

Minnesota Legislative Task Force

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My message today is about community gerontology and how it informs the creation of a state agency on aging.

Community gerontology is a robust model that defines community as the overarching level of organization in which aging is embedded. It is a framework for research, policy, and practice—encompassing a multi-sector planning process that is robust, data driven, and requiring public participation to gain the current realities of aging. It is a concept that includes and expands on our existing aging paradigms of healthcare and community supports and services.

It is an approach that differentiates aging in community versus aging in place, moving us from aging in homes and apartments, to a broader place-based community with personal meaning.

Adopting a broader community gerontology concept of aging in community, provides latitude in developing community programs to achieve desired aging outcomes.

It is about identifying the “lifespace” that individuals traverse in their daily lives and how our homes, neighborhoods, towns, and cities impact the ability to achieve desired outcomes.....and more importantly, how our lifespace impacts our ability to establish “one-on-one” relationships, form small groups for social interaction, interact across neighborhoods, and participate as full partners in our communities.

However, our tendency is to isolate our aging population vs focusing on neighborhoods, encouraging us to move to senior apartments, assisted living, etc. And in our Greater MN towns, there is a growing narrative to move grandmas out of their homes, to free up housing for new families, as featured in a recent article in the Star Tribune: “Families in rural Minnesota want your house, Grandma”. The article indicates that the elderly, and their communities, would be better served by providing ‘move over housing’ as grab

bars and wheelchair ramps probably won't be wanted or needed by a home's next residents. "I'm not trying to kick our senior out of their home, but...kinda", while encouraging communities to provide more housing options in their communities (Toikkenen, K., MN Star Tribunes, July 1, 2024).

And too often these recommendations are a "for us" vs "with us" proposition. Therefore, the big question becomes: how do we include our 65+ population as stakeholders in community decision-making processes, especially related to community economic development strategies that focus on the World Health Organization aging domains--outdoor spaces/buildings, transportation/mobility, housing, social participation, respect and social inclusion, work and civic engagement, communications and information, community and health services?

Additionally, an understanding of community gerontology concepts may help us comprehend the differences in aging outcomes for urban vs rural, as well as differences from community to community.

Please note too that aging outcomes should be informed by our 65+ population, expanding beyond the current focus on health care and support and service goals only. It is an opportunity to highlight the importance of community opportunities to prevent and delay disability, and most importantly, to achieve quality of life outcomes throughout our lifespan—having purpose, maintaining our personal agency, socially engaging and connecting with others, participating in activities (especially during day hours), and feeling like we belong.

Now is the time to introduce the concept of Community Gerontology ([PDF](#)) [Community Gerontology: A Framework for Research, Policy, and Practice on Communities and Aging \(researchgate.net\)](#) , as well as embrace the World Health Organization Livability Domains to categorize our aging outcomes.

A big and bold economic development proposal!

We must have policy that creates a cabinet level Department of Community Aging—a department that drives community planning, policy development, funding, and execution across our entire state.