

HENNEPIN COUNTY AGING INITIATIVE

Community Focus Group Project: What Are Older Adults Thinking About the Next 15 Years?

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Hennepin County Aging Initiative
Community Focus Groups
CLEAR, LLC: Becky Swanson Kroll
Executive Summary

During three months in late 2011 and early 2012, CLEAR LLC was contracted to conduct mixed method (survey and interview) focus groups with persons 55 -65, to gather data complementary to ongoing research being done by Hennepin County's Department of Planning, Development and Research. A total of 15 focus groups with 137 highly diverse persons were conducted. Complementing the County's own research on aging, these groups were designed to provide a rich and detailed description of how people approaching retirement, or in early retirement, see their lives: their views on aging, their health and well being, the state of their finances, their aspirations and hopes, their concerns and fears and their expectations for health care, housing, transportation and other services in the next fifteen years.

The post-World War II "baby boom" generation population involved in these focus groups is interesting for a number of reasons, mostly their sheer numbers. It is anticipated that this demographic group will have significant public policy implications for the County as their demand for services and facilities grows.

Over-Arching Findings

The findings are rich, robust and detailed. The key over-arching findings suggest:

- **Aging gracefully.** This is a "younger" generation than their parents healthy, active and with much to contribute. They are "aging gracefully."
- **Deferred retirement.** Most of our focus group members have been forced by economic circumstances to abandon thoughts of early retirement or of traditional retirement.
- **No retirement savings.** Homeowners, some "underwater" in their mortgages find their homes no longer provide retirement savings.
- **Eroding cultural norms.** Immigrant groups fear that their children will not, or will not be able to by virtue of economic circumstances, care for them in aging. Most have no other "social security."
- **Need to work:** Focus group participants both want to and need to work, and many said they expected to work well past traditional retirement age.
- **Financial insecurity.** Financial insecurity is pervasive. All, even higher income families, have been forced to make some lifestyle adjustments. Over half of focus group participants reported that they are just meeting or not meeting their basic expenses.
- **Benefit cuts.** Persons on Social Security, and those anticipating that their principal source of income will be social security, are very concerned about possible cuts in benefits.
- **Health.** Participants are focused on health but recognize that health is the great unknown and that changes in health status can be as close as, one put it, "falling down the stairs."
- **Health care costs.** Without question, the principal driver of financial insecurity is health care costs, particularly the cost of health insurance.
- **Policy changes.** Given the size of this demographic group, it is likely that public policies concerning transportation, public safety and housing will have to change.

- **Aging Well**

Focus group participants recognize that their well being depends a good deal on their own behavior. As a result, most engage in physical activity, ranging from household chores to working out at the gym. Participants worry a great deal about cognitive health issues, and so engage in various activities which they hope will prevent or delay them. Most have social connections, including communities of faith. For many groups, the idea of community centers – gathering places – was suggested as a way in which government, or government and private entities working together, could share information, provide services and, in general, assist older persons in aging well.

Financial Security

Focus group participants are deeply concerned about their current financial well-being and worried, even fearful, about the next fifteen years. Concerns about continued availability of Medicare and Social Security, solvency of pension funds, and increased health care costs impact participants' sense of financial security and their plans for the future. Participants also lament the decreases in housing values and taxes, and wonder if they will be able to afford the kind of housing they need or wish. The current financial situation significantly affects decisions about work, and most plan to work as long as possible.

Health

Health and health care were huge issues in group discussion. Few had issues with the quality of their health care; all had issues with its cost. The costs of maintaining health insurance, as well as copays, spenddowns and medications are a burden for many. We heard many cases of health care deferred or delayed due to cost considerations. Challenges also include navigating the complexity of insurance systems, particularly Medicare Part D.

Transportation

Overwhelmingly participants rely heavily on cars, either their own or cars belonging to friends or family. Some acknowledged they might need to move to locations that allow easier access to stores and other places people need to go, and to transit options. Among those who make regular use of public transit, particularly buses, complaints include safety concerns, inadequate bus shelters and costs. Greater use of public transit is unlikely if these issues aren't addressed.

County Services

Participants all expect the County to maintain core services including public safety. They differ on other expectations with some suggesting that County services are too expansive, fueling an unsupportable rise in property taxes. Others strongly believe the County should play a significant role in the following:

Health: Partnering in sharing information about wellness and insuring seniors have adequate information about health insurance.

Housing: Encouraging affordable, livable and dignified housing, close to transportation and services.

Work and employment: Finding ways to encourage employment options for those 55 and older would probably have the greatest impact on the well being of the aging baby boomers.

Services: Focusing on maintaining services vital to seniors. This includes providing more and more accessible information about services.

Taxes: Becoming aware, even in the absence of other solutions, of the impact of property taxes on seniors.

Self Organizing Solutions: Listening to and drawing on the talent and experience of this generation of activists in seeking solutions to issues.

“You're saying how many of us are getting old. I mean, I don't know that it takes a rocket scientist to say that we probably are going to have to do things differently.”

Hennepin County Aging Initiative

Community Focus Groups

Introduction and Overview

During three months in late 2011 and early 2012, CLEAR LLC conducted mixed method focus groups with persons 55 to 65 years of age, to gather data complementary to ongoing research being done by Hennepin County's Department of Planning, Development and Research. We conducted 15 focus groups, and an extended pilot test focus group, with 137 highly diverse persons in various locations throughout Hennepin County. The sampling strategy and the population groups represented are described in detail in the Methods section.

The population involved in these focus groups is interesting for a number of reasons, mostly their sheer numbers. The post-World War II “baby boom” generation (persons born between 1946 and 1964) is so large that at each stage of the life cycle, they have dramatically changed the demand for public services. In 2011, the oldest of the generation turned 65 and their average life expectancy is 82; many will live considerably longer. In Hennepin County, the proportion of persons aged 60-64 grew by 60 percent over the past ten years. At least five Hennepin County cities have 20 percent or more of their residents aged 65 or older; the population of persons aged 85 and older is also growing rapidly. It is anticipated that this demographic group will have significant public policy implications for the County as they age.

Complementing the County's own research on aging, these groups were designed to provide a rich and detailed description of how people approaching retirement, or in early retirement, see their lives: their views on aging, their health and well being, their sense of financial security, their aspirations and hopes, their concerns and fears and their expectations for health care, housing, transportation and services in the next fifteen years. Importantly, too, we wanted to know how this group makes use of services provided by the County and how they see themselves utilizing such services when aging.

The findings are fascinating and illuminating, providing a glimpse into a changed approach to traditional retirement, the far-reaching effects of the current recession, the challenges of navigating and paying for the escalating costs of health care and health insurance, and the extent to which people need to and want to work. It is clear that while all would appreciate an opportunity to travel, enjoy new experiences, spend quality time with their children and grandchildren, most will simply not be able to contemplate “traditional” retirement. And even as jobs are scarce in this environment and older persons face age discrimination, most reported that they will continue to work in their current jobs as long as they are able, and those looking for work are facing uphill challenges in finding work. For low income and immigrant groups the challenges of aging well are daunting. For Hennepin County, the implications for health care, housing, transportation, information and other services are important. It should be noted that these focus groups, however instructive, cannot be generalized to the entire population of baby boomers.

Findings are reported in several detailed sections (Financial Security, Health, Aging Well, Transportation, Safety, Transportation and Resources/Services) and in individual descriptions of each group. The overarching findings are reported below.

Over-Arching Findings

This is a “younger” generation with much to contribute. Many of the focus group participants described themselves as “younger” and certainly healthier than their parents at the same age. They understand the importance of both physical and mental health and most work at maintaining health. They have significant experience and considerable skills. They believe that they are valuable workers, and lament that their skills are often overlooked in the workplace. Some suggested that they have become “invisible,” and in at least one group, participants noted that, as a generation, they could organize to dispel that invisibility and advocate for workplace changes and other public policy enhancements. A few examples:

Younger than our parents. “I kind of think we’re better off, younger than our parents were at the same age. My mother, she was mentally stronger than we are now, but we’re physically stronger than she was then. My mother was like taking care of the house, taking care of the kids. I don’t remember anybody deciding to jog or to do things to stay healthy.”

Experience and wisdom. “We have wisdom and experience, we've learned from our mistakes, and we're the strongest asset in anybody's business, and future employers need to recognize and be aware of that.”

More to offer. “Makes you feel like you’re not useful should go in the corner to die, if you’re in your late 60’s. There’s just this mentality you’re too old. I think our generation, the baby boomers, have more to offer than they’re given credit for.”

