Attachment A

Age-Friendly Maple Grove
Action Plan
August 2018-August 2021
Greetings,

It is with pride and excitement that I share with you the Age-Friendly Maple Grove Action Plan. When Maple Grove joined the AARP Network of Age-Friendly Communities in 2016, we committed to making our city a place where residents could thrive at every stage of life—including older age.

Maple Grove has long been a forward-thinking city. We know that our population is changing. More residents are heading into older age, and that trend will continue. We also know that making our community a place where older people can be active, engaged and independent is a win-win for everybody.

This plan is the result of many voices answering the question, *How can Maple Grove become a better place to grow older?* Residents, city staff, professionals in the field of aging, community leaders and many others contributed their input and insights to this question as it applies to housing, transportation, community services, communications and other key aspects of life.

The good news is we learned that older residents already love living in Maple Grove. They enjoy the city’s beauty, walking paths, community center, shopping choices, and access to local healthcare services. But we also have significant work to do. People need more transportation and affordable housing options, more ways to stay connected to each other and to the community, and help navigating the healthcare system. This plan provides strategies for tackling issues both large and small; long- and short-term; and both inside and outside City Hall.

The launch of this important work is in keeping with Maple Grove’s philosophy of being a livable community for all. I thank the many people who helped create this plan and look forward to supporting the work as it unfolds.

Sincerely,
Mark Steffenson
Mayor
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# Table of Contents

Executive Summary .............................................. 6  
Community Profile .............................................. 7  
Aging Well is Hard to Do (in the Suburbs) .................... 10  
Maple Grove's Path to Becoming an Age-Friendly Community .... 13  
The Value of Age-Friendly Communities ...................... 16  
Introduction to the Plan ........................................ 18  
Action Plan .................................................... 21  
  Outdoor Spaces and Buildings ................................ 22  
  Transportation ............................................... 25  
  Housing ..................................................... 29  
  Social Participation and Inclusion ............................ 33  
  Civic Participation and Employment ......................... 35  
  Communication and Information ............................ 38  
  Community and Health Services ............................ 40  
Appendices:  
  Appendix A: Roles/Responsibilities for Action Plan Implementation - Year 1  . 45  
  Appendix B: Community Assessment Findings ........................... 49  
Endnotes ....................................................... 62
Executive Summary
Maple Grove has made the wise and exciting decision to formalize its commitment to becoming an age-friendly city—a place where older adults can “live in security, enjoy good health and continue to participate fully in society” (World Health Organization).

Older residents report that they appreciate many things about living in Maple Grove, but improvements across a range of issues are needed to truly become a city where people of all ages can live vital and connected lives.

People today live longer than ever before, including three decades or more in what is often considered older age. More Minnesotans will turn 65 this decade than in the past four decades combined.1 In Maple Grove, already a quarter of the population is 55 or older, up from about 11 percent in 2010.

Our fundamental model of society must change. Cities simply haven’t been built, and services developed, with these lifespans in mind.

Expectations around aging have changed, too. Boomers, especially, want and expect to lead active and purposeful lives as they hit 65 and beyond. Society-wide ageism persists as well, with negative consequences for all of us. Modern aging is being redefined as we enter this unprecedented era.

Age-Friendly Maple Grove launched with the recognition of these profound demographic and cultural shifts and a mission to ensure that older adults are valued, supported and able to contribute to and participate in community life for as long as possible.

In 2016 the City of Maple Grove joined the AARP Network of Age-Friendly Communities, the US affiliate of the World Health Organization’s age-friendly program. Member cities, numbering more than 400 worldwide, commit to taking steps to become age-friendlier by following this program’s framework.

Age-Friendly Maple Grove is led by a committee of city staff, community volunteers, and representatives from health care, senior housing, communities of faith, home health care service providers, and others. Following the AARP/WHO framework, this group conducted a community assessment of older adult needs to determine what the city and community are doing well for older residents and what areas need improvement. This action plan was developed to articulate the underpinnings of the initiative, and to define strategies and tactics for addressing priorities identified through the assessment. Many community partners were engaged along the way, providing invaluable expertise and input.

Guided by this plan, Age-Friendly Maple Grove leaders and community partners will undertake a wide range of efforts to help older residents remain vital, connected and independent. These efforts will involve programs and services, the physical environment, city policies and plans, and overall greater integration of older adult considerations into business as usual.

When residents thrive our community thrives. This plan is an important step in deliberately including the needs of all ages—which is both the right thing and the smart thing to do.
Community Profile

The City of Maple Grove has made an exciting commitment to become an age-friendly city—a place where residents of all ages can live healthy, active lives. As we anticipate a shifting reality in which older adults outnumber all other age groups, Maple Grove wants to ensure it is a community where people can both live well and age well.

Maple Grove: Yesterday and Today
Maple Grove, Minnesota is a northwestern suburb of Minneapolis located in Hennepin County. It formed as a small town in the 1880s, and its population remained around 1,200 people until 1940, when it began to grow slowly. However, the completion of Interstate 94 and other highway systems in the 1970s triggered a dramatic population surge. From 1970 to 1980 the city saw 227 percent population growth. Maple Grove continues to grow, though at a slower pace. With nearly 70,000 residents in 2017, the city predicts an ultimate population of nearly 90,000 residents once it is fully developed.

Maple Grove’s high quality of life is well known, even nationally. Money magazine named the city one of the “Best Places to Live” in 2014 for its extensive parks system and walking trails and strong local economy. It is a major shopping, eating, and recreation hub in the northwest Twin Cities metro. It opened a community hospital in 2009 and offers many other healthcare services and providers. The city contains five lakes, mostly edged with single-family homes as well as city walking trails.

Maple Grove is a relatively affluent city. Median household income exceeds $96,000 (City of Maple Grove), compared to the Twin Cities metro area’s $71,000 and the state’s $63,200. It is majority White (83 percent), but is becoming more ethnically diverse. Asian and Black residents comprise 8 and 5 percent of the population, respectively.

For more than 80 years, about 2,000 acres on the east-central edge of the city have been dedicated to mining gravel, which helped build new roads and highways in the northwest metro. Mining continues, but as gravel supplies wane, the city is gradually reclaiming the land for development. This huge swath of undeveloped land presents a rare and important opportunity for the city to make practical and philosophical decisions about its future.
Recognizing the challenges that traditional (i.e., sprawl-style) suburban development brings, and that many boomers and millennials want more urban-style living, the city is planning dense, mixed-use development. Parts of the Gravel Mining Area have already been turned into Central Park, a vast and innovative park completed in 2015; Town Center, home to the community center and the city government center/public safety facility; and Arbor Lakes, a large area that includes nearly 1,000 rental units, three senior living facilities, a corporate headquarters, and just under 2 million square feet of retail space—all designed to make the community more livable by connecting housing, recreation, employment, green space, retail and services in a compact, walkable area.

Maple Grove has a history of progressive thinking in this regard. In 1995 it was the first Minnesota city to sign up as a participant in the state’s then-new Livable Communities Act at a time when livability was a newer concept.

That year it also took the unusual step of requiring sidewalks for all new subdivisions in the city. Of course, neighborhoods built during the period of greatest growth—about 1970 to 1990—do not contain sidewalks. In many areas there is more a patchwork rather than a network of sidewalks.

Maple Grove has attempted to offset some of the past decades’ sprawl by creating centrally located, higher-density housing (including senior housing) connected by sidewalks to shops, services and Central Park. It also developed a more traditional, walkable downtown—called Main Street—with on-street parking and wide sidewalks flanked by shops and services topped with office spaces. Leaders aim to energize the heart of the city by countering older patterns of development that separated people from each other and from the goods and services we all need.

Recently city leaders have prioritized a more proactive economic development program to address retention, expansion and recruitment of industry in Maple Grove. The city is working to establish relationships and coordinate programs to encourage job-driving development to balance the local economy, keep talent and resources local, and build the daytime population to support the existing economy.

The age-friendly community movement is necessary because communities were and continue to be built without integrating the needs of people of all ages and abilities into decision making.

Cities and counties developed without the choices needed to support an aging population and certainly not the aging of the largest cohort to be born on the planet.

Age-friendly must be defined not as a new program or a new trend in service delivery but as a fundamental rethinking of how we live together.

-Kathryn Lawler, “Go Big or Go Home,” Public Policy Aging Report, 2015
Housing costs are a mounting challenge. As the city continues to grow and offer many amenities, demand for both rentals and homes to purchase is growing, too. Some people who could once afford to buy a home in Maple Grove no longer can. There is great concern among older adults who may be priced out of the city as they transition out of their current homes into new housing. The need for affordable and subsidized housing, as well as a wider spectrum of options, is significant, and the city is working to address this challenge.

Like many cities—especially suburban ones—across the US, Maple Grove's population is getting older (see Table 1). Young families fueled the city’s major growth spurt in the 1970s, and the city remains associated with this demographic. But reality is changing. Maple Grove’s population includes a greater proportion of older adults than ever before, and that proportion continues to grow. Already one-quarter of the population is 55 or older, up from about 11 percent in 2000.

Not only are Maple Grove’s current residents aging, but the city is attracting new older residents who want to live near their children and grandchildren, in a community with many amenities and an overall high quality of life.

<table>
<thead>
<tr>
<th>Age</th>
<th>2000</th>
<th>2010</th>
<th>2016</th>
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<td>55-64</td>
<td>6.6%</td>
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<td>75-84</td>
<td>1.3%</td>
<td>1.9%</td>
<td>2.3%</td>
</tr>
<tr>
<td>85+</td>
<td>0.2%</td>
<td>0.6%</td>
<td>0.9%</td>
</tr>
<tr>
<td><strong>Total 55+</strong></td>
<td><strong>10.7%</strong></td>
<td><strong>20.1%</strong></td>
<td><strong>25.2%</strong></td>
</tr>
</tbody>
</table>

*Source: US Census Bureau American Fact Finder, Profile of Demographic Characteristics.*
Aging well is hard to do (in the suburbs)

In this decade, Minnesota’s older population will increase by 41 percent, to a total of about 970,000 older adults. In ten more years—by 2030—that number will jump to 1.26 million.4

Suburban populations are aging faster than those in cities.5 The Minneapolis/Saint Paul region’s five all-suburban counties will see their 65-plus populations more than double—and in Carver County, quadruple—in the next 30 years.6

Boomers raised their children in the suburbs and are staying put as they reach older adulthood. (While there has been buzz about “empty nesters” and other older adults migrating from suburbs to more walkable and amenity-rich urban centers, the actual numbers indicate that this is not a significant trend.7)

Yet aging in suburbia poses particular challenges. As has been said, suburbs were designed to move cars, not people, and there are few other ways to get around. Low density and automobile-centric development made public transit impractical, expensive, and a low priority. The vast majority of suburban housing is single-family homes, often multi-level, with a yard to keep, and set apart from stores and services. Commercial areas have vast parking lots that are unfriendly to people on foot or bicycle, even if shops are relatively near each other.

Unlike pre-World War II eras, few people today walk to work, the store, or school. We’ve designed physical activity—and a good deal of social interaction, too—out of our daily routines and rely almost completely on personal vehicles.

This model doesn’t work for most of us as we get older, yet more than half of the country’s 75 million baby boomers live in suburbs.8 And it’s not just about accommodating boomers; many people are already old, and younger generations, of course, eventually will age, too. The shift to an older demographic will not be a temporary one as people continue to live longer and birth rates remain low.

More suburbs are working to retrofit themselves to respond to changing demographic trends. Fewer households have school-age children, more households have single
occupants, and both boomers and millennials state preferences for walkable, mixed-use communities.\(^9,10\)

However, it takes time and resources to change or create new housing and transportation, and age-friendliness isn’t about infrastructure alone.

**The role of community**

“Aging well” doesn’t happen only at the individual level. The term can imply that how we age is a function of factors within our control—our choices and lifestyles. In fact, many variables and the interaction of those variables determine our health and well-being as we grow older.

The experience of aging is universal, but as we reach older age we become more diverse. Lumping “seniors” into one category is very misleading. There is no such thing as a typical 75-year-old. One may be as sharp and as active as when she was 50; another may need assistance with routine tasks. The physical and cognitive capacities of older people vary greatly, unlike those of most 30-year-olds, for example.

Many of us will live as older adults for quite a long time, and there will be different chapters in that period. Preferences and needs will likely change from 55 to 65, 75, 85 and beyond.

**Figure 2: WHO’S Domains of Functional Ability**

The World Health Organization defines healthy aging as “the process of developing and maintaining the functional ability that enables well-being in older age.” Why *functional* ability? Because healthy aging is not just about a person’s physical and mental—or
intrinsic—capacity, but also about how well the person can function in our environment given that capacity.

