

RAMSEY COUNTY HEALTHY AGING
Public Health Framework
DRAFT v2

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Ramsey County Healthy Aging

Public Health Framework

Saint Paul - Ramsey County Public Health

DRAFT

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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](#)

Saint Paul - Ramsey County Healthy Aging Framework

According to the Minnesota State Demographic Center, by 2030 Ramsey County's population 65 years and older will nearly double from 2015 numbers, while the younger population will decrease. This demographic shift means fewer people in the workforce, increased need for health and social services (e.g. in-home care, case management), increased demand for affordable and accessible housing and transit, walkable community environments, and leisure and educational services – all of which come at a significant cost to local governments, educational agencies and nonprofit organizations. This demographic shift and consequent increase in demand for services compels local government to facilitate community-based planning and services that will promote health and vital aging and maximize contributions of our older population while minimizing expenditures (Smith, Tingle, Twiss, 2010).

In August 2015, Saint Paul - Ramsey County Public Health (SPRCPH) was asked to prepare a healthy aging framework based on principles of public health and drawing on the expertise of aging experts in Ramsey County. SPRCPH leadership asked that the framework establish a direction for how we address this demographic shift and define SPRCPH's role in aging.

As SPRCPH's role is defined, it will be important to identify key elements* that need to be in place including:

- Committed leadership and coordination related to healthy aging efforts within and throughout the health department.
- An acknowledged focal point for healthy aging efforts within the health department, e.g., a dedicated office, or at the least, a designated individual responsible for catalyzing and coordinating efforts directed towards older adults.
- Strong and active partnerships with the relevant agencies and organizations on aging.
- Strategic use of funds made available through grant programs (Aldrich, 2009).

*Adapted from [Meeting the Challenges of an Aging Society](#), National Association of Chronic Disease Directors, 2009.

Introduction

A common view of aging is one of inevitable disability and decline. While physical and cognitive changes are a normal part of growing older, aging does not necessarily mean decline. An alternate, more encompassing view of aging comes from aging experts interviewed for [FrameWorks Institute](#) Report "Gauging Aging". These experts describe aging as:

- normal and lifelong – extends across the lifespan,
- cumulative - educational, financial and social experiences and contexts of childhood and middle age predict well-being in older adulthood (social determinants of health), and

- distinct from disease and decline – physical and mental changes are normal in aging but do not necessarily mean disability (Lindland, Fond, Haydon, & Kendall-Taylor, 2015).

A distinguishing aspect of these elements of aging is that older adults can remain healthy and maintain high levels of independence and functionality even while experiencing natural changes in vision, hearing, mobility and muscle strength. In addition, those characteristics underscore the social determinants of health and inequities throughout one's lifetime that have an impact on health and well-being later in life.

This broader view of aging helps define our healthy aging framework and determine Saint Paul - Ramsey County Public Health's role. Some of the implications of that view of aging on policy and program development include:

- The understanding that effective programs and policies for healthy aging are not just programs and policies tailored for older adults.
- The importance of engaging all sectors because the social determinants of health impact how we age and our health and well-being later in life.
- The recognition that being old is not equivalent to being frail and disabled, therefore programs and policies targeted for older adults should address the wide continuum of health and functional abilities.

This document provides an aging framework for Ramsey County to help guide the county in developing a multi-sectoral and cross-jurisdictional approach to aging that promotes healthy and vital aging in Ramsey County. In addition, the framework has a foundation in public health that encourages leveraging of assets of Ramsey County's older population.

Note: This report uses 65 years of age and older as the definition of the older population for the purposes of data analysis. Chronological age is not an ideal definition of the older population. Biological age, defined as "One's present position in regard to the probability of survival, a more appropriate assessment of older adults, is subjective and is not available in commonly used data sources (e.g. U.S. Census). In the United States in 1935, 65 was established as the retirement age and thus became the marker for old age. Today, most developed world countries have accepted the chronological age of 65 years as a definition of 'elderly' or older person (World Health Organization).

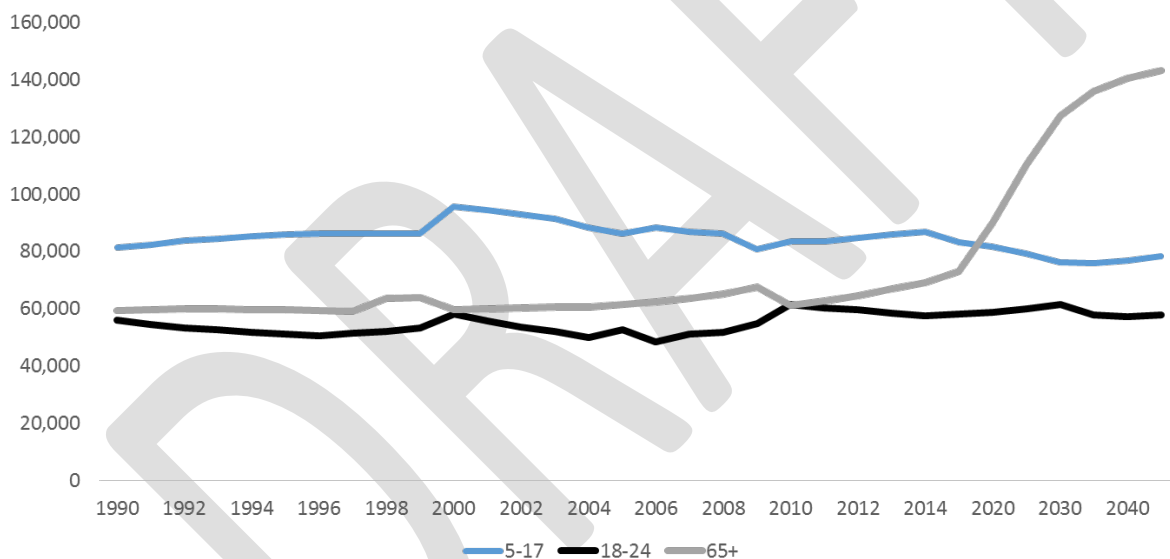
I. Older Population

In Ramsey County the older population is growing in size at a tremendous rate. By 2030, there will be nearly 128,000 Ramsey County residents 65 and older, a 48 percent increase from 2015 (Minnesota State Demographic Center, 2014). This new generation of older adults will be more diverse by race/ethnicity, live and work longer, be more independent and want to age in their current community. It is important to understand the impact of the growth of the population and the changes in the composition of the next generation of older adults.

