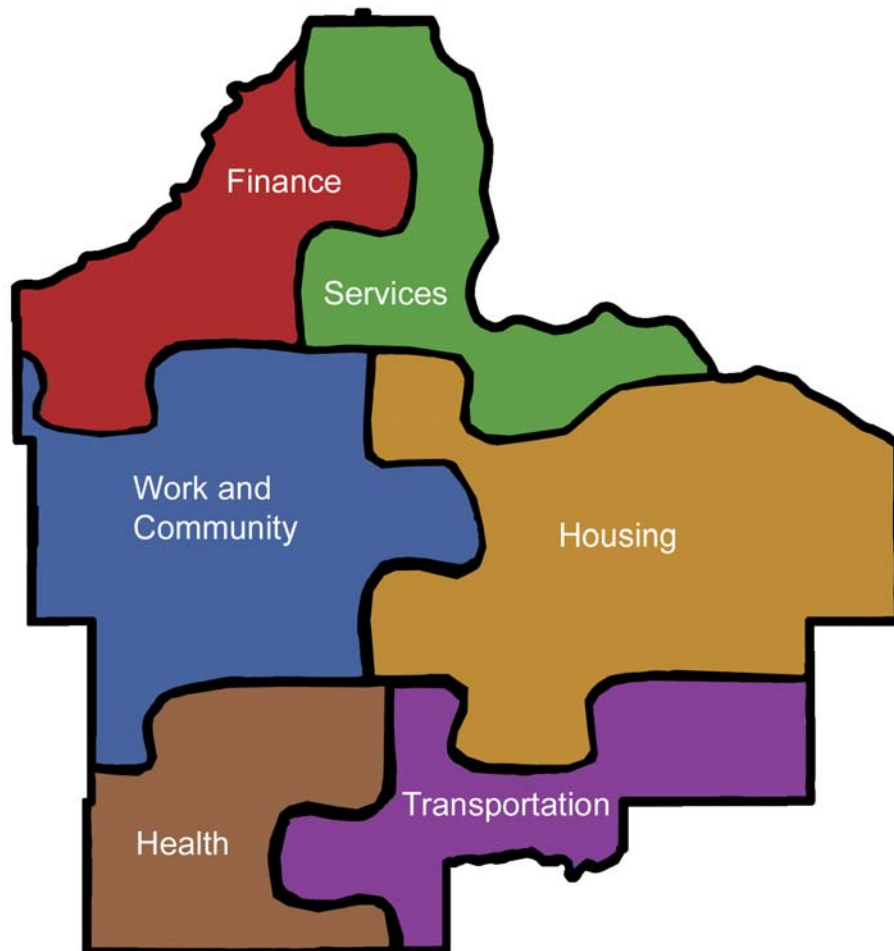# DAKOTA COUNTY AGING INITIATIVE:
NAVIGATING THE AGE WAVE

APRIL 2007

Dakota County Aging Initiative
April 2007

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The mission of the Dakota County Office of Planning, Evaluation, and Development (OPED) is to help our partners achieve County goals by providing information, analysis, and assistance in setting direction, framing policy discussions, and measuring progress.

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This report would not have been possible without the help of many individuals who took time to participate in this project. The individuals below provided support by participating at least one of these phases of the project: strategy planning, vision session, focus area planning sessions, resident focus groups, one-on-one interviews, and core review team.

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Executive Summary

Navigating The Age Wave:
The Aging Initiative Across Dakota County

While still a relatively "young" County with a median age of a little over 35 years, the dominant trend facing Dakota County is the aging of its population.[1] This also is the dominant trend for the State of Minnesota and the Nation. Consider:

- Between 2000 and 2030, Dakota County's population of persons 65 years of age and older is expected to grow by more than 225%, from about 26,250 seniors in 2000 to more than 86,000 in 2030. Dakota County seniors will outnumber school age children by 2025, for the first time in our history.

- A sharp increase in retirements will begin in 2008[2]. New entrants into the labor force in Minnesota (persons 18 to 24 years of age) will plateau at about the same time. In 2005, a relatively low share of Dakota County's populations dependent (01-14 year olds and those over 65 years of age) on the working age population (15 to 64 year olds), about 43 per 100. By 2030, this share will jump, approaching 59 per 100.

Recognizing that these dramatic changes are looming and the importance of preparing for these changes, the Board of Commissioners directed in 2006 that the County conduct an "*Aging Initiative*" to formally address the implications of an aging population. The *Aging Initiative* was launched in May 2006 as a broad-based, collaborative approach to define strategies for responding to the anticipated growth in the population of older residents of the County and how their needs might change the services provided by county government, the state, and by community-based organizations.

Why do Dakota County and other service providers need to respond to a growing aging population?

An "age wave" is washing over Dakota County. It will affect many of the operations of the County. The "age wave" and its results are fueled by:

- The near tripling of the numbers of seniors in the County's population over the next 25 years.

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[1] The median age for the Dakota County in 2005 is 35.2 years. The median age for the State of Minnesota is a little less than 36.7 years. For the United States, it is 36.4 years. Source: 2005 American Community Survey.

[2] Surveys show no indication that the current trend – that most retirees leave their current jobs soon after they are eligible to do so – will change, but some experts believe many Baby Boomer retirees in the near future will be unable to afford to retire and will continue to work.

- Not only will there be more seniors, but also seniors who will live longer. Minnesotans' life expectancy has increased substantially in recent years, for a total increase of 6.1 years from 1970 to 2000.[3] It is expected to continue to increase.
- Increasing diversity of older residents. In 2000, 7.3% of County residents 65 years of age or older were of diverse racial background. By 2005, this share had grown to 11.9%.
- Concerns over adequate savings for retirement. While in 2005, older Dakota County residents report median household incomes ($36,080) above all but one other county (Washington County, $42,391) in the region, national studies suggest caution for the future. In a 2006 survey, 36% of workers aged 55 years and older in the United States reported under $10,000 saved for retirement and 50%, under $50,000.[4] While Dakota County residents have high home ownership rates (a potential asset in retirement), only 14% of residents earned interest from savings, investments, retirement income, or other non-wage income in 2005, which are proxies for measuring a commitment to retirement savings.
- Both more older drivers and older residents require alternatives to personal use of automobiles. The number of persons over 65 years of age with driver's licenses grew by nearly 33,600 from 2000 to 2005. An estimated 89% of Dakota County residents who are older than 65 have driver's licenses. At the same time, the share of the population with driver's licenses declines after age 65 (and dramatically after age 85), meaning more people also are dependent on alternatives to driving.

What are the implications of the "age wave?"

The implications of the "age wave" are profound.

From a perspective of personal finances:

- Many people nearing retirement will not be adequately prepared financially.
- The long-term financial picture for social programs that support the elderly is clouded, putting greater emphasis on efforts to keep people safe and healthy in their homes for longer periods. Major changes to existing entitlement programs or increases in contribution levels are likely.

To maintain active lives and personal health:

- Adequate health and medical services, assistance to continue to live independently, and transportation to medical services will be important.

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[3] MN Planning State Demographic Center, Population Notes April 2002. (Gains were as follows: from 1970 to 1980 - 3.2 years, from 1980 to 1990 - 1.6 years, and from 1990 to 2000 - 1.3 years).

[4] *2006 Retirement Confidence Survey,* Employee Benefits Research Institute.

For housing:

- The ability to make modifications to existing homes to make them more senior-friendly will be needed to assist people to "age in place."
- An adequate supply of affordable apartments in mixed-use neighborhoods, accessible to transit options, will be important.

The face of communities will change:

- New services to meet the changing demands of the baby boom population will need to be developed at a rapid rate.
- Service needs will increase as the senior population increases. As people age and live longer, they will require more assistance. Long-term care will grow in importance.

Looking at transportation services:
- Many seniors will continue to drive. Changes and improvements to road design and signage will be important for safe driving.
- Coordination of existing transportation options will become increasingly important to provide the range of transportation options needed to support seniors.

With respect to work and engagement within communities, we will need to recognize that:

- At the same time as the members of the Baby Boom generation retire, the new entrants to the labor force (18 to 24 year olds) will plateau. The number of older residents who will need to be supported by the work of those still in the labor force will rise.
  - Many seniors may remain in the workforce, but in less traditional work arrangements.
  - There is likely to be a shortage of workers in key professions on which seniors will be dependent, such as health care and personal care workers.
  - Special attention will need to be given to supporting informal caregivers, for whom programs will need to be designed to both work and deal with elder care-giving responsibilities.
  - A major resource of willing volunteers for many communities will be the growing number of retirees. Effectively designing programs to take advantage of this resource will be important.

How do we meet the challenge?

The countywide *Aging Initiative* begins with a vision for the future for older residents of Dakota County. Thirty-four participants representing a wide range of organizations gathered to create a vision of the ideal community for seniors. Four focus groups made up of residents from throughout Dakota County shaped the vision.

Vision of Dakota County Aging Initiative

Dakota County is a network of accessible communities that provide opportunities for seniors to have active and vital lifestyles.

Where:

- *Small, intimate, walk-able neighborhoods of mixed-use or life-cycle housing and shared green space are available.*

- *Residents are able make more trips (without needing vehicles) to get necessities such as food, clothing, medicines, and health care.*
- *Technology helps take care of people, provides them with on-going educational opportunities, and connects them to each other.*

- *Recreation and cultural activities are available, with on-demand transit available to get them to these and other activities.*

- *Part-time (perhaps on-line) work for seniors is common and volunteerism is an active part of care-giving.*

- *The County, municipalities, state and federal government entities, non-profit service providers, businesses, community-based organizations, and others collaborate to plan for and address the needs of older residents.*

- *Quality, responsive services are available to seniors who need support for activities of daily living.*[5]

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[5] This bullet was not part of the original visioning session, but was added later by report authors who believed it was important to include and fit the spirit of the existing vision statement.

Six Primary Strategies

The countywide *Aging Initiative* identifies six primary strategies and more than 50 specific recommendations in six functional areas to achieve the long-run vision of Dakota County as *a network of accessible communities that provide opportunities for seniors to have active and vital lifestyles.* Later, the recommendations within the strategies will be divided into potential "waves" of implementation, based on the immediacy of the need to act and the difficulty anticipated in implementing the recommendation. A summary of the recommendations within the six functional areas is at the end of the Executive Summary in Figures i, ii, and iii.

Many of these recommendations are new, but many are already being done to some degree by service providers such as county government or community-based non-profit organizations. These recommendations should not be interpreted as a workplan for county government alone, but should be viewed as a comprehensive statement of county-wide needs across many communities that will depend on many entities over time to complete.

1. Help seniors who wish to do so, to continue to live independently.

The vast majority of older Americans want to age in their homes and communities for as long as possible. [6] Maintaining this independence is in the public interest, as well. Even where care is required, the monthly costs of home health aides are lower than the monthly costs of assisted living and far below nursing home costs. [7] However, maintaining independent living for seniors carries significant challenges.

- Maintaining independent living for seniors frequently requires a difficult commitment and care from the senior's family or the community surrounding the senior.
- The service system is challenged to meet the needs of active daily living of those living independently. Those living alone typically have the highest number of unmet needs.
- Seniors are expected to face an increasing challenge in the ability to maintain homeownership, as the lack of planning and saving for retirement catches up.
- There is a growing challenge to maintain homes in the condition that is required for seniors to remain in the home in later years of life.
- The availability of subsidized and affordable rental housing for seniors is limited and demand exceeds supply.
- Additional attention to the development of communities and programs in a way that will promote independent living for seniors is necessary.

The desire of seniors to remain independent places demands on the caregivers who support the seniors in maintaining independent living. The National Center on Caregiving reports that there

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[6] The "*Maturing in America – Getting communities on Track for an Aging Population,*" International City/County Management Association, National Association of Area Agencies on Aging, the national Association of Counties, and Partners for Livable Communities. The project surveyed more than 10,000 local governments.

[7] As reported in the Genworth Financial Cost of Care Survey (2006) the relative monthly costs of long-term care in Minnesota are $1,887 per month for home health aides, $2,029 for assisted living, and $3,748 for nursing home care.

is considerable research to show that "family members who provide care to individuals with chronic or disabling conditions are themselves at risk." [8]

Recommendation: Strengthen current policies and programs that emphasize personal independence for independent living for seniors to the greatest extent possible, by:

- Improving the availability of the current risk assessment system and focus it on early identification of the service needs of seniors who are living independently to attempt to close the gap in unmet needs for active daily living and implement preventive health care. (Health and Wellness, Recommendation 3a.)
- Continuing to support programs that promote more physical activities for older residents in their communities, such as the current Active Living by Design pilot project. (Health and Wellness, Recommendation, 5a.)
- Supporting research analysis about gaps in the current system and developing an action plan to address gaps in the mental and emotional well-being of seniors and their care-givers. (Health and Wellness, Recommendation 4a)

Recommendation: Support projects to assist seniors to remain involved in work or volunteer opportunities in Dakota County by:

- Creating a virtual or physical center (a Civic Engagement Center) with a focus on persons in retirement transitions as a hub for persons seeking work and/or volunteer opportunities. This concept might be supported through existing Workforce Centers. (Work and Community Engagement, Recommendation 16a.)
- Developing a Dakota County Vital Aging Network to provide opportunities for residents to participate in vital aging activities, in coordination with the Vital Aging Network (VAN) at the University of Minnesota. (Work and Community Engagement, Recommendation 16b.)

Recommendation: Provide housing choices that help seniors live independently. Specifically:

- Support an expanded home loan improvement program through the Dakota County Community Development Agency to help older residents to adapt their existing homes to meet their needs. Over the next two decades, more than 35,000 homes in Dakota County will become more than 30 years old. Regardless of quality, most homes over 30 years old require improvements. Special improvements (e.g., railings and ramps) are required by for seniors. (Housing, Recommendation 6b.)
- Allow seniors to volunteer their time and skills to government, schools, or community-based organizations in return for stipends or other incentives, modeled after programs implemented by local governments throughout the United States (including Hennepin County's "Retirees to the Rescue"). (Work and Community Engagement, 16d.)

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[8] The National Center on Caregving is a pubic policy think tank. See www.caregiver.org.

2. Provide options for a spectrum of housing types so seniors can remain in Dakota County.

Dakota County, through the Dakota County Community Development Agency (CDA), has been a leader among local governments across the nation in providing housing designed for older residents. The CDA has constructed, owns, and manages 20 apartment buildings with 1,135 units affordable to older residents of the County. However, an analysis conducted by Maxfield Research Inc. for the CDA in 2005 indicates a continuing strong demand for apartments that are affordable for older residents. Between 2005 and 2020, it is projected that more than 2,500 rental apartment units will be needed in Dakota County (excluding assisted living or memory care units).

Recommendation: To provide life-cycle housing options that are affordable to older residents of Dakota County and meet their changing needs, so that they can continue to reside in Dakota County:

- Continue to expand the supply of affordable senior rental housing for active seniors. Specifically, the Board of Commissioners should support the continued development of senior housing by the Community Development Agency while private developers of senior housing should be encouraged to play a stronger role. (Housing, Recommendation 6a.)
- To position Dakota County as a place where seniors can live comfortably, promote affordable rental housing in mixed-use developments with nearby transit options (Housing, Recommendation 7a) and promote the creation of mixed-use rental housing (Housing, Recommendation, 7b). Apartment buildings that combine market rate and subsidized/affordable units in the same buildings should be encouraged. Local land use plans should encourage transit-oriented development, combining mixed-use development with transit to meet the mobility needs of seniors.

3. Help residents of Dakota County to make transitions.

The Center for Retirement Research at Boston College reports that 43% of households are at risk of not being able to maintain their current lifestyle in retirement. [9] Persons in the lower one-third of incomes are at even greater risk (53% "at risk"). The share of the population "at risk" has grown markedly in the last 20 years. Similarly, a 2005 study of the State Health Access Data Assistance Center at the University of Minnesota concluded that nearly one-quarter (24%, or 441,000 persons) of Minnesotans born between 1936 and 1965 lack the necessary resources to privately finance their retirement years. In a 2006 survey, the Employee Benefits Research Institute concluded that 36% of workers aged 55 years and older in the United States have saved less than $10,000 for retirement and 50%, less than $50,000. [10]

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[9] "Households at Risk: A Closer Look at the Bottom Third," Center for Reirement Research, Boston College, January 2007.
[10] 2006 Retirement Confidence Survey, Employee Benefits Research Institute.

These data indicate that people need encouragement and help to plan for their financial future. Providing such assistance will allow more seniors to have the resources to continue to live in Dakota County in their retirement years.

Recommendation: To prepare for a successful transition from the full-time labor force, assist in creating access to financial planning and training.

- Develop financial planning and education seminars for Dakota County residents can be a model for employers across the county. (Finance, Recommendation 1b.)
- Provide links to on-line financial tools through the Dakota County website and on-line access to financial planning tools through Dakota County libraries. (Finance, Recommendation 1d.)
- Working through the Workforce Investment Board, encourage employers to provide financial planning and training for employees. Working with Chambers of Commerce may also be an opportunity. (Finance, Recommendations 1a and 1c.)

Recommendation: As life expectancy continues to increase, the demand for long-term care for older residents will grow. Access to quality long-term care (LTC) options is important to the livability of communities. To emphasize personal independence for seniors, Dakota County should:

- Enhance long-term care (LTC) consultation support. Dakota County staff and several community-based organizations currently provide LTC consultations, but growing demand will require additional funding for such programs, so more consultations can be completed and so they can be done earlier, before a senior is in crisis. (Health and Wellness, Recommendation 3b.)
- Provide information and support to caregivers. With emerging research indicating that family members who provide care to individuals with chronic or disabling conditions are themselves at risk of chronic illness themselves,[11] developing a plan of action to address the mental health and emotional well-being of caregivers will achieve goals of helping seniors to continue to live independently.

4. Ensure the mobility that seniors need to thrive, both economically and socially.

The Maturing of America report[12] of the International City/County Managers Association and the National Association of Area Agencies on Aging concludes that:

- Transportation is one of the three primary challenges for meeting the needs of older adults; and
- Reduced mobility puts older persons at higher risk of poor health, isolation, and loneliness.

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[11] National Center for Caregiving, www.caregiver.org.

[12] The "*Maturing in America – Getting communities on Track for an Aging Population,*" International City/County Management Association, National Association of Area Agencies on Aging, the national Association of Counties, and Partners for Livable Communities. The project surveyed more than 10,000 local governments.

For seniors, transportation has been described as " ... the 'glue' that holds together all the activities that we call life." [13] After age 65, seniors become less reliant on automobiles (i.e., the share of the population with driver's licenses begins to decline) and personal safety becomes a growing concern while driving. In Dakota County, alternatives to use of the automobile are limited both by the geographic distribution of the population and the lack of coordination across transit providers.

Recommendation: To provide transportation options to keep older residents mobile and independent:

- Ensure coordination of transportation options to better support seniors and the broader community by establishing a Transportation Mobility Coordination/ Coordination function in Dakota County.[14] The Metropolitan Council and the state Department of Transportation are initiating pilot projects to encourage public transportation (e.g., Metro Transit and Minnesota Valley Transit Authority) and human service transportation (e.g., DARTS) coordination. Dakota County should actively pursue such a grant. (Transportation, Recommendation 12a).
- Support affordable transportation options for seniors by:
    - ✓ Developing a community initiative to support the recruitment of volunteer drivers. Expanding the number of volunteer drivers will help to lower transportation costs and increase driving service areas. Organizations that recruit and provide volunteer drivers in Dakota County could benefit from grants and equipment donations, and local governments should consider financial support for organizations to help them obtain drivers. (Transportation Recommendation 13a.)
    - ✓ Encouraging transit-oriented development in multi-modal corridors and supporting mixed-use development with higher densities that will support transit. (Transportation, Recommendation 14a. See recommendations and explanation in 2 above.)

Recommendation: To improve the physical infrastructure of the transportation system among local governments across Dakota County for safety with an increased number of older drivers:

- Plan and design roadways and streets with consideration for the needs of seniors. In designing roadways, actively address factors that will make driving and pedestrian crossings safer for older drivers. Considerations suggested in the literature include larger-print road signs, grooved lane dividers, dedicated turn lanes, and extended walk times at pedestrian crosswalks. Transportation engineers should review research studies and other literature for strategies for protecting older drivers and pedestrians and incorporate their findings into roadway design, where appropriate.

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[13] AARP Public Policy Institute Focus Group Report, Transportation and Age Lab.
[14] It is important to note that this recommendation does not assume that the Transit Coordination function will be part of Dakota County government. It may be within a provider organization (e.g., DARTS).

5. Improve services to seniors

The increasing number of seniors, their increasing lifespan, and the their ability to stay active into later years will contribute to the demand for services in the home, in the community, and in institutional care. The number of typical caregivers (women between the ages of 45 and 64 years of age) to the elderly is expected to decline between 2010 and 2030 in the Twin Cities metropolitan region. [15] The Minnesota *Transform 2010* project suggests gaps between demand and supply of home and community-based long-term care services and nursing home services for the State of Minnesota. Technical and infrastructure gaps (e.g., as the result of home design to meet the needs of older residents) are also expected to produce additional service needs. The costs of providing services will continue to pose a major challenge.

Informal care networks are critical to maintaining independent living by seniors. An estimated 21% of all households in the United States provide care for an adult family member or friend. In 2001, 91% of long-term care needs in Minnesota were being met through family or informal networks of care, with only nine percent provided in formal settings. However, informal networks can break down as the circumstances of caregiving families change or out-migration erodes the ability of communities to provide services and the needs of the elderly eventually eclipse the capacity of informal caregivers. With every one percent decline in informal care, the state's *Transform 2010* project estimates a $30 million increase in public spending.

Recommendation: Although there is substantial information regarding services for older residents in need of services, this information often is difficult to navigate without assistance of program professionals. To increase the ability to access understandable information about aging and services for older residents:

Single sources of information for residents to get information about needed services should be established. The Senior LinkAge Line (an informational hotline created by the Minnesota Board on Aging and the Minnesota Area Agencies on Aging) and Minnesota Help.Info (a website and on-line information source on services) should be promoted and marketed as common service resource centers. (Services, Recommendation 8a.)
Support the allocation of resources to fill the gaps in the information available through the Senior LinkAge Line and Minnesota Help.Info. While these key information sources provide a good beginning for understanding services, they contain gaps and require some customization for services specific to Dakota County. These resources, or others, should be tapped to create a comprehensive, integrated source of information for Dakota County residents. (Services, Recommendations 8b and 8c.)
Recommendation: As in other areas, efficiencies can be gained through the application of technology to providing services for older residents. Assistive technologies and at-home medical monitoring (e.g., QuietCare) are two examples of promising innovations that will allow people to live independently longer. A key to implementing such services, however, is making sure that the technology is accessible. To assure the availability of technology to the home,

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[15] It should be noted that a national study by Met Life found that 40% of caregivers are now men, which may offset some of the estimate impact of the decline in "typical" caregivers.

Dakota County should support continued improvements to the County's technology infrastructure. Specifically:

- Internet access to homes in Dakota County needs to be strengthened through fiber optic cable, Wi-Fi, or other high-speed connections. I-Net, a regional broadband initiative, already is underway. This initiative should encourage community-wide applications of new technology that will support the goal of independent living by seniors. (Services, Recommendation 9a.)

Recommendation: As noted by the Board of Commissioners in other forums, Dakota County is experiencing substantial growth in foreign-born residents and in the racial and ethnic make-up of the County. These trends extend to the elderly population of the County. To enhance provision of services, Dakota County should continue to work to improve the cultural competency of its service providers, which benefits not just seniors but all clients. To meet the needs of older immigrants and diverse populations, Dakota County should:

As a component of the County's broader diversity initiatives, create a Minority Elders Committee. The purpose of this committee would be to develop strategies and activities to increase outreach to older immigrants and diverse populations and to reduce barriers to participation in programs and services for older residents. (Services, Recommendation 10a.)

6. Be a voice for seniors, advocating for the needs of older residents.

The Dakota County Board of Commissioners should become a voice for seniors in its advocacy with the Congress and the Legislature and in forums in which Commissioners participate (e.g., the National Association of Counties or the Minnesota Association of Counties). County staff should be directed to monitor key issues that will affect seniors and advise the Board of Commissioners on actions that might be taken to address these issues. Specifically:

The Board of Commissioners might:

- *Advocate for policy changes at the state and federal levels that benefit low-income workers heading into their retirement years.*
- *Advocate for adequate funding for Medicare and health-care associated programs as part of the County's annual federal legislative program. Specific needs include advocacy for policy changes to existing travel reimbursements for medical trips and improving training and payment for health support staff.*
- *Provide legislative advocacy for service needs of county residents, including the state role in policy changes to existing travel reimbursements for medical trips and improving the training and payment of health support staff.*
- *Advocacy for work policy reforms.*

Under the direction of the County Administrator to support the Board of Commissioners, staff might:

- *Monitor changing needs of retirement financing and develop specific communication materials and make recommendations to the Board of Commissioners.*
- *Monitor policy changes at the state and federal levels that benefit low-income workers heading into their retirement years and make recommendation to the Board of Commissioners.*
- *As part of a "Housing Futures Work Group," conduct a consumer-oriented future housing needs assessment and report findings to the Board of Commissioners.*
- *Engage health plans and policymakers in a discussion of service networks and their development and make recommendations for any necessary action.*

Conclusion

The *Aging Initiative* charts a direction important to the future of Dakota County. The proportion of residents over the age of 65 years in Dakota County is projected to grow from 7.4% in 2000 to 17.2% by 2030. The Minnesota State Demographer, Dr. Thomas Gillaspy, summarizes this change, which is occurring throughout the state and the nation, in this way:

> **"These things usually creep along at the speed of a glacier. Not so with aging. In demographic terms, this is a tsunami. It doesn't get much bigger than this …
> the future of Dakota County in the next 20 to 30 years
> is largely going to depend on what decisions [are made]
> over the next couple of years."** [16]

The report *Navigating the Age Wave: the Aging Initiative Across Dakota County* provides a framework for action. It is a strategic plan for navigating the age wave. Its recommendations are expected to be carried out over time by a mix of governments at the local, state and national levels, and by private sector and non-profit organizations.

Dakota County must act to shape its future.

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[16] Dr. Thomas Gillaspy, State Demographer, to the Dakota County Management Team, March 14, 2007.

Figure i: Findings by Topic Area

Topic Area	Goal	Issues	Strategies
Finance	To improve the ability of residents to effectively plan for their financial futures.	Lack of knowledge about finanical planning Lack of participation in long-term care insurance Low savings rate in U.S. Lack of adeqaute financial preparation for retirement Over realiance on public entitlement programs for financing retirement	1) Promote and Provide Financial Planning Public Education and Training Across the Lifecycle 1a) Employer sponsored education seminars 1b) Dakota County as a pilot for employer site trainings 1c) Smaller Employers (less than 100 employees) via the Workforce Investment Board (WIB) or Chamber of Commerce 1d) Provide Training Via On-line Self Study at Libraries 1e) Monitor changing needs of retirement financing and develop specific communication materials 2) Monitor and advocate for policy changes at the state and federal levels that benefit low-wage workers heading into their retirement years
Health and Wellness	To improve residents overall health (physical and emotional) to protect their independence.	Increasing pressure of the medial system Increasing cost of health care Health care costs are rising considerably creating problems for access to care for some Healthly lifestyles reduce need for medical care, and improved physical and emotional health also improves quality of life Health is important to personal independence and ability to remain in home and community based settings. As people age they reqire more health care services Seniors and families are often unaware of services that are available for them Need to mitigate isolation that leads to poor mental and emotional health	3) Ensure Program And Policies Emphasize Personal Independence For Seniors To The Greatest Extent Possible 3a) Develop a System of Early Identification of Needs (Risk Assessment) 3b) Enhance Long-Term Care (LTC) Consultation Support 4) Continue To Monitor And Work Toward Health And Wellness Promotion At A Local Level 4a) Support The Active Living By Design Effort 4b)Develop plan of action to address gaps in the mental and emotional well-being of seniors and their caregivers 3) Advocate For Access To Affordable, Quality Health and Support Services 3a) Advocacy For Adequate Funding Of Medicare And Associated Programs
Housing	To provide adequate housing for the life cycle needs of residents.	Adequate supply of affordable housing Housing in close proximity to transportation serivces Adeqauate supply of adaptable housing for seniors Lack of senior specific housing information	6) Assess Housing Needs for Seniors and Coordinate Responses to those Needs in order to Create Affordable, Life Cycle Housing 6a) Continue to expand the supply of affordable senior rental housing for active seniors 6b) Support an expanded home loan program 6c) Create A Housing Futures Workgroup 7) Position Dakota County As A Place Where Seniors Can Live Comfortably 7a) Promote affordable rental housing in mixed-use, transit oriented developments 7b) Promote mixed-use rental buildings 7c) Conduct a consumer orientated future housing needs assessment

Figure ii: Findings by Topic Area

Topic Area	Goal	Issues	Strategies
Services	To provide accessible and quality services that support seniors and caregivers in home and community settings.	Informal care networks are the backbone of senior independence	8) Increase Residents Access To Aging Information
		Decline in number of typical informal caregivers	8a) Provide A Single Source Of Information For Residents To Get Information About Needed Services.
		Impact on caregivers health when providing intensive care	8b) Improve on Existing Resources to Create a Comprehensive, Integrated Source of Information
		Demands for services of all types is growing	8c) Ensure Linkage to Local Resources
		Strict reimbursement rules hinder what services seniors with moderate incomes can receive	8d) Provide Information and Support to Caregivers
		Policymakers are refining programs to help seniors remain in home and community-based settings for as long as possible	9) Support Improvements To The County's Technological And Physical Infrastructure.
		Gaps in Services, both home and community based and Nursing homes	9a) Strengthen Internet Access, Wi-Fi, And Fiber Optic Networks Across The County to improve telemedicine and remote check in.
		Technical and physical infrastructure gaps	10) Improve Cultural Competency
		Increased diversity	10a) Create a Minority Elders Committee
		Many information sources – but lack of coordination	11) Legislative Advocacy for County Service Needs
			11a) Engage Health Plans And Policymakers In A Discussion Of Service Networks And Their Development.
Transportation	To provide needed transportation options to help keep residents mobile and independent.	Senior Drivers are less mobile and more dependent on alterative transportation	12) Coordination of Transportation Optionsto better Support Seniors and the Broader Community
		Low density development does not support mass transit	13) Create Affordable Transportation Options for Seniors
		lack of coordiantion across transportation providers	13a) Advocate for policy change to existing travel reimbursement gaps.
		redcued number of volunteer drivers	13b) Develop a community initiative to support recruitment of volunteer drivers
		Need for improved technology for driver safety	14) Encourage Transit-Oriented Development in Multi-Modal Corridors.
		Lack of medical reimbursement for some trips	14a) Support higher density development projects
			15) Improve Roadway Conditions for Improved Safety of Older Drivers
			15a) Plan roadways and streets with consideration of needs of seniors

Figure iii: Findings by Topic Area

Topic Area	Goal	Issues	Strategies
Work and Community	To provide meaningful opportunities for seniors to contribute to their communities.	Large proportion of population to retire starting in 2011 Many Baby Boomers plan to work after they retire Tight labor markets will force many companies to retain older workers and attract non-traditional workers The rise in the senior population will create a demand for health care workers and volunteers Increase in retirees provide opportunities for increase volunteerism and creative ways to respond to work force demands	16) Support Projects to Assist Seniors to Remain Active 16a) Create a Dakota County Civic Engagement Center 16b) Dakota County Vital Aging Network (VAN) 16c) Provide art, recreation and life long learning opportunities 16d) Provide incentives to senior volunteers – property tax relief 16e) Examine workforce issues in Dakota County 17) Provide Advocacy For Work Policy Reforms 17a) Provide advocacy for improving the training and payment of health support staff

Introduction

The Dakota County Board of Commissioners established the 2006 Board Goal – "To Address The Implications of Aging for Dakota County," because of the expected growth in the elderly population and the onset of retiring baby boomers[17]. Baby Boomers will start reaching age 65 in 2011. This is a common retirement age; eligibility for many government sponsored programs begins at age 65.[18]

Providing a high quality of life for all residents is important to the Dakota County Board of Commissioners. In 2005, as implications of the coming age wave were discussed by demographers and the media with greater frequency and urgency, County Commissioners recognized the importance of this issue and addressed the need to be prepared for the implications of an aging population by creating a countywide goal in their annual scorecard. The County Board also recognized that working collaboratively with many other groups is essential to the success of efforts to address the implications of an aging population.

Study Purpose & Background

The countywide *Aging Initiative* developed out of recognition by Dakota County Board members that the numbers of aging citizens will sharply increase over the next 20 years and that planning and coordination is needed to provide a high quality of life for these seniors. The County Board members commissioned a strategic planning process to develop a vision and plan for moving forward.

Although analysts from Dakota County staffed this initiative, it was developed in partnership with many participants and organizations across the communities in Dakota County and beyond. The primary objective of this initiative was to bring together perspectives from multiple stakeholders to identify and integrate existing efforts around aging, identify gaps, and to develop key action plans to help address the implications of aging.

Methodology

This initiative used a strategic planning and community engagement approach. In July 2006, stakeholders from across many organizations and communities were pulled together to envision how communities can provide high quality of life to seniors.

Planning sessions were held with experts in different focus areas on aging to discuss barriers and concerns and to develop goals and recommendations to help communities achieve the

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[17] Baby Boomers are the age cohort born post-WWII. They are commonly defined as those born between 1946 and 1964.
[18] Full retirement age is increasing. Law changes for full retirement benefits from Social Security have shifted full retirement age over time. The earliest one can start receiving social security benefits is age 62. For those born before 1937, full retirement benefits begin at age 65; for those born between 1938 and1959, eligibility moves up to age 66; and for those born in 1960 or later it is age 67. Source: Social Security Online (http://www.ssa.gov/)

vision of providing a high quality of life for the coming age wave. The planning sessions centered on themes that are well established in the aging profession and have been identified as important in similar initiatives at state and federal levels, including: health and wellness, housing, services, transportation, and work and community engagement.   These areas are central to the U.S. Department of Health and Human Services, Administration on Aging (AOA) efforts to develop Livable Communities framework for all ages.

The project team added an additional focus area: finances. Local aging experts noted that a key area missing in other planning efforts about aging is a focus on financial management (educating working young adults about the critical need to provide for their future by setting aside income for retirement early in their careers) and the role it plays for seniors in long-term care and quality of life.
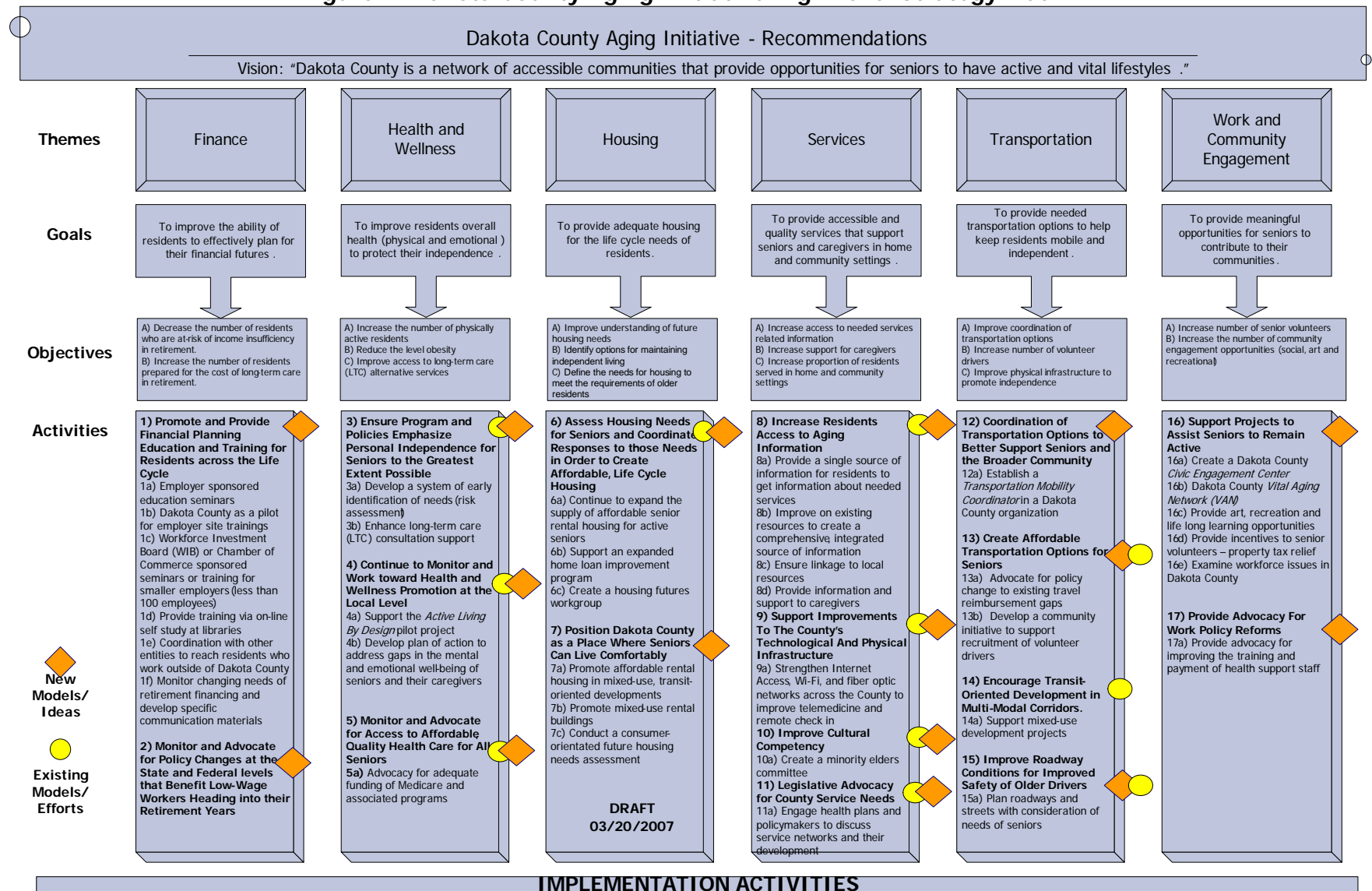
Finally, a series of four community feedback meetings were held around the County. Thirty-five residents reviewed and commented on the vision and goals of the Aging Initiative. The sessions were held in November 2006 in Hastings, West St. Paul, Farmington, and Burnsville.

A core team of 10 experts from County departments and provider organizations met periodically between July 2006 and February 2007 to help guide the process, analyze trends and information gathered through the focus groups, and prioritize recommendations of the report. See Appendix D – Project Approach for a detailed description of the methodology used for this initiative.

The project resulted in developing six theme area goals and 50 proposed activities intended to help achieve them. Figure 1 (see the following page) shows the high-level strategy chart that summarizes the recommendations of this initiative and includes: the overall vision, theme areas, goals, objectives and strategies. Detailed implementation information for each recommended activity is located in the focus area summary sections.

Figure 1: Dakota County Aging Initiative High Level Strategy Matrix

Dakota County Aging Initiative - Recommendations

Vision: "Dakota County is a network of accessible communities that provide opportunities for seniors to have active and vital lifestyles ."

Themes	Finance	Health and Wellness	Housing	Services	Transportation	Work and Community Engagement
Goals	To improve the ability of residents to effectively plan for their financial futures .	To improve residents overall health (physical and emotional) to protect their independence .	To provide adequate housing for the life cycle needs of residents .	To provide accessible and quality services that support seniors and caregivers in home and community settings .	To provide needed transportation options to help keep residents mobile and independent .	To provide meaningful opportunities for seniors to contribute to their communities .
Objectives	A) Decrease the number of residents who are at-risk of income insufficiency in retirement. B) Increase the number of residents prepared for the cost of long-term care in retirement.	A) Increase the number of physically active residents B) Reduce the level obesity C) Improve access to long-term care (LTC) alternative services	A) Improve understanding of future housing needs B) Identify options for maintaining independent living C) Define the needs for housing to meet the requirements of older residents	A) Increase access to needed services related information B) Increase support for caregivers C) Increase proportion of residents served in home and community settings	A) Improve coordination of transportation options B) Increase number of volunteer drivers C) Improve physical infrastructure to promote independence	A) Increase number of senior volunteers B) Increase the number of community engagement opportunities (social, art and recreational)

Activities

Finance

1) Promote and Provide Financial Planning Education and Training for Residents across the Life Cycle
1a) Employer sponsored education seminars
1b) Dakota County as a pilot for employer site trainings
1c) Workforce Investment Board (WIB) or Chamber of Commerce sponsored seminars or training for smaller employers (less than 100 employees)
1d) Provide training via on-line self study at libraries
1e) Coordination with other entities to reach residents who work outside of Dakota County
1f) Monitor changing needs of retirement financing and develop specific communication materials

2) Monitor and Advocate for Policy Changes at the State and Federal levels that Benefit Low-Wage Workers Heading into their Retirement Years

Health and Wellness

3) Ensure Program and Policies Emphasize Personal Independence for Seniors to the Greatest Extent Possible
3a) Develop a system of early identification of needs (risk assessment)
3b) Enhance long-term care (LTC) consultation support

4) Continue to Monitor and Work toward Health and Wellness Promotion at the Local Level
4a) Support the *Active Living By Design* pilot project
4b) Develop plan of action to address gaps in the mental and emotional well-being of seniors and their caregivers

5) Monitor and Advocate for Access to Affordable Quality Health Care for All Seniors
5a) Advocacy for adequate funding of Medicare and associated programs

Housing

6) Assess Housing Needs for Seniors and Coordinate Responses to those Needs in Order to Create Affordable, Life Cycle Housing
6a) Continue to expand the supply of affordable senior rental housing for active seniors
6b) Support an expanded home loan improvement program
6c) Create a housing futures workgroup

7) Position Dakota County as a Place Where Seniors Can Live Comfortably
7a) Promote affordable rental housing in mixed-use, transit-oriented developments
7b) Promote mixed-use rental buildings
7c) Conduct a consumer-orientated future housing needs assessment

DRAFT 03/20/2007

Services

8) Increase Residents Access to Aging Information
8a) Provide a single source of information for residents to get information about needed services
8b) Improve on existing resources to create a comprehensive, integrated source of information
8c) Ensure linkage to local resources
8d) Provide information and support to caregivers

9) Support Improvements To The County's Technological And Physical Infrastructure
9a) Strengthen Internet Access, Wi-Fi, and fiber optic networks across the County to improve telemedicine and remote check in

10) Improve Cultural Competency
10a) Create a minority elders committee

11) Legislative Advocacy for County Service Needs
11a) Engage health plans and policymakers to discuss service networks and their development

Transportation

12) Coordination of Transportation Options to Better Support Seniors and the Broader Community
12a) Establish a *Transportation Mobility Coordinator* in a Dakota County organization

13) Create Affordable Transportation Options for Seniors
13a) Advocate for policy change to existing travel reimbursement gaps
13b) Develop a community initiative to support recruitment of volunteer drivers

14) Encourage Transit-Oriented Development in Multi-Modal Corridors.
14a) Support mixed-use development projects

15) Improve Roadway Conditions for Improved Safety of Older Drivers
15a) Plan roadways and streets with consideration of needs of seniors

Work and Community Engagement

16) Support Projects to Assist Seniors to Remain Active
16a) Create a Dakota County *Civic Engagement Center*
16b) Dakota County *Vital Aging Network (VAN)*
16c) Provide art, recreation and life long learning opportunities
16d) Provide incentives to senior volunteers – property tax relief
16e) Examine workforce issues in Dakota County

17) Provide Advocacy For Work Policy Reforms
17a) Provide advocacy for improving the training and payment of health support staff

◆ New Models/ Ideas

● Existing Models/ Efforts

IMPLEMENTATION ACTIVITIES

Communities Provide High Quality of Life to Seniors

The countywide *Aging Initiative* embarked on a strategic planning process to create a vision of ideal communities for seniors. Thirty-four participants representing a wide range of organizations gathered to develop a vision statement, which was later reviewed by four focus groups of residents from around Dakota County. Overall, more than 100 participants came together to create the following vision:

Vision of Dakota County Aging Initiative

Dakota County is a network of accessible communities that provide opportunities for seniors to have active and vital lifestyles.

Where:

- *Small, intimate, walk-able neighborhoods of mixed-use or life-cycle housing and shared green space are available.*

- *Residents are able make more trips (without needing vehicles) to get necessities such as food, clothing, medicines, and health care.*
- *Technology helps take care of people, provides them with on-going educational opportunities, and connects them to each other.*

- *Recreation and cultural activities are available, with on-demand transit available to get them to these and other activities.*

- *Part-time (perhaps on-line) work for seniors is common and volunteerism is an active part of care-giving.*

- *The County, municipalities, state and federal government entities, non-profit service providers, businesses, community-based organizations, and others collaborate to plan for and address the needs of older residents.*

Dakota County Residents Review and Comment

The countywide *Aging Initiative's* preliminary recommendations were reviewed by four groups of Dakota County residents. Thirty-eight resident participants who were identified as either current retirees or Baby Boomers (who anticipate retiring) reviewed recommended strategies.

Focus group participants felt that the County was on the right track in looking at ways to respond to the growing aging population. Each group discussion focused on slightly different areas, but most said that health and healthy lifestyles are very important. Key issues raised in these focus groups included factors that will help residents to remain independent for as long as possible. Complete summaries of comments from each focus group are included in Appendix C.

When asked, specifically, for the most important areas on which to focus, the groups responded as follows:

Group 1
- Walkability/Rollability - Easy access for seniors to walk or move about in wheel chairs or strollers.
- Transportation – Access to transit or rides to and from needed services and recreational/cultural opportunities.
- Services, One-Stop – One place to call to get needed information or one website to visit to seek information.

Group 2
- Health – Personal health is very important to quality of life as people age.
- Community "Connectedness" – Remaining connected to family, friends, religious communities, and neighbors is important for stimulation and self esteem.
- Finance – Many people are not prepared for end-of-life financial issues and the cost of care, more needs to be done to educate people about financial planning.
- Education – Greater life-long learning opportunities are needed to assist people in their continued development and vitality as they age.

Group 3
- Health Care and Health Care Costs – Personal health is important, but health care costs limit what people can do and require a larger and larger proportion of seniors' income.
- Marketing and Public Education - Need for good information and clear information on what is available within communities.

- Group 4
- Health Care and Health Care Costs – Personal health and access to and knowledge about health care and long-term care options is needed. Many people do not know what is available and don't think about such things until a crisis happens.
- Information and Service Coordination Assistance – Need for clear and easy access to information and assistance in deciding on what services are the best fit for a loved one. The focus would be on providing supports to caregivers who need to make critical life decisions but do not know all of the options.
- Community Engagement – Being actively engaged in community (friends, family, public life) is very important for seniors' emotional and physical health.

Additional Recommendations From Resident Focus Groups:

- In the work and community engagement section, try to expand the focus to include recreation and art.
- Need for additional focus on education and life-long learning opportunities for seniors.
- Separate Work Related Components From Community Engagement – One participant felt that work for pay was so different in nature from community engagement that they should be separated out. The project team has chosen to keep these two tied together at this point, but when implementing recommendations, it might make sense to have two working groups, one focused on work related issues and one focused on community engagement issues.

- Several groups recommended establishing and marketing a one-stop shop for service related information, available both by voice (for callers) and electronically.

Alignment with the State of Minnesota Transform 2010 Aging Initiative

Across the nation and Minnesota, there are a wide range of efforts and initiatives underway to plan for the sharp increase in the senior population. County government is only one stakeholder in a web of agencies that are vital to the success of addressing aging implications. State and federal governments, municipalities, non-profit service providers, education institutions, businesses, and members of the public are all important in collaborative efforts to plan for and address the needs of the communities.

The Minnesota Department of Human Services, anticipating the major impact that this age wave (the aging baby boomers) will have on the type of services that are needed and provided, initiated the Transform 2010 project.

OVERVIEW: Transform 2010

Transform 2010 is a project to prepare Minnesota for the coming age wave of baby boomers. It is a partnership between the Department of Human Services and the Minnesota Board on Aging, the Department of Health and other state agencies. Specifically, the project is identifying the impacts of the aging of Minnesota's population on the state, and developing a plan with both short- and long-term goals to transform our infrastructures and services, so that Minnesota can support a permanent change in the age of the state's population.[19]

The Office of Planning, Evaluation, and Development's lead staff working on the countywide *Aging Initiative* consulted with the Department of Human Services Transform 2010 team to draw on the substantial knowledge base gained through the Transform 2010 development efforts. The difference between the two planning efforts is that the strategies developed by Transform 2010 are focused on statewide level, while the recommended strategies described in this initiative are focused on efforts for the local level. In order to make better use of our efforts locally, we will need to be aware of and draw on the expertise and knowledge of the statewide and federal efforts, where possible.

Figure 2 shows the vision, themes, and strategies developed by the Transform 2010.

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[19] Minnesota Department of Human Services Transform 2010 Project Description.

Figure 2: Transform 2010 Strategy Matrix, January 2007

TRANSFORM 2010: PREPARING FOR MINNESOTA'S AGE WAVE
SUMMARY OF VISION, THEMES AND STRATEGIES
JANUARY 2007

OVERALL VISION: MINNESOTA IS A PLACE WHERE PEOPLE LIVE WELL AND AGE WELL, AND HELP OTHERS IN THEIR COMMUNITY TO DO THE SAME.

Redefining Work and Retirement	Supporting Caregivers of All Ages	Fostering Communities for a Lifetime	Improving Health and Long-Term Care
Minnesotans will have a plan for their own pattern of work, "retirement," and volunteering, and contribute to the state's economic vitality and quality of life.	Caregivers of all ages and for all ages will get the support they need to provide care to family members, friends and neighbors.	All of Minnesota's communities will be vital and supportive environments for their residents of all ages.	All Minnesotans will lead healthy lives, and be supported by an integrated health and long-term care system that is consumer-centered, provides high quality, access and chronic care management, and is able to recruit and retain workers with geriatric training and expertise.
1. Rethink current retirement and employment policies to support continued work, workplace flexibility and other realities of an aging workforce. 2. Strengthen federal income and health programs that provide the foundation for individual retirement security. 3. Encourage individuals to plan and save for their retirement. 4. Expand the options available to individuals to pay for long-term care costs. 5. Prepare Minnesota's businesses and post-secondary education systems to meet the education and training needs of an aging workforce/population. 6. Engage Minnesotans in vital aging opportunities as they age.	1. Make Minnesota workplaces "eldercare friendly" for workers who are also caregivers. 2. Increase supply and types of caregiver supports as well as public awareness of the services that help caregivers. 3. Activate the networks of neighbors and faith communities to support individuals who do not have family or other social support networks. 4. Ensure that grandparents raising grandchildren have access to existing programs intended to help families with children.	1. Build or adapt physical infrastructures in communities, so they better support residents of all abilities, including wise land use, housing, mobility and accessible public space. 2. Foster social connections that build "community" among residents and nurture a sense of responsibility across generations. 3. Expand range of products and services that help residents stay engaged and independent as they age. 4. Support assessment and planning efforts to develop healthy communities for a lifetime.	1. Provide individuals across the lifespan with tangible benefits for healthy behaviors. 2. Expand evidence-based health promotion, especially in groups where disparities exist. 3. Ensure that Minnesotans of all ages have health insurance coverage, and that health providers have incentives to provide preventive care. 4. Use technology to transform the health system, achieving both efficiencies and savings while improving quality. 5. Develop and offer new integrated health and long-term care products to Minnesota's Medicare population. 6. Incorporate consumer feedback into all quality improvement efforts in health and long-term care. 7. Recruit and retain a stable health and long-term care workforce that has geriatric competence to serve older people. 8. Intensify Minnesota's long-term care reform to be ready to serve a doubling of people who need long-term care in the future. 9. Strengthen Minnesota's adult protection and advocacy systems. 10. Increase effective interaction between the mental health and the aging system, to better serve older persons with mental health and related problems.

All strategies must include a plan to work with ethnic, immigrant and tribal communities on how to successfully implement these actions.
All the strategies must be implemented in ways that provide access to persons with physical, mental and communication disabilities.

Source: Minnesota Department of Human Services, Aging Transformation Office, Transform 2010 Strategy Matrix

General Themes for Action

As noted earlier, the focus areas of the countywide *Aging Initiative* include: finance; health and wellness; housing; services; transportation; and work and community engagement. These areas, excluding finance, were identified from the recommendations of Transform 2010 and the Administration on Aging (AOA) focus areas for Livable Communities. The matrix below (Figure 3), illustrates how the Dakota County Aging Initiative subject areas relate to the Transform 2010 themes.

Figure 3: Minnesota's Transform 2010 and the Dakota County Aging Initiative

Transform 2010 Strategies	Dakota County Aging Initiative Focus Areas
Redefining Work and Retirement: Minnesotans will have a plan for their own pattern of work, "retirement," and volunteering, and contribute to the state's economic vitality and quality of life.	*Finance and Work and Community Engagement*
Supporting Caregivers of All Ages: Caregivers of all ages and for all ages will get the support they need to provide care to family members, friends and neighbors.	*Health and Wellness and Services*
Fostering Communities for a Lifetime: All of Minnesota's communities will be vital and supportive environments for their residents of all ages.	*Housing, Services and Transportation*
Improving Health and Long-Term Care: All Minnesotans will lead healthy lives, and be supported by an integrated health and long-term care system that is consumer-centered, provides high quality, access and chronic care management, and is able to recruit and retain workers with geriatric training and expertise.	*Finance, Health and Wellness, and Services*

Source: State of Minnesota's Transform 2010 Strategies & Dakota County Aging Initiative Strategies

Aging Demographics

The purpose of this section is to provide the background information and demographic trends that motivated this project. Additional data of interest may be found in Appendix F – the countywide *Aging Initiative* Chart book.

Trends and Issues

The nation and Minnesota are on the verge of a large social change. Baby Boomers are beginning to retire and, in the next two decades, retirees will outnumber schoolchildren in many communities. This 'age wave,' as researchers and the media have called it, will affect many of the basic operations of Dakota County, ranging from senior services to housing and development.

The major issues regarding an aging population in Dakota County relate to the ways geography, diversity, and income affects the provision and accessibility of relevant services. Important trends to note are:

- The proportion of seniors age 65+ in the population will continue to increase during the next 20 years.
- As longevity rates continue to increase, the proportion of seniors who live to ages beyond 80 years will increase.
- The number of seniors in Dakota County will continue to increase in ethnic and racial diversity.
- In Dakota County, many seniors have high household income, but poverty and insufficient retirement income are concerns for some.
- The 'age wave' will not be spread evenly across the County. The biggest senior population increases will occur in second- and third-ring suburban communities (i.e., Lakeville, Apple Valley, Burnsville, and Eagan).

The Number of Seniors is growing

The proportion of residents over age 65 in Dakota County is projected to increase from 7.4% in 2000 to 17.2% by 2030.[20] This compares to a statewide proportion change from 12.1% to 20.4% over the same timeframe. The percentage of residents age 85 and over will also increase. (See Figure 4.)

