



Protecting Health of Older Adults and Elders

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How MDH supports healthy aging

Mission

Protecting, maintaining and improving the health of all Minnesotans.

Vision

The vision of MDH is for health equity in Minnesota, where all communities are thriving, and all people have what they need to be healthy.

Share how MDH:

- Protects the health, well-being and social connection of older and aging adults
 - Living at home or with families and caregivers
 - Living in long term care facilities
- Uses data to drive our work
- Addresses equity
- Engages community voices to inform our work
- Pursuing opportunities for larger impact

**September is
Falls Prevention
Month**

**Sept 18-22 is
National Falls
Prevention week**



Falls Prevention

A Story to Change: Falls among older MN adults

- Total cost of falls among older MN adults more than \$713 million/year (2014 data)
- How common are falls & related injuries?
 - 29% of adults 65+ years in MN reported a fall in the last 12 months
 - Result in more than 48,000 falls-related ED visits and hospitalizations each year

MN falls-related ED and hospitalizations by age (2016-2019)



MDH Falls Prevention Work

- Promote programs that increase balance, lower risk of falls, address arthritis pain and expand access to culturally specific programs
- Implement statewide No Falls Campaign with DHS, Juniper, Minnesota Association of Area Agencies on Aging
- Support walkable communities and physical activity via Statewide Health Improvement Initiatives (SHIP)
- Reduce falls in American Indian and Asian/Pacific Islander communities via Eliminating Health Disparities Initiative (EHDI)

Opportunities for Greater Impact: Falls Prevention

- Expand statewide falls prevention campaign efforts
- Scale evidence-based programs and promising practices identified through Chronic Disease Prevention programs, SHIP and EHDI grantees
- Build sustainable reimbursement to community-based organizations to offer proven prevention programs via Medicaid, commercial payors, and Medicare
- Address social determinants of health such as food security, social isolation and environmental safety in the home



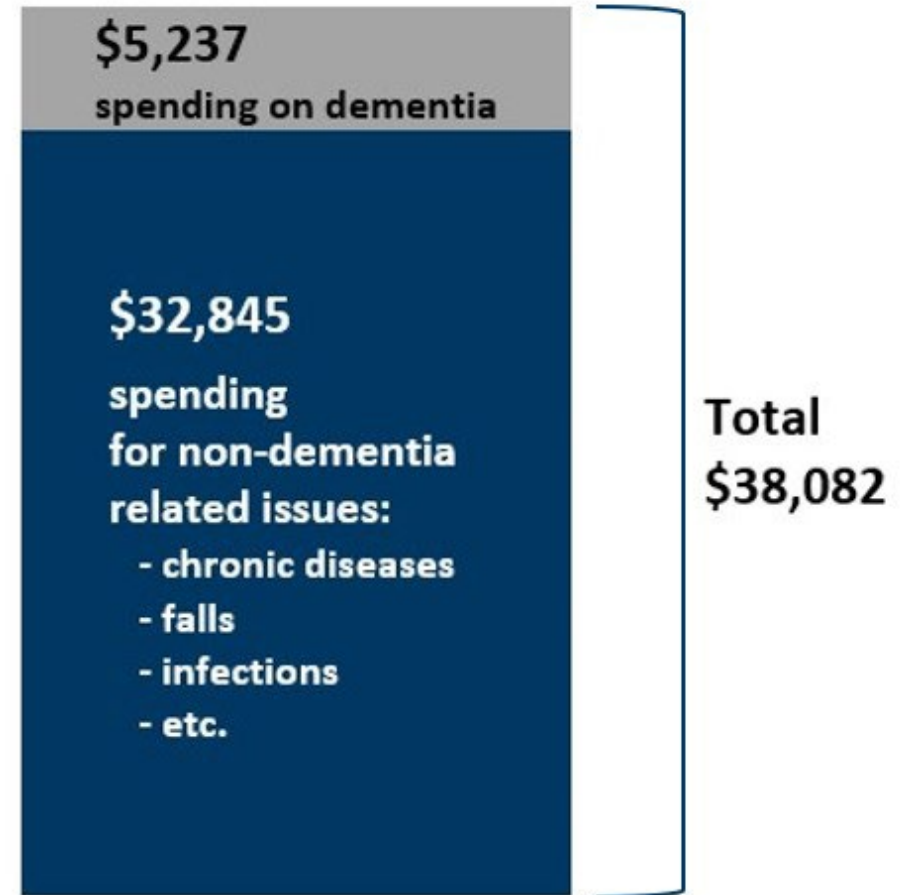
Addressing Alzheimer's and Related Dementias (ADRD)