Figure 2 illustrates what WHO identifies as the five domains of functional ability: be mobile; learn, grow and make decisions; meet basic needs; build and maintain relationships; and contribute. Like the eight domains of livability that shape age-friendly communities (see page 16), the domains of functional ability are closely interconnected.

“These abilities are essential to enable older people to do the things that they value. Together they enable older people to age safely in a place that is right for them, to continue to develop personally, to be included and to contribute to their communities while retaining their autonomy and health.” – World Report on Ageing and Health, World Health Organization, 2015

We all want to be autonomous, connected to others, and able to enjoy life—that doesn’t change with age. Local governments and communities play a significant role in shaping how we experience older age.

Age-Friendly Maple Grove supports the concept of “aging in community,” an evolution of “aging in place.” Going far beyond simply being able to remain in one’s own home, which can be a lonely and isolating endeavor, aging in community refers to a concept focused on “building vital communities that engage people of all ages and abilities in a shared, ongoing effort to advance the common good.”

This initiative recognizes that our aging population will impact society and government in a myriad of complex ways, many of which are beyond the scope of Age-Friendly Maple Grove. Broader efforts are exploring changes to the long-term care system, the healthcare system, federal funding of transportation and housing, and other issues of similar scope. But local and regional initiatives are critical to responding to the needs and opportunities tied to more of us being and becoming older adults. Important work is possible and necessary at the community level, which also informs, supports, and reinforces broader efforts.
Maple Grove’s path to becoming an age-friendly community

Maple Grove has committed to make itself more inclusive of all ages. In 2016 the city joined the AARP Network of Age-Friendly Communities, part of the World Health Organization’s (WHO) Global Network of Age-Friendly Cities and Communities. The global network is growing quickly. There are currently about 450 members, including more than 240 and counting in the United States. The numbers demonstrate the momentum of this movement. More communities are stepping up to make themselves better places to grow older—to support older residents and recognize their social and economic contributions.

Maple Grove is following the WHO/AARP age-friendly program’s five-year, four-phase process:

**Year 1-2: Planning**
- a) Conduct an assessment of the community’s baseline age-friendliness, putting engagement of older adults at the core of the work.
- b) Develop an action plan based on the assessment findings.

**Year 3-5: Implementation & Evaluation**
- a) Implement the action plan.
- b) Monitor indicators for progress.

**Year 5 and beyond: Continual Improvement**: Evaluate action plan progress to refine strategies, identify new or additional priorities, build on what’s been accomplished, and continue the work.

Between June 2016 and January 2017, the Age-Friendly Maple Grove committee led a community assessment of older adult needs and desires, an early stage of the program’s process. The findings of the community assessment have been used to develop this three-year action plan that identifies priorities and strategies for how public and private sector actors and other community partners can work—separately and together—to ensure that Maple Grove is inclusive of the needs of all ages.

The assessment took a five-pronged approach to engage the community on this issue. See the Appendix for more information on this engagement process.

**AF MG Timeline:**

*2014:* A citizen-initiated conversation with the city about making the city more livable for all ages resulted in the convening of an initial group of city staff and representatives from health care organizations and churches.

*2015:* Maple Grove received a grant from the Metropolitan Area Agency on Aging to help advance its age-friendly work. The city used these funds to enlist a consultant and formalize the effort.
2016: Maple Grove applied and was accepted to the WHO/AARP Network of Age-Friendly Cities and Communities. AF MG leaders conducted a community assessment of older adult needs and wishes. (See Appendix B for more information.)

2017-2018: AF MG leaders completed the community assessment, presented its findings to the city and community, and began developing the action plan.

July 2018: The three-year action plan was completed and presented to City Council.


How the work is structured: 8 domains of livability

The AARP/WHO program’s framework is organized around eight domains of livability—aspects of the community that most impact older adults’ lives. Age-Friendly Maple Grove uses these eight domains, as seen in Figure 3, which illustrates their overlapping nature. The domains are all interconnected. And while they were explored somewhat independently during the community assessment, solutions to challenges in one domain will usually result in improvements in the others.

Figure 3. WHO/AARP Eight Domains of Livability

Better transportation options help us remain autonomous and socially connected, which improves our physical and emotional wellbeing. Affordable, appropriate housing helps us stay safe and healthy. Better means of disseminating community information helps us find and access the services, programs and activities that we want or need.
The AF MG committee will lead implementation of the action plan from mid-2018 to mid-2021, tracking progress along the way. At the end of the three-year period, leaders will evaluate the initiative’s progress, refine goals and strategies to create an updated plan, and continue the work.
The Value of Age-Friendly Communities

As the population skews older, more attention is being paid to the economic and social impacts and opportunities surrounding this shift. Many communities see it coming but need a better understanding of why and how to respond. Recent research has helped shed light on why—in addition to being inclusive of all residents—it is worth communities’ time to be deliberate about retaining older adults and ensuring they can thrive.

“Age-friendly communities are places that can support people throughout their lifetimes while growing the economy.”12 This brief definition from a 2015 research report calls out the fact that age-friendly communities are more than good places to grow older. They are “economic engines, strong contributors to local tax base, more efficient users of infrastructure investments and critical components to curbing healthcare, transportation and other high cost drivers for employers, local governments and local agencies.”13

Here are a few reasons why this is true:

• Older adults have huge purchasing power as consumers.14

• In the new “longevity economy,” longer lifespans have resulted in an extended middle age (versus old age), a very productive time of life, and older adults will continue to fuel economic activity much longer than past generations have.15

• Older residents help communities maximize resources. Age diversity means that people may go shopping, drive, park, or ride public transportation, see movies, or eat in restaurants at different times than “9 to 5” workers or young families, equalizing customer and revenue flow for local businesses.16

• Older adults make significant philanthropic and charitable contributions and serve the community through volunteering and civic engagement. They also play critical roles in caring for grandchildren, spouses, and other family members.

Creating a good place to grow old has not been a goal or priority of most of the key decisionmakers that shape local communities. But growing the tax base, developing efficient infrastructure, managing community amenities and neighborhood based economic development has been. Understanding how age-friendly communities achieve these goals is the first step in developing the value proposition.

—Ball, Lambert, Lombard, 2015, *The Value Proposition of Age-Friendly Communities*
Compact, walkable communities—a core piece of the age-friendly framework—are more infrastructure-efficient, have higher property values, and attract investment, jobs and employees.

Rather than perceiving them as a drain on local economies, attracting or retaining older adults who might otherwise leave a community can be an important economic development strategy. Kansas City and Atlanta, both of which have major age-friendly initiatives underway, used economic forecasting models to predict the impact of keeping/attracting older adults to their regions. Both found that retaining/adding older adults would bring significant economic benefit in terms of job growth, regional annual income growth, and regional GDP—in Atlanta's case, even greater benefit than attracting the same number of non-retirees aged 18-64.

Ageism: It’s real, it matters.
Age-Friendly Maple Grove's work is imbued with a commitment to shaking loose the ageist beliefs that shape our lives and communities.

Ageism has been called the last acceptable form of discrimination—despite the fact that aging is a universal reality and that most people hope to live long lives. Negative attitudes about aging are pervasive and deeply engrained in our culture.

How society views us as we age, and how we view ourselves, have very real consequences. It is no surprise that public perceptions of older age are negative and outdated, but these ageist stereotypes actually influence policy and services related to older people.

Further, research shows that how we perceive our own aging affects how we actually age. Older people with negative attitudes about aging have worse physical and cognitive health and die sooner compared to those with more positive attitudes. It’s hard to feel positive when the vast majority of messages we hear in the media, advertising, even jokes between friends are rooted in the idea that aging means simply loss and decline.

Aging cannot be reduced to decline or disability. Instead, many older adults can remain largely healthy and independent with the right supports, and all of us deserve to live with dignity at every age.
Introduction to the Plan

Age-Friendly Maple Grove envisions a community that is livable for all—a place where residents can live with purpose, vitality and autonomy at every age and stage of life.

This plan will help Maple Grove become a community that actively supports the well-being of older adults. It recognizes the following realities:

- We are either old today or will be old tomorrow. This is all of us.
- Maple Grove’s residents are getting older, and our community must reflect who is actually living here.
- An age-friendly community is better for all generations.

In an age-friendly Maple Grove, as we grow older we can

- Continue to live the lives we choose, with dignity, connection, and—as long as possible—autonomy
- Remain vital and valued
- Enjoy housing and transportation that we can afford and that promotes good health and independence
- Receive appropriate support when we need help.

How the plan was developed

The Age-Friendly Maple Grove Action Plan was developed during most of 2017 and the first half of 2018, based on the findings of the community assessment of older adults needs, which was conducted in 2016. Both the assessment and the action plan are organized around the WHO/AARP domains of livability.

The community assessment used several methods to gather input from older adults in the community as well as professionals who work closely with older people. It also included partnering with city department heads and other key staff to discuss the work of each department through an age-friendly lens. The respondents contributed ideas and insights into developing action plan items in their spheres of influence. (See the Appendix for more details about the community assessment process.)

The assessment of needs also included broader research related to the domains of livability. Knowledge and conclusions drawn from the research inform strategies in the action plan.

The AF MG committee then crafted the action plan to respond to priorities that emerged through the assessment. An age-friendly planning consultant provided strategic guidance and authored the plan in close collaboration with the AF MG committee.
AF MG also invited approximately 20 cross-sector community partners—some of who had been involved in the plan's development, and others who had not—to provide feedback and input at a late-draft stage.

The scope of the plan

This plan reflects the need to balance shorter-term and longer-term strategies. It doesn’t propose a costly overhaul of housing, transportation and services. Instead, it outlines reasonable short-term actions and thoughtful long-term strategies. Both are necessary and achievable. It addresses changes on multiple levels—policy, programs/services, and built environment. It aims to engage and promote better coordination between additional sectors, such as businesses, whose involvement is needed to improve daily life for older residents.

Not just us.

Age-Friendly Maple Grove’s goals and priorities are consistent with other key strategic plans in the community. This fact reinforces the importance and urgency of age-friendly planning and creates natural opportunities for mutual support with key partners.

City of Maple Grove Comprehensive Plan
A city’s comprehensive plan is a fundamental document that lays out a vision for how it wants to grow and change. “Comp plans” address everything from how land gets developed, to housing, roads, sewers, parks, and other major elements of a community. Minnesota municipalities are required to update their comp plans every 10 years.

Maple Grove’s 2018 comprehensive plan update is underway, and Age-Friendly Maple Grove is collaborating with various city departments to integrate age-friendly priorities and strategies into that update.

Maple Grove Hospital: 2016 Community Health Needs Assessment and Implementation Plan
Since 2010 federal law has required that private not-for-profit hospitals conduct a community health needs assessment once every three years and develop an implementation plan to address priority needs that emerge through the study.

Maple Grove Hospital’s 2016 assessment named Healthy Aging/Senior Services as one of its top three priorities, with the following stated goal:

“To work together with local government, other healthcare systems, social service providers and community members to create an environment where our aging population can have access to the programs and services needed to age in place.”
Its strategies to achieve this goal include to,

“Continue working with the City of Maple Grove’s Age-Friendly Maple Grove initiative” in order to “address community-based infrastructural challenges that create barriers to healthy aging in Maple Grove.”

Maple Grove Hospital will continue to be an important partner to Age-Friendly Maple Grove.
Action Plan

This portion of the plan lays out specific actions identified to address opportunities and concerns raised through research and the community assessment of older adults’ needs. Action plan goals are divided into seven domains of livability listed below. (Note that Maple Grove’s plan combines two of WHO’s original eight domains—Social Participation, and Respect and Social Inclusion—into a single domain called Social Participation and Inclusion.)

- Domain 1: Outdoor Spaces and Buildings
- Domain 2: Transportation
- Domain 3: Housing
- Domain 4: Social Participation and Inclusion
- Domain 5: Civic Engagement and Employment
- Domain 6: Communication and Information
- Domain 7: Community Support and Health Services

Each of the seven domains below includes the following:

- A definition of the domain
- Background information about issues related to that domain
- “What We Heard” about this domain during the community assessment of older adult needs in Maple Grove
- Goals, with each goal broken down into four categories:
  1) **Key Activities**: What are the primary activities needed to achieve the goal?
  2) **Potential Partner(s)**: Who must be involved or work together to achieve the goal?
  3) **Indicators**: How will we know we are making progress or have achieved the goal?
  4) **Completion Date**: At what point—Year 1, 2 or 3—in the plan’s life do we anticipate achieving this goal? Year 1 = August 1, 2018-July 30, 2019; Year 2 = August 1, 2019-July 30, 2020; Year 3 = August 1, 2020-July 30, 2021.