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[20] *Transform 2010*, Minnesota Department of Human Services

Figure 4: Percent of Population (65+) and (85+), Dakota County & State of MN
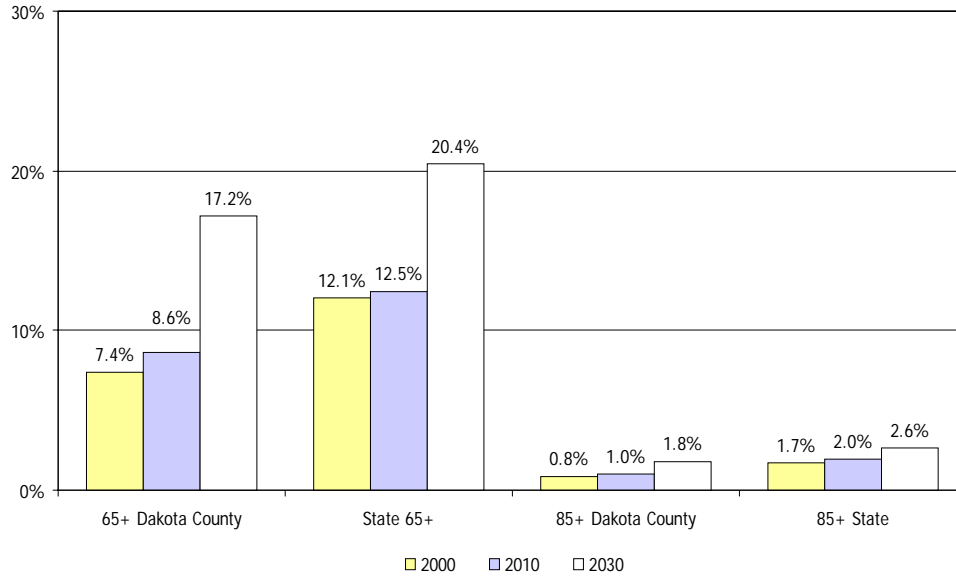
Source: Minnesota Department of Human Services Transform 2010

Between 2000 and 2030, Dakota County's population of persons 65 years and older is expected to increase by more than 225%, from approximately 26,000 in 2000 to more than 86,000 in 2030. This percentage change is similar to the changes in other suburban counties (e.g., Anoka County 226%, Washington County 296%), but higher than either Hennepin (107%) or Ramsey (97%). (See Figure 5).

Figure 5: Projected Population Increase, 2000 to 2030

	Total Population	Age 65+	Age 85+
Minnesota	27%	117%	91%
Anoka	35%	226%	269%
Dakota	41%	228%	213%
Hennepin	16%	107%	76%
Ramsey	11%	95%	92%
Scott	103%	368%	289%
Washington	65%	294%	298%

Source: Minnesota State Demographer

Figure 6: Dakota County Age Distribution, 2005 and 2030
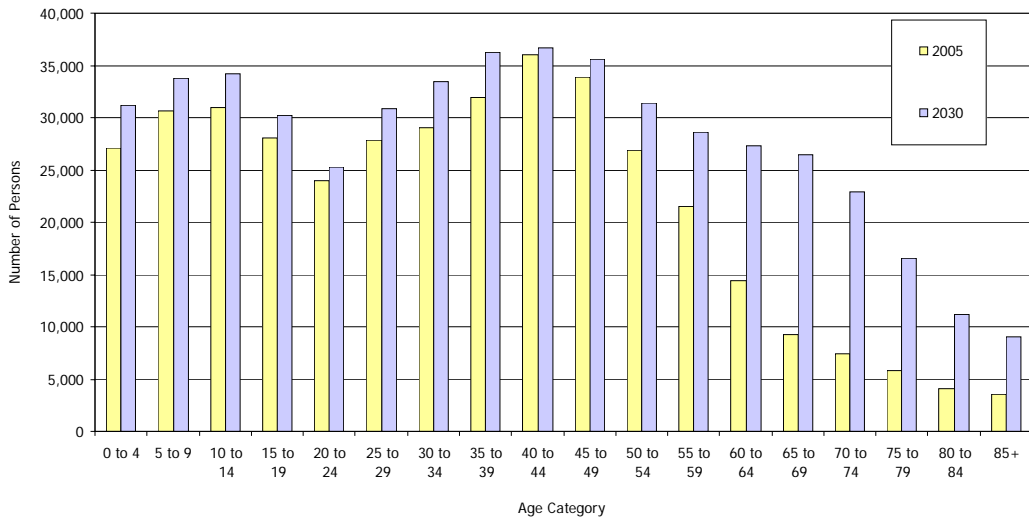
Source: Minnesota Demographic Center

Dakota County seniors will soon outnumber school age children. Figure 6 shows the changing age distribution for Dakota County between 2005 and 2030. The consequences of the changing age distribution may affect many issues. Research suggests that these demographic shifts could lead to: expanded government budgets to pay for entitlement programs like Medicare; disinvestment in education as priorities shift; health care shortages as people age and demand more medical/health care treatments; labor shortages as Baby Boomers begin to retire; and increasing poverty among seniors as pensions become less common and savings become inadequate.

Figure 7: Comparison of Statewide Population Age 65+ vs. Age 18-24
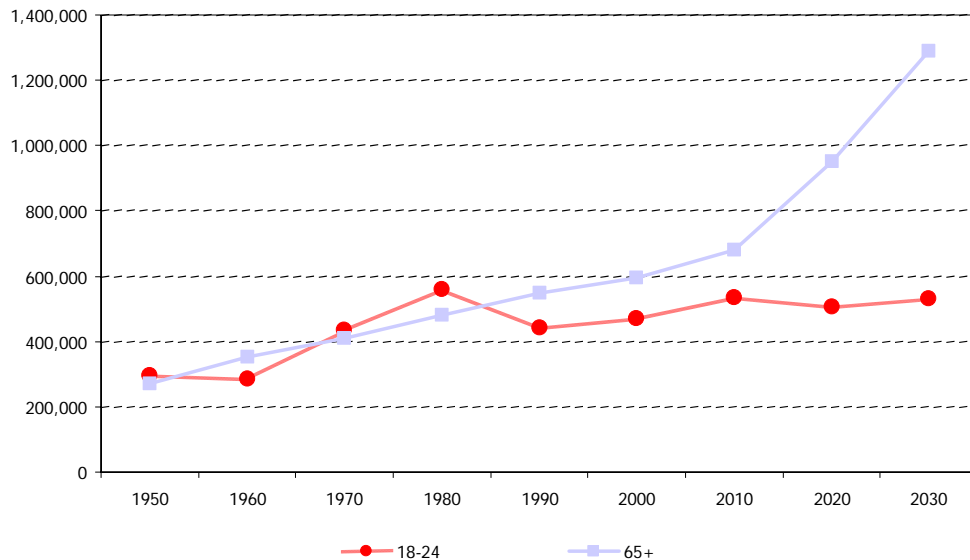
Source: Minnesota State Demographers Office

As Figure 7 illustrates, Minnesota is on the edge of the 'age wave'[21]. By 2010, the first batch of Baby Boomers will reach 65 and there will be exponential increases in that population until 2030. Another trend to note is the relatively flat growth in a younger population. This trend suggests, that if everything remains the same, there will be fewer people to pay for and provide services, while more people demand them.

Increases in Longevity

People are living longer. Figure 8 illustrates data collected from the Minnesota Department of Health Center for Health Statistics. This graph compares the proportion of all deaths occurring by age range in 1990 and 2005. There are only slight differences in the proportion of deaths among people under 65 years old. However, among persons between 65 and 84 years, the proportion of total deaths this age group comprises dropped by four percentage points. Similarly, the proportion of deaths of people 85+ years rose three percentage points. Even in a relatively short span of 15 years, medical advances and increased health awareness have substantially affected life expectancies.

Minnesota was recently ranked second in the nation in longevity (Hawaii ranked first at 80 years) with an average life expectancy of 78.8 years.[22] More people are living longer and experiencing more years as retirees.

Figure 8: *Percent of Deaths by Age in Minnesota, 1990 and 2005*
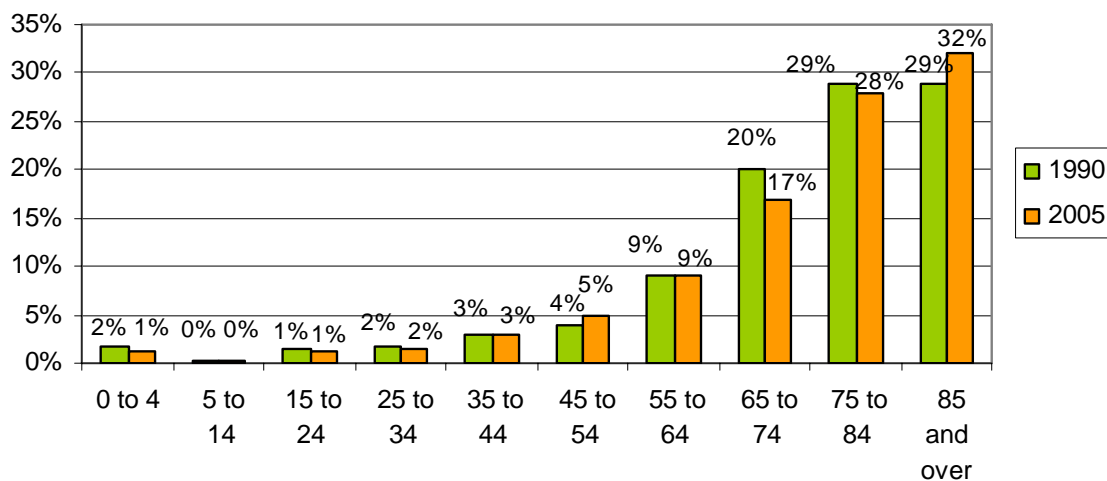
Source: MN Department of Health Center for Health Statistics

Senior Populations are Becoming More Diverse

The population of Dakota County is becoming more ethnically and racially diverse. This is true of all age groups, including people over the age of 65. Figure 9 shows the estimated change in the proportion of diverse residents between 2000 and 2005. In 2005, between 4% and 6% of residents between the ages of 65 and 84 are of a diverse racial background, while approximately 2% of residents over the age of 85 are of a diverse background. As with the

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[21] Minnesota , the United States and most development nations are experiencing a similar "age wave."
[22] 2006 Harvard University Study of Longevity.

entire population, it is likely that the proportion of residents over 65 will become more diverse in the coming years.

The importance of aging and diversity relates to service provision and pre-existing racial disparities. Disparities among people of color exist across income, education, housing, and health. For example, the average black Twin Cities resident is 73% less likely to own a home than an average white resident; 1/3 of Hmong residents live below the federal poverty line; and on average, Mexican residents earn 38% less than the median metro income.[23]

Figure 9: Percent Dakota County Residents of Diverse Racial Background by Age Group, 2000 vs. 2005
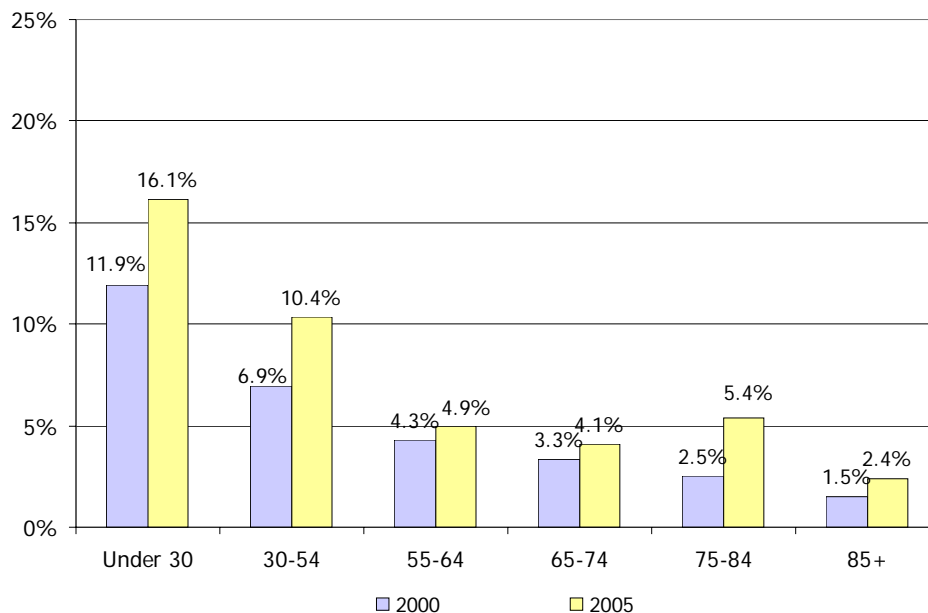
Source: American Community Survey, 2005

Such disparities directly affect the demand and ability to pay for needed services for diverse populations. As income drops with age and retirement, many people use public programs to fill needs. These existing racial disparities suggest that communities need to be prepared to serve a higher proportion of people of color in the senior population. Moreover, these needs require that programs be structured in an inclusive manner, so that access is universal. This means hiring staff who can cross language barriers or reworking programs to fit cultural nuances.

Differences among Municipalities in Dakota County

Seniors (65+) are primarily concentrated in the more densely populated areas of the county. Although most seniors are located in the northern part of the county, many live in rural and suburban areas where fewer service and transportation options are available. Figure 10 shows where seniors live in Dakota County.

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[23] *Mind the Gap,* The Brookings Institution, 2005

Density of Senior Citizens by Municipality, 2000

One dot equals 10 people aged 65 and over.
Source: U.S. Census 2000 Summary File 1.

Map Dated July 14, 2006

Prepared by the
Dakota County Office of GIS
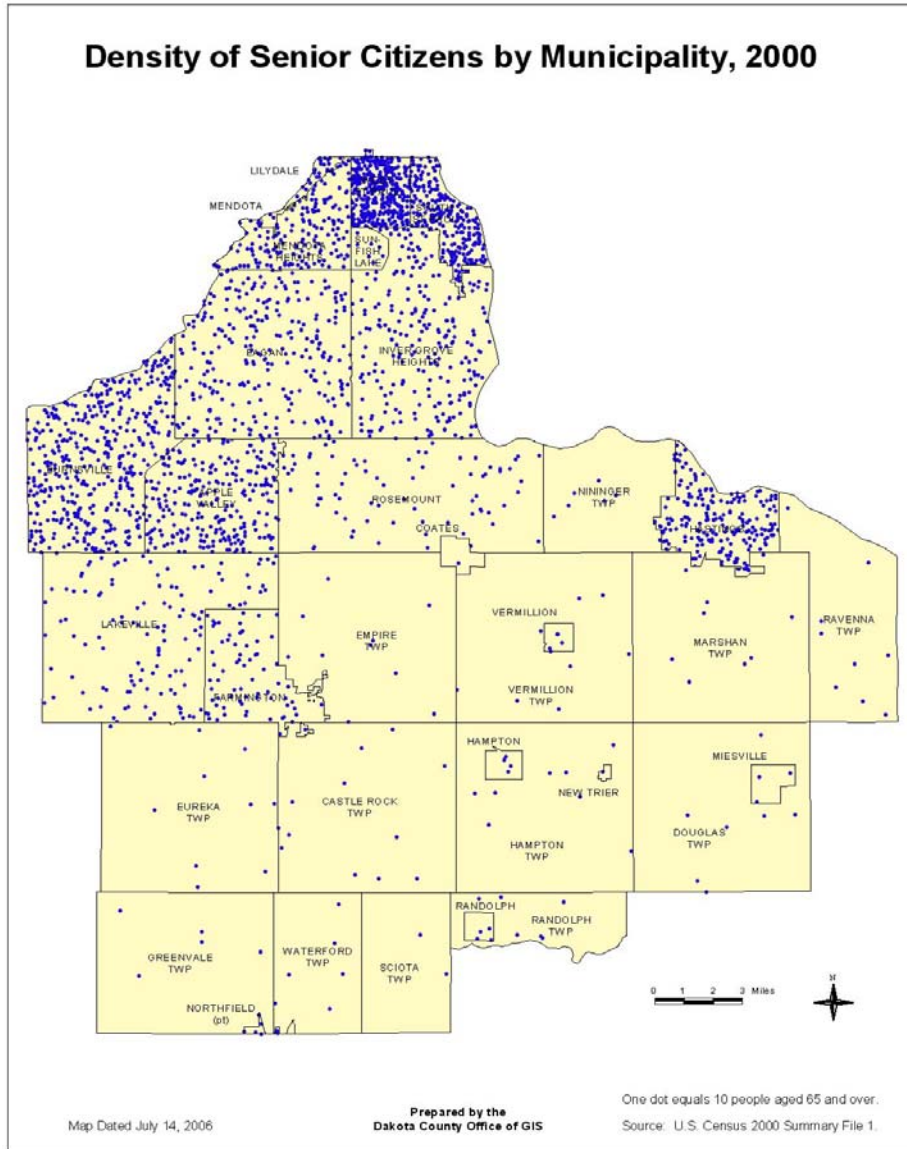
Source: 2000 U.S. Census data, prepared by Dakota County Office of GIS

There is a wide variation in senior population between cities in Dakota County. In general, developed areas have a larger number. But as a proportion of total city population, many rural and exurban towns are comparable to the developed areas. These wide differences make it difficult to concentrate resources. The proportions illustrated in Figure 11 will change over the years, but the graph gives an impression of the current variance between cities.

Figure 11: Percentage of Persons 65 Years and Older in Dakota County, by City.
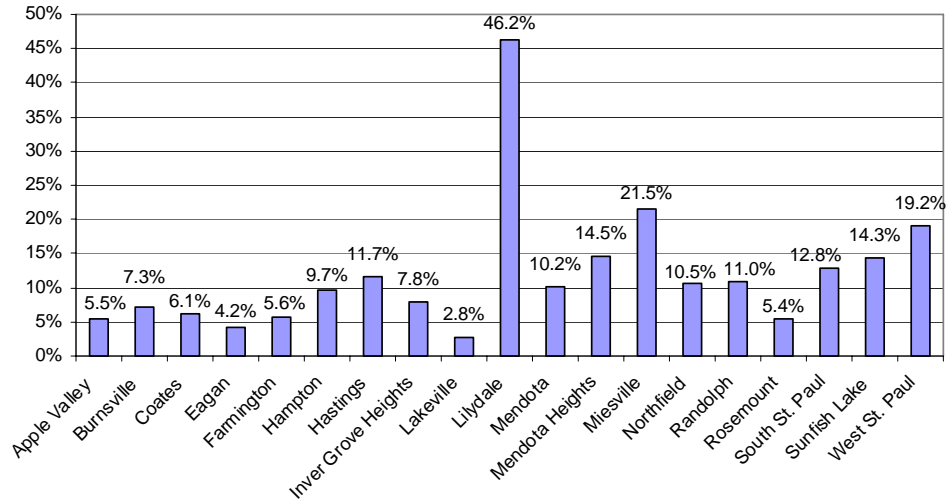
Source: Census, 2000

Figure 12 describes the increasing age of Dakota County residents. Among Dakota County cities with populations over 10,000, West St. Paul has the highest median age at 39.3 in 2000 and an estimated 40.5 in 2007. The most dramatic increases in median age between 1980 and 1990 occurred in Apple Valley (19% increase in median age between 1980-90 and 15% increase between 1990-00).

This aging trend will most likely continue until the bulge of Baby Boomers passes through the population. The trend will reverse only if a large migration of younger people into the county occurs, and/or the young people growing up in Dakota County decide to stay.

Figure 12: Median Age by City and Year

	Apple Valley	Burnsville	Eagan	Hastings	Inver Grove Heights	Lakeville	South St. Paul	West St. Paul
■ 1980	25.1	26.4	25.9	27.5	25.5	24.2	30.1	34.2
■ 1990	29.9	29.5	28.7	31.5	29.8	27.8	33	38.1
□ 2000	34.5	33	32.8	35	33.8	31.5	35.4	39.3
□ 2007 (est.)	36.7	34.5	34.4	36.8	35.7	33.2	36.6	40.5
■ % change 1980-1990	19.1%	11.7%	10.8%	14.5%	16.9%	14.9%	9.6%	11.4%
■ %change 1990-2000	15.4%	11.9%	14.3%	11.1%	13.4%	13.3%	7.3%	3.1%
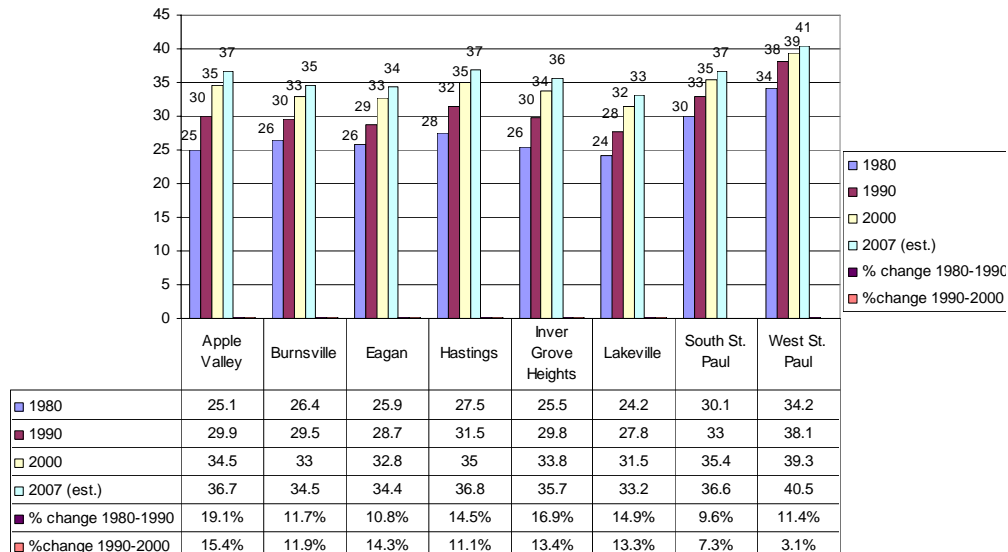
Source: U.S. Census

In the next several decades, suburban and exurban communities in Dakota County (such as Apple Valley, Burnsville, Eagan, and Lakeville) will likely have the highest numbers of people 65 years and older. Figure 13 represents an estimate of the senior population in larger Dakota County cities. Assuming migration and mortality rates stay the same, most cities will see explosive growth in older populations. In Eagan and Burnsville, for example, it is possible that almost one-third of the population could be 65 years old and older.

Figure 13: Estimated Population of Persons 65 and older by Dakota County Cities

Estimated Population of Persons 65+ (Using county population as the base)

	Apple Valley	Burnsville	Eagan	Farmington	Hastings	Inver Grove Heights	Lakeville	Mendota Heights	Rosemount	S. St. Paul	W. St. Paul
2000	2,506	4,358	2,674	693	2,127	2,332	1,226	1,656	784	2,574	3,722
2010	5,084	7,447	5,256	813	2,430	3,499	2,956	1,973	1,194	2,574	3,105
2020	10,554	10,754	11,602	1,263	2,768	5,082	6,909	2,346	2,010	2,251	2,571
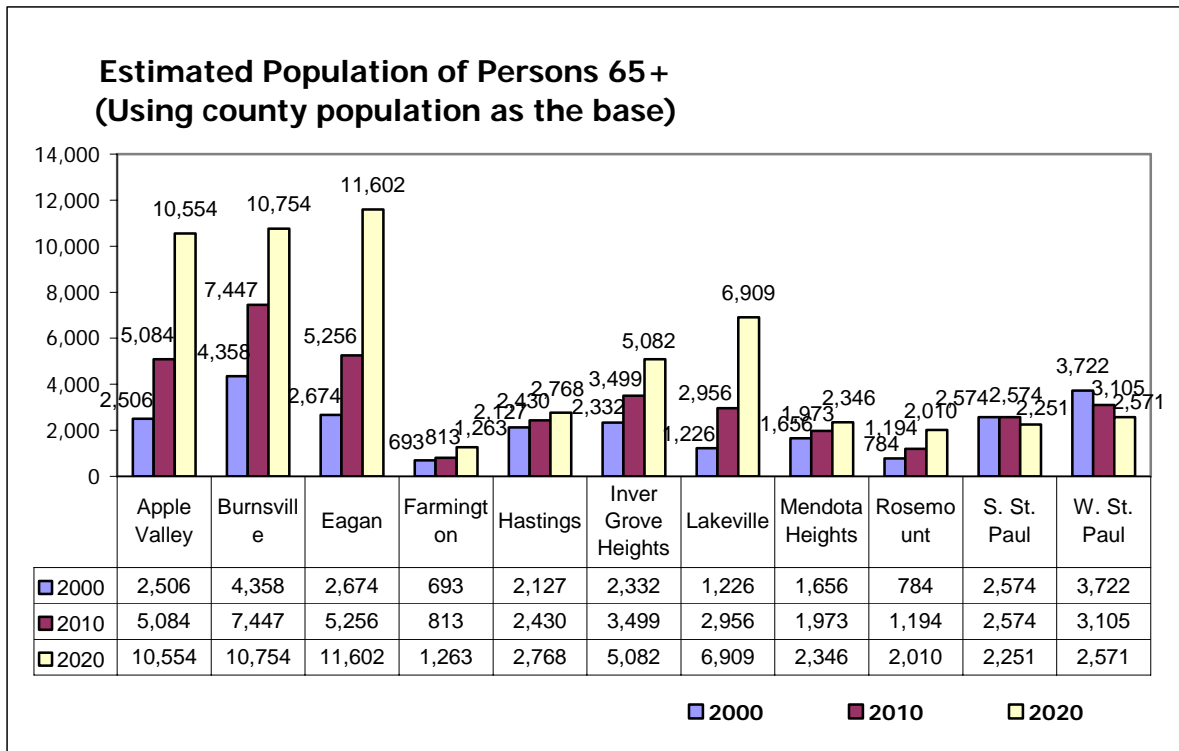
Source: Metropolitan Council[24]

Minnesota State Demographic Center data projections for Dakota County are shown for elders in Figure 14.

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[24] Projections were made using Met Council Population projections and 2004 life table data. These projections assume a constant rate of migration and static life expectancies.

Figure 14: Estimated Population of Persons 65 and Over in Dakota County
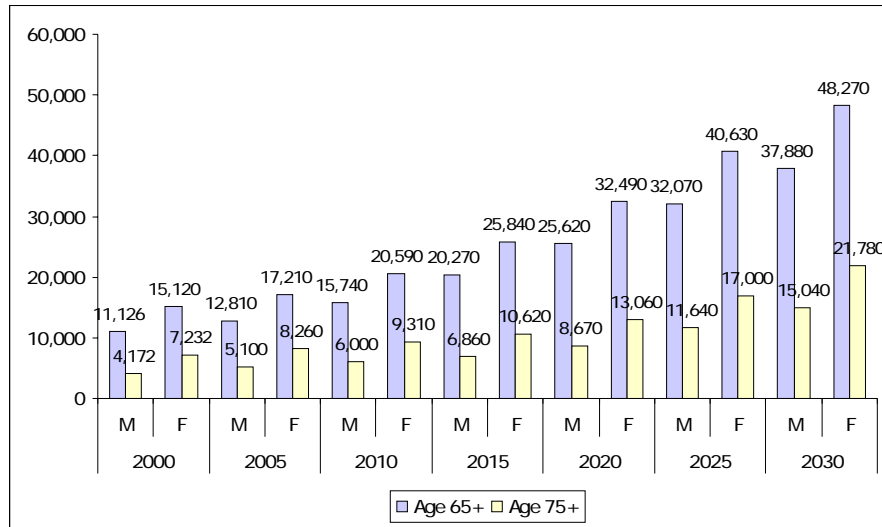
Source: Minnesota State Demographic Center, October 2002

Senior poverty is growing, but many Dakota County seniors have access to reasonable income.

Dakota County residents, on the whole, earn comparable wages to other suburban counties (see Figure 15).   In 2005, households with a householder over the age of 65 years had an income of about $36,000. This is slightly more than Ramsey ($32,000) and Anoka ($34,000) counties, but substantially less than Washington County ($42,000).

Figure 15: Median Household Income for Householders aged 65+ Years
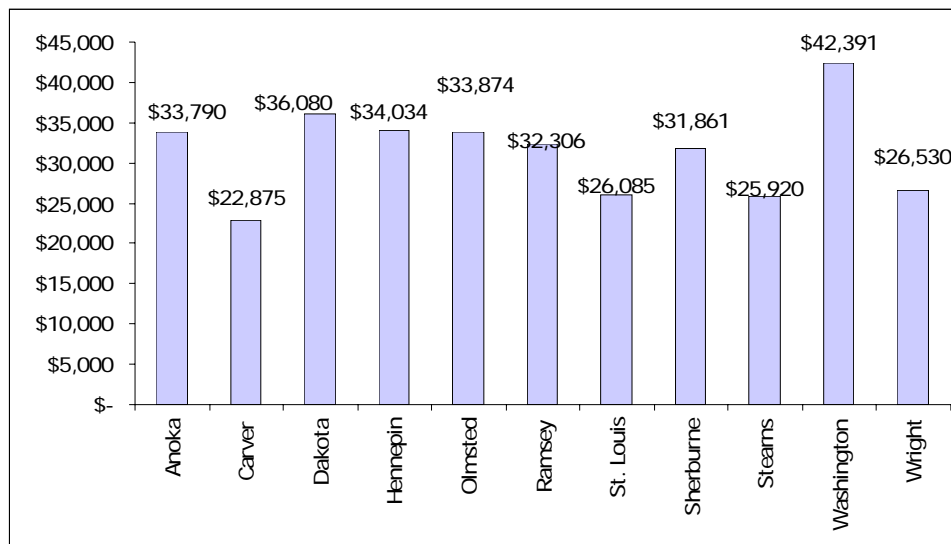
Source: American Community Survey, 2005

In retirement years, homeownership is an asset that greatly adds to income security. Almost 80% of Dakota County seniors are homeowners.   Based on current homeownership trends, many seniors in Dakota County will have access to home equity in their retirement (see Figure 15).

Figure 16: Homeownership Rates for People Aged 65 + Years
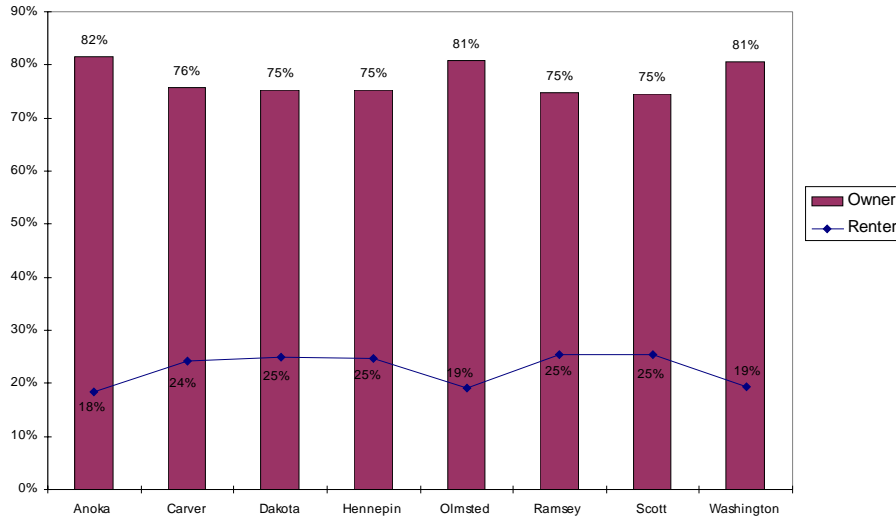
Source: American Community Survey, 2005

Figure 16 illustrates the significantly higher rate of female poverty than male poverty for those over 65. Carver and Olmsted counties have the highest rate of senior female poverty (9% and 7%, respectively). Dakota and Anoka counties have the lowest senior female poverty rates of the eleven-county metro area.

Figure 17: Percent of People in Poverty that are Aged 65+ Years
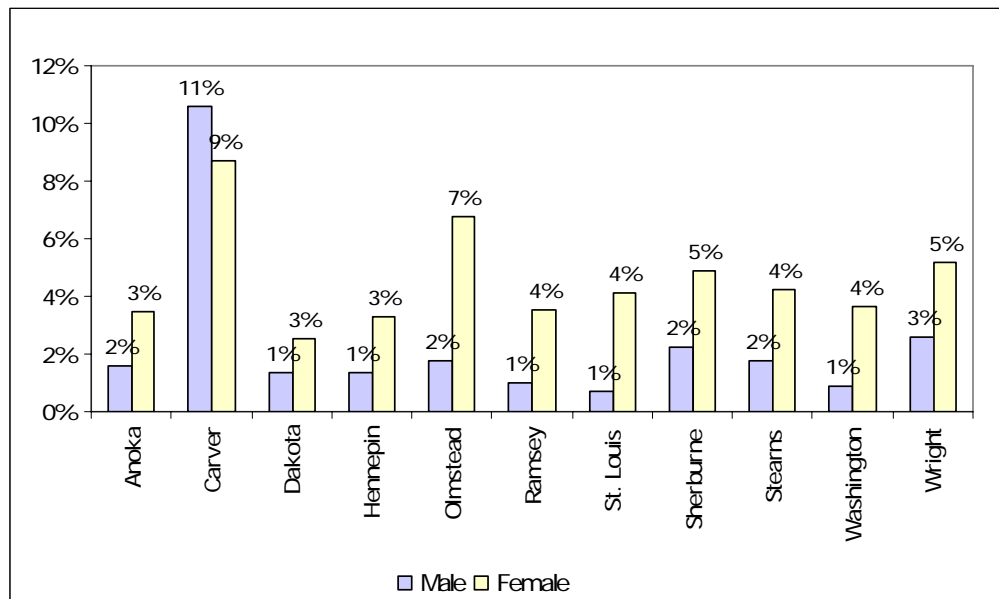
Source: American Community Survey, 2005

Although many Dakota County residents earn a relatively high income today, there is evidence that this situation will not continue with age. When people can no longer work, they must rely

on savings or entitlement programs. However, 36% of workers age 55+ in the United States have saved less than $10,000 for retirement.[25] If this trend held in Dakota County, this statistic would be true for more than 30,000 residents. Even if it is only half as likely in Dakota County, 15,000 residents would be affected -- which would equal the entire public assistance caseload in Employment and Economic Assistance. This suggests that longer work years and/or inadequate income during senior years will be the reality for many people.

Figure 18: Retirement Savings of U.S. Workers Age 55+ (in Thousands)
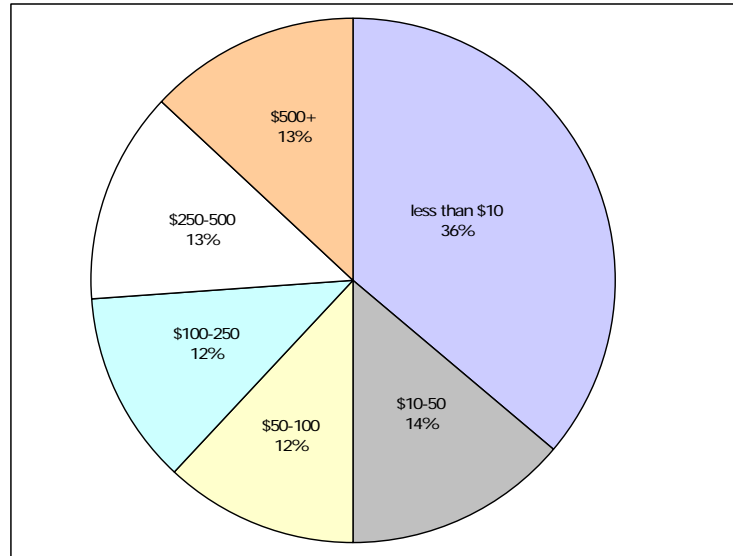
Source: 2006 Retirement Confidence Survey, Employee Benefits Research Institute

According to the 2005 American Community Survey, only 14% of Dakota County households indicated that they received some non-wage income in the prior year (see Figure 18). This means that only 14% of the households in the county earned interest from savings, investments, retirement plans, or public assistance income. Such items can be identified as proxies for retirement savings. Considering that more than half of the households in the county are 50 years old or older, the lack of supplemental income suggests a lack of personal retirement savings. This inadequate saving trend is true throughout the metropolitan area.

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[25] *2006 Retirement Confidence Survey*, Employee Benefits Research Institute

Figure 19: Percentage of Households Earning a Non-Wage Income

County	Without Other Income	With Other Income
Washington	87%	13%
Scott	89%	11%
Ramsey	88%	12%
Olmsted	88%	12%
Hennepin	88%	12%
Dakota	86%	14%
Carver	90%	10%
Anoka	85%	15%
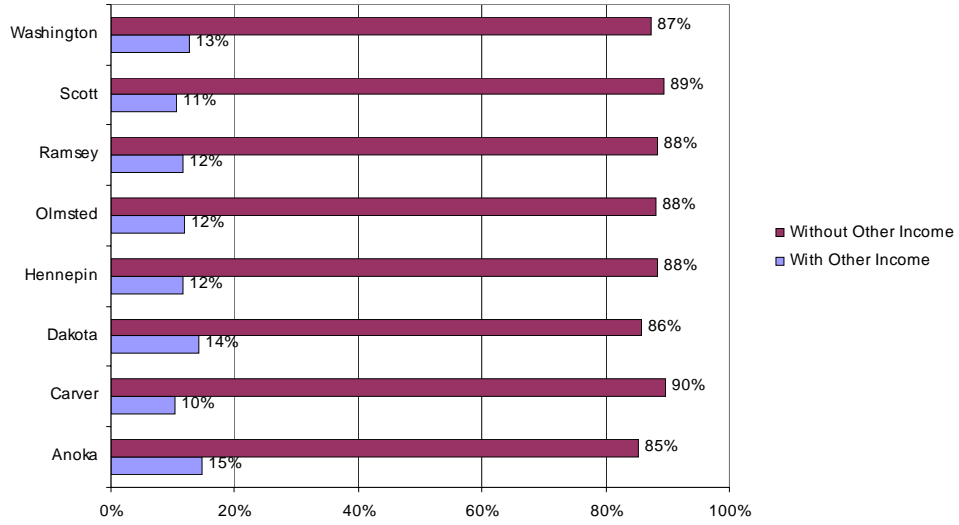
Source: American Community Survey, 2005

Finance

Introduction

Financial planning for retirement is an important part of ensuring quality of life for seniors. Without sufficient planning, seniors can find their financial situation insufficient to meet their needs as they grow older.

The goal of this theme area is to improve the planning and income sufficiency of residents for retirement. For most people, greater knowledge and understanding of projected financial needs and tools can help ensure income sufficiency during retirement. However, there are considerable economic barriers for some people in our society at the lower end of the income scale. It is important to continue to monitor programs aimed at assisting lower-income seniors to ensure reasonable assistance is available.

The objectives of this goal area are:

- Decrease the number of Dakota County residents who are at-risk of income insufficiency in retirement.
- Increase the number of residents who are prepared for long-term care options in retirement.
- Ensure appropriate monitoring and advocacy on behalf of lower-income seniors regarding state and federal programs, such as Social Security.

Important Factors in Finances

In order to understand and analyze the financial gaps and needs for seniors, several important factors were considered, including the financial needs of retirement and the possible solution to those needs.

- **It is important that expected assets and income in retirement match financial needs in retirement.**
  The financial needs of seniors during retirement vary according to their expected and planned lifestyle. Many people's financial needs decrease in retirement because they are no longer required to pay social security taxes or Medicare and Medicaid taxes. Additionally, many people expect to have satisfied a mortgage and/or other debts by the time they retire. Therefore most financial planners advise people to plan and budget for 70% to 80% of their pre-retirement income. However, these estimates vary widely depending on desired lifestyle in retirement.

  Income during retirement comes primarily from four main sources: employer based pensions, personal savings and assets (including individual retirement accounts IRAs), social security, and earned income from work. The mix of these categories depends on personal circumstances. If the total income available to a person in retirement from these sources generally does not total their expected expenses, the person is at-risk of not being able to maintain their former standard of living in retirement.

- **Planning and preparation are necessary for most people to be able to match resources to needs in retirement.**

Ensuring adequate resources requires calculation, saving, and planning, long before the expected date of retirement. Many factors go into adequate planning such as expected lifespan, expected debts, and age at the start of savings for retirement.

Analysis and Findings

There are several important findings regarding finances for seniors in retirement, including a general lack of financial preparedness for retirement financing due to lack of savings, increased debt, declining employer contributions to retirement funds, and increased cost of services involving long-term care for seniors. Additionally, the analysis finds that there is a general lack of knowledge regarding financial planning for retirement.

- **Many people are at risk of not being able to maintain their standard of living in retirement.**
  Many households do not adequately prepare for the financial needs of retirement. Given increasing longevity, increasing health care costs, and decreasing pension and fixed contribution plans, many people are unlikely to be adequately prepared for retirement in the future.

  Figure 19 shows the percent of U.S. households by income groups **at risk**[26] of retirement insufficiency in 2004, as reported by the Center for Retirement Research at Boston College in 2007. In 2004, 43% of households were at risk of not being able to maintain their current lifestyle in retirement. While the highest percentage of households at risk were found among households in the bottom third of the income scale (53%), more than one-third of households in the top income tier (36%) were similarly at risk.

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[26] The term 'At Risk' is used by the Center for Retirement Research's National Retirement Risk Index (NRRI). This Index provides a measure of the proportion of households that will be unable to maintain their current standard of living in retirement. The authors clarify that 'At Risk' means different things for households in the different income cohorts, for those in the bottom third it means foregoing some essentials, those in the top third may mean cutting back on spending of disposable income on non-essentials.

Figure 19: Percent of Households 'At Risk,' by Income Group, 2004
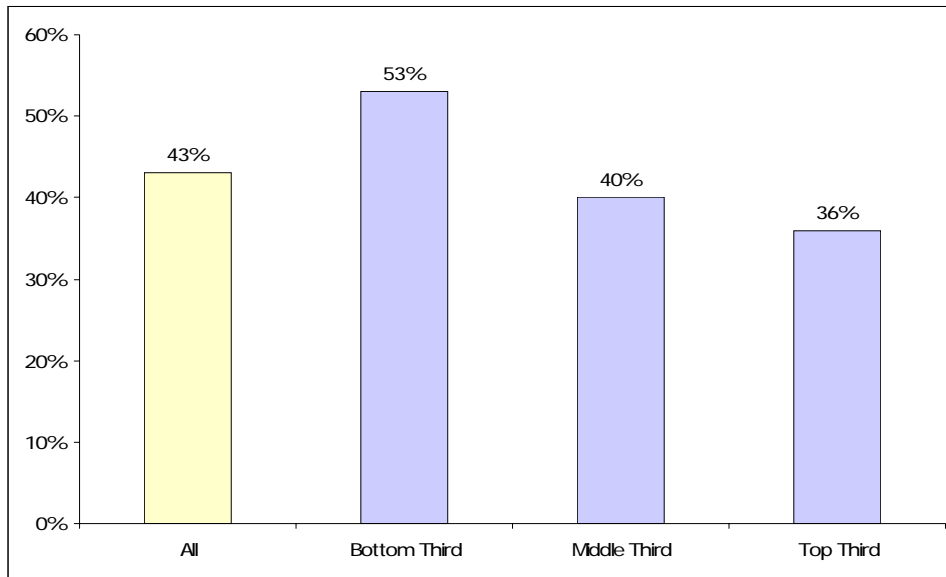
Source: Center for Retirement Research at Boston College, Issue in Brief, Households 'At Risk': A Closer Look at the Bottom Third. January 2007, Number 2007-2

The study found that there has been a marked increase in the percentage of household that are at risk in the 20-year period between 1983 and 2004. As shown in Figure 20, the increase of 14 percentage points was higher in middle and top one-third income groups (from 24% of households in 1983 to 38% in 2004). The percentage of households at risk of retirement insufficiency among the bottom third of the income categories also increase, from 47% in 1983 to 53% in 2004.

Figure 20: Percent of Households 'At Risk,' by Income Group, 1983 and 2004
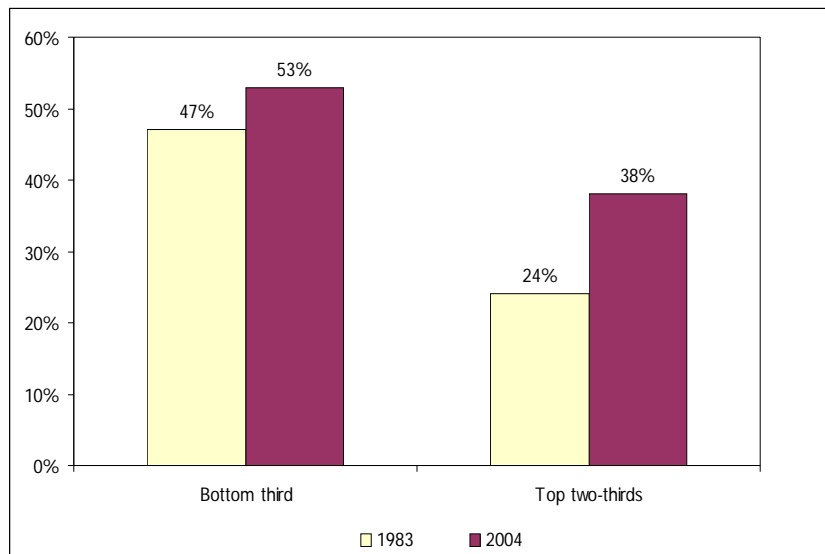
Source: Center for Retirement Research at Boston College, Issue in Brief, Households 'At Risk': A Closer Look at the Bottom Third. January 2007, Number 2007-2

Although Dakota County has traditionally had above average household incomes compared with other metro area counties, many households will be at risk of maintaining their standard of living in retirement, given the rise in people in higher income groups becoming increasingly at risk.

In addition to studies of financial data that conclude a relatively large proportion of the population is at risk of income insufficiency in retirement, many people report feeling less confident about their retirement preparations. In a recent study by the Employee Benefit Research Institute, 31% of polled Americans felt "not too confident" or "not at all confident" that that would have enough money to live comfortably throughout their retirement years.[27] (See Figure 21).

Figure 21: Confidence in Having Enough Money to Live Comfortably Throughout Retirement, 2006
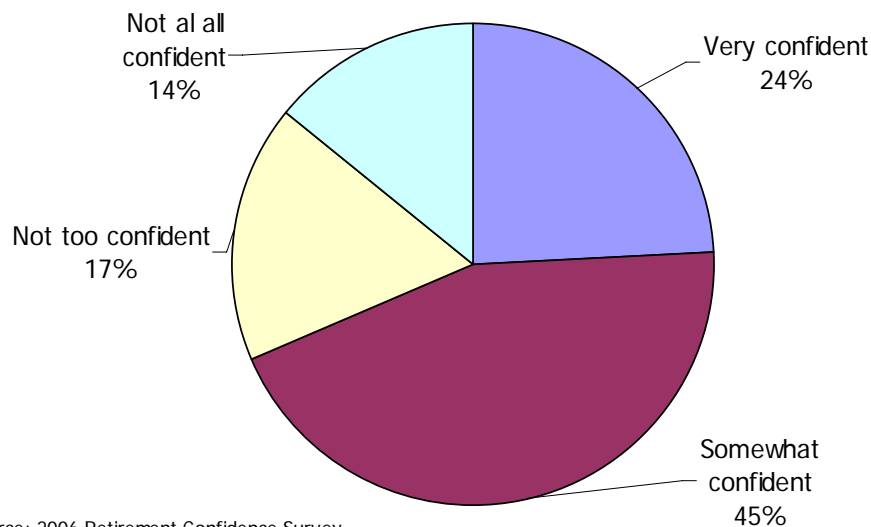
Source: 2006 Retirement Confidence Survey
by Employee Benefits Research Institute

Similarly, the Center for Retirement Research at Boston College's study of Baby Boomers' ability and preparedness to retire found that 50% of Baby Boomers were financially unprepared for retirement and predicts that up to 25% of Baby Boomers will stay actively employed because they have no other choice.[28]

The issues of income insufficiency at a national level are also evident at a state level. Many Minnesotans are projected to have insufficient financial resources for retirement. The State Health Access Data Assistance Center (SHADAC) at the University of Minnesota conducted a study in 2005, which examined the number of people at risk of income insufficiency for retirement in Minnesota. Twenty-four percent of all Minnesotans born between 1936 and 1965 are estimated to lack the necessary resources to privately finance their retirement. In real population, this equates to

27 2006 Retirement Confidence Survey—Employee Benefit Research Institute and Mathew Greenwald & Associates, Inc. On the Internet at www.ebri.org/rcs and www.greenwaldresearch.com
28 Work Opportunities for Older Americans, Series 6, December 2006. http://www.bc.edu/crr

441,000 people out of 1.8 million Minnesotans in this age category. (See Figure 22). Among single women or single men, the estimated percentage of population without financial security in retirement is higher (38% and 29%, respectively).

Figure 22: Projections of Retirement Security for Minnesotans born between 1936 and 1965
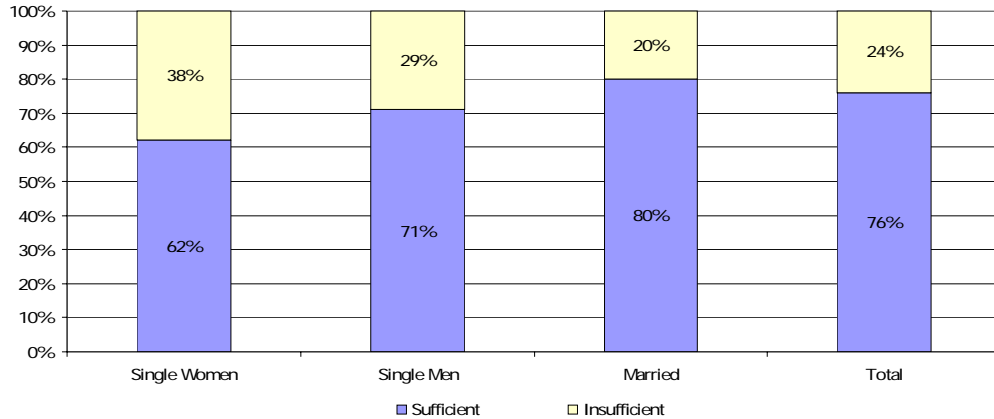
Source: SHADAC, 2005
http://www.sph.umn.edu/img/assets/18528/MNLTC_Brief1_Mar05.pdf

The absolute number of retirees in Minnesota without sufficient income for part or all of their retirement years is projected to increase almost 150% between 2005 and 2020, from about 90,000 to about 223,000 people. (See Figure 23).

Figure 23: Estimated Number of Minnesotans at Risk of Income Insufficiency in Retirement
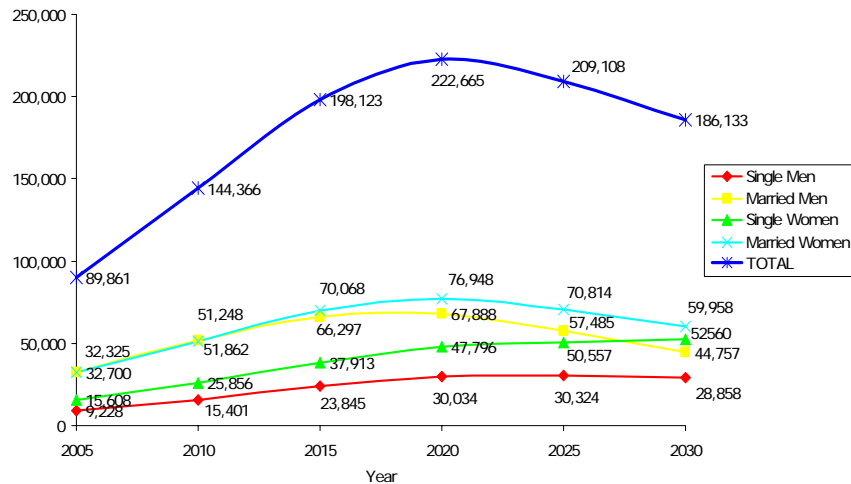
Source: SHADAC 2005 (http://www.sph.umn.edu/img/assets/18528/MNLTC_Brief1_Mar05.pdf)

▪ **Low savings rates**
The United States has the lowest net savings rate of any country in the G-20 nations. (The Group of 20 or G-20 Nations are comprised of the 19 countries with the largest economies, plus the European Union.) Figure 24 shows the comparative savings rates for the 20 counties in the G-20. At 8.2% of the gross national product (GNP), the savings rate of Mexicans is five times greater than that of Americans. Similarly, Russians save an average of 10 times more than Americans and Chinese save almost 25 times as much of their earnings as Americans.

Figure 24: Net National Savings Rate for G-20 Nations, World Bank.

Country	Rate
China	38.6%
Saudi Arabia	25.3%
South Korea	19.2%
Russia	19.0%
India	15.2%
Indonesia	13.4%
Japan	10.8%
Argentina	10.6%
Brazil	8.4%
Mexico	8.2%
Canada	7.5%
France	7.3%
European Union	7.0%
Germany	5.4%
Italy	5.0%
Australia	3.6%
South Africa	3.0%
United Kingdom	2.9%
United States	1.6%
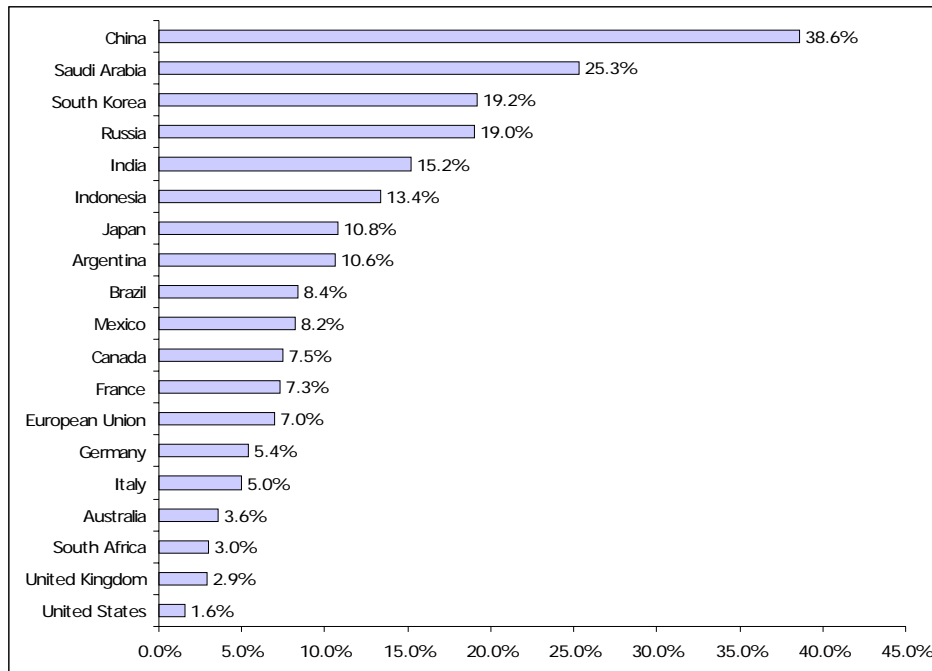
Source: World Bank 2003

According to the U.S. Commerce Department, the percent of all disposable income that was saved by Americans was –1%. This means that not only did people spend all the money they earned, but they used savings or increased borrowing to finance purchases. The 2006 figure was lower than a negative 0.4 percent in 2005, and reflected the lowest level of savings among Americans since 1933.[29]

In terms of specific savings for retirement, data shows approximately 64% of all workers were saving for retirement in 2006. However, 53% had saved less than $25,000. Among workers aged 55+, 43% had saved less than $25,000.[30]

Declining participation in retirement plans
Although retirement plan participation across the U.S. is greater among those with higher incomes, participation has declined for all income ranges between 2001 and 2004, except those over $100K. (See Figure 25.) Less than 60% of families with

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[29] http://www.bea.gov/briefrm/saving.htm;
[30] Employee Benefit Research Institute and Mathew Greenwald & Associates, Inc.

incomes between $25K and $50K and less than 25% of families with incomes under $25K participate in a retirement plan.