a. Growing Population

By 2040, the 65 and older population is projected to reach nearly 141,000, an increase of 68,000 from 2015. Comparatively, the number of Ramsey County residents under 65 will decrease by 19,000 from 2015 to 2030. In 2020, the number of residents age 65 and older will exceed the number of school age children (5-17 years old) in Ramsey County for the first time (Figure 1). The large increase in the older population combined with the small decrease in the younger population (future workers, taxpayers, caregivers and homebuyers) creates a dramatic shift in the age structure of Ramsey County. This new age structure will have economic, social and civic impacts on the county – whether these impacts are positive or negative will depend on how the county including government, businesses, and communities prepare for this long-term shift. For the impact to be positive the county will need to make adjustments to public institutions, policies and infrastructures that will tap into the economic, civic and social potential of our older population. We need to adapt to this new age structure in ways that minimize the expenditures associated with population aging while maximizing the many contributions that older people make (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 groupings, to get the 5-17 age group 2010 Census age distributions were applied to the projections.

b. Racial and Ethnic Diversity

In addition to the shift in age structure, Ramsey County is becoming more racially and ethnically diverse. In 1990, 13 percent of Ramsey County's population were persons of color, by 2014 this percentage increased to 30 (U.S. Census Population Estimates). And by 2030, the Minnesota State Demographic Center predicts that 45 percent of Ramsey County's population will be persons of color. Ramsey County populations of color tend to be younger than the white population. Consequently the population 65 years of age and older in Ramsey County has been predominately white – in 2014 89.5 percent of Ramsey County's older population was white. But as the overall percentage of non-white populations increases in Ramsey County, so will the

percentages of African Americans, American Indians, Asians and Hispanics in the 65 year and older age group. Additionally, there is great diversity within Ramsey County's racial/ethnic populations. For example, the African American population consists of a variety of groups including U.S. born Blacks, Somalis, Liberians and Ethiopians while the Asian population includes Hmong, Karen, Vietnamese and Chinese among others.

Individuals of varied racial and ethnic backgrounds experience aging, and the health issues associated with aging, differently. For example, research on caregiving has reported racial/ethnic variations in the use of informal and formal home care, with minority elders being more likely to receive care from family and friends and less likely to rely on formal care (Kirby, 2010). It is important to understand the varied experiences of older Hispanic, African American, American Indian and Asian adults have when aging to ensure that future policies and programs are culturally appropriate and fit their needs.

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

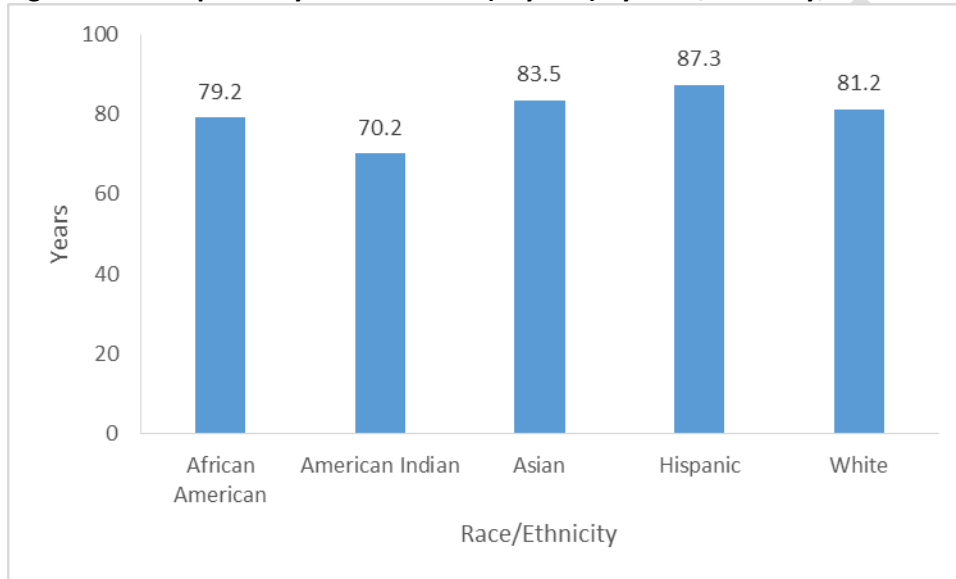
Saint Paul - Ramsey County Public Health has made a strong commitment to addressing social determinants of health and advancing health equity. Goal 1 of the 2013 Ramsey County Community Health Improvement Plan is "Create social and physical environments that promote equity and good health for all people in Ramsey County" and Goal 1 of SPRCPH's 2014-2018 Strategic Plan is to "Advance health equity – that attainment of the highest level of health possible – for people of all ages and backgrounds in Ramsey County." Likewise, the Ramsey County aging framework addresses social determinants of health (SDOH) and health inequities of Ramsey County's older population.

The diversity in health and functional status among older adults it is not random. Although some diversity reflects genetic inheritance or choices made by individuals during their lives much is driven by determinants that are often beyond an individual's control or outside the options available to them. Social determinants arise from the physical and social environments that people inhabit. These determinants can affect health directly, or through barriers or incentives that affect opportunities, decisions and behavior (World Health Organization, 2015).

Health inequities are created when there is an unequal distribution of SDOH in a population that lead to population-based variations in health outcomes (Minnesota Department of Health, 2013). For example, income, a SDOH, is one of the strongest and most consistent predictors of health and disease. Research finds that people with higher incomes generally enjoy better health and live longer than people with lower incomes (Minnesota Department of Health, 2014). A significant proportion of the vast diversity in capacity and circumstances that we see in older age is likely to be underpinned by the cumulative impact of health inequities across the life course (World Health Organization, 2015).

Research on aging continues to document the existence of persistent health variations among older racial and ethnic groups in the United States, both before and after age 65. For example, in Minnesota African Americans and American Indians have lower life expectancy rates than Whites, Asians and Latinos (Figure 2).

