Age Friendly Community Three Year Plan

For

Alexandria, Minnesota

April, 2018
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Three Year Plan for Age Friendly Alexandria

Community Profile
Alexandria, located in west central Minnesota, is a city surrounded by beautiful lakes and is known as a great tourist attraction for fishing, boating, golfing, parks, trails, the Legacy of the Lakes Museum, theaters, festivals, and its many retail and restaurant establishments.

The current population of the City of Alexandria is 13,045 and the estimated population of Douglas County is 36,529. It is projected by the year 2030 the county population will have grown to 49,898.\(^1\) Known as a home to many retirees, the Alexandria area's older population is growing faster than most communities in Minnesota and the nation as a whole. However, the average yearly income of every one of the population categories is lower than either the state or the Federal average income levels\(^2\).

Our survey results show that 83% of respondents rate the Alexandria area as a very good or excellent place to age, 79.2% feel it is very or extremely important that they remain here as they grow older, 89.8% feel it is important or extremely important that they remain in their own homes as they age.

Background
In 2015, AARP and the World Health Organization enrolled Minneapolis, MN as the first Age Friendly city in Minnesota. A group of local leaders met to discuss if Alexandria should apply and agreed an application would be submitted. Alexandria was enrolled in 2016.

To find our current gaps, we mailed a survey [Appendix A] to residents 50+ years of age in zip code 56308 asking what Alexandria could do to make their lives more productive and enjoyable. Ann Clayton, our survey expert, helped design the survey using the AARP survey as a prototype and also did the analysis. The results of the survey [Appendix B] showed that the highest levels of concern were in three areas: health care, home services, and transportation. A large concern for each was dependability and affordability.

A larger group was formed of Alexandria area leaders in government, social services, business, volunteer organizations, and anyone else interested in making Alexandria an Age Friendly community. The group was co-chaired by Kathryn LeBrassuer and Dian Lopez. After several large meetings, we learned there was much already happening to improve our community for older citizens. It was decided to split into three groups and tackle each of the three areas individually and to add a fourth to explore how to

\(^1\) http://livingalexandria.org
\(^2\) http://www.usacityfacts.com/mn/douglas/alexandria/population/
communicate what was already available to our current population of 50+ in the Douglas County area. Over two-thirds of our group chose transportation as their topic and Ann Clayton functioned as their volunteer leader. Dian Lopez chaired the home services group and worked closely with the health care group. The health care group had only three members who chose Suzanne Sudmeier as their leader. The fourth group, “Best Kept Secrets”, was formed by Kathryn LeBrasseur to address ways those 50+ could learn more about information of the programs in the community that currently existed.

All four groups found new members with expertise in their area. They researched what was being done now, what other communities were doing to solve the problems identified, and brainstormed with other organizations working on like problems in our community. The results of this energy is included in the four plans below.

**Executive Summary**

Once committees were formed, meetings with potential community partners were held. This formed larger groups, involved more community members, and helped to highlight some additional issues that were causing problems that needed to be addressed. Eventually, the four groups fell into three mission driven categories with the following subcategories (the “Best Kept Secrets” group will be working on a communication strategy for them all):

**I. Community Health Care** - “To promote physical wellbeing throughout a lifetime with optimal access to healthcare in its various forms and affordability.”
   a. Acute and Long Term Care
      1. Written Gift Program
      2. Discharge Planning and In Home Assistance
      3. Information Portals
      4. Hospice Cottage
   b. Prevention Care
      1. Mental Health
      2. Nutrition, physical fitness and home services

**II. Home Services** - “Through Aging in Place, Habitat for Humanity and its partners provide products and services that foster safe and livable homes and communities, and that help people of all ages achieve the strength, stability and self-reliance they need to build better lives for themselves.”
   a. Safety improvements, mobility modifications and weatherization enhancements to allow community members to age in place.

**III. Transportation** - “To expand transportation services and options as well as to increase the overall transit demand, capacity, accessibility, affordability, reliability and efficiency.”
A Summary of our goals are below:

<table>
<thead>
<tr>
<th>Program</th>
<th>Goal</th>
<th>Action</th>
<th>Timeline</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Health - Acute and Long Term Care</td>
<td>Goal 1: To decrease incidence of readmission within 30 days of discharge to patients who live alone and/or are at risk of readmission related to their health management ability.</td>
<td>Recruit and train volunteers to visit willing patients being released to their homes and then follow up with at home visits to address any issues that may cause a readmission as necessary</td>
<td>Program started in 2017 and is ongoing</td>
<td>Elder Network</td>
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<tr>
<td></td>
<td>.Goal 2: Expand current information portals to provide information to our growing population of seniors on all senior services provided by the community.</td>
<td>a). Douglas County Senior Services to maintain website; b). Establish partnership with KXRA radio to weekly discuss senior services; c) As information changes, local news outlets will be updated. Senior Care Facilitator, Mary Krueger, RN, will keep the materials updated. d) Search for funding for written materials is ongoing.</td>
<td>2017 and ongoing - Completed except for funding of written materials</td>
<td>Best Kept Secrets Kathryn LeBrasseur</td>
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<td></td>
<td>Goal 3: Promote the Written Gift Program about Advance Care Directives. Facilitate two workshops by 2017. In 2018 an assessment will be made as to the number of citizens attending written gift programs. In 2020 50% of admissions over 60 will have an advance directive as part of their health care record.</td>
<td>Facilitate 2 workshops by 2017 through the Written Gift program, housed at Douglas County Hospital that promote education for and completion of advance care health directives.</td>
<td>Completed for 2017; will be ongoing</td>
<td>Written Gift Committee</td>
</tr>
<tr>
<td>Community Health - Mental Health</td>
<td>Goal 1. Educate Employers, Health Care Providers, Care Givers, and the Public on Mental Health Issues, Prevention and Care.</td>
<td>a) Plan two kick off events with an expert speaker to target education and information for these groups on mental health in our community, community resilience, and mental health recognition and treatment.</td>
<td>2018</td>
<td>Mental Health Coalition and Suzanne Sudemeir</td>
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<tr>
<td>Goal 2: Assist employers in implementing a &quot;Happy Hour&quot; program.</td>
<td>a) meet with businesses; b) plan a series of workshops and training sessions; c) implement d) evaluate</td>
<td>2018 - 2019</td>
<td>Mental Health Coalition</td>
<td></td>
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<tr>
<td>Goal 3: Implement a &quot;Double Aces&quot; program for students in District 206.</td>
<td>a) implement in one grade district wide and continue each year with same grade; b) Evaluate both teachers and students before and after each program</td>
<td>Started in 2017 and is ongoing</td>
<td>District 206 and Julie Critz</td>
<td></td>
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<td>Goal 4: Implement a separate program for other members of the community with emphasis on our elderly who are living alone and/or do not have family nearby.</td>
<td>a) Plan program with help from Elder Network and Vital Living Alexandria; b) Program implementation through Elder Network; emphasis to be on living a physically, emotionally and mentally healthy way.</td>
<td>2018-2020</td>
<td>Elder Network</td>
<td></td>
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<tr>
<td>Community Health - Prevention</td>
<td>Goal 1: Make participation in physical activity a community norm</td>
<td>Plan Establish communication with current gyms, wellness centers and the YMCA for easier access.</td>
<td>2018-2019</td>
<td>Health Care Committee</td>
</tr>
<tr>
<td>Community Health - Prevention</td>
<td>Goal 2: Encourage community focus on nutrition as a personal choice for health</td>
<td>a. Post nutritional guidelines at food distribution centers including Farmers Markets. b. Begin a conversation through the Chamber of Commerce for a healthy eating advertising campaign in stores and restaurants. c. Work with the UMN Extension Service to promote nutritional education programs in the community.</td>
<td>2018-2019</td>
<td>Health Care Committee</td>
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<td>Community Health - Prevention</td>
<td>Goal 3: Enhance services that foster safe and livable homes and communities and that will help people of all ages achieve strength, stability, and self-reliance to build better lives for themselves.</td>
<td>A partnership was formed with Habitat for Humanity through a grant in 2017 to provide home repair and upgrade safety details for citizens ages 65 and older. Timeline – a pilot program established in 2017 and ongoing. Beginning in 2018, the partnership will continue through Habitat for Humanity volunteers to also include assistance to citizens under 65. All programs include owner contributions of some form of work equity or financial arrangements.</td>
<td>2017-2019 and ongoing</td>
<td>Sara Gronholz – Habitat for Humanity, Habitat staff and homeowners</td>
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<td>Transportation</td>
<td>Goal 1: Increase the number of qualified volunteer drivers</td>
<td>a) consider a transportation summit; b) consider creating incentives for volunteer drivers; c) form partnerships</td>
<td>June, 2018 and ongoing</td>
<td>Transportation Committee</td>
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<tr>
<td>Transportation</td>
<td>Goal 2: Communicate the service so people will use it more often</td>
<td>a) design and implement a public service campaign designed to reach older drivers and their families; b) develop information about the services that could be put on refrigerator magnets; c) provide information to :best kept secrets; d) provide information to appropriate web sites for businesses, government, social service agencies, and health care providers</td>
<td>dependent on grant funding</td>
<td>WCMCA, Rainbow Rider, And Best Kept Secrets</td>
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<tr>
<td>Transportation</td>
<td>Goal 3: Search for additional grant funding</td>
<td>search local, state and federal web sites for potential grant opportunities</td>
<td>June, 2017 and ongoing</td>
<td>Ann Clayton, WCMCA and Rainbow Rider</td>
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<tr>
<td>Program</td>
<td>Goal</td>
<td>Action</td>
<td>Timeline</td>
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<td>Community Health -Acute Care</td>
<td>Facilitate two &quot;written gift&quot; workshops in the coming year. The benefit of this program is to help health care providers at clinics, hospitals, emergency rooms, and care facilities be able to follow the wishes of their patients.</td>
<td>Two workshops were completed by the Written Gift Team during 2017. The workshops continue to be held by the Team through Community Education and other community organizations throughout 2018.</td>
<td>2017-2018</td>
<td></td>
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<tr>
<td>Community Health -Acute Care</td>
<td>form a partnership that would provide volunteer home visitors to discharged hospital patients who live alone and/or are at risk for readmission.</td>
<td>See Home Services</td>
<td>2017-2018</td>
<td></td>
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<td>Community Health -Acute Care</td>
<td>Expand current information portals to provide information to our growing population of seniors on all services provided by the community.</td>
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<td>2017 - Completed except for funding of written materials</td>
<td></td>
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<td>Community Health -Acute Care</td>
<td>Establish a community hospice cottage that will be located independent from the hospital or nursing homes.</td>
<td>1. Collect information on local hospice services. 2. Research current hospice origin and operations in surrounding communities. 3. Research potential locations for a local hospice cottage.</td>
<td>2018-2019</td>
<td></td>
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<td>Community Health - Mental Health</td>
<td>Improve community mental health awareness and management</td>
<td>a) advocate for increased services and mental health care practitioners; b) Establish a system of regular public workshops that address knowledge of the signs and symptoms of mental illness and distress; c) Promote a neighbor to neighbor attitude of advocacy and create a community sensitivity/awareness of distressed people in our neighborhoods and how to help rather than isolate; d) Search for funding to invest in prevention with family and childhood resiliency programs.</td>
<td>2017-2019</td>
<td></td>
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<td>Community Health Prevention</td>
<td>Make participation in physical activity a community norm</td>
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<tr>
<td>Home Services</td>
<td>Develop aging in place criteria and selection criteria</td>
<td>Completed - see detail in plan</td>
<td>July, 2017</td>
<td></td>
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<tr>
<td>Home Services</td>
<td>Develop modification assessment of homes considered for the program</td>
<td>Completed - see detail in plan</td>
<td>August, 2017</td>
<td></td>
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<td>Home Services</td>
<td>Plan payment options for homeowner</td>
<td>Completed - see detail in plan</td>
<td>September, 2017</td>
<td></td>
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<tr>
<td>Home Services</td>
<td>Recruit sponsors and volunteers</td>
<td>Ongoing - see details in plan</td>
<td>September, 2017 and ongoing</td>
<td></td>
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<tr>
<td>Home Services</td>
<td>Obtain tools and materials to work on projects</td>
<td>Complete pilot project with five homes in 2017 - detail tools and materials needed and obtain grant funds to purchase in 2018</td>
<td>September, 2017 and ongoing</td>
<td></td>
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<td>Transportation</td>
<td>provide focus groups to Rainbow Rider and WCMCA for marketing and pilot programs</td>
<td>Recruit focus group members from the senior center, businesses, social service agencies and the general public as needed</td>
<td>June, 2017 and ongoing as requested</td>
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Action Plan