Figure 25: Retirement Plan Participation by Family Income and Year
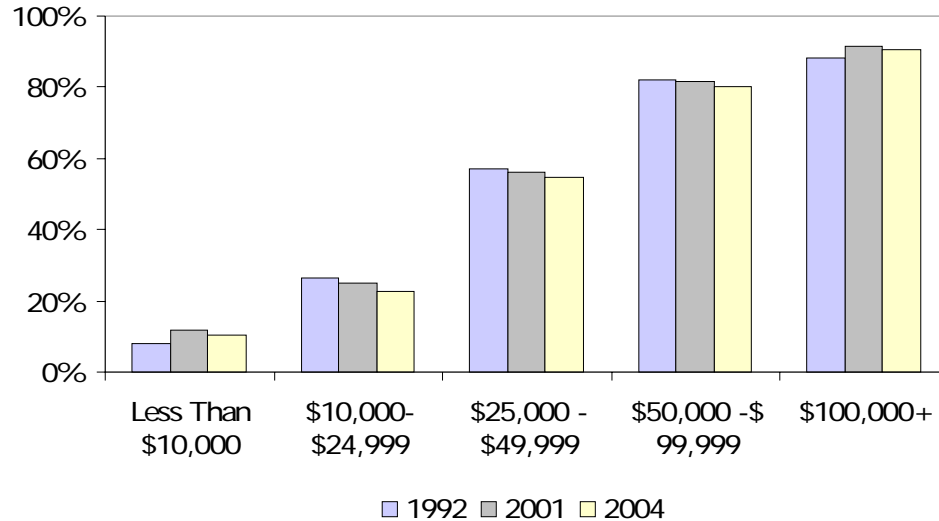
Source: Employee Benefits Research Institute

- **Shift in employer contributions to retirement benefits**
  Many retirees receive monthly pension benefits and continued medical coverage through their former employers. Defined pension and continued medical plans are far less common today. Future retirees will be less likely to have such plans available.[31]

  Watson Wyatt Worldwide, a global consulting firm focused on human capital and financial management, conducted a study in 2004 on pension changes in the United States. The study found that the number of big companies offering traditional pensions that terminated or froze their plans more than doubled from 2001 to 2004.

  Employers have also reduced their contribution to health insurance coverage for retirees. Figure 26 shows a slight decline in employer sponsored health insurance coverage starting in 2000. Although nearly all seniors are eligible for Medicare at age 65, there are some health care expenses that are not covered. Without employer based coverage, many retirees must wait until age 65 to be able to afford any coverage. Additionally, many seniors have the added cost of health care insurance to cover the gaps in Medicare.

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[31] "Retirement Doomsday," *Forbes Magazine*, May 2005

Figure 26: Percentage of U.S. Employer-based Health Insurance Coverage
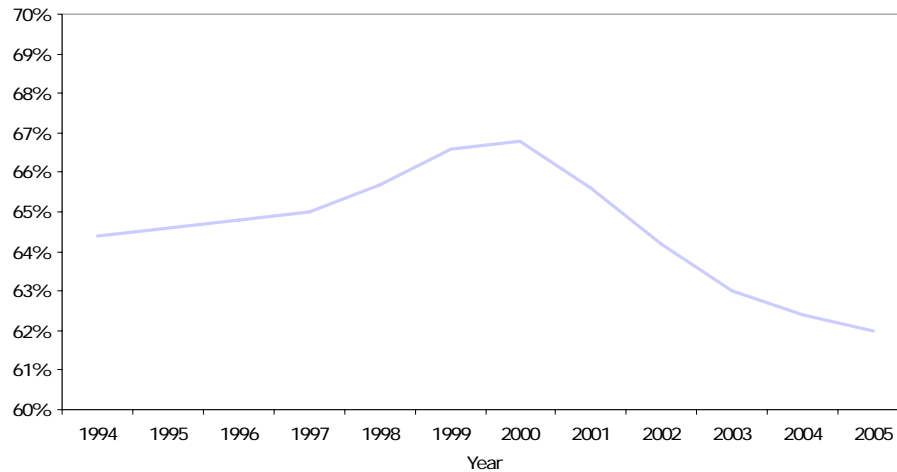
Source: Employee Benefit Research Institute, October 2006

- **Increased debt**
  Financial debt is a issue that affects many Americans, including those about to retire. The Federal Reserve regularly conducts surveys of consumer finances. Between 2001 and 2004, researchers found a marked increase in the amount of debt carried by households of all ages. Based on these surveys, total debt for families in 2001 was equal to 12.1% of all their assets. This debt ratio increased to 15.0% in 2004.

  Overall, Federal Reserve surveys found a slight increase in the proportion of families holding any debt, from 75.1% in 2001 to 76.4% in 2004. However, the increase was somewhat larger among families in which the head of family was over 65. Among families headed by a person between ages 65 and 74 years, 58.8% had debt in 2004—up from 56.8% in 2001. More strikingly, among families headed by someone age 75 and older, 40.3% had debt in 2004—up from 29.2% in 2001.[32]

  Figure 27 shows the average debt by annual income for U.S. households 55 and older by income level in 2001 and 2004, as reported by the Employee Benefits Research Institute. While the study notes that households with higher incomes can afford more debt, concern is raised that the highest increase in debt between 2001 and 2004 was among households with the lowest income (10 percentage point increase).

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[32] Federal Reserve: "Recent Changes in U.S. Family Finances"
http://www.federalreserve.gov/pubs/bulletin/2006/financesurvey.pdf

Figure 27: Average Debt by Annual income Group for Households 55+

Legend: ☐ 2001 ☐ 2004
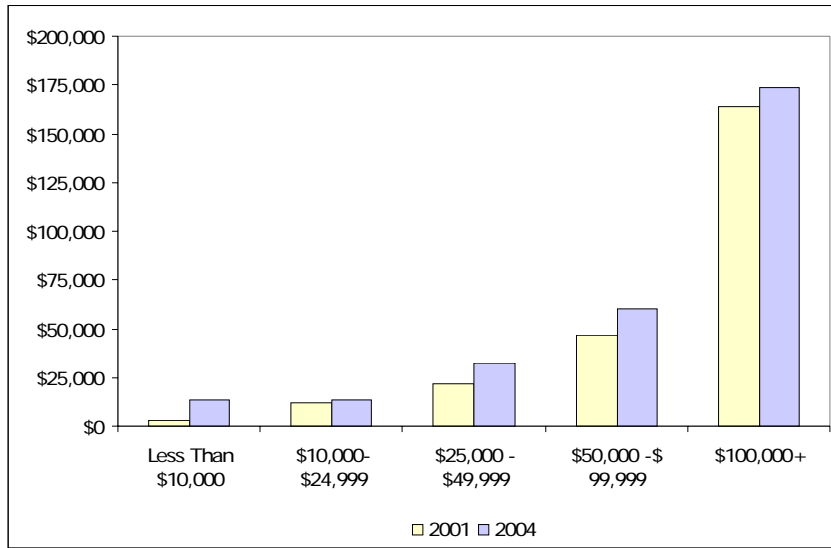
Source: Employee Benefits Research Institute

▪ **For people at lower income levels, risks of insufficiency are even greater.**
Figure 28 shows the source of retirement income, by income group. Reliance on social
security is considerably higher for the low-income group ($7,500 or less). For the
higher-income group ($30,600 or more), retirement income will come from diverse
sources.

Figure 28: Source of Retirement Income by Annual Income Group

Legend: ☐ $7,500 or less ☐ $30,600 or more ☐ All Americans
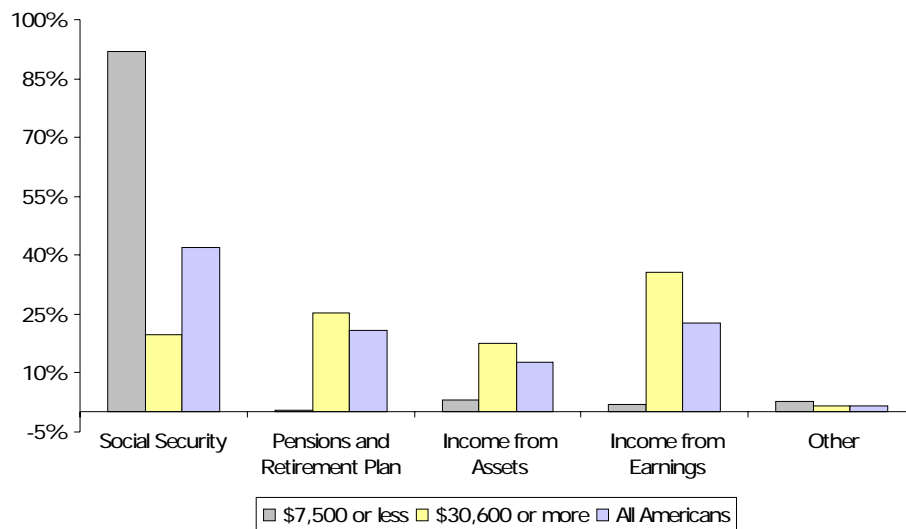
Source: Employee Benefits Research Institute

Many people rely on the federal Social Security program as a source of income after retirement. For those in the bottom third income group of households 65 and over in 2004, social security comprised 86% of their retirement income. The reliance on Social Security as a primary income source for retirement is problematic, given that the program is predicted by some to hit a negative cash flow by the year 2017. Additionally, it may be the focus of significant reform by Congress in the near future.[33] Changes to benefit levels or additional increases in the full retirement age are likely to disproportionately affect low-income seniors.

Figure 29: Median Value of Retirement Accounts and Primary Residence by Income Cohort.
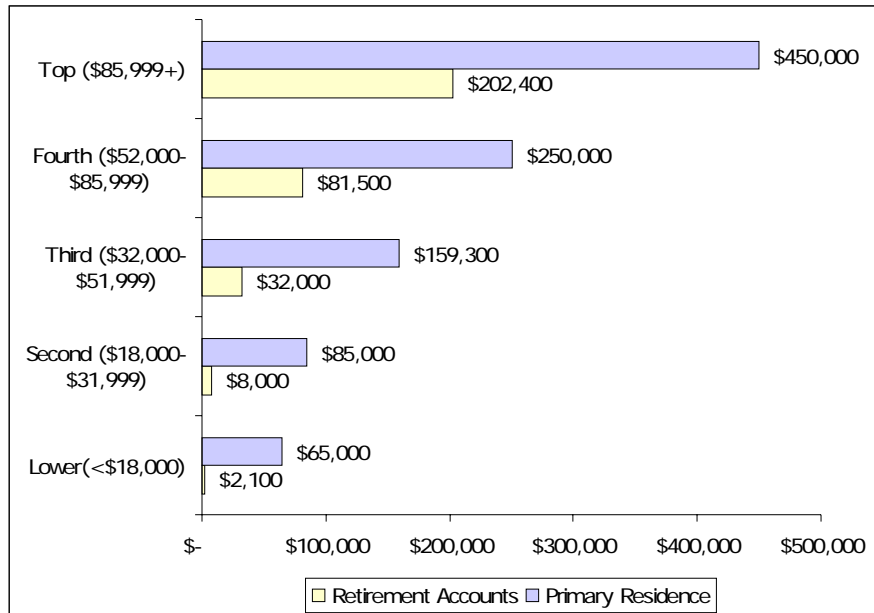
Source: Federal Reserve Bulletin 2006. "Recent Changes in U.S. Family Finances: Evidence from 2001 and 2004 Survey of Consumer Finances."

Assets that can be used to finance retirement differ considerably by income cohorts. Not surprisingly, the median value of retirement accounts as well as median of the estimated market value of primary residences is lower for lower income cohorts (See Figure 29). Similarly, those with lower incomes get considerably less of their retirement income from defined pensions plans (See Figure 30).

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[33] The Social Security trustees in their 2005 report indicate that by 2017 the system will not be taking in enough in payroll taxes to pay all benefits promised and will need to tap the special issues bonds that make up for the trust fund. That date was moved up from 2018 in the 2004 trustee report. Source, CNN Money, March 23, 2005.

Figure 30: Pension Benefits as a Percent of Income for Household age 65+, 2004
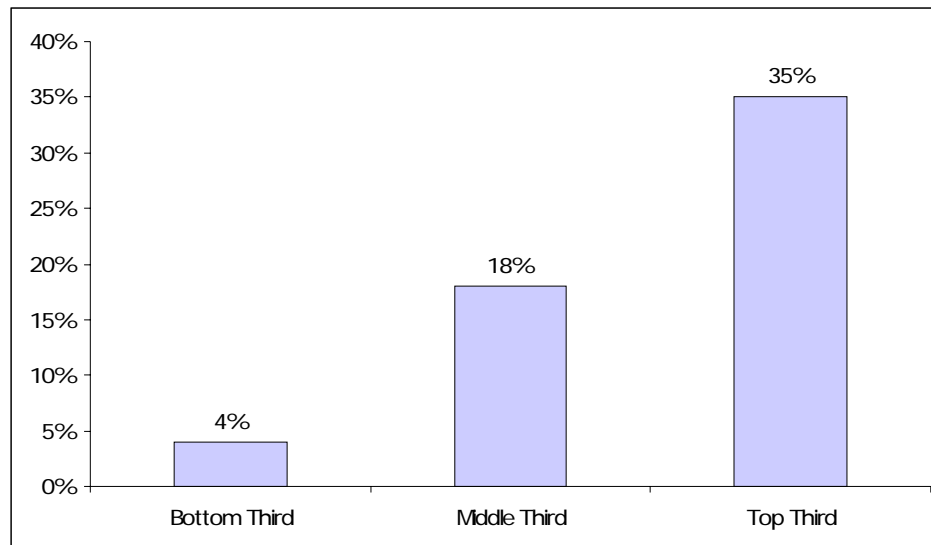
Source: Center for Retirement Research at Boston College, Issue in Brief, Households 'At Risk': A Closer Look at the Bottom Third. January 2007, Number 2007-2

▪ **Change in costs and needs for retirement**

   o **Increased need for and cost of long-term care**
   As life expectancies continue to increase, seniors live to older and older ages. One ramification of the increased lifespan is the increased need for long-term care. Thomas Day, director of the National Care Planning Council describes long-term care as:

   "Long-term care refers to a broad range of supportive medical, personal and social services for people who are unable to provide for their own needs for an extended period of time."

   The cost of long-term care is projected to continue rising. The Centers for Medicare and Medicaid Services project national spending on home health care services to increase 108% between 2006 and 2016 (from $53.4 billion to $111.1 billion). Similarly, national spending on nursing home care is projected to increase 67% between 2006 and 2016 (from $126.1 billion to $210.9 billion).

   o **Lack of knowledge and planning for long-term care**
   Among the most confusing aging financial issues is long-term care financing. An individual's decision to plan in advance for the possibility of long-term care will save both the individual and government thousands of dollars. However, 1 in 5 Minnesotans will not be able to afford an episode of long-term care and even more will not access long-term care insurance because of a lack of information.[34]

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   [34] *Long-Term Care Financing Options and Retirement Income Security of Minnesota's Elderly,* SHADAC, July 2005

This will ultimately have a negative effect on the state Medicaid budget because Medicaid's elderly waiver program will pay for many long-term care services when the individual does not have the means to pay for services privately. It will also have a negative effect the federal Medicare budget because many services are provided and paid for under Medicare, when there is not an additional insurance source.

Long-term care is confusing and not easily understood, but a critical component to quality of life as one continues to age. The following quote illustrate the concern and the need to educate the public regarding long-term care:

"The new CareQuest study, first in a series of three, revealed that nearly two-thirds of people who are 65 and older either do not know, or have incorrect information about Medicare coverage for long-term care."[35]

o **Lack of financial literacy and planning for retirement**
According to the National Endowment for Financial Education, effective planning for retirement involves more than just saving money. At a recent forum around financial education for retirement, experts noted that,

"[l]earning to make good financial decisions, and monitoring those decisions to stay on track, instead of merely being "a saver," has become more critical because the longer retirement time span requires retirees to make more financial decisions, both in preparation for retirement and during retirement itself."[36]

In general, people don't do financial planning for retirement. In addition to the lack of savings and increasing debt already noted in this section, evidence suggests that people may not understand the critical nature of planning for retirement. The 2006 Retirement Confidence Survey, published by the Employee Benefits Research Institute, reported that a large percentage of people have not tried to calculate their financial needs in retirement. In fact, only 42% of all respondents had ever tried to calculate how much money they would need in retirement (See Figure 31).

The survey goes on to report that workers save too little, probably because "they have not really thought through the retirement planning issues involved." As further evidence, the authors note that among survey respondents who reported attempting to calculate retirement needs, 44% simply "guessed" at the total amount of money that they might need.

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[35] ibid
[36] National Endowment for Financial Education; Retirement Planning in 21st Century www.hefe.org/pages/ttwhitepaper.html

Figure 31: Percentage of Workers and/or Spouses Having Tried to Calculate How Much Money They Will Need to Save for Retirement, 2006
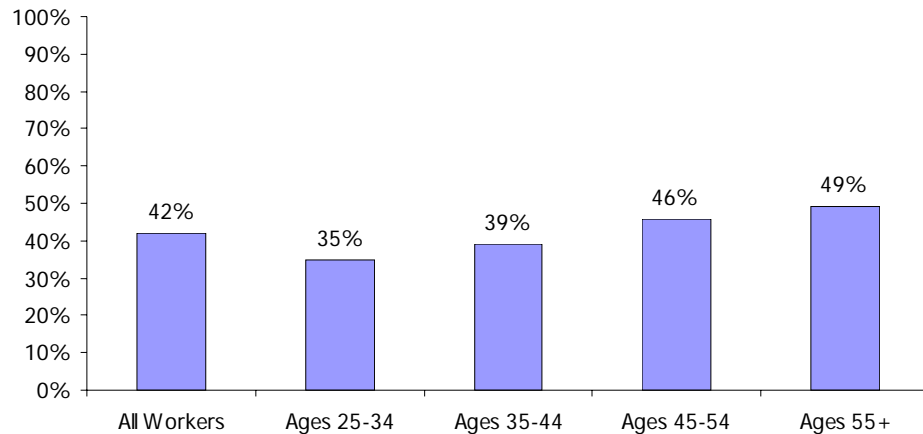
Source: Employer Benefit Research and Mathew Greewald & Associates, Inc., 2006 Retirement Confidence Survey.

- o **Existing financial planning and training opportunities in Dakota County lack coordination, accessibility, and comprehensiveness.**
  Although there are many opportunities to learn more about financial planning for retirement throughout Dakota County, the opportunities tend to lack coordination and accessibility. Additionally, training that is available is not necessarily comprehensive.

    - **Private retirement planning services:** There are considerable private resources available for hire in the Twin Cities area to assist with retirement planning. There are more than 500 financial planning firms in the Minneapolis-St. Paul metropolitan area. In general, financial planning firms are able to assist with retirement planning. In addition, some firms specialize in retirement planning specifically.[37]

      Financial planning firms actively promote their online tools and often provide free initial consultations for new clients. These firms are often focused on selling products that are aligned with their organization. There are also more independent financial brokers. Although there are considerable resources available for hire, many Americans are not taking the initiative to contract with financial planning consultants. Considerable information is available on the internet, but all of these efforts require initiative on the part of individuals investors.

    - **Internet self study tools:** Many tools are available on the Internet to assist people with financial planning and retirement. While these tools can be helpful, some people require more intensive assistance. Internet tools require the user to search them out and be able to understand how

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[37] Figures based on phone listings directory for the Minneapolis-St. Paul metropolitan area.

to use them without additional instruction. A few of these online tools are highlighted below.

Sample Internet Tools and Resources for Retirement

- www.MyMoney.gov is a U.S. government website dedicated to teaching all Americans the basics about financial education.
- www.afsaef.org is the website for the American Financial Services Education Foundation (AFSAEF) focused on heightening consumers' aware of personal financial responsibility.
- www.americasaves.org America Saves is a nationwide campaign in which a broad coalition of nonprofit, corporate, and government groups help individuals and families save and build wealth.
- www.jumpstartcoalition.org The Jumpstart Coalition for Personal Financial Literarcy first convened in December, 1995, the direct objective is to encourage curriculum enrichment to ensure that basic personal financial management skills are attained during the K-12 educational experience.
- www.myvesta.org the Myvesta Foundation is focused on providing consumers with free access to excellent self-help consumer education resources.
- www.ssa.gov/retire2/ Social Security's Plan Your Retirement website provides a set of online tools to help people better assess their benefits amounts at various ages.

- **Large employer training in Dakota County:** Recent studies found that 85% of employees want workplace financial training and that four out of five of the top financial concerns of employees are related to retirement.[38] Similarly, studies have shown that the benefit to employers for offering financial training are substantial and include such things as increased worker productivity, increased employee moral, and reduced absenteeism to take care of personal financial matters.[39]

    In Dakota County, large employers such as Thompson West and CHS Inc [40] offer their employees numerous online tools for financial planning. Many large employers focus on training around the specific retirement tools available through that organization. For example,

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[38] Garman, et al, 1999. "Workplace Financial Education Improves Personal Financial Wellness." Association for Financial Counseling and Planning Education. (http://www.ethomasgarman.net/research/feni/WFEImprovesGarman.pdf)

[39] Garman, 1999. "The Business Case for Financial Education." An 1999 update of Personal Finances and Worker Productivity, Volume 2, Number 1, June 1998, pp. 81-93.(http://www.inchargefoundation.org/files/uploaded_file/file/29/financial_education_business_case.pdf)

[40] According to the Business Journal, CHS based in Inver Grove Heights is the nation's largest co-op. The article notes that Cenex and Harvest States merged in 1998 to create CHS. Dakota County Workforce Investment Board, June 2004 Newsletter.

Dakota County employees are offered training regarding PERA (Public Employee Retirement Association of Minnesota) and the Minnesota Deferred Compensation Fund (to which employees contribute on an voluntary basis). Private employers often offer training materials either online or written about 401K plans, pension plans, stock option plans, and other tax deferred investments. Many large companies contract with a specific investment firm to handle employees' investment choices. A sample of one investment firm and the type of online resources offered is illustrated in Figure 32.

Figure 32: Company Contracted Financial Planning Vendor Example
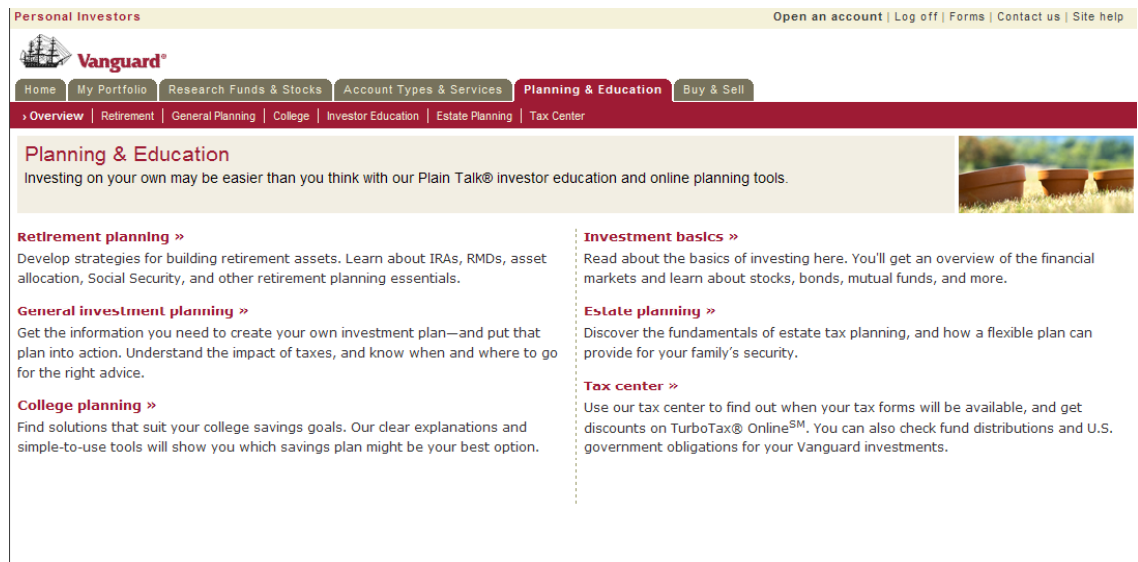
Source: The Vanguard Group, Inc. All rights reserved. Vanguard Marketing Corp. © 1995–2007

Investment firms, such as Vanguard shown above, provide information and tools on personal investing, retirement planning, college planning, estate planning, and other tax related issues.

- **Smaller employer training in Dakota County**
  As a result of size, it is more difficult and less affordable for smaller employers to offer retirement and financial training in house. The University of Minnesota Extension Professor Marlene Stum, Ph.D. and other researchers in the field of family finance have found a gap exists in employer-sponsored financial trainings offered from mid- to smaller-sized employers. Unlike large employers, these small and mid-size employers are less likely to have extensive human resources and training staff and are less likely to be able to offer in-house training. In an attempt to help respond to this need, the University of Minnesota Extension Team has developed a training package to be implemented with employers ranging from 100 to 1000 employees, where the training is conducted at worksites.

- **Community education training opportunities**
  Community education through local school districts within Dakota County offer some courses on financial planning topics. The following is a summary of the current offerings by school district.
    - District 6 is offering a series of course under the Money Matters category. They include: 1) Financial Success, 2) Investing Basics, 3) long-term Investing, 4) No Mortgage, No Loan Payment Forever!, 5) Writing Your Own Will.
    - District 191 offers a series of courses under the Money Matters category. They include: 1) Can you Afford to Retire, 2) Empty Nesters Downsizing, 3) Financing a College Education, 4) Get Completely Out of Debt, 5) Living Wills Workshop, 6) Trust Plus Workshop, and 7) Write Your Own Will.
    - District 192 offers a series of courses under the Work and Money category. They include: 1) Eliminating Credit Card Debt, 2) Improve Your Credit Ratings and Credit Scores, and 3) Write Your Own Will
    - District 194 offers a series of course under the Money Matters category. They include: 1) Money Management for Senior, 2) Get Completely Out Of Debt Including Mortgage, 3) Write Your Own Will, and 4) Tax and Estate Planning
    - District 195 is offering one course Retirement Investment Strategies
    - District 196 is offering 1) Building Wealth with Balance and 2) Simplified Investing.
    - District 197 is offering one class, titled Who Get's Grandma's Yellow Pie Plate taught by instructors from the U of MN Extension Service.
    - District 200 is offering the following personal finance related classses: 1) Financial Strategies for Successful Retirement, 2) How to get completely out of Debt, 3) Writing Your Own Basic Will, and 4) Reverse Mortgages Facts and Figures.
    - District 659 is offering one course Making Sense of Retirement.

In addition to formal classes offered in school districts, many community based organizations offer seminars and trainings on topics of interest to those about to retire. However, these trainings are rarely available from unbiased sources. Similarly, most of the community education instructors are current financial planners or lawyers who have an interest in selling particular products or services. From planning sessions and interviews with employers one of the key components desired in financial management training, is having these trainings conducted by credible but non-biased, non-sales related staff.

Summary of Analysis and Findings
Through the analysis of financial issues for seniors, two important findings have been highlighted.

- Many people are at risk of being financially unprepared to retire. There are several reasons for this trend, including low savings rates, increasing debt, declining employer contributions to post-retirement benefits, and increasing costs associated with long-term care.

- The risk of insufficient income is greatest for people of lower incomes prior to retirement. This is not only due to a lowered ability to save, but also because of the increased reliance on sources of income that face uncertainties. For example, potential changes to federal and state programs such as Social Security in the future are likely to create greater hardship on lower income seniors because of their greater reliance on the income they receive through the program.
- Many people do not have sufficient knowledge about the importance of financial planning for retirement. In particular, many people have not planned for emerging issues such as long-term care and may not have sufficient knowledge about issues associated with long-term care.

Recommendations and Strategies – Financial Planning

The gaps and concerns identified by the Dakota County Aging Initiative call for both general and specific recommendations for preparing residents for healthy financial futures. General strategies for addressing each of the gaps are followed by one or more specific recommendations to immediately begin addressing some of the gaps.

The role of Dakota County in both public education and financial planning training, as recommended in this section, is to coordinate with local non-profit and community partner organizations.

In general:

1) Promote and Provide Financial Planning Education Training for Residents across the Life Cycle

Providing financial training not only for people approaching retirement, but also for people who are younger than retirement age is an important step in helping to improve the financial well being of future retirees. It is important that financial planning training is: affordable, accessible, non-biased, and not related to sales of a specific product.

Residents need information to understand the impact of financial planning across different life stages. With increased life expectancy and possible changes to social benefit program payouts such as Medicare, early retirement and end of life financial needs can be very different, particularly as it relates to long-term care. One important message should be about the importance of long-term care and long-term care financing.

Vision and Approach:
Dakota County residents will have access to good information regarding the importance and necessity for financial planning. Training opportunities for residents to learn about financial planning basics will be available for low to no cost, in a non-biased, no sales environment.

Dakota County residents would have easy access to information about long-term care, long-term care options, and various ways to finance long-term care. The efforts would use national, state and locally developed public education materials to disseminate clear messages on long-term care.

A cross-functional 'Aging Finance Workgroup', comprised of participants from county divisions, cities, non-profits, employers, and community organizations would be formed

advise, develop, and coordinate efforts toward retirement financing education campaign.

Several possible components of this training and education campaign include:

> 1a) Employer sponsored education seminars or trainings.
> 1b) Dakota County could serve as a pilot site for employer-sponsored education and training.
> 1c) Workforce Investment Board (WIB) or Chamber of Commerce sponsored seminars or training for smaller employers (less than 100 employees).
> 1d) On-line self-study training program provided through Dakota County Libraries
> 1e) Cross county collaboration to facilitate better access to residents who work in other counties
> 1f) Monitor changing needs of retirement financing and develop specific communication materials focused on important topics such as long-term care financing for distribution beyond training sessions.

Expected Benefits:
Residents would have the option to receive affordable and un-biased information to help assist them in planning for their financial futures.
More residents would create retirement savings accounts.
- More residents would increase the amount of savings allocated annually to retirement accounts.
- More residents will be better prepared financially for retirement.

Assumptions:
- The designed education and training campaign would reach residents that are lacking knowledge and planning about retirement planning and long-term care.
- Dakota County residents would respond to increased knowledge about retirement financing and long-term care needs in ways that would decrease their risk of having insufficient finances in retirement.
- This effort would coordination with state and metro area providers of long-term care information messaging.
- Employers will consider providing employee based training at low or no cost to their employees.
- The cost of educational and training materials and sessions will be kept to a minimum, in order to improve accessibility to those with lower incomes.
- The cross-functional 'Aging Finance Workgroup', comprised of participants from county divisions, cities, non-profits, employers, and community organizations would assist in finding partner organizations to provide the training.

Resources Needed:
- Staff to assist with coordinating and on-going management of the workgroup and its projects.
- Expertise from communications staff within the organizations represented by the Aging Finance Workgroup to assist with development and general advice on the communication/education campaign.
- Funding for dissemination of public education and training materials.

- Funding for training events.

Specifically, components of the training and education campaign could include:

1a) Employer sponsored seminars or trainings.
The program should be designed to assist and encourage large employers (100 to 1000 employees) to provide training on financial planning for retirement to their employees.

Vision and Approach:
Providing training at employer sites is an important strategy for reaching people who are employed and reaching them where they make most retirement related financial decisions (401K contributions, LTC insurance, Short and Long-term disability, etc).

Trainings could be held in small 1 to 2 hours session or could be held as a series of eight 1 to 2 hours trainings over a number of months. Providing trainings on specific topic areas and allowing employees to select which topics area of interest to them would increase the relevance of the training on desired behavior change.

Expected Benefits:
- Increased number of employees who adequately plan for retirement financing.
- Increased participation in employer sponsored benefit programs, such as 401K or 403B and long-term care insurance programs.

Assumptions:
- The employer-sponsored trainings would reach some residents that are lacking knowledge and planning about retirement planning and long-term care.
- Dakota County residents would respond to increased knowledge about retirement financing and long-term care needs in ways that would decrease their risk of having insufficient finances in retirement.
- Cost to employers and/or employees would be held to as low as possible.

Resources Needed:
- Participants from county divisions, cities, non-profits, employers, and community organizations would be formed to advise and oversee these efforts.
- Staff to assist with coordinating and on-going management of this project.

1b) Dakota County as a Pilot Employer Site for Financial Planning Training
Dakota County currently offers many classes to employees every quarter through its EDGE trainings, including retirement planning basis for PERA and Deferred Compensation programs. Dakota County employees could benefit from more intensive training and education opportunities around overall financial planning for retirement and long-term care need. Dakota County could provide an opportunity to pilot the training developed for large employers through the Aging Finance Workgroup.

Vision and Approach:
Dakota County employees would have access to a wide array of future financial planning training, including topics such as long-term care financing options, and how to prepare estate plans and wills. The approach would be to use the current EDGE training framework to provide classes to employees.

The purpose of offering this to employees would be two-fold: first to pilot the desired training internally to better promote the training to private employers; and second, to offer training to county workers to help improve financial readiness of employees for retirement.

Expected Benefits:
- Increased number of employees who who adequately plan for retirement financing.
- Increased participation in employer sponsored benefit programs, such as 401K or 403B and long-term care insurance programs.

Assumptions:
- The employer sponsored trainings would reach Dakota County employees that are lacking knowledge and planning about retirement planning and long-term care.
- Dakota County employees would respond to increased knowledge about retirement financing and long-term care needs in ways that would decrease their risk of having insufficient finances in retirement.
- Cost to Dakota County, as an employer, would be held to as low as possible.

Resources Needed:
- EDGE staff to coordinate and implement the training sessions.

1c) Workforce Investment Board (WIB) or Chamber of Commerce sponsored seminars or training for smaller employers (less than 100 employees).

1) Provide information on the need for and existence of financial training programs for employees
2) Offer training space at Dakota County facilities at little or no cost for small employers training seminars.

Vision and Approach:
Providing training at employer sites is an important strategy for reaching people who are employed and reaching them where they make most retirement related financial decisions (401K contributions, LTC insurance, Short and Long-term disability, etc). However, small employers do not have the volume needed or the space available to make internal trainings a viable option. Coordination of training using county facilities or training rooms is one way to make financial training an option for smaller employers.

Expected Benefits:
- Increased number of employees who adequately plan for retirement financing.
- Increased participation in employer sponsored benefit programs, such as 401K or 403B and long-term care insurance programs.

Assumptions:
- The employer sponsored trainings would reach residents that are lacking knowledge and planning about retirement planning and long-term care.

- Dakota County residents would respond to increased knowledge about retirement financing and long-term care needs in ways that would decrease their risk of having insufficient finances in retirement.
- Cost to employers would be held to as low as possible.
- The WIB and Chamber of Commerce would promote financial training offerings to small employers within Dakota County.
- Dakota County sites could be arranged for training rooms a minimal cost to small employers.

Resources Needed:
- Staff to assist with coordinating and on-going management of this project.

1d) Provide Training Via On-line Self Study at Libraries

It is recommended that Dakota County Libraries work to market self-study classes using on-line materials and use of their public computer labs.

Vision and Approach:
Dakota County residents would have access to a wide array of retirement planning trainings to include topics such as long-term care financing options, and how to prepare estate plans and wills.

Many residents will not have training offered by their employers, but might choose to use self-study materials to learn more about important financial planning topics. Promoting on-line self study and use of computer labs within the Libraries is one way to reach residents who are not afforded the opportunity through their employer.

On-line self-study can be conducted outside of the library setting, but promoting the on-line financial planning materials at the county libraries is one additional way to reach populations who might not otherwise have access to such materials.

Expected Benefits:
- Increased number of employees who adequately plan for retirement financing.
- Increased participation in employer sponsored benefit programs, such as 401K or 403B and long-term care insurance programs.

Assumptions:
- The training materials would reach residents that are lacking knowledge and planning about retirement planning and long-term care.
- Dakota County residents would respond to increased knowledge about retirement financing and long-term care needs in ways that would decrease their risk of having insufficient finances in retirement.
- Cost to Dakota County would be held to as low as possible.
- County libraries will actively promote on-line self-study materials for financial planning.

Resources Needed:
- Staff to assist with coordinating and on-going management of this project.

1e) Coordination with other entities to reach residents who work outside of Dakota County

It is recommended that Dakota County look for ways to partner with other counties in implementing retirement planning in order to help reach residents who work in other counties throughout the metro area.

Vision and Approach:
Providing training at employer sites is an important strategy for reaching people who are employed and reaching them where they make most retirement related financial decisions (e.g. contributions to 401K contributions and participation in long-term care insurance). However, many residents of Dakota County work in neighboring counties, thus this approach will not reach all residents.

In order to reach residents that work in other locations, coordination with other counties is needed. Examination of alternatives and possible partnering arrangements with other counties is needed. The Minnesota Department of Human Services is working on efforts related to retirement planning and the Mature Workforce Initiative. Partnering with such efforts, to provide better reach to all of Dakota County residents will be important.

Expected Benefits:
- Coordination and best practice sharing with other efforts focused in the Metro Areas to better educate Dakota County residents that work outside of Dakota County.

Assumptions:
- Partnering with MAAA and State Departments involved in similar efforts, where at all possible.
- Other counties would be interested in partnerships and coordination to meet needs of residents and employees around financial planning for retirement.

Resources Needed:
- Staff to assist with coordinating and on-going management of this project.

1f) Monitor changing needs of retirement financing and develop specific communication materials focused on important topics such as long-term care financing for distribution beyond training sessions.

It is important to monitor the on-going changes to costs and needs of seniors in order to identify emerging issues. Through early identification and communication to residents, people will be better able to respond in ways that maintain and improve their preparedness for retirement.

A current example of important topics is preparation for long-term care. Increasing, long-term care insurance coverage for the general population is an important means of constraining the growth in public funds used for long-term care costs. Many people are unaware of the costs of long-term care or the potential ramifications of not having long-term care insurance.

Vision and Approach:
Dakota County residents would have easy access to information about emerging issues affecting retirement financing, such as long-term care, long-term care options, and various ways to finance long-term care. The efforts would use national, state and locally developed public education materials to disseminate clear messages on long-term care.

As a current issue, develop education and communication tools on long-term care financing, to better inform employees and the general public regarding long-term care financing alternatives.

Expected Benefits:
- County residents will receive clear messaging regarding the importance of emerging issues, such long-term care planning and financing.
- More county residents will opt to secure long-term care insurance products.
- The more people are aware of the benefits of signing up for long-term care insurance earlier, the more residents will select long-term care insurance options.
- With more people securing private long-term care insurance the state and federal public costs for long-term care will be reduced.

Assumptions:
- The designed education campaign would reach residents that are lacking knowledge and planning about long-term care or other emerging issues.
- Dakota County residents would respond to increased knowledge about long-term care needs or other emerging issues in ways that would decrease their risk of having insufficient finances in retirement.
- This effort would coordination with state and metro area providers of services to seniors, as applicable to the emerging issues.

Resources Needed:
- Communications staff person coordinating the messaging campaign (5 hours a month)
- Staff to assist with coordinating and on-going management of this project.
- Funding for dissemination of public education materials.

2) Monitor and advocate for policy changes at the State and Federal levels that benefit low-wage workers heading into their retirement years.
It is vital that Dakota County seniors have good quality of life, but not everyone will have the financial means to provide adequately for financing their retirement years. Although it may be helpful, retirement planning will not solve financial issues for everyone, particularly for those in the lower income cohorts. Public program and policy changes that focus on securing benefits for those most in need will be essential maintaining quality of life for Dakota County residents.

Vision and Approach:
Many low-income seniors are expected to be 'at risk' of retirement income insufficiency. Support from state and federal programs will be critical for those in lower income categories.

Active monitoring and advocacy for possible policy changes, or upholding existing policy and eligibility requirements, will be important to helping our lower income residents remain relatively independent for as long as possible.

Expected Benefits:
- Ability to actively articulate needed policy support from state and federal levels.
- Tracking the impact of policy change on resident populations and by income groups.

Assumptions:
- Active monitoring and advocacy on behalf of low-income persons in retirement will assist seniors in lower income categories to maintain a reasonable standard of living.

Resources:
- Staff to assist with coordinating and on-going management of this effort.

Health and Wellness

Introduction

Good health and access to health care are important to the quality of life for all people, especially senior citizens. The goal of this theme area is to explore and recommend action to improve residents' overall health—both physical and emotional—and to prolong seniors' personal independence with health initiatives. The strategic objectives of this focus area include:

1. Improve access to long-term care (LTC) alternative services.
2. Prepare for and advocate about best health care for seniors as changes to federal and state programs arise.
3. Improve seniors' health and wellness Dakota County by increasing physical activity, improving nutrition, reducing smoking, and providing prevention and promotional health activities.
4. Ensure a strong system of mental and emotional care exists for seniors and their caregivers.

Important Factors in Health and Wellness

There are several factors that are important overall health and wellness of a population, including: healthy lifestyles, quality of care system, cost and access to health care system, and quality of public health systems.

- **Systems of care for those with healthcare needs are important to the health and wellness of a population.**

  o *Healthcare systems must accommodate a continuum of needs among seniors.* There is a continuum of healthcare needs among seniors, from minimal interaction with the health care system to intensive end-of-life care in nursing homes and hospice care. A large percentage of seniors require care for chronic medical conditions. (It is estimated that almost 50% of the adult population in the United States suffers from a chronic medical condition; the percentage among seniors is substantially higher at around 80%.) Healthcare systems must be able to accommodate a range of needs, including specialized medical facilities for common medical needs among seniors such as dialysis or cardiac care. A quality healthcare system must also accommodate very intensive healthcare needs of seniors in facilities such as nursing homes and hospice environments.

  The continuum of healthcare systems must accommodate more than physical health. Mental and emotional health are important to overall quality of life for all people, including seniors. Although most seniors will not experience debilitating cognitive changes, a host of psychosocial challenges are significant hurdles for older individuals. Physical ailments, loss of mobility, and loss of friends or spouses to death, are examples of events that can bring about feelings of social isolation and depression. This is especially true in communities of sparse or less dense population. If unchecked, poor mental health can lead to poor physical health, addiction, chronic depression, and suicide. In fact, in 2003, 17% of all

suicides in the U.S. were by people age 65 years and over.[41]

- o *Healthcare facilities must be available within a reasonable distance to the population.* An important aspect of a quality healthcare system is reasonable geographic access to facilities and services. Healthcare is not equally accessible to all. There are inequalities of access in terms of the practicality of using services, transportation costs and travel times. In Dakota County, with a mix of urban, rural, and suburban communities, access points are heavily influenced by historical factors due to the heavy investment costs in facilities such hospitals and specialty clinics.

- **Reasonable cost of health care assures broad access and is important to overall health and wellness of a population.**
  The cost of health care is a barrier to many people who need treatment. However, the issue of cost is less of a problem among seniors because of Medicare and Medicaid. Medicare is the federal health insurance program for people 65 and older and certain people under 65 with disabilities. Medicare covers inpatient care, in hospital, skilled nursing facilities and other institutions under Part A, and outpatient services, physician services, medical supplies and equipment under Part B. Home health care is covered to some extent under both Part A and Part B. The two main gaps in Medicare coverage are prescription drugs and non-skilled, or "custodial" long-term care.

  Many people older than age 65 continue to purchase private health insurance because Medicare frequently does not pay for the entire cost of health care services that are needed by seniors. The rising cost of private insurance means many seniors can't afford it.

- **Healthy lifestyles promote best overall health among seniors.**
  Research shows that the most effective ways to prevent disease and maintain independence at older ages are consistent exercise and healthy diets. The National Institute on Aging promotes exercise and good nutrition, along with smoking cessation and alcohol moderation, as important ways to stay healthy in senior years.[42]

  Good health is important to a high quality of life for many reasons. Seniors are more likely to be active and engaged in their community when they are healthy. Maintaining good health as long as possible allows seniors to live independently for longer periods of time.

- **Health promotion and protection and wellness at a community level are important components of health and wellness population-wide.**
  Quality health and wellness within a community is supported and strengthened by a strong public health system, which helps prevent disease and injury and promote healthy living. The Dakota County Public Health Department focuses on prevention and protection of health of seniors through long-term care assistance to seniors and caregivers, case management for seniors with health and wellness issues, and referrals for seniors who need services.

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[41] National Institute of Mental Health

[42] Bound for Your Good Health; National Institute on Aging (http://nihseniorhealth.gov)

The Public Health Department is also instrumental in organizing public health education on topics such as healthy lifestyles and preventing injury or illness. One example is the education campaign that aims to prevent seniors from falling, which causes serious injuries. In 2005, there were 5,508 falls resulting in hospitalization in Dakota County. Of those, 22% (1,218) of the injuries occurred to people older than 65. Injuries from falls are frequently more serious for seniors. In fact, in 2005, 24 persons died from injuries suffered in a fall in Dakota County. Twenty-two of those people (92%) were over 70 years old.[43] Public health campaigns can teach seniors how to avoid falls.

Analysis and Findings

There are several important findings about the state of health and wellness among senior citizens in Dakota County, including: concerns about fully funded Medicare; continued need for strong medical systems; lack of long-term care options; and opportunities to continue promoting healthy lifestyles among seniors.

- ▪ **The need for a strong medical system will continue.**
  The increasing number of seniors who live longer, and better technology, will also contribute to the continued need for a strong medical system.

  - o *Greater Life Expectancy:* Continued pressure on the medical system is expected from the increase in those who require more care. With advances in medicine, longevity (how long we live) is increasing (See Figure 33).

    The average life expectancy at birth is projected to be 88 years by the end of the century.[44] When people live longer, they require more health care and hospital visits, as diseases are treated and cured over the course of a lifetime.

  - o *More hospital days and increased use of the medical systems.* In Minnesota, hospital visits are expected to increase by 34% by the year 2020. (See Figure 34) Baby Boomers will anchor this trend as the majority of them age and require or demand more medical attention.[45] A 2005 University of Michigan Health System Update titled "Baby Boomers Put the Hurt on the Health Care System" describes this trend:

    The oldest of the Baby Boomer generation will turn 60 this fall, and unlike their predecessors, they aren't afraid to visit the doctor. In fact, their interest in staying healthy coupled with their sheer numbers are taxing the health care system more than any group in history.

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[43] MIDAS Report, Minnesota Department of Health, 2005

[44] Sonnega, Amanda, "The Future of Human Life Expectancy: Have We Reached the Ceiling or is the Sky the Limit?" Population Reference Bureau, March 2006.

[45] Minnesota's Aging Population: Implications for Health Care Costs and System Capacity, Health Economic Program, Minnesota Department of Health, August 2003.

Figure 33: Change in Life Expectancy at Birth and at Age 65 for Both Men and Women in the United States.
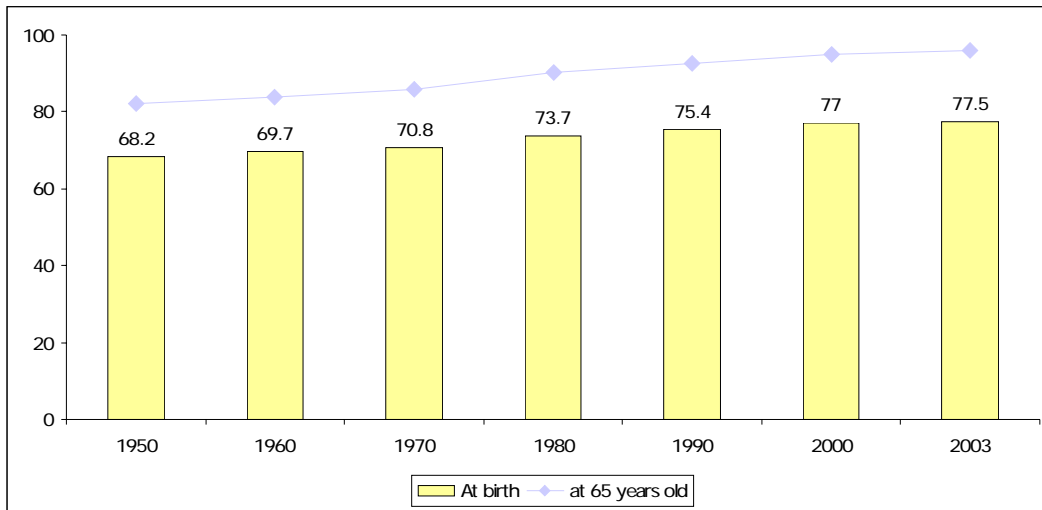
Source: National Center for Health Statistics, Table 27, Life Expectancy Data, 1950 to 2003

Figure 34: Projected Growth for Hospital and Inpatient Days, 2000 to 2030
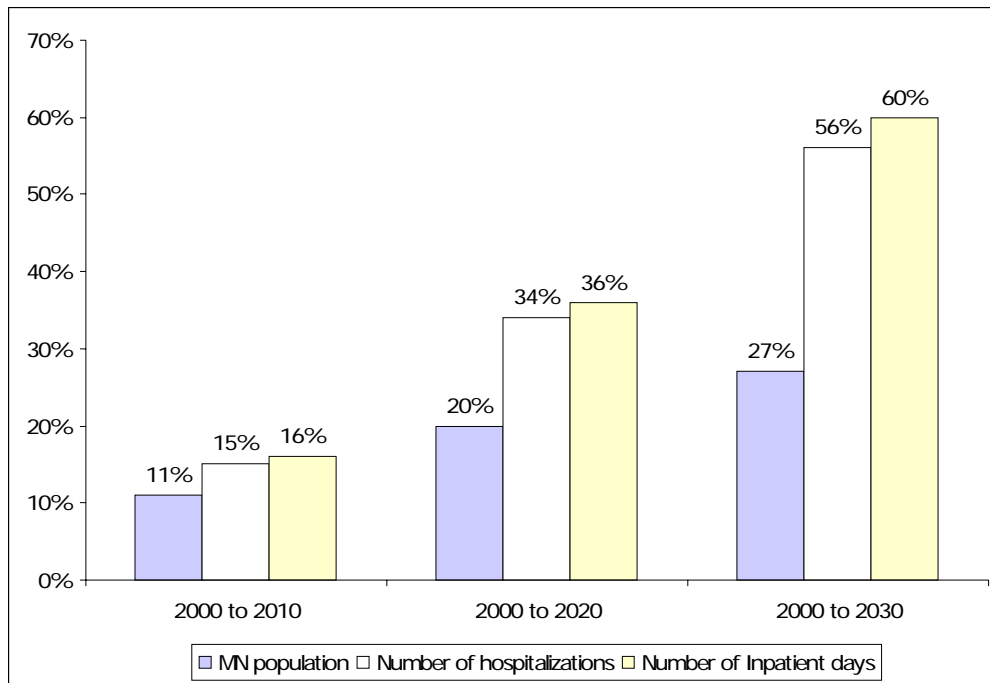
Source: Minnesota Department of Health

▪ **Access to quality long-term care (LTC) options is important to the livability of communities; demand for and cost of LTC will continue to rise.**

o *Seniors and their families desire Long Term Care options.* When seniors can no longer be independent in their own homes, there are several common residency options. The most expensive options include nursing home care and assisted living care, which provide more intensive services to residents.

According to a 2005 study by the American Association for Retired Persons (AARP), 89% of Americans polled reported they wish to stay in their current residence as long as possible and 85% of the respondents want to stay in their communities as long as possible.[46] In the countywide *Aging Initiative*, supporting personal independence was a common discussion point in all of the focus area planning sessions and the focus groups with residents. Better LTC options that promote independence are needed.

o *Maintaining independent living for seniors frequently requires difficult commitment and care from family or community.* Many factors work together to provide so seniors have the support they need to remain independent. For example, help with services and transportation can enable seniors to stay in their own homes or in other more independent living arrangements. However, declining health that accompanies aging is a primary reason for loss of independence among seniors. Increased dependence and the need to move from a primary residence or loss of driver's license can threaten an individual's mental and emotional health.

Care for a senior who wishes to continue living independently often requires substantial time and commitment from informal caregivers. Caregivers can suffer from the toll of the commitment. For example, it has been noted that elderly caregivers with a history of chronic illness themselves who are experiencing caregiving-related stress have a 63% higher mortality rate than their non-caregiving peers.[47] According to the National Center on Caregiving, a public policy think tank, there is considerable research to show that "family members who provide care to individuals with chronic or disabling conditions are themselves at risk. Emotional, mental, and physical health problems arise from complex caregiving situations and the strains of caring for frail or disabled relatives." [48]

By providing support and assistance to informal caregivers who navigate the complexities of long-term care, more seniors may be able to retain more personal independence for longer periods of time. This will ultimately save time and money for the individual family and society in general.

o *Seniors who live independently have unmet needs.* One key component in maintaining personal independence is informal support for activities of daily living (ADL). Many seniors and otherwise disabled individuals need some level of informal support with some daily living activities, but are able to remain fairly independent if these ADL assistance needs are met. Recent research from the Disability Statistics Center at the University of California at San Francisco found that of those with two

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[46] 2005 State of 50+ America survey, as presented to U.S. Senate Hearings in May, 2006. Downloaded from: http://help.senate.gov/Hearings/2006_05_16/Ginzler.pdf.

47 Source: Journal of the American Medical Association, December 15, 1999, Vol. 282, No. 23.

[48] http://www.caregiver.org/caregiver/jsp/content_node.jsp?nodeid=1822

or more needs for ADL assistance, those living alone had the highest percent of unmet needs (See Figure 35).

Figure 35: Percent of Persons with Unmet Needs for Persons Needing Help with 2 or More Activity of Daily Living (ADLs)
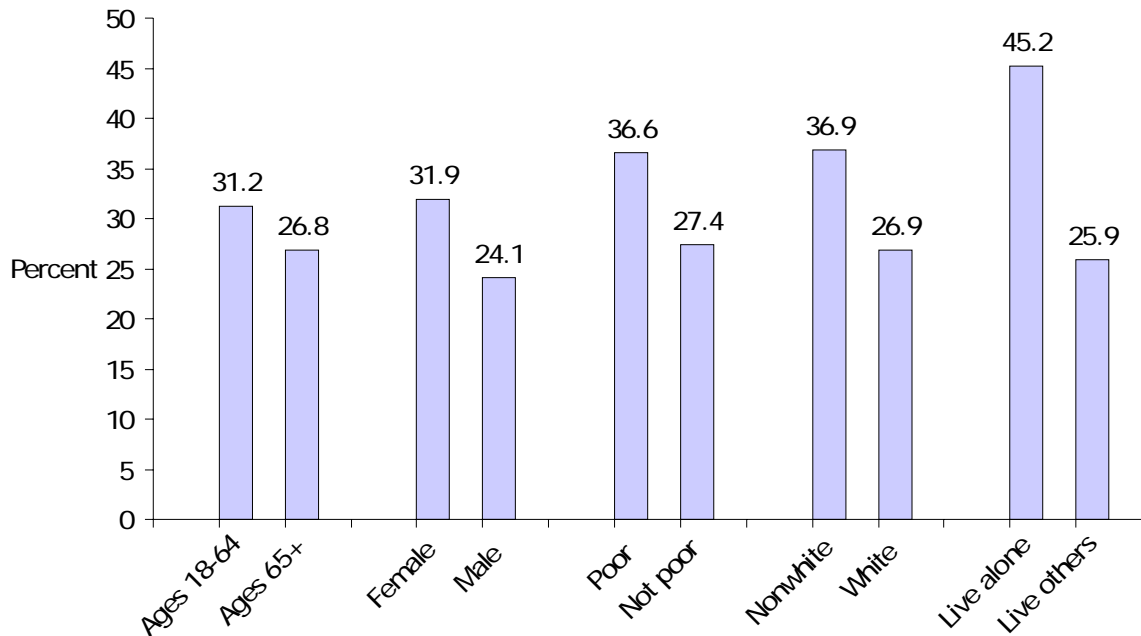
Source: LaPlante, M.P., Kaye, S., Kang, T., & Harrington, C. (November 2003). Unmet Need for Personal Assistance Services. Presented at the 131st Annual Meeting and Exposition hosted by American Public Health Association.

