



Older Adult and Elder Health and Well-being in Minnesota

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Mission

Protecting, maintaining
and improving the health of
all Minnesotans

Vision

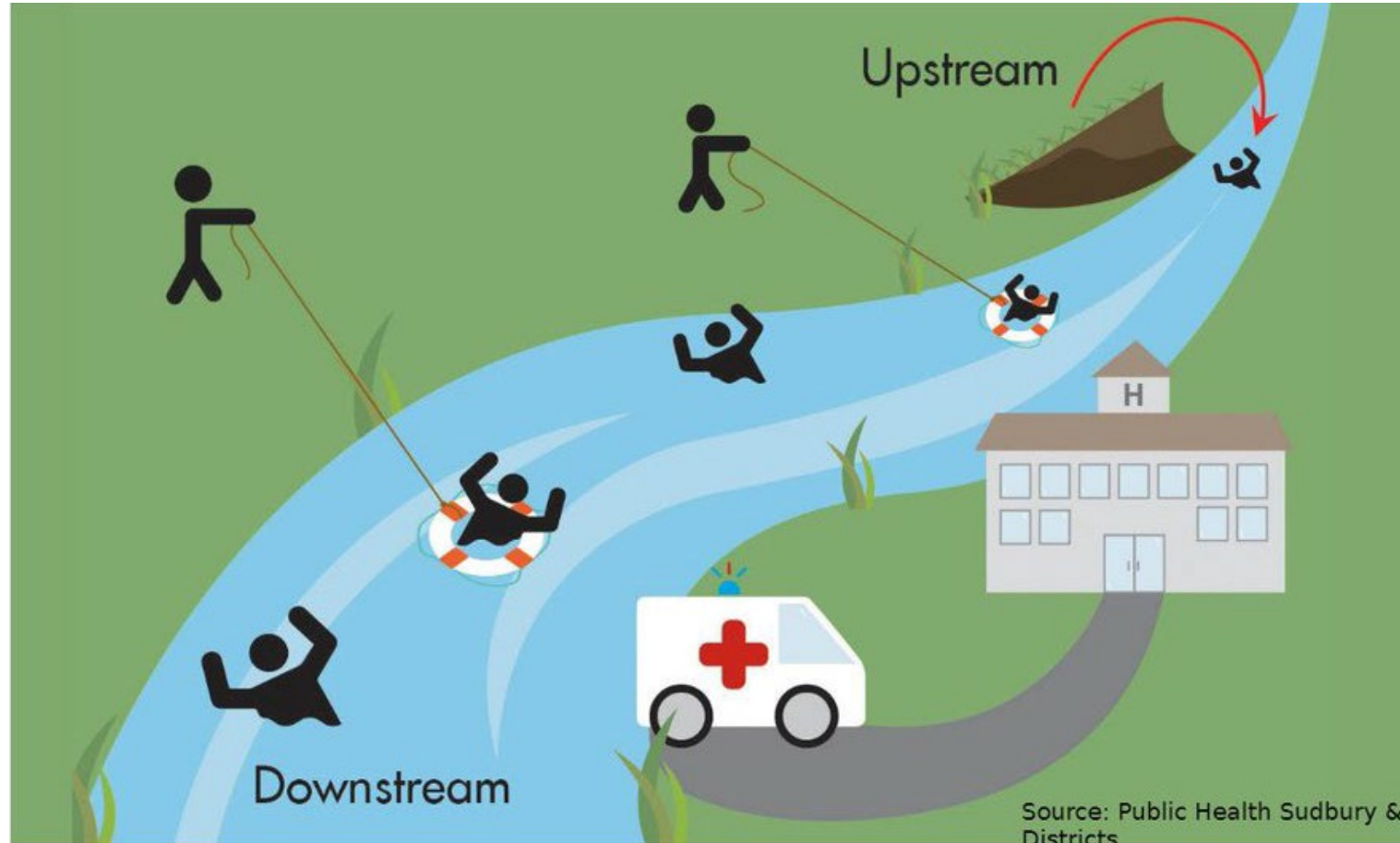
The vision of MDH is for health
equity in Minnesota, where
all communities are
thriving, and all people have
what they need to be healthy

