



CITY OF SAINT PAUL

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March 31, 2017

Dear residents, district councils, businesses, nonprofit service organizations, faith communities, schools and universities:

The Saint Paul Advisory Committee on Aging (ACOA) has submitted its recommendations for the City's 2040 Comprehensive Plan in a report entitled *Reframing Aging: Opportunities for Aging in Community*.

In this first but vital step to address issues of aging in Saint Paul, ACOA has focused on housing, transit and connectivity, and healthy aging, encouraging a deep exploration of the trends, potential best practices, and innovative approaches. Underlying these recommendations is the concept of aging in community, which promotes social capital, a sense of trust, and mutual interconnectedness that is enhanced over time through positive interactions and collaboration in shared interests.

The ACOA is a volunteer body appointed by the Mayor and City Council to promote the dignity and independence of older residents. Members of ACOA believe that Saint Paul must respond wisely to our aging demographic and the myriad challenges it presents. Their recommendations address an essential question we all must answer: Where and how will we live as we age?

In the past two years, ACOA held forums on aging with city, district council, county, community health, and private-sector participants. The common conclusion arising out of these discussions was the importance of encouraging:

- Housing as a fundamental safety, health, and security issue for aging residents, particularly those who cannot afford or do not choose to live in traditional senior-only housing;
- Intergenerational community members who promote trust and shared interests; and

- City and county-sponsored collaborative efforts to advance the concept of aging in community—by, with, and for neighborhood residents.

These issues have informed ACOA's work. Rather than focus on costs and limitations of aging, ACOA urges all of us to "reframe aging" and think of this demographic as an economic investment.

ACOA members believe that Saint Paul has the opportunity to become regionally and nationally recognized for its intentional work and results in creating an intergenerational community that embraces aging in community.

A PDF of *Reframing Aging: Opportunities for Aging in Community* can be downloaded at:
[Reframing Aging: Opportunities for Aging in Community](#).

Sincerely,

Kathy Kelso
Chair of the Saint Paul Advisory Committee on Aging
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Reframing Aging



OPPORTUNITIES FOR AGING IN COMMUNITY

A Message from the Committee

This report and its recommendations are a compilation from ACOA members, drawing from personal and professional experiences. There are four sections, each written by an individual or a small group of committee members focused on the topic; thus, there are different voices within this report. However, all ACOA members have reviewed and approved the recommendations submitted for consideration.

Kathleen Kelso, chair

Joann Ellis

Harriet Medick

Eddie Meissner

Carol Neumann

Marilynn Taylor

Nancy Utoft

Karen Vento



Saint Paul Advisory Committee on Aging



Aging in Community promotes social capital, a sense of trust and mutual interconnectedness that is enhanced over time through positive interactions and collaboration in shared interests.¹

The Saint Paul Advisory Committee on Aging (ACOA) was established in the 1990s by then-Mayor Jim Scheibel to promote the dignity and independence of older residents. It is a volunteer body appointed by the mayor and city council. Members of ACOA believe that our city must respond to our aging demographic and the myriad challenges it presents. **The essential question is: Where and how will we live as we age?**

¹ Thomas and Blanchard.

Where and how will we live as we age?

As ACOA studied this question, its members have agreed to pursue a primary concept and model known as aging in community. Reaching this agreement led us to focus on housing, transit, connectivity and healthy aging. We conducted an exploratory study (funded by Metropolitan Area Agency on Aging and Twin Cities United Way) on the city's readiness for an aging population, resulting in a specific goal to submit recommendations for the city's 20-Year Comprehensive Plan. We also held two forums for city, district council, county, community health, and private sector participants. The common conclusion arising out of these efforts was the importance of encouraging:

- Housing as a fundamental safety, health and security issue for aging residents, particularly those who cannot afford or do not choose to live in traditional senior-only housing;
- Intergenerational community members who promote trust and shared interests; and
- City- and county-sponsored collaborative efforts to advance the concept of aging in community—by, with and for neighborhood residents.

The work of ACOA is guided by two principles:

1. Aging in community is a concept and a model for our future. It is a way of life that at its heart recognizes that aging is the reality for all of us and that everyone—whether the youngest among us, Millennials, or Boomers—is acknowledged and treated as a valuable resource in their community. Older adults aging in community are valued, integral members of their community.²

² See <http://secondjourney.org>. Thomas, William, and Janice Blanchard. *Moving Beyond Place: Aging in Community*, 2014.

2. Healthy aging is optimal mental, social, and physical well-being and function in older adults. This is achieved when communities are safe, promote health and well-being, and use health services and community programs to prevent or minimize disease.³

When we talk about older adults and healthy aging, who are we talking about? And what does healthy aging entail? The answers become complicated because the span of life that defines “older” in our society can be 50-plus years. We often refer to age relative to ability, the result of stereotypical beliefs that older people are less able.