Alzheimer's Disease and Related Dementias (ADRD) in MN: A growing challenge

- Between **2020 and 2025**, the number of **MN adults with Alzheimer's disease** are expected increase **25% from 99,000 to 120,000**.
- Non-Hispanic **Black adults, Hispanic adults, and likely American Indians** all are more likely to have Alzheimer's and less likely to be diagnosed.
- Alzheimer's disease cases are expected to more than double by 2050.

Costs of dementia are high

- Annual Per person health care spending (2018 APCD)
 - **\$38,082** for MN adults with dementia
 - **\$9,451** for all MN adults
- For people with dementia, **86% of health care spending was not directly related to dementia but related to preventable conditions like falls, infections and chronic disease**



Significant opportunities to reduce dementia risk factors

We can **reduce dementia risk and support healthy aging by addressing chronic conditions**

Established Dementia Risk Factor	% MN Adults with Risk Factor	# of MN Adults with Risk Factor
High Blood Pressure	29.5%	1,300,000
Diabetes	9.0%	400,000
Smoking	13.4%	600,000
No Physical Activity	20.2%	900,000
Insufficient Social and Emotional Support	17.4%	750,000

Significant opportunities to reduce dementia risk factors: Need to focus on Inequities

American Indian and Black/African American adults experience dementia risk factors at higher rates

Established Dementia Risk Factor	% American Indian Adults with Risk Factor	% Black or African American Adults with Risk Factor	% of Minnesota Adults with Risk Factor
High Blood Pressure	36%	33%	27%
Diabetes	19%	13%	8%
Insufficient Social and Emotional Support*	32%	35%	17%

*These numbers do not take into account the effects of age like diabetes and blood pressure numbers reported on this slide.

MDH Work to Address Dementia

- Established the **Minnesota Healthy Brain Partnership** to:
 - Identify strategic alignment across dementia and aging focused organizations
 - Develop the **Minnesota Dementia Strategic Plan**
 - Identify specific activities for collective action
- The Dementia Strategic Plan builds off and promotes existing recommendations, needs assessments, and priorities such as:
 - *2019 Alzheimer's Disease Working Group Legislative Report*
 - *Age Friendly MN priorities*
 - *MBA State Plan on Aging*

MDH Work to Increase Awareness of Risk Factors

- Funding community-based organizations to implement **culturally responsive dementia risk reduction** work
- Supporting **Local Public Health** through the Statewide Health Improvement Program (SHIP) to implement healthy brain and dementia risk reduction strategies in local communities
- Planning an **Alzheimer's Awareness Campaign** with diverse media contractors (2023 leg session)



Increasing Prevention, Early Detection, and Diagnosis of Dementia

Earlier Detection and Diagnosis of Dementia is Needed

MN are not screening for cognitive impairment enough.

- Only 4 in 10 MN adults reporting they felt they had trouble with their memory have talked about it with a healthcare provider
- Even though memory loss is more common among older adults, **half of all people reporting it are 45-64 years of age**
- Only 3 in 10 MN adults with Medicare received an Annual Wellness Visit in 2019 which should include cognitive screening

MDH Early Detection and Diagnosis Work

- Initiating a Health Care focused work group to identify collective action aligned with the MN Dementia Strategic Plan
- Funded primary care orgs to improve dementia screening protocols
- Developing dementia continuing education for CHWs
- Supporting Volunteers of America (VOA) to establish partnerships and build bi-directional referral systems with community clinics
- Exploring a community-based intervention with VOA and hair stylists

Opportunities for Greater Impact: Dementia Prevention, Detection, and Diagnosis

- Take current work to scale
- Establish community-based dementia screening and referral programs that link clinic and community supports state-wide
 - Engage Community Health Workers to train local community messengers (hair salons, faith leaders, libraries, etc.) to promote dementia risk reduction and connect older adults to resources
- Address gaps in primary care and promote provider continuing education
- Partner with community-based organizations to enhance social engagement among older adults



Supporting Caregiver Health and Well-being

What do we know about MN caregivers?

