

# **Longevity: Recommendations to Reduce Social Isolation and Enhance Social Connection in Rural Minnesota**

**ISSUE BRIEF**

2025

July 24, 2025

Dr. Brooke Cunningham  
Minnesota Department of Health  
625 North Robert Street  
St. Paul, MN 55155

Dear Commissioner Cunningham:

We are pleased to present this report from the Rural Health Advisory Committee: *Longevity: Recommendations to Reduce Social Isolation and Enhance Social Connection in Rural Minnesota*

The Rural Health Advisory Committee (RHAC) formed a workgroup to examine longevity and social isolation and loneliness in rural Minnesota. These recommendations are grounded in evidence-based practices, state and federal frameworks, and promising examples from communities across Minnesota. They reflect RHAC's commitment to promoting equitable, community-informed strategies that respond to the unique needs of rural residents.

Workgroup members included professionals from various areas including mental health, primary care, aging services, nursing, and community based services. The report offers a series of recommendations across three categories:

- Encourage employers to support continued workforce engagement
- Encourage individuals to stay engaged in community, post-retirement age
- Support community infrastructure for healthy aging and longevity

We appreciate the opportunity to share this report and contribute to the discussion of longevity in rural Minnesota. Thank you for your continued support of rural health.

Sincerely,

Laura Schwartzwald, RPh, Chair, Rural Health Advisory Committee Member,

Margaret Kalina, RN, Vice Chair, Rural Health Advisory Committee  
Longevity Workgroup Member

February 13, 2026

Laura Schwartzwald, RPh, Chair  
Rural Health Advisory Committee

Dear Laura,

Thank you for the Rural Health Advisory Committee's report **Recommendations on Longevity and Reducing Social Isolation while Enhancing Social Connection in rural Minnesota**. We appreciate the efforts of the Longevity Work Group, and the entire Rural Health Advisory Committee.

Reducing social isolation in elder Minnesotans is an important public health concern. It improves quality of life, decreases disease burden, reduces healthcare costs, and builds healthier, more connected communities. Addressing this issue requires coordinated efforts across individuals, employers, healthcare providers, and community infrastructure. These recommendations provide a much-needed lens on the public health implications of social isolation and loneliness among older adults and offers actionable, evidence-based recommendations to promote healthy aging across our rural communities.

Thank you for your dedication to improving the well-being of rural Minnesotans and for your commitment to advancing equitable, age-friendly public health strategies. The Minnesota Department of Health is committed to health equity and ensuring that all people, including our elders, have what they need to be healthy. I look forward to working together to protect, maintain, and improve the health of all Minnesotans.

Sincerely,

/s/ Brooke Cunningham

Dr. Brooke Cunningham  
Commissioner of Health  
PO Box 64975  
St. Paul, MN 55154

## **Longevity: Recommendations to Reduce Social Isolation and Enhance Social Connection in Rural Minnesota**

Minnesota Department of Health  
Office of Rural Health and Primary Care  
PO Box 64975  
St. Paul, MN 55164-0975  
651-201-3838  
[health.rhac@state.mn.us](mailto:health.rhac@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

*To obtain this information in a different format, call: 651-201-3838.*

## CONTENTS

Executive Summary.....	1
The Challenge: Social Isolation and Aging in Rural Minnesota.....	1
Recommendations for Change .....	1
Conclusion and Call to Action .....	1
Introduction .....	2
Overview of the Rural Health Advisory Committee .....	2
Understanding Social Isolation in Rural Communities .....	2
Economic and Health Consequences of Disconnection .....	4
Minnesota’s Response to Aging and Social Connection.....	5
<b>Recommendation 1: Encourage employers to support continued workforce engagement .....</b>	<b>6</b>
Cultural Shift in the Workplace.....	6
Workforce Retention Benefits .....	8
Example Programs and Best Practices.....	8
<b>Recommendation 2: Encourage individuals to stay engaged in community, post-retirement age9</b>	<b>9</b>
Importance of Community Involvement .....	9
Work and Volunteer Options.....	9
Example Programs and Best Practices.....	11
<b>Recommendation 3: Support community infrastructure for healthy aging and longevity .....</b>	<b>12</b>
Social Determinants of Health and Community Support .....	12
Example Programs and Best Practices.....	13
Programs and Accessible Services .....	15
Built Environments & Accessibility .....	16
Conclusion.....	17
Summary of Recommendations: .....	17
Cumulative Impact on Rural Health and Longevity in Minnesota.....	17
Call to Action for Employers, Individuals, and Communities to Foster a Culture of Connection and Support Longevity .....	17
References .....	18
Introduction .....	18
Recommendation 1.....	18
Recommendation 2.....	19

Recommendation 3..... 19

Appendix A: Rural Health Advisory Committee Membership ..... 21

Appendix B: Workgroup Membership ..... 22

Appendix C: Programs & Resources..... 23

# Executive Summary

The Minnesota Rural Health Advisory Committee has long prioritized healthy aging in rural communities. RHAC responded to the U.S. Surgeon General’s 2023 Advisory on *Our Epidemic of Loneliness and Isolation* by convening a workgroup to examine the impacts of social isolation and identify strategies to support longevity among older rural Minnesotans. This report presents their findings and recommendations.

## The Challenge: Social Isolation and Aging in Rural Minnesota

Social connection is critical to health, particularly for older adults. Isolation and loneliness are linked to serious physical and mental health issues—heart disease, dementia, depression, and premature death—and can result in substantial economic costs.

Rural Minnesotans face unique barriers to connection including geographic distance, limited transportation options, and fewer community spaces like community centers or libraries. Compounding these challenges, rural areas have higher concentrations of older adults—by 2033, 32% of rural residents will be 65+, compared to 19% in urban counties.

## Recommendations for Change

The workgroup proposes a three-part strategy to support longevity and reduce isolation:

- 1. Encourage employers to support continued workforce engagement**  
Employers can play a role by creating flexible, phased retirement opportunities and return-to-work programs that retain institutional knowledge while promoting social and financial well-being for older adults.
- 2. Encourage individuals to stay engaged in their community past retirement age**  
Continued participation in work, volunteer activities, and community engagement enhances physical and mental health and provides a sense of purpose.
- 3. Support community infrastructure for healthy aging and longevity**  
Communities should invest in shared community spaces and accessible environments that promote connection and activity, which can reduce isolation and improve health outcomes.

## Conclusion and Call to Action

Addressing rural aging and social isolation requires coordinated action by employers, individuals, and communities. Together, these actions would support the health, resilience, and longevity of Minnesota’s rural population.

## Introduction

### Overview of the Rural Health Advisory Committee

The Rural Health Advisory Committee (RHAC) is a diverse, statewide forum for addressing rural health interests. Among their statutory duties, the Committee advises the Commissioner of the Minnesota Department of Health and other state agencies on rural health issues and recommends and evaluates approaches to rural health issues that are sensitive to the needs of rural communities.