Push the limits on aging. “There's more of us, and we lived through the ‘60s, you know, and now is the time for us to emerge again. I mean, we pushed the limits all the way through. We've got to do it with aging.”

Aging gracefully. Focused on their physical and mental health, focus group participants see themselves as aging well and aging gracefully. They speak of volunteering, of finishing a college degree, working at something passionately, starting a business.

Aging gracefully. “So I'm looking forward to — when I see myself as aging gracefully — I'm going to be a fine, foxy mature woman. I don't use the term old. I'm going to dress well, I'm going to look well, I'm going to wear my hair — and I'm going to look better than them women on TV.”

Another degree. “Would I want to go back and get another degree? I keep doing that. I like the idea of the challenges of being in a college classroom. I think there’s a sense of accomplishment in just going. I finished one degree last year, and I’ll probably go back in another year.”

Passionate about work. “I truly would like to be employed for the next ten years or more in something that actually consumes my time. Where a lot of my friends or people my age are looking to cut back, I would like to be in a situation where I worked 50, 60 hours at something that I was so passionate about that I forgot to sleep.”

No intentions of stopping. “Well, I’m 70 next week, and I have no intentions of stopping, but the type of work I plan on doing is lecturing and developing programs, nonprofits for other people. I don’t see age as being a criteria to retirement for something like that, so I plan on traveling and doing what I like to do at the same time.”

Raising grandchildren. I want to see my great grandkids get through school and graduate – by the time I'm 78, my youngest one, I have 4 of them I'm raising, and by the time I'm 78, he'll be 18."

Just making ends meet. "You know, I'm on Social Security too, but I've also got a job, and if I didn't have the job, I don't know what in the world I'd be doing now, because, you know, this makes my ends meet. I worry about my finances,"

A fairy tale. "I had this fairy tale thing that I was going to do the cruise around the world and do Europe and get to Africa. Not in this lifetime, but at one point, it may have been an option. Now I'm wondering, you know, am I going to have enough money to afford healthcare, the gap insurance or whatever."

Homes are no longer a retirement investment. Many thought their homes would serve as a retirement nest egg, but the housing crisis means that most have lost significant value, and are not easily saleable. Instead of hoping that their home would support their retirement, many worry that they will not be able to afford to live in their homes. Increasing property taxes, paired with declining home values, are a significant concern.

Lost 50 percent of its value. "Well, it's like my home. I mean, I bought my home ten years ago. It's a duplex, I bought it solely as a retirement investment, and it's lost better than 50 percent of its value. I actually — I probably couldn't sell it today for what I have a mortgage on it. I know I can't. You know, my only option would be to walk away from it, to actually get up and walk away from it."

Can we afford our house? "15 years ago we were like, "Yes, I'm going to retire. I'm going to have my house." And now we're all sitting here saying can we even afford our house one year to the next? You know, can we — you know, I look at my property taxes, I look at my electricity bill, I look at the city taxes, the county taxes, the state taxes."

Underwater. "Yeah, unfortunately it goes back to my finances. I bought a house in 2008, and even though it had already gone down in value, it's gone down dramatically, so I'm somebody who...put a down payment on a house and it's been lost...I'm underwater on my mortgage. The house is worth a lot less than the mortgage... I just really never imagined that I could find myself in this situation, you know, and particularly because I bought a modest house, and it's just like, 'Whoa'."

Taxes scare us to death. "The thing that really scares us to death, I've got to bring it up, is taxes. I mean, if we do have to leave, it's because the taxes are so high. ... That's a huge issue. Taxes are what, you know, people's mortgage payments should be. And that's not really in our control."

Eroding cultural norms of children caring for aging parents. Among immigrant groups it has been traditional that children take in and care for parents as they age. Our focus group participants fear that acculturation has changed this, and, in addition, they recognize that their children are struggling economically and likely will not be able to support them.

Invest in our children. "We don't believe like retirement plan or investment. We invest in our children and we hope our children will take care of us when we get older."

Exposure to western culture. "Let me put it in this is now. We are in America. Our children have exposure to the Western culture. We don't know how much. Do they take the good with the good

or do they take the good with the bad or do they take the bad with the good or the bad with the bad. This is the worry we have.”

Kids not doing well. “Over there, 30 years old, not good job, living with parents. Everyone here has 30 year old kid living at home. Very rare that kids is doing well.”

Participants need to and want to work. Focus group participants both want to and need to work, and many said they expected to work well past traditional retirement age. As noted, participants believe they have valuable life and work experiences and skills; skills not often recognized in the workplace because of ageism. Participants who are still working, hope to retain their jobs but recognize that high performance on the job will be harder as they age. Participants who are looking for work, particularly among low wage workers hard hit by the recession, are finding jobs very hard to get. Ageism is a common experience of most participants.

Work makes my ends meet. “You know, I'm on Social Security too, but I've also got a job, and if I didn't have the job, I don't know what in the world I'd be doing now, because, you know, this makes my ends meet.”

Don't see retirement in my future. “I don't see retirement in my future, so when I die, that's when I'll be retired. So I'm still working on a résumé, you know, so that and what job opportunities will be like for seniors, you know, because, you know, the ageism and all that stuff when you go in and apply for a job. You know, you've got to — you can't put down all your work experience on a résumé, you know, because people aren't even going to waste the time to look at all that.”

Work till the last breath. “Our generation is really in a hard spot because we didn't come over here when we were young regardless that we have positions, we have jobs and so on...in order to survive we would have probably to work till the last breath. That's how I feel because it's not enough social security to live on.”

Not at the top of my game. “I also realize at 61, I work in an organization where most everyone is much younger. I'm the oldest. Now, I don't look terribly old. I dye my hair, but, you know, I know that in another five years I won't be at the top of my game and I won't be an attractive employee.”

Increasing job opportunities for our age group. “I have serious work accomplishments, and if I stand next to a 25-year-old, they're going to pick the 25-year-old even if I say to them, “I'll take that compensation,” and there is nobody that I hear of, and maybe it's my — maybe I'm more out of the loop than I thought, but name me some organization, name me some person in our community that is actively vocal and doing something proactive to increase the job opportunities for our age groups?”

Where are we going to get jobs? “When you hear, oh, the boomers are going to have to be working until they're 70 years old, I think where the hell do they think we're going to get jobs?”

Financial Insecurity is high. If any single theme pervaded these discussions, it was uncertainty about financial health. The impacts of the current recession cannot be over-stated. All, even among higher income families, have been forced to make some lifestyle adjustments. Over half of focus group participants reported that they are just meeting or not meeting their basic expenses. A single woman in our “uncoupled” group framed this uncertainty movingly:

I'm terrified. “There is nothing that is certain. My job isn't certain, my kids' future isn't certain, where I live isn't certain, my financial situation isn't certain, everything, and it's the first thing I

think of every morning when I wake up. I'm terrified. It's just like I wake up and I'm like, oh, my God, you know, what's going to happen."

Like many other participants who have suffered job losses and from the mortgage crisis, this comment sums up the real anguish that people expressed.

Everything's gone. "You know if I think about it, I'm not going to want to do nothing. I'd just stay in bed, I'd do nothing. Any second now...I lost my house last year, I lost all my savings, you know my retirement, everything's gone. I don't have any cushion."

Those receiving benefits fear cuts. For low income persons, and in our immigrant groups, financial uncertainty includes anticipated cuts in programs and services. Most said that they had never been able to save money, and noted that even when they did manage to save a little, it typically resulted in reduced eligibility for services. Most reported that they barely get by on the benefits they now receive; cuts are deeply feared.

Cuts in MA. "I used to get my teeth cleaned twice a year and now it's once a year. Which you know I have to say is actually a great luxury to be able to get your teeth cleaned when you don't have any money, but it's still just another one of those things where it's been cut in half. I think I used to be able to get glasses, my eyes checked once a year, now it's once every two years. And if the MA glasses they give me break, I can't get new MA glasses for two years. And it just feels like things are just being cut more and more as things get tighter and tighter. And it worries me that it's just going to keep getting worse."

Cutting everything. "Well, it's sort of frustrating to me, because, you know, I'm thinking — you know, they're always talking about cutting, you know, Social Security. Well, you know, they're cutting everything for people, Medicare, you know, people in my condition. They want to cut everything."

