Older Adult Fitness: Access and Participation in Rural Minnesota

WORKGROUP OF THE RURAL HEALTH ADVISORY COMMITTEE, 2018

DEPARTMENT OF HEALTH
OFFICE OF RURAL HEALTH AND PRIMARY CARE

Older Adult Fitness: Access and Participation in Rural Minnesota

Minnesota Department of Health
Office of Rural Health and Primary Care
PO Box 64882
St. Paul, MN 55164-0882
651-201-3838
health.orhpc@state.mn.us
www.health.state.mn.us

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Contents

202 Monroe Avenue North Mankato, MN 56003

April 24, 2018

Jan Malcolm
Commissioner
Minnesota Department of Health
625 North Robert Street
St. Paul, Minnesota 55155

Dear Commissioner Malcolm,

We are pleased to present this report from the Rural Health Advisory Committee: *Older Adult Fitness: Access and Participation in Rural Minnesota.* In April 2017, the Rural Health Advisory Committee formed a workgroup to assess rural older adult participation in and access to opportunities for physical activity. Workgroup members included exercise instructors, physiologists, staff from the Minnesota Area Agencies on Aging, the Board on Aging, the MDH Statewide Health Improvement Partnership and the Health Promotion & Chronic Disease Division, and a number of researchers, health care workforce representatives and consumers. This report highlights the results of their efforts and describes the barriers faced by older adults who want to be physically active.

Consistent access to appropriate physical activity opportunities is a challenge in rural communities in Minnesota. The Rural Health Advisory Committee's workgroup developed five policy recommendations for improving physical activity services in rural Minnesota. These are high-level recommendations and it is RHAC's hope that key stakeholders, including those identified on page 16, will find them helpful in advancing their work in strengthening older adult health in rural Minnesota and sustaining opportunities for physical activity.

The workgroup recognized that community culture and community leaders play a significant role in implementing new ideas. The implementation guide will help communities create new opportunities for fitness as an aging-in-place strategy. The workgroup also identified the issues of maintaining a qualified workforce, creating exercise opportunities that are affordable, and the continuing issues surrounding access to reliable transportation and make recommendations to address these.

We appreciate the opportunity to contribute this report to the important discussion of supporting healthy lifestyles in rural Minnesota. Thank you for your continued support of improving rural health.

Sincerely,

Ellen De la torre, Chair
Rural Health Advisory Committee

Ann Bussey, Chair
Rural Older Adult Fitness Workgroup

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

April 24, 2018

Ellen De la torre, Chair
Rural Health Advisory Committee
202 Monroe Avenue
North Mankato, MN 56003

Dear Mrs. De la torre,

Thank you for the Rural Health Advisory Committee's report, *Older Adult Fitness: Access and Participation in Rural Minnesota*. We commend you, the Rural Older Adult Fitness Work Group and the entire committee for your efforts.

Ensuring that our older adult community has access to opportunities to stay physically active and socially engaged in their rural community is an important concern. Understanding this cross-sector issue in Minnesota will help identify ways to target resources and support where they are most needed. The recommendations from this report highlight the need for continued support of physical activity opportunities in rural communities and the importance of physical activity to healthy aging.

Thank you for the excellent work. The Minnesota Department of Health is committed to finding solutions to ensure that older adults have access to the types of physical activity services that will keep them healthy. This report, with its insightful recommendations, is an important step. I look forward to working together to protect, maintain and improve the health of all Minnesotans.

Sincerely,

Jan Malcolm
Commissioner
PO Box 64975
St. Paul, MN 55164-0975
www.health.state.mn.us

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Executive Summary

Strategies for healthy aging improve health outcomes of older adults and enhance economic outcomes for Minnesota communities. Staying healthy improves the ability of older adults to age in their own homes, have less reliance on home care and nursing facilities, and ultimately have higher quality of life with less public cost. An important component to staying healthy is ensuring that adults living in rural Minnesota have continued access to local opportunities for physical activity.

Current exercise guidelines recommend a combination of exercises including aerobic activity, muscle strengthening, flexibility and balance exercises. Being physically active can be as simple as going for a walk, but not everyone is fit enough to walk for long durations. Walking, alone, will not meet all the guidelines for physical activity. Fitness classes designed for an older population are an excellent way to provide opportunities for physical activities, but older people in geographically isolated communities often do not have the same access to these opportunities as people living in urban communities.

The goal of this committee was to strategize and communicate ways to increase participation in and access to opportunities for physical activity. The RHAC identified common barriers to providing appropriate, scalable, and affordable physical activity opportunities for older adults, and developed recommendations to address them. Their recommendations included:

- Using a community fitness implementation model to respond to need
- Developing dedicated funding for rural older adult physical activity programs and initiatives
- Retaining and reimbursing a qualified workforce for physical activity classes
- Educating and facilitating connections between health care providers and community physical activity and fitness efforts for rural residents
- Improving transportation options to and from fitness programs and community locations

This report includes recommendations for policy makers and health and fitness professionals in rural communities. This report also includes a community guide for implementing physical activity programs. In rural communities, the community members are often the ones that make things happen. The guide was developed to help community leaders inspire and lead their local areas in creating physical activity opportunities. It is important to take in both the recommendations and the implementation guide to address different needs across rural communities. Policy level changes and new public investment, together with leadership within rural communities, are required to achieve the goal of healthy older adults in vibrant rural communities.

Introduction

Rural Health Advisory Committee

The Rural Health Advisory Committee (RHAC)[1] is a governor-appointed body established in law and tasked with the mission of informing the Commissioner of Health, the Governor, and state agencies in Minnesota about rural health issues, health care needs and health problems facing rural Minnesotans. The Rural Health Advisory Committee convened this workgroup to address the access and participation of older adults in physical fitness activities in rural Minnesota. After identifying that it is crucial to healthy aging to be physically active, the work group for this project developed an implementation guide and a series of recommendations. The goal of these materials is to help guide future efforts to create accessible and sustainable fitness options for rural older adults.

Links to past work of the Rural Health Advisory Committee

In 2006, the Rural Health Advisory Committee published a report on aging titled *Creating Healthy Communities for an Aging Population*. This report defined healthy aging as:

> *"…the development and maintenance of optimal mental, social and physical well-being and function in older adults. This is most likely to be achieved when communities are safe, promote health and well-being, and use health services and community programs to prevent or minimize disease."*

The committee created a framework of four dimensions in order to guide their work. Optimizing health and well-being – to include concepts such as physical activity – was a key guiding factor identified as necessary to create a healthy community for an aging population. Based on this framework, the 2006 workgroup developed eight recommendations[2]. Of these recommendations, three stood out as relevant to the development of physical activity programs in rural Minnesota. These are:

- Support infrastructures that provide understandable, culturally appropriate education and tools for health promotion, self-responsibility for health promotion and maintenance, and disease self-management.
- Address mental health needs of older adults, including prevention of isolation and loneliness, and promotion of meaningful participation.
- Develop elder-friendly caregiver education about available resources and how to access them.

[1] Minnesota Statutes 144.1481. Rural Health Advisory Committee

[2] Minnesota Department of Health (MDH). *Creating Healthy Communities for an Aging Population.* St. Paul: MDH; March 2006. Available from: http://www.health.state.mn.us/divs/orhpc/pubs/healthyaging/hareportnofs.pdf

The Rural Health Advisory Committee convened a new work group to build on this earlier work in addressing physical activity participation of the older adult population living in Minnesota's rural communities.

Communicating new ideas and tools: what's in this report

One goal of this report is to help the public promote age-friendly policies by encouraging the expansion of age-friendly physical activity opportunities as a way to encourage an age-integrated society. Adopting strategies and recommendations is important, and communicating the need and rationale to funders, stakeholders and leaders is essential to creating meaningful impact. The recommendations and model included in this report rely on the use of effective communication strategies.

This report has two main parts: broad recommendations to support physical activity initiatives among rural communities in Minnesota, and a model to help communities create or sustain existing physical activity services and to promote exercise among older adults. There is an audience for both. Developing effective communication strategies is important to meeting goals and creating communities that support and promote healthy aging through physical activity. We have included numerous resources, both in the model and appendix, to help communities think through the process of beginning and then sustaining physical activity classes. These resources present new ways to have a discussion, communicate the needs of older adults, and develop effective community engagement strategies. The appendix also identifies a number of resources designed to support organizations and individuals in thinking in new ways about the social frameworks that they can use in working with their communities to advance their goals.

Healthy Aging in Rural Minnesota

Physical, emotional and social well-being are equally important for maintaining health throughout the aging process. Physical activity, fitness and exercise are important for all ages, and essential for healthy aging. Physical activity programs and exercise regimens throughout life provide direct and indirect benefits.

Direct benefits:

- Physical fitness levels
- Bone, muscle and joint health
- Reduces risk or complications of chronic disease
- Reduces risk of falls and breaking bones
- Reduces impact of mobility limitations
- Prevents major medical disability

Indirect benefits:

- Social engagement
- Community support
- Family involvement
- Maintaining the ability for independent living
- Reducing stress, anxiety and depression.

In spite of these benefits, older adults are the least likely age demographic to participate in any type of exercise.[3] Building on the physical health recommendations in the Rural Health Advisory Committee's 2006 report, this project focuses specifically on physical activity and its influence on healthy aging.

Physical activities that promote healthy aging

Physical activity and prevention programs play an important role in keeping older adults physically, mentally and emotionally healthy.[4] Physical activity has many long-term benefits that help individuals maintain a high quality of life. Structured and unstructured activities have health benefits. Current physical activity guidelines recommend that adults participate in a variety of aerobic, muscle strengthening, balance, mobility and flexibility types of exercises (Table 1).[5,6,7] Current guidelines call for the same recommended aerobic and strength-training

[3] Centers for Disease Control and Prevention (CDC). *A report of the Surgeon General: Physical Activity and Health.* Atlanta: U.S. Department of Health and Human Services. Available from: https://www.cdc.gov/nccdphp/sgr/pdf/olderad.pdf

[4] Office of Disease Prevention and Health Promotion (ODPHP). "Chapter 5: Active Older Adults." In Physical Activity Guidelines. Washington DC: ODPHP. Available from: https://health.gov/paguidelines/guidelines/chapter5.aspx

[5] Centers for Disease Control and Prevention. How much physical activity do older adults need?

[6] Mary Frances Visser and Pam MacFarlane. "Physical Activity Options for Healthy Older Adults." In *ACSM's Exercise Options for Older Adults,* 71-102. Philadelphia: Lippincott Wiliams and Wilkins, 2014.

[7] ODHPH. "Older Adults." In Physical Activity Guidelines. Washington DC: ODHPH. Available from: https://health.gov/paguidelines/guidelines/older-adults.aspx

exercise goals for all adults. In addition to aerobic and strengthening activities, older adults are also encouraged to participate in flexibility exercises as well as balance and mobility training.

Table 1: Physical Activity Recommendations for Adults[8]

Type of Activity	Amount
Moderate-intensity aerobic activity[9]	150 minutes weekly
Muscle strengthening activities[10]	1 – 3 sets, 2 or more days per week
OR	
Vigorous-intensity aerobic activity[11]	75 minutes weekly
Muscle strengthening activities	1 – 3 sets, 2 or more days per week
OR	
Moderate and vigorous intensity aerobic activity	An equivalent mix of minutes weekly
Muscle strengthening activities	1 – 3 sets, 2 or more days per week

In addition to aerobic and muscle strengthening activities, older adults should perform activities that work on balance, mobility and flexibility. Balance and mobility training help control body movements in a range of settings. Activities to improve balance and mobility include practicing changes in center of gravity, posture or sudden changes in motion. Flexibility – or stretching – is important for joint and muscle health. Typically, these activities are types of static and sustained stretches.[12]

There are many ways for older adults to be physically active, such as going to the gym, taking a class, participating in a scheduled group activity, or going for a walk. Adults who have a history of being physically active are more likely to continue being physically active as they age. Even

[8] Centers for Disease Control and Prevention. How much physical activity do older adults need?
[9] Aerobic exercise – or "cardio" – is a type of activity that makes the heart rate and breathing pattern quicken. Types of activities include walking, swimming, recreational sports, or cycling. On a scale from zero (sitting) to 10, the CDC states that moderate-intensity activity is approximately a five or six.
[10] Muscle strengthening exercise improve muscle functions such as strength, endurance and power. Types of activities include repetitive motions such as weight lifting, working with resistance such as bands, water, or body weight. The standard recommendation for muscle strengthening is 8-12 repetitions of the same motion. These repetitions make up a set and it is good to do 1-3 sets two or more days per week.
[11] On a scale from zero (sitting) to 10, the CDC states that vigorous intensity aerobic activity is a seven or eight.
[12] Office of Disease Prevention and Health Promotion (ODPHP). "Chapter 5: Active Older Adults." In Physical Activity Guidelines. Washington DC: ODPHP. Available from: https://health.gov/paguidelines/guidelines/chapter5.aspx

older adults with little to no history of exercising can start a new exercise program, but it is important for them to consider any pre-existing conditions, chronic diseases or limitations.

Older adults who are unable to meet the recommended physical activity guidelines should be as physically active as they are able.[13,14] For many older adults living in rural communities, a fitness center can provide a safe place to exercise and meet the recommended guidelines. A fitness center does not guarantee access to structured physical activity or social support to encourage on-going participation.

This report is focused on helping understand the different programmatic aspects of exercise that are important for communities, organizations and policy makers to consider when determining how to best serve older adults in rural communities.

