Introduction

In January 2020, the Olmsted County Board of Commissioners voted in January 2020 to sponsor our community’s membership in the Network of Age-Friendly States and Communities (NAFSC). In doing so, the board asked that Family Service Rochester (FSR) convene and lead the community assessment and action plan that initiates the age-friendly process. The Age-Friendly Olmsted County (AFOC) documents enclosed in this publication are the results of that assessment and planning.

Released in June 2021, the Age-Friendly Olmsted County Community Assessment Findings Report includes additional information about Age-Friendly Olmsted County and the research that was conducted in the preparation of that report. The report includes nine key findings:

1. Housing is a fundamental and pressing issue that sets the stage for nearly everything else.
2. Transportation can empower us or hinder us.
3. Community information: You cannot use a service if you do not know about it.
4. Preventable health conditions are impacting quality of life and need for services.
5. People must be safe (and feel safe).
6. Public spaces—both buildings and outdoors—must be truly accessible.
7. Older adults are a critical part of the workforce and local economy.
8. Greenspace, trails, parks, and connection to nature should be basic—not bonus.
9. Access to important services and amenities is uneven.

These findings served as the basis for the development of a three-year action plan presented in the second document.

The Age-Friendly Olmsted County 2022-2025 Action Plan sets forth three action areas with eight associated goals.

1. Action Area I: Age-Friendly Community Supports and Health Services
   a. Goal #1: Increase availability of affordable Home and Community Based Services (HCBS)
   b. Goal #2: Dementia Navigator
   c. Goal #3: Develop cross-sector, holistic, culturally appropriate dementia informed approach to care
2. Action Area II: Aging in Place Readiness Planning
   a. Goal #4: Effective tools & protocols are available for identified providers and individuals.
   b. Goal #5: Education on Aging in Place is widely available and utilized.
3. Action Area III: Age-Friendly Community Engagement
   a. Goal #6: Ensure concerns of older adults inform public planning and policy
   b. Goal #7: Extend age-friendly network participation in Olmsted County
   c. Goal #8: Address age-based barriers to opportunity and access
In addition to and in support of the assessment and planning activities in these two reports, AFOC and FSR has:

- Participated as a member of the design team and as a stakeholder in the Coalition for Rochester Area Housing Senior Housing Community Co-Design Project. Summer/Fall 2021.
- Presented to the AARP Livable Communities Workshop: Engaging Older Adults - Why It Is Good for the Community. September 23, 2021.
- Hosted a public forum on accessory dwelling units with a panel comprised of Jamie Stolpestad, Founding Partner, Yard Homes; Samar Jha, Senior Legislative Representative, AARP Government Affairs; and, Ryan Yetzer, Deputy Director Community Development for the City of Rochester. February 15, 2022.
- Conversations with the MN Department of Human Services, AARP MN, SE MN Area Agency on Aging, and Minnesota Governor Tim Walz regarding challenges resulting from historic funding patterns for Home and Community Based Services (HCBS). February/March 2022.
- Supported the expansion of the network into Oronoco, where they are conducting their own community assessment; and, Pine Island, which joined the NAFSC in April 2022.
- Received a MN Department of Human Services grant ($50K) to research care giving gaps in HCBS in low-income (Medicaid eligible) BIPOC and rural communities. May 2022.
- Advocated for City of Rochester zoning revisions that would expand the development of accessory dwelling units throughout the city.

Following the publication of the 2022-2025 Action Plan, the next step will be the formation of an implementation team to convene, facilitate, and support to work necessary to pursue and monitor the progress toward the action area goals and objectives. This next phase in the Age-Friendly Process will begin in July 2022.

Dave Beal  
Age-Friendly Olmsted County Coordinator  
Family Service Rochester  
Rochester, Minnesota
Age-Friendly Olmsted County
Community Assessment
Findings Report
June 2021

Prepared by the Age-Friendly Olmsted County Community Assessment Committee
ACKNOWLEDGEMENTS

The Age-Friendly Olmsted County (AFOC) Community Assessment Committee wishes to thank the various persons and organizations who contributed to the community assessment and this report.

In the City for Good Age Friendly Action Team: Dave Beal, In the City for Good Steering Committee, Marketing and Communication Manager, Family Service Rochester; Lynn S. Borkenhagen, DNP, APRN, CNP, ACHPN, Assistant Professor of Medicine, College of Medicine Mayo Clinic, Rochester Minnesota, Primary Care Internal Medicine Care Transitions/Palliative Care Homebound Program; Bruce Buller, D.Min, Pastor, United Methodist Church (retired); Dan Conway, Eldercare Development Program Developer, Southeast Minnesota Area Agency on Aging; Jay Haapala, Associate State Director Community Outreach, AARP Minnesota; Raymond Schmitz, Olmsted County Attorney (retired); Stephen Troutman, Learning Is ForEver, Rochester Technical and Community College; Priscilla VanGrevenhof, Information Services Statistical Systems - Health Services Evaluation, Mayo Clinic (retired); Ken Zaiken, VP of Systems Solutions, Lakeview Technology (retired), AARP Minnesota Executive Leadership Council. This team initiated the local age-friendly community effort and worked with Olmsted County on its application to join the AARP Network of Age-Friendly States and Communities. In doing so, it conducted an Olmsted County age-friendly community assessment survey that contributed to this report.

Dawn Beck, Associate Director, Special Assignment, Olmsted County; Wafa Elkhalifa, Equity Specialist, Rochester Public School District; and Dee Sabol, Executive Director, Diversity Council; for their contributions to the AFOC Community Assessment Group

Olmsted County Commissioner Gregg Wright for his participation in the AFOC Community Assessment Group.

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We are grateful to the following persons who reviewed and commented on this report: Laurie Brownell, Executive Director, Southeastern Minnesota Area Agency on Aging; Angela Lunde, M.A., Associate in Neurology, Mayo Clinic Alzheimer’s Disease Research Center; Scott Maloney, Executive Director, Family Service Rochester; Dr. Ronald Petersen, M.D., Ph.D., Director, Mayo Clinic Alzheimer’s Disease Research Center, Director, Mayo Clinic Study of Aging; April Sutor, Director of Innovation and Collaboration, Family Service Rochester.

We thank Lydia Morken, Morken Consulting for her assistance in developing and writing this report.
EXECUTIVE SUMMARY

Age-Friendly Olmsted County (AFOC) is a cross-sector initiative to ensure that residents of Olmsted County have what they need to live with autonomy and dignity in all life’s stages. When Olmsted County became a member of the AARP Network of Age-Friendly States and Communities in early 2020, it officially joined a global movement, with roots in the World Health Organization, to help cities and communities respond to an aging population and prepare for a permanently older society.

Age-friendliness means we bring a lifespan approach to all aspects of the community. This will become increasingly important. Older adults are the fastest growing age group in the county, with the 55-plus cohort projected to increase from 19% to 30% between 2000 and 2025. By 2025, Greater Rochester will have the greatest proportion of residents ages 55 and older in the county, at nearly 39%.

As an age-friendly network member, AFOC follows a five-year framework with three major stages: planning, implementation, and evaluation. A community assessment is a part of the planning stage intended to identify needs and opportunities across the county.

This report is based on an analysis of local, regional, state, and national data and review of key research reports on various topics. Among these sources is an Age-Friendly Rochester survey conducted in 2018 by In the City for Good – a local civic organization; and, two focus groups of older Olmsted County residents conducted by the AFOC Community Assessment Committee.

From this work, we identified several themes of interest and concern, as well as a set of key findings. The themes include current and future COVID-19 impacts; increasing racial and ethnic diversity; racial, health, and income disparities; dementia and caregiving; and a striking rise in homelessness. We also recognize that more information about the unincorporated areas of the county is needed and is critical to this work.

Our nine key findings are as follows:

- Housing is a fundamental and pressing issue that sets the stage for nearly everything else.
- Transportation can empower us or hinder us.
- Community information: You cannot use a service if you do not know about it.
- Preventable health conditions are impacting quality of life and need for services.
- People must be safe (and feel safe).
- Public spaces—both buildings and outdoors—must be truly accessible.
- Older adults are a critical part of the workforce and local economy.
- Greenspace, trails, parks, and connection to nature should be basic—not bonus.
- Access to important services and amenities is uneven.

These findings will become the basis for the next stage of work: creating a three-year action plan in keeping with the age-friendly network process.

The report also stresses that true age-friendliness is inherently focused on broad and expansive inclusion. AFOC will work to ensure that we are inclusive not only of age but of income, race, ethnicity, physical or cognitive ability, geography, and other characteristics commonly tied to discrimination.

AFOC aims to ensure that the interests and voices of older adults—a group which we all hope someday to be a part—are represented and inform local growth and development; and, in doing so, help Olmsted County become a place that values and empowers all of us throughout the span our lives.
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WHAT IS AGE-FRIENDLY OLMSTED COUNTY?

Age-Friendly Olmsted County (AFOC) is a cross-sector, community-driven initiative to ensure that residents of Olmsted County have what they need to live with autonomy and dignity in older age.

According to the 2019 Olmsted County Community Health Needs Assessment, 48% of Olmsted County residents believe our community supports older adult independence; only 35% of retired people agree. There is a disconnect between perception and reality. As the number of older adults continues to rise significantly into the foreseeable future, it is imperative that our communities become places that meet the needs of residents across the lifespan.

The well-being of older residents has been identified as a community priority in various assessments, surveys, and similar community engagement efforts of county residents over time. However, little tends to change as a result. Age-Friendly Olmsted County is the first initiative to undertake this work in a comprehensive manner—one that is both philosophical and practical, and that will benefit residents of all ages.

In late 2017, In the City for Good, a local civic organization began working to add an older adult lens to various efforts underway to address economic development and social justice issues in the county. Following a series of community forums, it began working with Olmsted County on an application to join the World Health Organization (WHO)/AARP Network of Age-Friendly States and Communities. In January 2020, WHO and AARP approved the application, and Olmsted County became an official network member.

AARP’s age-friendly program, part of its larger Livable Communities initiative, provides a comprehensive framework to help communities become better places to grow older. Largely driven by shifting age demographics, this program—which originated at the World Health Organization—now includes more than 500 member cities, counties, and territories in the U.S., and more than

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1 The Olmsted County Community Health Needs Assessment (CHNA) is a collaborative effort conducted every three years. It assesses the community’s health; prioritizes top community health needs; and plans, implements and monitors/evaluates strategies to improve the community’s health. The most recent results were reported in 2019. We refer to these findings throughout the report as the 2019 CHNA or similar.
1,000 worldwide. In Minnesota, two counties and seven cities are members, and the State of Minnesota is taking steps to enroll in 2021.

The framework is organized around eight domains of livability (see Figure 1), which together encompass the many aspects of daily and community life that shape the way we live. The domains are understood to be interrelated and interdependent. Housing, transportation, and communication all influence our social participation, for example. Following a formal commitment from a local government, age-friendly network members commit to following a five-year process of planning, implementation, and evaluation.

In committing to membership in the network, the Olmsted County Board asked Family Service Rochester to lead the age-friendly planning process. Family Service Rochester now convenes and facilitates the planning activities and the preparation of the planning report. The County assists in the inventory and documenting of existing data pertinent to the planning from various appropriate sources and supports the planning process participants in understanding how the data informs opportunities/priorities for collective action.

The network process establishes a cycle of continuous improvement. This community assessment report is part of the planning stage. It describes the findings of a community needs assessment designed to identify the greatest needs and opportunities related to older residents in the county. The next step is to develop a three-year action plan that reflects the findings in this report.
COMMUNITY PROFILE: MEET OLMSTED COUNTY

Olmsted County lies in southeastern Minnesota, less than two hours south of the Minneapolis/Saint Paul metropolitan area. It is a largely rural, agriculturally-oriented county, other than its urban center, the City of Rochester, home to the Mayo Clinic.

**Population & Demographics**

Olmsted County is home to more than 158,000 people. Nearly 117,000 of those reside in Rochester, while around 41,000 live in the county’s seven other cities and 18 townships. The next-biggest cities are Stewartville and Byron, each with around 6,000 people.

The county has experienced marked population growth in the past two decades. Between 2000 and 2020, its population grew by 22%, nearly twice the rate of the state as a whole. And while all cities in the county have experienced growth, most has been driven by Rochester.