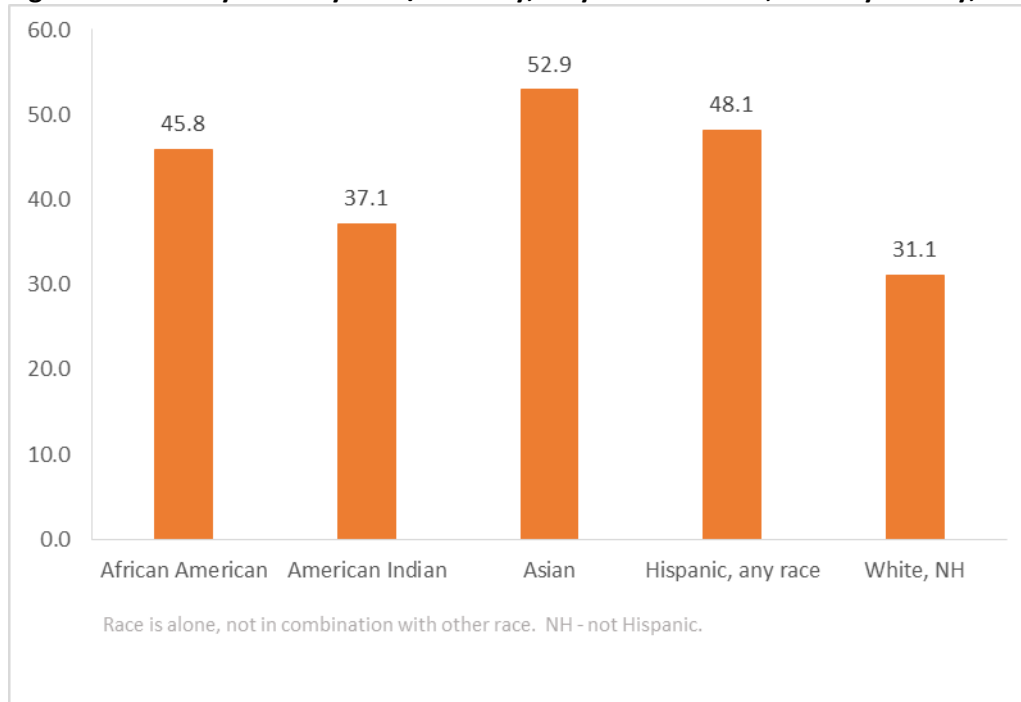
Figure 2: Life Expectancy Rates at Birth (in years) by Race/Ethnicity, Minnesota 2010



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

Health inequities among older Ramsey county residents have been documented by race/ethnicity, income and gender. The 2010-2014 American Community Survey reported that the disability rate for white people 65 and older was lower than the disability rates for African Americans, Asians and Hispanics (Figure 3).

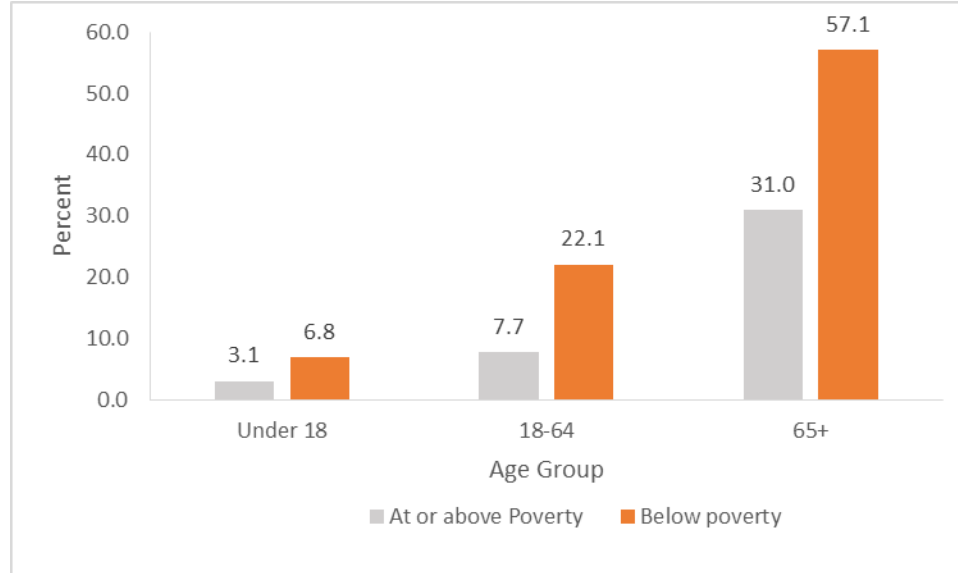
Figure 3: Disability Rates by Race/Ethnicity, 65 years and older, Ramsey County, 2010-2014



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

According U.S. Census American Community Survey data, Ramsey County residents living in poverty have higher rates of disability across all age groups (Figure 4). Fifty-seven percent of older adults who live below the poverty line have a disability compared to 31.0 percent for older adults who live at or above poverty. Research has also indicated that those with low incomes experience health declines at earlier ages than wealthier individuals (Crimmins, Kim, & Seeman, 2009). The association between poverty and poor health in old age is reciprocal—poverty causes poor health (social causation) and poor health causes low incomes (social selection)—but social causation is the dominant direction (Wallace, 2015).

Figure 4: Disabilities by Poverty Status and Age Group, Ramsey County 2010-2014



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

Gender inequities follow women from the workplace into retirement. In Minnesota the median retirement income from all sources for Minnesota’s older women is \$17,965 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). In Ramsey County the poverty rate for women 65 years was 9.9 percent compared to 6.3 percent for men the same age (2010-2014 U.S. Census American Community Survey). Reasons why women are more likely to live below poverty level later in life than men include:

- gender pay disparity which contributes to lower lifetime earnings and lower retirement savings,
- women’s greater life expectancy,
- higher health care costs for women,
- women’s increased likelihood of living alone in old age, and
- women’s increased likelihood to take time off work to provide unpaid care for a child or aging relative (Allen, 2015) (Office on the Economic Status of Women, 2015).

d. The Baby Boomers

In planning for the unprecedented growth in the older population over the next 15 years, it is important to understand how the future generation of older adults differ from the current generation. People known as baby boomers (sometimes referred to as boomers) range in age from 51 to 70. They make up 22 percent of Ramsey County’s population (U.S. Census Population Estimates). By 2031, all boomers will have reached the retirement age of 67. That group has been described as being 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 (Guthrie & Dahl, 2009).

