Minneapolis for a Lifetime

Progress Report

September 2021
Letter from Mayor Jacob Frey

In 2015, Minneapolis become the first city in Minnesota to join the AARP Network of Age-Friendly States and Communities. Fast forward to 2021, and I am proud to be submitting this report on work since that point. In the intervening years, Minneapolis has made major strides in integrating aging into our work, our decisions, and into how we understand our city.

Minneapolis is a forward-thinking city. Aging is no exception. We recognize that demographics are shifting. One in ten Minneapolis residents is 65 or older. One is five is 55 or older. Our city, along with the rest of the county, the state, and most of the world, is collectively older than we’ve ever been. Our population is also increasingly diverse in terms of race, ethnicity, and culture.

What does this mean for Minneapolis? That we must adapt our policies and programs through engaging our communities to become a city that helps all stay healthy and purposeful as we grow older. It also means older community members from groups that experience systemic health and other disparities—people of color, low-income residents, LGBTQ individuals, people with disabilities, among others—must be at the forefront of how we continue to advance this work. Age-friendliness is for all, not for some.

This report explores what we’ve accomplished since 2015 and identifies some lessons about what helped us be successful, and what challenges impeded our progress. A few highlights include:

- City funding for older adults is now budgeted as ongoing support, meaning that $140,000 will be allocated annually instead of being reevaluated from year to year. This stepped-up commitment helps ensure that older adults will have access to critical home- and community-based services.
- Over 50 percent of the wards have met or exceeded the goal of 35 new units of affordable senior housing per ward by 2025. To date, 554 units have been developed, with additional development plans in progress for more units on new sites. The City took significant policy steps, including adopting a Complete Streets policy to support multi-modal transportation, and an updated zoning ordinance that will create more housing options by allowing for Accessory Dwelling Units (ADUs). We also joined the Vision Zero network to eliminate traffic and pedestrian deaths. These policies and goals make the City better and safer for all ages, including older adults.
- The Minneapolis Health Department launched a healthy living program for older residents within several Minneapolis Public Housing high-rises. By the start of 2020, 42 high-rises were participating with close to 5,500 residents engaged in program activities.
- The City worked closely with its Block Nurse Program partners to respond rapidly to provide the support older residents needed as COVID-19 changed our world.

This report signifies an exciting benchmark for our city. We have accomplished a great deal, but there’s more to do. Minneapolis for a Lifetime challenges us to confront our prejudices about aging and to recognize the possibilities in growing older, and to reflect those understandings in the work of the City. We look forward to advancing the next phase of this work together with you, our residents.

Jacob Frey
Mayor, City of Minneapolis
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Minneapolis for a Lifetime: How We Got Here

The City of Minneapolis has been working for nearly eight years on a focused effort to become a better place to live as an older person. We call this initiative Minneapolis for a Lifetime. It recognizes that communities must be livable for people across their lifespans. That doesn’t happen by accident. In fact, many decades of planning are evidence that older adults are often excluded in community planning and funding decisions—not by intention, but by default. Minneapolis has provided an array of valuable programs and services for older adults over the years, but age-friendly communities take the inclusion of older adults, and our perceptions of aging, to a different level.

The Minneapolis for a Lifetime strategy was originally adopted by the Minneapolis City Council in 2013, and in 2015, Minneapolis joined the AARP Network of Age-Friendly States and Communities. In doing so, we committed to following a process laid out by the World Health Organization and AARP. In keeping with that process, the City of Minneapolis developed a three-year action plan (2017-2019) to guide implementation of our age-friendly work. This report evaluates our progress on that plan, shares some important lessons, and lays out key points that will guide our work into the next stage—among the most important being the full inclusion of the city’s many cultural communities.

Amidst all the work, challenges, and opportunities that City and community leaders attend to each day, Minneapolis for a Lifetime persists as a common thread through them all. This effort deals head on with a universal fact: we all age, every day, and we need communities that work for us at every stage of life.

“Seniors are equity.” – Minneapolis City Council Vice President Andrea Jenkins, Ward 8

Minneapolis for a Lifetime Vision
The City of Minneapolis strives to be a premier location for older residents and visitors, offering comprehensive housing options, easy access to all places and amenities, healthy and safe environments, and opportunities for civic engagement, leisure, entertainment, and lifelong learning.
**Brief Background**

In 2015, the City of Minneapolis became the first Minnesota city to join the AARP Network of Age-Friendly States and Communities. Today, seven Minnesota cities and two counties, nearly 500 communities around the country, and more than 1,000 communities worldwide are network members.

The age-friendly cities movement began in earnest in the mid-2000s at the World Health Organization, which recognized that cities would play a highly influential role in global population aging. From housing and street design to community services and effective communication, “cities are ground zero for the demographic shift that is changing America and the world.”

Minneapolis is still perceived as a young city, but one fifth of its population is now 55 or older, and more than 10 percent is 65 or older. Likewise, the city’s overall population grew by an average of 1.3 percent between 2010 and 2019, compared to 4.6 percent for the 65-plus population (see Figure 1).

As an age-friendly network member, we commit to taking steps through the program’s framework (see Figure 2) to make Minneapolis a place where residents can thrive in later life.

Though we now have completed one cycle of the age-friendly communities process, this is not the end. It is merely a midpoint at

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which to pause, take stock of our progress, recognize our accomplishments, and set a course for the next round. This report reviews the strategies laid out in 2017 and assesses to what degree we met our goals, and why or why not.

