

HEALTHY AGING

A Public Health Framework

February 2020

Healthy Aging

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Saint Paul - Ramsey County Public Health

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Vision: A vibrant community where all are valued and thrive.
Mission: A county of excellence working with you to enhance our quality of life.
[Ramsey County Board, Adopted February 10, 2015](#)

Introduction

Despite the common belief that getting old means becoming less able, aging does not equal disability. It is normal to have changes in vision, hearing, mobility and muscle strength as people get older. Older adults, however, can remain healthy, independent and able to function (Lindland, Fond, Haydon, & Kendall-Taylor, 2015). In a report called “Gauging Aging,” written by the FrameWorks Institute, the authors describe aging as a normal and lifelong experience.

Social, educational and financial influences, including those in childhood, all contribute to well-being at all ages. These are called Social Determinants of Health (SDOH). Looking at the SDOH that impact aging can create a better definition of what “healthy aging” looks like. Programs and policies for older adults need to include options for people with a wide variety of physical abilities and health concerns. They also need to address inequities (differences in health status as a result of race, ethnicity, location and abilities). Programs need to consider how people are treated because of who they are or where they live. Creating effective programs and policies for healthy aging requires involving individuals, community organizations, health professionals, faith communities and others.

Healthy Aging: A Public Health Framework was developed to help create an environment where older adults in Ramsey County can thrive. This document has a foundation in public health theories and makes it clear that older adults must be included in the process.

Note: This report defines the older population as 65 years and older. In 1935 the United States established 65 as the retirement age, which has become an accepted indicator of old age. Most developed world countries use 65 as the definition of elderly or older adult (World Health Organization, 2002). While chronological age is not an ideal definition of the older population, other measures are subjective and not usually available in data sources.

Background

By the year 2040, the number of people 65 years and older who are living in Ramsey County will double from current numbers (Minnesota State Demographic Center, 2014). During that same period, the younger population will decrease. Fewer people will be in the workforce and there will be an increased need for health and social services. Those services include in-home care and case management. A larger population of senior citizens will mean more demand for housing and transportation that are affordable and easy to use. People will want areas where they can safely walk. There will be a greater need for educational services and activities that include older adults. Meeting those needs will require an investment by governments, educational agencies and nonprofit organizations. Local governments will need to help with planning and delivering services to meet the demand. One way to lower the costs of those investments is by increasing the contributions of older adults to society (Smith, Tingle & Twiss, 2010). Administrations must also address growing diversity. In 1990 people of color and American Indians in Minnesota made up just over six percent of the state’s population. By 2010

this number had grown to 17 percent. The U.S. Census predicts that these numbers will grow to 23 percent of the state’s population by 2030.

Healthy Aging – A Public Health Framework

The goal of this framework is to increase understanding about what creates healthy aging. It uses a public health approach to aging and is based on the knowledge of aging experts in Ramsey County. The framework identifies key elements for healthy aging in the county (National Association of Chronic Disease Directors, 2009). This document establishes guiding principles and identifies opportunities for action. It points out the need for strong and active partnerships with agencies and organizations that are working on aging issues. It requires finding and using funds available through grant programs (National Association of Chronic Disease Directors, 2009).

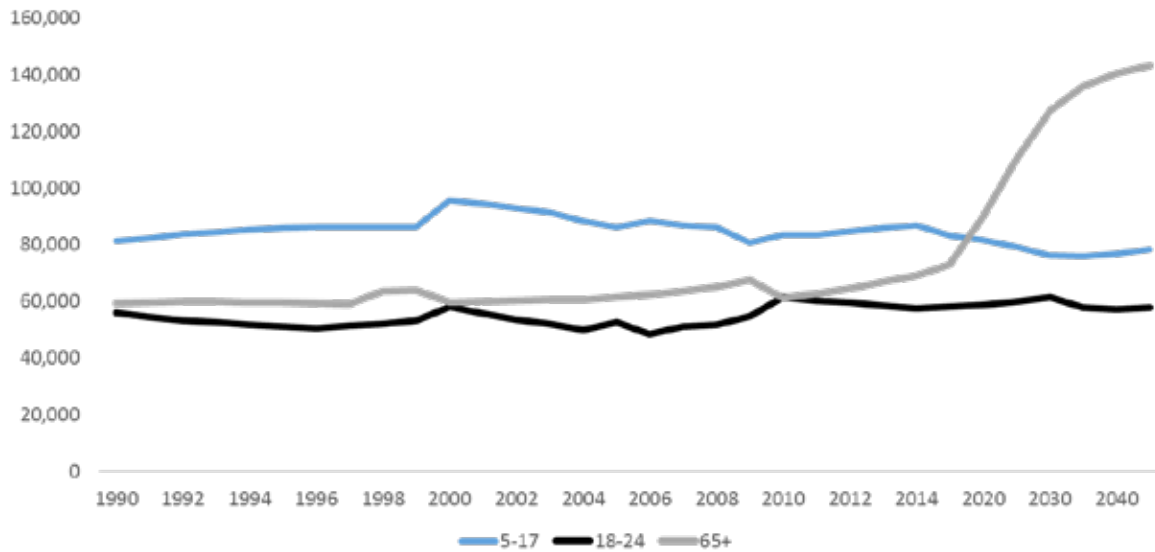
Saint Paul – Ramsey County Public Health (SPRCPH) is suited to be a leader in the area of aging because of its relationships with a variety of individuals and organizations across the county. This framework defines the department’s role in encouraging healthy aging in the county. That role includes providing leadership committed to coordinating those efforts within the department. It means having a central point for those efforts within SPRCPH. The person in this role is responsible for developing and coordinating efforts to serve older adults.

I. Older Population

a. Growing Population

The older population in Ramsey County is growing at a tremendous rate. By 2040 the 65 and older population in the county could reach 141,000. That will be an increase of 68,000 from 2015. At the same time, the number of Ramsey County residents younger than 65 will decrease by 19,000 between 2015 and 2030. By 2020, for the first time in the county’s history, there will be more residents age 65 and older in Ramsey County than school age children (5-17 years old) (Figure 1). This creates a dramatic shift in the county. It is important to understand the impact of that shift. There will be fewer people working and contributing to society. Older adults will be more independent and want to age in their current community. There will be economic, social and civic impacts on the county. These impacts may be positive or negative. Government, businesses and communities will influence this long-term shift. Public institutions, policies and infrastructures will need to adapt. They will need to tap into the economic, civic and social potential of our older population. It will be necessary to make changes to reduce costs and to increase the contributions of older people both economically and through other means (World Health Organization, 2015).

Figure 1: Population by Age Group, Ramsey County 1990 to 2040



Source: [Minnesota State Demographic Center, Population Projections](#) and [U.S. Census Population Estimates](#)

Note: The county projections were available in 5-year age grouping. To get the 5-17 age group, 2010 Census age distributions were applied to the projections.

b. Racial and Ethnic Diversity

As Ramsey County in general becomes more racially and ethnically diverse, so will the new generation of older adults. In 1990, 13 percent of Ramsey County’s population were people of color. By 2014 this number increased to 30 percent (United States Census Bureau, 2015). The Metropolitan Council predicts that number will rise to 45 percent by 2030.