Like the generation before them, baby boomers have also expressed the strong desire to stay in their community as they age. For boomers, aging in community can mean living in one's family home but it also can mean moving from the family home to alternative housing (e.g. carriage houses, cohousing, townhouses) that is still within the community. Many boomers are looking for "social and age-integrated homes and communities that accommodate residents for decades, not just for the last years of their lives (Davis, 2016)". In addition, for boomers the key to successful aging in the community is having a network of community members who help each other, creating the places and relationships that can sustain us as we age or need long-term care (Stettinus, 2014).

Despite the economic challenges for baby boomers, they have the potential to make great social and economic impact on society. Older adults hold a disproportionately large share of our country's wealth, represent an enormous source of consumer spending and economic productivity, and contribute in a myriad of ways (e.g. support to grandchildren, child care) to family and community life (Lindland, Fond, Haydon, & Kendall-Taylor, 2015).

Figure 5: Selected Baby Boomer Characteristics
Those of the baby boom generation will likely:

- Live longer – In 1980, in the United States, a 65 year old male was expected to live 14.1 years longer and female 18.3 years longer. In 2012, the life expectancy of 65 year old male was 17.9 years and a female's was 20.5 years (National Center for Health Statistics, 2015). Researchers are debating whether the health of boomers will be better than the health of current generation of older adults. Researchers at the Centers for Disease Control and Prevention have found that the incidence of chronic disease among "near seniors" is on the rise, portending even greater increases in future Medicare Spending (Bipartisan Policy Center, 2015).
- Live in the community – The explosion of senior population over the next four decades will be matched by a strong desire of many to remain in their community as they age (Bipartisan Policy Center, 2015). The 2015 Minnesota Survey of Older Adults indicated that fewer older adults (50 and older) are moving south in the winter and a smaller proportion are living in senior housing. In addition, 89 percent of those surveyed in 2015 believed their neighborhood was a good place to live and only 10 percent have plans to move in the next few years (Minnesota Board on Aging, 2015).
- Be financially less stable – Far too many Americans have insufficient savings put aside to meet their retirement needs. In fact, the National Institute on Retirement Security calculates that two-thirds of households age 55-64 have savings equal to less than their annual income. A third have no savings at all (Read, 2015). The National Institute on Retirement Security's Financial Security for Future Retirees indicated that while Minnesota's next generations have much lower potentials for financial insecurity than

counterparts in many other states, participation in pension coverage has declined and 46 percent of private sector employees do not participate in employer-sponsored retirement plans. Findings from the 2015 Survey of Older Minnesotans indicated that older adults (age 50 and older) are delaying retirement which may be in part because they need to supplement their income in retirement.

- Have less family support – boomers are more likely to be divorced or never married than the previous generation. In Ramsey County in 2014, approximately 42 percent of the population between the ages of 45 to 64 were not married (U.S. Census American Community Survey, 5 Year). Boomers also tend to have fewer children with children dispersed throughout the country/world.
- Have great economic and social potential – Older adults who remain engaged—whether through paid work, volunteerism, or education—realize many benefits, and their engagement yields economic gains for their state and community. In Minnesota nearly 287,000 volunteers age 65 and older contribute an estimated \$459 million in donated labor annually (Minnesota Compass, 2014). In addition, the 2015 Minnesota Survey of Older Adults indicated that fewer older adults (50 and older) are working longer and delaying retirement (Minnesota Board on Aging, 2015).

These unique characteristics of the baby boom generation need to be considered when developing services and programs for them. For example, if these characteristics play out, an increasing number of residents will choose to age in their community but will more likely live alone and not have family to provide caregiving. Because they are expected to live longer but with fewer pensions, boomers may be more likely to need financial assistance as they age than the previous generation (Howe, 2012).

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 outlines a framework for action to achieve healthy aging by optimizing functional ability. WHO defines healthy aging as the process of maintaining and developing the functional ability that enables well-being in older age (World Health Organization, 2015). Functional ability can be maintained by sustaining mental and physical capacities through preventing chronic conditions and ensuring early detection and control of these conditions. When one starts to lose mental and physical capacities, functionality can be developed by supporting capacity enhancing behaviors and removing barriers to functionality. This definition of healthy aging acknowledges that mental and physical capacities (intrinsic capacity) may decline as one ages but functional ability need not decline at the same rate. In other words, older adults can remain healthy and maintain high levels of independence and functionality even while experiencing natural changes in intrinsic capacity, if the environment in which an individual lives provides supports and services to adapt to these physical and mental changes.

This definition of healthy aging broadens our view of aging because it focuses on maintaining and developing functional ability, rather than on specific chronic conditions such as diabetes. The environment is a major influence on an individual's ability to remain independent and functional in their community and therefore is an essential part of healthy aging.

b. Health and Functional Status – Ramsey County

In 2014, the Minnesota metro counties (Carver, Dakota, Hennepin, Ramsey, Scott and Washington) conducted an adult survey on the health of their residents. The 2014 Survey of the Health of All the Population and Environment (SHAPE) indicated that the Metro Counties' older population consists of residents with a wide range of health status. According to the 2014

Figure 6: Healthy Aging

Healthy aging is the process of developing and maintaining the functional ability that enables well-being in the older age. The goal of healthy aging is to optimize functional ability.

Functional ability comprises the health-related attributes that enable people to be and to do what they have reason to value. It is made up of the intrinsic capacity of the individual, relevant environmental characteristics and the interactions between the individual and these characteristics. Functional abilities are the abilities to move around; build and maintain relationship; meet one's own basic needs; learn, grow and make decisions.