It also includes lessons and insights picked up along the way. A good plan is necessary, but it cannot foresee the future, so we also include discussion of factors that impacted our success, for better or worse.

**Origins of the Work**

Minneapolis for a Lifetime was launched in 2013 by a 16-member steering committee made up of representatives of City departments, community partner organizations, the business community, and other governmental entities, such as the Minnesota Department of Transportation. As part of this initial work, the committee conducted listening sessions with six groups of racially and ethnically diverse older residents, engaging over 70 participants in an effort to learn more about the needs and wishes of older adults from Minneapolis’ many cultural communities.

The creation and initial efforts of Minneapolis for a Lifetime laid the groundwork for the City to join AARP’s age-friendly network in 2015. As part of the work associated with the network process, the City further engaged older residents, including meetings with 12 groups and a total of 154 residents from diverse constituencies, with engagement activities conducted in each community’s native language.

Deliberate, thoughtful engagement of Minneapolis’ cultural communities is increasingly important, as more than 20 percent of residents aged 60 and over are people of color (see Figure 3), The City recognizes that systemic inequities have resulted in stark health disparities driven by race and ethnicity, and Minneapolis for a Lifetime is part of the City’s effort to reverse these disparities.

**FIG. 2: AARP Age-Friendly Network Process**

<table>
<thead>
<tr>
<th>Years 1-2</th>
<th>Plan</th>
<th>Assess community needs</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Develop three-year action plan</td>
</tr>
<tr>
<td>Years 3-5</td>
<td>Implement</td>
<td>Implement three-year action plan</td>
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<tr>
<td></td>
<td>Evaluate</td>
<td>Evaluate progress</td>
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*The process repeats as a cycle of continuous improvement.*

**FIG 3. Minneapolis Population 60 and Over by Race**

*Source: 2019 ACS 5-Year Estimates Subject Tables*

- **White**: 79%
- **Black or African American**: 15%
- **Asian**: 3%
- **Hispanic or Latino**: 3%
- **Some other race**: 2%

Of residents who are 60 or older, 49,134 are White, and 14,305 are people of color. Nearly 13% speak a language other than English, and 4,851 speak English “less than very well.”
The Minneapolis Department of Neighborhood and Community Relations (NCR) leads Minneapolis for a Lifetime in partnership with the Minneapolis Advisory Council on Aging (MACOA), which is staffed by NCR. The MACOA has 13 seats, each representing one City Ward, and four members-at-large appointed by the Mayor’s office. Originally established in 1974 as a 26-member Senior Citizen Advisory Committee, the committee was restructured in 2015 in part to better position the group to play a lead role in developing the three-year age-friendly action plan. The MACOA both advises and implements to help ensure that older adult voices and concerns are reflected in City planning and funding decisions.

Additional City departments—Community Planning & Economic Development, Health, 311, Regulatory Services, and Transportation—also are engaged in this work.

“Cities are ground zero for the demographic shift that is changing America and the world, and city leaders are just beginning to understand the promise of an engaged older population.”

-Age-Forward Cities for 2030, Milken Center on the Future of Aging
The Power of Partnership: The City of Minneapolis and AARP Minnesota

Prior to enrolling in the AARP age-friendly network, the City of Minneapolis and AARP Minnesota had little to do with one another. However, Minneapolis joining the age-friendly network was the beginning of what has been a highly productive and mutually beneficial relationship. It has helped both partners to make progress on shared priorities.

Staff from AARP developed working relationships with Councilmembers and the Department of Neighborhood and Community Relations, leading to unprecedented collaboration on numerous fronts, including community engagement, educational events, assistance with residents’ basic needs, and City plans and policies that support livability for older residents and, inevitably, COVID-19 relief efforts.

Events & Community Engagement
AARP and the City of Minneapolis, along with other partners, co-hosted events such as a community conversation about gentrification and aging impacts on North Minneapolis, a Nokomis Healthy Aging Community Fair, and a South Minneapolis Aging Forum. During the pandemic, AARP also helped provide healthy food boxes to older residents at the Sabathani Community Center.

The City has also partnered closely with AARP on a multi-year effort to engage residents in planning for the future of E. 38th Street, specifically the corridor between Nicollet and Chicago Avenues. This historically Black neighborhood is changing—more diverse residents are moving in and interest is growing from developers looking to invest in local properties.

Over the course of 2015, the City hosted a four-part series of community engagement workshops on this topic, and, as part of it, AARP led a two-day active living workshop at the Sabathani Center—one of the neighborhood’s

 Residents learn from organizations at the [event] (left); Minneapolis residents share concerns with County Commissioner Angela Conley at the Sabathani Center in Minneapolis.
anchor institutions—including a walking audit hosted by the Walking and Livable Communities (WALC) Institute as a way to help make the neighborhood more walkable, livable, healthy, and sustainable

Policy & Advocacy
AARP Minnesota also actively supports City policy and funding decisions that make Minneapolis more livable for older adults. Over the past several years, AARP MN has helped advocate for and inform the following City efforts:

- Zoning changes to allow Accessory Dwelling Units (2014)
- Complete Streets policy (2016)
- Missing Middle Housing Pilot Program (2019)
- Reduced speed limits on City streets (2019)
- Mayor’s Proposed 2020 Budget, increased funding for home and community-based services (2019)

Notably, in late 2019, AARP played a pivotal role in helping to secure increased funding for senior services in Minneapolis at a critical time. Hennepin County had just proposed eliminating its own funding of home- and community-based services and programs for older residents, meaning major funding cuts to organizations that serve Minneapolis seniors.