Dr. LaPlante, the lead researcher for the Unmet Need for Personal Assistance Services study, believes:

"...that even a modest amount of unmet need can jeopardize a person's ability to live independently. Unmet need likely increases the chances of an individual being prematurely institutionalized or being hospitalized, and reduces an individual's participation in society. These are large costs that, if avoided, would offset the cost of providing the additional help that is indicated. The reduction, if not the elimination, of unmet need for help is a financially achievable goal for the nation and one that long-term policy should focus on."

o *The cost of long-term care varies dramatically according to the type of setting.* Current spending for institutional care is going up, and institutional care is considerably more expensive than home and community-based services. Figure 36 compares the relative monthly costs of institutional care (nursing homes and assisted living) to home-based care (home health aide) in Minnesota and shows that institutional care is roughly twice the cost of a home health aide.

o *Cost for long-term care options will continue to rise.* The number of people in need of LTC options will continue to rise as Baby Boomers

retire. The per capita costs of long-term care also continue to rise. The Center for Medicare and Medicaid Services project national spending on home health care service to increase 108% between 2006 and 2016 (from $53.4 to $111.1 billion). Similarly, national spending on nursing home care is projected to increase 67% between 2006 and 2016 (from $126.1 billion to 210.9 billion).[49]

Historic trends also show a recent increase in the growth of home- based care spending for seniors. Figure 37 shows the relative growth in Medicaid dollars spent on home and community-based care and institutional care in the United States. Between 2001 and 2005, the proportion of long term care spending used for home- based care increased from 29% to 37%.

Figure 36: Relative Monthly Costs of Long-Term Care in Minnesota
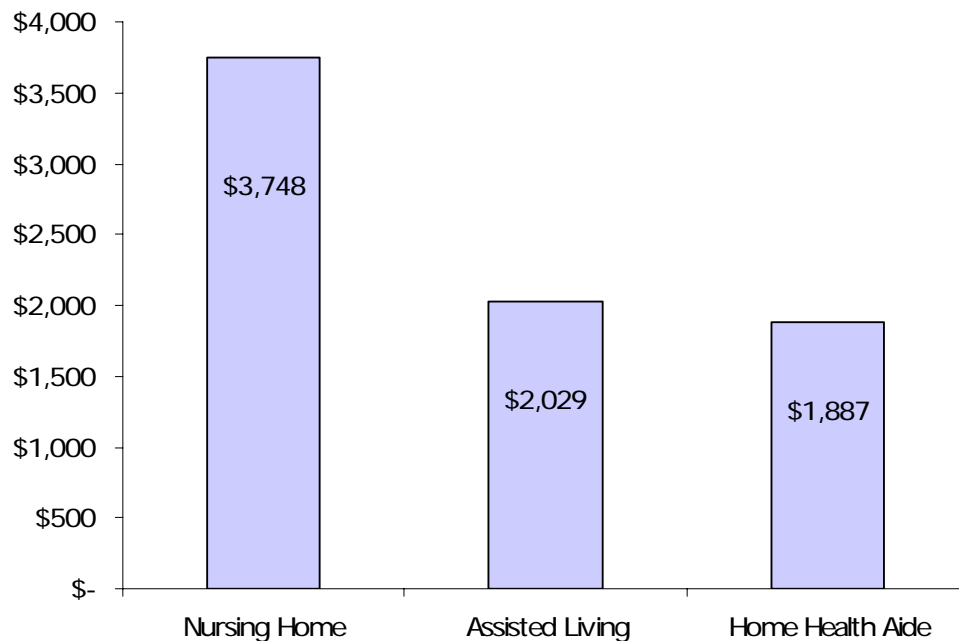
Sourc e: Genworth Financial Cost of Care Survey, 2006. [50]

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[49] National Health Expenditure Projections, 2006-2016; Center for Medicare and Medicaid (http://www.cms.hhs.gov/MedicareEnrpts/)

[50] For nursing homes and assisted living facilities, these costs are based on average monthly rates across all room options. For home health aides, this estimate is based on average costs across all agencies, both licensed and unlicensed, and assumes a workload of 15 hours per week.

Figure 37: Growth in Medicaid and Home and Community Based Expenditures
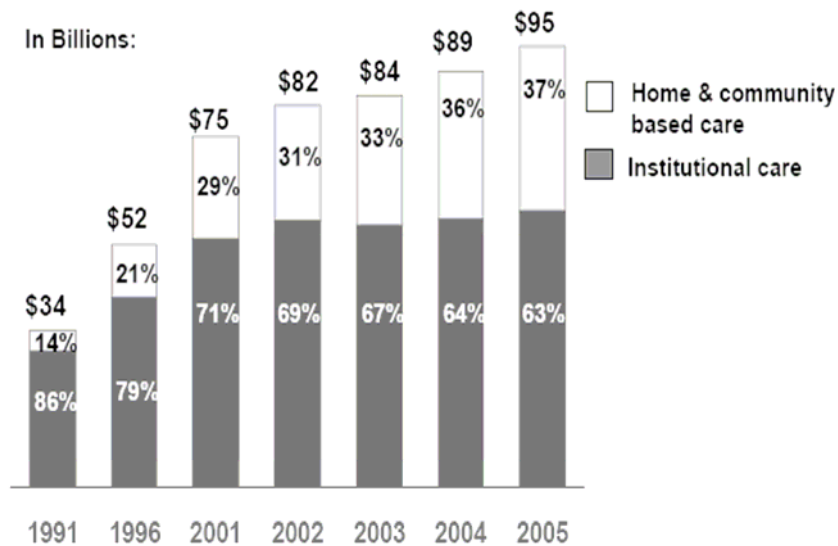
Source: Burwell et al, 2005, CMS-64 data as cited in Kaiser Commission on Medicaid and the Uninsured, July 2006

- **Healthcare coverage among seniors in Minnesota is high due to the federal Medicare program; however, there is serious concern regarding the future funding for Medicare.**

  - *Almost all seniors have continuous health care insurance.* In 2004, 98.8% of Minnesota seniors had continuous medical coverage throughout the year.[51] This compares to 88.8% of the population at all ages. (See Figure 38) Although the rate of those not covered (over the age of 65) has risen slightly since 2001 (from 0.8% to 1.2%), it remains very low compared to the general population. This low level of un-insurance rate among seniors is primarily due to Medicare, the federal program providing health coverage to older Americans. Persons 65 and older who qualify for Social Security benefits are eligible for Medicare and, therefore, have continuous access to medical care. Some persons over age 65 and older are enrolled in Medicaid, a federal health care program available on an income means basis. (This program is generally available to persons with very low incomes and persons with extremely high medical bills.) Some seniors also receive health coverage through other public programs such as the Veterans Administration.

    According to the Center for Medicare and Medicaid Services (a division of the U.S. Department of Health and Human Services), 22,965 Dakota County seniors were enrolled in Medicare Part A and/or Part B in 2003. Based on the

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[51] Minnesota Department of Health, "Health Insurance Coverage in Minnesota, 2001 vs. 2004", February 2006. (Seniors were defined as age 65 and over in this study.)

U.S. Census American Community Survey population estimates, this accounted for between 85% and 90% of the population age 65+ during the year 2003.

Figure 38: Percent of Minnesotans Without Continuous Medical Insurance, 2001 and 2004.
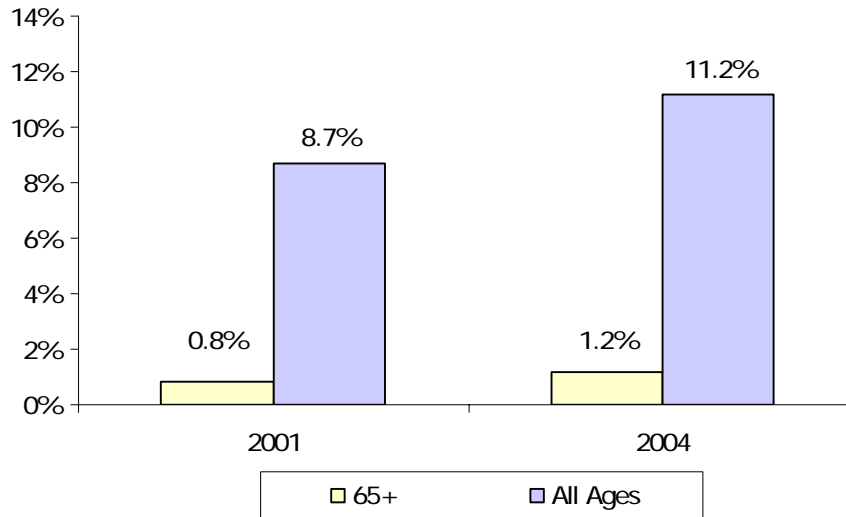
Source: MDH Health Access Survey

o *Healthcare costs, in general, are expected to continue increasing.* Rising healthcare costs are a concern across the nation. In Minnesota, health care costs are expected to increase from less than 15% of personal income in 2000 to slightly over 20% of personal income by 2014.[52] (Health care spending across the United States is similarly projected to reach more than $4.1 trillion and comprise 19.6% of the gross national product by 2016.[53]) This means that in 2000, a Dakota County household with income of $65,000 spent approximately $9,700 (15%) annually for health care. But by 2014, a household with income of $65,000 will spend about $13,000 (20%) for health care.

o *Costs of Medicare and Medicaid also continue to increase.* Medicare and Social Security make up the largest segment of federal entitlement programs. Medicare is the fastest growing federal entitlement program and will soon compete with Social Security for the largest proportion of the federal entitlement budget. Figure 39 shows the historical data and future projections for the seven largest federal entitlement programs as a percent of the Gross Domestic Product (GDP). In 1982, all of these programs combined were approximately 4% of GDP, in 2007 approximately 10%, and in 2016 it is expected to comprise more than 12%.

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[52] Tom Stinson and Tom Gillaspy presentation "But, What About Tomorrow?" December 2005.
[53] National Health Expenditure Projections, 2006-2016; Center for Medicare and Medicaid (http://www.cms.hhs.gov/MedicareEnrpts/)

Figure 39: The Seven Largest Federal Entitlement Spending Programs as Percent of GDP, 1962-2016.
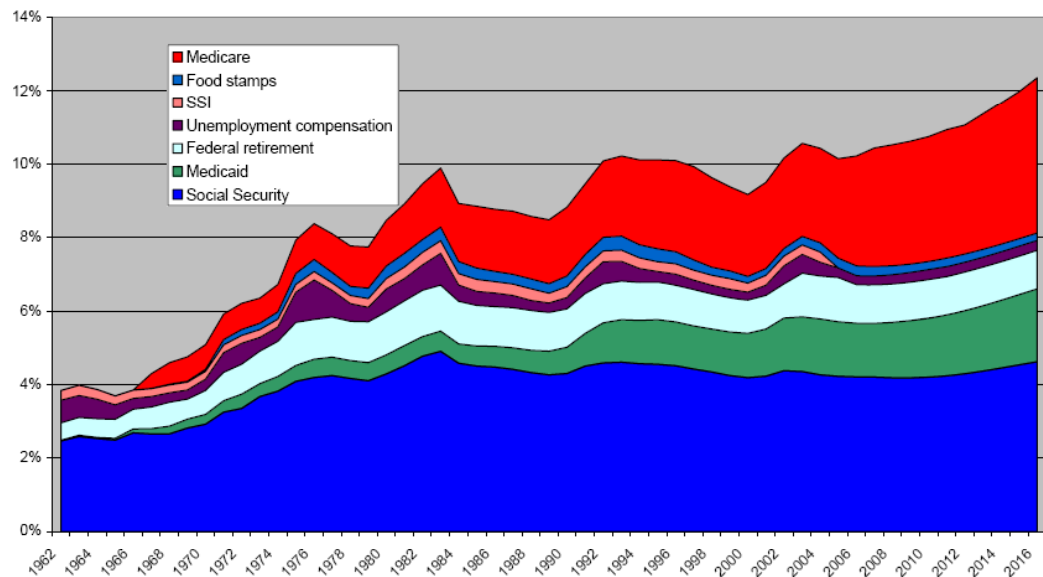
Source: Congressional Budget Office, The Budget and Economic Outlook, Fiscal Years 2007 to 2016, U.S. Government Printing Office, January, 2006, Appendix F, Historical Budget Data. (http://assets.aarp.org/rgcenter/econ/2007_01_security.pdf)

Funding for Medicare and Medicaid programs depend on both state and federal sources. Nationally, the Medicare eligible population is expected to double over the next 40 years.[54] This increase, combined with increasing longevity and medical advances to treat diseases, is likely to strain personal and public budgets for health care. According to the U.S. Department of Health and Human Services, Medicare spending growth is expected to average 7.6% per year between 2008 and 2016. Similarly, Medicaid spending growth is expected to average 8.1% per year between 2008 and 2016. Overall, spending on all public personal health care is expected to grow at a higher rate (7.5% per year) than private personal health care (6.4% per year) between 2006 and 2016. This faster growth in public spending is primarily driven by growth in Medicare enrollment as Baby Boomers become eligible for coverage.[55]

o   *The cost of prescription drugs also continues to increase.* The cost of prescription drugs has also experienced steady growth in the last 15 years. Since the early 1990s, the annual prescription drug costs for Medicare enrollees aged 65+ has increased more than 400%, from around $500 to around $2,000 per person (See Figure 40). The relatively

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[54] Federal Interagency Forum on Aging, "Older American Update 2006: Key Indicators of Well-Being", 2006.
[55] National Health Expenditure Projections, 2006-2016; Center for Medicare and Medicaid (http://www.cms.hhs.gov/MedicareEnrpts/)

new Medicare Part D program for prescription drugs provides some relief to seniors for medication costs, though there are some gaps in coverage. Overall, it may be too soon to make strong conclusions about the efficacy of this program. According to federal projections, spending for the Medicare Part D program is expected to continue accelerating by 8.8% per year between 2007 and 2016.

Figure 40: Average Annual Prescription Drug Costs and Sources of Payment for Medicare Enrollees Aged 65+ (in 2002 Dollars)
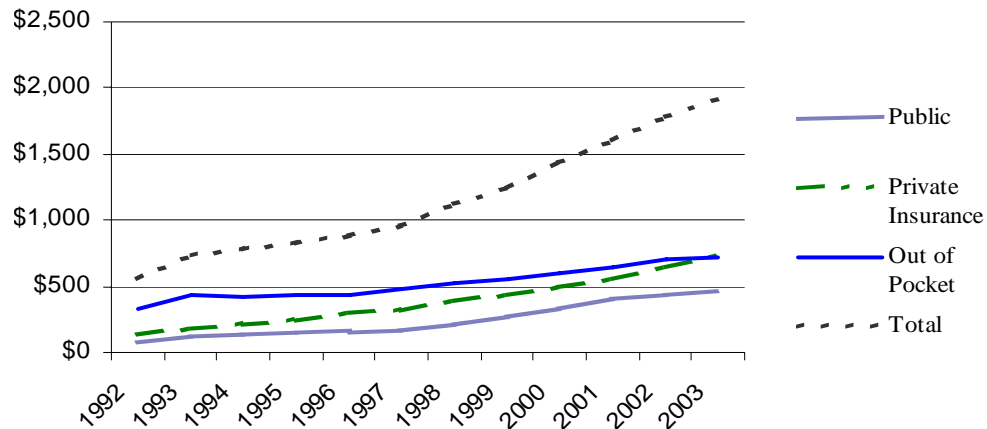
Source: Federal Interagency Forum on Aging, Update 2006

▪ **Future of Federal programs.**
In 1997, Congress established the National Bipartisan Commission on the Future of Medicare to study future funding for the program. Several reform initiatives have been proposed, but questions about the future of the program remain. The continued rise in spending and declining ratio of workers to retirees creats concern about future funding for Medicare. As shown in Figure 41, the number of workers per retiree who pay into the Medicare system has declined from 4.5 workers per retiree in 1960 to approximately 3.9 per retiree in 2000. The ratio is expected to continue declining to 2.2 workers per retiree in 2040.

Figure 41: U.S. Workers Per Retiree to Fund Medicare
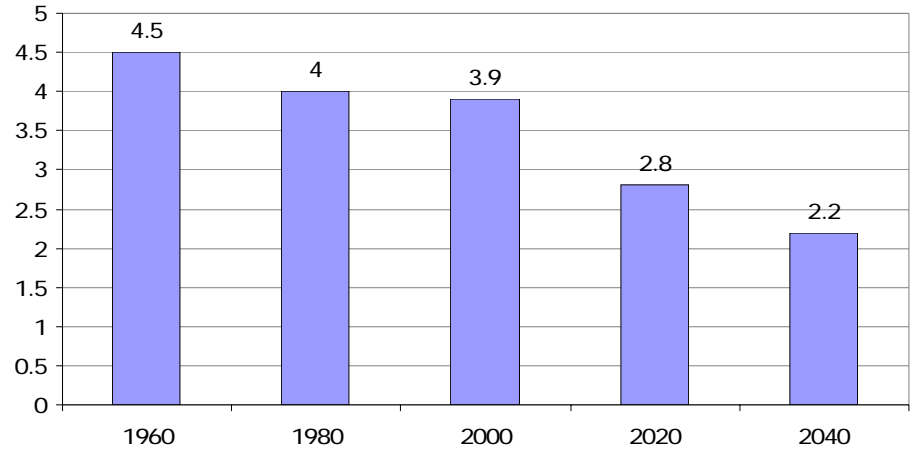
Source: Health Care Financing Administration
(http://medicare.commission.gov/medicare/index.html)

There are also concerns about future funding of Medicaid. Unlike Medicare, which is federally operated, Medicaid is operated at the state level and requires a match of state funds. State contributions to Medicaid are not likely to keep pace with expected growth. Figure 42 illustrates the growth in Medicaid costs and state revenues over time. Furthermore, federal programs such as Medicare and Medicaid are in the process of substantial reform and coverage could be reduced or constrained in the future.

Figure 42: Medicaid Spending is Expected to Double by 2014, State Tax Revenues May Not Keep Up
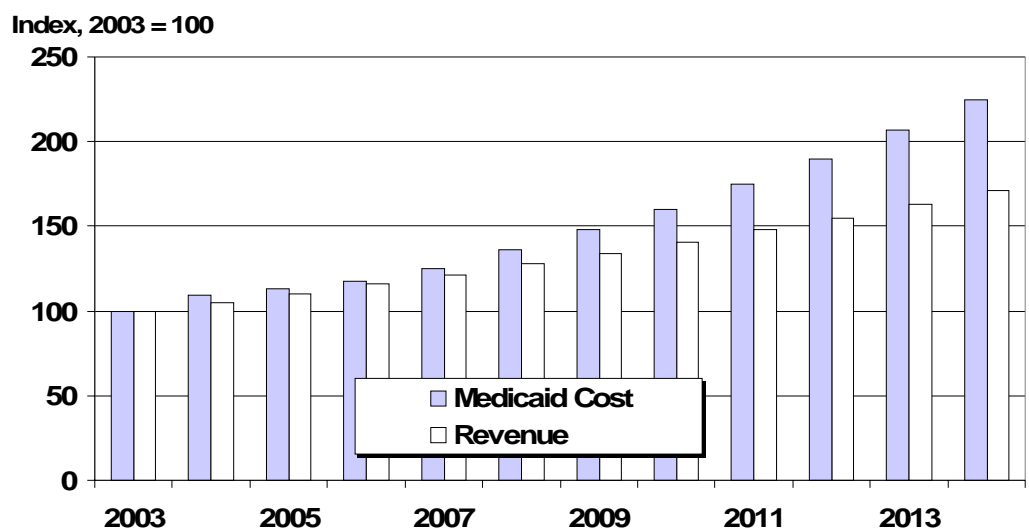
Source: December 2005 Presentation by T. Stinson, State Economist, and T. Gilliaspy, State Demographer

- **Proposals for reforming Medicare vary widely; importance of monitoring proposed changes.**
  Many advocacy and policy organizations agree that Medicare and Medicaid programs may be compromised because of the increasing demand for the program, increasing costs of health care, and the declining ratio of income tax payers to retirees to provide funding for the programs. However, solutions suggested to the policy issues vary widely. The table below presents some of the current ideas for Medicare reform from three different types of organizations.

  Although it is beyond the role of local agencies to develop solutions to federal and state policy and program dilemmas such as Medicare reform, it is important for local governments and organizations to monitor debate and discussion. By being prepared, local organizations can best advocate for or against proposed solutions to protect the interests of the organizations' residents and clients.

Examples of Medicare Reform Recommendations	
Organization	**Reform Recommendations**
American Medical Group Association (AMGA)	To fulfill the commitment made a generation ago to America's seniors, the American Medical Group Association (AMGA) strongly supports Medicare reform that is based on guaranteed beneficiary choice and access. This is attained through equitable provider reimbursement, improved program funding, and market-based involvement, while implementing evidenced-based, outcomes assessment of quality care. Incentives that encourage more individual attention to maintenance of a healthy life should be implemented.
Heritage Foundation	The healthcare system in the United States is in desperate need of significant reform. Policy makers should take decisive steps to move today's bureaucracy- riven, heavily regulated third-party payment system to a new patient-centered system of consumer choice and real free-market competition.

Examples of Medicare Reform Recommendations	
Organization	**Reform Recommendations**
American Association of Retired Persons (AARP)	• Transform our health care system by paying more appropriately for services, extending coverage to those without insurance, and improving the quality of medical care. • Grow existing revenue sources and enact a new revenue source such as a VAT or progressive consumption tax that would yield significant revenues while limiting saving disincentives and administrative inefficiencies. • Reform Social Security to make it solvent for the long run, *including* changes that would promote longer work lives. • Renew overall fiscal and budgetary discipline and re-impose the pay-go spending caps. • Promote individual saving opportunities for low- and moderate-income households through universal "auto-IRAs" using payroll deduction and subsidies for low-income savers, and by converting "upside-down" tax incentives to refundable credits. • Promote economic growth by extending work lives, increasing national saving, and investing in human and physical capital to sustain productivity growth.

- **Dakota County has a strong system of public health promotion, but opportunities exist to improve health promotion to seniors.**
  Promotion and education around public health issues and services in Dakota County is accomplished with a partnership of public and private entities. As the central public health government agency, the Dakota County Public Health Department has several health promotion efforts currently underway. Many of these efforts are aimed at the overall population and not just seniors, such as reducing the number of residents who smoke, preventing disease, and promoting healthy diet and exercise.

There are some promotion and prevention projects that are focused directly on seniors and their caregivers. Preventing falls is one example. Falls are a major reason for seniors going to skilled nursing facilities. Seniors who experience a major injury related to a fall, often a hip injury, are more likely to remain in nursing home care.

It is important for families to identify needs and issues of seniors' health, housing, services, and long-term care before problems develop that require nursing home assistance. For example, installing assistance devices can prevent seniors from falling and therefore keep them out of nursing homes.

Dakota County Public Health Department and other organizations that are focused on seniors also provide assistance in planning and facilitating long term care decision-making for seniors and their caregivers. The number of staff available for this work is limited and frequently clients must wait months to be served.

▪ **Healthier lifestyles mitigate health care needs; land use planning efforts can promote healthy lifestyles.**

  o *Increased health will increase the quality of life for individuals, decrease health care costs, and support personal independence for seniors.*
  In fact, many of the leading causes of death among seniors age 65-69, including diabetes and heart disease, could be mitigated or prevented better diet and increased exercise. (See Figure 43) Promoting healthy lifestyles could help to maintain active and vital lifestyles for seniors and all people. Health promotion and prevention improves the quality of life for seniors not only because of the direct health benefits, but also because these efforts can help seniors remain independent longer.

Figure 43: Leading Cause of Death

Age Group	Male		Female	
	Cause	*Rate*	*Cause*	*Rate*
65-69	Cancer	65.4	Cancer	90.9
	Heart Disease	36.7	Heart Disease	13.4
	Chronic Lower Respiratory	10.2	Chronic Lower Respiratory	8.4
	Cerebrovascular	8.7	Cerebrovascular	4.3
	Diabetes	6.7	Diabetes	2.1
70-74	Cancer	101.4	Cancer	74.2
	Heart Disease	54.7	Heart Disease	27.7
	Chronic Lower Respiratory	21.7	Chronic Lower Respiratory	14.6
	Cerebrovascular	13.5	Cerebrovascular	9.9
	Diabetes	9.7	Diabetes	8.5
75-79	Cancer	139.1	Cancer	89.1
	Heart Disease	103.1	Heart Disease	54.7
	Chronic Lower Respiratory	35.3	Chronic Lower Respiratory	23.6
	Cerebrovascular	55.8	Cerebrovascular	22.5
	Diabetes	16.6	Alzheimer's	12.5
80-84	Cancer	202	Cancer	113.4
	Heart Disease	183.4	Heart Disease	110.3
	Cerebrovascular	55.8	Cerebrovascular	49.5
	Chronic Lower Respiratory	51.1	Chronic Lower Respiratory	29.6
	Diabetes	28.2	Alzheimer's	28.2
85+	Heart Disease	402.6	Heart Disease	336.4
	Cancer	258.2	Cancer	135.4
	Cerebrovascular	123.8	Cerebrovascular	129
	Other Accidents	88.2	Alzheimer's	84.2
	Chronic Lower Respiratory	79.2	Chronic Lower Respiratory	43.9

Source: Minnesota Department of Health, Cases per 10,000 Individuals

▪ **"Walkability" of communities in Dakota County varies greatly.**
During all of the countywide *Aging Initiative* visioning session, planning sessions and resident focus groups, many people expressed disappointment with the difficulty of walking in their communities. Community "walkability" is an issue not just for seniors, but everyone. However, walkability is important for seniors who lack easy access to other forms of transportation. Figure 44 shows the level of walkability of urban areas

within Dakota County, based on distances of residential locations from schools, parks, retail areas, and sidewalks. While there are substantial areas rated as "good" or "okay", there are many areas that rated "poor" or "bad" on the scale.

- **Efforts are underway to increase "walkability" in Dakota County though a program known as Active Living by Design.**
In October 2006, Dakota County was awarded a grant by Blue Cross/Blue Shield to promote Active Living by Design, a program to create communities where residents can be more active. By using better design principles to allow greater physical activity (e.g. building more sidewalks, parks, and bike paths), the program helps people lead healthier lives.

Currently, there is a pilot project of the Active Living by Design underway jointly in three Dakota County communities: Eagan, Apple Valley, and Rosemount. The pilot project uses a nationally-known urban design expert to visit the cities and assist with assessing and planning improvements to the walkability of the community. Communities will include the findings and recommendations in their Comprehensive Land Use Plans.

Figure 44: Dakota County Walkability Scorecard
Source: Dakota County Office of Planning, January 2007
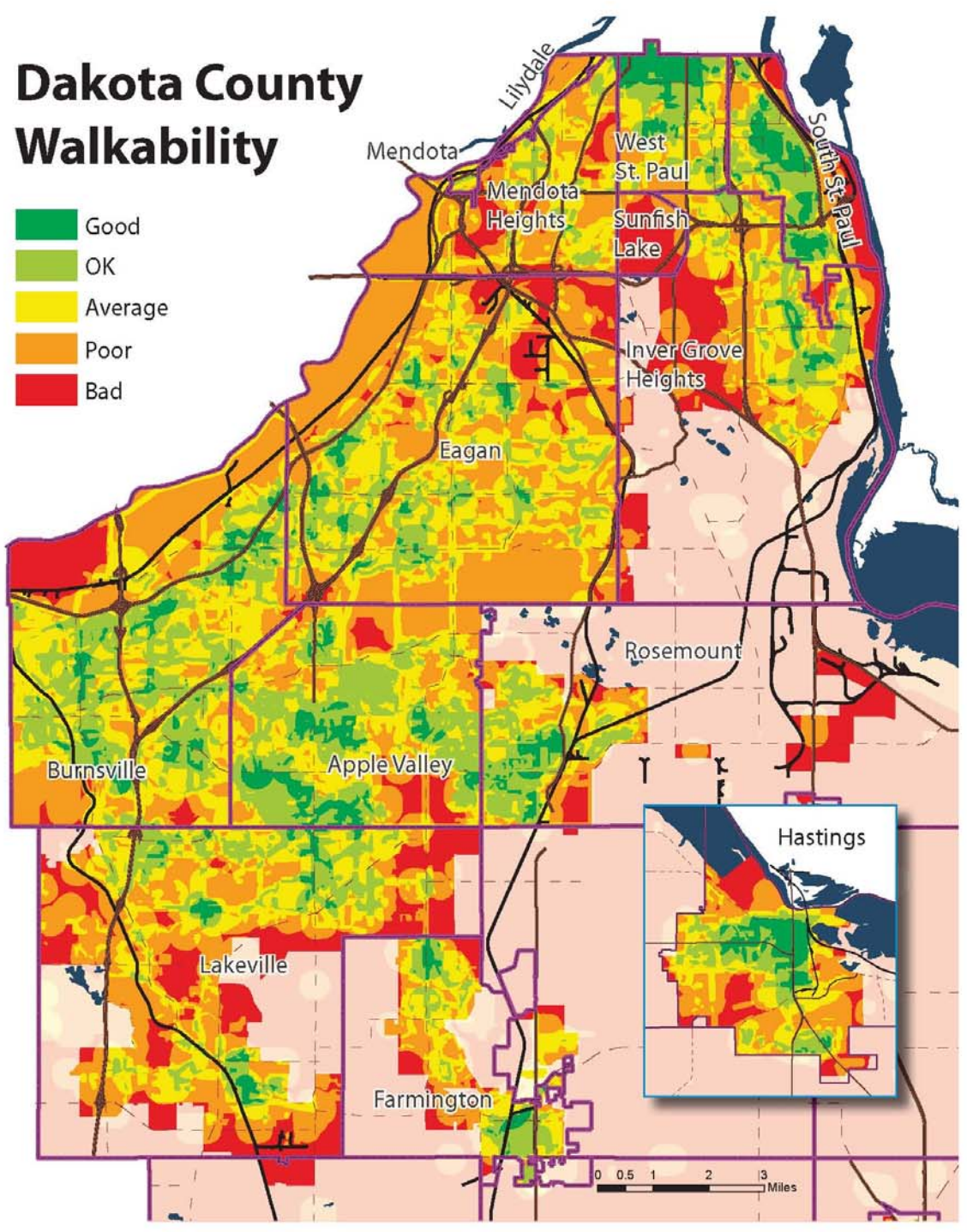
Summary of Gaps and Opportunities

Through the analysis of specific health and wellness issues, several important gaps -- both current and future -- have been identified, including:

- The continuum of medical services is available to most seniors, but there is a need for continued emphasis on long-term care options.
- Almost all seniors have healthcare through Medicare; however, there are questions about the future viability of the federal program. There is a need for ongoing monitoring and advocacy for accessible and affordable health care coverage for seniors.
- Significant health promotion and prevention activities exist in Dakota County; however, there are opportunities to increase and target health promotion and prevention campaigns to seniors.
- There is a need for greater understanding and planning around mental and emotional health needs of seniors and their caregivers.

Recommendations and Strategies — Health and Wellness

The gaps and concerns identified by the countywide *Aging Initiative* call for both general and specific recommendations for serving seniors in Dakota County. General strategies for addressing each of the gaps are followed by one or more specific recommendations to immediately begin addressing some of the gaps.

In general:

3) Programs And Policies Should Emphasize Personal Independence For Seniors.

Helping seniors to continue living independently can involve a variety of issues outside of health care, such as transportation and services. However, advocating for and forming informal service networks will lead to increased savings and higher qualities of life. (Many of the recommendations in subsequent sections support and work in coordination with this general recommendation.)

Vision and Approach:
Health problems related to aging threaten seniors' ability to remain independent. Research suggests that supporting programs that keep seniors in their homes is effective and costs less than more intensive options such as nursing homes.

Many seniors are able to maintain personal independence with help from their family or other informal caregivers who provide support in the home. This approach not only provides good care to seniors but also is the lowest cost option. Limited services are available from the Dakota County Public Health Department and other agencies for consultation and assistance in planning long term care, though many families are not aware of these services. Without more resources, agencies are unable to offer and provide such LTC services to all Dakota County families in need.

Expected Benefits:
- Increased options for independent living for seniors.
- Avoided cost of more intensive care such as nursing homes.

- Avoided strain on existing institutional facilities such as nursing homes and assisted living quarters.

Assumptions:
- Resources are available to increase capacity for long-term consultation.
- Informal care networks will be able to handle the increased demand.

Resources:
- A partnership of stakeholders, consisting of representatives of public and private organizations in Dakota County, will develop policy areas of focus for communication efforts.
- Assistance from partner organizations' communications staff members.
- Assistance from partner organizations' Legislative Liaison staff members.

Specifically:

3a) Develop a System of Early Identification of Needs (Risk Assessment)
Many seniors are able to maintain personal independence with help from family and/or other informal caregivers. Yet as additional needs develop, many seniors and caregivers are not aware of services that can assist with those needs.

Vision and Approach:
Health problems related to aging threaten seniors' ability to remain independent. Research suggests that supporting programs that keep seniors in their homes is more effective and costs less. However, many seniors simply need additional assistance in order to identify their specific needs and find effective programs or other supports to fill their needs and that of their caregivers.

Preventive health care is important for helping seniors remain independent. Effective services that provide early identification of needs and helping seniors get the right level of support as their needs develop are important to prevent or delay hospital or nursing home stays. These needs can be identified by integrating assessment and screening services into community-based wellness clinics and other general wellness programs.

Expected Benefits:
- Increased options for independent living for seniors.
- Avoided cost of more intensive care such as nursing homes.
- Avoided strain on existing institutional facilities such as nursing homes and assisted living quarters.

Assumptions:
- Resources are available to increase capacity in long-term consultation programs.
- Informal care networks will be able to handle increased demand.
- *Aging Initiative* partners will assess current risk assessment models and help promote the most effective model based on Dakota County Resident Profile.

Resources:
A partnership of stakeholders, consisting of representatives of public and private organizations in Dakota County, to develop the system.

3b) Enhance Long-Term Care (LTC) Consultation Support

Many seniors maintain personal independence with help from family and/or other informal caregivers. Dakota County Public Health Department and a number of community-based organizations currently provide LTC consultations regarding care decisions and community resources for family members of seniors.

Additional funding is needed to support programs that would provide seniors and families in need of assistance information and support in a timely manner. This recommendation parallels proposals in the upcoming MN Department of Human Services Aging Division as they see levels of demand for this service rising in almost every county in the state.[56]

Vision and Approach:
Enhancing consultation capacity will provide families (seniors and caregivers) with needed support through the aging process to help them connect with the right level of service to maintain their independence and community connections for as long as possible.

The Dakota County Public Health Department and other agencies that focus on seniors provide LTC consultations. However, these programs are currently insufficient to meet needs. These programs can be expanded to provide a wider reach to families who need this support. Additional funding will be necessary to provide LTC consultation support to all Dakota County families caring for a senior.

Expected Benefits:
- Greater options for independent living for seniors.
- Avoided cost of more intensive care such as nursing homes.
- Avoided strain on existing institutional facilities such as nursing homes and assisted living quarters.

Assumptions:
- Resources are available for capacity increases in long-term consultation programs.
- Informal care networks will be able to handle increased demand.
- A partnership of stakeholders, consisting of representatives of public and private organizations in Dakota County, will pursue additional sources of funding through grant and/or other opportunities.

Resources:
- The Dakota County Public Health staff will work with other agencies to build capacity in LTC consultation.

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56 Status of Long-Term Care in Minnesota, Minnesota Department of Human Services Aging Division, 2006

In general:

4) Continue To Monitor And Work Toward Health And Wellness Promotion At A Local Level.

The Dakota County Public Health Department should continue to partner with other organizations to promote the health and welfare of seniors in Dakota County. It is important that the work of these partnerships continues to monitor changing health and wellness needs of seniors and to maintain flexibility to meet the changing needs of the population.

Vision and Approach:

Research shows that the most effective way to maintain health as a senior is to improve diet and increase exercise. Public Health promotion of these concepts provides education and tools necessary for seniors to make needed changes or maintain healthy behaviors. Because many organizations help seniors with health and lifestyle services, it is most effective to conduct health promotion activities, at all stages of development, through a coordinated approach.

Expected Benefits:
- Better health among Dakota County seniors. The more information about health and healthy living that is provided to the public, the more likely people will adopt healthy habits.
- Avoided costs for long-term care as people are independent longer.

Assumptions:
- On-going development and monitoring of an active public health agenda to keep seniors as healthy as possible.
- Partnerships with other Dakota County communities and organizations involved in the distribution of public education messaging.
- Coordination between local agencies and organizations and state and metro area providers of services to seniors.

Resources:
- A partnership of stakeholders, consisting of representatives of public and private organizations in Dakota County, working closely with County Public Health Promotion staff.
- Participation of state and local health providers.

Specifically:

4a) Support The Active Living By Design Pilot Program.

Active lifestyles are important for improving and maintaining health of residents. Continued support for existing pilot programs that attempt to increase active living is needed.

Vision and Approach:

In October 2006, Dakota County was awarded a grant by Blue Cross/Blue Shield to

promote Active Living by Design, a program that creates communities where residents can be more active. By promoting and making physical activity more accessible (e.g. building more sidewalks, parks, and bike paths), people will lead healthier lives. There are several sub-components of this recommendation:

1. ***Create a comprehensive, interdepartmental effort to monitor this project and identify and allocate resources.*** Moreover, the program would benefit from support of County and municipal leadership.

2. ***Continue to support pilot programs in Apple Valley, Rosemount, and Eagan to plan and implement "walkability" concepts.***   In particular, best practices that are developed through the pilot projects should be promoted and shared with other cities and organizations.

3. ***Use the results of the Active Living by Design Initiative as a guideline for future physical and programmatic development.*** This program will most likely push development ideas in a direction away from the classic suburban model. By supporting Active Living by Design, the County will work with municipalities to begin thinking about how community development policies and programs affect public health issues and concerns.

Expected Benefits:
- Increased walkability in Dakota County communities.
- Greater physical activity for people in Dakota County.
- Decrease in obesity and premature need for health care due to sedentary lifestyles

Assumptions:
- If places are designed to better facilitate walking, people will increase their exercise level.
- Resources are available to implement the recommendations made by the plan.
- Communities implement recommendations.

Resources:
- A partnership of stakeholders, consisting of representatives of public and private organizations in Dakota County, will work closely with county staff to support, participate, and communicate with Active Living by Design projects.
- Participation of state and local health providers.

4b) Address gaps in the mental and emotional well-being of seniors and their caregivers.
Mental and emotional health is also important to the quality of life for seniors and their caregivers. Giving seniors the opportunity to stay engaged in the community and maintaining the resources to properly diagnose and treat mental health issues will keep more people healthy and independent.

Vision and Approach:

Social isolation of seniors and the physical, emotional, and financial stress of caring for a loved one are major issues facing seniors and their informal caregivers. Helping seniors maintain connections to family, friends, and communities is important. Helping caregivers get needed support so they remain healthy and able to continue to provide informal support that helps keep seniors in home and community settings is important.

More research and analysis is needed to define specific needs and gaps in the mental and emotional well-being of seniors and their caregivers. A partnership of stakeholders, consisting of representatives of public and private organizations in Dakota County, will develop a plan to address gaps and identify opportunities to provide support for programs and policies that promote mental and emotional well-being for seniors and caregivers.

Expected Benefits:
- Avoided costs of long-term institutional care.
- Greater independence for seniors for a longer period of time.
- Decrease in caregiver burn out.
- Higher quality of life for seniors and their families.

Assumptions:
- Gaps and opportunities in emotional and mental well-being for seniors and their caregivers can be determined.
- Programs or policies can be devised to address these needs and gaps.

Resources:
- A partnership of stakeholders, consisting of representatives of public and private organizations in Dakota County, will work to identify needs and develop plans.

In general:

5) Monitor and Advocate For Access To Affordable, Quality Health Care For All Seniors.

It is vital that Dakota County senior citizens continue to have access to quality, affordable health care. Trends in funding and participation point to potential issues in accessibility and affordability of health care insurance for seniors in the future. Although most of the factors affecting this issue are statewide or national in scope, it is important that local organizations and governments continue to monitor the situation for residents of Dakota County and advocate for policy and program changes that continue to provide access to affordable, quality health care.

Vision and Approach:

Dakota County seniors should have access to affordable and quality health care. However, current trends suggest that both access and affordability could become problems in the future. Although health care is more of a federal and state issue, organizations at the local level can still advocate on behalf of residents by ensuring health care concerns of seniors are included in legislative agendas. Specifically,

monitoring should continue and, when appropriate, policy positions regarding Medicare and associated programs developed.

Expected Benefits:
- Dakota County seniors would continue to have access to quality health care.
- Senior independence ensured by maintaining access to health care.
- Support high quality of life standards in the area of health and healthcare.

Assumptions:
- Legislative advocacy is an effective means of achieving changes to policies and programs concerning health care for seniors.
- A coalition of organizations in Dakota County, both private and public, agrees to advocate on behalf of continued and improved health care for seniors.
- There is interest among the public to support legislative campaigns around this topic.

Resources:
- A partnership of stakeholders, consisting of representatives of public and private organizations in Dakota County, cooperatively works to monitor and develop advocacy areas and communication strategies and materials.
- Assistance from partner organizations' communications staff members.
- Assistance from partner organizations' Legislative Liaison staff members.

Specifically:

5a) Advocacy For Reform Of Medicare And Associated Programs.
As data projections show, it is likely that the increasing cost associated with health care, along with the declining ratio of workers paying for retirees on Medicare, may jeopardize the viability of the current Medicare system and other federal programs.

Vision and Approach:
Medicare is a vital service that benefits most seniors. In the future, it is likely that reform will be needed to continue the program's viability or replacement. However, options about the right reforms to consider vary greatly.

Changes or cuts to Medicare could greatly affect the health care of Dakota County seniors. The County and partner organizations should actively monitor and advocate on behalf of policies and programs that help keep health care accessible to seniors. In many cases, accessible health care also helps seniors maintain their independence.

Expected Benefits:
- Dakota County seniors would continue to have access to quality health care.
- Ensure senior independence by maintaining access to health care.
- Support high quality of life standards in the area of health and healthcare.

Assumptions:
- Legislative advocacy is an effective means of achieving changes to policies and programs concerning health care for seniors.

- A coalition of organizations in Dakota County, both private and public, advocates for continued and improved health care for seniors.
- There is interest among the public to support legislative campaign around this topic.

Resources:
- A partnership of stakeholders, consisting of representatives of public and private organizations in Dakota County cooperatively works to monitor and develop advocacy areas and communication strategies and materials.
- Assistance from partner organizations' communications staff members.
- Assistance from partner organizations' Legislative Liaison staff members.

Housing

Introduction

Housing has a special significance for seniors. Seniors are one of the primary users of housing with services and assisted living facilities, two products that are in short supply. Housing plays a role in the safety and health of a senior's life. For example, by lessening the need to use stairs and installing proper railings (among other things), the potential for falls can be greatly reduced, lessening the need for medical attention and allowing seniors to maintain independence.

Respondents to the recent *Maturing of America* survey cited meeting housing needs of older Americans as one of the three primary challenges for the future.[57]

Older Dakota County residents need adequate housing for their entire life cycle. The objectives in this area of the report are to:

1. Improve the understanding of the current housing picture for older residents of Dakota County and improve the understanding of future housing needs.
2. Identify options for maintaining independent living, such as by greater use of design principles for homes, to allow for independent living into later life.
3. Define the needs for housing to meet the requirements of older residents who choose not to, or cannot remain in, their current homes so that these residents can remain in Dakota County.

Important Factors in Understanding the Housing Needs of Older Residents

The continuum of housing and services for older residents is displayed in Figure 45.

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[57] The survey was conducted by the International City-County Managers Association (ICMA) in partnership with the National Association of Area Agencies on Aging and the National Association of Counties in 2006. The two other primary challenges were transportation and health needs.

Figure 45: Continuum of Housing

Single Family Home	Townhome, condo, or apartment	Congregate apartment W/ optional services	Assisted living	Nursing facilities

	Age-restricted apartment W/ no services	Congregate apartment W/ intensive services	Memory care units	

Fully independent lifestyle → Fully/highly dependent care
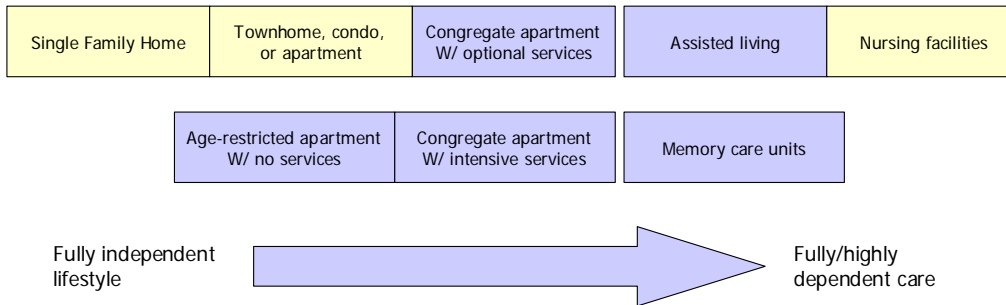
Source: Maxfiield Research Inc.

In the chart above, the housing products that are highlighted – congregate apartments with services, assisted living, age-restricted apartments without services, congregate apartments with services, and memory care units -- are specifically geared to the needs of senior citizens, defined by Maxwell Research Inc. as any housing development that is restricted to people age 55 years or older. Maxfield Research Inc. conducted a housing needs study for the Dakota County Community Development Agency (CDA) in June 2005.

Because of the range of housing choices available to persons as they age, seniors may make choices among another options. As described more fully in Figure 46, they may choose to:

- Age in place (i.e., continue to live in their own home), perhaps with the assistance of a caregiver
- Relocate to another type of housing with none or only a few services, such as:
- A senior retirement community
- An age-restricted apartment
- Shared housing
- Relocate to a congregate care community, where support services (e.g., meals and light housekeeping) are provided
- Relocate to assisted living, where meals and basic support services (e.g., transportation and housekeeping) are provided
- Relocate to a care facility, such as:
- A continuing care or life care community
- Board and care housing
- A nursing homes
- A memory care facility (e.g., for Alzheimer's patients)

Dakota County's Community Development Agency (CDA) has been a leader in providing housing designed for older residents. In 1988, Dakota County and the CDA embarked on a 10-year plan to locally finance and construct affordable housing for seniors. In 1996, County Commissioners approved a second 10-year plan. As a result, the CDA owns and operates 20 apartment buildings. Nineteen of the buildings are designed for adults aged 55 years or older. One building is designated for adults who are either 62 years of age or disabled. The buildings offer a total of 1,135 units. Based on a survey conducted by Wilder Research (2005), almost half of

residents use some kind of service available at the building, such as transportation, congregate dining, or basic medical care checks (e.g., blood pressure).

Figure 46: Senior Housing Options with Services

Type	Description
Assisted living apartment buildings	Private apartments with housekeeping and meal options. Additional services available including personal care and nursing services.
Boarding care or board and lodging	Provides room, meals and services. Services include 24-hour supervision, personal care, medication assistance and other services.
Adult foster homes	Provided by persons who also live in the home, or by around-the-clock staff. Offer a variety of personal care and health-related services.
Campus-style communities	Provides a range of housing, services, and nursing care to meet changing needs of residents. Some examples include apartments and assisted living.
Skilled nursing facility	Long term care facilities, that offer nursing care to residents. Provide services such as nursing, personal, dietary, therapeutic, social, spiritual, and recreational.

In the private market, housing options specific to seniors (i.e. beyond single family homes and non-age-restricted apartments, townhomes, or condos) in Dakota County include:

▪ **Market rate senior developments**

According to Maxfield Research, market rate senior housing is a relatively new phenomenon in Dakota County. About 500 units existed in the County before 1995. In June 2005, there were projects in 10 cities in the County with about 3,100 market rate senior housing units. Of these, about half were active adult units; the remainder included services.

Figure 47: Market Rate Senior Housing Units, by Community

City	Adult/Few Services		Congregate		Assisted Living		Memory Care	
	Units	Vacant	Units	Vacant	Units	Vacant	Units	Vacant
Developed Communities								
Burnsville	422	0	200	3	264	24	47	6
Eagan	121	0	78	4	152	5	94	4
Inver Grove H.	265	4	90	4	85	9	18	0
Mendota Heights	25	0	0	0	0	0	0	0
South St. Paul	14	0	0	0	44	0	16	0
West St. Paul	330	10	0	0	19	0	19	0
Subtotal	1,177	14	368	11	564	38	194	10
Growth Communities								
Apple Valley	176	0	208	8	59	4	0	0
Farmington	84	3	55	8	0	0	0	0
Hastings	18	2	80	15	87	0	40	1
Rosemount	18	0	0	0	0	0	0	0
Subtotal	296	5	343	31	146	4	40	1
Total	1,473	19	711	42	710	42	234	11
Vacancy Rate		1.3%		5.9%		5.9%		4.7%

Source: Maxfield Research Inc., June 2005

Most of the market rate senior housing is located in the developed communities (75%). This is not surprising, as these communities developed earlier and have an older population. However, as the newer growth communities age, increasing demand for senior housing in these communities should be expected.

Overall, Maxfield Research concludes that the Dakota County senior housing market for market rate developments is near equilibrium (June 2005). For senior housing services, a vacancy rate of less than 7% is considered healthy. [58]

▪ **Affordable and subsidized senior housing**

Affordable senior housing is separated into two classifications.

o Affordable (also known as "shallow subsidy") senior housing – almost all of the units provided by the Dakota County CDA – are for applicants age 55 and older with incomes below 80% of the median income. Residents pay 30% of their income for rent of one bedroom units and 32% of income for two-bedroom (within   minimum and maximum dollar limits).

o Subsidized (also known as "deep subsidy") projects primarily differ from affordable projects by their age limit (62 years and older) and income limits.

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[58] This is higher than for the general occupancy rental housing because of the higher turnover rates.

Subsidized units have income limits of $27,000 for one-person households and $31,000 for two-person households (2005). There is no minimum rent.

In June 2005, there were 1,827 affordable and subsidized units in Dakota County.

As noted above, the Dakota County CDA owns and operates 20 affordable adult rental projects, with 1,096 units. (A small number of CDA units are "deep subsidy" units.) The projects have all been built since 1990. There are no vacancies in these units; the waiting list totals about 1,200. About two-thirds of the units are in the developed communities of the County, with the remainder in the growth communities. There are no units in the rural areas of Dakota County.

There are another 731 subsidized senior housing units in 11 developments across Dakota County (2005). About half of these units are in developed communities. Overall, these units are older than the affordable rental units, with all but one built between 1973 and 1988. In June 2005, about 2.3% of the subsidized units (17 units) were vacant. (The vacancies occurred in Farmington and may have been anomalies, as both projects have historically been full.)

The low vacancy rates indicate a strong demand for both affordable and subsidized senior housing in Dakota County.

Figure 48: Summary of Affordable and Subsidized Senior Housing

City	Affordable		Subsidized	
	Units	Vacant	Units	Vacant
Developed Communities				
Burnsville	126	0	42	0
Eagan	190	0	0	0
Inver Grove Heights	111	0	0	0
Mendota Heights	100	0	0	0
South St. Paul	96	0	208	0
West St. Paul	101	0	140	0
Subtotal	724	0	390	0
Growth Communities				
Apple Valley	110	0	72	0
Farmington	0	0	97	15
Hastings	103	0	109	2
Lakeville	115	0	24	0
Rosemount	44	0	39	0
Subtotal	372	0	341	0
Rural Area	0	0	0	0
Total	1,096	0	731	17

Source: Dakota County CDA, Maxfield Research Inc., June 2005

Summary

Seniors consider many options when making housing decisions, including remaining in their current home. Decisions are highly personal and are often not made easily or quickly. The decision whether to remain in a long-standing single family home in the community or to move to a maintenance-free facility or other arrangement within the same community, or to move outside the community, depends on many factors such as: health, supports, financial means, and availability.

Analysis and Findings

Senior housing needs are fueled by the fact that as people age, they are likely to seek different housing options due to desire or necessity. In a recent Metropolitan Council survey, 27% of respondents indicated an interest in moving to another location. The actual movement from homeownership to rental housing in Dakota County from 2002 to 2006 for older residents is shown below. The significant trends related to senior housing in Dakota County resulting from these movements include:

- A strong impact on housing needs through 2030 due to a rapidly growing senior population
- A strong demand for affordable and subsidized senior housing
- Growth in demand for new homeownership options
- A growing challenge in the ability to maintain homeownership
- The need for attention to the needs of rural areas
- Limited specific senior housing market information
- Inadequate inter-community coordination about senior housing development

Figure 49: Dakota County Homeownership Rate by Age Cohort for those 65 and Older, 2002 and 2005.
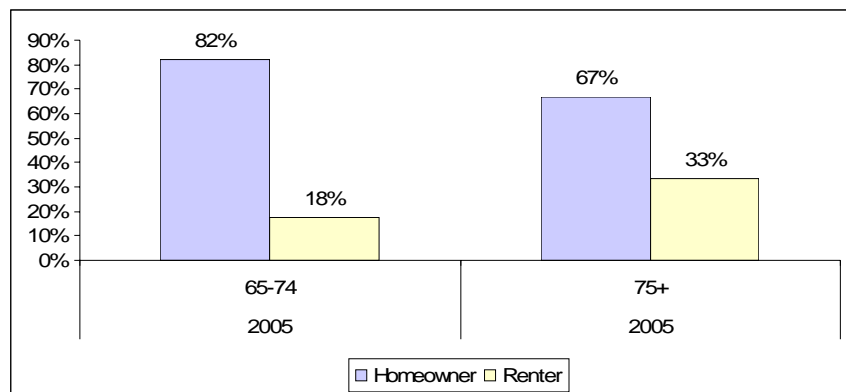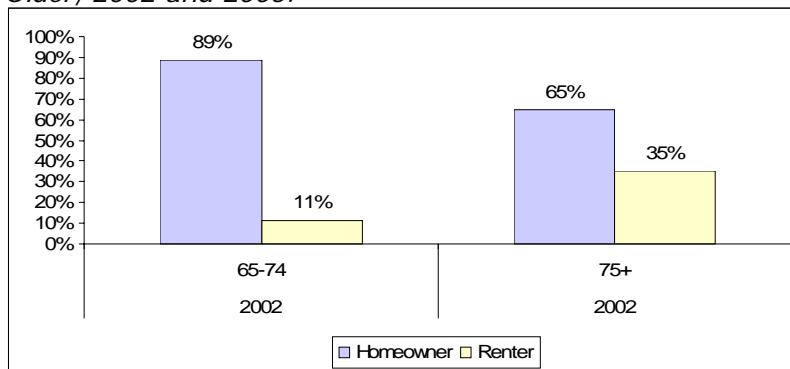
Source: American Community Survey, U.S. Census, 2002 and 2005

▪ **Rapidly growing senior population will affect housing demand**

Through the period for which population projections are available (2030), major shifts in housing preferences will occur in Dakota County as the proportion of seniors in the population grows. Older residents seeking housing products ranging from different home ownership options (e.g., single level townhomes) to age-restricted condominiums, to congregate and assisted living housing will account for a large share of the change in demand for housing.

