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Creating Age-friendly Communities

A Report for the Southwest Initiative Foundation

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Executive summary

Age-friendly communities are places that "actively involve, value, and support older adults, both active and frail, with infrastructure and services that effectively accommodate their changing needs" (Alley, Liebig, Banerjee, & Choi, 2007). As a growing number of adults enter retirement, is it important that communities have the infrastructure, services, and supports in place to ensure that residents can continue healthy, vibrant lives in their own homes as long as possible.

The Southwest Initiative Foundation (the Foundation) serves an 18-county region in southwest Minnesota that is home to nearly 280,000 residents. In 2014, the Foundation contracted with Wilder Research to conduct an assessment to describe the needs of aging residents in the region. The assessment results are intended to help the Foundation identify potential strategies to support aging residents, including ways to encourage the development of age-friendly communities.

Methods

A multi-method data collection approach was used for the assessment, including: literature review; analysis of secondary regional demographic and resident health data; an online survey of 119 professionals and community residents; and key informant interviews with 13 local stakeholders. A more detailed summary of these approaches and their limitations can be found in the full report.

The region and its residents

The review of secondary data was used to better understand the demographic characteristics of residents who live in the region and to identify specific trends, opportunities, and challenges that the Foundation may need to take into consideration when planning their future efforts. Some of these key descriptors and trends include:

- Minnesota's southwest region is predominately rural, with a few key economic-hub communities in Kandiyohi, Lyon, McLeod, and Nobles counties. Since 2000, population in these four counties has stayed the same or increased, while the number of residents in all but one of the more rural counties has decreased.
- In the region, 19 percent of residents are age 65 or older, 5 points higher than the state average. In two counties, Lincoln and Big Stone, over one-quarter of residents are age 65 and older.

- Poverty among adults age 65 and older in the region varies considerably by county. Poverty rates for this age group are highest in Lyon County (13%), much higher than the 3 percent poverty rate in Cottonwood County.

- The region has become increasingly culturally diverse. In 2013, 12 percent of residents were people of color. This demographic trend is largely attributable to a growing diversity among young adults and families with children.

- In all counties, at least one-quarter of adults age 65 and older live alone. These residents may be more likely to feel isolated or have greater difficulty accessing the resources they need.

- Self-reported health status, a strong predictor of overall health status, decreases with age in many southwest Minnesota counties. Among adults ages 55 to 64, at least 40 percent of residents in all but one county reported their health as "excellent" or "very good." Among adults age 75 and older, relatively few people (15-17%) rated their health that well. Ideally, with improved services, a larger percentage of residents will rate their own health positively and those ratings will stay at a high level with age.

Community assets and service gaps

There are many different types of community-based and in-home services and supports that can help aging adults maintain a high quality of life in their homes. Overall, while a wide range of services are available in the region, these community assets are not equally available to all residents. The survey respondents reported that home health services, home delivered meals, and volunteer opportunities were some of the services most readily available in the community. Some of the least readily available services included caregiver training services, adult day health care, respite care, and companion services.

Limited transportation was frequently cited as a significant barrier for residents accessing the services and supports they need. Other common barriers included the cost of services that are not reimbursed by insurance and the lack of awareness about the services available in the region.

Across the region, some of the key tenets of age-friendly communities are widely found. Survey respondents often agreed that in many places in the region, residents felt safe in their homes and communities, and had access to health services, grocery stores, and other basic essentials. They also felt that aging residents were respected and valued. Affordable indoor exercise options, home modification services, and affordable transportation services were the three characteristics of age-friendly communities most lacking in the region.

Opportunities and challenges

Although local stakeholders identified a number of service gaps and barriers to accessibility, they also identified a number of local initiatives working to address these challenges. Some of the local stakeholders interviewed for the assessment had interest in shared planning efforts so that all efforts in the region could be better coordinated and working toward a common vision. The stakeholders identified a history of collaboration and the large number of organizations interested in aging issues as strengths that can be leveraged. There was also interest in more intentionally drawing on the wisdom of aging residents when creating and implementing new services and initiatives.

Although transportation was the most common concern among stakeholders, a number of other challenges were identified that may make it difficult to help residents access the services they need and to create age-friendly communities. Some residents, particularly aging residents living on farms and aging residents of color, were identified as groups that are difficult to reach and that could become isolated. Although residents may need more information about the services available to them, stigma was also seen as a barrier to residents accessing the services in their community. Many services for aging residents rely on volunteers; difficulty attracting younger volunteers to help provide services and support was a concern shared by multiple caregivers. There was also interest in more supports for caregivers.

Potential directions

Age-friendly communities have resources and services in place that support residents they age, helping residents maintain their health and a high quality of life. This means not only responding to older residents in need of services, but also considering ways to help active adults age 55 and older, and residents of all ages to maintain their health. The following themes, based on the input of local stakeholders and the data reviewed in this assessment, can help guide the work of organizations interested in promoting age-friendly communities:

Greater familiarity with characteristics of age-friendly communities and how they can be achieved can help local stakeholders refine their vision for the region. Promoting the use of age-friendly community checklists with partners or requiring grant applicants to respond to key questions about community assets and concerns may increase awareness of ways that communities can be enhanced.

Different types of volunteer opportunities may be needed to offer key supports to aging residents and to foster intergenerational connections. A number of stakeholders noted growing difficulty finding volunteers for various aging services and supports,

which may suggest that organizations need to change the way they are providing opportunities for younger residents to get involved and share their skills to make those volunteer experiences more meaningful. The relationships that develop out of volunteer opportunities should be mutually beneficial, drawing on the wisdom of aging residents.

Education and support for caregivers could be expanded throughout the region. A number of local stakeholders also identified a need for more education and awareness around early signs of Alzheimer's or dementia.

Transportation is an issue that needs to be addressed, either as an area of focus in itself or when developing strategies in response to other service gaps and regional concerns. Seeking reimbursement for or directing fundraising to mileage reimbursement for volunteer drivers may be a way to increase interest in volunteering and increase the availability of flexible transportation options.

Communication of any new initiatives should also inform and encourage residents to access services through existing programs. Although gaps exist, the assessment did show a number of organizations and initiatives in place already working to meet the needs of aging residents.

Effective outreach and engagement strategies to reach isolated aging adults will look notably different across the region. Multiple approaches will be needed to effectively reach adults with varied needs, as well as groups that tend to be more isolated, such as residents living on farms and aging persons of color.

Sustainability is critical. Multiple stakeholders pointed out the need for lasting changes to address these challenges and improve the services and supports available to residents.

Project background

The mission of the Southwest Initiative Foundation (the Foundation) is "to be a catalyst, facilitating opportunities for economic and social growth by developing and challenging leaders to build on the assets" of the 18-county southwest Minnesota region it supports. In 2014, the Foundation contracted with Wilder Research to assess the needs of aging residents in the region. The assessment results are intended to help stakeholders in the region identify potential strategies to support aging residents, including ways to encourage age-friendly communities where residents can live healthy, vibrant lives and maintain a high quality of life as they age.

This report comes at an opportune time. In southwest Minnesota, as well as across the state and nation, record numbers of residents of the baby boomer generation are entering retirement. This report is intended to provide the Foundation with information to help them understand current strengths and service gaps in the region and to anticipate services and supports that may be needed to respond to these important demographic changes.

A brief description of each report section follows:

- **Characteristics of age-friendly communities.** This report section offers a framework for considering the degree to which communities have the assets to help aging adults live healthy, vibrant lives. This framework shaped the survey and key informant interviews used to gather feedback from local stakeholders.

- **Characteristics of southwest Minnesota residents.** Current demographic trends and key measures of overall health among aging adults are described in this report section. The section also highlights important regional demographic and economic trends, two factors that are important to consider when determining feasible strategies to address any identified needs.

- **Community assets and service gaps.** Multiple information sources were used to better understand the availability of services to meet the needs of aging residents, and to understand the degree to which the region's communities support residents to age in place and maintain a high quality of life. This report section summarizes the services known to be available in southwest Minnesota and describes the service and resource gaps identified by local stakeholders.

- **Opportunities and challenges.** This report section synthesizes the assessment data gathered and highlights meaningful opportunities to meet resource gaps or community challenges identified by local stakeholders. It also highlights potential challenges that

the Foundation may need to consider as they determine how to best use their resources and skills to improve local communities and address resource gaps.

- **Potential directions.** This report section highlights a number of potential service options and capacity-building efforts that could be used to better support the needs and interests of aging residents in the region.

Methods

A mixed-method data collection process was used to compile and synthesize information to better understand the emerging needs of aging residents and potential intervention opportunities. A focused literature review was conducted to identify assets present in age-friendly communities, as well as key services and supports important for meeting the needs of aging residents. Key sources of secondary data were reviewed and analyzed to provide the Foundation with demographic and health status information that can inform their work and help them anticipate emerging trends. Community assessments recently completed by hospitals and local public health agencies in the region were also reviewed to better understand existing initiatives to address the needs of aging residents. Wilder staff also conducted targeted online searches to learn more about the services already available to aging residents in the region.

Two primary data collection strategies were used to gather information from local stakeholders:

- **Online survey.** An online survey was developed and administered to a wide range of local service providers and other stakeholders with experience and expertise in aging issues. Survey respondents were asked to rate the availability of services for aging residents, to consider the degree to which communities had assets in place to support the needs of aging residents, and to identify strategies for building on existing efforts or addressing other unmet needs. A link to the online survey was distributed to local stakeholders identified by the Foundation as having important insights about emerging concerns for aging residents, as well as suggestions for change. Links to the survey were also sent to representatives of local public health and human services agencies. Wilder also worked with three professional organizations that sent the survey out to their local listservs: Care Providers of Minnesota, LeadingAge Minnesota, and Minnesota River Area Agency on Aging.

  A total of 119 people completed the survey, often representing county agencies (38%), community organizations, (15%), and health care organizations (15%). Thirty-five individuals identified themselves from other sectors, including corrections, housing, and legal services or described themselves as caregivers, residents, volunteers, and

retired social workers (Figure 1). Because organizations in this region often serve multiple counties, survey respondents were allowed to consider up to three counties as they responded to the survey.

1. Characteristics of survey respondents (N=119)

	N	%
Sector represented		
County agency (e.g., Human Services, Public Health)	45	38%
Community organization	18	15%
Health care organization	18	15%
Faith-based organization	2	2%
Other[a]	35	30%
Unknown/missing	1	1%
County represented		
Big Stone	4	3%
Chippewa	11	9%
Cottonwood	18	15%
Jackson	13	11%
Kandiyohi	13	11%
Lac qui Parle	6	5%
Lincoln	10	8%
Lyon	18	15%
McLeod	8	7%
Meeker	11	9%
Murray	17	14%
Nobles	46	39%
Pipestone	17	14%
Redwood	14	12%
Renville	14	12%
Rock	17	14%
Swift	4	3%
Yellow Medicine	10	8%

[a] *"Other" responses included: city government, community resident, corrections, legal services, caregiver, local media, housing, and retired social worker.*

- **Key informant interviews.** Individuals who completed the survey were also asked to provide their contact information if they would be willing to participate in a semi-structured telephone interview to discuss potential strategies to develop age-friendly communities and to better meet the needs of aging residents. Thirteen local stakeholders participated in these interviews, representing the perspectives of local government, service providers, health care providers, caregivers, and residents. The names of these individuals and their affiliation are included in the acknowledgements section of the report.

Survey responses were analyzed to identify regional assets and service gaps. Exploratory analyses were conducted to consider differences among counties. However, interviews suggested that service gaps and challenges resulted from differences between rural and larger communities in the region, rather than clear distinctions among counties (see the following Limitations section for more discussion). Results from the report are integrated into the report narrative. Because many of the respondents gave detailed information about service gaps and strategies for improvement, all open-ended responses are included in the Appendix. Information gathered through the key informant interviews was used to validate and contextualize the results of the online survey and to probe more deeply into the role the Foundation can play to address challenges elevated by local stakeholders.

Limitations

The online survey was administered primarily to professional networks of local stakeholders who had experience and/or expertise working on strategies to create age-friendly communities and/or improve the quality of life for aging adults. Although some respondents may be nearing retirement or have experience caring for an aging partner or family member, the assessment did not include strategies to gather feedback from aging residents themselves living throughout the region.

The individuals who completed the survey represented all 18 counties, with at least four people representing each county. However, representation is much higher for some counties than others. For example, over one-third of the survey respondents (39%) considered the needs and strengths of Nobles County in their responses. While the aggregate responses help identify assets that support age-friendly communities and service gaps at a regional level, additional information is needed to understand the more nuanced differences between counties and across smaller geographies (i.e., communities, rural geographic areas).

Characteristics of age-friendly communities

A number of studies have focused on ways that communities can support aging in place, including a growing body of literature focused on creating age-friendly communities that "actively involve, value, and support older adults, both active and frail, with infrastructure and services that effectively accommodate their changing needs" (Alley, Liebig, Banerjee, & Choi, 2007). However, many places are not designed to accommodate residents' changing needs and some communities may have infrastructure or policies in place that serve as barriers to wellness for its aging residents (Alley, et al., 2007).

There are many reasons for communities and local organizations to invest in resources and services to support older adults to remain in their homes. When communities have services and resources available to help aging residents maintain their health, older residents are better able to volunteer their time and share their professional and personal experiences with others, family caregivers experience less stress, and fewer residents may require high-cost institutionalized care (Alley, et al., 2007). Communities that change to support residents as they age can experience economic benefits, while supporting the wellbeing of its residents and their priorities (Lui, Everingham, Warburton, Cuthill, & Bartlett, 2009). In addition, aging in their own home is a high priority for many residents; an AARP study found that 86 percent of adults aged 45 and older would like to stay in their homes as long as possible (AARP, 2010).

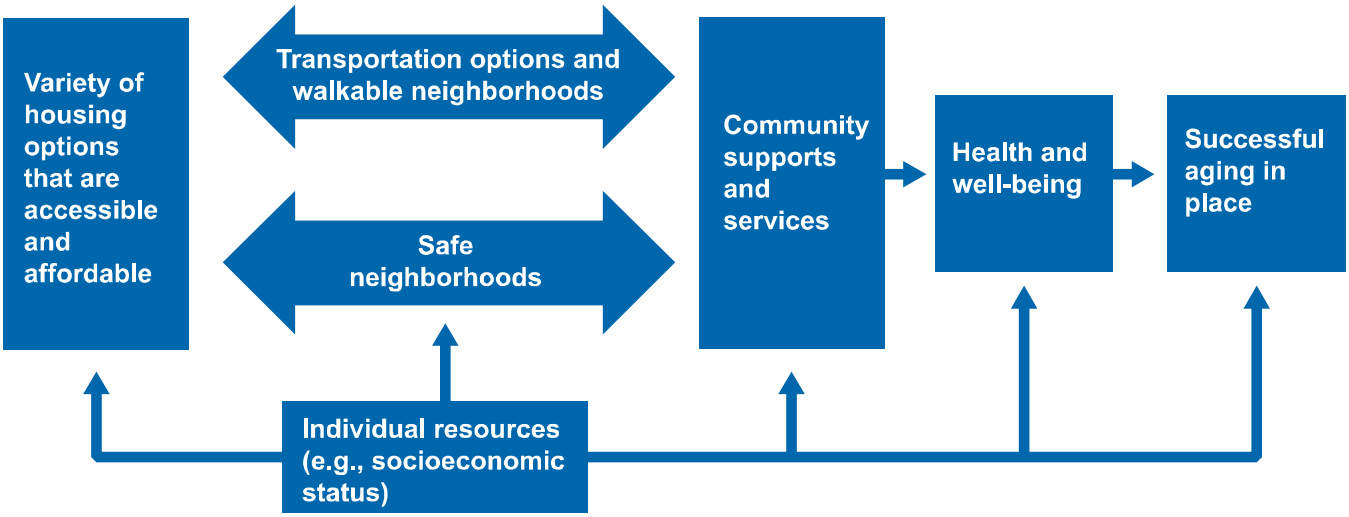
A number of key factors contribute to older adults' well-being and ability to remain in their homes as they age. Although there are differences across proposed models or frameworks introduced through various studies and organizations, there are also commonalities in the broad types of infrastructure and resources identified as being important (Lui, et al., 2009). In general, the studies found in the literature review focused on age-friendly communities in urban communities or regional cities. Although many characteristics of age-friendly communities also apply to more rural areas, the strategies that are needed to support healthy aging in place may be different.

Key characteristics of age-friendly communities

A framework developed by the Stanford Center on Longevity used to describe age-friendly communities focuses primarily on three areas: 1) the availability and affordability of a variety of housing options; 2) types of services and supports available to residents; and 3) the ease to which residents can access these services (Figure 2). Their framework

shows that, when the right array of options is available in communities, residents are better able to maintain their health and age in place. The framework also recognizes that individual characteristics, such as level of education and income status, can independently influence where people live, the types of services that are affordable and available, and overall health.

2. Age-friendly community characteristics that support aging in place



Source: *Adapted from Stanford Center on Longevity, 2013*

Housing

Age-friendly communities should have a range of affordable housing options. There is a growing trend for new houses to be built with the changing needs of aging adults in mind. Design elements such as a full bath and bedroom on the main level, wide doorways that could accommodate a walker or wheelchair, or an entrance without steps, can help residents more easily age in place. Age-friendly accommodations can be included in home renovations, and retroactive conversions are a growing service available to aging adults (World Health Organization, 2007; Stanford Center on Longevity and The MetLife Mature Market Institute, 2013). For aging residents in poorer health or who need more assistance, local senior-specific housing options such as assisted living facilities or nursing home care facilities can help residents stay connected with friends and community supports (e.g., faith-based organizations) even if they are no longer living in their home. City planning efforts can have a strong influence on the types of housing options available. For example, zoning codes that allow for more flexible housing options can encourage family members to build an accessory dwelling on their property where an aging relative can live with greater independence.

Built environment

Aging in place can be supported or hindered by a community's built environment, the design of the community and characteristics of its infrastructure and buildings. Characteristics that improve the quality of life for all community residents and help older adults remain in their homes include safe neighborhoods with low crime rates; age-friendly, walkable sidewalks, cycle paths, and neighborhoods; traffic control measures that allow residents to safely cross streets; buildings accessible to all residents; pleasant and clean outdoor environments; and ample resting areas/accessible bathrooms in public areas (Shendell et al., 2011; World Health Organization, 2007; Stanford Center on Longevity and The MetLife Mature Market Institute, 2013; Barber 2013).

These infrastructure changes also encourage walking, a form of exercise often recommended for older adults (Alley et al., 2007). The ability of older adults to be physically active is heavily dependent on their surrounding built environment, particularly the availability and quality of sidewalks and the overall accessibility of community resources (Shendell et al., 2011).

Transportation, traffic safety

Transportation is another important component of age-friendly communities. In a study conducted by The MetLife Mature Market Institute and the Stanford Center on Longevity (2013), researchers found that older adults still able to drive left their dwelling an average of six times per week, while those who did not drive were able to leave their dwelling an average of only twice per week. These results suggest that residents who do not drive may have less access to community resources and fewer opportunities for socializing unless other supports are in place.

Alternate forms of transportation are needed for adults who do not drive. In larger communities, access to public transit is an important infrastructure component. For older adults with mobility issues or who live in more rural areas, door-to-door transportation is crucial for accessing the services they need to stay in their communities (Stanford Center on Longevity and The MetLife Mature Market Institute, 2013). A built environment in an age-friendly community also gives residents the ability to obtain services with reasonable travel including access to grocery stores, senior centers, shopping centers, faith-based or spiritual organizations, and health care providers.

Safety

A strong sense of safety supports residents being active in their neighborhoods and involved in their communities. At a broad level, community safety can encompass a variety of aspects, including low crime rates, a strong first-response system, and an infrastructure that helps prevent falls and injuries. For aging residents, traffic and pedestrian safety can be particularly important. For example, age-friendly communities may offer defensive driving courses or refresher courses for individuals as they age to ensure safety for both drivers and pedestrians. Infrastructure changes can also increase safety for drivers and pedestrians (e.g., road signs that are easy to read, adequate street lighting, and designated left-hand turn lanes) (World Health Organization, 2007; Stanford Center on Longevity and The MetLife Mature Market Institute, 2013).