RHAC has long been interested in addressing longevity and promoting healthy aging. In 2018, RHAC published a report on [Older Adult Fitness: Access and Participation in Rural Minnesota \(PDF\)](#). As a follow-up to this work, the Committee reviewed Surgeon General Dr. Vivek H. Murthy's 2023 report [Our Epidemic of Loneliness and Isolation \(PDF\)](#).

Murthy's report made clear how important social connection is to health, especially as we age. The report noted that poor social connection may lead to an increased susceptibility to viruses and respiratory illnesses, anxiety, depression, dementia, heart disease and premature death. RHAC decided to study the impact of social isolation and loneliness in rural Minnesota and convened a workgroup to identify policy and practice recommendations that strengthen support for individuals as they age. This report is the result of that work.

### Understanding Social Isolation in Rural Communities

In an episode of [Exploring Rural Health Podcast](#) Dr. Carrie Henning-Smith, Co-Director of the Rural Health Research Center and Rural Health Program at the University of Minnesota, noted that "social isolation is an objective lack of people or social contact, social relationships in your life....Social isolation is so intricately tied with other health outcomes."

Dr. Henning-Smith further noted that there are differences in the experience of social isolation in rural areas versus urban areas. Older adults in rural areas report larger social networks, while feeling lonelier due to factors like longer physical distances between family and friends, and lack of transportation and technology (*Rural Social Isolation, With Carrie Henning-Smith – Exploring Rural Health Podcast, n.d.-b*). Life transitions can cause older adults to experience social isolation as well.

The highest rates of social isolation are found among older adults. The Surgeon General's Advisory reports that the highest frequency for loneliness and isolation is among people with poor physical or mental health, disabilities, financial insecurity, and those who live alone. Rural residents may experience an increased disparity of all these issues compared to their urban counterparts (Murthy, 2023).

Social connection is not the only thing that impacts longevity. A variety of other social determinants of health impact an individual's health and their longevity, as well. In [Social Determinants of Health](#), the Centers for Disease Control and Prevention states that “social determinants of health also include the broader forces and systems that shape everyday life conditions.” As individuals age, they need support to stay well, regardless of where they live.

## Social Determinants of Health



The U.S. Department of Health and Human Services Office of Disease

Social Determinants of Health  
Copyright-free

Healthy People 2030

Prevention and Health Promotion’s [Social Determinants of Health - Healthy People 2030](#) reports that social determinants of health range from macro- to micro-level environmental and personal impacts on an individual. These social determinants of health include neighborhood, transportation, racism, discrimination, violence, education, job opportunities, income, access to nutritious foods and physical activity, and environmental health such as healthy air and water, as well as skill in language and literacy.

The Healthy People 2030 Report highlights how [Social Determinants of Health and Older Adults](#) impact older adults’ health, well-being, and quality of life while providing examples that align with the workgroup’s previous research into longevity. For example, older adults that made lower incomes throughout their lives are more likely than adults that had higher incomes to have had disabilities that started earlier in life and increased mortality. The report states that older adults have a higher risk of dementia and other serious health problems due to social isolation and loneliness, and that having the opposite—strong social connections—positively impacts an individual’s health and longevity.

Social connection influences health through biology (stress hormones, inflammation, and gene expression), psychology (meaning/purpose, stress, safety, resilience, hopefulness) and behavior (physical activity, nutrition, sleep, smoking, treatment), according to [FFY2024-2027 State Plan on Aging \(PDF\)](#).

The six foundational pillars from [the Surgeon General’s framework for a national strategy to advance social connection \(PDF\)](#) make it clear it is important to build a culture of connection by cultivating values of kindness, respect, service and commitment to one another; modeling connection values in positions of leadership; and expanding conversations on social connection in workplaces and communities.

## Economic and Health Consequences of Disconnection

Social isolation and loneliness have an impact on the financial, physical, and mental health of rural Minnesotans as they age. The Surgeon General’s Advisory notes that poor social connections have an economic impact, finding that an excess of \$6.7 billion in Medicare spending annually is focused on increased hospital and nursing facility costs to treat acute and chronic conditions in older adults whose conditions have been exacerbated by social isolation and loneliness.

Americans who are in the workforce show poor performance at work as stress-related absenteeism contributed to loneliness across the country, costing employers an estimated \$154 billion annually, as of 2019. The article, [Accelerated Retirements May be Playing a Role in the Current Workforce Shortage](#), published by the Minnesota Department of Employment and Economic Development, noted that due to the COVID-19 pandemic, the rapid retirement of baby boomers that occurred between 2020 and 2021 exceeded predicted retirements for those in this demographic. This rapid retirement in Minnesota led to labor shortages the state wasn’t



prepared for in a variety of industries. Rural Minnesota, where the median age skews higher than in metropolitan Minnesota, felt the greatest impact.<sup>1</sup>

Individually, older adults are impacted financially, as well. Research published in [The Association of Financial Resources and Loneliness Among Older Adults During a State of Emergency](#) by The Ohio State University demonstrate a “strong association of lack of emergency savings with loneliness” in older adults. Another area of concern for older adults is potential financial scams. Lonelier adults are more susceptible to financial exploitation according to the study [Interpersonal dysfunction predicts subsequent financial exploitation vulnerability in a sample of adults over 50: a prospective observational study - Wayne State University](#).

Enhancing social supports for adults as they age could decrease their social isolation, increase their individual health, reduce healthcare spending, and allow for resources to be utilized elsewhere. These recommendations seek to reduce the fiscal burden of Medicare spending, employer spending, and individual costs as older adults are supported socially, decreasing their need for medical support.

## Minnesota’s Response to Aging and Social Connection

In Minnesota, work to understand the needs of the growing population of older adults has been conducted by the Minnesota Board on Aging, the Minnesota Department of Health, and the Minnesota Department of Employment and Economic Development. Currently, 17.9% of Minnesotans are age 65 or older, and by 2033, residents aged 65 and up will make up 32% of rural Minnesota counties, compared to 19% in urban counties.

[The Minnesota State Plan on Aging \(PDF\)](#) notes that older Minnesotans identify issues with social participation and inclusion, with 44% saying they lack companionship, 38% feeling left out, and 35% noting they feel isolated in their community (Minnesota Board on Aging et al., 2023)

These findings have led to efforts to identify opportunities to counteract these specific issues. The [Minnesota Statewide Health Assessment \(PDF\)](#) states that individuals of retirement age have a renewed sense of purpose by continuing their careers, volunteering, taking on different kinds of work, or taking on a new role in the family. All had an emphasis on belonging, a key indicator for positive health and well-being (Minnesota Department of Health & Healthy Minnesota Partnership, 2024). The RHAC recommendations in this report delve into these opportunities for social connection.