Older adults are the fastest growing age group. The 55-plus segment is projected to increase from 19% to 30% between 2000 and 2025 (see Figure 3). Since 2010, the 55-64 age group grew the most (36%), and between 2020 and 2025, the 65-plus cohort will account for 47% of Olmsted County’s projected population increase. The 65-74- and 75-84-year-old age groups will see similar growth rates, both about 35%. (For various reasons, this report uses both ages 55-plus and 65-plus in discussing topics related to age demographics.)
While older adult numbers are growing considerably countywide, the growth rate varies from place to place. In many cases, bigger and more urban cities are collectively younger than small cities and rural areas, but this is not the case here. Currently, in both Rochester and the county as a whole, residents ages 65 and over make up about 15% of the overall population.

Looking at the data by region helps capture township populations as well as cities (see Table 1). Importantly, less data on the more rural parts of the county was available for this report. It will be important going forward to acquire additional information in order to more fully understand and respond to needs and opportunities in those places.

<table>
<thead>
<tr>
<th>Region</th>
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* Region definitions are borrowed and adapted slightly from Maxfield Research & Consulting, LLC and its Comprehensive Housing Needs Analysis for Olmsted County, Minnesota, November 2020.
** Located partially within Olmsted County’s borders
***Located outside but directly adjacent to Olmsted County’s eastern border

By 2025, the East region’s population of 55-plus residents will be 24.5%, compared to 38.8% in Greater Rochester (see Figure 4). These differences will matter as communities plan for needs related to housing, transportation, and services, as well as things like retail, parks, and other amenities.

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2 The Comprehensive Housing Needs Analysis for Olmsted County, Minnesota was completed by Maxfield Research & Consulting, LLC for the City of Rochester in November 2020. The study projects housing demand from 2020 through 2030 and provides recommendations on the amount and type of housing that could be built in Olmsted County to satisfy demand from current and future residents over the next decade. The Age-Friendly Olmsted County Community Findings Report references Maxfield’s analysis throughout this document.
Money matters in later life

Median household income (see Figure 5) helps give a sense of financial issues that determine many aspects of life, including in older age. Income for older adults drops significantly over the course of later life. The 55-64 age group—and to some extent the 65-74 group—reflect incomes of people still in the workforce. Those 75 and older are largely retired, with the most common income sources being Social Security, assets, pensions, and public assistance. People at this age also are more likely to have sold a family home and downsized, moved to a senior living community, or made a comparable move or transition. Profit from the sale of a longtime home can help cover new housing costs, such as rent at a senior housing community. The need for services is greatest in this group, which adds costs as well—whether by relocating to senior housing with services, or bringing services into the home.

Olmsted County’s 2019 Community Health Needs Assessment (CHNA) identified fiscal stress as one of its top three community priorities, finding that one-third of adults in the county are financially stressed. Fortunately, poverty among older adults has dropped dramatically in the U.S. in the last 60 years, and older people have lower poverty rates than other age groups. Olmsted County’s 65-plus poverty rate is 5.5% (see Figure 5). While this is lower than rates in Minnesota (7.4%) and the U.S. (9.4%), it still amounts to more than 1,200 residents, and an additional 1,461 people live between 100% and 149% of the Federal Poverty Level—also an extremely low income. Living at or below 250% of the Federal Poverty Level—or $31,225—is considered economically insecure, according to the National Council on Aging.
Further, the official poverty measure does not paint a full picture of financial struggles. Among other things it excludes potentially major expenses like taxes and out-of-pocket medical costs—especially relevant for older people. Poverty rates among people ages 65 and older also increase with age,\(^1\) which is reinforced in Figure 5 where we see household income decline considerably over time.

Poverty and significant financial hardship are linked to a host of other concerns for older people—food and transportation insecurity, delayed medical care, and mental health issues, among others. About 950 older adult households receive food assistance or public cash assistance, according to 2019 US Census numbers (though there may be some overlap in recipients of these benefits). The need may be greater than the numbers indicate, as some older people who would qualify either aren’t aware of available assistance or don’t apply due to stigma or similar concerns.

It should be noted that the data discussed above represents pre-COVID-19 information. The financial and economic impacts of the pandemic remain to be seen and should be tracked to assess how older adults have been affected. In any case, it will be important to specifically include lower-income older adults in the work of Age-Friendly Olmsted County.
A Livability Lens

Another helpful way to understand needs across the county is in terms of livability. AARP developed an interactive tool called the Livability Index\textsuperscript{3} that measures the livability of nearly every city and neighborhood in the country. It considers things like safe, walkable streets; age-friendly housing and transportation options; access to needed services; and opportunities for residents of all ages to participate in community life. A great deal of overlap exists between livability and age-friendliness.

The Livability Index measures seven categories: Housing, Neighborhood, Transportation, Environment, Health, Engagement, and Opportunity. Each category is scored from 0 to 100\textsuperscript{4}, though in practice overall scores range from 22 to 76, with an average score of 51.2. Communities are scored by comparing them to each other, and it is difficult to get a high overall score. Many places score high in some categories and low in others. While the index has its limitations, this unique tool offers useful perspective on a range of community features throughout the county.

Olmsted County earns an overall 63 out of 100 on the index; cities’ scores across the county are fairly comparable, and they all are relatively good (see Figure 7). In fact, Rochester, along with both Saint Paul and Minneapolis, rank in the top ten for their respective city sizes in AARP’s national rankings.

\textsuperscript{3}Index scores are based on a set of indicators that include 40 metrics and 20 policies drawn from 50 unique sources of data. Data discussed in this report reflect information from 2018. Find the Livability Index here: https://livabilityindex.aarp.org/.
Figure 7. AARP Livability Index: Overall Scores by city/county

Figure 7 also shows scores from outside the county. Saint Paul, at 68, ranks high for Housing, Transportation, and Neighborhood (which refers to access to work, life, and play), but low for Opportunity, especially high school graduation rate, income inequality, and age diversity. A tiny community like Daisy, Oklahoma (pop. 196 with a median age of 50) has relatively higher scores in Housing due to low housing costs, but very low scores in Neighborhood, due to lack of access to grocery stores, parks, and employment, and Health, due to high rates of smoking and obesity and lack of access to health care. Nationally, AARP reports that most older adults don’t reside in the country’s most livable communities, and that there is a disconnect between what people have and what they need in communities to age in place.² In fact, areas with high concentrations of older adults are often among the least livable.³

All of Olmsted County’s cities sit in the above-average ranking for overall scores, although there is still considerable room for improvement. Overall, Olmsted County scores highest in Health (75), and lowest in Housing (52) and Neighborhood (51). Lower scores and marked differences between cities appear in some of the individual categories, which are discussed later in the report.
Rochester: The county’s urban center

The City of Rochester, Olmsted County’s county seat, has received national recognition as a good place to live and retire. It landed on Forbes’ “Best Places to Retire” in both 2020 and 2015, among other comparable “best of” lists in recent years. Such lists note the city’s long life expectancy, high number of primary care physicians, low average commute times, projected employment growth, and cultural offerings.

Rochester’s size means both more resources and amenities than its rural counterparts as well as more complex challenges. Rochester has a public transit system, a greater range of housing options, and locally available healthcare, services, retail, and other amenities. However, the city is also facing a rise in homelessness, racial disparities, and more costly housing. Rochester’s population is more racially and ethnically diverse than the rest of the county, as well. Minnesota Compass reports that 19.7% of Rochester’s population is people of color, compared to six percent or less in other cities in Olmsted County.

The city attracts millions of visitors each year related to the Mayo Clinic, one of the most respected medical centers in the world. Mayo employs more than 35,000 people and is a dominant part of the city’s (and the county’s) identity, economy, and culture. In 2013, a massive 20-year public-private economic development initiative called Destination Medical Center (DMC) launched in an effort to transform Rochester into a worldwide destination for medical care. DMC is projected to bring 35,000 to 45,000 new jobs over the next few decades that would result in tremendous economic impact not only to Rochester but to Olmsted County and the region. Part of Age-Friendly Olmsted County’s work will include ensuring that older adults throughout the county are part of planning, funding, and resource decisions tied to DMC.
HOW WE CONDUCTED OUR COMMUNITY ASSESSMENT

A major phase of age-friendly communities work is the needs assessment. What is our baseline age-friendliness? What are we doing well? What is missing—for some of us or all of us—that we need in order to age well in Olmsted County?

Needs assessments help answer these questions, and what we learned here in Olmsted County is the focus of this report. These findings will become the basis for the next stage of work: creating a three-year action plan in keeping with the age-friendly network process.

Communities can conduct their assessments in a variety of ways, but broad engagement is encouraged. Olmsted County was fortunate to have a cross-sector team with a lead organization, Family Service Rochester, undertake this effort, which began in 2017. Other key partners were In the City for Good (IC4G), Olmsted County, and AARP Minnesota.

IC4G is the umbrella entity for Age-Friendly Olmsted County. In addition to those organizations mentioned above, the Age-Friendly Action Team from IC4G included members from the SE Minnesota Area Agency on Aging, United Methodist Church, College of Medicine Mayo Clinic, and the AARP Minnesota Executive Leadership Council.

AFOC approached this work from a variety of angles that included both qualitative and quantitative data. We analyzed local, regional, state, and national data, and reviewed key research reports on various topics. IC4G also conducted an Age-Friendly Rochester survey in 2018 with more than 400 respondents, and the AFOC team held two focus groups to talk with older residents about their lived experiences.

The process also benefited from the insights and professional experience provided by team members themselves.

Equity, Diversity & Inclusion in Aging

The World Health Organization makes an important connection between aging and social justice, noting that life expectancies vary widely across societies and are linked to social and environmental conditions in each place. Similarly, in its final recommendations to the governor in August 2020, the Governor’s Council on an Age-Friendly Minnesota makes diversity and inclusion a centerpiece of its work to recognize the impacts of racism and longstanding disparities experienced by various groups of older Minnesotans—particularly people of color, as well as low-income residents, and residents of rural areas, among others.

Age-Friendly Olmsted County similarly commits to these principles. Age-friendliness is inherently focused on broad and expansive inclusion, and we will work to ensure that we are inclusive not only of age but of income, race, ethnicity, (dis)ability, geography, and other characteristics commonly tied to discrimination. Due to limits on what data was readily available for this report, information gaps exist related to the county’s unincorporated areas and townships. However, as AFOC progresses, we will continue to seek, learn, and integrate more information about our rural areas to ensure that all regions and residents will benefit from this work.
All data and information were compiled and analyzed to produce this report. Of course, this report is not an exhaustive catalog of concerns and opportunities. Instead, it attempts to capture the most pressing issues and highest priorities based on what we learned through the assessment process.

Importantly, the timing of the assessment means nearly all data used for this report reflect a pre-COVID-19 reality. However, we know that many broader needs—such as those related to housing and transportation—will remain, and we will work to ensure that COVID impacts and lessons are integrated into the work ahead.
WHAT WE LEARNED

Major takeaways from the community assessment

Taken together, the findings from the community assessment helped AFOC leaders identify key areas of concern and opportunity. These are detailed below and will help determine priorities and strategies for the forthcoming action plan.

As noted earlier, age-friendly domains overlap with one another. A given issue or concern doesn’t necessarily fall neatly into one bucket. Rather, this work requires coordination of efforts across fields and organizations. That collaboration requires updated ways of thinking and operating, but holds enormous potential for high-impact work over time.

Themes of Interest and Concern

What is shaping our community’s experience of aging

Every community is unique. Yet many issues facing Olmsted County are not unique to us. Several broad themes, most tied to larger trends, emerged that must be noted and should be incorporated into all strategies developed as part of the action plan. This includes not only what the work entails but also who is engaged along the way.

COVID-19 changed things—some temporarily, some for the long term.

COVID-19 has caused many immediate and serious problems, and there also will be lasting impacts, the extent of which remain to be seen.

The risk of serious illness and death due to COVID-19 increases with age, and those risks are even higher for people of color. The pandemic was therefore especially deadly to the oldest people, but also highlighted ageist beliefs and attitudes that pervade the United States. Ageism was on display in public discourse and media coverage—misrepresenting and devaluing older adults, portraying them as collectively vulnerable and viewing their deaths with relative nonchalance.

These attitudes also fail to recognize that older adults played critical roles during the pandemic—such as caring for grandchildren, now learning from home, to allow parents to work. Further, many community organizations lost an unpaid workforce when senior volunteers, who provide critical services at a wide range of nonprofit organizations, starting staying home to protect themselves from the virus.

COVID-19’s long-term impacts will be a concern—both health and economic. Job losses not recovered, the cessation of temporary funding or services tied to COVID relief efforts, and challenges to nonprofits’ abilities to provide critical services are examples of COVID effects that will continue to play out over time.

