

Finally, the State Plan outlines the MBA's collaborative relationship with other federal and state long-term care programs, especially the Medicaid program, and state Legislative Initiatives (*viz.* Essential Community Supports and Return to Community). This document integrates the Board's strategies for 2010 (**indicated in bold type**) into the State Plan, and includes a Goal specifically related to the roles of the MBA members.

## **GOAL 1: Empower older adults and their families to make informed decisions about, and be able to easily access, home and community-based services**

Federal and state policies stress the importance of accurate and timely information made available to help older persons and their families (as well as all persons with disabilities) to know their choices and options in regards to community services and supports. The Senior LinkAge Line®, [www.MinnesotaHelp.info](http://www.MinnesotaHelp.info)®, and the suite of MinnesotaHelp Network information tools are critical to helping Minnesotans understand and utilize services and resources. Information should also be available to help people to prepare in advance for their own aging and retirement, to use the web-based *Choices* tools for decision-making, and to help them maximize their own resources. The Area Agencies on Aging are also committed to growing their capacity to provide in-person assistance to older adults and family caregivers. Community partners, such as libraries, clinics, and community centers can be important sources of connection to the MinnesotaHelp network of tools and resources.

### **Initiatives**

1. Expand the Aging and Disability Resource Center (ADRC) program—the MinnesotaHelp Network—in multiple ways: develop new access and outreach sites with partners such as counties, hospital discharge planners, health care system providers, and Centers for Independent Living. Through the *Return to the Community* Legislative initiative, provide information to low-need persons in nursing homes about services and supports that might enable them to live in their own homes or apartments.
2. **Promote technological solutions to information dissemination and decision-making.** Increase MinnesotaHelp Network tools to support decision-making by older adults and family caregivers, including the Long-Term Care Partnership Program, tools to help them make informed decisions, such as the Choices tool and a Live Chat feature added to [MinnesotaHelp.info](http://MinnesotaHelp.info).
3. Expand capacity of the Aging Network to provide in-person assistance such as long-term care options counseling, support planning to targeted high risk older adults and family caregivers. Continue to provide evidence-based caregiver support training.

## **GOAL 2: Enable older adults and family caregivers to sustain their community living by accessing flexible, affordable and effective services.**

Current service models and spending patterns are not sustainable with the aging of the population. New service approaches must be offered that are attractive and useful to consumers, and that empower them to better conserve and extend their own resources. It is also essential that scarce subsidy dollars are strategically targeted to persons who are at high risk, and that the interventions are effective. For example, the Dementia Identification project targets supports to families and persons who are at high risk for both caregiver stress and high service costs. Minnesota's Aging Network is well-positioned to complement the state's *Essential Community Supports* Legislative initiative to target older adults who are at-risk for nursing home placement and Medicaid spend-down.

### **Initiatives**

1. Expand local provider collaborations that include aging services, health/medical care, faith-based and other strategic partners to identify high risk older adults and family caregivers. Use the *Rapid Screen* tool to identify high risk older adults and family caregivers to **improve targeting of OAA and other public programs; focus public dollars on high-risk, pre-Medicaid persons who are most vulnerable.**
2. Explore and test new flexible, affordable and evidence-based and/or evidence-informed interventions to **focus public dollars on programs that are most effective.**
3. Continue to develop models of consumer-directed services in the nutrition and caregiver support programs, through clearer **understanding of (and planning based on) the changing LTC Market; new definition of "rebalancing" based on changing market preferences**
  - **Develop strategies to address loneliness among elderly, lost sense of social connection.**
  - **Promote technological solutions to in-home monitoring, telehealth, telepresence; new technologies to support persons in their own homes and apartments.**
4. Work with rural and urban parts of the state to develop concrete plans for dealing with demographic trends that will be evident with the 2010 Census—generally decreasing population in some parts of MN and increasing cultural diversity; understand "needs" perspectives across cultures.
  - Support Area Agency on Aging efforts to develop capacity and processes to leverage funding sources other than Title III (private pay, fee for service, third

party payors), **focusing on service sustainability**, including but not limited to consumer-directed options.

