

Minneapolis for a Lifetime: Age Friendly Action Plan

November 9, 2016



Office of Mayor Betsy Hodges

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May 15, 2015

Mr. Will Phillips
AARP Minnesota State Director 30
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Dear Mr. Phillips:

On behalf of the City of Minneapolis, we are excited about the opportunity to join with AARP Minnesota and the World Health Organization (WHO) to be designated as an Age Friendly Community. Minneapolis is committed to promoting policies, allocating resources and fostering collaborative efforts that support the City of Minneapolis as an Age Friendly Community.

The City of Minneapolis is an ever growing community and over a quarter of the population is age 50 and older. Residents of the City of Minneapolis are living longer and healthier lives and as a result the desire for residents to remain in their communities is strong. The City of Minneapolis is committed to maintaining an aged-balanced population that can withstand the shift in demographics.

Minneapolis has already taken steps to create an Age Friendly Community and in October 2013, the Minneapolis City Council passed a resolution to adopt the Minneapolis for a Lifetime Strategy. This strategy was developed with input from the Minneapolis Advisory Committee on Aging, along with multiple jurisdictions and disciplines over a 10 month period. There was also input from over 11 community engagement sessions that honed the goals to ensure the plan captured the needs and desires of Minneapolis residents.

Minneapolis will continue to conduct research to identify best practices, community needs, gaps and opportunities. We will work with other city departments, local and state jurisdictions, and community stakeholders on implementation and evaluation of the plan. The Minneapolis Advisory Committee on Aging is a resident committee comprised of experienced adults, age 50 and older representing all 13 wards of the city and 4 members at large. This committee now oversees the implementation and evaluation of the Minneapolis for a Lifetime plan and the future action steps as they unfold as a result of the partnership with AARP and the World Health Organizations Age Friendly Communities model and resources.

We look forward to the partnership with Minnesota AARP, its members and volunteers to support the work of the Minneapolis for a Lifetime Strategy and the Minneapolis Advisory Committee on Aging.

Sincerely,

A handwritten signature in black ink that reads "Betsy Hodges".

Mayor Betsy Hodges
City of Minneapolis

Minneapolis for a Lifetime: An Age-Friendly City

Action Plan and Report to the Mayor, City Council and Community

**Developed and adopted by the Minneapolis Advisory Committee on Aging
November 2016**

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Executive Summary

Minneapolis has joined other forward-thinking cities around the globe in planning for a massive demographic shift: unprecedented population aging. Both globally and in Minnesota, older adults soon will outnumber school-aged children for the first time ever. In Minnesota, the number of residents aged 65 and above is expected to grow by 41 percent between 2010 and 2020 alone. People are living longer than ever before. Among the many questions this raises is how will we spend those years? And how will cities respond to this new reality?

In Minneapolis, the City Council in 2013 adopted *Minneapolis for a Lifetime*. This strategy focused on City's broader goal at that time, "Many People, One Minneapolis," which included attention to the needs and opportunities associated with the growing number of older adults. In 2015, the City joined the AARP Network of Age-Friendly Communities, an affiliate of the World Health Organization's Global Age-Friendly Cities and Communities program. Using these two frameworks, the City of Minneapolis is working to become a better place for people to grow older.

The World Health Organization defines an age-friendly city as one that "encourages active ageing by optimizing opportunities for health, participation and security in order to enhance quality of life as people age. In practical terms, an age-friendly city adapts its structures and services to be accessible to and inclusive of older people with varying needs and capacities."¹



The Mayor and City Council charged the newly restructured Minneapolis Advisory Committee on Aging with providing guidance, monitoring and evaluation of the actions the City has taken and could take to fulfill more responsively its commitments to making Minneapolis age-friendly.

This report and action plan is the first step in carrying out that charge. The work begins by addressing housing, transportation and health and wellness; three focus areas identified as priorities by older adults in Minneapolis.

Recommendations

Using findings from local research and community engagement conducted during the development of the Minneapolis for a Lifetime strategy, the Minneapolis Advisory Committee on Aging (ACOA) identified three initial priority areas – housing, transportation, and health and wellness – and under each developed recommendations for action steps the City of Minneapolis could take. The priority areas and action items are included below; see the full report for rationale and specific recommendations from the ACOA to the City of Minneapolis.



PRIORITY AREA 1:

Affirm and improve all housing options for Minneapolis residents as they age.

- **Housing Action Item 1:** Provide housing options for a range of desires, needs and budgets.
- **Housing Action Item 2:** Identify opportunities to connect older adults with age-related housing modifications and financing.
- **Housing Action Item 3:** Look for opportunities to promote low-intensity in-home supportive assistance where gaps exist.

PRIORITY AREA 2:

Strengthen and promote safe transportation options that meet the needs of Minneapolis residents as they age.

- **Transportation Action Item 1:** Strengthen relationship Metro Transit to improve safety, comfort and convenience of public transportation.
- **Transportation Action Item 2:** Promote ride sharing opportunities.
- **Transportation Action Item 3:** Improve the quality and safety of pedestrian travel.
- **Transportation Action Item 4:** Promote safe driving and safe road design for older adults.

PRIORITY AREA 3:

Partner to expand and promote older adults' participation in health and wellness initiatives throughout the City of Minneapolis.

- **Health Action Item 1:** Identify resources and best practices that focus on helping older adults maintain and improve their physical fitness.
- **Health Action Item 2:** Promote health, self-care, and health literacy through clear communication strategies.
- **Health Action Item 3:** Prevent decline associated with hospitalization by improving post-discharge follow-up.
- **Health Action Item 4:** Provide low-intensity in-home supportive assistance where gaps exist.

Minneapolis for a Lifetime: Becoming an Age-Friendly City

The City of Minneapolis strives to be a premier location for older residents and visitors offering comprehensive housing options, easy access to all places and amenities, healthy and safe environments, and opportunities for civic engagement, leisure, entertainment and lifelong learning.

Introduction: We're Aging. What Are We Going to Do About It?

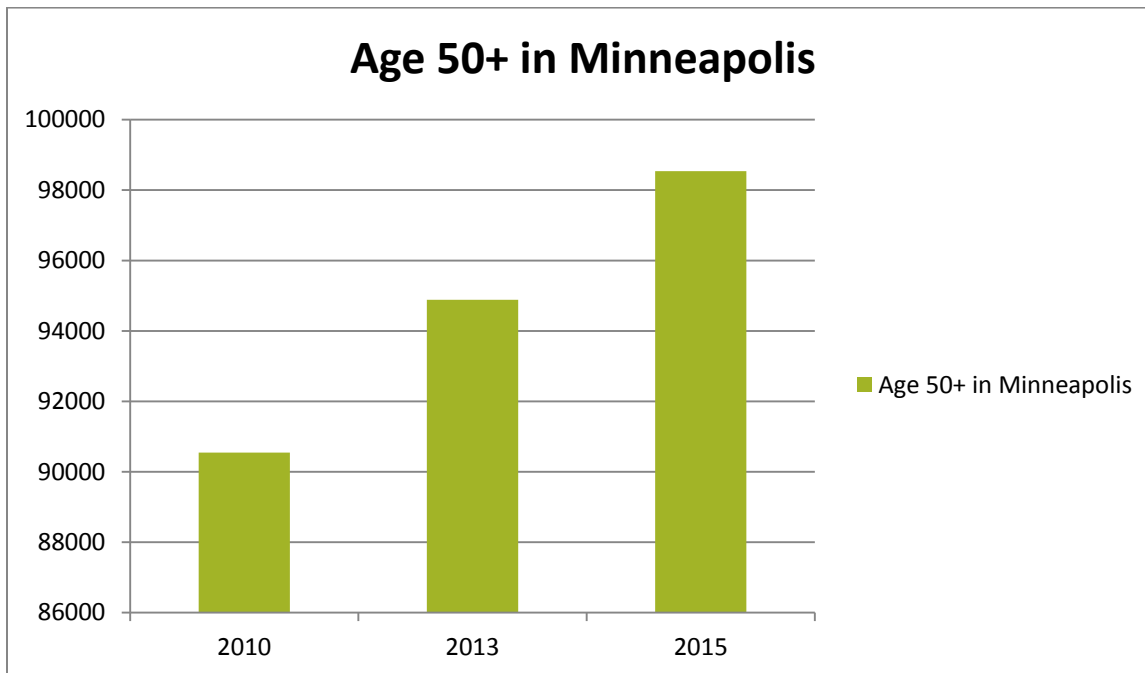
In nearly every country in the world, older people are increasing both in number and proportion.² Between 2015 and 2030, the United Nations estimates that globally, the number of people aged 60 and older will increase by 56 percent, from 901 million to 1.4 billion.³ Moreover, the proportion of people aged 85 and above – those likely to need the most support – will grow the most.