Increasing racial and ethnic diversity

Olmsted County residents, primarily in Rochester, are becoming more racially and ethnically diverse. Younger people are more diverse than older ones, which is generally true more broadly throughout the U.S., as well. In 2019, nearly 84% of all county residents were...
white, compared to almost 94% of those ages 65 and over. There is a greater contrast in Rochester, where 79.4% of the overall population is white, compared to 92.5% of those 65 and over.7

Beliefs, norms, and customs related to aging often vary considerably across cultures, and as more residents from different racial and ethnic groups age into older adulthood, the need for culturally appropriate services, healthcare and preventative care, and education will become increasingly important.

**Racial, health, and income disparities**

Olmsted County’s 2019 CHNA exposed numerous disparities for people of color and low-income people—again, increasingly important as our population diversifies. Among these disparities is the poverty rate for Black residents in Rochester, which is 35 percentage points higher than for white residents, one of the biggest gaps among comparably-sized metro areas. Other examples are noted later in this report. AFOC must deliberately include the needs of older people of color, those who are low-income, and other groups who experience disparities to ensure that all residents benefit from the work of this initiative.

**More information is needed about unincorporated areas of the county**

The AFOC team recognizes the need for additional data and information about older residents in the rural and unincorporated parts of Olmsted County. Less data on those places was readily available for this report, but the needs are no less important.

**An alarming rise in homelessness**

Homelessness is on the rise in many places, and our county is no exception. According to the CHNA, homelessness in Olmsted County increased 232% between 1991 and 2018. Because homelessness can result from a set of varied factors—housing costs, mental health issues, substance abuse, lack of access to needed services, overall financial stress, and more—it must be approached from a holistic perspective. Three Rivers Community Action, a nonprofit human service agency in Rochester, reports that 13% of residents (or 96 individuals) experiencing homelessness between March and December 2020 were 55 or older, and about one-third of those were experiencing homelessness for the first time.

While this is a relatively small segment of the broader homeless population, Wilder Research reported that older adults are the fastest growing segment of Minnesota’s homeless population, and noted a 25% increase in the number of homeless older adults (55-plus) between 2015 and 2018. These trends should alert us to the fact that homelessness and the risk of becoming homeless warrant specific attention among older adults.

**Dementia and caregiving are increasingly important**

Longer lifespans have meant a rise in the number of people with dementia and, just as important, people serving as caregivers. The Alzheimer’s Association reports that, as of 2020, 99,000 Minnesotans age 65 and older have Alzheimer’s disease, and the number is projected to reach 120,000 in 2025. While Alzheimer’s is the most common form of dementia, these numbers do not include other types of dementia and therefore do not reflect the full scope of the issue. In 2019, there were 257,000 estimated caregivers for people with varying types of dementia.8

Dementia can take an enormous emotional toll—and often a financial one, too—on individuals and families. As we understand this
data on a state level, we can begin to acknowledge the impact at a county level.

Minnesota is a national leader in the dementia-friendly communities movement, which is related to age-friendliness but specifically targets concerns tied to dementia—such as reducing stigma, greater community education, dementia-aware public services and spaces, and welcoming faith communities, among others. Because the needs are more targeted, age-friendliness alone does not encompass dementia-friendliness. Age-Friendly Olmsted County must deliberately bring people with dementia and their caregivers into its scope of work to ensure they have opportunities to be engaged in the community and live with purpose. Rochester’s ACT on Alzheimer’s initiative was part of this movement and resulted in several new community resources.
Key Findings

Top opportunities for advancing age-friendliness

This section of the report lays out nine findings that emerged from the assessment. With each numbered finding are listed primary and secondary domains, which refer to the eight domains of livability (see page 5) that are part of the AARP age-friendly framework. The domains also serve to highlight the various types of stakeholders, agencies, and organizations who need to be involved in addressing these issues.

1. **Housing is a fundamental and pressing issue that sets the stage for nearly everything else.**

   **Primary domain:** Housing
   **Secondary domains:** Community Support & Health Services; Transportation; Social Participation

   Housing determines much of our lives. Safe, stable, appropriate, and affordable housing is central to quality of life for people at every age. Without it, we struggle or are unnecessarily vulnerable. And as AARP writes, “Housing choice is not solely about affordability or even housing type; it is also about the neighborhood and community features\(^5\) in that location, which affects virtually every aspect of life.”

   Olmsted County faces housing challenges similar to many other communities. In short, there are too few options, and costs are high and climbing. Broadly speaking, over the years our housing was not developed for modern lifespans. As a result, the needs of a major subset of the population have been largely excluded from the community’s most basic infrastructure. And affordability is increasingly an issue for all ages. Below are several key findings related to housing in Olmsted County.

   - **Affordability must be a priority—for now and for later.** Greater Minnesota Housing Fund wrote in 2016 that in Olmsted County the “scarcity of affordable housing is at a crisis level.”\(^10\) More affordable options are needed across the whole county. This includes subsidized housing but goes beyond it to include availability of different types of homes at a variety of price points.

   In Rochester, more than 98% of age-friendly survey respondents said that affordable housing options for older people of varying incomes were important, but 40% believe too few exist. Focus group participants also noted affordable housing as a top concern for their futures.

   People generally have fixed incomes in later life and can end up paying a disproportionate amount for housing. Almost 25% of Rochester homeowners ages 65 and over—and more than 39% of renters—are cost-burdened, meaning they pay more than 30% of their income for housing.\(^11\) Without sufficient options, people may remain in inappropriate housing longer than is safe rather than modify

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\(^{\text{5 Community features may refer to transportation options and proximity and access to goods and services, jobs, transportation, parks, and libraries, among other things.}}\)
their homes or move somewhere more suitable. Longer life spans also will put more people in the very precarious position of running out of money at some point. Nationally, the population of very low-income older adult households will grow from 5.3 million in 2018 to 7.9 million in 2038.12

In its 2020 housing needs analysis of Olmsted County, Maxfield Research & Consulting notes that proactively preserving naturally occurring affordable housing (NOAH) will be one of the best ways for Olmsted County to provide affordable options for all ages. Greater Minnesota Housing Fund recommends implementing Inclusionary Housing requirements as another strategy for the county.6

- We need more senior housing of all kinds. Despite Maxfield Research’s 2013 housing needs analysis,13 which indicated significant need for senior housing in Olmsted County, Maxfield’s 2020 analysis found that little of that demand was met in the interim. The 2013 analysis reported demand for 1,919 active adult units, and by 2020 only 40 new units had been constructed. Similarly, 2013 demand for service-based housing was 1,059 units, and less than half—or 413 units—of that demand has been delivered. Therefore, demand for senior housing of both types remains high.

Table 2 provides additional detail about demand for various types of senior housing for the coming decade, which accounts for 29% of all housing types in Olmsted County.

Below are some of the key conclusions related to senior housing from Maxfield’s 2020 analysis (See pages 328 and 329 of the Maxfield report for more details.)14

- Immediate demand is highest for active adult and independent living rentals, both market-rate and affordable.
- Affordable and subsidized senior housing account for 20% all of senior housing demand for the coming decade, and new units would draw residents from outside the county. It is difficult to finance subsidized senior housing, and a number of government funding sources likely would be required. Incorporating affordable units into mixed-income buildings may make it easier to finance.
- Demand for assisted living and memory care is lower than some other types of housing as the need is already being met to a greater extent. Memory care should be attached to assisted living projects as there may not be enough stand-alone demand for memory care facilities.
- In Olmsted County’s smaller communities, which may not be able to support stand-alone facilities for each level of care, the concept of “catered living” may work well. In this model, levels of service are combined into one facility to achieve needed density and to allow residents to remain in one building even if their needs change over time.

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6 NOAH refers to unsubsidized rental properties that are relatively low-cost for other reasons, such as age of the building or similar factors. Inclusionary Housing refers to municipal and county planning ordinances that require a given share of new construction to be affordable by people with low to moderate incomes.
Table 2. Senior Housing Demand 2020-2030

<table>
<thead>
<tr>
<th>Type of Housing*</th>
<th>Units available in 2020</th>
<th>Units needed by 2030</th>
<th>Regions with highest demand**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Adult</td>
<td>3,423</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active Adult Senior Cooperative</td>
<td>276 (4 buildings)</td>
<td>860</td>
<td>Demand spread throughout all regions</td>
</tr>
<tr>
<td>Active Adult Rental</td>
<td>12 (1 project)</td>
<td>1,450</td>
<td>Rochester; also, Byron, East, North, Stewartville</td>
</tr>
<tr>
<td>Affordable &amp; Subsidized Rental</td>
<td>Not provided (0 dedicated buildings)</td>
<td>1,100</td>
<td>Rochester; East</td>
</tr>
<tr>
<td>Housing with Services</td>
<td></td>
<td>1,987</td>
<td></td>
</tr>
<tr>
<td>Independent Living in Congregate Setting</td>
<td>1,200</td>
<td>770</td>
<td>Rochester</td>
</tr>
<tr>
<td>Assisted Living/ Memory Care</td>
<td>594 units (13 projects)/ 354 units (10 buildings)</td>
<td>738/477</td>
<td>None specified</td>
</tr>
</tbody>
</table>

*See Appendix B for definitions of housing types.  
**See Table 1 for defined regions and Appendix A for a map of these regions.

Source: Data taken from Maxfield Research & Consulting, LLC, Comprehensive Housing Needs Analysis for Olmsted County 2020.

The Southeast Minnesota Area Agency on Aging notes that it will be important that a sufficient portion of new senior housing with services be eligible for coverage through Minnesota Medicaid’s Elderly Waiver to ensure housing options being planned for the community are inclusive of lower-income older adults.

- **People want to remain living in their homes.** In an oft-cited AARP survey, 74% of people ages 50 and older nationwide hope to remain in their current residence as they grow older, but only 46% believe they will be able to do so. Whether and where to move is a complex, personal decision with many variables in play—social, emotional, financial, and health-related.

Research suggests that programs that help people remain living at home may save money for families, government, and health systems; staying at home also often brings social and emotional benefits for the individual and broader community. Supportive services often eventually are needed to make this possible. Housing options, particularly affordable ones, usually are limited, and home design is another major factor. Both the public and private sectors have roles in making aging in place safe, affordable, and possible for us when the time comes.
On AARP’s Livability Index, Olmsted County scores a 52 in Housing, the lowest score in any category other than Neighborhood (discussed later). The Housing category measures things like housing cost burden (what percent of income is spent on housing), and availability of subsidized housing, multifamily housing, and accessible housing. It also measures policies related to housing accessibility and affordability, among others. Rochester and Stewartville have higher scores due to the availability of subsidized and multi-family housing and a lower-than-average cost burden, while Oronoco scores lower due to high housing costs, a high cost burden, and a lack of subsidized housing. Housing is one of the most challenging domains. Even among cities that have high overall scores, most don’t exceed Housing scores beyond the low 60s.

Unfortunately, according to AARP, the most livable places tend to be more expensive, with higher rents and home values. They also have more diverse types of housing, older housing, and a higher-than-average mix of owners and renters.¹

- **All home design should be inclusive.** Few homes anywhere are designed to be truly accessible and usable by a broad range of people. Most housing is designed for fully able-bodied adults in the peak of health, and many residences—to varying extents depending on the era in which they were built—have stairs, narrow doorframes, and inaccessible bathrooms, among other common issues. However, older residents who participated in listening sessions for the 2019 CHNA said that accessible housing should be a priority in making Olmsted County a healthy community.

All newly constructed homes as well as rehabbed housing should incorporate Universal Design principles, which aim to ensure that environments are maximally usable by all people without the need for adaptation or specialized design. A related approach called visitability focuses on three essential features for new houses: one zero-step entrance; 32 inches or more of clear passage through interior doors, including bathrooms; and at least one half bathroom on the main floor. This
ensures that homes can be both lived in and visited by people who have trouble with steps or who use wheelchairs or walkers.

Over time, incorporating these design approaches will result in our communities’ collective housing stock better serving the full spectrum of residents. These are not dramatic or costly changes but a matter of changing the status quo.

Residents also need support, namely financial help, to make home modifications that will allow them to remain living safely at home. Some homes would require relatively minor modifications, and others more significant and costly ones. Yet keeping people in their own homes has been calculated to save an average of $43,947 per participant per year in public money.\textsuperscript{17}

2. Transportation can empower us or hinder us.

*Primary domain:* Transportation  
*Secondary domains:* Housing; Social Participation; Outdoor Spaces & Buildings; Community Support & Health Services

Being able to travel around the community is basic to autonomy, inclusion, the ability to access goods and services and to participate in community life. We need it to do the things we care about, at every age, but this can get harder in later life. The Minnesota Department of Transportation’s recent *Advancing Transportation Equity* report for southeastern Minnesota found that older adults and people with disabilities face difficulties in accessing medical services, purchasing goods, and engaging in social activities.\textsuperscript{18} And as part of older adult listening sessions for the 2019 CHNA, participants stated that a lack of accessible transportation is one of the main barriers to helping our communities be healthy.

