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CONNECTED COMMUNITIES FOR HEALTHY AGING GRANT – PHASE 2
REQUEST FOR PROPOSALS
(Released on August 21, 2024)

LeadingAge MN Foundation (LAMF) will award up to three grants of $600,000 to LeadingAge Minnesota provider members to lead Connected Communities pilots in rural Minnesota. The overall aim of a Connected Community pilot is to create a collaborative and cross-sector system of care and support services that meets the physical, emotional, and social needs of seniors. The grant period is from November 2024 through May 2027.

Applications are due by September 24, 2024 at 5pm via LAMF's online grant system.

Eligibility: Applicants must be provider members of LeadingAge Minnesota. As designated by the grant funder, this RFP is only open to rural communities outside of the seven-county* Twin Cities metropolitan area regardless of population. (*Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington)

Grant Program Summary: The Connected Communities grant project involves creating local coalitions to make a radical shift in how people age—by improving their physical, mental, and social health. There currently are Phase 1 pilots in the Alexandria area through Knute Nelson, the Perham region through Perham Health.

While the details are informed by the unique needs of each community, pilot sites commit to developing a deep understanding of their community and to undertake the following in their work:

- **Community planning** resulting in an easy to navigate network of resources and services.
- **Care coordination** across primary, acute, long-term care, preventive and community-based care and services.
- **Improving quality of care** through direct care workforce initiatives, caregiving support, and volunteer opportunities.
- **Social engagement** helping seniors reduce isolation, engage in activities, and experience a fulfilled, purposeful life.

Selection Factors: Applications will be evaluated by an Independent Review Panel of professionals with expertise in aging services, health care, and community organizing. Reviewers will be looking for applicants with an entrepreneurial culture and an identified project lead with a population health-focus. The grant applicant will be asked to:

- Illustrate their community's readiness to create a new ecosystem for aging including healthcare system partnerships as well as social care providers.
- Demonstrate their organization's ability and experience as a community leader.
- Describe their organization's commitment to integrating care across traditional boundaries.
- Tell reviewers about key project team leaders and their experience in managing systems change as well as engaging community partners in transformation.

Important Dates and Information:

- A grant information session was recorded in April. Note the dates in the information session are no longer current, but the rest of the information is still applicable. Please refer to this current RFP for the most accurate information. The webinar can be found here.
- September 24, 2024: Applications must be submitted by 5pm via LAMF's online grant system.
- October 8-9: Virtual interviews.
- Early November: Funding decisions announced.
- Preview application questions here.

Background Information about Connected Communities:

SITUATION ANALYSIS: When the LeadingAge Minnesota Foundation (LAMF) started the Connected Communities grant program in 2019, a central theme was that many people living and aging in rural Minnesota face increased risks and health disparities due to a lack of physical, emotional, and social resources that support health and well-being. Since then, the COVID-19 pandemic only amplified disparities for rural Minnesotans. (i)

GROWING SOCIAL ISOLATION: Social isolation among older adults is a growing concern in the state. It is known to have the same impact on health as smoking nearly a pack of cigarettes per day. (ii) COVID-19 exacerbated this social isolation epidemic because many seniors live alone or far from their families and likely avoided interactions with others to prevent the virus spread. While online connectivity served as a social alternative for many people during the pandemic, limited access to technology and digital illiteracy furthered social isolation for older adults. (iii)

FRAGMENTED SERVICES THAT FOCUS ON MEDICAL CARE VS QUALITY OF LIFE: The pandemic also revealed the importance of connecting the healthcare continuum with broader community resources to comprehensively support people as they age. A lack of cross-sector planning results in siloed systems of primary, acute and long-term care that are disconnected from prevention, social connections, nutrition, transportation, housing and other supports that we know significantly impact health and quality of life. (iv) This fragmented system concentrates on acute and medical elements of care—even though we know those services impact less than 20% of a person's overall health and well-being. (v) This lack of a planful whole-person-centered approach threatens healthy aging and quality of life. The complexity of this fragmented system underscores the need for communities to provide navigation assistance to support older adults and families in finding available services.

INABILITY TO REMAIN AT HOME: By 2025, it is estimated that up to 25 percent of the total cost of care for Medicare Fee For Service (FFS) and Medicare Advantage (MA) beneficiaries could shift from traditional care settings to receiving care at home. (vi) For this to be viable, however, will require partnerships across community sectors to coordinate and develop a comprehensive network of support wherever people call home. Coordinating this effort through providers who already support the day-to-day living and housing needs of older adults (versus medical care providers who mostly focus on clinical care), is critical for advancing quality of life and resource access.

Rural communities must create cross-sector partnerships to support aging that offer care across a full continuum of need (not just medical) and that harness technology as well as information exchange that enables support anywhere. Centering on the person served regardless of setting will be critical to help people age well. This approach also fully acknowledges the contribution of community and housing organizations in the health and well-being equation. The University of

Minnesota Rural Health Research Center published a 2021 policy brief identifying substantial barriers to aging in place in rural communities. (viii) A survey of State Offices of Rural Health cited transportation, social isolation, food insecurity, and lack of in-home services as critical issues to be addressed for people to age successfully at home.

As the Connected Communities identify local gaps and improvements, the area's system will likely expand to include new models for transportation, telehealth, housing, shopping, work, social connection, caregiving and even community design itself.

INSUFFICIENT WORKFORCE: We are facing a "demographic drought" that will continue to yield workforce shortages for decades to come. This is due to a perfect storm of retiring baby boomers (past workforce), historically low rates of prime age workers (current workforce), and lower birth rates in families (future workforce). The intensifying and enduring workforce shortage poses a significant barrier to accessing the number of direct caregivers necessary to ensure quality care and support for older adults. Communities must leverage their collective resources and assets to address workforce shortages through greater collaboration, innovative solutions, and higher productivity at a community level.

CONNECTED COMMUNITIES MODEL AS A SOLUTION: All of these issues taken together pose threats for individuals aging in rural areas as well as for the broader rural communities in which they live. However, working collectively to address these challenges can unlock a new paradigm for aging in rural Minnesota. The Connected Communities pilot communities are already, and will continue, to address these issues by shifting from a model of rural aging that is health-deficit and decline-oriented to a model of person-centered, life-enriching, and community-supported quality of life for people as they age. The pilots will accomplish this by leveraging and integrating a combination of relationships (including older adult community residents), resources, and innovation across their entire communities.

References:

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iii. Henning-Smith C. The Unique Impact of COVID-19 on Older Adults in Rural Areas. J Aging Soc Policy. 2020 Jul- Oct;32(4-5):396-402. doi: 10.1080/08959420.2020.1770036. Epub 2020 Jun 1. PMID: 32475255.

iv. Whitman, A., De Lew, N. Addressing Social Determinants of Health: Examples of Successful Evidence-Based Strategies and Current Federal Efforts. ASPE Health Policy Report HP 2022-12, April 2022.

v. Hood CM, Gennuso KP, Swain GR, et al. County Health Rankings: Relationships Between Determinant Factors and Health Outcomes. American Journal of Preventive Medicine. February 2016; 50(2):129- 135.doi:10.1016/j.amepre.2015.08.024.

vi. McKinsey Group, From Facility to Home: How Healthcare Could Shift by 2025. Feb 2022, accessed May 3, 2023 https://www.mckinsey.com/industries/healthcare/our-insights/from-facility-to-home-how-healthcare-could-shift-by-2025#/.

vii. Emsi, Burning Glass, Demographic Drought, 2022, accessed on May 2, 2023, https://www.economicmodeling.com/wp-content/uploads/2022/02/Demographic-Drought-Bridging-the-Gap.pdf.

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