In addition to the domain-specific goals identified below, Age-Friendly Maple Grove more broadly aims to ensure the following:

- City plans and projects include age-friendly considerations as standard practice; and
- Routine changes and upgrades are undertaken in a way that reflects age-friendly considerations.
Domain 1: Outdoor Spaces and Buildings

Availability of safe and accessible streets, sidewalks, parks and other outdoor spaces as well as accessible public buildings and businesses.

As we get older our physical environments play a different role in our lives. Details unnoticed at earlier stages of life can become critically important later on. From lighting in parks to uneven sidewalks and the types of doors on buildings, older adults tend to become very aware of how easy or difficult the design of such things makes their lives.

The 1990 Americans With Disabilities Act (ADA) is a civil rights law that, among other things, requires that buildings used by the public accommodate individuals with disabilities. This landmark legislation resulted in important changes that make the built environment accessible to many more people.

Yet Maple Grove’s retail and commercial areas are expansive. Minimum ADA requirements make accessibility possible but not necessarily easy or seamless. A more detailed knowledge of accessibility gaps, which Age-Friendly Maple Grove plans to gather, would help public officials and business owners understand what changes would help a disabled person of any age easily navigate Maple Grove’s sidewalks, streets, businesses and other buildings.

The ease with which we can move about a particular environment—be it a park or a grocery store—can make or break whether we choose to return. Business owners can earn repeat business from older adults by making thoughtful transformations to their stores. The city can ensure that its extensive park system—a tremendous local resource—appeals to older residents by learning more about what features older people want and need. This goes beyond accessibility to simple understanding of how older adults of all ages and abilities are interested in taking advantage of the city’s parks as places for fitness, socializing or quiet reflection.

What We Heard:

Parks and Public Space:
- Some parks in older neighborhoods don’t get a lot of active use anymore and could be adapted for quieter use with more benches, tables and flowers. Central Park is beautiful but can be too sprawling for some older people.
- There is a need for an indoor space to walk during winter months.
- There is interest in public exercise equipment for adults.

Buildings:
- Doors are too heavy for older people to open. More businesses should have automatic doors or handicap-accessible doors.
- A number of people leave the community to shop:
They dislike the setup of shopping areas (parking can be too far from the business; there are too few curb-cuts; curb-cuts are too far from parking spaces as well as from desired businesses).

- There is too much traffic in Maple Grove.
- The different commercial districts of Maple Grove are difficult to locate and navigate, especially if new to the community.

- In large stores it would be helpful to have seating within the store to rest. It can amount to a lot of walking for some older people.
- In some large stores the entrances and exits are far away from each other and in some cases from even handicapped parking (handicapped parking might put you near the entrance but then far from the exit).
- More curb cuts are needed in long stretches of sidewalk to accommodate walkers and wheelchairs.

### Action Items: Outdoor Spaces and Buildings

<table>
<thead>
<tr>
<th>PARKS AND PUBLIC SPACES</th>
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<tbody>
<tr>
<td>**Goal 1.1</td>
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<table>
<thead>
<tr>
<th>Key Activities</th>
<th>Potential Partner(s)</th>
<th>Indicators</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Incorporate age-friendly commitment and park practices into the MG Parks Plan due in 2018.</td>
<td>MG Parks &amp; Recreation</td>
<td>Age-friendly commitment included in 2018 Park System and Recreation Plan.</td>
<td>Year 1</td>
</tr>
<tr>
<td>b. Gather more information about park usage among older residents to help inform strategies.</td>
<td>AF MG Committee • MG Parks &amp; Recreation</td>
<td>Existing data compiled and additional data gathered.</td>
<td>Year 1</td>
</tr>
<tr>
<td>c. Identify neighborhood parks that would be suitable for age-friendly adaptations.</td>
<td>MG Parks &amp; Recreation</td>
<td>At least two parks identified with adaptations planned or made.</td>
<td>Year 2</td>
</tr>
<tr>
<td>d. Assess current dementia-friendliness of key parks; explore adding dementia-friendly park features. <em>(Dementia concerns raised as an issue under Domain 7.)</em></td>
<td>MG Parks &amp; Recreation</td>
<td>Report on dementia-friendliness of key parks including recommendations.</td>
<td>Year 3</td>
</tr>
<tr>
<td>e. Explore installation of public exercise equipment in key parks, using knowledge gained in previous steps.</td>
<td>MG Parks &amp; Recreation • Community partners</td>
<td>Create recommendations for Parks &amp; Rec on location and feasibility of adding such equipment.</td>
<td>Year 3</td>
</tr>
</tbody>
</table>
f. Inform parks projects to ensure age-friendly considerations are embedded in process and plans (e.g., Weaver Lake Park, community center remodeling). *(Timing unknown; TBD by city’s timeline.)*  
<table>
<thead>
<tr>
<th>Potential Partner(s)</th>
<th>Indicators</th>
<th>Completion Date</th>
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</thead>
<tbody>
<tr>
<td>MG Parks and Recreation</td>
<td>Age-friendly strategies integrated in park redesign.</td>
<td>TBD according to city timeline for such projects.</td>
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**BUILDINGS**

**Goal 1.2 | Make buildings used by the public easier to access.**

<table>
<thead>
<tr>
<th>Key Activities</th>
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<th>Indicators</th>
<th>Completion Date</th>
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</table>
| a. Conduct a retail audit of key businesses to gather, analyze and share data about baseline age-friendliness. | • Local businesses and restaurants  
• Commercial property owners and/or brokers  
• Chamber of Commerce  
• Arbor Lakes Business Association  
• MG Economic Development | Audit of 10-15 local businesses completed and disseminated to key stakeholders e.g., city departments, property owners, and businesses. | Year 1 |
| b. Encourage and provide guidance to major retailers and restaurants to make their buildings and property easier to use or navigate. | • Local businesses and restaurants  
• Commercial property owners and/or brokers  
• Chamber of Commerce  
• Arbor Lakes Business Association  
• MG Economic Development | Five to 10 priority businesses will integrate age-friendly changes to physical space and/or business practices | Year 2 |
| c. Create a checklist of age-friendly features for new commercial development that the city would use to encourage integration of such considerations. | • MG Community Development  
• MG Economic Development  
• Planning Commission  
• MG Building Department | Checklist created and included as part of city’s development process. | Year 3 |
Domain 2: Transportation

Safe, accessible and affordable modes of public and private transportation that allow residents to move within and outside of the community with independence and flexibility.

Transportation is an enormous, complex issue and frequently a top challenge for any community working to become age-friendly—in part because transportation is so closely tied to well-being in other areas of life. Suburban and rural places tend to struggle more. They often are less walkable; housing is located far from shops and services; and public transit is scarce. Even in urban core cities that have more sidewalks and more extensive public transit, crossing busy roads on foot can feel unsafe. And in places like Minnesota, snow and ice can make sidewalks and streets risky or impassable for older pedestrians. Yet affordable, accessible transportation is a fundamental part of life, for all of us.

Most adults—including older adults—in Maple Grove get around by car. In the US, cars long have been our favored mode of transport. They are a symbol of independence and freedom. Most cities and neighborhoods in the US that developed largely after World War II (primarily suburbs) were designed to move cars, not people. As we get older, many of us tend to gradually drive less—e.g., only during daylight, in optimal weather (no rain, snow, or ice), to a few specific destinations, and during off-peak/low traffic times. The ability to continue driving provides choice and independence that contributes to our well-being as we get older. Yet most of us will outlive our ability to drive by seven to 10 years.23

More options from the public, private and nonprofit sectors are needed to fill the many gaps left in our car-centric society. Improvements to road design, street and traffic signage, and pedestrian infrastructure can also make driving and walking safer and easier for everyone, including older residents.

Public transportation funding is political and complex; it also largely determines public transportation options. Policies and regulations from governmental oversight agencies such as the Federal Transit Administration and Metropolitan Council also factor heavily into the types and levels of available public transportation options.

Transportation in Maple Grove

Not surprisingly, the vast majority of older adults in Maple Grove drive themselves as their primary mode of transportation. About 18 percent get rides from others. Maple Grove residents are fortunate to have access to two city public transit services, though both have limitations.

Maple Grove Transit offers a demand-response service called MyRide (formerly Dial-a-Ride) for the general public. It is a subsidized service that allows residents, including older adults, to book “curb-to-curb” van rides primarily within the city. This is a valuable and well-utilized program that that city continues to improve. A new mobile app, for example, offers more on-demand service. However, MyRide operates under constrained funding and policy realities. The service does not operate on Sundays or holidays, and service ends at 6:00 p.m. on weekdays and 4:00 p.m. on Saturdays.

Maple Grove Transit also operates a well-utilized weekday commuter bus service between Maple Grove and Minneapolis during rush hour. Midday service is available but limited, making it challenging for people to travel into the core cities at other times of the day. Metro Mobility is a shared public transportation service operated by the Metropolitan Council as part of the
Americans with Disabilities Act. It provides a critical service but requires a doctor’s certification to ride and is often a time-consuming way to travel.

Maple Grove’s Engineering and Public Works departments have been working on a number of issues related to the age-friendly community assessment. This includes taking action to address traffic congestion; developing a pedestrian crosswalk policy; and completing a city-wide review of pedestrian facilities within the public right-of-ways (which includes an inventory of all concrete sidewalks to identify trip hazards and similar issues, data collection concerning sidewalks and pedestrian ramps, and a review of pedestrian push-buttons at traffic signals) as part of the ongoing Americans with Disabilities Act (ADA) Transition Plan. While this work on the ADA Transition Plan was not directly tied to the community assessment, it supports the goals and principles of Age-Friendly Maple Grove.

What We Learned:

Transit Options:
- Due to funding and policy realities, existing transit services are constrained in their geography, schedules, and availability.
- Transportation can be a barrier to social participation. Non-driving residents cannot attend evening events or Sunday worship services, for example, because the few transportation services that do exist have limited hours.
- People need better general knowledge of what transportation options are currently available and how they operate, including ridesharing services like Lyft and Uber.
- Healthcare-related transportation services are limited and have long wait times. For those who doctor out of the community and do not drive, it can be especially difficult to travel to those appointments.
- Older residents would like to visit downtown Minneapolis/St Paul but most transportation services available are designed around traditional commuter schedules.
- Numerous people wished there were a shuttle or circulator bus that would make regular stops at key destinations in Maple Grove.
- Protected seating to wait for transportation is important.

Walkability
- People appreciate and enjoy the walking paths.
- There is a general desire for safer crosswalks with features like longer crossing times. Specifically, the intersection on Main Street and Lakeview Drive N/82nd Ave. N (just east of the library) feels dangerous despite it being a four-way stop; this intersection is an important pedestrian gateway from senior and other concentrated housing to many destinations.
- Some sidewalks are uneven and not consistently available.
- More benches along walking trails would be helpful.

Driving and Parking
- More handicapped parking is needed all over the community. This is especially important in the winter with snow and ice.
• Driver education is needed when new traffic features like roundabouts and flashing yellow turn arrows are introduced.
• Traffic/street signs are difficult to read, especially at night. Many are too small and hard to find or see.
• Traffic is heavy in Maple Grove, especially on the weekends, causing congestion and making it hard to get around.

**Action Items: Transportation**

<table>
<thead>
<tr>
<th>Goal 2.1</th>
<th>Ensure current transportation services are being utilized and maximized</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Key Activities</strong></td>
<td><strong>Potential Partner(s)</strong></td>
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</tbody>
</table>
| a. Conduct a transportation services audit to understand the landscape of transit options in Maple Grove, including the gaps and limitations, to help inform development of plans to fill identified needs. Audit would include both public options (e.g., MG MyRide) and private options (e.g., Uber/Lyft). | • MG Transit  
• Hennepin County Public Works | Written audit completed and disseminated to key stakeholders | Year 1 |
| b. Increase utilization of existing services by improving/expanding communications methods for informing older adults of those services | • MG Transit  
• MG Senior Center  
• CROSS Services  
• CCX Media | Identify and implement new communications strategies and follow up on efficacy | Year 2 |

<table>
<thead>
<tr>
<th>Goal 2.2</th>
<th>Explore creation of a new transportation program or programs to provide an affordable, reliable option for older adults.</th>
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</thead>
<tbody>
<tr>
<td><strong>Key Activities</strong></td>
<td><strong>Potential Partner(s)</strong></td>
</tr>
</tbody>
</table>
| a. Create a brief research report on local/regional and national transportation programs and services to educate city and community leaders about promising models. | • Dakota County  
• AARP  
• White Bear Lake Senior Program  
• WeCAB | Produce report that includes brief analysis of feasibility of applying such models in MG. | Year 2 |
| b. Make recommendations for new or enhanced transportation service/program using findings from transportation services audit (Goal 2.1) and research on existing models. | • MG Transit  
• Local businesses  
• MG Economic Dev. | Produce and disseminate recommendations report to key stakeholders. | Year 3 |
Goal 2.3 | Encourage active transportation (such as walking and biking) and support pedestrian safety.