The estimated market demand for senior housing through 2030 is summarized in the following chart.

Figure 50: Market Demand for Senior Housing Units
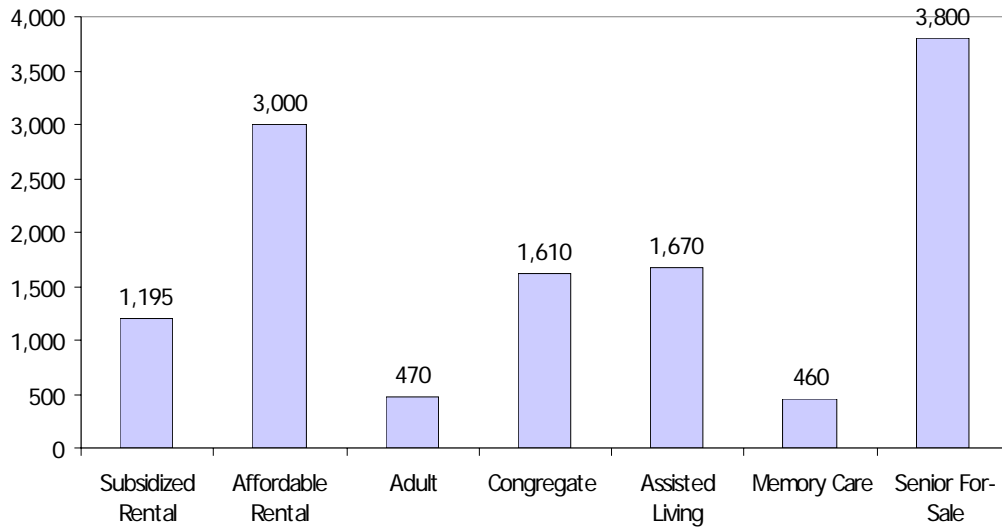
Source: Maxfield Research, Comprehensive Housing Needs Assessment for Dakota County Minnesota, 2005

▪ **People's housing preferences will change as their life cycle continues.**
Many residents will choose to remain in their own homes, but will require changes to the home to fit their changing physical requirements (e.g., ramps, railings, and first-level bedrooms). Others will prefer to move into maintenance-free living arrangements. Overall, Maxfield Research projects that the need for single-level townhomes and condominiums in Dakota County will increase over the coming decades to satisfy the changing preferences of the baby boom generation.

▪ **Strong demand for affordable rental and subsidized rental housing**
The study conducted by Maxfield Research Inc. for the Dakota County CDA in June 2005 concludes that the low vacancy rates in both affordable rental housing in Dakota County (0% for affordable rental units operated by the CDA) and subsidized rental housing

(between 0.3% and 2.3%, depending on assumptions) indicate a continuing strong demand for such housing in Dakota County.

The projected overall demand for senior rental housing in Dakota County from 2005 to 2020 is shown on the next page.[59]   Because developed communities in the County have an older population, about half of the growing demand for rental housing in these communities is likely to come from seniors. In the growth communities, about a quarter of the growth in demand is expected to be due to needs for senior rental housing.

Figure 51: Projected Dakota County Senior Rental Housing Demand, 2005 to 2020

Type of Rental Unit	Units	% of Total
Total, Senior Rental Units	3,046	100.0
Subsidized rental units	485	15.9
Affordable rental units	1,175	38.6
Adult units (age-restricted)	179	5.9
Congregate units	662	21.7
Assisted living units	372	12.2
Memory care units	173	5.7

Source: Maxfield Research Inc., June 2005.

Supporting the conclusion of continuing strong demand for affordable housing:

o   Senior Housing Inc., a Twin Cities non-profit organization, (with a mission to provide resource information regarding appropriate housing options, and to promote services that enhance safety, comfort and well-being) indicates there are already waiting lists for most subsidized senior housing in the Metro Area. Finding affordable senior housing can be difficult depending on the income and assets of the senior and family.

o   The Metropolitan Council projects that more than 7,600 units of affordable housing for all age groups will be needed between 2011 and 2020 in Dakota County. Senior citizens are a component of this estimate.[60]

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[59] The demand for senior rental units makes up about one-third of the rental housing demand estimated for Dakota County over this period. Total demand for rental units is estimated to be 9,108 units.

[60] Overall the Twin Cities has a good supply of affordable housing options compared to other large metropolitan areas within the Untied States. A 2007 Metropolitan Council Indicators Report the finds that the "share of homes affordable to a median-income family: 56 percent in 3rd quarter 2006, a decline from one year prior. Twin Cities ranks 10th most affordable among the 25 largest MSAs."

o The State of Minnesota's *Transform 2010* gap analysis of Dakota County found the overall supply of housing options for seniors does not meet the demand. Subsidized rental apartments for seniors (no services), memory care housing, single room occupancy housing, and housing for people with mental health needs were identified as significant issues for the County, although there appeared to be a surplus in market rate rental apartments (with services).[61] Supportive housing for all populations was identified as among the highest priorities.

Figure 52: 2011-2020 Allocation of Affordable Housing Need by City, Township (2006 Estimate)

Community	New Affordable Units Needed
Dakota County	7,611
Apple Valley	1,307
Burnsville	737
Eagan	530
Empire Township	100
Farmington	492
Hampton	4
Hastings	241
Inver Grove Heights	714
Lakeville	2,260
Mendota	3
Mendota Heights	86
Rosemount	923
South St. Paul	104
Vemillion	6
West St. Paul	104

Source: Metropolitan Council, December 2006

▪ **Demand for new home ownership for seniors will grow**

According to the 2005 American Community Survey, 66% of seniors in Dakota County own homes, slightly below the national average (71%). Almost three-quarters (72%) of seniors who own homes in the county have monthly owner costs that are affordable to them.[62] However, as residents continue to age and still want to live independently in their own home, they may seek to move from their existing home to one that is more amendable to their new lifestyle or circumstances.

For-sale senior housing is a relatively new phenomenon in Dakota County that has emerged to address this need. For-sale senior housing products include condominiums, cooperatives, townhomes, and single family home developments. There are 19 senior

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[61]   The analysis also found subsidized rental apartments to be in surplus or underutilized. However, as shown subsidized apartments with services were not found to be in surplus based on research of Maxfield Research for the Dakota County Community Development Agency or by the Metropolitan Council Housing Affordability Needs Study. Maxfield Research (2005) cites a waitlist of 1,200 individuals for subsidized senior housing in Dakota County.

[62] Owner costs include mortgage, taxes, utilities, etc. Affordability in this case means that no more than 30% of monthly income is allocated to housing.

projects involving for-sale homes in Dakota County (2005), all but one of which was built after 1990. Eleven were built after 2000.

Maxfield Research projects that there will be a demand for more than 1,700 new senior housing ownership units over the next 15 years (2005 to 2020). In the decade from 2020 to 2030, the projections suggest demand for another 1,350 to 1,550 units.

Figure 53: Addition For-Sale Demand for Senior Housing in Dakota County, 2000-2030

Community	2000 to 2010		2010 to 2020		2020 to 2030	
	Low	High	Low	High	Low	High
Developed Communities						
Burnsville	130	150	110	140	180	190
Eagan	170	210	190	210	280	290
Inver Grove Heights	65	75	140	170	100	160
Mendota Heights	25	35	60	65	50	55
South St. Paul	20	30	60	65	40	50
West St. Paul	90	100	90	100	50	55
Subtotal	500	600	650	750	700	800
Growth Communities						
Apple Valley	150	200	265	275	100	120
Farmington	75	90	50	60	90	110
Hastings	20	30	60	70	80	100
Lakeville	80	100	175	185	270	300
Rosemount	145	160	50	60	110	120
Subtotal	470	580	600	650	650	750
Rural communities	0	0	0	0	0	0
Total	970	1,180	1,250	1,400	1,350	1,550

Source: Maxfield Research, Inc., June 2005

Interestingly, the strongest demand for total multi-family housing development in Dakota County is expected to be for modestly priced units, or those priced at $250,000 or less. This is the same price range the projected senior homeownership demand is expected to meet, suggesting that seniors may compete for additional units outside of what has been defined as senior housing (i.e., age-restricted to seniors).

From a public and fiscal policy standpoint, most seniors who are expected to seek new home ownership options will likely use proceeds from an existing home sale, allowing them to purchase the new unit outright. This suggests that public subsidies for such developments are not required.

▪ **Growing challenge to the ability to maintain homeownership**
As noted above, nearly three-quarters (72%) of those seniors owning homes in the Dakota County had monthly owner costs that were affordable to them in 2005. However, seniors often live on fixed incomes when they retire. As homeownership costs rise (e.g., personal property taxes or water sewer, and garbage fees), they may cause a serious financial strain on residents who prefer to remain in their homes and communities.

While there is more detailed information in the Demographic and Financial sections of this report, economic trends of concern to the ability to maintain homeownership include:

- o Though many Dakota County seniors have access to reasonable financial resources, poverty among seniors is a growing trend. In 2000, 5.5% of the individuals in the County age 65 or older had incomes that fell below the poverty threshold. In 2005, this share had risen to 9.9%.
- o Census data shows evidence of limited non-wage income (e.g., income from savings, investments, or retirement plans) among the Dakota County population, further threatening the ability of older residents to withstand rising ownership costs. National data suggests that more than 40% of the population is at risk of not being able to maintain their current lifestyle in retirement.
- o A recent survey conducted by the ICMA and the Association of Area Agencies on Aging concludes that taxation and finance are serious concerns for seniors.

While there is anecdotal evidence that economic factors cause seniors to leave their homes, the Census data suggest affordability is less of an issue for Dakota County residents than the average. While no action is recommended at this time, communities throughout the United States have implemented a number of strategies that might be considered in the future, should circumstances warrant action. For example:

- o The City of Orange Beach, Alabama provides reduced sanitation/sewer fees to seniors, based on ability to pay.
- o Five towns in Massachusetts – Medway, Newbury, Rockport, Southborough, and Swampscott – provide a tax reduction/tax work-off program in exchange for volunteer work.
- o The City of New London, Connecticut provides direct property tax relief to seniors.

A second factor affecting both affordability and ability to remain in homes is the ability to maintain the homes in a condition that meets residents' requirements. Communities in other areas have established several strategies to keep citizens in their homes as long as possible by helping meet maintenance requirements. For example:

- o The City of Tulare, California provides grants (up to $1,000) for owner-occupied properties of low-income seniors for emergency repairs.
- o The Center for Independent Living provides ramps for homes of seniors in Tazwell County, Virginia.
- o In Naperville, Illinois, the city removes snow from driveways of older residents.
- o Pasadena, California has a maintenance assistance program for limited-income senior residents.

- ▪ **Need for attention to the needs of rural areas**
Comparing the current availability of housing products for seniors in Dakota County with the projected demand for senior housing shows that about half the land area in the county, where about 10% of the population lives, lacks sufficient housing choices.

This fact is even more interesting when considering where Twin Cities area residents live and where they say that they would prefer to live. In a recent Metropolitan Council survey, many respondents revealed a desire to live in rural, small town, or suburban settings – a mix offered by Dakota County. Figure 54 shows the current and preferred locations of residents.

Figure 54: The Areas Where People Currently Live and Where They Would Prefer to Live, 2007
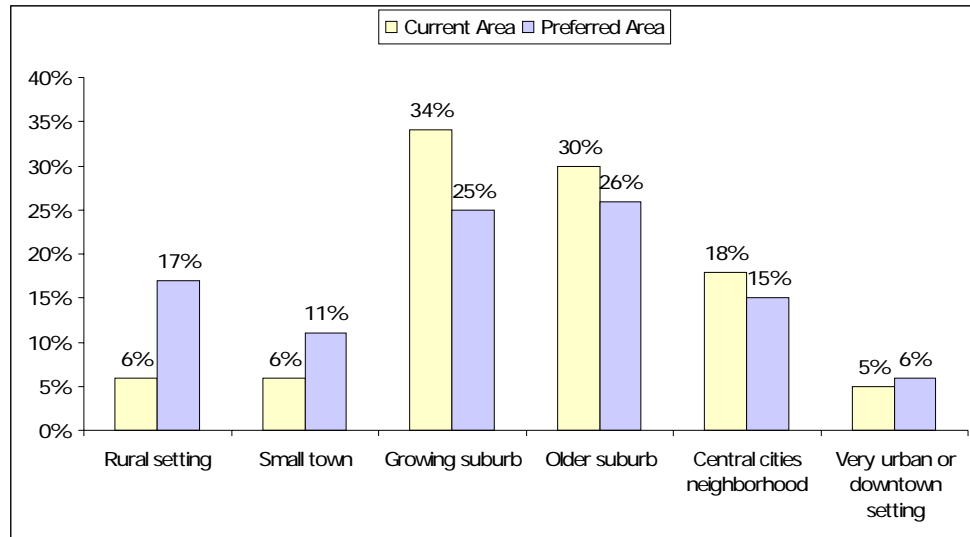
Source: Metropolitan Council, February 2007. 2006 Metro Resident Survey

- **Limited Senior Market Information**

There are three main questions that arise when housing and aging connect: Are people planning to downsize as they age? If they plan to change homes, do they plan to move away from the county? What type of housing is desirable enough to retain seniors?

Except for the Maxfield Research Inc. estimates done for the Dakota County CDA (see map below), there is relatively little consumer information from Dakota County seniors to answer these questions. A survey conducted by the Dakota County Community Development Agency (CDA) in 2005 of residents in CDA facilities revealed that a majority of their senior residents live by themselves, half of them receive some type of service (primarily transportation and congregate meals), and 96% would recommend CDA housing to others.

National data suggests that about half of seniors plan to downsize and many more will be forced to move by lack of mobility or good health. (See Figure 55). Moreover, national housing consumer surveys illustrate that the two most important factors that seniors consider when moving are affordability and community lifestyle.

Figure 55: Baby Boomers Who Plan to Downsize Home in Retirement, by Age Cohort
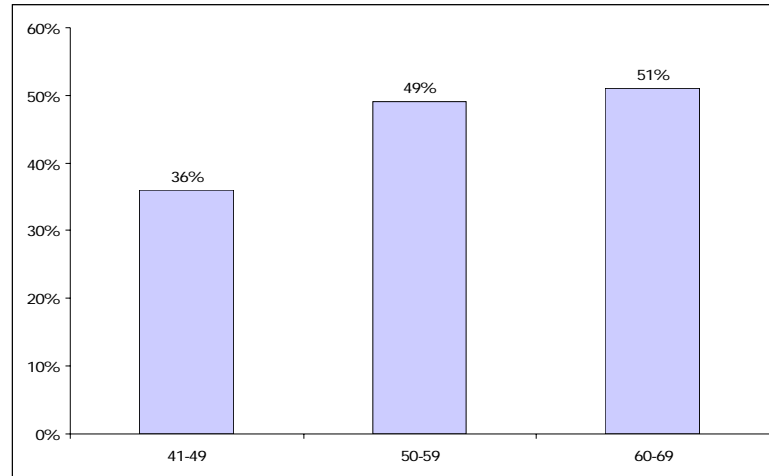
Source: Pulte Homes, Baby Boomer Study, prepared by Harris Interactive, May 2005

State policy changes over time have encouraged seniors to remain in their homes as long as possible by shifting funding to in-home services. With the boom in townhome and condominium construction, there are added units of single-level housing options (housing amenable to aging in place). Many experts believe that many baby boomers will:

- o Sell their larger single family home and live in their lake place or second home.
- o Sell their larger single family home and move into a condo/townhome within the same community
- o Sell their larger single family home and move into a condo/townhome in the central cities or downtown areas
- o Sell their larger single family home and move somewhere warmer
- o Remain in their current home and travel to a second home or vacation regularly

However, there is little evidence to suggest whether seniors and near-retirees will or will not continue living in Dakota County as they age.

Figure 56: Projected Housing Demand in Dakota County, 2000 to 2030
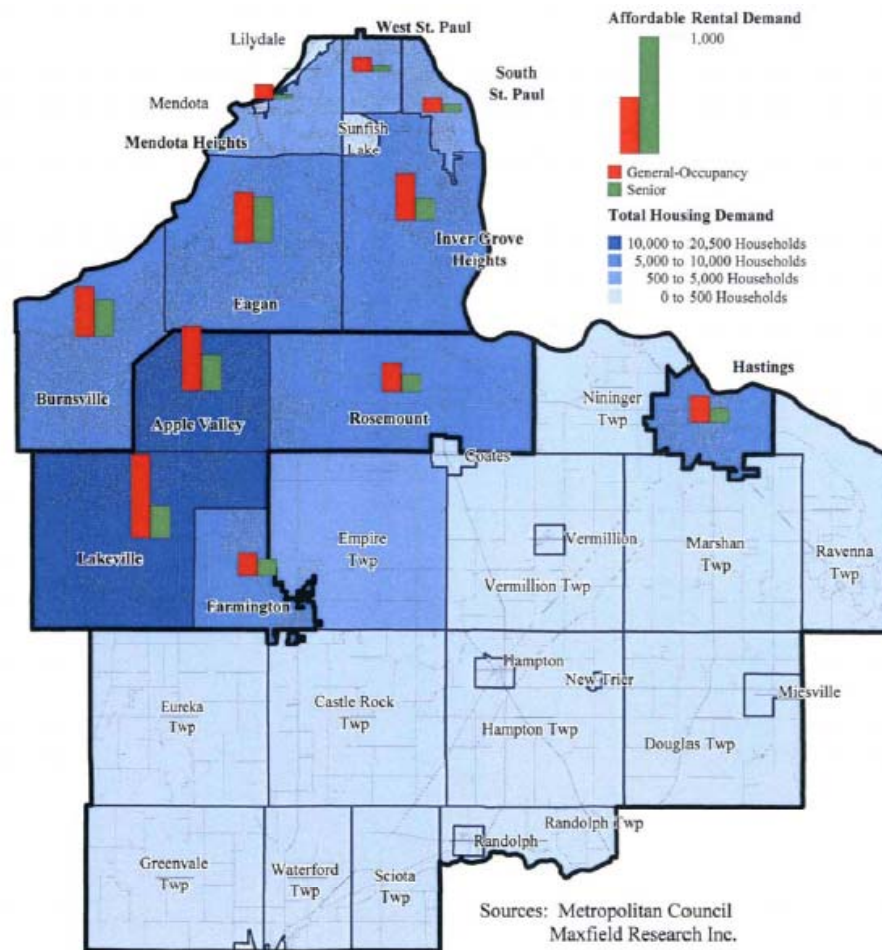
Source: Maxfield Research, Housing Needs Assessment for Dakota County Minnesota, 2005

- **Community coordination of senior housing development**

Based on projected market demand for 2030, there is a need for a variety of rental housing and for-sale housing options for seniors. Housing is zoned by cities, but cities have not traditionally coordinated future housing plans. Better coordination with cities and developers will be essential for meeting the demand for housing.

Meetings with city planners and local developers have indicated that more coordination is needed between city, county, and state staff regarding development plans and goals. Such coordination would allow ideas to be shared and ensure a joint focus on comprehensive goals, rather than piecemeal objectives.

Similarly, providing appropriate incentives for local developers to build the housing necessary for the life cycle needs of communities is important.

Summary of Gaps and Concerns

The following concerns have been identified through research and planning sessions:

- A rapidly growing senior population will greatly affect housing needs through 2030. Dakota County must be prepared for it.
- There is a strong demand for affordable and subsidized senior rental housing, as well as a growing demand for new homeownership options for seniors in Dakota County.
- There are few senior housing options for rural areas, although many residents would prefer to live in these areas.
- Limited specific senior housing market information and inadequate community coordination regarding senior housing development mean Dakota County is not prepared to meet the challenges of senior housing.

Recommendations and Strategies – Housing

If Dakota County residents expect to realize the vision of being a "network of accessible communities that provide opportunities for seniors to have active and vital lifestyles," an adequate supply of affordable housing options for seniors will be needed.

In General:

6) Dakota County should actively work with the Dakota County Community Development Agency, cities, and other local housing organizations to assess housing needs for seniors and coordinate responses to these needs in order to create affordable life-cycle housing in the County.

Vision and Approach:
Affordable housing is a component of a community's overall livability. Housing is an important factor in a region's stability. Planning now for future affordable housing needs is important. In 2005, Maxfield Research's study conducted for the Dakota County CDA projected that 15% of the housing demand in Dakota County in 2030 will be for seniors and that much of that will be for subsidized and affordable housing. Research indicated that there will be a demand for more than 3,000 additional rental units and as many as 3,250 additional ownership units.

An active working relationship among the CDA, the County, cities, and housing organizations is necessary to fill the gap in senior housing market information and remove the barriers to inter-community coordination of housing developments.

Expected Benefits:
- Dakota County will have sufficient levels of affordable housing to remain a highly desired and livable county.
- Dakota County residents who need high-quality but affordable housing will be able to find it.

Assumptions:
- A Housing Futures Workgroup will be established and led by the CDA.
- City and County planners will be involved in the workgroup.

Resources:
- A Housing Futures Workgroup, consisting of the CDA, City and County planners, and other housing organizations, as appropriate.

Specifically:

6a) Continue to expand the supply of affordable senior rental housing for active seniors.

The Dakota County Board of Commissioners should support continued development of senior housing by the Community Development Agency (CDA). With the support of the Board of Commissioners, the CDA has become one of the largest developers of senior housing in the state, with 20 buildings with 1,135 units. However, demand remains strong, with a waiting list of about 1,200 for applicants for units.

Vision and Approach:
Dakota County CDA current has 20 buildings, with plans for another 10 buildings to serve the existing waiting list and meet growing demand. Maxfield Research has calculated that with a demand for 1,175 additional affordable rental units from 2005 to 2020, at an average of 55 units per building, 21 new senior rental projects would need to be constructed over the next 15 years.

Continued support from County and communities is required if the affordable housing needs for seniors will be met.

Expected Benefits:
- The CDA has successfully created quality affordable housing; continued support for CDA's senior housing efforts will help provide a high quality of life for many residents.
- More affordable housing units and subsidized housing units for seniors will result.

Assumptions:
- The CDA will continue to plan and construct affordable senior rental housing.
- City and County officials, and community members, will continue to support affordable senior housing projects.

Resources:
- The Dakota County Community Development Agency, with financial support from the Board of Commissioners.

6b) Support an expanded home loan improvement program.

The analysis of *The Maturing of America* survey concludes: "Communities should play a critical role in promoting the development of home modification programs that assist older citizens to adapt their existing homes to meet their needs." Currently, the Dakota

County housing stock is relatively new. However, over the next 20 years, more than 35,000 homes in the County will be more than 30 years old. Regardless of quality, most homes more than 30 years old require improvements. Coupled with the need for the types of improvement that may be necessary to allow seniors to remain in their homes (e.g., railings and ramps), the need for a home loan improvement program is clear.

Vision and Approach: Dakota County will aid homeowners in modifying their homes to allow the owners to remain in their homes as long as they are physically able. Loans will be available to make home improvements that will allow this vision to be achieved.

Expected Benefits:
- Opportunities for residents to live independently in homes configured for safe and healthy living.
- The value and quality of housing stock will be maintained through improvements.
- Less need to convert open space to new housing to meet the needs of an aging population, as the existing stock is retrofitted to accommodate an aging population.

Assumptions:
- The CDA will administer the program.
- Funding will be reallocated or made available to double the number of loans issued from the beginning of the current decade to the end of the next decade (i.e., between 2000 and 2020).

Resources:
- Requested from the Legislature and Congress.
- Potential use of HOPE Fund resources.

6c) Create A Housing Futures Workgroup

Building on the coordination of land use planning currently underway for the 2030 Comprehensive Plan, establish a County Housing Futures Workgroup to examine issues, barriers and directions for Dakota County communities. To achieve the vision of Dakota County being a network of livable communities that provide opportunities for seniors to have active and vital lifestyles, the workgroup would be charged with helping address housing needs and infrastructure issues across the county.

Vision and Approach:
The Dakota County Housing Futures Workgroup would identify models for housing development, set goals, and work toward development goals. The workgroup purpose would be to bring city planners, housing developers, social service providers and employers together in a collaborative approach. This group would effectively respond to the future housing needs of the county and implement best practices.

The County could coordinate or facilitate the workgroup. Funding for the workgroup would be provided by Dakota County through staff time and administrative support for the workgroup effort.

Expected Benefits:

- The opportunities for housing specialists to learn from each other and work together to meet community goals.
- Create a shared vision and housing goals to benefit all Dakota County residents.
- Identify and attract necessary developments.
- Identify regional housing needs.
- Meet identified housing needs.

Assumptions:

- Housing Workgroup is established
- CDA leads county workgroup
- Establish workgroup reporting and governance structure

Resources:

- Housing Futures Workgroup
- CDA leadership involvement

In general:

7) *Position Dakota County as a place where seniors can live comfortably.*

In order to retain and attract seniors, who will soon be the largest part of the population, Dakota County should position itself as a network of senior friendly, livable communities.

Vision and Approach:
Because of the wide array of housing options appropriate for seniors and the range from affordable to expensive, Dakota County has something to offer seniors who want:

- To live in a rural area but be close to an urban center
- To live in a new and growing suburban area, close to children and grandchildren
- To live in a suburban area that is close to the urban center, with access to transit and walking/biking
- To live in one's current city, but in a newer, maintenance-free setting

In a recent resident survey conducted by the Metropolitan Council, more than 40% of residents who want to move from growing suburban areas wish to move into a rural area. Of all residents who desire to move, 60% are interested in living in a small town or rural area.

Expected Benefits:

- Because Dakota County has so many livable communities, seniors will want to remain here and others continue to move here, contributing to sustainable growth.
- People pride themselves in their community and will identify with not only their neighborhood and city, but also their county.

Assumptions:

- Housing Futures Workgroup prepares key messages and Dakota County leadership helps promote them through a targeted messaging campaign.
- City, CDA, and County leadership is involved in promotion activities.

Resources:

- Housing Futures Workgroup

Specifically:

7a) Promote affordable rental housing in mixed use, transit-oriented developments.
7b) Promote mixed-use rental buildings

Dakota County's comprehensive plan effort currently underway includes visions of:
(1) promoting mixed use development and transit-friendly corridors and
(2) promoting development that encourages active living.

The Aging Initiative's recommendations complement this vision.

Vision and Approach: Demand for affordable rental housing will be in locations where there is also demand for market rental rates. Mixed-use apartment buildings will combine market rate and subsidized/affordable units in the same building, as a means of adding subsidized and affordable housing to meet projected demand. Maxfield Research has projected the demand for about 4,000 market rate units in Dakota County by 2020. If mixed use apartment buildings are developed with a 80/20 ratio, approximately 1,000 affordable/subsidized units could be added, along with the market rate units.

Land use plans should be adopted that promote transit-oriented development, so the vision of mixed use rental buildings will combine with transit to meet the mobility needs of seniors. Locations that link housing to convenient access to transit (as well as retail services in mixed use developments) will provide for two of the primary needs of seniors, as identified in *The Maturing of America* survey.

Expected Benefits:

- Affordable housing for seniors consistent with the Comprehensive Plan vision.
- Greater mobility for older citizens with convenient access to transit services.
- Efficiency in the use of housing resources and land.

Assumptions:

- Dakota County will work with communities to conform community plans with the vision for mixed use, transit oriented development.
- The CDA will collaborate with developers to incorporate subsidized and affordable rental units for seniors into rental development projects.

Resources:

- The CDA and County planners and policy-makers.

7c) Conduct a consumer-oriented, future housing needs assessment

As already noted, there is little consumer information regarding seniors and housing in Dakota County. Good planning requires good information. Therefore, a beneficial first step in providing senior housing is to create a detailed housing survey that solicits information from Dakota County baby boomers and seniors. This survey would gather data on housing preferences to better inform comprehensive planning for our aging population and our total population. Potential survey topics include:

- Are people planning to move aging relatives closer them?
- Are people planning to downsize/reconfigure housing?
- What type of housing is needed (i.e. multi-generational, congregate)?
- What services are attractive in a community?
- Do people have a need for community centers?
- The information gained from such a survey would help identify the strengths and weaknesses of senior living in the county.

Vision and Approach:
The Future Housing Needs Assessment would be developed by a coordinated workgroup. It would examine in close detail the expected housing needs of community members as they age and build on the study conducted by Maxfield Research in 2005.

Knowing more precisely what community members plan or intend to do is important for planning more effectively for the housing needs of residents and an aging population.

In order for the study on desired housing options to be useful, it will need to be coordinated with city planners, county planners (land use planners), local service providers, and local developers, in order to be certain that the key questions are asked of the existing populations, providing the most value to the community as a whole.

The role of the county would be that of coordinator, in conjunction with other entities.

Expected Benefits:
- More accurate data regarding expected housing choices preferred by Dakota County residents.
- Data to support possible local changes in code and zoning so the needed housing supply is constructed.
- Involvement of key drivers in creating the future housing stock in Dakota County.
- Data to support increases in private development projects.

Assumptions:
- Developing the survey questions and instrument will take two months to complete.
- Contract with survey agency to conduct detailed needs assessment.
- Assumes the survey would assess services needs and housing plans for future retirees.

Resources:
- Housing Futures Workgroup.
- Funding for implementation of the survey.

Services

Introduction

Many services are needed to help seniors maintain quality of life and independence. By using a full range of services, families can tailor assistance for seniors in ways that delay the need for nursing homes or assisted living facilities. Matching the right services with the right situation will help maintain quality of life for seniors while saving money for both seniors and taxpayers.

Important Factors in Services

There are several important factors involved in providing services to the elderly, including: what services are needed and wanted by seniors, accurately assessing service needs, and the cost and funding for services.

- **Many services currently exist.**
  There are many services that currently exist to help seniors to live in community and home-based settings with a minimal level of interdependence, such as:

Adult day care	*Entitlement assistance*	*Hospice care*
Adult protection	*– Social Security,*	*Meals on wheels*
Caregiver services	*Medicare, Medicaid,*	*Outdoor chores*
Case management	*and Vet Services*	*Respite care*
Counseling/mental	*Grocery shopping*	*Service coordination*
health/chemical	*Home health*	*Tax preparation*
dependency	*Homemaking*	*Telephone*
Defensive driving	*Home repair*	*reassurance/lifeline*
Employment	*Housing*	*Transportation*
assistance		*assistance*

- **The demand for services is greater as the population ages.**
  The increasing number of seniors who are expected to live longer, and the increase in technology will all contribute to the need for home, community-based and institutional care.

  As people age, they require services in order to maintain the quality of life they desire. Eventually, mobility and health become complicating factors and a range of services are needed to maintain quality of life. The need for informal care networks is especially acute among seniors living alone. The growth in persons age 65+ who live alone from 2000 to 2030 is estimated at more than 195%.

Figure 57: Number of Persons 65+ Living Alone in Dakota County

Living Alone, 65+
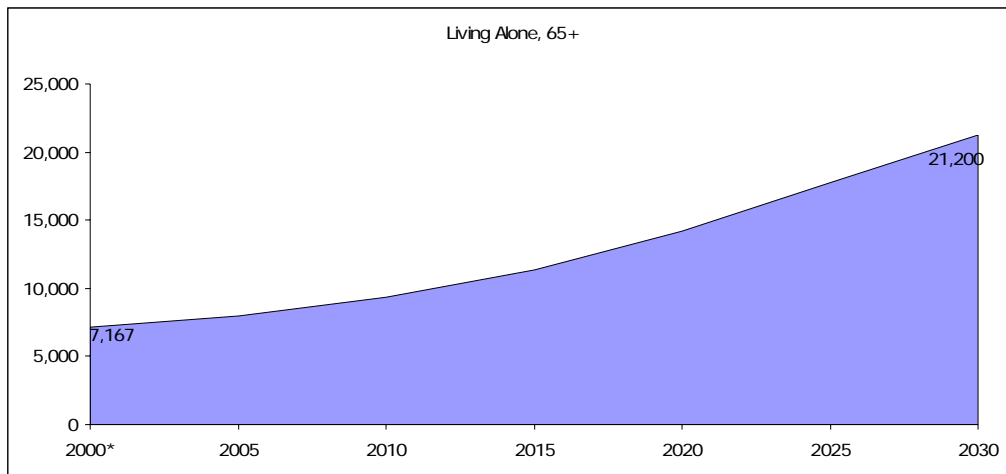
Source: Minnesota State Demographic Center,
* 2000 numbers estimated from 2000 Census data.

Similar to the growing demand for health care, there will be a greater demand for home and community-based services to support the growing number of seniors. While the number of seniors who need care increases, the number of potential informal caregivers is decreasing. Figure 58 illustrates the decline in typical informal caregivers (women between the ages of 45 and 64) by region of the state.

Figure 58: Fewer Informal Caregivers can Lead to Increased Skilled Nursing Facility Use – Look at Future Caregiver Profiles.

Variable Impact of Changes in Future Caregiver profiles –
(Higher ratios reflect fewer potential informal caregivers available to care for elders)

		Care Giver Ratio 85+/100 Females 45-64 yrs			2000 Beds per 1,000	
		2000	2010	2030	65+	85+
Regions w/ challenges	East Central	16.0	14.8	24.1	65.5	488.8
	Northeast	18.9	19.3	31.4	67.3	470.2
	Northwest	21.4	19.9	30.9	73.7	477.8
	Southeast	18.8	18.2	27.6	68.6	473.0
	Southwest	29.0	25.9	37.5	85.3	501.8
	West Central	24.5	21.6	33.2	85.7	539.5
	Twin Cities Metro	12.8	11.5	18.8	65.8	511.1
	Statewide Average	16.4	14.7	23.1	69.7	498.2

The Long-Term Care
IMPERATIVE
A Minnesota Collaboration for Change in Older Adult Services

Source:
Population estimates by age – Mn. State Demographer; Ratio calculations & beds available from DHS & Transformation 2010.

Source: Long-Tern Care Imperative, December 2006.
Presentation, Building a Foundation for Change: Forecasting Future Demand

The increasing demand for services may also reflect changing expectations or structures among families. For example, demand for chore assistance among seniors in the United States has risen from 8% of seniors in 1988 to 27% of seniors in 2005. (See Figure 59.) This is partially a reflection of the changing nature of the emerging senior cohort, who have fewer children (on average) and are more likely to live alone than previous generations.

Figure 59: Seniors Who Purchase Chose Services
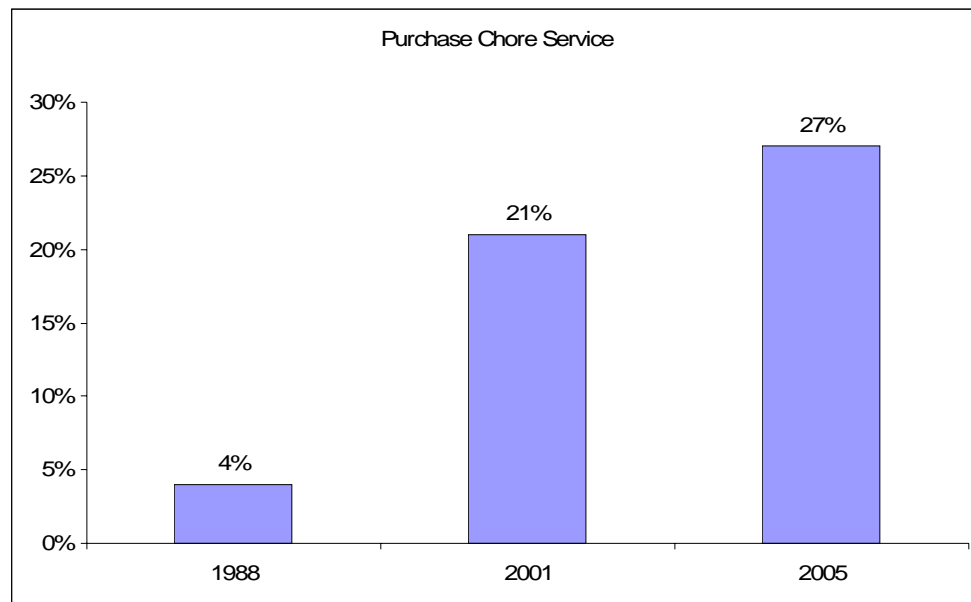
Source: Survey of Older Minnesotans, 2005

Analysis and Findings

There are several important findings related to services for senior citizens in Dakota County, including: inadequate supplies of some types of services, the need to support informal care networks, the need for culturally specific services, and the need for more flexibility in federal reimbursement policies for home and community-based services that are deemed medically necessary.

- **Inadequate supply of some home and community-based services.**
  In 2005, Minnesota's *Transform 2010* project analyzed home and community-based long-term care services in Dakota County and found several issues, including:

  o In-home respite, caregiver support, chore services, companion services, grocery shopping services, adult daycare services, home modification, fiscal intermediary (conservator), insurance counseling/forms assistance, non-county case management, and assisted living were identified as having been added or expanded in the County.

o Guardianship/conservatorship was identified as having been decreased or eliminated.

o Transportation, chore services, homemaking, skilled nursing, evening and weekend care, hospice/palliative care, and insurance counseling/forms assistance were identified as inadequate or unavailable.

o Transportation was identified as the highest priority.

- **Inadequate supply of nursing home beds.**
  The Minnesota *Transform 2010* project found that the supply of dementia care, intensive care/complex medical management, and mental health beds were inadequate or unavailable in many areas of the state, given expected growth in demand. Specifically, the projected rate of skilled nursing home beds available per capita age 65 and older in 2030 varies considerably across the state. In the metropolitan area, only about 14 beds are predicted to be available per 1,000 persons age 65+ (8,642 total beds), far short of the 22 beds to 1,000 persons ration that is as considered best practice among experts. (See Figure 60.) [63]

  Many efforts are focused on designing alternatives to skilled nursing facilities, such as Choice for Independence, and other Home and Community Based Services (HCBS) Wavier programs, but the expected ratio of skilled nursing beds to residents 65+ in the Metro Area is lower than best practice would suggest.

Figure 60: Skilled Nursing Home Beds
Per 1000 Capita (Age 65+), projected for 2030

Region	Rate (Beds/1000 65+)
Statewide	23.74
Northwest	33.71
Northeast	25.77
West Central	102.25
East Central	20.18
Southwest	49.97
Southeast	25.81
Metro	13.71

Source: Long-Term Care Imperative, December 2006.
Presentation, Building a Foundation for Change: Forecasting Future Demand

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[63] Minnesota Department of Human Services, Long Term Care Imperative, December 2006. Presentation, Building a Foundation for Change: Forecasting Future Demand.

- **Need for services to provide assistive technologies to fill technical and physical infrastructure gaps.**
  Seniors need services to help provide assistive technologies. Assistive technologies (AT) include a variety of devices that are designed to assist people with everyday functions that may become difficult or impossible with age or disability. For example, some assistive technologies include devices that help with reaching, reading, walking, and driving. There are also high-tech AT devices such as voice-activated computers, digital organizers and environmental control systems. Other examples of AT that might benefit seniors include: large button telephones, hearing aids, screen readers, chair lifts, shower chairs, raised toilet seats and magnifying glasses.

  Retrofitting houses or cars with assistive technologies will help seniors remain independent. Many homes within Dakota County are currently designed for single families living on multiple levels. As individuals age, single level living (no stairs or minimal stairs), and wide hallways with accessibility for walkers and wheelchairs, will become more and more important. Finding ways to easily retrofit homes with universal design principles for the special needs of seniors will be important.

- **Internet will be an important component of assistive technologies.**
  In the 2007 survey of almost 600 Minnesotans ages 42 to 60 conducted by Ecumen, nine in ten said they use the Internet and that they expect technology to help them live longer and more independently. The same survey found that nine in ten think there should be more options available to help them remain independent as they age.[64]

  For example, access and use of the internet could help seniors by making at- home monitoring more accessible and making remote communications easier with doctors, service providers and family members.

- **Need to support informal caregivers.**
  Informal and formal caregivers provide the bulk of care to seniors in Minnesota today. As more and more people age, more family members will be affected by the additional role of caregiver that is expected of them.

- **The Importance of informal care networks**
  There are millions of Americans providing care to family members. Caregiving in the United States, a study conducted by the National Alliance for Caregiving and AARP in 2004, revealed that more than 44 million Americans, or an estimated 21% of all U.S. households, provide care for an adult family member or friend age 18 and older. Key findings of the study included the following:

  - *The majority of family caregivers (79%) are providing care to someone over the age of 50.*
  - *Almost 60% of those caring for an adult over the age of 50 are working.*

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[64] H.J. Cummins, Star Tribune, 2-18-2007. Silent guardians: Motion sensors, virtual dinner companions and a talking pill could help baby boomers age more independently and The Ecumen "Age Wave" Study 2007.

- *Almost 40% of caregivers are men.*
- *The average age of the caregiver for a person over the age of 50 is 47.*
- *Most caregivers provide unpaid care to a parent or grandparent.*
- *Approximately 15% of the caregivers were providing care to someone who lived at a distance of more than an hour away. [65]*

In Minnesota, informal care networks (family members and friends) provide many of the services necessary for independent daily living for seniors (see Figure 61).

The problem, however, is that informal networks -- no matter how strong -- can break down and seniors' needs can eclipse the capacity of the informal caregivers. Moreover, many Minnesotan seniors, especially rural seniors, face shrinking informal networks due to out-migration, smaller family sizes, and greater participation in the labor force by women.[66] With every one percent decline in informal care, there is a $30 million increase in public spending.[67] From 1995 to 2001, the State of Minnesota experienced a four percent decrease in informal care and a $120 million increase in public spending on providing needed care.

Figure 61: Providers of Long-Term Care in Minnesota
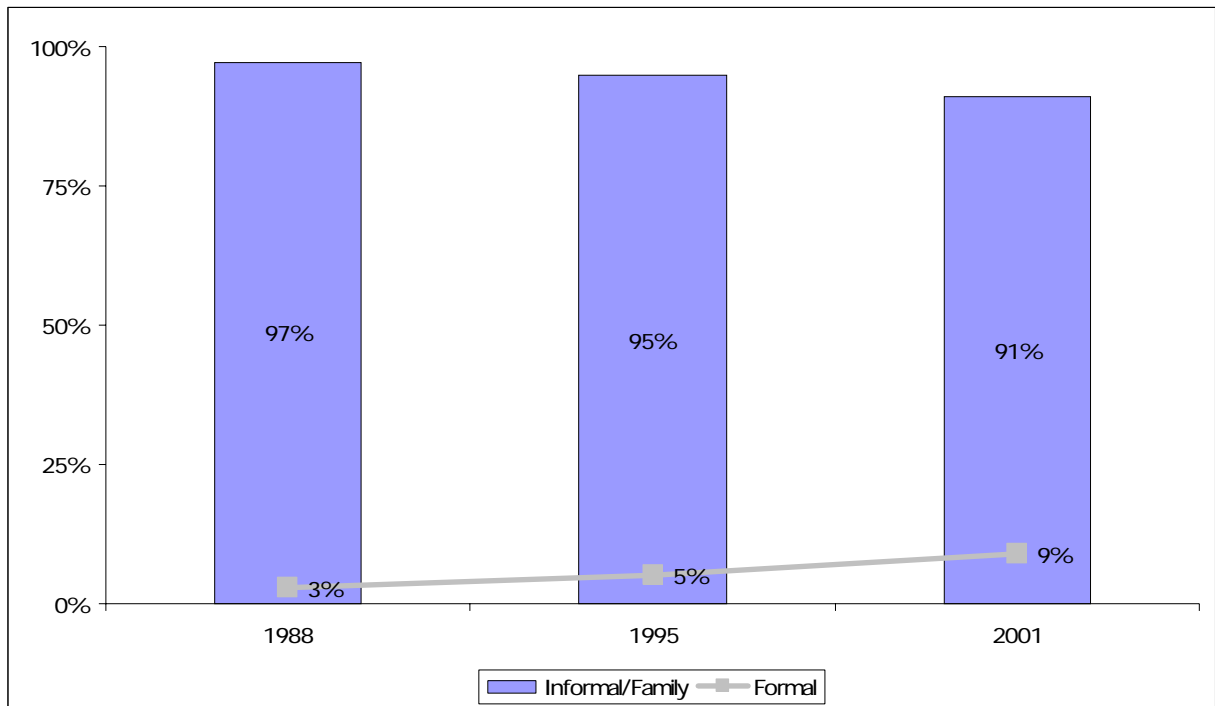
Source: Survey of Older Minnesotans, 2005

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[65] The MetLife Caregiving Cost Study: Productivity Losses to U.S. Business, Met Life July 2006.

[66] Women are the primary givers of informal care. *Public and Private Financing of Long-Term Care: Options for Minnesota.* Minnesota Department of Human Services, Continuing Care Administration, January 2005.

[67] *Transform 2010.* Minnesota Department of Human Services.

Some states, such as Vermont, have considered alternative models to help more seniors remain in home and community-based settings. Vermont is piloting a program that would pay family members Medicaid funds if they provide care at home rather than having people use a nursing home.[68] Based on a recent survey of Minnesota Baby Boomers, 90% of those surveyed indicated they would support such a model.

The health of caregivers is a major concern so that those who are receiving informal care support can remain in home and community based settings. A recent study conducted by Evercare in collaboration with the National Alliance for Caregiving found that caregivers report considerable declines in health, with 35% of those providing the most intensive care support reporting poor health.

▪ **As the senior population becomes more diverse, it is more important to provide culturally-specific services.**
As noted in the demographics section, the population of Dakota County is becoming more diverse. This is true for seniors as well as the population in general. (See Figure 9 in the Demographics Section.) The increasing diversity of the population will require additional attention on cultural competency in service provision for all services within the county, including services that support seniors in home and community-based settings.

▪ **Need for flexible reimbursement policies.**
The cost of services is an impediment to many seniors. While nursing home care is covered by Medicare, less expensive options, such as a menu of home and community-based services, are not covered by Medicare. Medicaid covers traditional institutional services and home and community-based services for those who are eligible under the Elderly Waiver programs.

In order to be eligible for Medicaid's Elderly Waiver, participants must be eligible for Medical Assistance and require the level of medical care provided in a nursing home, but choose to reside in the community. Medical Assistance is a means- tested program that requires seniors to have a monthly income of $817 or less (for one person) to qualify. There are also asset limitations on eligibility requirements that make it difficult for seniors to qualify if they own a home.

The lack of flexibility in Medicare and Medicaid reimbursement for home and community care that is medically required means that some seniors end up in nursing home or assisted living care when other, less expensive choices may have been available.

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[68] http://www.dad.state.vt.us/dail/programs/hcbspart1.htm Eligibility: 1) Vermont residents age 65 or older, or those age 18 and older who have a physical disability, and 2) Need the level of care usually given in a nursing home, and 3) meet the income and resource criteria for Vermont Long Term Care Medicaid.

- **Need to improve coordination and dissemination of information regarding senior services is substantial.**
  A great deal of information exists about services. However, without assistance in assessing service needs and assistance in navigating the spectrum of service providers, families are often lost.

- **Lack of coordination among sources of information**
  There are many ways for seniors and families to gather information about services. Medical providers, AARP, community-based organizations, faith-based organizations, senior centers, and care facilities all provide connections to various sources of information about services.

  In Dakota County and in Minnesota, there is not yet a well-developed single source for elderly services information, though some are moving in that direction. Minnesota Help.info is a major source of information for many community-based organizations. The Senior LinkAgeLine provides referrals to service organizations for individuals. Some common resources cited at the February 2007 Wilder Foundation Perspective Series, The Caregiver Challenge include:

Alzheimer's Association: Information and resources for individuals with a 24/7 helpline. The helpline can provide translation in 120 languages and some printed materials in different languages.
www.alzmndak.org 1-800-232-0851

ElderCare Locator: a nationwide directory-assistance service designed to help older people and caregivers locate local resources
1-800-677-1116

United Way 211: contact phone numbers for those who speak other languages. Just Dial 2-1-1.

CaregiverMN.org: a one-stop website for caregiver information in Minnesota including workplace resources and culturally specific information for Spanish-speaking and Hmong family caregivers.
www.caregivermn.org

MinnesotaHelp.info: an online directory of services such as human services, information and referral, financial assistance, and other forms of aid and assistance within Minnesota. It is rich in resource information for seniors and their caregivers.
www.minnesotahelp.info

Eldercarepartners: a partnership of Wilder Foundation, DARTS, Human Serivces Inc., and Senior Community Services. Provides resource for geriatric care managers, caregiver coaching/consultation and training as well as a calendar of caregiver events and support group opportunties in the Twin Cities.
www.eldercarepartners.org

Senior LinkAge Line: statewide information and assistance line, a service of the MN Board on Aging and Area Agencies on Aging. Information can also be provided for communication services for deaf, states services for the blind and English as a second language.
1-800-333-2433

Summary of Gaps and Opportunities

These gaps and opportunities have been identified through the analysis of the services-related topics:

- Information about access to services is scattered
- Caregivers are an essential part of the service care system and need support to continue providing the vast majority of direct care to seniors
- The technological and physical infrastructure within the County may need to be adapted to provide more support for home and community-based services
- Greater cultural competency among service providers is, and will continue to be, essential
- Many existing reimbursement policies lead to disparate and ill-fitting services
- Active advocacy on behalf of county residents is needed

Recommendations and Strategies – Services

The goal of the services theme n the countywide *Aging Initiative* is to help seniors stay independent as long as possible, by providing accessible and high-quality services that support seniors and caregivers in home and community settings. Promoting informal care networks strengthens independence and plays a central role in making the vision of this initiative a reality. The following recommendations are meant to increase access to services.

In general:

8) *Increase Residents' Access To Aging Information*

While there are many resources for home and community services available to seniors in the Twin Cities Metro Area, there has been no single source for information, leaving many seniors feeling that the system is currently fractured and disparate. At times, these resources give conflicting information, adding to the confusion. This leads to frustration and at times, solutions that do not match the situation, wasting both time and money.

Vision and Approach:

As more and more people move into their later retirement years, seniors and families will need additional services to help seniors stay in home and community-based settings.

It is important for seniors and their families to have easy access to a clear information source for local services. There are many resources to build on, such as MinnesotaHelp.Info, that can be better marketed to frontline agencies within communities to integrate information-sharing with citizens. The Metropolitan Area Agency on Aging and other local service providers should work together to design effective information services.

Expected Benefits:

- Improved access to information and better integration of information sources: phone, web, written materials.

Assumptions:
- Local service providers will actively participate in planning and implementation efforts
- MAAA and MN Department of Human Services will assist with connections to MN HELP.Info and the Senior LinkAge Line.

Resources:
- A partnership of stakeholders, consisting of representatives of public and private organizations in Dakota County.

Specifically:

8a) Provide A Single Source Of Information For Residents To Get Information About Needed Services And Aging Related Questions.

Given that people seek out information from familiar sources first, any effective strategy will need to include local community organizations and faith-based organizations (common front door organizations/first point of contact) as common service resource centers for information.

Vision and Approach:
Promote and market the Senior LinkAge Line and Minnesota Help.Info as the "common service resource centers" for use by these front-door organizations. This may require training and some equipment support for community and faith- based organizations, but establishing a common triage process will enable more families and seniors to connect with needed resources more quickly.

Expected Benefits:
- Seniors and families will more quickly and easily find information about services within their local community.
- Community and faith-based organizations will be assisted in their role of supporting caregivers and seniors, and be able to help direct families to the appropriate resources faster.

Assumptions:
- Resource network information will be updated regularly
- Information will be accessed by the telephone and web and will have options for access for those who are blind, deaf or non- English speakers

Resources:
- A partnership of stakeholders, consisting of representatives of public and private organizations in Dakota County
- MAAA Senior LinkAge Line
- MN Help.Info website

8b) Improve on Existing Resources to Create a Comprehensive, Integrated Source of Information.

Vision and Approach:
The Senior LinkAge Line, an informational hotline operated by the Minnesota Board on Aging & the Minnesota Area Agencies on Aging, currently functions as one of the key resources for seniors seeking information about services. However, this resource has considerable informational gaps. Working with the Senior Linkage Line to fill in these gaps regarding services in Dakota County could create a comprehensive informational resource. The Senior LinkAge Line, coupled with Minnesota Help.Info (a statewide website and on-line information source on services) could be developed over time to provide the needed integrated source of information for seniors and caregivers in Dakota County.

Expected Benefits:
- More coordinated provision of information and referral to seniors and caregivers.
- Better use of public funds and maximizing on existing technology investments.

Assumptions:
- Minnesota Help.Info and Senior LinkAge Line coordinators will be willing to work with the Dakota County services workgroup to improve on existing services.

Resources:
- A partnership of stakeholders, consisting of representatives of public and private organizations in Dakota County
- MAAA Senior LinkAge Line
- MN Help.Info website

8c) Ensure Linkage to Local Resources

Vision and Approach:
Establishing a statewide system of services is only helpful to those in need of services if information about local services is readily available and accurate.

A network of private, non-profit and public partners should ensure that local resources are connected to large information distribution organizations such as Minnesota Help.Info and the Senior LinkAge Line.

The large senior information distribution organizations should request ongoing and frequent updates of their information as part of the promotion materials to community and faith-based organizations.

Expected Benefits:
- Greater accuracy of local resource information provided to seniors and caregivers

- Increased knowledge of local resources within Dakota County with more focus on gathering information from community and faith-based organizations.

Assumptions:
- Community and faith-based organizations will actively participate in planning and implementation of information referral resources.
- Senior LinkAge Line and Minnesota Help.Info will be receptive to recommended changes or adaptations to provide more accurate local resource information to consumers.

Resources:
- A partnership of stakeholders, consisting of representatives of public and private organizations in Dakota County
- MAAA Senior LinkAge Line
- MN Help.Info website

8d) Information and Support for Caregivers

Vision and Approach:
Informal caregivers are essential to providing home and community-based support for the vast majority of seniors. Providing caregivers with needed information and support is important to helping them effectively respond to the changing needs of aging parents and grandparents.

Caregiver support must use a multi-channel approach, with integrated information available via phone, Internet, or written materials. Most informal caregivers are also full-time workers, making them very time-constrained, thus providing information in an easy to access way is very important.

Expected Benefits:
- Providing better information and support to caregivers will increase their ability to provide care for longer periods of time, where appropriate
- Maintaining or increasing the level of informal caregiving will keep state spending on health care and long-term care at a moderate growth rate, thus making more state aid available for other local government services.

Assumptions:
- Clear information and support for caregivers can help seniors remain in independent living situations longer.
- New supports and services for caregivers will be recommended, some of which may require funding from government or community sources.

Resources:
- A partnership of stakeholders, consisting of representatives of public and private organizations in Dakota County
- Caregiver support organizations

9) Support Improvements To The Technological And Physical Infrastructure within the County.

Vision and Approach:

In order to manage greater numbers of seniors, new efficiencies are needed through technology and the physical environment. Assistive technologies and at-home medical monitoring are two promising innovations that allow people to stay in their homes longer. However, the key to implementing these services is making sure that the technology is available to make living at home a viable option. This means advocating for widespread Internet access, strengthening fiber optic networks, and incorporating proper assessment tools to identify gaps in services.

Similarly, the physical environment will have to change in order to adapt to an aging population. These changes mainly involve cross-city coordination to attract new developments like housing and health care centers. In addition, the process of adapting homes for aging individuals must be streamlined. One potential solution is providing easy access to municipal variances so seniors could alter their homes so that they could continue living there.