Councilmember Jeremy Schroeder proposed an amendment to the Mayor’s proposed budget that would increase City support from $80,000 to $140,000 (distributed to four key organizations) to help ensure that Minneapolis seniors would not be left without needed home- and community-based services. His amendment specifically cited the Minneapolis for a Lifetime Action Plan in support of the request for increased funding.

Meanwhile, AARP and the City worked together to urge Hennepin County to retain some county funding of these services. AARP also helped activate its Minneapolis members to contact City Council and voice support for the funding. Ultimately, the amendment not only passed unanimously but picked up three co-authors along the way.
2020: A Year Like No Other

How COVID-19 and the killing of George Floyd are shaping Minneapolis for a Lifetime

The historic events of 2020 have profoundly affected the city, including the work of Minneapolis for a Lifetime, now and into the future.

COVID-19 hit the United States hard in early 2020. Minneapolis, along with local governments all over the state, launched into response mode, shifting huge amounts of staff time and other resources to managing the many aspects of the crisis—including the needs of older residents.

Minneapolis then became the epicenter of global outcry and protests in late May after the world watched George Floyd, a 46-year-old black man, die in front of a neighborhood supermarket at the hands of City police after allegedly passing a counterfeit bill. Outrage at the continued deadly consequences of systemic racism boiled over in Minneapolis, the U.S., and around the world with massive widespread protests and civil unrest lasting well into the summer—with the coronavirus continuing to rage in the background.

COVID-19 continues to plague the United States and the many parts of the world. The pandemic has impacted older people more than any other age group, with eight of 10 COVID-related deaths being people 65 and older. In addition to being an immediate health crisis, it also has laid bare and heightened longstanding issues—racial and income disparities, widespread ageism and devaluing of older adults, the toll of social isolation, and inadequate protection of people in long-term care homes, among others.

Takeaways

Among the many takeaways of 2020, these are some of the most relevant for our age-friendly work:

- **Racial equity and inclusion**: Minneapolis’ Strategic & Racial Equity Action Plan (SREAP) was developed to ensure that racial equity goals are part of all city planning and resource decisions. This will improve outcomes for all residents by systematically changing the way the City works and delivers services. We will develop the next Minneapolis for a Lifetime Action Plan using tools associated with the SREAP to ensure that racial equity is integrated into all age-friendly work going forward.

- **COVID-19 ravaged us; it also instructed us**. As the saying goes, don’t waste a crisis. The pandemic created a new imperative to escalate responses to ageism and health disparities; it is also producing concrete lessons. The immediate fallout has compelled community and local government to develop rapid responses in the form of new or adapted programs and services, improved policies, and new collaborative efforts across departments and organizations. Lessons from these responses must be identified and captured to ensure we don’t lose valuable learnings that emerged from the crisis.
• **Resilience:** Building resilience, especially for vulnerable older adults, or those who might become vulnerable in extreme circumstances, must be a core part of our work. Public health crises and other emergencies may be expected, such as extreme weather events, or unexpected, like the COVID-19 pandemic. Our continued age-friendly work will help fortify residents and neighborhoods against future stressors in a variety of ways—improving communications with residents and partner organizations, ensuring that older residents have safe and stable housing, and connecting more residents with supportive services, among others.

• **Ageism:** The way we think, speak, and write about older adults matters. Negative stereotypes and discrimination based on age have real impacts on the plans, policies, and services that influence how we experience aging. The City can and should be a leader in shaping public discourse related to aging and recognizing how ageism negatively impacts all of us, especially as we grow older.
Where We Go from Here

This report reflects Minneapolis’ completion of an approximately five-year process of work through the AARP Network of Age-Friendly States and Communities. However, our work is not complete, and there is no real finish line. This process is a cycle of continuous improvement, and we now begin again—assess community needs, develop an action plan, and implement.

These first years—along with the prior work of Minneapolis for a Lifetime—have been enormously instructive. The many lessons we’ve learned along the way, as well as best practices emerging from other cities in the midst of age-friendly initiatives, will be integrated into how we approach round two of this work.

Importantly, age-friendly communities are spreading at all levels of government. When Minneapolis joined the AARP network in 2015, it was the first city in Minnesota to do so. Today, nine Minnesota cities and counties—including Hennepin—have enrolled. The State of Minnesota also is likely to enroll at the state level. The uptake of this work by multiple levels of government creates huge potential to coordinate age-friendliness across cities, counties, and the state, all of which play unique and important roles in how we as individuals and as a society experience aging.

The City of Minneapolis looks forward to working with other local governments, strengthening and expanding collaboration with partner organizations, and continuing to engage and learn from older residents as we work together to make our city a place where we can all thrive in later life.

City of Minneapolis lowers speed limit of most residential streets to 20mph.
Image: City of Minneapolis
Report on Progress: How We Did and What We Learned

This section of the report assesses our progress on the Minneapolis for a Lifetime Action Plan. As part of the community assessment phase back in 2015, the Minneapolis Advisory Council on Aging identified three priority domains that the action plan would focus: Housing, Transportation, and Health & Wellness.² The resulting three-year action plan laid out strategies to support improvements in those three areas.