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

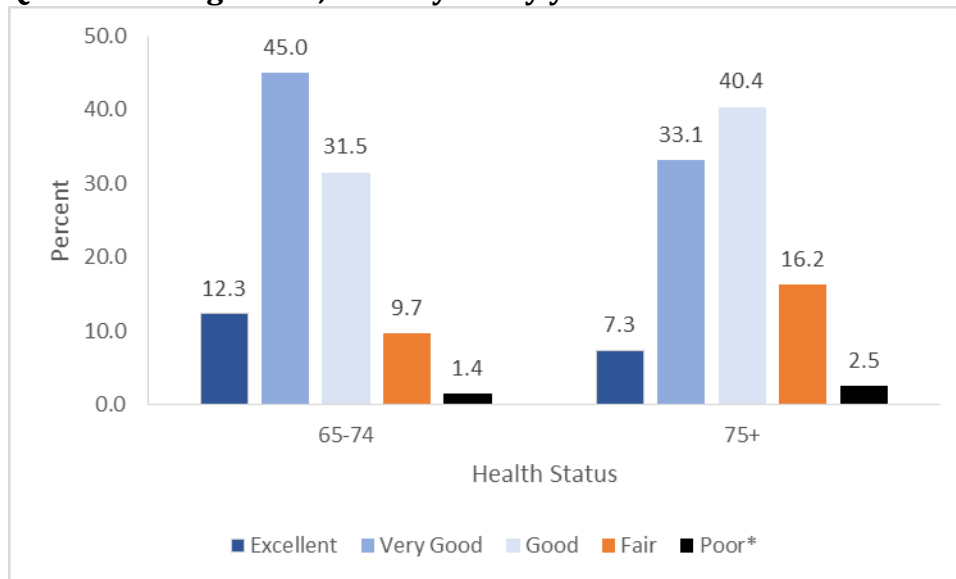
Environment comprises all the factors in the extrinsic world that form the context of an individual's life. These include home, communities and the broader society. Within the environment is a range of factors, including the built environment, people and their relationships, attitudes and values, health and social policies, the systems that support them, and the services that they implement.

Well-being is considered in the broadest sense and includes domains such as happiness, satisfaction and fulfilment.

(World Health Organization, 2015)

Metro SHAPE 16 percent of respondents 75 years and older indicated that their health status was fair or poor compared to 16.2 percent who indicated their health was good and 40.2 was very good (Figure 7).

Figure 7: General Health Status of Population 65 and older, Metro Counties, 2014
Question: “In general, would you say your health is...?”



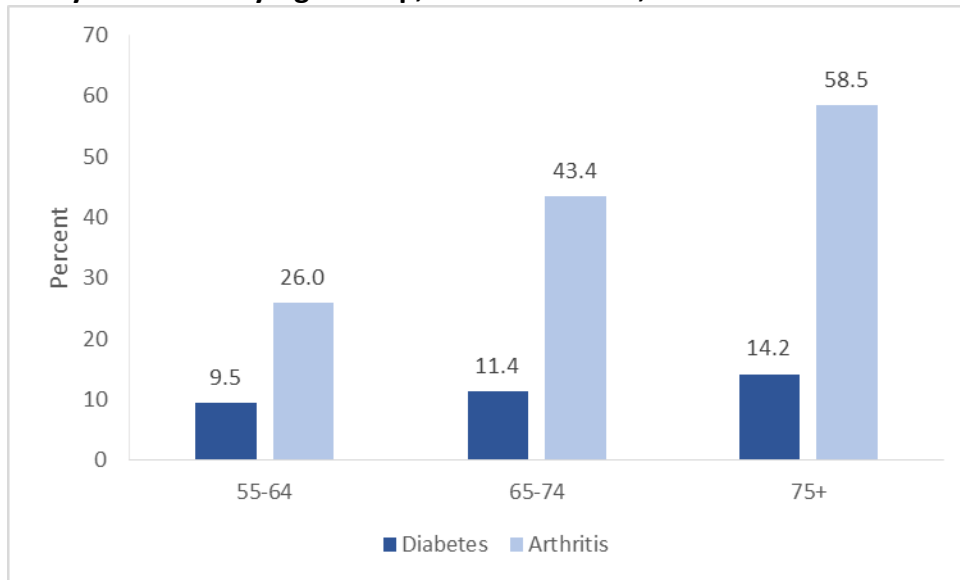
Source: Countryman M, Ding M, Downs S, Erdman J, Godwin T, Jansen J, Johnson D, Kinney A, Kleinfehn-Wald N, Landreman U, Nagy A, Steno-Velo S; Metro SHAPE Workgroup (2014). Metro SHAPE 2014.

Metro Counties: 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%).

Chronic conditions such as arthritis and diabetes become more common in older age (Figure 8). According to the 2014 Metro SHAPE Survey 43.4 percent of respondents 65-74 years old and 58.5 percent of respondents 75 years and older indicated they had arthritis compared to 26.0 percent of respondents 45-54 years of age. 16.2 and 15.2 percent of those 65-74 years and 75 years and older, respectively, indicated they had diabetes compared to 11.1 percent of the 45-54 year olds.

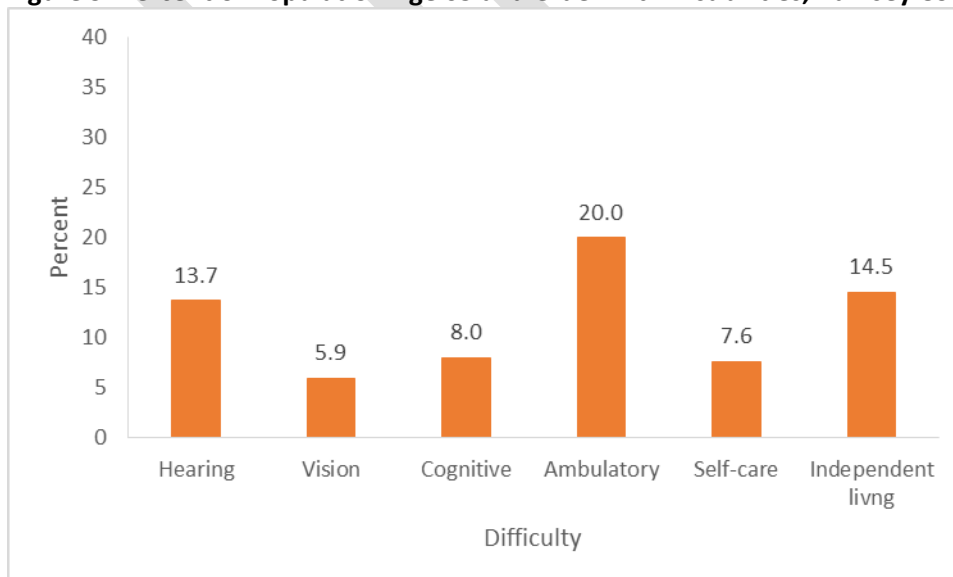
Figure 8: Chronic Conditions: “Have you ever been told by a doctor or other health professional that you have...” By Age Group, Metro Counties, 2014