for

Community Health

Alexandria, Minnesota
I. Community Health

**Alexandria Community Health Mission:**
To promote physical wellbeing throughout a lifetime with optimal access to health care in its various forms and affordability.

**Alexandria Community Health Vision:**
To work with our citizens and healthcare providers to optimize the number of years a person may enjoy good health, decreased disability, and pursue the activities they enjoy.

**Background of Plan Development**
A task force was formed to define the concerns of the 65+ age-group regarding healthcare and consisted of medical care providers from the hospital and the medical clinics, service providers in long term care, and private citizens. A separate task force emerged regarding mental health care that includes: Prime Health (insurance provider for MA), United Way, Douglas County Hospital, Region 4 South Adult Mental Health Consortium, Alexandria School District 206, law enforcement, Horizon Public Health and mental health care providers, and concerned citizens from businesses, churches, and private sectors.

The task force picked apart the various assets and areas of low ranked health care issues in the community. Those areas that were less than state\(^3\) or US top ranked performers were identified and included:

- Mental Health care providers
- Adult obesity
- Physical inactivity
- Preventable hospital stays
- Social isolation
- Injury Deaths (we have a large agricultural and recreation activity base)
- Driving alone to work (we are rural)

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Strategic Framework for Plan Development:

With attention to the concerns and low ranked issues earlier noted, the following 3 focus areas in health care have been identified by the health care task force and mental health care task force:

**Acute and Long-term Care** - Defined as immediate need for care or immediate need for care over a long period of time because of inability to continue to be cared for by oneself.

**Preventive Care** - Defined as actions to be taken to prevent disease and infirmity. This also includes measures taken to delay need for long term care.

**Mental Health Care** – Defined as actions to be taken to assist people with unmet mental health needs obtain care and actions to build mental health resiliency in the community overall.

The following topics were selected for goal setting based on the work of the task force findings.

- **Acute and Long-term Care**:
  - Discharge planning,
  - Case management of chronic and critical conditions,
  - Access to healthcare information and services.
  - Advanced Health Care Directives,
  - Further development and education regarding palliative care and hospice care choices.

- **Preventable Chronic Disease, Longevity of Life and Quality of Life**
  - Physical Activity
  - Nutrition and Obesity Prevention
  - Safe and Livable homes

- **Mental Health Care**
  - Mental Health Care Management
  - Public acceptance of Mental Health and Behavioral Conditions
  - Mental Health Resiliency
  - Documentation of Improvement

In addressing these three focus areas for goal setting, the task force has the following Action Plans. Note: In many cases, our role is to bring entities together and help them achieve success.
Focus Area 1: Acute and Long Term Care

A. Discharge Planning:

Problem: Readmission within 30 days of discharge for patients (especially those covered by medicare) is costly to healthcare and interrupts the recovery of patients.

Goal: To decrease incidence of readmission within 30 days of discharge to patients who live alone and/or are at risk of readmission related to their health management ability.

Action: We will continue to advocate in medical care sites for comprehensive and holistic discharge planning in order to a) decrease readmissions, b) increase understanding of beneficial self-care choices towards improved independence, c) increase access to home care programs that will allow people to stay at home and avoid expensive nursing home care. This will involve grant writing for expansion of such programs and to keep expenses down for those who cannot afford or are not insured for such care. Progress is being made at the local institutions and needs to be continued.

Models such as lay health care coaches, and patient navigator systems may help bridge communication and care planning between Licensed Health Care Providers and the patients they serve. Currently the provider of orthopedic care has a navigator. The Alexandria Clinic has developed a HEALTH CARE TEAM concept to provide acute health care so that patient care is more comprehensive and individualized no matter which provider they see.

A Partnership was formed between Age Friendly Alexandria, Douglas County Hospital, and the local ELDER NETWORK group to provide volunteer home visitors to discharged patients who live alone and/or are at risk for readmission. Our research found that the city of St. Louis Park uses their firefighters to visit recent hospital discharges to make sure that they are safe, have food and medications, plus their homes are checked for safety problems such as loose rugs and smoke detectors without good batteries. Since St. Louis Park firefighters are employed by the city, it was easier to set up such a program. Alexandria firefighters are volunteers.

The task force discussed using Elder Network to fill this gap. Elder Network is an organization which uses volunteers to visit with senior citizens who are isolated, lonely, and/or have disabilities which keep them from many social activities. Elder Network volunteers have pre-training with over 20 hours of workshops teaching care of seniors and how to help them find help they may need from the community. The volunteers choose whether they will train for working with hospice patients or with

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4 Proceedings of the Minnesota Hospital Association Trustee Conference, Minneapolis, 1/6-7/1917
other seniors. The volunteers also meet every month for one hour to further their training and share problems/successes.

Age Friendly Alexandria worked with Elder Network and the Douglas County Hospital to produce a plan for choosing patients who fit the Elder Network model and that meet the hospital criteria for being at risk. Through meetings, problems such as patient privacy and liability concerns were solved for both organizations. Both will keep records of how many patients they serve and the hospital will keep statistics on whether the program is helping, for example, re-admissions of discharges. The benefit of the program is to help keep the patient who has been discharged from the hospital safer and better able to care for her/himself. Since these patients are often isolated and/or rural, having a visitor is beneficial also for social interaction. This plan is in place and ongoing.

B. Information Portals:

**Problem:** Maintaining an accurate list of services and information related to healthcare maintenance.

**Goal:** Expand current information portals to provide information to our growing population of seniors on all senior services provided by the community.

**Action:** Current information portals regarding senior care services (Douglas County Senior Care Website and resource nurses) are in place and ongoing.

The information currently available on the Douglas County Senior Care Website has been extended by the Best Kept Secrets Task Force of Age Friendly Alexandria to a written format that is accessible to people who do not have access/or are not comfortable with computers. This information will be reviewed at regular intervals and placed in public places such as the hospital, clinics, churches, senior center, senior living areas, and publications such as the *Senior Perspective*. Regular radio time has been allotted by the local radio station to keep the public informed about healthcare resources. In the future a grant may be needed to establish and maintain a trail of information and services.

C. **Advance Care Directives**

**Problem:** Help health care providers at clinics, hospitals, emergency rooms, and care facilities be able to follow the wishes of their patients.

**Goal:** Promote the Written Gift Program about Advance Care Directives. Facilitate two workshops by 2017. In 2018 an assessment will be made as to the number of citizens attending written gift programs. In 2020 50% of admissions over 60 will have an advance directive as part of their health care record.

**Action:** Facilitate 2 workshops by 2017 through the Written Gift program, housed at Douglas County Hospital, that promote education for and completion of advance care health directives. This program was established in 2016 to speak about and
assist citizens regarding their personal health care directives and is ongoing. Nineteen people have undergone training as presenters and counselors. The first healthcare committee meeting for Age Friendly occurred in partnership with Vital Living Alexandria and included Dr. Deb Dittberner, Chief Medical Officer at Douglas County Hospital, speaking on The Written Gift. This program will continue to be promoted throughout the community through interaction with groups, churches, senior centers and senior living areas and as part of retirement and estate planning.

A successful workshop on preparing a healthcare directive was recently given by the Age Friendly BEST KEPT SECRETS group at the Alexandria Senior Center. Future plans include finding venues for education of the senior population of Alexandria on the importance of having an advance care health directive AND on the importance of having those directives as part of their medical record.

D. Hospice Cottage

Problem: There is a need for Hospice Cottage care related to inadequacy of the home and/or the distance from a nursing home or hospital-based setting where costs may also be prohibitive for the senior who needs it. Currently Hospice Care is provided by the County and a local long-term care provider. The setting for care is in home or in the Nursing home.

Goal: Establish a community hospice cottage that will be located independent from the hospital or nursing homes.