The Minnesota Board on Aging, with regional organizations (Area Agencies on Aging) located throughout the state, works with communities to address issues facing older adults. The Minnesota Board on Aging has discussed how employment can play a critical role in an individual’s life; full or part time work has positive impacts on income, purpose, and social connection for older adults.

---

<sup>1</sup> O’Neill, T. [Labor Market Analyst]. (2024, August 12). Labor Market Information by Age [Slide show]. RHAC Longevity Workgroup Meeting.

One way the Area Agencies on Aging are supporting healthy aging is by encouraging employees and employers to better understand the value of older workers and their potential for filling workforce gaps. They are educating employers on age-friendly policies and meeting with employers directly to participate in workforce development initiatives.

In one region, the Area Agency on Aging has been meeting with human resource officers and business leaders to better understand what businesses are doing and can do to support, retain, and recruit older workers (Minnesota Board on Aging et al., 2023). They are sharing the evidence that encouraging individuals to remain in the workforce could help them hold tighter to a sense of purpose, provide an outlet for social connection, contribute to positive health outcomes and help address the labor shortages afflicting much of rural Minnesota.

Better understanding of the dual roles of social connection's positive impact on health and well-being in older individuals and the mass retirement of individuals at or close to traditional retirement age led the longevity workgroup members to focus their efforts on how to keep individuals at or close to retirement in the workforce longer. The workgroup recognized that staying in the workforce past retirement age is not a solution for everyone. Other means of social connection and attributions to health and well-being that impact longevity for everyone were also considered. This report identifies resources for individuals, employers, health care providers, and community members.

RHAC proposes the following three recommendations:

**Recommendation 1:**

Encourage employers to support continued workforce engagement

**Recommendation 2:**

Encourage individuals to stay engaged in their community post-retirement age

**Recommendation 3:**

Support community infrastructure for healthy aging and longevity

These three recommendations—described below—provide evidence-based research and activities that employers, individuals, and communities can use to prioritize staying connected and healthy into traditional retirement age and beyond.

## **Recommendation 1: Encourage employers to support continued workforce engagement**

### **Cultural Shift in the Workplace**

Employers in rural Minnesota are well-positioned to help lead a culture shift, through executive leadership and human relations policies that support individuals remaining engaged in their organizations beyond the traditional retirement age. Through actions backed by these business and human resources leaders, shifts in thinking may already be underway in rural Minnesota.

According to the Minnesota Department of Employment and Economic Development, since the population in rural Minnesota is aging and skewing older, employers are facing a decrease in the labor force as individuals age and retire, leading them to explore ways to keep individuals in the workforce longer. In an effort to keep employees beyond retirement age, employers are:

- Creating part-time and casual (flexible/temporary) positions
- Keeping older workers in the workforce by using AI so employees can work flexible schedules and remotely more easily
- Working with individuals to create flexible work arrangements to continue working with the organization post-retirement<sup>2</sup>

Keeping older adults in the workforce benefits the employer and the employee. The employer retains an employee with skills and organizational knowledge, and the older adult stays engaged in work, retains a sense of purpose, and maintains social connection through their employment, therefore decreasing social isolation and loneliness for the individual.

Providing opportunities for employees to stay engaged in their organizations post-retirement could allow employees to keep working in a capacity that interests them and gives them the flexibility they are looking for at later stages of their life, which could increase their satisfaction in and outside of work.

Since many firms already discuss retirement preparation and provide financial planning options for their employees, options for phased retirement could be added to their planning documents. Phased retirement or part-time work could include:

- A flexible schedule allowing for part-time hours fitting the employee's retirement lifestyle
- Changing positions within the organization to fit the employer's workforce needs and the employee's strengths and work they enjoy doing
- Phased retirement with an end date in mind and engaging the employee's skillset and knowledge to ensure project continuity
- Returnship programs to fill talent gaps in an organization

Employers could have a champion in a successful retiree turned casual employee who connects with employees and/or is a resource for others who may be interested in this option and want someone to talk to about it. Depending on the needs of the employer and employee, a mutual agreement may be found that serves both parties well.

---

<sup>2</sup> O'Neill, T. [Labor Market Analyst]. (2024, August 12). Labor Market Information by Age [Slide show]. RHAC Longevity Workgroup Meeting.

## Workforce Retention Benefits

One workgroup member shared her experience with her approaching retirement. She presented a part-time transition plan to her employer, which kept her formally involved in the organization and maintained her sense of purpose. This also helped her employer by retaining an individual with institutional knowledge to work with new hires and mentor them, increasing efficiencies in succession planning.

This individual is actively involved in a project with a partnership between the health care system and community. Prolonging her work helps ensure the continuity of these types of projects. As individuals are living longer, other personal benefits of working beyond traditional retirement age include continued earning of wages and benefits—especially health insurance.

Having individuals of retirement age continue working in some capacity at the organization can provide positive impacts that include mentoring younger professionals, passing on institutional knowledge, and decreasing workforce shortage issues. To encourage this shift in perspective, organizational leadership could develop a communications strategy about phased retirement plan options and disseminate the information regularly to all employees.

## Example Programs and Best Practices

State of Minnesota employees have a phased retirement option—outlined in [Phased Retirement FAQs \(PDF\)](#)—for employees who meet certain eligibility criteria that include being employed full time at the time of request, age 55 or more, having 10 years of continuous service, and providing written notice. Phased retirement for State of Minnesota employees is intended to assist in knowledge transfer and succession planning prior to the individual leaving the workforce. The workgroup member who shared her phased retirement story provides another example; she proposed a part time work arrangement to remain employed with the organization, fitting both the employee and employer needs.

Returnships, also known as career restart programs, are another avenue to involve employees at the end of their career. They can be effective at recruiting and retaining diverse talents, addressing skill gaps and efficiently filling talent gaps in an organization. Developed as a toolkit through grant funds by Age-Friendly Minnesota, [Returnships by Northspan and Northforce](#) helps individuals re-enter the workforce after a career break. National return-to-work programs include iRelaunch, which hosts the [Return to Work Programs List](#), a database of job opportunities for individuals hoping to re-enter the workforce.

Exit interviews also offer an opportunity for employers to promote a culture shift. Employers can seek to understand the departing employee's experience and gather ideas for improving the experience for other employees of the organization. Making the effort to understand and make changes based on worker experiences could reduce burnout and early retirement, increase employee satisfaction, and encourage employees to stay with the organization longer.

Employers should encourage employees to start conversations with their supervisors and/or human resources well before retirement age to allow enough time for both the employer and

the employee to plan. Employers could use simple questions as a guide to get this conversation underway. Example questions might include:

- Have you thought about continuing your work in any capacity?
- Would you like to do that work here or somewhere else?
- What would that look like?
- If you could have your dream job, what would that look like?
- What hours would you want to work? When would you want to start and stop?
- What activities would you do?
- Have you considered/would you consider continuing to work in some capacity past retirement? What would that look like? (Examples: mentoring, part time work, participating in committees, etc.)