Highlights and Lessons

Before discussing progress on specific items from our Action Plan, we want to call out some broader accomplishments, success factors, and lessons learned that played a role in what we were and were not able to achieve.

Accomplishments to Celebrate

This first list describes significant accomplishments that were not specifically noted as action steps within the Minneapolis for a Lifetime plan but are very much aligned with our broader goals and still connected to the work of the initiative.

1) **Minneapolis 2040, the City’s Comprehensive Plan³**, incorporates aging to an unprecedented degree. This foundational and powerful document, adopted by City Council in late 2019, shapes how the city will grow and change. After two years of community engagement with city residents that directly informed plan priorities, Minneapolis 2040 includes more than a dozen policies related to deliberate inclusion of older adults in planning for housing, transportation, health and wellness, volunteering, lifelong learning, and more. (View the plan here.)

*Major win for: Housing, Transportation, and Health & Wellness*

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² The World Health Organization, which originally launched this program in 2006, identified eight domains of livability that help organize age-friendly work. They are: Outdoor Spaces & Buildings; Housing; Transportation; Respect & Social Inclusion; Social Participation; Work & Civic Engagement; Communications & Information; and Community Support & Health Services.

³ Municipalities in the Twin Cities area are required to provide the Metropolitan Council, a regional policy making body, with an updated Comprehensive Plan every ten years.
2) **For the first time, City funding for older adults is now budgeted as ongoing support, meaning that $140,000 will be allocated annually** instead of being reevaluated from year to year. City Council first increased the amount of its support in 2019, and then in 2020 made this change related to how the funding will be allocated going forward. This demonstrates the Council’s commitment to older adults and will ensure that they have access to home- and community-based services. This funding supports home visiting and assistance, greater access to health and wellness programs and services, chronic disease management, healthy living support, social interaction, access to basic needs like food and medicine, chore services, and many more.  
*Major win for: Health & Wellness, Housing*

3) **Minneapolis joined the Vision Zero Network and adopted a Vision Zero Action Plan** in December 2019. Vision Zero is an international movement for safe streets with a goal of eliminating all traffic fatalities and severe injuries. Minneapolis’ goal is to eliminate deaths and severe injuries on City streets by 2027. City Council took a big step in 2020 by lowering speed limits throughout the city. New speed limits will be 20 miles per hour on residential streets, and 25 mph for larger, arterial city-owned streets. A few city-owned streets will be posted at 30 mph. Older adults are one of the groups—along with people of color, children, people with disabilities and people with low incomes—that make up a disproportionate share of those killed as pedestrians and motorists, so initiatives like Vision Zero are especially important to age-friendly communities. (View the Vision Zero Action Plan here.)  
*Major win for: Transportation*

4) **The City’s new Transportation Action Plan has established several age-friendly best practices and strategies**, such as a Complete Streets policy. Older adults provided input throughout the engagement process that informed the plan. The Advisory Committee on Aging also advised on this plan’s development as well the Complete Streets policy. (View the plan here.)  
*Major win for: Transportation*
Success factor: The City of Minneapolis is forward thinking and actively works towards livable communities.

Many things we describe as features of age-friendly communities are also key characteristics of communities that are more livable for all ages. The work of Minneapolis for a Lifetime is helped enormously by the fact that the City of Minneapolis is an active proponent of plans and policies that create more affordable and accessible housing, streets and outdoor spaces that invite walking and cycling, and neighborhood-level access to parks, retail, and healthy food, among others. Minneapolis 2040’s goals, as discussed earlier, prioritize all of these things. Other examples include the following:

- **The Complete Streets policy** framework prioritizes walking and pedestrians first, followed by bicycling and taking transit, and lastly driving motor vehicles. It will guide all transportation-related decisions. The City added this policy to its transportation action plan, Access Minneapolis, in 2016, and will apply it to all transportation projects. Over time, Minneapolis streets will be made safer, more accessible, and more inviting to people on foot, on bikes, and to public transit users.

- **Missing Middle Housing**, which refers to things like duplexes, triplexes, and small apartment buildings, is one strategy Minneapolis is using to provide more affordable housing options and types to residents. The City’s Missing Middle Housing Pilot Program launched in 2019 and provides funding to develop three- to 20-unit residential housing in the city.

- **Accessory Dwelling Units (ADUs)**, sometimes known as mother-in-law apartments, have been permitted in Minneapolis since 2015. This significant accomplishment was closely linked to the Minneapolis for a Lifetime Age-Friendly Action Plan and is a testament to the power of this work. The new zoning ordinance permits ADUs that are either attached to a home or detached as cottage houses, above-garage apartments, or similar. ADUs help create gentle density and are one way to add affordable housing options to city neighborhoods. Cities have the power to adopt ordinances like this one, which are extremely helpful in adding another item to the menu of residents’ housing options.

Lessons and Challenges

As we worked to implement this action plan, challenges inevitably emerged, and from them came important lessons—several of which could applied to any initiative that is wide in scope and involves many partners. To the extent possible, we will incorporate these learnings into our work going forward to help us develop and implement successful plans as we press on.