Many Minnesotans are caregivers

- 17% of adults (est. 730,000)
- 59% are female
- Represent all races and ethnicities, 83% are non-Hispanic white
- 76% are <65 years and more than half of these are 45-64 years old
- 59% are employed
- 24% are retired

Their caregiving role

- 85% care for a family member
 - 37% care for a parent
 - 17% care for a spouse or partner
- 28% spend 20+ hours per week providing care
- 31% have been caregiving for 5+ years

MN caregiver health needs attention

- In Minnesota, caregivers are more likely to live with a chronic disease than non-caregivers (**55.3%** vs. 48.0%)

Chronic Condition	MN Caregivers %	MN Non-Caregivers %
Obesity	36.6%	31.9%
Diabetes	10.5%	8.9%
Hypertension	33.5%	29.2%
Arthritis	29.2%	22.0%

Caregiver mental health and social/emotional support needs attention

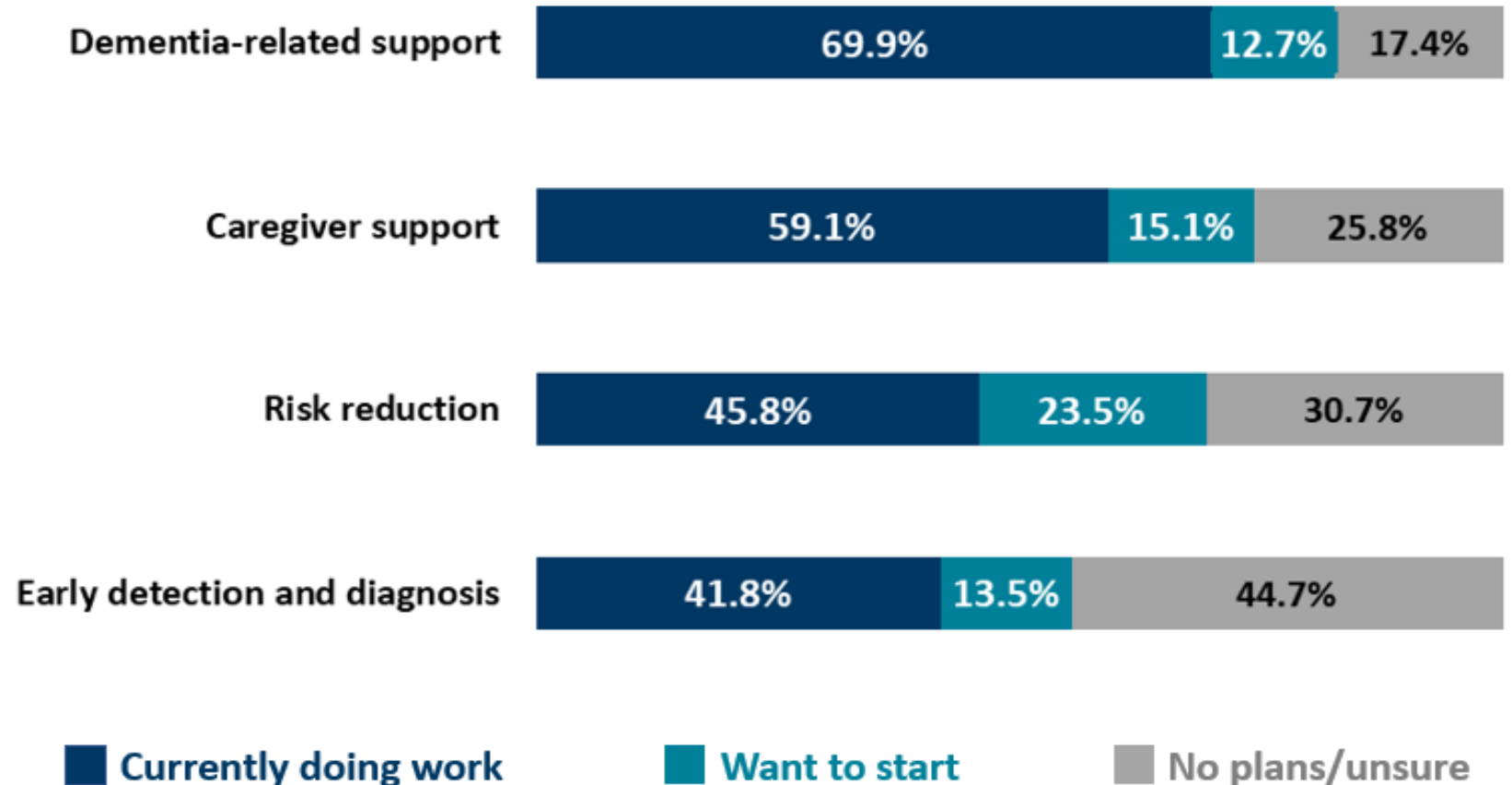
- Minnesota caregivers are more likely to report having 14 + poor mental health days per month than MN non-caregivers (**16.9%** vs. 11.7%)
- **3 in 10 caregivers report needing additional support in their caregiving role.**