Service utilization

Age-friendly communities also offer a wide selection of in-home and near-home services that are affordable, adoptable to varied levels of need, and accessible to residents. A number of services for aging residents have been shown in numerous studies to allow older adults to remain in the home and maintain their quality of life, including senior centers, visiting nurse programs, housekeeping services, senior lunch programs, home repair assistance, door-to-door transportation, telephone helplines, adult day programs, and personal assistance (Albert, Simone, Brassard, Stem, & Mayeaux, 2005; Chen & Berkowitz, 2010). Other important services cited in the literature include health monitoring, home delivered meals, recreational programs, and caregiver support services (Tang & Lee, 2010).

The use of home- and community-based services can help aging residents maintain a high quality of life in their homes and avoid institutionalized care. However, lack of knowledge about available services, difficulty anticipating service needs, and limited availability or eligibility requirements can be barriers to residents accessing these types of services and support (Cohen-Mansfield & Frank, 2008; Tang & Pickard, 2008). When aging residents do receive key in-home services, such as housekeeping and personal assistance, they may be more likely to seek services that allow them to continue living in their homes (Tang & Lee, 2010).

Social interaction and community inclusion

A sense of community inclusion and opportunities for social interaction are other key features of age-friendly communities. These opportunities can include both social interactions with friends and peers of the same age, as well as with community residents, as a whole (Bascu et al., 2014). Age-friendly communities encourage aging adults to

participate in all aspects of planning and decision making, and to create programs that promote socializing and provide opportunities for community-building. Engaging aging residents in decision-making recognizes their experience, places value on the unique social capital that they bring to the community, and recognizes the vital role they play in the community (World Health Organization, 2007; Lui et al., 2009).

Considerations in rural areas

Much of the literature on aging in rural communities has highlighted the challenges of social isolation. For example, studies have demonstrated that aging residents in rural communities are more likely to experience poorer physical health, be at higher risk for life stresses and mental illness, experience more functional disabilities, have sedentary lifestyles, experience more chronic illness, and use less preventative health care services than older adults living in urban areas (Bascu et al., 2014). There is also some evidence showing that residents in rural areas are less likely to rate their communities as age-friendly places to live than those who live in more urban areas (Barber, 2013). While the health disparities between rural and urban older adults are well documented, there is less information on which interventions effectively support healthy aging in rural communities (Bascu et al., 2014).

Rural communities are not homogenous, and all have unique assets and characteristics that can be enhanced to support aging residents. However, the strong social ties, strong connection to place, accessibility of local policy-makers, and history of collaboration present in many rural communities are strengths that can be leveraged to help make the community a better place for all residents to live.

Characteristics of residents

Regional demographic trends

The 18-county region that is the focus of the Southwest Initiative Foundation's grantmaking efforts is home to nearly 280,000 residents. Approximately one in five residents (18.7%) is age 65 or older, a slight increase from 2000 (Figure 3). Since 2000, there has been a notable increase in diversity in the region. The percentage of residents who are people of color has nearly doubled from 2000, reaching nearly 12 percent of the population in 2013. Since 2000, median household income levels have decreased and poverty rates have worsened for residents overall. However, in households where the head of household is 65 or older, median income stayed fairly consistent over time.

3. Key demographic trends in southwest Minnesota

	2000	Most recent data
Total population	287,627	278,421 (2013)
Percentage of residents		
Of color	6.5%	11.7% (2013)
Age 65+	18.0%	18.7% (2013)
Employed (age 16-64)	79.4%	78.6% (2008-12)
Living in poverty	7.9%	10.8%
Median household income (all residents)	$52,645	$49,770 (2012)
Median household income (65+ head of household)	$32,469	$32,662 (2008-2012)

Source: *United Stated Census Bureau, American Community Survey; compiled by Minnesota Compass*

County-level demographic trends

While these data provide some context to issues likely to impact the region, these trends mask notable differences between counties. Southwest Minnesota includes counties with growing economic hubs that encourage population growth, as well as more rural agricultural-based counties that are not experiencing population growth. The trends highlighted in this section provide more detailed information about county-level changes occurring in the region.

Overall population

The southwest region of the state is rural, with the largest city having fewer than 20,000 residents. However, four of the counties in the region (Kandiyohi, Lyon, McLeod, and Nobles) are defined by the United States Department of Agriculture as "micropolitan

areas" with at least one economic-hub community of 10,000 or more residents (United States Department of Agriculture, n.d.). During the past 15 years, the total number of residents in these counties has stayed consistent or increased. In contrast, the population in all but one of the more rural counties in the region has decreased during the same time period (Figure 4). While the overall population in the region is projected to increase, only 9 of the 18 counties are expected to have more residents in 2025 than in 2000.

4. Change in population over time (2000-2013), population projections

	2000	2013	Percent change in population (2000-2013)	Projected population 2025	Projected population 2035
Minnesota	4,919,479	5,420,380	10.2%	5,841,619	6,093,729
Southwest MN region	287,627	278,421	-3.2%	301,256	310,986
Southwest MN counties					
Big Stone	5,820	5,122	-12.0%	5,371	5,277
Lincoln	6,427	5,830	-9.3%	6,068	6,056
Lac qui Parle	8,067	7,027	-12.9%	7,446	7,396
Murray	9,165	8,533	-6.9%	9,011	8,952
Pipestone	9,895	9,270	-6.3%	10,132	10,458
Rock	9,721	9,520	-2.1%	10,512	10,901
Swift	11,956	9,546	-20.2%	9,591	9,620
Yellow Medicine	11,080	10,143	-8.5%	10,809	10,968
Jackson	11,268	10,260	-8.9%	10,648	10,782
Cottonwood	12,167	11,616	-4.5%	12,184	12,429
Chippewa	13,088	12,093	-7.6%	12,868	13,154
Renville	17,154	15,166	-11.6%	16,436	16,676
Redwood	16,815	15,744	-6.4%	16,916	17,340
Nobles	20,832	21,617	3.8%	22,924	24,215
Meeker	22,644	23,119	2.1%	26,602	28,191
Lyon	25,425	25,487	0.2%	27,062	28,104
McLeod	34,898	35,918	2.9%	40,755	42,716
Kandiyohi	41,203	42,410	2.9%	45,924	47,451

Sources: *2000 and 2013 data from the United States Census Bureau, American Community Survey; compiled by Minnesota Compass. Population projections from the Minnesota State Demographic Center (March 2014).*

Aging residents

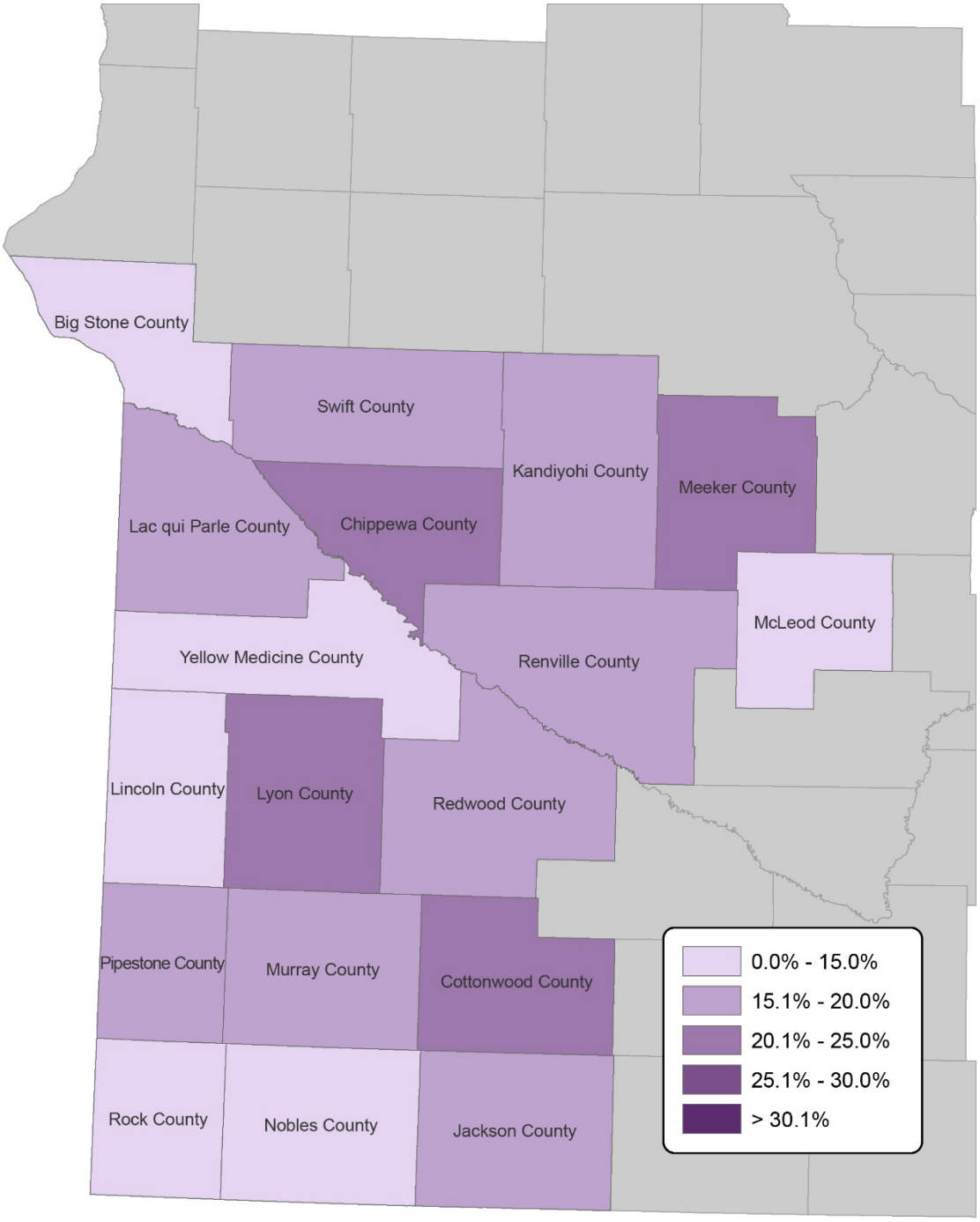
Throughout Minnesota and across the nation, the number of retiring residents is increasing dramatically. In southwest Minnesota, the percentage of the population age 65 or older became larger than school-age children (ages 5-17) in 2011. Projections released by the Minnesota State Demographic Center estimate that over one-quarter of residents in the region will be age 65 or older by 2025. However, in southwest Minnesota, this demographic change is happening more quickly in some counties than others. One-quarter of the residents of Big Stone and Lincoln counties are already age 65 or older. However, the percentage of residents age 65 or older increased most dramatically from 2000 in McLeod, Kandiyohi, Swift, and Murray counties (Figure 5).

5. Change in percentage of residents age 65+ over time (2000-2013)

	2000	2013	Percentage point difference over time	Projected population 2025	Projected population 2035
Minnesota	12.1%	13.9%	1.8	18.6%	19.9%
Southwest MN region	18.0%	18.7%	0.7	25.0%	27.6%
Southwest MN counties					
Lyon	14.6%	14.3%	-0.3	21.1%	25.3%
Nobles	17.4%	15.8%	-1.6	21.1%	23.0%
McLeod	13.9%	16.9%	3	22.8%	26.5%
Kandiyohi	14.9%	17.1%	2.2	24.7%	26.7%
Meeker	16.3%	17.6%	1.3	24.9%	27.1%
Yellow Medicine	20.5%	19.8%	-0.7	27.8%	29.9%
Chippewa	20.0%	19.9%	-0.1	27.2%	29.7%
Jackson	20.5%	19.9%	-0.6	27.6%	30.6%
Rock	20.4%	20.1%	-0.3	26.6%	27.4%
Renville	19.8%	20.2%	0.4	27.6%	31.0%
Redwood	19.3%	20.4%	1.1	26.5%	28.6%
Pipestone	21.3%	20.4%	-0.9	26.3%	29.3%
Swift	18.5%	21.0%	2.5	28.4%	31.4%
Cottonwood	22.1%	22.4%	0.3	28.1%	28.9%
Murray	21.2%	23.7%	2.5	31.6%	32.7%
Lac qui Parle	23.2%	24.6%	1.4	32.8%	34.8%
Lincoln	24.5%	25.1%	0.6	30.7%	30.7%
Big Stone	24.0%	25.8%	1.8	32.4%	34.3%

Sources: *2000 and 2013 data from the United Stated Census Bureau, American Community Survey; compiled by Minnesota Compass. Population projections from the Minnesota State Demographic Center (March 2014).*

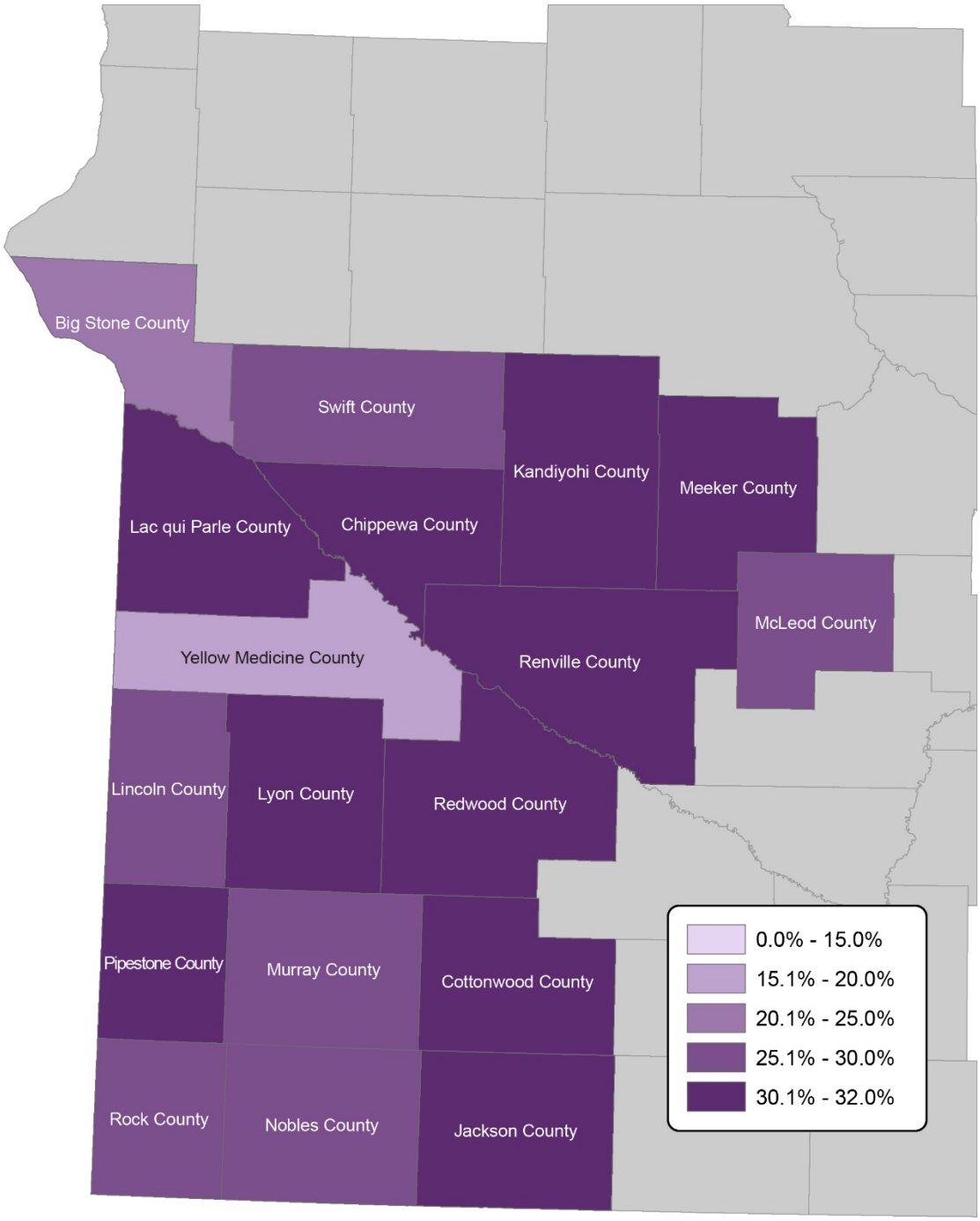
6. Southwest Minnesota Initiative Foundation Counties: Percent aged 65+, 2008-2012



Source: *2008-2012 American Community Survey 5-year Pooled Estimates*

Note: *The American Community Survey produces estimates that describe characteristics of residents over a specific time period. Multi-year estimates are used to calculate reliable estimates for smaller geographies or subgroups in a population.*

7. Southwest Minnesota Initiative Foundation Counties: Percent aged 55+, 2008-2012



Source: *2008-2012 American Community Survey 5-year Pooled Estimates*

Note: *The American Community Survey produces estimates that describe characteristics of residents over a specific time period. Multi-year estimates are used to calculate reliable estimates for smaller geographies or subgroups in a population.*

Socioeconomic status

Since 2000, the percentage of southwest Minnesota residents who live in poverty has also increased. In 2000, approximately 8 percent of residents lived in poverty, compared to nearly 11 percent of residents in 2012 (Figure 8). Seven counties had higher poverty rates than the state average in 2000, compared to only four counties in 2012. Even in the counties with the lowest rates of poverty in the region (McLeod, Yellow Medicine, Lac qui Parle, Rock, and Chippewa), recovery from the recession is still underway. In all counties, overall poverty rates are worse now than in 2000.

8. Change in percent of residents living in poverty over time (2000, 2012)

	2000	2012	Percentage point difference over time
Minnesota	7.9%	11.4%	3.5
Southwest MN region	7.9%	10.8%	2.9
Southwest MN counties			
McLeod	5.2%	8.0%	-2.8
Lac qui Parle	7.6%	9.3%	-1.7
Yellow Medicine	8.0%	9.3%	-1.3
Rock	6.9%	9.6%	-2.7
Chippewa	7.8%	9.8%	-2.0
Murray	7.7%	10.0%	-2.3
Jackson	7.8%	10.2%	-2.4
Lincoln	9.3%	10.3%	-1.0
Renville	8.0%	10.5%	-2.5
Nobles	9.6%	11.1%	-1.5
Redwood	7.5%	11.1%	-3.6
Pipestone	8.4%	11.2%	-2.8
Swift	9.1%	11.3%	-2.2
Cottonwood	9.6%	12.0%	-2.4
Meeker	6.9%	12.0%	-5.1
Lyon	7.7%	12.3%	-4.6
Kandiyohi	8.9%	12.5%	-3.6
Big Stone	10.8%	13.2%	-2.4

Source: *United Stated Census Bureau, American Community Survey; compiled by Minnesota Compass*

Rates of poverty among aging residents also vary considerably by county, ranging from 3 percent in Cottonwood County to nearly 13 percent in Lyon County (Figures 9-11). It is important to note that data from multiple years must be used to calculate poverty rates for this specific age group. The most recent estimate is determined using data gathered as early as 2008, which was very early into the economic recession.