This trend is already well established in the United States and Minnesota. Nationally, 10,000 baby boomers are turning 65 every day.⁴ In Minnesota, the number of residents aged 65 and above is expected to grow by 41 percent between 2010 and 2020, resulting in about 965,000 older adults.⁵ By 2020, the number of people 65 and older will surpass the state's school-aged population (5-17 years) for the first time ever.⁶ For some perspective, while the number of adults aged 65 and older held at 12 to 13 percent between 1980 and 2000, by 2020 that share will be 17 percent, and 20 percent by 2030.⁷

Minneapolis is the largest city in the state of Minnesota and 46th-largest in the United States, with an estimated population of 413,651.⁸ The Twin Cities metropolitan area consists of Minneapolis and its neighbors Bloomington and St. Paul which together, contain about 3.5 million people, the second-largest economic center in the Midwest, after Chicago.⁹

Minneapolis lies on both banks of the Mississippi River and is next to St. Paul, Minnesota's capital city. Minneapolis boasts 13 lakes, several wetlands, the Mississippi River, creeks and waterfalls, many connected by parkways in the Chain of Lakes and the Grand Rounds National Scenic Byway. The city and surrounding region is the primary business center between Chicago and Seattle, with Minneapolis proper containing America's fifth-highest concentration of Fortune 500 companies.¹⁰ As an integral link to the global economy, Minneapolis is categorized as a global city.¹¹

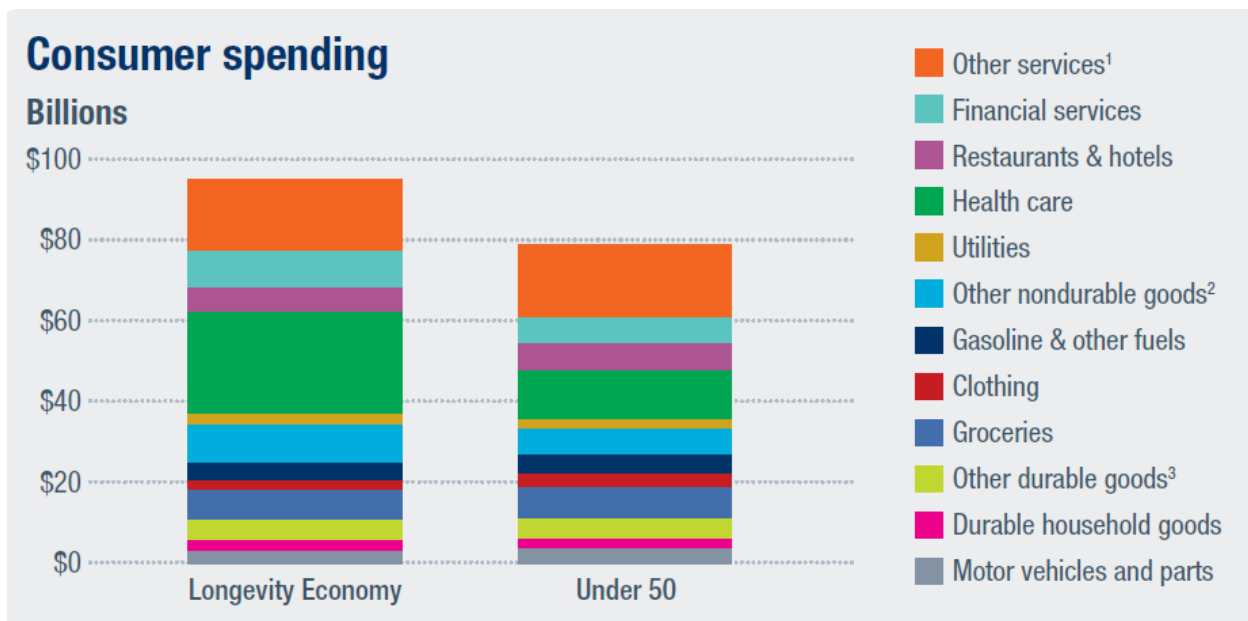
Minneapolis has had a younger population than many other cities in Minnesota and in the US, but the number and proportion of its older adults will continue to grow rapidly. Between 2015 and 2030, the number of Twin Cities metropolitan residents aged 65 and up will grow by 102 percent – from about 383,000 to nearly 774,000, jumping from 12.7 percent to 24 percent of the State's population.¹² For age 50+ population, Minneapolis saw an increase by 9% from 2010 to 2015.¹³ Minneapolis older adults 65+ are predominately Caucasian, making up 80% of the 65+ population. Of the remaining 20%, just over 68% identified as Black/African American alone.¹⁴



This is not a temporary phenomenon. As boomers move beyond “young old” age, lifespans extend, birthrates remain relatively low, and we continue to provide modern medicine, we will be an older world for the remainder of the century.

The World Health Organization calls global aging both a great triumph and great challenge. This “longevity bonus” or “age dividend” means many of us will live decades longer than previous generations. The challenge for communities all over the world, including Minneapolis, is how to play a significant and beneficial role in what this chapter of their older residents’ lives will look like.

Older adults are integral to our community fabric. They play critical roles as experienced members of the workforce, volunteers in the community, and caregivers for grandchildren, spouses and other family members, friends and neighbors. They have time to dedicate to meaningful activities as well as unique perspective and knowledge – not to mention **enormous purchasing power**. They contribute tremendously to our economies, both directly and indirectly, with boomers accounting for half of all consumers spending. As AARP points out in a report on the “longevity economy,” longer lifespans have extended middle age (versus old age), a very productive time of life, and older adults will continue to fuel economic activity much longer than past generations have.¹⁵



¹⁶ *Minnesota's Longevity Economy*

Places that invest the time, resources, and forethought to provide appropriate infrastructure, services, and opportunities to accommodate older adults' changing desires and needs can empower them to become and remain active citizens who enrich their communities.¹⁷

Gerontologist John Pynoos describes most American homes as “Peter Pan” housing, designed for people who will never age or get old.¹⁸ Our cities generally, and Minneapolis specifically, might also be described as such. Major gaps exist in meeting the housing, transportation, health care, social and economic needs of older residents.

Population aging demands a new approach. In its 2014 “Aging in Community Policy Guide,” the American Planning Association calls for creating and integrating housing, land use, transportation, economic, social service and health systems to ensure that the needs of residents of all ages are considered and met.¹⁹ This seems a tall order, but a wealth of information, recommendations, and tools are being generated from the experiences of the growing number of cities who have taken up this opportunity to apply a comprehensive, cross-sector, community-engaged planning strategy. As Kathryn Lawler, a national leader in planning for aging population points out, older adults are not a special population with special needs. They *are* the population;²⁰ they are all of us.

Aging in Minneapolis: What Does It Look Like?

