Let's talk about the reasons we need a Statewide Plan for Aging and a Department for Community Aging.

Our cherished aging policy was developed in the 1960's when life expectancy was 70 years old, focusing on financial security, healthcare, and community supports and services for those with the most need--Social Security, Medicare, and the Older Americans Act.

Life expectancy is now approaching 80 years and will continue to rise. From now until 2050, Minnesota will have its largest ever population of people 65 and over. Our challenge is to reshape our aging policy, strategies, and funding to now include desired longevity outcomes for our 65+ population:

1. To prevent and delay disability
2. To optimize community opportunities to achieve quality-of-life outcomes of purpose, personal agency, social engagement and connectedness, activities, and belonging for our aging population

This means embracing our communities as the nexus for aging well, a concept that is now emerging as "community gerontology".

The World Health Organization is advancing the concept of community gerontology via livability domains as our new direction—outdoor spaces and buildings, transportation and mobility, housing, social participation, respect and social inclusion, work and civic engagement, communications and information, and community and health services.

In the United States, the World Health Organization livability domains have morphed into AARP policy vs public policy, with states electing to enter the network and then tasked with funding mandates. Minnesota has chosen to enter the network with funding allocated for 5 years. The result is a "checkerboard" approach both for our USA states as well as our individual Minnesota communities.

It is timely for us now to identify our Minnesota aging policy, strategies, and funding for all our communities, especially in Greater Minnesota towns and rural communities, aging faster than our large metro areas.

We know too that the rural realities of distance, transportation challenges, financial constraints, poor housing an outdated built environments, diminished healthcare access, limited access to internet and connectivity are significant barriers to aging well in Greater Minnesota communities.

Please note the Logic Model submitted to this committee, depicting what this approach might look like in a Greater Minnesota community. The logic model identifies the World Health Organization livability domains, proposed strategies, and desired short, mid and long-term outcomes. The challenge is a sea change vs a 5-year plan.

It is the reason we are here, proposing a Statewide Plan and a Department for Community Aging to lead our state in establishing a statewide plan, strategies to execute them, and the funding across public and private sectors to achieve our long-term aging outcomes.

I would like to share aging stories with you today from Greater Minnesota, a coffee conversation following our weekly Silver Sneakers fitness program in Hibbing, MN.

It is noteworthy that our popular and well-attended fitness program has survived 4 closures since start-up in 2010. Our current sponsor is the Duluth Area YMCA, a mission driven, nonprofit organization located 100 miles away, renting a gym in a local Hibbing church in order to provide the program. The frequent closures reflect the lack of economic and community resource capacity—no local fitness centers with full-service gyms, unavailability of school gym space during day hours, costs of off-site sponsorship, as well as the complexity of managing the health plan financing of the Medicare Fitness Benefit. We are grateful to the Duluth Area YMCA for their sponsorship.

1. It's about personal agency, the degrees of freedom in our lives:
    - Our children our asking us to move to their cities and live in senior apartments or assisted living

- *"My friends are here. I regularly attend our fun fitness program and have made many new friends. Housework and yard work keep me in shape. I am safe."*

2. It's about aging assumptions:
    - A woman in her early 90's recently suffered a stroke and was hospitalized. At discharge, she was told she would be placed in a nursing home. (Note that no one had tried to get her out of bed during her stay).
    - *"I told my son to search for a walker in the hall. I got up and walked to the nursing station and told them I could walk and was going home. I was then referred to Physical Therapy and was discharged to my home with a walker. I drive myself to our fitness program, using my walker to steady myself during the exercises. I am improving and hoping to move to a cane soon."*

3. It's about our aging approach:
    - "*Programs and classes offered for us treat us like patients…like there is something wrong with us, often scaring us so we start being overly cautious and afraid to live a normal life."*

4. It's about protecting us:
    - "*My kids asked me to move to a little house with no steps. I am in my 90's. I moved to a place with no stairs. But when I visit my children, it became harder and harder to navigate the stairs to enter their homes. I joined our fitness program and can now easily navigate the steps again. If you don't do steps, you can't do steps.*
      I really liked my house a lot."

5. It is about belonging in our communities:

- *"It is so disappointing that there are few to no scheduled activities for us during day hours. All our community education/community activities are scheduled after 4:30 pm."*

6. It is about our outdated rural built environments:
    - "*Parking and access to our old buildings is difficult, especially in the winter months and in the dark."*

7. It is about our spouses:
    - *"Our guys have coffee with friends every day, then come home and watch tv…death by sitting."*
    - How should we be engaging men to age well?

A Statewide Plan for Aging and a Department for Community Aging provides the opportunity for aligning economic and community development resources to achieve desired aging outcomes across all parts of our state, including economically under-resourced Greater Minnesota rural communities.