- **Potential for greater use of public transportation.** In most Olmsted County communities, residents have very limited public transportation options. Rochester Public Transit provides bus service in that city, and commuter bus service is available between Rochester and several smaller cities around the county.

In Rochester, more than 88% of age-friendly survey respondents said public transportation is important, and even more rated Rochester Public Transit favorably. Yet two-thirds don’t use it. Around 70% of survey respondents in Rochester said they had not used public transportation in at least a year, and nearly three-quarters said nothing could be done to increase their use.

Older residents cited the following reasons for this:
- Concerns about the safety and convenience of traveling to the bus stop itself
- Accessibility challenges, including those related to snow and ice removal
- Existing transit service hours and routes
Reliability; long waits outside in the cold or heat
Cost
Preference for driving

The *Advancing Transportation Equity* report also points out that Black, Indigenous, and people of color, including immigrant communities, face particular public transit challenges, including language barriers, lack of familiarity with the system, and cost. Further, members of these communities often live in areas of a city that aren’t well served by transit and are more likely to need service at times when it is not offered. Such barriers are part of systemic inequities that drive the health disparities discussed earlier in this report.

Zumbro Independent Passenger Service (ZIPS) is a public paratransit service for people with disabilities that prevent them from using or navigating Rochester Public Transit’s bus service. ZIPS provides a vital and affordable service, but various eligibility requirements limit who can use it, and it operates only in Rochester. Further, because ZIPS must accommodate numerous passengers’ schedules, users must make advance reservations and commonly experience long waits at different points in the process—e.g., arriving very early for an appointment and/or waiting a long time to be picked up afterwards.

Transportation services in greater Olmsted County are more limited. Commuter bus service targets “9 to 5” commuters, and a handful of other for-profit and nonprofit organizations—such as senior housing communities and places of worship—provide services limited to certain people and certain destinations. More general services between Rochester and other cities are needed to ensure people can access the goods and services they need and remain engaged, autonomous, and able to contribute to the community and local economy.

A few agencies in the county—including Elder Network, Family Service Rochester, and Pine Island Area Home Services—operate volunteer driver transportation services. And numerous private wheelchair van services, such as Handi Van and Remjoy Specialized Transportation, are available, though costs may be a barrier for some. Mobility4All is a relatively new Minnesota-based company that recently expanded service from the Twin Cities into Rochester. It partners with Uber/Lyft and also receives public funding to offer transportation for people with disabilities.
We like to drive. Like most other people, the vast majority of older people drive to get where they need to go. Nationally, four out of 5 people over 65 drive a car.¹⁵ No surprise; it’s what our communities were designed for. Of age-friendly survey respondents in Rochester, nearly 95% drive themselves to do errands or go to appointments. Getting rides from others is the second most common way to get around. Numbers likely are comparable in other Olmsted County communities given that they have similarly few transportation options.

Many older drivers already are on the road, and that number will continue to rise with demographic shifts. Changing key aspects of the driving experience will make driving as safe and comfortable as possible for older drivers, which will also make driving safer for everybody.

Many older residents indicated the need for:

- Easier-to-read traffic and street signs
- Affordable, sufficient, and accessible public parking
- Lower speeds, and speed limit enforcement for speeding drivers (Notably, the City of Rochester recently lowered speeds on residential streets from 30 to 25 miles per hour.)

Figure 9. Livability Index Scores: TRANSPORTATION

Olmsted County’s Transportation score is one of its lowest on the Livability Index. Transportation measures things like safe streets (speed limits and crash rates), household transportation costs, traffic congestion, number of daily walk trips per household, and convenient transportation options. It also measures policies related to safe streets and convenient transportation options. There is notable variation across the county in this category. Rochester scores highest among other cities for its lower transportation costs (more things are available within a shorter distance) and more walk trips, while Dover ranks lowest due to high transportation costs, less safe streets, and few walk trips. For broader comparison, Chicago scores an 87 in transportation for its widespread public transit network, walkability, and low transportation costs.
The Federal Highway Administration’s *Handbook for Designing Roadways for an Aging Population* was developed in response to shifting demographics and to present new research findings and treatments to improve the safety of the transportation system for older drivers and pedestrians. While this document is largely aimed at designers and engineers, it demonstrates the opportunities associated with deliberate inclusion of older adults into road design.

- **Walk the walk (and ride the bike).** Around half of survey respondents in Rochester say they sometimes walk to do errands or an appointment. Twenty-seven percent reported riding a bike. Residents of the county’s rural communities have less opportunity to access amenities and services that way. As one put it for the 2019 CHNA, “Distance matters for access. Not everyone can walk everywhere.” The ability to safely walk somewhere is also an equity issue. A lack of sidewalks, trails, or safe walking paths hinders a person’s ability walk or bicycle as a means of transportation; this includes within Rochester, too.

General pedestrian safety is an issue, as is the need for a broader and more consistent network of well-maintained sidewalks and trails connecting neighborhoods to retail and service locations. Notably, MNDOT’s *Advancing Transportation Equity* report on southeastern Minnesota found that most walking and biking is done for recreation (versus transportation), with participants citing winter weather, safety, and lack of trails and paths as barriers.

- **New modes on the scene.** Emerging modes of transportation like Uber and Lyft are already providing more options for how people get around. One in five Rochester age-friendly survey respondents reported using Uber/Lyft for errands or appointments. Cost, safety concerns, and access to devices and technical knowhow are common barriers for some older people to using such services. But rider education and municipal subsidies to offset costs are two examples of ways to help people take advantage of these services that offer greater flexibility and control than many other non-driving modes of transport.

3. **Community information: You can’t use a service if you don’t know about it.**

*Primary domain:* Communication & Information  
*Secondary domains:* Community Support & Health Services; Social Participation; Respect and Social Inclusion; Transportation; Housing; Civic Engagement & Employment; Outdoor Spaces & Buildings

Communication and information apply to every domain, and developing effective communications often is complicated. People seek out information from their preferred sources, which can vary a lot—from word of mouth to the Internet to local newspapers and radio and more. It is difficult to ensure people are finding information they need. Further, stigma can hamper a person’s willingness or ability to look for information about things such as dementia, mental health concerns, and financial problems.

“More awareness and information about resources,” was among older residents’ priorities for what should be done to make Olmsted County communities healthier places, according to the CHNA. Focus
groups and surveys indicated that community members want more information about many topics—such as transportation services and how to use them; home modifications and contractors; and affordable providers of various home and yard services. Further, they commonly are unaware of many existing services.

Similarly, survey respondents and focus group participants alike emphasized the importance of central sources of community information, but the vast majority of them were unsure of what information sources currently exist. It was noted that valuable services sometimes go underutilized because of lack of awareness.

Scams are another area of concern related to communication, and this was raised in focus groups. Scammers mercilessly target older adults, and research indicates that older adults, even those without cognitive impairment, are more vulnerable to financial scams. The Federal Trade Commission reports that older adults are particularly more vulnerable than younger adults to certain types of scams, such as tech support scams, business and government imposter scams, lottery/prize scams, and family and friend impersonations, and that people ages 80 and over lose the most money as a result of scams and fraud. Education and outreach are important tools in the fight against scammers, and there is a role here for age-friendly communities.

A greater number of residents will need various types of support and services—either for themselves or for family members. More older residents are also likely to be looking for information about volunteer opportunities, community events and programs, and other ways they can participate in and contribute to community life. Communication is foundational to all of these things. Making high quality information available through effective communications should be a high priority.

4. Preventable health conditions are impacting quality of life and need for services.

*Primary domain: Community Support & Health Services
Secondary domains: Outdoor Spaces & Buildings; Transportation; Communication & Information*

Olmsted County’s 2019 CHNA revealed some concerning data points related to older residents’ health. Many of the conditions measured in the data are linked to social determinants of health – meaning the conditions under which people are born, grow, live, work, and age, including factors such as socioeconomic status, education, employment, social support networks, and neighborhood characteristics. In other words, many of the health conditions in question are tied to social inequities and are, therefore, preventable.

Awareness is growing about how such factors influence our overall health and well-being, with more healthcare organizations and local governments thinking beyond medical care to improve community health.
The 2019 CHNA reported the following about the health of older adults in Olmsted County:

- Retired people are nearly twice as likely as those not retired to have multiple chronic conditions—such as diabetes, depression, high blood pressure, high cholesterol, and asthma.
- Deaths due to falls are twice as high here (and in Minnesota overall) as those in the U.S.
- Less than half of retired people have dental coverage and prescription medication coverage.
- More than half of residents age 65-plus have diabetes, and 75% have hypertension.
- 62% of residents aged 65-plus take prescriptions in 5 or more drug groups.

The CHNA also reports that race-driven health disparities are evident in Olmsted County. Black, Asian, and Hispanic residents all have notably higher rates of diabetes; Black residents have the highest rates of hypertension and multiple chronic conditions; and Hispanic residents have the highest obesity rates. While these statistics encompass adults of all ages, not just older adults, they do reflect systemic inequities that need urgent attention.

Notably, CHNA listening sessions for older adults included the question, “Would you say this is a healthy community for everyone?” On a scale of 0 (extremely healthy) to 10 (healthiest community possible), participants gave the county a 5.9.

Olmsted County’s Community Health Improvement Plan for 2021-2023 lays out four overarching goals that overlap with priorities in this report:

- Attain improved quality of life with increased life expectancy and reduce preventable disease, disability, and premature death
- Promote quality of life, healthy development, and healthy behaviors across all life stages
- Create social and physical environments that promote good health for all
- Achieve health equity, eliminate disparities, and improve health of all groups
Olmsted County’s Health scores on the Livability Index are easily the highest across all seven categories. The Health category measures things like smoking prevalence, obesity rates, access to and quality of health care. It also measures policies for smoke-free laws. We score very high on measures of access to health care, patient satisfaction with health care, access to exercise opportunities, relatively low rates of smoking and of preventable hospitalizations.

This is good news. However, these numbers don’t tell the whole story. To start, we know that many older residents have significant preventable health conditions. Further, not all older residents have ready access to health care. While the county can boast an unusually high number of health care providers, that does not resolve issues related to transportation (the ability to travel to appointments), the number of people lacking a primary care physician, or insufficient insurance coverage for needed care and prescription medications.
5. **People must be safe (and feel safe).**

*Primary domains*: Outdoor Spaces & Buildings, Housing  
*Secondary domains*: Transportation, Community Support & Health Services

We often take it for granted, but feeling safe as we go through the day is a very basic need. The degree to which we are safe—and to which we perceive ourselves as safe—varies depending on our personal circumstances and stage of life. In surveys and focus groups, community members expressed concerns about safety in a few regards.

- **Unsafe drivers.** Many residents noted the number of drivers who speed, fail to stop fully at stop signs, and turn on red lights without yielding to pedestrians. This can deter older people, and anyone who feels vulnerable, from walking or cycling as a means of getting around. The situation tends to worsen over time, as feelings of vulnerability often increase with age.

- **Sidewalk conditions matter a lot.** More than 98% of age-friendly survey respondents and multiple focus group members noted the importance of having sidewalks in good repair. One-third of age-friendly survey respondents said Rochester does not have safe sidewalks. Cracked or uneven sidewalks pose risks to people who are unsteady on their feet and/or who use walkers or similar devices, and deter people from walking for pleasure or transportation.

- **Safety is critical for remaining at home.** Residents indicated that safety concerns are the primary reason that people move out of their homes and into senior housing communities. A feeling of security comes with knowing that if you were to fall, or need help organizing medication, someone is always available to help. Targeted home modifications can help make homes safer. These may be relatively minor—like grab bars or improved lighting—or more significant, like moving laundry machines to a main floor.

- **Falls can and do happen anywhere.** Olmsted County’s rate of deaths due to falls (among those ages 65-plus) is much higher than U.S. average—62 out of 100,000 here compared to 37 nationally. Minnesota’s overall rate is even higher, at 71.6. Falls can happen anywhere and anytime—at home or out in the community. Even nonfatal falls can require trips to the emergency room and have serious consequences from which people may not recover.

