# Hennepin County Age-Friendly Community Initiative June 24, 2020



# 45 cities

Minneapolis

**Brooklyn Center** 

**Medicine Lake** 

#### Hennepin County, Minnesota

	Hennepin County	Minnesota
Population	1, 265,843 (22.5% of state)	5,639,632
Senior age 65+	14.0%	15.9%
Population of color	31.4%	20.5%
Foreign born	14.1%	8.4%
Median income	\$74,113	\$68,411
Persons in poverty	10.3%	9.6%

Hennepin →

Minnesota→



474,854

Households With Disability

#### AT-RISK POPULATION



52,062

233,174

Households w/Pop 65+ Living Alone



50,696

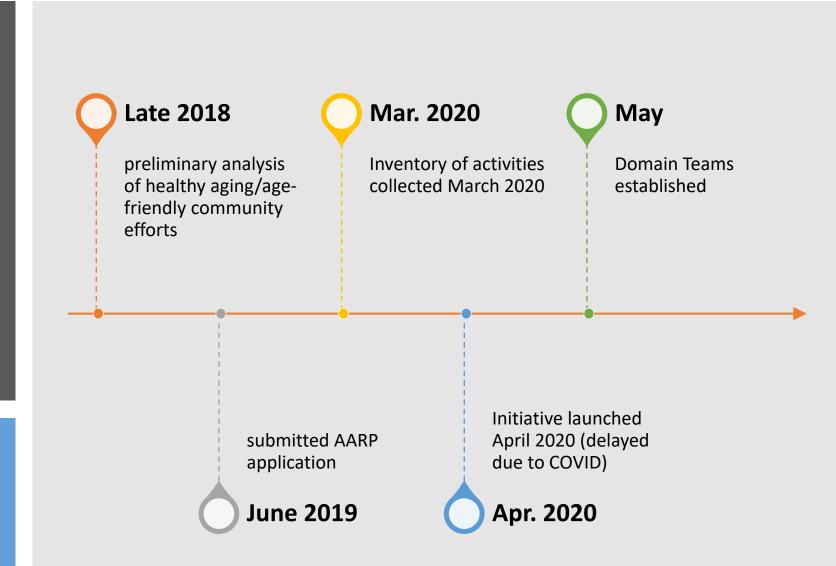
148,982

Households Without Vehicle



Data source: 2014-2018 ACS, 2019 ACS estimate

# Chronology of efforts



# Participating Hennepin County Departments

- Audit, Compliance and Investigative Services
- Communications
- Dept. of Community Corrections and Rehabilitation
- District Court
- Facility Services
- Hennepin Health
- Housing and Economic Development
- Human Resources
- Human Services (several areas)

- Library
- Intergovernmental Relations
- IT
- Medical Examiner
- Northpoint
- Public Health
- Public Works
- Purchasing
- Sherriff's Office
- Veteran's Services

#### Domain Group Process Steps

#### Presentation providing an overview of the domain

- What's in scope? How should we be looking at this domain? How have others addressed it?
- What roles have been assumed by the County?
- Where do we have effort we can build upon?

#### Review of data

- SHAPE data identified by domain; highlights disparities
- Livability index
- Discussion of departmental measures

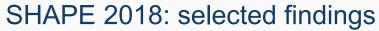
Review and discussion of domain inventory

Best/promising practices

Domain strategy development

#### Health of older adults in Hennepin County

	Adults 55+ of low income	Adults 55+ not low income
Report a functional disability (ADL or IADL)*	31%	6%
Report frequent mental distress (14+ of past 30 days mental health not good)*	21%	6%
Report feeling isolated*	12%	4%
Experience prescription insecurity in past 12 months (among those who regularly take prescription)*	16%	5%
Have unmet medical care needs in past 12 months (among those who needed care)*	29%	14%
Report low social and emotional support*	20%	7%
Experienced food insecurity in past 12 months*	25%	2%