Minnesota’s population of residents who are foreign-born is growing faster than the national average. The national average has doubled since 1990, while it has tripled in Minnesota. Minnesota is home to immigrants from many areas. About one-third of Minnesota’s immigrants were born in Latin America, compared to more than half of immigrants nationally. Additionally, 20 percent of Minnesota immigrants were born in Africa, compared to only four percent nationally. The Twin Cities in particular is home to a relatively large American Indian population, including members of the Little Earth of United Tribes and Shakopee Mdewakanton Sioux communities. The percentage of American Indians, African Americans, Asians and Hispanics 65 and older will increase in the near future both in the county and the state. Until now the population 65 years of age and older in Ramsey County has been mostly White. In 2014 Whites made up 89.5 percent of Ramsey County’s older population.

It is important to note that census data oversimplifies the above categories. There is great diversity within Ramsey County’s racial/ethnic population categories. The Asian population, for example, includes Hmong, Karen, Vietnamese and Chinese among others.

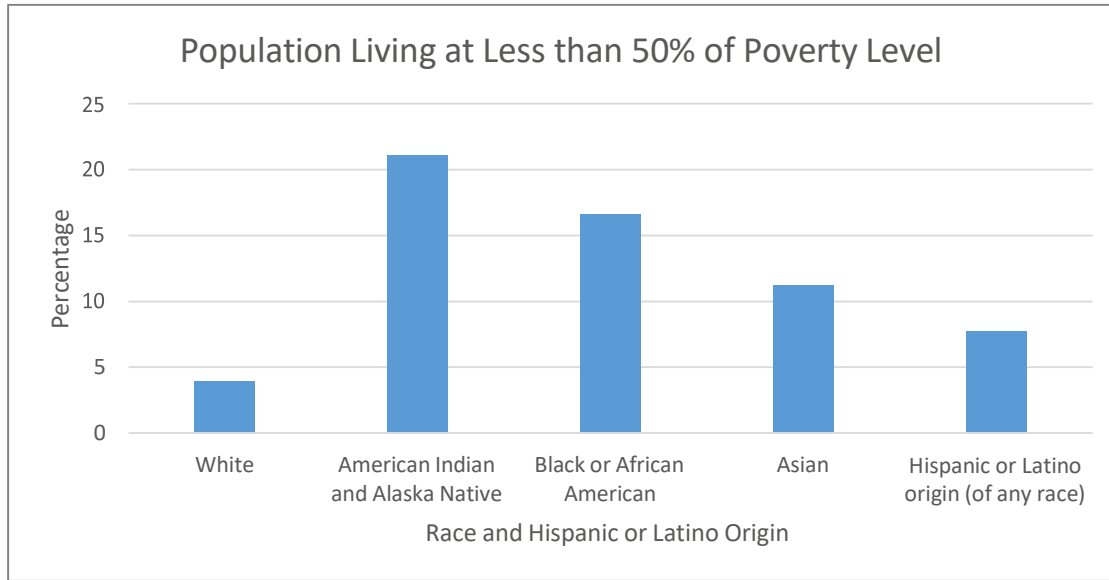
As diversity increases, disparities in the care people receive become clearer. Individuals with a variety of racial and ethnic backgrounds experience aging differently. Research shows that people use informal and formal home care services differently depending on their race and/or background. Older adults from underserved communities are more likely to receive care from family and friends and less likely to rely on formal care (Kirby & Lau, 2010). It is important to understand the diverse experiences of older Hispanic, African American, American Indian, Asian and White adults. Future policies and programs must fit a variety of needs and be culturally appropriate to be effective.

c. Health Equity

Health equity means attaining the highest level of health possible for all people in Ramsey County. More than disparities or differences in health and safety outcomes, inequity describes unfairness and the systematic nature of disparities.
Ramsey County Community Health Improvement Plan 2014-2018, 2016, p. 3.

Social determinants of health (SDOH) are elements that impact the health of a person. The place where people live, their level of education and their job all influence health. SPRCPH addresses SDOH and is committed to increasing health equity. The department’s Strategic Plan focuses on ways to improve social and physical environments to promote equity and good health for all. To reach the highest level of health possible for everyone in the county, the different needs of various communities require attention. Although the overall health of Minnesotans is very good, the state has some of the worst health disparities, or gaps, between ethnic groups in the nation. Minnesota’s American Indians and populations of color have lower incomes compared to other groups. This gap means those groups often have shorter life spans, poorer general health and higher rates of diabetes, heart disease, cancer and other diseases and conditions (Minnesota Department of Health, 2014).

Figure 2: Income Level by Race and Hispanic or Latino Origin, Ramsey County 2010-2014

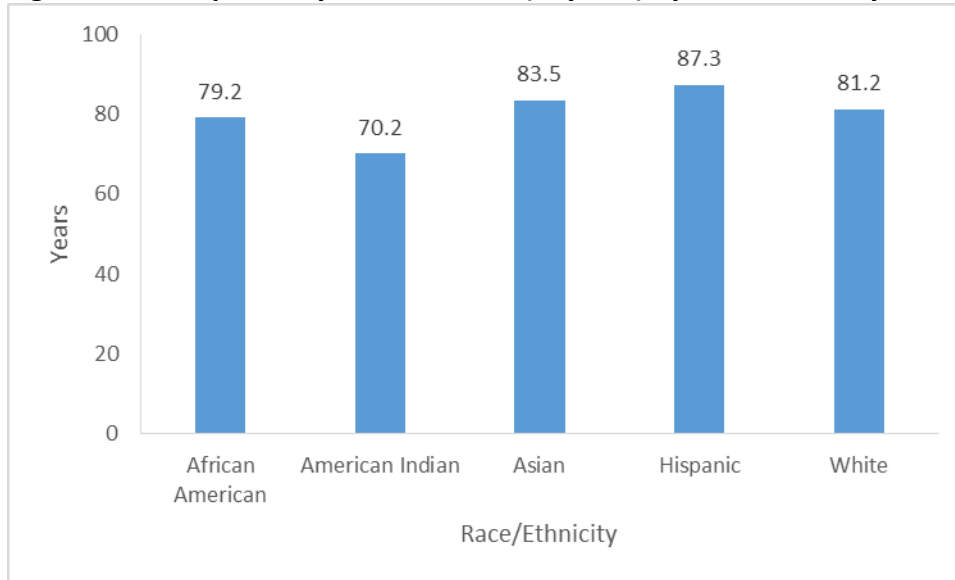


Source: U.S. Census, American Community Survey, 5 year Estimates, Table S1703

Ramsey County’s Healthy Aging - A Public Health Framework addresses health inequities of the older population. The ability to be healthy and function well as an older adult is not random. Events and situations that are outside of one’s control, such as racism and historical trauma, can have an effect on health. Genes may determine health. Environmental factors like pollution in the air or chemicals in drinking water can impact well-being. The ability to make decisions or change behavior also matters. Living in a polluted city and moving to a cleaner area may improve health, but not everyone has the option or ability to move. Health inequities develop when people have unequal resources that influence decisions to improve their health (World Health Organization, 2014). People with more money often have options to improve their health that people with lower incomes and fewer resources do not. Wealthier people frequently have access to healthier food, which contributes to living longer. They are more likely to have the ability to take time off from work when they are sick and they often have greater resources to pay for medical treatments and prescriptions.