Falls are also very costly. The Centers for Disease Control and Prevention found that the cost of older adult falls in Minnesota was $713 million in 2014, and that does not account for things like longer-term effects such as disability, dependence on others, and reduced quality of life. The individual is usually responsible for a portion of treatment costs, which can be significant.

The Rochester Fire Department provided 706 lift assists (helping a person get up after a fall) in the city limits in 2020 alone, in places from homes to parking garages to community sidewalks. Fall risk is not tied only to the built environment, but safer environments help. Other tactics include community efforts and services, such as the Olmsted County Falls Prevention Coalition, and greater engagement of health care providers in education and prevention.
6. **Public spaces—both buildings and outdoors—must be truly accessible.**

*Primary domain:* Outdoor Spaces & Buildings  
*Secondary domains:* Respect & Social Inclusion; Social Participation; Work & Civic Engagement; Transportation

“Many places aren’t truly accessible.” This was a top concern of older adults who participated in listening sessions as part of the 2019 CHNA. While the federal Americans with Disabilities Act (ADA) accessibility guidelines require that public places provide a certain degree of accommodation for people with disabilities, those accommodations (may) make access possible, but usually not easy, equitable, or convenient.

This reality escapes most of us unless we ourselves or someone close to us is forced to navigate an environment with a physical or cognitive disability or mobility challenge. This includes people in wheelchairs but goes far beyond, as well—for example, people who use canes or walkers, parents pushing strollers, persons lacking arm strength needed to pull open doors or persons who have dementia.

Great strides have been made in truly inclusive, equitable design—for buildings, building sites, and outdoor spaces like parks and plazas. Those standards and practices, which generally make it easier for people of all ages and abilities to get around, should become our new normal. The practice of Universal Design goes far beyond how we usually think about “accessibility.” Instead, according to the Centre for Excellence in Universal Design, it is “the design and composition of an environment so that it can be accessed, understood, and used to the greatest extent possible by all people, regardless of their age, size, or disability.” This paradigm shift could transform communities by empowering as many people as possible to navigate our public places with safety, ease, and independence.
7. **Older adults are a critical part of the workforce and local economy.**

*Primary domain:* Work & Civic Engagement

*Secondary domains:* Transportation, Housing, Community Support & Health Services, Respect & Social Inclusion, Social Participation

As the global population ages, the term “Longevity Economy” was coined to reflect the enormous economic and social contributions of people ages 50 and over. In a 2020 research brief, AARP reports that in Minnesota’s Longevity Economy, the 50-plus population:

- made $9 billion worth of unpaid contributions, such as volunteering and caregiving for children or adults, in 2018 alone
- will fuel economic growth, stimulate jobs, and create opportunities at least through 2050
- is projected to represent 35% of the state’s total labor force by 2030.22

These figures help refute the common perception of older adults as an economic drain. According to the 2019 CHNA, nearly half of residents ages 65-plus in Olmsted County are employed either full- or part-time, and nearly three-quarters plan to work as long as possible. People are working longer than in previous decades, for a variety of reasons. This might include ending one career at traditional retirement age and beginning another.

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**Figure 11. Livability Index Scores: OPPORTUNITY**

The Livability Index’s Opportunity category includes income inequality, jobs per worker, high school graduation rate, and age diversity. Chatfield scores in the top third in all four of these indicators, and does particularly well in age diversity. Oronoco has a notably lower high school graduation rate than several other cities in the county, which hurts its score.
However, the fact remains that 30% of adults in Olmsted County experience financial stress. Many older adults live on fixed incomes and rely on full- or part-time employment to make ends meet. COVID-19 also has resulted in job losses from which some older adults may not recover, meaning a critical loss of income, and ageism also can make it difficult for older jobseekers to find work.

Older adults make essential contributions to the community, the local economy, and the workforce. The more that our communities are set up to ensure they can maximize those contributions, the greater the benefit to all.

8. **Greenspace, trails, parks, and connection to nature should be basic—not bonus.**

*Primary domain: Outdoor Spaces & Buildings*

*Secondary domain: Community Support & Health Services, Social Participation, Respect & Social Inclusion, Transportation*

Many residents, in both surveys and focus groups, reported that they value and utilize area trails for walking and biking, and appreciate the county’s greenspace and natural areas. However, access to trails and safe places to be active is unequal. Rural and lower-income areas were noted as having fewer designated walking and biking trails.

Nationally, parks are very underutilized by older adults (among other groups), despite the many benefits they offer. Research from 2016 shows that despite making up 20% of the overall population at that time, older adults comprised only 4% of neighborhood park users, and that most neighborhood parks and programmed activities are geared toward youth rather than adults.²³

There is significant opportunity to draw more older residents into public parks—for physical activity, social connection, and the myriad benefits of spending time in nature. Communities can maximize their investment in their parks by ensuring the parks are planned in an inclusive manner that genuinely invites use by all. This includes people of color, as cultural factors and discrimination also play a role in whether and how people use parks and green space.

Age-friendly parks is a movement within age-friendly communities that works to address many of these things. In addition to being safe and clean, age-friendly parks should include some key features, such as:

- Public restrooms that are available, accessible, well-maintained.
- Benches and seating that are well-designed (raised armrests and backs, not too low, won’t pool water, etc.), located at sufficient intervals, or movable to offer flexible arrangements. (Thirty-six percent of age-friendly survey respondents said Rochester’s parks have too few benches.)
- Paths that are well-maintained and wide enough to share, and that ideally separate pedestrians from cyclists.
- Quiet areas away from heavy activity without being isolated.
Given the prevalence of preventable health conditions among older county residents, parks, green space, trails and paths—as well as programming associated with these things—should be made a key part of age-friendly efforts. Further, Rochester voters approved a $2 million park referendum for 2021 that will help fill budget gaps tied to COVID-19. Rochester Parks & Recreation has said the new funds will be used to improve the Silver Lake Pool site and to update things like tennis and basketball courts, picnic shelters, and public park bathrooms. This is an opportunity for the City of Rochester to bring in age-friendly considerations into its decisions about its parks infrastructure.
9. Access to important services and amenities is uneven.

*Primary domain: Community Support & Health Services*

*Secondary domains: Transportation, Housing, Social Participation, Respect & Social Inclusion*

Getting the things we want and need becomes harder if we find ourselves unable to drive, living too far from goods and services, or unable to afford needed health care and prescription medications.

Access to care is one social determinant of health—social and physical environments that impact our health and overall well-being. The 2019 CHNA found that almost 18% of retired people have delayed getting needed medical, dental, or mental health services. (This number is even higher for non-retired adults, 30.5%.) In addition to jeopardizing physical health, lack of proper care takes a toll on social and emotional health and overall well-being.

Disparities exists between Rochester and the rest of the county in access to services. Rural residents said that they need more local services for older adults. Focus group participants worried about how, if they remained in their current homes but could no longer drive, they would travel to important places like church and the grocery store and continue to do the things they care about. They expressed a desire for neighborhoods that where those important destinations were located near housing options affordable, appropriate, and desirable for older people.

![Livability Index Scores: NEIGHBORHOOD](image)

Olmsted County scores lowest in Neighborhood, which refers to people’s access to work, life, and recreation—from jobs to grocery stores to libraries. It also measures polices related to mixed-use neighborhoods. There is a considerable range of scores across this category. Not surprisingly, larger communities like Rochester and Stewartville score higher on things like compact and mixed-use neighborhoods that typically give people nearer access to goods, services, and destinations. Residents of smaller cities like Dover (pop. 792), Oronoco (pop. 1,486) and, presumably, those in unincorporated parts of the county, have fewer amenities and services nearby. The distance is compounded by limited transportation options, making it difficult for some residents to access what they need and want.
A key finding in MN DOT’s *Advancing Transportation Equity* report includes the fact that the current shortage of transportation options limits the reach of health care providers, businesses, and community organizations. Not only can individuals not reach core services and businesses in the community, but those organizations lose out by not being able to serve older residents.

Much age-friendly work concerns and impacts the entire community, not only older people. For example, despite the commonly held view that Boomers and Millennials—the country’s two largest age cohorts—are very different, research indicates that they want similar things related to where they live, whether in cities, suburbs, or rural areas. The American Planning Association found that both generations strongly prioritize features related to quality of life—transportation options, affordability, parks, local vitality, health, and presence of friends and family. Communities can use this knowledge to inform plans for housing and neighborhoods, recognizing they can serve multiple age groups simultaneously, and that housing, neighborhoods, and economic development need not be approached in an age-segregated way.
WHERE WE GO FROM HERE

When it joined the network in January 2020, the Olmsted County Board observed that the County and other community partners/organizations are already providing age-friendly services. The Board added that Age-Friendly Olmsted County expands on these efforts by connecting and convening the multiple sectors and professions that provide supports, services, and infrastructures to promote age-friendliness; collecting data to assess age-friendliness; conducting, communicating, and disseminating research findings and best practices to support age-friendliness; complementing and supplementing existing supports and services for older adults; and, coordinating existing supports and services to increase access.

Age-Friendly Olmsted County’s next step is to develop a three-year action plan that will address the findings discussed in this report. We are putting together a team to undertake this critical part of the process. It will include a mix of people who have been closely involved to date along with some new members who bring strong personal and/or professional experience and interest in advancing this work. Like the team that developed this findings report, the action plan team will be cross-sector in composition, and Olmsted County staff and leadership will be part of the process.

The plan is scheduled for completion by early 2022. An implementation team will be identified in accordance with the content of this final plan.

In the meantime, Age-Friendly Olmsted County will continue its efforts to elevate its work and priorities and to be included as a stakeholder in significant planning and funding decisions happening at city and county levels. We aim to ensure that the interests and voices of older adults—a group of which we will all someday be a part, if we are lucky—are represented and will inform the future growth and development of Olmsted County, helping it become a place that values and empowers us throughout our lives.

Strategies for Gathering Additional Data on Greater Olmsted County

Age-Friendly Olmsted County is committed to full inclusion of residents of the county’s smaller cities and rural areas. To ensure that rural needs and opportunities are recognized and understood, AFOC will complete additional data gathering as part of its action plan process.

We intend to:

- Identify methods to collect data on older adults in Olmsted County’s rural cities, townships, and/or regions.
- Gather data on priority topics for each place (e.g., city, township, or region), which may include relevant quantitative and qualitative data analysis, gaps analysis, and asset inventory.
- Include needs and opportunities related to COVID-19 in Olmsted County.
- Incorporate findings into the forthcoming AFOC action plan.
APPENDIX A

Age Friendly Olmsted County (AFOC) Community Assessment Data Sources

- Olmsted County Community Health Needs Assessment 2019
- In the City for Good AARP Olmsted County Survey 2019
- AFOC Community Assessment Focus Groups 2020
- Comprehensive Housing Needs Analysis for Olmsted County, Minnesota – Maxfield Research & Consulting, LLC, 2020
- Olmsted County Community Health Improvement Plan 2021-2023
- Rochester Parks and Recreation System Plan 2016
- Rochester Residential Survey 2018
- Rochester Intercultural Cities Index 2020
- Stewartville Community Survey 2018
- Byron Library Study Community Survey 2018
- Minnesota Department of Transportation Advancing Transportation Equity District 6, 2020
- Governor’s Council on an Age Friendly Minnesota State Survey 2020
- AARP Home and Community Preferential Survey, 2018
- AARP Home and Community Preferential Survey – Rural, 2018
- AARP Grandparents Today National Survey, 2018
- AARP Livability Index for Olmsted County, Byron, Chatfield, Dover, Eyota, Oronoco, Pine Island, Rochester, Stewartville, and additional cities listed in Figure 7 of this report

AFOC Community Assessment Committee

Dave Beal  Marketing and Communication Manager, Family Service Rochester
Dan Conway  Eldercare Development Program Developer, Southeast Minnesota Area Agency on Aging
Jay Haapala  Associate State Director Community Engagement, AARP Minnesota
Jodi Melius  RN Study Coordinator, Alzheimer’s Disease Research Center, Mayo Clinic
Ken Zaiken  Executive Committee, AARP Minnesota
APPENDIX B
Map of Olmsted County Market Areas
Table 1 on page 9 of this report refers to six regions of the county. This map, created by Maxfield Research & Consulting, LLC, corresponds with the regions in Table 1, and uses the term “submarkets” rather than regions.