Condition or Health Status	MN Caregivers %	MN Non-Caregivers %
History of depression	27.5%	19.8%
Smoking	18.0%	12.4%
Insufficient social and emotional support	19.7%	16.8%

MDH Caregiver Health and Well-being Work

- Partner with community-based organizations to connect caregivers to education and support for their own health and wellbeing
- Collaborate with the UMN Center for Healthy Aging and Innovation (CHAI) and BOLD Center of Excellence on Dementia Caregiving on caregiver support initiatives
- Partner with primary care organizations to identify caregivers and refer them to existing resources

Opportunity for Greater Impact: Organizations want to enhance dementia programming



Opportunities for Greater Impact: Caregiver Health

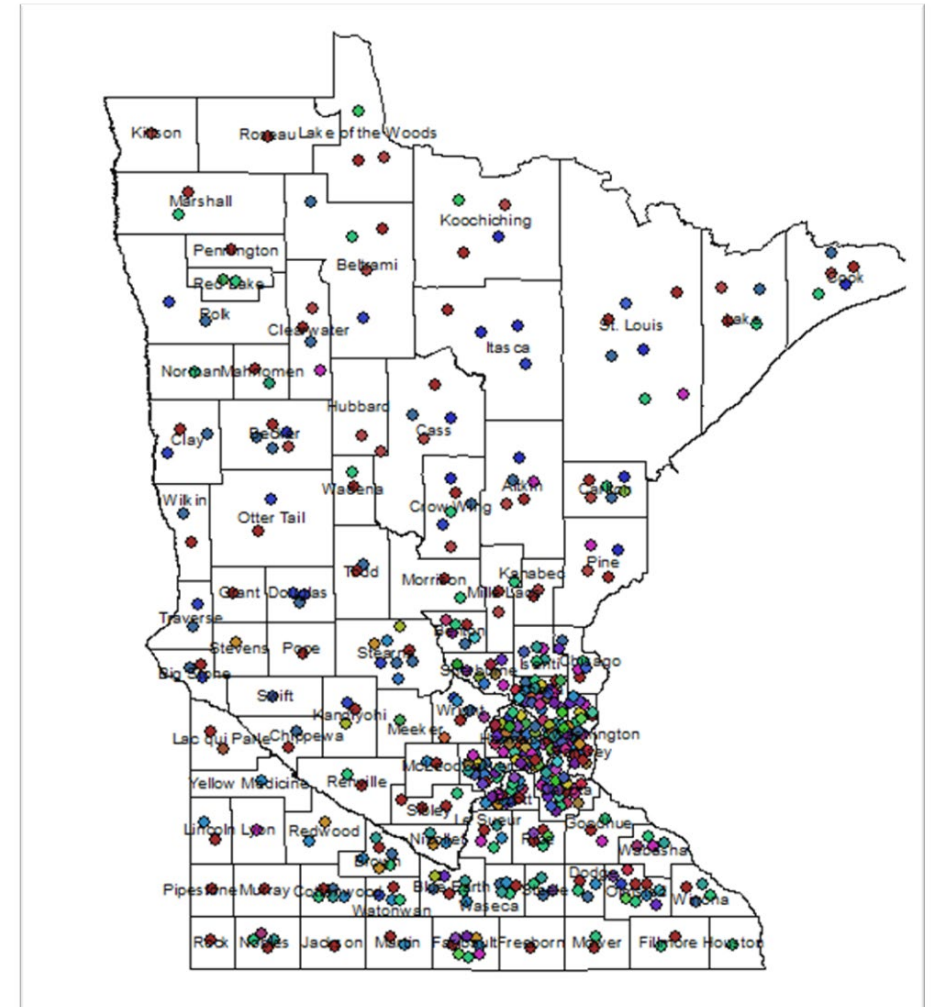
- Scale up culturally responsive community outreach for caregivers across the state using Community Health Workers
- Offer health programming specifically for caregivers that addresses social emotional and health needs
- Collaborate with statewide partners to engage health systems in best practices to support caregivers