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: Carver, Dakota, Hennepin, Ramsey, Scott and Washington
 The percentages for 65-74 and 75+ for diabetes were not statistically different from each other.

Disabilities later in life such as vision loss or difficulty walking can affect one’s intrinsic capacity and thus can inhibit functional abilities. For example, someone with significant vision loss may lose their independence because they can no longer drive and must rely on others for transportation. In Ramsey County two-thirds of the population 65 and older live without disability while 13.4 percent had difficulty hearing, 19.9 percent had ambulatory difficulties and 13.7 percent had difficulty living independently (Figure 9).

Figure 9: Percent of Population Age 65 and Older with Disabilities, Ramsey County 2010-2014



III. Ageism

Ageism is a serious form of social discrimination and has a severe effect on the self-esteem and well-being of older adults. Ageism can take many forms, including prejudicial attitudes, discriminatory practices, or institutional policies and practices that perpetuate stereotypical beliefs that are further reinforced by society and media (World Health Organization, 2015). Common

stereotypical beliefs are that older people are sickly, unproductive, less intelligent, more forgetful, and lacking in ability and agency. These stereotypical beliefs can create barriers to policy and program development and limit the types of policies and programming available to older populations. The result of ageism and ageist policies and programs is poorer health of older adults caused by social isolation, unequal treatment and poorer quality of health and social services (Walker, 2014), (Aging in the 21st Century, 2012) (World Health Organization, 2015). Ageism must be included as a determinant of how our residents are aging. We need to understand the impact ageism has on our residents (both old and young) as well as the impact it has on policy and program development.

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

IV. Aging Well in Community

A goal of many older adults is to live in one's community as long as possible rather than live in an institution. In Minnesota, only 10 percent of the population 50 and older plan to move out of their homes in the next few years (Minnesota Board on Aging, 2015). In addition to aging in place, the idea of aging in community has arisen in conversations about healthy aging. The success of aging in one's community depends on the supports that are available to the individual which includes affordable appropriate housing, transportation and services. However, too often the focus of "at home aging" is on making adaptations to the home and providing paid professional services without taking into consideration the social and community supports necessary for individuals to thrive in the community. The idea of aging in community" shifts the focus from the dwelling and individual toward relationships that create supportive neighborhoods which are inclusive, sustainable, healthy, accessible, interdependent and engaged (Figure 10). Aging in community has a similar philosophy to the 8 to 80 Vitality Fund that is being implemented in Saint Paul. 8 to 80 promotes livable cities where people of all ages, backgrounds and abilities are safe, invigorated and welcomed by their community.

Figure 10: The Qualities of Healthy Aging in Community

- Inclusive — People of all ages, race/ethnicities, and abilities, especially elders, are welcome.
- Sustainable — Residents are committed to a lifestyle that is sustainable environmentally, economically, and socially. Size matters. People need to know each other, and scale determines the nature of human interaction. Small is better.

- **Healthy** — The community encourages and supports wellness of the mind, body, and spirit and, to the same degree, plans and prepares programs and systems that support those dealing with disease, disability, and death.
 - **Accessible** — The setting provides easy access to the home and community. For example, all homes, businesses, and public spaces are wheelchair-friendly and incorporate universal design features. Multiple modes of transportation are encouraged.
 - **Interdependent** — The community fosters reciprocity and mutual support among family, friends, and neighbors and across generations.
 - **Engaged** — The community promotes opportunities for community participation, social engagement, education, and creative expression.
-

Source: Thomas and Blanchard, 2009

V. Ramsey County Healthy Aging Framework

The goal of this framework is to enhance our understanding of the determinants of healthy aging, as well as illuminate entry points for programs and policies. The framework also establishes a public health approach to aging. The first steps for the development of the framework were to establish guiding principles and identify opportunities for action.

a. Guiding Principles

The framework's guiding principles are based on the findings and concepts from the preceding sections and described in detail in Figure 11. The principles are meant to facilitate sound planning and help define what is important for the successful development of an aging framework. These principles will allow us to develop a shared understanding of the characteristics of our older population, the determinants of healthy aging and the essential components of the framework. The guiding principles establish the use of a broader view of aging, addressing the vast experiences of this heterogeneous population and life experiences that influence well-being. This broader definition also recognizes the growth and diversity of the population, the great potential of our older population and their desire to age in the community. The principles also emphasize the influences social determinants, including health, health inequities and ageism, have on healthy aging.

An effective approach to healthy aging requires a comprehensive and coordinated effort among all of the systems and sectors that impact older adults and their environments. All sectors (e.g. health care, finance, transportation, housing, employment, parks and recreation) have an investment in a healthy older population. To be effective, these sectors must consider the needs of the older population when modifying and developing policies and programs. All programs and policies regardless of the sector must be coordinated to reduce duplication and fragmentation and must address the continuum of health and functional status of the older population.

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).

Community leadership is also an essential element to the framework. Planning for the growth of our older population requires strong partnerships with communities and building on the expertise of community leaders and promising practices already being implemented in communities. A robust framework incorporates our communities' values, assets and concerns into planning and development of programs and policies.

Another guiding principle of the framework is to use a public health approach to aging. A public health approach moves beyond individual medical based programs, incorporates community-wide policies and programs and builds upon existing efforts in our communities.