Action: The committee is investigating the very successful hospice cottages located in Morris, Minnesota. Committee members have initiated a conversation with Knute Nelson (a local long-term care provider) and the Douglas County Hospital about this issue and has identified a potential site for such a unit.
Focus Area 2: Preventive Health Care - Nutrition, Physical Fitness, and Home Services

A. Physical Activity:

**Problem:** Douglas County (Alexandria) is ranked below Minnesota and US performance in the County Healthcare Ranking.

**Goal:** Make physical activity a community norm.

**Action:** We support and encourage institutional wellness programs at workplaces, residences, churches and neighborhoods (example - use of the hospital exercise room by hospital employees.) We will encourage current gyms, wellness centers and the YMCA to sponsor open community times for facility access. By 2019 we will establish a map of activity resources by neighborhoods to encourage neighborhood participation. A partnership with the local newspaper and Best Kept Secrets will be established for publication of this information.

- Engage community partners in enhanced physical activity offerings for seniors. Vital Living Alexandria (VLA) has piloted programs for those 55+ to evaluate their current state of physical fitness, learn how to enhance their fitness, and to try out a variety of activities to stretch their physical routines and have fun doing it in a safe and supportive environment. These programs were partnered with community fitness organizations and can be ongoing.

- VLA has also established a series of classes developed by the National Council on AGING. These Aging Mastery classes encourage participants to make small but meaningful changes in areas such as physical activity, sleep, healthy eating and hydration, balance, medication management, financial fitness, community engagement and planning for a meaningful life in the later years. Two classes have been held with another planned for spring of 2018.

- The Alexandria Senior Center has initiated walking and biking programs for groups utilizing lakeside trails within the city. While these activities have been paused for the winter, they are planned to continue once spring and warm weather returns.

B. Nutrition:

**Problem:** Douglas County (Alexandria) is ranked below Mn and US performance in the County Healthcare Ranking.

**Goal:** Make healthy eating a community norm.

**Action:**

- Publicize the Nutrition Guidelines and their occasional changes in community information centers.
• Make “healthy” part of advertising campaigns for stores and restaurants and involve the Alexandria Chamber of Commerce in promoting “Healthy Eating” in businesses.

• Involve restaurants in publicizing their healthy eating choices (ie: the healthiest burger in town), promote a community program of healthy choice with menu selections noted to be health conscious choices and Starred (*) to draw attention to the choice. (Winona Mn. has a restaurant program that does this.)

• We are blessed with several farmer’s markets and some community gardens— make these easier for all people to access by increasing hours of operation and transportation access.

• The Extension Service used to do some classes at the food shelf but does not do this any longer. Let’s get classes at the food shelf back so folks can better utilize fresh produce when the food shelf has it by teaching folks how to prepare fresh foods. –Vicki Bump, food shelf manager, says this may be possible when their building project is completed.

• Community Education regularly features cooking and nutrition classes. VLA has also put on classes inviting the public to experience some of the “new age” grains and tasty ways to use them.

C. Safe and Livable Homes

Problem: Services to enhance accessibility, mobility and safety in homes is costly. Most citizens prefer to live in their homes as long as possible but may not be able to do so safely making moving to assisted care or senior style housing communities necessary.

Goal: Enhance services that foster safe and livable homes and communities and that will help people of all ages achieve strength, stability, and self-reliance to build better lives for themselves.

Action: Aging in Place: A partnership was formed with Habitat for Humanity to provide home repair and upgrade of safety details in homes in order to assist people in staying in their homes longer. This would decrease the need for costly long-term care and improve quality of life. (Further information on this topic can be found in the Action Plan for Habitat for Humanity Aging in Place)
Focus Area 3: Mental Health

A. Mental Health Care Management within the Community.

Problem: Mental Healthcare access and management in Douglas County is ranked low as shown in the Minnesota Healthcare Rankings and as indicated by the concern shown by the Mental Health Task Force created last year by our local hospital and emergency room, the city and county police forces, the local jail and public health in partnership with Region 4 South Adult Mental Health and several other agencies.

Goal: Promote improved Community Mental Health Management by advocating for increased services and mental health care practitioners. (What would attract practitioners to this area to provide services?)

Action: A partnership was formed with the Mental Health Task Force in Alexandria to promote mental health resiliency in the Alexandria community. This task force was created to help mental health providers in the community to cooperate with each other in searching for solutions to help their mental health patients receive faster and better mental health care whether they are in the emergency room, the hospital, the jail, or waiting to be admitted to a mental health facility. After one year, they are gathering statistics to determine if their procedures have helped the community. Other partnerships involve Elder Network who cares for some of our elderly mentally ill and the League of Women Voters who are studying mental health this year.

B. Public acceptance of those with mental health and behavior conditions.

Problem: Perception and acceptance of issues regarding mental health.

Goal: Reduce the stigma of mental health illnesses through public education and work with social associations, churches, schools and other community groups. We would like to create a culture of acceptance of mental health conditions as diseases to be treated, such as arthritis or diabetes.

Action:

- Establish a system of regular public workshops that address knowledge of the signs and symptoms of mental illness and distress including suicide risk awareness. Find out what is already planned and who is planning things ie: West Central MN Community Action, area support groups, invite NAMI here, promote the newly formed Mental Health Task Force and partner with them in planning, promotion, and implementation of community education workshops

- Promote a neighbor to neighbor attitude of advocacy and create a community sensitivity/awareness of distressed people in our neighborhoods and how to
help rather than isolate. Look at models such as the ELDER NETWORK and NAMI.

- Partner these activities with the Mental Health Task Force and the schools.

C. Mental Health Resiliency.

**Problem:** Lack of community-based programs to promote resiliency for mental health issues.

**Goal:** Invest in prevention with evidence-based family and childhood resiliency programs.

**Action:** Establish a funding source through corporate donation and/or grant to:

- Partner this action with the Mental Health Task Force and the schools.
- Invite an established speaker to help the community to better understand mental health. All will be invited but we will reach out especially to two groups, Elder Network and the employers in Douglas County. Elder Network works with some mental health patients and volunteers who work with the isolated elderly should be aware of some of the symptoms of mental illnesses. Our employers face mental illness in the workforce and probably also know of others in their families or acquaintances with this disease. There is also an established program which works with employers to help them create a culture of acceptance and treatment within their businesses. The program is called “Happy Hour” and it has proven to be effective. There will be a 40 hour curriculum training this fall for this program.

- Within the next year (2017-2018 school year) a youth centered program known as The Double Aces will be established in the schools in partnership with school counselors, mental health professionals and school District 206. This has been an effective program used in other community settings to build community resilience especially with children.

D. Documentation of Progress in Improving Community Mental Health.

**Problem:** Tracking effectiveness of measures taken to improve mental Health and Resiliency.

**Goal:** The effectiveness of the Mental Health Action plan should be a healthier, happier community that has learned to embrace the culture of acceptance of mental illness, ie: It is okay to not be okay

**Action:** Although the test of effectiveness of programs initiated may take years to ultimately be evaluated, the Mental Health Task Force has established procedures to track numbers of mentally ill patients that are brought to emergency rooms, etc. They will help employers and schools keep the
necessary data that will help us to establish the effectiveness of programs and items that should be done differently the next time around.

Continuation of the Health Care Task Force

Age-Friendly Alexandria needs to stay connected to a central institution or community group that oversees health care in the area to continue to work on the concerns expressed above and to share information throughout the community. The United Way has a Wednesday afternoon gathering that occurs monthly to share community program information and helpful services. We will look at partnering with Douglas County Hospital to stay in touch with health care concerns and successes. We will meet with sub-committees of our original group to work on the goals expressed above that are not yet put into Action Plans. Some tentative work has already been done. We will continue to partner with other groups with similar interests to provide benefits to the community.

Summary of Goals and Action plans:

Goal 1: Educating Employers, Health Care Providers, Care Givers and the Public on Mental Health Issues, Prevention and Care.

August/ 2018 Subcommittee establishes date, location and speaker for Kick-Off event. Continued meetings to finalize marketing campaign for kick-off event and for the ongoing messaging to create a healthier community by building Mental Well-Being in our Culture. (Billboards, Radio, Movie Theatre, Newspaper, Printed materials). Personally invite target audience.

September Subcommittee meets to finalizes details of Kick-off Event In October

October Two Kick-off Events in Alexandria over the noon hour with a Community Resiliency speaker and lunch provided. Note that the lunch time frame is strategic planning to be mindful of senior’s schedules instead of the evening and to engage local community businesses. Free transportation routes will be provided for individuals who identify this as a need, specifically the elderly and/or disabled.

The first event will be oriented towards employers and employees with emphasis on the “Happy Hour” program. The second program will be held during a regular Elder Network Training session the following day and will emphasize creating cultural change around how mental illness is treated in our community.

Target Completion Date: October, 2018

Resources: Resources needed will be approximately $10,000 (for speaker and meeting expenses). Grant requests are being submitted.

Goal 2: A “Happy Hour” program implemented in partnership with employers in
Douglas County

October
Meet with businesses

November
Finalize planning of meetings with businesses

Mid-January
Begin Happy Hour program

March
Completion of Program

Activities:
a series of workshops meeting once a week over the noon hour

Group responsible:
The subcommittee plus key employers

Resources:
will be supplied by the employers taking part in the program. This
will include meals and materials. Some members of the
subcommittee will be trained to facilitate the program.

Evaluations:
will be given to all participants at the beginning and at the end of
the program to evaluate the effectiveness of the materials and
learning.

Goal 3: A “Double Aces” program will be implemented for students in the school system.

Spring of 2017:
Planning and development of the program with school professionals.

Fall of 2017 and
Spring of 2018:
Implementation of the Double Aces Program at all District Schools
for one grade

Group Responsible:
Superintendent of Schools, Julie Crist

Resources:
part of the regular school curriculum

Evaluation:
Both teachers and students will be evaluated before and after the
program is offered.

Goal 4: A program will be implemented for other members of the community with
emphasis on our elderly who are living alone and/or do not
have family nearby.

Fall of 2019:
Plan program

Spring of 2020:
Implement program with help of Elder Network and Vital Living
Alexandria. Extra training through the regular Elder Network
Program. This program may be different than the others. We will
continue to research on what has been done elsewhere with this
population plus use what we have learned from our other mental
health programs. Emphasis will be on social gatherings, exercise,
eating well, ie. Living in a mentally healthy way.