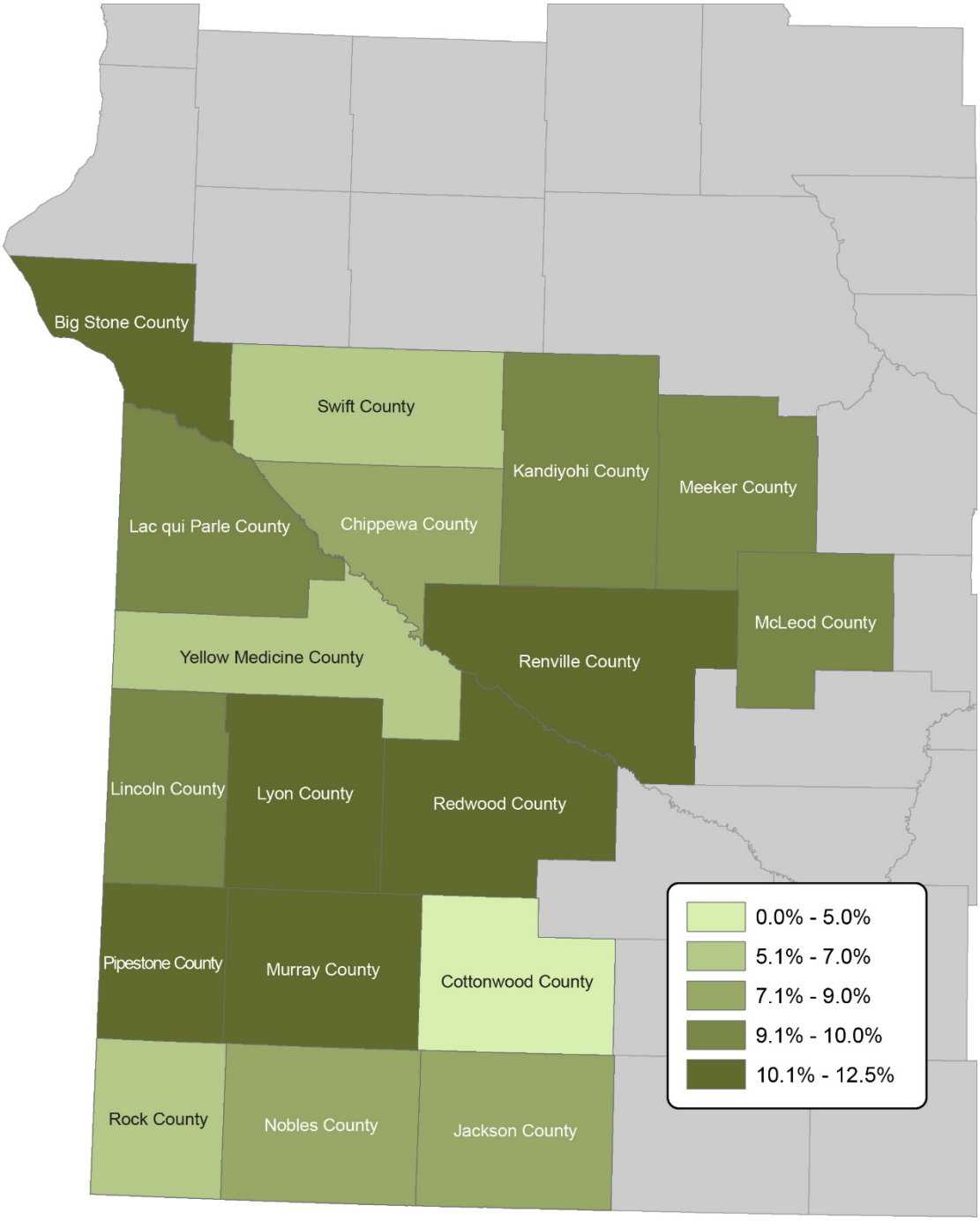
9. Percentage of residents age 65+ living in poverty

	Percentage of residents 65+ living in poverty (2008-2012)
Cottonwood	3.0%
Yellow Medicine	6.3%
Rock	6.5%
Swift	6.6%
Chippewa	7.8%
Jackson	7.6%
Nobles	8.1%
Meeker	9.1%
Kandiyohi	9.3%
Lincoln	9.7%
McLeod	9.7%
Lac qui Parle	9.9%
Redwood	10.6%
Renville	10.6%
Murray	10.8%
Big Stone	11.1%
Pipestone	11.3%
Lyon	12.5%

Source: *2008-2012 American Community Survey 5-year Pooled Estimates United States Census Bureau, compiled by Minnesota Compass*

Note: *The American Community Survey produces estimates that describe characteristics of residents over a specific time period. Multi-year estimates are used to calculate reliable estimates for smaller geographies or subgroups in a population.*

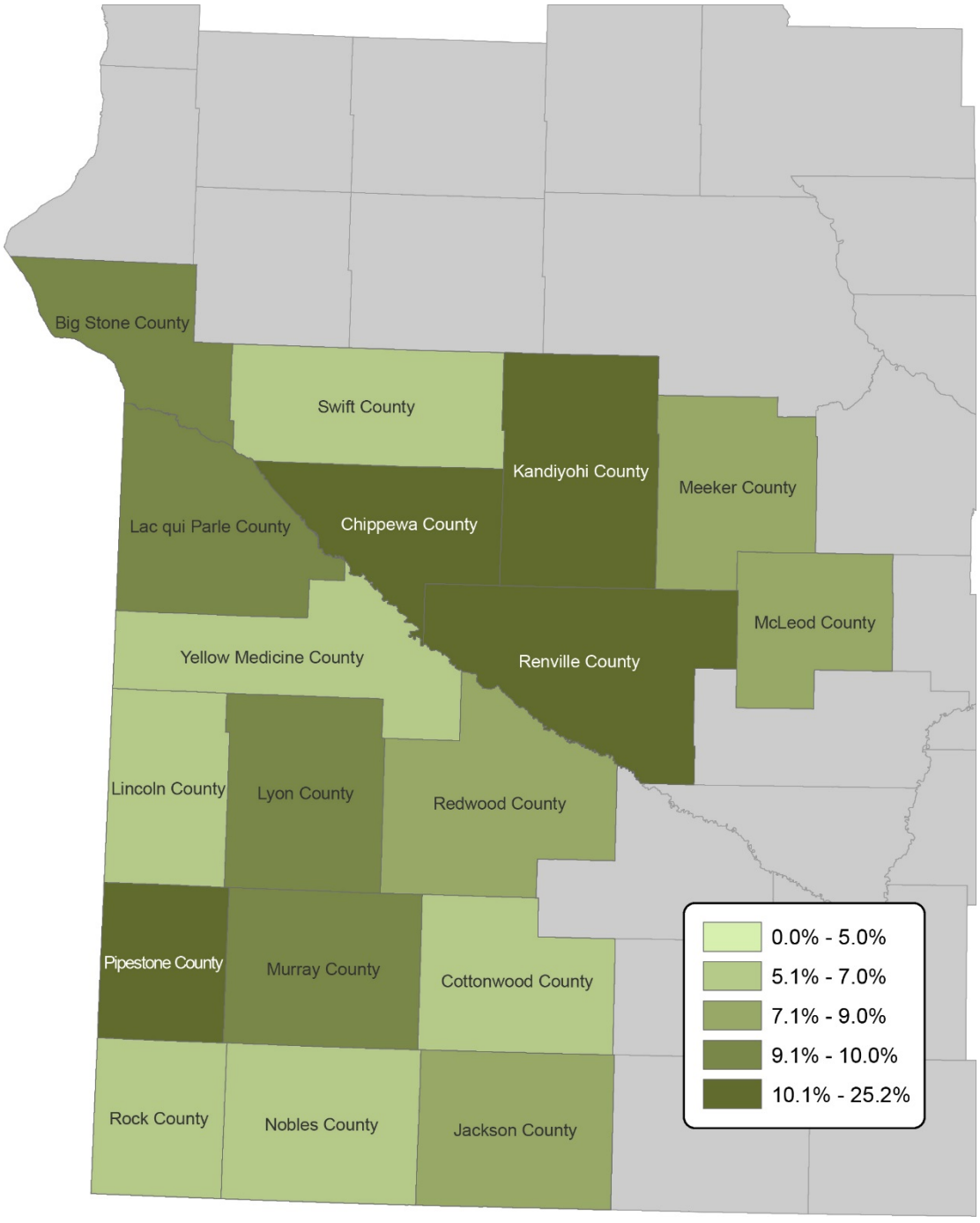
10. Southwest Minnesota Initiative Foundation Counties: Percent living below poverty level, aged 65+, 2008-2012



Source: *2008-2012 American Community Survey 5-year Pooled Estimates*

Note: *The American Community Survey produces estimates that describe characteristics of residents over a specific time period. Multi-year estimates are used to calculate reliable estimates for smaller geographies or subgroups in a population.*

11. Southwest Minnesota Initiative Foundation Counties: Percent living below poverty level, aged 55+, 2008-2012



Source: *2008-2012 American Community Survey 5-year Pooled Estimates*

Note: *The American Community Survey produces estimates that describe characteristics of residents over a specific time period. Multi-year estimates are used to calculate reliable estimates for smaller geographies or subgroups in a population.*

In all counties, at least 15 percent of adults age 65 and older are employed. The counties with the largest percentage of aging adults still working are Lincoln (22%), Chippewa, (21%), and Rock (21%). In comparison, approximately 80 percent of adults (age 25-64) who live in southwest Minnesota are employed. Rates of employment for working-age adults vary from 79 to 86 percent across the 18-county region. There are no data sources that describe the reasons why residents continue to work past age 65 (e.g., residents want to continue working, residents feel they do not have the financial stability to retire) or when they quit working.

Cultural diversity

The southwest region of Minnesota has become increasingly culturally diverse since 2000. However, cultural diversity varies considerably by county. Over one-third of residents (36%) in Nobles County are people of color, compared to 3 percent of Big Stone County residents (Figure 12). Nobles County had the largest increase in the percentage of residents of color over time, primary due to a growing number of Hispanic/ Latino residents. The observed changes in cultural diversity across the region are driven largely by demographic changes of children and young adults. Among all counties in the region, 95 percent or more of residents age 65 or older are white, non-Hispanic adults. Swift County was the only county in the region to experience a reduction in the percentage of residents of color between 2000 and 2012.

12. Change in percentage of residents of color over time (2000, 2013)

	2000	2013	Percentage point difference over time
Minnesota	11.8%	18.1%	6.3
Southwest MN region	6.5%	11.7%	6.3
Southwest MN counties			
Big Stone	1.7%	3.0%	1.3
Lincoln	1.6%	3.2%	1.6
Lac qui Parle	1.3%	4.0%	2.7
Meeker	3.3%	5.0%	1.7
Rock	3.3%	5.4%	2.1
Murray	2.6%	5.4%	2.8
Swift	10.3%	6.6%	-3.7
Jackson	3.8%	6.7%	2.9
McLeod	5.1%	7.6%	2.5
Pipestone	3.6%	8.9%	5.3
Yellow Medicine	4.6%	9.4%	4.8

12. Change in percentage of residents of color over time (2000, 2013) continued

	2000	2013	Percentage point difference over time
Southwest MN counties (continued)			
Chippewa	4.1%	9.5%	5.4
Renville	6.2%	10.4%	4.2
Cottonwood	5.4%	12.0%	6.6
Redwood	5.6%	12.4%	6.8
Lyon	8.2%	12.9%	4.7
Kandiyohi	9.7%	16.0%	6.3
Nobles	17.3%	36.6%	19.3

Source: *United States Census Bureau, American Community Survey; compiled by Minnesota Compass*

Note: *In a number of counties in the region, the number of residents from specific racial and ethnic groups is too small to make reliable estimates. Residents of all cultural groups who are not "white, non-Hispanic" are described together as residents "of color."*

Health status of residents

Fourteen of the eighteen counties in the Foundation's region participated in the 2010 Southwest/South Central Adult Health Survey, which asks residents about a wide range of health behaviors and health concerns.

Overall health

Self-reported health ratings, a strong predictor of overall health status, decrease with age in many southwest Minnesota counties. In five counties, at least half of all adult residents rated their own health as "excellent" or "very good," an item that is a strong predictor of overall health and wellness. When responses to this question are compared across age groups, the percentage of residents who rate their own health as "very good" or better tends to decrease with age. Kandiyohi residents had the highest percentage of residents age 65 through 74 (54%) who described their health as "excellent" or "very good." At last 40 percent of residents in this age group gave high ratings to their own health in the following counties: Jackson (44%), Swift (44%), Redwood (42%), Murray (40%), and Yellow Medicine (40%) (Figure 13).

13. Percentage of residents who report their health is "excellent" or "very good"

	All residents	55-64 years old	65-74 years old	75+ years old
Big Stone	49%	43%	35%	26%
Chippewa	40%	47%	33%	10%
Cottonwood	53%	55%	36%	25%
Jackson	51%	59%	44%	25%
Kandiyohi	53%	52%	54%	24%
Lac qui Parle	49%	44%	38%	21%
Lincoln	44%	48%	34%	23%
Lyon	49%	49%	34%	15%
Murray	55%	42%	40%	27%
Pipestone	45%	38%	36%	16%
Redwood	51%	43%	42%	17%
Renville	44%	50%	24%	23%
Swift	39%	42%	44%	25%
Yellow Medicine	45%	40%	40%	20%

Source: *Southwest/South Central Adult Health Survey (2010)*

Chronic disease

For aging residents to maintain a high quality of life, it is important to avoid the onset of chronic disease or, if diagnosed with a chronic disease, to effectively manage the illness and its symptoms. To understand the degree to which residents are working to manage disease symptoms, a few key indicators from the Southwest/South Central Adult Health Survey are highlighted below. (See the Appendix for county-specific data).

- In all but one county, less than half (32%-55%) of residents ages 55 to 64 have been told by a doctor that they have hypertension, increasing risk of heart disease and other poor health outcomes. The percentage of residents age 75 and older diagnosed with hypertension is notably higher across all counties (57%-78%).
- Approximately half (44%-57%) of residents ages 55 to 64 have been told by a doctor that they have high blood cholesterol. In many, but not all, counties, the percentage of residents diagnosed with high blood pressure was higher among residents age 75 and older (41%-63%).
- Fewer residents have been diagnosed with diabetes or asthma. Across all age groups (55-64, 65-74, and 75 and older) in each of the participating counties, the percentage of residents diagnosed with diabetes ranged from 9 to 27 percent. Asthma rates were also fairly low, ranging from 4 to 18 percent across all age groups.

Barriers to physical activity

Increased physical activity and improved diet are two changes in behavior that can help reduce the risk of chronic disease and/or manage disease symptoms. Across all age groups, there is a need to increase physical activity levels to improve or maintain good health. However, a number of barriers can make it difficult to be physically active. Among aging residents in the region, the cost of fitness programs was more likely to be a "big problem" preventing residents from being as active as they like than a lack of programs or facilities, or concerns around exercising alone. Injuries and other long-term disabilities keep many older residents from being as physically active as they would like. Across the region, 21 to 31 percent of residents age 75 or older identified these factors as "big problems" that keep them from being physically active. (Appendix figures A6-A9).

Health care

Health care services may not be readily available in all parts of the region. The Minnesota Department of Health has designated a number of southwest Minnesota counties as Health Professional Shortage Areas (HPSA), either because the county has a large number of low-income residents (Lac qui Parle, Pipestone, Rock, Swift) or because of the low number of health care providers available to meet the needs of the county population (Cottonwood, Jackson, Lincoln, Lyon, Murray, Redwood, and Renville) (Figure 14). The entire region is considered a mental health and dental HPSA. All but two of the counties are Medically Underserved Areas and/or Populations (MUA/MUP), federally-defined categories (see Figure notes for definition)

14. Access to medical providers

	Physicians per 10,000 residents (2011)	Primary Care HPSA (2014)	Dental HPSA (2014)	Mental Health HPSA (2014)	Medically Underserved Areas/ Populations (2014)
Big Stone	13	No	Yes	Yes	Yes – MUA
Chippewa	13	No	Yes	Yes	No
Cottonwood	9	Yes	Yes	Yes	Yes – MUA
Jackson	5	Yes	Yes	Yes	Yes – MUA
Kandiyohi	25	No	Yes	Yes	No
Lac qui Parle	10	Yes	Yes	Yes	Yes – MUP
Lincoln	14	Yes	Yes	Yes	Yes – MUA
Lyon	12	Yes	Yes	Yes	Yes – MUA
McLeod	15	No	Yes	Yes	Yes – MUA
Meeker	7	No	Yes	Yes	Yes – MUA
Murray	7	Yes	Yes	Yes	Yes – MUA
Nobles	11	No	Yes	Yes	Yes – MUA
Pipestone	8	Yes	Yes	Yes	Yes – MUA,MUP
Redwood	6	Yes	Yes	Yes	Yes – MUA
Renville	5	Yes	Yes	Yes	Yes – MUA
Rock	11	Yes	Yes	Yes	Yes – MUP
Swift	5	Yes	Yes	Yes	Yes – MUA
Yellow Medicine	9	No	Yes	Yes	Yes - MUA

Source: *Board of Medical Practices, as prepared by Minnesota Department of Health Office of Rural Health and Primary Care*

Notes: *Primary Care HPSAs are areas where the provider to population ratio is less than 1:3,500. Dental HPSAs are based on a dentist to population ratio of 1:5,000, while Mental Health HPSAs are based on a psychiatrist to population ratio of 1:30,000. Medically Unserved Areas (MUAs) or Populations (MUPs) are federally designated shortage areas because of too few primary care providers, high infant mortality rates, high poverty rates, and/or high elderly population.*

Disabilities

About one-third of southwest Minnesota adults age 65 or older are living with one or more disabilities. These disabilities include hearing, vision, ambulatory, and cognitive functioning limitations, as well as problems that limit residents' ability to live independently. The percentage of residents age 65 or older that are living with at least one disability is lowest in Rock County (24.8%) and highest in Big Stone County (43.6%). However, the largest numbers of aging residents with one or more disabilities are found in some of the region's most populous counties: Kandiyohi, McLeod, Meeker, Lyon, Redwood, and Nobles (Figure 15). The presence of disabilities is important to health and wellness as it

can reduce overall quality of life, contribute to social isolation, and impact residents' ability to access resources and supports available in communities.

15. Number and percentage of residents (age 65+) who have one or more disabilities, by county

	Number of residents	%
Big Stone	536	43.6%
Chippewa	848	37.9%
Cottonwood	851	35.4%
Jackson	533	27.2%
Kandiyohi	2,186	32.9%
Lac qui Parle	555	34.9%
Lincoln	487	36.9%
Lyon	1,100	33.5%
McLeod	1,809	32.8%
Meeker	1,187	31.9%
Murray	632	33.8%
Nobles	1,098	34.6%
Pipestone	654	37.6%
Redwood	1,199	39.5%
Renville	941	33.9%
Rock	419	24.8%
Swift	660	35.3%
Yellow Medicine	639	34.1%

Source: *U.S. Census Bureau, American Community Survey (2009-2013); analysis by Minnesota Compass*

Note: *This measure includes only residents living in households, not residents of nursing homes or other group home settings.*

Social isolation

Social isolation can contribute to poor health outcomes at any age. As adults age and retire, they may experience fairly dramatic changes in their social networks. While transitions into retirement often lead to opportunities for new friendships, the loss of daily social support provided by colleagues and friends at work may be significant for some residents. As residents age, they may not feel comfortable driving or they may develop mobility problems that make it more difficult to attend community events or other social activities. As a result, social isolation can be a growing concern as residents age.