Like other Americans, Minnesotans are not only living longer but are enjoying better health as they age. The average Minnesotan now can expect to live more than 20 years upon reaching age 65. Most of those years will be without major health impairments, although with increased longevity the average number of years with significant health or physical impairment remains largely unchanged, and the percentage of all older people with chronic conditions such as hypertension, heart disease, diabetes and arthritis continues to grow with their average age.²¹

Fortunately, older residents of Minneapolis find the city is a good place to live, according to a 2012 focus group study by the Wilder Foundation in which 78 percent of participants generally viewed Minneapolis as a good place for older adults.²² In its 2014 *Best Cities for Successful Aging report*, the Milken Institute ranked the Twin Cities metro 18th out of 100 cities nationally for people 65 to 79 years old, and 13th for people 80 years and older.²³

Despite its generally positive ratings, the Twin Cities ranked only average in the two areas cited as top priorities by participants in the Wilder Foundation study: 1) accessible, affordable and reliable transportation; and 2) accessible, affordable and well-situated housing.²⁴ While such rankings are hardly a complete story, they suggest good reason to believe Minneapolis needs to evolve in how it responds to the expectations, aspirations and needs of its aging residents.



As a city associated with youth, Minneapolis also can benefit from the fact that boomers and Millennials want similar things when it comes to where to live: walkability, affordable housing near shops and services, and more transportation choices that free them from car dependence.²⁵ Minneapolis already is investing in and committed to such approaches, but adding a specific older adult lens to such efforts would help ensure that needs particular to older residents are addressed, allowing them to age successfully in their communities.

Becoming Minneapolis for a Lifetime

In 2012 the City of Minneapolis began a concerted effort to respond to the changing needs of its steadily aging population. In addition to the numerous supports and services it has historically provided for older adults, the City began work to apply a broader and more holistic age-friendly lens to its planning and approach.

Minneapolis for a Lifetime was an important part of this work. The City led the development of this cross-jurisdictional, multi-disciplinary and community-driven strategic plan to address older adults' needs and desires. The plan envisioned that "Minneapolis would be a premier location for older residents and visitors offering comprehensive housing options, easy access to all places and amenities, healthy and safe environments and opportunities for engagement, leisure, entertainment and lifelong learning."

Its underpinnings are the Minnesota Departments of Health, Human Services and Board of Aging's *Blueprint for 2010: Fostering Communities for a Lifetime*, with local support from the Metropolitan Area Agency on Aging. This framework highlighted: 1) physical/built environment (e.g., physical accessibility, mix of housing choices, access to home modifications); 2) social infrastructure (e.g., opportunities for social connections, volunteer activities and civic engagements, neighborhood clubs and supports, community-wide events); and 3) service infrastructure (e.g., access to health services, wellness programs, home-based monitoring and other support, recreation and leisure setting and activities).

In developing Minneapolis for a Lifetime, the City conducted research, interviewed local

experts, hired a senior coordinator, and established a steering committee. The steering committee's work was expressed in seven strategic priorities (see Table 1), and the approach to addressing these priorities, adopted by the City Council in October 2013, had three primary elements: 1) obtain and review demographics, housing status and service resources in Minneapolis; 2) document preferences and needs of older adults age fifty and older; and 3) analyze data findings on demographics, housing, services, preferences, needs and other factors to develop and propose priority actions, to identify challenges, and to suggest strategies for realizing the vision for Minneapolis for Lifetime.

In 2015 Minneapolis expanded its commitment to livability for older residents by becoming the first city in Minnesota to join the AARP Network of Age-Friendly Communities, an affiliate of the World Health Organization's (WHO) Global Age-Friendly Cities and Communities program. That global network, created in 2006, includes nearly 300 communities, around 100 of which are in the U.S. and four in Minnesota as of late 2016.

The WHO Age-Friendly program is grounded in its *Active Ageing Policy Framework*,²⁶ which holds that aging is part of the life course, not simply about the elderly. Active aging refers to, "the process of optimizing opportunities for health, participation, and security in order to enhance quality of life as people age."²⁷

This approach also recognizes that older adults are an especially diverse group and highlight the importance of a community's physical features and services.²⁸ Age-friendly environments and supports can *enable* and extend independence for older adults, while less supportive environments and services can disadvantage people, particularly older adults, prematurely or unnecessarily.²⁹

As a member of the Age-Friendly Network, Minneapolis committed to taking steps that would make it a better city for older adults to live. The four-phase, five-year process is one of continual improvement:

- 1) Join the Network: obtain political commitment, organize stakeholders
- 2) Planning: involve older people, conduct baseline assessment, develop action plan
- 3) Implement and Evaluate: implement action plan, monitor progress, identify successes and remaining gaps; submit progress report to community
- 4) Continuous Improvement: evaluate, draw up new plans, continue to monitor and improve

The WHO Age-Friendly framework is organized around eight domains of community life. Member cities use these as a guide but may customize them if desired. The strategic priorities of Minneapolis for a Lifetime and WHO's Age-Friendly domains generally are consistent with each other (see Table 1), and, importantly, recognize the need for local refinement and prioritization based on the specific needs of each community. In Minneapolis' case, the City will blend Minneapolis for a Lifetime with the Age-Friendly framework.

Table 1: Comparison of Age-Friendly and Lifetime Communities Domains

WHO Age-Friendly Framework: Domains	Minneapolis for a Lifetime: Strategic Priorities
Outdoor Spaces and Buildings	Buildings and Arts and Culture
Transportation	Transportation and Mobility
Housing	Homes/Housing Options
Social Participation	Socialization and Lifelong Learning
Respect and Social Inclusion	Value the Contributions of Older Adults
Civic Participation and Employment	Civic Engagement and Business Opportunities
Communication and Information	City Services Delivered Equitably
Community and Health Services	Health and Wellness Services

The Action Plan: How It Was Developed, and How It Can Be Used

This action plan was created as part of the planning phase for Minneapolis’ membership in the WHO/AARP Age-Friendly Network. There are as many types of action plans as there are members in the network; the process is customizable to the needs and capacity of each community. Similarly, it is important that each plan reflects what older adults in a particular community have said they want and need.

Under Minneapolis for a Lifetime, this assessment of community needs was completed through focus group studies, gathering community input and other local research efforts conducted by the Wilder Foundation and Hennepin County.

The Advisory Committee on Aging (ACOA) has combined these local lessons with broader research on aging issues to develop its first action plan. This action plan is an educational and advocacy tool that reflects the ACOA’s efforts to:

- Share research and information that will help City of Minneapolis leaders and residents better understand and prepare for the needs and opportunities accompanying the aging population;
- Recommend policies, practices, and action steps for the Mayor and Council’s consideration; and
- Further establish the Committee as a resource for City officials, leadership and staff as they make plans and take steps to better support older adults.

It is designed as a three-year plan (2017-2020), during which period the ACOA will facilitate, encourage, and monitor progress. After 2020 the ACOA will evaluate the status of work and use that assessment to inform creation of an updated plan.

Establishing Priorities

Because of overlapping priorities of the Minneapolis for Lifetime and WHO/AARP's Age-Friendly Cities, and their validation in Minneapolis, Hennepin County and Minnesota surveys, the two frameworks have been condensed into six general domains of importance to aging Minneapolitans. These are:

- Affirm and improve all **housing** options for Minneapolis residents as they age;
- Strengthen and promote safe **transportation** options that meet the needs of Minneapolis residents as they age;
- Partner to expand and promote older adults' participation in **health and wellness** initiatives throughout the City of Minneapolis;
- Establish and maintain valued **social and civic** roles;
- Contribute to the **economic** life of the community; and
- Participate in the **social, educational and cultural life** of the neighborhood and community.

Due to the highest priority given to the first three of these, the ACOA determined that it would concentrate initial efforts on the broadly defined housing, transportation and health domains. However, the Committee keenly recognizes that acute needs exist within other domains. Fortunately, because many of the domains are interrelated, direct progress in one area (e.g., transportation) may result in indirect but significant improvements in another (e.g., social connection).

