MN2030 Looking Forward
Renewed energy and insights for an age-friendly Minnesota

Minnesota Board on Aging and
Minnesota Department of Human Services, Aging and Adult Services Division

2019
The Minnesota Board on Aging (MBA), in partnership with the Department of Human Services (DHS), is looking forward to 2030. It is the year when the state’s largest age group—“baby boomers”—turn 85. The term “baby boomers” refers to the population that was born during a period of high fertility rate in the U.S. from 1946–1964. Typically, this is the age when people choose or need congregant living (housing that provides some level of assisted care). As of 2019, the state is past the midpoint between its original vision for the long-term services and supports system, crafted by the 2000 legislatively-mandated Long-Term Care Task Force.

Since 1997 Minnesota has been studying the impact of this permanent demographic shift and assessing the needs of Minnesotans so they have fulfilling lives as they age. In relation to other state aging initiatives and the legislative proposal, Reform 2020, the results have informed statewide and community strategies and guide planning and policy change. And while the priority for studying the impact has been to prepare the state’s long-term care facilities and services to meet the needs of its oldest residents, it is essential to challenge negative beliefs and attitudes about older people and to encourage sectors (like transportation, housing, employment, schools, etc.) to have a role in making communities age-friendly—where all Minnesotans are treated with dignity and respect, regardless of age.

MN2030 Looking Forward is a renewed effort to guide the state forward to ensure older Minnesotans live fulfilling lives. Each stage of this effort allows the state to assess long-term services, reaffirm strategies (such as supporting older Minnesotans to age in their home community), and recalibrate priorities.

Learn more at mn.gov/dhs/mn2030/background
MN2030 (and its report, MN2030 Looking Forward) is a joint strategic planning project of the MBA and DHS. In this spirit, MN2030 offers a more robust framework, the latest input from diverse communities, and practical ideas to inspire people, public agencies, organizations, and private sectors to make our state age-friendly.

What we did with the learnings from community conversations:

- Developed Minnesota’s State Plan on Aging to define the roles of MBA and DHS in preparing Minnesota for 2030
- Developed tools that others can use to understand how the state is changing, how it impacts them, and what they can do to prepare for their future

We also heard loud and clear in the community conversations that we need to engage all parts of our state and communities in getting ready for 2030—public and private sector, and all aspects of our communities. To that end, we will work with other interested stakeholders to receive designation by the AARP as an age-friendly state.

What you can do:

MN2030 is about all of us and about what we want our future to look like when we’re older—as a state and for each of us as individuals, our families, and our communities. We are building on many years of successful work—be a part of getting the state to the finish line.

- Learn about the Age-Friendly Framework and its eight domains so you can prepare yourself, your family, your organization or your community for 2030
- Take the pledge at mn.gov/dhs/mn2030/take-the-pledge
- Give your input through our survey at tinyurl.com/MN2030survey

MN2030 Vision

Minnesota is a great place to grow up and grow old, where all Minnesotans are treated with dignity and respect, regardless of age.
About Long-Term Services and Supports (LTSS)

The Minnesota Board on Aging contributes to the state’s system of long-term services and supports (LTSS) by administering the Older Americans Act through AAAs. The MBA also operates direct service programs, including the Senior LinkAge Line and the Ombudsman for Long-Term Care, and other programs for older adults and their families. Long-term services and supports represent a range of supports for people who need special services due to aging, disabilities, or health conditions. Home and community-based services (HCBS) are a subset of LTSS and are provided in homes and other community settings. Home and community-based services help people live in their own homes and communities. Programs provide increasing support as people’s needs grow, and each has different eligibility requirements and funding sources. This continuum of services is depicted below.