Completion:
Parts of the program will be on-going, especially those that have
volunteers working through Elder Network.

Resources:
Volunteers will be used from the regular Elder Network program
and we will ask for donations of advertising, venues and materials
for meetings, and supplies.

Group Responsible:
Regular subcommittee plus Elder Network representatives
Action Plan for Home Services
“Aging in Place”
II. Home Services – Aging in Place Plan

Our survey results show that 83% of respondents rate the Alexandria area as a very good or excellent place to age, 79.2% feel it is very or extremely important that they remain here as they grow older, 89.8% feel it is important or extremely important that they remain in their own homes as they age.

One gap found was affordable and dependable home repair services for those wanting to stay in their own homes as they age. Age Friendly Alexandria partnered with Habitat for Humanity who had a vision and was developing a plan to assist in this area. Older adults may face numerous challenges that pose significant risk to their health and well-being to be able to remain in their homes. Houses were not designed for graceful aging with their narrow hallways and doors, steep stairs, and poor lighting and ease of access to electrical controls. One in 3 adults 65 or older fall each year. Half of these falls occur at home, and many result in serious injuries, according to a report from the Center for Housing Policy. While many older homeowners have paid off their mortgages, many also are living on fixed incomes with few resources to make modifications or repairs. Below is their plan:

HABITAT FOR HUMANITY AGING IN PLACE PLAN

Aging in Place is a movement to partner with older people to help them age safely in their homes, and to create an environment where older adults can continue to learn and contribute, develop relationships with people of all ages, maintain a healthy lifestyle, live independently, and receive community-based health care and support services.

Building trust is essential. Older homeowners, many of whom already have fallen prey to dishonest lenders and contractors, may be more reluctant to work with Habitat for Humanity without first establishing a relationship with the ministry. Through its coalition of local partners, Habitat will receive referrals of homeowners with houses in need of repair, and homeowners can rest assured that they will be treated fairly.

Simple modifications or repairs to homes can greatly reduce the risks to older homeowners. Program focus will be on safety improvements, mobility modifications and weatherization enhancements. Habitat for Humanity’s mission for aging in place is:

“Through Aging in Place, Habitat for Humanity and its partners provide products and services that foster safe and livable homes and communities, and that help people of all ages achieve the strength, stability and self-reliance they need to build better lives for themselves.”

Background of Plan Development

The purpose of this project is to develop a collaboration with local groups and organizations that serve older adults in our area.
A task force comprised of 7 local people convened first in June 2017. The task force worked on: developing program strategy, establishing scope and criteria of projects, identifying a target market, collaborating on distribution of marketing, and determining a strategy for recommendation/referral/application. Members of this task force include:

- Jeff Restad, President, Bell Bank
- Dian Lopez, Co-chair Age Friendly Alexandria, Habitat Board of Directors and Habitat Homeowner Selection Committee
- Sara Gronholz, Family Services Coordinator for Habitat for Humanity of Douglas County
- Jen Jabas, Executive Director, United Way of Pope Douglas County, MN
- Randee Hall, Director of Community Relations, Ecumen Bethany
- Carli Lindemann, Vice President of Housing, Knute Nelson
- Mary Krueger, Senior Coordinator, Douglas County Senior Services
- Wendy Hyatt, Elder Network

The Community Task Force developed the following goals for the Aging in Place project: (The goals mirror the Habitat process already in place)

**Goal 1: An Aging in Place Process must be determined and Selection Criteria must be developed.**

**Time line: Complete**

Aging in Place Process was determined consisting of the following steps:

1. Homeowner submits an application
2. Background checks performed by Habitat staff
3. Homeowner interview and needs assessment
4. Approval by Executive Director
5. Completion of needed documents (Memorandum of Understanding, Partnership Agreement, applicable policies and waivers) with Habitat staff
6. Completion of sweat equity and work
7. Celebration

Aging in Place Selection Criteria was determined as follows:

1. Need for modification/repair
   a. Age 50 or above
   b. Modification/repair(s) fall within program capacity
   c. Referral from another agency may or may not be present
   d. Housing conditions are physically inadequate, unsafe, energy inefficient
   e. Income does not support conventional contracts for the work

2. Willingness to partner
   a. Be present on-site while work is completed
   b. Complete sweat equity

3. Payment
   a. Household income is under 60% of Average Medium Income per household size
   b. Hand up not a handout, so some financial component that’s not a cost burden
c. Instills a sense of pride for contribution plus lived or worked in Douglas County for at least one year

4. Additional considerations
   a. Must own and live in the home full-time (rental properties are not eligible for the program)
   b. Age 50 or older, or someone else who lives in the home full-time is age 50 or older

Resources needed: donated by Habitat
Person responsible: prepared by Sara Gronholz at Habitat

**Goal 2: Develop a Modification Assessment of Homes considered for the Program**

**Timeline:** Complete

A home modification assessment will be completed by Habitat staff. This is a list of suggested work and not a guarantee of the final project list. Actual work to be done will be outlined in a detailed work plan. The AARP HomeFit Guide was used as a model, example home modifications include:

- Grab bars
- Railings
- Improvement lighting
- Repair to hazards in the home that might cause tripping
- Widen doorways
- Weatherization
- Rocker switches, motion detectors, security lighting and wireless control
- Installing lever-style doors and faucets
- Contrast steps
- Hand-held shower heads
- Non-slip floor strip
- Roof repairs?
- Ramp installation?
- Raised toilet seat? (The last three items may be too expensive and/or there are other programs available to pay for them)

**Person/organization responsible:** Randy Hanson, Habitat Construction Manager

**Resources Needed:** assessment completed by Habitat Staff

**Goal 3: Payment options for the homeowner must be planned in advance.**

**Timeline:** September, 2017 for first project, then ongoing

1. Payment options (for homeowners) include:
   a. Pay full cost (if able to afford)
   b. Payment on sliding scale, depending on income
c. Installment payment plan may be implemented
d. Minimum payment of $25-$50/month

2. In addition, homeowners are required to contribute sweat equity to the project. Whether able to complete modification work or not, homeowner agrees to be present while work is being done and to contribute if able. Other possibilities include:
   a. Host the volunteer sign-in
   b. Write affiliate thank-you notes
   c. Make a treat for the volunteers
   d. Learn and provide safety instructions to volunteers
   e. Some kind of educational course/brochure/component

Persons/organization Responsible: Habitat staff and homeowners
Resources: Homeowners plus see Goal 4

Goal 4: Sponsors and volunteers for each Age In Place modification program will be recruited. Sponsors will be recruited from local area businesses. Businesses will be offered a choice of sponsorship plans starting at the full cost of modification (minus the amount paid by the homeowner). Other plans include a sponsorship plus offering volunteers from their business to help with the modification, a sponsorship only, or offering volunteers from their business. Other volunteers will be recruited via radio, newspapers, and other media.

Timeline: September for first project, then on-going

Persons/organizations responsible: Sara Gronholz and Dian Lopez

Resources needed: will come from sponsors and donated advertising

Goal 5: Tools and materials needed to work on all the projects. A tool cart and a variety of tools are needed to take to each project. Other incidental expense will also be needed.

Timeline: September
Resources needed: Grants
Group responsible: Task Force

Evaluation of Project
Our goal in 2017 is to create a pilot program consisting of five projects. This pilot will provide us with an opportunity to determine improvements and enhancements to the program while gaining experience in a new area. To know what is working and what needs improvement, we will interview (in person or via survey) homeowners, volunteers, sponsors and Habitat staff in order to make changes as we learn.
Our long term goal is to add 5 projects each year plus continue to work on our other Habitat homes. The beauty of this program is that it can be accomplished during downtime between the building of Habitat homes.

2017 – 5 modifications
2018 – 10 modifications
2019 – 15 modifications
2020 – 20 modifications

**Summary Table of Action Plan Activities**

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Action Plan for Transportation
III. Transportation Plan

Background
According to the recent survey conducted by Age Friendly Alexandria (May, 2016\(^5\)), between 87 and 90% of respondents thought accessible, convenient, affordable, and reliable transportation was important in our area and 90% of all respondents felt it was very or extremely important that they remain in their own homes as they age. As long as they are able to drive and can afford their own vehicles, this need is met. In addition, the West Central Community Action (WCMCA) reported that in needs assessment surveys conducted over the last 5 years, transportation services had been identified by agency clientele, community members, and community partners as a high area of need. WCMCA attempted to meet the needs of current clientele by issuing gas cards or bus passes to alleviate the cost of transportation in program year 2014-2015. This service was not highly utilized by older adults. Interviews were conducted with area social assistance providers, including county aging coordinators to explore the issue, and it was concluded that there was a lack of transportation available to older adults with special needs, especially those who are in remote areas of the counties. A focus group with community partners was held on March 27, 2016, to identify available transportation services and unmet needs throughout the counties of Grant, Douglas, Pope, Stevens and Traverse\(^6\).

In addition, anecdotal information indicates that not all aging residents should still be driving. However, many of them will continue to do so (causing a potential public safety hazard) as long as there are no other options that meet this need and as long as the freedom that comes with driving themselves represents one of the last vestiges of their independence. A recent report by the Minnesota Legislature reported a number of policy implications for our aging population\(^7\). They indicated in their “implications” section, “Because many drivers will face a time in advanced age when driving is no longer safe, another line of analysis concerns the capacity and geographic distribution of other transportation options (such as transit service).”

Interestingly, Douglas County is aging faster than both Minnesota as a whole or nationally, making these issues even more pressing for the City of Alexandria and Douglas County\(^8\).

Rural communities have greater and somewhat different challenges to solving the

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\(^5\) Age Friendly Alexandria Survey Summary, 2016, published by the Alexandria Senior Center
\(^6\) WCMCA Live Well at Home grant request to the Minnesota Department of Transportation dated June, 2016
\(^8\) Minnesota and national figures project 20% of the population will be over age 65 by 2030. According to the 2010 census figures for Douglas County, that figure was already over 20%. 

problem of accessible, convenient, affordable, and reliable transportation. According to the Western Rural Development Center, “The success of rural communities across America depends on access to well-planned, efficient transportation systems. Providing such systems is as urgent as it is breathtakingly complex. Population density is one of the most important factors in transportation planning. Large cities rely on subway systems; smaller cities depend on multilane highways…as population density decreases, transportation systems move from transporting large numbers of people for short distances to transporting small numbers of people for great distances”9. This obviously affects the cost, efficiency, affordability and reliability of systems implemented. For those communities that have harsh winters, the challenges of affordability and reliability are even greater during the winter months.