APPENDIX C

2030 Senior Housing Demand for Olmsted County

The following housing type definitions were taken from Maxfield Research and Consulting, LLC’s Comprehensive Housing Needs Analysis of Olmsted County 2020. They are referenced on pages 21 and 22 of this report. For more detail and information, see pages 328 and 329 of Maxfield’s report.26

Housing type definitions

- **Active adult:** Independent living without services available; may be rental or owner-occupied (condominium or cooperative). Usually less expensive than housing with services. Tend to attract younger-older adults.
  - **Subsidized:** Subsidized senior housing offers affordable rents to qualified lower income seniors and handicapped/disabled persons. Rent amounts typically are based on 30% of residents’ adjusted gross income, or a rent that is below the fair market rent. There is a total of 893 units in fourteen affordable/subsidized senior projects.
  - **Affordable:** This includes housing that is below market rate but not because of federal subsidies.
  - **Rentals:** At present only one active adult age-restricted exists in OC, in Stewartville. Rochester shows the highest demand, but the Byron, Easy, North, and Stewartville regions also could support active adult rental.
  - **Cooperative ownership:** An ownership model of active adult multi-unit buildings.

- **Congregate:** Independent living with services available, such as meals or housekeeping. Usually attracts older residents than active adult housing. Smaller individual units and more common areas.

- **Assisted living:** Designed for more frail residents who need greater support and assistance and are unable to live alone. Staff on duty or available at all times. A step between independent living and nursing home.

- **Memory care:** Designed for people with dementia or cognitive decline. Usually studio or one-bedroom units with a large amount of communal areas. Staff are specially trained and are present at higher ratios due to high level of care needed by residents.

- **Skilled nursing care:** Also known as long-term care facilities, these communities are for residents who require 24-hour nursing supervision. Residents can be funded under federal insurance programs such as Medicare.
January 7, 2020

Will Phillips  
AARP Minnesota State Director  
1919 University Avenue West, Suite 500  
Saint Paul, Minnesota 55104

Dear Mr. Phillips:

On behalf of Olmsted County, I am pleased to express our ongoing commitment to creating an age-friendly community and to respectfully request membership in the World Health Organization’s Global Network of Age-friendly Cities and Communities.

Olmsted County recognizes the importance of encouraging and promoting age-friendly planning and policies to address changing demographics and to enhance independent living. We are committed to a process of continual improvement to support active and healthy aging.

Olmsted County is well-positioned to elevate local age-friendly issues and support community responses where needs, opportunities, and assets warrant them. Our 2019 Community Health Needs Assessment and Community Health Improvement Plan provide a strong framework for assessment and action with regard to the World Health Organization’s eight domains that influence the health and quality of life of older adults. Additionally, a major multi-billion dollar economic development initiative underway in Olmsted County means planning and implementation comes during a time when an age-friendly lens can be brought to significant transformations of our economic and social infrastructure.

Thank you for your consideration of membership for Olmsted County in the World Health Organization’s Global Network of Age-friendly Cities and Communities.

Sincerely,

Matt Flynn  
Chair, Board of Commissioners  
Olmsted County, Minnesota
RESOURCES

AARP Livability Index
https://livabilityindex.aarp.org/

AARP Minnesota – Twin Cities
https://local.aarp.org/minneapolis-mn/

AARP Age-Friendly Network of States and Communities

Age-Friendly Minnesota
https://mn.gov/dhs/age-friendly-mn/

Advancing Transportation Equity, District 6, Minnesota Department of Transportation. September 2020
https://www.dot.state.mn.us/planning/program/advancing-transportation-equity/pdf/d6-ate-summary.pdf

Olmsted County Community Health Needs Assessment 2019
https://www.co.olmsted.mn.us/sites/default/files/2020-11/2016FullCHNA_0.pdf


Which Older Adults Have Access to America’s Most Livable Neighborhoods? An Analysis of AARP’s Livability Index, AARP Public Policy Institute, 2020
https://www.aarp.org/content/dam/aarp/ppi/2020/10/which-older-adults-have-access-to-americas-most-livable-neighborhoods.doi.10.26419-2Fppi.00115.001.pdf

Olmsted County Market Area 2016-2020: Aspiring to Accommodate Regional Growth, Greater Minnesota Housing Fund, 2016.

World Health Organization (WHO) Global Network for Age-friendly Cities and Communities
REFERENCES


2 AARP Public Policy Institute, Which Older Adults Have Access to America’s Most Livable Neighborhoods? An Analysis of AARP’s Livability Index, 2020.

3 Ibid.

4 Centers for Disease Control and Prevention, “Older Adults: At greater risk of requiring hospitalization or dying if diagnosed with COVID-19,” December 13, 2020.


7 U.S. Census Bureau, 2019 ACS 5-Year Estimates Subject Tables, Population 65 Years and Over in the U.S.


9 AARP Public Policy Institute, Which Older Adults Have Access to America’s Most Livable Neighborhoods? An Analysis of AARP’s Livability Index, 2020.


11 Joint Center for Housing Studies of Harvard University, Cost Burdens Among Older Adults Are at an All-Time High (Housing Costs in 2017). https://www.jchs.harvard.edu/cost-burdens-among-older-adults-are-all-time-high


19 National Aging and Transportation Disability Center, 2018.


25 Ibid.

26 See 14.
Introduction

*Mission Statement: To meet the needs and harness the strengths of all older adults who live in Olmsted County.*

*Vision Statement: In Olmsted County, older adults are valued, respected, and engaged in communities committed to their healthy aging, inclusion, and well-being.*

The *Age-Friendly Olmsted County Community Assessment Report* was released on June 29, 2021. On August 17, Age-Friendly Olmsted County (AFOC) met to launch work on developing a three-year action plan to create a healthy and equitable community that affords older adults and all residents the opportunity to access, engage, and participate in a shared civic, social, and economic life. This action plan lays out the goals, action items, and strategies we use to address the needs identified during the assessment phase of the age-friendly process.

The AFOC Planning Committee was co-chaired by Alan Hansen, retired from IBM, and April Sutor, Director of Innovation and Collaboration, Family Service Rochester. Meeting on a roughly bi-weekly schedule from August 2021 thru April 2022, the committee's purpose was to set priorities for a three-year action plan, identify action areas in line with those priorities, then establish goals and objectives within these areas.

In addition to the *AFOC Community Assessment Report*, the committee incorporated the findings of the Coalition for Rochester Area Housing Senior Housing Community Co-Design Project published in January 2022 in which AFOC participated as a member of the design team and as a stakeholder. A committee work group undertook a Community Asset Inventory with the assistance of two student cohorts of the University of Minnesota Rochester Community Collaboratory. The committee also fielded an Age-Friendly Olmsted County 2022-2025 Priorities Preference Survey in Fall 2021/Winter 2022 (see Appendix) first to community stakeholders and then to the general public.

Early in 2022, the committee paused its meeting schedule to host a public forum on accessory dwelling units with a panel comprised of Jamie Stolpestad, Founding Partner, Yard Homes; Samar Jha, Senior Legislative Representative, AARP Government Affairs; and, Ryan Yetzer, Deputy Director Community Development for the City of Rochester.

During this time AFOC along with FSR engaged in conversations with the MN Department of Human Services, AARP MN, and SE MN Area Agency on Aging regarding challenges resulting from historic funding patterns for Home and Community Based Services (HCBS).
Members of the committee also had informal conversations with BIPOC individuals and groups.

AFOC has supported the expansion of the network into Oronoco, where they are conducting their own community assessment; and Pine Island, which joined the Network of Age-Friendly States and Communities in April 2022.

As the committee determined priorities, it formed work groups to define action areas and develop goals and objectives with each. The resulting *Age-Friendly Olmsted County 2022-2025 Action Plan* sets forth three action areas with eight associated goals.

**Action Area I: Age-Friendly Community Supports and Health Services**
- Goal #1: Increase availability of affordable Home and Community Based Services (HCBS)
- Goal #2: Expand Service Navigators in community
- Goal #3: Develop cross-sector, holistic, culturally appropriate dementia informed approach to care

**Action Area II: Aging in Place Readiness Planning**
- Goal #4: Make available effective tools & protocols for aging for aging in place for older adult service providers and individuals.
- Goal #5: Education on Aging in Place is widely available.

**Action Area III: Age-Friendly Community Engagement**
- Goal #6: Ensure perspectives of older adults inform public planning and policy
- Goal #7: Extend age-friendly network participation in Olmsted County
- Goal #8: Address age-based barriers to opportunity and access for aging in place for older adult service

The AFOC Planning Committee and work groups conducted public meetings with attendance open to interested organizations and individuals. Most meetings were conducted online with announcements, materials, and summaries distributed widely to a stakeholder list of over 80 public officials, organizations, and individuals throughout Olmsted County. We appreciate the interest all these stakeholders have shown in this work. Additionally, we acknowledge those individuals who regularly participated in the meetings on the committee and work groups and their contribution to the contents of this report.
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| Action Area II: Aging in Place Readiness Planning | 9 |
| Action Area III: Age-Friendly Community Engagement | 10 |
| Appendix: 2022-2025 Priorities Preference Survey | 15 |
**Action Area I: Age-Friendly Community Supports and Health Services**

**Key Finding:**
**Most older adults want to age in the homes and neighborhoods they know and love.**

**Associated Domains:**
**Housing, Transportation, Communication and Information, Social Participation**

An age-friendly community supports a robust home and community based services (HCBS) infrastructure that reflects the cultural needs and preferences of older residents and their care partners.

Overwhelmingly, we desire to age in place, yet the aging process generally results in our progressive loss of ability to perform the daily living tasks needed to do so. Based on historical data, during their lifetime, 70% of older adults utilize community supports to remain in their homes. For some older adults, family and friends become primary caregiving partners, but many will eventually rely upon HCBS for support. Likewise, family and friends may need HCBS to support their caregiving.

- Where we live greatly determines our ability to access the HCBS support we need to age in place.
  - Proximity of family, community size, personal financial resources, and physical and cognitive abilities all impact our ability to age in place
  - Rural settings and smaller communities often have fewer HCBS
  - Persons with limited resources struggle to find affordable HCBS

- Importantly, HBCS may not be easily accessible to or appropriately designed for the cultural values, traditions, and practices of all community members.

- Though care facilities play an important role in the continuum of care with older adults, facility living is generally regarded as a more costly alternative to the HBCS required to support aging in place. Depending on unit size, types of services, care needs, and number of people, costs can easily reach several thousand dollars a month.

- HBCS are available through nonprofit and for-profit entities.
  - Some provide a single service (e.g. home oxygen).
  - Others provide a wide range of services (e.g. chores, transportation & homemaker).
  - Where available a sliding fee option increases service accessibility for low-income seniors.
  - Olmsted County is fortunate that most HCBS are available countywide, however awareness and utilization in rural areas is more limited.
**Overall plan objective:**
*Age-Friendly Olmsted County promotes the availability of culturally appropriate, affordable home and community based services which enable older adults to age in place, delaying and preventing the move to more costly facility living.*

**Goal #1: Increase availability of affordable Home and Community Based Services (HCBS)**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Actions</th>
<th>Responsible Party</th>
<th>Potential Partners</th>
<th>Outcomes and Indicators</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>i HCBS reflect the cultural needs of diverse aging communities</td>
<td>1. Hold community engagement sessions designed for BIPOC elders and their care partners 2. Educate HCBS providers on culturally appropriate elderly service delivery 3. Loop back with cultural groups</td>
<td>FSR/AFOC convene to form leadership team</td>
<td>FSR, Elder Network, SEMAAA, Olmsted County Aging Services Diversity Council Community Mobilization Resource Coalition (CMRC) Houses of Faith (others)</td>
<td>1. Learn what culturally appropriate HCBS aging services are needed 2. HCBS providers aging services reflect needs of BIPOC elders &amp; care partners 3. BIPOC community sees their input reflected in services</td>
<td>1.Q1 2022 2.Q1 2023 3.Thru 2023</td>
</tr>
<tr>
<td>ii HCBS availability shared with and understood by rural and low to moderate income older adults &amp; care partners</td>
<td>1. Identify key community connectors. 2. Prepare and distribute marketing materials to key community connectors 3. HCBS providers improve visibility &amp; services in rural communities &amp; for low-income elders</td>
<td>FSR/AFOC convene to form leadership team</td>
<td>Houses of Faith Parish nurses Hair &amp; nail salons, barber shops, medical providers, local restaurants &amp; coffee shops, utility companies, senior centers, local media local marketing companies</td>
<td>1. Rural &amp; low to moderate income older adults &amp; care partners engage with HCBS providers allowing elders to age in place 2. Increase knowledge &amp; trust among rural &amp; limited income populations 3. Services increase for rural &amp; limited income older adults</td>
<td>1.Q4 2022 2.Thru 2023 3.Q1 2023</td>
</tr>
<tr>
<td>iii All older adults &amp; care partners able to access HCBS services</td>
<td>1. Determine affordability level for HCBS 2. Funding available for HCBS providers who deliver affordable services</td>
<td>FSR/AFOC convene to form leadership team</td>
<td>FSR, Olmsted County Aging Services, SEMAAA, Elder Network</td>
<td>1. HCBS providers aware of affordability level to access supports 2. Limited income elders access HCBS to age in place</td>
<td>1.Q1 2023 2.Q1 2024</td>
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### Goal #2: Service Navigator