Demographics and social characteristics

By 2030 there will be 1.4 million Minnesotans—nearly a quarter of the state’s population—who will be older than 65 years old. And, non–urban areas are more likely than urban areas to have higher populations of older people. Thirty-two percent of urban Minnesotans are age 50 or above, but this figure rises to 38 percent in large towns, 41 percent in small towns, and 44 percent in rural communities.¹

Aging demographics, coupled with longer life expectancies and increased disability rates with age, will likely strain our publicly-funded LTSS system. Often cited is the value of unpaid caregivers in Minnesota. Unpaid help provided by family and friends serving as caregivers is valued at $7.9 billion a year and exceeds State Medical Assistance expenditures.² Society’s reliance on this “workforce” is unsustainable. Demand for caregivers is growing because of longer life expectancies and more complex medical care, yet, caregiver supply is shrinking because of declining marriage rates, smaller family sizes, and greater geographic separation. In 2015, there were seven potential family caregivers for every person over age 80. By 2030, this ratio is expected to be four–to–one, and by 2050, there will be fewer than three potential caregivers for every older person.³

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Values that drive MN2030

As Minnesotans, we have worked together over the years to ensure we can stay in our homes as we age. This is what most of us want, what makes our communities strong, and what proves to be most cost-effective. It is a strategy that has made our state a leader that others turn to for helping shape their policies.

We now have an opportunity to lead in maximizing what each of us can contribute as we, on average, live longer and healthier lives. In just a few years, one-fifth of our population will be age 65 or older; this represents a gold mine of resourcefulness, creativity, and experience we must tap for the health of our state.

Older Minnesotans today serve as workers and volunteers in government, our schools, faith communities, civic organizations, the arts, and other places that make our communities vibrant, enjoyable places to live. Older adults already are helping to alleviate a caregiver shortage likely to become more severe in the years to come. Many are not only supporting their own parents, but their children, grandchildren and other family members and friends.

We are encouraged to see that many Minnesotans are ready for change. People participating in MN2030 community conversations sponsored by our agencies ranked respect and social inclusion high on issues our state should address as we prepare for the year 2030. That is the year baby boomers will begin to turn 85 and one in five Minnesotans will be over the age of 65.

Ingenuity

The MN2030 initiative is about building on our successes and nurturing bold ideas to shape our future as we grow older. We want to make Minnesota a great place to grow up and grow old. We want all Minnesotans to treat each other with respect, regardless of age.

We have learned through conversations with Minnesotans that people of all ages want to be connected with and learn how to support each other. Older adults have come forward in these discussions with ideas for making that happen and with creativity and energy to solve other community problems.

The same ingenuity that has made Minnesota a national leader in supporting older adults can help us see aging differently. We can re-frame how we look at older people who, if we think about it, are ultimately the people we all hope to be.

Equity

An important goal of MN2030 is an intention to better serve unserved and under-served populations. While the population of older people of color and American Indians is relatively small, the population is expected to grow. With this growth will be a rise in the number of people needing LTSS. The MN2030 status check, Developing Strategies in Cultural and Ethnic Communities, describes strategies Minnesota developed to reach and support older people of color and American Indians. The status check also describes areas that require closer consideration. As a percentage of the population, White non-Hispanic people over 65 has decreased while communities of color increased between 2000–2015. The population of American Indian or Alaskan Native (as a percentage of the population) remained the same between 2010–2015.

Justice

The value of justice is another key component to MN2030 Looking Forward. Justice requires recognizing that all members of society are equal. To achieve the future that we want, we must confront the injustice of ageism and work to reshape society so that everyone is fully included in their communities, regardless of age. This means pursuing opportunities to address disparities and reach cultural and ethnic populations. This also includes, ensuring all Minnesotans have the tools to take charge of their health and make informed decisions.

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Re-framing aging

One of the key influences of MN2030 was research from the FrameWorks Institute, a non-profit think tank that helps organizations and policymakers strategically rethink a topic by critically looking at assumptions and current world-views. As informed by the FrameWorks Institute our aim was to refocus how to converse with all Minnesotans about aging. In 2017, the MBA and DHS introduced the FrameWorks Institute principles internally to employees and externally to partners in the aging network. The introduction was done by a series of trainings and presentations by the Frameworks Institute and carried forward by MBA and DHS staff.