All of these factors lead to differences in health between various populations (Minnesota Department of Health, 2014). There are significant differences in health between racial groups in Minnesota. Figure 3 (below) shows that Asian, Hispanic and White people typically live longer than African Americans and American Indians. If people have fewer resources when they are younger they are likely to have poorer health as they grow older (World Health Organization, 2015).

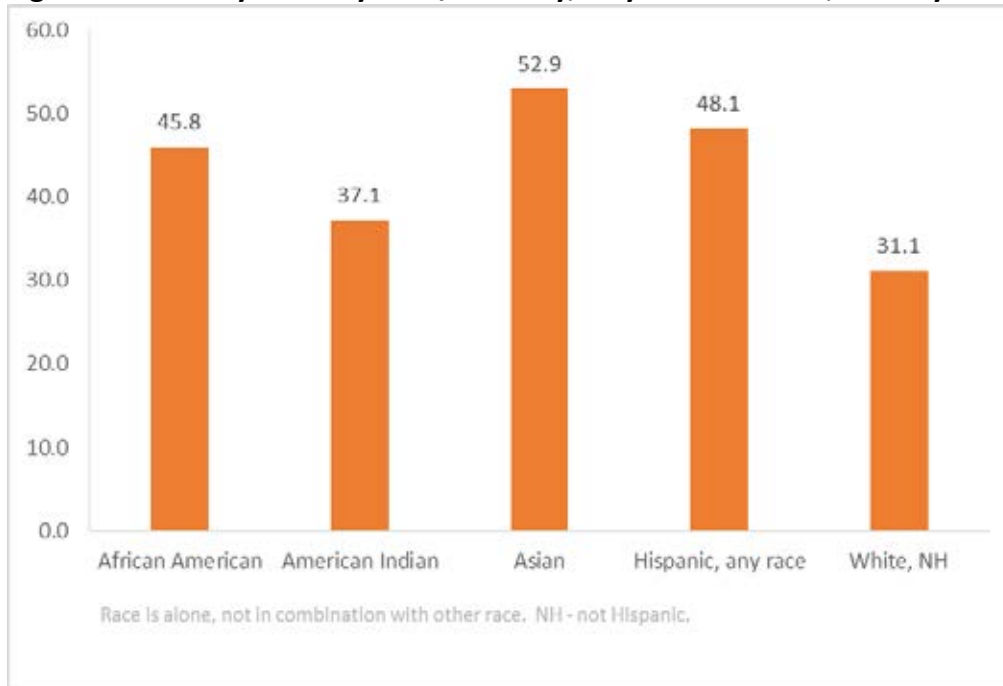
Figure 3: Life Expectancy Rates at Birth (in years) by Race/Ethnicity, Minnesota 2010



Source: [Kaiser Family Foundation](#) (data only available statewide)

African Americans and Hispanics older than 65 have more disabilities than Whites of the same age (Figure 4). Race, ethnicity, gender and income can all lead to bigger gaps in health and can contribute to disabilities for older adults.

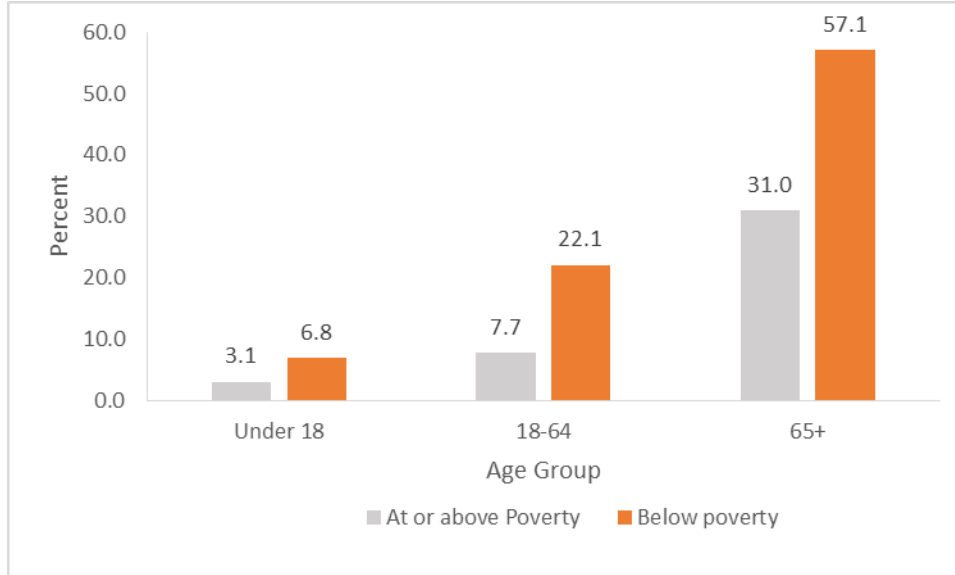
Figure 4: Disability Rates by Race/Ethnicity, 65 years and older, Ramsey County, 2010-2014



Source: U.S. Census, American Community Survey, 2010-2014, Table B18101

Ramsey County residents living in poverty have higher rates of disability than those with more money (United States Census Bureau, 2015) (Figure 5). Older adults who live at or above the poverty line make up 31 percent of people with disabilities, while 57 percent of those who live below the poverty line have a disability. People with lower incomes tend to get sicker at younger ages than people with higher incomes (Crimmins, Kim, & Seeman, 2009). People can get trapped. Poverty causes poor health and poor health causes lower incomes because people who are sick often cannot work. Poverty is the dominant element in the cycle (Wallace, 2015).

Figure 5: Disabilities by Poverty Status and Age Group, Ramsey County 2010-2014



Source: U.S. Census, American Community Survey, 5-year 2014, Table C18130

During the years they work, women often earn less than men for the same job (DeNavas-Walt, Proctor & Smith, 2013). This is called the gender wage gap. This inequality follows women from the years they work into their retirement. In Minnesota the median retirement income (combining social security, savings, and retirement accounts) for older women is \$17,965 per year compared to \$21,111 for men. Both amounts are below the basic cost of living for an older adult, which is \$22,980 (Office on the Economic Status of Women, 2015). Of Ramsey County residents 65 years and older, 9.9 percent of women live in poverty, while 6.3 percent of men do (United States Census Bureau, 2015). Women are more likely to live below poverty level than men when they are older for a variety of reasons. The gender pay gap means that women earn less than men over their whole lifetime, so the amount they can save for retirement is lower. Women are more likely to take time off from work to care for children or an aging relative (Allen, 2015) which can also impact retirement savings. Women often live longer than men, so they need to make a smaller amount of money last longer. Women tend to have higher health care costs, possibly because they live longer. They are also more likely to live alone in old age (Office on the Economic Status of Women, 2015).

d. The Baby Boomers

During the next 15 years, there will be more people considered “older adults” than ever before. It is important to understand how these older adults differ from the current generation. People known as baby boomers (sometimes referred to as boomers) were born between the years of 1947-1965. Many people were making more money during those years than they had before. Because of that, they felt comfortable having more children than previous generations might have. Those children are now between 52 and 70 years old and make up 22 percent of Ramsey County’s population (United States Census Bureau, 2015). By 2031, all boomers will have reached the new retirement age of 67. That group is already showing that they are more independent than the previous generation. They will live and work longer, have fewer pensions and are more likely to be divorced. They also have smaller families and are more apt to live alone (Hunter, 2014). Many will be out of the workforce, not earning money and will probably have more needs like healthcare and housing assistance, among other things.