Value of older adults and elders



- Older adults also bring tremendous value to their communities
 - Child-care
 - Volunteerism
 - Civic engagement
 - Workforce
 - Wisdom
- Investments in upstream approaches to healthy aging are investments in MN's economic vitality and wellbeing
- Aging in place can enhance independence and happiness and maintain social connection

A need to move upstream



Promoting Health Over the Lifetime



1. Significant public health challenges we face as a state to address aging
2. Potential structural solutions
3. Role of Minnesota Department of Health in supporting Minnesotans and their communities across the life span
4. Questions and discussion

Significant Public Health Challenges Facing Minnesota



Falls Prevention Campaign



September is the
annual Falls
Prevention
Month

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 emergency department visits and hospitalizations** each year

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



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.**

Significant need 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

Inequities in dementia risk factors: A focus

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.

Earlier Detection and Diagnosis of Dementia is Needed

We are not screening for cognitive impairment enough.

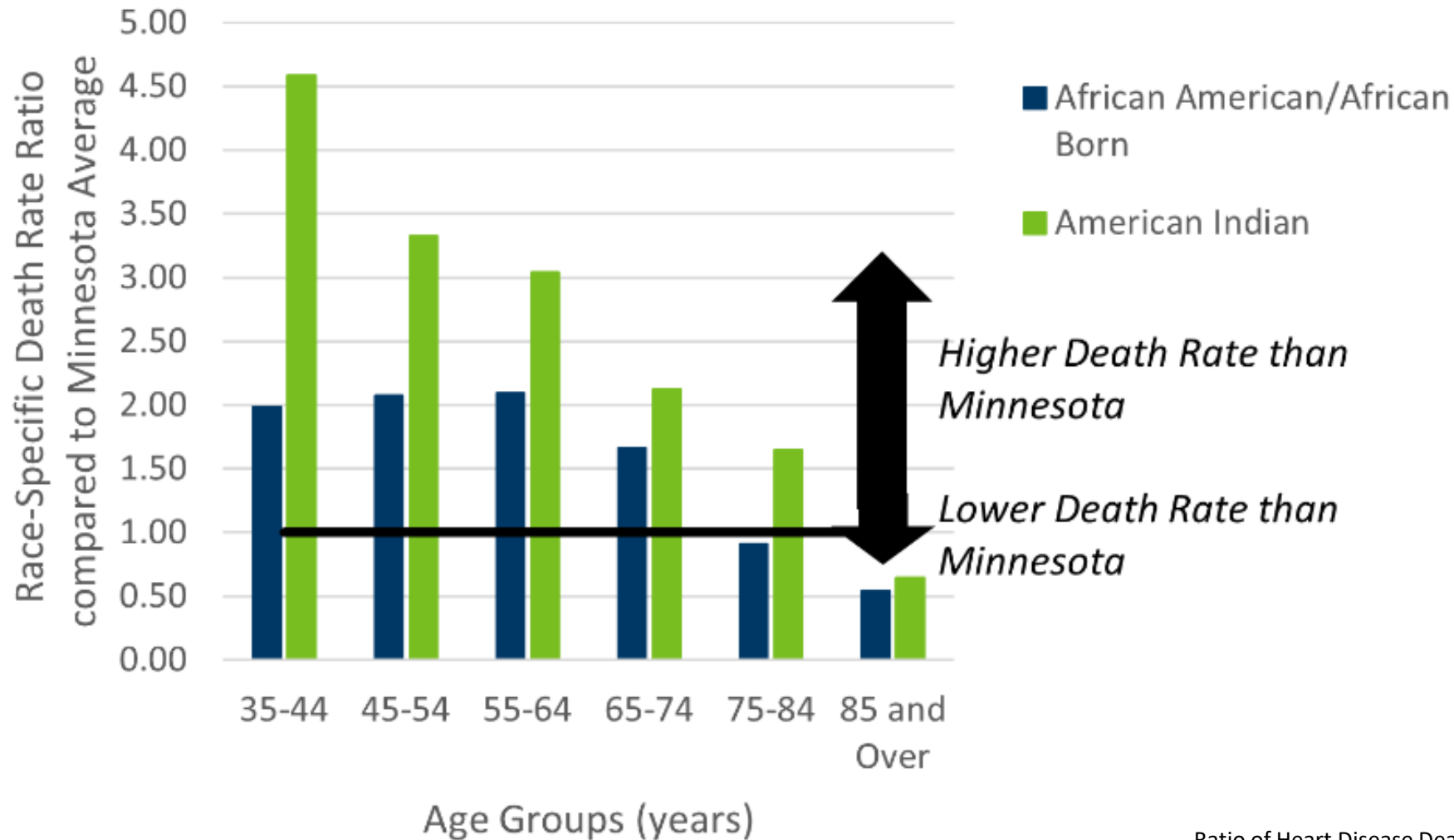
- Only 4 in 10 MN adults reporting they felt they had trouble with their memory have talked about it with a healthcare provider
- Even though memory loss is more common among older adults, **half of all MN adults reporting it are 45-64 years of age**
- Only 3 in 10 MN adults with Medicare received an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