The FrameWorks Institute uses proven strategies to re-frame a public conversation around aging and ageism. Ageism is largely unconscious. Our exposure to pervasive negative messages about older people and their capabilities leave us with a prejudice we may not even be aware of. The negative effects of this bias, however, can be dramatic. It can range from workplace discrimination and harassment to social exclusion and neglect to egregious abuse in older adult care settings. Ageism affects the economic security of many older adults who would like to be working. Stress, depression and a higher risk of heart disease result when we internalize negative messages about growing older. Conversely, a Yale University study showed that positive attitudes about aging could extend life by more than seven years. Standing in the way of these benefits is ageism: discrimination based on prejudices about age. It can be directed at people of any age, but when directed at older people it assumes older people are less competent than younger people and need to be taken care of.

With an updated communication strategy, the intention was to affirmatively discuss the demographic change. Our goal was to change mistaken beliefs and language used in the past and we did so by changing our written and verbal communication with stakeholders. We avoided common thematic traps like fatalistic language (“silver tsunami”), paternalism (“little old people”), and conflict (“us vs. them,” “struggle,” “battle,” and “fight”). Instead, our communication included affirmative and neutral language. We also asked stakeholders for creative ways to improve our programs and policies. And we conveyed to stakeholders the importance that older Minnesotans are not a homogeneous group but individuals with distinct desires.
MN2030 in context

In 2006 the World Health Organization (WHO) created a network, the Age-Friendly Cities and Communities, to prepare the world for the rapidly aging society. Its framework includes eight domains of livability that impact older adults and can be used to help a community gauge, organize, and prioritize how to become a livable community. For example, a livable community ensures that social supports are in place so that people can age in their community and it ensures that people have affordable housing choices that are appropriate for their needs at different ages and abilities. Like MN2030, the National Association of Area Agencies on Aging has also found this framework useful and draws from it to present strategies in its report, Making Your Community Livable for All Ages.

World Health Organization’s eight domains

The eight domains of the Age-Friendly Cities and Communities framework consider the social, economic, environmental, and lifestyle factors that influence health and aging for everyone, including older adults. The WHO recognizes that to make a community age-friendly is to have participation from people of all ages, especially older adults. The WHO based these domains on research that shows close connections or complementary effects between each domain. For example, transportation is dependent on effective communication and information, and housing interacts with social participation. When all domains converge, an age-friendly community is created.

Becoming an age-friendly state

As a supplemental purpose, MN2030 also supports efforts for Minnesota to earn AARP’s designation of an age-friendly state, one that has livable communities for people of all ages. The AARP Network of Age-Friendly States and Communities is the United States’ affiliate of the WHO’s Age-Friendly Cities and Communities initiative. The value for Minnesota to be designated as an age-friendly state is beyond a symbolic commitment; it requires action planning to make it a reality. As of 2019 four states (New York, Massachusetts, Colorado and Florida) and the U.S. Virgin Islands have been designated as age-friendly by AARP.

MN2030 uses the WHO’s eight domains of community living to frame conversations with Minnesotans:

Physical domains
(1) Outdoor spaces and buildings
(2) Housing
(3) Transportation

Social engagement domains
(4) Social participation
(5) Respect and inclusion
(6) Civic participation and employment

Health and service domains:
(7) Communication and information
(8) Community support and health service

At the time of this report, proudly, four Minnesota cities have been designated age-friendly by the AARP:

- Minneapolis (May 2015)
- Alexandria (January 2016)
- Maple Grove (June 2016)
- Northfield (September 2016)

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1 See https://www.who.int/ageing/projects/age_friendly_cities_network/en/
2 See National Association of Area Agencies on Aging’s publication at www.n4a.org/files/n4aMakingYourCommunityLivable1.pdf
**MN2030 stakeholder engagement: learning from Minnesotans**

The stakeholder engagement strategy was a multidimensional effort. The structures that underpin MN2030 Looking Forward was research from the FrameWorks Institute and the WHO’s research on livable communities. Starting in the fall of 2017, the MBA and DHS used the eight domains for community living as a guide to conduct community conversations throughout the state. The community conversations engaged attendees to talk about their own aging and what they envision the future could be like for older people in 2030. In 2018, the MBA and DHS continued community conversations with organizations and individuals that provide services to older people.