1. **Strong partnerships are powerful and necessary.** Cultivating authentic relationships can only be described as essential to this work. The change we are seeking is systemic, and that cannot be achieved without new ways of working together. This begins with how we engage the community and extends into how City departments both work with each other and with external organizations. Minneapolis for a Lifetime benefited greatly from strong internal partnerships with Health, 311, Public Works, and Regulatory Services. City Councilmembers’ offices, and the Park and Recreation Board, among others.

   Externally, the City worked closely and consistently with Minneapolis’ Live Well at Home/Block Nurse Programs, which are on the ground with older residents every day. These partnerships set the stage for a rapid coordinated response to COVID-19 and its disproportionate impacts on older adults. Block Nurse Programs and the City of Minneapolis adjusted their original scopes of service to focus on pandemic priorities—such as access to groceries, household supplies, and medicine. Each neighborhood’s Block Nurse Program also provided social and emotional support via phone banks and phone outreach. Today, Block Nurse Programs in Minneapolis continue to provide these necessary services and have expanded their partnerships with other organizations to include access to food shelves.

   The City of Minneapolis also partners with Senior Community Services (SCS), a nonprofit organization that provides low-cost and free services to older adults and their families. Minneapolis began funding SCS in 2018 to help fill a critical gap related to chore services, as well as to help residents connect to needed resources. SCS serves residents throughout the city but concentrates on those in North Minneapolis.

2. **Shaky partnerships jeopardize the work.** For goals that require collaboration to achieve—which is many of them—meaningful progress is difficult without consistent, active partnership over time. This applies both to internal (i.e., other City departments) and external partners. Without a solid relationship, things are unsteady and subject to breakage. Similarly, a strong mechanism for accountability and reporting back is critical. Going forward, we will work to solidify partnerships with agencies like Metro Transit and organizations like Twin Cities Habitat for Humanity so as not to miss important opportunities.

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4 Live Well at Home/Block Nurse Programs are neighborhood-based agencies that provide home- and community-services to help older adults live at home with a good quality of life. These organizations receive funding from a variety of sources, including the City of Minneapolis. There are several throughout the city.
For example, a potential project with Twin Cities Habitat for Humanity did not materialize despite Habitat’s interest in exploring it with the City of Minneapolis. The pilot program would have coordinated home-repair programs with in-home services. The City failed to cultivate this relationship, and Habitat pursued the project on its own with other partners and funding from the Live Well at Home program. Habitat now offers home care coordination through its Age Well at Home™ program. While this was a missed opportunity, the City of Minneapolis hopes to re-attempt a partnership following the pandemic.

3. **Consistent staff capacity yields the best results.** As with most work, age-friendly efforts require consistent attention to make significant progress. Jumping in and out as schedules permit results in spottier outcomes. It takes time to establish and cultivate those all-important partner relationships, as described above, and to track, monitor, and troubleshoot issues associated with plan implementation. The City’s staff and funding resources are understandably limited, but to the extent that age-friendly work can be treated as a primary function, the greater and more rapid results we can expect.

4. **Older age in a youth-centric city.** In an already aging-averse society, Minneapolis is often associated with youth—our overall population is younger than many other parts of the county and the state. However, one in ten Minneapolitans is 55 or older, which amounts to more than 86,000 people. This figure is equivalent to the entire population of Bloomington, our largest suburb and the fourth largest city in Minnesota. One inherent challenge of age-friendly work is the need to overcome engrained cultural biases about growing older—and working to replace one-dimensional notions of decline and poor health with an appreciation for later life and the powerful role that communities play in influencing how we all experience older age.
Action Plan Report

This section of the report lists each item from the Minneapolis for a Lifetime Action Plan and evaluates progress against intention. Each of the three priority domains—Housing, Transportation, and Health & Wellness—opens with an overarching goal and is supported with action items and corresponding steps. Beneath each “Key step identified in action plan” includes a summarized report titled “How we did.”

Priority Area 1: Housing
Affirm and improve all housing options for Minneapolis residents as they age.

Action Item 1: Provide housing options for a range of desires, needs and budgets.

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<tr>
<th>Key steps identified in action plan</th>
<th>Estimated Completion Date</th>
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<tr>
<td>Policies and regulations are identified that prohibit unique housing models; explore new models to be introduced (i.e., ADUs, intentional communities)</td>
<td>2017</td>
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**How we did:** Minneapolis 2040, the City’s Comprehensive Plan, includes 13 policies related to aging in Minneapolis, such as policy #82: “Expand resources and opportunities for meaningful engagement and independent living, assisted living, and long-term care housing for older Minneapolis residents so they can be a vital part of the fabric of our community.” This is a significant step forward.

Continue to have “set aside” funds for affordable senior housing development and rehab programs

**How we did:** Funding for housing has been restructured, but set-aside funds remain for affordable senior housing. The new Unified Housing Policy, which was adopted by City Council in July 2020 and focuses on preserving and creating affordable housing, specifies older adults as a priority group. This policy continues the City’s support for creating affordable senior housing in every ward and offers incentives for developers, as well as funding for homeowner rehabilitation programs that help older residents make needed repairs and modifications.

A planning group focused on the long-range (10-20 year) needs for housing is established.

**How we did:** In 2018 the Housing Policy and Development Committee, which is comprised of community members, including older residents, was established. Currently, the committee is suspended due to COVID-19 but will resume its work soon.
Thirty-five units of affordable senior housing is developed per ward.