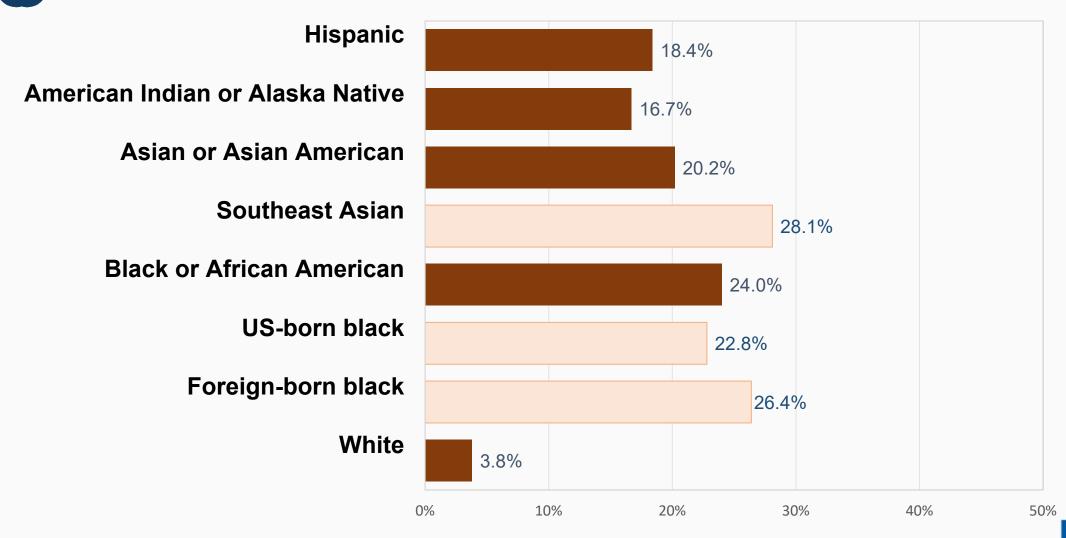
<sup>\*</sup> Results are statistically significant @ p<0.05



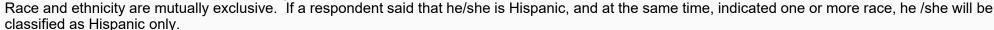


#### Percent transportation insecurity by selected race and ethnicity\*

Hennepin County older adults (age≥ 55), SHAPE 2018



<sup>\*</sup> Difference in rates across major race and ethnicity categories is statistically significant @ p<0.05. The test doesn't include subgroups, i.e. Southeast Asian, US-born black, Foreign-born black.



Hennepin
County AgeFriendly
Community

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#### **Population:**

- 160,000 give or take.
- 65+ = 15.5% with more every day.
- 84.2% white

#### Income:

- Median income: \$75,000.
- Lowest poverty rate in country: 6.6%.
- The poverty rate for blacks in Rochester is about 35 percentage points higher than the rate for whites, making it one of the biggest gaps among metro areas of similar size.





#### **Key Health Disparities**

Our Community

Retirement	Independence
Not Retired 48.3%	***
Retired 35.2%	<b>ት</b> ስት1
Children in Household	
Children 53.7%	<b>*</b> *****
No Children 41.5%	<b>ጵ</b> ሰጵሰ1
Education	
No College <b>55.8%</b>	<b>ት</b> ስትስትሳ
College 45.4%	<b>*</b> *****
	= 10%
Gender	Seniors who Seek Medical Attention for Falls
	Medical Attention for Falls
Gender         Male	Medical Attention for Falls
Male 5.5%	Medical Attention for Falls
Male 5.5% Female 6.7%	Medical Attention for Falls
Male 5.5%  Female 6.7%  Race/Ethnicity	Medical Attention for Falls
Male 5.5%  Female 6.7%  Race/Ethnicity  White 6.3%	Medical Attention for Falls
Male       5.5%         Female       6.7%         Race/Ethnicity         White       6.3%         Black       7.7%	Medical Attention for Falls  \hat{\hat{\hat{\hat{\hat{\hat{\hat{

#### SENIOR INDEPENDENCE

#### **Community Health Importance**

- Meeting future senior healthcare challenges will require:
  - More resources
  - New approaches to care delivery
  - Greater focus on wellness and prevention
- The number of people living in nursing homes is growing
- Medicaid spending on long-term care has significantly increased

#### **Contributing Factors**

- Olmsted County's senior population is increasing
- People are living longer
- People are living with multiple chronic conditions

#### **Community Thoughts**

Seniors can't retire, get sick, paying too much for housing.

Seniors ... don't get the services they actually need.

Elderly people could benefit from carpooling/transportation.

#### **Olmsted County Summary**

- > 46% of residents believe our community promotes senior independence through:
  - Housing opportunities for people with limited or fixed incomes
  - Housing opportunities for people with limited physical abilities
  - Access to services to live independently
- ➤ 62% of seniors currently take prescriptions in 5 or more druggroups
- ► 6% of seniors experience a fall for which they seek medical attention
- Since 2012, polypharmacy and falls have both increased
- Deaths due to falls in Olmsted County and Minnesota are twice as high as those in the United States
- Disparities are connected to retirement status, children in household, education level, gender and race

# Olmsted County Community Health Needs Assessment (CHNA) October 2019

Factors impacting the quality of independent living for seniors (65+)



## 46% of Olmsted County's residents believe our community promotes senior independence.

35.2% of all retired residents believe so.