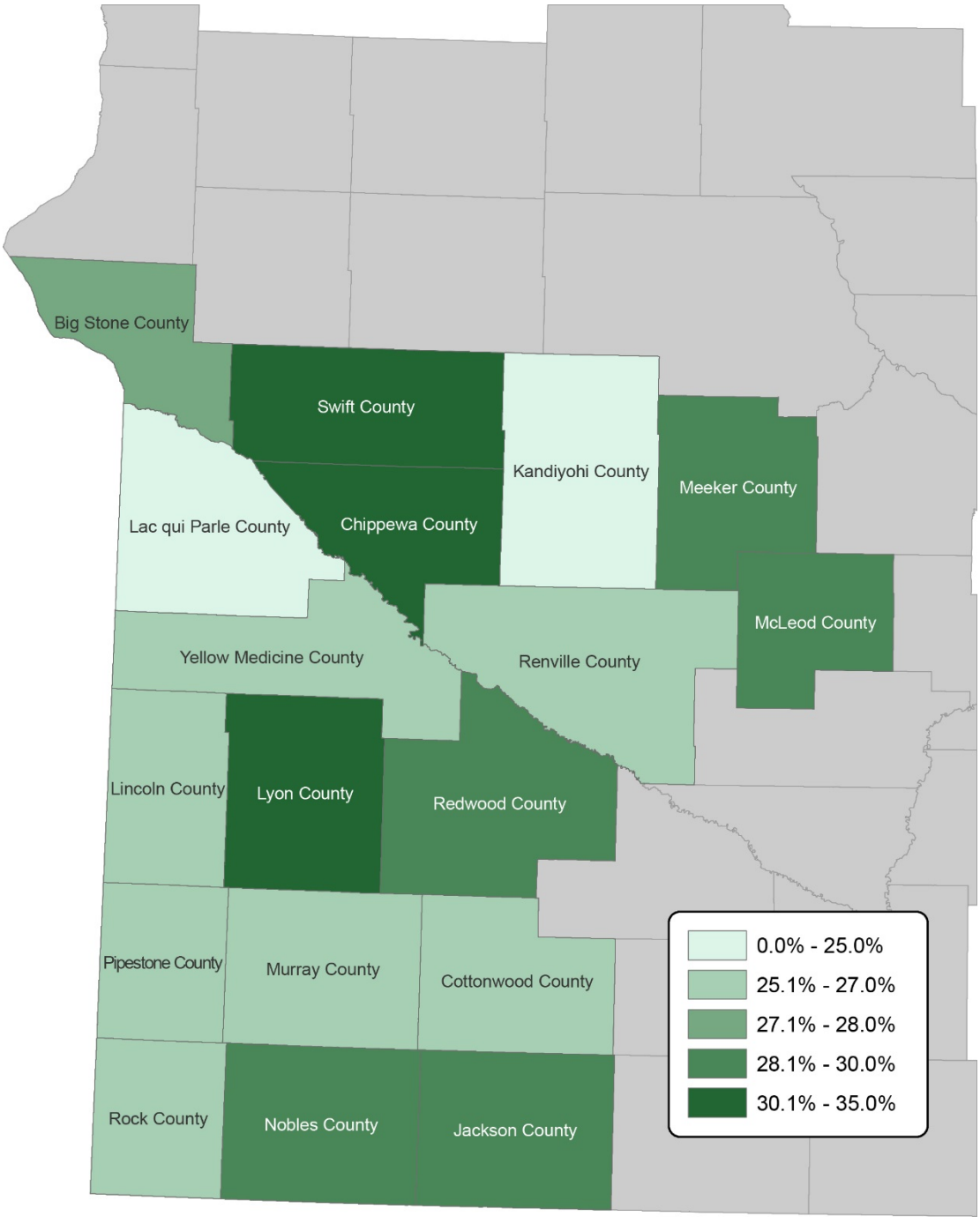
Data sources that describe the degree to which residents feel socially connected are quite limited. In most counties in the region, at least one-quarter of residents over the age of 65 live alone (Figures 16-17). While these residents may have strong social networks and feel connected to other community members, individuals living alone may be more likely to feel isolated or to have greater difficulty accessing the resources they need.

16. Number and percentage of residents (age 65+) who live alone, by county

	Number of residents	%
Big Stone	9,167	28%
Chippewa	1,698	35%
Cottonwood	1,606	26%
Jackson	994	30%
Kandiyohi	1,178	25%
Lac qui Parle	620	23%
Lincoln	455	26%
Lyon	748	30%
McLeod	228	28%
Meeker	1,667	30%
Murray	1,013	26%
Nobles	1,604	30%
Pipestone	4,777	26%
Redwood	1,579	30%
Renville	609	26%
Rock	190	27%
Swift	806	33%
Yellow Medicine	560	27%

Source: *United States Census Bureau, 5-year pooled American Community Survey estimates (2008-2012)*

17. Southwest Minnesota Initiative Foundation Counties: Percent aged 65+ living alone, 2008-2012



Source: *2008-2012 American Community Survey 5-year Pooled Estimates*

Note: *The American Community Survey produces estimates that describe characteristics of residents over a specific time period. Multi-year estimates are used to calculate reliable estimates for smaller geographies or subgroups in a population.*

Community assets and service gaps

The services and supports available to aging residents are provided through a number of sectors, including state and local government, health care, community-based organizations, and faith-based entities. Eligibility for these services and supports can vary based on individual characteristics (e.g., age, income, geographic location, disability status) and the capacity of service providers. This report does not describe the various mechanisms through which residents may be eligible for services and to receive financial support. Also, because this assessment focuses on the services and supports that help aging residents live in their own homes, the availability of some of the most intensive services (e.g., nursing homes, assisted living facilities, specialty health care) is not addressed directly in this report (Figure 18). However, it is important to note that these are an essential part of the continuum of services available to residents in the region.

18. Continuum of aging services

Less intensive →	→	→	→ More intensive
Community supports	**In-home supports**	**Specialized care, programs**	**Housing with services**
Community centers	Home modifications	Adult day health	Assisted living
Senior centers	Homemaker or chore services	Adult day health care	Memory care
Congregate meal programs	Home-delivered meals	Rehabilitation services	Adult foster care
Transportation services	Respite care[a]		Care centers
	Home care services (e.g., nursing services, personal care, help with chores)		

[a] *Respite care can be provided in-home or in other community settings.*

The availability of less-intensive services and supports across the region was assessed through a review of the service options listed through the Senior LinkAge line, reviews of recent community health needs assessments completed by local public health departments and not-for-profit hospitals, a survey of local stakeholders, and interviews with key informants.

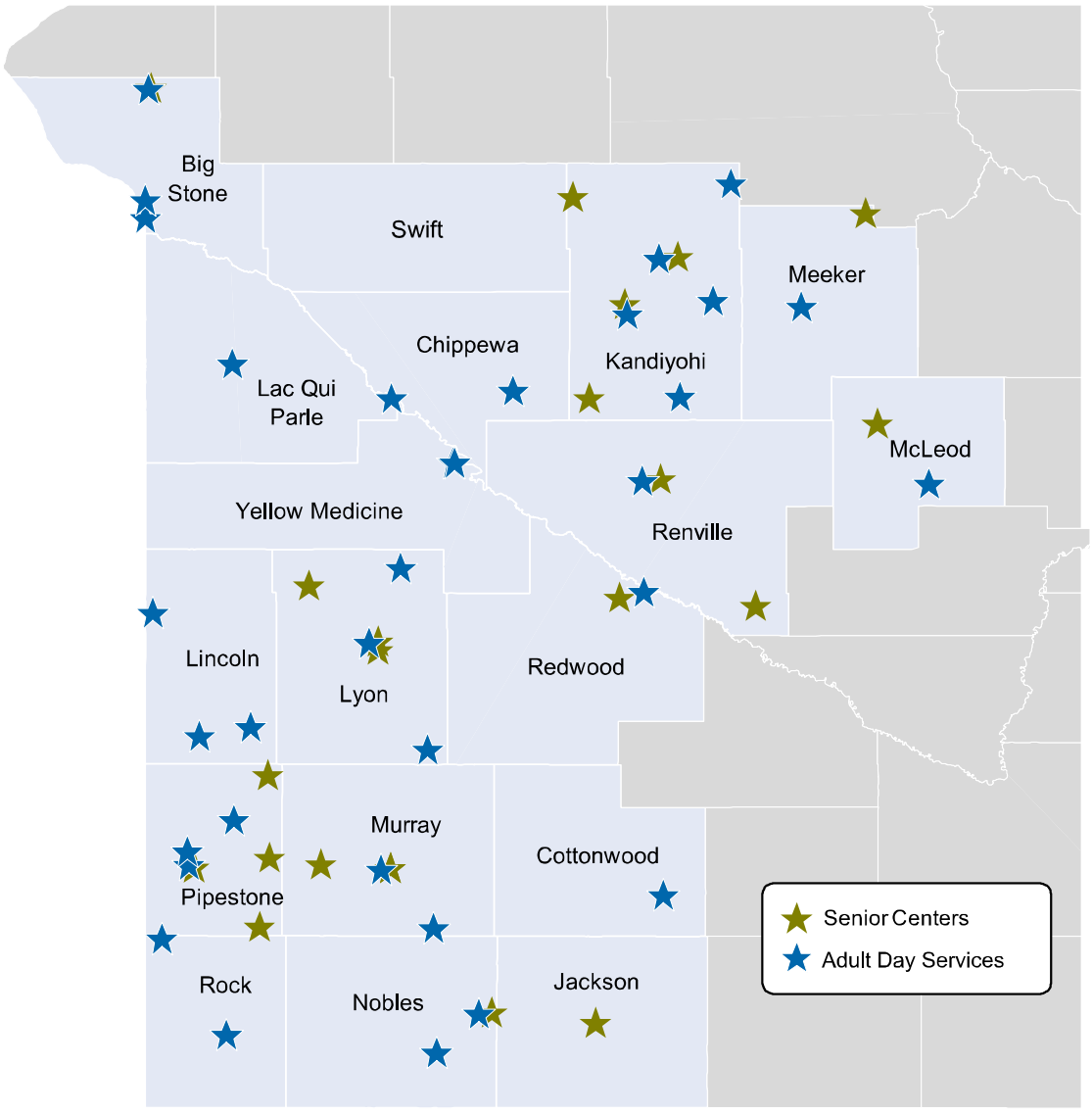
Availability of key services

Throughout the region, there is a range of services and supports to help aging residents live as independently as possible. This array of services and supports is designed to help adults live in their own homes as long as possible and to have options that allow them to receive the unique services and supports that best meet their needs. This high-level review shows that the services available in the region can vary considerably by county. For example,

there are 32 adult day health programs and 23 Senior Centers available to residents in this southwest Minnesota region (Figure 19). Although programs are available in most counties or just across a county border, it seems like most residents may be able to access programs, if needed. However, distance to the programs was a significant barrier for some residents:

> *There is [no adult day health] in our community where I live. It's a big distance to take somebody to get away for just a few hours when you have to drive over a half an hour to get someplace to leave them, and then you'd have to pick them up and that would be another half hour back to get them.*

19. Adult Day Health programs and Senior Centers available in southwest Minnesota



Sources: *Senior LinkAge Line (2014); Dun and Bradstreet business database, requested through Marketing Systems Group (2015).*

According to information retrieved through the Senior LinkAge Line, caregiver services and respite care providers are present in most counties in the region. Block nurse programs and homemaker/chore series provided by community-based organizations were not as readily available (Figure 20). While the simple presence of local service providers gives some indication of the availability of these key services and supports, this simple scan of services does not consider other factors that may influence service accessibility, such as provider capacity or individual eligibility requirements. Therefore, feedback from local stakeholders was gathered to understand strengths in the region and service gaps.

20. Services for aging residents available in southwest Minnesota

Counties Served	Block nurse	Transportation	Caregiver services	Homemaker/ chore services	Respite care
Big Stone		X[a]	X		
Chippewa		X[a]			
Cottonwood		X[b]		X	X
Kandiyohi		X[a,b]	X	X	
Lac Qui Parle		X[a]			
Lincoln		X[a]	X		X
Lyon		X[a]	X		X
McLeod		X[a]	X		
Meeker	X	X[a]	X	X	X
Murray		X[a]	X		X
Nobles		X[a]	X	X	X
Redwood		X[a,b]	X		X
Renville		X[a]	X		
Rock		X[a]	X		X
Swift		X[a.b]	X		
Yellow Medicine	X	X[a]	X	X	

Notes: *This description of available services was compiled using information available through the Senior LinkAge Line and the 2014 Transit Report, prepared by the Minnesota Department of Transportation (http://www.dot.state.mn.us/transit/reports/reports-publications/transit-report/transit-report-2015.pdf). An 'X' indicates that the service is available in the county. However, some programs are focused on communities within the county. The availability and affordability of these services may vary considerably by county and impact individual access to services.*

[a] *Public transportation options available to residents in the Southwest Initiative Foundation region. The accessibility of these services and their reach and ridership vary (Center for Rural Policy and Development, n.d.)*

[b] *Organizations providing transportations services through the Enhanced Mobility of Seniors and Individuals with Disabilities Program. The availability of these services vary by region.*

Although public transportation services are available throughout the region residents may not be aware of, or may have difficulty accessing, these services. It is difficult to assess the degree to which residents have access to key transportation services. In most counties, transportation is available during work day service hours, while evening and weekend options are more limited (Figure 21). While more flexible route options are available in a number of counties, residents in the most rural areas of the region may find it difficult or impossible to use these available transit options. Five counties in the region receive funding through the Enhanced Mobility of Seniors and Individuals with Disabilities Program to operate vans and buses to meet the transportation needs of seniors and persons with disabilities. These funds are designed to provide transportation services when public transit is not available or not accessible and to help improve the use of regular bus services and reduce dependence on dial-a-ride service (Figure 22). Other volunteer transportation services may be available throughout the region, but are not included in this report.

21. Public transportation options available for resident of counties in the Southwest Initiative Foundation region

Transit category	Name	Counties served	Service type	Hours of operation
County systems	Kandiyohi Area Transit	Kandiyohi County	Route deviation, demand response	M-F: 5:30am – 5:30pm Sat 8:00 am – 4:30pm Sun: No service
	Lincoln County Heartland Express	Lincoln County	Dial-a-ride	M-F 8:00am – 5:00pm Sat: No service Sun: No service
	Meeker County Public Transit	Meeker County	Route deviation, dial-a-ride, subscription	M-F 6:15am – 6:00pm Sat: 8:00am – 1:00pm (Oct-Mar only) Sun: 7:30am – 12:30pm
	Murray County Heartland Express	Murray County	Demand response	M-F: 8:00am – 4:00pm Sat: No service Sun: No service
	Pipestone County Transit	Pipestone County	Dial-a-ride	M-F: 7:00am – 4:45pm Sat: 9:00am – 3:00pm Sun: 8:00am-1:00pm
	Prairieland Transit System	Nobles County	Route deviation, dial-a-ride	M-F: 7:30am – 4:30pm Sat: No service Sun: No service
	Renville County Heartland Express	Renville County	Dial-a-ride	M-F: 6:30am – 5:30pm Sat: No service Sun: No service
	Rock County Heartland Express	Rock County	Dial-a-ride	M-F: 7:30am – 5:00pm Sat: No service Sun: 8:00am- 12:00pm

21. Public transportation options available for resident of counties in the Southwest Initiative Foundation region (continued)

Transit category	Name	Counties served	Service type	Hours of operation
Multi-county systems	Prairie Five Rides	Big Stone, Chippewa, Lac Qui Parle, and Yellow Medicine Counties	Dial-a-ride, volunteer	M-F: 6:00am – 6:00pm Sat: No service Sun: No service
	Trailblazer Transit	McLeod and Sibley Counties	Dial-a-ride, volunteer	M-F: 6:30am – 5:30pm Sat: No service Sun: No service
	Western Community Action	Jackson, Lyon, and Redwood Counties	Route deviation, demand response	M-F: 5:45am – 9:00pm Sat: 8:30am – 6:15pm Sun: 8:00am – 4:00pm
Small urban systems (population under 10,000)	Benson Heartland Express	City of Benson (Swift County)	Dial-a-ride	M-F 7:00am – 5:00pm Sat: 8:00am – 12:30pm Sun: 7:30am-12:30pm
	Granite Falls	City of Granite Falls (Chippewa, Renville, and Yellow Medicine Counties)	Dial-a-ride	M-F: 6:30am – 5:30pm Sat: No service Sun: 7:00am – 12:00pm

Notes: *"Demand response" or "dial-a-ride" services provide door-to-door or point-to-point services at the user's demand. "Route deviation" services operate along a standard route, but may deviate to respond to service demand or to take a person to a destination that is not along the route. Check local transit schedules for current hours of operation and route details.*

Source: *Adapted from the Minnesota Department of Transportation 2014 Transit Report (February 2015), available from: http://www.dot.state.mn.us/transit/reports/reports-publications/transit-report/transit-report-2015.pdf*

22. Organizations providing transportation services through Enhanced Mobility of Services and Individuals with Disabilities Program

Organization name	City	County
Central Community Transit Joint Powers Board	Willmar	Kandiyohi County
Cottonwood County DAC	Windom	Cottonwood County
Service Enterprises, Inc. of Minnesota	Redwood Falls	Redwood County
Swift County Develop Achievement Center	Benson	Swift County

Source: *Adapted from the Minnesota Department of Transportation 2014 Transit Report (February 2015), available from: http://www.dot.state.mn.us/transit/reports/reports-publications/transit-report/transit-report-2015.pdf*

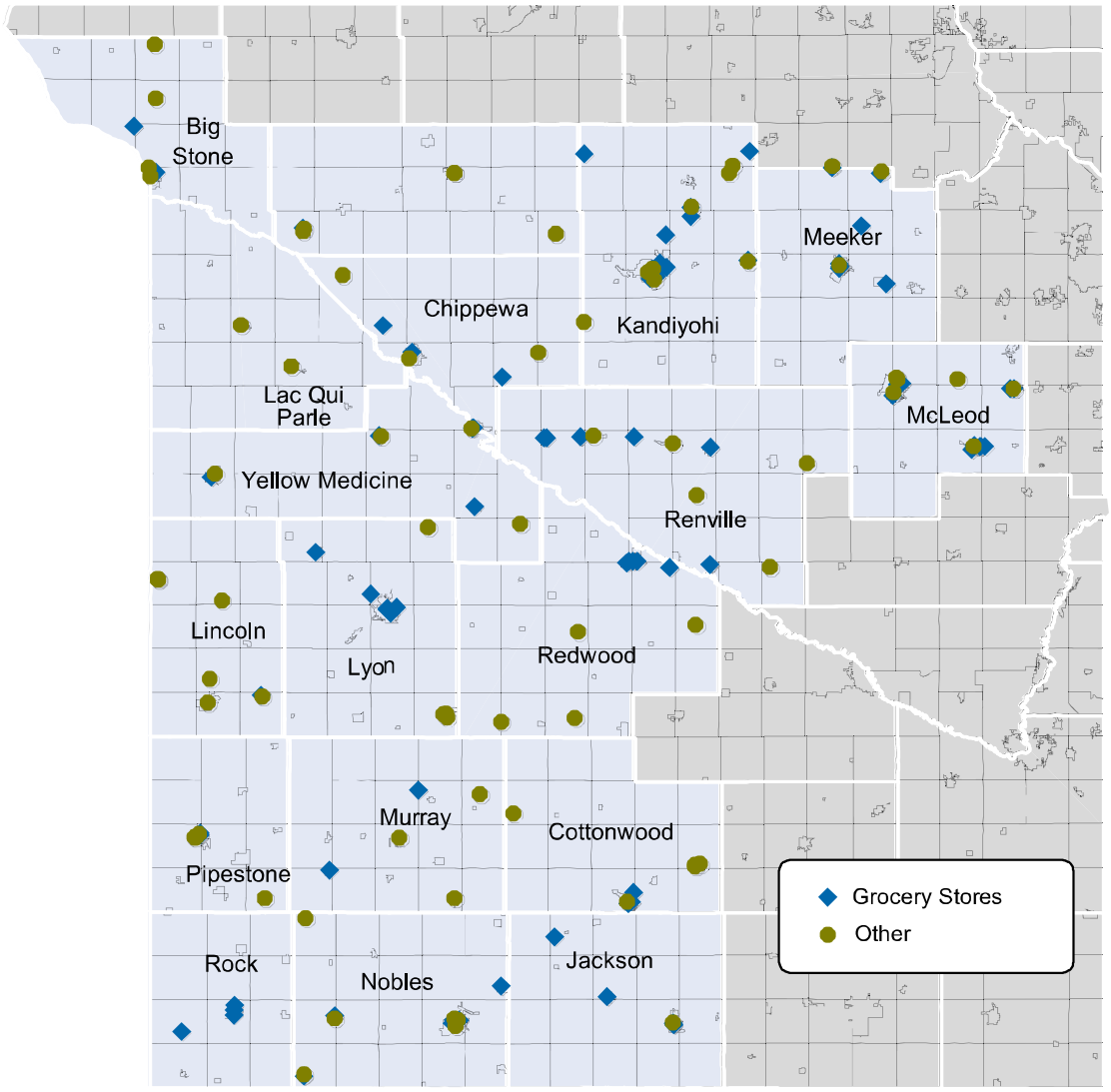
The transportation needs of residents, key destinations, and opportunities for coordination are assessed regularly to guide regional planning efforts.[1] Although a public transportation system cannot provide flexible door-to-door service for all residents, aging residents who could benefit from these available services may have difficulty or feel uncomfortable using pubic transportation. A variety of factors, including awareness of services, cost, comfort level using public transportation, and geographic boundaries of transportation options, may contribute to low use of public transportation among residents who live in areas where transportation options are most readily available.

Home-delivered meals and congregate dining programs may be most important in communities without local grocery stores or other places to purchase healthy foods. Business records were used to identify the location of grocery stores and other food retail stores, including convenience stores, gas stations, and meat markets.[2] Grocery stores are available in all but one county in the region (Figure 23). However, some residents need to travel considerable distances to reach these stores. The map also shows that there are a number of smaller cities and townships in the region that do not have any places to purchase groceries.