Unlike many other rural communities in Minnesota, the Alexandria population is actually growing in part due to our natural and growing amenities and tourist opportunities10. However, many local businesses struggle to find sufficient workers to fill their needs. Would better public transportation systems help solve that shortage?

**Current Situation**
The City of Alexandria and Douglas County have both addressed support for public transportation services. The City of Alexandria’s 2016 strategic plan11 states as one of their guiding principles:

- “Alexandria is a well-Integrated city with a transportation system that encourages connectivity and multimodal options, public facilities and neighborhoods”

Douglas County, in their 2011 transportation plan12, stated their overall vision to be:

- “To promote the development of a balanced, multi-modal transportation system that enhances mobility, economic vitality, and facilitates the safe and efficient movement of people and goods within the greater Alexandria area by analyzing the existing system, collecting data and making system/budgetary recommendations.” More specifically, one of their goals is to:
  - “Develop a transportation system that promotes the use of alternative modes of transportation including walking, transit, and the regional bicycle network.

For the County, strategies to achieve this goal included both supporting “transportation improvements that enhance existing linkages and create new linkages between

9 “The Challenges of Rural Transportation” published by the Western Rural Development Center, 2006
10 See 2010 Census information
transportation modes” and ensure a high level of transit service to persons with special needs and at-risk groups.”

Existing transit services for the Alexandria Area include: Rainbow Rider; West Central Community Action; Executive Express; Veteran Affairs; Local Taxi services; Ambulance services; Medivan services; and drivers and vans which are church based or organizationally based.

**Rainbow Rider** began in Douglas County in 1995 and was designed to provide rural and city transportation services. They have remained the primary opportunity for the elderly and disabled, although they are available to anyone who needs transportation assistance within their areas\(^{13}\). And although used quite often and by the disabled, challenges continue to exist for them to provide cost efficient transportation in the most rural areas and to convince older citizens to take public transportation instead of continuing to drive themselves\(^{14}\). Lastly, they do not provide a cost effective solution for those needing to travel outside of the counties they serve, nor do they provide any additional services to people in need of assistance in and out of buildings, doctor’s offices, etc. Lastly, obtaining sufficient volunteers to drive is a constant challenge.

West Central Minnesota Communities Action, a resource agency, is dedicated to reducing the effects of poverty, helping people achieve self-sufficiency, and improving the quality of rural life.

**WCMCA** has been offering services to the low-income and disadvantaged since 1965. Current programming is in the areas of energy assistance, affordable housing, housing rehabilitation, weatherization, Head Start, homeless services, free tax preparation, asset development, financial education, benefits assistance, food assistance, and transportation. They have recognized the need for additional transportation services for the areas they serve. In 2016 after substantial planning and research, they applied for a “Live Well at Home” grant from the Department of Human Services and were granted resources to “establish a three pronged transportation program: Volunteer Driver services, Companion Transit services, and Transit Appeal.

Volunteer Driver services will best meet the needs of older adults in remote areas. Transit services are not always available during the most requested hours, such as early morning and late afternoon, when older adults need transportation to day treatment services and physical therapies. This is especially true of those seniors who live in rural communities or in remote locations and need transportation into population centers, such as Alexandria. While there are volunteer driver services available, it was reported that there are not enough drivers to meet the current demand for services. There is also a growing need for non-medical rides for activities of daily living, such as getting groceries. Grant County has had tremendous success with a grant from Sanford Health Services that allows for both medical and non-medical rides, and has been able

\(^{13}\) [www.rainbowrider.com](http://www.rainbowrider.com)

\(^{14}\) Conversation with Kevin Anderson, Rainbow Rider executive director with the Age Friendly Community Transportation subcommittee in January, 2017.
to sign up enough volunteers to meet their current demand. However, staff are concerned about future sustainability of the program once grant funds are not available to reimburse the volunteer's mileage. A major element of this arm of the project is future sustainability planning.

The second arm of the project is Companion Transit services. Partners discussed that while transit might be available and affordable for some older adults, mental health issues, memory issues, or dementia may prevent them from being able to utilize them. To reach these clients, referrals for companion services would be made from social services, mental health providers, or other assistance organizations and could be made to ensure that the client could access a volunteer to travel and/or wait with them to ensure they get where they need go and home again safely. If the trend arises, these volunteers could be put on a fixed route schedule and act as “tour guides.” Future sustainability planning is also needed, as this type of service could become a paid position.

The third arm of the project is Transit Appeal, and would consist of marketing promotions and service enhancements that would make transit more appealing to older adults and other populations. This was determined by the group as necessary for success of the first two arms of services, as well as increase the cost- and service-effectiveness of transit services to ensure long-term sustainability.

To reach volunteers and clientele effectively, this will need to include community engagement activities as well as traditional marketing through newspapers, radio, social media, and other advertising. The project’s success will hinge on a “no wrong door” approach, requesting referral assistance from all sectors of the community. The biggest potential barrier to the success of the project is a lack of volunteerism. Rainbow Rider has been offering this service, but has not been able to increase the numbers of drivers available. WCMCA will work to engage active retirees for this service, in hopes of connecting people with a desire to serve the communities with those in greatest need of companionship. It is anticipated that the region will benefit from this project through an overall enhancement of transit/transportation services for all populations. To the credit of both Rainbow Rider and WCMCA, they have partnered to provide their services and Rainbow Rider is currently functioning as the WCMCA dispatcher.

The anticipated outcomes of this project include increased usage of transit, especially for adults age 65 and older; increased variety of transportation options/services available; improved coordination of transportation services and referrals, and improved access to the community as a whole for older adults, especially those with physical or medical limitations. The project hinges on the ability of the community to produce approximately eighty volunteers for driving and companion services, a task with which individual agencies have struggled. The project must also create messaging and marketing strategies that make transit services more appealing to the general public as well as adults age 65 and older.

Executive Express is currently servicing the Alexandria area. They specialize in airport
transportation, but have private services available also. They are based in St. Cloud and according to their website\textsuperscript{15}, “Our drivers also provide transportation for individuals or small groups to and from work, school, shopping, appointments, sporting events, and more.” They do have some discounted fares for seniors and others, but this is currently both fairly expensive and not terribly convenient for disabled or older citizens as they would require multiple transfers for one to go to medical appointments in St. Cloud, the Twin Cities or Rochester. The most affordable option for travel to other cities would be to have multiple people going to the same place at the same time.

\textbf{Veterans Affairs} provides transportation services for military veterans only and only for transportation to VA hospitals and clinics. They do have some Highly Rural Transportation Grants (HRTG) which go to Veteran Service Organizations (VSOs) and State Veteran Service Agencies. The grantees provide transportation services to Veterans seeking VA and Non-VA approved care in highly rural areas. These grants are available in counties that have fewer than seven people per square mile.

\textbf{People’s Express} is based in Wadena, MN and provides specialized transportation services to routine medical or dental appointments for older adults and people with disabilities. This service is covered by Medicaid so is not necessarily cost effective for those not eligible for Medicaid.

\textbf{Local Taxi} services are available, but seem to come and go. They also tend to be less than affordable for those needing transportation in rural areas, outside the City of Alexandria. At this time, there are only two providing services in the City of Alexandria, Orange Taxi and Lakes Area Taxi.

\textbf{Ambulance Services} are available in Douglas County and the City of Alexandria but are expensive and are only for use to and from the Douglas County hospital.

\textbf{Medivan} is also available in Douglas County, with wheel chair accessible vans and health attendants, but these services are pretty expensive unless paid by health insurance, which would not generally pay for transportation other than health emergencies to a local hospital or clinic.

\textbf{Church or Organizationally based transportation assistance} is provided by many of the local churches and by independent living, assisted living or nursing homes. These services are usually provided free of charge in accessible vans or busses for members of those communities. However, the vehicles often sit in their parking lots and may only be used a few times a week. If it would be possible to coordinate more efficient use of the vehicles and expand the available volunteer drivers, it may provide more capacity for local transit.

\textsuperscript{15} http://www.executiveexpress.biz/
**Gaps**

It would appear we have some opportunity to expand service in a number of ways in the short term and work on increasing the overall transit demand, capacity, accessibility, affordability, reliability and efficiency by:

1. Assisting WMCA with their current project. Specifically in achieving their goals of getting qualified volunteer drivers and creating and implementing a campaign to make public transit more acceptable, especially to older citizens. This should assist Rainbow Rider as well.
2. Combine resources and coordinate transportation services – churches and aging facilities have transportation available they are not using, how do we form partnerships, increase resources and have everyone gain?
3. Obtaining the needed funding to expand Rainbow Rider’s dispatching service software so it will have the capacity to handle the total coordination of all services. (Development of software to facilitate the services requests, allow rapid scheduling, documentation and confirmation with the requestor and proposed service provider(s), and calculate fare rates based on category of user.)
4. Coordination of and a central registry of volunteer drivers currently willing to participate with monthly dates and times available.
5. Coordinating services with other communities such as Fergus Falls, Fargo/Moorhead, St. Cloud, Minneapolis, St. Paul and Rochester.
6. Advertising and public service campaigns to make residents aware of the service and increase ridership to make it more convenient and efficient.
7. Coordination with local businesses who need workers who need jobs but do not have, or cannot afford their own transportation.
8. A public service campaign to discourage older drivers from driving and make public transportation a more acceptable, and a better publicly responsible option to driving themselves.
9. Funding and political support to accomplish these goals.

**Transportation Goals**

Based on discussions of the transportation sub group of Alexandria Age Friendly Community, the following would best help build the capacity of Rainbow Rider and WCMCA provide the needed services:

1. **Increase the number of qualified volunteer drivers in Douglas County** – Both Rainbow Rider and WCMCA indicated this is their greatest need is to increase the availability of transportation to meet current needs. This will take a coordinated effort of the entire community. A substantial marketing campaign and overall strategy needs to be designed to locate and recruit volunteers from around the county.
   - **Consider a transportation summit in Alexandria that would both communicate the services and recruit drivers.** This could be done in conjunction with the yearly Triad conference or at some other major event.
   - **Consider creating incentives for volunteer drivers since they are only paid mileage at the present time.** This could include finding businesses
to donate gift cards for purchases, reduced price gas cards, credit for future ridership, etc.