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<th>Objective</th>
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<th>Potential Partners</th>
<th>Outcomes and Indicators</th>
<th>Time</th>
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<tbody>
<tr>
<td>iCarePartners feel supported in their caregiving journey</td>
<td>1. Community members &amp; businesses become dementia friends 2. Affordable respite services are available 3. Affordable HCBS are available to support care Partners and seniors</td>
<td>FSR/AFOC convene to form leadership team</td>
<td>1 Elder Network, 125 Live, FSR (others) 2 Elder Network, FSR (others) 3 Elder Network, FSR (others)</td>
<td>1. Care partners &amp; persons with dementia find community friendly 2. Care partners access needed services 3 Older adults access needed services</td>
<td>1.2022-2025 2. Q3 2022 3. Q3 2022</td>
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### Goal #3: Develop cross-sector, holistic, culturally appropriate dementia informed approach to care

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<th>Objective</th>
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<th>Potential Partners</th>
<th>Outcomes and Indicators</th>
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<tbody>
<tr>
<td>i Pilot a navigation pathway to connect FSR HCBS navigator to the Dementia Care Team Navigator at Mayo Clinic for referrals and support across the continuum of care and community</td>
<td>1. FSR &amp; Mayo Clinic identify staff who work on cross sector dementia team. 2. Dementia informed care training is identified &amp; completed by cross sector team. 3. Cross sector team schedule established to build dementia informed care, establish trust and relationships. 4. Develop a release of information that is part of intake process at Mayo Clinic &amp; FSR. The partnership is explained &amp; the release of information allows specific contact information to be shared by navigators</td>
<td>Mayo Clinic ADRC &amp; Geriatrics, FSR</td>
<td>As determined by responsible parties during pilot</td>
<td>As determined by responsible parties during pilot</td>
<td>Q1 2023</td>
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</table>
Goal #3: Develop cross-sector, holistic, culturally appropriate dementia informed approach to care, cont’d

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<th>Objective</th>
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<th>Potential Partners</th>
<th>Outcomes and Indicators</th>
<th>Time</th>
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<tbody>
<tr>
<td>ii Promote cross-referral &amp; integrate a communication protocol among partnering entities</td>
<td>1. Address barriers to sharing information across health system and community. 2. Cross sector team shares information about community service, resources, education opportunities and clinical care. 3. Cross sector team members educate other community-based service providers. 4. FSR Community navigator participates in care/resource planning with care partner, person with dementia &amp; Mayo care team. 5. Develop formal communication protocols used across FSR &amp; Mayo with regards to serving persons with dementia and care partner(s)</td>
<td>Mayo Clinic ADRC &amp; Geriatrics, FSR</td>
<td>As determined by responsible parties during pilot</td>
<td>A system for holistic, dementia informed, person-centered care &amp; resource planning is developed. Persons w/dementia &amp; their care partner(s) experience holistic, dementia informed, person-centered care/resource planning</td>
<td>Q3 2024</td>
</tr>
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</table>
### Goal #3: Develop cross-sector, holistic, culturally appropriate dementia informed approach to care, cont’d

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<th>Objective</th>
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<th>Outcomes and Indicators</th>
<th>Time</th>
</tr>
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<tbody>
<tr>
<td>iii Connect family, friends and neighbor care partners of persons with dementia to services, education and resources</td>
<td>1. Navigator, FSR Senior Coordinators, BIPOC Outreach work with care partner develop an independence plan which specifies resources desired and where/how/who provides them. 2. FSR Senior Independence team execute on service requests within our purview &amp; other HCBS providers. 3. Navigator, FSR Senior Coordinators, BIPOC Outreach provide ongoing communication and case management for as long as care partner/person with dementia desires</td>
<td>Mayo Clinic ADRC &amp; Geriatrics, FSR</td>
<td>As determined by responsible parties during pilot</td>
<td>Care partners and persons with dementia are supported in culturally appropriate with HCBS</td>
<td>Q4 2023</td>
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</table>
Action Area II: Aging in Place Readiness Planning

Key Finding:
Aging in place is a preference, but many residents have not planned nor prepared adequately to successfully do so.

Associated Domains:
Housing, Community Support & Health Services, Transportation

In an AARP survey, 74% of people ages 50 and older nationwide hope to remain in their current residence as they grow older, but only 46% believe they will be able to do so. (AFOC Assessment Report)

Research suggests that programs that help people remain living at home may save money for families, government, and health systems. In fact, keeping people in their own homes has been calculated to save an average nearly $44,000 per participant per year in public money. (AFOC Assessment Report) Staying at home also often brings social and emotional benefits for the individual and broader community. Supportive services often are needed to make this possible. Residents may need support, often financial help, to make home modifications that will allow them to remain living safely at home. Some homes require relatively minor modifications and others more significant and costly ones. Both the public and private sectors have roles in making aging in place safe, affordable, and possible when the time comes.

There are existing programs in Olmsted County to assist residents in preparing to age in place, including Home Safety Audit, and Senior Independence Planning. The Home Safety Audit addresses the physical environment and produces a comprehensive set of recommendations. A Senior Independence Plan goes beyond the home to consider a wide range of factors including social connection, transportation, access to supportive services, and legal and financial matters.

These programs reach several hundred seniors each year, however they are most often initiated as a result of an accident, or a medical or family referral. In these cases, plans are reactions to events, not clear and thoughtful preparation. Proactive planning is the key to successful aging in place.

We need to reach more people, earlier, with both individualized planning services and broad education to help them make informed plans for their future.
**Overall plan objective:**
To expand planning services capacity and education throughout Olmsted County to better prepare residents for successful aging in place.

Goal #4: Effective tools & protocols are available for identified providers and individuals.

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<th>Objective</th>
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<th>Potential Partners</th>
<th>Outcomes and Indicators</th>
<th>Time</th>
</tr>
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<tbody>
<tr>
<td>i Build senior’s capacity to develop independent living plans including transitions to facility living</td>
<td>Identify the contents of the toolkit, develop material where gaps exist</td>
<td>FSR</td>
<td>Olmsted County. AgingSE MnArea Agency on Aging OMC Transition team Elder Network</td>
<td>A completed toolkit</td>
<td>3Q/22</td>
</tr>
<tr>
<td>ii Create a comprehensive toolkit that can be used by identified partner providers and individuals</td>
<td>Develop education materials on how to use the toolkit elements</td>
<td>Toolkit development team</td>
<td>TBD</td>
<td>Completed training materials</td>
<td>1Q/23</td>
</tr>
<tr>
<td>iii Senior planning services are widely available with broad multicultural public awareness</td>
<td>Identify and educate the provider network that works with this toolkit to deliver planning services</td>
<td>Toolkit development team</td>
<td>TBD</td>
<td>Provider network identified Initiate training</td>
<td>1Q/23  2Q/23</td>
</tr>
<tr>
<td></td>
<td>Develop a variety of delivery models</td>
<td>Toolkit development team</td>
<td>Rochester Public Library Universities</td>
<td>A variety of materials are broadly available and accessible</td>
<td>2024</td>
</tr>
<tr>
<td></td>
<td>Develop strategies to expand preemptive demand</td>
<td>Toolkit development team</td>
<td>Chambers of Commerce Media Faith Communities Others</td>
<td>Aging citizens across Olmsted County are aware of these resources</td>
<td>2024/5</td>
</tr>
</tbody>
</table>

A toolkit represents a comprehensive set of materials and associated protocols available for providers. Examples of content include:

- Home safety workbook (HSSAT, AARP), including actions Senior
- Independence plan template and guide to use
- Current comprehensive directory of services – healthcare / non-healthcare
- Partner network listing identifying businesses and agencies that can assist in areas ranging from financial planning, legal, residential modifications, tax assistance, etc.
- Senior preventive health and mobility strategy: maintaining strength and fitness, optimizing balance, safe mobility, and fall prevention measures. Potential partners would include Community Ed, Park & Rec, and City of Rochester senior services.

Potential challenges and opportunities:

This set of actions require people with specific backgrounds. An obvious challenge is finding the resources necessary, as well as promoting them.

The opportunity here lies in the overwhelming need for these planning services, and tangible benefits to individuals and communities when plans are in place for aging citizens.

Goal #5: Education on Aging in Place is widely available and utilized.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Actions</th>
<th>Responsible Party</th>
<th>Potential Partners</th>
<th>Outcomes and Indicators</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>i Educational resources are updated and available county-wide, in multiple delivery formats</td>
<td>Form a senior education coordinating committee</td>
<td>FSR</td>
<td>Community Ed (across communities) LIFE Olmsted County Public Health 125 Live AARP Rochester Public Library &amp; others Mayo Clinic, OMC Rochester Downtown Alliance</td>
<td>A team is formed to activate this plan Agreement reached on how to operationalized</td>
<td>3Q/22</td>
</tr>
<tr>
<td>ii Achieve a greater visibility to these topics across Olmsted County</td>
<td>Identify and assess existing education resources (including venue, presentations, and subject matter experts)</td>
<td>Senior Education Coordinating Committee</td>
<td></td>
<td>Current listing of senior educational offerings</td>
<td>1Q/23</td>
</tr>
<tr>
<td></td>
<td>Continually curate available materials and maintain a directory</td>
<td>Senior Education Coordinating Committee</td>
<td></td>
<td>Ongoing published directory and calendar of senior education offerings</td>
<td>2Q/23</td>
</tr>
<tr>
<td></td>
<td>Develop communication strategies to drive awareness across Olmsted County</td>
<td>Senior Education Coordinating Committee</td>
<td></td>
<td>Promotion plan developed and implemented</td>
<td>2Q/23</td>
</tr>
</tbody>
</table>
There are several resources for educational materials, and there have been classes conducted over the years. This set of actions ensure the materials are current, and where possible, available through multiple formats.

Examples of education modules include:

- Home safety and fall prevention programs
- Supportive services within Olmsted County and how to access them (maintenance, snow removal, etc.)
- In home healthcare services and how to access them
- Minnesota State reimbursement programs for family care givers (access & rules)
- Legal considerations: estate planning, wills, trusts, power of attorney, advance health care planning (e.g. health care directive, POLST, 5 Wishes) Crimes, scam and fraud prevention
- Home modification options and costs
- Financial planning, including reverse mortgage applicability
- Transportation considerations and options
- Technology tools that support independence and compensate for progressive impairment (e.g. vision, hearing, dexterity and tactile sensation)
- Fitness, health, diet, and exercise
- Social considerations – making and maintaining friends, discussion/support groups, personal development, education and learning opportunities
- Alternatives to Aging in Place - Housing considerations and options, own vs rent, downsizing/rightsizing, subsidized/market rate rentals, etc.
- Medicare supplement vs advantage plans, coverage rules MN State
- Ombudsman and conflict resolution

A significant challenge is forming the coordinating committee and securing the long-term commitment to this initiative. While most of these topics have been presented in various forms and venues, a subsequent set of challenges is identifying sourcing materials, maintaining currency, and developing them for diverse audiences. However, there are Olmsted County citizens needing and looking for these kinds of materials.
**Action Area III: Age-Friendly Community Engagement**

**Key Finding:**
Older adults desire to be actively engaged in community life.

**Associated Domains:**
Civic participation, communication and information, social participation, respect and social inclusion.

Older adults need to have the opportunity to be as actively engaged in community life as they want to be. The more connected and engaged older adults are, the more likely they are to contribute their skills and time to the community.

An age-friendly community makes policy and infrastructure changes that incorporate the needs and preferences of older adults. Planning for land use, community revitalization, economic development efforts, etc. should reflect active input from a cross-section of community members that includes older adults.

Age-Friendly Olmsted County (AFOC) will pursue opportunities for civic participation and influence in attitudes, policy, planning, and decision-making regarding issues, projects, and legislation that impact older adults.

Though our primary interest is in opportunities that support the priorities of the AFOC 2022-2025 action plan, we will engage across all the findings and thematic concerns of the community assessment. AFOC accomplish this by:

- Ensuring that the needs and preferences of older residents inform the governance, growth, and development of Olmsted County and its communities.

- Extending age-friendly network participation to other communities, sectors, and institutions in Olmsted County.