Figure 11: Guiding Principles of the Healthy Aging Framework

Aging and Healthy Aging

- Foster a shift in how we understand aging and healthy aging
 - Recognize a broad definition of aging - aging is normal and lifelong, extends across the entire lifespan and is distinct from disease and decline.
 - Recognize that healthy aging is the process of maintaining and developing the functional ability that enables well-being in older age.
 - Recognize that optimal aging occurs when individual's functional capacities allow them to meet their basic needs; learn, grow and make decisions; be mobile; build and maintain relationships; and contribute regardless of the level of intrinsic capacity (i.e. mental and physical capacities).
 - Consider health from the perspective of an older person's trajectory of functioning rather than the disease or comorbidity they are experiencing at a single point in time (Healthy Aging)*
- Recognize the heterogeneity of the older population in health and functional ability - a wide continuum of health and functional abilities exists within the older population.

Growth and Diversity

- Recognize the extraordinary growth in the older population.
- Recognize the characteristics of the next generation of older adults (current aged 51-69):
 - will live longer,
 - be financially less stable and have less family support than the previous generation.
 - still have the potential for making great economic and social impact on the community.
- Reflect the growing racial/ethnicity diversity of the older population.

Aging in Community

- Recognize that older adults will want to remain in their community as they age.
- Shift focus from the home modifications and professional services toward relationships to create the social and community support necessary for all to thrive in the community.

Inequities, Social Determinants and Ageism

- Recognize the health inequities that exist for populations of older adults.
- Consider the ageist stereotypes and preconceptions – Ageism*.
- Consider the social determinants of health that affect people as they age including socio-economic status, physical and social environments, and social stressors such as ageism.*
- Place greater emphasis on creating environments that promote and support optimal aging (environments can be social, such as families, schools, communities, and cultures, or physical, such as buildings and parks).^

Multi-Sectoral

- Collaborate across systems/sectors - an effective approach requires a comprehensive and coordinated effort among all of the systems and sectors that impact older adults and their environments.^

Public Health Approach

- Incorporate community-based programming at different levels (i.e. primary, secondary, tertiary).
- Use data to drive decisions about programs and policies and to ensure programs and policies are implemented and sustained effectively for entire populations.^
- Encourage collaboration with partners during development and implementation.
- Inform and educate the community on aging issues.
- Assure that services needed to achieve agreed-upon goals are provided.

Community Driven

- Community takes the lead in decision-making and determining policies and programs that are appropriate for their residents.
- Policies and programs should be community driven and locally developed.

- Local priorities, values, assets, and concerns are used to make choices about the goals/impacts, what data will be gathered and analyzed, and what array of programs and policies will be implemented.^

[*Creating Healthy Communities for an Aging Population](#) (MDH, 2006)

[^A Public Health Approach to Children’s Mental Health: A Conceptual Framework](#)

b. Opportunities for Public Health Action

Another component of the framework is to identify opportunities for action to help shape SPRCPH’s role in healthy aging. In 2015, the World Health Organization identified opportunities for public health action across the life course with the goal of achieving optimal functional status (World Health Organization). Figure 12 provides more detail on the type **strategies** for achieving the goal of **optimal functional status**. The strategies are organized by the three levels of capacity:

- high, stable capacity;
- declining capacity; and
- significant loss of capacity.

The strategies focus on change at the individual, community and system levels.

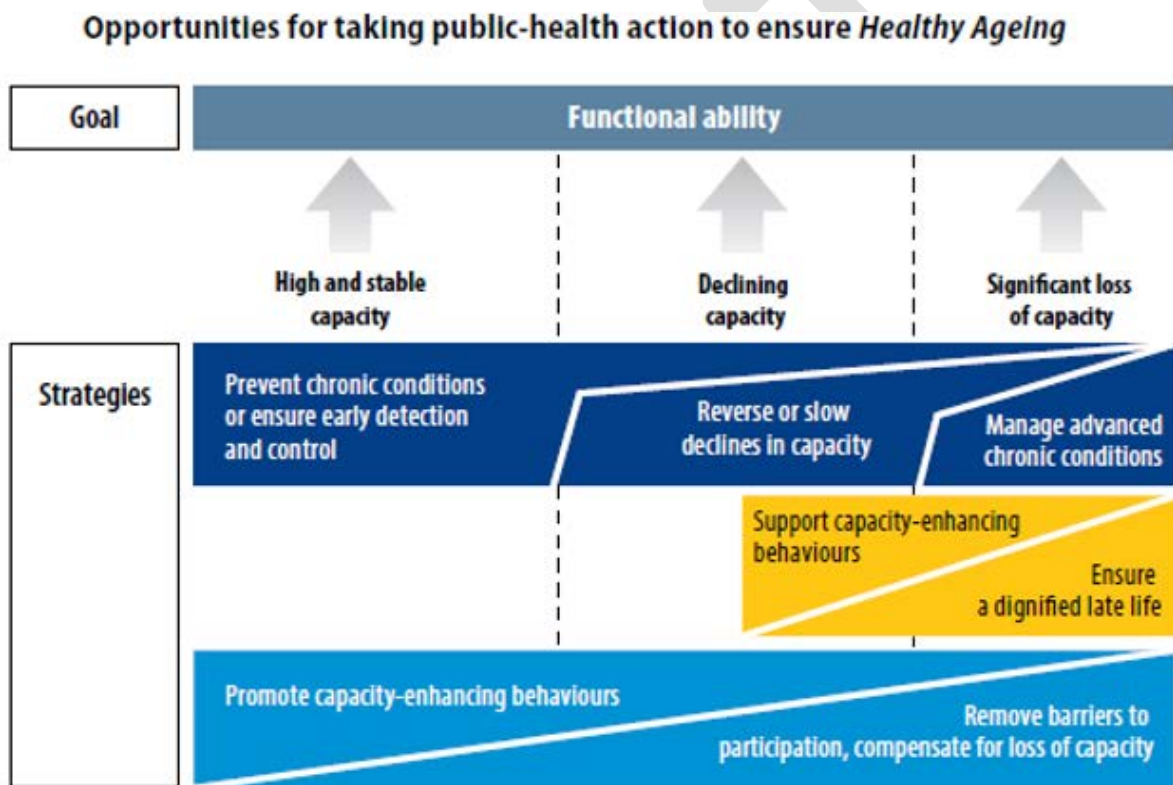
Strategies for those with high, stable capacity focus on continuing to build and maintain this capacity for as long as possible. Strategies during this period are similar to programs of the Statewide Health Improvement Program at Saint Paul - Ramsey County Public Health and are focused on preventing and controlling chronic conditions, encouraging healthy behaviors and removing the environmental barriers that discourage these behaviors.