[1] Local Human Service Transit Coordination Plans are developed to improve transportation services to meet the needs of aging residents, persons with disabilities, and persons with low incomes. These plans are prepared by Minnesota's Regional Development Commissions with input from local stakeholders representing multiple sectors. The most recent plans for counties within the Foundation's geographic area of interest are available online:
Region 8: http://www.coordinatemntransit.org/regionalplans/2011/documents/Region8_2011.pdf
Region 9: http://www.coordinatemntransit.org/regionalplans/2011/documents/Region9_2011.pdf

[2] Observational assessments were not conducted to determine the types of food were available in these other types of food retail stores. Fresh produce, for example, may not be available for sale at all of these locations.

23. Location of grocery stores and other food retail stores in southwest Minnesota



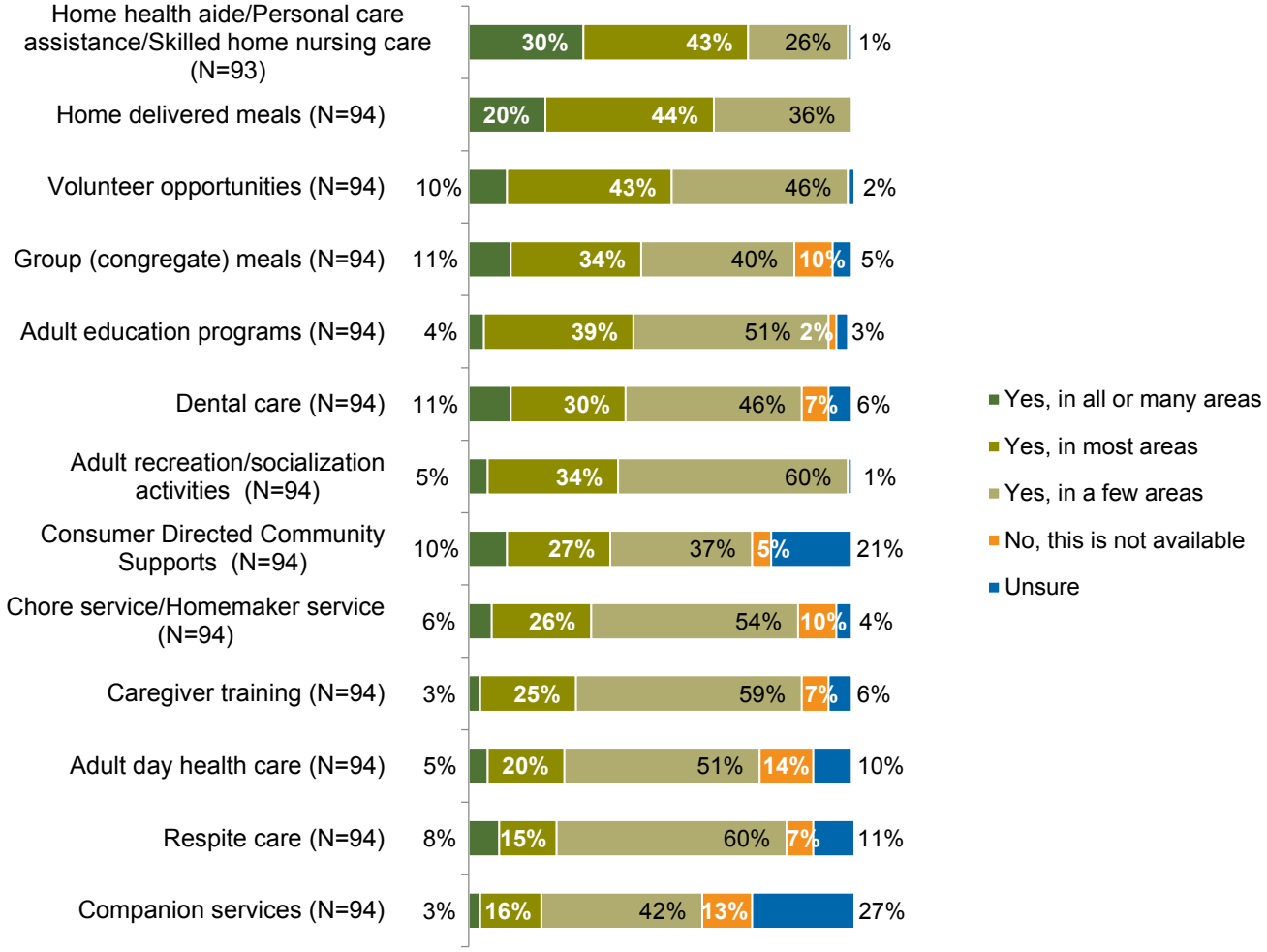
Source: *Dun and Bradstreet business database, requested through Marketing Systems Group (2015).*

Over half of survey respondents reported that home health services, home delivered meals, and volunteer opportunities were available in "many" or "most" areas in the region. Fewer respondents felt that congregate dining (45%), education programs (43%), dental care (43%) were available in at least "most" areas (Figure 24).

Less than one-third of respondents reported that caregiver training services, adult day health care, respite care, and companion services were available in "many" or "most" areas in the region. The responses also suggest that there may be a lack of awareness of some key types of services available to aging residents. At least 10 percent

of the respondents were unsure about the availability of adult day health programs (10%), respite care (11%), companion services (27%), and Consumer Directed Community Supports (21%) in the region. It is important to note that more than 20 percent of respondents were "unsure" about the availability of companion services and Consumer Directed Community Supports, potentially suggesting a need for efforts that increase awareness of the services available.

24. Availability of services and supports for aging residents (N=93-94)



To determine whether the limited availability of services identified in the aggregate responses were the result of significant service gaps found in a few areas, the survey responses were also analyzed by county. Overall, there were relatively few differences between counties. Instead, variation was found in the responses provided by stakeholders within each county. This may reflect the varied geography within counties; services may be more readily available in larger towns than in the most rural areas of each county.

Respondents who work in the most rural areas in the region may be more likely to identify service gaps.

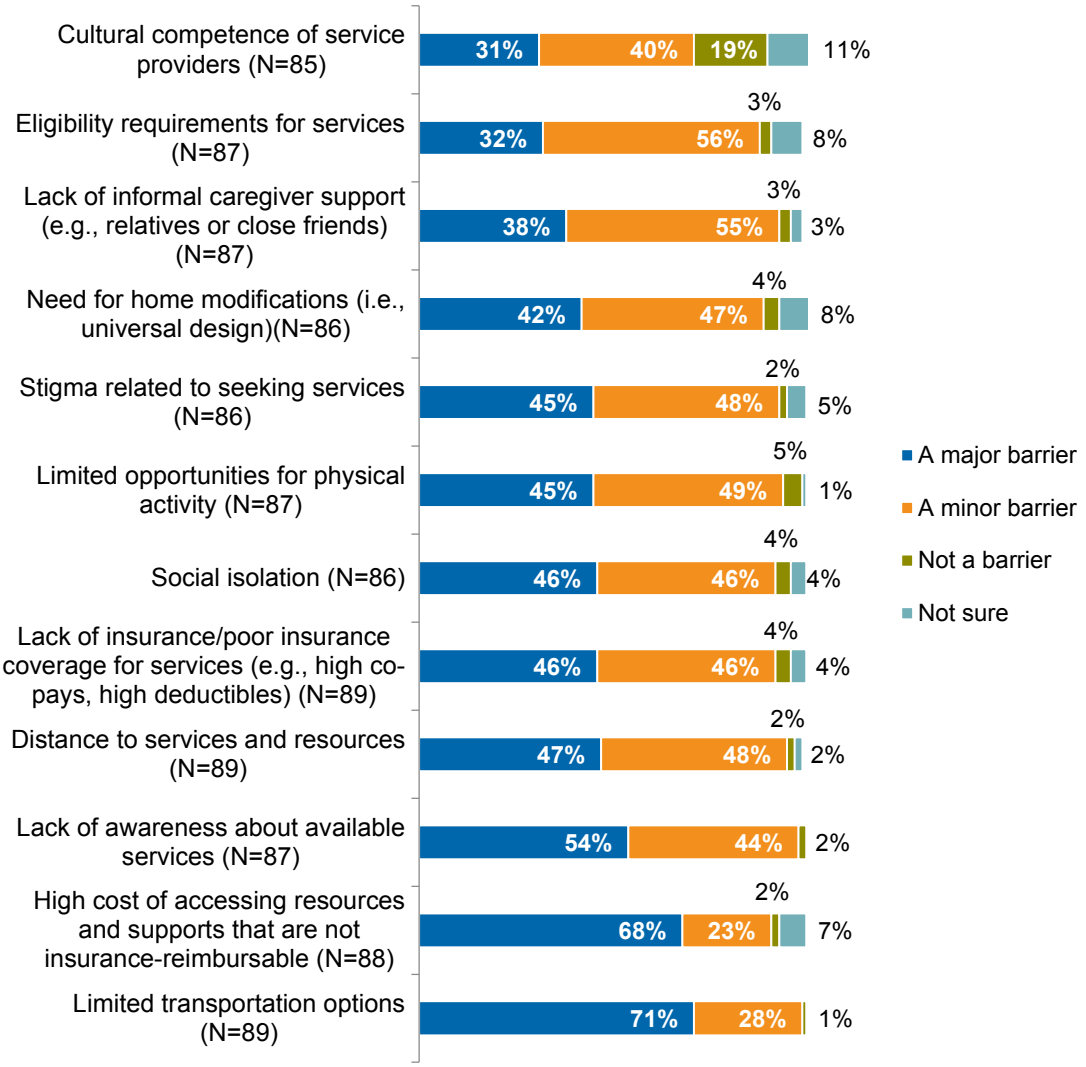
Survey respondents felt it was important to expand a number of services, including affordable transportation options, in-home services, and opportunities for socialization. When asked to identify the services and supports that would be most helpful in helping residents in the region maintain a high quality of life, a wide range of suggestions were offered. Many respondents suggested expanding transportation services and improving their flexibility, increasing home care and chore service options, and providing more opportunities for socialization (Appendix figure B1). Somewhat fewer survey respondents noted a need for more adult day health services, health care services including dentistry, meal programs, education programs, caregiver support, housing options, and opportunities for physical activity.

One local stakeholder who participated in the key informant interview observed that the number of congregate dining programs was decreasing across the region, with many small towns no longer offering that service. Multiple stakeholders shared concerns that as services close in smaller communities, residents in the most rural areas of the region will have diminishing access to key services and supports.

Barriers to accessing services and supports

Seventy-one percent of respondents identified limited transportation options as "a major barrier" to accessing services and supports in the region. Over half of the respondents also identified the high costs of accessing resources and supports that were not reimbursable through insurance (68%) and the lack of awareness about available services (54%) as "a major barrier" to accessing services (Figure 25). Although somewhat less common, over one-third of respondents identified limited insurance coverage (46%), social isolation (46%), limited opportunities for physical activity (45%), stigma (45%), need for home modifications (42%), and lack of informal caregiver support (38%) as major barriers to accessing services.

25. Barriers to accessing key services and supports for aging residents (N=85-89)



Note: *Other barriers identified by respondents included: coverage for services not reimbursed by Medicare, lack of skilled in-home providers, and limited time and funding for outreach.*

Although a number of suggestions were offered, there was no clear consensus on the strategies that should be used to address these access barriers. The survey respondents suggested expanding transportation services, improving service coordination, increasing awareness of existing services, improving personal financial planning, changing health care service delivery, minimizing social isolation, and improving cultural competency (Appendix figure B2). Stakeholders who participated in interviews highlighted examples of work being done to reduce transportation barriers. For example, one local food shelf delivers food to aging residents, removing the transportation barrier and also reducing concerns about stigma. A residential provider noted that they are bringing more medical services to their location, such as blood draws and on-site physician visits.

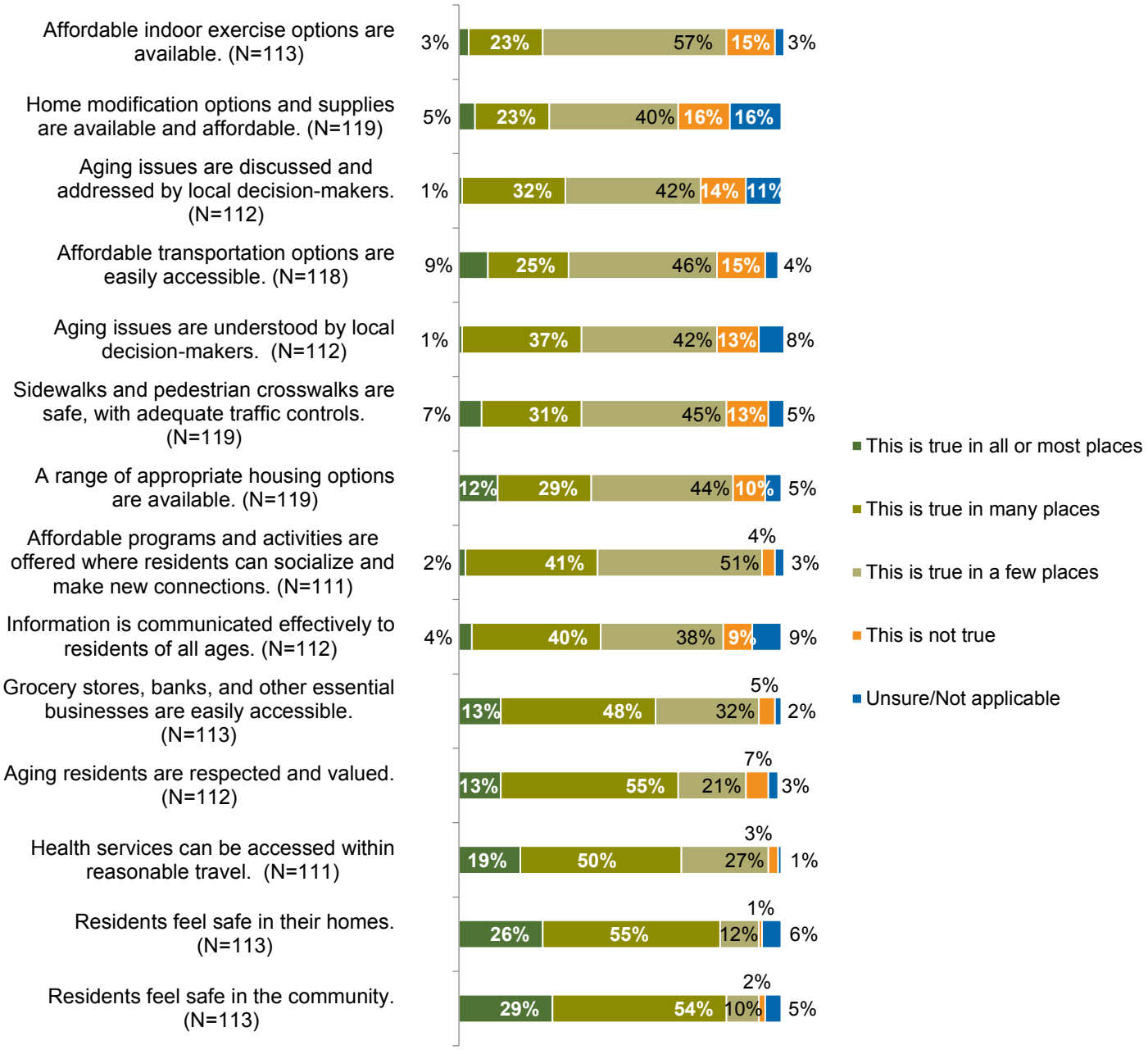
> *[To reduce transportation as a barrier, consider] coordinating transportation with senior events so that the cost of services plus transportation is not a barrier to getting out with others (e.g., offer reduced rate to senior dining/senior center [attendees paying for transportation to the activity]).*

Characteristics of age-friendly communities

A sense of safety, access to key services, and respect for aging adults are characteristics of age-friendly communities that are most readily available across the region. Over 80 percent of the survey respondents felt that residents felt safe in their communities (83%) and in their homes (81%) in "many" or "most" places in the region (Figure 24). A majority of respondents also felt that health services (69%) and grocery stores/other essential services (61%) were reasonably accessible in "many" or "most" places, and many respondents (68%) also felt that aging residents were respected and valued.

Respondents saw a need for more awareness of aging issues among decision makers and identified multiple ways that communities could change to become age-friendly. Relatively few respondents felt that affordable indoor exercise options (26%), home modification services (28%), and affordable transportation services (34%) were available in "many" or "most" places in the region (Figure 26). Relatively few respondents also felt that decision makers understood (38%) and took action to address (33%) aging issues in "many" or "most" areas of the region.

26. Availability of age-friendly community characteristics (N=111-119)



Survey respondents identified a number of barriers to creating age-friendly communities in the region. Limited transportation and the distance between services were most often identified as barriers. However, respondents identified a number of barriers, including a need for better outreach and marketing strategies and flexible funding options, government regulations, and workforce capacity (Appendix figure B3).

When asked to identify the changes they would like to see to make the region a better place for aging residents to live, there were many general suggestions for improved transportation, expanding housing options, improved health care, and increased opportunities for socialization. Some of the respondents also offered more detailed suggestions to change how services are delivered. All suggestions offered are included in Appendix figure B4.

> *In working with the young elderly, I have found that there are many that would like to participate in activities/work, but are deterred by funding and transportation. Many community activities that would be of great benefit are in the evening, which poses a problem with transportation. It would be amazing to have "service nights" that could partner with others to provide transportation (i.e. transportation by faith community volunteers).*
>
> *I have heard of an idea that people bartered with one another for help within their homes. People share in the idea and use their life long skills to help one another live in residential neighborhoods. Carpenter skills are traded for cooking skills. Plumbing skills for caregiver skills. Instead of building institutions which are very expensive to maintain, how about focusing on neighborhoods that work together and are more affordable to live in?*
>
> *A resource area in each community where there is a place for the elderly to go to get help filling out government forms online; this would include staffing at the place, so the seniors could have support. (Libraries have computers, but the librarians aren't allowed to assist with a lot of this.)*

Opportunities and challenges

Current initiatives

Community health needs assessments completed by local public health departments and hospitals were reviewed to learn more about work already taking place in southwest Minnesota to improve the health and quality of life for aging residents. Under the Affordable Care Act, all not-for-profit hospitals are required to conduct community health needs assessments every three years to guide their community-based work to improve population health. Assessment results and implementation plans for 15 hospitals in the region were available on the hospital websites. Twelve of these hospitals identified community health needs related to aging adults as important themes or priorities in their community health needs assessments, with five of these hospitals identifying specific strategies to address these needs in their hospital's implementation plan (Figure 27).

27. Planned efforts among hospitals to address the health needs of aging residents in southwest Minnesota

Hospital (County served)	Intervention strategies under consideration
Sanford Health – Worthington (Nobles)	Conduct an assessment to determine the health needs of aging/elderly residents that includes feedback from residents and key agencies
Hendricks Community Hospital Association (Lincoln)	Consider need for additional: a) medical providers who serve aging residents; b) community exercise/physical activity options; and c) services for aging residents
Granite Falls Municipal Hospital and Manor (Chippewa, Lac qui Parle, Renville, Yellow Medicine)	Provide outreach and education to aging residents on services available through existing resources (e.g., Area Agency on Aging, Senior LinkAge Line)
Avera Marshall Regional Medical Center (Lyon)	Consider the need for additional services for aging residents, including memory care, adult day health, home health services, hospice services, and care coordination/navigator services
Avera Tyler Healthcare Center (Lincoln)	Increase outreach, health education, and preventive services (e.g., health screening, nutrition education) to residents age 50+ to promote continued wellness and independent living

Local public health agencies also conduct community health needs assessments every five years to identify the most pressing health needs impacting community residents and to develop a plan to address these concerns. These plans are due to be released in this calendar year and a review of these plans may help identify opportunities to coordinate

efforts. Six Community Health Boards (CHBs) [3] comprise the local public health system in southwest Minnesota and each will determine its own priorities and intervention strategies. While specific aging concerns may not be called out as a priority in their 5-year implementation plan, all public health agencies support the needs of aging residents directly using a variety of services, such as block nurse programs or other in-home and community-based health services. In addition, their efforts to address high-priority health conditions, such as heart disease, include strategies that will improve the health of all residents, regardless of age.