## Recommendation 2: Encourage individuals to stay engaged in community, post-retirement age

### Importance of Community Involvement

Given the Surgeon General’s advisory on the influence of social connection on health and well-being, the workgroup recommends encouraging individuals to remain engaged in their communities through a variety of means; this could include work, volunteerism, and other community-based activities. According to the [Minnesota Statewide Health Assessment \(PDF\)](#), individuals found a renewed sense of purpose by continuing careers, volunteering, engaging in different types of work or taking on a new family role.

In addition to exploring flexible work arrangements, volunteerism is another way to remain engaged. In 2021, one-third of retired Minnesota residents aged 65 to 74 volunteered (Minnesota Department of Health & Healthy Minnesota Partnership, 2024). According to the Generosity Commission Report [Everyday Actions, Extraordinary Potential: The power of Giving and Volunteering \(PDF\)](#), “giving and volunteering are crucial means by which Americans create and participate in a pluralistic civil society... giving and volunteering help solidify civic engagement..., affirming a commitment to work together with others towards a larger purpose.”

### Work and Volunteer Options

#### Work

Employees planning for retirement should engage their employers in discussions around continuing to work part time or a phased retirement option. Like the recommendations for employers, employees should begin these discussions early in order to have time to consider alternatives and develop scenarios most beneficial to the employee and employer. If your employer offers this type of part time work or phased retirement, the ideal time for these conversations to begin is when your employer is providing resources for employees to plan

their future, including financial and post-employment. The questions listed below are great starting points for conversations with your employer:

- Will my job responsibilities change with reduced hours?
- Can I choose which days or hours I work?
- What are the eligibility criteria for this type of program, especially while drawing retirement benefits?
- Are there limitations on the number of hours I can work and still receive benefits?
- Will my benefits be affected?
- What steps should I take for a smooth future transition?

If an employee is interested in a flexible work arrangement or phased retirement, but their employer doesn't have a formalized program, they should start these conversations with their employer early, within five years of retiring. As in the case of the workgroup member who shared her phased retirement story, an employee could create their own plan to share with their employer and discuss staying on in a flexible manner that works for them and their retirement lifestyle.

The following list notes things for employees to evaluate when considering or planning for a phased retirement or flexible work post-retirement:

- Talk to HR about what you like doing at your job and what you would be willing to continue doing.
- Keep an open mind and consider whether your skills and strengths would fit well in any other positions within the organization.
- Consider benefits (i.e., insurance) and work with HR to understand if you would still be eligible to receive them in some capacity with part-time work.
- Reach out to someone you know who has worked part time after retiring or phased their retirement. Ask them if they have any wins, advice or planning they could share.
- Develop a plan to speak with HR or your manager about either working a flexible part-time schedule instead of retiring or creating a phased retirement plan. The more detail you provide, the more HR and/or management can understand your plan and work with it.

## Volunteer

Many volunteer opportunities are geared towards seniors and are accessible to rural Minnesotans. Volunteering provides seniors with a sense of purpose, increases their social circles, and has additional benefits like recovering more quickly from illness or health ailments due to the desire to return to volunteerism.

One organization at the forefront is AmeriCorps Seniors. Seniors can volunteer in a capacity that aligns with their interests, stay connected to their community, and gain necessary resources. AmeriCorps Seniors Association of Minnesota provided the following data:

- This association operates three different programs that offer opportunities in rural Minnesota, including Foster Grandparent Program, Senior Companion Program, and Retired and Senior Volunteer Programs.
- The Foster Grandparent Programs provide one-on-one tutoring to children to improve their literacy, math, social-emotional regulation, and general well-being. In 2023, 469 Foster Grandparent volunteers served 238,443 hours while connecting with 3,331 special/exceptional needs children across Minnesota.
- Through the Senior Companion Programs, volunteers assist and provide friendship to isolated seniors who wish to remain in their own homes. Throughout 2023, 283 Senior Companion volunteers provided 146,128 hours of service to 919 seniors in Minnesota.
- The Retired and Senior Volunteer Programs provide a wide range of service activities focused on healthy futures, economic opportunity, serving veterans, disaster preparedness, education, and environmental stewardship. In 2023, 7,633 Retired and Senior Volunteer Programs volunteers served 897,940 hours in public and non-profit agencies across Minnesota, impacting over 1.3 million people.<sup>3</sup>

## Example Programs and Best Practices

AmeriCorps Seniors programs have their own unique impact on the volunteers and the individuals served. Most volunteers are provided a small stipend (set by the National AmeriCorps Senior program) and/or receive transportation assistance to get to and from their volunteer sites. Lutheran Social Services, which operates the Senior Companion Program in Minnesota, conducted a survey in 2024 that showed significant health impacts on their volunteers: 90% of volunteers feel that the experience has changed their life, 85% of volunteers feel more socially connected and 76% of volunteers feel healthier because of volunteering.

Across the nation, according to the national organization [AmeriCorps Seniors](#), “84% of volunteers report stable or improving health after one year of service [and] 88% of volunteers who felt a lack of companionship reported fewer feelings of isolation after becoming an AmeriCorps Seniors volunteer.”

“Volunteering is the purpose of the volunteer’s life, helps them get up in the morning, and is the motivation to fight for health after an illness. One woman had a stroke and called weekly to give updates, so the program knew she was coming back to work with the students.”  
 – *AmeriCorps Senior Program Leader*

“A client was 98 ½ years old and had a Friendly Visitor Volunteer come for over 2.5 years. Over pie, the client and volunteer shared that they love playing cribbage together. The volunteer lost 13 games in a row to the client.

---

<sup>3</sup> AmeriCorps Seniors Association of Minnesota. (2024, September 3). AmeriCorps Seniors Association of Minnesota [Slide show]. RHAC Longevity Workgroup Meeting.

The client stays on top of their paperwork and asked the volunteer to bring her to renew her driver's license even though she doesn't drive anymore. She wanted to have it just in case. She passed the exam. Commenting on their experience, the volunteer said, "There's nothing like waking up in the morning feeling like you can make a difference in someone's day."

– *Senior Companion Program Leader*

"One caregiver shared that her mother attended music classes after she developed dementia (the client herself was a music teacher) and gave her mother a group where she had friendship based in music, a lifelong passion."

– *Retired and Senior Volunteer Programs Program Leader*

Other opportunities are available through American Association of Retired People (AARP), which is a nonprofit organization committed to empowering individuals over the age of 50 to live better as they age. Volunteer initiatives through AARP are designed specifically for individuals to volunteer from home if they are not near a volunteer location supported by AmeriCorps Seniors or are unable to volunteer outside of their home.