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

Chronic disease-related death impacts Minnesota's Populations of Color harder and earlier



Ratio of Heart Disease Deaths in Minnesota for African American/African Born and American Indian Adults (2018-2021)

Many never get to 65 years old

The Washington Post
Democracy Dies in Darkness

DYING EARLY AMERICA'S LIFE EXPECTANCY CRISIS

AN EPIDEMIC OF CHRONIC ILLNESS IS KILLING US TOO SOON

SCROLL TO CONTINUE



MN caregiver health needs attention

- In Minnesota, caregivers are more likely to live with a chronic disease than non-caregivers (**55% vs. 48%**)

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%

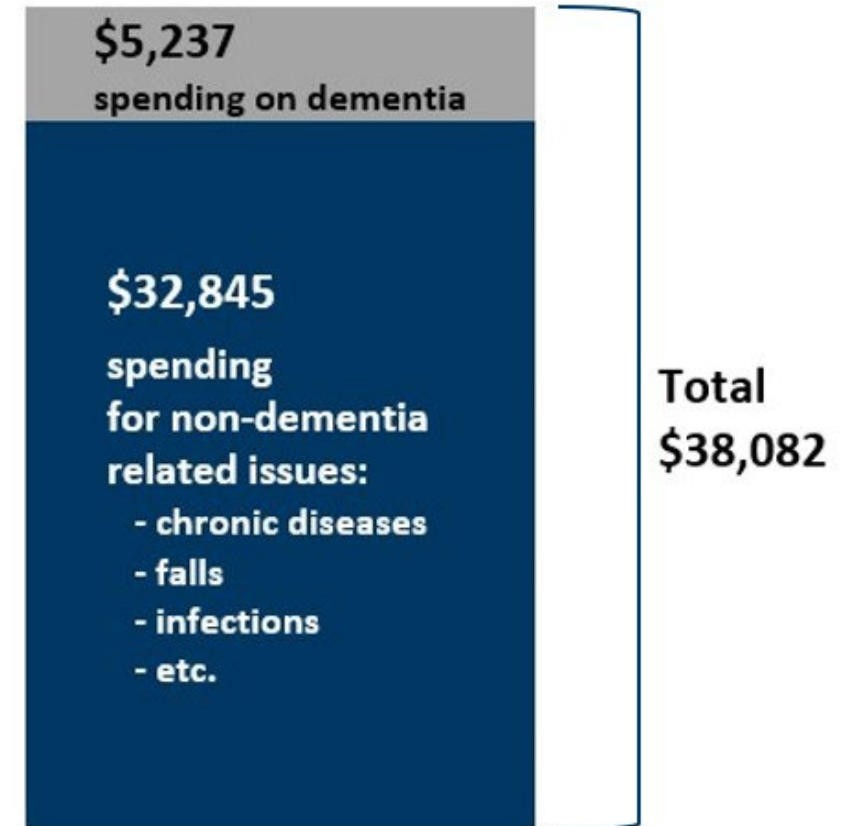
Lack of attention to the well-being of aging Minnesotans and our communities is socially and economically costly

Quantifiable and Unquantifiable costs

- **Chronic disease related health care spending for adults 60+ = \$9.3 billion/year**
- **Costs of caregiving**
 - Value of unpaid caregiving = **\$10 billion/year**
 - Welfare cost to caregivers (value of time, future employability) = **\$2.5 billion/year**
 - Caregiver out of pocket expenses = **\$3 billion/year**
 - And more...
- **Loss of wisdom, workforce contribution, anchoring communities - priceless**