- Addressing ageism as a prominent and intersectional element of diversity, equity, and inclusion strategies and programs.
Overall plan objective:
*Older adults actively participate in and contribute to community life and civic governance.*

**Goal #6: Ensure concerns of older adults inform public planning and policy**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Actions</th>
<th>Responsible Party</th>
<th>Potential Partners</th>
<th>Outcomes and Indicators</th>
<th>Time</th>
</tr>
</thead>
</table>
| i Accessory dwelling units (ADUs) are broadly available for construction | Review local and county zoning ordinances for impediments to ADU construction  
Advocate for adoption of necessary revisions | AFOC | AARP  
Yardhomes  
Bear Creek Center  
In the City for Good  
AF Pine Island  
Oronoco AF group | Local/county Zoning ordinances allow broadest possible ADU construction | 22-25 |
| ii Parks and recreational facilities are expanded and planned with an intention to support older adult access and activities | Review and contribute to current Rochester Park and Rec system master plans; and review national CAPRA accreditation standards and prepare this application  
Make recommendations to Rochester Park and Rec.  
Review community park assets for age-friendly accessibility and activities; make recommendations | AFOC | AF Pine Island  
Oronoco AF group  
Active sports associations  
Park Foundations  
Rochester Parks Board members  
Rochester Park & Rec Dept staff  
City Council Mayor Charter Commission | Parks and recreational facilities support older adult access and activities.  
Have the Rochester Parks Board consider AFOC recommendations for 2022 Master Plan revisions  
Contribute to the CAPRA accreditation application regarding the Services Matrix (life stage/age groups) for local seniors | 23-25 |
| iii Opportunities to promote age-friendly planning, policy, and community outcomes are pursued as appropriate | Sponsor forums. Earned media coverage. Support aligned legislative agendas. Attend public meetings and hearings. Participate in community engagement and research projects | AFOC | As appropriate to issues, events, and initiatives | Increased media coverage. Issues gain higher priority. Issues awareness increases. Policies support goals | 22-25 |
## Goal #6: Ensure concerns of older adults inform public planning and policy cont’d

<table>
<thead>
<tr>
<th>Objective</th>
<th>Actions</th>
<th>Responsible Party</th>
<th>Potential Partners</th>
<th>Outcomes and Indicators</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>MN state funding for home and community based services (HCBS) is reformed</td>
<td>Build reform coalition</td>
<td>AFOC</td>
<td>AARP, MNAAAs, HCBS providers, other aligned agendas</td>
<td>Coalition formed</td>
<td>Q1/23</td>
</tr>
<tr>
<td></td>
<td>Begin legislative engagement</td>
<td>Coalition</td>
<td></td>
<td>Legislative strategy developed and implemented</td>
<td>23-25</td>
</tr>
</tbody>
</table>

## Goal #7: Extend age-friendly network participation in Olmsted County

<table>
<thead>
<tr>
<th>Objective</th>
<th>Actions</th>
<th>Responsible Party</th>
<th>Potential Partners</th>
<th>Outcomes and Indicators</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>i Rural communities participate in/join the age-friendly network</td>
<td>Identify county board member. Identify community champions. Recruit local committee</td>
<td>AFOC</td>
<td>AARP, Local champions</td>
<td>Communities join AFOC and/or Network</td>
<td>22-25</td>
</tr>
<tr>
<td></td>
<td>Contact city/township officials. Gain city/township support. Submit application</td>
<td>SEMAAA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Goal #7: Extend age-friendly network participation in Olmsted County cont’d

<table>
<thead>
<tr>
<th>Objective</th>
<th>Actions</th>
<th>Responsible Party</th>
<th>Potential Partners</th>
<th>Outcomes and Indicators</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>ii Local colleges and universities join in the Age-Friendly Universities Network.</td>
<td>Identify campus champions. Meet with campus leadership. Gain support for initiative.</td>
<td>AFOC</td>
<td>Age-Friendly UM SEMAAA AFMN UMR WSU Rochester RCTC</td>
<td>Campuses join Age-Friendly University Network</td>
<td>22-25</td>
</tr>
</tbody>
</table>

### Goal #8: Address age-based barriers to opportunity and access

<table>
<thead>
<tr>
<th>Objective</th>
<th>Actions</th>
<th>Responsible Party</th>
<th>Potential Partners</th>
<th>Outcomes and Indicators</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>i Built environments in Olmsted County communities are safe and accessible</td>
<td>Promote and support walking audits of neighborhoods and business districts</td>
<td>AFOC</td>
<td>Public Works Transit planners DMC Business associations Neighborhood associations</td>
<td>Walking audits conducted in Olmsted county neighborhoods and business districts</td>
<td>22-25</td>
</tr>
<tr>
<td>ii Diversity, equity, inclusion (DEI) policies and initiatives prominently include ageism</td>
<td>Review DEI policies and initiatives for inclusion of ageism Report and make recommendations</td>
<td>AFOC</td>
<td>Chambers of Commerce HR departments DEI organizations Government sector</td>
<td>DEI policies and initiatives include responses and remedies to ageism</td>
<td>23-25</td>
</tr>
<tr>
<td>iii Public educated about ageism</td>
<td>Develop media campaigns to decrease tolerance of ageist expression and conduct</td>
<td>AFOC</td>
<td>Local media and marketing companies Mayo Clinic</td>
<td>Public becomes more aware of and less tolerant of ageist expression and conduct</td>
<td>22-25</td>
</tr>
</tbody>
</table>
Appendix

2022-2025 Priorities Preference Survey
Q1 Listed below are the World Health Organization's 8 Domains of Livability. This framework is used by many of the towns, cities, counties and states enrolled in the AARP Network of Age-Friendly States and Communities to organize and prioritize their work to become more livable for both older residents and people of all ages. Based on your lived experience and/or professional insight, select three domains you believe are important areas for attention and action in 2022-2025.

Answered: 147   Skipped: 0
<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOUSING. AARP surveys consistently find that the vast majority of older adults want to reside in their current home or community for as long as possible. Doing so is possible if a home is designed or modified for aging in place, or if a community has housing options that are suitable for differing incomes, ages, and life stages.</td>
<td>61.22% 90</td>
</tr>
<tr>
<td>COMMUNITY AND HEALTH SERVICES. At some point, every person of every age gets hurt, becomes ill, or simply needs some help. It’s essential that residents are able to access and afford the services required.</td>
<td>49.66% 73</td>
</tr>
<tr>
<td>SOCIAL PARTICIPATION. Loneliness is often as debilitating a health condition as having a chronic illness or disease. Sadness and isolation can be combated by having opportunities to socialize and the availability of accessible, affordable, and fun social activities.</td>
<td>44.90% 66</td>
</tr>
<tr>
<td>COMMUNICATION AND INFORMATION. Age-friendly communities recognize that information needs to be shared through a variety of methods since not everyone is tech-savvy, and not everyone has a smartphone or home-based access to the internet.</td>
<td>41.50% 61</td>
</tr>
<tr>
<td>TRANSPORTATION. Driving shouldn't be the only way to get around. Pedestrians need sidewalks and safe, crossable streets. Dedicated bicycle lanes benefit non-drivers and drivers alike. Public transit options can range from trains, buses, and light rail to taxis, shuttles, or ride-share services.</td>
<td>41.50% 61</td>
</tr>
<tr>
<td>RESPECT AND SOCIAL INCLUSION. Everyone wants to feel valued. Intergenerational gatherings and activities are a great way for young and older people to learn from one another, honor what each has to offer, and, at the same time, feel good about themselves.</td>
<td>27.21% 40</td>
</tr>
<tr>
<td>WORK AND CIVIC ENGAGEMENT. Why does work need to be an all-or-nothing experience? An age-friendly community encourages older people to be actively engaged in community life and has opportunities for residents to work for pay or volunteer their skills.</td>
<td>19.05% 28</td>
</tr>
<tr>
<td>OUTDOOR SPACES AND BUILDINGS. People need public places to gather — indoors and out. Green spaces, seating, and accessible buildings (elevators, zero-step entrances, staircases with railings) can be used and enjoyed by people of all ages.</td>
<td>14.97% 22</td>
</tr>
</tbody>
</table>

Total Respondents: 147
Q2 Using the three domains you selected, please rank them in order of preference for attention and action in 2022-2025.

Answered: 130    Skipped: 17
<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>TOTAL</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HOUSING.</strong> AARP surveys consistently find that the vast majority of older adults want to reside in their current home or community for as long as possible. Doing so is possible if a home is designed or modified for aging in place, or if a community has housing options that are suitable for differing incomes, ages, and life stages.</td>
<td>56.10%</td>
<td>31.71%</td>
<td>12.20%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>82</td>
<td>7.44</td>
</tr>
<tr>
<td><strong>COMMUNITY AND HEALTH SERVICES.</strong> At some point, every person of every age gets hurt, becomes ill, or simply needs some help. It’s essential that residents are able to access and afford the services required.</td>
<td>43.75%</td>
<td>40.63%</td>
<td>15.63%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>64</td>
<td>7.28</td>
</tr>
<tr>
<td><strong>SOCIAL PARTICIPATION.</strong> Loneliness is often as debilitating a health condition as having a chronic illness or disease. Sadness and isolation can be combated by having opportunities to socialize and the availability of accessible, affordable, and fun social activities.</td>
<td>24.56%</td>
<td>36.84%</td>
<td>38.60%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>57</td>
<td>6.86</td>
</tr>
<tr>
<td><strong>COMMUNICATION AND INFORMATION.</strong> Age-friendly communities recognize that information needs to be shared through a variety of methods since not everyone is tech-savvy, and not everyone has a smartphone or home-based access to the internet.</td>
<td>24.07%</td>
<td>24.07%</td>
<td>51.85%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>54</td>
<td>6.72</td>
</tr>
<tr>
<td><strong>TRANSPORTATION.</strong> Driving shouldn't be the only way to get around. Pedestrians need sidewalks and safe, crossable streets. Dedicated bicycle lanes benefit nondrivers and drivers alike. Public transit options can range from trains, buses, and light rail to taxis, shuttles, or ride-share services.</td>
<td>26.92%</td>
<td>36.54%</td>
<td>36.54%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>52</td>
<td>6.90</td>
</tr>
<tr>
<td><strong>RESPECT AND SOCIAL INCLUSION.</strong> Everyone wants to feel valued. Intergenerational gatherings and activities are a great way for young and older people to learn from one another, honor what each has to offer, and, at</td>
<td>30.30%</td>
<td>24.24%</td>
<td>45.45%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>33</td>
<td>6.85</td>
</tr>
</tbody>
</table>
the same time, feel good about themselves.

<table>
<thead>
<tr>
<th>WORK AND CIVIC ENGAGEMENT. Why does work need to be an all-or-nothing experience? An age-friendly community encourages older people to be actively engaged in community life and has opportunities for residents to work for pay or volunteer their skills.</th>
<th>15.38%</th>
<th>46.15%</th>
<th>38.46%</th>
<th>0.00%</th>
<th>0.00%</th>
<th>0.00%</th>
<th>0.00%</th>
<th>0.00%</th>
<th>26</th>
<th>6.77</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUTDOOR SPACES AND BUILDINGS. People need public places to gather — indoors and out. Green spaces, seating, and accessible buildings (elevators, zero-step entrances, staircases with railings) can be used and enjoyed by people of all ages.</td>
<td>5.26%</td>
<td>21.05%</td>
<td>73.68%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>19</td>
<td>6.32</td>
</tr>
</tbody>
</table>
Q3 Why did you select and rank the domains in the way you have?

Answered: 108  Skipped: 39
Q4 If you have areas of concern that you believe are not represented by the 8 domains above or if you want to specify concerns you have within these domains, please do so below:

Answered: 67  Skipped: 80
Q5 Please help us understand how views throughout Olmsted County compare by indicating below where you reside.

Answered: 131  Skipped: 16

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Byron</td>
<td>5.34%</td>
</tr>
<tr>
<td>Chatfield</td>
<td>0.00%</td>
</tr>
<tr>
<td>Dover</td>
<td>1.53%</td>
</tr>
<tr>
<td>Eyota</td>
<td>1.53%</td>
</tr>
<tr>
<td>Oronoco</td>
<td>1.53%</td>
</tr>
<tr>
<td>Pine Island</td>
<td>2.29%</td>
</tr>
<tr>
<td>Rochester</td>
<td>80.92%</td>
</tr>
<tr>
<td>Stewartville</td>
<td>2.29%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>6.87%</td>
</tr>
</tbody>
</table>

Total Respondents: 131