By June 2018, there were 35 community conversations attended by approximately 800 people. These conversations were hosted primarily by the AAA and other stakeholder organizations. The hosts used a facilitator’s guide to lead groups through the conversation.1

With an intentional effort to engage older people across all settings, community conversations were also held with residents of nursing homes and assisted living facilities. With help from the Office of Ombudsman for Long Term Care, community conversations were coordinated by Ombudsman staff with nursing facility resident councils to gather their perspectives about what is important to them and how they envision services and supports could be shaped in the future.

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1 See MBA’s 2017 facilitators guide, “Community conversations” at https://mn.gov/dhs/assets/facilitator-guide-08-16-17_tcm1053-308314.pdf

There were 12 of these conversations hosted throughout the state, attended by 176 residents through the resident council community conversation process. In 2018 and 2019, MBA and DHS staff also engaged with over 20 professional and civic organizations interested in MN2030 Looking Forward.

In the fall of 2018, the MBA submitted the State Plan on Aging to the Administration on Community Living and outlined five broadly-defined goals to achieve Minnesota’s vision largely based on these community conversations.
Bridging community conversations to eight domains of livable communities

The following is input from community conversations and other meetings with stakeholders as considered through the eight domain framework. Specific rankings of the eight domains are found in the appendix section.

Physical domains

Outdoor spaces and buildings

The outdoor environment and physical structures have an impact on the lives of older people. When outside environments and public buildings are designed with older people in mind, prolonged health and independence are strengthened. Items as simple as a park bench to rest are critical mobility features for older people. Accessibility should be strongly considered in environment design. How will people move around a space? Can pedestrians walk safely across the street? Are there adequate and accessible way-finding signs in the area? As this domain relates to buildings, features to consider include, but are not limited to:

- zero-step entries to buildings and homes
- elevators
- escalators
- ramps
- wide doorways and passages
- suitable stairs (not too high or steep) with railings
- non-slip flooring
- rest areas with comfortable seating
- adequate signs
- accessible restrooms

Forest Lake, October 13, 2017, reported:

Reintegrating physical activity into how we live – not just exercise but walking as a part of transportation (safe walkable communities, etc.).

Duluth, September 12, 2017, suggested:

Livable communities that include walking paths, access to the outdoors, and accessible buildings.
There is a strong connection between housing and health that influences the quality of life of older people. Most people want to remain in their home or community as they age and so housing must be accessible and affordable for older people. Supporting the housing needs of older Minnesotans requires a two-fold strategy: a focus on single-family homes and future development of rental housing options for older Minnesotans. With a robust strategy that addresses the housing needs of older people—regardless if they own or rent—delaying the need for long-term care services is possible.

A key consideration in making housing affordable is to reduce the burden of housing cost. A household is cost-burdened if the housing cost is 30% or more of the household income. As reported by the Minnesota Housing Finance Agency, an estimated 26% of households age 65–74 are cost-burdened and 41% of people over age 85 are burdened by costs to maintain their home.

Innovative home technology and home modifications are instrumental because they reduce a person’s reliance on other people and maintain independence. A positive byproduct of technology and/or home modifications is cost-effectiveness. Under the umbrella of the housing domain are investments in efficient and affordable utilities, such as environmentally-friendly homes with clean air and warm, adequate heating. An adaptation to a person’s home is either portable or permanent. Examples of advanced technology and home modifications can include:

- remote monitoring and assistive devices
- grab bars
- fixing broken steps
- bathroom adaptations
- building ramps

The notion behind strong housing and robust choices is the connection to community. Multi-generational housing will be included in older adult-friendly housing communities so people do not have to choose between living together and having easy access to services.