*How we did:* To date, over 50 percent of the wards have met or exceeded the goal of 35 units per ward. To date, 554 units of affordable senior housing have been developed, and the City has begun processing additional development plans on new sites.

**Action Item 2: Identify opportunities to connect older adults with age-related housing modifications and financing.**

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<tr>
<th>Key steps identified in the action plan</th>
<th>Estimated Completion Date</th>
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<td>The Minneapolis Home Improvement Guide is expanded, refined and disseminated to community organizations and offered through city channels.</td>
<td>2017</td>
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*How we did:* In addition to being expanded and refined, the Minneapolis Home Improvement Guide was disseminated in ways it had not been previously, including being posted online. A City of Minneapolis staff member was dedicated to this effort to ensure that the guide was expanded, made accessible and widely distributed.

Low- and no-cost rehab programs offered by the City, neighborhood organizations, and community-based organizations such as Habitat for Humanity are inventoried and included in the Minneapolis Home Improvement Guide.

*How we did:* Information on all low- and no-cost home rehab programs was collected and brought into the Minneapolis Home Improvement Guide. In addition, information was added related to loan and grant programs for which homeowners can apply to get financial assistance for home modifications. As in the previous action item, a dedicated staff person was tasked with this project to ensure a high-quality resource was produced and disseminated.

A conversation with partner organizations is convened with a goal of developing a “systems” approach through relationship building that can better coordinate home repair programs with each other.

*How we did:* This effort had momentum but was stymied for several reasons, including lack of City staff capacity, lack of home repair programs, the financial stability of those programs that do exist, and circumstances related to COVID-19. We intend to pursue it when circumstances allow.
Action Item 3: Look for opportunities to promote low-intensity, in-home supportive assistance where gaps exist.

**Key steps identified in the action plan:**

<table>
<thead>
<tr>
<th>Organizations that provide in-home services aimed at keeping older adults in their homes receive support from the City.</th>
<th>2017</th>
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<tr>
<td><strong>How we did:</strong> The City not only continues to provide financial and technical support to three Block Nurse programs, but in 2020 increased this support by 75 percent—a major achievement. The City also provides financial and technical support to an organization that provides outdoor chore services.</td>
<td>2018</td>
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<td>A pilot project that connects older adults with both rehab/retrofit programs and in-home support services based on needs will be explored and promoted by the City and stakeholders such as neighborhood organizations.</td>
<td>2018</td>
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<td><strong>How we did:</strong> This project was undertaken, but the City of Minneapolis was not involved. Twin Cities Habitat for Humanity took the lead and now offers its Age Well at Home program for older adults throughout the metro area. This project is worth continued exploration.</td>
<td>2018</td>
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<td>Caregivers are connected to resources, especially affordable dementia-related resources.</td>
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<td><strong>How we did:</strong> The City of Minneapolis’ 311 service and Senior LinkAge Line (a free statewide service that answers questions and identifies resources and services for older residents) formalized a new relationship that helps connect caregivers to resources. When older adults and/or caregivers from Minneapolis call 311, they now are referred to the Senior LinkAge Line, which has staff who are trained to provide support to caregivers of people with dementia. Likewise, if Senior LinkAge Line receives a call from an older adult or caregiver regarding City matters, Senior LinkAge Line will connect or refer them to 311.</td>
<td>2018</td>
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“The block nurse programs are extremely grateful that the city of Minneapolis has prioritized funding for our neighborhood seniors. Without the increased funding from the city, the block nurse programs would have had to make some critical decisions on limiting the number of seniors we serve and even cutting back on the types of services we could provide. Our services were crucial during the pandemic, allowing those at highest risk, our seniors, to stay safely in their homes with assistance from our programs.” – Megan Elliasen, Nokomis Healthy Seniors
Priority Area 2: Transportation

Strengthen and promote safe transportation options that meet the needs of Minneapolis residents as they age.

Action Item 1: Strengthen relationship with Metro Transit to improve safety, comfort, and convenience of public transportation.

Key steps identified in the action plan: Estimated Completion Date

Five trainings on how to use public transportation at multi-unit housing and other gathering places where older adults live and visit (i.e., senior centers, community centers) are implemented. Participants feel empowered and informed about using public transportation.

**How we did:** Instead of targeted trainings, Metro Transit conducted focus groups with several older adult groups, including the Advisory Committee on Aging, to gain insight into barriers to public transportation use. Metro Transit provides older adult trainings upon request from community organizations, and also has participated in the City’s Community Connections Conference, which draws over 600 attendees, where it provides rider information, and, in 2019 and 2020 (pre-pandemic) offered bus “tours” to familiarize riders with the vehicles.

An aging and mobility lens is used in a gap assessment of public transportation needs.

**How we did:** The Minneapolis 2040 Comprehensive Plan reflects an aging lens put on the City’s transportation work. The plan established the foundation for several transportation planning initiatives, which prioritize pedestrian and public transportation strategies.

The Transportation Action Plan has established a number of age-friendly best practices and strategies, such as the Complete Streets policy. Older adults provided input throughout the engagement process that informed the plan. The Advisory Committee on Aging also advised on this plan’s development as well as the Complete Streets policy.