Like their parents, boomers have expressed a strong desire to stay in their community as they age. For boomers, “aging in community” may mean staying in their home. It could mean finding alternative housing within their community. Examples of alternative housing include carriage houses, cohousing or townhouses. Many people in that generation are looking for “social and age-integrated homes and communities.” They are looking for a place to live “for decades, not only for the last years of their lives” (Davis, 2016).

Aging well in the community requires a network of community members who help each other. There need to be places and relationships that can sustain people as they age. Those same supports will be necessary if they move to long-term care (Stettinus, 2014). Despite the financial difficulties many will face, boomers have the potential to make great social and economic impact on society. Older adults hold a disproportionately large share of our country’s wealth. They represent an enormous source of consumer spending and economic productivity. They contribute in many ways to family and community life. They support grandchildren and provide child care, for instance (Lindland, Fond, Haydon, & Kendall-Taylor, 2015).

Figure 6: Selected Baby Boomer Characteristics

The baby boom generation will likely:

- Live longer. In 1980 in the United States, a man could expect to live to age 79, which was 14.1 years beyond the common retirement age of 65. A woman could expect to live to 83, 18.3 years past that point. By 2012 a man could expect to live to be nearly 83 years old, 17.9 years beyond traditional working years. A woman could expect to live to be 85 years old, 20.5 years past retirement (National Center for Health Statistics, 2015).
 - Be less healthy. Chronic disease among older adults is on the rise. This could mean even greater increases in future Medicare spending (Bipartisan Policy Center, 2015).
 - Live in the community. It is not unusual for older adults to leave Minnesota and move to a southern state for the winter. The 2015 Minnesota Survey of Older Adults shows that fewer adults 50 years and older are doing that. A smaller number of people are living in housing designed for seniors. Nearly 89 percent of people surveyed in 2015 believed their neighborhood is a good place to live. Only 10 percent have plans to move in the next few years (Minnesota Board on Aging, 2015).
 - Be financially less stable. Many Americans do not have enough savings to meet their needs when they retire. According to The National Institute on Retirement Security, two-thirds of households age 55-64 have saved less than their annual income. A third have no savings at all (Read, 2015). Fewer workers are receiving retirement money provided by their employers. Almost half (46 percent) of people working do not participate in employer-sponsored retirement plans (The National Institute on Retirement Security, 2016). While Minnesotans are doing better than people in other states, the 2015 Survey of Older Minnesotans indicates that adults 50 and older are retiring later. This may be partly because they need to increase their income in retirement. As they age, boomers may be more likely to need financial help than the previous generation (Howe, 2012).
 - Have less family support. More boomers are divorced, or were never married, than the previous generation. In Ramsey County in 2014, approximately 42 percent of the population between 45 and 64 were single (United States Census Bureau, 2015). Boomers also tend to have fewer children. The ones they do have are dispersed throughout the country and world.
 - Have great economic and social potential. There are financial and other benefits for both the individual and for society when older adults are engaged in their communities. They may be involved through paid work, volunteering or participating in education. In Minnesota nearly 287,000 volunteers age 65 and older contribute an estimated \$459 million in donated labor every year (Minnesota Compass, 2014).
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II. Healthy Aging

a. Definition of Healthy Aging

In September 2015, the World Health Organization (WHO) launched the “World Report on Ageing and Health.” The report provides an outline for action. The goal is to achieve healthy aging by enhancing the ability to function. The WHO defines healthy aging as the process of maintaining and developing the abilities that enable well-being in older age (World Health Organization, 2015). The environment, both built and natural, is an essential part of healthy aging because it contributes to the ability to remain independent in community. Another way to enable well-being for older adults is by preventing chronic conditions. Early detection and control of long-term conditions helps. Identifying and removing barriers to better functioning is important at all stages. It is especially important when one starts to lose mental and physical abilities. Those declines do not automatically mean the loss of functional ability. Older adults can remain healthy and maintain independence while experiencing aging.

Figure 7: Healthy Aging

Healthy aging is the way individuals develop and maintain the functional abilities that create well-being in the older age. The goal of healthy aging is to make the best use of functional abilities.

Functional abilities are health-related capabilities. They are the ability to move around and build and maintain relationships. They help people to do what they want. The term includes being capable of meeting one’s own basic needs, and the desire to learn, grow and make decisions. It refers to the basic capacity of the individual, and environmental characteristics.

Intrinsic capacity is the composite of all the physical and mental capacities of an individual.

Environment refers to all the factors in the external world that surround an individual’s life. These include home, communities and the broader society. The environment refers to the built environment as well as people and their relationships. It also includes attitudes, values, health and social policies, and the systems and services that support them.

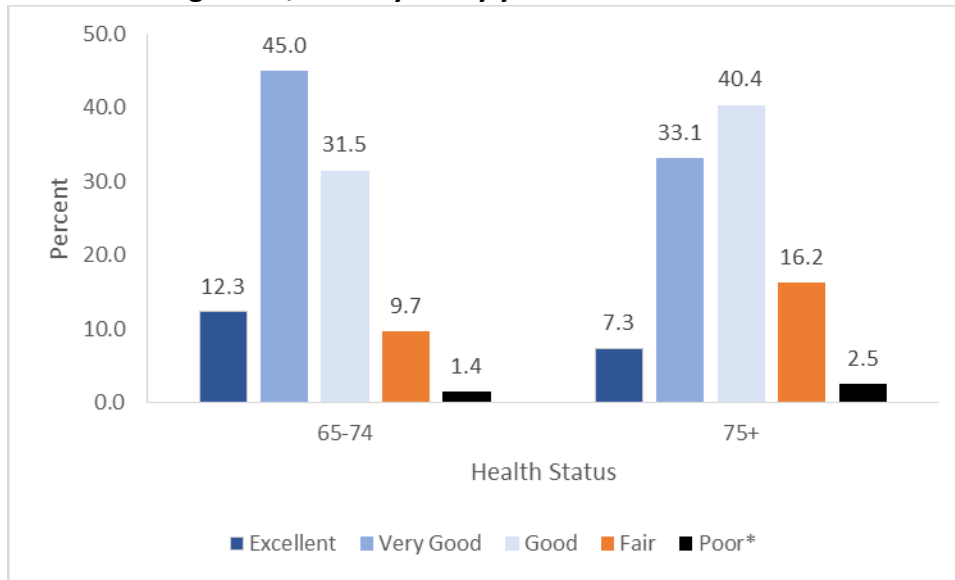
Well-being refers to factors such as happiness, satisfaction and fulfilment.