Researchers and multi-disciplinary professionals have been studying these questions and have published books with definitions and projections for over 25 years. Saint Paul-Ramsey County Public Health uses 65 years of age and older for the purposes of data analysis and planning; however, they note that chronological age is not an ideal definition of the older population.

In Ramsey County the older population is growing in size at a tremendous rate. By 2030, there will be nearly 128,000 Ramsey County residents 65 and older, a 48 percent increase from 2015.⁴ This new generation of older adults will be more diverse by race/ethnicity, live and work longer, be more independent and want to age in their current community.

As our life span moves into the 90s and beyond, new questions arise: How does where we live impact how long we will live? What is the impact of environment, nutrition, and exercise – the social determinants of health? We must acknowledge these questions as we plan for our future.⁵

³ Minnesota Department of Health, *Creating Healthy Communities for an Aging Population*, 2006.

⁴ Minnesota State Demographic Center, 2014.

⁵ American Planning Association, *Aging in Community Policy Guide*, adopted 2014. All APA citations in this report are from this document.

Aging in Community

The American Planning Association states that planners who guide the physical design within neighborhoods and communities are key leaders in helping older adults remain active and engaged in their communities.

Planners do this by guiding services within those communities, encouraging affordable and accessible housing and easy access to transit where older adults reside. This intentional planning effort will lead to improvement in health and quality of life for people of all ages.

Increasingly, intergenerational solutions for our aging communities are being emphasized. The few foundations now dedicated to communities that recognize, engage, and support all ages provide grants and tool kits to assist communities to build capacity for these solutions.⁶

In March 2015, the ACOA sponsored a forum with a select group of city planners and representatives of district councils and community development and nonprofit organizations to consider the future impact of the city's 20-Year Comprehensive Plan on the health and well-being for Saint Paul residents. Several key themes emerged:

- Flexibility in governance is necessary to respond to changing circumstances.
- Not all older adults live, or want to live, in “senior-only” housing.
- Housing needs across generations and cultures must be considered and addressed.
- Promising practices do exist: we must evaluate, borrow, develop, and model those deemed a fit for Saint Paul.

⁶ See <http://eisnerfoundation.org>; Intergenerational Community Building Resource Guide, 2012, <http://education.temple.edu>; and Creating an Age-Advantaged Community Toolkit, <http://gu.org>.

Along with these recurring themes, critical questions were raised about health and housing and the city's Comprehensive Plan. These included:

- How do we all assist businesses and nonprofits bridge the disparities gap and provide access to housing, transit and services for older adults that are consistent with their cultural norms and traditions?
- How can we introduce alternative housing options, such as intentional neighborhoods, in light of financing barriers, developer reluctance, and zoning and building code challenges?
- How do we ensure that a variety of housing options for older adults are available?
- What leadership models are currently used? What city, county, and private sector collaborative agreements are necessary?

Rather than focus on costs and limitations of aging, ACOA urges all of us to “reframe aging” and think of this demographic as an economic investment. Lucy Thompson, Principal City Planner, has expressed confidence and taken a lead in this approach, as reflected in a recent interview with a Metropolitan Area Agency on Aging researcher in which she said:

The concept of “aging in community” is being integrated into all chapters of the Comprehensive Plan, as we believe it has implications for all facets of the city’s physical environment. We believe this integrated approach will help us plan for our aging population more directly, and we also know that if we create a city that works for those who are aging, it will work for everyone.

Healthy Aging

In the past few years, a number of organizations have asserted the necessity of intentional multigenerational planning to ensure that the needs of all residents are

met and that older members of our communities are not left behind, isolated and in declining health— regardless of economic means. An aging population creates opportunity and, more importantly, the imperative to apply sound planning and policies to meet the needs and abilities of older adults.

For example, Design for Health (2006–2012) was a collaboration between the University of Minnesota and Blue Cross and Blue Shield of MN, housed at the University of Minnesota (although no longer operational). The university researchers noted a growing interest in the link between our built environment and health status. They supported comprehensive planning as one approach to linking the traditional notions of planning (land use, transit, community facilities, housing, and parks and open space) with health themes (physical activity, the natural environment, public safety, healthy eating, mental health, social capital, pollutants, and epidemiological issues). They advocated comprehensive plans as a means to facilitate decisions about health and the built environment.⁷

This type of comprehensive planning requires collaborative efforts between the city and Ramsey County. To encourage collaboration, ACOA held a forum in January 2016 for city and county planners to consider this question: How might the city and county best facilitate the realization of Aging in Community through the Comprehensive Plan? Responses of participants are found in Appendix I of this report, *Reframe Aging: Understanding Our Opportunities*.