Physical Activity Classes and Programs

Ongoing, structured fitness programs that meet minimum physical activity guidelines for older adults should be available locally, with instructors and curriculums that encourage regular attendance and social interaction for rural adults. Not all rural communities have equal access to exercise classes that provide on-going opportunities for older adults to participate in physical activity. Exercising in a gym or fitness center has many benefits but for adults who have a history of poor health or are less able to be physically active, structured programs allow for safe and specific exercises. Programs dedicated to older adult physical activity are often specific to chronic disease self-management, falls prevention or exercising to improve functional movements and prevent mobility disability. Offered weekly for a set number of weeks or available continuously, these classes teach participants strategies and exercise regimens that address behavior changes needed to manage changing health conditions and promote recovery.

PARTICIPANTS OF A STRUCTURED PHYSICAL ACTIVITY CLASS IN NORTHERN MINNESOTA

"[Our physical activity] program is the reason we are still mobile. It not only is good physically but also helps keep the mind sharper. The social interaction is very important. [We are grateful for the] financial support [from Silver Sneakers] to keep us moving."

"My balance, endurance, flexibility, and strength have improved since I have participated in this program. I appreciate that many of the exercises are for prevention of falling, breaking or strains to knees, ankles, and wrists. I think I have mentally improved by being able to adapt to new combinations of exercises."

Another common way to distinguish exercise classes is by identifying those that are evidence-based. An evidence-based class meets a certain set of criteria that, through extensive research, demonstrates positive changes will occur. Exercise programs can exist along a continuum on a

[13] Mary Frances Visser and Pam MacFarlane. "Physical Activity Options for Healthy Older Adults." In *ACSM's Exercise Options for Older Adults,* 71-102. Philadelphia: Lippincott Williams and Wilkins, 2014.
[14] ODPHP. "Chapter 5: Active Older Adults." In Physical Activity Guidelines. Washington DC: ODPHP. Available from: https://health.gov/paguidelines/guidelines/chapter5.aspx

scale of evidence, depending on how effective their outcomes are. Classes that meet the highest criteria of being evidence-based also have the opportunity to receive financial support through federal funding from the Older Americans Act[15] via the Board on Aging. Exercise classes that do not meet the criteria of being evidence-based still demonstrate value to the participants and meet physical activity guidelines. Classes that are not evidence-based can be a practical approach where the appropriately certified instructors are not available or there is not enough demand to support a brand name class.

Table 2. Examples of physical activity classes*

Examples of Evidence-Based Classes	Examples of Silver Sneakers© Flex Classes and/or Silver and Fit© Active Options[16]	Examples of other common exercise programs offered by a variety of groups
▪ Arthritis Foundation Exercise Program ▪ Matter of Balance ▪ National Diabetes Prevention Program ▪ Stay Active and Independent for Life (SAIL) ▪ Tai Ji Quan: Moving for Better Balance	▪ Cardio and Strength ▪ Chair Yoga ▪ SilverSneakers Circuit, CardioFit, Stability, etc. ▪ Strength and Balance ▪ Tai Chi ▪ Yoga ▪ Zumba	▪ Aerobics for adults ▪ Aqua Aerobics ▪ Pilates

**This is not a comprehensive list of classes for any program and does not represent the full offerings of insurance-based reimbursement, the Area Agencies on Aging or any one community.*

Community Efforts

Community and religious organizations, local fitness centers, healthcare facilities, local public health agencies and other community-based initiatives promote and offer exercise classes and other fitness opportunities to their older adult communities. Physical activity initiatives driven by the community offer social networks that are not achieved with individual exercise. The Community Preventive Services Task Force recommends changing physical activity behavior with interventions that build, strengthen and maintain social networks.[17]

One challenge in organizing or expanding opportunities for older adults is communicating the need and importance of physical activity for healthy aging. Reframing Aging, an initiative from

[15] The Older Americans Act is a federal piece of legislation originally passed in 1965. It provides funding for programs and support services for older adults in the United States. Title III of this act provides limited funding for a wide range of services including health promotion and disease prevention services such as approved, evidence-based physical activity programs

[16] There is a wide range of classes available in both the Silver & Fit and Silver Sneakers programs. To learn more about Silver Sneakers opportunities: https://tools.silversneakers.com/LocationSearch?flex and Silver & Fit options: https://www.silverandfit.com/.

[17] Community Preventative Services Task Force. *Physical Activity: Social Support Interventions in Community Settings*. Washington DC: US Department of Health and Human Services; February 2001. Available from: https://www.thecommunityguide.org/findings/physical-activity-social-support-interventions-community-settings

the Frameworks Institute, identified a series of strategies to help communicate ways to "expand thinking" about aging (Appendix G).[18]

In Minnesota, local public health organizations, community health boards (the governing authority for local public health) and tribal nations work on many health promotion strategies such as planning for communities that support physical activity. A key part of health improvement initiatives at a local level is support received from the Statewide Health Improvement Partnership (SHIP) and the Area Agencies on Aging. SHIP program provides state funds for a range of prevention initiatives – determined by each community following a needs assessment – including creating opportunities for active living. The Area Agencies on Aging provide support for physical activity, nutrition and other programs and activities as directed by the Minnesota Board on Aging.

Walking and walkable communities

Walking is an excellent example of an activity that builds social networks to encourage positive behavior change toward participating in physical activity, but there is still a need for structured fitness programs to provide strength or balance and mobility training. Walking is a low-cost strategy that enables individuals or groups to meet aerobic activity guidelines. Walking programs work best for individuals fit enough that they can safely go for a walk without risk of falling or injury. Walkable communities are one of the key factors that can enable older adults to start walking. Things to consider:

- Obstruction free sidewalks without cracks or tripping hazards
- Benches to provide a place to rest

Currently, the Statewide Health Improvement Partnership works with their grantees on strategies for walkable communities such as identifying changes to the build environment and community engagement strategies that promote walking (Appendix B).[19]

Medicare Advantage fitness and prevention benefits

Adults age 65 years and older are eligible to enroll in Medicare for health insurance benefits. Original Medicare does not provide additional benefits for health and wellness activities like fitness, exercise, or health education. Medicare Advantage (Medicare Part C) is a supplemental Medicare plan sold by private companies. Many Medicare Advantage Plans offer some type of fitness reimbursement or fitness benefit to their beneficiaries that include:

- Full or partial discounts on health club membership.
- Access to exercise classes at the health club or from other participating locations.
- Written health education materials for at-home use.
- Web-based health education.

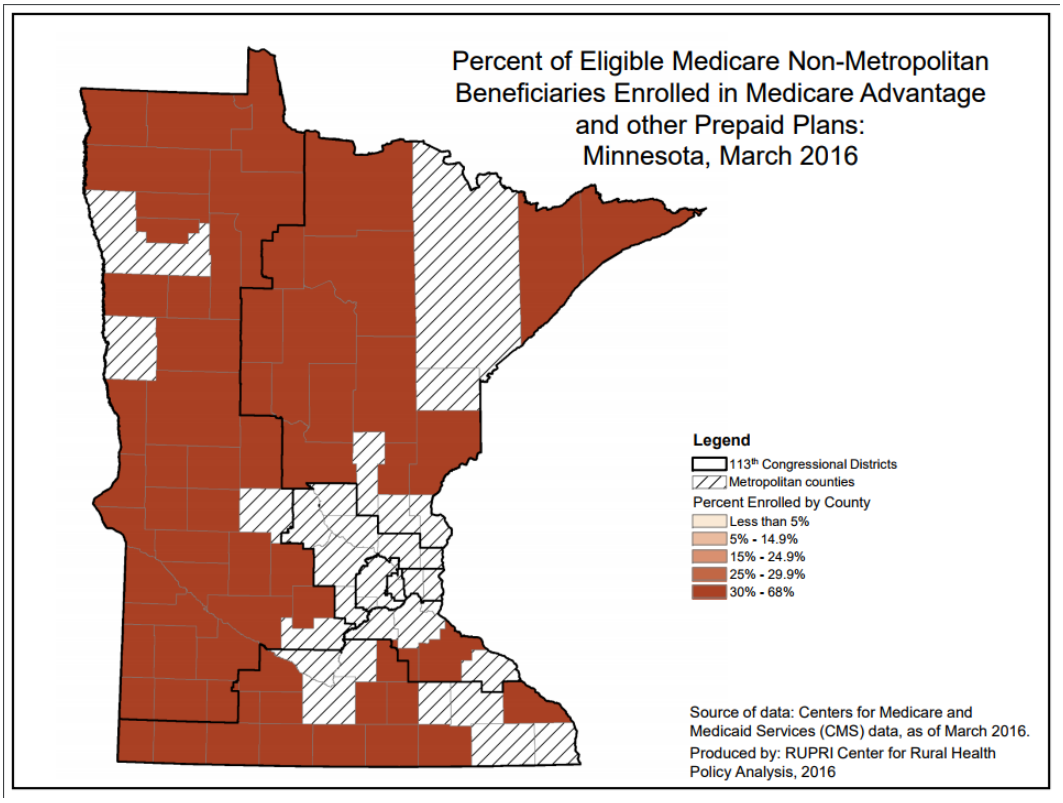
[18] Frameworks Institutes. *Aging.* Washington DC: Frameworks Institute; 2017. Available from: http://frameworksinstitute.org/reframing-aging.html

[19] Minnesota Department of Health Statewide Health Improvement Partnership. *Walk Friendly Communities.* Available from: http://www.health.state.mn.us/divs/hpcd/chp/cdrr/physicalactivity/walk-friendly.html

Organizations such as American Specialty Health and Tivity have branded health and wellness products. These products, called Silver Sneakers and Silver & Fit, are responsible for administering the majority of health and wellness benefits purchased by Medicare Advantage plans. Each company offers slightly different services to their customers (Table 4).[20] All of their exercise classes are structured and many are ongoing; however, the availability of classes is subject to having trained instructors, a safe venue and enough community interest to sustain services.

Rural Minnesota has a higher percentage of Medicare Advantage enrollees than many rural communities across the country.[21] The percent of eligible Medicare beneficiaries that are also enrolled in Medicare Advantage (and other prepaid plans) is 30-68 percent in rural counties (Figure 1).[22]

Figure 1. Percent of Eligible Medicare Non-Metropolitan Beneficiaries Enrolled in Medicare Advantage and other Prepaid Plans, Minnesota 2016



Source: RUPRI Center for Rural Policy Analysis with data from Centers for Medicare and Medicaid Services, 2016

[20] Silver Sneakers and Silver & Fit each have an individual network of instructors that provides classes in recreational settings that include community centers as well as recreation centers. For Silver Sneakers this benefit choice is Silver Sneakers Flex and for Silver & Fit it is their ActiveOptions Instuctors.

[21] RUPRI Center for Rural Health Policy Analysis. *Medicare Advantage National and State Enrollment Tables and Maps.* Iowa City: University of Iowa; March 2016. Available from: https://www.public-health.uiowa.edu/rupri/maupdates/march2016.html

[22] RUPRI Center for Rural Health Policy Analysis. *Medicare Advantage National and State Enrollment Tables and Maps.* Iowa City: University of Iowa; March 2016. Available from: https://www.public-health.uiowa.edu/rupri/maupdates/march2016.html

Adults who are eligible for Medicare in Minnesota are likely also enrolled in a supplemental Medicare Advantage Plan that provides fitness benefits through the plan or a third party contract with the parent company for Silver & Fit or SilverSneakers. Older adults in rural communities most likely have some kind of wellness or physical activity benefit available to them, but they do not always have access to the type of facility or type of benefit that is covered. Those who are not utilizing these benefits are not doing so because of lack of knowledge about their plan, lack of access to the facilities that are reimbursable, or because they require a more structured or clinically guided exercise program than is available to them.

Electronic connections to physical activity opportunities

Creation of a database of exercise and prevention programs would streamline awareness of program opportunities and access to enrollment. Individuals and their health providers need to know when and where to find fitness classes before they can use them personally or refer their patients. Such a database would make it easier to identify community organizations that offer evidence-based health promotion programs or other fitness classes and the healthcare system.