Minneapolis, September 27, 2019, reported:
Universal design will become the standard. Accessibility will be ‘normal.’ You won’t have to choose an accessible apartment to have a bathroom that will work for you if your physical needs change. Apartments or condos will have community space where people can continue to garden, make things and volunteer. Technologies will help with lots of things—vacuuming, falls monitoring, checking what’s in your refrigerator when you are out shopping (or a caregiver is shopping for you).

Bloomington, October 30, 2017, reported:
Homes can be ADA compliant, with one level living as an option, but we also want stairs that are safe (good footing and rails) to encourage us to exercise. Also, we need innovations to allow lower income/asset seniors to buy in.

Mora, October 18, 2017, reported:
Older adults in small rural areas with limited resources will live in smaller one-level homes that are low maintenance, have wide doorways, grab bars in the bathroom and are easy to enter. Other housing options will be apartment complexes, condos, and home sharing. The homes will include technology with telehealth and telemedicine capability. Delivery services will be more prevalent for meals, medications, and groceries. Personal cares, chore services, and cooperative transportation services will be available from home and community-based providers.

Transportation

Like housing, an older person who has affordable and accessible transportation will be more engaged in a community. A community with a robust transportation system will help community members to age well. While transportation needs may vary from one community to another, it is critical that a transportation system be reliable, efficient, and considers the transportation needs of driving and non-driving older people.

Many older Minnesotans use transportation services from providers throughout the state. Depending on the need of the person and the program, an older person’s transportation needs may include non-emergency medical transportation or community-related activities (e.g. shopping). Transportation providers may be volunteers or reimbursed by various programs governed by the State of Minnesota.

Transportation characteristics for this domain include:

- availability
- affordability
- reliability and frequency
- travel destinations
- safety and comfort
- information and promotion (to help older people understand their transportation options and how to schedule rides)

In May 2018 DHS and the MBA presented to the Minnesota Council on Transportation Access (MCOTA). The attendees’ feedback was emblematic of the characteristics from the WHO’s eight domains of community living. This included increasing transit capacity, increasing efficiency, and a long-term goal to create a central hub for transportation needs of all clients, regardless of age or need. Other comments from the MCOTA presentation expressed the need to:

- educate the public and providers on transportation needs
- get people to the table to talk about coordination
- improve understanding and access to service by the public
- improve effectiveness, efficiency, and accessibility of transit service
- increase transit capacity
- reduce barriers for volunteer drivers

Marshall, October 25, 2017, suggested:
Get more volunteer [drivers] and increase the mileage reimbursement.

Saint Paul, October 26, 2017, reported:
We need affordable liability insurance for volunteer transportation providers.

Duluth, November 6, 2017, suggested:
Every time a person renews their driver’s license they should volunteer to transport an older person.
Social engagement domains

Social participation

A person’s ability to engage with their community is an influential indicator of overall health. People are connected to the community where they live, work, and play. When a person experiences loneliness or lack of participation, there can be a direct effect on the mental and physical health of the person. Often when an older person lives alone there are barriers to even running errands or attending appointments. Even completing chores or housework is a challenge. When a person lives alone, financial security can be compromised. Isolation can be addressed with accessible and affordable social activities. As more and more Minnesotans age in the community, encouraging diverse social networks and access to transportation will help reduce isolation.

According to the Joint Center for Housing Studies, 9.3 million people in the U.S. will live alone by 2035.1 In 2017, living alone is more common for people on the Elderly Waiver (EW) program, with 38 percent of recipients living alone.2

Respect and inclusion

Ensuring respect for older Minnesotans is a balancing act. As shown by WHO research, some older adults feel devalued and unconsidered in their community, family, or by service providers. Conversely, an over-focus on the plight of older people is tempting and may lead to paternalistic thinking, which the FrameWorks Institute calls “othering.” The FrameWorks Institute also points out that making compassionate pleas depress rather than increase public support. While it is important to hear individual stories, stakeholders may better serve on system-level changes. The FrameWorks Institute recommends advocates of important issues should focus their communication about a problem explaining its causes and contributions rather than just describing the problem. Importantly, both the WHO and the FrameWorks Institute emphasize including older people on any issue related to their community and services.