Local stakeholders who responded to the survey or participated in a key informant interview also identified a number of current initiatives in place to address concerns of aging residents (Figure 28). While this list may not be exhaustive, this information can be used by the Foundation to identify opportunities to coordinate efforts, as well as to help avoid potential duplication of services. It should be noted that this list is a starting point; the assessment did not include further exploration of the initiatives identified.

28. Initiatives in place across the region to support aging residents, as identified by local stakeholders

Community served	Respondents' brief description of current or planned effort(s)
Kandiyohi County – Atwater	Block nurse program with growing church involvement.
Lyon County - Marshall	The Big Buddies program in Marshall works with the senior center and assisted living facilities to bring raised gardening opportunities to people who would like to garden but are not mobile enough to access community gardens operated by the city.
Meeker County - Watkins	Caregiver support group meetings are currently available. Hilltop Health Care Center hosted a Chronic Disease Management group.
Redwood County	Redwood Dementia group is conducting surveys to develop strategies that bring more awareness to the community around Alzheimer's and the affect it has in the community. A new home health care service at Country View Senior Living in Walnut Grove.
Renville County	Renville County Hospital is building a new facility. It would have been great if an entirely new nursing home could have been part of the plans also. Working on some community trails/active living, addressing some of the food desert areas, and brainstorming on solutions. Renville County Alzheimer's Group has been more active with education and support Olivia is hosting an elderly cooking class with topics including: cooking for one, safe storage of left overs, saving energy while cooking.

3 Community Health Boards (CHBs) are the governing local public health authority in Minnesota. Because the Local Public Health Act requires each CHB to serve a population of at least 30,000, a number of CHBs in southwest Minnesota include multiple counties. The six local CHBs include Countryside Health and Human Services (Big Stone, Chippewa, Lac qui Parle, Swift, and Yellow Medicine), Des Moines Valley CHB (Cottonwood and Jackson), Kandiyohi-Renville CHB, Meeker-McLeod-Sibley CHB, Nobles CHB, and Southwest Health and Human Services (Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock).

28. Initiatives in place across the region to support aging residents, as identified by local stakeholders (continued)

Community served	Respondents' brief description of current or planned effort(s)
Swift County - Benson	The assisted living facility ad hoc work group is in place and been working for past 5-6 months. Memory Loss work group has been in existence for 2 years; its purpose is to educate and communicate with the community and caregivers on dementia, Alzheimer's, and other similar conditions.
Multiple counties (Cottonwood, Lincoln, Lyon, Murray, Nobles, Redwood, Rock)	ACE of southwest Minnesota provides volunteers services, a caregiver respite program, caregiver support groups, evidence-based programming sessions, telephone reassurance services, and peer counseling services ACE of SW Minnesota is a volunteer based program that helps older adults stay engaged to their communities through volunteerism. They also offer respite care and caregiver education through a class called Powerful Tools for Caregivers, an evidence-based curriculum. Chronic Disease Self-Management and A Matter of Balance is also offered in our area through this program. All classes are open to the public and fee is based on ability to pay. These classes have been offered with limited participation. All classes can be helpful to extend one's ability to stay at home longer.
Multiple counties	Veterans are reached through Home-based Primary Care out of the Community Based Outreach Clinic in Spirit Lake, IA. SW Center for Independent Living program in connection with the Area Agency on Aging out of Marshall and Mankato and the VA Medical Center in Sioux Falls.
Not specified	Caregiver peer support services. Person Centered training has been a big priority and the focus on client choice and input. [We have been] helping providers implement changes in practices with hopes of more training to be held in the future. Our local clinic puts a lot of effort in calling their elderly patients and following up with them. We are doing palliative care and a dog therapy program.

Opportunities

History of cooperation

A number of stakeholders interviewed discussed ways that they worked with others to address the needs of aging residents through formal partnerships, as well as informally, because of the shared value placed on collaboration. A few stakeholders saw opportunities for increased collaboration between health care organizations and community-based organizations to improve the accessibility of medical services and to provide more holistic services and supports that promote health and wellness.

> *I think one of the beauties of being in small rural communities…[is that] we, as service providers, play well in sand box together. When there are needs that arise we work together.*

Interest in shared planning

Local stakeholders identified a number of different organizations that have conducted recent surveys or assessments to understand the needs of residents, including aging adults. Some stakeholders expressed interest in some coordinated planning efforts to set a vision for their collective work to improve services for aging residents and clarify the contribution that each individual agency can play to help achieve those goals. One stakeholder noted the importance of gathering data that can help inform strategy and monitor the impact of any new initiatives.

> *Too often we are separate and not working together as best as we can. [We] need to all come to the table and discuss how we can do this and start working on a long range plan.*

Existing programs

As shown in the previous section, there are a number of services and supports available to aging residents throughout the region. Block nurse programs, for example, help residents address their health holistically. Local stakeholders also identified classes available to residents and caregivers and various food and meal programs as community assets. Some programs such as a "foster grandparent program" that provides opportunities for aging residents to assist in Head Start (early education) classrooms are unique to a specific community and serve as an example of local innovation to address community concerns. One stakeholder also noted communities are making changes to their sidewalks and walking paths to increase safe options for walking. Farmers markets are also becoming more common in the region, providing residents with another option for affordable and healthy foods. While existing programs provide opportunities for expansion and replication, stakeholders were also quick to note that these opportunities are not equally available to residents from different parts of the region, with varied access to reliable transportation and wide-ranging levels of income.

Wisdom of aging residents

Both in examples of local initiatives and when reflecting on the needs of aging residents, some local stakeholders pointed out the opportunity to draw on the wisdom and experience of aging residents. Intergenerational opportunities, in particular, were seen as a way for aging residents to both share their experiences with youth and younger adults and to receive various types of support. These mutually beneficial relationships may be much more rewarding than interactions that consider aging adults as a recipient of volunteer services.

> *Too often, aging members of the community are seen not as assets but as liabilities, they are older and they have needs and problems. I think there's another side to the equation, people of age have a life experience and acquired wisdom…I think that doesn't often times get used.*

Potential challenges

Difficulty reaching residents

Local stakeholders identified a few key groups of aging residents who they had the most difficult time reaching through their organizations. These included residents who live alone in the most rural parts of the region (i.e., living on farms), elderly residents from communities of color, and aging veterans. They noted that when these residents are unable to drive, barriers to services can be even more pronounced.

Stigma

Local stakeholders noted that even when services and supports are available in communities, aging residents may not be willing to accept assistance. Some stakeholders noted that many residents do not want others to know that they are eligible for services available to low-income residents and take pride in handling things independently. Some stakeholders, noting that stigma around food support and transportation was quite high, identified some ways they have tried to alleviate concerns by changing the way services are provided. For example, one stakeholder suggested that offering socialization, physical activity, or learning activities before or after congregate meals might be a way to focus services on building connections, rather than receiving food support.

> *In Wilmar specifically, their food shelf is very proactive and has volunteers deliver food to the elderly or disabled that can't make it to the food shelves. It also saves that stigma of going to the food shelves. Also, with the SNAP outreach program, we are working with seniors going to living complexes and let them know about changes in how to apply for services. They don't have to go to the county building, we can come out to their house, and they can do a phone interview.*

Lack of volunteers

A number of stakeholders discussed the challenges they faced in recruiting volunteers to help provide services and supports to aging residents. Stakeholders were particularly concerned about their ability to help residents who do not have family nearby and who are otherwise isolated in their homes. One stakeholder suggested that volunteers are hard to recruit because they are busy and committing their time to other interests. Distance can also be a barrier to volunteering in more rural areas of the region.

> *It would also be nice to see younger volunteers to help out – I don't know how you have seen that situation. I received calls from my church and services to try to get volunteers, and we are just not getting the volunteers that we need.*

It is important to note that increased volunteerism won't fully meet the needs of aging adults, particularly adults with ambulatory or other disabilities who require additional support or more skilled care.

> *I wish that there were places where somebody who has a disability could go and have things to do. I know you can go play cards at the senior center but a place that if I needed to get out I could take my husband or somebody can come and get him, or come into our home other than a volunteer.*

Support for caregivers

Although the assessment did not directly ask local stakeholders about the needs of caregivers, a number of people identified limited support for caregivers and few respite options as challenges in the region. While adult day health programs can provide much needed respite for some caregivers, the distance to some programs makes the services unappealing for others who would benefit from the support.

> *There needs to be more community awareness and education about caregiving. Many people do not know what a caregiver is. Even some caregivers do not realize the role they have taken on, and the stress and health problems that can result from being a caregiver…Our region of Minnesota, with so many elderly people, needs a real caregiver awareness campaign!*

Potential directions

Regional data show that southwest Minnesota has is a large and growing older adult population and that there will be new challenges in meeting their growing needs. In some communities, a quickly growing culturally diverse population will be the primary work force in place to support residents as they age. In small communities and in more rural areas of the region, local stakeholders have already seen declines in the number of congregate meal programs and there is concern that as distance to services and supports increases, aging residents may become increasingly isolated. Local stakeholders identified high needs for improved transportation, as well as increased home accommodation options and in-home health and chore services. However, it was also clear that more work is needed to help aging residents become aware of the range of services available to them in the region and to consider ways to provide these services in ways that do not contribute to stigma.

Feedback from local stakeholders gathered through the assessment also show strong interest in working collaboratively to build on existing resources and address these challenges. The following key themes emerged through the assessment and could be used to guide future efforts:

- **Greater familiarity with characteristics of age-friendly communities and how they can be achieved can help local stakeholders refine their vision for the region.** While the concept of age-friendly communities may not be widely understood by the broader public and local stakeholders. For example, when asked to identify features of age-friendly communities or strategies that could be used to create age-friendly communities, many of the responses focused on improving access to key services, but other characteristics were not discussed. Building a knowledgebase around this concept can help broaden the perspectives of local stakeholders about changes that can improve health and help residents of all ages see the relevance of this work on their health. It may be helpful, for example, to encourage local communities or grant applicants to complete a self-assessment of their community to refine their intervention strategies. (See the Resources section for a sample checklist and other key reference materials).

- **Different types of volunteer opportunities may be needed to offer key supports to aging residents and to foster intergenerational connections.** A number of stakeholders noted growing difficulty finding volunteers for various aging services and supports, some observing that younger residents offer their time to be involved with other types of efforts. It may be helpful to find ways to convene residents of all ages together around shared interests to support connections.

- **Transportation is an issue that needs to be addressed, either as an area of focus in itself or when developing strategies in response to other service gaps and regional concerns.** Although transportation services are in place across the region, some residents may not be familiar with these services or comfortable using them. More outreach may be needed to help residents learn how to use these services or to consider the need for improved bus shelters and connections from individual homes to designated transit stops in key communities. Local stakeholders also thought expanded services with more flexible options are needed to help residents continue to be active and engaged in their communities. Suggestions for expanding flexible transportation options included: new taxi services; increased volunteering, particularly through faith-based organizations; and expansion of existing transportation services to include evening and weekend hours, as well as travel across a broader geographic area, including into South Dakota.

  To increase the number of volunteer drivers, it may be important to find resources for mileage reimbursement. State and/or federal funds could potentially allow for mileage reimbursement for specific types of services. Some not-for-profit organizations have focused their fundraising efforts to provide mileage reimbursement for volunteer drivers. The Foundation could play a role in both encouraging organizations to include strategies to reduce transportation barriers in grant applications, as well as working with other groups to establish a more reliable source of funding for this critical support.

- **Education and support for caregivers could be expanded throughout the region.** Although some communities in the region have support groups and respite services available to caregivers, these types of supports were not readily available throughout the region. A number of local stakeholders also identified a need for more education and awareness around early signs of Alzheimer's or dementia.

- **Communication of any new initiatives should also inform and encourage residents to access services through existing programs.** Local stakeholders did feel that aging residents may be unaware of the types of services available to them, as well as the process they can follow to access these services. Any new initiatives focused on aging, should also include sharing information to increase awareness of services already available in the region, including caregiving services. Underutilization can threaten the sustainability of any type of service. Ongoing work with key partners, such as the Minnesota River Area on Aging, may be needed to coordinate messages that reduce the stigma associated with some services and increase participation.

- **Effective outreach and engagement strategies to reach isolated aging adults will look notably different across the region.** In counties such as Nobles and Kandiyohi with larger cities and greater cultural diversity, residents of color, particularly non-

English speaking residents, may be less likely to be aware of and use available services. Outreach and engagement strategies that are most effective in reaching these residents may not work as well with aging residents who live alone on farmsteads or in the most rural areas of the region, another group local stakeholders identified as difficult to reach. Faith communities and culturally-specific organizations may have important connections to these communities, and could be important partners in this work.

- **Sustainability is critical.** A number of stakeholders identified limited funding as a barrier to services being in place to address the needs of aging adults. Longer-term funding and deliberate sustainability planning may be needed to ensure any new programs can be maintained in the community beyond a grant funding cycle. In addition, because some seniors are hesitant to ask for help or feel there is a stigma associated with receiving services, it is important to establish programs and initiatives that residents can trust. One of the local key informants also noted that local organizations need support for ongoing operations expenses, rather than grant funding to support new programming.

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Resources

Age-friendly community checklist

Adopted from: World Health Organization's "Checklist of essential features of age-friendly cities" (n.d.);

Topic area	Self-assessment question(s)
Housing	Does the community have affordable housing options available (i.e., residents spend less than 30 percent of their income on housing)?
	Are skilled, reasonably priced home modification and repair services available to residents?
	Does the community provide services for older and disabled residents (e.g., snow shoveling, trash pick-up)?
	Are assisted living options available and affordable to a broad range of residents?
Planning and zoning	Does the zoning code allow for flexible housing arrangements (e.g., homesharing, accessory dwellings)?
	Does the zoning code allow mixed-use and pedestrian-friendly developments in appropriate areas?
	Does the community's comprehensive plan take into account an aging population and needed adjustments to accommodate this trend?
	Can residents safely and conveniently get necessary goods and services without having to drive?
	Do most residents understand the process used to make planning and development decisions and feel it is applied fairly?
Transportation	Are varied types of community transportation options available?
	Can most residents walk or use a community transportation option to get to a grocery store, doctor's office, and pharmacy?
	If public transportation options are available, are bus stops enclosed and designed with places to sit?
	Have community transportation services incorporated programs and plans to increase ridership by older adults?
	Has the community audited key areas for walkability and developed local pedestrian plans based on these audits? Has transportation funding been dedicated to these projects?
	Are comprehensive land use plans coordinated with transportation planning?
Health and support services	Is there at least one primary care physician for every 1,000 residents (of all ages)?
	Are inexpensive transportation services offered to and from health care facilities?
	Can residents easily find out about and participate in exercise and wellness programs?

Topic area	Self-assessment question(s)
Public Safety	Do most older adults say they feel safe living in the community?
	Do law enforcement, fire department employees, and other first responders receive training on how to be sensitive to the changing needs of adults as they age?
Civic engagement and volunteer opportunities	Is there a central clearinghouse that people can visit or call to learn about volunteer opportunities?
	Do older adults commonly serve on government advisory boards and other committees?
	Do local nonprofits and other community organizations provide meaningful volunteer opportunities suited to older adults?
Lifelong learning	Does the library in the community have a program to deliver books/other media to people in their homes?
	Do community centers or other public facilities offer informational programs on topics of interest to older adults?
	Are the opportunities in the community where older adults can continue learning?
	Is it easy for residents of all ages, backgrounds, and cultural interests to participate actively in the civic and cultural life of the community?

Other checklists, planning tools:

AARP: Network of age-friendly communities tool kit
http://www.aarp.org/livable-communities/network-age-friendly-communities/

Government of Alberta, Canada: Building age-friendly communities
http://www.ifa-fiv.org/wp-content/uploads/2015/03/11-AF-Checklist-Alberta.pdf

World Health Organization: Checklist of essential features of age-friendly cities
http://www.who.int/ageing/publications/Age_friendly_cities_checklist.pdf

Appendix

Additional tables

Measures of health, health behavior

A1. Percentage of residents told by a doctor that they have hypertension

	All residents	55-64 years old	65-74 years old	75+ years old
Big Stone	39%	40%	70%	64%
Chippewa	41%	55%	60%	75%
Cottonwood	35%	32%	69%	57%
Jackson	31%	39%	51%	67%
Kandiyohi	28%	43%	53%	61%
Lac qui Parle	40%	41%	58%	73%
Lincoln	39%	49%	61%	78%
Lyon	28%	39%	50%	76%
Murray	35%	46%	59%	72%
Pipestone	30%	48%	57%	59%
Redwood	34%	44%	63%	71%
Renville	34%	45%	65%	72%
Swift	38%	57%	60%	60%
Yellow Medicine	32%	54%	42%	67%

Source: *Southwest/South Central Adult Health Survey (2010)*

A2. Percentage of residents told by a doctor that they have diabetes

	All residents	55-64 years old	65-74 years old	75+ years old
Big Stone	12%	20%	22%	12%
Chippewa	10%	13%	15%	25%
Cottonwood	10%	9%	21%	20%
Jackson	7%	14%	9%	17%
Kandiyohi	8%	9%	17%	20%
Lac qui Parle	10%	11%	21%	13%
Lincoln	8%	12%	13%	22%
Lyon	8%	18%	21%	18%
Murray	8%	14%	21%	19%
Pipestone	8%	13%	20%	18%
Redwood	11%	15%	11%	27%
Renville	8%	12%	18%	19%
Swift	11%	13%	22%	22
Yellow Medicine	12%	13%	17%	20%

Source: *Southwest/South Central Adult Health Survey (2010)*

A3. Percentage of residents told by a doctor they have high blood cholesterol

	All residents	55-64 years old	65-74 years old	75+ years old
Big Stone	37%	57%	55%	60%
Chippewa	36%	51%	68%	63%
Cottonwood	33%	49%	53%	41%
Jackson	31%	44%	57%	54%
Kandiyohi	28%	54%	49%	50%
Lac qui Parle	36%	49%	57%	61%
Lincoln	33%	50%	53%	53%
Lyon	27%	47%	54%	55%
Murray	35%	50%	60%	57%
Pipestone	34%	52%	57%	58%
Redwood	35%	55%	45%	60%
Renville	31%	47%	55%	57%
Swift	29%	49%	55%	52%
Yellow Medicine	27%	50%	45%	51%

Source: *Southwest/South Central Adult Health Survey (2010)*

A4. Percentage of residents told by a doctor that they have angina

	All residents	55-64 years old	65-74 years old	75+ years old
Big Stone	6%	6%	11%	17%
Chippewa	6%	7%	14%	18%
Cottonwood	8%	8%	17%	22%
Jackson	5%	10%	9%	18%
Kandiyohi	6%	10%	4%	18%
Lac qui Parle	6%	9%	13%	13%
Lincoln	8%	4%	10%	30%
Lyon	5%	7%	15%	17%
Murray	6%	8%	15%	14%
Pipestone	6%	6%	7%	24%
Redwood	6%	7%	11%	21%
Renville	6%	4%	13%	27%
Swift	6%	7%	12%	23%
Yellow Medicine	7%	8%	10%	22%

Source: *Southwest/South Central Adult Health Survey (2010)*

A5. Percentage of residents told by a doctor that they have asthma

	All residents	55-64 years old	65-74 years old	75+ years old
Big Stone	10%	15%	8%	7%
Chippewa	9%	8%	14%	7%
Cottonwood	15%	8%	13%	11%
Jackson	8%	4%	8%	10%
Kandiyohi	16%	9%	14%	5%
Lac qui Parle	11%	9%	16%	8%
Lincoln	12%	11%	6%	10%
Lyon	13%	8%	7%	14%
Murray	11%	6%	6%	14%
Pipestone	10%	9%	8%	18%
Redwood	10%	19%	8%	15%
Renville	9%	12%	8%	10%
Swift	16%	10%	12%	14%
Yellow Medicine	10%	9%	10%	4%

Source: *Southwest/South Central Adult Health Survey (2010)*

A6. Percentage of residents who report that a lack of programs, leaders, or facilities is a "big problem" that keeps them from being as physically active as they would like