Minneapolis for a Lifetime goals further included two objectives considered overlays to guide how all other work is carried forward. They are: 1) ensure all city services are delivered in a way that effectively addresses the specific needs of older adults; and 2) recognize, value and utilize the experience and skills of older adults to achieve community goals. The ACOA additionally identified technology as a vital component underlying all six domains.

The Role of the Minneapolis Advisory Committee on Aging

The Minneapolis Advisory Committee on Aging (ACOA) was established to provide primary oversight, monitoring and evaluation of Minneapolis for a Lifetime. It also is responsible for developing the action plan, which recommends policies and planning approaches to the Mayor, City Council and department leadership. The Committee is not an implementing body but identifies issues, facilitates solutions, and explores synergies between people, organizations, services and funding.

The ACOA has 13 seats, each representing one City Ward, and four members-at-large, and is staffed by the Department of Neighborhood and Community Relations. Originally established in

1974 as a 26-member Senior Citizen Advisory Committee, the committee was restructured in 2015 to reflect current needs and opportunities and was tasked with a lead role in Minneapolis for a Lifetime.

What We Know and What We Don't Know

Fortunately, we know a good deal about the desires and needs of our older adults, thanks to a series of City, County and State research efforts. We have a good understanding of the basic demography of aging in the Twin Cities area, including Minneapolis specifically. There are good data on the general implications of aging, so that we can reliably predict the general needs of different age cohorts within the over-65 population. But significant knowledge gaps remain on several important topics.

Although the proportion of older adults among ethnic minority groups is smaller than among Whites, Minneapolis's increasingly diverse population means that coming years will bring greater numbers of older adults of color.

More than one-third of Minneapolis' population now is people of color, and approximately 15 percent is foreign-born. Importantly, many Minneapolis immigrants hail from countries with cultures and languages notably different from Minneapolis' traditional population and Western attitudes and practices concerning aging and the elderly. Nationally, while the White, non-Hispanic population of persons 65 and older is projected to increase by 50 percent between 2013 and 2030, seniors among other racial and ethnic minority populations are expected to increase by 123 percent. Unfortunately, we lack good information about how well City services can respond to the social, cultural and linguistic needs of Minneapolis residents from racial and ethnic minority groups.

We know that as people become dependent on others to be able to live in their homes, many turn to publicly managed and financed home- and community-based services, home health services, personal care services, and so forth to meet their basic needs. The same demographic pressures faced by the City will place new demands on other levels of governments that provide publicly financed long-term care. Already Minnesota has nearly 5,000 people waiting for long-term care services. We do not know the effects of rapidly growing demand for such services statewide on the ability of Minneapolis residents to receive the support they need.

We know that older adults who need help with activities of daily living (e.g., shopping, preparing a meal, personal hygiene needs, etc.) get that help from spouses or partners and, to a lesser extent, their children and neighbors. Indeed, it is estimated that about two-thirds of the people who need help get it "informally" (i.e., without paid caregivers).³⁰ But refined understanding of the roles of informal caregivers, the support they need to sustain their roles (e.g., caring for a spouse with Alzheimer's disease), the psychological and geographical availability of children to provide assistance and other such questions is not always viewed as directly relevant to the role of the City, and yet it is relevant to the City, which is often entity of last resort.

Minneapolis of the future will not be defined only by the aging of its current residents. Rapid downtown housing growth is attracting residents from all corners of the metropolitan area, and a high proportion of these new and future residents are at or near retirement age. Of course, these new residents bring vitality and economic strength to downtown and are much more likely to live in accessible housing and walkable neighborhoods than Minneapolis as a whole.

It is significant, however, that they will be part of Hennepin County's population of people 75 and older that is projected to increase by 139 percent between 2010 and 2040 (as compared with 19 percent for the county as a whole). Entities such as Mill City Commons and the Skyway Center are helping these younger older adults make the most of downtown living, but it is not clear what community supports will or should emerge to meet the social, civic, leisure/recreational and health and wellness needs of these new neighbors (many of whom, fortunately, have substantial personal resources).

There is much more to learn about keeping the City's commitment to becoming an age-friendly city. But we do know that, in line with the country and much of the world, Minneapolis' populace soon will be markedly older, and that trend won't change any time soon. Unlike previous generations, older adults today face the prospect and possibility of living thirty or more post-retirement years. As they do we are encouraged by the Mayor and City Council's commitment to helping every Minneapolis resident enjoy a longer, healthier, safer, more secure, more active and more independent life, lived as much as possible on each individual's own terms. What follows are the Minneapolis Advisory Committee on Aging's recommendations for steps the City might take to begin to fulfill that commitment.

Recommendations and Rationale

The Minneapolis Advisory Committee on Aging identified three priority areas and developed action items and specific recommendations to City Council under each priority. The Committee suggests that short-term action steps be taken during 2017, intermediate-term actions be taken over the life of the action plan (by 2020), and long-term action steps be taken over five years (by end of 2021).

PRIORITY AREA 1:

Affirm and improve all housing options for Minneapolis residents as they age.

Housing Action Item 1: Provide housing options for a range of desires, needs and budgets.

While the vast majority of older Minneapolitans wish to continue to live in their current homes, that is not the goal of all people as they age, nor is it always possible for those who prefer it. Research indicates that the preference for a single-family home can tend to diminish starting in one's mid-70s.³¹ Limited mobility, the need for services, lack of ability or interest in keeping up a house or yard, or the desire for a closer-knit community can drive people to seek other options.

Older adults report that although circumstances may make it hard for them to stay in their current home, most would like to stay in their present community. The City of Minneapolis

recognizes the growing demand for expanded housing options and residents’ desire to stay in their communities. Indeed, this is a key tenet of the Minneapolis Senior Housing Initiative, which the ACOA endorses. Population aging and baby boomers’ desires for new options are driving innovation in how and where older adults live. In addition to senior housing developments, which themselves are evolving, cities have new options to explore.

Impact, Timeline

Priority Area - Housing		
#1 Provide housing options for a range of desires, needs and budgets.	Action Item Results	Timeline
Policies and regulations are identified that prohibit unique housing models – explore new models to be introduced (i.e. ADU’s, intentional communities)		2017
Continue to have “set aside” funds for affordable senior housing development and rehab programs		Annual - ongoing
A planning group focused on the long-range (10-20 year) needs for housing is established		2020
35 units of affordable senior housing per ward		2025

Partnerships, Action Steps, Metrics

Short-term:

- Work with relevant community groups, neighborhood associations and the development community to flesh out the commitment of at least 35 senior housing units per ward by 2025, to include: a focus on communities that are not defined by ward designations (e.g., racial/ethnic minority neighborhoods, neighborhoods within wards that have unique community identities, etc.); consider sites with special attention to social participation, community inclusion, civic engagement, access to transportation, business, and leisure and recreation opportunities.
 - Community Planning and Economic Development is potential lead
 - Minneapolis Advisory Committee on Aging will monitor progress
 - These goals are reflected within the city’s comprehensive plan
 - 35 units for older adults are built as defined in the Affordable Housing Trust Fund Senior Housing Addendum

- Continue to develop, publicize and support concepts and opportunities for non-traditional, non-congregate housing options for older adults, such as Accessory Dwelling Units, Temporary Family Health Care Dwellings, resident-controlled intentional communities, and other options that support intergenerational, age- specific, and community living.
 - City Council and Dept. Community Planning Economic Development are potential lead(s)
 - Minneapolis Advisory Committee on Aging will monitor progress
 - Assess over three years (2017-2020) how many new housing policies deemed best practices for an aging communities have been adopted

- Maintain commitments for and community-based planning for the use of set-asides of Affordable Housing Trust Fund and Housing Revenue Bonds for senior rental and owner-occupied housing.
 - Dept. Community Planning Economic Development and City Council are potential lead(s)
 - Minneapolis Advisory Committee on Aging will monitor progress
 - Continue financial support at current or higher levels and support of other programs promoting affordable senior housing options

Intermediate-term:

- Work with community groups to establish and vet strategies for engaging residents in the planning of community-oriented housing for older adults in each ward.
 - Dept. Community Planning Economic Development and Neighborhood Organizations are potential lead(s)
 - Minneapolis Advisory Committee on Aging will monitor progress and may assist in convening
 - Log community conversations and results of conversations
- Continue to leverage ways in which newly developed housing can be maximally available to older adults needing affordable one-level living convenient to meeting their basic social and commercial needs.
 - Citywide initiative/philosophy

Long-term:

- Establish a planning group focused on the long-range (10-20 year) needs for housing appropriate for older adults, as the demand likely will crescendo in that period.
 - Dept. Community Planning Economic Development and Dept. of Neighborhood and Community Relations are potential lead(s)
 - Minneapolis Advisory Committee on Aging will monitor progress
- Group is formed and housed within a city department or council

Housing Action Item 2: Identify opportunities to connect older adults with age-related housing modifications and financing.