Within the domain of respect and inclusion, the WHO includes societal imagery of older people. Glorifying youth as superior alongside negative images or messages for older people evokes a negative narrative. A more inclusive role of older people in the community contributes to their status. Moreover, the increased involvement of older people helps the community as a whole.3 The WHO also suggested organized encounters between generations will address elder stereotypes and bridge understanding between various generations. When asked what type of services and supports are needed for their community by 2030, Karen cultural community members said they never had an opportunity to think about the future. That comment illustrates how, as a state, we need to bring in diverse communities in the discussion to deliver equitable long-term care to greater Minnesota and emerging cultural communities.

Willmar, November 29, 2017, reported:
We need to address social isolation within our community.

Marshall, October 25, 2017, suggested:
Technology is great but creates isolation.

Minneapolis, October 26, 2017, suggested:
Younger people should get to know those that live in the community and that intergenerational connections lead to more harmony and respect.

Civic participation and employment

An age-friendly community ensures and encourages older people having opportunities to work or volunteer well into retirement. An age-friendly community engages with employers to have tailored opportunities for older people. This means workplace flexibility such as flexible schedules and ability to work remotely. It also means white- and blue-collar older people are provided training to maintain work skills in the workplace.

Ageism, though, is standing in the way of these benefits. It can be directed at people of any age, but when it is directed at older people, it often involves the assumptions that older people are less competent than younger people and unable to do a job. Our exposure to pervasive negative messages about older people leave us with a prejudice of which we may not even be aware. Yet, the impact of prejudice is very much real.

As of 2016, 20 percent of the jobs in Minnesota were held by workers age 55 and older.1 Their institutional knowledge is very valuable. Therefore, given the potential for high rates of retirement, we should learn from older workers during their prime in thinking, creativity, and resourcefulness.

Fortunately, Minnesota has a high rate of volunteering. In 2015, the MBA conducted a survey to Minnesotans 50 years and older called the Survey of Older Minnesotans. The results illustrate the social capital potential of Minnesota’s primarily older community members. Half of older adults ages 50 and older reported volunteering such as driving people to appointments, church, shopping, and doctors; bringing them meals or groceries; helping with house or yard work; and visiting. Almost 60 percent of adults ages 50 and older reported they helped organizations such as churches, libraries, hospitals, neighborhood groups and service clubs.

Moreover, researchers have long known about the health benefits of “social capital,” the ties that build trust, connection, and participation. This link may be particularly important for older adults across Minnesota’s rural and urban communities. A person with more social capital is likely to be more well-connected with others in the community. They can help connect other community members with each other, leading to a stronger community.

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Health and service domains

Communication and information

The complexities of the LTSS system impacts the decision-making process to direct people the right way. People access resources to make informed decisions about LTSS options in-person, over the phone, and through online resources. The WHO recommends information be in an age-friendly format that is both visually and audibly accessible. The more individuals know, the better decisions they can make about the services and supports they receive.¹

The state of Minnesota is fortunate to have the services offered by the Senior Linkage Line® (SLL). The SLL and the www.minnesotahelp.info website provide streamlined service information, access assistance, health insurance, and long-term care options counseling to older Minnesotans and their families. Unlike many government services, the SLL is available to all older Minnesotans and caregivers. It is not exclusive to those on Medical Assistance. When the SLL started in 1997, just under 22,000 people were served. As of 2016, the total number of consumers assisted was nearly 124,000.

Community support and health service

Community support and health service capacity building helps older people live in their home of choice and maintain health and independence. There are multiple strategies for creating age-friendly communities:

• accessible care
• a wider range of health services
• aging well services
• home care
• residential service options
• caregiver support
• a network of community service

Accessible community and health care for older people help build a value-based preventative care model that supports prolonged health and independence. Age-friendly communities strive to develop solutions for minimizing geographical barriers for older people so they can readily access quality health care and community support services. MN2030 facilitated community conversations to obtain valuable input about accessible care models and improving awareness of services.