Reducing Persistent COVID-19 Related Health Disparities for Elders

Reducing Persistent COVID-19 Related Health Disparities for Elders

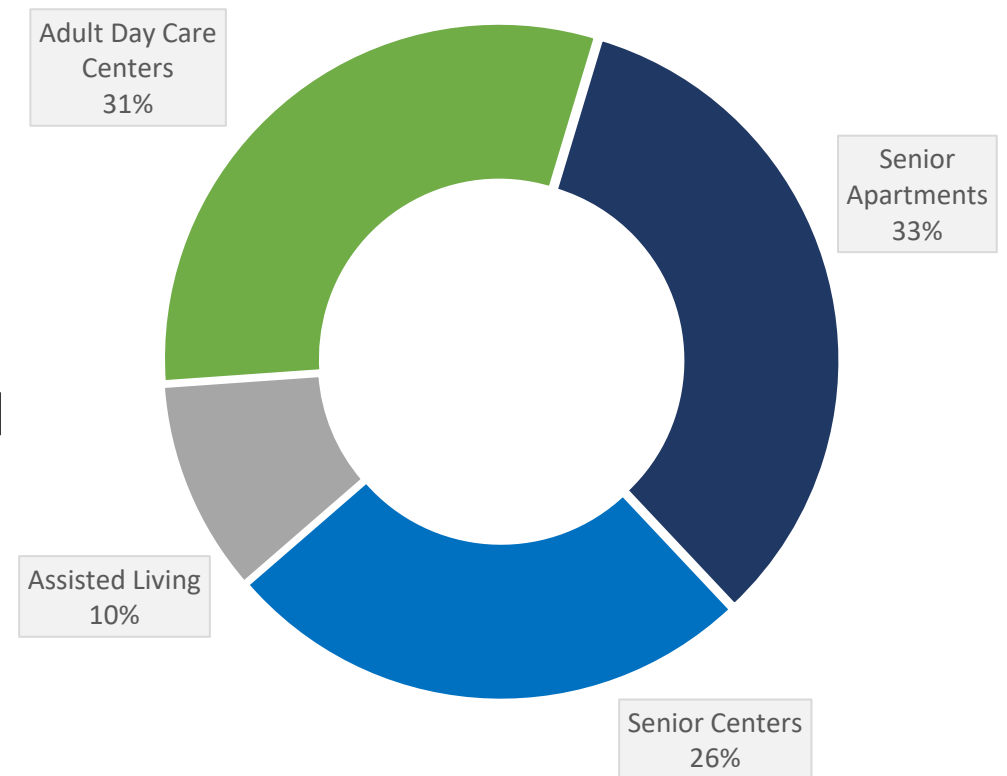
- COVID Community Coordinators (CCCs) provide vaccination, testing, and comprehensive health recovery programs for communities most impacted by COVID-19 across MN
- **92%** of CCC testing and vaccination events are open to those who are age 65 and over