Some [AARP virtual volunteering opportunities](#) include being a Friendly Voice Volunteer Caller (for those who enjoy listening and chatting on the phone and want to be a friendly voice) or an AARP Nurse Volunteer/Patient and Family Advisory Council Member (for those who want to share firsthand experiences to drive improvement in hospital caregiving).

The State of Minnesota has a [robust volunteer program](#) in several different interest areas including the Department of Natural Resources, Ombudsman for Long-Term Care, Historical Society, and many more. Regardless of location in the state, Minnesotans are welcome to volunteer as a way to build community and experience the positive mental and physical health benefits from volunteer experiences.

## **Recommendation 3: Support community infrastructure for healthy aging and longevity**

### **Social Determinants of Health and Community Support**

Longevity and overall health are shaped by a wide range of social drivers of health, defined by the Centers for Medicare & Medicaid Services in [Social Drivers of Health and Health-Related Social Needs](#) as "the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." Social isolation and relationships are intertwined in all areas of life. Older adults not only benefit from strong social connections, but also strong communities that provide individuals with social support, both of which can significantly improve their well-being and quality of life.

Community supports, including access to affordable, quality health care, are important for older adults to obtain the help they need if, or when, they are diagnosed with a chronic health condition, which can be a challenging for those living in rural Minnesota. As individuals age, they may start to lose mobility or ability to drive themselves, so accessibility and transportation for older individuals are crucial to ensure this population can access groceries, other important resources, and safe places to be physically active. Focusing on these social determinants of

health while considering healthy aging and longevity in rural Minnesota is paramount. Communities in rural Minnesota are already supporting healthy aging and longevity in a variety of ways, but continued efforts are vital, especially as the population of rural Minnesota continues to age.

## Example Programs and Best Practices

Practices to build social connections and community can address a wide range of considerations, including environmental health, health policy, housing, injury prevention, needs of people with disabilities, physical activity, respiratory disease, sensory or communications disorders, transportation, and workplace. The workgroup sought to show successful examples already happening in some parts of rural Minnesota.

### Social Prescriptions

Older adults can be socially engaged outside of volunteering or working after retirement age. Throughout rural Minnesota there are many wonderful examples. One relatively new way for health care providers to connect their patients with opportunities to create social connection in their everyday life is through social prescriptions. According to [\*What Are "Social Prescriptions" and How Should They Be Integrated Into Care Plans?\*](#) "Social prescribing is a systematic approach to addressing patients' social needs by referring them to or implementing community-based interventions and facilitating social connection based on individual need. One goal of social prescribing is to address the social determinants of an individual patient's loneliness, given their available resources."

The Rural Health Information Hub reported on [\*Loneliness and Social Isolation Are Common in Rural America. Is "Social Infrastructure" the Solution?\*](#) in June 2024. The following story features social prescriptions in rural Minnesota. In the small town of Madison, Minnesota, Kris Shelstad saw a need for a gathering place that could bring people together. Returning home in 2020, she founded the Madison Mercantile—a space that started as a coffee shop but quickly evolved into something more.

It became a hub for social connection, offering an art gallery, live music, a video conferencing room for older adults, coworking space, yoga classes, a local gift shop, a Men's Shed, and meeting spaces for community organizations. But Kris's real gift wasn't just in creating the space—it was in how she personally connected with every person who walked through the door, making them feel welcome and linking them with others in the community.

Dr. Hannah Fields, a primary care provider in Madison, saw firsthand how loneliness was affecting her patients. She recognized that Kris had built something special at the Mercantile—something that could help. Her patients who spent time there seemed more engaged, more at ease, and more connected to their community.

Wanting to harness this impact, Dr. Fields began writing "social prescriptions"—notes for her patients to redeem a free cup of coffee at the Mercantile. But she knew it was never just about the coffee; it was Kris and the relationships she fostered. She trusted that once her patients walked in, Kris would welcome them, introduce them to others, and help them find a sense of belonging.

While Dr. Fields hasn't conducted formal research, she sees the difference. Her patients are more socially engaged, more optimistic, and ultimately healthier because of the connections they make at the Mercantile.

In this small town, a simple prescription is helping to heal something medicine alone cannot—loneliness.

### Third Spaces/Places

The Madison Mercantile is not only a great place for health care providers to send their patients when they need to write a social prescription, but it also acts as a third place. The [Foundation for Community Health](#) defines third spaces/places as “physical spaces designed for gathering, connecting, and sharing resources—to promote social interaction and build community trust, which supports health and well-being for all.”

Third places, where individuals go to socialize, are not a new idea. However, since technology has become a major part of our lives, third places have been underused in our communities or disappearing altogether, which may be contributing to American loneliness. Communities and individuals can benefit from creating and using more third places like coffee shops, local parks, libraries, places of worship, etc.

An example of creating third places in rural Minnesota communities comes from the Minnesota Department of Transportation's [Activate Rural Learning Lab](#). This project provides rural communities with grant funds to create welcoming and creative community spaces.

Five rural communities are currently creating community spaces with help from this project:

- A space for Native artists to gather, connect and share their historical truth in Redwood Falls
- A safe place for youth and community members to gather in Buhl
- An artist-run print studio and gallery in Mahnomen
- A place for community members to go for comfort, learning, and connection with other individuals and groups in Jasper and Spring Grove

Communities can use third places or social gathering spaces and opportunities to address social determinants of health at the same time. LeadingAge Minnesota's grant program, [Connected Communities](#), is developing pilots in five rural communities to improve the coordination of services for older adults in their communities. Two of the longest running pilots, in Perham and Alexandria, offer examples of these spaces. One program, [Elevate - Aging Well Resources](#) in Perham, holds a mission to help all adults in northeastern Otter Tail County age well.

Elevate reduces isolation in rural Minnesota by creating consistent, meaningful opportunities for connection. Through community lunches offered Monday through Thursday, volunteer involvement, and health-focused events, Elevate brings people together in ways that feel personal and purposeful. These gatherings often include supportive services like blood pressure checks or health coaching, blending social connection with tangible health benefits. The approach works because it's local, welcoming, and grounded in relationships—something

especially vital in rural communities where connection can be a lifeline. *“I appreciate everything Elevate has provided me and my husband, who is living with memory loss. We moved to the area a number of years ago and it has been good but we didn't feel super connected.” With tears in her eyes she ended with, “Because of Elevate, I now know why we moved here.”*

– Louise, Elevating Voices Chorus attendee

Lakes Area Connected Communities is led by [Vivie](#) and currently operates in Douglas, Grant, Hubbard, Otter Tail, Pope, Stevens, Todd, Traverse, and Wadena counties in Minnesota. This program addresses social determinants of health and fosters partnerships with communities, health systems, and payors. Vivie's Connected Communities project seeks to create a seamless network of resources that support physical, mental, and social well-being for older adults.