Many things to worry. "Mostly we are low income people, Somalis mostly they are low income people, so worries now with health because the course of health, the insurance going up, subsidized homes, mostly we live in low income houses, the price is going up so we have many things to worry I think in the future. "

Benefit cuts. "You know, what's the point of trying to get ahead if you're falling behind? You know, I saved \$25, you know. Well, now you can't get food stamps because you've got a checking account."

Many fear cuts in Social Security. Persons on Social Security, and those anticipating that their principal source of income will be social security, are very concerned about possible cuts in benefits or increases in the age of eligibility.

Social Security as our only income. "I mean, let's face it, with the cost of living and, you know, whatever, I think for a number of us, we hadn't imagined that at this point we would be thinking of Social Security as our only income."

Will they do away with it? "Social security...I'm worried about whether I'll get social security, or will they do away with it, or will they cut it down so much so we have to pay our health premiums and we wouldn't have any money left for food."

Will my benefits continue? “Every year we hear of the debates from the Congress. We hear that in the year 2020 the social security will be overthrown. For example, when I pay my dues I do expect that I end in my retirement. Are we actually living like Africa, sometimes we pay our dues back there but we never get any [benefits]. Will I be able to access like affordable healthcare...? That's number one and number two is will my benefits be continued and what does Congress have in mind.”

You don't qualify. “Because, you know, it may be a time and place as government proceeds, we may not even have Social Security or... — you don't qualify because they've done raised the Social Security age.”

Health issues are the great unknown in aging. Focused on their physical and mental health, all of the group members said they do what they can to exercise, eat well, and stay healthy. However, they recognize that significant changes in health status can be as close as, one put it, “falling down the stairs.” People recognize that an unexpected illness can dramatically change their life plans.

Lives can change instantly. “We are as healthy as, it is as close as falling down the stairs. That our lives can change instantly.”

Changes the game plan. “15, 20 years, hopefully I have my health, but if you don't have your health, that sort of changes the game plan. It really changes the game plan.”

You cannot afford to get sick. “One of the most important things that we need in our age is our health. You can't afford to get sick. You cannot afford to get sick. All the people that got all that insurance, 100 percent, all them folks, they can get sick as much as they want, because they get all the care in the world. We cannot afford to get sick.”

Sick with no money. “Illnesses. Sometime you get sick and you have no money... how do we get well if we don't have money, we have nobody to take care of us? We will just die laying in our beds.”

Health care and health care costs drive financial Insecurity. Without question, participants in these focus groups described a sense of financial uncertainty or insecurity because of increasing (and in the future, unknown) health care costs. Persons with health insurance provided by their employers (35 percent of respondents) or private health care policies (15 percent) are concerned about increasing premium costs, along with cuts in coverage. People on Medicare or contemplating Medicare are very concerned about the high cost of necessary supplemental policies. People with no health care coverage (10 percent) reported that they are simply “terrified.”

The disproportionate importance of health care issues, costs and insecurity are clearly illustrated in the “word cloud” created from open-ended responses to written questions about the “negative” aspects of aging:

Negative Things in the Coming Fifteen Years



Persons with coverage worry about higher premiums, higher co-pays and reduced coverage:

Cost. “And I think my concern is that health insurance keeps going up.”

There’s no way. “Between my partner and I, and we have good insurance, we're paying \$1,800 a month. There's no way I'm going to be able to do that in two years.”

More exclusions. “And the frustrating part that I see happening now with the direction that it's taking is even with insurance, good insurance, your co-pays are higher, prescriptions are higher, coverage is less, so many more exclusions. I mean I went to fill a prescription recently and I have insurance and it was \$90.00. And I said I'm not getting it. I'm not getting it.”

High deductibles. “As far as I'm concerned, even when you work — the policies now are changing where there's a \$2,500 deductible, so unless something major happens, anytime I go to the doctor, I've got to pay for it. So now I have health insurance, but I still pay almost every time I go to the doctor, if I have to go. So now I don't go unless something is about to fall off.”

Surprising costs for Medicare/Medigap. Persons on, or about to go on, Medicare are shocked at the high cost of supplementary policies; most say they don’t know how they can afford the coverage without drastic lifestyle changes.

Medicare will cost more. “I’m worried about Medicare...it looks like it’s higher than what I pay now for insurance. I was able to get pretty decent insurance from my work, but I think Medicare is going to cost more.”

Have to just eat bread. “I was going to retire until I saw how much you have to pay out for Medicare, supplemental, I just couldn’t believe it. So all that insurance and Medicare, you’d have to just eat bread.”

Very expensive for health care. “As for me, I am concerning about health care, because right now for example, for older people, it is expensive for Part A and Part B. They have \$1000 dollars, Part A and Part B almost \$100 right now, only \$900 for rent, for food, for everything. But very expensive for health expenses.”

Fear for ways society will view seniors. This group worries that their sheer numbers will create a burden, and worry about the options that will be available to them. We heard, nearly universally, that nursing home living, what one called “warehousing,” was a terrifying prospect. Participants recognized that they would very likely require help as they aged, for home maintenance and other services, and suggested that the priority of policymakers should be finding ways to maintain people in their own homes, both for economic and humane reasons.

A huge burden? “We're going to be a huge burden to society because of the fact that those under 65 are only growing by 4 percent and those over 65 are going to be growing by 40 percent, and I think that we, as thinking, active people, need to be able and can look forward to planning for that so that we're not a burden. Just the facts of the boomers are — we're all hitting it, and, boy, we have to figure out — we have the opportunity to figure out how to live on little money, because it's not going to be there, and how to maintain our health and our activity and our body flexibility and all that kind of stuff.”

Housed like cattle. “Now my fear is that we're going to be all put in dormitories and housed like cattle, because that's the only way they're going to be able to do it.”

Awful places. “You know, God please shoot me before I get to a nursing home, because I don't want to be there. I mean, it would be the worst thing in the world. I fell and fractured my shoulder, and somebody said something about sending me to a rehab facility, and I said, ‘The hell you will.’ I'm like, ‘Not me. I'm going home.’ So it is frightening for all of us. You know, and watching those nursing homes, they're godawful places. I haven't seen one I like yet.”

Keep the elderly in their homes. “Well personally I think it would be like a win, win situation to make available for most elderly to stay in their homes. To make that somehow available. Then it would be less money spent on health care, facilities, all that kind of stuff. That's one way I look at it.”

Creating Infrastructure for livability. Focus group participants had many ideas and suggestions for County policymakers. They all, in general, had to do with creating infrastructure that will allow seniors to age in place, to walk safely to shops and services, and to be able to access recreation, information in their neighborhoods, and access to reasonable and safe public transit. Here are a few of many examples:

Community centers. “I mean, one of my hopes is that I would walk when I'm retired, I would walk over to the library or walk to social activities at the community center that's two blocks from our house and that those would be places that people could gather.”

Culturally specific community centers. “I would say Hennepin County should care about the health things about the elders. Also create services like creating a center that Somali can just meet like that and find out what elders do. They need just to get somewhere that they can meet and actually discuss about anything issues they are concerned about.”

Aging in place. “I think supporting infrastructure for livability, of neighbors, to help people age in place if they desire to, and then a menu of services that help that happen.”

Better urban planning. “But what we were talking about earlier, safe neighborhoods, recreation and shopping and leisure activities within walking distance for people who can't get around, planning our communities so that we have what we need closer to us. So whatever effect at the county level can be exerted on urban planning in a way to sort of serve those interests would be a good thing.”

Mobility planning. “I don't know how much Hennepin County really is a player in transportation, but I think the whole issue of mobility and how we tackle mobility in the Metro area is just going to be so critical. So I would really urge them to be a thoughtful and strong advocate as it relates to the transportation system planning. With this many people, how are we going to get around?”

Thanks for listening and hope for action. Group members asked us to convey their appreciation for listening to their concerns.

So I think the county, by this session today, is starting to realize that a good number of their clients in the future are going to be aging and how do they get on top of it. So I think this is the first good step, and the two of you can take this data back to whoever made these decisions and say, “Here are the kind of things we're hearing.”

I'd like to say one thing. It heartens me that Hennepin County is paying you to even assemble a group like this, that they're concerned enough to do this with people from the GLBT community.

Participants also urged action based on feedback from focus groups. Group members cautioned that policymakers not only need to listen but to act on these findings.

‘Don't let our discussion become feel-good statements, but actually do something about it, because it makes people feel good when we discuss these things, but getting your boots on the ground and actually doing something is what I want to come out of it, but if they take one thing like today and really see something happen, I think it would make us all feel it's worth it.’