Scheduling, location and type of program are important details to advertise and make available to individuals, health care staff and other local organizations referring communities to exercise programs. Current efforts to bridge theses gap include networks such as:

- Wellconnect in Southeast Minnesota (Appendix C)
- Juniper through the Area Agencies on Aging (Appendix D)

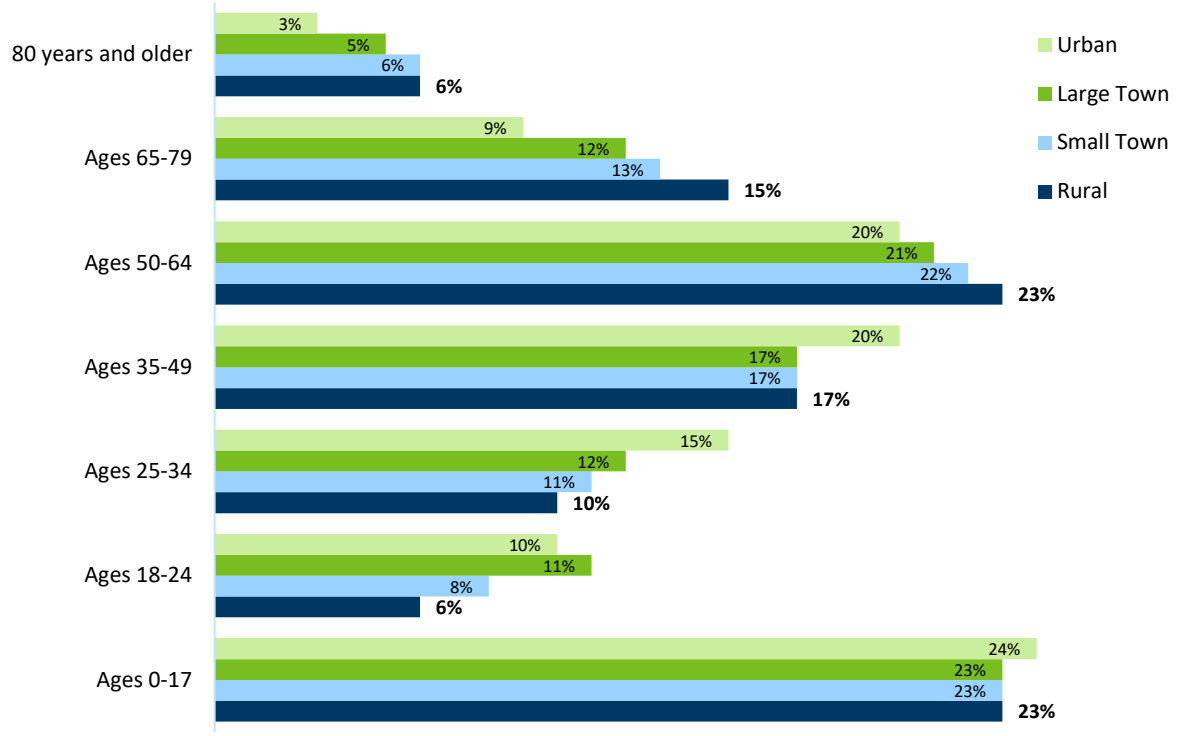
Both are working to develop cohesive, easy to use web features to increase referrals, enrollment, participation, and evaluation of evidence-based programs. Social media can have a similar function of connecting community members to exercise opportunities in surrounding communities. Those who are already physically active may find it helpful to be able to connect to a variety of exercise opportunities advertised on social media platforms.

Challenges to being physically active in rural Minnesota

Age demographics of rural Minnesota

There are many challenges in creating an environment for healthy aging in rural Minnesota. The Minnesota Demographic Center predicts that **by the year 2030, one in five Minnesotans will be over the age of 65**.[23]

Figure 2. Age groups as a share of the total population, by geography type[24,25]



Source: Minnesota Demographic Center, 2016 with data from the U.S. Census Bureau's published 2010-2014 American Community Survey 5-Year Estimates. Reproduced by: Minnesota Department of Health, Office of Rural Health & Primary Care, 2017.

[23] Minnesota State Demographic Center. *Aging*. St. Paul: Minnesota State Demographic Center. Available from: https://mn.gov/admin/demography/data-by-topic/aging/

[24] Minnesota State Demographic Center. *Greater Minnesota: Refined & Revisited*. St. Paul: Minnesota State Demographic Center; January 2017. Available from: https://mn.gov/admin/demography/reports-resources/greater-mn-refined-and-revisited.jsp

[25] Rural Urban Commuting Areas (RUCAs) are definitions of rurality that use census tract data to create definitions using population size, density and daily commuting. This data uses the primary RUCA codes of 1-10: Urban (1-3), Large Town (4-6), Small Town (6-9) and Rural (10). https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes.aspx

A greater proportion of older adults reside in rural Minnesota (Appendix F, Figure 6 and 7) and currently, rural residents, compared to urban, are twice as likely to be age 80 or older (Figure 2).[26]

As shown in Figure 1, not only is the share of the population over 65 much larger in rural areas but the share of people who are between 50 and 64 is also greater. This age group is the next generation of retirees, which will have a significant impact on the workforce, community and health care needs of rural areas. As rural Minnesota continues to age, local economies, the eligible workforce and health care services will need to adapt in order to be able to provide healthy communities for aging in place, including the opportunity or ability to be physically active.

Challenges

Despite long-standing and well-accepted recommendations, **adults are less physically active as they age**.[27] More than 25 percent of adults over age 50 do not engage in regular physical activity, and they become significantly more **inactive** with age. [28] A variety of factors creates challenges for older adults to be physically active in rural communities. Challenges that act as small barriers for older adults in good health can be significant barriers for adults with chronic conditions, disabilities or other health concerns that limit their ability to be physically active. Some of these are:

- **Pre-existing health concerns** such as chronic diseases or limited mobility affect many older adults. Certain conditions require extra considerations to find appropriate exercises that accommodate current physical fitness abilities. Thirty-five percent of Minnesotans have more than one chronic condition and of those, more than half have multiple chronic

"Reframing Aging"

In an effort to promote age-friendly policies and an age-integrated society, the Frameworks Institute developed a series of communication strategies to build public understanding.

Included in this initiative are strategies to talk about demographic changes while being inclusive and creating inventive solutions to provide opportunities that promote older adults' ability to participate, contribute, and create sustainable healthy communities.

Learn more about the Reframing Aging work and associated resources and ongoing MN2030 efforts.

[26] Minnesota State Demographic Center. *Greater Minnesota: Refined & Revisited*. St. Paul: Minnesota State Demographic Center; January 2017. Available from: https://mn.gov/admin/demography/reports-resources/greater-mn-refined-and-revisited.jsp

[27] Centers for Disease Control and Prevention (CDC). *Adults need more physical activity.* Atlanta: CDC; September 2016. Available from: https://www.cdc.gov/physicalactivity/inactivity-among-adults-50plus/index.html

[28] Centers for Disease Control and Prevention (CDC). *More than 1 in 4 US adults over 50 do not engage in regular physical activity.* Atlanta: CDC; September 2016. Available from: https://www.cdc.gov/media/releases/2016/p0915-physical-activity.html

conditions.[29] The prevalence of most chronic conditions is highest among adults over age 65. Mobility limitations can be a dynamic process where many move in and out of different states of disability.[30] This has a significant impact on older adult quality of life.

- **Geographic isolation** creates challenges to offering physical activity opportunities and creating viable connections between resources. Projections show that older adults will make up as much as 30-40 percent of the population in already older rural communities in Minnesota by 2030.
- **Shortage of qualified exercise practitioners** who have received special training to teach physical activity classes that are specific to older adult fitness or to work with an older population.
- **Financial support** is crucial to funding programs, paying trained staff and making changes to the built environment. Current funding sources are highly competitive and often limited to specific initiatives. Sustaining change will require continued financial resources.
- **Fragmented public transportation systems** limit access to public locations and other common gathering places for physical activity. Safe active transportation opportunities or accessible built environments often restrict older adults from participating in exercise outside.

Each of these challenges further compounds the difficulties older adults face when trying to access to structured physical activity opportunities that meet recommended guidelines for older adults living in rural communities. [31]

[29] Minnesota Department of Health, Health Economics Program. *Chronic Conditions in Minnesota: New estimates of prevalence, cost and geographic variation for insured Minnesotans.* St. Paul: MDH; January, 2016. Available from: http://www.health.state.mn.us/divs/hpsc/hep/publications/costs/20160127_chronicconditions.pdf

[30] Gill TM, Guralnik JM, et al. *Effect of structured physical activity on overall burden and transitions between states of major mobility disability in older persons.* Annals of Internal Medicine; September 2017.

[31] Minnesota 2030. "Healthy Aging and Nutrition." Looking Forward Policy Briefs, Minnesota Board on Aging. Available from: https://mn.gov/dhs/assets/Healthy-aging-nutrition_tcm1053-315634.PDF

Strategies and Recommendations

The Rural Health Advisory Committee has a history of finding innovative solutions to challenges that face rural communities in Minnesota. The Rural Health Advisory Committee proposes five recommendations to help bridge gaps and create opportunities for rural older adults, so they can access fitness and otherwise pursue healthy aging activities.

Table 3. Summary of Recommendations

Potential strategy to address barriers that rural older adults face when accessing physical activity programs	Key Stakeholder Group
1. Implement a Community Fitness Model a. Develop a community implementation toolkit to guide individuals and organizations in implementing evidence-based programs in rural communities and connecting with existing resources to aide in sustainability. (See Appendix A)	▪ Community champions ▪ Community organizations
2. Create a dedicated funding source for rural older adults' physical activity programs and initiatives Find or create an alternative and dedicated source of money to fund prevention and wellness activities for aging adults and build on current community-led physical activity initiatives. This fund could: a. Provide start-up grants to organizations to get new activities off the ground and assist in sustainability planning. b. Support a standardized sliding fee scale for individuals and programs that do not receive a Medicare fitness benefit or for classes otherwise unfunded to increase the participation of older adults in rural communities.	▪ Foundations ▪ Local government ▪ Private organizations ▪ State agencies ▪ State legislators and other policy makers
3. Promote physical activity classes: retain and reimburse a qualified workforce. a. Increase efforts to recruit and maintain a trained physical activity workforce in rural Minnesota that can lead, modify, and promote fitness classes for older adults in rural communities. b. Recommend that fitness brands that contract with insurance companies remove financial and contractual barriers that may prevent qualified fitness instructors from working in rural fitness centers, or from reaching a range of rural participants who either	▪ Individual exercise practitioners ▪ Fitness centers and health clubs ▪ Large funding organizations ▪ Private fitness agencies ▪ Private Medicare Advantage plans ▪ Rural/Regional YMCAs ▪ State agencies

Potential strategy to address barriers that rural older adults face when accessing physical activity programs	Key Stakeholder Group
receive benefits through different health plans or attend classes offered by different companies.	▪ State legislators
4. Connect with health care systems: educate and facilitate connections between health care and community health a. Promote ways for health care systems, clinics, hospitals and providers to engage with community physical activity efforts for older adults. b. Encourage adoption of community health worker (CHW) models to bridge gaps between clinic, community and other exercise programs by acting as facilitators or liaisons and educating older adults on the importance of physical activity. c. Continue to support electronic methods for health systems, health professionals and health consumers to engage with existing physical activity opportunities, such as electronic networks that will allow providers and care coordinators to auto-refer patients and media strategies that work at the consumer level to connect older adults to new activities.	▪ Community organizations and health consumers ▪ Health care professionals, clinics and hospitals
5. Improve transportation options to and from fitness programs and community locations for accessible physical activity: a. Link community-based prevention programs to pre-existing transportation networks; e.g. community or clinic based transportation. Developing routes scheduled around group meetings and/or medical appointments will build a more effective transportation network accessible to older adults. b. Create a community roster of volunteer drivers who have the willingness to take older adults to group meetings, appointments, and social engagements. c. Identify and assess community walking routes for accessibility and suitability for older adults, ensuring the presence of benches and other necessary features. Adapt community walking assessments and walkability best practices from urban and other rural communities and modify them as needed.	▪ County, city and community organizations ▪ Individuals ▪ State agencies ▪ State legislators and other policy makers

1. Community Fitness Model

Recommendation Overview

This model aims to connect rural communities with promising practices, organizations and other resources that can help create and expand exercise opportunities for older adults. It targets the community, including individuals, community leaders, health care teams, groups that promote health and wellness and other interested parties.

Fitness and prevention programs are available in a variety of formats and venues; however, gaps in the reach of these services into rural communities create challenges for rural, older adults to participate. Rural communities are also unique; they have different assets and challenges that are important to consider when implementing a new project or policy. Programs and policies designed to engage older adults in physical activity vary depending on the individual community.

The RHAC proposes four broad components to consider when creating older adult prevention and fitness programs in rural Minnesota:

- Community culture and community leaders
- Service availability and network development
- Environmental Considerations
- Financial viability

The full **Implementation Model and Resource Guide** developed as part of this project are available in the Appendices.

Rationale

> *"From a medical point of view, [my] exercise program goes far beyond exercising muscle groups. It is cardiac, respiratory, neurological, and social. It adds comfortable time to our life spans."* ***- Participant in a structured physical activity program in Northern Minnesota***

Minnesota has a number of organizations, state agencies and individuals providing services and programs that target older adult health and well-being across the state; however, there is not a complete network. The RHAC developed this guide to help interested parties build opportunities for older adults in their communities. Building connections with ongoing examples of successful programs will help bring a broader range of services to older adults living in rural Minnesota.

Each of the model's four components has a specific goal and unique challenges in order to be representative of a wide range of community strengths and weaknesses. Consequently, this model will look different in each individual community setting. Communities, organizations or individuals looking to create and implement an older adult fitness, prevention or other wellness type program will need to be able to assess their strengths and weaknesses for each component prior to starting any work. This model also includes a resource guide to help communities communicate importance and need for physical activity, connect to success stories, programs or tools. It is not a complete list; however, and is intended to provide a few specific examples of rural projects, toolkits and ideas to help get new projects off the ground.

2. Dedicated funding source

BRIDGING FINANCIAL GAPS IN PHYSICAL ACTIVITY PROGRAMS AND INITIATIVES FOR OLDER ADULTS

Recommendation Overview

This recommendation proposes that Minnesota find or create an alternative and dedicated source of money to fund prevention and wellness activities for aging adults and build on current community-led physical activity initiatives. Ideas for how to distribute funds:

- Providing start-up grants to organizations to get new activities off the ground and assist in sustainability planning.
- Supporting a standardized sliding fee scale for individuals and programs that do not receive a Medicare fitness benefit or for classes otherwise unfunded to increase the participation of older adults in rural communities.