<table>
<thead>
<tr>
<th>Key Activities</th>
<th>Potential Partner(s)</th>
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<th>Completion Date</th>
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</table>
| a. Conduct audit of bicycle parking to identify priority locations for new/additional parking. (To be included as part of retail audit under Goal 1.1.) | • MG Engineering  
 • Active Living Hennepin County | Map of bicycle rack locations. | Year 1 |
| b. Conduct walking audit to identify priority locations for adding benches and lighting along walking paths or sidewalks. | • MG Parks & Recreation  
 • MG Public Works  
 • AARP | List of and rationale for priority locations for additional benches and lighting. | Year 2 |

2.4 | Make driving and navigating safer and easier

<table>
<thead>
<tr>
<th>Key Activities</th>
<th>Potential Partner(s)</th>
<th>Indicators</th>
<th>Completion Date</th>
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</table>
| a. Expand driver and cyclist safety and education programs, e.g., 55 Alive, CarFit, and/or workshop about new traffic features like roundabouts. | • MG Senior Center  
 • AARP | Number of programs and participants. | Year 2 |
| b. Develop a procedure that incorporates best practices for safe conditions for older adults as detailed in the Federal Highway Administration's Handbook for Designing Roadways for the Aging Population and similar guides into the planning and/or design of future roadway improvement projects. | • MG Engineering/  
 • Public Works  
 • Hennepin County Public Works | Produce a procedure that incorporates best practices to improve the safety of the transportation system for the aging population into the planning and design of future roadway projects. | Year 3 |
Domain 3: Housing

A wide range of housing options for older residents; the ability to age in community; and other home modification programs.

Housing is one of the most foundational aspects of our lives. This can become even truer as we age. As our needs change, can we continue to thrive—or even function independently—in our homes? Communities need a range of affordable, accessible housing options that suit each stage of life. Many cities lack this range of choices—in part because Americans’ lives have changed. We are living longer and need more choices for different chapters of older age. We are marrying later and at lower rates. We are having fewer children, and when we do have children, we wait longer to do so.

These trends contribute to the need and desire for more varied sizes and types of housings—apartments, condos, townhomes, and single-family homes. We want these housing options in places beyond the single-family homes in conventional suburban neighborhoods, which make up 90 percent of US housing stock. More people—both boomers and millennials—want walkable neighborhoods where not every errand or outing requires hopping in the car.

Historically, most cities’ housing stock wasn’t developed with these older adults’ changing needs in mind. Many single-family homes require climbing stairs to do laundry, take a shower, or even enter the house.

In Maple Grove, demand for housing is high and costs are rising. Like many suburbs, single-family homes have been the norm, but in recent years Maple Grove has increased its number of multi-family buildings. More affordable housing for older residents is urgently needed. Several market-rate senior housing communities have been developed in the city center (Arbor Lakes area), placing residents near walking paths and amenities like parks, the community center, library, and retail. Yet this housing, particularly if it includes services, is not an option for many older residents who simply can’t afford it.

Maple Grove currently has two affordable senior apartment buildings. Demand is high for both. Woodland Mounds, an 88-unit building of one- and two-bedroom apartments, is owned by the City of Maple Grove. Arbor Lakes Commons is a centrally located 49-unit building owned and operated by nonprofit CommonBond Communities. Arbor Lakes Commons was constructed with and receives rental subsidies from US Department of Housing and Urban Development (HUD) funds designated for lower-income older adults.

Nine out of 10 Minnesotans over age 65 own single-family homes, and eight out of 10 plan to remain in those homes. A 2010 AARP survey found that 88 percent of respondents over age 65 wanted to remain in their homes for as long as possible, and 92 percent said they wanted to remain in their communities.

Major illness or injury isn’t typically what compels us to move to care facilities as we age. Rather, daily tasks like bathing, cooking and climbing stairs become too difficult. Also,
isolation and loneliness are pervasive among older adults, especially among those who live alone. These have very serious and very real consequences that can drive us out of our homes. Isolation is linked with greater rates of heart disease, dementia, and other medical conditions that can cause people to spiral into decline. So, while remaining at home is often our desire, ensuring that we can physically function is equally as important as ensuring that we remain socially and emotionally connected.

New and expanded programs and models are being explored around the country to not only help older adults remain in their homes but also ensure that they can thrive there.

What We Heard:

The need for more and affordable housing options is a high priority. Older people wishing to transition out of their homes into a smaller house, an apartment, or senior housing, may find they can’t afford to do so. Older adults who would like to move to Maple Grove to be near their children and grandchildren struggle to find appropriate, affordable housing options. Many people can’t afford senior housing that provides a spectrum of services, and many also wish there were options beyond high-rise buildings. Maple Grove is getting more expensive, making housing even more costly. Many older residents prefer to continue to live in their current homes but need assistance to make it possible.

- There are significant gaps in housing options.
- People desire more options beyond “vertical living” – this refers both to senior high-rises and multi-level homes that become hard to navigate if mobility declines.
- Single-level living is hard to find, and such places that do exist are too large and expensive.
- As housing costs rise, many older adults who own their homes find that when the time comes to sell their home, their equity is insufficient to afford purchase of a new home within the city.
- Housing that includes services is too expensive for many people.
- People need support for making home modifications that would allow them to continue to live safely and comfortably at home as long as possible or as long as they desire. Such support might include evaluating a person’s current and future needs; providing education about the types of modifications available; providing information about available financial assistance; and zoning/policy support from the city.
- Some residents wished for available short-term housing for snowbirds.
## Action Items: Housing

### 3.1 | Encourage and advocate for supports and services that would help older adults stay in their homes

<table>
<thead>
<tr>
<th>Key Activities</th>
<th>Potential Partner(s)</th>
<th>Indicators</th>
<th>Completion Date</th>
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</table>
| a. Expand access to information about existing housing support services, such as home repair and modification resources. | • Senior Community Services  
• Fire Department  
• City and county  
• AARP  
• Habitat for Humanity | New/enhanced means of communication and estimated number of people reached. | Year 1 |
| b. Research approaches to property (and other) tax relief for older residents to inform city of best practices. | • AF MG  
• MG Assessments | Create report on existing models from other cities and identify promising approaches. | Year 3 |

### 3.2 | Increase affordable and accessible housing development

<table>
<thead>
<tr>
<th>Key Activities</th>
<th>Potential Partner(s)</th>
<th>Indicators</th>
<th>Completion Date</th>
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</table>
| a. Hold housing forum with cross-sector participants to discuss opportunities and challenges surrounding age-friendly housing. | • MG Community Development  
• Housing for All  
• Developers  
• HUD/local public housing authority  
• National Association of Home Builders | Organize and host a cross-sector forum. | Year 1 |

### 3.3 | Incorporate aging-related concerns into housing plans and policy

<table>
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<tr>
<th>Key Activities</th>
<th>Potential Partner(s)</th>
<th>Indicators</th>
<th>Completion Date</th>
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</thead>
<tbody>
<tr>
<td>a. Integrate age-friendly principles and practices into comprehensive plan update.</td>
<td>• MG Community Development</td>
<td>Age-friendly principles and practices included in 2018 comp plan update.</td>
<td>Year 1</td>
</tr>
</tbody>
</table>
| b. Develop a checklist of age-friendly housing criteria that could be used by the city to help understand the degree to which proposed new housing could be considered “lifelong” housing. | • MG Community Development  
• Developers  
• Hennepin County Public Health and/or Active Living | Provide research and information (e.g., model checklists from similar communities) to encourage and inform policy change | Year 2 |
<table>
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<tr>
<th></th>
<th>Advocate for creation and/or expansion of zoning ordinances to support alternative housing arrangements that create additional options (e.g., accessory dwelling units (ADUs), residential care homes).</th>
<th>MG Community Development</th>
<th>Provide research and information (e.g., model ordinances from similar communities) to encourage and inform policy change</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Explore builder and developer incentives for incorporating universal design, visitability and similar features into new housing.</td>
<td>MG Community Development, MG City Administrator, Developers, MG Planning Commission, Housing for All, National Homebuilders Association</td>
<td>Provide research and recommendations to city.</td>
<td>Year 3</td>
</tr>
</tbody>
</table>
Domain 4: Social Participation and Inclusion

Access to leisure and cultural activities; opportunities for older residents to participate in social and civic engagement with their peers and younger people. Inclusion and consultation related to community projects, planning initiatives, and all aspects of city life.

Our relationships with others give us a sense of purpose and value. They help define who we are. Yet it is not a given that we’ll stay connected to friends, family, neighbors, co-workers and others in our networks as we move through life. The Stanford Center on Longevity recently found that people aged 55-64 in the U.S. are less socially engaged today than people of the same age were 15 to 20 years ago.\textsuperscript{25} Boomers are less likely to participate in religious and community activities, to chat with their neighbors, and to be married. They also report fewer meaningful interactions with their spouses and others close to them. Societal changes may account for some of these differences, but given the health risks of loneliness and isolation, attention should be paid to trends that may have serious physical and emotional consequences.

Not only are socially isolated adults at greater risk for poor physical and emotional health, a recent first-of-its-kind study of Medicare data found that social isolation among older adults is associated with an estimated $6.7 billion in additional federal spending annually—or about $1,600 more per year, per person.\textsuperscript{26} Risk factors for isolation can include living alone; loss of a spouse, partner or close friend; impaired mobility or diminished hearing or vision; cognitive decline; lack of transportation; and speaking a language other than English, among others.\textsuperscript{27}

Older adults also need and deserve a place at the table when community decisions are being made and city plans and projects are being developed.

What We Heard:

\begin{itemize}
\item Many residents deeply value the senior center—the staff as well as the quality and variety of its programming.
\item Transportation is a barrier to social participation. For example, non-driving residents cannot attend evening events or Sunday worship services because the few transportation services that do exist have limited hours.
\item Some cultural events are too costly for people on a budget.
\item Older adults who live alone or as caregivers and cannot easily get away find it difficult to participate in formal or informal social activities, which contributes to isolation.
\item Residents of senior housing tend to have social needs met through connecting with neighbors or programming offered by the facility. Market-rate senior housing that offers a continuum of care (from independent living to assisted living to memory care) provides many programs and activities for their residents. It would be nice if non-residents could take advantage of some of those activities, too.
\item There is a desire for full worship services (rather than abbreviated ones) be held in senior housing communities like Arbor Lakes, especially in the winter when driving to places of worship is harder.
\item People would like to be able to attend events or visit destinations in Minneapolis and Saint Paul, but they often have no way of getting there.
\item It was suggested that there be a space available for pursuing hobbies such as woodworking and stained glass to allow people to continue hobbies they have enjoyed or to learn new skills.
\end{itemize}
### Action Items: Social Participation and Inclusion

**Goal 4.1** | Connect older adults to other people, information and other resources.

<table>
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<th>Key Activities</th>
<th>Potential Partner(s)</th>
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<th>Completion Date</th>
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</table>
| a. Pilot a program that provides older adults a low-cost device and data plan, and device training. Pilot to include residents of affordable senior apartments. | • MG IT and Finance Departments  
• T-Mobile                                                                               | Launch pilot; make necessary adjustments and expand program                 | Year 1: Pilot  
Year 2: Expansion |
| b. Identify quality web-based programs that connect older adults to other people and help MG residents utilize such programs—e.g., NextDoor, MeetUp groups or Facebook groups for local older adults. | • MG Parks and Rec  
• MG Senior Center                                                                     | Strategy and implementation plan developed for utilizing web-based programs. | Year 2                  |
| c. Launch web-based program that allows isolated adults to participate in senior center programs/classes remotely. | • MG Senior Center                                                                    | Number of participants in web-based programs.                              | Year 2                  |
| d. Develop intergenerational programming around healthy food using the farmers market and community garden(s). | • MG Farmers Market  
• Hennepin County Public Health  
• Local churches  
• Senior housing communities | Pilot program established.                                                          | Year 3                  |
Domain 5: Civic Participation and Employment

The promotion of paid work and volunteer activities for older residents and opportunities to engage in formulation of policies relevant to their lives.

Employment

The aging population is impacting the workforce in a variety of ways. Older workers are leaving the workforce in droves as the wave of baby boomer retirements hits. Many older adults report that they plan to postpone retirement. But whether they retire sooner or later, older workers can leave huge knowledge gaps that can’t be easily filled. Furthermore, there aren’t often enough younger workers to fill vacated positions.