“What I’d really like to do is stay in my current residence for as long as possible.” More than 85 percent of adults aged 45 years and older agreed with this statement in a large- scale survey conducted by AARP in 2010. Among respondents age 65 and older, 88 percent agreed – even more than among those aged 45-64. In fact, older adults today are less likely to move after they retire than they were 30 years ago. According to the Census Bureau, after age 55, each year only about five percent of people change residences, and fewer than two percent move between states. While the vast majority of older adults in Minneapolis wish to stay in their homes, the City faces significant challenges in helping them do so.

The nature of the City’s housing stock doesn’t help. Most Minneapolis residents live in single-family homes, although this trend has been shifting with the growth of downtown and other

condominium and apartment developments. More than 80 percent of the City’s 76,500 single-family homes are split-entry or multi-level, and many have numerous steps leading to the front door – all of which can significantly limit accessibility. The need for modifications – and for financial help to make them – that allow older residents to live safely and comfortably in their homes will steadily increase in coming years.

People also need objective information about home modification options as their preferences and circumstances change. Such information is available but not necessarily known to or easily retrieved by older adults and their allies. For example, both the U.S. Department of Housing and Urban Development³² and Home Depot³³ have developed easy-to-use resources to aid older homeowners interested in making their homes more accessible.

Home modifications can range in cost from little to considerable. For example, bath rails can be purchased for \$50 and installed quite easily. Stair lifts, on the other hand, can run from \$2,000 to \$10,000 or more with professional installation. Many Minneapolis residents simply cannot afford the out-of-pocket costs of stair lifts, wheelchair ramps, and more substantial kitchen and bathroom modifications. Hennepin County’s older adult (65 plus) poverty rate is 16 percent – and likely much higher³⁴ – and nearly a quarter of older adults report having trouble paying medical costs.³⁵ These and other low-income older adults would find it difficult or impossible to make any significant modifications to their homes.

Impact, Timeline

Priority Area - Housing		
#2 Identify opportunities to connect older adults with age-related housing modifications and financing.	Action Item Results	Timeline
The Minneapolis Home Improvement Guide is expanded, refined and disseminated to community organizations as well as offered through city channels		2017
Low cost and no cost “rehab” programs offered by the City, Neighborhood Organizations and community based organizations such as Habitat for Humanity are inventoried and included in the Minneapolis Home Improvement Guide.		2018
A conversation with partner organizations is convened with a goal of developing a “system” approach through relationship building - that can better coordinate home repair programs with each other.		2018

Partnerships, Action Steps, Metrics

Short-term:

- Expand and refine the Minneapolis Home Improvement Guide by engaging local professional and voluntary communities (builders, advocates, voluntary organizations, neighborhood groups, etc.) to design a well-coordinated and holistic informational resource that delivers: a) clear, reliable and readily available information about home modification alternatives, costs, reputable installers, etc.; and b) comprehensive

information about financing options and guidelines for all levels of modification.

- Dept. of Regulatory Services is potential lead
- Minneapolis Advisory Committee on Aging will monitor progress and may make suggestions of additions/changes/gaps, etc.
- Promoted by Dept. of Neighborhood and Community Relations, Dept. of Regulatory Services, Dept. of Health, 311 (city help line) and multiple neighborhood organizations. Track “web hits”

Intermediate-term:

- Engage neighborhood associations, older adult service programs and their volunteers, and other community groups to: a) assist with accessibility/safety assessments; b) help older adults with low-tech/low-cost modifications; and c) explore formal affiliations with organizations that could play valuable organizing and supportive roles in such efforts (e.g., Habitat for Humanity/Brush with Kindness, Metro Independent Living Center, or local university programs in aging, occupational therapy and social work).
 - This is a concerted effort with multiple potential lead agencies. Metrics would be established once a strategy(s) were identified. Currently, Habitat for Humanity has stepped forward to start these conversations
 - Minneapolis Advisory Committee on Aging will monitor progress and may assist in convening
- Establish formal collaborations with organizations and programs that help older adults live safely and comfortably in their own homes through necessary modifications.
 - See above – this is a component of what Habitat for Humanity has started to discuss with partners.

Long-term:

- Implement a model City-wide program or strategy to provide older adults with clear, reliable and readily available information on home modification options, including financial assistance.
 - Metropolitan Area Agency on Aging is potential lead
 - Minneapolis Advisory Committee on Aging will monitor progress
 - A “concierge” model has been discussed. A survey could be used to gauge satisfaction with strategy/program
- Sustain collaborations with organizations committed to helping older adults live safely and comfortably in their own homes through necessary modifications.
 - Ongoing effort – currently Metropolitan Area Agency on Aging has led this work with their “lifetime communities collaborative”. Informal surveys have found that the networking, idea sharing and comradery have been very useful for the organization who participate consistently
- Minneapolis Advisory Committee on Aging will monitor progress and may assist in convening.

Housing Action Item 3¹: Provide low-intensity in-home supportive assistance where gaps exist.

Although informal caregivers often fly under the radar, the vast majority of older adults who need help are taken care of by spouses, other family members, friends or neighbors. Informal caregivers often make it possible for older adults to remain in their homes as long as possible – serving as the primary lifeline, safety net, and support system for older people unable to be fully independent. Caregiving can be demanding and is often interrupted by other family needs, career changes, illness and death. The children of today’s older adults are fewer in number and more often live farther away – limiting the potentially critical role adult children can play in monitoring and helping their aging parents.

Caregiver support is a fundamental piece of preventing or delaying an older person’s entry into a care facility – and the emotional and economic consequences of such a move. Public assistance requires poverty level status to be eligible for aid, and only about 15 percent of older adults have purchased long-term care insurance that could provide the assistance needed. Caregivers themselves often suffer physically and emotionally due to the stress and demands. Given the demographic pressures that are growing in the City, State and County, supporting family and friend caregivers is imperative to keeping a commitment to help people to stay as long as possible in their own home.