Rationale

Long-term planning is necessary for Minnesota to develop and sustain physical activity programs in rural communities for current and future generations. Several sources of support for rural prevention and wellness activities for older adults are currently available, but insufficient and inconsistent funding hampers the reach and potential of older adult wellness activities. Current public funding mechanisms for physical activity are limited in amount and in scope of funding from both the federal and state government. In order to support a fund, there would need to be a source of money identified and appropriated to physical activity programs for older adults, in addition to the current sources of funding for older adults.

The federal government administers the Older Americans Act. Passed in 1965, it provides funding for programs and support services for older adults in the United States.[32] Title III of this act provides limited funding to the Minnesota Board on Aging, which then distributes funds to Area Agencies on Aging for a wide range of services on topics such as health promotion and disease prevention (Figure 8). These include approved evidence-based physical activity programs that meet the highest level of evidence.[33] Current programming addresses multiple determinants and precursors of good health; however, rural prevention and wellness activities for older adults are not the program's sole or central focus. The Older Americans Act funding stream has dedicated priorities that currently serve older adults.

During the 2008 legislative session, Minnesota lawmakers passed a major health reform law. One of its goals is to control health care costs by investing in disease prevention. This law established the Statewide Health Improvement Partnership (SHIP) as a strategy to reach this

[32] Public Law 89-73. *Older Americans Act.* Washington DC; 1965. Available from: https://www.gpo.gov/fdsys/pkg/STATUTE-79/pdf/STATUTE-79-Pg218.pdf

[33] Older Americans Act Title III provides federal funding for state area agencies on aging (AAAs) and the creation of corresponding state agencies before states may be eligible for this funding. Funding covers a wide range of support services including case management, older adult centers, transportation, nutrition programs, family caregiver support, etc. This money only funds evidence-based strategies and programs.

goal. SHIP funds policy, systems and environmental change work at the community level to improve health by addressing leading preventable causes of illness and death, including tobacco use, diet and physical activity with a primary goal to reduce chronic diseases and contain health care costs.[34] SHIP has many focus areas across a range of topics and populations, including the older adult population with strategies that address active living for older adults. Funding for SHIP has fluctuated since the program's inception, and is subject to continued state appropriations each biennium. [35,36,37]

It is clear that programs for older adults and physical activity are two priorities for both the federal and state governments. This recommendation is developmental: another step in creating sustainable services for older adults and to position rural communities to be responsive to population health need. Possibilities for the distribution of such a fund include start-up grants or support for sliding fee scale programs. Start-up – or seed grants – offer groups and communities a small amount of money to start a physical activity class or create new opportunities for older adults in their community. Ideally, this would include some support for needs assessments, evaluation and ongoing technical support to keep the program going once the grant money is exhausted. Sliding fee scales are helpful for groups that have some funding but want to offer their program to a wider group that might not be able to afford the full rates of classes. The RHAC recommends that funding not displace resources allocated to existing programs that, while complementing and extending the impact of the proposed older adult-focused activities, have different objectives and broader audiences.

[34]Minnesota Statutes. *145.986 Statewide Health Improvement Program*. 2017. Available from https://www.revisor.mn.gov/statutes/?id=145.986

[35]Minnesota Statutes. *16A.723 Health Care Access Fund*. 2017. Available from https://www.revisor.mn.gov/statutes?id=16A.724

[36]For the 2018-2019 work, SHIP received 34,868,000.

[37]Minnesota Department of Health (MDH). *Statewide Health Improvement Program Report to the Legislature FY 2014-15*. St. Paul: MDH; January 2016. Available from http://www.health.state.mn.us/divs/oshii/ship/docs/SHIP-Leg-Report.pdf

3. Physical Activity Classes

RETAINING AND REIMBURSING A QUALIFIED WORKFORCE

Recommendation Overview

There are a number of professions responsible for planning, coordinating and providing physical activity services to older adults in rural communities. Qualified exercise leaders are skilled at providing medically and age-appropriate physical activities for adults. This recommendation focuses on the professions that provide direct physical activity services to older adults and how these professions are paid.

- Increase efforts to recruit and maintain a trained physical activity workforce in rural Minnesota that can lead, modify, and promote fitness classes in rural communities.
- Recommend that fitness brands that contract with insurance companies remove financial and contractual barriers that may prevent qualified fitness instructors from working in rural fitness centers or from reaching a range of rural participants who either receive benefits through different health plans or attend classes offered by different companies.

Rationale

Ensuring that there is an adequate supply of physical activity opportunities, as well as a creating demand by rural older adults to participate in physical activity, is part of creating a sustainable workforce for physical activity classes. Developing payment systems that are adequate for instructors and affordable for participants will aid in creating more opportunities for exercise.

Workforce shortages in rural Minnesota affect all fields of health providers, including exercise and recreational fitness. Currently, some regions of rural Minnesota are lacking qualified physical activity professionals. Ensuring there are trained exercise staff to maintain a regular class schedule will create long-term availability of physical activity opportunities in rural communities. This includes trained instructors that teach a variety of class types whether they are evidence-based programs supported by the Area Agencies on Aging, fitness opportunities funded through Medicare Advantage plans and other community-based physical activity programs. Maintaining these programs in an ongoing format is imperative to ensure that older adults living in rural Minnesota can continue to meet their physical activity guidelines (Table 3). Recruiting and cross training exercise practitioners in rural communities will help maintain a local workforce.

The Minnesota Board on Aging (MBA) receives Older American Act (Title III D) funding from the Administration for Community Living (ACL). The MBA uses a formula to distribute this funding to the Area Agencies on Aging to support evidence-based programs for older adults and pay for staff salaries to teach these programs. This includes funding that covers some of the cost to provide evidence-based classes to the community but classes are only eligible if they show the highest level of evidence available. Title III D money is intended to fund a range of services including health promotion and disease prevention services such as approved, evidence-based physical activity programs. Non-evidence based classes receive payment in other ways.

Trained exercise practitioners work as contractors with companies that provide fitness benefits to Medicare Advantage beneficiaries. They teach fitness classes from an approved menu and

receive payment when an individual covered under that fitness benefit takes their class. The amount that practitioners receive for payment does not cover liability insurance for the individual instructor or the exercise facility. If class participants are beneficiaries of Medicare Advantage plans with contracts from both SilverSneakers and Silver & Fit, the instructor will only receive reimbursement from their contract for individuals covered by that specific insurance benefit and will receive no compensation for participants with other types of insurance. The RHAC recommends that the fitness brands that contract with insurance companies remove contractual barriers that may prevent fitness instructors from reaching and receiving payment from rural participants with a variety of health plan benefits.

Rural Minnesota has a high percentage of Medicare Advantage enrollees, implying that many older adults in Minnesota have an insurance benefit that should reimburse exercise classes and instructors. Based on the demographics in rural communities, it is common for fitness centers that offer older adult specific programs (such as a YMCA) to have a larger percentage of their client base paying for their membership with Medicare Advantage benefits. These reimbursement rates are often lower than the membership fee. In regions where the majority of the fitness center members pay with their insurance benefit there is a financial strain on centers that provide fitness services to their communities.

Raising reimbursement to instructors and fitness centers will help incentivize exercise practitioners to continue to provide services across a continuum of programs. The current lack of financial viability limits fitness practitioners' ability to provide sustainable services to rural communities. Expanding opportunities that reduce the cost of exercising for older adults living in rural Minnesota will broaden the availability of physical activity opportunities that are financially accessible.

4. Health care systems

EDUCATE AND FACILITATE CONNECTIONS BETWEEN HEALTH CARE AND COMMUNITY PHYSICAL ACTIVITY EFFORTS FOR RURAL RESIDENTS

Recommendation Overview

- Promote ways for health care systems, clinics, hospitals and providers to engage with community physical activity efforts for older adults.
- Encourage adoption of community health worker (CHW) models to bridge gaps between clinic, community and other exercise programs by acting as facilitators or liaisons and educating older adults on the importance of physical activity.
- Continue to support electronic methods for health systems, health professionals and health consumers to engage with existing physical activity opportunities, such as electronic networks that will allow providers and care coordinators to auto-refer patients and media strategies that work at the consumer level to connect older adults to new activities.

Rationale

There are many ways to engage the rural health care system in awareness of prevention programs for older adults. One way is through participation in the community health needs assessments (CHNA).[38] Every three years, non-profit hospitals are required to conduct community health needs assessments. This assessment is an IRS requirement to maintain their tax-exempt status. In order to complete the needs assessments, hospitals engage with their community members to identify health concerns in the community. Community health boards – the governing body for local public health in Minnesota – also complete their own community needs assessments on a separate cycle from hospitals.[39] The hospital community health needs assessments are a way for health care systems to interact with the community and public health to identify and address community health concerns.

For hospitals and communities that identify physical health and disease management priorities, exercise programs and onsite fitness centers open to the public are helpful solutions where hospitals can address these priorities and meet IRS community benefit guidelines. In recent years, topics related to physical health (obesity, physical inactivity, nutrition) have been priorities identified in many hospitals' CHNA and ranked as the top goals of implementation plans to improve health within the community. Fitness centers, events and wellness activities

[38] Part of the 2010 Patient Protection and Affordable Care Act updated the requirements that hospitals must satisfy to be a 501(c)(3) not for profit organization per the Internal Revenue Service. This includes conducting a community health needs assessment and implementation strategy. The Association of State and Territorial Health Officials state that not only are these assessments and strategies an opportunity for hospitals to improve the population health of their community but are also a vital link between rural communities and their local, community organizations to collaborate.

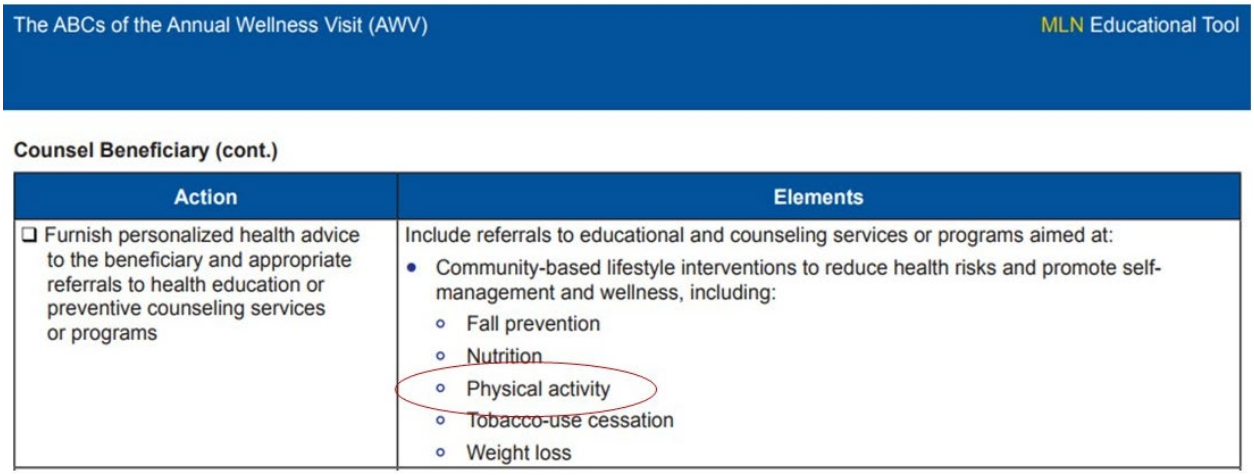
[39] Minnesota Department of Health. *Community Health Assessment*. St. Paul; 2018. Available from: http://www.health.state.mn.us/divs/opi/pm/lphap/community/cha.html

are services that many rural hospitals provide to communities, and needs assessment findings can provide prompts and opportunities for hospitals to do more in this area.

Another path to engaging providers in directing their patients into physical activity is the Medicare Annual Wellness Visit. The Medicare Annual Wellness Visit is a Medicare benefit with the goal of prevention. The wellness visit is not a physical exam; instead, it includes a health risk assessment, documentation of family medical history, review of physical and mental risk factors, an assessment of functional ability and safety, and information or referrals on health education, prevention or counseling programs such as exercise and nutrition programs.

Currently, patients underutilize the Medicare Annual Wellness visits. Only about 11.2 percent of Medicare Fee for Service enrollees had an annual wellness visit in 2016.[40] Guidelines from the Centers for Medicare and Medicaid Services (CMS) recommend that the Annual Wellness Visit include counseling on a range of health risks and opportunities, including physical activity (Figure 2).[41] The health care provider who conducts annual wellness visits has a unique opportunity to assess physical health and patient ability to exercise, and to recommend appropriate physical activity programs. Individuals who receive their annual wellness visit are more likely to be connected with the health care system and may already have access to or receive preventive services.[42]

Figure 3. The ABCs of the Annual Wellness Visit, Part C: Counsel the Beneficiary



The ABCs of the Annual Wellness Visit (AWV) MLN Educational Tool

Counsel Beneficiary (cont.)

Action	Elements
❑ Furnish personalized health advice to the beneficiary and appropriate referrals to health education or preventive counseling services or programs	Include referrals to educational and counseling services or programs aimed at: • Community-based lifestyle interventions to reduce health risks and promote self-management and wellness, including: ◦ Fall prevention ◦ Nutrition ◦ Physical activity ◦ Tobacco-use cessation ◦ Weight loss

Source: Centers for Medicare and Medicaid's ABC's of the Annual Medicare Wellness Visit, 2017

Without stronger provider engagement, the Medicare Annual Wellness Visit will not maximize its ability to reach at-risk older adults and direct them into medically appropriate physical activity programs.