Preview of this report. In the remainder of this report, we provide further detail and discussion of these overarching themes. The report which follows explains the methods used and demographics of the 137 participants in 15 focus groups. Information from both written questions and focus group discussions are analyzed and reported in the relevant sections:

- Expectations for the Coming 15 Years;
- Financial Security;
- Health and Health Care;
- Aging Well;
- Safety;
- Transportation; and
- Services.

The report concludes with information about participants' plans for residence in the County, their expectations of government, how they see the role of Hennepin County and their suggested priorities for the County to consider in its Aging Initiative. We offer participants' voices, with illustrative quotes for the themes discussed in each of these sections.

In addition, this report includes a summary of each of the fourteen focus groups conducted after the pilot phase. Each summary identifies the group and location, has a chart comparing some key indicators for each group with the results across all groups, and reports the major themes, with illustrative quotes, from each discussion.

METHOD

The purpose of these focus groups was to gather qualitative, detail-rich information to supplement other research efforts undertaken by the County's Planning, Research and Development Office.

Objectives:

- To gather information from current 55 to 65 year old Hennepin County residents about how they are thinking about their own future and aging;
- To identify issues, factors and trends which can inform County efforts to plan for the coming age waves as baby boomers reach the traditional retirement age; and
- To better understand Hennepin County residents' expectations of County government as they contemplate their own aging.

A mixed method approach was developed, with written questions followed by focus group discussions in domains of interest to the County, including financial security, health and health care, aging well, safety, transportation and resources/services. Questions were also designed to provide an overview of how participants imagined their coming 15 years, and to explore plans to continue living in Hennepin County, expectations from government, and expectations and priorities for Hennepin County. (See Appendix A for the Survey Booklet Questions, and Appendix B for the Focus Group Script.)

Focus Groups. We developed a plan to conduct focus groups in 15 geographically diverse locations, intended to meet the project goals, as outlined in the scope of services:

To convene population segments including diverse racial groups, immigrant groups, low-income, women, urban and suburban residents, people with disabilities and other segments as needed.

We operationalized these categories to include:

- Racial groups: American Indians, Asian Pacific Islanders, and African Americans (including Africans)
- Immigrant groups: Asian, African and Eastern European
- Geography: Urban, suburban and exurban
- People with disabilities: People living with chronic health conditions
- Other segments: Caregivers, GLBT, Independent or Uncoupled Women

[Note that the recruitment categories were not mutually exclusive. For example, we had African Americans participate in a number of groups, not just the intended African American group. There were GLBT participants in groups beyond the GLBT group; we had one Asian participant beyond the Lao and Pan Asian groups.]

Recruiting and convening. Recruiting, particularly for racial and culturally-specific groups, involved contacting a community-based organization with links to the group we hoped to reach. We would explain the project, its purpose and logistics, usually in a face to face meeting. A flyer was developed to aid in recruiting participants (see Appendix C, Sample Flyer). In some cases, the participating organization provided space and assisted in recruiting; in other cases, they did the recruiting and served as "cohost," joining in the focus group discussion.

Focus groups began with a review of informed consent; participants had the opportunity to ask questions and were asked to sign the informed consent form. [See Appendix C for the Consent Form.]

The focus groups were then conducted over three hours, including time to complete the written questions, interspersed with group discussions. Participants were provided a meal and at the end of the group were given (and asked to sign for) a \$25 gift card. Group size for 11 of the groups fell within the intended range of 7 to 10; four groups were slightly larger (11 or 12) and one group had 4 participants.

Materials were translated into Spanish and Russian, and two groups were conducted in those languages by moderators fluent in that language. In other cases where language, literacy or culture were issues, assistance was provided in completing the written materials (an additional \$5 gift card was provided for those assisting), and simultaneous language or cultural translation was provided by a cohost or service provider.

Focus Group locations. The following grid shows the focus groups and locations.

Group	Description	Geography	
		HC District	Location of group
1	Pilot Group	4	Powderhorn neighborhood
2	African American	4	North Minneapolis
3	American Indian	4	Franklin Ave. neighborhood
4	Asian: Lao	4	North Minneapolis
5	Asian: Pan Asian	4	North Minneapolis
6	Caregivers	4	Downtown Minneapolis
7	Chronic Health Issues	2	Golden Valley
8	Eastern European (1)	3	St. Louis Park
9	Eastern European (2)	7	Plymouth
10	Exurban	7	Independence
11	GLBT	6	Edina
12	Hispanic/Latino	5	Richfield
13	Liberian	1	Brooklyn Center
14	Somali	4	Cedar Riverside neighborhood
15	Uncoupled Women	6	Minnetonka

Data management and analysis. Survey responses were collected from participants and entered into an SPSS (a statistics software program), using both numeric and string variables (the latter allowing responses to open-ended questions to be entered). Evaluators analyzed quantitative responses using descriptive statistics. Qualitative data from open-ended questions were used to create “word clouds” or “tag clouds” to summarize and visually capture the major issues and concerns expressed by focus group participants. All group discussions were audio taped and transcribed.

There were multiple strategies for analysis of these data. As the groups were completed and transcripts available, a group summary was completed identifying the major themes, with illustrative quotes that captured some of the unique concerns and perspectives of each group. Using the responses to written questions, we also included a chart of key indicators, comparing each of the groups to the entire set of participants. [Note that all of these are very small sample sizes; they cannot be representative of or generalized to any group.]

We also worked with these data as transcripts were available to analyze responses topically, organizing responses to the question domains (financial security, health, aging well, etc.). We incorporated graphs from the responses to written questions in both analysis and reporting for each of these areas of interest.

This reporting presents both our analysis of these data, and the direct findings from participants drawn from written questions and the focus group transcripts. This report makes substantial use of quotes from participants. These are indented and set off in the text of the report. Minor editing was done for clarity and brevity. There is no identification of persons, although occasionally when deemed relevant the group is identified in the text before the quote.

DEMOGRAPHICS

Because focus group participants are not representative of the larger population, it is important to understand the background of participants. This section provides information about the demographics of those who participated in the fifteen focus groups held throughout Hennepin County. At the beginning of the survey booklet, we asked some basic background information, reported here.

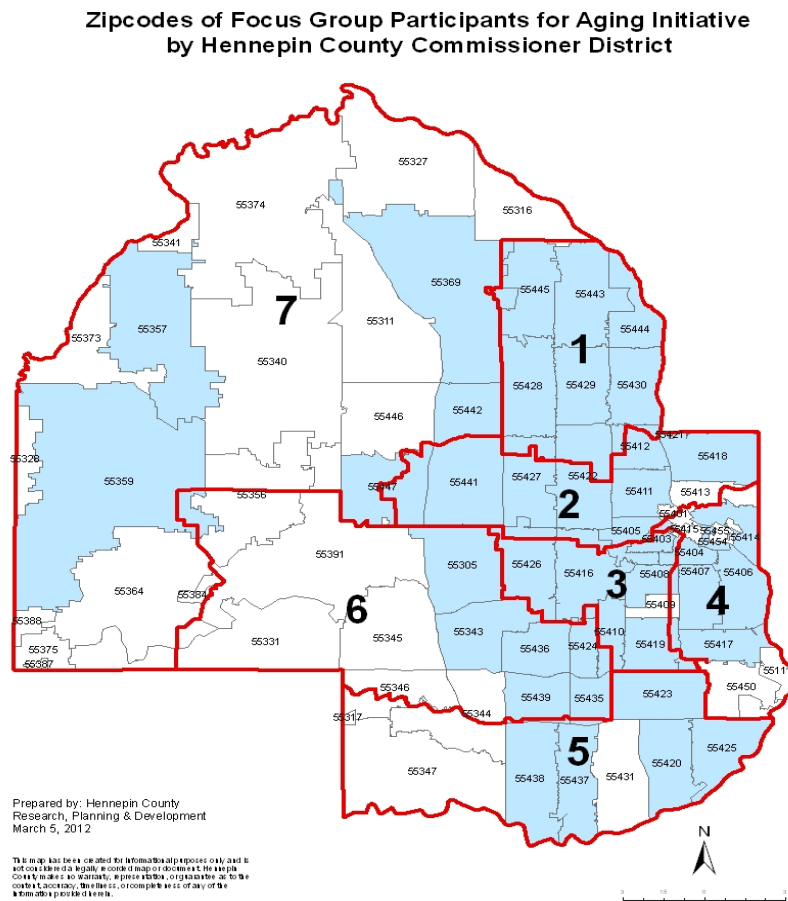
Geography. Our intention in this project was to include people from across Hennepin County. In order to accomplish this, we held focus group meetings in a variety of locations. These included:

Metro Areas: Cedar-Riverside (1); Downtown Minneapolis (1); Franklin Ave. (1); North Minneapolis (3 groups); Powderhorn neighborhood (1 group)

Suburban Areas: Brooklyn Center (1); Edina (1); Minnetonka (1); Plymouth (1); Richfield (1); St. Louis Park (1)

Exurban Area: Independence (1)

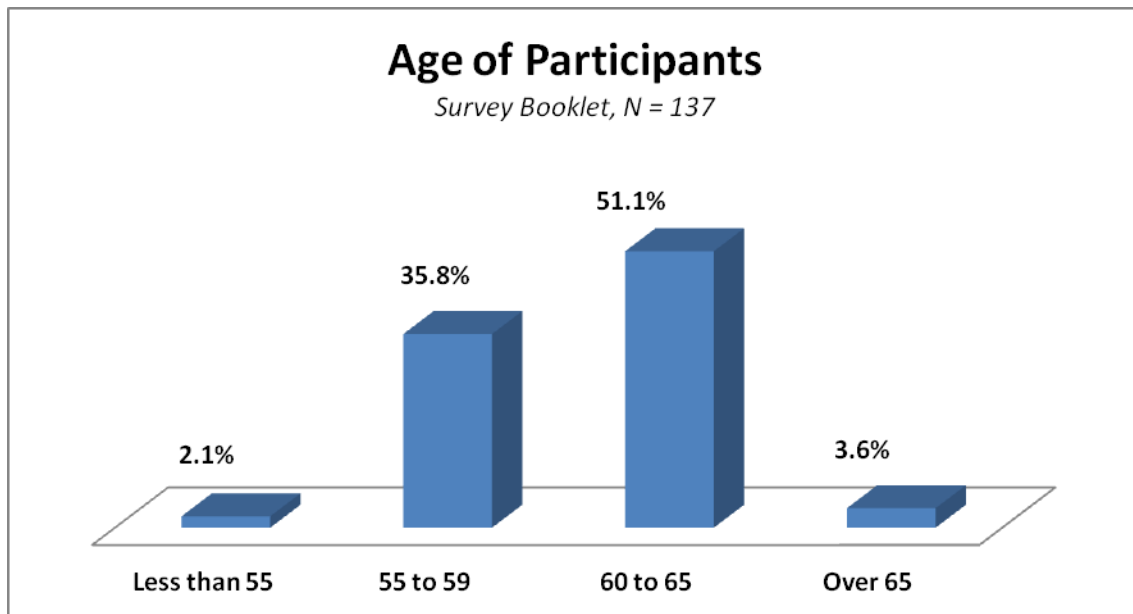
We asked participants to indicate their zip code. Of the 137 participants, 134 or 98 percent, indicated their zip codes. The following map indicates the zip codes within Hennepin County from which we drew participants.



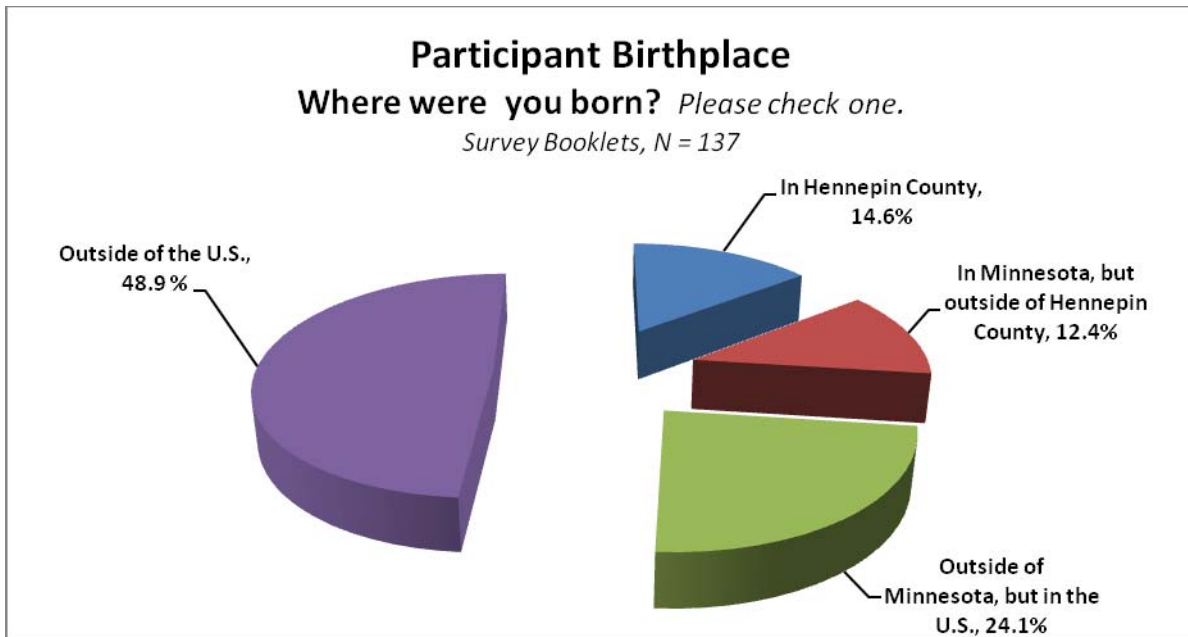
Shaded areas indicate zip codes of one or more focus group participants.

Age. We recruited people between the ages of 55 and 65. In the pilot group, several people over 65 were included to provide additional perspective. In a few cases in other groups, there were individuals over or under the target ages—about 5 percent of all participants.

The median age of participants was 61 years. Twenty-five percent were age 58 or younger; 25 percent age 64 or higher. The following graph indicates the ages of participants.

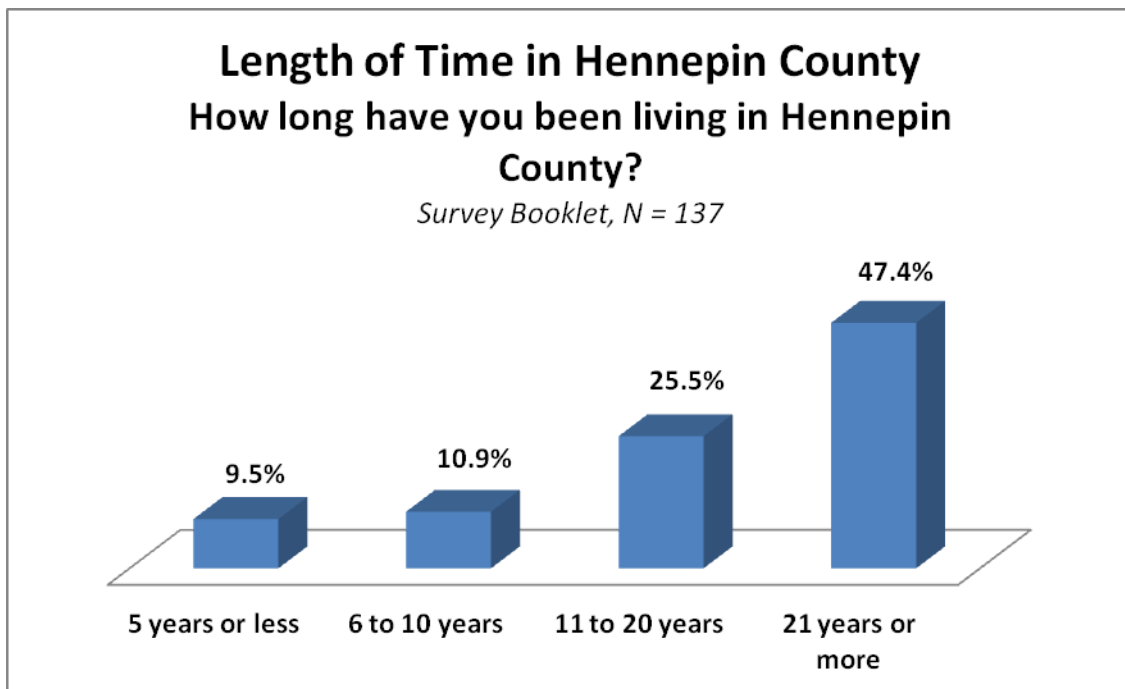


Place of birth. Fifteen percent of participants indicate they were born in Hennepin County, and an addition 12 percent were born in Minnesota but not within Hennepin County. Twenty-four percent of participants were born elsewhere in the U.S., and not surprisingly (given the number of immigrant group recruited) nearly 49 percent were born outside of the U.S.