*“I had some problems that I had not anticipated. I was grateful there was a program in place that could get me some help when I really needed it.”*

-Lakes Area Connected Communities Client

## Programs and Accessible Services

For individuals who cannot easily leave their homes, there are a variety of opportunities to connect with others. These individuals may benefit from services that increase social connection by providing volunteers to visit them at home or talk on the phone. Both formal and informal programs are available for support.

The [AmeriCorps Seniors](#) Senior Companion Program provides volunteer peer-to-peer independent living support and companionship to older adults and adults with disabilities. This service enables people to age in place, reduces the negative impacts of social isolation and supports families by providing respite care. Interested individuals can complete an online form through Lutheran Social Service of Minnesota's [Senior Companion Services](#), an AmeriCorps Seniors partner.

The [Minnesota Aging Pathways](#) offers Friendly Visiting Programs, another volunteer companion service for people aged 60 or older. These services are available through counties.

One testimonial from a Senior Companion Volunteer states: *“My client called me on Sunday evening and was crying, she said that she was so excited to tell me that she is now a great grandma and that her tears were happy tears. We've created such a great friendship. It means so much to me that she chose me to call and tell the good news to.”*

Another option for casual social interaction is the [AARP Friendly Voice: Connecting People to People](#) phone line. This program allows individuals to request a call at 1-888-281-0145, and a volunteer will reach out to be a friendly voice. Volunteers are trained to talk, listen, or just be a friendly “hello.”

According to the article [Nutrition as We Age: Healthy Eating with the Dietary Guidelines](#) from the Office of Disease Prevention and Health Promotion, “good nutrition across the lifespan helps prevent chronic disease—and we know that it's never too late to make improvements to

support healthy aging.” Rural Minnesota has many different nutrition and food programs. The [Senior Food & Nutrition Program](#), delivered by local service providers in partnership with Area Agencies on Aging and the Minnesota Board on Aging, facilitate dining sites and home-delivered meals in communities across Minnesota. These sites often offer social activities, volunteer opportunities, health and nutrition programs, and information about other services like grocery shopping and delivery.

Community initiatives like the Food Rx program at Riverwood Healthcare Center in Aitkin connect individuals to food as well. [Riverwood connects patients to community resources](#) outlines a program that provides patients and their families with fresh fruit and vegetables from the summer farmer’s market.

Individuals can utilize to search for food, food shelves, food assistance and other resources based on their location. This website, operated by the Senior LinkAge Line and Disability Hub MN, is a database of community services for individuals.

## Built Environments & Accessibility

Physical activity can be enhanced by walkable neighborhoods and accessible built environments. In 2018, RHAC produced the report “Older Adult Fitness: Access and Participation in Rural Minnesota,” which highlights the important connections between physical health and social engagement and mental health. The report includes many important recommendations and valuable resources for older adults to remain physically fit and active in their communities. [Older Adult Fitness: Access and Participation in Rural Minnesota Appendix B – Resource Guide \(PDF\)](#) contains examples of projects and activities available in rural Minnesota.

[Juniper](#), a statewide network that connects aging adults with services such as grocery delivery, transportation, wellness education and more, is “helping communities across Minnesota create a culture of health and well-being.” The network hosts many classes with in-person, online, and phone options for preventing falls, getting fit, and living well. Juniper’s evidence-based programs focus on community and are often hosted by organizations in rural communities across Minnesota.

[SilverSneakers](#) classes are another option available to older adults both in-person and online. These classes are available to adults 65+ through Medicare plans. Individuals can use [Minnesota Aging and Disability Resources](#) to search for SilverSneakers classes and other available resources in their area.

## Conclusion

### Summary of Recommendations:

- **Recommendation 1:** Employers should create options for individuals at traditional retirement age to stay in the workforce in flexible, mutually beneficial roles
- **Recommendation 2:** Individuals ready to retire should explore community engagement through volunteerism, work, or other forms of involvement
- **Recommendation 3:** Communities should develop resources and spaces that support social connection and healthy aging

### Cumulative Impact on Rural Health and Longevity in Minnesota

Older adults in rural Minnesota continue to face social isolation and loneliness and the resulting negative health impacts. Supporting healthy aging and longevity of rural Minnesotans is up to everyone in the community—employers, employees, individuals, and community-based organizations. The three recommendations in this report provide a holistic approach to supporting older adults' longevity throughout rural Minnesota.

### Call to Action for Employers, Individuals, and Communities to Foster a Culture of Connection and Support Longevity

Employers can support employees nearing retirement by helping them create a plan to stay engaged in their organization in a way that benefits both the employer and the employee. This allows the employee to stay connected to others, maintain a sense of purpose, and may also provide benefits such as health insurance, resulting in a healthier, more connected person.

Individuals who are ready to retire can support their own longevity by staying connected in the community through work or volunteering.

Communities can support longevity by providing community gathering spaces and opportunities for community engagement or social connection, considering the impacts of social determinants of health and decreasing barriers to healthy living.

Adhering to the three recommendations from this report will lead to a healthier, more connected older population throughout rural Minnesota.

## References

### Introduction

Work Group of the Rural Health Advisory Committee, Malcolm, J., Vanderwal, T., Kalina, M., & McClernon, M. (2021). Recommendations on strengthening mental health care in rural Minnesota [Report]. Minnesota

Department of Health. [Older Adult Fitness: Access and Participation in Rural Minnesota](https://www.health.state.mn.us/facilities/ruralhealth/rhac/docs/2021rhacmhealth.pdf) (https://www.health.state.mn.us/facilities/ruralhealth/rhac/docs/2021rhacmhealth.pdf)

Murthy, V. H. (2023). [Our Epidemic of Loneliness and Isolation](https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf) https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf

Rural Social Isolation, with Carrie Henning-Smith. [Exploring Rural Health](https://www.ruralhealthinfo.org/podcast/social-isolation-jul-2023) (https://www.ruralhealthinfo.org/podcast/social-isolation-jul-2023)  
Social Drivers of Health and Health-Related Social Needs | CMS (https://www.cms.gov/priorities/innovation/key-concepts/social-drivers-health-and-health-related-social-needs)

Minnesota Board on Aging. (2023). [FFY2024-2027 State Plan on Aging Amendment 1 tcm1141-632575.pdf](https://mn.gov/board-on-aging/assets/FFY2024-2027%20State%20Plan%20on%20Aging%20Amendment%201%20tcm1141-632575.pdf) (https://mn.gov/board-on-aging/assets/FFY2024-2027%20State%20Plan%20on%20Aging Amendment 1 tcm1141-632575.pdf)