[40] Stratis Health. *Looking at the numbers: Medicare Annual Wellness Visits*. Bloomington: Stratis Health; 2017. Available from http://www.stratishealth.org/pubs/qualityupdate/f17/numbers.html

[41] Centers for Medicare and Medicaid, "The ABC's of the Annual Medicare Wellness Visit". CMS, 2017. Available from: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/AWV_chart_ICN905706.pdf

[42] Ganguli I, Souza J, Mcwilliams M. "Trends in use of the US Medicare Annual Wellness Visit, 2011-2014." Journal of the American Medical Association 2017; 317(21): 2233-2235. Available from: https://jamanetwork.com/journals/jama/fullarticle/2622010

Another method of increasing provider capability to ensure their patients are aware of physical activity opportunities in the community is through a community health worker (CHW). CHWs are certified professionals who provide culturally competent care-coordination, patient self-management and education services for specific diseases. They receive reimbursement from Medicaid for services if the CHW has an educational certificate from an approved program at a Minnesota State College or University.[43] [44] Eligible services include diagnosis specific health education and disease self-management.[45]

In rural communities, where there is a well-documented shortage of providers, a community health worker can be a beneficial addition to the health care team. Encouraging community health workers to spend more time collaborating with and referring to physical activity programs going on in rural communities – and receive payment for it – would bridge service gaps and connect older adults to already existing services. Innovative ways to reimburse a CHW include encouraging private insurance to reimburse CHW services, encouraging health systems to use community benefit funds to implement CHW models or supporting CHW salaries directly. Expanding reimbursement or payment for CHW models would make it more financially feasible for

Community Health Workers

CHWs are frontline workers that are trusted members of the community. Their duties include:

- Assisting individuals and communities to adopt healthy behaviors
- Conducting outreach for medical personnel or health organizations to implement programs in the community that promote, maintain, and improve individual and community health
- Providing information on available resources
- Providing social support and informal counseling
- Advocating for individuals and community health needs
- Providing services such as first aid and blood pressure screening
- Collecting data to help identify community health needs

Learn more in this Community Health Worker Toolkit.

[43] Minnesota State Statute 256B.0625, Subdivision 49, "Covered Services: Community Health Workers" Available from: https://www.revisor.mn.gov/statutes/?id=256B.0625

[44] Minnesota Health Care Programs is the Minnesota public insurance program. It includes Medical Assistance, MinnesotaCare, Minnesota Family Planning, Home and community-based waivers, and Medicare Savings. Medical Assistance is Minnesota's Medicaid program for individuals who are low income; purchased through a health care plan or provided as fee-for-service, where providers directly bill the state for services. MinnesotaCare is also a state health care program for individuals who are low income, funded by state taxes on hospitals, providers, basic health program funding, enrollee premiums and cost sharing. MinnesotaCare plans are also purchased through a health care plan. More information is available from: https://mn.gov/dhs/people-we-serve/adults/health-care/health-care-programs/overview.jsp

[45] Minnesota Department of Human Services, "Minnesota Health Care Program Provider Manual – Community Health Workers (CHW)". St. Paul, 2018. Available from: http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_140357#cs

health care systems and clinics to hire community health workers that could engage with an older adult population.

Other strategy to engage clinic and community systems to better market, enroll and provide evidence-based programs to older adults is through an electronic, web-based network. As discussed in the previous section, electronic databases and networks connect individuals, community host organizations and clinics to a range of programs offered within specific geographic areas. The goal of electronic networks is to facilitate enrollment for individuals as well as to encourage health care providers to refer their patients to health education and physical activity classes. They create opportunities for health care providers to direct their patients into health promotion programs, evidence-based classes and other community-based physical activity opportunities. Current efforts such as Juniper and Wellconnect focus exclusively on evidence-based programs and do not include structured physical activity classes that are not evidence-based. Web-based platforms for engaging older adults and promoting available classes extends beyond structured networks targeting health care providers. Social media is another form of an electronic tool that can advertise local classes and community events to older adults across communities. As opposed to the current databases that facilitate provider referrals, social media is an easy to use platform that older adults can access independently. The RHAC recommends continued support for ongoing development of electronic networks – for providers and consumers – that promote physical activity opportunities for older adults.

5. Transportation

IMPROVE OPTIONS TO AND FROM FITNESS PROGRAMS AND COMMUNITY LOCATIONS

Recommendation Overview

- Link community-based prevention programs to pre-existing transportation networks; e.g. community or clinic based transportation. Developing routes scheduled around group meetings and/or medical appointments will build a more effective transportation network accessible to older adults.
- Create a community roster of volunteer drivers who have the willingness to take older adults to group meetings, appointments, and social engagements.
- Identify and assess community walking routes for accessibility and suitability for older adults, ensuring the presence of benches and other necessary features. Adapt community walking assessments and walkability best practices from urban and other rural communities and modify them as needed.

Rationale

Existing transportation networks throughout Minnesota are fragmented. In rural communities, services are often available on a limited schedule to only a small range of locations. More broadly, transportation challenges are pervasive throughout many aspects of rural life, which has impact on the availability of services to rural older adults. Resources are often insufficient for transit and related mobility options in rural areas. Although solving this major systemic problem is beyond the scope of this project, we recognize that improvements are necessary.

Community members require access to reliable transportation to get to fitness classes, fitness centers or to safe outdoor locations where they can exercise. Vanpools, volunteer drivers or linking pre-existing transportation routes can create transit networks for older adults. Coordinating routes across a wide range of health and community services will help integrate existing transportation networks. If a single network can access multiple services, older adults will have better access to opportunities that keep them engaged in their community.

Fixed routes services offer communities many benefits, but for older adults that may have trouble reaching specific pick up and drop off sites, a volunteer system of drivers may be a more appealing option. Maintaining a database or community roster of volunteer drivers will ensure that

Minnesota Walks

Minnesota Walks is a collaborative effort between the Minnesota Department of Health and Department of Transportation with the goal to provide best practices on creating safe, desirable and convenient places to walk and roll.

Minnesota walks helps communities identify pedestrian needs and challenges for all ages.

Learn more online at Minnesota Walks

someone is available to take individuals to appointments or meetings but does not limit a single individual driver's schedule.

Walking is not only a form of physical activity but can also be a transportation option. Creating communities that support walking with sidewalks, large shoulders, pedestrian crosswalks, obstruction free paths, and benches provides safe places for physical activity and supports active transportation options. Using existing best practices – such as described in 'Minnesota Walks' – will provide community leaders with the tools necessary to create a walkable community.

The recommendations here are specific to connecting rural older adults with transportation that will afford them better access to opportunities for physical activity. Community commitment, qualified staff and funding to support programs are necessary to create sustainable physical activity opportunities to rural communities.

Conclusion

The intent of these strategies is to make physical activity opportunities more accessible to older adults living in rural communities and to increase the rates of older adults who participate in exercise. From individuals and community organizations to exercise practitioners and the health care system, these recommendations are a response to challenges faced by older adults in rural communities.

Physical activity, fitness and exercise is important for all ages. It is an essential part of healthy aging to maintain fitness levels and to participate in opportunities for social and community engagement. Physical activity guidelines recommend that older adults daily take part in aerobic, strength, flexibility, mobility and balance types of physical activity. Meeting physical activity guidelines is both an individual and community responsibility. Individuals can make choices to engage in physical activities but also important for rural communities to work together to create opportunities for older adults to participate in physical activity. Having access to appealing physical activity opportunities will enable older adults to meet these guidelines.

The recommendations and community fitness model provide stakeholders in rural communities and relevant organizations, agencies and policy makers with key issues and suggestions for advancing their work in strengthening older adult health in rural Minnesota and sustaining opportunities for physical activity. RHAC will be distributing these recommendations to the Commissioner of Health, the chairs of relevant legislative committees and through the Office of Rural Health and Primary Care's multiple communication channels.

Appendices

Appendix A. Community Fitness Model

Each of these essential components has a specific goal and unique challenges. Communities, organizations or individuals looking to create and implement an older adult fitness, prevention or other wellness type program should look to each component of this model and assess their strengths and weaknesses for each component. There are unique challenges faced in rural areas, which means that this model will look different in each, individual community setting.

- Identify and define community goals for meeting older adult physical activity and wellness needs.
- There is not a single correct starting point for this model. Every community should choose its best starting point. It may be the point in the circle where they are facing the greatest challenges or it may be the point where they can find some quick success to build momentum. Follow the arrows around the circle and gradually address all components of this model.
- In addition to strategies for start-up and implementation, reaching out to organizations such as Area Agencies on Aging, local public health agencies, tribal health organizations, community health boards, Community Action Partnership agencies, non-profit organizations or foundations can also act as valuable resources to supplement this model and provide technical assistance. The more relevant partners engaged in an effort, the stronger and more sustainable it will be.

FIGURE 4. Older adult wellness model

Community Culture and Community Leaders

GOALS

- To educate older adults and rural communities on physical activity guidelines through cultural awareness, education, and engagement.
- To generate community awareness regarding the imperative for fitness and wellness programs that achieve healthy aging and aging in place strategies.
- To develop a community leadership team with the administrative capacity to implement and sustain programs that are specific to older adults.
- To promote the benefits of older adult specific physical activity and health promotion programs throughout rural communities.

CHALLENGES

Combined with an outward migration of the younger generation, the increasing size of the older adult population contributes to the demand for specific physical activity and fitness opportunities. It can be challenging to balance resources that both prioritize programs to promote the health of the aging population while also trying to attract young families.

Challenges to promoting healthy aging can include:

- Identifying an individual to champion new projects
- Building relationships with funders, payers and sponsors requirements
- Building capacity of qualified and engaged individuals requires training and training requires many types of resources.
- Engaging fitness instructors or trained volunteers to come to rural communities is difficult due to instructor shortage and/or low pay

STRATEGIES

- **Community planning** should include older adults, their families, and networks. This is an essential first step in beginning any planning initiative, discussion, or defining goals for healthy aging.
- **Community engagement** to begin a discussion about the fitness and wellness needs of the older adults in the area. Leaders and stakeholders in rural communities wear many different hats therefore engaging a variety of community leaders can generate broad and sustained interested in planning activities. Effectively communicating the desired need is important to gaining community buy-in.
- **Finding a community champion** that can help bring these different groups together. Together, with support from state, local and other organizations such as the Area Agencies on Aging communities can start to change social norms around physical activity behaviors.
- **Engaging existing community leaders** from different areas of the community and double as capacity building as well as generating engagement to help community services sustain themselves. Formal (boards, non-profits, leaders in health & aging, government, schools, churches) and informal leadership (community residents) can help coordinate agendas and create a sustainable foundation to start a program.

The Statewide Health Improvement Partnership has foundational guides designed to assist communities in developing these skills. Their communications and community engagement guides are available on their website.

Service Availability and Network Development

GOALS

- Reach equilibrium between the services offered and the services desired from both a trainer, funding and class frequency perspective to provide sustainable, structured physical activity classes and opportunities that produce long-term results.
- Improve relationships across sectors and communities to develop networks for support and sustainability.

CHALLENGES

Physical activity services and programs require both human and spatial resources. For example, if fitness classes are the desired community approach, then each class will require a trained fitness instructor or volunteer, materials, and space. Often both venue and the instructor will be required to carry liability insurance. Enrolling a volume of participants to achieve a break-even business model can be very challenging in rural communities. Maintaining a schedule that keeps participants engaged but is not a burdensome time commitment is a challenging balance. Achieving a pay scale that is sustainable, profitable for service providers and affordable for clients and participants is very challenging.

Current advertising methods that are used for available programs are not highly effective in reaching older adults in rural communities or in reaching potential class instructors and venues. Both program catalogs and online databases are not always user-friendly and representative of program opportunities available in rural communities. There is minimal coordination between providers and community-based wellness services. Engaging clinicians to support and refer into community-based programs can be difficult. Difficulties stem from electronic medical record reporting burdens, word of mouth referrals getting lost and lack of education and awareness about program content. Other barriers to creating a sustainable support network include digital obstacles such as lack of broadband access and limited television broadcast. These connections limit older adults from staying active and engaged in structured activities on an individual level or from their home.

STRATEGIES

- **Conduct needs assessments** or health impact assessment of the community or use an existing assessment to help determine program type, frequency, and financial commitment that the older adult community can support.
- **Use technology** to drive communication and coordination. This includes social media, health provider portals, and internet information sites by providing technology training.
- **Provide services** in a multi-venue approach, including digital (TV, internet), community (evidence based classes and programs or informal opportunities like walking), and home-based services. Include a communication plan to link rural communities together to help combine services and provide better outreach potential between similar community groups.
- **Care coordination** will link clinic and community programs by using patient medical history to generate referrals into an evidence-based program such as an exercise or disease management class. Developing a referral system to assist clinicians in directing patients into community-led health promotion and management programs will bridge gaps in health networks for older adults in rural communities.

Environmental Considerations

GOAL

- Create an environment (natural and built) that can accommodate older adult physical fitness activities.

CHALLENGES

Rural communities are often geographically isolated areas. In addition to being spread-out, other physical environmental barriers include harsh weather conditions that limit mobility during winter months.

Rural communities often have aging built environments with physical barriers and no sidewalks or accessible walking paths. There is often limited accessible parking, wheelchair and walker friendly ramps and community benches in public spaces. The service capacity of public transportation is limited in rural communities. This affects where and when older adults are able to travel unless they drive or have access to a volunteer driver (friend, family, or car service).