(World Health Organization, 2015)

b. Health and Functional Status – Ramsey County

In 2014, six of the Minnesota metro counties conducted a survey on the health of adult residents. Those counties are Carver, Dakota, Hennepin, Ramsey, Scott and Washington. The study was the Survey of the Health of All the Population and Environment (SHAPE). The counties’ older populations reported a wide range of health statuses. 16 percent of respondents 75 years and older said their health status was fair or poor. This compares to 16.2 percent who indicated their health was good; 40.2 percent said it was very good (Figure 8).

Figure 8: General Health Status of Population 65 and older, Metro Counties, 2014
Question: “In general, would you say your health is...?”

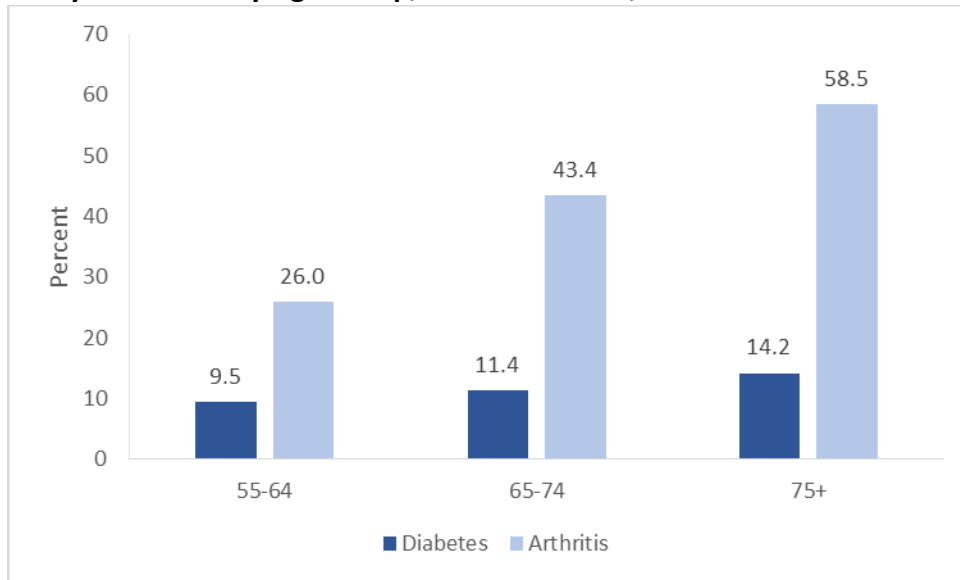


Source: Countryman M, Ding M, Downs S, Erdman J, Godwin T, Jansen J, Johnson D, Kinney A, Kleinfehn-Wald N, Landreman U, Nagy A, Stenso-Velo S; Metro SHAPE Workgroup (2014). Metro SHAPE 2014. Metro Counties included in the survey: Carver, Dakota, Hennepin, Ramsey, Scott and Washington.

*Estimate for 75+ age group, poor, is potentially unreliable and should be used with caution (Relative Standard Error is >30% and ≤50%).

More people over 75 years old rate their health as fair or poor than those 65-74 years old (Figure 8). The Minnesota Board on Aging reports that chronic conditions such as arthritis and diabetes become more common as people age (Figure 9). In the 2014 SHAPE Survey 26 percent of people 45-54 years old said they have arthritis. That number jumps significantly as people age. For those 55-74 years old, 43.4 percent reported they had arthritis. It goes up to 58.5 for those 75 years and older (Figure 9).

Figure 9: Chronic Conditions: “Have you ever been told by a doctor or other health professional that you have...” By Age Group, Metro Counties, 2014



Source: Countryman M, Ding M, Downs S, Erdman J, Godwin T, Jansen J, Johnson D, Kinney A, Kleinfehn-Wald N, Landreman U, Nagy A, Stenso-Velo S; Metro SHAPE Workgroup (2014).

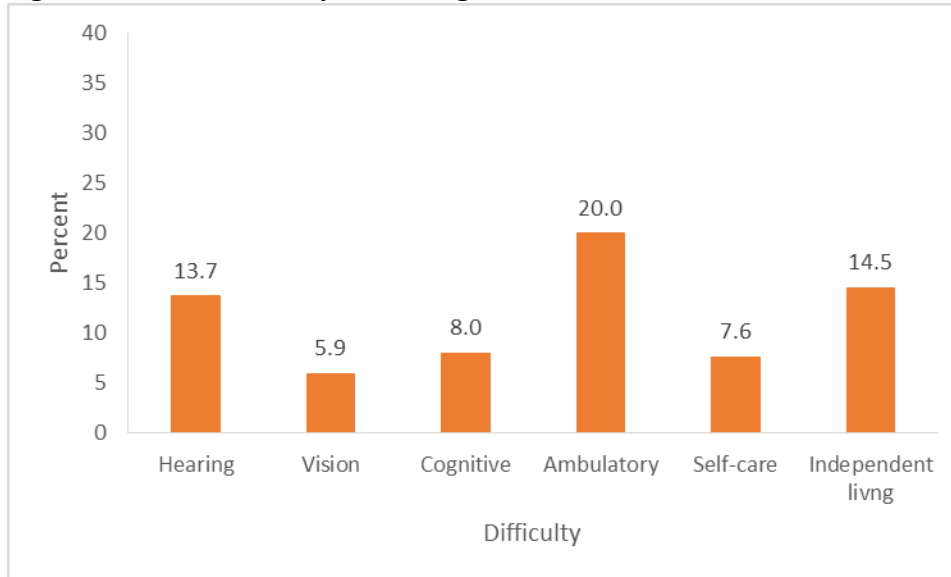
Metro Counties included in the survey: Carver, Dakota, Hennepin, Ramsey, Scott and Washington.

The percentages for 65-74 and 75+ for diabetes were not statistically different from each other.

In Ramsey County one-third of the population 65 and older live with a disability. 13.4 percent had difficulty hearing; 19.9 percent had difficulty moving around and 13.7 percent had difficulty living independently (Figure 10).

Disabilities later in life can lower the ability to function. Because diabetes can lead to vision loss, older adults may no longer be able to drive. This can mean losing their independence and needing to rely on others for transportation. For people 45-54 years old, 11.1 percent indicated they have diabetes. For those 65-74 years old that number rises to 16.2 percent. At 75 years old and older, 15.2 percent reported that they have diabetes.