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**



Treating chronic conditions among older adults is costly

Chronic disease-related spending for adults 60+ years and older:*

- **\$12,488 per person/year**

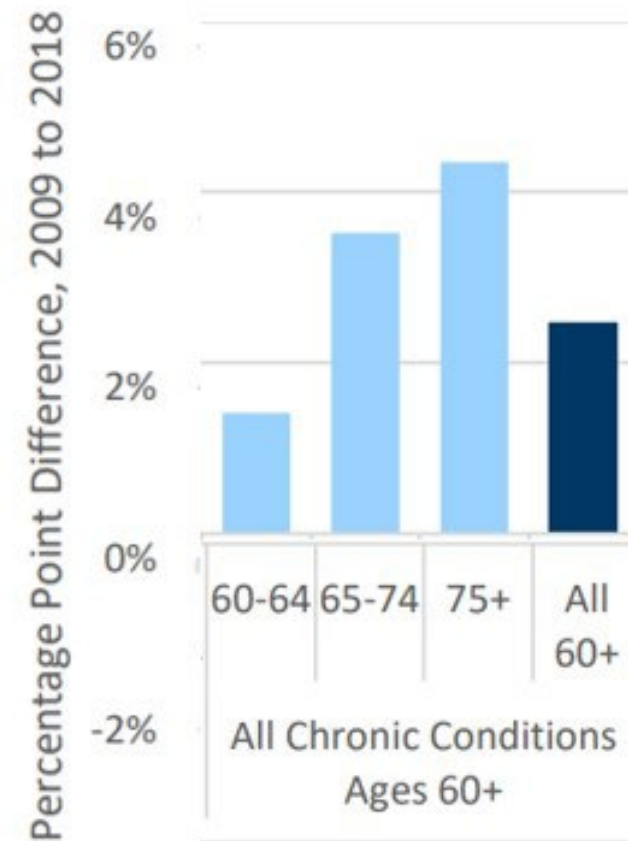
Trends in spending:

- (2009-2018) **rose 30%**
- (2018-2028) **projected 60% rise**



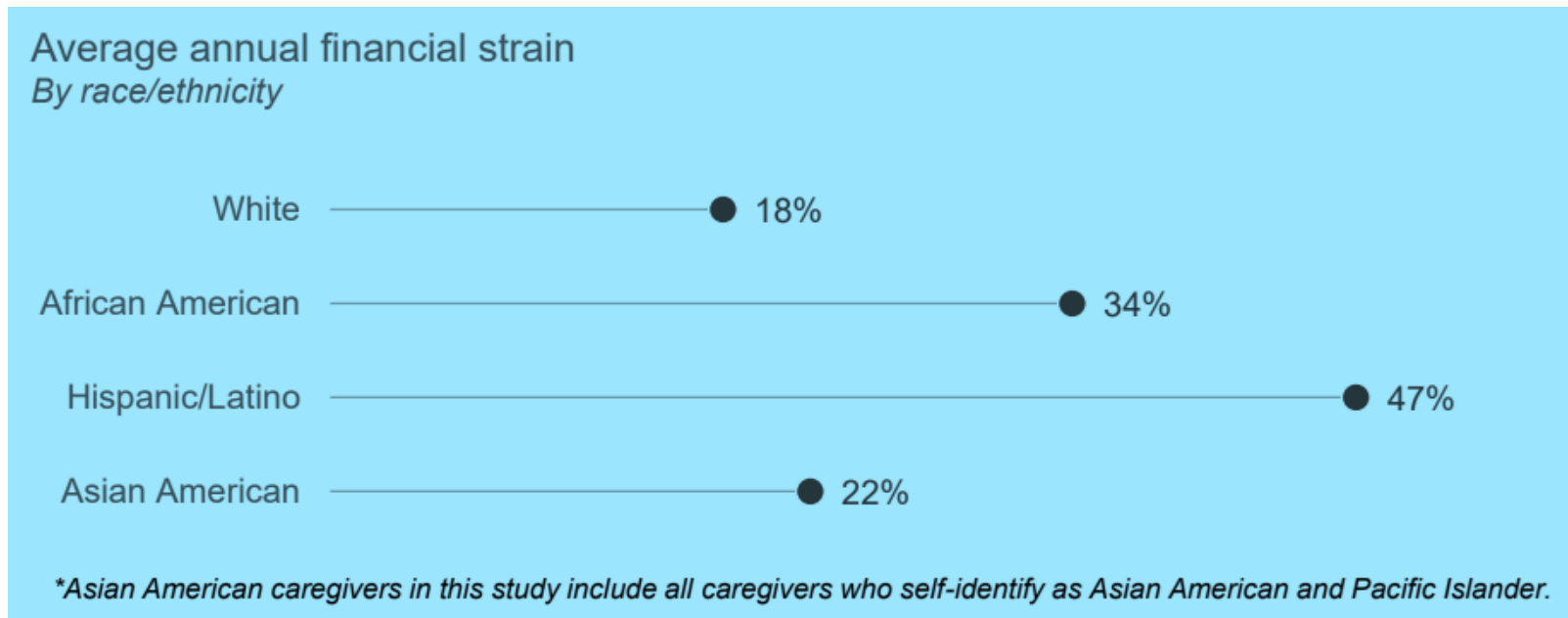
More people with chronic disease, higher costs