From the standpoint of the MBA and DHS, the scope of the LTSS in Minnesota falls under the spectrum of community


Willmar, November 29, 2017, suggested:

Supports for adult children (the “sandwich” generation) to know how to help their parents and other aging family members.

Forest Lake, October 13, 2017, reported:

The average person does not know how to properly “vet” providers.

Minneapolis, September 27, 2017, reported:

Providers deny services to middle-income people who are ineligible for waivers. A sliding scale would make services more accessible to people in ineligible income categories.

Windom, August 29, 2017, suggested:

Information to increase awareness of community resources.
Looking forward to the future

MN2030 Looking Forward is a multi-dimensional process that has evolved since 2017. It builds on strategic goals from the 2000 Long-Term Task Force report that recommended short-term and long-term strategies to improve long-term care for older Minnesotans. MN2030 also represents concepts from past work, like the 2009 Communities for a Lifetime project. It is the vision of MBA and DHS that both public and private sectors join in this effort and commit to preparing for 2030.

In the fall of 2018, the MBA submitted the State Plan on Aging to the Administration for Community Living that outlined five goals to achieve Minnesota’s vision:

1. Leverage the experience, expertise and energy of older Minnesotans
2. Equip older Minnesotans with the tools to take charge of their health and make informed decisions about services when they need them
3. Support families and friends in their caregiving roles
4. Support aging in community with a range of services and housing options
5. Ensure the rights of older people receiving long-term care services

The Minnesota State Plan is a unique and comprehensive effort because of the collaboration with the MBA, DHS, stakeholders, and the FrameWorks Institute and the WHO’s eight domains. The MBA and DHS want a robust LTSS with a wide range of community and health services. To do this successfully requires continued engagement with older people and under-served communities.

Here's what you can do today:

Take the pledge to help make Minnesota a livable state for all by 2030:

[mn.gov/dhs/mn2030/take-the-pledge](https://mn.gov/dhs/mn2030/take-the-pledge)

By taking the pledge, you are making a commitment to:

- Identifying and understanding your resources as an individual, caregiver, and community
- Remaining an engaged community member

Find out how your views about aging line up with reality by taking the WHO’s Aging Attitudes Quiz and the talk about this with your family and friends:

[https://www.who.int/ageing/features/attitudes-quiz/en/](https://www.who.int/ageing/features/attitudes-quiz/en/)
Appendix

Domain rankings by level of importance to community members

MBA and DHS used the WHO eight domains for community living to categorize the data gathered in MN2030. The following table shows how each group who participated ranked the domains, where “1” is the most important.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Community conversation participants</th>
<th>Resident council community conversation participants</th>
<th>MN2030 survey respondents</th>
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</thead>
<tbody>
<tr>
<td>Physical</td>
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<td></td>
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<tr>
<td>Outdoor spaces and buildings</td>
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<tr>
<td>Community support and health service</td>
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<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Given that the domain includes LTSS, it is not surprising that community support and health service were ranked “1” by community conversations and MN2030 survey respondents.

Respect and social inclusion was a top domain in the community conversations and resident council community conversations but ranked sixth among the survey respondents. This could be because a higher proportion of younger people completed the online survey. Participants in the community conversations highlighted a need to ensure people with dementia as well as people of all cultures, religions and sexual orientations are included and respected. They also want a caring culture with less isolation and more structured opportunities to get to know diverse people. Within the respect and social inclusion domain, the resident council participants focused on responsive staffing, which included staff turnover, training, and ability for residents to effectively communicate with staff. They also prioritize choices and privacy.

Community conversation participants also wanted:

- presence of technology as a tool to age well (e.g. medication reminders, medical monitoring)
- better service coordination
- more efficient delivery of services in the community
- increased reimbursement for home and community-based service providers
- improved access to direct service workers
- affordable housing and options such as home modifications, single-level homes, home-sharing, and zoning to support innovations in housing (e.g. lifetime communities)

Resident council community conversation participants also wanted:

- to remain close to their family
- improved access to physicians and mental health services
- adequate food options
- private rooms