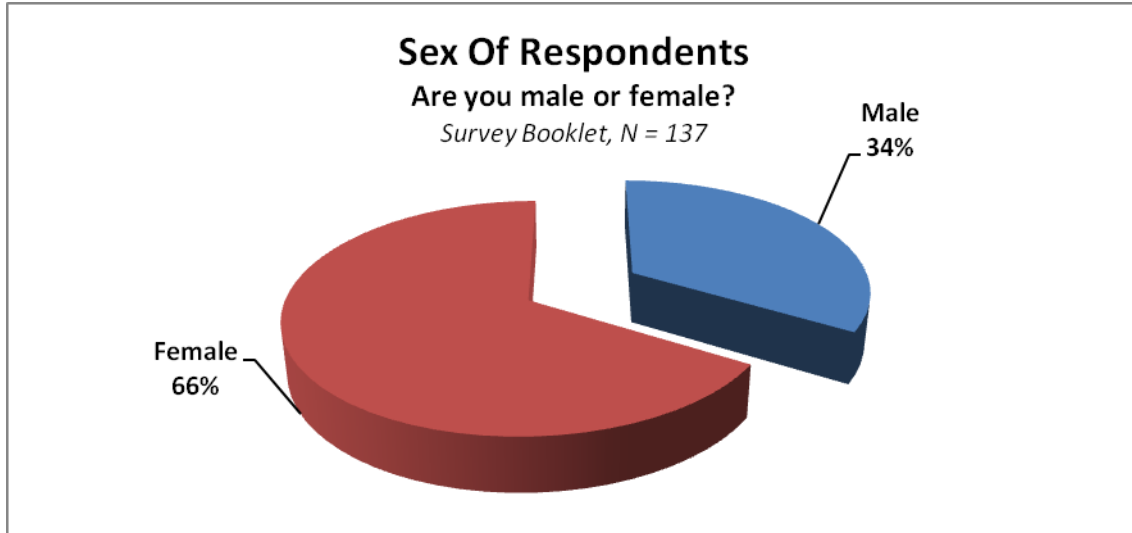


Foreign-born participants' birthplaces included: Austria, Belarus, Belgium, Cambodia, Germany, India, Poland, Laos, Liberia, Mexico, Romania, Russia, Somalia, Ukraine and Viet Nam.

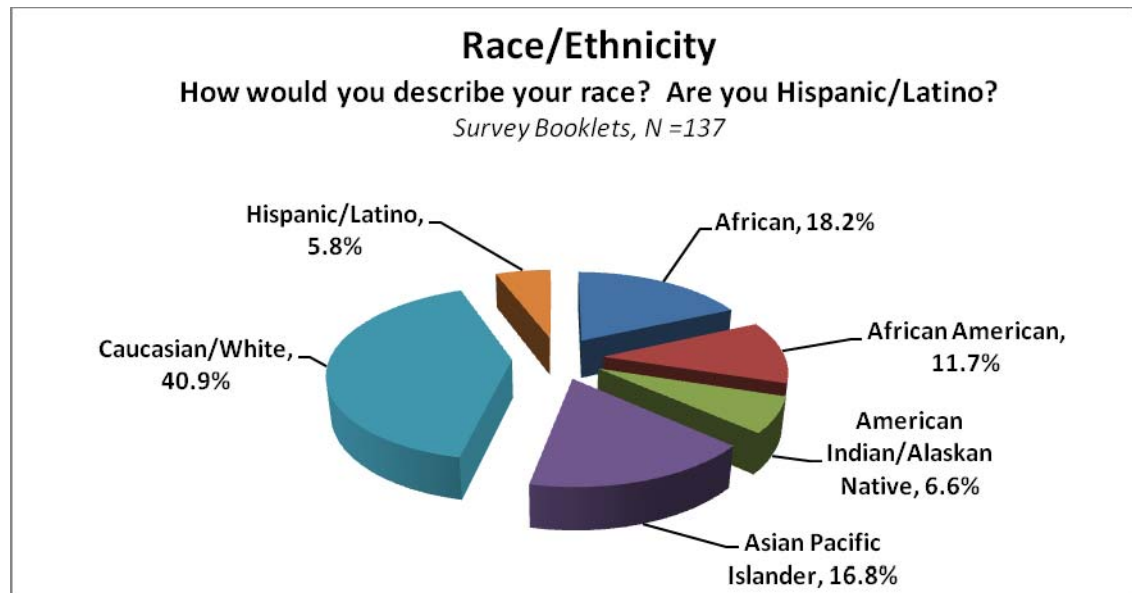
Length of time living in Hennepin County. The average time living in Hennepin County was just over 27 years, the median was 25 years. About 25 percent have been living here 10 years or less, 75 percent 41 years or less. In total just over 55 percent have been living here 30 years or more. The following table and graph illustrate length of time living in Hennepin County.



Sex. Thirty four percent of participants were male, 66 percent female.

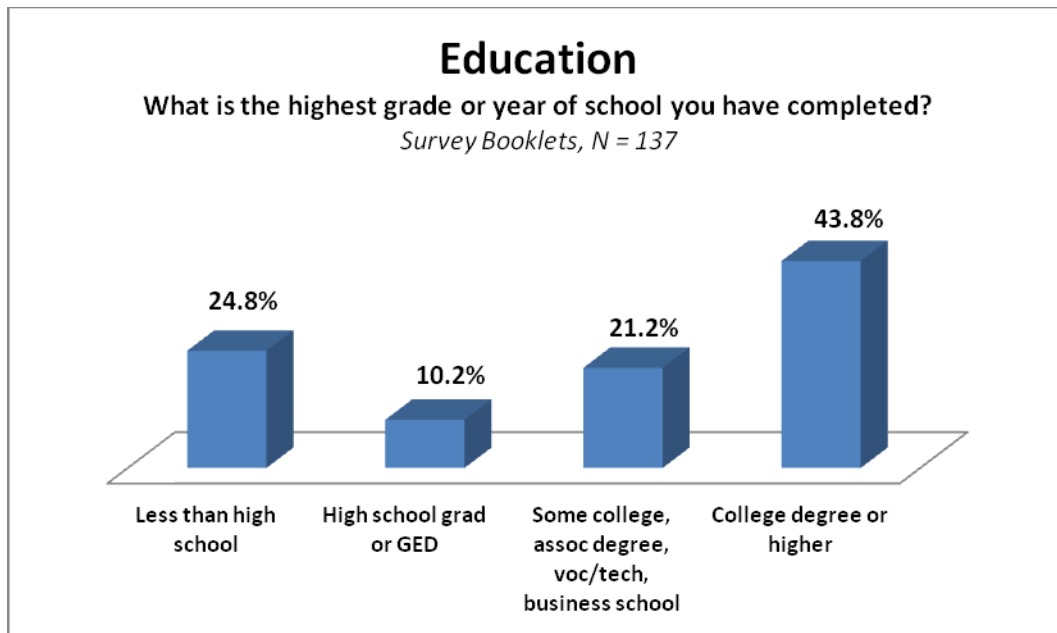


Race/Ethnicity. Forty one percent of participants were Caucasian/White, 18 percent African, 17 percent Asian Pacific Islander, 12 percent African American, 7 percent American Indian, and 6 percent Latino.