Figure 10: Percent of Population Age 65 and Older with Disabilities, Ramsey County 2010-2014



Source: U.S. Census American Community Survey, 5-year 2014, Table S1810

III. Ageism

Ageism is a serious form of discrimination and can make a difference in how county residents age. It has a strong effect on the self-esteem and well-being of older adults. Ageism can take many forms, including discrimination. It can affect policies and practices that support stereotypical beliefs. Society and media reinforce those ideas (World Health Organization, 2015). Many people believe that older people are sickly and unproductive.

After spending time with my family, I leave feeling old. When I spend time with my friends, I leave feeling energized and young. --Resident of a senior living complex explaining the differences in treatment between family and friends.

Some view older adults as less intelligent and more forgetful. Society often judges older adults as lacking strengths or control over their lives. Ageism can limit the types of policies and programming available to older populations. It can lead to social isolation and unequal treatment, which result in poorer health for older adults. Ageism can also create poor quality health and social services (Walker, 2014; Aging in the 21st Century, 2012; World Health Organization, 2015). It's vital to understand the impact ageism has on county residents.

IV. Aging Well in Community

Many older adults want to live in their community as long as possible, and don't want to live in institutions. Only 10 percent of the population 50 and older in Minnesota plan to move out of their homes in the next few years (Minnesota Board on Aging, 2015). The idea of aging in community must be addressed because the ability to age in a healthy way well depends on supports that are available. This includes affordable and workable housing, transportation and services. The focus of "aging in place" is often on professional services and about making adaptations to the home. The idea of "aging in community," on the other hand, shifts the focus from the individual and their home towards relationships. To thrive in the community, individuals need social and community supports. Relationships create supportive

neighborhoods that are welcoming and can last over time. Communities need to be healthy, manageable, interdependent and engaged (Figure 11).

Figure 11: The Qualities of Healthy Aging in Community

- **Inclusive:** People of all ages, race, ethnicities, and abilities are welcome.
- **Sustainable:** Residents are committed to a community they can maintain that includes social outlets, economics and the environment. People need to know each other, and the size of the community affects human interaction. Smaller is better.
- **Healthy:** The community encourages and supports wellness of the mind, body, and spirit. It encourages support for people dealing with disease, disability and death. It creates programs and systems to support those residents.
- **Accessible:** The setting provides easy access to the home and community. All homes, businesses, and public spaces are wheelchair-friendly and have design features that work for everyone. There are many ways to travel.
- **Interdependent:** The community encourages support among family, friends, and neighbors and across generations.
- **Engaged:** The community makes participation easy through social events, education, and by encouraging creativity.

Source: Thomas and Blanchard, 2009

V. Healthy Aging – A Public Health Framework

a. Guiding Principles

The framework’s guiding principles are based on the findings and concepts from the previous sections. They are described in detail in Figure 12. The principles help create a shared understanding of the older population and the elements of healthy aging, including well-being, social determinants of health, inequities and ageism. They are meant to encourage successful planning.

The principles reflect a wider view of aging than those used in the past. They address the life experiences that influence the well-being of this diverse population. They focus on the great potential of the older population and their desire to age in their communities.

A successful approach to healthy aging requires a combined effort among all the systems that impact older adults. Strong partnerships with communities are necessary. Coordination of programs and policies will decrease gaps and overlap. Every area of society has an investment in healthy older adults and must consider their needs in policies and programs. Those areas include health care, finance, transportation, housing, employment and parks and recreation. Successful planning and policies must reflect the communities' values, assets and concerns. Serving the county's older population will require incorporating the knowledge and experience of community leaders. Many areas are already implementing promising practices. A public health approach builds on efforts already in place and moves beyond individual medical-based programs to a community-wide view.

Transportation and Health

When there are limited transportation options for older adults who do not drive, they are more likely to experience a decrease in out-of-home activity levels (Mooney, 2003), which in turn may have negative consequences such as isolation and ill health (British Columbia Ministry of Health, 2004).

Figure 12: Guiding Principles of the Healthy Aging Framework

Aging and Healthy Aging

- Help create a shift in the understanding of aging and healthy aging.
 - Use a broad definition of aging. Aging is normal and lifelong. It extends across the entire lifespan and is different from disease and decline.
 - Recognize that healthy aging maintains and develops the ability to function. Those abilities contribute to well-being in older age.
 - Recognize that aging is successful when an individual's abilities allow them to meet their basic needs. Those needs include learning, growing and making decisions. They also include the ability to be mobile and to build and maintain relationships. Older adults need to contribute regardless of mental and physical capacities.
 - Creating successful aging means looking at health from an older person's view. It reflects a spectrum of functioning rather than a single point (Minnesota Department of Health, 2006). Both health and the ability to function exist on a continuum.
- Address the variety of health and ability of the older population to manage their lives. There is a wide range of abilities within the older population. Factors that contribute include age, ethnicity, and SDOH.
- Recognize disparities as a result of race, ethnicity, location, abilities and other factors.

Growth and Changes

- Acknowledge the extraordinary growth in the older population.
- Be aware that the next generation of older adults (those between the ages of 51 and 69) will live longer and be less stable financially. They have less family support than the previous generation.

- Consider that older adults have the potential to make financial and social impacts.
- Emphasize the growing racial/ethnicity diversity of the older population.

Aging in Community

- Recognize that older adults want to remain in their community as they age.
- Concentrate on relationships that create social and community support for all to thrive.

Inequities, Social Determinants and Ageism

- Acknowledge inequities as a result of race, ethnicity, location, abilities, and other factors.
- Address ageism (Minnesota Department of Health, 2006) (ageist stereotypes and beliefs).
- Consider the SDOH that affect people as they age. These include socio-economic status and physical and social environments. Social stress created by racism and ageism also contribute (Minnesota Department of Health, 2006.)
- Emphasize the creation of communities that support successful aging. Some elements are social, such as families, schools, and cultures. Others are physical, such as buildings and parks (Miles, Espiritu, Horen, Sebian, & Waetzig, 2010).

Multi-Sectoral

- Work together across systems and sectors. An effective approach requires a combined effort. That effort should include all the systems and areas that impact older adults (Miles, Espiritu, Horen, Sebian, & Waetzig, 2010).

Public Health Approach

- Focus on community-based programming.
- Use data to make decisions about programs and policies. Data should also ensure the creation and continuation of programs and policies for entire populations (Miles, Espiritu, Horen, Sebian, & Waetzig, 2010).
- Work with partners during development and implementation of efforts.
- Inform and educate the community on aging issues.
- Assist in developing goals on which all agree.

Community Driven

- Communities take the lead in planning and decision-making. Local priorities, values, assets and concerns are primary. They guide development of goals and impacts and drive choices about data gathering and analysis. Local leadership is vital in decisions about which programs and policies to put in place (Miles, Espiritu, Horen, Sebian, & Waetzig, 2010).
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b. Opportunities for Public Health Action

The framework identifies opportunities for action, which will help shape SPRCPH's role in healthy aging. Figure 13 provides more detail on strategies for achieving the best functional status. They focus on change at the individual, community and system levels.

The strategies are organized by the three levels of capacity:

- high, stable ability
- decline in function
- significant loss of capacity.