As we go forward, planners might consider using the World Health Organization’s Checklist of Essential Features of Age-Friendly Cities. ACOA does not endorse “age friendly” because we believe the policy questions for an aging demographic are much larger and complex than being “friendly” suggests. However, with adaptations, the WHO checklist may be one tool our city can use to assess and map our progress. It is intended to be used by individuals and groups, and to be

⁷ See <http://designforhealth.net/integrating-health-into-comprehensive-planning/>.

effective, older adults must be involved as full partners. In assessing a city's strengths and deficiencies, older adults would describe how the checklist of features matches their own experience of the city's positive characteristics and barriers. Over time, as we age, older adults would play a role in suggesting changes and in implementing and monitoring improvements. Since we cannot know who will "govern the plan" in the next 20 years, we think it is imperative to at least offer a methodology to hold ourselves accountable.⁸

A Vital First Step

The breadth and depth of data, information, and recommendations about planning for our aging demographic continue to expand. In this first but vital step to address issues of aging in St. Paul, ACOA has focused our review to housing, transit, connectivity and healthy aging. In this report, we provide a few recommendations and innovative examples to make aging in community a reality for Saint Paul. We encourage a deep exploration of trends, potential best practices, and innovative designs for a collaborative City/County 20-Year Comprehensive Plan.

⁸ See http://www.who.int/ageing/publications/Age_friendly_cities_checklist.pdf?ua=1.



Cultivate Healthy Aging

In recent years, and particularly with the passage of the Affordable Care Act, more attention has been given to the impact of the environment in which we live on our health. These “social determinants of health” play a bigger role in maintaining health than do doctor visits. This realization has been acknowledged by policy leaders broadly, as demonstrated by the following:

- The American Planning Association’s *Aging in Community Policy Guide* notes:

*Enabling design standards which respect the varied needs and abilities of older adults can decrease demand for services, increase housing choice, and increase level of functioning, independence, physical activity, social interaction, community involvement, and civic and economic engagement.*⁹

- The Bipartisan Policy Center formed the Senior Health and Housing Task Force to underscore the synergies between health care and housing in

⁹ See American Planning Association, *Aging in Community Policy Guide*, adopted 2014.

fostering improved health outcomes, cost savings, and enhanced quality of life for America's aging population. They state:

*A key premise of this report is that a greater integration of America's health care and housing systems will be absolutely essential to help manage chronic disease, improve health outcomes for seniors, and enable millions of Americans to age successfully in their own homes and communities. A growing body of evidence is also showing that more tightly linking health care with the home can reduce the costs borne by the health care system.*¹⁰

- For local governments, the California Department of Public Health, Public Health Institute, and the American Public Health Association published *Health in All Policies: A Guide for State and Local Governments* in response to the growing interest in collaborative approaches to improve population health. The guide states:

*Health in All Policies is based on the recognition that our greatest health challenges—for example, chronic illness, health inequities, climate change, and spiraling health care costs—are highly complex and often linked. Promoting healthy communities requires that we address the social determinants of health, such as transportation, education, access to healthy food, economic opportunities, and more. This requires innovative solutions, a new policy paradigm, and structures that break down the siloed nature of government to advance collaboration.*¹¹

- On December, 15, 2016, the Health and Wellness Service Team from Saint Paul–Ramsey County Public Health presented an overview for city and county employees and the general public of our health status entitled “How

¹⁰ Bipartisan Policy Center, Senior Health and Housing Task Force. *Healthy Aging Begins at Home*. 2016.

¹¹ See *California Health in All Policies Task Force, Report to the Strategic Growth Council*.
http://sgc.ca.gov/hiap/docs/publications/HiAP_Task_Force_Report.pdf.

Healthy Are We?”¹² Although not focused on aging, a review of current data indicates factors that have caused health disparities among Saint Paul and Ramsey County residents as a whole. The data are clear: social determinants of health are mostly responsible for health inequities. Poverty and where a person lives in the metropolitan area determines health status and life span for a growing number of people—particularly as the population ages.

The Health and Wellness Service Team strongly encourages the use of the *Health in All Policies* theme within a comprehensive planning strategy. We must collaborate to design:

*A way to integrate health into all sectors of society that create policies, including but not limited to economics, housing, transportation, employment and wages, education, recreation, and criminal justice. Doing this ensures that policy, system and environment changes have a neutral or beneficial impact on health outcomes.*¹³

Ramsey County Healthy Aging: Public Health Framework

Saint Paul-Ramsey County Public Health issued a draft framework on December 6, 2016 to guide “...the county in developing a multi-sectoral and cross-jurisdictional approach to aging that promotes healthy and vital aging in Ramsey County.” With its foundation firmly established in public health, this framework will encourage “leveraging of assets of Ramsey County’s older population.”¹⁴ This approach is imperative to Saint Paul’s success in the design and implementation of the 20-Year Comprehensive Plan.