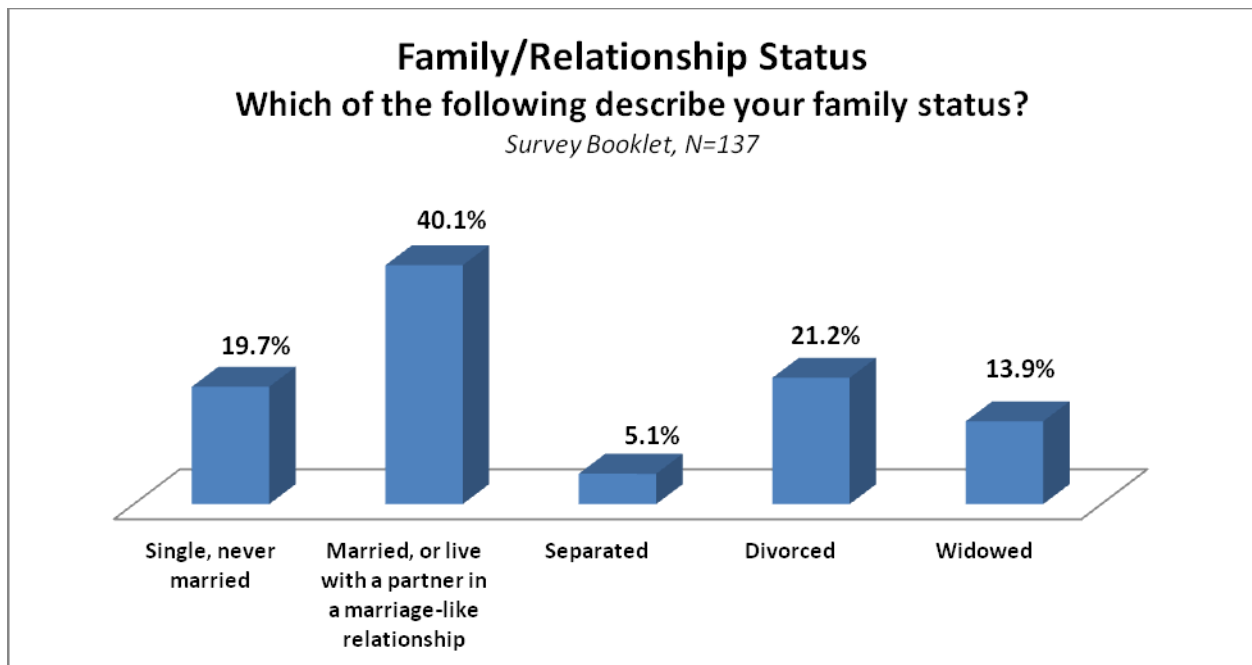


First language. Fifty-five percent indicated English was their first language, and 44 percent indicated it was not. We asked those (who did not have English as a first language) to indicate their first language. Other first languages included Cambodian, French, German, Grebo, Hindi, Hmong, Kissi, Krahn, Kru, Lao, Liberian, Romanian, Russian, Somali, Spanish and Yiddish. Twenty-five percent of those non-native English speakers have been speaking English for 10 years or less, 50 percent for twenty years; and the top 25 percent have been speaking English 31 years or more.

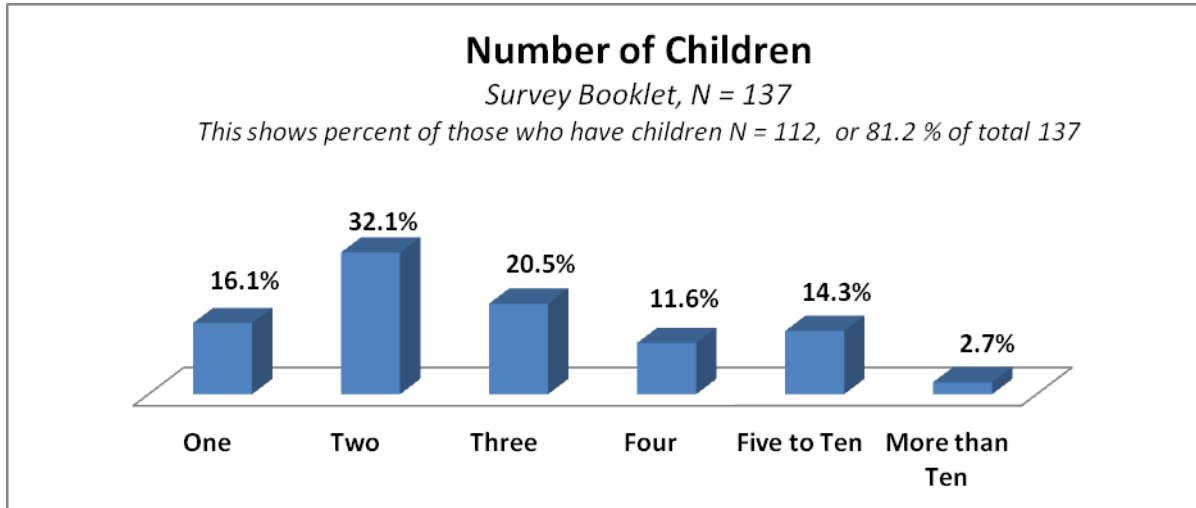
Education. Nearly 25 percent of participants reported they had less than high school education, 10 percent high school or GED, 21 percent some college and 44 percent a college degree or higher.



Family status. We asked participants to indicate their family status. As the graph below indicates, about 40 percent of participants are married or in a relationship, 21 percent divorced, 20 percent single and never married, 14 percent widowed, and 5 percent separated.

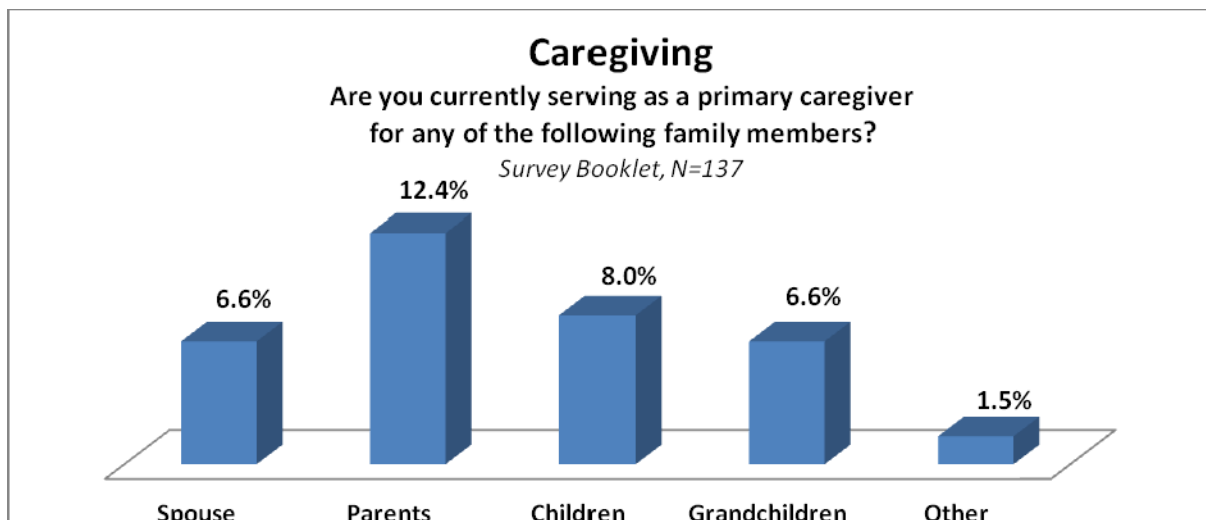


Children. We asked participants whether or not they have children, the number of children and where their children live. Eighty-one percent of participants have children; 19 percent do not. The average number of children participants have is 3.2; 25 percent of participants have two or fewer, the top 25 percent have four or more children.



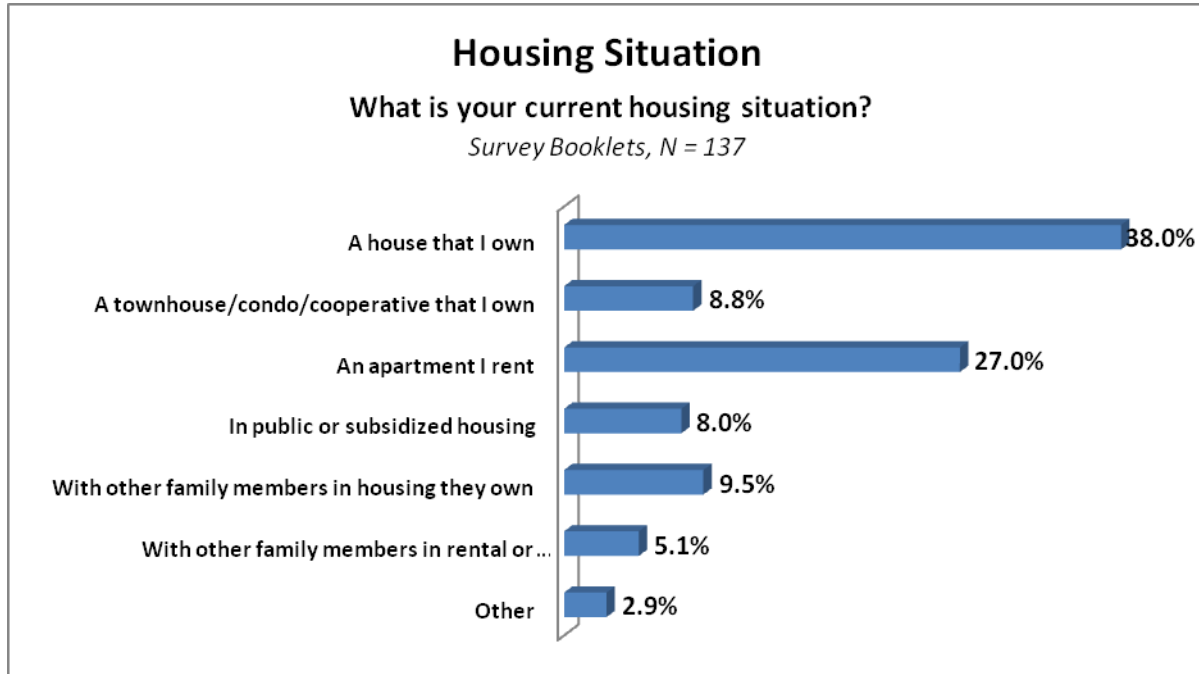
We also asked about where adult children live. Forty-three participants, or 39 percent of those who have children, indicate that they have adult children living with them (or with whom they live). Sixty-one, or 55 percent of those with children indicate they have adult children who do not live with them, but live in Minnesota; forty-nine, or 44 percent indicate they have adult children who live outside of Minnesota. [Note: These were asked as separate questions, and participants may have more than one child; reported percentages do not necessary add up to 100.]