Impact, Timeline

Priority Area - Housing		
#3 Provide low-intensity in-home supportive assistance where gaps exist.	Action Item Results	Timeline
Organizations that provide in-home services aimed at keeping older adults in their homes receive support from the City		2017
A Pilot project that connects older adults with both rehab/retrofit programs and in home support services based on needs will be explored and promoted by the City and stakeholders such as Neighborhood Organizations		2018
Caregivers are connected to resources, especially affordable dementia related resources		2018

Partnerships, Action Steps, Metrics

Short-term:

- Identify existing programs that support older adults and caregivers and evaluate their ability to help people remain in their homes, meet their health and social needs, and provide a cost-effective response to daily challenges (e.g., neighborhood associations, Block Nurse/Living at Home Programs, the Skyway Senior Center, etc.).
 - Dept. of Neighborhood and Community Relations and Dept. of Health are

¹ This action item is cross-listed with Priority Area 3, Health and Wellness, Action Item 4, as it closely relates to both housing and health concerns.

potential lead(s)

- Minneapolis Advisory Committee on Aging will monitor progress
- Provide financial and other supports to identified organizations. Number of seniors and families served with extra resources will be accounted for

Intermediate-term:

- Assess the needs and possible responses related to older adult caregivers (e.g., caregivers of persons with dementia, caregivers who are themselves frail, etc.), including how community resources – such as parks, neighbors and neighborhood groups – might be organized to help meet current and future needs.
 - Assessment of community resources needed – no lead agency identified
 - Minneapolis Advisory Committee on Aging will strategize how to approach this action step
 - Gaps identified and an accounting of directed resources could be a metric
- Work with the City of Minneapolis Health Department and State Health Improvement Program (SHIP) to identify systems and policy changes related to the issues faced by families dealing with Alzheimer’s and other forms of dementia.
 - Minneapolis Advisory Committee on Aging and the Dept. Health are potential lead(s)
 - Minneapolis Advisory Committee on Aging will continue to work with the Dept. of Health to identify focus areas for their scope of service within SHIP (State Health Improvement Program) addressing dementia and caregiving needs.

Long-term:

- Engage in serious, strategic long-range planning with the County, State, and relevant charitable and neighborhood organizations to consider how they will collaborate to address the challenges of providing home and community support for a rapidly aging and increasingly diverse population, recognizing that the sum of the current parts is nowhere near equal to the challenges of the next 20 years.
 - Are there “philanthropic” collaborations already meeting? Assess current funding priorities and work on changing the paradigm. Success is philanthropic organizations who support families expand their priorities creating more balanced resource allocation strategies
- Minneapolis Advisory Committee on Aging will research and may convene conversations or coordinate with existing efforts/conversations



PRIORITY AREA 2:

Strengthen and promote safe transportation options that meet the needs of Minneapolis residents as they age

The vast majority of Minneapolis residents hope to age in the communities where they currently live. Unfortunately, in many Minneapolis neighborhoods, daily activities often hinge on personal automobiles. But as people age, their ability to navigate by vehicle eventually diminishes or disappears.

Millions of older adults will need affordable alternatives to driving in order to maintain their independence as long as possible. A recent study found that people age 65 and older who no longer drive make 15 percent fewer trips to the doctor, 59 percent fewer trips to shop or eat out, and 65 percent fewer trips to visit friends and family, than drivers of the same age.³⁶

This is not just an issue of convenience. Many aspects of life depend on the ability to get around. Absent access to affordable travel options, seniors face isolation, reduced quality of life, and other negative outcomes.

Transportation Action Item 1: Improve safety, comfort and convenience of public transportation.

Even before the front edge of the baby boom reached age 65, an AARP study found that the number of public transportation trips by older people increased by more than 50 percent between 2001 and 2009, reaching more than 1 billion in 2009.³⁷ This uptick was partially driven by the increase during that period of more than 1 million older adults who do not drive, a trend that will continue with an aging population.

The Center for Neighborhood Technology (CNT) rated Minneapolis as relatively good on overall transit access.³⁸ CNT computed that only 11 percent of Minneapolis residents ages 65 to 79 had poor transportation access in 2015 (an increase from 10 percent in 2000). These estimates exceed the 6 percent (2015) and 7 percent (2000) for Chicago, but are markedly below the 47 percent in 2015 for the overall Twin Cities metro area.

However, older adults' use of public transit depends on more than access. Older Minneapolisians' top reasons for avoiding transit are that it is physically difficult to access, the system is challenging to navigate, they feel unsafe, and transit stops are too far away. Additional barriers are lack of seating at bus shelters, winter weather, and the expense.³⁹ These concerns apply primarily to buses, as the light rail system does not yet offer the reach to be a viable day-to-day option.

Impact, Timeline

Priority Area - Transportation		
#1 Improve safety, comfort and convenience of public transportation.	Action Item Results	Timeline
5 trainings “how to use public transportation” conducted at multi-unit housing and other gathering places where older adults live and visit (i.e. senior centers, community centers) are implemented. Participants feel empowered and informed on using public transportation		2019
An aging and mobility lens is used in a “gap” assessment of public transportation needs		2020
Per ward 1-3 bus stops is identified that need improvement (i.e. snow removal, bench, shelter, better lighting). These stops are high use bus stop or located in areas of high density of older adults. Work with Metro Transit and City of Minneapolis to identify solutions continues as an ongoing relationship		2020

Partnerships, Action Steps, Metrics

Short-term:

- Work with MetroTransit to conduct how-to-ride-the bus trainings at senior housing and other organizations such as senior centers to encourage greater ridership.
 - MetroTransit is potential lead
 - Minneapolis Advisory Committee on Aging can advise about potential organizations/communities to host trainings and assist with convening
 - Before/after survey on understanding of public transportation, likelihood of using, etc.

Intermediate-term:

- Work with the Metropolitan Council to identify gaps in transportation services for older adults and support and facilitate aging- and accessibility-focused improvements.
 - Metropolitan Council is potential lead
 - Minneapolis Advisory Committee on Aging can advise
 - Identify and develop strategies/policies to address gaps in service. Is there an aging lens in the data they currently collect?
 - Improvement in “customer use and satisfaction” in the older age demographics in their evaluations

Long-term:

- Work with MetroTransit to: a) add seating and shelters to existing bus and other public transit stops; b) ensure that all new or refurbished transit stops are well-lit and include seating and shelter; and c) ensure that all transit stops are kept free of snow and ice, with priority given to communities with greater numbers of older adults.
 - MetroTransit lead is potential lead

- Minneapolis Advisory Committee on Aging can advise what types of improvements and which transit stops to address

Transportation Action Item 2: Expand ride sharing

Older adults generally can drive themselves longer than they can comfortably use public transit.⁴⁰ When they do cease to drive themselves, most do not turn to public transit but instead look to other people for rides.

AARP found in a recent transportation survey that nearly 20 percent of people ages 75 to 79 and 40 percent of those 85 years and older relied on rides from others as their primary means of travel.⁴¹ Nearly half of older adults surveyed noted that “feeling dependent” and “imposing on others” constituted problems with ride sharing. Some communities have developed membership or volunteer organizations to provide transportation. Such efforts underscore not only the importance of transportation options to prevent isolation and ensure access to critical services, but the need to think creatively about how to supplement fixed-route service with alternatives.

Impact, Timeline

Priority Area - Transportation		
#2 Expand ride sharing options.	Action Item Results	Timeline
Regulations that prevent or inhibit certain volunteer- and membership-based transportation organizations and initiatives from operating in Minneapolis are identified and recommendations to address barriers are presented to City leadership		2017
Older adults are educated about online access to rides (Uber, IHail, etc.) – in tandem with using public transportation - 5 trainings implemented – participants feel informed and empowered to use transportation options		2019
A volunteer/membership based ride-sharing model is piloted.		2019

Partnerships, Action Steps, Metrics

Short-term:

- Review the regulations and rationale that prevent or inhibit certain volunteer- and membership-based transportation organizations and initiatives from operating in Minneapolis.
 - Dept. of Neighborhood and Community Relations is potential lead
 - Minneapolis Advisory Committee on Aging will advise on policy change recommendations
 - Identify other “ride share/volunteer/membership-based” models in other areas and determine why they do not operate in Minneapolis

Intermediate-term:

- Support or facilitate piloting a membership- or volunteer-based transportation program as exists in other communities.
- Explore working with ride-sharing companies (e.g., Lyft or Uber) to offer services designed for older and/or disabled people.
 - Department of Neighborhood and Community Relations is potential lead
 - Minneapolis Advisory Committee on Aging with monitor progress, possibly research models
 - Work with identified partners of successful model to launch pilot in Minneapolis
 - Measure usage, growth, satisfaction

Long-term:

- Support or facilitate the creation of a membership- or volunteer-based transportation program.
 - City Council, Dept. of Regulatory Services and Dept. of Public Works are potential lead(s)
 - Minneapolis Advisory Committee on Aging will monitor progress
- Remove barriers to volunteer/membership based transportation programs

Transportation Action Item 3: Improve the quality and safety of pedestrian travel.