A common view of aging is that of disability and decline resulting in costly expenditures for care delivered by a shrinking workforce in the helping professions.

¹² Saint Paul-Ramsey County Public Health, Health and Wellness Service Team. 8-80 Vitality Perspectives, Saint Paul: How Healthy Are We? 2016.

¹³ See: 8-80 Vitality Perspectives, Saint Paul: “How Healthy Are We?”

¹⁴ Saint Paul-Ramsey County Public Health. *Ramsey County Healthy Aging: Public Health Framework*. 2016.

Physical and cognitive changes are a normal part of growing older, but aging does not necessarily mean decline.

Ramsey County Healthy Aging: Public Health Framework proposes a broader view:

...older adults can remain healthy and maintain high levels of independence and functionality even while experiencing natural changes in vision, hearing, mobility and muscle strength. In addition, those characteristics underscore the social determinants of health and inequities throughout one's lifetime that have an impact on health and well-being later in life.

This broader view of aging aligns with ACOA's vision of healthy aging. Some of the implications of this view of aging on policy and program development include:

- The understanding that effective programs and policies for healthy aging are not just programs and policies tailored for older adults.
- The importance of engaging all sectors because the social determinants of health impact how we age and our health and well-being later in life.
- The recognition that being old is not equivalent to being frail and disabled; therefore, programs and policies targeted for older adults should address the wide continuum of health and functional abilities.¹⁵

Guiding Principles of the Healthy Aging Framework

In their December 6, 2016, Draft Report, Saint Paul-Ramsey County Public Health set out guiding principles that:

...establish the use of the broader view of aging addressing the vast experiences of this heterogeneous population and life experiences that influence well-being. This broader definition also recognizes the growth and diversity of the population, the great potential of our older population and their desire to age in the community. The

¹⁵ See: *Ramsey County Healthy Aging: Public Health Framework*. 2016.

principles also emphasize the influences social determinants, including health, health inequities and ageism, have on healthy aging.¹⁶

The report goes on to state:

An effective approach to healthy aging requires a comprehensive and coordinated effort among all of the systems and sectors that impact older adults and their environments. All sectors (e.g. health care, finance, transportation, housing, employment, parks and recreation) have an investment in a healthy older population. To be effective, these sectors must consider the needs of the older population when modifying and developing policies and programs. All programs and policies regardless of the sector must be coordinated to reduce duplication and fragmentation and must address the continuum of health and functional status of the older population.

Community leadership is also an essential element to the framework. Planning for the growth of our older population requires strong partnerships with communities and building on the expertise of community leaders and promising practices already being implemented in communities. A robust framework incorporates our communities' values, assets and concerns into planning and development of programs and policies.¹⁷

“Guiding Principles of the Healthy Aging Framework” can be found in Figure 11 beginning on page 15 in the *Ramsey County Healthy Aging: Public Health Framework Draft Report* (Appendices 3).

¹⁶ See: *Ramsey County Healthy Aging: Public Health Framework*. 2016.

¹⁷ Ibid.

Recommendations

Integrating health into comprehensive planning requires collaboration. We offer the following recommendations to guide city planners as they shape Saint Paul's Comprehensive Plan through the lens of aging in community:

1. Engage Saint Paul-Ramsey County Public Health as a partner and subject matter expert regarding healthy aging; incorporate the Healthy Aging Framework and Guiding Principles as proposed by Saint Paul–Ramsey County Public Health to Ramsey County Commissioners in Comprehensive Plan development.
2. Review and consider use of the World Health Organization's Checklist of Essential Features of Age-Friendly Cities, described in the previous section of this report.

Resident Profile:

Mort wants to stay in his home



Mort wants to live alone in his old family home, but his sight is poor and his memory failing. During the winter, he can't get out easily for groceries or clear the snow from his steps to fetch the newspaper. His neighbors help him with these chores since his grown children don't live close by. They enjoy having him around since he's like a grandfather to the youngsters and their parents. Mort's son is concerned for his father's safety and wants him to move, but Mort won't consider it. The neighbors don't want to interfere, but they want to help Mort figure out a way to stay in the neighborhood. But how do they go about doing this? Is there a model they might use?