- Increasing chronic disease costs between 2009 and 2018 were driven by MN having:
 - More adults 60+ years of age
 - More adults 60+ living with chronic conditions (prevalence was 2% higher in 2018)
- Increases will continue in the future:
 - Still more adults 60+ years of age
 - More younger adults have developed chronic disease and will bring them into later years.



Caregiving costs strain families of color more

- In the US, 26% of caregivers spend ¼ of their income on caregiving expenses.
- African American, Hispanic/Latino, Asian American, and likely American Indian caregivers are more likely to experience this strain.



Structural Challenges and Solutions



Poor health, pain, and memory loss are NOT a part of normal aging



- Aging is inevitable, but these don't have to be:
 - Memory loss
 - Uncontrolled hypertension, diabetes, and arthritis
 - Oral health conditions
 - Falls
 - Social isolation
 - Depression

What are we doing?

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

Call to action:

- Expand statewide falls prevention campaign efforts
- Scale evidence-based programs and promising practices identified through Chronic Disease Prevention Programs and MDH grant programs: SHIP, EHDI, Healthy Brain
- 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 and community

Alzheimer's Disease and Related Dementias

What are we doing?

- Funding CBOs to implement culturally responsive brain health promotion and clinical-community linkage strategies
- Working with Volunteers of America to explore a trusted community messenger model with hair salons/barbershops
- Supporting healthy brain strategies in local communities statewide through SHIP
- Planning an Alzheimer's Awareness Campaign with diverse media contractors (2023 leg session)
- Supporting primary care orgs to improve screening protocols
- Developing continuing education for Community Health Workers

Call to action:

- More funding to community partners to implement tailored approaches
- Establish local/regional dementia screening and referral programs or centers that link clinic and community supports (like Wisconsin)
- 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 (CMS GUIDE Model)

Chronic condition prevention and management

What are we doing:

- Promoting health care system and practice changes to reach patients most in need
- Expanding community clinical linkages
- Developing place-based strategies
- Advancing community-led approaches

Call to action:

- 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

What are we doing?

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

Call to action:

- 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

Caregiver health & well-being

What are we doing?

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

Call to action:

- 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

Role of Public Health



Foundational capabilities for public health action

Align convene and coordinate partners
for collective impact

Empower communities to implement their own
solutions

Use data and academic research to guide and inform
actions

Co-identify policy solutions with communities

Evaluate to invest in what is working

Rural Health Advisory Committee

- Statewide forum for rural health interests since 1992
- 22 Governor-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
- 2018 Report on Older Adult Fitness: Access and Participation in Rural Minnesota

Rural Health Advisory Committee 2023 – 2024 Work Plan Priority Areas

Major projects

- Longevity
- Telehealth

Mid-level projects

- Training and residencies
- Recruitment and retention
- Emergency services

Track-and-advise and promotion of past projects

- Food insecurity
- Social isolation
- Maternal health
- Seasonal workers
- Emerging professions
- COVID-19

Empower communities to implement their own solutions

What does it look like?