The Vision Zero Action Plan, which seeks to eliminate all traffic-related deaths, is currently being implemented. Older residents were part of this process as well, which is particularly important since older people are disproportionately affected in traffic-related deaths and injuries. Older adults will be represented on the planning and implementation committees related to the Vision Zero plan.
**Per ward, 1-3 bus stops are identified that need improvement (e.g., snow removal, bench, shelter, better lighting).** These stops are high-use bus stops or located in areas with a high density of older residents. **Work with Metro Transit and the City to identify solutions continues as an ongoing relationship.**

*How we did:* As noted earlier, Metro Transit conducted older adult focus groups (in partnership with the City of Minneapolis as well as other community partners) to learn more about older riders’ experiences using Metro Transit. One specific topic was bus stops. Metro Transit produced a report with recommendations for improving their bus stops in 2017.

### Action Item 2: Expand ride-sharing options.

**Key steps identified in the action plan:**

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### Regulations that prevent or inhibit certain volunteer- and membership-based transportation organizations and initiatives from operating in Minneapolis are identified, and recommendations to address barriers are presented to City leadership.

**How we did:** Regulations remain barriers to formalized volunteer driver programs that would provide free rides as a stand-alone service. Such service would be subject to the same regulations that govern other ride services, such as taxis, and present cost and other regulatory hurdles.

However, Metro Transit’s transit assistance program is available to older adults for a reduced fare of $1.00. Several area organizations also offer free transportation for medical appointments or errands as part of their overall programming, which the City helps to promote.

Older adults are educated about online access to rides (e.g, Uber, iHail, etc.) in tandem with using public transportation. Five trainings will be held. Participants feel informed and empowered to utilize these transportation options.

**How we did:** The City did not sponsor any specific educational events due to lack of financial resources. However, the City’s partner, Minneapolis Public School’s Adult Education program, offered 20 technology education courses including how to use Zoom (for virtual meetings) and driving apps such as Uber and Lyft.

The pandemic has highlighted the disparity some older adults face in accessing technology—including devices, broadband service, and/or technical knowledge—to connect to nearly everything in the outside world, from basic needs to socializing. The Advisory Committee on Aging recently welcomed a new member who is a representative of CyberSeniors, an organization that helps connect older adults with technology. They may be
A volunteer/membership-based ride-sharing model is piloted.

**How we did:** In addition to regulatory barriers, the loss of the only volunteer ride sharing program that operated outside City limits prevented the development of a new volunteer ride program. Without an existing program to build on, launching a pilot program became even more difficult.

“It has been an honor for me to be a part of the Advisory Council on Aging in a dual role of representing my ward and AARP. Both organizations galvanize their energies to improve the quality of life for our elders by producing MACOA’s Aging Action Plan and the AARP/WHO Age Friendly Plan. I appreciate the fact that the city incorporated MACOA’s ideas in the Action Plan. Our voices were heard.” – Hazel Tanner, Minneapolis Advisory Committee on Aging
Action Item 3: Improve quality and safety of pedestrian travel.

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<th>Key steps identified in the action plan:</th>
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<td>An older adult lens and age-related demographic criteria is included on all pedestrian studies.</td>
<td>Ongoing</td>
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**How we did:** In early 2020, the City conducted two large pedestrian studies that informed the pedestrian master plan and the winter maintenance plan (still under development). In both plans, older residents were deliberately highlighted and consulted.

Identify and test approaches to timely snow and ice removal. One pilot is implemented.

**How we did:** The City is in the process of identifying issues of snow and ice removal with a primary focus on older adults and people with mobility challenges. In 2019, the City tapped into its neighborhood organization network as a way to help connect older adults with organizations that provide free snow/ice removal. The City’s call center (311) is also equipped to connect older adults to resources related to snow and ice removal throughout the city. Further, Minneapolis provides funding to an organization that provides chore services, including snow removal. In the coming year, City staff will be working to expand those partnerships. We continue to look at innovative ways to deal with the snow and ice on our sidewalks and other right of ways.

Policies such as Complete Streets, which are identified as best practice models for a multi-generational population, are adopted.

**How we did:** The City of Minneapolis has adopted several plans and policies related to safer streets and transportation, including the Complete Streets policy, Vision Zero, a pedestrian master plan, and new winter maintenance strategies.
Action Item 4: Promote safe driving and safe road design for older adults.

Key steps identified in the action plan:

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A partnership with CarFit and a “host” department or organization is established, and one event is scheduled.

*How we did:* The City has not established a relationship with any organization to provide the CarFit program—in part for lack of capacity, and in part because the City is increasingly prioritizing strategies that emphasize other modes of transportation (e.g., walking, public transit) over driving. We will revisit this action item.

Age-friendly road and signage practices are incorporated in future and updates to existing policies and strategies. Examples of best practices include wider and/or reflective pavement markings, overhead street name signs, improved sign visibility, and bigger signs with larger font.

*How we did:* Recently adopted transportation plans and policies include things like better signage, curb cutouts, and roundabouts. The City also recently lowered speed limits on all streets within its jurisdiction.
**Priority Area 3: Health and Wellness**
Partner to expand and promote older adults’ participation in health and wellness initiatives throughout the City of Minneapolis.