CCC vaccination events held in the past year have been specifically designed for **older adults** in the **metro and rural Minnesota**

- **75%** of these events have been held in SVI Q1 and Q2
- Nearly **1,000** Minnesotans have been vaccinated by CCCs at adult day care centers, senior apartments, assisted living facilities, and senior centers

Distribution of CCC Events Aimed Towards Older Adults



Comprehensive Health Recovery Work

CCC community partners reported serving 8,618 older adults through their health recovery programs in the past year

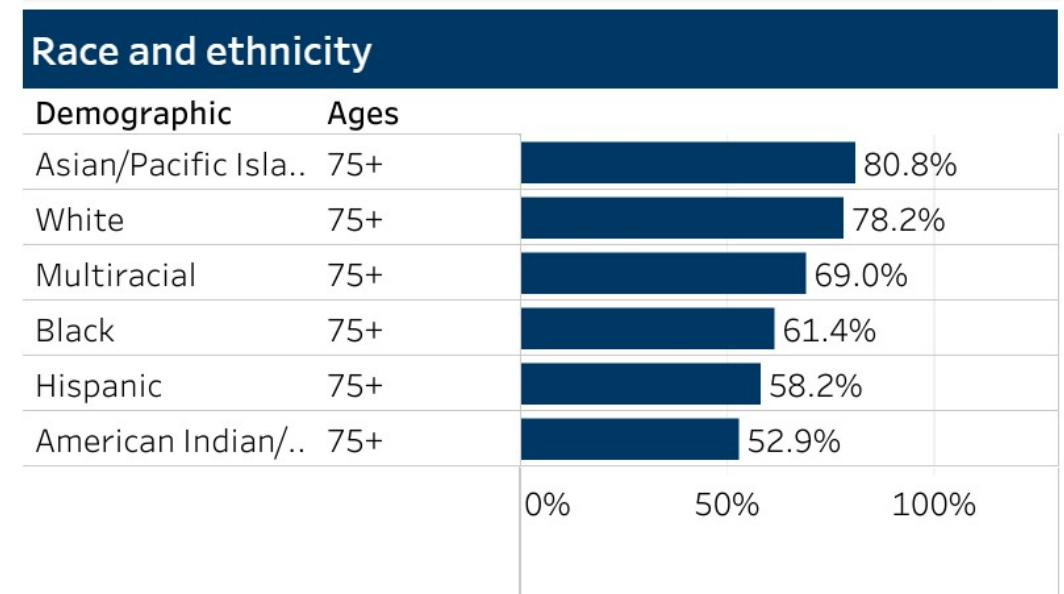
- Providing culturally and linguistically appropriate programming and education
- Programs are also open to parents, caregivers, and professionals in the community
- Intergenerational focus on mental health and recovery

CCC recovery related work for older adults has focused on:

- Social connectedness
- Dementia awareness
- Empowerment and belonging
- Long COVID signs, symptoms, recovery
- Resources and education for healthy aging
- Culturally relevant healing sessions

Opportunities for Greater Impact: Health Equity

- Closing persistent disparities in vaccination and infection rates for older adults in communities most impacted by health inequities
- Increasing access and availability for culturally specific health and wellness services
- Alleviating social isolation and medical care barriers for elders in rural communities
 - Supporting elders to live independently if they choose



Bar chart showing rates for Minnesotans up to date on vaccine doses by age and special population.