- **Form partnerships** with local health care providers (Douglas County hospital, Sanford and Alex Clinic); local senior services organizations (Bethany, Knute, the Senior Center, Douglas County Senior Services; with local churches; local businesses (Downtowners and the Chamber) and with the City and County.

**2. Communicate the service so people will utilize it more often.** This would involve both making people aware of the service, the benefits of using it and discouraging those older drivers from driving themselves if they should not be driving.

  - Design and implement a public service campaign with assistance from local health care providers, local media, the City and County designed to reach older drivers and their family members as referral sources.
  - Develop information about the service that can be put on refrigerator magnets, brochures that can be available at businesses, health care providers, and churches.
  - Provide information to “Best Kept Secrets” so it is added to their listing.
  - Provide information to appropriate web sites for businesses, government, social service agencies, and health care providers.

**3. Search for additional grant funding for the creation of specialized software for automated dispatching services and possible stipends for drivers.** Rainbow Rider and WCMCA could both use additional volunteers to search for available grants to assist in funding transportation efforts16.

Provide focus groups to Rainbow Rider and WCMCA for marketing and pilot programs that may include testing software, implementing recruitment areas and strategies, regional transportation hubs, etc.

**Measuring Success:** Will be done by the increase in the number of volunteer drivers and riders for both Rainbow Rider and for West Central Minnesota’s volunteer driver program.

---

16 During the meeting in February, 2017, both agencies said there were so many federal agencies to explore funding, that additional people to help search would help as well as volunteers who may be able to actually do the grant writing would help also.
Best Kept Secrets Plan (Communication)

When we first became an Age Friendly city, Kathryn LeBrasseur modified many things at the Alexandria Senior Center. All volunteers are now trained to be able to answer questions about programs available to seniors in the area. A large rack was installed at the entrance of the Center and filled with brochures of such programs available. She formed a group called Best Kept Secrets to find a way to let our older population know about the help available for them to age in their homes safely. The group is planning ways to communicate with seniors through their churches, their senior centers, and, for those with internet access, through the web. They are working with many area organizations to formulate a way to keep this information current and available.

Recent progress:

Katherine has convinced our local radio station, KXRA, to give Best Kept Secrets an hour a month on Open Line to talk about and take questions on programs for older residents. The radio would be used to inform residents about programs available to them both in their homes and in the community. To date, we have talked about:

- The Age Friendly Community program and Alexandria’s Age-Friendly three year plan
- The new West Central Minnesota “ready ride” volunteer driver program
- Announced information sessions for potential volunteer drivers and how citizens request rides
- The new Habitat for Humanity aging in place program and how to apply for assistance with home modifications
- The meals on wheels and nutrition program at the Senior Center
- When housing alternatives are discussed by the Douglas County Senior Services office
- When and where various exercise and preventive health care programs are to be held

The Echo Press newspaper is introducing a new publication called Generations which will include a complete listing of all services available to those 50+ living in Douglas County. Mary Krueger, social services, keeps such a listing on the web and, most importantly, she keeps the list current. It is, however, cost prohibitive to make copies for all our older residents who need them. Best Kept Secrets is focusing on what should be included in Generations and how and where to reach folks with copies. One drawback is the Echo Press is discontinuing its weekly Senior Column. Items of timely interest will still have to be given to those who need them by alternative methods (but that list is shorter).

Best Kept Secrets has compiled an email listing of all churches in the county and plans to keep them informed of timely topics of interest to our older population. A pilot program is being contemplated at the Senior Center to offer informative programs such as caregiver support, fraud prevention, estate planning, and VA and Social Service programs.

Community Education publishes and advertises adult classes for both exercise, preventive health, and the NCOA Aging Mastery classes which are taught by Vital Living Alexandria.

Appendices:

Copy of Community Survey
Summary of Survey Results
The information you give in this survey is private and confidential. Only cumulative data will be used to determine what our community needs are.

**ALEXANDRIA**

- How would you rate Alexandria as a place for you to live as you age?
  - □ 5 Excellent
  - □ 4 Very good
  - □ 3 Good
  - □ 1 Poor

2. How long have you lived in Alexandria?
  - □ 6 5 years or less
  - □ 5 5 years but less than 15 years
  - □ 4 15 years but less than 25 years
  - □ 3 25 years but less than 35 years
  - □ 2 35 years but less than 45 years
  - □ 1 45 years or more

3. How important is it for you to remain in Alexandria as you age?
  - □ 5 Extremely important
  - □ 4 Very important
  - □ 3 Somewhat important
  - □ 2 Not very important
  - □ 1 Not at all important

**HOUSING**

4. How important is it for you to be able to live independently in your own home as you age?
  - □ 5 Extremely important
  - □ 4 Very important
  - □ 3 Somewhat important
  - □ 2 Not very important
  - □ 1 Not at all important
5. People sometimes make modifications to their home so they can stay there as they age. Do you think you will need to make any of the following types of modifications or improvements to your home to enable you to stay there as you age?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Easier to access into or within your home such as a ramp, chairlift, elevator, or wider doorways</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>b. Bathroom modifications such as grab bars, handrails, a higher toilet or non-slip tiles</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>c. Putting a bedroom, bathroom and kitchen on the first floor</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>d. Improving lighting</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
</tbody>
</table>

6. How important do you think it is to have the following in Alexandria?

<table>
<thead>
<tr>
<th></th>
<th>Extremely Important</th>
<th>Very Important</th>
<th>Somewhat Important</th>
<th>Not Very Important</th>
<th>Not At All Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Home repair contractors who are trustworthy, do quality work and are affordable</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>b. Well-maintained homes and properties</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>c. A home repair service for low-income and older adults that helps with repairs</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>d. Seasonal services such as lawn work or snow removal for low-income and older adults</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>e. Affordable housing options (such as active adult communities, assisted living and communities with shared facilities and outdoor spaces) for adults of varying income levels</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>f. Homes that are equipped with features such as a no-step entry, wider doorways, first floor bedroom and bath, grab bars in bathrooms</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>g. Well-maintained and safe low-income housing</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
</tbody>
</table>
OUTDOOR SPACES AND BUILDINGS

7. How important do you think it is to have the following in Alexandria?

<table>
<thead>
<tr>
<th>Option</th>
<th>Extremely important</th>
<th>Very important</th>
<th>Somewhat important</th>
<th>Not Very important</th>
<th>Not at all important</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Well-maintained and safe parks that are within walking distance of your home</td>
<td>☐ 5</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>☐ 1</td>
</tr>
<tr>
<td>b. Public parks with enough benches</td>
<td>☐ 5</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>☐ 1</td>
</tr>
<tr>
<td>c. Sidewalks that are in good condition, free from obstruction and are safe for pedestrian use and accessible for wheelchairs or other assistive mobility devices</td>
<td>☐ 5</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>☐ 1</td>
</tr>
<tr>
<td>d. Well-maintained public buildings and facilities that are accessible to people of different physical abilities</td>
<td>☐ 5</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>☐ 1</td>
</tr>
<tr>
<td>e. Separate pathways for bicyclists and pedestrians</td>
<td>☐ 5</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>☐ 1</td>
</tr>
<tr>
<td>f. Well-maintained public restrooms that are accessible to people of different physical abilities</td>
<td>☐ 5</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>☐ 1</td>
</tr>
<tr>
<td>g. Neighborhood watch programs</td>
<td>☐ 5</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>☐ 1</td>
</tr>
</tbody>
</table>

TRANSPORTATION AND STREETS

8. Do you get around for things like shopping, visiting the doctor, running errands or going to other places in the following ways?

<table>
<thead>
<tr>
<th>Option</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Drive yourself</td>
<td>☐ 1</td>
<td>☐ 2</td>
</tr>
<tr>
<td>b. Have others drive you</td>
<td>☐ 1</td>
<td>☐ 2</td>
</tr>
<tr>
<td>c. Walk</td>
<td>☐ 1</td>
<td>☐ 2</td>
</tr>
<tr>
<td>d. Ride a bike</td>
<td>☐ 1</td>
<td>☐ 2</td>
</tr>
<tr>
<td>e. Use public transportation</td>
<td>☐ 1</td>
<td>☐ 2</td>
</tr>
<tr>
<td>f. Take a taxi/cab</td>
<td>☐ 1</td>
<td>☐ 2</td>
</tr>
<tr>
<td>g. Use a special transportation service, such as one for senior companion or Rainbow Rider</td>
<td>☐ 1</td>
<td>☐ 2</td>
</tr>
<tr>
<td>h. Other, please write here</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
9. How important do you think it is to have the following in Alexandria?

<table>
<thead>
<tr>
<th></th>
<th>Extremely Important</th>
<th>Very Important</th>
<th>Somewhat Important</th>
<th>Not Very Important</th>
<th>Not at All Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Accessible and convenient public transportation</td>
<td>☐ 5</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>___</td>
</tr>
<tr>
<td>b. Affordable public transportation</td>
<td>☐ 5</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>___</td>
</tr>
<tr>
<td>c. Well-maintained public transportation vehicles</td>
<td>☐ 5</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>___</td>
</tr>
<tr>
<td>d. Reliable public transportation</td>
<td>☐ 5</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>___</td>
</tr>
<tr>
<td>e. Safe public transportation stops or areas</td>
<td>☐ 5</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>___</td>
</tr>
<tr>
<td>f. Special transportation services for people with disabilities and older adults</td>
<td>☐ 5</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>___</td>
</tr>
<tr>
<td>g. Well-maintained streets</td>
<td>☐ 5</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>___</td>
</tr>
<tr>
<td>h. Easy to read traffic signs</td>
<td>☐ 5</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>___</td>
</tr>
<tr>
<td>i. Enforced speed limits</td>
<td>☐ 5</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>___</td>
</tr>
<tr>
<td>j. Public parking lots, spaces and areas to park</td>
<td>☐ 5</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>___</td>
</tr>
<tr>
<td>k. Affordable public parking</td>
<td>☐ 5</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>___</td>
</tr>
<tr>
<td>l. Well-lit, safe streets and intersections for all users (pedestrians, bicyclists, drivers)</td>
<td>☐ 5</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>___</td>
</tr>
<tr>
<td>m. Audio/visual pedestrian crossings</td>
<td>☐ 5</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>___</td>
</tr>
<tr>
<td>n. Driver education/refresher courses</td>
<td>☐ 5</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>___</td>
</tr>
</tbody>
</table>

HEALTH AND WELLNESS

10. In general, when compared to most people your age, how would you rate your health?

☐ 8 Excellent ☐ 3 Good ☐ 1 Poor

☐ 4 Very good ☐ 2 Fair

11. How often do you engage in some form of physical exercise (such as walking, running, biking, swimming, sports, strength training, yoga, stretching)?