Drost, M., Loibl, C., Snyder, A., & Betz, M. (2025). The association of financial resources and loneliness among older adults during a state of emergency. *PLoS one*, 20(1), e0314042. [The association of financial resources and loneliness among older adults during a state of emergency - PubMed](https://pubmed.ncbi.nlm.nih.gov/39787057/) (https://pubmed.ncbi.nlm.nih.gov/39787057/)

Lim, A. C., Mosqueda, L., Nguyen, A. L., Mason, T. B., Weissberger, G. H., Fenton, L., ... Han, S. D. (2022). Interpersonal dysfunction predicts subsequent financial exploitation vulnerability in a sample of adults over 50: a prospective observational study. *Aging & Mental Health*, 27(5), 983–991. [Interpersonal dysfunction predicts subsequent financial exploitation vulnerability in a sample of adults over 50: a prospective observational study: l'Aging & Mental Health: Vol 27 , No 5](https://doi.org/10.1080/13607863.2022.2076210) (https://doi.org/10.1080/13607863.2022.2076210)

Minnesota Department of Health & Healthy Minnesota Partnership. (2024). *Minnesota statewide health assessment*. Healthy Minnesota Partnership and Minnesota Department of Health. [Minnesota Statewide Health Assessment](https://www.health.state.mn.us/communities/practice/healthymnpartnership/sha.pdf) (https://www.health.state.mn.us/communities/practice/healthymnpartnership/sha.pdf)

Senf, Dave. Accelerated Retirements May be Playing a Role in the Current Workforce Shortage. September 2021. Minnesota's Employment and Economic Development. [Accelerated Retirements May be Playing a Role in the Current Workforce Shortage / Minnesota Department of Employment and Economic Development](https://mn.gov/deed/newscenter/publications/trends/september-2021/retirement.jsp) (https://mn.gov/deed/newscenter/publications/trends/september-2021/retirement.jsp)

### Recommendation 1

Minnesota Management and Budget. (2020). [Phased Retirement FAQs](https://mn.gov/mmb-stat/hr-toolbox/999-newsfeed/2018/November/phased-retirement-faq-1-2021.pdf) (https://mn.gov/mmb-stat/hr-toolbox/999-newsfeed/2018/November/phased-retirement-faq-1-2021.pdf)

Age Friendly Minnesota. (n.d.). RETURNSHIPS: a toolkit for employers. In Age Friendly Minnesota. [Returnships – NORTHFORCE](https://northforce.org/free-returnships-toolkit/) (https://northforce.org/free-returnships-toolkit/)

Age Friendly Minnesota. (n.d.). RETURNSHIPS: a toolkit for employers. In Age Friendly Minnesota. [Returnships – NORTHFORCE](https://northforce.org/free-returnships-toolkit/) (https://northforce.org/free-returnships-toolkit/)

Return to work programs list - iRelaunch. (n.d.). iRelaunch. [Return to Work Programs List - iRelaunch](https://www.irelaunch.com/return-to-work-programs-list) (https://www.irelaunch.com/return-to-work-programs-list)

## Recommendation 2

Minnesota Department of Health & Healthy Minnesota Partnership. (2024). *Minnesota statewide health assessment*. Healthy Minnesota Partnership and Minnesota Department of Health. [Minnesota Statewide Health Assessment \(https://www.health.state.mn.us/communities/practice/healthymnpartnership/sha.pdf\)](https://www.health.state.mn.us/communities/practice/healthymnpartnership/sha.pdf)

The Generosity Commission. (2024). [EVERYDAY ACTIONS, EXTRAORDINARY POTENTIAL: THE POWER OF GIVING AND VOLUNTEERING. \(https://www.thegenerositycommission.org/wp-content/uploads/2024/09/DIGITAL\\_TGC\\_FullReport\\_090324\\_NEW.pdf\)](https://www.thegenerositycommission.org/wp-content/uploads/2024/09/DIGITAL_TGC_FullReport_090324_NEW.pdf)

AmeriCorps Seniors. (n.d.). [AmeriCorps Seniors | AmeriCorps \(https://www.americorps.gov/serve/ameri-corps-seniors\)](https://www.americorps.gov/serve/ameri-corps-seniors)

Learn about AARP’s virtual volunteering opportunities. (n.d.). AARP. [Learn About AARP's Virtual Volunteering Opportunities \(https://www.aarp.org/volunteer/virtual/\)](https://www.aarp.org/volunteer/virtual/)

Volunteering. (n.d.). Minnesota.gov. [Volunteering / mn.gov // Minnesota's State Portal \(https://mn.gov/portal/residents/volunteer.jsp\)](https://mn.gov/portal/residents/volunteer.jsp)

## Recommendation 3

Social determinants of health. (2024, May 15). Public Health Professionals Gateway. [Social Determinants of Health | Public Health Gateway | CDC \(https://www.cdc.gov/public-health-gateway/php/about/social-determinants-of-health.html\)](https://www.cdc.gov/public-health-gateway/php/about/social-determinants-of-health.html)

Social Determinants of Health - Healthy People 2030 | odphp.health.gov. (n.d.). [Social Determinants of Health - Healthy People 2030 \(https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health\)](https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health)

Social Determinants of Health and Older Adults | oDphp.health.gov. (n.d.). [Social Determinants of Health and Older Adults \(https://odphp.health.gov/our-work/national-health-initiatives/healthy-aging/social-determinants-health-and-older-adults\)](https://odphp.health.gov/our-work/national-health-initiatives/healthy-aging/social-determinants-health-and-older-adults)

Hough, K., Kotwal, A. A., Boyd, C., Tha, S. H., & Perissinotto, C. (2023). What Are "Social Prescriptions" and How Should They Be Integrated Into Care Plans?. *AMA journal of ethics*, 25(11), E795–E801. [What Are “Social Prescriptions” and How Should They Be Integrated Into Care Plans? | Journal of Ethics | American Medical Association \(https://doi.org/10.1001/amajethics.2023.795\)](https://doi.org/10.1001/amajethics.2023.795)

Stermer, B. Loneliness and Social Isolation are Common in Rural America. Is ‘Social Infrastructure’ the Solution?, June 12, 2024 [Loneliness and Social Isolation Are Common in Rural America. Is "Social Infrastructure" the Solution? - The Rural Monitor \(https://www.ruralhealthinfo.org/rural-monitor/social-infrastructure\)](https://www.ruralhealthinfo.org/rural-monitor/social-infrastructure)

Glasner, C. (2024b, October 23). [Foundation for Community Health | HEALTH & THIRD SPACES Foundation for Community Health \(https://fchealth.org/health-third-spaces/\)](https://fchealth.org/health-third-spaces/).