Among older adults, although it is difficult to quantify what constitutes a “walking trip,” walking is consistently reported as the second most frequent way that seniors get from place to place (about 9 percent of all trips), excluding the walking to public transportation.⁴² The prevalence of walking varies considerably by neighborhood. While only 12 percent of older adults in Hennepin County walk to a destination each day,⁴³ Minneapolis as a relatively dense urban area fares considerably better in terms of pedestrian infrastructure. However, older residents of Minneapolis are concerned about the safety of walking in the city.

Sidewalk maintenance and timely snow and ice removal are priority concerns. The City’s enforcement of snow and ice regulations for sidewalks should be as vigorous as enforcement of street plowing to demonstrate support for walking as a critical means of transportation.

The quality and safety of pedestrian walkways is especially important for older people. Despite being more cautious pedestrians, older adults are twice as likely to be killed while walking as members of the population as a whole.⁴⁴ Transportation for America reports that between 2000 and 2007, people 65 years and older made up 12 percent of the total population but accounted for 22 percent of pedestrian fatalities. Similarly, people 75 years and older comprised only 6 percent of the totally population but accounted for 13 percent of pedestrian fatalities.⁴⁵ Fortunately, numerous measures and street design features exist that can make our streets and sidewalks safer places – for all pedestrians, but especially for older adults.

Impact, Timeline

Priority Area - Transportation		
#3 Improve quality and safety of pedestrian travel.	Action Item Results	Timeline
An older adult lens and age related demographic criteria is included on all pedestrian studies		Ongoing
1 pilot is implemented - Identify and test approaches to timely snow and ice removal		2019
Policies such as Complete Streets – that are identified as best practice models for a multi-generational population are adopted		Ongoing

Partnerships, Action Steps, Metrics

Short-term:

- Include an older adult lens as part of its upcoming study of pedestrian-vehicle crashes, and to comparable studies going forward.
- Identify and test approaches to improve substantially the quality and timeliness of snow and ice removal – including, for example, a volunteer-based program such as “Snow Buddies” that could be promoted and/or supported by the City and its partners.
 - Dept. of Neighborhood and Community Relations is potential lead
 - Minneapolis Advisory Committee on Aging will monitor progress and possibly assist with engagement activities
 - Community engagement of older adults is incorporated in future studies
 - Strategies developed demonstrate the incorporation of older adults voices

Intermediate-term:

- Provide (or facilitate provision of) and promote pedestrian safety training/classes for older adults.
 - City Hall (Mayor, Council, Public Works, possibly Health) are potential lead(s)
 - Minneapolis Advisory committee on Aging will monitor progress
 - Identify possible initiative(s) such as Vision Zero and dedicate resources aimed at older adults

Long-term:

- When making streetscape improvements, routinely consider and include features that can respond to the needs and concerns of older pedestrians (e.g., extending pedestrian crossing signal times, shortening crossing distances, altering curbs and sidewalks, etc.); this is in keeping with the City’s Complete Streets Policy, which prioritizes the safety of the most vulnerable street users.
- Include an older adult lens as part of all pedestrian-safety and similar studies going forward.
 - Public Works and Health are potential lead(s)
- Minneapolis Advisory Committee on Aging will advise on the development of pedestrian studies as well as part of the respondents of those studies

Transportation Action Item 4: Promote safe driving and safe road design for older adults.

Public transit, ride sharing, and pedestrian conditions must be improved and expanded, but the fact remains that the vast majority of older adults drive, and this is unlikely to change. Though older drivers are less likely to be involved in certain crashes (such as those involving high speeds, alcohol use and night driving), their overall crash risk increases after age 75. Age-related vision, hearing, and cognitive decline as well as impacts of health conditions and medications all can impede safe driving. However, many measures exist to make driving safer for older people, many of which also make driving safer for the public as a whole.

Impact, Timeline

Priority Area - Transportation		
#4 Promote safe driving and road design using an older adult lens.	Action Item Results	Timeline
A partnership with CarFit and a “host” department or organization is established with one event scheduled		2018
Age-friendly road and signage practices are incorporated in future and updates to existing policies and strategies. Examples of best practices include wider and/or reflective pavement markings, overhead street name signs, improved sign visibility, and bigger signs with larger font		Ongoing

Partnerships, Action Steps, Metrics

Short-term:

- Explore providing or facilitating the provision of CarFit, a nonprofit educational program that, in a brief session with an individual and his or her vehicle, helps older adults ensure their car “fits” them to optimize safety and comfort.
 - Minneapolis Park and Rec and Neighborhood Organizations are potential lead(s)
 - Minneapolis Advisory Committee on Aging will work with identified parks and neighborhood organizations to discuss and help connect with organizations that offer CarFit.
 - Classes scheduled – participant satisfaction measured and assessed based on success measures of program

Intermediate-term:

- Adopt age-friendly road and signage practices. Examples of best practices include wider and/or reflective pavement markings, overhead street name signs, improved sign visibility, and bigger signs with larger font.
 - Dept. of Public Works is potential lead
 - Minneapolis Advisory Committee on Aging will research what practices/policies are currently implemented by the city
 - Public Works will incorporate age friendly signage practices in future or in updates to current strategies and policies

Long-term:

- Adopt additional age-friendly road and signage practices. Examples of best practices include improving intersection design and operation (e.g., off-set left- and right-turn lanes), advance street name signs, and using older adults as the “design” drivers when creating or modifying City roadways.
 - Dept. of Public Works is potential lead
 - Minneapolis Advisory Committee on Aging with advise and monitor progress
- Expand conversation to multiple jurisdictions (County, MNDot).

PRIORITY AREA 3:

Partner to expand and promote older adults’ participation in health and wellness initiatives throughout the City of Minneapolis.

More than three-quarters of older Minneapolitans said convenient and accessible health and wellness services focused on the aging population are a top priority.⁴⁶ These services spanned more opportunities for free exercise, fall prevention, help navigating the healthcare system, and support for caregivers.⁴⁷

This reinforces several conclusions of the Hennepin County Aging Initiative’s research: physical exercise is key to promoting good physical and mental health; older adults are increasingly expected to participate in self-management of their care; and caregivers, especially those caring for a person with dementia, face significant challenges.

Social factors also heavily influence healthy aging. In fact, half of a person’s overall health outcomes can be explained by factors such as race, income, and environmental factors.⁴⁸ Given Minneapolis’ increasingly racially and ethnically diverse older adult population and known health disparities in Minnesota, special attention should be paid to reaching older adults across cultural communities and the economic spectrum.

Health Action Item 1: Help older adults maintain and improve their physical fitness.

Physical activity is one of the most effective ways to prevent and manage chronic disease for older adults.⁴⁹ Yet physical activity declines with age, and health promotion efforts to increase physical exercise among older adults are relatively new. The Centers for Disease Control recommends providing community-based physical activity programs, ensuring facilities accommodate older adults, and encouraging malls and other indoor locations to provide safe places for walking during the winter.⁵⁰ Other promising models appear to be peer, home-based, and group-based physical activity interventions, such as a neighborhood based walking program.