☐ 7 Every day or at least five times per week ☐ 8 Occasionally

12. How important is it to you to remain physically active for as long as possible?

☐ 8 Extremely important ☐ 3 Somewhat important ☐ 1 Not at all important

☐ 4 Very important ☐ 2 Not very important
13. How important do you think it is to have the following in Alexandria?

<table>
<thead>
<tr>
<th>Option</th>
<th>Extremely Important</th>
<th>Very Important</th>
<th>Somewhat Important</th>
<th>Not Very Important</th>
<th>Not At All Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Health and wellness programs and classes in areas such as nutrition, smoking cessation, and weight control</td>
<td>☐ 5</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>☐ 1</td>
</tr>
<tr>
<td>b. Fitness activities specifically geared to older adults ..............</td>
<td>☐ 5</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>☐ 1</td>
</tr>
<tr>
<td>c. Conveniently located health and social services .....................</td>
<td>☐ 5</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>☐ 1</td>
</tr>
<tr>
<td>d. A service that helps seniors find and access health and supportive services ...........................................</td>
<td>☐ 5</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>☐ 1</td>
</tr>
<tr>
<td>e. Conveniently located emergency care centers .........................</td>
<td>☐ 5</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>☐ 1</td>
</tr>
<tr>
<td>f. Easy to find information on local health and supportive services ..........................................................</td>
<td>☐ 5</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>☐ 1</td>
</tr>
<tr>
<td>g. Home care services including health, personal care and housekeeping .................................................................</td>
<td>☐ 5</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>☐ 1</td>
</tr>
<tr>
<td>h. Well-trained certified home health care providers ....................</td>
<td>☐ 5</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>☐ 1</td>
</tr>
<tr>
<td>i. Affordable home health care providers ................................</td>
<td>☐ 5</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>☐ 1</td>
</tr>
<tr>
<td>j. Well-maintained hospitals and health care facilities ...............</td>
<td>☐ 5</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>☐ 1</td>
</tr>
<tr>
<td>k. A variety of health care professionals including specialists .......</td>
<td>☐ 5</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>☐ 1</td>
</tr>
<tr>
<td>l. Health care professionals who speak different languages .. .......</td>
<td>☐ 5</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>☐ 1</td>
</tr>
<tr>
<td>m. Easily understandable and helpful local hospital or clinic answering services ...........................................</td>
<td>☐ 5</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>☐ 1</td>
</tr>
<tr>
<td>n. Respectful and helpful hospital and clinic staff ....................</td>
<td>☐ 5</td>
<td>☐ 4</td>
<td>☐ 3</td>
<td>☐ 2</td>
<td>☐ 1</td>
</tr>
</tbody>
</table>

SOCIAL PARTICIPATION, INCLUSION AND EDUCATION OPPORTUNITIES

14. How frequently do you interact with your friends, family or neighbors in Alexandria? This interaction could be by phone, in person, email or social media (such as Facebook).

☐ 8 More than once a day  ☐ 6 Once a week  ☐ 2 Less than monthly
☐ 7 About once a day  ☐ 4 Once every 2 or 3 weeks  ☐ 1 Never
☐ 6 Several times a week  ☐ 3 Once a month
15. Where do you typically go for continuing education or self-improvement classes/workshops in Alexandria? [CHECK ALL THAT APPLY]

- [ ] I do NOT participate in any continuing education/self-improvement classes
- [ ] Community Adult Education and/or Senior College
- [ ] Department of Parks and Recreation
- [ ] My Church
- [ ] Local health Care Organizations such as Bethany, Knute Nelson, Grand Arbor, etc.
- [ ] The Alexandria Senior Center
- [ ] Offerings through my work
- [ ] Online Programs or other internet resources
- [ ] Other - Please write here: ___________________________

16. How important do you think it is to have the following in Alexandria?

a. Conveniently located venues for entertainment.

   - Extremely Important: [ ]
   - Very Important: [ ]
   - Somewhat Important: [ ]
   - Not Very Important: [ ]
   - Not At All Important: [ ]

b. Activities specifically geared to older adults.

   - Extremely Important: [ ]
   - Very Important: [ ]
   - Somewhat Important: [ ]
   - Not Very Important: [ ]
   - Not At All Important: [ ]

c. Activities that offer senior discounts.

   - Extremely Important: [ ]
   - Very Important: [ ]
   - Somewhat Important: [ ]
   - Not Very Important: [ ]
   - Not At All Important: [ ]

d. Activities that are affordable to all residents.

   - Extremely Important: [ ]
   - Very Important: [ ]
   - Somewhat Important: [ ]
   - Not Very Important: [ ]
   - Not At All Important: [ ]

e. Activities involving young and older people.

   - Extremely Important: [ ]
   - Very Important: [ ]
   - Somewhat Important: [ ]
   - Not Very Important: [ ]
   - Not At All Important: [ ]

f. Accurate and widely publicized information about social activities.

   - Extremely Important: [ ]
   - Very Important: [ ]
   - Somewhat Important: [ ]
   - Not Very Important: [ ]
   - Not At All Important: [ ]

g. A variety of cultural activities for diverse populations.

   - Extremely Important: [ ]
   - Very Important: [ ]
   - Somewhat Important: [ ]
   - Not Very Important: [ ]
   - Not At All Important: [ ]

h. Local schools that involve older adults in events and activities.

   - Extremely Important: [ ]
   - Very Important: [ ]
   - Somewhat Important: [ ]
   - Not Very Important: [ ]
   - Not At All Important: [ ]

i. Continuing education classes.

   - Extremely Important: [ ]
   - Very Important: [ ]
   - Somewhat Important: [ ]
   - Not Very Important: [ ]
   - Not At All Important: [ ]

j. Social clubs such as books, gardening, card playing crafts, VFW or altruistic causes (such as Golden K's, Elks, PEO, etc.)

   - Extremely Important: [ ]
   - Very Important: [ ]
   - Somewhat Important: [ ]
   - Not Very Important: [ ]
   - Not At All Important: [ ]
17. How important do you think it is to have the following in Alexandria?

<table>
<thead>
<tr>
<th>Option</th>
<th>Extremely Important</th>
<th>Very Important</th>
<th>Somewhat Important</th>
<th>Not Very Important</th>
<th>Not At All Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>b.</td>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>c.</td>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>d.</td>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>e.</td>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>f.</td>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>g.</td>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>h.</td>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>i.</td>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>j.</td>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

### JOB OPPORTUNITIES

18. Which of the following best describes your current employment status?

- [ ] 7 Self-employed, part-time
- [ ] 6 Self-employed, full-time
- [ ] 5 Employed, part-time
- [ ] 4 Employed, full-time
- [ ] 3 Unemployed, but looking for work
- [ ] 2 Retired, not working at all
- [ ] 1 Not in labor force for other reasons

19. Are you now putting off retirement or is it likely that you will put off full retirement and work as long as possible? (SKIP THIS QUESTION IF YOU ARE ALREADY FULLY RETIRED)

- [ ] 4 Very likely
- [ ] 3 Somewhat likely
- [ ] 2 Not very likely
- [ ] 1 Not at all likely
- [ ] 0 Not sure

- [ ] 6 I am retirement age and putting off total
20. How important do you think it is to have the following in Alexandria?

<table>
<thead>
<tr>
<th></th>
<th>Extremely Important</th>
<th>Very Important</th>
<th>Somewhat Important</th>
<th>Not Very Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A range of flexible job opportunities for older adults...</td>
<td>☐ 5 ☐ 4 ☐ 3 ☐ 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Job training opportunities for older adults who want to learn new job skills within their job or get training in a different field of work...</td>
<td>☐ 5 ☐ 4 ☐ 3 ☐ 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Jobs that are adapted to meet the needs of people with disabilities</td>
<td>☐ 5 ☐ 4 ☐ 3 ☐ 2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

COMMUNITY COMMUNICATION AND INFORMATION

21. Which of the following resources would you turn to if you, a family member or friend needed information about services for older adults, such as caregiving services, home delivered meals, home repair, medical transport or social activities?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>AARP</td>
<td>☐ 5</td>
<td>☐ 4</td>
</tr>
<tr>
<td>Alexandria Senior Center</td>
<td>☐ 5</td>
<td>☐ 4</td>
</tr>
<tr>
<td>Douglas Senior Services</td>
<td>☐ 5</td>
<td>☐ 4</td>
</tr>
<tr>
<td>Douglas County Hospice</td>
<td>☐ 5</td>
<td>☐ 4</td>
</tr>
<tr>
<td>Medivan</td>
<td>☐ 5</td>
<td>☐ 4</td>
</tr>
<tr>
<td>People’s Express</td>
<td>☐ 5</td>
<td>☐ 4</td>
</tr>
<tr>
<td>Your Church</td>
<td>☐ 5</td>
<td>☐ 4</td>
</tr>
<tr>
<td>Knute Hospice</td>
<td>☐ 5</td>
<td>☐ 4</td>
</tr>
<tr>
<td>Rainbow Rider</td>
<td>☐ 5</td>
<td>☐ 4</td>
</tr>
<tr>
<td>Senior Linkage Line</td>
<td>☐ 5</td>
<td>☐ 4</td>
</tr>
<tr>
<td>Other</td>
<td>☐ 5</td>
<td>☐ 4</td>
</tr>
</tbody>
</table>