Small communities have a limited amount of community space and competing schedules for use. Cost to use space is sometime prohibitive because of space rental and liability concerns. In order to receive reimbursement from Medicare Advantage fitness contractors, the venue has to have certain insurance protection in place. Liability insurance for fitness practitioners and the liability of the space can be a concern if funding is a limitation.

STRATEGIES

- **Connect resources** such as clinics/hospitals, schools, city halls, libraries community centers, and faith-based communities (churches, temples and mosques). Schedule events or group meet-ups near public areas or walking paths to increase community use and awareness of services.
- **Engage ride services** (hospital, county) that are already available to make scheduled trips to fitness program locations. Alternatively, create a volunteer driver network/carpool group to meet group transportation needs.
- **Implement walkability and complete streets initiatives** to help with resources to support benches along existing walking areas or improve sidewalk infrastructure.

For more information on creating active communities and active living are available on the statewide health improvement partnerships grantee support webpage.

Financial Viability

GOALS

- Improve community access to sustainable funding for rural fitness and prevention programs.
- Generate awareness about on-going funding opportunities

CHALLENGES

Currently, fitness and disease management programs for older adults rely on unstable funding streams. These include grants that provide money for a limited period of time, partial insurance reimbursement, or donated volunteer time. Foundation support is often time limited and it is difficult to engage many foundations and foundation grants on the small-scale projects that operate in rural communities. Medicare Advantage plans contract with different organizations to provide fitness reimbursement for a variety of physical activity services. Other private insurance companies provide incentives to their members for being physically active. There is some government funding for older adult programming but the amount or targeted goal of funding can vary depending on current government priorities.

STRATEGIES

- **Tap existing community resources** like schools, hospitals and nursing homes, churches, local government, etc. that can provide venue space, cover liability insurance, or contribute other services to help defray costs to provide services to older adults.
- **Create a database** with a comprehensive list of grants and funding sources available to rural communities interested in older adult programs and provide statewide resources to help communities implement sustainable programming. (For example: DHS, AAA, NCOA)
- **Encourage funders to create seed grant initiatives** to provide a limited funding source that provides start-up funds to new initiatives and encourages programs to think about long-term sustainability.
- **Promote** fitness and wellness programs at the federal, state, and rural community level, with a focus on promoting insurance policies that offer these benefits and by encouraging individuals to enroll in plans that include this type of insurance coverage.

Evaluation Strategies for the Community Fitness Implementation Model

The Community Fitness Implementation Model will look different in each community and the evaluation plan should be unique as well. To start, setting clear and measurable goals can help identify appropriate action strategies.[46]

MEASUREMENT

Depending on the chosen strategy, there will be different ways to assess and measure goals. It is very important to define how a project is measured and how that data will be collected in the initial planning stages. Examples of measurement include:

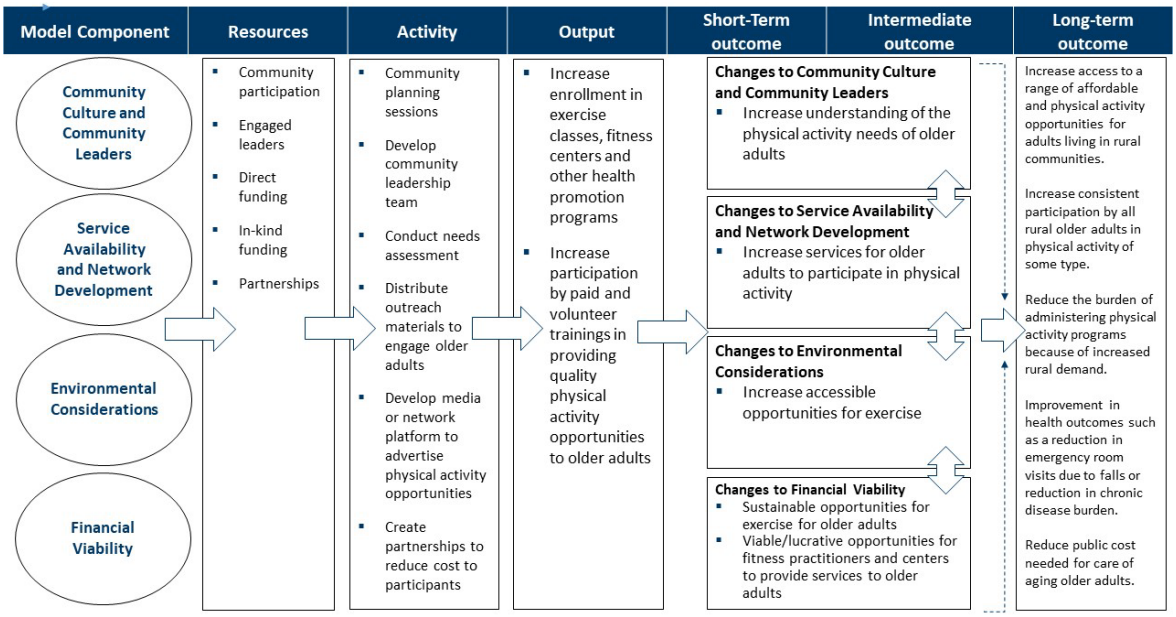
- Input measures
- Process measures
- Outcome measures

Improvement can mean positive changes in participation rates of exercise programs within a specific area or time-period. Alternatively, an improvement can be a decrease in the number of individuals who must pay out of pocket for services. Improvement does not have to be a positive change, for example, an improvement could be weight loss or a reduction in A1C values, but it must have a definition that is specific to the model.

EVALUATION USING A MODEL

Logic models are a common evaluation and program-planning tool. A logic model is a graphic representation of the resources, activities, outputs, short-term and long-term outcomes of the project.

Figure 4. Example and Formula of a Logic Model



Note: This is an example of a logic model formula. In practice, a logic model will vary by project type, available resources, types of activities and desired outcomes.

[46] Community Guide, 2012. Evidence-based recommendations get Minnesotans in the groove

TECHNICAL ASSISTANCE RESOURCES AND PRE-EXISTING EVALUATION STANDARDS

Many evidence-based classes have their own evaluation criteria to assess the outcomes of the class. In most cases, if a class has an evaluation plan already established, the evaluation criteria will be part of the training manual. If implementing evidence-based classes is a goal of the program, using the evaluation and outcome measures is important.

State programs such as the Statewide Health Improvement Partnership (for local public health connections) will also have certain requirements to evaluate their work. Partners such as these can provide technical assistance resources for evaluating programs. Aggregating and making available resources from organizations such as the Area Agencies on Aging, Board of Aging, Age-to-Age programs, Statewide Health Improvement Partnerships, etc. that have valuable information can provide examples of programs, best practices and evaluation techniques.

There are many other organizations and agencies skilled at evaluation of community-based activities. For additional technical assistance, reach out to local public health, area agencies on aging, health care organizations, county action agencies, foundations, non-profits, faith-based organizations or other local groups that can aid in supporting a program.

Appendix B. Resource guide

This resource guide contains specific examples of projects in Minnesotan communities as well as planning tools for different types of physical activity opportunities. This guide highlights very specific examples of project types that affect stakeholder groups relevant to this report. It is not a comprehensive list of all projects, programs or tools available to assist rural communities.

For additional resources and technical assistance contact:

- Area Agencies on Aging
- Local Public Health Agencies and Tribal Health
- Hospitals and clinics
- Faith-based Organizations
- Fitness centers or the YMCAs regional rural network
- Community Development Organizations
- City, County or State Government Agencies
- Older adult Linkage Line

Table 5. Program Examples and Resources

Project Name or Community	Location or Population Served	Project Type or Stakeholder Group	Type of Resource
Bigfork Valley Hospital District and Foundation 1. Community fitness center and classes 2. River Walk Trail Project	Bigfork, MN and surrounding community	Uses of Community Hospital Needs Assessments	Program Example
Community Health Worker Toolkit	Minnesota	Community health workers	Resource
Falls Prevention Class in St. Peter: A success story of local public health and the Statewide Health Improvement Partnership	St. Peter, MN and surrounding community	Statewide Health Improvement Partnership	Program Example
Fit City Seniors at St. Elizabeth's Hospital and Wabasha Community	Wabasha County and surrounding area	Hospital and community partnerships, Use of hospital community benefit	Program Example

Project Name or Community	Location or Population Served	Project Type or Stakeholder Group	Type of Resource
Frameworks Institute: Reframing Aging	Nationwide	Communication and framing tool to help create positive dialogue about age friendly policies and to discourage ageism.	Resource
Go4Life National Institute of Health	Nationwide	An exercise and physical activity campaign from the National Institute on Aging. This interactive website is designed to help fit exercise and physical activity into daily life.	Web-based resource
Home fitness kits provided by insurance companies from their contracts with Silver & Fit or SilverSneakers	Minnesota	At-home fitness	Resource
Juniper: Your Health, Your Community	Minnesota	Electronic Network	Program Example
Minnesota Walks: A pathway to safe, convenient and desirable walking and rolling for all	Planning Tool	Walking toolkit	Resource
Moving Ahead: Strategies and tools to plan, conduct and maintain effective community-based activity programs for older adults	Planning Tool	Community Programs	Resource
Regional YMCA or other hub and spoke models	Mesabi YMCA and local communities	Community	Program Example

Project Name or Community	Location or Population Served	Project Type or Stakeholder Group	Type of Resource
Rural Health Information Hub Evidence-based Toolkits for: 1. Aging in Place 2. Community Health Workers 3. Health Promotion and Disease Prevention 4. Obesity Prevention 5. Transportation	Minnesota	Community Planning Guide	Resource
Senior Linkage Line	Minnesota	Phone Resource	Resource
Silver & Fit	Minnesota/Nationwide	Medicare Advantage Plan Benefit for fitness centers, home health materials, and organized exercise classes through their ActiveOptions Instructors	Resource
Silver Sneakers	Minnesota/Nationwide	Medicare Advantage Plan Benefit for fitness centers, home health materials, and organized exercise classes through their SilverSneakers Flex Programs.	Resource
Statewide Health Improvement Partnership	Minnesota	Local active living initiatives via community health boards that support local public health and tribal public health	State and local resource

Project Name or Community	Location or Population Served	Project Type or Stakeholder Group	Type of Resource
Vine Faith in Action	Mankato, MN and surrounding area	Transportation, Evidence-based programs	Program Example
Wellconnect	Southeastern region of Minnesota	Electronic Network	Program Example
Creating Walkable Communities by the Statewide Health Improvement Partnership	Minnesota	Walk Audits, community engagement tools and other resources to create a walk friendly community.	Resources

Appendix C. WellConnect SE MN Partnership Overview

WellConnect SE MN partnership

@WELLCONNECTSEMN
FACEBOOK/WELLCONNECTSEMN
INFO@WELLCONNECTSEMN.ORG
507-251-3835
WELLCONNECTSEMN.ORG

The Southeast Minnesota Partnership for Community-Based Health Promotion

REIMAGINING THE EXPERIENCE OF HEALTH

The mission of the WellConnect SE MN Partnership is to facilitate and maintain sustainable clinic-community linkages to evidence-based health promotion programs.

WellConnect is a regional partnership of over 20 organizations representing public health, healthcare, and non-profit organizations. Our website is a tool to find, learn about, and register for various health promotion programs happening in your community. Professionals can also make a secure online referral for their patients and clients. We offer programs for managing ongoing health conditions, fall prevention, diabetes management and prevention, pain management, mental health, caregiving, and senior exercise.

WellConnect serves as a hub for evidence-based health promotion programs that you can trust. Evidence-based programs are developed, studied, and proven to be effective at research institutes, then delivered in community settings by trained lay leaders. They are supported by a training structure and detailed curriculum that assure fidelity and have been proven to improve multiple health outcomes as well as healthcare costs and utilization. Because of this they create an ideal opportunity to support people's efforts to be well, in a peer-supported network that compliments traditional medical care.

WellConnect envisions a community system that owns the activities of disease self-management and prevention, and integrates synergistically with our provider systems, who own the activities of disease detection and treatment. Distinguishing features of WellConnect include a regional focus and oversight, a community-owned approach that is flexible and responsive to local needs, and the ability to engage existing partners in new ways, to promote a neighborly culture of health.

Appendix D. Juniper

Introducing

JUNIPER

Your Health. Your Community.

Minnesota's Area Agencies on Aging (AAAs) are leading a transformative effort to improve community health by changing the culture toward self-managed health and well-being in Minnesota.

Juniper is a network of community organizations delivering evidence-based programs to help people manage chronic health conditions, prevent falls and foster well-being. By taking an active role in their health and well-being, Juniper program participants experience improved health and quality of life, reducing the need for costly medical interventions.

Juniper is also building the infrastructure necessary to support an expanded network of new partnerships — among health systems, payers, public health and community-based organizations — broadening the statewide reach and impact of evidence-based health programs.

Juniper Today

The Juniper hub is currently contracting with more than 50 organizations to provide evidence-based health promotion programs. In the past eighteen months 115 programs have been completed across the state. *For information about Juniper programs in your area go to yourjuniper.org.*

To further spread and scale these programs, the seven Minnesota AAAs are forming regional collaborations among healthcare providers, health plans, long-term care and housing providers, community based organizations and other stakeholders. *If you are interested in helping to shape and lead efforts in your area, go to yourjuniper.org to contact your regional AAA.*

Juniper Tomorrow

Through a growing number of partnerships and Juniper's virtual infrastructure currently being developed, Juniper will:

- Increase the number, variety and location of evidence-based health programs offered across the state.
- Offer an easy-to-use, online listing and registration portal of all available evidence-based classes by type, date and location.
- Organize the recruitment, training, and certification of program leaders.
- Develop a quality framework and process to ensure consistent delivery of evidence-based programs.
- Facilitate the secure collection, sharing, evaluation and reporting of program and participant data for Juniper partners.
- Engage health systems and payers in making programs affordable to all potential participants, thereby improving clinical outcomes for their patients and members.
- Create a virtual learning community through yourjuniper.org.