Broaden Housing Options

To foster successful aging in community in St. Paul, traditional views of housing for older adults need to be reimagined. Currently, housing for older adults tends to be conceived of in narrow silos: either a single-family home, a seniors-only apartment or condo, or an assisted living or nursing facility. This view makes a number of assumptions about what older people want and overlooks alternatives that can contribute significantly to the goal of aging in community, such as cohousing and congregate homes. In addition, a simplistic reading of demographic trends encourages investment in large senior-only developments that do not necessarily meet the needs of people who seek healthy aging in community.

The American Planning Association (APA) in its *Aging in Community Policy Guide*¹⁸ calls for provisions for “ensuring a continuum of housing options to support older adults ranging from those who are fully independent to those requiring progressively more assistance in daily life.... Policies, investments, and new tools

¹⁸ American Planning Association, *Aging in Community Policy Guide*, adopted 2014. All APA citations in this section are from this document.

such as form-based codes¹⁹ should help create a built environment that intentionally provides opportunities for older people to easily participate in community life and activities. This allows them to age in community and not in isolated age-specific enclaves.”

Recommendations

1. Determine the housing preferences of city residents 45 and older.

The participation of older adults in the planning process is crucial. The first guiding policy cited by the American Planning Association in its *Aging in Community Policy Guide* is to “actively involve older adults and engage the aging perspective in the planning process.” We need to know what city residents 45 and older want for the next stage of their lives in St. Paul. A survey could be conducted to establish (1) whether older residents want to stay in their neighborhoods or to move elsewhere and, if so, where that would be; (2) what kind of housing they have now; and (3) what kind of housing and community attributes and offerings they desire—and anticipate having.

2. Change zoning and code requirements to allow for encourage the development of a continuum of affordable, diverse, and flexible housing options.

In calling for a continuum of housing options, it also should be recognized that many of the needs and desires of older adults regarding housing are not exclusive to them alone. In fact, many older adults and millennials seek the same qualities in the communities where they live: affordable, smaller, sustainable, and easily maintained living spaces; less reliance on cars; ready access to public transit; walkable neighborhoods with needed services such as grocery stores, pharmacies,

¹⁹ Form-based codes are land development regulations that foster predictable built results and a high-quality public realm by using physical form, rather than conventional zoning.

restaurants, entertainment, and recreation facilities; and opportunities to participate in and contribute to their community.²⁰ Making our neighborhoods good places for aging in community will benefit and serve residents of all ages.

In addition to encouraging smaller minimum floor areas, smaller lot sizes, and more compact development, the APA recognizes that independent and assisted living communities “represent essential community facilities for which required mitigation of exactions²¹ may be reduced or eliminated.” Zoning and code requirements should be made more flexible and amenable to innovative solutions, including:

- **Cohousing developments:** Monterey Cohousing Community in St. Louis Park is a local example of this collaborative housing alternative that is growing in popularity across the country.²²
- **Pocket neighborhoods:** Main Street Bungalow Court in Minneapolis, six units clustered on two in-fill city lots, is a successful example of this innovative concept.²³ St. Paul is experimenting with weeHouses on the East Side in a clustered-neighborhood design. The Superior Street Cottages in St. Paul’s West End, developed specifically to allow community elders to age in community, could also be considered a “pocket neighborhood.”
- **Congregate homes:** Units with multiple nonfamily residents. The Babayagas’ House in Paris, France, developed by a group of women seeking

²⁰ See Ecumen, Who Will Create the Right-Sized House in Minnesota.docx.

²¹ An exaction is a condition for development imposed on a parcel of land that requires the developer to mitigate anticipated negative impacts of the development.

²² See <http://www.cohousing.org/> and the Twin Cities Cohousing Network at <http://tccoho.org/>. Architects Charles Durrett and Kathryn McCamant have helped develop several thriving cohousing communities around the country, some multigenerational, others specifically for older adults. They are authors of several books on cohousing that are widely available.

²³ See BCB Bungalow Court Insert 10.17.2009.pdf and <http://www.pocket-neighborhoods.net/>. Championed by Portland, OR, architect Russ Chapin, these developments cluster small houses with an emphasis on community and sustainability.

to live independently in community as they age, is an answer to the “old-age home.”²⁴ A congregate home for older women opened in the fall of 2016 near Lake Nokomis, in Minneapolis.

- **Accessory dwellings:** Also referred to as accessory apartments, second units, or granny flats, these are additional living quarters on single-family lots that are independent of the primary dwelling unit. Minneapolis allows these in some places.²⁵ The APA recognizes accessory dwelling units as “an important mechanism to allow people to remain in their communities.”
- **Multigenerational housing:** Such developments could serve multiple purposes, as is illustrated by Bridge Meadows in Portland, OR, an innovative multigenerational housing solution for low-income seniors and families that have adopted foster children. The seniors receive reduced rent for volunteering to assist with the children.²⁶ Another example is in Helsinki, Finland, where a program called the House That Fits gives young people under the age of 25 cheap accommodation inside the city's seniors home for one year. In exchange, the young people give a minimum of three to five hours of their time to their elderly neighbors each week. The program helps prevent homelessness by helping young people get on their feet and provides social benefits to the seniors in the home.²⁷ Multigenerational housing has the potential to satisfy the housing needs of boomers as well as millennials.