	All residents	55-64 years old	65-74 years old	75+ years old
Big Stone	18%	18%	16%	10%
Chippewa	13%	5%	14%	12%
Cottonwood	13%	12%	17%	6%
Jackson	12%	7%	5%	8%
Kandiyohi	6%	5%	6%	8%
Lac qui Parle	18%	15%	18%	9%
Lincoln	16%	15%	16%	6%
Lyon	7%	8%	7%	6%
Murray	12%	13%	14%	15%
Pipestone	10%	8%	11%	7%
Redwood	12%	17%	7%	5%
Renville	16%	18%	20%	14%
Swift	10%	8%	9%	15%
Yellow Medicine	14%	17%	9%	17%

Source: *Southwest/South Central Adult Health Survey (2010)*

A7. Percentage of residents who report that not having anyone to exercise with is a "big problem" that keeps them from being as physically active as they would like

	All residents	55-64 years old	65-74 years old	75+ years old
Big Stone	15%	17%	15%	13%
Chippewa	14%	12%	8%	10%
Cottonwood	16%	12%	30%	9%
Jackson	16%	6%	7%	10%
Kandiyohi	12%	10%	16%	6%
Lac qui Parle	15%	13%	11%	12%
Lincoln	11%	14%	16%	9%
Lyon	9%	12%	4%	3%
Murray	15%	12%	14%	16%
Pipestone	12%	15%	13%	9%
Redwood	13%	15%	4%	15%
Renville	17%	14%	16%	17%
Swift	11%	14%	13%	16%
Yellow Medicine	13%	16%	12%	23%

Source: *Southwest/South Central Adult Health Survey (2010)*

A8. Percentage of residents who report that the cost of fitness programs, gym memberships, or admission fees is a "big problem" that keeps them from being as physically active as they would like

	All residents	55-64 years old	65-74 years old	75+ years old
Big Stone	29%	26%	26%	28%
Chippewa	36%	27%	28%	21%
Cottonwood	30%	25%	36%	15%
Jackson	34%	30%	13%	24%
Kandiyohi	34%	31%	19%	28%
Lac qui Parle	31%	25%	28%	21%
Lincoln	31%	22%	42%	19%
Lyon	30%	34%	25%	23%
Murray	24%	26%	22%	27%
Pipestone	36%	38%	33%	32%
Redwood	31%	36%	24%	33%
Renville	44%	39%	37%	24%
Swift	39%	39%	26%	25%
Yellow Medicine	31%	38%	19%	26%

Source: *Southwest/South Central Adult Health Survey (2010)*

A9. Percentage of residents who report that long-term illness, injury, or disability is a "big problem" that keeps them from being as physically active as they would like

	All residents	55-64 years old	65-74 years old	75+ years old
Big Stone	14%	16%	14%	26%
Chippewa	10%	17%	13%	22%
Cottonwood	15%	10%	20%	26%
Jackson	11%	12%	13%	30%
Kandiyohi	8%	18%	4%	24%
Lac qui Parle	12%	12%	19%	21%
Lincoln	12%	14%	17%	26%
Lyon	12%	21%	26%	29%
Murray	12%	17%	20%	27%
Pipestone	12%	20%	16%	26%
Redwood	11%	15%	12%	31%
Renville	10%	8%	19%	28%
Swift	16%	12%	9%	30%
Yellow Medicine	10%	11%	6%	28%

Source: *Southwest/South Central Adult Health Survey (2010)*

Examples of age-friendly communities and their characteristics/assets

Communities in the Southwest Initiative Foundation region

County	Community	Age-friendly characteristics
Chippewa	Montevideo (3 respondents)	Relatively new community center; senior dining; new hospital. Community center with senior specialist. Care giver support services, including respite care.
Cottonwood	Mountain Lake (3 respondents)	We have a drug store, clinic, grocery store, community center, pool hall, swimming pool, and activities in schools and churches. Walking and biking trails; senior centers.
Cottonwood	Westbrook (2 respondents)	Has senior center, meals on wheels, and senior dining.
Cottonwood	Windom (6 respondents)	Matter of Balance groups. Offers and county supports the "ACE program" which supports "Bone Builders," etc. Has senior center, meals on wheels, and senior dining. Senior center; meal site. Senior center; senior dining; housing.
Jackson	Heron Lake	Senior center; assisted living; accessible housing.
Jackson	Jackson (2 respondents)	Housing options, senior center, community bus, community education options. Trails to walk or walking track at school open to aging; grocery stores that deliver; high rise where many elderly live; senior center.
Jackson	Lakefield (2 respondents)	There are several assisted living options, low income housing, senior dining, nursing home that provides activities for community members, and a pharmacy and clinic in town. Has senior center, meals on wheels, and senior dining.
Kandiyohi	Atwater	Assisted living; block nursing.
Kandiyohi	Raymond	Neighbors help elderly neighbors by keeping an eye on them; [providing] transportation and meals; rides to community event, church, etc.
Kandiyohi	Spicer	Meals on wheels; in-home care assistance available; church has covered access and ramp at curb to help those using wheelchairs and walkers; hearing assistance devices available in church; pastors and lay visitors for homebound; friends and family give support.
Kandiyohi	Willmar(2 respondents)	Extensive affordable transportation services. Recreation center for seniors.
Lac qui Parle	Madison (3 respondents)	Senior nutrition meal site. Offering home care and housing with services that provide activities and interaction for clients. Madison Lutheran Home and hospital.

Communities in the Southwest Initiative Foundation region (continued)

County	Community	Age-friendly characteristics
Lyon	Balaton (2 respondents)	Assisted living, duplexes. Activities at the assisted living and nursing home facilities.
Lyon	Marshall (5 respondents)	Affordable bus routes to places frequented by "seniors." MAT bus. YMCA and other indoor exercise options; complete streets; two clinics; large hospital. Aging support groups; aging services; many providers.
McLeod	Hutchinson (2 respondents)	Housing; health care; bike/walk friendly.
Meeker	Cosmos	Street access.
Meeker	Grove City	Block Nurse program checks on elderly and supports them.
Meeker	Litchfield	Clinic availability; transit; housing; senior dining; adult day services.
Murray	Slayton (2 respondents)	Community senior activities. “Prime timers” outings for seniors.
Meeker	Watkins	Route availability for transit; senior housing; new assisted living [facility] being built.
Nobles	Adrian	Senior dining - assisted living and long-term care.
Nobles	Nobles County	One facility to deal with senior aged people or care givers.
Nobles	Worthington (8 respondents)	Senior center. (4 respondents) YMCA. (4 respondents) YMCA programs. Activities at the Y for seniors, spring fling. Housing. Have a Senior Concerns Committee and people who are looking for ways to better help our seniors live their life. Aging center and programs. RSVP volunteer services; evidence-based programs offered; caregiver respite and telephone reassurance services offered.
Pipestone	Edgerton	Meals on wheels; church support; volunteers.
Pipestone	Pipestone (3 respondents)	Meals on wheels; county transit; many healthcare options. Socialization at Ridgeview Estates. Good Samaritan Society Pipestone Nursing Home encourages socialization and entertainment for aging community members.

Communities in the Southwest Initiative Foundation region (continued)

County	Community	Age-friendly characteristics
Redwood	Redwood Falls (8 respondents)	All types of housing including nice twin homes/townhouses. Community supports, education, and healthcare focused on aging. RSVP volunteer services; evidence-based programs offered; caregiver respite and telephone reassurance services offered. Senior Walking activities through Redwood Area Community Center. Three indoor exercise facilities; intergenerational center; Active Senior volunteer programs; senior housing. Housing options; transportation: abundant shopping. Senior reading clubs [at Redwood Falls Library]. [At Good Samaritan Society Johnson Park Place/Sunwood] - activities; social one-on-ones; guidance.
Redwood	Walnut Grove	Attached clinic to senior housing; also senior dining and home delivery.
Renville	Bird Island-Olivia	New hospital; two Assisted Living Facilities; bus service; compacted downtowns and senior center.
Renville	Buffalo Lake (2 respondents)	The nursing home incorporates residents with the community. Local grocery store offers weekly delivery at a nominal fee.
Renville	Hector	Prairie View Assisted Living.
Renville	Hector/Buffalo Lake	Two assisted living facilities; compacted, but limited, downtowns.
Renville	Olivia (3 respondents)	Healthcare; pharmacy; grocery store; assisted living available. Grocery store, transportation system, and sidewalks all in town. City supports transportation system for access to local businesses so low or no cost to seniors; pharmacy delivers medications to out of town residents.
Renville	Renville (2 respondents)	Comprehensive housing options that are connected and accessible. Healthcare; pharmacy; grocery store; assisted living available.
Renville	Sacred Heart	Senior dining meal program well-attended at Kathy's.

Communities in the Southwest Initiative Foundation region (continued)

County	Community	Age-friendly characteristics
Rock	Luverne (6 respondents)	Active senior center; good health care; several types of housing options; volunteer opportunities.
		County transit; senior companion program; meals on wheels; home care options.
		Support groups; aging groups with focus on aging services.
		On-site dining; low income housing; subsidized transportation five days per week; grocery delivery; local clinic.
		RSVP volunteer services; evidence-based programs offered; caregiver respite and telephone reassurance services offered.
Rock	Rock (2 respondents)	RSVP.
		Care facilities.
Swift	Benson	All curbs have been made 'user friendly'; senior citizen center present.
Yellow Medicine	Granite Falls (7 respondents)	Building new nursing home. (2 respondents)
		The Granite Falls Living at Home Block Nurse Program helps the elderly.
		Housing, medical, and transportation.
		Medical care, senior services, community center.
		Home Health Care through the hospital helps the elderly.
		Senior Advocate

Note: *One multi-county program was also identified: Prairie Five RIDES (Big Stone, Chippewa, Lac qui Parle, Swift, and Yellow Medicine counties)*

Communities outside of the Southwest Initiative Foundation region

County	Community	Age-friendly characteristics
Blue Earth	Amboy	Community events directed to all; information is distributed at familiar community places.
Blue Earth	Mankato	Rentals available; continued work on access in downtown areas.
Faribault	Blue Earth	Seems like community has events for all.

Open-ended survey responses

B1. If you could put resources and time into expanding any existing services or creating new programs/services, what are the three types of services or supports that you think would be most helpful in helping aging residents in this region maintain a high quality of life?

Increase availability and affordability of transportation services

Affordable transportation. (2 respondents)

Bolster mobility opportunities like Prairie Five Rides.

Development of a supplemental transportation services augmented by faith communities that would allow members to have this service available to those wishing to participate in activities considered to be social in nature.

Flexible transportation with door to door assistance.

More affordable transportation with assistance.

More and easier transportation, like a taxi service that is affordable.

Shopping services and/or transportation so seniors can live independently without needing to drive themselves anymore.

Transportation. (7 respondents)

Transportation in town for appointments and to the grocery and other stores.

Transportation programs that are affordable for individuals not on Medicaid.

Transportation that is available beyond 8-3:30 on weekdays.

Weekend and evening transportation.

Increase availability of in-home services

Basic household [services], chore, food, etc.

Chore service.

Chore services to help elderly remain in their home (lawn care, shoveling, leaves, windows).

Chore service would be helpful.

Financial assistance available to everyone for home health care and hospice options.

Home care - again the costs hold people back.

Home care/housekeeping services.

Home care services without needing to work only with the county human services or public health.

Home care support.

Home companion programs.

Home health care.

In-home medical and personal care including meals.

More availability of home care services allowing resident's to reside in their own homes longer.

Other community supports like chore, homemaking, paying bills, etc.

Quality assisted living with full spectrum of services.

Programs on living independently such as, cooking, spotting scams, medication management, blood pressure management, living with a chronic illness, budgeting and money planning.

Supports such as house cleaning or companion services.

Support with daily living chores such as cleaning, doing laundry, mowing the lawn in summer, shoveling the walk in winter.

Increase opportunities for socialization

Bring back senior dining sites in small towns.

Congregate dining.

Buddy system (mentors).

Engaging social activities.

Group outing, linking youth groups with interaction with aging residents.

Multi-generational interactions, school activity programs that partner with senior activities.

Opportunities for socialization in small communities.

Options for socializing instead of being confined to your home and feeling isolated.

Senior center lively new activities.

Social activities for seniors, whether it be a coffee and card club, or exercise group, or sewing group, study group. To look at programs that get seniors active and keep their mind sharp and talking together as a group of seniors.

Socialization opportunities.

Socialization or companionship.

Social/service club where seniors could congregate and meet to be social and [where] services like meals and activities [are provided] for the group.

Social support.

Structure regular activities that engage and stimulate residents. Many single individuals living alone could benefit from increased socialization and connection.

Adult day care services

Adult day care. (2 respondents)

Adult day care coupled with respite care for caregivers.

Adult day care services.

Adult day care in every nursing home.

Adult day service that [is] not located at a nursing home so elderly do not feel that the nursing home is their next stop. Use other able elderly to help with volunteer services.

Intergenerational day care.

More adult day care options.

Healthcare/specialty care

Access to dental for those on Medical Assistance (MA).

Dentistry in Mountain Lake.

Dental offices that take Medical Assistance.

Dental care for those on MA.

Guidance to Medicare and non-Medicare coverage to ill and terminally ill.

Medical support so that treatment plans are understood and followed either upon discharge from the hospital or after a clinic visit.

Optical services in Mountain Lake.

Specialized health care.

Telehealth.

Increase home delivery of meals or assisted food procurement

Delivery of meals to farm families.

Home-delivered meals outside of city limits.

Students delivering meals-on-wheels has been a win-win. Encourage students to participate in community service by assisting elders and give them enough time when they deliver meals to engage their elders in conversation or perhaps even read to them or play a game. Students could actually take classes to help them learn about aging issues and have practicums which both serve elders and help students develop sensitivity and knowledge about growing older.

Grocery stores or delivery programs.

Food. We have services but the costs hold people back.

Delivery of goods and services, grocery items in particular.

Home delivered meals to those in small towns in Nobles County.

Educate older adults

Assistance with internet resources.

Assisting older adults in knowing what bills to pay and what is junk mail.

Educating.

Food skills, whether this is cooking, gardening, canning, etc…Train each other.

Support systems/education courses.

Increase caregiver support

We would like to expand our caregiver support services. Our plan is to reach more seniors in the area, offer more respite for caregivers, and also recruit more volunteers.

Caregiver.

Respite care.

Respite care to give caregivers a break.

Services that provide for more caregivers relief and guidance.

Increase housing options

Assisted living.

Housing.

More affordable housing for the aged.

More assisted living options at a more affordable rate.

Improve recruitment and benefits of professionals serving older adults

Incentives (better pay and training) for individuals to become employed as personal care attendants (PCAs).

Increase in competitive wages for staffing at long term care facilities.

Recruitment of mental health professionals.

Senior center staffing.

Promote physical activity

Encouraging elders to be outside to walk or exercise would improve health. Would they? I don't know.

Fitness centers and access to warm swimming pools would help maintain wellness. Combination pool, fitness center, library/media center, and a healthy dining option would be great.

Healthy eating and exercise options.

Active living.

Socialization/transportation combined

Ability to socialize and get around.

Would activities that brought regional elderly together for programs of learning or activity encourage more to take part? Senior college in Marshall is well attended. If transportation were available from communities would more attend? Probably hard to coordinate.

Other

Activities. (2 respondents)

Coordinator expressed in earlier question.

We would like to see more education about Alzheimer's in the community. This education would be targeted not only at seniors and their caregivers, but also to businesses and other civic organizations.

Working in public health, we see many young individuals who would benefit from learning from others, kind of an ongoing mentorship. We also work with many seniors that have much to offer, but are limited with transportation. Participating in an intergenerational program would allow benefits to be achieved by all parties.

Quality of life. Meds.

Area on aging agency: living with chronic disease

B2. If you had the resources and time available, what are the key strategies that you think would be most effective in addressing key barriers to health and wellness?

Affordable and/or more transportation options

24/7 transportation....with minimal cost to individuals.

Advocate policymakers for more transportation options.

Coordinate transportation with senior events so that the cost of services plus transportation is not a barrier to getting out with others (e.g., reduced rate to senior dining/senior center).

Have some program available to [offer people] affordable rides to the store for food, to physician appointments, [or to other places in the community]. If they have no family or friends to take them out and about [transportation is difficult], especially in the wintertime in Minnesota.

Improved transportation systems, using a sliding scale fee, for non-medical situations. Increasing capacity by partnering with community members.

Make transportation more available.

More transportation options that are affordable.

Transportation. (2 respondents)

Better coordination between services

Coordinator responsible to be an educational resource and contact person.

Greater partnership between hospitals, doctors, clinics, and support agencies in rural Minnesota, so that those who need caregiver support services are able to find the help that they need.

Implementation of a program with a strong coordinator to facilitate development of an intergenerational program allowing benefits of all ages. This would coordinate outreach and coordination with existing programs to enhance services and create new opportunities.

Learn how we can work together better for the same cause. Too often we are separate and not working together as best as we can. Need to all come to the table and discuss how we can do this and start working on a long range plan.

Education on available services/outreach

Awareness of the services for seniors and caregivers. Need more promotion of what these services or groups are and how they can be beneficial to them.

Coordinated outreach plan with marketing materials.

Education for elders to know what is available.

Education/promotion of services that are available through the use of a variety of groups such as medical providers, family services, and faith communities.

Locating local people to do one-on-one [visits] and create good rapport with the aging population so they will remain active and move to congregate housing before needing nursing home care.

Outreach staff that could visit small towns and share resource information with groups of elderly and individually at home visits.

Utilize faith-based organizations to get an "in" with resident.

Facilitating exercise/healthy lifestyle

Keeping them vested in activities and movement.

Reasonable areas for indoor exercise.

Healthy lifestyle.

Get support groups for exercise and socialization so we can keep people moving.

Funding

Funding resources without strings.

Funds are made available to accomplish at least one aspect. Maybe try matching with area foundation funds?

Future planning services

Build townhome or twin homes so seniors who don't want a huge 2-story house can move into [a house] with dignity and contentment when they are very capable of living on their own.

Develop insurance plans and options to address medical needs for the future.

Develop long-range strategies and plans for care and daily personal living support to keep one in one's home.

Long-range financial planning to participate in long-term care insurance, retirement plans, and other programs to be better prepared financially for retirement and elderly living.

Providing guidance to aged and terminally ill as to what their options and financial options are.

Targeting the younger seniors about acceptance of help in the future.

Healthcare

Bring the cost of care down.

Health care coordination; preventative and aftercare services.

More affordable medical/dental services.

Home- and community-based care

Daily assistance for non-Medicare covered needs for the home, the terminally ill, and for relief for caregivers.

Delivery services of groceries and medications

I think you need to target the children of the elderly populations. These are the people that may access services for their parents. Targeting the benefit of home- and community-based services versus the nursing home.

Minimize isolation

A coordinated buddy system that could check on folks. I love the block nurse model.

Churches (area ministerial association) work to identify and coordinate home visitation efforts with socially isolated individuals - coordinate transportation services to get people to church or other social activities.

Community (not government) based service that respects the individuality of seniors. Visit them in their homes, maintain a connection to their community, ensure they are safe and helped when needed but can still reside in their own familiar home as long as possible.

Personal contact - almost daily. Organize community support.

More cultural competency

Expand the programs on cultural awareness. We need to offer more programs where we learn about the different cultures in Nobles County.

Hear from the elderly and their family members in each cultural group - not all in one muddle.

Cultural competency in those assisting the elderly.

Remove stigma of services

The stigma. [Promote] that it is OK to attend these groups or ask a service for help and no one will look down on you for doing this.

Try not to make it a stigma.

Other

Better ways to have people screened and get services from the county.

Expanding the current programs we offer for caregivers. Offer more support groups on different topics that they need and want to be a part of. Offer for groups for seniors to meet and talk about chronic illness or concerns they have as a group.

Help elderly stay in their houses.

Holding Alzheimer's (and general dementia) education in Granite Falls and surrounding rural communities.

Involve the community leaders, area foundation members, and city offices to prioritize.

It may be an interesting idea to formulate a co-op if you would, with potential to barter services with other members within the co-op. This could work for child care, yard services, transportation, etc.

Local recruitment and training programs for home health aide services.

Same as before.