Strategies in the period of declining capacity are focused on delaying, slowing or reversing the process of becoming frail or care-dependent. Strategies in this period also encourage healthy behaviors but often with a different goal. For example, an exercise program for people with high stable capacity may have the goal of weight loss whereas an exercise program in the declining capacity has a goal of building muscle strength and balance. Environmental strategies in this period are focused on enabling those with decline in their functional capacity to do the things that are important to them. These types of strategies include establishing accessible public transportation and creating a loan program for home modifications.

Various approaches are needed when a person reaches the stage of significant loss of capacity. All people have a basic right to be as independent as possible. These strategies are focused on providing care and support so that a person can maintain a level of functional ability including chore and companion services, financial assistance for long-term care and health care services.

Regardless of capacity-level, strategies must address individuals, communities (e.g. changes in community norms, attitudes and awareness) and systems (e.g. changes in organizations, policies, environments). These strategies also require coordination between government agencies, health care systems, businesses, communities and non-profit agencies. Furthermore, such strategies must be developed with community involvement and connectivity (e.g. volunteer programs, community education) as they are critical modifiers of health, well-being and maintenance of independence as we age (Fried, 2012).

Figure 12: Opportunities for Taking Public Health Action to ensure Healthy Aging



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. From conversation starter to convener to catalyst for action .”

[International City/County Management Association, 2010](#)

Saint Paul - Ramsey County Public Health (SPRCPH) is uniquely positioned to lead healthy aging efforts because of its strong ties with communities throughout Ramsey County. The organization also partners with other governmental agencies (e.g. housing, parks and recreation, human services) and nonprofits (e.g. Hmong agencies, Somali organizations). SPRCPH, with input from communities, nonprofits, businesses and other governmental agencies, developed this community-based framework that articulates a vision and goal for healthy and vital aging. It also documents concrete steps for addressing the current and future needs of Ramsey County's older population.

Role for SPRCPH

- Guide the development and implementation of the framework.
- Convene community residents, community groups, governmental agencies and non-profit agencies around aging.
- Engage community residents and community groups at the start and build on relationships throughout the planning process.
- Develop meaningful leadership roles with community members as a method for increasing capacity and fostering community ownership.
- Gather information on older population in Ramsey County.
- Stay informed and raise awareness of community efforts focused on older adults in Ramsey County.
- Raise awareness of the shifting demographics and the impact it will have on Ramsey County.
- Serve as resource on aging information including data and best practices.
- Identify short-, medium-, and long-term measurable outcomes and share accomplishments with stakeholder partners and the broader community ([Smith, Tingle and Twiss, 2010](#)).

VI. Next Steps

The following describes the initial steps in creating the framework.

a. Develop background materials on aging in Ramsey County

1. Expand existing information about Ramsey County's existing (65+ year olds) and future older population (51 to 64 years old), including diversity (factsheets by neighborhood and city).
2. Create issue briefs by topic include how they impact aging and why are they important. Topics may include:
 - Transportation
 - Housing
 - Health and Community Services
 - 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
3. Conduct a preliminary inventory of programs for older populations throughout Ramsey County.
4. Develop a plan to assess the needs and expectations of Ramsey County residents (e.g. Washington County conducted several focus groups, Dakota County brought people together to develop a vision and strategic plan, Denver had "community conversations, conducted an AARP survey and met with content experts").

b. Set up task force

Members will be from the Ramsey County communities, experts in aging, and Ramsey County government staff.

c. Meet with task force to review background materials and determine what additional data gathering is needed.

1. Review the framework with aging experts
2. Develop a preliminary list of policies that impact older populations by social determinants of health.
3. Review aging plans/frameworks including:
 - [Aging 2030: Preparing Minnesota for the Age Wave](#) – Minnesota Department of Human Services, 2011

The Aging 2030 was developed through a partnership with the Minnesota Department of Human Services, Board on Aging and Minnesota Department of Health. The goal is to prepare Minnesota for the coming age wave of boomers and the changes that population will bring, including a growth in health-related and long-term care needs. This plan has five themes for action related to work, caregiving, communities, health and technology (Figure 12). The Ramsey County healthy aging framework and plan should be coordinated with the goals and themes of the state plan.

Figure 13: Framework Examples

<p><u>WHO – Essential Features of Age-friendly cities</u></p> <ul style="list-style-type: none"> • Transportation – safe and 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 • Maximizing use of technology • Redefining work and retirement • Supporting caregivers of all ages • Improving health and long-term care <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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4. Learn about efforts in other Minnesota counties/cities.
 - Dakota, Carver and Washington Counties and Minneapolis – all are in various stages of aging efforts.
 - Saint Paul [8 to 80 Vitality Fund](#) which promotes livable cities where people of all ages, backgrounds and abilities are safe, invigorated and welcomed by their community.
5. Describe key findings from initial interviews with aging experts.
6. Provide examples of best practices by intervention level (individual, community and system).
7. List example roles for Saint Paul - Ramsey County Public Health.
8. Determine what *society* has to do to change, not just what new county/city/state services are needed. How does the community respond to the change in the demographic structure?
9. Develop action steps for engaging the community to develop the plan.

In moving forward, the task force will consider the following:

- How can we build on what is already being done (e.g. Block Nurse Programs, neighborhood councils)?
- How can we coordinate current programs and services across sectors?
- What are examples of best practices?
- What are the roles of Saint Paul - Ramsey County Public Health, other Ramsey County governmental agencies, health systems, communities, cities and older adult-serving organizations?
- What are the roles of city and district planners? How will older adults be represented in city and district comprehensive plans?

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