Dakota County and partners could implement a data collection effort to identify these gaps in services.

Expected Benefits:
- Identify best practices that allow informal networks to expand and prosper.
- Improved infrastructure that could attract more residents and development.
- Efficient application of public funds to known problem areas.

Assumptions:
- Assumes coordination of this research effort in conjunction with knowledge sharing of best practices across a partnership of stakeholders, consisting of representatives of public and private organizations and staff in Dakota County departments.
- Services workgroup to coordinate a gap analysis and best practices review of technical and physical supports for better service provision that is comprised of key stakeholders throughout the county.

Resources:
- A partnership of stakeholders, consisting of representatives of public and private organizations in Dakota County

Specifically:

9a) Strengthen Internet Access, Wi-Fi, And Fiber Optic Networks Across The County.
Creating better access to high-speed internet connections will make it easier for seniors use technology-based information and services.   Broad technology infrastructure creates potential for installing at-home monitoring and on-line medical care, two new promising service options. Technology can also ease the service needs in more remote and rural areas where access has been more problematic.

Vision and Approach:
Improving the physical and technical infrastructure throughout the county is important to provide access to needed services such as silent guardians or home monitoring services to help keep people in home settings for longer periods of time. One such program currently is the QuietCare program offered through Ecumen.

A key to being able to offer QuietCare type services is for homes throughout the county to have ready access to the Internet.

Continue to track technology options by participating in organizations such as the Center for Aging Services Technologies, which is a national leader in developing technologies that help improve the aging experience.

Expected Benefits:
- Needed physical and technical infrastructure to support easy use of technology for improved home and community-based services.
- Improved infrastructure that could attract more residents and economic development within the county.
- Efficient application of public funds to known problem areas.

Assumptions:
- Continual best practices monitoring
- Establishing a new services workgroup among *Aging Initiative* partners or stakeholders to review best practices and make recommendations for strengthening the physical and technical infrastructure to support people as they age.

Resources:
- Services workgroup or partnership that includes city and county planners, CDA representatives, seniors, and technical staff from academic institutions or other research sources.

In general:

10) Increase Cultural Competency
Dakota County is experiencing large growth in foreign born and non-white populations. The county is becoming more diverse. Greater diversity implies a responsibility for

service providers to assure there are not barriers to services.   Language barriers, cultural awareness, and racial issues all must be considered when creating and offering services.

Vision and Approach:
Dakota County is becoming increasingly culturally diverse and there are different expectations and responsibilities within different cultures related to aging. When considering the implementation of, or retooling of, programs to include an aging focus, Dakota County and others must also include cultural competency.

One way to attempt to ensure the cultural competency in services is to actively seek out elders or leaders of different communities to learn about the most effective ways for designing and delivering the most meaningful programs.

Expected Benefits:
- Fair and equitable access to services.
- Efficient use of public funds by serving those in most need of services.
- New communication linkages to hard to reach and underrepresented groups.

Assumptions:
- A partnership of stakeholders, consisting of representatives of public and private organizations in Dakota County, will conduct a specific project focused on outreach to leaders in cultural communities.
- A number of meetings, interviews or focus groups would be completed with elders and resulting information integrated into services.

Resources:
- A partnership of stakeholders, consisting of representatives of public and private organizations in Dakota County
- Elders or leaders from diverse communities

Specifically:

10a) Create a Minority Elders/Leaders Committee
This committee could become a sub-component of Dakota County's diversity initiative. The ultimate goal would be to develop strategies and activities to increase outreach and reduce barriers to minority populations within the county. This committee could also be responsible for vetting new programs and being a resource for the County or others who are considering program changes.

Vision and Approach:
Some communities already have created community-based advisory committees to help assure that services and coordination efforts successfully reach diverse communities, particularly the elderly population.

Consider creating an advisory committee of minority elders/leaders to help assure that those who develop any programs or services for the general population also consider differences in diverse communities and cultural perspectives.

Expected Benefits:
- Attention to growing needs from diverse communities
- More appropriate responses that fit specific populations

Assumptions:
- Advisory committee members would be seniors or family members of seniors from diverse communities
- Diverse communities should include not only common definitions for race and ethnicity, but also religion, sexual orientation, and disability.

Resources:
- A partnership of stakeholders, consisting of representatives of public and private organizations in Dakota County
- Elders/leaders from diverse communities

In general:

11) Legislative Advocacy for County Service Needs

As more and more residents age, and as life expectancy increases, county residents will need specific types of services that will change over time. The county and partners need to clearly articulate service needs to state policy makers.

The current reimbursement policies at both the state and federal levels for home and community-based services only allows for very specialized services. This structure makes it impossible to provide services efficiently. Instead of a home care worker being allowed to do chore and minor medical procedures in the same visit, these tasks are separated and parsed out to three people who must make three separate visits, because reimbursement structures do not allow combined services. This structure only creates confusion and duplication of work. In the long run, it will also increase costs with limited results.

Vision and Approach:

The current structure of reimbursement for home and community based services operates on a tiered basis that only allows very specialized services to be provided. This structure makes it impossible for services to be provided efficiently. Instead of a home care worker doing chore and minor medical procedures, these tasks are separated and three people are required instead of just one.

Health plans and the State must develop a network of services that create 'universal' home care workers. There are too many service gaps caused by the disparate payment structures. Health plans have a role in providing long-term care and policymakers at the state level have the influence to change policies.

Dakota County and others can seek reform. By including in their legislative agendas explicit language concerning health plans' responsibilities for long-term care, the County and others can influence the State to take action.

Expected Benefits:
- Clearer understanding of key reimbursement issues and the ability to advocate on behalf of the community with health plans and state/federal government levels.
- More efficient use of public funds.
- Higher likelihood of seniors remaining independent longer.

Assumptions:
- Dakota County Board of Commissioners and partner organizations play a leadership role in legislative advocacy for countywide service needs.
- The Dakota County Aging Steering Committee, if it is appointed, plays a key role in suggesting the legislative agenda.

Resources:
- A partnership of stakeholders, consisting of representatives of public and private organizations in Dakota County, and possibly an advisory committee, help draft services-related legislative agenda.
- Board of Commissioners and partner organizations are advocates of the legislative agenda.

Specifically:

11a) Engage Health Plans and Policymakers in a Discussion of Service Networks and Their Development.

Recently, a shift has occurred in the way home and community-based services are offered. County governments used to be the primary entry point for such services. Over time, they developed service networks and were able to tailor service packages to meet individual needs. Legislative changes caused health plans to assume this responsibility. The concern however, is that the service networks created by counties will crumble before the health plans have the time to learn how to navigate the system.

There is also concern that health plans will be unable to take a disinterested approach, as government is able to do, and will recommend only limited amount of services in order to save money. Therefore, health plans and the State must discuss which services create 'universal' home care workers.

Too many service gaps are caused by reimbursement rules. Health plans have a role in providing long-term care and the State government and its leaders must focus on this agenda.

Vision and Approach:
Until recently, counties were involved in long-term planning and the developing services. Now that the health plans are funded directly by the state to administer MSHO – Minnesota Senior Health Options Programs, health plans develop service networks.

It is recommended that the county, cities, non-profit and advocacy organizations conduct discussions with the health plans and policymakers to make certain that the right spectrum of services is developed for county residents.

Expected Benefits:
- Active advocacy for developing a service network to provide county residents' needs

Assumptions:
- That MSHO health plans will be willing to work with local communities to develop service networks that provide services as close to home as possible.

Resources:
- A partnership of stakeholders, consisting of representatives of public, non-profit and private organizations in Dakota County
- MSHO health plans
- Policymakers at local government levels, federal and state

Transportation

Introduction

Transportation is an important factor in helping seniors be mobile and independent. It is one of the three primary challenges for the meeting the needs of older adults in the future, according to *The Maturing of America* survey conducted by the ICMA, NACo, and the National Association of Area Agencies on Aging in 2006. Transportation for seniors has been described as:

> " . . . the 'glue' that holds together all the activities that we call life. Ready access to family, friends, social activities, health care, and goods and services are vital to full participation in daily life. Without such mobility, many older persons report a sense of loss and feelings of isolation from the world of their younger years." [69]

The goal of the Transportation element of the countywide *Aging Initiative* is to provide needed transportation options so seniors can remain mobile and independent.

Transportation objectives for seniors are to:

1. Improve the coordination of transportation options for older residents.
2. Increase transportation options and opportunities (e.g., by increasing the number of volunteer drivers to improve/expand services of existing transit providers).
3. Improve the physical transportation infrastructure to promote mobility and independence of seniors.

Transportation is important for Seniors

Reduced mobility puts an older person at higher risk of poor health, isolation, and loneliness. [70] Like the majority of American adults, older Minnesotans rely on private automobiles to meet their mobility needs. However, as people age, fewer of them use automobiles. A smaller share of the population aged 65 years and older (89%) in Minnesota has a driver's license than the population aged 20 to 64 years of age (97%). Older adults who cannot drive can still live independently if they have access to available, adequate, and affordable transit options.

While citing national data, the following statement from *The Maturing of* America survey summary captures nicely the picture for older adults in Dakota County who no longer can or wish to drive:

> *"In suburban and rural areas where nearly 80% of the older adults reside, destinations are often too far to walk, public transportation is unavailable, taxi service is costly, and special services are often limited."*

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[69] AARP Public Policy Institute Focus Group Report, Transportation and Age Lab.
[70] *The Maturing of America – Getting Communities on Track for an Aging Population,* ICMA, the National Association of Counties, and the National Association of Area Agencies on Aging, 2006.

To achieve the vision of a County that is a "network of accessible communities that provide opportunities for seniors to have active and vital lifestyles," the transportation requirements of older residents must be met.

Analysis and Findings

Trends and issues that influence transportation options for seniors in Dakota County include:

- After age 65 years, seniors become less reliant on automobiles
- Personal safety is a concern with respect to older drivers
- The mixed geographic composition (urban, suburban, rural) and low density development pattern of most areas of the County influence transportation needs
- A lack of coordination among transit providers affects transportation for seniors; a reduced number of volunteer drivers limits transit opportunities
- Technical improvements for driver safety become important as drivers age
- The lack of medical reimbursement for certain types of trips affects health and wellness

- **After age 65 years, seniors become less reliant driving in automobiles**
  Dakota County residents are heavily dependent on private automobiles as their main mode of transportation. Residents prefer to remain independent and continue to drive for as long as possible. One resident's statement in an *Aging Initiative* project focus group typified many others' views. This resident said, *"Just because I am over 65 years old does not mean I can't drive, but I don't feel comfortable and I would prefer to not drive outside of my community."* [71]

Although an estimated 89 percent of Minnesotans aged 65 years and older have driver's licenses, the share of Minnesotans with licenses declines after age 65 years. Not surprisingly, it falls dramatically after age 85.

Figure 62: Driver's License Summary, By Age, for the State of Minnesota

Age Group	Population		Driver's Licenses, 2000		Driver's Licenses, 2005	
	2000	2005	Number	%/population	Number	%/population
15 to 19	375,930	375,222	279,552	74.4	282,272	75.2
20 to 24	326,139	382,106	327,545	100.4	361,839	94.7
Subtotal	702,069	757,328	607,097	86.5	644,111	85.1
25 to 54	2,171,622	2,236,967	2,123,560	97.8	2,164,429	96.6
55 to 64	407,811	509,691	397,563	97.5	508,714	99.8
Subtotal	2,579,433	2,746,658	2,521,123	97.7	2,673,143	97.3
65 to 74	295,464	302,987	279,108	94.5	294,508	97.2
75 to 84	213,230	217,242	189,292	88.8	199,276	91.7
85 and older	86,663	103,012	52,854	61.0	61,055	59.3
Subtotal	595,357	623,241	521,254	87.6	554,839	89.0
Total	3,876,859	4,127,227	3,649,474	94.1	3,872,093	93.8

Source: 2000 and 2005 Census Estimates; Department of Public Safety/Office of Traffic Safety

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[71] Quote from a resident at the Farmington Area Focus Group

- **Personal safety is a concern for older drivers**

The number of seniors involved in vehicle crashes in Minnesota is lower than the share of seniors who are licensed to drive. (The share of crashes that involved 15 to 24 year olds is substantially greater than their proportion of licensed drivers.)

Figure 63: Crashes by Age in the State of Minnesota, 2005

Age Group	%/Licensed Drivers	Percentage of Drivers in crashes with:			
		Fatalities	Injuries	Property Damage	All Crashes
15 to 19	7.3	11.4	14.1	13.7	13.8
20 to 24	9.3	13.6	15.1	14.5	14.7
Subtotal	16.6	25.0	29.1	28.2	28.5
25 to 54	56.0	53.0	52.6	50.5	51.2
55 to 64	13.2	10.9	8.4	8.2	8.3
Subtotal	69.2	63.9	61.0	58.7	59.5
65 to 69	4.2	3.9	2.2	2.2	2.2
70 to 79	3.4	3.3	3.1	3.0	3.0
80 to 84	2.9	1.6	1.1	1.0	1.0
85 or older	2.2	1.6	0.6	0.6	0.6
Subtotal	14.3	10.4	7.0	6.8	6.8
Age unknown or under 15	0.0	0.6	2.7	6.3	5.2
Total	100.1	99.9	99.8	100.0	100.0

Source: Department of Public Safety/Office of Traffic Safety

However, considering national data that has been collected from a different perspective, older drivers are more likely to die in vehicle crashes than younger groups, except for teenagers (16-20 year olds). Figure 64 shows traffic deaths per 100,000 capita by age cohort in the U.S.

Figure 64: Traffic Safety Facts 2004 — Older Population, U.S. Department of Transportation National Highway Traffic Safety Administration
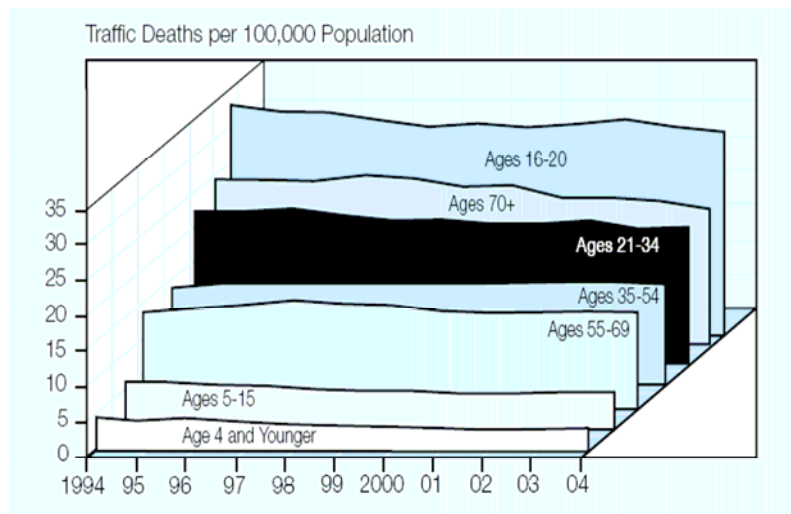
Source: U.S. Department of Transportation, National Highway Traffic Safety Administration, 2004

National data also suggests that the oldest cohorts of seniors (those over age 80) are more likely to be involved in fatal vehicle crashes than any other age cohort, when controlling for vehicle miles traveled. (See Figure 65) Persons 80 to 84 years of age rank third (behind 16 year old drivers) in these data.

Figure 65: Traffic Safety Facts 2000 — Older Population, U.S. Department of Transportation National Highway Traffic Safety Administration
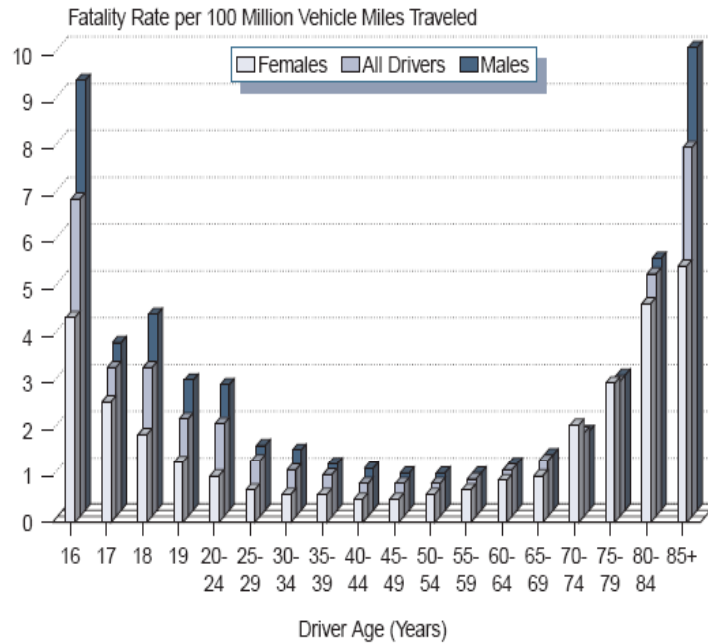
Source: US Department of Transportation, National Highway Traffic Safety Administration, 2000

Figure 66 shows that older males are far more likely to be involved in fatal crashes than older females.

Figure 66: Traffic Safety Facts 2004 — Older Population, Involvement Rates for Older Drivers in Fatal Crashes by Age Group and Sex, 2004
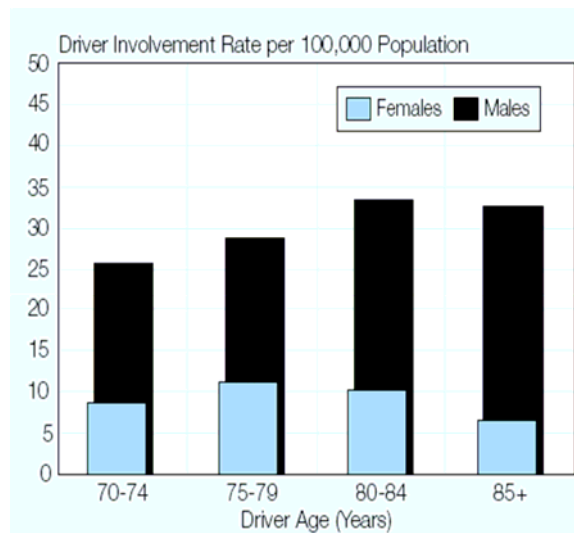
Source: US Department of Transportation, National Highway Traffic Safety Administration, 2004

Advocates for seniors are concerned about driver safety among seniors. Many programs exist to help seniors with driver safety. AARP and many other community-based organizations provide driver training and assessment programs. At some point, driving can become unsafe. See Figure 67 below for a list of warning signs from AARP's driver safety website. When a senior shows one or more of these warning signs, a driving assessment is recommended.

Figure 67: Warning Signs for Transition from Driving

What are the warning signs when someone should begin to limit driving or stop altogether?

1. Feeling uncomfortable and nervous or fearful while driving
2. Dents and scrapes on the car or on fences, mailboxes, garage doors, curbs etc.
3. Difficulty staying in the lane of travel
4. Getting lost
5. Trouble paying attention to signals, road signs and pavement markings
6. Slower response to unexpected situations
7. Medical conditions or medications that may be affecting the ability to handle the car safely
8. Frequent "close calls" (i.e. almost crashing)
9. Trouble judging gaps in traffics at intersections and on highway entrance/exit ramps
10. Other drivers honking at you and instances when you are angry at other drivers
11. Friends or relatives not wanting to drive with you
12. Difficulty seeing the sides of the road when looking straight ahead
13. Easily distracted or having a hard time concentrating while driving
14. Having a hard time turning around to check over your shoulder while backing up or changing lanes
15. Frequent traffic tickets or "warnings" by traffic or law enforcement officers in the last year or two.

From 2000 to 2005, the number of adults 65 years and older with driver's licenses in Minnesota increased both as a share of the population (from 87.6% to 89.0%) and in total number of licensed drivers, from 521,254 in 2000 to 554,839 in 2005. (See Figure 62, earlier in this section). The average annual growth rate (1.3% per year) for older drivers in Minnesota is about half the growth rate nationally. [72]

Nationally, drivers aged 70 years and older comprised 10% of all licensed drivers in 2004. This is slightly higher than Minnesota with 8.5% of licensed drivers over 70 years (See Figure 63.) Both state and national trends suggest that the numbers of older drivers will continue to increase and communities should plan accordingly for improving traffic safety conditions.

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[72] From 1993 to 2003 the number of older drivers grew by 27%, according the U.S. Department of Transportation/Federal Highway Administration.

Figure 68: Age and Gender Distribution of U.S. Licensed Drivers, 2004

Age	Male drivers		Female drivers		Total drivers	
	Number	Percent of total drivers	Number	Percent of total drivers	Number	Percent of total drivers
Under 16	12,551	0.0%	12,379	0.0%	24,930	0.0%
19 and under	4,778,633	4.8	4,554,453	4.6	9,333,086	4.7
20–24	8,559,964	8.6	8,339,178	8.4	16,899,142	8.5
25–29	8,804,459	8.8	8,576,799	8.6	17,381,258	8.7
30–34	9,496,134	9.5	9,187,750	9.3	18,683,884	9.4
35–39	9,850,476	9.9	9,577,848	9.6	19,428,324	9.8
40–44	10,722,486	10.8	10,607,630	10.7	21,330,116	10.7
45–49	10,374,898	10.4	10,374,064	10.4	20,748,962	10.4
50–54	9,197,990	9.2	9,244,911	9.3	18,442,901	9.3
55–59	7,878,063	7.9	7,900,681	8.0	15,778,744	7.9
60–64	5,924,488	5.9	5,961,790	6.0	11,886,278	6.0
65–69	4,474,225	4.5	4,535,499	4.6	9,009,724	4.5
70–74	3,607,457	3.6	3,747,994	3.8	7,355,451	3.7
75–79	2,875,685	2.9	3,187,540	3.2	6,063,225	3.0
80–84	1,897,324	1.9	2,181,744	2.2	4,079,068	2.1
85 and over	1,129,109	1.1	1,339,640	1.3	2,468,749	1.2
Total	99,571,391	100.0	99,317,521	100.0	198,888,912	100.0

Source: US Department of Transportation, Federal Highway Administration, 2004

- **Mixed geographic composition of the County affects transportation needs**
  Dakota County has three distinct demographic areas. The rural, developed suburban, and growing suburban demographic areas each have their own transportation challenges. (See Figure 69)

Figure 69: Dakota County Housing Markets, 2005.
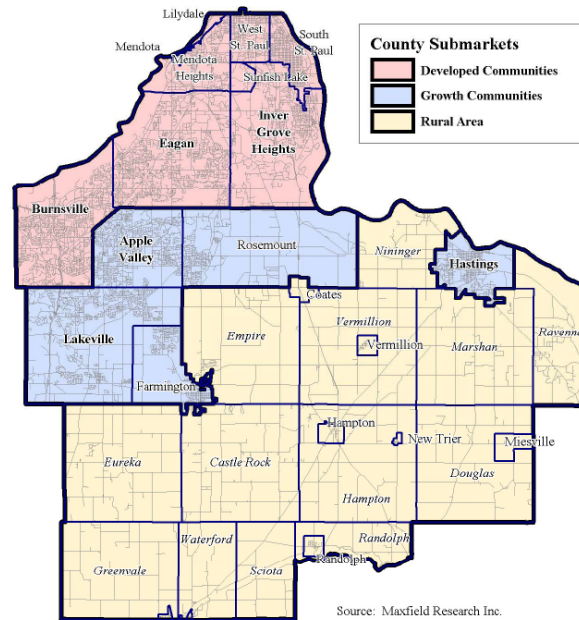
Source: Maxfield Research Inc.

o *Intra-Suburban City Travel Options:* Few mass transportation (route dependent) travel opportunities exist between suburban cities in Dakota County. Currently, nine local routes have been developed by MVTA (the Minnesota Valley Transit Authority) that run between local communities within Dakota County. MVTA offers service between Burnsville, Apple Valley, Eagan, and Rosemount within Dakota County. MVTA also offers service to locations outside of Dakota County, including Savage, downtown Minneapolis, the Mall of America, and downtown St. Paul.

Figure 70 shows the existing transit service areas in Dakota County, most of which are concentrated in the developed suburban areas. In addition to transit organizations, some of the volunteer driver services also provide intra-suburban travel options for seniors, such as GAPP Services and Neighbors Inc.

Figure 70: Dakota County Existing Transit Service Areas, 2003
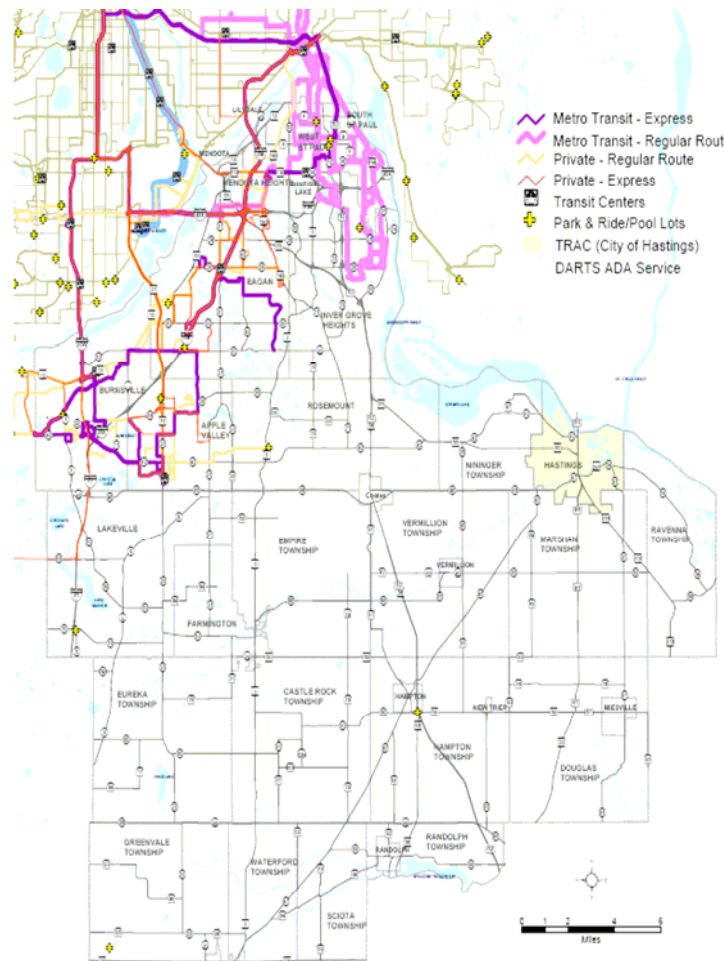
Source: 2003 Dakota County Transportation Plan

- o *Rural Travel Options*: There are very few opportunities for seniors to travel from rural portions of Dakota County, or even from incorporated cities close to the rural areas of Dakota County (e.g., Farmington, Lakeville, and Hastings). Currently, Farmington and Lakeville have no mass transit option, either through MVTA or Metro Transit. The cities rely on contracts or agreements with DARTS to provide services to their seniors. [73] Rural townships within Dakota County do not have the resources of cities, so they must often provide even more informal service networks, which often are inadequate and easily overworked.

- ▪ **Low density development patterns also affect transportation needs**
  The challenge of meeting different transportation needs is compounded by Dakota County's low-density development patterns. Housing and population density are essential for public transit to be cost-effective. Substantial population growth,

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[73] An example is the January 1, 2006 - December 31, 2006 service agreement between Lakeville and DARTS.

inadequate state transportation investment in Dakota County, and continued imbalance in the formula distribution of state gas tax proceeds exacerbate the challenge.

Dakota County has an average population density of 633 in 2005. Figure 71 shows that Dakota is the fourth most densely populated county in Minnesota. However, Dakota County has less than one-third the density of Ramsey County and less than half the density of Hennepin County. Despite the fact that Dakota County is the fourth-most densely populated county in Minnesota, many areas in the County lack the density needed to sustain public transit services, affecting livability for seniors.

Figure 71: MN Population Density for Top 11 Counties, 2003
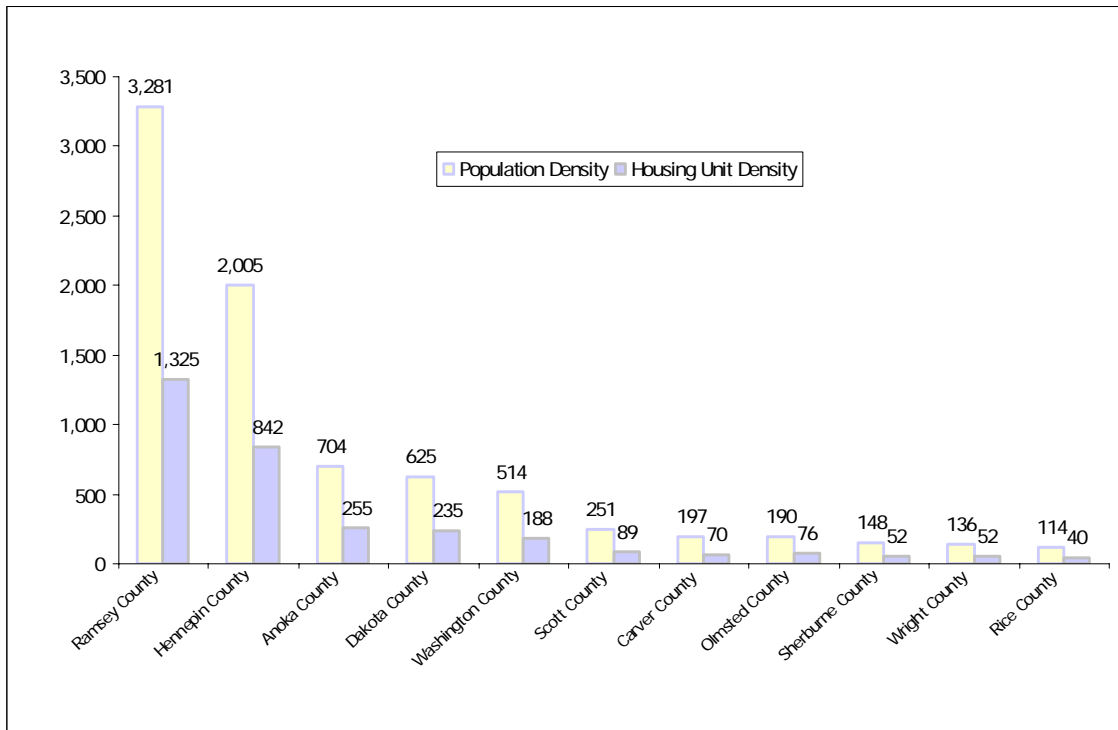
Source: U.S. Census, 2003

Figure 72 shows the anticipated growth areas within Dakota County. Much of this growth is inadequately served by transit options and will further compound transportation issues for seniors.

Figure 72: Dakota County Expected Growth Areas 2020
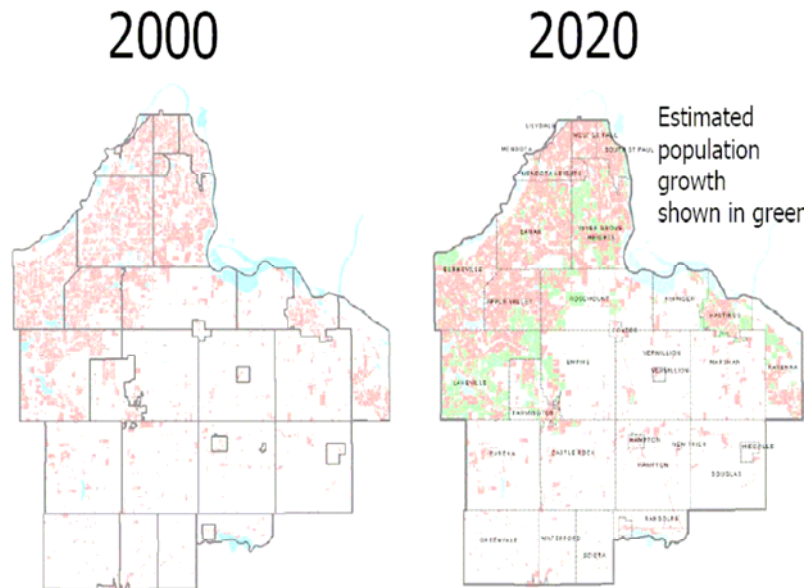
Source: 2003 Dakota County Transportation Plan

- **Lack of coordination across transit providers**

  Several transit providers exist in Dakota County, but each entity is structured to serve a slightly different target group and to operate as a separate entity. The mass transit options in Dakota County currently are:

  o **MVTA** (Minnesota Valley Transit Authority). The MVTA is an opt-out transit service providing nine local fixed and flex routes with service to Apple Valley, Burnsville, Rosemount, and Eagan. MVTA also provides commuter services into downtown Minneapolis and Saint Paul and a limited number of reverse commute routes.

  o **Metro Transit**. Metro Transit is one the country's largest transit systems, serving the transit needs of the Twin Cities metropolitan area by providing about 95 percent of the approximately 73 million bus trips taken annually in the metro area. In Dakota County, Metro Transit provides regular fixed route service in the communities of West St. Paul, Inver Grove Heights, Mendota Heights, and South St. Paul. However, service is limited to the northern part of the County.

  o **Metro Mobility**. Metro Mobility is an Americans with Disabilities Act (ADA) Paratransit Service, available for people who are unable to, or have extreme difficulty using, regular route transit service because of a disability or health condition. ADA Paratransit Service is a shared-ride public transportation system, so routes and schedules are designed to transport multiple passengers at one time to multiple destinations. Metro Mobility provides some rider services in the northern part of Dakota County.

- o **DARTS** (Dakota Area Rapid Transit for Seniors). DARTS is a nationally recognized transportation provider, serving many areas within the county. DARTS operates 35 vehicles in its fleet to provide door-to-door service for riders 60 years and older and riders who are ADA certified.
- o **TRAC** (Transportation Around the City). TRAC is an intra-city bus service providing transportation in Hastings since 1978. TRAC has four buses and operates Monday through Friday from 6 a.m. to 6 p.m., for both Dial-a-Ride and subscription services.
- o **Red Cross**. The Red Cross provides door-to-door arranged rides within Dakota County and will provide rides cross county lines.
- o **Dakota County Social Services**. The Social Services Department staff arrange rides to certain appointments, when necessary.
- o **Neighbors Inc**. Neighbors, Inc. is a non-profit, social service agency serving the northern Dakota County communities of Inver Grove Heights, Lilydale, Mendota, Mendota Heights, South St. Paul, Sunfish Lake, and West St. Paul. The service provides 14 emergency and supportive services, including volunteer driver services.
- o **Others.** Both **Giving Assistance to Promote People** (GAPP) and **Just Friends** provide volunteer driver services in Dakota County.

The maps in Figure 72 illustrate the transportation service areas that are served by the major providers. These services are almost exclusively available in the northern portion of the County.

Two major challenges that affect the seniors' ability to use transportation services in Dakota County are:

- o *No single organization coordinates services.* Among the nine providers, there is not a single organization or place where a Dakota County resident can call to learn about all transit options. This significantly limits use of transportation opportunities in Dakota County. For example, many door-to-door service providers operate on an 8 a.m. to 4:30 p.m. schedule, Monday through Friday. Other providers – such as the Red Cross and Dakota County Social Services – offer transportation services only when the provider receives federal or state reimbursement for the rides. There is no single information source available for seniors who need transportation service to use.

Figure 73: Available Transportation Services and Operating Areas in Dakota County

DARTS Hastings TRAC Metro Mobility

Metro Transit Metropolitan Council DARTS-Route 417 MN Valley Transit Authority
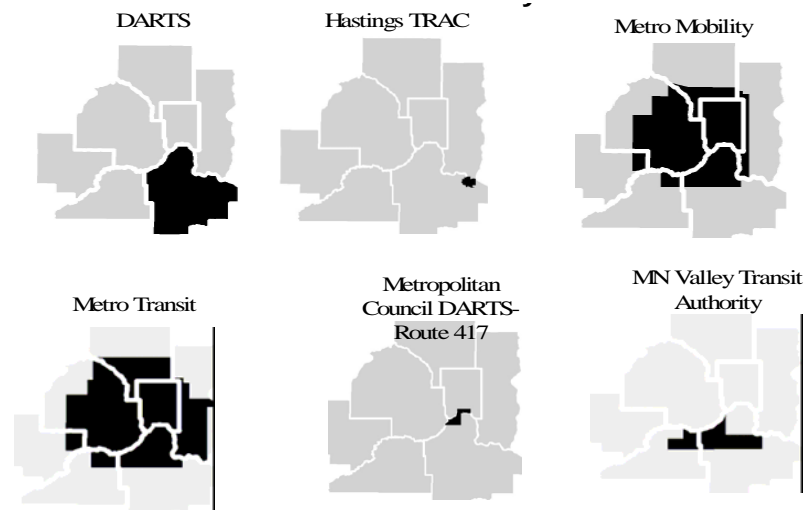
Source: 2005 Dakota County Transportation Report

o *Need for volunteer drivers.* Services such as DARTS, Metro Mobility, Neighbors Inc., Just Friends, and GAAP rely on volunteer drivers. Currently, there are considerable wait times for this transportation service because requests exceed the capacity of the services. Provider agencies need more volunteer drivers in order to reduce wait times.

In terms of providing drivers, compensation and related labor costs are the greatest cost, even higher than the costs associated with the vehicles themselves. Nearly two-thirds of the expense for the years 2004-2005 for DARTS was salaries, a large portion of which was driver salaries.

- **Technical improvements in driver safety are important as drivers age**
The age-65-and-older group is the fastest growing segment of the population. It is estimated that more than 40 million older adults will be licensed drivers in the United States by 2020 (Dellinger, 2002) [74]. According to the federal CDC's National Center for Injury Prevention and Control's Older Adult Driver Fact Sheet:

  o Drivers ages 65 and older have higher crash death rates per mile driven than all but teen drivers (IIHS 2003); and
  o Motor vehicle-related deaths and injuries among older adults are increasing. Between 1990 and 1997, the number of deaths rose 14% and the number of nonfatal injuries climbed 19% (Stevens 1999). [75]

In 2005, there were 638 deaths due to motor vehicle crashes in Minnesota (about 2% of all of the deaths in the state during the year). Of those who died in motor vehicle crashes, 13% were persons over age 70. In 2005, there were 28 deaths due to traffic

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[74] Footnote text coming
[75] Footnote text coming

crashes in Dakota County. If the same proportion holds for the County as for the State, four of the deaths were people over 70 years of age. [76]

The State of Minnesota is pursuing Toward Zero Deaths as a statewide strategy to reduce the number of driving-related fatalities. Toward Zero Deaths is a multi-agency partnership that includes representatives from the Minnesota Department of Transportation, Minnesota Department of Public Safety, Minnesota State Patrol, Federal Highway Administration, and the Center for Transportation Studies at the University of Minnesota.   The goal is to raise awareness of traffic safety issues and to develop tools that can be used to reduce the number of deaths and injuries resulting from traffic accidents in Minnesota. A 2004 highway safety plan identified 15 critical steps to reduce fatalities:

1. Provide adequate law enforcement resources

2. Primary seat belt law
3. Implement automated enforcement
4. Stricter graduated driver licensing system
5. Cost effective lane departure improvements
6. Communication and marketing task force
7. Governor's traffic safety panel and legislative action committee

8. Cost effective intersection improvements
9. Roadway maintenance
10. Enforce traffic safety laws
11. Targeted enforcement
12. Enhance driver education
13. Road safety audits
14. Improve data system
15. Statewide trauma system

In multi-vehicle crashes in Minnesota, causes of the crashes that occur disproportionately for older drivers (compared to the share for all populations) include the failure to yield right-of-way; improper or unsafe lane use; disregard of traffic control devices; obscured vision; improper turns; and improper parking, starting, or stopping. [77]

Some measures that could improve safety of older drivers are:
  o Advances in technology that result in assistive technologies for safer driving, such as advanced controls for accelerate pedals, sensors that warn of a possible collision, and seats that vibrate when someone veers out onto the shoulder of a highway.
  o Improved roadway design, such as large print road signs, grooved lane dividers, dedicated left turn lanes, and extended walk times at pedestrian crosswalks, can be implemented to accommodate older drivers and pedestrians.
  o Safe driver programs aimed at older drivers are being created. Minnesota law now mandates a 10% reduction in car insurance premiums for persons age 55 and older who complete a defensive driving class.

Focusing on seniors as pedestrians, the City of Tolland, Connecticut is in the planning stage for a "safe pedestrian transportation system." The County and City of Honolulu, Hawaii provide a pedestrian safety education program. Sidewalks that are specially constructed to serve the aged and disabled are found in many communities.

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[76] Based on the Minnesota Department of Health, 2005 Minnesota Health Statistics Annual Summary
[77] Department of Public Safety/Office of Traffic Safety, 2005.

- **Lack of medical reimbursement for certain types of trips**
  Many of the transit related trips needed by seniors are for medical appointments. These trips pose special challenges because, while many medical-related transportation costs are covered, others are not. In particular, trips across county lines for medical appointments are not covered. The lack of reimbursement for cross-county medical transport causes great difficulty for seniors and their families. For example:

  o Specialists are becoming increasingly necessary to meet the medical needs of the aging population. Many types of specialized medical treatment cannot be obtained within a senior's immediate geographic area. Where specialized treatment can only be obtained outside of the County, transportation may not be available because the costs will not be reimbursed to the provider or the cost of private services is too great for senior.

  o For many medical appointments, public transit is not appropriate (e.g., after many outpatient procedures). In those situations, there are limited options for Dakota County residents who seek transport across county lines for medial appointments, unless they can afford to pay privately for such service. For example, while public transportation is available to connect residents to the Veterans Hospital in Minneapolis by taking a bus to the Mall of America and connecting to the Hiawatha Light Rail Transit line, this route is time-consuming and is available only to older residents in northern Dakota County who can navigate the transit system. Following many procedures, both the time and ability to navigate the system are problematic for seniors. (Similar challenges and limitations are encountered using the bus system to reach medical facilities in St. Paul.)

Summary of Gaps and Concerns
The analysis of specific transportation issues identified several important gaps, including:
- The limitations of existing public transit options in Dakota County, particularly to keep medical appointments
- Cost-effective transit options in mixed geography and low density development areas
- The lack of coordination of transportation options
- Recruiting volunteer drivers
- Applying technical improvements to transportation systems to improve safety

Recommendations and Strategies – Transportation
The gaps and concerns identified by the countywide *Aging Initiative* call for both general and specific recommendations for serving seniors in Dakota County. General strategies for addressing each of the gaps are followed by one or more specific recommendations to immediately begin addressing some of the gaps.

In general:

12) Coordinate transportation options to better support seniors and the broader community.
In order to achieve maximum benefit of transportation options within the county, better coordination of existing providers and services is needed. Consider opportunities to effectively link services in the future.

Vision and Approach:
- Better coordination of existing transportation provider services will help improve access to seniors who need the services.
- A formal agency or single point of contact should be made responsible for coordinating all transportation services, with a focus on providing the appropriate range of services to match seniors' needs.
- Actively promote a more coordinated model and solicit participation and support from community-based organizations and existing transportation providers.

Benefits:
- Increasing coordination improves access to types of transportation within the county.
- Reduced cost per trip by using coordination, and reduced costs to community organizations.
- Better services to seniors and community residents.

Assumptions:
- This is a long-term strategy that will take considerable effort and on-going support.

Resources:
- Existing provider organizations
- Coordinator within an organization

Specifically:

12a) Establish a Transportation Mobility Coordinator in a Dakota County organization.
Coordination among providers and agencies that provide transportation services could:

- Increase transportation availability
- Improve access to jobs
- Improve service quality
- Eliminate duplicative efforts; and
- Increase the cost-effectiveness of transportation dollars.[78]

The Minnesota Department of Transportation (MN DOT) and Metropolitan Council are initiating pilot projects for a new transportation model that encourages coordination of public transit and transportation for human services needs. Coordination is defined by MN DOT as: "A process through which representatives of different agencies and client groups work together to achieve all of the following goals: increased capacity to serve unmet needs, improved quality of service, services which are more easily understood and accessed by riders, and cost effective service delivery."

The overall concept is to designate a single point person who would be assigned to each county or in the case of Greater Minnesota, multiple counties.

A coordinator working with and through the Minnesota Department of Transportation (MNDOT) and Metropolitan Council would coordinate transit to and for other counties as well as within the

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[78] MN DOT Article http://www.dot.state.mn.us/transit/coordination/index.html

County. Dakota County has already begun to examine transit coordination opportunities within its organizations to facilitate planning. A similar recommendation was made in a separate Dakota County study on the Impact of Welfare to Work Laws.

Vision and Approach:
Dakota County (as a geographic location) could be a pilot site for the new Transportation Coordination model promoted by the Minnesota Department of Transportation and Metropolitan Council. Dakota County will work with the MNDOT, the Metropolitan Council, and current service providers to establish Dakota County as a pilot site for the Transit Mobility Coordinator model.

Benefits:
- Coordination among the services of the nine transit providers in Dakota County
- Efficiency in transit services
- Improved service quality
- Improve the cost-effectiveness of transportation dollars

Assumptions:
- Assumes that MNDOT and Met Council will select Dakota County as a pilot site for the new transportation coordination model
- Assumes that MNDOT and Met Council funds will be used to establish this model, with the possibility of some matching funds from the county.
- The coordinator position will not necessarily be within Dakota County government (i.e., may be in a provider organization, e.g., DARTS)

Resources:
Initially, grants would be sought to support a position within an organization that has sufficient capacity to coordinate all transportation-related services within Dakota County. In the long term, local resources might be needed to support the coordinator position within an organization that has the capacity to coordinate all transportation related services within Dakota County.

13) *Create affordable transportation options for seniors*
Affordable transportation is an important factor in helping seniors remain independent. For seniors to remain in home- and community-based settings, they must be able to safely drive or get affordable rides to destinations that fulfill their basic needs (e.g. to the grocery store for food, medical facilities for health care, worksites for employment, recreational sites for social interaction, places of worship for spiritual sustenance, and homes of friends and family).

Vision and Approach:
Dakota County and other *Aging Initiative* partners and stakeholders will continuously assess their transportation systems and transit options with the goal of making them available, accessible, affordable, and adaptable to the needs of older residents. A continuum of service will be sought, from safe roadways for older residents to drive, to door-to-door services for seniors who can no longer drive, to pedestrian-friendly development. County leaders and others will advocate on behalf of seniors for affordable and comprehensive transportation options.

Benefits:
Greater likelihood that seniors can remain independent and in desired home and community based settings for longer periods of time.

Assumptions:
- As the result of the leadership of local elected officials, state and federal support for transportation funding will increase in the long term.
- A senior-focused transportation legislative agenda will be drafted, to allow for consistent legislative advocacy by communities in Dakota County.
- The Dakota County Board of Commissioners, and others, will continue to play a lead role in advocating for change with the Legislature and the Congress.
- Dakota County and other *Aging Initiative* partners and stakeholders will reconsider the needs of seniors in their transportation system planning and capital improvement plans.

Resources:
- The Dakota County Board of Commissioners and other *Aging Initiative* partners and stakeholders
- Transportation professionals
- Non-profit sector transportation providers

Specifically:

13a) Advocate for policy change to existing travel reimbursement gaps.
During transportation meeting discussions it was discovered that there are currently no travel reimbursements though Medicare for dialysis treatment. Further research could uncover other funding reimbursement gaps. Many of the reimbursement policies are determined at the federal level, but some are set by the State. The role of Dakota County and other *Aging Initiative* partners and stakeholders will be to advocate to amend reimbursement policies to state and federal officials.

Vision and Approach:
Dakota County and other *Aging Initiative* partners and stakeholders will identify specific funding reimbursement gaps for transportation for medical services and advocate for changing those policies.

Benefits:
- A healthier senior population with greater access to necessary medical services
- A more effective transportation infrastructure for seniors

Assumptions:
- An element of the legislative agenda to be developed
- Participation of seniors, residents, and transportation providers in identifying gaps
- The Dakota County Board of Commissioners and other *Aging Initiative* partners and stakeholders will provide leadership in bringing forward the transportation- related legislative agenda

Resources:
- The Dakota County Board of Commissioners and other *Aging Initiative* partners and stakeholders
- Transportation professionals
- Non-profit sector transportation providers

13b) Develop a community initiative to recruit volunteer drivers.

Despite the dedication of the volunteer driver organizations in Dakota County, they lack the capacity to provide the comprehensive service necessary to fill the gaps in the transportation network. Currently, the waiting period is more than a week for some services. Volunteer drivers and their organizations can alleviate more service gaps if more volunteer drivers are recruited. Recruitment benefits all of the communities of the County and should become a community initiative.

Vision and Approach:

Dakota County and its cities will partner with volunteer organizations to help them build their base of drivers by tapping into a community of volunteers.   More The increased drivers will expand the number of trips provided and reduce waiting times for seniors. Support for grant applications, planning, and coordination will be needed initially. In the long term, direct financial support may be considered, as well.

Benefits:
- More volunteer drivers to fill the gap in services for those who need affordable transportation assistance.
- An ongoing support system to help existing volunteer organizations increase the volunteer driver pool in the county.

Assumptions:
- Dakota County and other *Aging Initiative* partners and stakeholders, including existing transit providers who rely on voluntary drivers, will coordinate efforts to create a countywide initiative to assist in recruiting drivers.
- In the longer term, a "volunteer recruitment specialist" may be added to the mobility coordination effort envisioned in Recommendation 12 (above).

Resources:

Dakota County, cities, and other *Aging Initiative* partners and stakeholders, including organizations that recruit volunteer drivers.

In general:

14) Encourage transit-oriented development in multi-modal corridors. (See also Recommendation 7a.)

To encourage both the density required for cost-effective transit development and to provide opportunities for seniors to have active and vital lifestyles, Dakota County and other *Aging Initiative* partners and stakeholders should support more compact development where transit and walking, rather than the automobile, are accommodated as primary modes of transportation.

By using zoning, communities can require development to be most intensive near transit stops or along transit corridors. Communities can also require development of more inter-connected pedestrian pathways that lead to services needed by seniors.

Dakota County can directly support transportation infrastructure that supports such development, such as in the Cedar Avenue Corridor in the near term and the Robert Street Corridor in the longer-term.

As necessary, Dakota County, its cities, and the Community Development Agency might consider incentives for innovative property developers, through methods such as reduced land costs, zoning exemptions, and tax incentives. As more dense development models become successful in the market, other developers are likely to propose their own dense developments.

Vision and Approach:
As housing development and growth continues within the County, focus on compact, mixed-use development located close to public transit options. Active living is encouraged by creating walkable, pedestrian-friendly developments for seniors and others.

Transportation system planning for the future will focus on creating multi-modal corridors that include transit and pedestrian options, to support better local and regional mobility for seniors and others.

Benefits:
- Improve options for public transportation services in Dakota County by providing sufficient population density that public transportation can be more cost-effective.
- Increase housing options for seniors.
- Promote active living through walkable, pedestrian friendly developments.

Assumptions:
- Dakota County, its cities, developers, and the Community Development Agency will work together to create the planning, zoning, and investment framework for such development.
- Transit providers will be including in planning, so transit options fit with developments.

Resources:
- Dakota County, its cities, the Community Development Agency, developers, and transit providers.

In general:

15) *Improve roadway conditions to increase safety of older drivers.*
Many seniors hope to remain independent and in community settings. Given the lack of transit options and the relative dependence on cars within Dakota County and the Twin Cities metro area, the need to drive is an important factor in remaining independent. Community-based programs to help seniors touch up on their driving skills and new

technologies to help make driving safer (such as, sensor controlled pedals, intelligent driver systems, and intersection decision support) are available or being developed. [79]

Vision and Approach:
In transportation system planning, emphasize actions and information to help seniors continue to drive safely. Persons over the age of 70 are the second- largest group involved in fatal motor vehicle crashes, following teenagers. Ssafe driving conditions for seniors will help to keep them mobile and independent.

Three elements should be emphasized in transportation system planning:

- **Driver training and testing**. Opportunities to improve safe driving skills, and testing to ensure that skills are retained, should be available to older residents of Dakota County.
- **Physical infrastructure**. Transportation system designers should consider characteristics such as grades of roads, grooved lane markings, dedicated turn lanes and signal arrows, and larger signs.
- **Vehicle enhancements**. Working through local automobile dealerships, advocate for added features to vehicles to make them safer for use by seniors, such as sensor-controlled pedals, vibrating chair alerts, and automatic slowing systems. Cooperate with the research institutions such as the University of Minnesota to promote intelligent driver systems design to help seniors.

Benefits:
- Safer driving conditions and improved mobility for seniors.
- Safer roads and fewer fatal crashes in Dakota County

Assumptions:
- The County and other *Aging Initiative* partners and stakeholders will actively partner with community organizations to help promote driver and vehicle related components.
- Transportation planning among Dakota County and other *Aging Initiative* partners will incorporate physical infrastructure changes to improve roadway safety.

Resources:
- Federal, state and local transportation planners.
- Community organizations interested in driver safety for seniors.

15a) Plan roadways and streets considering seniors' needs
Signs, lane structure and physical layout of roads can be planned and designed to help seniors drive safely.

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[79] The University of Minnesota **H**uman **F**actors **I**nterdisciplinary **R**esearch in **S**imulation and **T**ransportation (Human FIRST Program), a part of the Intelligent Transportation System Institute, is currently conducting research focused on designing systems to make transportation safer as people age.

Vision and Approach:

Dakota County and other *Aging Initiative* partners and stakeholders will continue to search for opportunities to improve the physical infrastructure within the county to help seniors remain independent and continue to drive. The goal of the transportation focus area is to provide transportation options needed to help keep residents mobile and independent.

Improving signs, intersection construction, and lane design are some ways to help improve the physical infrastructure to allow seniors to continue to drive and remain mobile and independent longer. Longer-term planning and the nearer-term Capital Improvement Plan will consider, assess, and recommend improvements to the physical infrastructure, where determined appropriate, that will assist senior drivers and pedestrians.

Benefits:
- Improved safety due to roadway improvements.
- Clear assessment of changes necessary to help improve senior driving conditions.
- Improve ability for seniors to remain mobile and independent for a greater length of time.

Assumptions:
- Leadership of transportation planners in the County and other *Aging Initiative* partners to plan and design roadway improvements.
- Involvement of seniors in defining and testing solutions.

Resources:

Transportation planners at local, state and federal levels, and other *Aging Initiative* partners and stakeholders.

Work And Community Engagement

Introduction
Actively participating in community and work activities improves the quality of life for seniors while providing needed labor resources to community organizations. Continued involvement in work, volunteer, and community activities will help to keep seniors connected, reduce feelings of isolation and improve their overall sense of well-being.

Seniors are an important resource for organizations needing labor, knowledge, and to fill volunteer gaps that are likely to result from the large volume of anticipated retirements. Successfully providing access to work and community engagement activities will result in healthier communities and healthier seniors.

The goal of this theme area is to provide meaningful opportunities for seniors to contribute to, and be engaged in, their communities. The strategic objectives of this focus area include:

- Increase the number of senior volunteers;
- Increase the number of community engagement opportunities that are available; and
- Provide leadership and advocacy to help organizations attract and retain seniors as employees or volunteers.

Important Factors in Work and Community Engagement
In order to understand gaps and issues within the area of work and community engagement for seniors in Dakota County, there are two primary factors to consider. First, the need and desire of seniors for work and community engagement should be assessed. Second, existing opportunities and need for work and volunteer time in the community should be examined.