22. How important do you think it is to have the following in Alexandria?

<table>
<thead>
<tr>
<th></th>
<th>Extremely Important</th>
<th>Very Important</th>
<th>Somewhat Important</th>
<th>Not Very Important</th>
<th>Not At All Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Access to community information in one central place</td>
<td>☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Clearly displayed printed community information with large lettering</td>
<td>☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. An automated community information source that is easy to understand like a toll-free telephone</td>
<td>☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Free access to computers and the Internet in public places such as the library, senior centers or government buildings</td>
<td>☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
e. Community information that is delivered in person to people who may have difficulty or may not be able to leave their home......................
   □5 □4 □3 □2 □1
f. Community information that is available in a number of different languages .........................
   □5 □4 □3 □2 □1

• ABOUT YOU

D1. Are you male or female?
   □1 Male □2 Female

D2. What is your age as of your last birthday? ________[AGE IN YEARS]

D3. Circle the township you live in.
   Alexandria Carlos Holmes City Hudson Ida La Grand Lake Mary Leaf Valley Miltona Moe Orange

D4. What is your current marital status?
   □1 Married □3 Separated □5 Widowed
   □2 Not married, living with partner □4 Divorced □6 Never married

D5. Does any disability, handicap, or chronic disease keep you and/or your spouse or partner from fully participating in work, school, housework or other activities? [CHECK ONLY ONE]
   □1 Yes, myself □1 Yes, both me and my spouse or partner
   □2 Yes, my spouse or partner □2 No

D6. In general, how often do you go online to access the Internet for things like sending or receiving email, getting news and information, paying bills or managing finances or buying products or services? This includes access from a computer and a mobile device (such as a smartphone or iPad).
   □1 Several times a day □4 1-2 days a week □7 Never go online
   □2 About once a day □5 Once every few weeks
   □3 3-6 days a week □6 Once a month or less

D7. What was your annual household income before taxes in the most recent tax year?
   □1 Less than $10,000 □4 $30,000 to $49,999 □7 $100,000 to $149,999
   □2 $10,000 to $19,999 □5 $50,000 to $74,999 □8 $150,000 or more
   □3 $20,000 to $29,999 □6 $75,000 to $99,999
D8. What do you feel is the most important issue facing our aging community today? For Example, if you could change one thing, what would it be: transportation; better health services; more convenient store access; more affordable quality home services; etc.). Please write your answer here:

Thank you for taking the time to complete this survey and to help Alexandria become an even better place to live and work. Please put this completed survey in the envelope provided and mail it or drop it off at the Senior Center or any other place downtown with an “Age Friendly Alexandria” sign.
Age Friendly Alexandria Survey Results

May 2016

As Analyzed by Ann Clayton

In February, Alexandria was designated the 75th Age-Friendly Community in the United States. In March a survey was sent out randomly to explore areas that would improve the health and quality of life for older adults in the Alexandria Area. This brochure summarizes the Age-Friendly survey results.

We received a total of 589 survey responses, of which 548 were part of the random sample group. This resulted in a response rate of the random sample of 10.2% from the 50 thru 64 year olds; 27.9% from the 65 thru 79 age group; and 23.2% from those over 80. Since our objective was to obtain a 10% response rate of each age group resulting in at least a total of 300 completed surveys, we have exceeded our objective. Congratulations to all! This means we can be relatively certain that although we did not hear from all residents aged 50+, the results should be representative of all of our over 50 residents.

The text question #30, "What do you feel is the most important issue facing our aging community today?" has been summarized by committee members, Debbie Balgaard and Bernice Wimmer. The results of Question 30 were that the majority of answers fell into the following three categories: Improved and affordable health services (77 out of 558); Affordable home services (74 out of 558); and Improved and affordable transportation (62 out of 558).

Here is what I feel are the most important lessons from my analysis of the other questions:

1. 83% of respondents rate the Alexandria Area as a very good (45.7%) or excellent (37.4%) place to age and 79.2% feel it is very important (40.8%) or extremely important (28.4%) for them to remain here as they grow older. 89.8% feel it is very important or extremely important that they remain in their own homes as they age. This has implications for businesses since the reported most important need related to this is for home repair contractors who are trustworthy, do quality work and are affordable. 11% to 40% of respondents plan to do some remodeling to be able to remain in their own homes as they age.

2. All of the transportation issues seemed to be important to the respondents, but since 94.7% of them reported still driving themselves, it made sense to me that the highest ranking issue(s) were:
   -Well lit, safe streets and intersections for all users (pedestrians, bicyclists, drivers, etc.) -94.8% of them reported this being extremely or very important.
   -Well maintained streets (94.7% rated this as extremely or very important)
   -Easy to read traffic signs (92.9% ranked this as extremely or very important)

I don’t think this means accessible, convenient, affordable, or reliable public transportation is not important (rated as 86.7%; 87.5%; 90.1% respectively as extremely or very important), but that it is not the current critical
need for the majority of them. This will probably change in the next few years as more of them are unable to drive. *(Does this mean we need to repeat the survey every 5 years or does it mean we just need to advance plan for meeting public transportation needs in the next 5+ years? On a positive note, this gives us time to solve the rural transportation problems.)*

Also of note in question 7 were that 89.9% of respondents thought sidewalks that are in good condition, free from obstruction and are safe for pedestrian use and accessible for wheelchairs or other assistive mobility devices was extremely or very important. 92.2% of respondents felt well-maintained public buildings and facilities that are accessible to people of different physical abilities was extremely or very important. *The city should feel extremely pleased with their recent renovation of the downtown area.*

3. Although all the health care related issues were important, using a weighted average, the following would be considered the most important to respondents (in priority order):
   - Well maintained hospitals and health care facilities
   - A variety of health care professionals including specialists and respectful and helpful hospital or clinic staff
   - Affordable home health care providers
   - Conveniently located emergency care centers
   - Well-trained certified home health care provider

4. The questions related to jobs, volunteer opportunities and social events did not have as high ratings as the other needs areas and are probably more a reflection of our survey population. *Our survey population was 65.4% female; 73.1% had incomes higher than $30,000 annually; 96% were in communication daily or weekly with friends and family in this area; 67.2% were married or living with a partner; 70.1% had no disability, nor did their spouse have a disability; 72.2% were already retired; and 62.1% lived in Alexandria township.*

5. 34% of respondents do not participate in any continuing education/self-improvement classes and those that do most often get those classes at their church (50%) or through continuing adult education (38.4%). *(Should we be partnering with local churches to help meet these needs of our aging population?)*

6. 62% of respondents go online at least once a day (several times a day = 45.7% and about once a day = 16.3%). In addition, 21.5% of respondents look to online programs or other internet resources for continuing education and self-improvement. *(Will online access and availability become more important in the future to meet the social, emotional and psychological support our aging population needs?)*

7. Of interest to me was that 67.4% of respondents self-rated their health in comparison to others their age as very good or excellent and 55% reported that they exercised at least 5 days a week. *This is considerably higher than the national average (which is reported by CDC in 2010 to be only 20% or one in five meeting recommended exercise for the aging population).*

8. An interesting implication for the Douglas County, the Senior Center, local churches and Rainbow Rider was the fact that respondents said most often they would look to Douglas County Senior Services (92.6%); the Senior Center (84.3%); their church (83.8%) or Rainbow Rider (82%) if they needed age related resources.

**Notes:**

1. **Ensuring the results were representative of all persons over 50 in the Alexandria Area**
   The database we used was purchased from Insty Prints of all persons aged 50 and older in the 56308 area code. According to discussions with them, their supplier obtains information from all available public data bases (Dept. of motor vehicles, revenue, voter registrations, etc. and updates database quarterly). Data base obtained showed a total of 5869 separate individuals with addresses in the 56308 area code aged 50 and greater. Due to
budget limitations, not all residents were sent surveys. A random sample of 50% of all individuals in one of
three age groups was sent: a total of 1497 were sent to individuals aged 50 to 64; 918 were sent to individuals
aged 65 to 79; and 522 were sent to individuals aged 80 and greater. The surveys were mailed on March 24,
2016 with a due date of April 15, 2016. Our objective was to obtain responses from at least 10% of surveys sent
to individuals in each of these age groups (150 from aged 50 to 64; 92 from age 65 to 79; and 52 from those
over 80). As of May 12, 2016 we had the following random sample surveys returned and entered into the Survey
Monkey database: 158 from age group 50 thru 64; 263 from age group 65 thru 79; and 127 in the over 80 age
group. This resulted in a response rate of 10.6% from the 50 thru 64 year olds; 28.7% in the 65 thru 79 age
group; and 24.3% of those over 80. Random sampling was done using software from Research
Randomizer.com.

In addition to the random sample, all citizens aged 50 and over were offered the opportunity to complete a
survey either online or on paper. Since we had numbered all the surveys being mailed in the random sample, we
were able to distinguish which returned surveys were in the random sample and which were not. In addition to
the random sample surveys we had an additional 40 surveys which were voluntarily completed but not in the
random sample. This resulted in a total survey number of 589 as of May 12, 2016.

2. Not all respondents completed all questions
Many respondents skipped questions and the survey tool did not require an answer to any of the questions
except the one where we asked “What do you feel is the most important issue facing our aging community
today? Even then, since most of the surveys were paper completions, many of those were left blank. Even with
a reduction in answers to some questions, we would consider the majority of survey results appropriately
represents the over 50 residents of the Alexandria Community.

The “Age Friendly Community” designation was started by the World Health Organization (WHO). AARP is
partnering with WHO to promote this program in the US. The local initiative was launched by Dian Lopez, an
active volunteer in the community. In an effort to foster dialogue, knowledge and actions that support an age
friendly community, Dian has had no difficulty gathering a taskforce from local government to local non-profits.
Ann Clayton is a member of the Age Friendly Alexandria Task Force, is on the Alexandria Senior Center Board,
is a Vital Aging Alexandria team member and on the Community Education Board. Although currently retired,
her professional background includes 38 years in the private and public sectors including positions as the
assistant commissioner of the Department of Labor for Minnesota; the Director of the Workers’ Compensation
Department for the State of Florida, and Deputy Director of a public policy research Institute in Boston,
Massachusetts. She also consulted with a statistician from UC Berkley on the appropriate random sample size
and necessary response rates for this survey.

If you would like a detailed copy of the survey results, please contact the Alexandria Senior Center at 320-762-
2087.