- **Promote leadership training in LTC management to improve LTC workforce retention and recruitment. Basic management/ leadership skills should be required.**

### **GOAL 3: Empower older adults and family caregivers to manage their own health risks.**

The number of persons with disabilities and health problems will increase as the proportion of older persons in the population increases. Close to 80% of persons over age 65 have one or more chronic conditions and 65% have multiple chronic conditions. Health care costs rise exponentially with the number of chronic conditions, especially if one is dementia. While many chronic conditions cannot be cured or eliminated, many of the risk factors associated with chronic conditions can be ameliorated through community-based interventions to improve diet and encourage exercise. Falls also pose significant health concerns for older adults, 30% of whom fall each year. Older adults' risk for falls can be reduced through evidence-based interventions that also address chronic conditions. The Aging Network provides the statewide infrastructure to deliver evidence-based interventions to older adults and family caregivers that will reduce health and long-term care costs.

#### **Initiatives**

1. **Keep thinking “upstream” – viz. prevention – to reduce “subsequent” problems.** Expand collaborations with aging services, health care, and other strategic partners to strengthen referrals to evidence-based and evidence-informed interventions.
  - Promote referrals to evidence-based interventions such as EnhanceFitness, Matter of Balance and the Chronic Disease Self-Management Programs.
  - Support dissemination of the Healthy Eating for Successful Living program, the Arthritis Exercise and Arthritis Self-Management Program.
  - Promote referrals to the Minnesota Memory Care Initiative; continue to translate New York University Caregiver Intervention model in Minnesota.
  - Encourage older adult participation in statewide, population-based health promotion strategies focused on obesity and tobacco cessation.
2. Promote the use of preventive benefits available under Medicare through improved referral to tools on [MyMedicare.gov](https://www.mymedicare.gov) and the “My Health. My Medicare” campaign to raise awareness of Medicare preventive benefits.

3. Implement second phase of the Senior Nutrition Task Force recommendations regarding new models to reach the OAA target populations.
4. Advocate for older adult access to improved modes of health care as mainstream health care system reform progresses in Minnesota.
  - **Stay current with state and federal Health Reform initiatives, to monitor and manage and their impacts on older Minnesotans.**
  - Educate older adults and their family members about health care clinics through MinnesotaHelp Network.

#### **GOAL 4: Ensure the rights of older adults and prevent their abuse, neglect and exploitation.**

State success in rebalancing long-term care has resulted in an increasing proportion of frail individuals who are now supported in their own homes in the community. The state's current nursing home-focused system for long-term care accountability must also be "rebalanced" to better serve frail and sometimes vulnerable persons in decentralized locations in the community. The federal Older Americans Act requires states to create a comprehensive system a) to advocate on behalf of residents and other vulnerable elderly, and b) to identify and address instances of abuse, neglect or exploitation. The MBA will work with the Department of Human Services and other partners to strengthen the Ombudsman and Adult Protection programs to better meet the changing needs of frail and vulnerable persons. In addition, there is a growing number of grandparents and other relatives who are the primary caregivers to children, resulting in a need for legal education and resources that specifically addresses the challenges and concerns of grandparent caregivers.

#### **Initiatives**

1. **Expand the capacity of Long-Term Care Ombudsmen and Adult Protection to meet the needs of older adults who are increasingly choosing home and community-based service options (including assisted living).**
  - Work with the Minnesota ElderCare Rights Alliance to measure and report on the capacity of the current system to ensure protection of frail and vulnerable elderly receiving in-home care in their own homes and apartments.
  - Launch online training module for mandated reporters regarding elder maltreatment and how to report it.

2. Increase access to elder rights support and advocacy through the MinnesotaHelp Network.
3. Enhance the adult protection data system and quality infrastructure: link the separate monitoring databases on licensure and investigation; create reports of system and provider performance and consumer feedback.
4. Disseminate legal education and resources to grandparent and other relative caregivers.