Rural Health and Aging

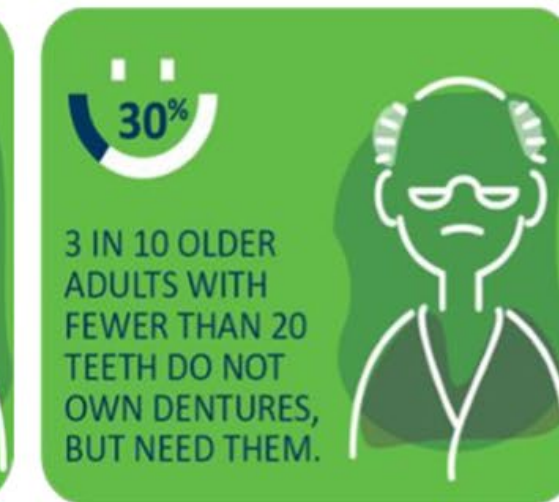
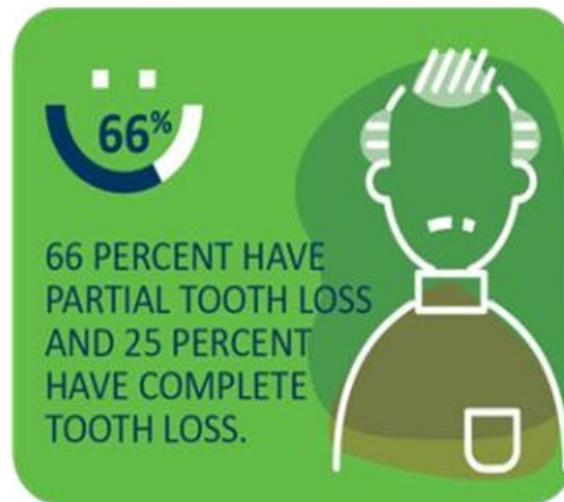
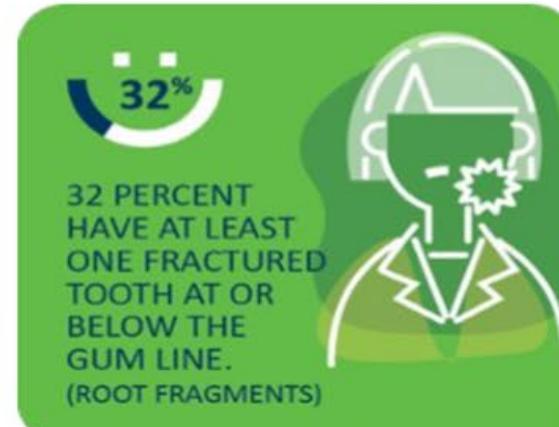
Rural Health Advisory Committee

- Statewide forum for rural health interests since 1992
- 22 Appointed members who:
 - Advise the commissioner of health and other state agencies on rural health issues
 - Provide a systematic and cohesive approach toward rural health issues and planning
 - Encourage cooperation among rural communities and among providers
- Members include consumers, health care providers, legislators, and hospital & nursing home representatives
- 2022 – 2024 Priority Project: Long Term Care and Healthy Aging
- 2018 Report on Older Adult Fitness: Access and Participation in Rural Minnesota



Older Adults and Oral Health

Older Adult Oral Health Needs



Minnesota Oral Health Statistics System (MNOHSS)

Explore the Data
<https://apps.health.state.mn.us/mndata/oral-health>

The screenshot shows a blue interface with various data visualization icons like bar charts, pie charts, and line graphs. A vertical line with a circular marker is positioned over the data area.

MDH Oral Health Work

Current work

- Monitor older adult oral health needs
- Track the ED visits for non-traumatic dental care and associated costs using dental claims added to APCD (passed 2023 session)
- Implement age friendly medical-dental integration project
- Pilot dental homes in long term care about geriatric oral health best practices
- Integrating dementia education in dental training programs

Opportunities for Greater Impact

- Cross agency collaboration to develop age-friendly dental public health system for older adults
- Expand training for CHWs for oral health
- Train dental students and oral health professionals and CHWs in geriatric oral health



Long Term Care

Care Facilities: Supporting Regulatory Compliance

Protection highlights include:

- Provided support and guidance to long-term care facilities during the COVID; continue to provide support and guidance as needed.
- Conduct onsite visits for recertifications and complaints.
- Utilize concepts of Collaborative Safety to map recurring law violations to reveal barriers to compliance.
- Established an Assisted Living Updates Workgroup to look at regulatory burdens, with a focus on small assisted living providers, and help protect the well-being and rights of vulnerable adults in these facilities.