²⁴ See Babayagas' House.pdf.

²⁵ See ADU Case Study Hud.pdf.

²⁶ See intergenerational-creating-an-age-advantaged-community-toolkit.pdf and <http://www.bridgemeadows.org/>.

²⁷ See <http://www.cnn.com/2016/01/21/europe/helsinki-seniors-home-oman-muotoinen-koti/>.

3. Employ universal design standards in all facilities declared to be for residents 55 and older.

Not all facilities in St. Paul currently being marketed to older adults as appropriate for independent or assisted living actually are designed for those purposes; some lack such necessary features as accessible shower access and grab bars, among other issues. Using universal design standards will ensure that these facilities are appropriate for aging residents, with appropriate accessibility and safety features.²⁸ Building codes may need to be strengthened and/or changed and enforced to ensure this.

4. Make it a priority to collaborate with federal, state, county, and local governments, public and private developers, and foundations to explore ways to create new housing and rehabilitate existing stock to ensure housing is appropriate and affordable.

Recognizing the shortage of affordable housing as a serious problem, the APA calls on planners to “initiate a dialogue with providers of federally assisted housing to identify collaborative opportunities to assist in the rehabilitation of housing stock and explore mechanisms and innovative models to create new housing units.”

One formidable barrier to creating new housing in the city is the lack of available and affordable land. St. Paul has a wonderful opportunity to address this with the development of the Ford site. Consideration also should be given to using community land trusts such as the Rondo Community Land Trust²⁹ to acquire land for such developments, perhaps with the backing and support of foundations.

²⁸ See <http://www.humancentereddesign.org/resources/universal-design-housing>.

²⁹ See <http://www.rondoct.org>.

Resident Profile:

Maria is looking for housing options



Maria has spent most of her life working in low-wage jobs and living in rental units. Even though she's old enough to retire, she can't because her Social Security is not enough to make her monthly expenses. So she is still working part-time. But rents continue to go up, as do utilities. Some of her friends are in the same boat, and they talk about how they'd like to rent a house together and share expenses and responsibilities. Is there a way they could do this?



Expand Connectivity

Having the means to connect to what one needs and wants is what makes us feel in control of our lives. Having these choices available to us and the authority to navigate them could be defined as independence. In this era, the means to connect includes both physical transit and electronic connectivity.

An increasing number of St. Paul's elderly residents are becoming isolated in their homes or apartments. This isolation leads to all of the pathological contributing factors of physical decline while undermining a vision of our community as integrated.

Particularly for the elderly, the young, people with disabilities, or the financially disadvantaged, public transit provides access where walking or cycling is not practical or impossible. Older adults have different accessibility needs, which planners should consider when thinking about the design of streets and trails. This

involves issues of universal design but also access to transit if people need to give up driver's licenses as well as access to age-appropriate physical activity options.

The same challenges that make it difficult or impossible for older adults to drive also make it difficult or impossible to use most public transit options. The design of the built environment influences whether or not a person is able to access something as basic as food. Understanding the transit needs, desires, limits, and barriers for this uniquely diverse and broadly defined population will bring us closer to healthy aging in our community.

Connectivity, via physical transit options or electronic connections, contributes to an integrated community and an increased quality of life for all. The Beverly Foundation, an organization dedicated to exploring senior transit challenges and solutions, suggests using looking at transit options through the "Five A's" model as a means to measure effectiveness in senior-friendly transit. This is a more simplified approach as compared to that of the City Leaders Institute on Aging in Place.³⁰

The model is:

Availability: How available the service is to seniors and how well the transit makes available the desired destinations.

Acceptability: The extent to which seniors will want to adopt the transit option, taking into account generational preferences.

Accessibility: Physical accessibility and the barriers that contribute to low usage.

Adaptability: The degree to which a transit can either modify its route or link to another fixed route.

³⁰ See <http://beverlyfoundation.org/wp-content/uploads/Fact-Sheet-5-the-5-as.pdf>.

Affordability – Taking into account the fixed incomes of the senior population.

Consider, for example, Metro Mobility through this rubric. Metro Mobility meets many of the Five A's but not all. It is affordable, accessible, and adaptable. Where it falls short is its acceptability and availability.