**Action Item 1: Help older adults maintain and improve their physical fitness.**

*Key steps identified in the action plan:*

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<td>A listing of no- and low-cost fitness programs for older adults is inventoried and publicized with City parks, neighborhood associations, Block Nurse/Live Well at Home programs, senior high-rises, and nonprofit organizations.</td>
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*How we did:* Rather than develop a specific publication, the Minneapolis Health Department launched a healthy living program for older residents within several Minneapolis Public Housing high-rises. By the start of 2020, 42 high-rises were participating with close to 5,500 residents engaged in program activities such as walking clubs, exercise groups, smoking cessation activities and support, and assessment of surroundings such as walking audits. Residents received information on how to access health and wellness programs as well as sessions on healthy eating. Community gardens were also established on-site or near the high-rises to encourage and engage residents in activities related to healthy eating.

Existing efforts are tapped to educate/inform residents of public high-rises of physical fitness resources, including internet-based resources.

*How we did:* As described above, the Minneapolis Health Department created a healthy living program focused on residents of the City’s public housing senior high-rises and buildings that have a high concentration of older adults.

A bike-sharing station near a senior housing complex or in areas with high density older adult population is piloted (e.g., NiceRide).

*How we did:* This action step was not completed, and the pandemic presented additional challenges to progress. We will likely pursue this or a similar strategy in our next age-friendly action plan, recognizing the need for engagement of older adults as well as companies to determine whether they could provide alternative equipment, such as three-wheeled bicycles.
Action Item 2: Promote health, self-care, and health literacy through clear communication strategies.

Key steps identified in the action plan:

A minimum of two chronic disease management and diabetes prevention and management initiatives are implemented in targeted areas (e.g., senior high-rises).

*How we did:* As noted above under Action Item 1, the new healthy living program at Minneapolis Public Housing high-rises provides chronic disease management sessions as well as access to community-based programs.

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Action Item 3: Prevent decline associated with hospitalization by improving post-discharge follow up.

Key steps identified in the action plan:

Support for home visiting services are continued.

*How we did:* Not only was support continued, but funding increased by 75% and was reclassified in the City budget as ongoing expense, minimizing the chance for future budget cuts.

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New models of after-care such as the EMT/Fire home visiting project are explored with a pilot project identified and supported.

*How we did:* While there was interest in reinstating the EMT home visiting project, funding and staff resources to undertake the work were not available. Home visiting services are supported through the Minneapolis Health Department as well as through the City-supported Block Nurse Programs, and those services have increased, which helps to offset the inability to re-instate the EMT home visiting project. However, as our work continues, we will revisit this action item, especially in the light of the pandemic.

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Action Item 4: Provide low-intensity in-home supportive assistance where gaps exist.

*How we did:* This item is cross listed as Priority Area 2, Housing, Action Item 4, as it directly relates to both housing and health. Refer to that action item for details.
Conclusion

The next phase of Minneapolis for a Lifetime: An Age Friendly Action Plan will differ considerably from the first. We have learned an enormous amount from our experience thus far. The age-friendly movement is taking hold in more communities and governments. COVID-19 and George Floyd’s killing changed the world, and the foundational roles of social equity and health disparities in this work have become even clearer and more compelling.

As we undertake the development of our next age-friendly action plan, we will build on learnings, insights, and opportunities tied to all of these things.

We are proud of and energized by the City of Minneapolis’ progress in increasingly putting an aging lens on its work. The system-wide integration of a whole lifespan approach that deliberately includes older age and values later life holds exciting potential to transform our communities to the benefit of us all.

This report is evidence of our commitment to making Minneapolis an even better place in which grow older in the years ahead.
Resources

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

AARP Age-Friendly Network of States and Communities

City of Minneapolis Advisory Council on Aging
https://lims.minneapolismn.gov/Boards/MACA

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

Living at Home Network
http://lahnetwork.org/

Minneapolis 2040 Comprehensive Plan
https://minneapolis2040.com/

Minneapolis for a Lifetime Age-Friendly Action Plan 2017
Read the Minneapolis for a Lifetime action plan

Minneapolis Neighborhood and Community Relations Department
http://www2.minneapolismn.gov/ncr/

Minneapolis Transportation Action Plan
http://go.minneapolismn.gov/

Vision Zero Action Plan
www.visionzerompls.com/action-plan

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

Minneapolis Advisory Committee on Aging (MACOA) members at the time that the Age-Friendly Action Plan was developed include:

- Mary Treacy, Ward 1
- Charlie Lakin, Ward 2, Committee Secretary
- Dick Kavaney, Ward 3, Committee Vice Chair
- Raymond Olson, Ward 4
- Flo Castner, Ward 5
- Robert Albee, Ward 6
- Tony Morley, Ward 7
- Paulette Will, Ward 10
- Hazel Tanner, Ward 11
- Joanna Lees, Ward 13
- Roland Minda, Member at Large Mayor Appointee
- Jean Greener, Member at Large Mayor Appointee, Committee Chair

Current MACOA members include:

- Thomas Weist, Ward 2
- Dick Kavaney, Ward 3
- Florence Castner, Ward 5
- Melinda Ludwicak, Ward 8
- Janet Court, Ward 9
- Paulette Will, Ward 10
- Hazel B. Tanner, Ward 11
- Jean DesMarais, Ward 12
- Ernie Lewis, Ward 13
- Mark Lucas
- Ronald Jenkins
- Helene Gauthier
- Lenora Raasch

We thank all members, past and current, for their commitment and many contributions.

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