Some employers are scrambling to capture the knowledge held by their older employees before they retire or to entice them to stay longer by offering phased retirement, flexible scheduling, or other benefits. As an employer, the City of Maple Grove, for example, has taken advantage of relaxed state policies concerning phased retirement and has implemented a succession planning program to prepare for staff transitions.

Many boomers are looking for jobs because they want or need to work. But getting hired can be tough later in life. Older jobseekers may encounter ageism, and long-term unemployment is significantly worse for people over 55 than in other age brackets.28

Experts say there are indications that attitudes toward older workers may be improving, and that some industries are better than others. AARP tracks the best employers for workers over 50, and RetirementJobs.com is developing an Age-Friendly Employer Certification.

Volunteerism

Older adults who volunteer contribute more hours than volunteers from any other age group.29 And research shows that older adults who volunteer have reduced feelings of isolation, lowered rates of depression, increased social connections, and better physical health—all of which contribute to healthy, active and purposeful aging. As the number of older adults living in Maple Grove quickly increases, a new pool of potential volunteers is being created. The community should be prepared to tap this resource both to help address community needs and to engage older residents who could reap the social and health benefits of volunteering.

Baby boomers have demonstrated a desire for purposeful, well-organized volunteer experiences that meet community needs and align with their interests and values. It will take updated strategic thinking to not only attract boomer volunteers but to retain their service.30

Civic Participation

In order for the city to incorporate age-friendly practices and policies into its DNA, older adults themselves must contribute to the conversation and development of ideas and decisions. This can happen in a variety or combination of ways. Some communities have established commissions on aging that make recommendations to their city councils, planners, and other leaders. Other cities have included the consideration of older adult needs into a planner’s job description, so that a key city staff member is responsible for seeing proposed projects through an age-friendly lens and advising accordingly. In other places a county department or staff position leads this work and supports cities in their age-friendly efforts.
What We Heard

- The community could think more strategically about how it uses volunteers. There is opportunity to better utilize people’s time and talents to address community needs.
- Many older adults would like to volunteer but need more information about opportunities.
- Opportunities should include a range of commitment levels, settings and tasks—from one-off events to ongoing positions.
- Generally, adults on the older end of the spectrum had less interest than younger older adults in volunteering. Many who do volunteer do so through their churches and nonprofit organizations like Loaves and Fishes.
- Some residents wished for more part-time job opportunities.
- Local businesses need employees; some specifically attempt to recruit older jobseekers.
- Some wondered whether there was adequate older adult representation on the city council or bodies like the citizens advisory committee.
- Intergenerational programs are desired and would be valued.
- Given the number of corporate and other large employers in Maple Grove, there is opportunity to engage those employers in age-friendly efforts particularly as the wave of baby boomer retirements continues in coming years.

Action Items: Civic Engagement and Employment

<table>
<thead>
<tr>
<th>Goal 5.1</th>
<th>Connect older adults with volunteer opportunities.</th>
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<tbody>
<tr>
<td><strong>Key Activities</strong></td>
<td><strong>Potential Partner(s)</strong></td>
</tr>
</tbody>
</table>
| a. Explore expanded or stronger partnerships with local schools to connect older residents and students and their families. Consider older residents volunteering in schools and/or students volunteering in community with older adults. | • District 279 Volunteer Program  
• Osseo Area Retired Educators  
• Boy and Girl Scouts  
• CROSS Services | Create/expand strategy for connecting older adults and students through volunteerism. | Year 2 |
| b. Determine ways in which city volunteers could be used more strategically. | • MG Volunteer Coordinator | Older adults become official part of city volunteer strategy. | Year 2 |
| c. Identify local, regional, and national volunteer networks that could be (better) utilized as sources of quality volunteer opportunities (e.g., Seniors in Service in Plymouth, Volunteers of America, SeniorCorp MN), including volunteering that could be done from home | • MG Senior Center  
• MG Parks & Rec (Volunteer Coordinator)  
• Volunteer organizations | Hold meetings with key volunteer organizations; report opportunities/challenges for partnership. | Year 3 |
### Goal 5.2 | Formalize older adult participation in planning processes.

<table>
<thead>
<tr>
<th>Key Activities</th>
<th>Potential Partner(s)</th>
<th>Indicators</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Create a formal mechanism for older adult input into city plans and projects (e.g., aging commission or task force; a city staff member dedicated to including aging issues in his/her position; or using AF MG for this function).</td>
<td>• City leadership</td>
<td>Develop and recommend options to city.</td>
<td>Year 1</td>
</tr>
</tbody>
</table>

### Goal 5.3 | Connect older adults and employers related to job opportunities.

| a. Improve communications about job opportunities, placement and training to help connect interested older adults and employers who need workers. | • Local businesses and employers  
• Chamber of Commerce  
• State of MN DEED/Senior Community Service Employment Program | Inventory and evaluation of new/expanded communications modes. | Year 1 |
Domain 6: Communication & Information

The effective dissemination of information about events, activities, services, and programs—and the promotion of and access to technology—to keep older residents connected to their community and friends and family.

Staying connected to people, our communities and the world at large is fundamental to our sense of purpose and value.

In just a decade, proliferation of devices like smartphones have radically altered how people receive news and information, conduct their work and personal business, and communicate with just about everyone. Many older adults, especially baby boomers, have embraced the internet and various devices as an integral part of life. Others—particularly among the “oldest old”—don’t have the interest, money, skills, or training to take on these new technologies. This so-called digital divide can exclude older people from important opportunities for social connections and support, many types of information, and even the ability to manage things like healthcare. Increasingly there is an expectation that people have access and skills necessary to find information and complete tasks online. Low-income and disabled homebound older adults have the lowest rates of internet and computer use, yet they stand to benefit greatly from the virtual resources available to them there. Among other benefits, use of social technology (such as emailing, social networking sites or video calls) has been shown to reduce loneliness among older adults, which improves physical and psychological health.

Printed publications still matter, too. Maple Grove creates high-quality communications materials that many residents turn to as a primary source of information about community news and events. Communications cut across all domains in this action plan. Age-Friendly Maple Grove aims to strengthen communications on various platforms to ensure that residents get the information they want and need.

What We Heard

• The city does a good job communicating. Many people rely on information received from city publications and newsletters.
• Many people primarily use printed materials like area newspapers and Maple Grove Magazine. Some use the computer/internet for news and entertainment, while many others do not.
• Scams targeting older adults are serious and pervasive. This is a concern.
• Non-English speakers struggle to use transit services because drivers can’t understand questions or provide answers or information.
• There is a need for a simple map showing common destinations in key areas of Maple Grove and of other senior housing developments. A number of respondents mentioned the city can be difficult to navigate or that it is hard to locate needed shops and services.
• There is a general and widespread lack of information about many programs, services, and opportunities for older adults—including those related to housing, transportation, and volunteer programs.
### Action Items: Communication and Information

#### 6.1 Protect and empower older adults related to targeted scams.

<table>
<thead>
<tr>
<th>Key Activities</th>
<th>Potential Partner(s)</th>
<th>Indicators</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Inventory existing programs that educate older adults and their families about scams targeting older people. Identify gaps and ways to utilize, maximize, and expand upon existing programs to further spread this training.</td>
<td>• Senior Center&lt;br&gt;• Police department&lt;br&gt;• Banks&lt;br&gt;• AARP&lt;br&gt;• MN Attorney General</td>
<td>Inventory created; partners engaged; report on gaps and opportunities developed.</td>
<td>Year 2</td>
</tr>
<tr>
<td>b. Engage key partners in identifying issues and new measures to help prevent scams.</td>
<td>• Local banks&lt;br&gt;• Police department</td>
<td></td>
<td>Year 3</td>
</tr>
</tbody>
</table>

#### 6.2 Use various media platforms to provide community with current and easily accessible information about AF MG’s work.

<table>
<thead>
<tr>
<th>Key Activities</th>
<th>Potential Partner(s)</th>
<th>Indicators</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Update current AF MG web page on city website in conjunction with action plan release. Keep content updated until launch of new website.</td>
<td>• Appropriate city department staff</td>
<td>AF MG web page updated and remains current.</td>
<td>Year 1</td>
</tr>
<tr>
<td>b. Ensure that the city’s new website is developed using best practices for age-friendly site design.</td>
<td>• MG IT Dept.&lt;br&gt;• MG Senior Center</td>
<td>Site contains priority age-friendly design elements; beta site tested by older adults.</td>
<td>Year 1-2</td>
</tr>
<tr>
<td>c. Create a regularly updated, easy-to-navigate AF MG website/web pages. (May live on city’s new website).</td>
<td>• MG IT Dept.&lt;br&gt;• Private sponsors (depending on platform)</td>
<td>Launch of new site/pages.</td>
<td>Year 2</td>
</tr>
<tr>
<td>d. Share initiative news by utilizing/maximizing existing sources of information known to be accessed by older residents.</td>
<td>• Prime Advertising&lt;br&gt;• CCX Media/Channel 12&lt;br&gt;• Senior Center&lt;br&gt;• MG Parks &amp; Recreation&lt;br&gt;• Osseo-Maple Grove Press</td>
<td>Create calendar with key publications and their deadlines to ensure AF MG news is submitted and shared. Number of pieces published/ aired.</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
Domain 7: Community Support and Health Services

Access to homecare services, clinics, and programs to promote wellness and active aging; availability of services throughout the community, including businesses, designed to promote good health and independence.

Good mental and physical health are critical to quality of life. A community that provides access to excellent healthcare services, healthy food options, needed supports throughout life, and services that promote and support healthy behaviors will contribute to residents’ well-being. Isolation, dementia, mental health, and language barriers all should be considered when taking stock of community support and health services. Any one of these is a potential threat to well-being. Unfortunately, these issues can work together to take a toll on overall health.

Maple Grove is fortunate to have ready access to high-quality care and services. The city is home to Maple Grove Hospital as well as numerous clinics, including specialty care services that complement the hospital’s services. Care continues outside of the hospital with community paramedics, and police and fire departments that are connected to residents through outreach and programs designed to help older adults. Specialty businesses also help people who need extra assistance with in-home care, home maintenance and repairs, meals, support groups and fitness opportunities.

However, lack of awareness of available services and how to access them was a common theme in the assessment. Supportive services can’t help if people don’t know about or have the capacity to access them. Understanding the breadth and scope of services available, and having those resources available to residents when they need them most, is necessary to good community health.

What We Heard

Community Services

- There is a reported lack of services available for yard work and light household chores—changing high light bulbs, minor repairs, etc. There is a need for affordable “handy man” type services or other ways to help older adults living in their own homes meet such needs. There is desire for neighbor-to-neighbor support, but people also need more information about trustworthy, affordable service providers who could help with such tasks.
- Residents want more and better delivery services:
  - From grocery stores, restaurants, etc. In some cases existing services have limitations (e.g., Cub will only deliver store-brand items and usually not things that are on sale).
  - A pharmacy service that delivers and sets up medications.
- Specific ideas included:
  - A Bone Builders group (an evidence-based exercise program for older women).
  - More in-store services or assistance, such as Byerly’s packing your groceries.
  - More older adult deals or discounts—e.g., cheaper movie tickets on certain days.
- The police department is interested in starting TRIAD, a national program that connects law enforcement, older adults and community organizations to reduce victimization of older adults and improve service delivery to older people.
• The fire department offers a free public service of installing smoke detectors in people’s homes. They often observe older adults living alone who have no one to help them with relatively minor tasks, and therefore ask the firefighters to assist them with some of these tasks while they are in the home to install the smoke alarms.

• Russian-speaking residents regularly leave the community to gather with others of Russian descent at adult day centers in other suburbs. Those centers help people grocery shop, go to the bank, and provide translation and other assistance.

Health Services

• Residents appreciate the proximity and quality of health care services in Maple Grove.

• General concerns:
  o There is a need/desire for geriatricians or general practitioners with special interest in/knowledge of older adults.
  o The costs of medications are very high and can be difficult to manage.

• Health literacy: People need help navigating all aspects of the healthcare system, which can be very complex.
  o There is some lack of understanding of the types of care available at Maple Grove Hospital because it is a community hospital and not a trauma center.
  o People want more preventative health care rather than just sick care.
  o The North Memorial community paramedic program is becoming a force in the realm of health literacy by helping people connect to the resources they actually need rather than calling on emergency services like 9-1-1 for help. For older adults, community paramedics can help facilitate solutions to problems like moving a washing machine from the basement to the main floor, which could help an individual remain in their home for several more years.

• Mental Health:
  o There is a concerning lack of mental health support or services.
  o The police department has observed a need for greater mental health services among older adults and has invested additional resources to this issue.

• Transportation: Access and availability to healthcare is good, but getting there is the challenge.
  o Transportation services are limited and have long wait times.
  o For those who doctor out of the community and do not drive, it can be especially difficult to travel to those appointments.