As managing partner for Juniper, Metropolitan Area Agency on Aging provides management information systems, contractual support, data analysis and overall project management.

Arrowhead Area Agency on Aging · AGING · METROPOLITAN AREA AGENCY on AGING · Southeastern Minnesota AREA AGENCY on AGING

yourjuniper.org | Nora Slawik, Juniper Network Manager | nslawik@metroaging.org | 651-917-4656

Improve health and independence

Prevent escalation of disease

Reduce dependence on family and paid caregivers

Reduce hospital readmissions

JUNIPER
Your Health. Your Community.

Reduce utilization of costly care

Provide the opportunity to expand service offerings for community organizations

Creating a healthier Minnesota!

Improve the lives of those living in urban and rural communities

Evidenced-Based Programs

Falls Prevention

- A Matter of Balance
- Stepping On
- Tai Ji Quan: Moving for Better Balance
- Stay Active and Independent for Life (SAIL)

Diabetes Prevention and Self-Monitoring

- Diabetes Self-Management Program (DSMP)
- National Diabetes Prevention Program (NDPP)

Chronic Disease Management

- Living Well With Chronic Conditions (CDSMP)
- Tomando Control de su Salud (Spanish CDSMP)
- Arthritis Foundation Exercise Program (AFEP)
- Chronic Pain Self-Management Program (CPSMP)

Program selection varies by region. For information about classes in your area go to yourjuniper.org to contact your regional AAA.

Arrowhead Area Agency on Aging

Southeastern Minnesota AREA AGENCY on AGING

yourjuniper.org | Nora Slawik, Juniper Network Manager | nslawik@metroaging.org | 651-917-4656

6/2017

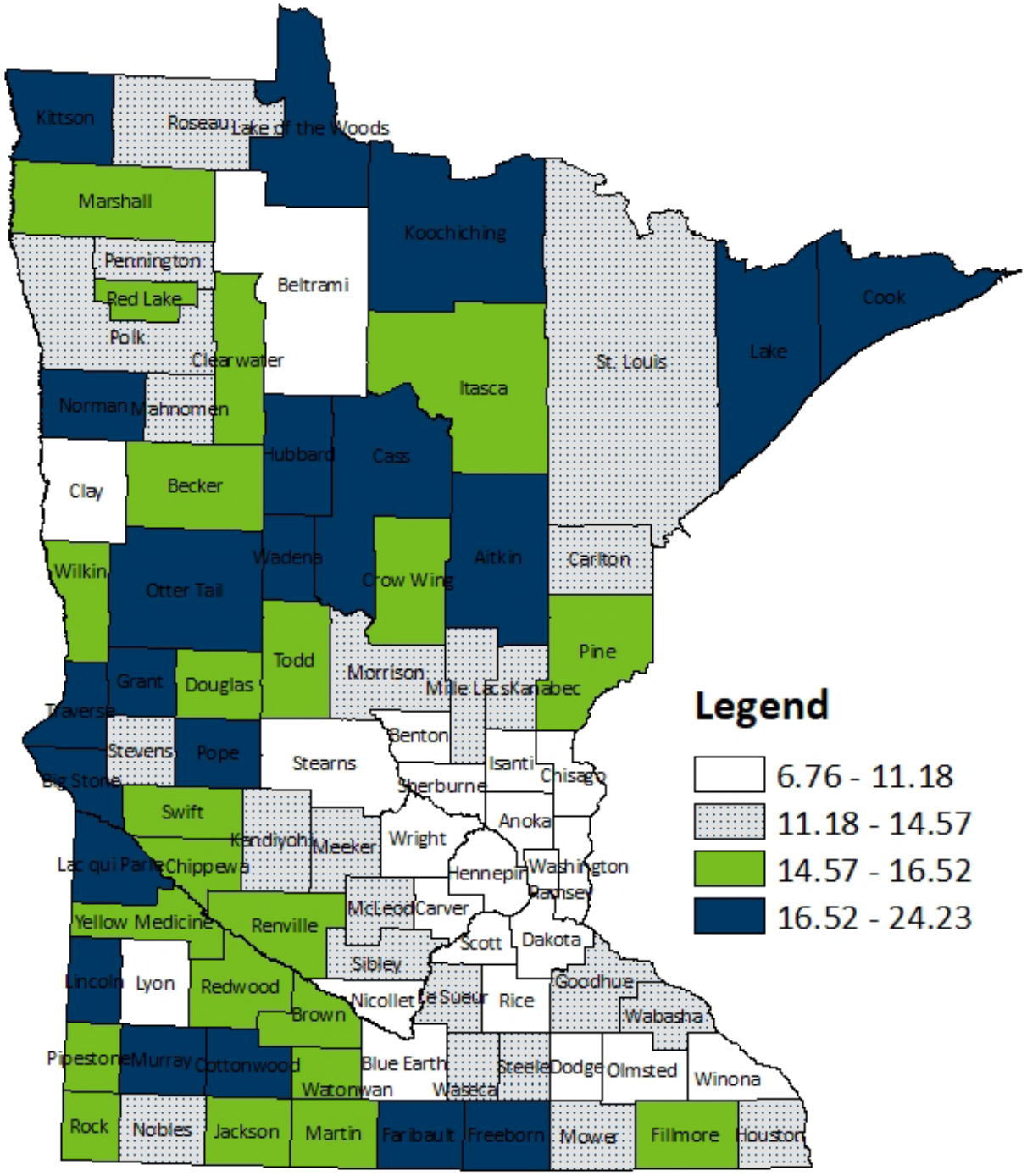
Appendix E. Workgroup

Work group membership

Ann Bussey, MA ***Workgroup Chair*** Rural Health Advisory Committee Member	**Debra Bergsnev, DHA** Health Care Administration University of Phoenix
Lynn Buckley Health Care Partnership Developer Minnesota River Area Agency on Aging	**Lori Christiansen** Evidence-Based Programs Director Southeast Area Agency on Aging
Ray Christensen, MD Rural Health Advisory Committee Member University of Minnesota Duluth	**Julia Dreier** Director of Medical Policy and Care Delivery Minnesota Council of Health Plans
Carrie Henning-Smith, PhD Assistant Professor Rural Health Research Center University of Minnesota School	**Mary Hertel, RN** Healthy Aging Program Consultant Minnesota Board on Aging
Margaret Kalina, RN Rural Health Advisory Committee Member Douglas County Hospital	**Kristi Kane** Director Arrowhead Area Agency on Aging
Aaron Leppin, MD, MSc Research Associate & Assistant Professor Mayo Clinic Division of Health Care & Policy Research	**Mary Manning** Division Director Health Promotion and Chronic Disease Minnesota Department of Health
Amy Michael Healthy Systems Coordinator Statewide Health Improvement Partnership Minnesota Department of Health	**Nora Slawik** Project Manager Healthy Living as you Age Metropolitan Area Agency on Aging
Nancy Stratman Rural Health Advisory Committee Member Cuyuna Regional Medical Center	**Mary Visser, PhD** Professor of Exercise Science Minnesota State University – Mankato
Paula Woischke Healthy Aging Coordinator Central Minnesota Area Agency on Aging	

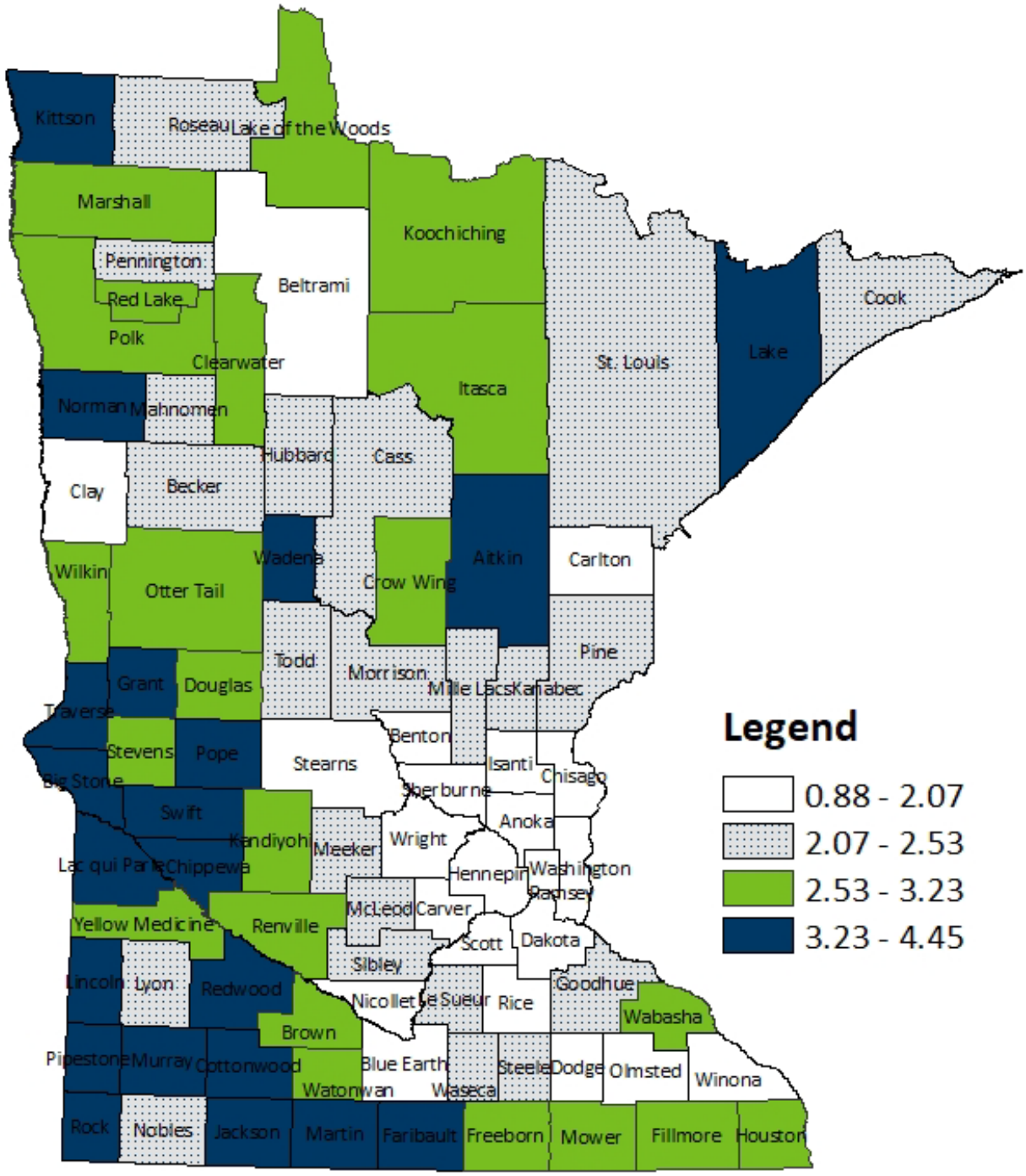
Appendix F. Figures

Figure 6. Percent of the population 65 years and above



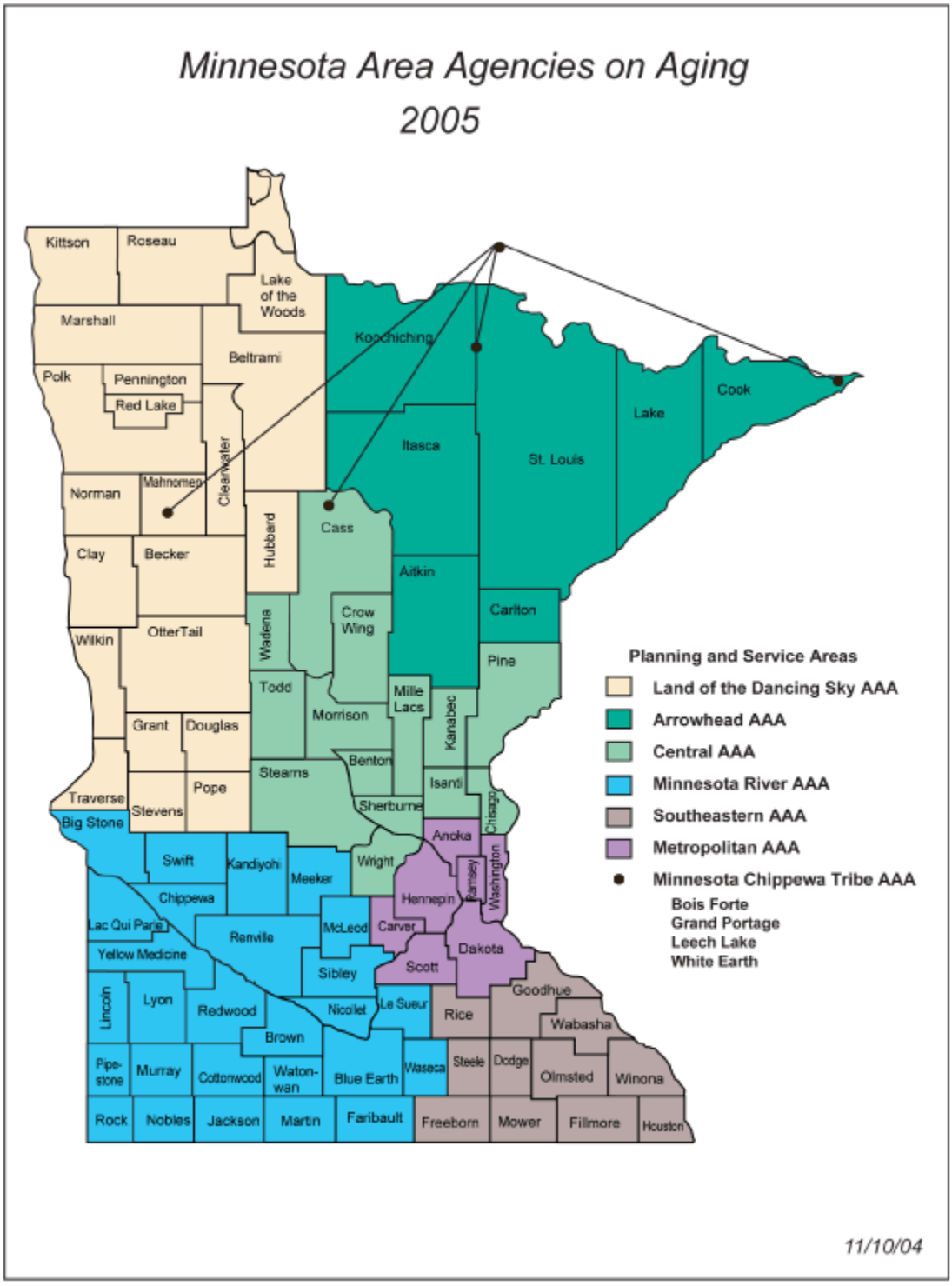
Source: 2010 US Census
Prepared by: Office of Rural Health and Primary Care, 2017