## **GOAL 5: Prepare Minnesota for the aging of the population.**

The age wave of baby boomers will represent a permanent shift in the age of Minnesota's population and will bring with it both challenges and opportunities. Through the Transform 2010 community forums, Minnesotans shared concerns about labor shortages, the future of Social Security and Medicare, the capacity of our health and long-term care systems, and the ability of families to continue their high levels of eldercare. At the same time, a growing number of providers and leaders reinventing the way they do business in the context of an aging population. The MBA and the Area Agencies on Aging play a key role in a) helping individuals take more personal responsibility for their long-term care, b) facilitating necessary service/system changes, and c) supporting community-wide processes to become more livable for all ages.

### **Initiatives**

1. Raise awareness of population aging and its implications for all sectors (but change label from Transform 2010) through presentations to community leaders and community groups across the state.
2. Improve the ability of Minnesota's communities to support older adults. **Explore incentives to communities** to promote: a) housing options that support aging in place; b) **basic IT infrastructure (e.g., broadband, WIFI) to expand both work options for older adults and telehealth/long-term care monitoring**, c) basic home- and community based service capacity; and d) of Medicaid and state-funded home and community-based services.
3. Strengthen volunteer and faith-based community programs that provide incentives for mutual support, through technical assistance, grants/contracts requests, sharing of best practices (within Minnesota and from other states), and leader/coach training.
4. Support business and community efforts that encourage older adults to continue working in both paid and volunteer roles—especially in a time of economic downturn,

explore options to address the impact on older workers (e.g., disincentives to work, discrimination, out-moded skills).

5. Expand capacity for transit alternatives through **coordination with state and local transportation agencies**. Support CS/SD proposals to test new models, especially the **broader application of technology** to schedule, track, and bill for transportation services.
6. Partner with higher education to recruit, train and maintain a larger cadre of geriatric-trained health care staff, including new types of professionals to better meet the long-term and chronic health care needs of the future. **Promote the development and use health care staff with a broader scope of practice (e.g., generalists vs. specialists)**.
7. Ensure inclusion of the needs of older adults in the development and implementation of emergency preparedness plans.

**GOAL 6: Increase the knowledge and understanding among key stakeholders about the Board's key initiatives.**

Two of the Minnesota Board on Aging's key responsibilities are to advocate for older Minnesotans and their families by promoting policies that fairly reflect the needs and interests of older Minnesotans, and to provide objective information to critical stakeholders and partners regarding programs directed toward helping Minnesotans age well and live well. The Board members themselves play an important role in implementing the MBA's Strategic Plan by helping to disseminate the information and strategies contained in this plan. In particular, Board members can assist in implementing Goal 3 of this plan which is focused on developing new partnerships with health care providers in order to be in the "right place at the right time" for referrals to evidence-based health promotion and disease/falls prevention programs. Board members can also disseminate MBA messages regarding Goal 5's strategy to raise awareness of population aging, with particular emphasis on implications for communities and businesses.

**Initiatives**

1. **Promote the implementation of key MBA policies through strategic presentations to targeted audiences. MBA members can work with MBA to improve communication with key partners regarding Goals 3 and 5 in this plan.**

2. Continue to identify annual Legislative Priorities that reflect the Board's Strategic Direction, and to advocate for those priorities with the state's legislators.

## Additional Board Activities

The following ideas and suggested activities are administrative in nature, and will be individually assigned for MBA consideration

1. **Advocate with Minnesota's Congressional Delegation to modernize OAA, to reorganize priorities (and funding streams) toward services needed today; advocate to OAA for more effective programs.**  
OAA reauthorization is upcoming.
2. **Focus the AAAs on areas of highest impact; redefine their purpose in the context of other players.**  
A refocus of AAA roles is in process.
3. **Explore role of MBA in implementing the Outstanding Senior program.**  
Not yet assigned for evaluation.
4. **Consolidate and/or focus and/or move the Senior Corps Volunteer programs (viz. RSVP, Senior Companion and Foster Grandparents) elsewhere, not MBA.**  
Currently under review by the Board's Program Operations Committee.
5. **Review the effectiveness of the Family- and Resident Councils implemented by the ElderCare Rights Alliance.**  
Currently under review by the Board's Public Policy Committee.