• Dementia: This is a growing public health issue affecting families and service providers and communities.
  o The police department and community paramedic program regularly help people living with dementia.
  o ACT on Alzheimer’s is an initiative that helps communities become “dementia friendly.” Age-Friendly Maple Grove is interested in researching this as a future opportunity to be considered.

• Isolation is a major issue with serious implications for a person’s physical and emotional well-being. This applies to caregivers, as well. People need help maintaining meaningful community and social connections. (As noted earlier, this assessment struggled to reach isolated older adults, but the importance of this issue was stressed by service providers who observe it.)

• Nutrition: Home care providers for older adults note that good nutrition is a challenge for older people. Their ability to cook healthy meals and prepare fresh food can be limited. There is a need for more affordable, healthy prepared meal solutions.

• Falls: The number of falls—and resulting emergency room visits—among older people is growing. Nationally, the number of fall-induced concussions and other brain injuries among
older adults reached record levels in 2013. Falls are a frequent source of ER visits locally as well. There is a need for greater education about fall prevention among older adults and perhaps among medical professionals for thoroughly evaluating older people after falls.

- **Language barriers**: People who speak no or little English face extra challenges and frustrations. Translators are provided through insurance, but it can take 45-50 minutes to get an interpreter on the phone. Simply scheduling an appointment can take 90 minutes. There is also a need for interpretation of things like lab and test results. Significant gaps exist in this arena.

### Action Items: Community Support and Health Services

**7.1 | Improve “health literacy” of older adults by helping them connect to appropriate services**

<table>
<thead>
<tr>
<th>Key Activities</th>
<th>Potential Partner(s)</th>
<th>Indicators</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Learn landscape of resources currently available to help older adults coordinate care and services and navigate the health care system. Disseminate information learned to key stakeholders and use it to inform next steps.</td>
<td>North Memorial Community Paramedics&lt;br&gt;Maple Grove Hospital&lt;br&gt;Hospital social workers&lt;br&gt;Clinic connectors&lt;br&gt;Other local healthcare providers</td>
<td>Report on current resources; includes recommendations.</td>
<td>Year 2</td>
</tr>
</tbody>
</table>

**7.2 | Provide resources that help older adults improve or maintain their health.**

<table>
<thead>
<tr>
<th>Key Activities</th>
<th>Potential Partner(s)</th>
<th>Indicators</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Offer and/or facilitate access to evidence-based programs that improve older adults’ health by addressing fall prevention and management of chronic conditions.</td>
<td>MG Senior Center&lt;br&gt;Maple Grove Hospital&lt;br&gt;Hennepin County Public Health&lt;br&gt;MAAA (Juniper project)</td>
<td>Number of programs and participants. (Some programs have particular metrics to meet.)</td>
<td>Year 1</td>
</tr>
<tr>
<td>b. Identify existing mental health resources for older adults (including local/in-person as well as tele-health services/programs) and raise awareness of these supports to ensure they are utilized.</td>
<td>NAMI&lt;br&gt;MN Departments of Health and Human Services&lt;br&gt;M Health&lt;br&gt;MAAA/Senior Linkage Line</td>
<td>Inventory of mental health resources and recommendations for how to expand their utilization.</td>
<td>Year 3</td>
</tr>
</tbody>
</table>

**7.3 | Increase options for and availability of nutritious food and meals.**

<table>
<thead>
<tr>
<th>Key Activities</th>
<th>Potential Partner(s)</th>
<th>Indicators</th>
<th>Completion Date</th>
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</table>
a. Identify new ways of providing older adults with healthful food and prepared meals.

<table>
<thead>
<tr>
<th>Key Activities</th>
<th>Potential Partner(s)</th>
<th>Indicators</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>[An audit of age-friendly services/promotions will be included in the audit detailed under Goal 1.1.]</td>
<td>MG Economic Development, Chamber of Commerce, Arbor Lakes Business Association</td>
<td>Audit report created; results shared and used to inform strategy.</td>
<td>Year 1</td>
</tr>
<tr>
<td>b. Engage local businesses in understanding economic potential of older customers and coordinate on the establishment of age-friendly business practices (Part of this will be included as part of retail audit in items 1.1 and 7.4.)</td>
<td>Local businesses, MG Economic Development, Arbor Lakes Business Association, Chamber of Commerce</td>
<td>Number of information sheets distributed to businesses; number of businesses adopting age-friendly practices.</td>
<td>Year 1 and 2</td>
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</table>

7.5 | Strengthen Maple Grove Police and Fire Departments’ service of older residents.

<table>
<thead>
<tr>
<th>Key Activities</th>
<th>Potential Partner(s)</th>
<th>Indicators</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitate and help advance the efforts of Maple Grove’s police and fire departments as well as North Memorial Ambulance as they work to better understand and serve older adults in the community.</td>
<td>MG Fire Department, MG Police Department, North Memorial Ambulance</td>
<td>Identified opportunities for collaboration, cross-pollination and mutual support.</td>
<td>Year 1</td>
</tr>
</tbody>
</table>
## 7.6 | Enhance supports for people with dementia and their caregivers.

<table>
<thead>
<tr>
<th>Key Activities</th>
<th>Potential Partner(s)</th>
<th>Indicators</th>
<th>Completion Date</th>
</tr>
</thead>
</table>
| a. Identify quality resources for people with dementia and their caregivers and increase awareness of these resources to ensure they are being utilized. | • MG Senior Center  
• Home health care providers  
• Alzheimer’s Association  
• Senior Community Services  
• MAAA  
• Chamber of Commerce  
• Health care providers | Documentation of compiled resources and estimated number of people reached.         | Year 1            |
| b. Offer Dementia Friends training to community members, city staff, business leaders, and others. | • Senior Center  
• Chamber of Commerce  
• Community groups (e.g., MG Lions, MG Rotary, others)  
• MG Library | Number of classes and participants.                                                  | Year 2            |
| c. Investigate opportunities for developing program(s) for people with dementia.   | • MG Senior Center  
• MG Parks and Rec Department  
• Assisted living or senior housing communities  
• Adult day centers  
• Other agencies | Identified opportunities to create/expand dementia programming. Provide research and recommendations to Parks and Recreation. | Year 3            |
## APPENDIX A

### Roles/Responsibilities for Action Plan Implementation - Year 1

The following tables provide descriptions of the types of tasks involved in carrying out each action item for Year 1 of the Age-Friendly Maple Grove action plan as well who will lead implementation. Co-chairs refer to Age-Friendly Maple Grove’s two co-chairs as well as the initiative’s consultant. The broader committee is organized into various domain groups to lead implementation of noted action items. City staff and leaders will be involved in many of the actions, but that work will be facilitated in most cases by the co-chairs.

<table>
<thead>
<tr>
<th>Domain 1: Outdoor Spaces and Buildings</th>
<th>Action Item</th>
<th>Tasks</th>
<th>Lead/Support Role</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Conduct a retail audit of key businesses to gather, analyze and share data</td>
<td>Create list of key retailers to include; create list of features to</td>
<td>Committee</td>
</tr>
<tr>
<td></td>
<td>about baseline age-friendliness</td>
<td>audit; visit stores and conduct audit</td>
<td></td>
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<tr>
<td></td>
<td><strong>Incorporate age-friendly commitment and park practices into the Parks Plan</strong></td>
<td><strong>Complete</strong></td>
<td>Co-chairs</td>
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<td></td>
<td>due in 2018.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Gather more information about park usage among older residents to help</td>
<td>Analyze existing data from Parks &amp; Rec; look for gaps in information.</td>
<td>Co-chairs/Committee</td>
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<tr>
<td></td>
<td>inform strategies.</td>
<td>Identify ways to fill information gaps.</td>
<td></td>
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<tr>
<td></td>
<td>**Inform parks projects to ensure age-friendly considerations are</td>
<td>Work with City/Parks &amp; Rec to ensure that age-friendly has a</td>
<td>Co-chairs</td>
</tr>
<tr>
<td></td>
<td>embedded in process and plans (e.g., Weaver Lake Park, community center</td>
<td>voice at the table for all future plans and projects. (This work</td>
<td></td>
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<tr>
<td></td>
<td>remodeling). (Timing unknown; TBD by city’s timeline.)</td>
<td>would be ongoing and linked to larger goal of formalizing role of</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>AF MG and mechanism for get AF lens included in all work.)</td>
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<tr>
<td>Domain 2: Transportation</td>
<td>Action Item</td>
<td>Tasks</td>
<td>Lead/Support Role</td>
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<tr>
<td></td>
<td>Conduct a transportation services audit to understand the landscape of transit options in Maple Grove, including the gaps and limitations, to help inform development of plans to fill identified needs. Audit would include both public options (e.g., MG Dial-A-Ride) and private options (e.g., Uber/Lyft).</td>
<td>Develop list of transportation providers/services to audit; develop features to assess; conduct audit; write brief report on findings.</td>
<td>Committee/Co-chairs</td>
</tr>
<tr>
<td></td>
<td>Conduct audit of bicycle parking to identify priority locations for new/additional parking. (To be included as part of retail audit under Goal 1.1.)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain 3: Housing</th>
<th>Action Item</th>
<th>Tasks</th>
<th>Lead/Support Role</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Expand access to information about existing housing support services, such as home repair and modification resources.</td>
<td>Identify existing sources of information and how they are distributed; find new means of sharing the information.</td>
<td>Committee/Co-chairs</td>
</tr>
<tr>
<td></td>
<td>Integrate age-friendly principles and practices into comprehensive plan update.</td>
<td>Complete</td>
<td>Co-chairs/Committee</td>
</tr>
<tr>
<td></td>
<td>Hold housing forum with cross-sector participants to discuss opportunities and challenges surrounding age-friendly housing.</td>
<td>Develop goals for event, event format and agenda; identify and invite participants; create materials; develop presentation; support participants in their prep, etc.; event logistics</td>
<td>Co-chairs/Committee</td>
</tr>
<tr>
<td>Domain 4: Social Participation and Inclusion</td>
<td>Action Item</td>
<td>Tasks</td>
<td>Lead/Support Role</td>
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</tr>
<tr>
<td>Pilot a program that provides older adults a free tablet device, low-cost data plan, and device training. Pilot to include residents of affordable senior apartments.</td>
<td>This program is underway. Work could include planning for expansion.</td>
<td>Co-chairs/Committee</td>
<td></td>
</tr>
<tr>
<td>Identify quality web-based programs that connect older adults to other people and help MG residents utilize such programs—e.g., NextDoor, MeetUp groups or Facebook groups for local older adults.</td>
<td>Identify programs and find ways to get people connected via the programs.</td>
<td>Committee</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain 5: Civic Participation and Employment</th>
<th>Action Item</th>
<th>Tasks</th>
<th>Lead/Support Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create a formal mechanism for older adult input into city plans and projects (e.g., aging commission or task force; a city staff member dedicated to including aging issues in his/her position; or using AF MG for this function)</td>
<td>Work with City leadership to determine how AF will be formally integrated into operations</td>
<td>Co-chairs</td>
<td></td>
</tr>
<tr>
<td>Determine ways in which city volunteers could be used more strategically.</td>
<td>Work with city volunteer coordinator to develop strategy for this. Assess current strategy for gaps and opportunities; research promising models being used in other places.</td>
<td>Co-chairs/Committee</td>
<td></td>
</tr>
<tr>
<td>Improve communications about job opportunities, placement and training to help connect interested older adults and employers who need workers.</td>
<td>Get knowledgeable about current landscape of employment for older adults. Learn what employers and older jobseekers want and need. Identify employers who may benefit especially from tapping older workers. Find new ways of connecting the two groups.</td>
<td>Committee/Co-chairs</td>
<td></td>
</tr>
<tr>
<td>Domain 6: Communication &amp; Information</td>
<td>Action Item</td>
<td>Tasks</td>
<td>Lead/Support Role</td>
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</tr>
<tr>
<td></td>
<td>Update current AF MG web page on city website in conjunction with action plan release. Keep content updated until launch of new website.</td>
<td>Create updated content for current AF MG web page on City’s site. Plan what content will look like until launch of new website/web pages next year.</td>
<td>Co-chairs/Committee</td>
</tr>
<tr>
<td></td>
<td><strong>Ensure that the city’s new website (to be launched in 2019) is developed using best practices for age-friendly site design.</strong></td>
<td>Work with IS Department to ensure that AF best practices are being used in site design; provide them with information about best practices; help them with beta-testing by older adults.</td>
<td>Co-chairs/Committee</td>
</tr>
<tr>
<td></td>
<td>Share initiative news by utilizing/maximizing existing sources known to be accessed by older residents.</td>
<td>Create list of key publications/sources; create calendar that includes deadlines for each publication and plan for submitting content to each; determine what types of content should be included at this stage of initiative.</td>
<td>Committee/Co-chairs</td>
</tr>
<tr>
<td>Domain 7: Community and Health Services</td>
<td>Action Item</td>
<td>Tasks</td>
<td>Lead/Support Role</td>
</tr>
<tr>
<td>----------------------------------------</td>
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</tr>
<tr>
<td>Offer and/or facilitate access to evidence-based programs that improve older adults’ health by addressing fall prevention and management of chronic conditions.</td>
<td>Support Senior Center in offering evidence-based programs.</td>
<td>Co-chairs</td>
<td></td>
</tr>
<tr>
<td>Facilitate and help advance the efforts of Maple Grove’s police and fire departments as well as North Memorial Ambulance as they work to better understand and serve older adults in the community.</td>
<td>Reach out to PD, FD and NMA to better understand what would be valuable to them in terms of working with each other and where AF MG could add value.</td>
<td>Co-chairs/Committee</td>
<td></td>
</tr>
<tr>
<td>[An audit of age-friendly services/promotions will be included in the audit detailed under Goal 1.1.]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify quality resources for people with dementia and their caregivers and increase awareness of these resources to ensure they are being utilized.</td>
<td>Become familiar with current resources and where people are getting their information. Identify gaps and ways to fill the gaps.</td>
<td>Committee/Co-chairs</td>
<td></td>
</tr>
</tbody>
</table>
Overview
This report presents the findings of an assessment of the needs and wishes of older adults in Maple Grove. Conducted between June 2016 and January 2017, the assessment was an early phase of the Age-Friendly Maple Grove initiative, which is working to support the rapidly aging population and make the community a better place to grow older. The findings of the community assessment will be used to develop a three-year action plan that identifies priorities and strategies for how public and private sector actors and other community partners can work—separately and together—to ensure that Maple Grove is inclusive of the needs of all ages.