**Olmsted County Community Health Needs Assessment October 2019** 



#### 2017



#### **August - "After the Boom" Forum**

- MN State Demographer
- Olmsted County
- Family Service Rochester

#### October - AARP Age-Friendly Network

Will Phillips, AARP MN

#### **October - Creating a Livable Community**

Age Friendly Northfield



#### **November – 1st Meeting Age Friendly Community Action Team**

 To pursue an application to the AARP Network of Age Friendly States and Communities





**Dave Beal**, In the City for Good Steering Committee; Marketing and Communication Manager, Family Service Rochester

**Lynn S. Borkenhagen**, DNP, APRN, CNP, ACHPN, Assistant Professor of Medicine, College of Medicine Mayo Clinic, Rochester Minnesota, Primary Care Internal Medicine Care Transitions/Palliative Care Homebound Program

**Bruce Buller**, D.Min, Pastor, United Methodist Church (retired)

Dan Conway, Eldercare Development Program Developer, Southeast Minnesota Area Agency on Aging

**Priscilla VanGrevenhof**, Information Services Statistical Systems - Health Services Evaluation, Mayo Clinic (retired)

Ken Zaiken, VP of Systems Solutions, Lakeview Technology (retired); AARP Minnesota Executive Leadership Council

Jay Haapala, Associate State Director Community Outreach, AARP Minnesota

#### Age Friendly Action Team

2018

AFC Action Team begins regular monthly meeting

Develop and Field Survey Spring – Winter

First meeting with Olmsted County
 April

Second Meeting with Olmsted County
 September

Creating a Livable Community Forum with Danielle Arigoni,
 AARP Director of Livable Communities

• Third Meeting with Olmsted County December

2019

• Close Out Survey January

Draft Network Application
 January – March

Age-Friendly CHNA Listening Session April

Fourth Meeting with Olmsted County

County staff declines
 August

Meeting with Olmsted County Board members
 August

"Strong Towns" Forum
 September

Health, Housing, and Human Services Committee approves November

#### Chronology

AND THE COMMUNITIES

September

#### January 7, 2020 – Olmsted County Board Approves



**Family Service Rochester** will lead the age-friendly planning process with the County participating in support of that process.

FSR will convene and facilitate planning activities and the preparation of the planning report.



**Olmsted County** will assist in the inventory and documenting of existing data from various appropriate sources pertinent to the planning process.

The County will assist the planning process participants in understanding how the data informs opportunities/priorities for collective action.





2020

- FSR and Olmsted County staff leads begin meeting
- Recruiting "data group"
- Met with Rochester Mayor

January February – March March

- Orientation meeting data group"
- Data group begins bi-monthly regular Zoom meeting
- Age Friendly Minnesota Council panel

April 17

May 4

June 24







# Age Friendly Olmsted County

Dave Beal

Marketing and Communication Manager, Family Service Rochester

Associate Director, Special Assignment, Olmsted County Dawn Beck

Eldercare Development Program Developer, SEMAAA

Wafa Elkhalifa Dan Conway

Jay Haapala

**Jodi Melius** 

**Dee Sabol** 

Cash Management Officer, Foresight Bank

Associate State Director Community Engagement, AARP Minnesota

Program Coordinator, Alzheimer's Disease Research, Mayo Clinic

**Executive Director, Diversity Council** 

Executive Director, Elder Network

Olmsted County Commissioner

**Gregg Wright** 

**Ken Zaiken** 

**Gregg Voss** 

Executive Committee, AARP Minnesota



Age Friendly Olmsted County

# Age Friendly Olmsted County Data Group

Our primary purpose is to complete a community livability assessment and convene action planning group.

#### **Demographics**

US Census | Minnesota Compass | Olmsted County

#### **Livability Dimensions**

AARP Sources: Livability Index – State/County/Cities | Home and Community Preference Survey | Home and Community Survey Rural | IC4G Livable Community Survey | AFMN State Survey

OLMSTED COUNTY Sources: Community Health Needs Assessment (CHNA) | CHNA Listening Session - Seniors | Additional Olmsted County Data | Additional United Way of Olmsted County data

MUNICIPALITY Sources: City of Rochester Community Survey | Intercultural Cities Index Questionnaire –Rochester | Additional municipal data (Stewartville, Byron, Eyota)

#### **Participatory Community Research Project**

Qualitative data using older adults as "co-researchers" conducting interviews