High, stable ability. For those with a high, consistent capacity, the focus is on building and maintaining their abilities. The goal is preventing and controlling chronic conditions and encouraging healthy behaviors. These strategies also look at removing barriers that discourage health and well-being.

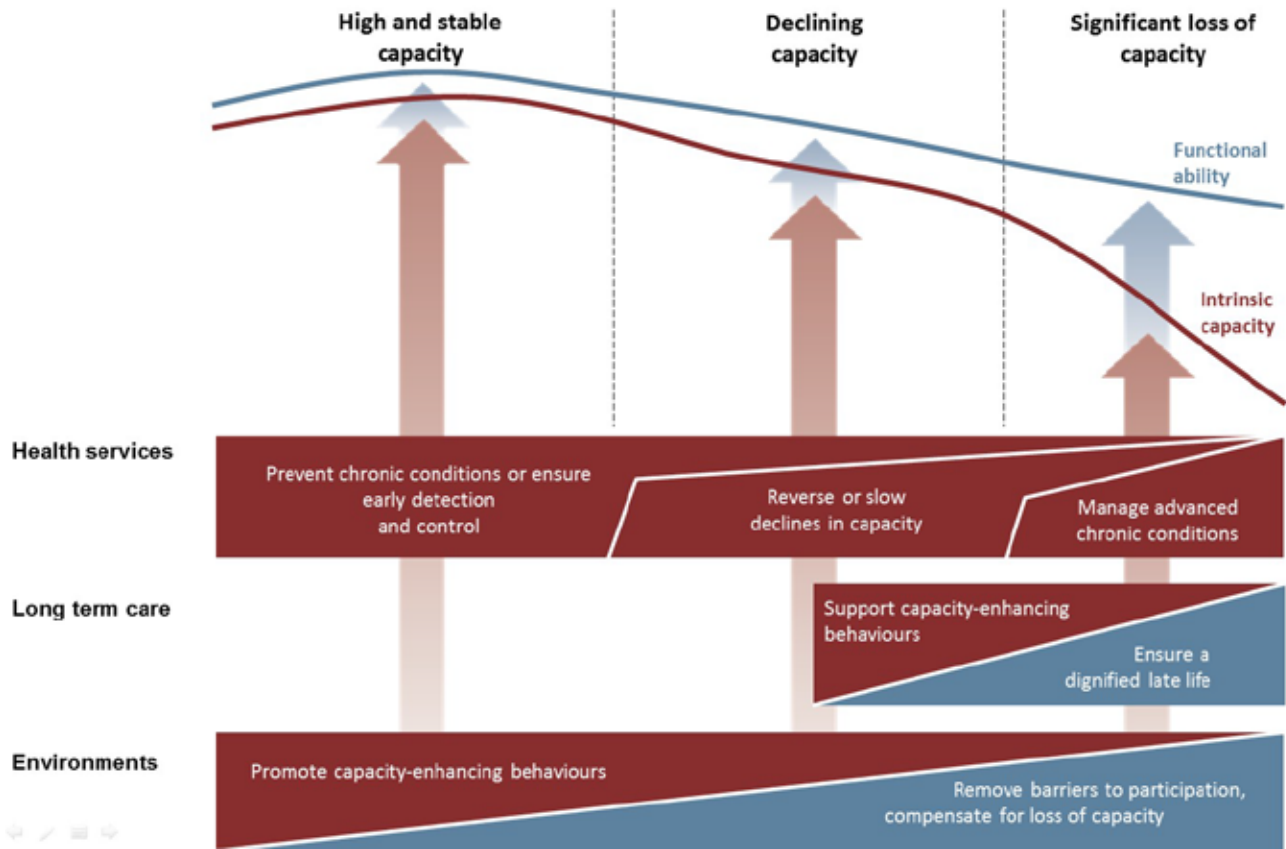
Decline in function. Strategies during the phase of declining abilities focus on delaying, slowing or reversing the process of becoming frail or dependent on care. These approaches encourage healthy behaviors but often with a different aim. The focus shifts away from issues like weight loss and towards building muscle strength and balance. Other methods focus on helping individuals do what is important to them. This may include ensuring accessible public transportation, for example, and providing loan programs for home modifications.

Significant loss of capacity. Different approaches are needed when a person reaches the stage of significant loss of abilities. All people have a basic right to live as independently as possible. Strategies at this phase focus on providing care and support to maintain a level of functional ability. They may involve chore and companion services, financial assistance for long-term care and health care services.

It is important that conversations about health and well-being focus on the ability to remain independent. Community members must be involved in the development of strategies. Coordination is vital among community groups, health care organizations, government and nonprofit agencies. Discussions must consider changes in society like social expectations, attitudes and awareness, as well as the evolution of organizations, policies and environments (Fried, 2012).

Figure 13: Opportunities for Public Health Action to Ensure Healthy Aging

Opportunities for public-health action across the life course



Source: World Health Organization, 2015

c. Saint Paul - Ramsey County Public Health's Role

Local governments can play a major role for preparing and responding to the growth in aging populations. They can start conversations and serve as a catalyst for action (Smith, Tingle, & Twiss, 2010).

SPRCPH is in a position to lead healthy aging efforts because of its strong ties with communities and organizations throughout Ramsey County. The framework articulates a vision and goals for healthy and vital aging. It documents steps for addressing the current and future needs of Ramsey County's older population. The county developed it with input from people and organizations such as the African American Leadership Forum, the American Indian Family Center and senior programs. The department also consulted with housing experts, parks and recreation, and human services.

Moving forward SPRCPH will consider the following:

- How can communities build on efforts that are already in place (e.g., Block Nurse Programs, neighborhood councils)?
- How can communities coordinate current programs and services across sectors?
- What are examples of best practices?
- How can communities address disparities as a result of race, ethnicity, location, abilities and other factors?
- What are the roles of SPRCPH, other Ramsey County governmental agencies, health systems, communities, cities and organizations that serve older adults?
- What are the roles of city and district planners? How will older adults be represented in city and district comprehensive plans?

Role for SPRCPH:

- Continue to gather information about the older population in Ramsey County.
- Stay informed and increase understanding of community efforts focused on older adults.
- Raise awareness of shifting demographics and the impact they will have.
- Engage community residents and groups at the start and build on relationships throughout the planning process.
- Bring together residents, community groups, governmental agencies and nonprofit agencies that serve older adults.
- Encourage meaningful local leadership roles as a method of promoting community ownership and building capacity.
- Serve as a resource on aging information including data and best practices.
- Determine what changes must happen in society.
- Identify short-, medium-, and long-term measurable outcomes and share accomplishments with partners and the broader community (Smith, Tingle & Twiss, 2010).

VI. Next Steps

- a. Develop background materials on aging.
 1. Continue to gather information about social service providers and programs for older populations throughout Ramsey County. Expand information about the county's current population of adults 65 years and older. Increase knowledge of the future older population (51 to 64 years old).
 2. Create fact sheets by area that include a focus on diversity. These background papers will provide information about the current state of county communities and contain a comparison to the WHO's definitions of ideal communities for older adults.