By a large margin, transportation emerged as the top concern of older adults. Housing is another key issue, along with navigating the healthcare system, social isolation, and many others detailed in the report.

These findings help illuminate what older adults appreciate about living in Maple Grove as well as what they need to live better, more independently, and as vital members of the community.

Age-Friendly Cities: What and Why?
In an age-friendly community, policies, services and structures related to the physical and social environment are designed to support and enable older people to “age actively” – that is, to live in security, enjoy good health and continue to participate fully in society.

Age-friendly service providers, public officials, community leaders, faith leaders and business people:

- Recognize the great diversity among older persons,
- Promote their inclusion and contribution in all areas of community life,
- Respect their decisions and lifestyle choices, and
- Anticipate and respond flexibly to aging-related needs and preferences.

—World Health Organization Age-Friendly Cities Program

Background
Age-Friendly Maple Grove (AF MG) is community-driven and city-supported initiative to make Maple Grove a better place for its residents to grow older. Like the rest of Minnesota, the nation and the world, Maple Grove is aging quickly. A quarter of its residents are already 55 or older.
Many communities will need to shift gears and take thoughtful steps to ensure that they are supporting the changing needs of their residents. It is also an opportunity to take advantage of the many social and economic contributions older adults make in a community.

In summer 2016 Maple Grove applied and was accepted to the AARP Network of Age-Friendly Communities. (AARP is the U.S. affiliate of the World Health Organization’s Global Network of Age-Friendly Cities and Communities program.) As a member of the age-friendly network, Maple Grove—with a commitment from the mayor and elected leadership—is taking steps to become age-friendlier using a four-phase, five-year framework. The community assessment is an early phase of this process.

Maple Grove’s work started with the urging of a single citizen just a few years ago. When she initiated conversations with the city about taking action to become more livable for residents of all ages, it triggered a series of events leading to the launch of Age-Friendly Maple Grove in 2016.

AF MG is led by a city-staffed committee of around 15 community volunteers and representatives from the local hospital and clinics, places of worship, senior housing communities, and senior service providers, among others. The initiative also benefited from grant funding—from the Metropolitan Area Agency on Aging’s Lifetime Communities program—for a consultant who could provide structure, momentum and expertise.

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**Community Assessment: Methods**

The community assessment took place over about six months, from June 2016-January 2017. It was guided by the WHO’s eight domains of age-friendliness—aspects of community life that are mostly likely to influence an older adult’s quality of life (see box on next page).
The AF MG committee developed a five-pronged strategy in order to try to hear from a broad swath of older adults as well as from community service providers who have insight into the needs of older people in the community. This is in keeping with the WHO’s recognition that the “lived” experiences of older people should be the basis for this work and that older adults must be closely engaged at all stages. The five-part strategy included:

1. **Informal Input**: This involved informal conversations, usually with one or two people at a time, at community events such as Maple Grove Days or the Maple Grove Farmers Market. AF MG committee members asked open-ended questions such as “What would make Maple Grove a better place to live as you get older?”

Informal input also included a number of conversations and short questionnaires that committee members used to gather input from neighbors and acquaintances. Those interactions were guided by questions related to the WHO’s eight domains of livability.

2. **Service Providers**: This prong of the assessment included two groups, 1) senior service providers, and 2) police and fire departments and paramedics.

   **Senior Service Providers**
   The committee spoke with the owner and president of Comfort Keepers in the northwest Twin Cities. Comfort Keepers provides a variety of home services to older adults and their caregivers.

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**WHO/AARP**

**Eight Domains of Livability**

1. **Outdoor Spaces and Buildings**: Availability of safe and accessible streets, sidewalks, parks and other outdoor spaces as well as accessible public buildings and businesses.

2. **Transportation**: Safe and affordable modes of public and private transportation.

3. **Housing**: A wide range of housing options for older residents; the ability to age in place; and other home modification programs.

4. **Social Participation**: Access to leisure and cultural activities; opportunities for older residents to participate in social and civic engagement with their peers and younger people.

5. **Respect and Social Inclusion**: Programs to promote ethnic and cultural diversity as well as multigenerational interaction and dialogue.

6. **Civic Participation and Employment**: The promotion of paid work and volunteer activities for older residents and opportunities to engage in formulation of policies relevant to their lives.

7. **Communication and Information**: The promotion of and access to technology to keep older residents connected to their community and friends and family.

8. **Community and Health Services**: Access to homecare services, clinics, and programs to promote wellness and active aging.
Police Department, Fire Department, and Community Paramedics
As service providers and responders who observe first-hand the myriad of issues affecting the community as part of their work, AF MG committee members met with representatives of each group in order to learn more about: 1) how each department/program interfaces with older adults; 2) issues and trends they observe among older adults; and 3) possible opportunities for AF MG to support or collaborate with each group concerning older adults.

Maple Grove Fire Department: Four members of the AF MG committee met with seven members of the Maple Grove Fire Department.

Maple Grove Police Department: Maple Grove’s senior center coordinator spoke with the MG police department’s crisis intervention team supervisor.

Community Paramedic Program, North Memorial Hospital: Three members of the AF MG committee met with two members of North Memorial Hospital’s Community Paramedic program.

Full details from each meeting are available upon request.

3. Focus Groups: Six focus groups with older residents were held between July and December 2016:

1) Woodland Mounds Senior Apartments: 16 participants (July 25)
2) Arbor Lakes Senior Living: 24 participants (July 27)
3) City-hosted community conversations: 25 participants (August 2, 2016; September 27, 2017)
4) Maple Grove Lutheran Church: 12 participants (August 3)
5) Arbor Lakes Commons – Russian-speaking: 4 participants (Dec. 15)
6) Arbor Lakes Commons – English-speaking: 11 participants (Dec. 28)

Most focus groups were led by the initiative’s consultant with support from committee members. Four of the six were held with residents of senior housing communities (two were affordable housing). There were a total of 69 participants. They ranged in age from 56 to 93, with a median age of 80.

Questions were organized around the WHO’s eight domains of livability and also included broader questions such as, “What message would you want us to pass on to city leaders or elected officials about how Maple Grove could be a better place for older people?”

4. City Department Self-Assessments
Self-assessments allow each city department to apply an age-friendly lens to its work to identify issues and opportunities related to older adults. AF MG co-chairs and the initiative’s consultant met with nearly all city departments (including police and fire-rescue as discussed earlier): community development; parks and recreation; public
works and engineering; information technology; human resources; finance; and the Economic Development Authority.

This process helped reveal many ways the city already supports its older residents, and also uncovered opportunities to strengthen or expand those efforts. Results of this process will be incorporated into the action plan, and AF MG will support this work in a variety of ways.

5. **AARP Survey:** Nearly 500 older residents (aged 50+) of Maple Grove responded to an AARP-sponsored phone survey designed to assess the age-friendliness of the city. Maple Grove was one of 14 communities in the US in 2016 where the national office of AARP conducted this survey. The survey instrument was developed by AARP and was uniform across all communities. Maple Grove was among the smallest cities to be surveyed. AARP’s goal was to collect 500 respondents in each community. Given Maple Grove’s relatively small population size, this became a challenge, though AARP was ultimately able to gather 473 respondents (which included a handful of people from Osseo).

*Full results of the survey are available upon request.*

**Gaps and Challenges in the Assessment**

The AF MG committee led the assessment with help from a consultant who led strategy development and implementation. This is an active and engaged committee, which benefited from the services of a consultant, but the assessment was conducted, necessarily, within limitations of time, funding and other key resources. Primary gaps and challenges the committee encountered are noted below.

**Vulnerable or isolated older adults living at home are underrepresented.**

Circumstances made it easy to organize focus groups with residents of senior housing facilities and, to a lesser extent, older residents who are active, mobile, and living in the community. We reached few people who are living in their own homes in the community but who have limited mobility, greater needs and are more likely to be isolated. Input and insights from senior service providers, the police and fire departments, and the community paramedic program were important to helping us better understand the needs of these residents, but we will continue to find ways to engage and support them.

**We had trouble reaching racial and ethnic minorities.**

With the help and connections of committee members, we were able to hold a focus group with Russian-speaking residents at Arbor Lakes Commons senior apartments. For various reasons our attempts to connect with Hispanic, East Indian, and Muslim residents were unsuccessful. Similar community assessments have faced similar challenges engaging ethnically and culturally diverse residents.

We will continue to pursue engaging older residents from diverse backgrounds, including efforts to better understand and respond to varying cultural norms around aging.
Findings

Overview
Overall, older people like living in Maple Grove. They note its beauty, friendly and helpful people, walking trails, parks, and locally available healthcare services. People feel safe in Maple Grove and like that everything is local—many people find you can get everything you need within the community.

The community’s two biggest challenge are transportation and housing. For both, people need more and better options. We heard this repeatedly.

Transportation: It makes sense: so much of life depends on the ability to get where you need and want to go. Moreover, the ability to get around, on your own terms, is fundamental to a person’s independence and dignity.

Many communities struggle with a shortage of transit options, especially for older adults and others who either don’t drive or drive on a limited basis (e.g., only during the day, only to a few destinations, or only in optimal weather or traffic conditions). Several transportation services for older adults, such as Dial-a-Ride, do exist, but all have significant limitations.

Housing: Here, affordability is key, including affordable housing options that could include services. Many residents are priced out of more costly senior housing communities, and many would prefer “non-vertical” living. The desire for small, single-level dwellings was registered often. However, residents of market-rate senior housing seemed happy with their care.

The assessment revealed a number of steps that businesses could take to better serve older customers. Many older adults also could benefit from greater “health literacy”—an ability to navigate the often complex healthcare system—and from greater coordination of care.

Below are the detailed findings organized by the WHO/AARP domains of livability. The forthcoming action plan will be developed in response to these findings.

Detailed Findings Across the Eight Domains of Livability

1) Outdoor Spaces and Buildings

Buildings:
- Doors are too heavy for older people to open. More businesses should have automatic doors or handicap-accessible doors.
- A number of people leave the community to shop:
They dislike the setup at Arbor Lakes (parking can be too far from the business; there are too few curb-cuts; curb-cuts are too far from parking spaces as well as from desired businesses). There is too much traffic in Maple Grove; people like to use Highway 610 to drive to Riverdale (shopping center) in Coon Rapids or to other stores in Champlin. The different commercial districts of Maple Grove are difficult to locate and navigate.

- In large stores (e.g., Cub or Wal-Mart) it would be helpful to have seating within the store to rest. It can amount to a lot of walking for some older people.
- In some large stores (e.g., Lowe’s) the entrances and exits are far away from each other and in some cases from even handicapped parking (handicapped parking might put you near the entrance but then far from the exit).
- There was some preference for smaller stores (e.g., Cub in Champlin) because they are easier to navigate.
- More curb cuts are needed in long stretches of sidewalk to accommodate walkers and wheelchairs.