Activate Rural Learning Lab — Department of Public Transformation. (n.d.). Department of Public Transformation. [Activate Rural Learning Lab — Department of Public Transformation \(https://www.publictransformation.org/activate-rural-learning-lab\)](https://www.publictransformation.org/activate-rural-learning-lab)

Connected communities. (n.d.). LeadingAge Minnesota. [Connected Communities | LeadingAge Minnesota \(https://www.leadingagemn.org/about-us/foundation/connected-communities/\)](https://www.leadingagemn.org/about-us/foundation/connected-communities/)

Elevate. (2025, January 8). [Elevate - Aging Well Resources | Perham, MN - Elevate \(https://elevateotc.org/\)](https://elevateotc.org/)

Vivie. (n.d.). Vivie. [Vivie \(https://vivie.org/what-we-provide/population-health\)](https://vivie.org/what-we-provide/population-health)

## LONGEVITY: SOCIAL ISOLATION AND LONELINESS IN RURAL MINNESOTA

Lutheran Social Service of Minnesota. (n.d.). Senior Companion Services. [Senior Companion Services | Lutheran Social Service of MN \(https://www.lssmn.org/services/older-adults/companion-services/senior-companion\)](https://www.lssmn.org/services/older-adults/companion-services/senior-companion)  
AmeriCorps Seniors. (n.d.). [AmeriCorps Seniors | AmeriCorps \(https://www.americorps.gov/serve/american-seniors\)](https://www.americorps.gov/serve/american-seniors)

Minnesota Senior Linkage Line. (n.d.). Minnesota.gov. [MN Senior Services and Resources | Senior LinkAge Line / Minnesota.gov \(https://mn.gov/senior-linkage-line/\)](https://mn.gov/senior-linkage-line/).

AARP Friendly Voice: Connecting people to people. (n.d.). AARP. [AARP Friendly Voice: Connecting People to People \(https://www.aarp.org/home-family/friends-family/friendly-voice/?msockid=026263f991cc632b067e76e6909a627c\)](https://www.aarp.org/home-family/friends-family/friendly-voice/?msockid=026263f991cc632b067e76e6909a627c)

Senior Nutrition Program. (n.d.). Minnesota.gov. [Senior Food & Nutrition Program / Minnesota.gov \(https://mn.gov/senior-linkage-line/older-adults/housing/aging-in-place/support-service/food/\)](https://mn.gov/senior-linkage-line/older-adults/housing/aging-in-place/support-service/food/)

Nutrition as We Age: Healthy Eating with the Dietary Guidelines - News & Events | odphp.health.gov. (n.d.). [Nutrition as We Age: Healthy Eating with the Dietary Guidelines - News & Events \(https://odphp.health.gov/news/202107/nutrition-we-age-healthy-eating-dietary-guidelines\)](https://odphp.health.gov/news/202107/nutrition-we-age-healthy-eating-dietary-guidelines)

Riverwood. (2023, August 3). Riverwood connects patients to community resources - Riverwood Healthcare Center. Riverwood Healthcare Center. [Riverwood connects patients to community resources - Riverwood Healthcare Center \(https://riverwoodhealthcare.org/riverwood-connects-patients-to-community-resources/\)](https://riverwoodhealthcare.org/riverwood-connects-patients-to-community-resources/)

Minnesota Aging and Disability Resources. (n.d.). [Minnesota Aging and Disability Resources \(https://mn.gov/adresources/\)](https://mn.gov/adresources/)

Work Group of the Rural Health Advisory Committee, Malcolm, J., Vanderwal, T., Kalina, M., & McClernon, M. (2021). Recommendations on strengthening mental health care in rural Minnesota [Report]. Minnesota Department of Health. [Older Adult Fitness: Access and Participation in Rural Minnesota \(https://www.health.state.mn.us/facilities/ruralhealth/rhac/docs/2018wellness.pdf#page=40\)](https://www.health.state.mn.us/facilities/ruralhealth/rhac/docs/2018wellness.pdf#page=40)

Programs & Classes | Juniper. (n.d.). [Juniper | Programs & Classes \(https://yourjuniper.org/programs-classes/\)](https://yourjuniper.org/programs-classes/)

SilverSneakers. (n.d.). SilverSneakers. [Home | SilverSneakers \(https://tools.silversneakers.com/\)](https://tools.silversneakers.com/)

## Appendix A: Rural Health Advisory Committee Membership

- Ashley Berg – Representative of Local Public Health/Community Health Board
- Tashina Branchaud – Member of a Tribal Nation
- Ray Christensen – Higher Education Member
- Elizabeth Coleman – Advanced Practice Professional Member
- Tom Crowley – Hospital Member
- Sagar Dugani – Consumer Member
- Scharazard Gray – Health Professional/Advocate Working in Mental Illness
- Brekke Johnsrud – Dentist Member
- Margaret Kalina – Registered Nurse Member
- Troy Mayer – EMS Member
- Brenda Mehr – Allied Dental Personnel Member
- Jessica Navarro – Consumer Member
- Holly Rien – Expert in Economic Development
- Amanda Schermerhorn – Consumer Member/ Advocate for Persons Who are Developmentally Disabled
- Laura Schwartzwald – Licensed Health Care Professional Member
- Penny Solberg – Long-Term Health Care Member
- Keith Stelter – Physician Member
- Lisa Stroschein – Representative of Individuals Experiencing Health Disparities

## Appendix B: Workgroup Membership

- Jan Carr-Herseth – Director of Behavioral Health and Social Services, LifeCare Medical
- Elizabeth Coleman – Rural Health Advisory Committee Member - Advanced Practice Professional Member – Family Nurse Practitioner, Windom Area Health
- Gina DiMagio – Director, LeadingAge MN Foundation
- Margaret Kalina - Rural Health Advisory Committee Member - Chief Nursing Officer, Alomere Health
- Laura Strait – Healthy Aging Programs Administrator, Staff to MN Board on Aging, Minnesota Department of Human Services
- Lisa Stroschein – Rural Health Advisory Committee Member - Representative of Individuals Experiencing Health Disparities – Senior Program Manager, MAHUBE-OTWA CAP

## Appendix C: Programs & Resources

- [Older Adult Fitness: Access and Participation in Rural Minnesota \(PDF\)](#).
- [Phased Retirement FAQs \(PDF\)](#)
- [Returns by Northspan and Northforce](#)
- [Return to Work Programs List](#)
- [AmeriCorps Seniors Minnesota](#)
- [Learn About AARP's Virtual Volunteering Opportunities](#)
- [Volunteering / Minnesota's State Portal](#)
- [Connected Communities | LeadingAge Minnesota](#)
- [Senior Companion Services | Lutheran Social Service of MN](#)
- [Services for Older Minnesotans | Aging Pathways](#)
- [AARP Friendly Voice: Connecting People to People](#)
- [Minnesota Aging and Disability Resources](#)
- [Programs & Classes | Juniper](#)
- [SilverSneakers | Live & On-Demand Fitness Classes for Seniors](#)