B3. Other than funding, what do you see as the major challenges in our region for creating "age-friendly communities" that help residents live healthy lives and age in place?

Transportation

Access to health care (transportation to specialists). Transportation. Younger aging do not volunteer for programs like "Matter of Balance" or "Bone Builders."

Affordable transportation--It is hard for many older people to get around the area without the ability to drive. Wheelchair accessible transportation is especially costly as it is a private business that provides this. We have county transportation that helps if you are a resident outside of Worthington which is a very good service. But if you have to cross county or state lines transportation becomes almost impossible to afford. Usually churches and neighbors help people to these appointments, but if you are alone it is very hard. Most specialists are in Sioux Falls and without family help, not sure how people get there.

Because most of the counties we serve are rural, lack of transportation is a real barrier.

Transportation.

Transportation across county borders and state borders. Specialized providers are not available in our county. Some have friends or relatives in different counties in facilities. No dental care available for anyone who is on Medicaid--big issue.

Transportation availability isn't as accessible as needed.

Transportation – care issues.

Transportation expense, access to dental for those on Medical Assistance.

Transportation in the community to get around the town when you don't have your own vehicle or friends to take you to appointments.

Transportation in the evening. Activities that enable independence. Costs associated with activities.

Transportation is always a challenge - safe and accessible rides. Supports for equipment, such as wheelchairs. [Home/equipment] repair needs and elderly needs of communities. Larger providers are at a distance but are willing to assist.

Transportation needs continue to be an issue. Same day non-emergency services as well as in-town services are difficult to make happen.

Transportation options for evenings and weekends.

Transportation options within the community and area. Housing with many different options. Access to grocery, banking, post office, mechanics, plumbers, electricians, etc.

Transportation. Affordable housing with amenities beyond typical apartments.

Transportation, adequate meeting places, and affordable and accessible places to exercise. A resource place to go to for the elderly so they could easily do their online forms where there is educated personnel to assist (unfortunately, many government programs only offer electronic formats).

Lack of family/other support and understanding of elderly needs

Aging in place facilities. Absence of assisted living services with comprehensive array of services. Finding adequate numbers of quality in-home care providers in light of increasing elderly population. Networks of 'friends' for single/widowed adults who are low-income, lonely, and isolated.

Changing the mindset that elderly people are frail and weak and have very little to offer the community.

Educate people to respect elders and offer more social programs to help our elders with their needs.

Education of the public and the community seeing the need for it.

Elderly isolating themselves. Lack of family and/or peer support. Use of medications or alcohol to deal with personal losses of physicality, friends, family, and peers. How to offer incentives for elder to get out of their self-imposed ruts.

Families are scattered and often there is no one to 'watch out' for seniors. I worry about seniors who live alone.

Family members that live too far from their family to assist the aging. The younger generation doesn't want to volunteer as readily, as they have so many youth activities that busy their lives.

It is a challenge keeping the elderly in their own homes and not in a nursing homes or assisted living facilities. Our organization relies on help from volunteers, however, the volunteers themselves are getting older and gradually becoming our clients. It is also a challenge to find more volunteers to help the elderly, as many of the younger people in the community have full-time jobs. According to the census, rural Minnesota will see a vast increase in the number of elderly who need help and services. It will put a strain on rural communities. Another challenge is making communities accessible for the elderly. Many aging communities need improved sidewalks, and disability-friendly businesses, banks, etc.

Keep the focus on the needs and senior citizens and challenge the communities to provide for these needs.

Lack of awareness of the needs of an aging population. Services are fragmented and not coordinated across service providers.

Replacement of aging volunteers for services like volunteer respite care, home delivered meals.

People not valuing the aged adult.

Perhaps a lack of understanding of the needs.

The community could use more assisted living-type facilities and caregivers to help the aged with essentials that family members can't give because of proximity to their loved ones. Funding to help those afford assisted living or a home-type setting. More therapy professionals coming to the home or assisted living environment to ease with taking the aged out, as it is difficult for the aged.

Distance creates challenges

Distance between small communities to access grocery stores or health care. A lack of decent sidewalk/walking routes to church, library, and shopping. The cost of necessary items due to businesses who cannot buy in large enough quantities to support lower prices.

Distance to specialized health care or specialized providers coming to closer locations.

Economic development -- many communities do not have a grocery and the supply/demand does not make it feasible. We are in a food desert here.

Location. People on farms and in small communities are not able to access services such as transportation and business easily.

Many smaller communities that have an elderly population do not or cannot maintain the basic resources, such as grocery stores, clinics, transportation options, and even some churches. It is difficult for the elderly population.

No adult day services to relieve caregivers within 30 miles.

[In a] rural area, there are distance and transportation barriers from some of the communities.

We can be isolated due to distance and population density compared to other parts of state.

Other

A community needs a pharmacy (or delivery services), healthcare providers, public transportation, grocery store, and different levels of assisted living facilities or in-home services. This takes a commitment to recruiting and maintaining these services.

Access to adequate healthcare. More transportation options. More social interaction activities.

Access to services. Grocery shopping being too far away. Lack of adequate medical care.

A fast paced culture that inadvertently de-values the aging process

A step is missing when moving from home you own to a duplex or triplex - there are none. Not everyone wants to live in an apartment but they don't want or can't handle the upkeep of an individual house.

Activities available during daytime hours with available transportation to allow easy participation. Cost is often a factor also. Investment of time with individuals to integrate into activities. At times there is a youth or young family focus, not often an elderly focus. Placement of value on relationships with the elderly, not only to meet their needs but to allow them to return to others with their knowledge, experiences.

Adequate funding to staff facilities. Affordable housing for seniors.

Affordable housing options need to be explored as DHS limits access to assisted living and foster care placements.

Communicating resources available, especially for the home-bound.

Communication to make elderly aware of options available. Place available to engage aging residents. Education options.

Continue to advance awareness through media. Levels of home care are very important- assistance with hygiene, housekeeping, and getting groceries is very important. Meals on wheels is a great service. Close knit families and church families are extremely helpful. It would be extremely difficult for someone without strong family support to continue to live at home as bodies and minds began to decline.

Coordinating/organizing activities within communities (through churches, Lions Club, school, etc.). Ensuring that we support elderly who are able to live independently in their homes (i.e., ramps, home safety, food, check-in supports, medication supports). These need to be affordable. So many elderly are caught in the gap of not being on MA or not being able to afford in-home services.

Cost effective transportation for seniors in Nobles County is a huge issue as we do not have anything specific for seniors or low income seniors. Housing for those that are in the middle range. (Seniors who do not qualify for HUD housing but do not have enough money to qualify for market value housing are often stuck in the middle. Senior-only buildings are lacking in the area.)

Developing additional activities is needed most places. In some communities there are very few or no real senior activities for people to be active.

Education priorities.

Effective communication and marketing of the services that are available to the aging in southwest Minnesota.

Facilities to deal with the aged and their caregivers. Church-based nursing and health assistance to help aged sort through health care needs, medical bills, and health care guidance.

From my office and perspective, the two main challenges are transportation and affordable living environments be they independent living, assisted living, or nursing home facilities.

Funding is the issue.

Funding is the problem

Getting people to accept new options for services, such as the adult day program in Worthington.

Getting seniors to attend senior dining, recruiting volunteers for home delivered meals, and creating local transportation to local events, Sunday church services, and school programs.

Government regulations.

Government regulations and good, hard-working people to do the jobs.

Other

Having the resources, expertise, and providers to transition old housing into viable living spaces for community members to "age in place", and to do so in an affordable manner.

Keeping the programs vibrant and going.

Lack of funding.

Lack of resources. Some resources/funding sources are given per capita so this will always leave Renville County at a disadvantage.

Limited access to technology. Sidewalks.

Moving forward in terms of local culture.

There isn't much in place for our Asian and Hispanic elders.

Resource guides, listings with contact information--perhaps online.

The cold climate keeps many indoors almost half the year.

The right people to make the decisions and make it happen.

There is a challenge for seniors who are on Medical Assistance to have housing options in which they can receive services without being in a nursing home. Transportation is an issue for seniors outside of the county they live in.

Time.

Understanding the change occurring and getting leadership to move projects.

We lack places for people to socialize. There is a lack of things to do in this region. Seventy percent of our communities no longer have grocery stores.

Willingness, dedication.

Workers.

B4. If you could put resources and time into changes that would help our region become a better place for aging residents to live, what are the most important changes you would suggest?

Improve transportation

Affordable transportation.

Affordable transportation options for all communities.

An affordable transportation system.

Additional bus services.

Better/affordable transportation to get them to their appointments.

Better, affordable transportation. Choices are limited.

Better transportation for those who live in their homes.

Better transportation options.

Better coordination of transportation to senior events and services within the community.

A community van transportation service to transport residents in and around town and to out-of-town and county medical appointments.

Coordinated transit county to county.

Easy to use, well-understood transportation options.

Ease of public transportation.

Improve transportation

Facilitation of and knowledge of senior driving program to allow elderly to get around safely without being limited financially to receive this service. Implementation of sliding scale. The transit bus is handy, but difficult to use if multiple stops. It is not conducive to wait for the return as places attended do not have a "waiting area." If this is to become the norm (i.e. Post Office/Walmart) there needs to be a phone to call for return ride and a waiting area. With Minnesota weather, it is not conducive to waiting outside.

Free transportation to activities.

Greater variety and ease in getting help for seniors. Travel to out-of-town appointments.

Improved transportation.

In working with the young elderly, I have found that there are many that would like to participate in activities/work, but are often deterred by funding and transportation. Many community activities that would be of great benefit are in the evening, which poses a problem with transportation. It would be amazing to have "service nights" that could partner with others to provide transportation (i.e. transportation by faith community volunteers).

More available transportation. A transportation service that would be like a taxi service and be of reasonable cost.

More transportation options.

Provide reasonable transportation.

Public transportation - more of it, or maybe more information [about what is available]?

Reasonable subsidized transportation that is available on weekends. Clients whom have attended their local churches all of their lives can no longer do so. Many of their support systems are cut off because of this. They are vocal about missing their Sunday church services.

Rural transportation.

A specific transportation program for seniors that is low-cost so those on a fixed income can often not afford the cost of the taxi service we have now. Need a service with more open times for them to use for appointments or shopping.

Safer, cheaper, and easier ways for the aging to get around.

Support transportation needs for seniors outside of the county so residents can go to appointments in Sioux Falls, for example.

Transportation. (3 respondents)

Transportation in and around rural cities in Southwest Minnesota.

Transportation evenings and weekends also, not just daytime.

Transportation to and from Worthington or Luverne, on a regular basis, paid through tax dollars, for the elderly.

Transportation to purchase groceries, go to medical appointments, etc.

Transportation…someone paid to drive an existing bus to Sunday church and other local events at the community center and school, veterans' events at local Legion, or socializing at coffee hour at a local restaurant.

Transportation services for all towns and rural areas. The bus is affordable but does not go everywhere. The only other option is a volunteer driver and the fee is too excessive for most elderly to use.

Transportation that helps provide independence 24 hours a day

Transportation, weekends and evenings.

Transportation- more affordable transportation options for medical appointments out of county.

Affordable housing options

All types of housing, from single family homes to one-level independent living like twin homes or townhouses so there are options before a person requires assisted living or a nursing home.

Affordable and housing options in smaller communities that cater to the aging population.

Affordable housing. (2 respondents)

Affordable housing options.

Better housing.

Create affordable options to overcome or manage accessibility challenges of older homes.

Congregate housing for elderly. Apartments that are only for elderly.

Group housing other than apartment buildings.

Good, available, and safe housing.

Having more housing available for those who need more support would be helpful. The housing co-op idea makes a lot of sense, where people can help each other out, socialize, and share expenses.

Housing.

Housing for those in the middle area, meaning they do not qualify for section 8 or HUD housing but do not have the finances to meet market value or assisted living prices. They are often stuck in the middle and have to stay in their home that is falling apart or live with family which they would like to be on their own. In my case as a HUD building, I have turn away 45 or more people who are in this middle range.

Must have all levels of affordable housing.

More caregivers and more housing for the aged.

More housing options such as assisted living communities/apartments. Housing options needed prior to long term care.

More housing options.

Recognition and awareness of expensive out of home placement.

Safe housing.

Variety of housing options.

Support to enable independent senior living

An increase in in-home medical care and daily living services provided to residents to help them stay in their homes.

Aged caregiver relief and guidance.

Chore services are very much needed! Seniors who live in their own homes no longer have a chore service to have people put on storm windows and screens, etc.

Elder buddy system to ensure that basic needs are met plus companionship.

Health care options for in home services.

Home helper volunteers.

In-home assistance with housekeeping, hygiene, shopping, yard chores/home maintenance, mobility aids, and home modifications. Perhaps assistance for families who are helping elderly parents or grandparents remain in their homes. From my experience helping a 95+ year-old remain at home, Kandihyohi County already has some very good services in place, as long a family can afford them.

In-home services (assistance with completing applications, health insurance, food assistance, etc.).

Support to enable independent senior living

Increase our volunteer programs to allow for transportation assistance, or sometimes all the elderly need is a friend to check on them daily. Increase companion programs and socialization options, according to client wishes. Many elderly are unable to get to the senior centers and some would prefer more of a one-to-one type socialization system instead of the group settings.

Make it easy for aging citizens to get the support they need in their own homes.

Support senior housing needs to ensure healthcare services can be provided in the home or healthcare facility regardless of the personal finances.

To create a community support system to provide meals, daily checks, retrofitting homes to reduce fall risk, and improve independence.

A way to make sure seniors who live alone are checked on daily.

Increase recreational activities and facilities

Add sidewalks throughout the community.

Age-appropriate activities for seniors that engage them in the community.

Additional activities and emphasis for seniors.

Develop more senior-focused activities.

Housing and recreational facilities that meet their needs and the environment we want to create in community.

Increase in activities available.

I would find activities and places for people to go for the average age of 80. This age group wants to stay close to home, but lack things to do. I would focus on the OLDER adults.

I would suggest walking groups that could gather in neighborhoods and walk as a group with elderly.

Indoor facility such as the YMCA that offers age-appropriate physical fitness classes.

Make communities golf cart friendly for seniors and others to get around without having to drive a vehicle.

More activities.

Members of the community that could offer walking groups for all people, even those with disabilities.

Provide indoor exercise options.

Social outing and mentor groups that have our community become more familiar with our seniors.

Walking or biking paths.

Healthy food accessibility

Availability of senior meal sites in all communities.

Better access to nutritious foods in all communities in the county. Perhaps encouraging convenience stores to get more nutritious and fresh options. Or having groceries home deliver to rural areas or towns without stores.

Easy access to basic needs such as food. Delivery services.

Every community should have a senior dining with home-made food and fellowship time that includes activities like “Bone Builders” and “A Matter of Balance.”

Grocery store delivery services.

Grocery store, pharmacy, public transportation and an assisted living facility in each community.

Healthy food.

Make wellness and other healthy initiatives a priority in the county or community.

Healthy food accessibility

Meals on wheels, etc. available to help with managing eating at home.

Not all areas have senior dining or nutrition sites.

Jazz up senior dining.

Educate to bring awareness about the aging population

Change the stigma of the senior services being for the old and poor while still providing those services to all. This would make it a more social then service-specific and create a more vibrant community.

Education for the community via newsletters or newspaper of options for aging residents. Education to aging residents of the options available.

Education to people who want to work with the aging residents.

Mentoring programs that bring together the young and old more frequently.

School education to include awareness of the aged and aging processes. Incorporating aging population into schools - not only at elementary level, but all the way through high school as reading partners, tutors, etc.

There needs to be more community awareness and education about caregiving. Many people do not know what a caregiver is. Even some caregivers do not realize the role they have taken on, and the stress and health problems that can result from being a caregiver. In Granite Falls we offer services for caregivers, but many people do not know what we provide. Our region of Minnesota, with so many elderly people, needs a real caregiver awareness campaign!

Twofold part on programing for seniors: 1) more senior specific programs on aging, living independently, scams, Medicare issues, etc. and 2) programs for caregivers and how to help your loved one or to spot issues like Alzheimer's, etc.

We would like to see more education about Alzheimer's disease and other forms of dementia. There is a great deal of stigma surrounding Alzheimer's disease, and if communities and even businesses were properly educated about the best way to help elderly with these conditions, the entire community life would be improved.

Other

Acute care living facility to replace current Golden Living Center (nursing home); the current facility is "wore out" and not a contemporary-styled furnished facility. The private rooms are non-existent, the parking lot is a disaster, the handicapped accessible door opener does not open from inside, etc. The current building was built about 1958 and needs to sunset.

Adult day care.

It would be great to have an adult day care in the community, to help caregivers. This option presently does not exist in our area.

Adequate and accessible senior center in EACH town.

Adequate funding for jobs related to the care of the elderly. Often times we are unable to compete with wages of other employers in our area making it difficult to staff our facilities and allowing us to take new admissions.

Increase wages.

Address issues for economically challenged elderly.

A comprehensive needs assessment that incorporates the perspectives of the aging and their families.

Access to medical services made as simple as possible.

Access to affordable dental.

Good mental health services.

Much better access to hospice care for the ill and terminally ill.

Better preventative health care and information sharing with professional caregivers and patient. Stop the turf and focus on people instead of revenue.

Other

Better health care.

Benches and sidewalks along all major city streets

Collaboration by partners to prevent out of home placement.

City council and county board people who make themselves aware/knowledgeable about aging issues and include this in the training of those hired in both areas.

Creation of an assisted living facility with continuum-of-care so residents could traverse from level of care without re-location to different facility. It is in the process of being worked on by an ad hoc work group currently!

Coordinator to encourage use of senior dining and other senior activities at Country View senior living facility (e.g., card tournament, musical guests, Bone Builders and Wednesday morning bible study).

Dedicated staff person at city- or county-level for programs or service coordination for elderly.

Qualified person to coordinate and be contact person for those in need.

Ensure that future development accommodates aging populations through managing accessibility concerns.

Facilities to help with aged issues, home bound and terminal ill patients stuck between different health care systems and Medicare.

Funding for care.

Fund statewide per inequity and not per capita; thus every county would then be at the same starting line.

I really have no idea.

Location easily accessible and safe.

I have heard of an idea that people bartered with one another for help within their homes. People share in the idea and use their life long skills to help one another live in residential neighborhoods. Carpenter skills are traded for cooking skills. Plumbing skills for caregiver skills. Kind of like the 1960's communal living but for older folks. I know it sounds kind of "way off the map" and "out there", but what if people helped one another to be useful and independent. Instead of building institutions which are very expensive to maintain, how about focusing on neighborhoods that work together and are more affordable to live in?

I would hire individuals and create a "rent a daughter" type business.

Matter of Balance and Bone Builders offered ongoing in every community where there is a senior center.

More professional services in their facilities.

Greater engagement of "younger" seniors in programs/services/volunteer opportunities.

Goals that allow multiple organizations or agencies to align themselves with for improved delivery.

Opportunities to socialize.

Place designated where aging persons can freely visit and apply for assistance.

A program to assist residents financially with the cost of nursing home care and residency. Fund a boost to long-term care insurance.

A resource area in each community where there is a place for the elderly to go to get help filling out government forms online. This would include staffing at the place, so the seniors could have support. (Libraries have computers, etc., but the L=librarians aren't allowed to assist with a lot of this.)

Smaller medical practices--we need local doctors who become family doctors. Large corporate institutions are not always the answer to good health care. If I wanted to be treated in Sioux Falls or Rochester, I would move there.

Public health nurses in the community that all people in that community would be familiar with and be able to develop programs with the assistance of community members that live in that community.

Socialization centers for all. Help communities to understand the value of connections for mental and physical health.

Socialization and companionship for loneliness, isolation, and mental health. Intergenerational activities.

Other
Development of intergenerational opportunities for young families and senior to work together to learn from one another. This could be related to home repairs, maintenance, cooking/canning, child care, sewing, etc.
Social support.
Technology to allow seniors to remain independent and active.
Try and get less regulations from government. They create so many road blocks.
Programs that help avoid out of home placement.
There is a very well attended senior expo once a year. This should be done at least twice a year in this region. I would find people to visit with this older adult population. I would involve more youth with the older adult population.
Recruiting and/or retention of newcomers/young residents as they will be trained into the aging residents' jobs. Thus, this generation can retire when ready.