Analysis and Findings
There are several important findings related to work and community engagement among senior citizens in Dakota County, including: many seniors will need to continue working in retirement for additional income; organizations may face labor shortages and could be better prepared; many seniors will continue working or volunteering for reasons other than financial need; and connecting retirees with community engagement opportunities is important and could be improved.

- **Many seniors will need to work in retirement for additional income.**
  Many seniors will continue working after they retire due to financial need. As noted in the finance section earlier in this report, an estimated 24% of Minnesotans born between 1936 and 1965 lack the resources to privately finance their retirement.

  In a 2005 survey, 43% of Baby Boomers reported that they plan to work after they retire. Among the pool of people who expect to work, 46% cited their reason as, "do not think retirement and social security will provide enough income in retirement." [80]

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[80] Pulte Homes, Baby Boomer Study, conducted by Harris Interactive, May 2005.

- **Many seniors will want to engage in volunteer or work activities, regardless of financial need.**
  Data on current volunteer and work participation rates, along with data on reported intentions of Baby Boomers, predict high rates of participation among future retirees in Minnesota.

*Figure 74: Percent of Population Performing Volunteer Work*
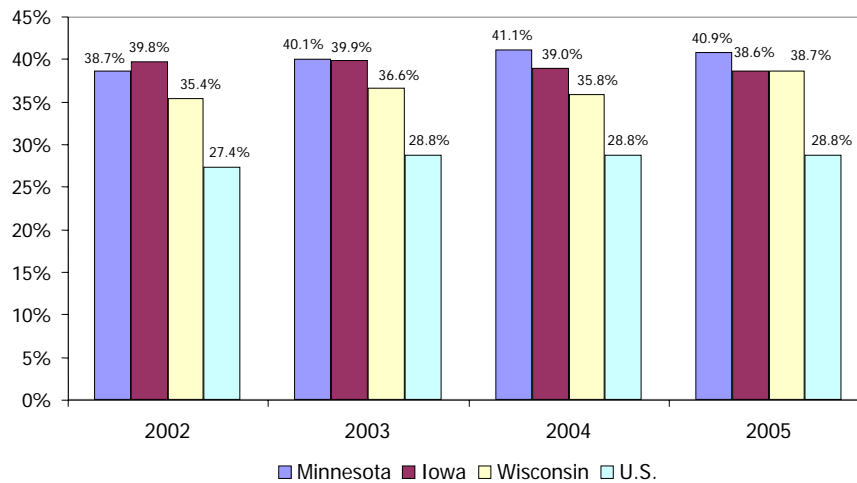
Source: Current Population Survey Supplement 2002-2005.

Minnesota has very high volunteerism rates compared to other states. More than 40% of the non-institutionalized civilians 16 years of age or older in Minnesota spent some hours volunteering in 2005, as compared to almost 29% in the United States as a whole. (Only Utah with 48% and Nebraska with 43% had higher volunteer rates in 2005). (See Figure 74.)

Minnesota had the second-highest rate of senior volunteers in 2005 at 42% of the non-institutionalized population over the age of 65. (Only Utah has a higher rate at 52%.) Similarly, Minnesota had the fourth-highest rate of Baby Boomer volunteers (persons born between 1946 and 1964) with 46%. Only Utah (51%), Nebraska (48%), and South Dakota (47%) were higher. (See Figure 75.) It is likely that volunteer rates for older generations will continue to remain high in Minnesota as Baby Boomers move into retirement.

In addition to high rates of volunteering, Minnesota has traditionally high labor force participation rates. In 2004, Minnesota had a labor force participation rate of 74.6%, compared to a 66% participation rate nationally. Among people age 65 years and older, Minnesota had the second-highest labor force participation rate (19.7%) in 2000 (most recent data year). This compares to a national average of 12.8%.

Figure 75: Percent of Baby Boomers Volunteering, 2005
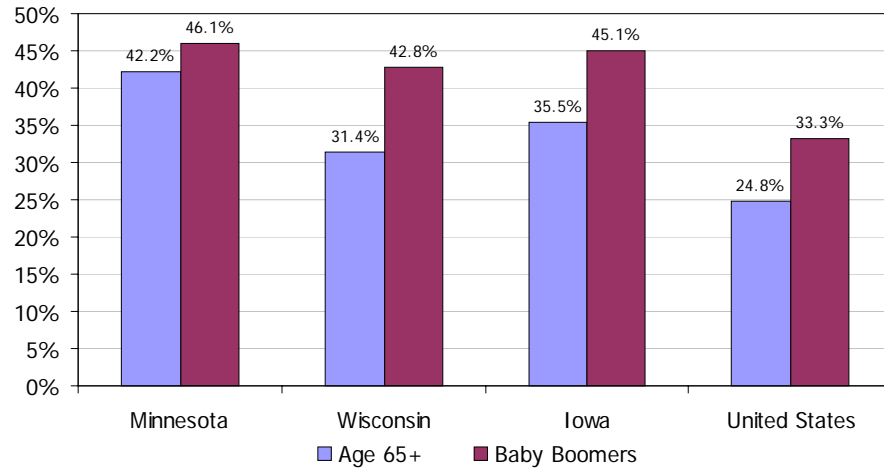
Source: Current Population Survey Supplement 2002-2005.

Many Baby Boomers report they intend to participate to volunteer or work opportunities. Some research suggests that workers of retirement age will gradually stop working by seeking 'bridge jobs' -- part time or temporary to transition to full retirement.[81] A recent study found that about half of those age 50-70 years say they are seeking ways to engage in their communities with volunteer or nonprofit work.[82] (See Figure 76). When asked why they would consider working in retirement the top three reasons cited by Baby Boomers are: mental stimulation provided by work (52%); fear of income insufficiency (46%), and desire for physical activity that is required by work (39%).

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[81] Cahill, Kevin, Michael D. Giandrea, and Joseph F. Quinn. "Are Traditional Retirements a Thing of the Past? New Evidence on Retirement Patterns and Bridge Jobs". September 2005.

[82] Perry, Suzanne. "Make Room for Boomers". *The Chronicle of Philanthropy*. November 24, 2005.

Figure 76: Percent of Baby Boomers Who Plan to Work in Retirement
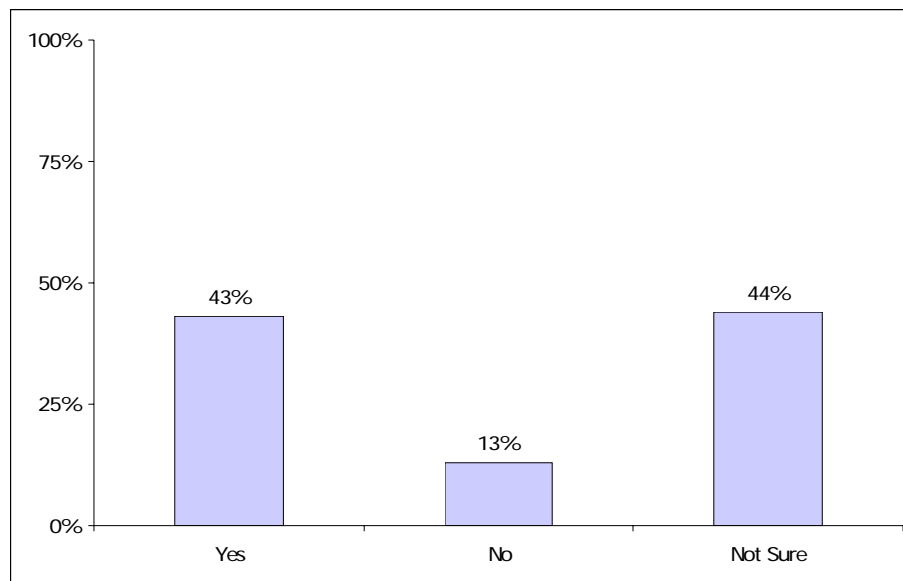
Source: Pulte Homes, Baby Boomer Study, conducted by Harris Interactive, May 2005

- **Work and Community Engagement is good for seniors' mental health and well-being.**
  A research study conducted in the 1990s for the Longer Life Foundation found that work and community engagement positively affect older adults. Specifically, the study found that volunteerism and work activities have a positive effect on functional ability, self-rated health, and depression of older adults. More volunteer hours have an increasingly positive effect.

  Similarly, a research study published in 2000, "Productive Engagement of Older Adults: Effects on Well-being" by Nancy Morrow-Howell, examined the effect of paid work, volunteering, and care-giving on the mental health and well-being of older adults. This study found a substantial positive relationship between employment and well-being among older adults. In fact, the study notes that unemployment among older adults is associated with a 20-30% increase in mortality.

  Studies show that volunteer work has a similar effect on well-being for seniors. Morrow-Howell reports that "...volunteers have higher levels of well-being and life satisfaction than non-volunteers, suggesting that volunteering can play an important role in maintaining good health in later life. Musick, Herzog, and House (1999) document in an eight-year study of more than 1,200 adults over the age of 65 that volunteers have a lower risk of dying than non-volunteers, even after considering the effects of physical health, socioeconomic status, and social connectedness. Moen, Dempster-McClain and Williams (1992) studied a sample of 300 women over a 30-year period and found that volunteering at an earlier time was related to functional ability at a later time."

Finally, Morrow-Howell points out that volunteering or other community engagement opportunities is important among senior caregivers. The strain on seniors caring for other seniors is well documented. Morrow-Howell notes that caregiving "can negatively impact physical health, mental health, and financial status." Engaging in other community activities such as work or volunteering can positively affect caregivers. The author notes that, "caregivers with... involvement in several roles (like volunteering or working) had higher levels of emotional health". [83]

▪ **Employers will need skills and labor that seniors could provide.**
In April 2006, Matt Kramer, Commissioner of the state Department of Employment and Economic Development, noted two important changes in the labor force. "First: as the Baby Boom generation reaches retirement age, the pool of available workers to satisfy the state's labor demands will diminish. And second: as they age, these individuals will need more services, most notably health care, but there will be fewer people to provide those services." [84]

Minnesota DEED estimates that between 2004 and 2014, the number of experienced workers who leave an existing job due to retirement or geographic move minus the number of new experienced workers coming into the region will yield over 679,000 job openings. This figure does not consider new jobs due to employer expansion. Similarly, in the Minneapolis-St. Paul metropolitan area, DEED estimates there will be over 398,000 job openings between 2004 and 2014 that result from a lack of existing workers to fill openings.[85]

▪ **Lack of employer preparedness.**
Many organizations are likely to be affected by the coming shortage of workers due to aging demographics. Although many organizations are aware of coming labor force changes, research shows concern across the sector about preparedness of businesses and organizations to effectively cope with the changes. A recent report by the state Department of Employment and Economic Assistance states:

> *"The issues and data surrounding the aging workforce are practically universally available; strategies to manage the impending retirement wave, however, are not fully understood and are easily disregarded."* [86]

Similarly, the October 2006 AARP study, "Business Executives' Attitudes Toward the Aging Workforce: Aware But Not Prepared?" found that though almost 75% of American business executives agreed that, "the knowledge and experience that older employees take with them when they retire or leave can hurt a business financially", only 37% of respondent organizations have formal practices in place to extract important knowledge related to their business from employees who leave or retire;

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[83] Moen, P., M. A. Erickson and D. Dempster-McClain. 2000. "Social Role Identities among Older Adults in a Continuing Care Retirement Community." *Research on Aging* 22:559-579. in "Productive Engagement of Older Adults: Effects on Well-being" by Nancy Morrow-Howell, 2000.
[84] Demographics and Destiny, April 2006 Commissioner Forum on the web at;
http://www.deed.state.mn.us/lmi/publications/trends/0406/comm.htm;
[85] http://www.deed.state.mn.us/lmi/tools/projections.htm
[86] Aging Workforce: Strategies for Managing the Impending Retirement Wave, *By Matthew Schoeppner*

only 32% of the organizations have attempted to quantify the costs associated with employee turnover; and only 16% of the organizations have any formal policies or programs in place to encourage employees who are approaching retirement to continue working.

- **Organizations need to create new and more flexible opportunities to attract seniors.**
  Although retiring Baby Boomers are not a silver bullet for the job market, they have valuable experience that could be an asset to many organizations. By failing to meet the needs of this cohort, many opportunities for creative public problem solving might be lost.[87]

  To entice retirees to continue participating in work or volunteer activities, organizations may need to develop more flexibility. For example, retirees may be interested in working only part of the year. Experts note that many businesses (especially small businesses) have difficulty using part-time employees and that the type of positions available may not match the desired work of retirees who seek part-time or more flexible work arrangements.

- **Part-time and flexible work.**
  Many companies now offer phased retirement options of some sort. Part-time workers want flexible work schedules that may not easily coexist with standard protocol or managerial styles. Also, volunteers want to feel connected with their organizations and feel that they are adding value. Nationally, several Fortune 500 companies are beginning to recruit workers 50+ years old because they recognize that this cohort are good workers, and this group is amenable to more flexible work schedules (e.g. part-time or seasonal).[88]

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[87] Reinventing Aging – Baby Boomers and Civic Engagement. Harvard School of Public Health-MetLife Foundation Initiative on Retirement and Civic Engagement. 2004.
[88] American Association of Retired Persons, National Employer Team

Figure 77: Percent of Employers Offer Various Types of Phased Retirement
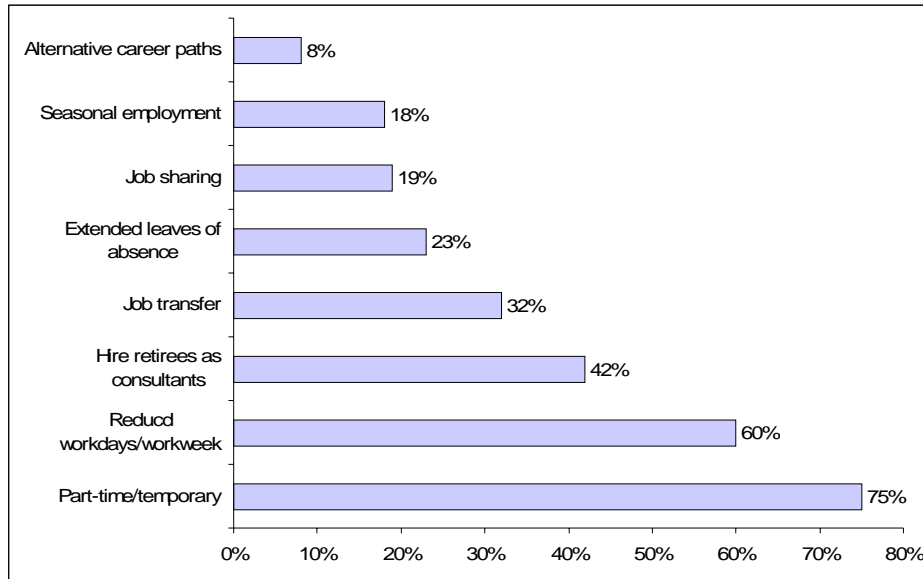
Source: Watson Wyatt, 1999

- **Alternative Incentives**

  Retirees to the Rescue: Some counties such as Hennepin (See Figure 77) have created incentive programs to engage retirees in work-related activities after they retire. Many of these programs offer tax incentives to retirees to perform volunteer hours for a public entity such as a city, county, or school.

Figure 78: Retirees to the Rescue

Description | **Benefits** | **Supplemental Questions**

Retired Citizens Property Tax Work-Off Program

If you are a retired Hennepin County homeowner looking to work off some of your property tax burden, the Retired Citizens Property Tax Program may be the answer.

The Board of County Commissioners established this program which allows Retired Hennepin County Homeowners to work-off the total property tax on their primary residence by working in a variety of temporary positions at Hennepin County. Participants receive an actual paycheck for hours worked rather than a reduction in their property tax statement.

Participants receive a wage of $9.37 per hour. Please be aware the money earned is considered taxable income.

Interested retirees must apply annually to be considered for the program.
Eligible applicants will be matched with job orders from Hennepin County Departments in need of temporary help. **Applying for this program does not guarantee employment.** The majority of job openings are in downtown Minneapolis, although periodically positions may be available in suburban locations.

Examples of typical assignments:
• Label and stuff envelopes for mass mailings
• File and alphabetize
• Open, sort and deliver mail
• Photocopy/collate documents
• Greet and direct customers/clients at a reception desk
• Use a computer to look up information
• Perform data entry
• Short-term child care attendant

Applicants for the Retirees to the Rescue program must:

• Own and pay property taxes for his/her primary residence within Hennepin County
• Receive a pension and/or consider themselves retired

Positions are typically weekday, day hours working 1 to 2 days a week and allow for flexible schedules. These positions are not eligible for benefits.

Source: Hennepin County Employment Website

- **Seniors need help to connect with opportunities.**
  Recognizing the growing wave of retirees, many organizations around the county are creating new ways to link seniors with meaningful community engagement opportunities.

  - **Good models of programs and projects that work to connect seniors with opportunities exist.**

    RSVP Program
    RSVP connects volunteers age 55+ with service opportunities in their communities that match their skills and availability. From building houses to immunizing children, enhancing the capacity of non-profit organizations to improving and protecting the environment, RSVP volunteers match their unique talents with opportunities.
    http://www.seniorcorps.org/about/programs/rsvp.asp

    Civic Ventures Program
    Civic Ventures is a think tank and an incubator that generates ideas and invents programs to help society achieve the greatest return on experience. Through programs and consulting, Civic Ventures brings together older adults with a passion for service and helps stimulate opportunities for using their talents to advance the greater good. In these ways, Civic Ventures is helping

America realize an experience dividend. Civic Ventures has two main physical offices in San Francisco CA, and Washington, DC and is virtually located at http://www.civicventures.org/index.cfm

The Civic Ventures program portfolio includes:
- ✓ *Experience Corps*, a national service program for Americans over age 55. Now in 14 cities, Experience Corps works to solve serious social problems, beginning with literacy. More than 1,800 Corps members are tutors and mentors to children in urban public schools and after-school programs.
- ✓ *The Next Chapter,* an initiative that provides expertise and assistance to community groups across the country to help people in the second half of life set a course, connect with peers, and find pathways to significant service. Local *Next Chapter* projects and related programs exist in dozens of communities nationwide.
- ✓ *The Lead with Experience Campaign* and *The Purpose Prize*, is a three-year initiative to invest in older social innovators by recognizing outstanding achievements, creating a network of people wanting to use their retirement years for the greater good, and channeling funds and assistance to these new pioneers.
- ✓ *Still Working* is a documentary project that profiles people working for the greater good in the second half of life. In their own words, people share stories of what they do, why they do it, the challenges they face, and how they planned for this new chapter. The initiative is an attempt to create role models where few exist for the new generation of aging boomers, and to develop a richer understanding of work in the post-midlife years.

Vital Aging Network
VAN creates opportunities for life-long learning and helps community members to engage in vital activities. The University of Minnesota has a model program for vital engagement of seniors called the Vital Aging Network. Similar networks are being developed around the country. The University of Minnesota VAN is:

"We are individuals who are sharing our strengths to promote and support the self-sufficiency, community participation, and quality of life of older adults. You are invited to become part of the 'we' -- Minnesota's Vital Aging Network (VAN).... Although we recognize that vital aging is a lifelong development process, VAN is focused on the latter half of life -- on looking at older people as a resource -- on shaping a new societal vision of what it means to grow old."

- ▪ **Acute labor force shortage in certain fields.**
  Labor force shortages will affect certain health care fields more acutely than others. There are already considerable workforce shortages in many direct care related job classifications.

Home health aides are an important factor in helping people remain in home and community settings for as long as possible. Nursing assistants or health aides working in hospitals and nursing homes also provide a considerable amount of direct care for seniors. Workforce experts have been concerned for many years about the growing demand for home and nursing home aides and the lack of workers to fill these jobs. This gap between the need for these services and lack of workers will continue to grow. A recent research report produced by the Urban Institute states:

> *"BLS estimates that, in response to this rising demand, personal and home care assistance will be the fourth-fastest growing occupation by 2006, with a dramatic 84.7 percent growth rate expected. The number of home health aides is expected to increase by 74.6 percent and that of nursing assistants by 25.4 per-cent."* [89]

Medical assistants, personal home care assistants and home health assistants were three of the fastest-growing occupations in 2006 in Dakota County. Even so, the wages for these personal health assistant professions are the lowest of all the growth occupations ($10.36, $10.64, and $13.89).

Figure 79: Ten Fastest Growing Occupation and Wages for Minnesota, 2004-2014.
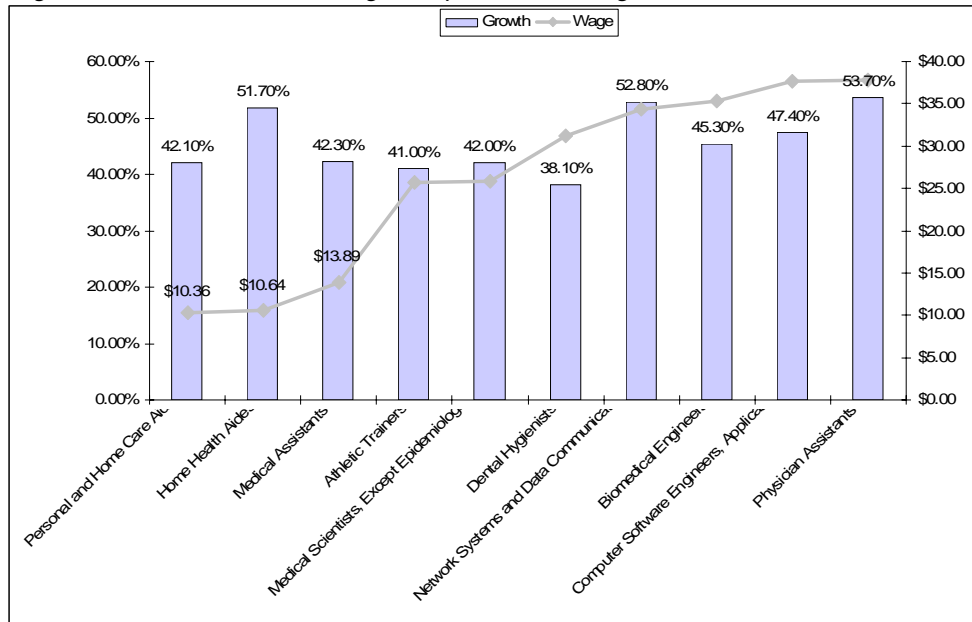
Source: Minnesota Department of Employment and Economic Development, Minnesota Workforce Facts

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[89] Who Will Care For Us? Addressing the Long-Term Care Workforce Crisis, Urban Institute 2001.

Summary of Gaps and Opportunities

In this analysis of specific work and community engagement factors, several important gaps have been identified, including:

- Many seniors will want or need to be involved in work or volunteer opportunities in retirement; however, desired flexibility is not always available.
- In spite of the fact that many organizations are likely to face labor shortages in the near future, preparation is low.
- Connecting retirees with community engagement opportunities is important and could be improved.

Recommendations for Work and Community Engagement

The gaps and concerns identified by the countywide *Aging Initiative* call for both general and specific recommendations for serving seniors in Dakota County. General strategies for addressing each of the gaps are followed by one or more specific recommendations to immediately begin addressing some of the gaps.

In general:

16) Support Projects to Assist Seniors to Remain Active.

With mass retirements, there will be room for people to retrain and shift careers. Some older workers will want to change course altogether and not work for pay, but be active in long-awaited leisure activities. Providing the resources to connect people with work, recreation and volunteer opportunities is important to helping seniors remain active and engaged.

Vision/Approach:

Opportunities that allow residents to remain active is important to the livability in communities. Future generations of seniors are expected to make more demands about community opportunities that allow them to be actively and vitally engaged. Communities will need seniors to be active participants given shifting demographics. Developing projects that help seniors remain active will be important.

Benefits:

- More actively engaged seniors
- Greater livability of the community as whole

Assumptions:

- Specific projects will require participation from county, community, and city groups at varying degrees.
- Primary responsibility for work and community engagement efforts will be based with local communities or community-based organizations.

Specifically:

This proposed project could be a virtual or a physical center supported through the workforce centers focusing on people who are transitioning to retirement. This center will be a hub for people seeking work and/or volunteer opportunities. Research shows there is a positive connection between volunteer centers and higher volunteer rates and volunteering and better health.[90] Creating this new resource can help to accomplish multiple objectives.

Vision and Approach:
- Develop a civic engagement center based on the model developed by Civic Ventures.
- Actively work to promote best practices and collaborate with local partners to provide services from a centralized civic engagement center.
- Consider separating the functions of the civic engagement center for volunteer and work related activities.

This civic engagement center could support to those retiring or transitioning to another career. It would have access to a centralized database of volunteer and work opportunities. It could be a location for Vital Aging Network activities.

Benefits:
- Better coordination for those seeking community engagement opportunities.
- New opportunities to match organizations with skills of volunteers and opportunities.

Assumptions:
- Considerable leadership from non-profit and community-based organizations.
- Assumes use of existing community facilities.

Resources:
- Would require a leader to develop the civic engagement center.

16b) Develop a Dakota County Vital Aging Network.

Provide opportunities for Dakota County residents to participate in vital aging activities in coordination with the Vital Aging Network (VAN) at the University of Minnesota.

Vision and Approach:
The *Aging Initiative* partners or stakeholders would host activities of Vital Aging, directly linked to the Vital Aging Network (VAN) at the University of Minnesota, or based on a similar concept but developed locally. The purpose for developing county-based VAN events is to promote a sense of vitality among seniors in Dakota County.

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[90] "State Volunteer Rates and Volunteer Centers," *Observations From the Volunteering Frontline,* July 2004
Chappell, Neena, "Volunteering and Healthy Aging: What we Know," 1999

Benefits:

- ▪ Provide more opportunities for seniors to engage in vital aging activities in Dakota County.

Assumptions:

- ▪ Coordinating with the MN VAN program based at the University of Minnesota
- ▪ Local champion to lead effort
- ▪ Will require some planning time before launch

Resources:

- ▪ Local VAN Champion within the county to lead effort

16c) Provide Art, Recreation, and Life-long Learning Opportunities.

Seniors want opportunities for life-long learning. Dakota County and its partners and stakeholders who participated in the *Aging Initiative* have an opportunity to help coordinate with existing community-based educational institutions to create a dynamic portfolio of life-long learning opportunities.

Benefits:

Seniors and communities will be more engaged in community activities and experience a better quality of life.

Assumptions:

Dakota County and its partners and stakeholders who participated in the *Aging Initiative* would play a role in gathering information an disseminating about life-long learning opportunities.

Resources:

- ▪ Dakota County and its partners and stakeholders who participated in the *Aging Initiative*
- ▪ Community Education
- ▪ Technical Colleges
- ▪ School Districts
- ▪ Parks
- ▪ Libraries

16d) Provide Incentives to Seniors who Volunteer

Many counties across the nation are considering ways to provide incentives to seniors to volunteer their time for government, schools or community-based organizations. Hennepin County currently has a program called "Retirees to the Rescue," which could offer property tax relief or other financial incentives for senior volunteers.

Vision and Approach:

A key issue often articulated by seniors is the burden of increasing property taxes, given their desire to remain in their homes but often they must make ends meet with fixed incomes. Several local governments throughout the United States have implemented programs focused on providing some property tax relief for seniors willing to volunteer

in government organizations or for local schools. Other incentives for volunteers could be considered, as well.

Minneapolis's "Retirees to the Rescue" program provides a property tax credit to seniors who volunteer.

Benefits:
- High level of participation and contribution to the community by seniors in the program.
- County and other government service costs reduced by volunteer activities.

Resources:
- Senior volunteers
- Staff for program development and coordination

16e) Examine Workforce Issues across the County due to expected retirements
As the Baby Boomers retire, it is expected that many businesses will face considerable difficulty finding qualified personnel to fill vacant positions. A study to examine the extent of expected shortages and possible responses is suggested.

Education will become even more important for matching workers with future jobs. Based on data from the state Department of Employment and Economic Development, more new jobs will require an associate or bachelor's degree compared to the jobs created in 2002.

Vision and Approach:
Dakota County as a community may not have enough qualified employees to fill vacant positions in the future. Health care costs, and others, are factors that keep employers from hiring new workers or creating additional positions.

Many disincentives exist that prevent retirees from staying in the workforce. Examining work-related policy issues to suggest reform at state and local levels may be necessary.

Benefits:
- Clearer understanding of workforce trends in Dakota County
- Ability to educate employers about effective strategies to recruit and retain qualified employees.

Assumptions:
- Establishing a steering committee comprised of state, county, local government representatives as well as large and small employers within Dakota County.
- Dakota County and its partners and stakeholders who participated in the *Aging Initiative* could conduct detailed research on workforce transition issues.

Resources:
- Staff from study partners or consultants to design and conduct the workforce issues study.

In general:

17) Provide Advocacy For Work-Related Reforms

As stated above, factors such as health care costs may prevent employers from hiring new workers or creating additional positions; there are also many disincentives exist that prevent retirees from staying in the workforce.

Insufficient workers available to fill critical jobs may become another major issue that will require reform. For example, earlier in this study there is information showing that medical and health-related jobs have a higher vacancy rate than many other jobs, but there are many other fields that are likely to experience declines unless policy reforms or other solutions ease the pressure.

Benefits:
Increased awareness of employer work policies that affect seniors' ability to work, including issues with flexible work arrangements and health care coverage.

Assumptions:
- Dakota County and its partners and stakeholders who participated in the *Aging Initiative*, and the Board of Commissioners, play a leadership role in legislative advocacy for work policy reforms.
- The Dakota County Aging Steering Committee, if one is established, could also play a key role in drafting a legislative agenda

Resources:
- Staff from Dakota County and its partners and stakeholders who participated in the *Aging Initiative* Work
- Steering Committee
- Board of Commissioners

Specifically:

17a) Advocate for Improving Training And Payment for Home Health Aides

Improving the job conditions of home health aides will improve the quality of life for people accessing the services and draw in the best people to take care of family members.

Vision and Approach:
Direct care for seniors will become more important as the Baby Boomers age. Health care workers who provide direct care are in high demand. Vacancy rates in the health care support occupations are the second-highest in the Twin Cities Metropolitan Area based on findings for the second quarter 2006 by the state Employment and Economic Development Department.

Nationally many retirees and those nearing retirement are asking "Who will Take Care of Us?" There is a need to improve training and pay for direct care support workers in order to draw more workers to these jobs.

Successfully supplying labor for key jobs is an essential factor in overall economic well-being of a community and a factor in the overall livability of the community.

Benefits:
Adequate supply of health care workers to meet future demand.

Resources:
Dakota County and its partners and stakeholders who participated in the *Aging Initiative* or a new workgroup to focus on this issue.

Appendix A – Dakota County Aging Initiative Visioning Session Summary

VISIONING SESSION

Thirty-four participants representing city, county and state government agencies, private non-profits and citizen groups attended a half-day visioning session in July 2006. Participants reviewed data related to the aging population and Housing, Transportation, Services, Health and Wellness, Work and Community Engagement, and Finance topic areas.

Participants separated into six sub-groups with instructions to discuss what they viewed as an ideal city/county community in 20 to 30 years, and then physically illustrate what their vision of the new community would look like.

The following vision statement and components of an ideal community were derived from this exercise. Following are the individual group summaries that include a photo of the drawings and key discussion points from the six subgroup discussions.

"Dakota County is a network of highly regarded, accessible communities that provide opportunities for seniors to participate in civic, business and recreational activities."

The consensus among the subgroups was that 25 years from now, an ideal community, focused on the interests and needs of seniors, would be:

√ A series of small, intimate, walkable neighborhoods of mixed-use or life-cycle housing and shared green space
√ A place where residents could make more trips (without needing vehicles) to get necessities such as food, clothing, medicines, health care
√ A place where technology helped take care of people, provided them with ongoing educational opportunities, and connected them to each other
√ A place where recreation and cultural activities were available but on-demand transit was also available to get them to other places
√ A place where part-time (online) work for seniors was common and volunteerism was an active part of care-giving

More specific, but lower-priority, additional consensus ideas included:

√ Part-time work arrangements would be valued by employers
√ Use seniors for mentoring and teaching in public schools

√ Accessible community events

√ Adequate public transportation to connect people to community and work activities from their homes

√ Walking ability within the community, so that seniors can walk to stores and other frequently-needed services

√ Communities will have wireless broadband (Wi-Fi) capabilities

√ Health care will use technology monitoring to improve people's ability to remain in the community

√ Universal design principles used to modify existing homes for adaptability

√ A communication mechanism to provide on-going feedback from seniors to local governments

√ Faith communities would play a strong role in bringing people together

Workgroup 1 – Coordinated Community

Neighborhoods for seniors would be walkable, with accessible housing using universal design standards. Mixed housing available along with mixed use retail/commercial developments using green (sustainable) principles; recreational opportunities built in. Having proximity to amenities (food, shopping, services) and availability by delivery is desired.

Transit available door-to-door and on demand, and would include Segways. Government would promote retrofitting of current housing stock with incentives to help meet universal design standards.

The community would be Wi-Fi wired with access to technology training; technology would promote life-long learning, would allow more seniors to work
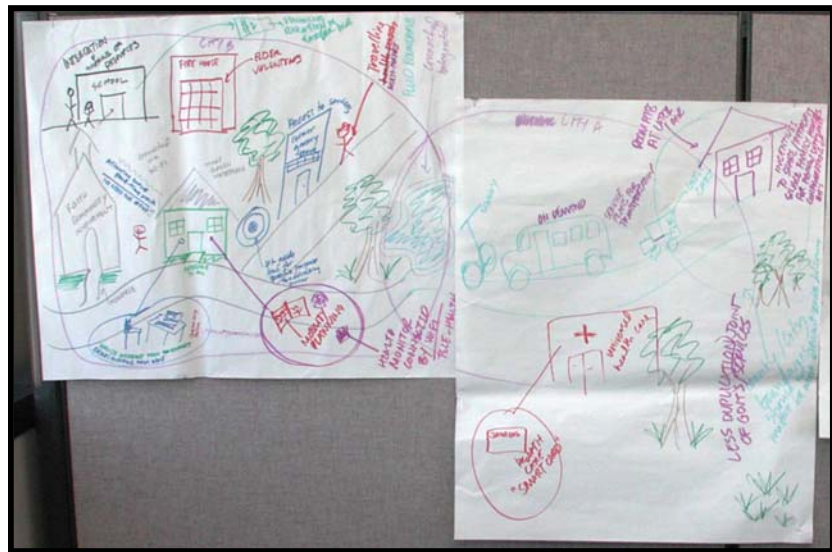
Figure 1 – Ideal Community – Workgroup 1 – Coordinated

part-time from home, and be used for more efficient health care by allowing records to be portable.

Faith communities would play a stronger role in bringing people together and keeping an eye on vulnerable elders. Intergenerational socialization would be taught in schools, and school facilities would be open not just to those ages 4 – 18, but to all ages (gyms, recreation), libraries open to all citizens – and cities and counties would eliminate duplication in services (like parks, libraries) and plan services for seniors jointly, along with the private sector.

Seniors who wanted to, would work part-time; communities would find better ways to make use of seniors as volunteers; business culture would adjust to work-balance issues including workers who needed to care for elders (or children).

Health care would use technology for monitoring and educating patients; doctors and other health care providers would return to making home health care visits; universal coverage for all to eliminate unevenness and confusion and expense of current variety of private insurance plans.

Workgroup 2 – Hub Community

This group envisions a "hub" plan of smaller, more intimate communities that include all the necessary resources within the hub. Better information would be available for seniors, for their care providers and even for their neighbors. This group, too, sees a strong role for volunteers in providing at least some level of services to residents.
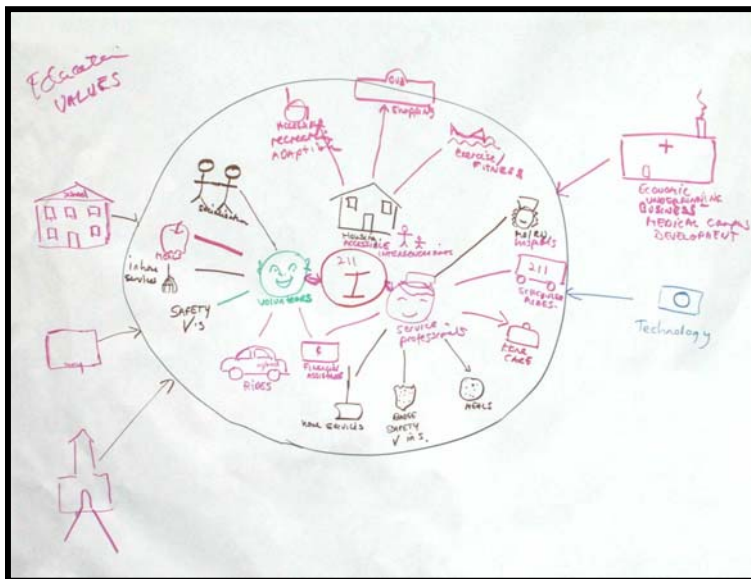
The group envisions a dual pay-for-services model for those who can afford it and another level of services for those who can't – something like a community that offers both Simon Delivers and Meals on Wheels to citizens.

This might apply to home supportive services for seniors, food service, medical care, and recreation.

The group envisions that children would be formally taught about the assets offered to communities by elder generations (even when

Figure 2 – Ideal Community –
Workgroup 2 – Hub

not financial) – such as institutional memory (appreciation for history), work ethic, work experience, etc. The group hopes for a return to some cultural values from several generations ago when housing situations allowed the cycle of youngsters being cared for by extended family members and then elders in turn could be cared for by those same youngsters as young adults when the elders needed such care.

Technology would help link elders to the services they need – something like a bulletin board that would match people running errands with others who also needed to go to the same places.

Workgroup 3 – Connected

This group envisioned the ideal community for elders in the future to mean a cluster of homes with core services that people will need, especially transit/transportation, designed with mobility and accessibility in mind. Walking and other physical activity would be encouraged.

The Twin Cities area is too spread out for a growing elder population – this group recommends building communities from the ground up that are designed with a much different perspective, which would include: flexible transit options, recreation, core services, shopping/retail, variety of housing types to fit a variety of housing needs, many services provided to citizens but using volunteers when possible; and cultural programs available within the core or close by. Better use of technology might mean information available for programs, services, activities, and e-government.

This group envisions governments at all levels would listen carefully to the needs of residents and all work jointly to create a shared vision for development.

Figure 3 – Ideal Community – Workgroup 3 – Connected

Workgroup 4 – Multidimensional Community

The model includes concentric circles surrounding the individual, which represent a person-centered model where community is defined based on connectivity on multiple dimensions.

The first layer is about community made up by family, friends, and social connections. The second circle includes community in a geographic sense and affinity groups, the third would be county and region, the fourth the state and beyond. The circles were intended to be porous, connected and interdependent, and to show a network of individuals with similar needs, as well as the levels of government and other providers of services. All of these components or circles are at play in defining what makes up someone's "community."

Community is defined very broadly, again, not tied to geographic area and not necessarily exclusively for seniors. The community would include physical, social, financial, environmental and services needs of citizens; it would be re-developed in such a way that people could live where they wanted to without significant barriers as they age.
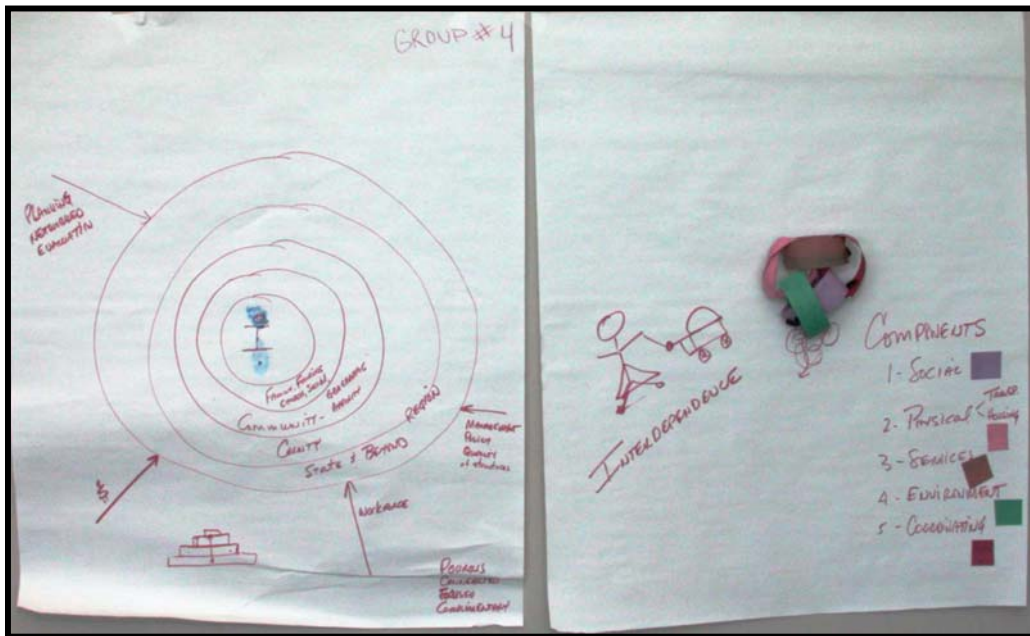
Figure 4 – Ideal Community – Workgroup 4 – Multidimensional

Workgroup 5 – Choices

"Senior choices" promote interconnectedness (antithetical to the spread-out suburbs). This group focused on the housing stock more at ground level that takes people, places and technology into account during development.

The focus of this model would use better planning and housing developments to create pockets or communities within the county with more senior-friendly design and services. These pockets would include mixed housing/retail developments, walkability, greenspace, and transit/transportation options. Technology would be used to help seniors stay connected within and outside of their community. Technology also could be applied to health care delivery.
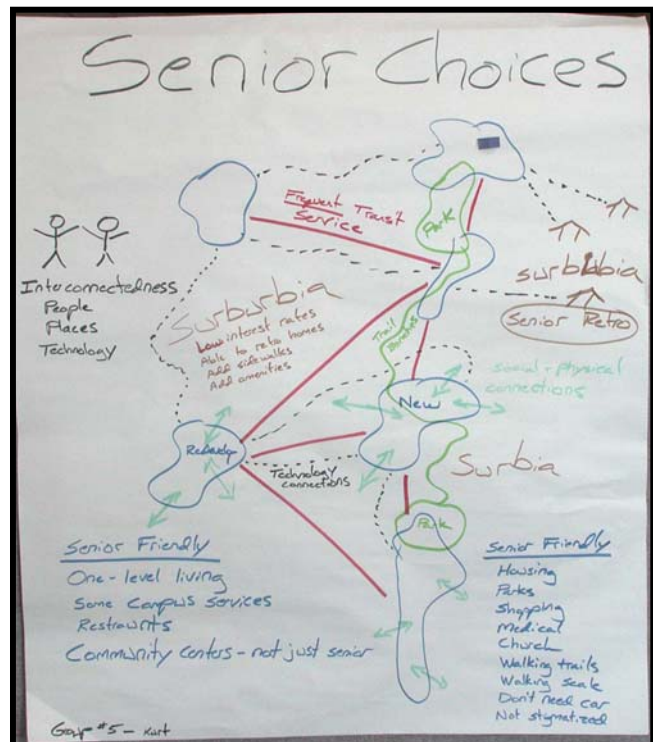

Figure 5 – Ideal Community – Choices

Within the senior pockets areas, more services with many varieties and varying scale would be available. Buildings would use universal design principles to improve accessibility. Recreational opportunities would also be included in the design; the idea is to allow people to get around and conduct their daily lives without a requirement for a motor vehicle.

There is a need for financial incentives to retrofit existing large suburban mini-mansions so the homes could be re-used more practically for others besides single-family units.

Workgroup 6 – Senior Friendly Villages

This group created a 3D image of a village that was specifically designed from scratch to meet the needs of elder residents – something similar to, but on a larger scale, than several developments that are proposed or underway in Dakota County (such as Central Village in Mendota Heights, Cedarvale in Eagan, Heart of the City in Burnsville, and Founder's Circle in Apple Valley.
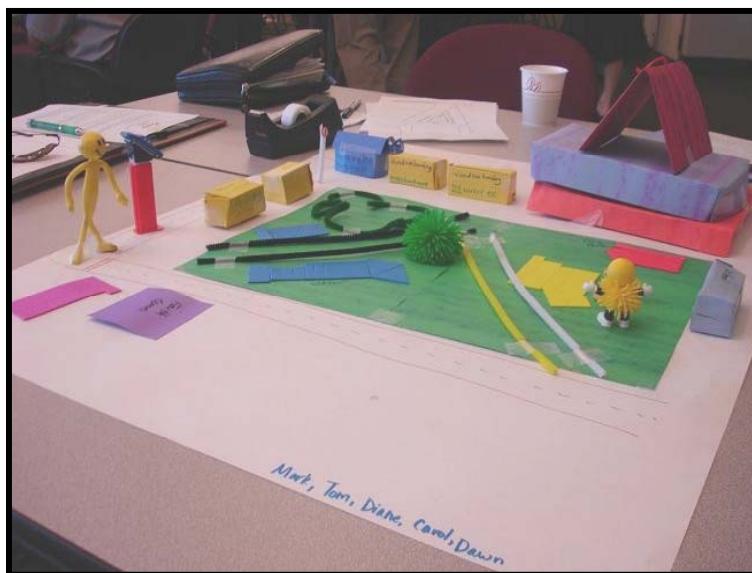
This village would be designed to be pedestrian-friendly, with transit options available (a circulator that would tie into bus rapid transit to the wider area). The group envisions plenty of green space – a park -- in the middle of the village, with a dog park and walking paths, ringed by roads. Housing would be of mixed types and mixed-use with retail and all buildings designed with sustainability principles and to be environmentally friendly.

Figure 6 – Ideal Community – Senior Friendly Villages

The village would include a combined school/community center/senior center gathering space, and health care and pharmacies would be within the campus.

The village would be designed counter to big-box stores, which flourish when families make few trips but buy a great deal of merchandise; in this village, people would walk to retail outlets often but buy smaller amounts that could be carried more easily.

In the village, all services/products needed by residents would be in one compact area. A variety of housing types – condos, single-family detached townhomes, life cycle housing including assisted living - would be available within easy walking distance. Services would be brought to the citizens, not the other way around.

Appendix B – Planning Session Meeting Minutes

Transportation Planning Session #1

<div align="center">10/06/06</div>

Attendees:

Dan Krom (DC Transportation Dept.); Carol Zierman (OPED); Matt Jones (OPED), Jane Vanderpoel (OPED)

<div align="right">*Meeting Start: 9:00 AM*</div>

Discussion:

Carol asked Dan what an ideal countywide transit system would look like.

Dan's response was that it depends on whether the Board of Commissioners wants to market DC as a desirable community for retirees. He said the BofC has made it clear they don't want to *own or operate* transit systems – don't want to buy buses or put down rail or pay operating/maintenance costs – but they will do the planning and could financially support the services.

Open discussion included the following thoughts and ideas:

- Depending on the level of service desired – would we want to design services intended for a series of suburban bedroom communities with commuters who leave town to go to work or focus on the needs of retirees who travel more locally – if we opted for a service-centered scenario, then we'd need to do what DARTS does (on-demand customized trips free of routes) five-fold or more, and focus on that type of service instead of the current focus on expanding fixed routes.
- There are many places where "flexible routes" in certain corridors are being tried, such as Red Wing.
- There isn't much known about volunteer services that are available for on-demand trips but matching needs with volunteers, as well as the publicly funded organizations, could be something the TMO would do.
- Maybe we'd need to establish a statewide income tax credit for those willing to provide rides (to reimburse the drivers' expenses as an incentive).
- MnDOT used to have staff that did this transit planning in rural areas where lack of population density made traditional transit services not feasible.
- Even if county government isn't a transit provider, there are other ways the county can help plan for changes necessary as citizens age. For example, as signs wear out, they can be replaced with ones that are easier for elders to read. Technology in designing/constructing roads (with speed sensors at busy intersections, for example) could help improve safety on county roads.
- Land use issues, planning more walkable communities, and requiring curb cuts at all intersections would be appropriate for future county-level transit plans.
- To avoid the financial challenges caused by low-density development and efficient transit systems, developers should be encouraged to build more attractive, higher-density developments for seniors.

We might consider recommending a TMO position that would do what DARTS does, but more of it and in more places across the county (on-demand custom trips), incorporating volunteers and other innovative ideas like flexible routes. We might think of this as providing the glue that

holds together the many fragmented, hard-to-access pieces that are already out there in the transit world.

Meeting End: 9:45

Transportation Planning Session #2

10/16/06

Attendees:

Meeting Start: 9:00 AM

Discussion:
There was a lengthy discussion on the inadequate nature of transportation options; in particular, in the rural portions of Dakota County and within some of the suburban cities. We discussed the needs of seniors:
- Seniors would like to go to the doctor's office of their choice and receive the necessary treatments.
- Mobility is very important for a senior's independence.
- Choices are very important to seniors.

Open discussion included the following thoughts and ideas:
Different transportation models:
- The Itasca County model, which primarily uses volunteer drivers. We discussed the current options in Dakota County for using volunteer drivers as a means for filling some of the gaps. It was recommended that we invite GAPP and Neighbors to our next meeting.
- Mark Hoisser, DARTS, recommended we research two independent transportation models by Catherine and Freund.
- Flex Routes: MVTA uses some flex routes, but those routes are pretty rare.
- Metro Commuter Services: employs ridesharing more so in greater Minnesota.
- Wealthy Dakota Citizens: could the need of Dakota County's wealthy citizens for transportation foster entrepreneurial spirit; thus, expanding transportation services to other economic classes in Dakota County. This idea was received with a lot of skepticism. Currently, despite several citizens' willingness to pay they still do not have transportation services.
- Mobility coordinator concept: coordinates transportation between different entities.

Related transportation factors:
- Funding gap: transportation is extremely expensive. Example. Metropolitan Council scaling back funding to ¾ mile area to transit stops for DARTS.
- Technological advances: scheduling dispatcher software, roadway and driving advances for seniors.

Finance Planning Session #1

8/07/06

Attendees:
Kate Houston, (MAAA) and Carol Zierman (OPED)

Meeting start: 9:00 AM

Discussion:
Discussion began with Carol Zierman describing that the focus area planning session is designed to incorporate the work of the Visioning Group and apply it to various age-specific topics.

Carol Zierman reviewed data on the information found in the Finance section of the Aging Initiative data packet. The information suggests Dakota County seniors are wealthier than the state and metro area average. How people will fund retirement will change as pensions are being replaced by 401Ks and other optional programs. Based on statewide data there is considerable concern for growing risk of retirement income insufficiency over the next 25 years.

Open discussion included the following thoughts and ideas:
- Many programs are currently focused on low-income seniors and financial planning for retirement in not a focus.
- Look at current data by age cohorts (Generation X, Generation Y, Baby Boomers) to better understand the position of where they are today.
- Any effort to improve the financial position of retirees will require targeting pre-retirement people who still have time to save.
- What is the current savings rate by cohort for the State? For Dakota County?
- What ongoing measure could be tracked as part of a resident survey to shows progress toward improved long-term financial health of Dakota County residents?
- Considering critical messages around financial planning for retirement with a focus on the top 5 things you need to do right now by age cohort.
- Consider developing a checklist of key components needed for effective retirement, for all groups.
- Easy to understand messages about the costs and benefits of long-term care insurance
- Consider having a resource to the community, some kind of community-wide. partnership that is focused on financial readiness of the community that is operated by a non-profit but includes private participation from financial firms. The focus of this partnership would be to provide on-going community education on retirement planning and list of available resources.
- Possibly use employers as a means for distributing information to employees regarding retirement and financial planning.

Consider focus groups with Boomers to better understand how prepared or not they are. Change in financial planning is going to require a cultural change, from consuming focus to a saving focus.

Meeting end: 10:20 AM

Finance Planning Session #2
8/07/06

Attendees:
Paul Strebe (MN Dept. Human Services), Matt Jones (OPED), and Carol Zierman (OPED)
Meeting start: 9:00 AM

Discussion:
Discussion began with Carol going over the Data Packet specifically, the finance data and describing the Dakota County Aging Initiative Process. Dakota County is developing a plan for the community as a whole.

- We discussed page 15 of the data packet (the poverty rate for older populations in the Twin City suburban counties).
- Next we went over page 16 of the data packet and a brief discussion followed. Surveys document that retired people plan to work part time, but the reality is that is unrealistic considering work opportunities, physical and mental limitations, etc. In the data packet page 25-26 from Harris interactive highlights this further.
- Another potential source of finance that retirees depend on is the sale of their home. This probably is unrealistic for retirees in the future because interest rates have been good and housing market has been inflated. Housing market will decline. Reverse mortgage and mortgage product discussion – the influx of these financing options has further limited a senior's ability to finance.

Long Term Care and Retirement Financing:
- Can you insure against long-term care? Paul Brede.
- PURA is going to go away and private employee's pensions as well.
- Pointed out that there is new legislation, which forces an employee to opt out of 401k instead of the previous opt in.
- Employee benefit research and long term care has been conducted in Milwaukee.
- Briefly discussed the SHADAC chart on page 22 of the Data Packet.
- We should educate people about long-term care.
- Paul Strebe was a member of a group, which just successfully passed legislation at the state level for a tax rebate for long term care.
- To educate seniors and the younger population about their financing is essential.
- Paul Strebe believes that companies should provide this education.
- Currently the average age for the MPEL program is 48 – too old.
- Carol Zierman points out that we have a workforce employer's investment board, which has access to employers in Dakota County (Mark Jacobs is the point of contact for this group). Could be the place to start for any education program that Dakota County develops.

Long Term Care Description:
- Term life insurance (included age rate).
- Element of disability insurance (pays out at certain rate every day).
- Service covered at certain rates, which depend on service type.
- There are triggers that a physician determines for when long term care becomes active (either cognitive or physical triggers).
- Premiums waived when triggers arise.

- Typically capped at a certain pool not infinite.

- Not subject to COBRA. Employees will general keep their long term and making payments even after they have left the company.
- Can buy for parents, but these only accounts for a small percentage of the cases in Minnesota (single digits). There are more tests prior to enrollment for applicants of this type.
- Paul Strebe has created a cost/benefit analysis for a 30 year old signing up for long term care and has found that the benefits outweigh the costs.   He will provide us with the cost/benefit graph.

General Health Insurance Discussion Focused on Long Term Care:
- No consensus that insurance is the option for long-term care. Medicaid was not intended in its current default status.
- Partnership plan is as close we will come to Medicaid Part C.
- Currently half the states are planning to implement a version of the Partnership Plan.
- The reality is the federal government has not pushed for long term care.
- Pilot states which were funded via the Robert Wood Johnson Foundation.
- There is a long-term care individual policy for self-employed or a self-employed member can get it from an association.
- A bigger gap in the coverage of long-term care is for companies with 10-20 employees. Harris Interactive has some information on this.
- Long-term care/reverse mortgage information can be found at MPEL.org.
- Lobbying the Rebate provision was difficult because of the different interests of small scale and large-scale insurance agents.

Meeting End: 10:50

Finance Planning Session #3

8/21/06

Attendees:
Kate Houston (MAAA), Russ Cogar (DCL), Cindy Peterson (MN Extension), Carol Zierman (OPED), Matt Jones (OPED)

Meeting Start: 9:00 AM
Discussion:
Carol Zierman gives a brief background of the Aging Initiative and explains that finance is one of the six individual themes. The end product of this initiative will be recommendations and/or public relations work that pushes forward a determined goal. Other finance meetings recognized the fact that education opportunities are missing and Cindy Peterson is asked to explain the finance workshops that Minnesota Extension has developed.