- Building awareness in churches and mosques
- Reconnecting with cultural heritage
- Culturally responsive brain health education programs
- Culturally sensitive materials for health care directives
- Honoring elder wisdom in spreading dementia awareness

"We need to keep in mind that there are people who do not know what dementia is, do not have a word for it"

"when my mom had dementia, we prayed a lot for her, but we didn't seek health care . . . we can't talk about dementia caregiving, without first learning about dementia"

"people feel at home at the church; it is an opportunity to feel safe talking about dementia"

Empower communities to implement their own solutions

What are we doing?

- Statewide Health Improvement Partnership (SHIP)
- Eliminating Health Disparities Initiative (EHDI)
- Community Solutions Grants
- MDH Healthy Brain Community Grants
- Community grants to address diabetes and cardiovascular health
- COVID 19 Diverse Media and Community Outreach

Call to action:

- Ongoing funding for communities to design and implement tailored solutions focused on chronic disease prevention and SDOH

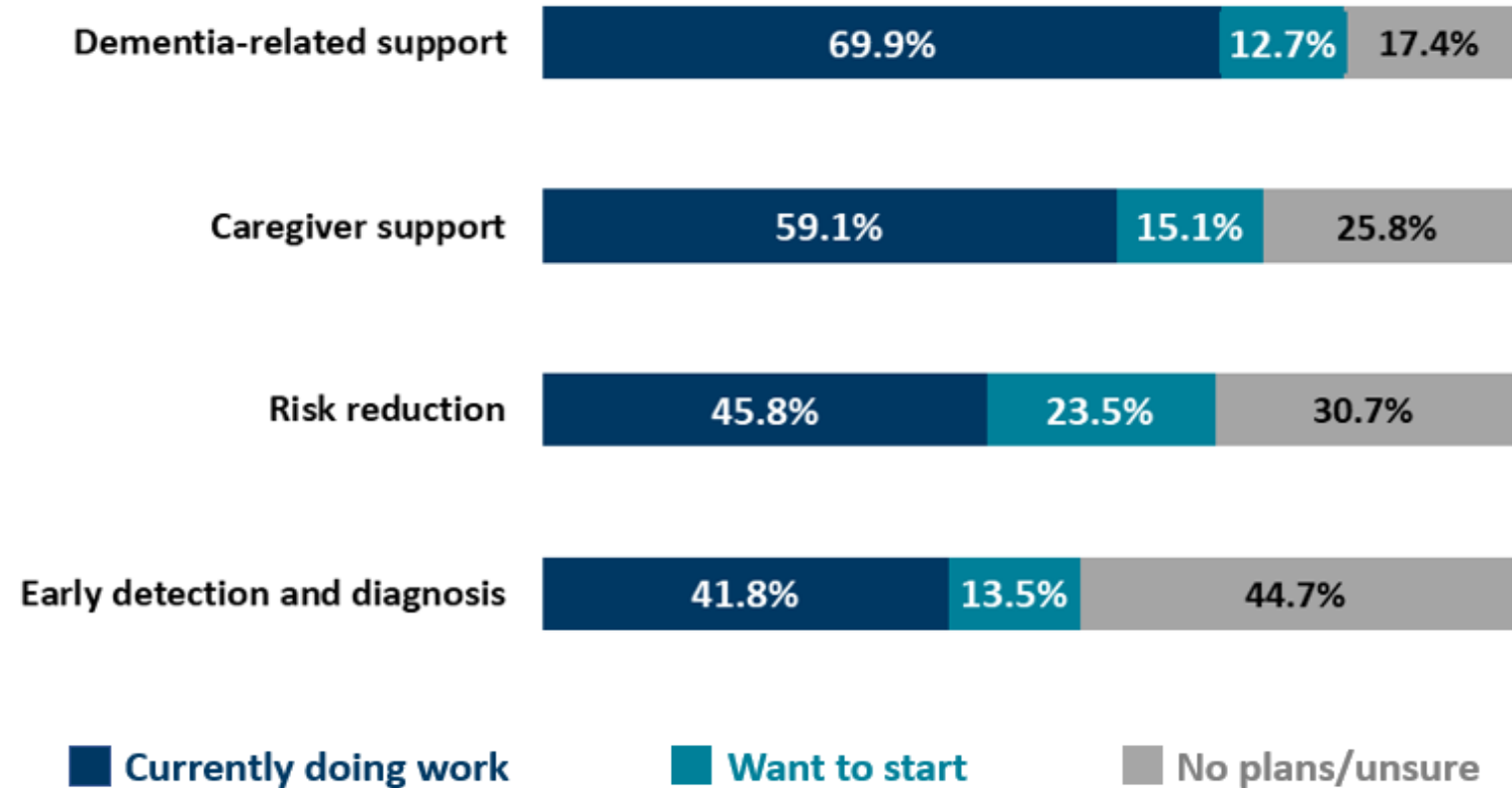
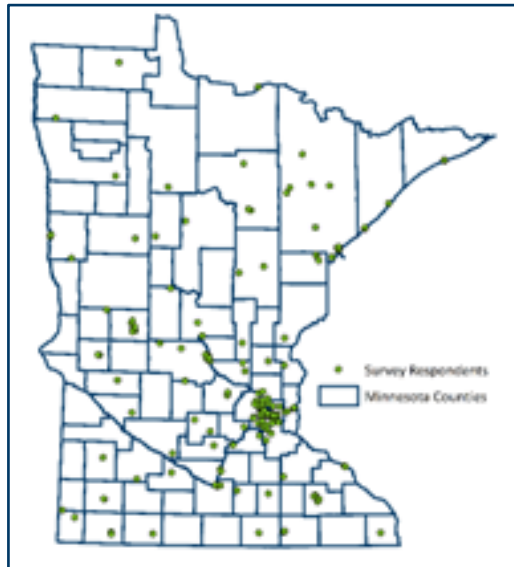
What are we doing:

- Using community and stakeholder input, MN chronic disease and SDOH data, and best available evidence to create strategic plans for chronic disease prevention and management
- Identifying where work is happening, gaps, putting the puzzle pieces together to align statewide efforts for more impact
- Telling the story of Minnesotans experiencing cognitive decline and their caregivers
- Designing a shared data dashboard
- Compiling and disseminating data on chronic disease burden and risk factors, including dementia

Call to action:

- Provide local communities with data to inform and guide programs
- Provide aging task force and local communities with community specific information
- Track progress toward co-developed statewide strategies for healthy aging and dementia

Organizations want to enhance dementia programming



Co-identify policy solutions with communities

What are we doing:

- Identifying and implementing reimbursement models for health promotion programs
- Creating and/or enhancing local plans and policies that support walkable communities, active living, and healthy food access
- Working with chronic disease stakeholder organizations and advisory groups to identify policy solutions and advocate for policy change

Call to action:

- Identify and implement solutions that are multi-sector, innovative, and community specific to:
 - support housing options that allow people to age well in their own communities
 - Support social engagement for people of all ages and abilities
- Caregiver support strategies
- Reimbursement for CHW strategies

Evaluate to invest in what is working

What are we doing:

- Consistently evaluating projects and programs to identify promising practices and tell the story of public health impact
- Convening learning communities to share information among stakeholders
- Evaluating MDH community engagement and communications models and adapting promising strategies across internal initiatives (ex: COVID communications models)
- Evaluating and adapting partnership models with local public health and community-based organizations
- Streamlining outgoing funding models and community engagement models across programs to enhance efficiency and community responsiveness
- Translating academic research into public health action where funding is available

Call to action:

- Study public health policy and systemic solutions from other states and nations
- Deeply study what is working in specific locations such as rural MN and specific communities
 - Elevate and disseminate through MDH partnership models

Take Home Messages



Moving upstream



- Minnesota faces major public health challenges that are large in scale and create significant social and economic costs.
- This is an equity issue—public health is a critical partner.
- These challenges are preventable and can be addressed now with an upstream approach.
- Aligning current resources and sufficiently investing in prevention and upstream solutions is important.

Role of Minnesota Department of Health

MDH will continue to work toward creating thriving communities where all people have what they need to healthy as they age by:

1. Coordinating multi-sector partners to support **innovative solutions for aging in place**
2. Working with communities to support **locally led solutions.**
3. Collaborating to build **clinical-community linkages** for statewide chronic disease prevention and management
4. Collecting, analyzing, and disseminating **data to inform and guide collective action**
5. **Conducting state-wide communication campaigns** to raise awareness about Alzheimer's and related dementias

MDH is ready to help lead with the task force, the legislature, our fellow state agencies, our advisory groups and our communities to support older adult and elder health and well-being.



Thank You!

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