Impact, Timeline

Priority Area - Health and Wellness		
#1 Help older adults maintain and improve their physical fitness.	Action Item Results	Timeline
A listing of no-cost and low-cost fitness programs for older adults is inventoried and publicized with City parks, neighborhood associations, Block Nurse/Living at Home, senior high-rises and non-profit organizations		2018
Existing efforts are tapped to educate/inform residents of public high-rises of physical fitness resources including internet based resources.		2018
A bike sharing station near a senior housing complex or in areas with high density older adult population is piloted (i.e. nice ride)		2020

Partnerships, Action Steps, Metrics

Short-term:

- Inventory and publicize with City parks, neighborhood associations, Block Nurse/Living at Home and non-profit organizations a listing of no-cost and low-cost fitness programs for older adults.
 - Dept. of Neighborhood and Community Relations and the Dept. of Health are potential lead(s)
 - Minneapolis Advisory Committee on Aging will monitor progress
 - Inventory completed and an accounting of dissemination is done

- Work with the Minneapolis Public Housing Authority or tap other organizational efforts to develop a campaign or initiative to connect senior public housing high-rises and other senior housing residents with Internet-based or other exercise programs targeting older adults (e.g., Sit and Be Fit).
 - Dept. of Health is potential lead
 - Minneapolis Advisory Committee on Aging will suggest a minimum of 3 Minneapolis Public Housing Association high-rises that house over 50% older adults

- Add bike-sharing stations (e.g., NiceRide) near senior housing and in neighborhoods with high concentration of older adults; support those stations with educational and promotional materials; and expand offerings at all stations to include tricycles, a safer and more comfortable option for some older adults.
 - Dept. of Health and Minneapolis Bike/Pedestrian coalition are potential lead(s)
 - Minneapolis Advisory Committee on Aging will monitor progress and may suggest potential sites
 - 2 pilot stations implemented – usage measured
 - Plan of expansion to more identified areas

Intermediate-term:

- Work with City parks, neighborhood associations, Block Nurse/Living at Home and other non-profit organizations to identify gaps in affordable fitness opportunities for older adults and take measures to fill those gaps.
 - Dept. of Neighborhood and Community Relations and Dept. of Health are potential lead(s)
 - Minneapolis Advisory Committee on Aging will monitor progress
 - City resource allocation to these partners assessed
 - Identified gaps are supported with multiple resources (financial, facilitated collaborations, TA)

- Explore the use of Statewide Health Improvement Program (SHIP) funding to further support senior high-rise health and wellness programs or fitness focused efforts for older adults.
 - Dept. of Health is potential lead
 - Minneapolis Advisory Committee on Aging will monitor progress and possibly advise
 - State Health Improvement Program support clearly identifies health and wellness efforts for older adults

Long-term:

- Develop knowledge of cultural attitudes and practices related to physical fitness among Minneapolis' racial and ethnic minority groups, including ways to specifically reach older adults in those communities. The Advisory Committee on Aging will provide this research to help advise the Minneapolis Health Department and other key departments concerning gaps, resources, and opportunities.
 - Dept. of Neighborhood and Community Relations is potential lead
 - Minneapolis Advisory Committee on Aging will monitor progress and possibly provide research as well as assist with convening

- Focus groups/engagement with cultural communities, especially non-English speaking communities will be conducted and recommendations will be formally delivered to Health and other identified departments (MPD, Public Works, etc.)

Health Action Item 2: Promote health, self-care, and health literacy through clear communication.

Many older adults struggle with health literacy, or the degree to which a person is able to obtain, process, and understand basic health information and services needed to make appropriate health decisions.⁵¹ Health literacy determines how well you can navigate the health care system (a priority concern among local focus group participants⁵²) as well as follow verbal and written instructions for prescription medications, another challenge for many older people. Improving older adults' health literacy is a meaningful step to promoting health and self-care.

Impact, Timeline

Priority Area - Health and Wellness		
#2 Promote health, self-care, and health literacy.	Action Item Results	Timeline
A minimum of 2 Chronic disease management and diabetes prevention and management initiatives are implemented in targeted areas. (i.e. senior highrises)		2018

Partnerships, Action Steps, Metrics

Short-term:

- Develop and/or promote health and self-care education tools that are readily understandable for all older adults through use of easily read, linguistically accessible, symbolic, and other appropriations as has been modeled in Seattle and other communities.
 - Dept. of Health and Dept. of Neighborhood and Community Relations are potential lead(s)
 - Minneapolis Advisory Committee on Aging will monitor progress
- Tool is developed and promoted on City and department resource webpages in appropriate languages. “Hits” measured

Health Action Item 3: Prevent decline associated with hospitalization by improving post-discharge follow-up

Following hospitalization, older adults often face accelerated decline (physical, cognitive, and functional) especially for those already frail.⁵³ However, older adults are more likely to be readmitted to the hospital, further exacerbating this issue. Not only is one in eight Medicare patients readmitted to the hospital within 30 days, many readmissions are avoidable and can be prevented with better discharge practices. Older patients often need more help with understanding medication, scheduling and securing transportation to follow-up medical appointments, and knowing what to do when they don’t feel well.⁵⁴

Impact, Timeline

Priority Area - Health and Wellness		
#3 Prevent decline associated with hospitalization by improving post-discharge follow up.	Action Item Results	Timeline
Support for home visiting services are continued		2017
New models of after-care such as the EMT/Fire home visiting project are explored with a pilot project identified and supported		2019

Partnerships, Action Steps, Metrics

Short-term:

- Explore programs designed to provide timely follow-up of older adults recently discharged from hospitals or nursing facilities, including possible partnerships related to the post-discharge firefighter home visitor program pilot project, Block Nurse/Living at Home programs, or other relevant organizations or programs.
 - Please refer to Housing Priority Area #3

Housing Action Item 4: Provide low-intensity in-home supportive assistance where gaps exist.

This item is cross-listed as Priority Area 2, Housing, Action Item 4, as it directly relates to both housing and health. Refer to that action item for details.

Looking Ahead: Priority Areas for the Future

As noted, as the Minneapolis Advisory Committee on Aging continues a focus on the three preceding priority areas – housing, transportation, and health and wellness – it also will give consideration to three other priorities identified by residents of Minneapolis, Hennepin County and Minnesota: maintaining and establishing valued social and civic roles; contributing to the economic life of the community; and participating in the social, educational and cultural life of the neighborhood and community.

Conclusion

Minneapolis made the wise and admirable commitment to becoming an age-friendly city, and this plan seeks to help the City fulfill that commitment. We must deliberately attune ourselves to a population beyond youth, or we miss opportunities to respect and take advantage of the vast human and financial capital available from older adults – and from *ourselves*, as older adulthood is on the horizon for each of us.

Minneapolis for a Lifetime Steering Committee

City of Minneapolis Departments

- Pat Harrison, Director, Research & Evaluation, Health
- Brette Hjelle, Director, Administration Public Works Department
- Thomas Strietz, Housing Development Director, Community Planning and Economic Development
- Jason Wittenberg, Land Use Design and Preservation Manager, Community Planning and Economic Development

Community Partners

- Jean Greener, Senior Citizen Advisory Committee Representative
- Mary Karen Lynn-Klimenko, Executive Director, Stevens Square Foundation
- Kathleen O' Brien, Vice President U of M Services, Emeritus
- Kelly O'Brien, Director Volunteers of America RSVP
- Keri Veenendaal, Brush With Kindness Program Coordinator TC Habitat for Humanity

Business and Government Partners

- Michael Anderson, Development Coordinator, Minneapolis Public Housing Authority
- David Fink, Program Developer, Metropolitan Area Agency on Aging
- Scott McBride, District Engineer, MnDOT
- Todd Monson, Director, Hennepin County Human Services & Public Health
- Will Schroerer Minneapolis Chamber of Commerce Director, Infrastructure for Economic Development
- Nicole Wright, Regional Diverse Segments Manager, Wells Fargo Home Mortgage

Minneapolis Advisory Committee on Aging

- Mary Treacy, Ward 1
- Charlie Lakin, Ward 2, Committee Secretary
- Dick Kavaney, Ward 3, Committee Vice Chair
- Raymond Olson, Ward 4
- Flo Castner, Ward 5
- Robert Albee, Ward 6
- Tony Morley, Ward 7
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- Joanna Lees, Ward 13
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- Jean Greener, Member at Large Mayor Appointee, Committee Chair

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