Long Term Care: Preventing Infectious Disease and COVID Outbreaks

Addressing Outbreaks of Infections in Care Facilities

- **Perform surveillance for COVID-19 and other infectious diseases** in long-term care settings to understand burden.
- **Provide technical assistance** for outbreak management, infection prevention and control, and as resources allow, staffing, testing supplies, and PPE.
- **Hold monthly webinars** with long-term care facilities to communicate MDH, CDC, CMS recommendations regarding COVID-19 infectious disease concerns.
- **Provide vaccination and treatment guidance.**

Addressing Outbreaks of Infections in Long Term Care Facilities

Continued

- **Infection Control Assessment and Response (ICAR) program** provides infection prevention and control (IPC) training and technical assistance to long-term care facilities
- **Conduct site visits to facilities experiencing infectious disease outbreaks.**
- **Make proactive site visits** to build infection prevention and control capacity to develop customized action plan and provide resources.
- **Provides ongoing support** via phone, email, and/or repeat onsite visits.

Preventing COVID in Long Term Care Facilities

MDH COVID Case Managers (CCMs):

- **Provide direct support** to long-term care facilities experiencing an outbreak of COVID-19 or other respiratory disease and link facilities to prevention and outbreak response support
- **Provide workforce recruitment and retention strategies** to expand and support long-term care staff.
- **Provide supplies and guidance** related to testing, personal protective equipment (PPE), and fit testing resources.

Opportunity for Greater Impact: Infectious Disease Prevention

- **Develop MDH Rapid Response Team to provide immediate onsite assistance and stabilization** to facilities experiencing an infectious disease outbreak to strengthen capacity and ensure quality care to patients/residents and prevent transmission of infectious diseases and other emerging infections.
- **Create a pan-respiratory approach to disease (Influenza, RSV, and other viral pathogens with COVID)** prevention and control in long-term care. (Work in this area is under way.)
- **Create a RESPSafe**, a prevention program modeled on MDH's FluSafe to provide targeted education and promotion to prevent respiratory illnesses: influenza, COVID-19, and RSV.



Provider Order for Life-Sustaining Treatment (POLST) Registry Study

MN POLST Registry Study

- The 2023 legislature directed MDH to develop recommendations for a statewide electronic POLST registry
 - **"POLST" means a provider order for life-sustaining treatment to ensure that the medical treatment preferences of a patient with an advanced serious illness, who is nearing the end of life, are honored**
- The registry must allow for the completed POLST forms to be accessed by health care and EMS providers in a timely manner for the provision of care according to patient preferences.
- An advisory committee of 20+ representatives from health and health care and the community at large will provide input and expertise
 - **Meetings start in September with recommendations submitted by 2/1/24**
- The study is managed by the Center for Health Information Policy and Transformation (CHIPT) in the Health Policy Division
- More information at <https://www.health.state.mn.us/facilities/ehealth/polst/index.html>



Living well as we age: Work Upstream to Prevent and Manage Chronic Conditions

Five in six MN older adults live with chronic conditions

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%

- Around **800,000 Minnesota elders** are living with **at least one chronic condition**
- Addressing chronic conditions can improve quality of life and maintain social connection

MDH Chronic Disease Prevention & Management Work

Strategies

- Promote health care systems and practice changes to reach patients most in need
- Expand community clinical linkages
- Develop place-based strategies
- Advance community-led approaches

Opportunities for Greater Impact

- Increase access and availability of prevention and management programs to reach communities most in need
- Address barriers to participation
- Secure sustainable funding sources and efficient payment systems for chronic disease self-management



Public Health and Aging: Take Away Messages

Public Health and Aging

- Upstream interventions are important for making an impact for MN elders and older adults
- Partnering with community and trusted messengers is essential to address inequities
- Ongoing need for prevention of COVID and infectious disease in long term care facilities
- Cross agency collaboration and coordination is important
- Opportunity to scale and expand current work

Thank You!

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