Figure 7. Percent of the population 80 years and above



Source: 2010 US Census
Prepared by: Office of Rural Health and Primary Care, 2017

Figure 8. Minnesota Area Agencies on Aging



Source: Minnesota Area Agencies on Aging, 2018. Available from: http://mn4a.org/aaas/

Appendix G. Frameworks Institute

FRAMING STRATEGIES TO ADVANCE AGING AND ADDRESS AGEISM AS POLICY ISSUES

Framing Strategies to Advance Aging and Address Ageism as Policy Issues

Frame Brief | FrameWorks Institute

This brief lays out an approach to changing public thinking about aging in America. The goal of the strategy summarized here is to increase public support for policies and practices that can be advanced to support a robust, healthy, age-integrated society. The brief touches on (1) the patterns in public thinking limiting the policy climate, (2) the priorities for building public understanding, and (3) specific communications techniques that have been proven to expand people's thinking about aging and aging policies.

To reap the longevity dividend, America needs an aging attitude adjustment.

Right now, aging simply isn't an issue Americans are thinking about as a matter that requires a public response. This reality reveals a serious risk of policy inertia, or worse, rollbacks of existing supports. Unless the field of advocates who care about aging issues cultivates a more visible, more informed conversation on older people, it will remain difficult to advance the systemic changes needed to adjust to a society with increased and increasing longevity. Our research shows that aging is misunderstood in America and that the misperceptions create obstacles to productive practices and policies.

To change this dynamic, the field of aging needs to advance a set of core ideas that creates the shifts in public understanding essential to building the political will to create a more age-integrated society. Understanding this, eight leading national aging organizations and nine forward-thinking funders set out to find a way to develop and then drive a more productive narrative on aging issues. As the research partner for the Reframing Aging Initiative, the FrameWorks Institute conducted social science research to arrive at reliable, evidence-based recommendations for reframing this social issue.

This memo summarizes the key recommendations and offers a set of framing priorities, strategies, and frame elements (or themes) for the field. It is meant to inform the multitude of strategic communications undertaken by the field's many different coalitions, organizations, and programs. The recommendations are intended for mission-driven advocates for better aging policy and practice—whether that advocacy happens through issue campaigning, services development, field-building, nonprofit leadership, policymaking, philanthropy, research, or other forms of work in the public interest.

If you use communications to make the case for adapting society to the needs of an aging population, the evidence-based recommendations here will be useful to you. You won't find a catchy slogan, but you will find guidance that helps you work more intentionally and strategically to advance the conversation about older people in the United States.

If the aging field shares communications priorities, we can change the conversation.

The goal of this strategy is to build public understanding. But how, specifically? More specific objectives are required, but they shouldn't be left to intuition or guesswork. FrameWorks' analysis of the gaps between the field's goals and the public's perceptions yields the following set of priorities for communications efforts:

- **Redefine aging itself.** Reframing the issue requires disrupting the "othering" of older people and sending the message that older age, like any other time in life, involves both challenges and opportunities. Why? Our research shows that negative assumptions about aging held by the public lead them to disassociate themselves from aging and take the fatalistic stance *that nothing can be done* to improve aging outcomes.

- **Highlight how social contexts and social policy influences aging.** To move aging onto the public agenda as a policy issue, the field needs to reshape the public's current belief that health and financial security in older age are entirely matters of an *individual's* good decisions and careful planning. The public must come to appreciate that wellbeing in later

life is influenced by a range of social policies (e.g., health care policies, tax policies) and social structures (e.g., the way American communities typically arrange housing and transportation) and, crucially, that these aspects of society can be changed.

- **Elevate awareness that ageism exists and that it can be addressed through sound policies and practices.** Ageist views, which persistently thwart older peoples' full participation in society, are not part of our citizens' collective consciousness. This blind spot perpetuates ageism and makes efforts to reduce it more difficult to pursue. The field needs ways to introduce this topic to the American public that appeal to broad constituencies and point to public solutions.

- **Create a sense of shared stake, public purpose, and potential for improvement.** The aging field must make clear the consequences of positive or negative aging outcomes—that they are shared across society and not limited to the individuals or families experiencing them. To do this effectively, communicators must take care to mute the public's tendency to dismiss the role of public policies and maximize the sense that collective action is necessary, appropriate, and holds the promise of making a positive difference.

Tested themes allow the field to address communications priorities and coalesce around a common language.

What would be the best ways to address these communications priorities? Through a carefully designed series of studies, FrameWorks found several frame elements, or themes, that were demonstrably effective in communicating the priority concepts outlined above and in boosting knowledge, attitudes, and policy preferences. These themes are outlined here, with further explanations and examples below.

- **Use the value of *Ingenuity* to gain support for changes that drive better outcomes in aging.** An *Ingenuity* frame positions desired policies or approaches as opportunities to solve problems and tap into American innovation.

- **Position an aging society as an untapped resource by comparing aging to forward momentum.** In testing, the *Building Momentum* metaphor provided people with new language for talking about aging—something quite different from the currently available cultural idioms (e.g., "fighting" or "battling" aging, the importance of "staying young"). Researchers even found evidence that this metaphor reduced people's ageist attitudes and implicit bias against older people. To encourage more positive ways of thinking about aging, use this analogy to talk about both the opportunities presented by an aging population and the risk to society of losing out on this potential.

- **Use a *Justice* value to frame communications about challenges or problems related to aging.** This theme casts topics like discrimination, isolation, abuse, and disparities as threats to America's commitment to fully include all members of society as equal participants.

- **Use a three-step approach to build understanding of ageism: Define it, give a well-chosen example, and explain its roots in implicit bias.** The field needs to talk more often about ageism but in specific ways so that this new public conversation does not go awry. FrameWorks research found that this careful, step-by-step approach builds public understanding.

  - Begin with a definition that leaves room for structural ageism.

  - Follow up with a concrete example that is easily appreciated as a serious problem that requires a public response. The example of workplace discrimination is readily understood and highly effective in prompting people to think about ageism as a public issue; health care discrimination also works well.

  - Finally, explain implicit bias to show the public that there is a place for intervention: ageism arises from a common process that works automatically, but it can be disrupted.

- **Include concrete examples of what society can do differently.** Always include examples that illustrate the kinds of approaches the public can support, expect, and demand. These can include ways that society can support greater health and wellbeing as we age; ways to better include older people in civic, economic, or community life; or steps we can take to prevent or reduce the risk of frailty or abuse.

Themes for a New Frame on Aging

These frame elements, or themes, were demonstrably effective in boosting knowledge, attitudes, and policy preferences on aging issues.

Ingenuity: Americans are problem-solvers. When we see an opportunity, we figure out how to seize it—and when we see that something isn't working, we rethink our approach. Replacing outdated practices with new, smarter ways of doing things is the key to our nation's ingenuity.

Building Momentum: As we get older, we gain momentum, with the force of built-up experience and wisdom pushing us forward. Experience and insight add energy and possibility—the ability to contribute to our society's vitality. With more Americans living longer, this force could power our society to move ahead in new ways. But right now, we're losing out on this incredible dynamism. Although we all age, and although people on average are living longer and healthier lives, our society hasn't yet figured out how to make the most of this change. Our current employment practices, public transportation systems, and housing policies are not well-suited to today's reality—in fact, they make it hard for us to stay involved and contribute when we get older.

Justice: Right now, our society is not treating older people as equals—in fact, we are marginalizing their participation and minimizing their contributions. To live up to our ideals, we must confront the injustice of ageism.

Name & Define Ageism: Ageism is discrimination based on prejudices about age. When ageism is directed at older people, it often involves the assumptions that older people are less competent than younger people. Ageism has a huge negative impact on older people, throughout all areas of life.

Offer Examples of Ageism: Ageism's effects are built into the institutions and systems that shape Americans' lives. One example is common workplace policies and practices that discriminate against older people. Because people hold negative and inaccurate stereotypes about older workers, this limits older people's ability to find employment. Because of ageism, capable people who could contribute are left out of the workforce.

Explain Implicit Bias: Prejudice is often implicit—meaning, people aren't even aware of their own prejudices. We are all exposed to negative messages about older people, so our brains are wired to form judgments about people based on their age. For example, because of years of exposure to the news and common movie characters, many people subconsciously assume that older people are forgetful, grouchy, or frail. These stereotypes lead to discrimination against older people in many areas of life, from health care to the workplace.

Inventive Solutions: There are many things we can do to harness the energy of older people's ability to contribute to their communities. One example is programs that bring together older people and preschool children in community centers. By providing opportunities for older people to participate in and contribute to their communities, intergenerational community centers provide benefits for older people and strengthen the whole community.

Some themes and frames have unintended negative consequences.

FrameWorks' careful analysis of public thinking compared with the aging field's current messaging pinpoint a set of existing communications practices that have unproductive effects, and thus, should be avoided.

- **Don't lead with the story of demographic shifts.** Avoid statistics, imagery, and analogies that suggest that society will be overwhelmed by older people (e.g., silver tsunami, gray wave, or even rapidly increasing older population).

- **Don't talk about aging as a "civil rights issue."** This phrasing led to two unproductive effects with the public. First, it prompted people to compare ageism to racism or sexism, and then conclude that age discrimination couldn't possibly be as bad. Second, the phrasing "civil rights issue" led people to narrow their definition of ageism to incidents and actions that could be addressed through litigation.

- **Don't use language that refers to older people as "other" or reinforces paternalistic attitudes toward older people.** Terms to avoid include *aging population, elderly, senior citizens, seniors,* and *vulnerable.* Pay attention to pronouns: find ways to replace *they* or *them* with *we* and *us.* Instead of using phrasing that implies that aging happens to someone else (*what older people need),* look for more inclusive wording (*what we need when we're older*).

- **Don't overdo the positivity.** Portraits of extraordinary older people are understood not as proof that aging need not equal decline but as the exceptions that prove the rule. There is a need for storytelling that promotes positive images of aging but in a balanced and careful way that includes reminders that social contexts and environments matter to wellbeing as we age.

- **Don't cross-contaminate efforts to build public will with "news you can use."** To change the policy climate, the aging field needs to advance the idea that aging issues require a public response. When the goal of the communication is to boost understanding and support for the general cause or a specific policy, avoid using individual-level examples or highlighting steps that individuals can take themselves. Focus on changes to the decision-making context, rather than guiding personal decisions.

Framing is a group activity. Please join the reframing effort.

Sharing—telling a common story—is part of what it takes for a movement to drive major and meaningful social change. The careful, extensive research summarized here offers the aging field an important asset in defining, elevating, and advancing aging issues. We invite you to begin to

use these frames in your work, learn more about them, and share them with others working to create a more equal, more inclusive society.

You may also be interested in…

- Finding the Frame: An Empirical Approach to Reframing Aging and Ageism
  This research report provides a deep analysis of the research behind reframing recommendations.
- Gaining Momentum: A Communications Toolkit
  This collection of resources models how to apply framing recommendations to messaging.
- FrameWorks Research Topic: Elder Abuse
  Resources on framing elder abuse are also available.

Reframing Aging is an initiative of the Leaders of Aging Organizations, a group of eight national aging-focused organizations. This coalition includes AARP, the American Federation for Aging Research, the American Geriatrics Society, the American Society on Aging, The Gerontological Society of America, Grantmakers in Aging, the National Council on Aging, and the National Hispanic Council on Aging.

Funding for the initiative has been provided by AARP, Archstone Foundation, The Atlantic Philanthropies, Endowment for Health, Fan Fox and Leslie R. Samuels Foundation, The John A. Hartford Foundation, The Retirement Research Foundation, Rose Community Foundation, and The SCAN Foundation.

The project is managed by Laura Robbins of Laura A. Robbins Consulting, LLC.