Minnesota Extension's Workshops:
- There are 8 different workshops that are marketed towards worksite education specifically, companies with between 100 and 1000 employees.
- The workshops focus on baby boomers and younger.
- There are pilot sites in Twin Cities for teaching these 8 workshops.
- Two professors, Rosey Hines and Cindy Jacobson, currently teach the curriculum.
- Marlene Stum is also very involved in the workshops.
- Some examples of the workshops are 1. pension plans, 2. Long-term care, etc...
- The cost of a workshop is $300, which is charged to an employer; although, there is a discount if an employer provides multiple workshops.
- The optimum number of attendees to a workshop is 25 people or less.

Open discussion included the following thoughts and ideas:
- We have a workforce investment board that represents Dakota County Employers where we could possibly have U of M extension present their workshops. – Carol
- What about teaching the curriculum to the community such as at the Dakota County Libraries? The Libraries should be more than just popular material but also provide practical material. - Russ.
- They do not market towards community based programming, but they do have websites and online educational resources. Cindy.
- Could U of M extensions train a Dakota employee to teach the curriculum? – Carol.
- Incentives for Dakota County providing these services include: Dakota County is a role model and could be the pilot for Dakota County.
- What is the current survey ability of the U of M extensions for one of the workshop? – Kate.
- Perhaps they could also market towards and teach smaller sized employers instead of midsized employers? -Carol. They could contact a Chamber of Commerce or other small employer association? –Matt

Follow Ups:
- Cindy will ask Marlene about the following:
    - A.   Conducting workshops for community based programs such as at the Dakota County Libraries.

     B.   The possibility of U of M extensions utilizing a trainer model whereby they teach other people to teach the curriculum.

     C.   Will determine the receptiveness of U of M extensions toward presenting to the workforce investment board?

     D.   Determine survey capabilities.

     E.   Ask about teaching the curriculum to smaller employers by approaching a chamber of commerce or other small business association.

- OPED will speak with Mark Jacobs about the U of M extensions presenting to the workforce investment board?

Meeting End: 10:30

Health and Wellness Planning Session #1
8/10/06

Attendees:
Kate Houston, (MAAA); Diane Tran, (Citizen's League); Beth Vance, (DC Public Health); Joe Schur, (DC Community Services Planning); Daren Nyquist, (OPED); and Carol Zierman, (OPED)
Meeting start: 9:00 AM

Discussion:
Discussion began with Carol Zierman describing that the focus area planning session is designed to incorporate the work of the Visioning Group and apply it to various age-specific topics.

Carol Zierman reviewed data on the information found in the Health and Wellness section of the Aging Initiative data packet. The information suggests that:
- People are continuing to life longer,
- Hospitalization rates increase with age,
- Projected growth in hospital visits is projected to grow by one third (34%) by 2020 in Minnesota.
- Cancer and Heart Disease are the leading causes of hospitalization in the State and Dakota County, as well as the leading cause of death for persons 65+ in Minnesota
- The 65+ currently have the lowest uninsured rate, but there are still those who do not qualify for Medicare programs
- As the Baby Boomers age we will see an enormous amount of need for health care and increased hospital use.

The focus of this Focus Area Planning session is to look at ways to improve health and wellness of Dakota County residents to help offset some of the trends and to plan for future needs now.

Open discussion included the following thoughts and ideas:
- Given changes is lifestyle the rate of disease may go up rather than going down.
- Hospitalization changes may be used to help offset traditional hospital visits, such as e-visits or telemedicine
- Changes in surgical practice, such as laparoscopy may help reduce the number of hospitalization days and the recovery time is more likely to be at a nursing home or the individual's home in the future rather than in the hospital.
- The model still be taught and focused on in the medical community is one of acute care rather than chronic care. How can we help create a shift in this model?
- Reimbursement drives a lot of the focus and insurance companies and managed care organizations are the big drivers
- Medications have not been studied with the very old, but many are taking medications such as high blood pressure.
- There are huge issues with health care professionals retiring and who will come into these jobs to replace these health care workers? Consider special programs to promote health care profession and training.
- How could Dakota County position itself to be a leader in developing new health care professionals? Is this something that would be of value? How might the County and other organizations work together to ensure that there is a trained health care workforce?

- Most low cost medical care is currently being referred out of the County. What if the county considered opening a sliding scale fee clinic that works with a medical clinic already out there...there was a study conducted two years ago with a similar focus called the Health Care Access Study. Kay Dickison is still meeting with West Side and St. Mary's to discuss options.
- What role can the county play in prevention, such as promoting a Smoke Free County?
- How does health and wellness promotion link to the work currently being down under the Livable Communities Grant? Check with Nan Just regarding the current scope of this grant.
- Senior centers have existing fitness programs. Check with them to get ideas for other types of programming or possible coordination efforts.
- Many health care providers have specific program set up to try to improve the health of their customers...Such as Medica's Silver Sneakers program, and UCARE Enhance Fitness program. Recommended to meet with representatives from the key medical providers in the County to assess their current offerings and to determine possible coordinated efforts.
- What is the role of road safety in improving fitness options for seniors? Crosswalks and road safety is key to improving walk ability for all groups.
- Consider programs that specifically target men, who seem to have even higher rates of chronic disease and morbidity.
- Look at actively sponsoring public policies that promote community health
- Look at the Rochester 2020 – Cardio 2020 effort. They did a countywide effort to promote health by placing ads that promote exercise and healthy food choices.

Carol and Daren will follow up with:
- Kay Dickison – Health Care Access Study/ Community Clinic concept
- Pat Stieg – Exercise programs
- Senior Centers
- AOA Grant opportunity
- Medical Providers
- Nan Just – Livable Communities

Meeting end: 10:10 AM

Health and Wellness Planning Session #2

8/16/06

Attendees:
Beth Vance, Dakota County Public Health; Andrea Zuber, Ramsey County Human Services; Carol Zierman, OPED; Daren Nyquist, OPED

Meeting Start 9:00 AM

Discussion:
Carol started the meeting by asking what actions could be taken to increase senior health and wellness if resources were not a concern. Exercise and ways to advance active lifestyles became the focus.

Key ideas:
Heated pools in senior CDA buildings
Paid exercise instructors
Transportation to the gym
New exercise equipment

Open discussion included the following thoughts and ideas:
- Exercise, according to many medical studies, seems to be the key to staving off many diseases that come with age. It also promotes mental health.
- The promotion of active lifestyles will be key in increasing senior health
- Diet is important; hospitals and farmer's markets are starting to promote healthy eating.
- Depression was discussed. Men over 65 have the highest successful suicide rates. There are mental health home visits available to seniors if they cannot make it in to see a therapist.
- Life spans are increasing for people across all abilities. Aging plans must also work to include people with developmental disabilities.
- There needs to be some baseline data for the county in order to measure any improvements programs might change.

Follow ups
- See if EBT can be used at farmers' markets
- Look at WIC and Extension Services information on farmers' markets (Felisha Rhodes, County Extension instructor)
- Contact Mary Montagne and Lila Taft for baseline data.
- Look at BRFSS data for baseline possibilities

Meeting End 9:50 AM

Housing Planning Session #1

<div align="center">09/05/06</div>

Attendees:

<div align="center">*Meeting Start: 9:00 AM*</div>

Introduction

The meeting was started with a quick introduction of the aging initiative and the purpose of the housing planning group. The aging initiative is a priority of the Dakota County Board of Commissioners, with the goal of creating a strategic vision for the County in light of the coming age wave. The housing planning group is one of six planning groups for the initiative. The idea behind the planning groups is to get people to discuss their visions concerning particular aspects of the County when set in the context of an aging population.

Open Discussion

- Most seniors want to age in their home. However, they need a wider array of services in order to do so.
- Assisted living is becoming the new nursing home. Where once it was a unique model, assisted living has become widespread and in many instances, not much different from care found in nursing homes.
- The County burden on supplying subsidies in the form of alternative care grants will increase.
- Focus should be to try and have people age with loved ones or in community situations.

<div align="center">*Meeting End: 10:00*</div>

Housing Planning Session #2

9/18/06

Attendees:
Cheryl Jacobson (Dakota County CDA); Heidi Sandberg (Dakota County Social Services); Kurt Chatfield (Dakota County Office of Planning); Nan Just (SAIL/EDP); Katie Leddy (Dakota County Public Health); Eric Zweber (Rosemount); Kathy Bodmer (Apple Valley); Kris Jenson (Lakeville); Carol Zierman (OPED); Daren Nyquist (OPED)

Meeting Start: 9:00 AM

Discussion:
Meeting was started with a quick overview of general housing statistics as it relates to aging in Dakota County. Key thoughts include the following:
- A large majority of seniors own their own homes in the County, however ownership rates drop as they age.
- Many retiring individuals plan on downsizing their current home, which means they will eventually move.
- Affordability and lifestyle issues are the most important factors for relocating.

Open Discussion:
- Can the housing market change quickly enough to meet coming demands?
- A majority of the housing stock is split level, which can be challenging for seniors.
- The desire to downsize may push many into single level homes or other housing options. However, there needs to be more information on who plans on downsizing and who follows through.
- Cost of housing is usually the driving force in creating the ability to stay in current housing.
- 10 yrs. ago there was a push for congregate housing and now some are having trouble staying open. In Apple Valley, a market rate senior building just went bankrupt. There needs to be an eye kept on supply as well as the ability to sustain new units.
- State policy makers feel staying at home as long as possible is the best possible alternative for seniors, and the state is shifting programming to attempt to support seniors to remain in their homes as long as possible. Looking for ways to partner with the state to help people who want to remain in their home should be one of the priorities of local communities.
- Single level town homes have been the fastest selling units in the cities represented at the meeting.
- Small towns in Greater MN are providing good models for how to deal with aging and housing. Many of these towns are ahead on the aging timeline and are now dealing with the issue. Two Harbors is currently setting a goal to become the most age friendly town in MN.
- In order to create an effective strategy on aging, there needs to be coordination and collaboration between city, county, and state staff. Most importantly though, there needs to significant communication between these staff and the actual policymakers.
-

- Developers seem to be willing to build mixed-type housing. However, there are always land availability and affordability issues. Moreover, the incentives that are offered to developers, like tax exemptions, are always difficult decisions for cities.
- The represented cities indicate that current development trends are condos/town homes, downtown redevelopment, and mixed type housing.
- Services are an essential part of housing and aging issues. The key idea here is to ensure sustainability of service types to seniors in a community.

Possible Action Items/Recommendations:
- Create a detailed housing survey that is geared toward Dakota County baby boomers and seniors. This survey would work to gather data on housing preferences to better inform comprehensive planning on aging. Possible questions include:
  - Are people planning on bringing their parents closer them as the parents age?
  - Are people planning on downsizing/reconfigure housing?
  - What is desirable housing?
  - What services are attractive in a community?
  - What type of housing is needed i.e. multi-generational, congregate, etc.
  - Need for community center?

- Do a study that looked at the economic benefit of attracting seniors to Dakota County. This would be a cost/benefit analysis.
- Get a sense of what incentives developers are looking for when they build senior housing.

Follow-ups:
- Find numbers that indicate the number of senior renters vs. buyers.
- Find AARP article that detailed groups purchasing and living in single-family homes together.
- Look to meet with senior developments i.e. Augustana, Ecumen, Oak Ridge Manor.
- Look to meet with developers of senior housing.

Meeting End: 10:45 AM

Work and Community Engagement Planning Session #1

8/04/06

Attendees:
Beth Vance (Dakota County PHP); Carol Zierman & Daren Nyquist (OPED)

Meeting start: 8:45 AM

Discussion:
Discussion began with Carol Zierman describing the background of the Aging Initiative project. The Work and Community Engagement Focus Group is designed to incorporate the work of the Visioning Group and apply it to various age-specific topics.

Daren Nyquist discussed the information found in the Work and Community Engagement section of the Aging Initiative data packet. The information suggests that many seniors will continue to work and/or volunteer after retirement. This involvement hinges on the rising costs of retirement and health care, as well as the stimulation that work/volunteering provides.

Carol presented the common themes coming out of the Visioning Group: walkable communities where technology, transit, and housing were all geared toward minimizing isolation and maximizing community.

Open discussion included the following thoughts and ideas:
- Key limitations to community engagement are isolation, transportation, and accessible buildings.
- Weather like rain and snow make it very difficult for seniors to travel even short distances and programs that don't try to mitigate these obstacles will have a difficult time engaging older folks.
- The biggest handicap is endurance. Many seniors cannot stand for long hours nor manage long walks. This means that buildings must be designed/refitted and programs reconfigured.
- Dakota County CDA is one the largest suppliers of senior housing in the area. However, many of their buildings are isolated and development is moving further away from them. This increasing isolation will have to be overcome.
- Working after retirement will also mean education for employers. Employers need to have disability training as well as an understanding that seniors can be valuable assets.
- The possibility of inviting business organizations was discussed. Possible partners could include work force centers, Volunteers of America, DARTS, CAP Agencies, and the Chamber of Commerce. These entities will be contacted to get an idea of senior participation rates and relating issues.

Meeting end: 9:50 AM

Work and Community Engagement Planning Session #2

8/16/06

Attendees:

Cheryl Jacobson (Dakota County CDA); Joanna Lees (United Way); Amber Nordland (City of Burnsville); Coleen Fritsch (DARTS); Andrea Zuber (Ramsey County); Carol Zierman (OPED); and Daren Nyquist (OPED)

Meeting Start: 9:00 AM

Discussion:

Meeting began with introductions and Carol Zierman explaining the purpose of the focus group is to brainstorm ideas that will be taken to the core group and eventually into citizen focus groups.

There was an explanation of the work and community engagement data found in the data packet. The explanation was used as a starting point for the discussion. The major points coming from the data packet were:

- People will most likely work in some fashion past the age of 65
- The ability to increase access to jobs and volunteer options is needed
- Seniors will be vital source of knowledge for employers and community groups

Open discussion included the following thoughts and ideas:

- There will be a 10-year gap, between the ages of 65 and 75, that needs to be the focus of work and community engagement efforts.
- The largest barrier to volunteering is creating a niche or finding the right job for the right individual. The volunteer must be engaged and feel like their work is contributing something positive.
- Volunteers must be given opportunities that match their schedule. This may require training for organizations on how to effectively retain older volunteers.
- Some community groups in Dakota County have started a volunteer match service like 'speed dating'. At these events volunteers can have quick discussions with the 15 different groups involved. This way interests can be better matched.
- Infrastructure needs to be constructed to handle boomer interests. This means that easily accessible clearinghouses must be constructed so volunteers have access to opportunities and vice versa. This vehicle could be in the form of a work and community engagement website where groups can post jobs and bulletins and citizens can get a sense of what's happening in the community.
- Marketing will play a huge factor in the success of engaging seniors.
- Employers may start to recognize the importance of hiring older employees. Offering benefits may be the way employers retain older workers.
- Rotary Clubs, Work Force Investment Board, and Chambers of Commerce can all be vehicles that connect seniors to employment. These groups can also be used to educate employers.
- Transportation will be a barrier.
- Access to information is a barrier.
- The psychological transition from independence to interdependence may be a factor in successfully recruiting senior volunteers and increasing community engagement.

Carol and Daren will follow-up on:
- Finding networks of cities and/or organizations that operate countywide
- Begin to look at measures of community engagement

Meeting End: 10:20

Work and Community Engagement Planning Session #3

8/21/06

Attendees:

Russell Cogar (Dakota County Library); Carol Zierman (OPED); and Daren Nyquist, (OPED)

Meeting Start 9:00 AM

Discussion:

Meeting began with Carol Zierman describing what has come out of the previous work and community engagement planning session. The highlights include:

- Need for centralized place where organizations, employers, volunteers, and potential employees can find each other and information is disseminated.
- Need for an awareness of and identification of the barriers between older citizens and work/volunteerism.
- Possibility of creating programs that will instruct organizations and employers to properly manage volunteers and see the advantages of hiring part-time staff.

Open discussion included the following thoughts and ideas:

- The Dakota County Library has a large number of senior volunteers. The library is currently in the process of formalizing the volunteer application process.
- The library is creating a recruiting event where volunteers can be matched with their interests. They are participating with DARTS in a similar program now.
- The library would like to be able to provide easily digestible material to seniors about new government policies that will affect their lives. This will require partnering with the right organizations and being aware of trends.
- Because the library is a public entity, it can be used to deliver new training programs like retirement planning or healthy lifestyle information.
- Computer training during the day draws in many seniors.
- Strengthening the day programming to include more activities will be important to fully engage seniors.

Next Steps

- A write-up of the work and community engagement action steps and any additional follow-ups.

Meeting End: 9:55

Services Planning Session #1

October 13, 2006

Attendees:
Nan Just (SE Metro SAIL); Leni Wilcox (Wilder Foundation); Amber Nordland (City of Burnsville); Margaret Dykes (City of Apple Valley); Eric Zweber (City of Rosemount); Kurt Chatfield (Dakota County Planning); Carol Zierman (OPED); and Daren Nyquist (OPED)
Meeting Time: 9:00 AM

Discussion:
Demographic information from the State of Minnesota's *Transform 2010* profile of Dakota County was presented. The potential service gaps in this report include:

Home and Community-Based Long-Term Care Services
- Overall supply of home and community-based services was deemed adequate.
- In-home respite, caregiver support, chore services, companion services, grocery shopping services, adult day services, home modification, fiscal intermediary, insurance counseling/forms assistance, non-county case management, and assisted living were identified as having been added or expanded in the county.
- Guardianship/conservatorship was identified as having been decreased or eliminated.
- Transportation, chore services, homemaking, skilled nursing, evening and weekend care, hospice/palliative care, and insurance counseling/forms assistance were identified as inadequate or unavailable.
- Transportation was identified as the highest priority.

Housing Options
- Overall supply of housing and services was deemed inadequate.
- Seven new housing developments with 472 units were added. Southeast Metro SAIL Program worked with sites and assisted with adding services.
- Subsidized rental apartments for seniors (no services), memory care housing, single room occupancy housing, and housing for people with mental health needs were identified as inadequate or unavailable.
- Subsidized and market rate rental apartments (with services) were identified in the county as being in surplus or underutilized.
- Housing for homeless individuals with disabilities under age 65 and supportive housing for all populations were identified as the highest priorities.

Nursing Homes
- Overall supply of nursing home beds was deemed adequate.
- The supply of dementia care, heavy care/complex medical management, and mental health beds were identified as inadequate or unavailable.

An adjustment of specialty care reimbursement rates is critical if nursing homes are to serve those populations.

Open Discussion included the following thoughts and ideas:

- *Classically, the level of female participation in the workforce has been a factor in nursing home bed utilization. The more women that worked, the less caregivers for aging parents.*
- *There is a potential for racial and cultural tensions as aging folks seek personal care assistants in a labor force that is becoming increasingly diverse. This dynamic is already being experienced in other locales.*
- *There is a $30,000,000 increase in public spending for every 1% drop in informal home care.*
- *Assistive technologies can complement one-to-one care.*
- *Rural areas will have to be properly wired (i.e. fiber optics, DSL, etc.) to handle a technology based home care model.*
- *The CDA could be a catalyst for introducing home modification focus to keep people in their homes. MHFA and alternative care grants could provide funding. In the municipalities, CDBG money could be requested.*
- *Another city approach to make it easier to age in place would be to make the variance process easier for people requiring home modifications.*
- *With increasing demand for senior housing and services, cities can make them a priority and communicate that to developers.*
- *There is a definite absence of a central information node that is a one-stop-shop for people dealing with aging issues.*
- *Creating a central information clearinghouse would be difficult because it would require a lot of coordination to keep up with changes in local programming and state and federal policy changes.*
- *This clearinghouse should also contain information on community engagement opportunities.*
- *Might be prudent to look at giving resources to the Senior Linkage Line. They are already an established information source.*
- *Another option for communication would be to create joint powers agreement and have cities share the burden of creating access to information.*
- *Still another way to create access is to focus on distribution centers like schools and libraries.*
- *The Beacon Hill model is a good consumer driven services delivery system. In a less dense area, it would look much the same as AARP or AAA - incentivized membership.*
- *Social work intervention/assessments are needed pieces to provide efficient services.*
- *Cultural competence will be a key issue to be aware of*
- *Civic centers are lacking in the county. Libraries and schools can fill this niche.*
- *Incentives to build public space have to be offered.*
- *We have to build community to make community.*

Follow-ups:
- Get a current list of service providers from MAAA and list out how many services providers by type of services provided in the county.

Meeting End: 10:45

Services Planning Session #3
November 14, 2006

Attendees:
Nan Just (SE Metro SAIL); Carol Fish (Public Health); Louise Starr (Public Health); Sara Swenson (CDA); Russ Cogar (DC Library); Susan Muelken (Apple Valley Senior Center); Carol Zierman (OPED); and Daren Nyquist (OPED)

Meeting Start: 9:00 AM

Discussion:
New data on the effects of health on caregivers were discussed. The data comes from an Evercare study on caregivers. The results of the study suggest that without any assistance, being the primary caregiver can have adverse affects on one's health.

Other new information discussed was data coming from the Senior Linkage Line annual report. This report shows that the line saw huge increases in calls and was primarily used by people to get information on prescription drug expenses, partly due to the Medicare Part D issue.

One final piece of new information comes from an AARP study called "Beyond 50", which shows that the majority of people accessing formal home care services are people from middle to low incomes. The reason for this was speculated at being that wealthy people were 1) more likely to be able to afford informal or in-home care services and 2) more likely to be healthy or afford preventative treatments.

Open Discussion included the following thoughts and ideas:
- Metro SAIL met regarding the possibility of creating a one-stop-shop for information. Creating such an entity that gets at callers questions in one phone call is extremely difficult. Expectations need to be managed with callers as well as creating a better information resource. An answer in one phone call might not be probable, but two or three should be adequate if the infrastructure is there.
- Library should serve as a community information presence
- Evidence suggests that there are a lot of caregivers in the county. Many seniors in the CDA buildings are moving to southern DC cities to be closer to family.
- The crisis unit could be used as a 24-hour resource option.
- Little planning is done for drastic health changes. Most don't want to think about illness and it's hard to plan for unknowns.
- Life-cycle housing will be important investments as more people start aging in place.
- Brainerd Lakes area has one of the fastest growing populations due to retirees moving in. This area may be worth a look at to see how or if their service infrastructure has adapted.
- Older individuals establish norms and when those norms start to change, it is considered as a threat. This is important to remember in the context of offering health services in a group setting. Many might refuse them because they are a reminder of changes that may be down the road.
- There is, however, room for supportive housing in the CDA senior housing. This model would use 'building care managers' that would build relationships with residents and keep tabs on health, intervening at the proper times.
- Senior center gets a lot of calls for chore services.

- A lot of families look into assisted living even though it's not the best option. Better assessment needs to occur so that people are not instantly put into situations due to limited information.
- Payment structures are barriers for more efficient at home care. Current pay structures only allow for one person to do one type of job. This leads to more time for tasks to be completed, more interruption, and more money. Smoothing out gaps to create room for a 'universal worker' would be beneficial.
- A standard set of minimum qualification for PCAs would also be beneficial.
- More fitness oriented senior centers are desirable.
- Interpreters are needed to ensure that all populations can access services.
- There will be room for culturally specific caregiver support as children deal with aging parents in an American setting.
- Culturally specific adult day services or drop-in centers could be implemented for elders to keep ties to their respective culture and community. This would be tied to transportation, however.
- Cultural service organizations could be tapped to gain insight.
- Burnsville has a diversity coordinator. Could be a resource for further information.
- Cultural sub-groups also need to be considered.
- Living at home block nurse program might be appropriate for culturally specific neighborhoods.

Follow-ups
- Talk to crisis unit about a role they could play as an informational hotline.
- Investigate how the Brainerd Lakes area is changing with their population.
- Talk to Burnsville diversity coordinator.
- Seek out cultural organizations.

End Time: 10:50 AM

Appendix C – Summary of Resident Focus Group Meetings

OPED Aging Initiative
Focus Group Comments: West St. Paul, Wentworth Library (first of four)
November 16, 2006

The meeting opened with participant introductions. There were nine participants, including current retirees and baby boomers. Most participants were current residents of West St. Paul, South St. Paul, Inver Grove Heights or Eagan.

The project coordinator went through the background information and explained how the Aging Initiative started, its purpose, steps taken so far, and what will occur after the focus groups are completed. Then she turned to the handout (chart) describing the six study theme areas and preliminary recommendations.

General reaction to the question: are the theme areas the right ones?
- Overall yes, but a big piece that's missing is the isolation of seniors
- Add something related to recreation/culture and the arts/social activities/entertainment.
- There should be a one-stop shop online list of services for seniors, so they can quickly and easily find what they need and how to access the services. (This is one of the recommendations under the "services" theme).

What's the most important issue in aging/retirement (asked of each participant?)
- Housing
- Health care
- Transportation/transit

General comments about the Aging Initiative:
- You're on the right track. Good for Dakota County for tackling this huge topic.
- You've done a great job with this work so far.
- You've made a great start. Don't reinvent the wheel – this is a matter of beg, borrow and steal – find out what's working well elsewhere and import it here and avoid duplication of effort among government levels and agencies

In response to each theme area, participants had the following comments:

Transportation:
- If you can find transportation/transit services, often they don't go where you need them to, and often won't go across county lines (a service in Ramsey County might not cross the river into Dakota County, for example)
- Transit systems in our county are organized north/south – few options for those who want to branch off to east or west.

- Transit services (non profits) often have very long waiting lists for service. They need more volunteers to take people places, and sometimes it's hard to know when you will need to go someplace several days in advance. Suggestion: younger seniors/retirees should volunteer to help older retirees who need it.

Finance:
- People who are still working have no idea how expensive it is to retire. Schools need to teach students about the value of setting aside small amounts, about finance/investments just as they teach them how to manage households and about consumer issues. Recommendation is to provide the financing your future training in high schools.
- Immigrant communities might have cultural expectations (younger family members will care for elders, even if it means leaving the workforce to do so) that don't match with financial reality or with younger family members' ambitions.
- Generational barriers: discussions about finances (which investments are where, bank accounts, etc) are taboo in some families so when a sudden need for that information occurs, the only person who knows it might not have divulged it to younger family members.
- Some small businesses might not be able to afford to provide finance classes onsite for workers, so find other ways to provide workers access to information. Self-employed people also fit this category.

Health and Wellness: this focus group strongly supported the concept of walkable communities.
- Who will be in the workforce to care for elders when there are many more of them to care for? The wages don't attract sufficient number of workers
- Safety is a barrier to walking: sometimes it's hard to just walk safely across a busy intersection with many traffic lanes and turn lanes – even spry healthy people run out of time before traffic signals change.
- Focus group members mentioned South St. Paul's Central Square, a publicly owned facility where citizens can exercise without paying high health club prices; they emphasized its effectiveness and affordability – nothing fancy but it works.
- Focus group members mentioned also they like to walk on paths in Thompson Park and hope city/county partnerships can provide more of them – no need to fight traffic there, and they're safe which is an important concern for retirees. Some won't walk in neighborhoods if they don't feel safe.

Housing:
- Seniors want to stay in their own homes as long as possible; too many townhouses are too expensive. They want small homes on small lots, single-level with no or low maintenance. Nobody builds those kinds of houses now.
- Intergenerational housing is appealing – seniors like having young families and children nearby, even those not related to them. (Could younger families and seniors trade needs? – seniors can babysit in exchange for a ride to the grocery store or lawn mowing)
- Strongly favor walkable communities that offer everything necessary in close proximity: housing, health care, entertainment/recreation, grocery store, post office, bank, etc
- Experiment more with main street retail businesses on lower level of buildings with homes above; they like distinct downtowns.

- CDA facilities are viewed as being desirable, high-quality places to live in a price range that's affordable, but the waiting lists are too long now and will only get worse with more retirees.

Services:
- They worry about today's working adults getting spoiled by their lifestyles and not being emotionally prepared to adjust to much less when they retire due to lower incomes.
- Problem is lots of non-profits, under-the-radar organizations are providing helpful services but seniors don't know where they are or how to find them. They renewed an earlier conversation about the need for comprehensive information gathered into one place that solves this problem – an umbrella.
- Government funded programs are enormously complicated (Medicare part D is only one of many examples mentioned) and the state should provide a simple list of which services government programs will pay for.
- Skepticism about HMOs and managed care plans providing care seniors need; perception that those businesses only do what is easiest and economical.

Work and Community Engagement:
- Few people are willing shut-ins, but it's difficult to organize groups of seniors to do activities due to lack of access to potential participants, expense of transportation to activities.
- Too few people are willing to help others. They believe more retirees should believe as they do – that all have an obligation to their peers (the idea that younger, healthier seniors should help those who are older, sicker, homebound).
- Retiring doesn't mean everyone completely leaves the workforce; it means people want (if not need) to work but to do something different and to have more flexible hours. Some employers don't recognize the value of seniors and part time workers and create barriers for them.

OPED Aging Initiative
Focus Group Comments: Farmington, Extension Center (second of four)
November 21, 2006

The meeting opened with participant introductions. There were 12 participants, including a couple who are retired teachers, a nursery owner and rural small town mayor, farmers, retired businessmen, a bank owner. The participants included current retirees and baby-boomers.

The project coordinator went through the background information and explained how the Aging Initiative started, its purpose, steps taken so far, and what will occur after the focus groups are completed. Then she turned to the handout (chart) describing the six study theme areas and preliminary recommendations.

Q: Are these the right six theme areas?
- Lifelong learning should be part of the study and in recommendations.
- Internet skills are an absolute must as a survival skill for retirees/seniors, both to gather information and to avoid isolation.
- Somebody should teach elders how to be good grandparents.
- Connectedness is not emphasized enough – elders need more activities, networks, need to stay connected to communities.
- Services should include legal assistance being more available, affordable, accessible for seniors.

What's the most important issue in aging/retirement? (asked of each participant)
- - In this focus group, health care is clearly the most dominant of the six theme areas. It was mentioned by five of the 12, with housing, finances and transportation also on the priority list.

Participant responses by each theme area:

Transportation:
- Independence is most important for seniors. They want to be able to drive for as long as possible, and after they can't, to have access to on-demand transit services so they can stay in their home.
- Transit needs to be planned so it is within close distance (walkable) to senior housing.
- Several participants mentioned using the Hiawatha Line LRT service to Minneapolis (remember, this group was in Farmington) and were very impressed with it. They like being able to get to downtown without having to drive and park there.
- Rural Dakota County is being ignored by transit. There should be an LRT line from downtown St. Paul through Rosemount, Farmington and down to Northfield.

Health and Wellness:
- Medical specialists are important for good health care for seniors, and they're hard to find in Dakota County.
- Information on options for health and care of elders is important.

- More working families should be encouraged to buy long-term care insurance – it's worth it. Member cited an example of father suddenly needing residential nursing home care, at $6,000 per month, very hard to find quickly and very expensive.

Finance:
- Focus group participants believe there are many people in Dakota County who are "hidden" but are in dire economic straits. Many people have marginal financial cushion and being laid off, having an unplanned medical expense, or a car suddenly not working, can put them over the edge financially.
- Government programs (Medicare Part D) and Social Security are difficult to understand, overly complicated, and it's hard to find anyone who knows enough be helpful when they have questions.
- Education of financial industry workers is needed, because bankers and others who work in the finance industry often get questions related to options for seniors.

Work and Community Engagement:
- Retirees desperately want to stay connected to communities when they leave the workforce. Many have time and energy and want to do something that matters, want to be of service, have opportunities to do something purposeful.
- Some large companies are willing to help match retirees with part time work needed, some are willing to design part time jobs around needs/skills/interests of retirees, but not enough. More of this is needed.
- Even if companies are willing to use seniors for part time work, nobody knows who wants to work, what work they can/want to do, and where jobs are.   A countywide online site to match those willing to work w/jobs is needed.
- ABCD: Asset-Based Community Development program by John McKnight might be a solution, suggested by a participant who learned of this through League of MN Cities workshop.
- Gender issues aren't discussed much, but are important: too many women stopped working 40 years ago when they started a family with husband, now husband is dead and they have no skills or very outdated skills and because of low income, want to rejoin workforce.

Housing: (asked to respond to the question – when you downsize, what sort of housing will you need or desire?)
- The most desirable community is one where all necessary services are convenient and near where we live: medical, retail, etc. Small-town downtown is a good model; businesses on ground level, with homes above.
- Today's new housing is too big, too expensive, has too many amenities. Retirement homes need to be affordable, smaller, simpler, designed with fewer bedrooms but more gathering space.
- Neighborhoods need to be safe and walkable.

Services:

- People fall through the cracks because there is no good way to learn what services are provided and by whom.
- Families today are smaller than in previous generations, when adult children took turns caring for elders so that gap needs to be filled. Not every adult child has the skills or willingness to care for sick or frail/vulnerable elders in their families.
- Should family members be expected to stop working, affect their income, to care for elders? Can't family members be paid for that by government programs?
- There aren't now and won't be in the future enough workers for skilled nursing care/assisted living facilities. Wages are too low, don't attract enough skilled workers. "We can't outsource skilled nursing care to workers in India".
- Information is scarce: AFL-CIO and Senior Linkage Line partnered to create a short, pocket-sized guide to most-often sought services available for seniors. (Pro-Vid-Sor)

OPED Aging Initiative
Focus Group Comments: Hastings (Senior Center), (third of four)
November 28, 2006

There were 10 participants.

Background
A general background regarding the Aging Initiative was given. The purpose, goals, and processes of the Aging Initiative were explained to set the context for the focus group.

Theme Areas
The following are summaries of the focus group's responses concerning the six theme areas.

Question: Are the theme areas the correct ones?
- Yes, however there should be some recommendations made for travel/recreation.
- Probably should be specific about what age groups are the targets.
- There is a lack of a marketing plan.
- Make early retirees a specific target.

Priorities
These are the most important theme areas, as decided by the focus group at the end of the meeting:

1. Health and Wellness
2. Finance
3. Transportation
4. Housing
5. Services
6. Work and Community Engagement

Finance
- Hold the financial planning classes in a place where people feel safe to go to is important i.e. libraries.
- Include education regarding financing and consumer protection for people 65+
- Gender issues such as widow/widower financial planning should also be explored
- Property taxes (steadily increasing on a fixed income) are a huge issue
- Personal financial responsibility should be a central theme
- Creative, effective, and active marketing of the program will be required
- Be aware of the stigma when marketing financial or retirement planning to Baby Boomers or younger generations

Health and Wellness
- Health should be a regional issue, not just county
- There may be room for partnering with the YMCA

- Affordability is a must for any wellness program
- Education of public financial assistance is needed
- Again, marketing is key. Should follow the marketing model that Medicare used for its Part D drive.
- Health care providers should be held accountable to hold down costs
- Need to push state, federal legislators to pass comprehensive health care reform
- Dental health has been overlooked and needs serious consideration

Transportation

- Make Red Rock line a priority (commuter rail line from Hastings through Washington County into St. Paul)
- Volunteer transportation programs are needed, however there must be more aggressive recruitment of volunteers
- Provide incentives for volunteer driver programs
- Informal networks are the life of senior transportation in rural areas
- A person's car is the most difficult thing to give up
- Some clinics provide their own transportation. This model should be reproduced.

Housing

- Housing type is determined by community and zoning
- Cities should improve codes to allow more extended family housing
- Increase access to low-interest loans for home/apartment repairs
- Be wary of increasing housing options without increasing transportation options
- State statutes regarding resident associations need to be analyzed and revamped. The current situation makes it too easy for abuse and confusion to occur.
- Single-level and assisted living housing are needed.
- There should be more opportunities for inter-generational housing
- Senior housing and child care services could be combined
- Will there be a trend toward parents living with children in the county?

Services

- Decreases in pensions will lead to more demand for public services
- Website/internet one-stop is a good idea. This could be a partner with senior centers
- Any one-stop should be a 24x7 operation
- Legal services and dispute resolution services are also needed. SMRLS could be a partner
- People with disabilities who have aging parents will be increasing
- Tax preparation services are needed
- State Ombudsman could be a good partner

Work and Community Engagement

- Uneasy with the idea of creating instant volunteers. Volunteering is a lifelong thing and encouraging people to volunteer, if they don't already do so, will be a challenge.
- There is a definite urge to get out and do something

- People need to feel like they are contributing their skills and experience to some cause they believe in.
- Don't let qualifications be the driving factor for the volunteer selection process. People should feel like they have equal access anywhere even though they may not have any experience in a certain area. Volunteering is about learning.
- Concierge services are needed

OPED Aging Initiative
Focus Group Comments: Burnsville, Eagle Ridge Senior Facility (fourth of four)
November 30, 2006

The meeting opened with participant introductions. There were seven participants, including two active volunteers in the Burnsville Senior Center, a former country club manager, and a retired nurse. Two of the participants have mothers in assisted living facilities. There were also two observers from the CAP agency who participated very little.

The project coordinator went through the background information and explained how the Aging Initiative started, its purpose, steps taken so far, and what will occur after the focus groups are completed. Then she turned to the handout (chart) describing the six study theme areas and preliminary recommendations.

Q: Are these the right six theme areas?
- Not much disagreement among participants about the broad subject categories.
- DARTS (transit service) stops at the county line (a reimbursement issue?) and that isn't helpful if the trip is for medical or other services not available within the geographic boundaries of the county.

What's the most important issue in aging/retirement? (asked of each participant at the end of the focus group): Housing was the most often mentioned, with three placing it first priority and several others putting it second. Services, transportation and health/wellness were also rated highly.

Participant responses by each theme area:

Transportation:
- On-demand, door-to-door transit is a big need. DARTS buses do a route, don't have flexibility to wait for a passenger after dropping them off, or changing the route to get a passenger someplace not on the route.
- "If you want seniors to NOT be isolated, to be able to get out and be active, then they need a way to get around."
- The participants like all the recommendations put before them from the chart, but are particularly pleased with the transit coordinator position recommendation.

Health and Wellness:
- People need to get the message that even in retirement, activity is essential (Burnsville Senior Center has produced three programs on this and broadcast them on local access cable).
- Something as simple as having sidewalks in the community means the difference between exercise or not for some.
- "Everybody should have a dog. Then you're forced to do more walking!"
- A participant who lives in Lakeville said her community has done a great job of planning green space and parks into developments, and citizens value that.

Finance:

- Workers need to be better educated. Most people have no idea what's in their pension plan (how much they'll be paid each month upon retirement)
- They appreciate unbiased, factual, trustworthy information from a source that isn't marketing/representing a certain plan or company.
- (from a participant whose husband was a financial planner) "You must do this early in the working career," and the awareness training should be done by employers for their employees. This is especially important to counter the "buy, buy, buy" capitalistic, materialistic messages in the media that bombard all of us daily.
- People live in denial about the costs associated with retirement. Too many seniors are living by the skin of their teeth because they didn't save enough when they could.
- "Education is really a good idea, if only people would listen. Suddenly they realize they'll get old one day, when it's too late."

Work and Community Engagement:

- Having a city staff member working fulltime as a senior coordinator is a wonderful service (in Burnsville). They're able to connect seniors with needs and services, and the service is "well-organized and well advertised."
- Communities with active networks of seniors make communications about important news and issues among seniors easier. Senior center facilities provide and facilitate that connection between peers.

Housing: (asked to respond to the question – when you downsize, what sort of housing will you need or desire?)

- Seniors need homes with only one level, no steps. Many participants in this focus group said they recently bought housing specifically with that in mind, and others said it would be important to them when they moved.
- They also wanted close accessibility to daily needs (retail) such as groceries, but also as a way to stay connected to their communities.
- A sense of security is important in housing, especially for those who spend winters where it's warm or summers where it's cool. People want to be able to leave and believe their homes will not be broken into without making elaborate security arrangements with neighbors.
- It's nice to live close to other people and to know who your neighbors are so neighbors can watch out for each other.
- All communities should be required to be certain there is a variety/mix and spectrum of housing available in the community – from large single family homes to single-level townhouses to assisted living to long-term care.

Services:

- Two of the participants said their parents had sudden, unexpected medical events that caused them to no longer be able to live by themselves. Assisted living or long-term care w/skilled nursing care was needed quickly, and beds are very hard to find in a hurry. "It's very scary. There is just isn't much out there. Just wait until it happens to you!"
- There was quite a lot of concern expressed about lack of options for seniors who can no longer live alone. Many believe the moratorium on building new nursing beds is now

unwise given the number of baby boomer retirees who will need care very soon –
planning for those facilities should start now.

- Cities and counties should learn what incentives developers need to build these facilities, and find ways to provide them. Be creative.
- Senior Linkage Line sounds like a very good idea, but not many people know about it. City governments should market this information.
- Legal services aren't available that are affordable. Seniors have lots of questions and lots of issues but can't pay high prices and few attorneys appear to have much expertise in the sorts of legal issues common to many retirees.

Appendix D - Project Approach

PROJECT APPROACH

This project used a strategic planning and community engagement approach. The goal was to get as many participants as possible involved, in the planning phase of the project, while leveraging work that had already been completed by many seasoned professionals in the aging services arena. OPED management analysts staffed the project. The project started in March of 2006, with its initial strategy development phase. The planning phase will conclude in March 2007, after review by the County Board of Commissioners.

The following figure shows the timeline for project activities.

DAKOTA COUNTY AGING INITIATIVE
Approach and Timeline
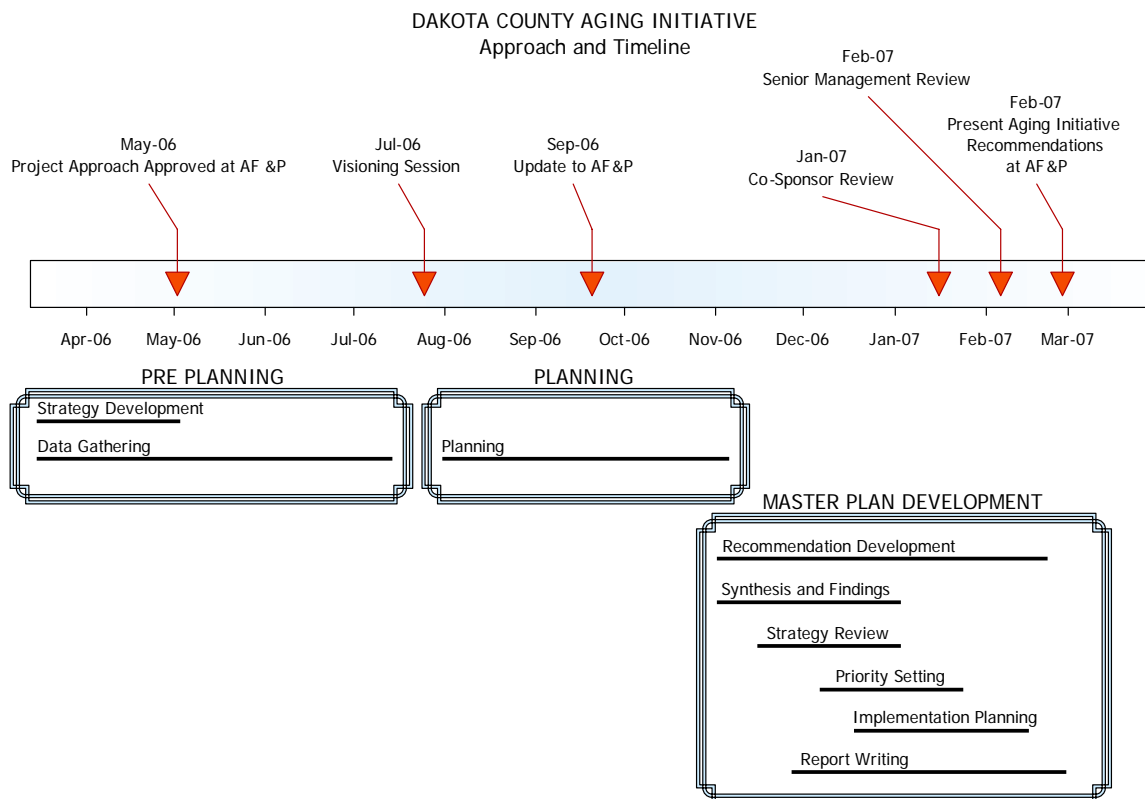
The Dakota County Aging Initiative includes the following key activities:

▪ **Pre-Planning**
  • **Strategy Development -** Preliminary project strategy approach discussions with key stakeholders in the aging field and within various departments throughout the County and in non-profit organizations.
  • **Theme Area Selection** - Focus on six main theme areas that were found to be the most important areas in other aging plans and studies done throughout the county.
  • **Data Gathering** - Data gathering on the current status of Minnesota and Dakota County in each theme area.

- **Visioning** - Long-term visioning session with County, non-profit, and private stakeholders to outline the desired outcome in the future.
- **Planning** – Multiple detailed planning sessions were held for each theme area, including review and discussion of current state and the opportunities for improvement in the future.
- **Priority Setting and Master Plan Development**
  - **Synthesis and Recommendation Development** – reviewing key issues, examining additional data and developing approaches to respond to desired needs.
  - **Strategy Review** – review of initial strategies with residents and core team members.
  - **Priority Setting** – core team members prioritizing strategies based on level of importance and level of effort.
  - **Road Map Development** – integrating the recommendations based on prioritization to illustrate how they relate to one another.
  - **Initial Implementation Planning** – implementation planning for key strategies deemed of highest importance.
  - **Draft Report Writing** – drafting, review, and re-writing of the master plan report.

PRE-PLANNING

Prior to final development of the project approach, the project team conducted a series of strategy development meetings with stakeholders, reviewed models used in other counties around the country and determined the theme areas to focus on for this Aging Initiative. The pre-planning phase of the project was conducted from March 2006 to May 2006. In May 2006, the team presented the approach that was developed to County Board of Commissioners.

Two defining elements of the approach approved by the Board of Commissioners are:
1) Use of a networked/partnered approach and focus on what is needed within the county as a whole, rather than focus on internal services provided just by county government.
2) Focus of detailed planning in six theme areas found to be critical in other studies and efforts[91]. These theme areas include: Finance[92], Health, Housing, Services, Transportation, and Work and Community Engagement

Many people contributed considerable time and effort in consultation with the Dakota County Aging Initiative Project team and the comprehensive approach used, is in part, a credit to their willingness to provide feedback and expertise. The following individuals were involved in helping form the approach for this project:

INTERNAL | EXTERNAL
√ Patricia Adams, Dakota County Public Health | √ Leni Wilcox, Wilder Foundation
√ Kay Dickison, Dakota County, Public Health | √ Greg Owen, Wilder Research Center

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[91] The U.S. Department of Health and Human Services, Administration on Aging (AOA) was one source for determining the key focus area. The AOA has a framework for evaluating livable communities for all ages. Key components of AOA Livable communities model are: provide affordable, appropriate, accessible housing; Adjust the physical environment for inclusiveness and accessibility; Ensure access to key health and supportive services; Ensure accessible, affordable, safe transportation; Provide work, volunteer and education opportunities; and Encourage participation in civic, cultural social, and recreational activities.

[92] The Finance was included based on feedback from local experts during the pre-planning stage of the project. A number of the local experts indicated that one of the key areas that has been lacking in other planning efforts was the focus on financial management and the role it plays in long-term care and quality of life in later life.

- √ Marilynn Loving, Dakota County, Community Services
- √ Nan Just, Senior Agenda for Independent Living (SAIL)
- √ Mark Ulfers, Community Development Agency (CDA)
- √ Cheryl Jacobson, Community Development Agency
- √ Kurt Kenna, Community Development Agency
- √ Kurt Chatfield, Dakota County Physical Development Planning
- √ Tina Isaac, Dakota County Adult Social Services
- √ Joe Schur, Dakota County, Community Services Planning
- √ Dave Rooney, Dakota County, Community Services
- √ Louise Starr, Dakota County, Public Health

- √ Dawn Simonson, Metro Area Agency on Aging (MAAA)
- √ Kate Houston, Metro Area Agency on Aging, Planning
- √ LeRhae Knatterud, Minnesota Department of Human Services, Director of Aging Transformation
- √ Jayne Hager Dee, Minnesota Board on Aging and University of Minnesota Extension
- √ Mark Hoisser, DARTS, President
- √ Beth Wiggins, DARTS, Vice President
- √ Mike Labovitch, Dakota County, Veteran Services
- √ Dan Krom, Dakota County, Transit Manager
- √ Mike Corman, Dakota County, Vulnerable Adults

VISIONING

To kick off the work to shape the Aging Initiative, 34 participants representing city, county and state government agencies, private non-profits and citizen groups attended a visioning session in July 2006. The participants reviewed data related to the aging population and the Housing, Transportation, Services, Health and Wellness, Work and Community Engagement, and Finance topic areas.

Participants were then separated into six small groups and given an hour and a half to discuss what they would like to see the community to be like for seniors in the future. The following vision statement and components of an ideal community were developed from the visioning session discussions.

VISION: Dakota County is a network of accessible communities that provide opportunities for seniors to have active and vital lifestyles.

When asked to describe what an **ideal community** would look like 25 years from now, with the interests and needs of seniors as the focus, the following emerged:

- √ Small, intimate, walkable neighborhoods of mixed-use or life-cycle housing and shared green space
- √ Where residents could make more trips (without needing vehicles) to get necessities such as food, clothing, medicines, health care
- √ Where technology helped take care of people, provided them with ongoing educational opportunities, and connected them to each other
- √ Where recreation and cultural activities were available but on-demand transit was also available to get them to other places
- √ Where part-time (online) work for seniors was common and volunteerism was an active part of care-giving

Greater detail from the individual groups including photos, drawings and discussion points, is in Appendix B - VISION SESSION SUMMARY.

PLANNING SESSIONS

The next stage of the Dakota County Aging Initiative was to conduct more detailed analysis and planning within six the theme areas. These areas focused on creating change at both the individual and community levels.

Individual Change	**Community Change**
Financial Management	Housing
Health and Wellness	Services
Work and Community Engagement	Transportation

Planning sessions were held on the individual but related themes of (1) Financial Management, (2) Health and Wellness, and (3) Work and Community Engagement during August 2006. Community related themes of (4) Housing, (5) Services, and (6) Transportation were conducted in August and September 2006. These people participated in one or more of the planning sessions or provided information via one-on-one meetings:

Participants:

√ Patricia Adams, Dakota County Public Health Kim Armstrong, GAPP Services	√ Kris Jenson, City of Lakeville	√ Cindy Peterson, University of Minnesota Extension
√ Frank Allum	√ Wendy Johnson	√ Barb Reichstadt, Neighbors, Inc.
√ Jack Bergerson	√ Nan Just, Senior Agenda for Independent Living (SAIL)	√ Dave Rooney, Dakota County, Community Services
√ Barb Berggren	√ Kurt Kenna, Community Development Agency	√ Bob Sahli
√ Kathy Bodmer, City of Apple Valley	√ Chris Kimber, Department of Health	√ Carolyn Sampson
√ Ronnie Brooks, Wilder Foundation	√ Marguerite Kirchhoff, Dakota County	√ Heidi Sandberg, Dakota County Social Services;
√ Fran Burnham	√ LeRhae Knatterud, Minnesota Department of Human Services	√ Joe Schur, Dakota County Community Services Planning
√ Marna Canterbury, UCARE	√ Dan Krom, Dakota County Transit	√ Juile Simonsen
√ Kurt Chatfield, Dakota County Planning	√ Mike Labovitch, Dakota County, Veteran Services	√ Cheryl Jacobson, Dakota County
√ Russ Cogar, Dakota County Libraries	√ Norma Larson	√ Robin Selvig, Minnesota Valley Transit Authority
√ Mike Corman, Dakota County, Vulnerable Adults	√ Tom Lawell, City of Apple Valley	√ Noel Shughart, MN Department of Transportation
√ Jayne Hager Dee, Minnesota Board on Aging and University of Minnesota Extension	√ Kay Leadholh	√ Dawn Simonson, Metro Area Agency on Aging (MAAA)
√ Marilyn Deviley	√ Katie Leddy, Dakota County Public Health	√ Erik Slettedahl, City of Eagan
√ Julie Dorshak, City of Burnsville	√ Joanna Lees, United Way	√ Louise Starr, Dakota County Public Health
√ Kay Dickison, Dakota County Public Health	√ Joyce LeMay	√ Paul Strebe, MN Department of Human Services
√ Jack Ditmore, Dakota County OMB	√ Kathy Lothrop	√ Joan Stauffer
√ Maggie Dykes, City of Apple Valley	√ Marilynn Loving, Dakota County, Community Services	√ Marlene Stum, University of Minnesota Extension
√ Peg Fink	√ Joanne Lynch, CAP Agency	√ Glenn Switzer
√ Carol Fish, Dakota County Public Health	√ Michael Manser, University of Minnesota HumanFIRST Program	√ Lila Taft, Dakota County Public Health
√ John Fitch	√ Rob McDonough, DARTS	√ Al Tarras
√ Coleen Fritsch, DARTS	√ Dee McPhillips	√ Kathy Tauer
√ Judy Fairbrother, DARTS	√ Malinda Mehroff	√ Diane Tran, Citizen's League
√ Dick Graham	√ Dan Mikel	√ Joan Torbenson
√ Janet Grams	√ Alice Mikel	√ Norm Torbenson
√ Barb Greenslit	√ Susan Muelken, City of Apple Valley	√ Mark Ulfers, Dakota County CDA
√ Micky Gutzmann, Red Cross	√ Kevin Newton, CHS Inc.	√ Beth Vance, Dakota County Public Health
√ Gino Halberg	√ LaVonne Nicholai	√ Dave Waller
√ Patricia Hamling, CAP Agency	√ Amber Nordland, City of Burnsville	√ Linda Walter, Lakeville Senior Center
√ Tom Hansen, City of Burnsville	√ John Noyd	√ Leslie Watkins
√ Kelly Harder, Steele County Human Services	√ Leon Orr	√ Beth Wiggins, DARTS
√ Pat Harp	√ Dave Osberg, City of Hastings	√ Katie Williams, Citizen League
√ Peter Hellegers, City of South Saint Paul	√ Greg Owen, Wilder Research Center	√ Leni Wilcox, Wilder Foundation Elderly Services
√ Cole Hiniker, Met Council	√ Bob Papke	√ Mary Wood
√ Bob Hollenbeck	√ Eric Pedersen, Pedersen Ventures, LLC	√ Andrea Zuber, Ramsey County Human Services
√ Mark Hoisser, DARTS, President	√ Scott Peters, Dakota County Transportation	√ Elaine Zuzek
√ Kate Houston, Metro Area Agency on Aging (MAAA), Planning		√ Eric Zweber, City of Rosemount
√ Tina Isaac, Dakota County Adult Social Services		
√ Mark Jacobs, Dakota County Workforce Investment Board		

PRIORITY SETTING AND MASTER PLAN DEVELOPMENT

The next activity of the Dakota County Aging Initiative was to develop recommendations strategies and rank strategies and develop the master plan. The specific tasks included:

- **Synthesis and Recommendation Development** – reviewing key issues, examining additional data and developing approaches to respond to desired needs.
- **Strategy Review** – review of initial strategies with residents and core team members.
- **Priority Setting** – core team members prioritizing strategies based on level of importance and level of effort.
- **Road Map Development** – integrating the recommendations based on prioritization to illustrate how they relate to one another.
- **Initial Implementation Planning** – implementation planning for key strategies deemed of highest importance.
- **Draft Report Writing** – drafting, review, and re-writing of the master plan report.

Appendix E - Dakota County Aging Initiative Chartbook

(See separate posting on Dakota County's website.)