Parks and Public Space:
- Central Park is beautiful but can be too sprawling for some older people.
- Some parks in older neighborhoods don’t get a lot of active use anymore and could be adapted for quieter use with more benches, tables and flowers.
- There is a need for an indoor space to walk during winter months (e.g., older adults in other communities will go to places like Northtown and Rosedale).

Navigation:
- There is a need for a simple map with common destinations in the different key areas of town and of other senior housing developments. Numerous people mentioned the city can be difficult to navigate or that it is hard to locate the shops and services you need; some leave the community because it’s easier to find things at Ridgedale, for example, than locally.

2) Transportation

Transit Options:
- Existing transit services—themselves limited—are limited in their geography and in their schedules (e.g., no weekend service, service ends in late afternoon or early evening). Dial-a-Ride, for example, requires several days’ advance notice, which is inconvenient, and Metro Mobility requires a doctor’s authorization.
- Many residents expressed an interest in transit that would allow them to go to downtown Minneapolis, but the only services available are designed strictly around traditional commuter schedules.
- Numerous people wished there were a shuttle or circulator bus that would make regular stops at businesses, community institutions, medical facilities, and other key destinations.
• People need better general knowledge of transportation options. This includes ridesharing services like Lyft and Uber.
• Protected seating to wait for transportation is important.

**Walkability**
• Many people from senior housing developments near Main Street and Lakeview Drive N/82nd Avenue N (just east of the library) spoke of how dangerous that intersection is for pedestrians, despite it being a four-way stop and having painted crosswalk stripes. They noted that drivers frequently speed and do not stop. This is a key intersection as it is a gateway to the library, community center, walking paths, and other important institutions and businesses.
• Residents of Woodland Mounds noted that many drivers don’t stop at the stop sign in front of their building.
• There was a general desire for safer crosswalks with features like longer crossing times.
• People who were able to walk and to access walking paths appreciated and enjoyed the paths.
• Sidewalks are uneven and not consistently available.
• There is a need for more benches along walking trails and sidewalks.
• There is general distrust of drivers as a pedestrian; people on foot don’t feel confident that cars will stop, even for a stop sign or red light.
• It would nice for older/disabled people to be able to rent scooters.
• Is a bike share program possible?

**Driving and Parking:**
• More handicapped parking is needed all over the community, including at stores, restaurants and the community center. This is especially important in the winter with snow and ice. A service provider wondered if it would be possible to add parking reserved for older adults that is not officially handicapped parking—the equivalent of parking for expectant mothers or parents with young children. Also, even older adults who might qualify for handicapped parking may prefer not to be labeled or identified as such.
• Driver education is needed when new traffic features like roundabouts and blinking yellow turn arrows are introduced.
• Traffic/street signs are difficult to read, especially at night. Many are too small and hard to find or see.
• There is too much traffic in Maple Grove, especially on the weekends, and drivers can be discourteous, distracted and aggressive.

3) **Housing**
The need for more and affordable housing options is a high priority. Many people can’t afford senior housing that provides a spectrum of services, and many also wish there were options beyond high-rise buildings. Maple Grove is getting more expensive, making housing even more costly. Many older residents prefer to continue to live in their current homes but need assistance to make it possible.
• There are gaps in residents’ housing options.
• People desire more options beyond “vertical living” – meaning both multi-level homes and high-rise senior housing. Tiny houses were suggested as one idea.
• Single-level living is hard to find, and places that exist are too large and expensive.
• Housing that includes services is too expensive for many people. There is need for affordable assisted living
• It would be helpful to have a comprehensive housing resource that listed all senior housing in Maple Grove (and surrounding area), both affordable and market-rate housing and other options and information.
• People wished for a go-to person/phone number to call with any questions pertaining to senior housing or services in Maple Grove.
• Affordable housing should be dispersed throughout market-rate neighborhoods rather than clumped together.
• People need support making home modifications that would allow them to continue to live safely and comfortably at home as long as possible or as long as they desire. Types of support might include: evaluating a person’s current and future needs; providing education about the types of modifications available; providing information about available financial assistance; and zoning/policy support from the city.
• Some residents wished there were short-term housing for snowbirds.

4) Social Participation
• Many residents deeply value the senior center—the staff as well as the programming.
• Transportation is a barrier to social participation. Non-driving residents cannot attend Sunday worship services, for example, because the few transportation services that do exist don’t operate on Sundays.
• It was suggested that there be a space available for pursuing hobbies such as woodworking and stained glass.
• Residents of developments like Arbor Lakes Senior Living (private development offering continuum of care from independent living to assisted living to memory care) tend to have many social needs met within the facility. There are many programs and activities.
  o Could some be made available to nonresidents?
  o There is desire for full worship services at places like Arbor Lakes, especially in the winter when driving to places of worship is harder.
• People would like to be able to attend events or visit destinations in Minneapolis and Saint Paul but have no way of getting there.
• Some cultural events are too costly for people on a budget.
• The senior men’s hockey team is appreciated.

5) Respect and Social Inclusion
• People generally felt they were respected and included, although lack of transportation excluded them.
• Community events like Maple Grove Days are supportive and inclusive. (One resident noted that it’s the only day where a bus shows up right in front of the building for transportation!)
• It was suggested that businesses like Caribou Coffee, McDonald’s and Byerly’s hold senior-specific events.
• It can be difficult for newcomers to connect socially, especially if you are living in the community and not in a senior housing development.

6) Civic Participation and Employment
• The community could think more strategically about how it could use volunteers. There is opportunity to better utilize people’s time and talents.
• Generally, adults on the older end of the spectrum had less interest in volunteering; younger older adults were interested in more volunteer opportunities. Those who did volunteer did so through their churches and organizations like Loaves and Fishes.
• Some residents wished for more part-time job opportunities.
• Some wondered whether there was adequate older adult representation on the city council or bodies like the citizens advisory committee.

7) Communication and Information
• The city does a good job communicating. Many people value and get information from city publications, such as newsletters.
• Many people rely on printed materials like area newspapers and Maple Grove Magazine. Some use the computer/internet for news and entertainment, while many others do not.
• Scams targeting older adults are pervasive. This is a concern.
• Non-English speakers struggle to use transit services because drivers can’t understand questions or provide answers or information.

8) Community and Health Services

Community Services
• There is a reported lack of services available for yard work and light household chores—changing high light bulbs, minor repairs, etc. There is a need for affordable “handy man” type services or other ways to help older adults living in their own homes. There is desire for neighbor-to-neighbor support, but people also need more information about trustworthy, affordable service providers who could help with such tasks.
• Residents want more and better delivery services:
  o From grocery stores, restaurants, etc. In some cases existing services have limitations (e.g., Cub will only deliver store-brand items and usually not things that are on sale).
  o A pharmacy service that delivers and sets up medications.
• Specific ideas included:
  o A Bone Builders group (an evidence-based exercise program for older women).
  o More in-store services or assistance, such as Byerly’s packing your groceries.
  o More older adult deals or discounts (e.g., cheaper movie tickets on certain days).
• The police department is exploring starting a TRIAD program, which connects law enforcement, older adults and community organizations to reduce victimization of older adults and improve service delivery to older people.
• The fire department offers a free public service of installing smoke detectors in people's homes. Firefighters observe older adults living alone who have no one to help them with relatively minor tasks. Some individuals ask the firefighters to assist them with these tasks while they are in the home to install the smoke alarms.
• Russian-speaking residents regularly leave the community to gather with others of Soviet descent at adult day centers in other suburbs. Those centers help participants run errands, and they provide translation services and other assistance.
• Restaurants should offer smaller portions available for older adults as well as for children; this would make dining out more affordable as well as be more suitable portion sizes for many older people.

Health Services
• Residents appreciate the proximity and quality of health care services in Maple Grove.
• General concerns:
  o There is a need/desire for geriatricians or general practitioners with special interest/knowledge of older adults.
  o The costs of medications are very high and can be difficult to manage.
• Health literacy: People need help navigating all aspects of the healthcare system, which can be very complex.
  o There is some lack of understanding of the types of care available (and not) at Maple Grove Hospital because it is a community hospital and not a trauma center.
  o People want more preventative health care rather than just sick care.
  o The North Memorial community paramedic program is becoming a force in the realm of health literacy by helping people connect to the resources they actually need rather than calling on emergency services like 9-1-1 for help. For older adults, community paramedics can help facilitate solutions to problems like moving a washing machine from the basement to the main floor or connecting an older person to a disease-specific diet, which could help an individual remain in their home for several more years.
• Mental Health:
  o There is a concerning lack of mental health support or services.
  o The police department has observed a need for greater mental health services among older adults and has a new position specializing in this issue.
• Transportation: Access and availability to healthcare is good, but getting there is the challenge.
  o Transportation services are limited and have long wait times.
  o For those who doctor out of the community and do not drive, it can be especially difficult to travel to those appointments.
• Dementia: This is a growing public health issue that affects families and service providers and communities.
  o The police department and community paramedic program regularly help people living with dementia and are developing an expertise in helping those individuals transition between levels of service.
  o ACT on Alzheimer's is an initiative that helps communities become “dementia friendly” by working with businesses, churches, local government, service
providers and other sectors. Age-Friendly Maple Grove is interested in the possibility of pursuing this work.

- **Isolation** is a major issue with serious implications for a person’s physical and emotional well-being. This also applies to caregivers. People need help maintaining meaningful community and social connections. (As noted earlier, this assessment struggled to reach isolated older adults. The importance of this issue was stressed by service providers who observe it.)

- **Nutrition**: Home care providers for older adults note that good nutrition is a challenge for older people. Their ability to cook healthy meals and prepare fresh food can be limited. There is a need for more affordable, healthy prepared meal solutions.

- **Falls**: The number of falls—and resulting emergency room visits—among older people is growing. Nationally, the number of fall-induced concussions and other brain injuries among older adults reached record levels in 2013. Falls are a frequent source of ER visits locally as well. There is a need for greater education about fall prevention among older adults and perhaps among medical professionals for thoroughly evaluating older people after falls.

- **Language barriers**: People who speak little or no English face extra challenges and frustrations. Translators are provided through insurance, but it can take 45-50 minutes to get an interpreter on the phone. Simply scheduling an appointment can take 90 minutes. There is also a need for interpretation of things like lab and test results. Significant gaps exist in this arena.

- **Life Time Fitness** has two Twin Cities’ location offering medical services; would this model be something to consider for Life Time’s Maple Grove location?

We’re not alone. Similar research on community needs reinforces what we learned.

As demographics continue to trend older, issues and opportunities around healthy aging are getting more attention. In Maple Grove, the hospital and the city both conducted research last year to learn about the most pressing issues in the community, and the results of both lined up with findings from Age-Friendly Maple Grove’s assessment.

**Maple Grove Hospital’s Community Health Needs Assessment** named healthy aging and senior services one of three top priorities that the hospital will address for the 2017-2019 period as a result of its 2016 assessment. Mental health and substance abuse are the top two priorities and will be addressed separately and together. Both issues also affect older adults.

Findings from focus groups and key informant interviews (conducted by Wilder Research) included the following items relevant to older adults:

- **Community demographics are changing** on three fronts: aging, homeless adults and youth, and immigrants and refugees.

- **Lack of transportation was mentioned repeatedly as a barrier** to older adults’ ability to access services, shopping and recreation.
• Older adults also are concerned about chronic illness, availability of home health care services and caregiving support; the effects of falls; lack of affordable and accessible housing; and medication mismanagement; among other issues.
• The community needs more prevention and education services around many things—for older adults, fall prevention is a priority.
• Mental health care services are in short supply but desperately needed.
• People need help navigating the healthcare system, and there is need for better care coordination and discharge planning.
• There is concern about the use of prescription pain medication.

Read more about the Maple Grove Hospital’s Community Health Needs Assessment here.

**Maple Grove’s 2016 Citizens Survey**—conducted every five years—reflects a sample of 449 residents’ views on what it’s like to live in Maple Grove. In line with AF MG’s conclusions, residents love living in Maple Grove, but transportation is the number one concern.

Read a summary of survey findings; complete findings can be found here.

**Closing**
This process was an important step in building our knowledge and understanding of what older adults in Maple Grove want and need to thrive as they age. Maple Grove’s community-level response to these findings will play a critical role in ensuring that as its residents grow older, they will remain and be regarded as valued and vital members of the community.
Endnotes

2 U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates
4 Minnesota State Demographic Center (2016). Demographic considerations for long-range & strategic planning. [http://mn.gov/admin/assets/demographicconsiderations-planning-for-mn-leaders-msdcmarch2016_tcm36-219453.pdf](http://mn.gov/admin/assets/demographicconsiderations-planning-for-mn-leaders-msdcmarch2016_tcm36-219453.pdf)
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