It is an unfortunate requirement of Metro Mobility that the application process includes a statement of disability by the rider. For many adults, regardless of age, such a statement highlights deficits rather than support functional ability. The environment is a major influence on an individual's ability to remain independent and in one's own community. This disability requirement undermines the Acceptability of this service.

Metro Mobility requires a travel plan days in advance, a window of arrival that can include hours, and an estimated pick-up window that can also include hours. If Metro Mobility arrives and the rider isn't present (if they had to use the bathroom, for example), the rider may no longer be eligible for using this transport. This all contributes to its poor grade on Availability.

The rapidly developing shared economy brings some workable solutions into the senior transit conversation — so long as the senior has access to the Internet and a device such as a tablet or smartphone. Uber and Lyft models of senior transit bring many advantages: door-to-door service, less wait time, eventual familiarity with the driver, and less lead time that invites spontaneity.

Looking to the future, Saint Paul City planners should be aware of the increasing need for Internet access and how it will contribute to transit options. An excellent example of how this can work is "Uber-S," a brand of Uber developed by a consortium in Philadelphia's Cherry Wood neighborhood. The goal of this collaboration between the driving app and three Jewish groups in the community is

to “break barriers and demystify the technology for older residents.”³¹ As this project shows, while transit to medical appointments remains important, maintaining good mental and social health also depends on transit.

Looking at Uber-S through the lens of the Five A’s:

Availability: Good if a rider has a device and Internet access.

Acceptability: Good since technology is becoming easier to use and more familiar to many people.

Accessibility: Depends on the vehicles used.

Adaptability: Great since the routes are determined upon request of transit.

Affordability: Would take into account the factors of electronics, Internet access, and the cost of transit.

Recommendations

1. Determine the transit needs, gaps in service, and limitations for the city’s aging residents.

Given the complexities of understanding this diverse population, a survey of current seniors living in a variety of situations could be used to determine what framework of transit would meet their needs physically and socially.

It is important to target this survey to the people who are currently experiencing isolation because people have a tendency to project overly optimistically what their future needs will be. It is also important to include seniors residing in a variety of residences since access to existing transit can be determined by address. This survey should include people living in single-family homes and apartments,

³¹ See http://www.philly.com/philly/living/20161116_Door-to-door_service_never_having_to_wait_outside_GPS_tracking_Seniors_get_on_Uber.html.

senior-only independent-living units, congregate living situations, and housing-with-services.

The survey could inquire as to the current frequency of use, destination of use, perceived pros and perceived cons of all current types of transit:

- Light rail
- MTC
- Metro Mobility
- Taxi
- Neighborhood transit service (e.g., Jewish Community Center bus)
- Volunteer
- Own car
- Other

The survey could also inquire as to the acceptability of modes of transit that are currently not widely available, such as Uber and neighborhood circulators, and seek to understand desired destinations and frequency if transit barriers were eliminated—basically, who wants to go where, when, and how:

- Destination (Medical appointments are often cited as a current frequent destination, but a survey may yield information that shows seniors would like also to go to local businesses and services if they had the means.)
- Frequency
- Mode

2. Explore collaborative partners to bridge the complexities.

Connecting seniors to the right transit is an attainable goal. The biggest obstacle is in determining whose task it is. Is this a burden families need to take on privately and inefficiently? Should direct access transit be available only to those who can

pay the high prices for “housing with services”? Should seniors take matters into their own hands and continue driving an automobile? Or should they suffer isolation in their homes?

Scott and Carver Counties have collaborated to develop Smartlink, a mobility management system that maximizes efficiency by bridging county lines and partnering with cities within those counties, the Minnesota Department of Transportation, the Metropolitan Council, Minnesota Department of Human Services, and private providers.

Through Smartlink, area seniors need only make a single phone call requesting transit. The call is received by central distribution, which assesses the payment source (Medical Assistance, private pay, or other) and determines the most efficient means utilizing a range of options, including: taxis, senior buses (broadening the scope of senior buses already in use), Metro Mobility, fixed bus, medical transit, veterans’ services, Uber, volunteers, van pools, and school bus companies. This innovative solution, which is seven years into development, has increased mobility in the Scott and Carver Counties as compared with neighboring counties.

Could Saint Paul and Ramsey County do something similar? While the template exists to develop a similar approach, there are differences in an urban setting. In more densely populated neighborhoods, it is possible that destinations are closer in proximity? Could there be more pooling of trips?

The recently announced merger of Saint Paul Smart Trips and Transit for Livable Communities is an encouraging example of streamlining expertise on this multifaceted issue. Both organizations are committed to the expansion of equitable, sustainable and multi-modal transit options. They see opportunities and want to ensure undeserved groups a voice in transit decision-making. The ACOA trusts this

merger will also address the particular concerns and voice of older adults in Saint Paul.