Topics may include:

 - Transportation
 - Housing
 - Health and Community Services
 - Safety
 - Finance
 - Work and Community (civic participation)
 - Communication and Information
 - Health and Wellness
 - Outdoor Spaces and Buildings
 - Respect and Inclusion
 - Caregivers
 - Advanced Care Planning
 - Aging in Community
- b. Develop a plan to assess the needs and expectations of Ramsey County residents, which may include focus groups and/or surveys.
- c. Create area partnership groups for healthy aging.
 1. These partnerships will play an important part of reaching the objectives above. They will be created within neighborhoods, school districts or other areas. Members will include service providers and could involve community residents. The county's vision is that the groups will create an infrastructure for communication and service coordination in aging services. The ultimate goal would be to ease and increase access by seniors to local services. This could be accomplished by:
 - Increasing service providers' knowledge of what resources exist in their community.
 - Improving coordination of services.
 - Creating guides to neighborhood services.
 - Identifying gaps in services.
 - Helping to determine methods to reduce those gaps.

While the county anticipates that the groups will work toward reaching the above goals, the groups will be community-led and -driven. They will determine their own goals and objectives. Public Health will play a logistical, supportive role.

2. Once neighborhood/area groups identify issues and gaps, the county will look for trends or issues to determine if there are county-wide systemic ways to address any problems.
 3. Ramsey County Healthy Aging specialist will attend as a liaison to each group.
- d. Put the Healthy Aging framework into place.
1. Develop an initial list of policies that influence older populations. That list will include the impacts of SDOH.
 2. Coordinate this framework with the goals and themes of the county's Comprehensive Plan.
 3. Continue to learn about efforts in other Minnesota counties/cities.
 4. Identify and share examples of best practices.
 5. Determine what changes are needed in the county, city or state in response to the changes in demographics.

Figure 14: Framework Examples

<p><u>WHO – Essential Features of Age-Friendly Cities</u></p> <ul style="list-style-type: none"> • Transportation – safe, reliable, specialized transportation available for disabled people • Housing – sufficient and affordable • Communication and information • Civic participation and employment • Social participation • Community and health services • Outdoor spaces and buildings • Respect and inclusion 	<p><u>Minnesota Aging 2030, Minnesota Department of Human Services</u></p> <ul style="list-style-type: none"> • Fostering communities for a lifetime • Supporting caregivers of all ages • Redefining work and retirement • Improving health and long-term care • Maximizing use of technology <hr/> <p><u>Creating Healthy Communities for Aging Population, Minnesota Department of Health</u></p> <ul style="list-style-type: none"> • Addressing basic needs • Supporting independence • Promoting social and civic engagement • Optimizing health and well-being
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Appendix: Checklist for Livable Communities for All Ages

ISSUE	GOAL	PROGRAMS/ACTIONS
HOUSING	Abundant and affordable living options	<input type="checkbox"/> Tax incentives for development of older people or mixed-age affordable housing <input type="checkbox"/> Property relief programs for older homeowners <input type="checkbox"/> Affordable housing in areas that are safe and is close to services
	Homes and buildings designed for a wide range of physical abilities	<input type="checkbox"/> Home modification, repair and loan programs <input type="checkbox"/> Universal design used in new housing construction
	Coordinated housing and services	<input type="checkbox"/> Partnerships between housing and service providers
PLANNING, ZONING & LAND USE	Broad public support for physical design that enables aging in community	<input type="checkbox"/> Buy-in for physical design that makes healthy aging possible – across a variety of communities, generations and population groups <input type="checkbox"/> Older people engaged in planning
	Zoning designed to incorporate the housing needs of older people	<input type="checkbox"/> Codes encourage a broad-range of housing options, including intergenerational and other living options <input type="checkbox"/> Zoning incorporates accessory dwelling units and senior-friendly housing
OUTDOOR SPACES AND	Universal design principles are used in outdoor spaces and buildings	<input type="checkbox"/> Buildings that are well-signed and have non-slip floors. They have sufficient toilets and accessible seating, elevators, ramps, railings and stairs <input type="checkbox"/> Separate lines or service counters for older people <input type="checkbox"/> Sufficient, well-maintained and safe green spaces, outdoor seating and public toilets
TRANSPORTATION/MOBILITY	Easily walkable streets	<input type="checkbox"/> Safe pedestrian crossings; sidewalks are walkable and connected to a larger system <input type="checkbox"/> Walkability audits identify and prioritize improvements for pedestrians <input type="checkbox"/> Pedestrian crossings are safe for people with different abilities. They have non-slip markings, sufficient crossing times, and visual and audio cues that are maintained
	Easily drivable roads	<input type="checkbox"/> Audits for driving that establish and emphasize improvements in design and signage
	A variety of accessible, affordable and user-friendly transportation options	<input type="checkbox"/> Complete and accessible information is provided to users about options, routes, schedules, and special needs facilities

HEALTH, SUPPORTIVE SERVICES AND FOOD ACCESS	Awareness of and participation by older people in healthy eating and physical activity	<input type="checkbox"/> Abundant and accessible farmer’s markets <input type="checkbox"/> Programs for exercise and active living designed with, by and for older people <input type="checkbox"/> Audits of parks and recreation centers for benches and bathrooms <input type="checkbox"/> Vaccinations and preventive screenings that are widely available and encouraged
	Coordinated home-based services	<input type="checkbox"/> Strong connections between home-based services
	Widely available and easy to use information about services	<input type="checkbox"/> Single point of entry for information about local services
	Arts and cultural programs are offered for older people	<input type="checkbox"/> A wide variety of community engagement and cultural events
CULTURE & LEARNING	Opportunities for older adults to stay up-to-date on technology	<input type="checkbox"/> Courses on using technology including smart phones
	Older people engaged in their communities	<input type="checkbox"/> Intergenerational learning programs <input type="checkbox"/> Senior Academies <input type="checkbox"/> Mentoring programs
SAFETY	Older people feel safe in their homes and neighborhoods	<input type="checkbox"/> Training in detecting and reporting elder abuse (for all community members, including but not limited to law enforcement) <input type="checkbox"/> Outdoor safety is promoted by good street lighting, police patrols, community education, and neighborhood watch programs <input type="checkbox"/> Mail carrier alert programs

Other elements of a livable community for all ages

- Older people are regularly consulted by public, voluntary, and commercial services about how to serve them better
- Older people are specifically included in gatherings in public spaces and activities for “families”
- Official forms and visual displays are available on paper and have large lettering and bold-face type
- There is consistent outreach to people at risk of social isolation

Possible partners

- Cities
- Counties
- Residents and community leaders
- Housing developers
- District Councils
- Nonprofits
- Trade groups
- Community education
- Libraries
- Local law enforcement
- Metropolitan Area Agency on Aging
- Metropolitan Council

* Adapted from: A Blueprint for Action: Developing a Livable Community for All Ages; Checklist of Essential Features of Age-Friendly Communities; What Cities and Counties Can Do to Create Age-Friendly Communities--Dakota County Communities for a Lifetime Initiative