3. Develop a citywide wireless internet network to support the complexities of transit and social connectedness for older adults and all residents, and expand the availability of computer training.

4. Enact the City of Saint Paul Street Design Manual and Complete Streets Action Plan approved by the St. Paul City Council (July 8, 2016) using the guiding principles of Aging in Community as described by the American Planning Association.

City of St. Paul Complete Streets Action Plan: This plan outlines next steps for implementation of CS policies and next steps to implement goals identified in the St. Paul 20 Year Comprehensive Plan ACOA is recommending additional language to be added to this plan to reflect the guiding principles of aging in community. These additions are bracketed and in bold.

The City and community should explore traffic problems and options together to help achieve the neighborhood's objectives. ACTION: Support district councils' capacity for transit issues by providing training to district council Transportation Committees.

Provide safe citywide connections to [add senior-dense complexes], schools, libraries, parks and recreation centers with improved crossings and comfortable pedestrian environments at high demand destinations. ACTION: Develop a Safe Routes to School or similar programs **[such as Safe Routes for the Rest of Us!]**.

Design should be sensitive to the context and community in which it is located. Performance standards should be established with measurable

outcomes. ACTION: Modify Transportation Committee report to explicitly include how projects are meeting CS policies.

Support transit-oriented design through zoning and design guidelines that promote walkability and transit use. ACTION: Review and implement pedestrian oriented features adjacent to development projects [**including senior dense complexes**] as part of site plan review.

Develop a strategy for investing in infrastructure projects such as street and traffic improvements to support the growth of existing employment, services, parks, schools [**and senior-dense complexes**]. ACTION: Build on recent efforts of interdepartmental collaboration by continuing project planning coordination for upcoming street projects.

Collaborate with nonprofit, volunteer, and business organizations to coordinate bicycle [**and pedestrian**] counts at sample intersections and on selected routes, so to better understand trends and prioritize improvements and maintenance. ACTION: Establish a practice of bike and pedestrian counts.

Increase pedestrian, bicycle and motorist safety through effective law enforcement, detailed crash analysis, and engineering improvements to reduce the risk of crashes. ACTION: Refine data driven methodology to rank street projects for citywide programs.

Connect neighborhoods that have poor sidewalks or little access to trails and bike routes, especially east and north of Downtown. ACTION: Initiate a comprehensive pedestrian plan.

Define parkway character, features, and amenities; assign improvement responsibilities and resources. ACTION: Develop specific guiding policies and priorities for parkways for the 20 Year Comprehensive Plan.

Resident Profile:

Florence and Albert want to use the bus



Florence and Albert have used the bus system for getting around for their appointments, grocery shopping, visiting friends, and getting to the library where they tutor kids after school and the community center. They know the timetable and the stops. They have figured out getting to the bus stops safely. But now that Albert is on crutches for the foreseeable future, they must rethink how they get around. There are no grocery stores in their neighborhood. With the winter months, the two-block distance to the bus stop is like crossing the snowy mountain peaks as the snowplows deposited three-foot piles at the intersections. How will they navigate the icy sidewalks to the bus and from the bus to their destination? Will they be isolated the entire winter – and as they continue to age?



Going Forward

Saint Paul city officials and planners have dedicated staff and resources to creating exhaustive feasibility studies in preparation for the future development of housing, business, and roadway infrastructure at the Ford Site. ACOA members appreciate this deliberate focus and hope the same level of a commitment is dedicated to a Comprehensive Plan that incorporates aging within intergenerational communities.

To a significant extent, the success of a planned development such as the Ford Site is determined by how the development is governed and to whom the developers are accountable. Similarly, this question of governance and accountability comes up often in conversations about the implementation of the Comprehensive Plan. How will we know if our city will be successful in addressing the needs and acknowledging the benefits of older adults in Saint Paul? What will be the measurements of success? How will the methodology for this be established?

We believe it is critical to collaborate with Saint Paul-Ramsey County Public Health, other governmental agencies, nonprofit organizations, and businesses to address the “age wave” that is now upon us.

Further, we believe that it is imperative that Saint Paul and Ramsey County design a collaborative structure and process to guide the implementation of the Comprehensive Plan.

Our final recommendation is the creation of an Office on Aging be established to advise, advocate and promote the vision of aging in community through our Saint Paul 20-Year Comprehensive Plan. We believe that Saint Paul has the opportunity to become regionally and nationally recognized for its intentional work and results in creating an intergenerational community that embraces aging in community.

We feel a sense of urgency.

We ask that our recommendations be considered and elicit questions. To that end, ACOA members invite ongoing communication with planners and city leadership.