Caregiving. In the survey booklet, we asked a question about caregiving for other family members. Over 12 percent indicate they are providing caregiving services for parents, 8 percent for children, 7 percent for grandchildren, nearly 7 percent for spouses, and 2 percent for others. The two who indicated “other” indicated they are caring for a disabled family member, in one case for a sister, in the other case a child.



We also asked people who are providing caregiving to indicate the approximate number of hours they spend on providing care for the other family members. The range was from 2 to 70 hours; on average those providing caregiving spend about 16 hours a week.

Housing situation. The most frequent housing type, for 38 percent, was living in a house they own. Another 9 percent live in a townhouse/condo/cooperative they own. About 27 percent rent an apartment, and 8 percent indicate they live in public or subsidized housing. In total about 15 percent live with other family members, 10 percent in houses owned by family members, 5 percent in rental or subsidized housing with other family members.

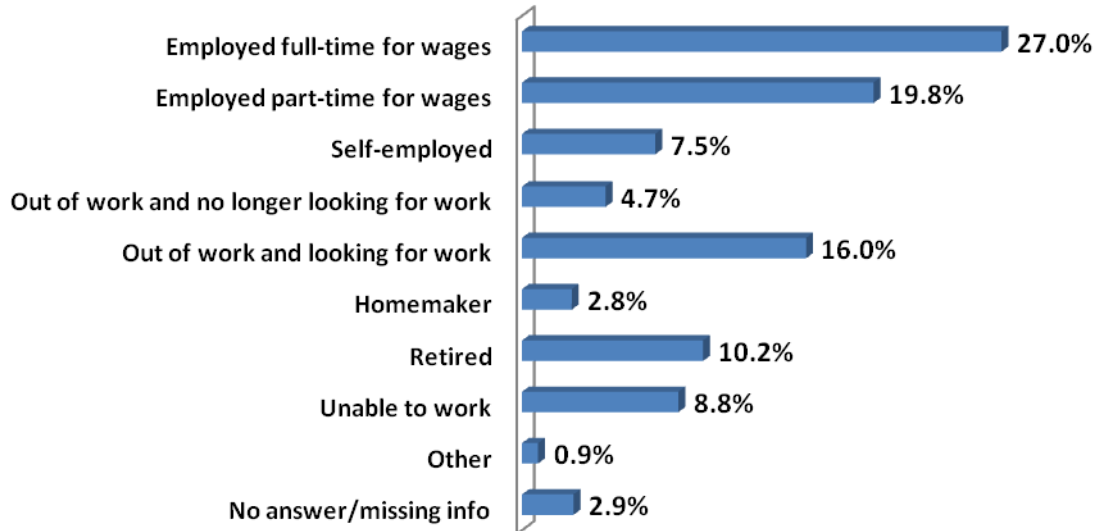


Employment status. Half of all participants were currently employed -- 27 percent full time for wages, an additional 20 percent part time for wages and 8 percent self employed. Another 21 percent said they were currently out of work; 5 percent were actively looking for work, and 16 percent were no longer looking for work. Ten percent were retired, 9 percent unable to work (usually due to disability) and 3 percent identified themselves as homemakers.

Employment Status

What is your current employment status?

Survey Booklet, N = 137



FINANCIAL SECURITY

Financial Security Preview. In summary, the focus group participants we interviewed do not have strong, positive views of their current financial well being, and worry about their next fifteen years in the face of those concerns. Most have felt the effects of the recent economic depression (only 6 of 138 participants did not report any of the recession impacts we asked about) and worry further about the uncertain future. Concerns about continued availability of Medicare and Social Security, solvency of pension funds, and increased health care costs impact participants' sense of financial security and their plans for the future.

Immigrant groups face shifting expectations and doubt they can rely on traditional expectations about children being able to care for elders. Acculturation, the need to work outside the home, and adverse economic effects on their children mean they can't rely on past practices. Those who support large extended families find it difficult to manage.

We also heard about some of the financial issues faced by GLBT citizens, particularly couples and families. Increased taxes on benefits (when available for domestic partners), the added costs of making legal arrangements, and unavailability of Social Security benefits for partners are part of the added financial costs faced in this community.

Participants also lament the decreases in housing values and taxes, and wonder if they will be able to afford the kind of housing they need or wish. Those living on low and fixed incomes find the current economy very difficult to manage. Those who are well off are worried about other family members, particularly their children; those who were doing all right but lost jobs involuntarily past 50 are worried about getting by; and those who are now just barely getting by are terrified that their basic level of services and support will erode or vanish, leaving them adrift.

The current financial situation significantly affects decisions about work, which means that work will continue to be a factor for this age demographic (of 55 to 65 year olds). A smaller proportion of them will retire at the traditional age. Working longer is a plan for many; many who have retired would like to find work. Those without a job are finding it difficult to return to work and recover financially in a tight job market, which is not perceived as very senior friendly, and which many perceive is full of conscious and unconscious age discrimination.

Issues of financial security loomed early and large over most of the focus group discussions. The impact of the recent economic recession should not be underestimated in its importance and impact on the lives of people in the 55 to 65 year age range. Many participants mentioned that, although they feel healthier and "younger" than their parents, their retirement will be much different and much less secure. In all of the groups recruited for this project, people report not feeling financially secure, despite substantial differences among groups in their current financial income and assets. Few have been untouched by the recent financial recession. Many imagine their next 15 years as overcast with concerns about financial security.

Financial benefits. We heard in most of the focus groups concern about whether benefits they expected will remain available to them. Most often this concerned Social Security and Medicare.

"Well basically it's having enough resources to take care of health, whether it's health insurance or things that aren't covered by health insurance. Just having enough resources to live comfortably in the long term and giving the state of our economy right now and all these things

that are kind of in the air, the uncertainty of what's going to be, you know with Social Security, what's going to be with Medicare, I think those are like these clouds, dark clouds that are looming over us and I think the unknown is sometimes harder to deal with than the facts. So when you're in limbo like that and you don't really know what's going to be with this and what's going to be with that, I think that's hard. I know for me and for some of the people I speak with, the unknown is a difficult thing to deal with."

"Every year we hear of the debates from the congress. We hear that in the year 2020 the social security will be overthrown...that will also will make you worry. For example, when I pay my dues I do expect that I get that in my retirement. Are we actually living like Africa, sometimes we pay our dues back there but we never get anything -- so we have that worry. Will I be able to access like affordable healthcare after all I've been through...and will my benefits be continued...What does Congress have in mind in the years to come?"

"There are still things that aren't covered, that your out of pocket costs go up considerably, even though you have — I mean, it's pretty amazing, because Medicare is a big value. If we had to fund all of that at our ages, I mean, it would be astronomical. I think one of the scary things is, what is going to happen because of the finances of it and will there be changes? I mean, there have to be changes, because it's financially unsustainable. So what does that mean?"

Coping with uncertainty. Many participants pointed out in the focus group discussions that previous plans and assumptions about retirement are no longer valid.

"Actually, I think there's two different things here. One is what do you want to do, given the current and/or future political environment, and what might you be able to do. So when you look at this, what you want to do versus what might happen in the worst or best case scenario, are two different things, and you'd better have a Plan A and you'd better have a Plan B."

"There is nothing that is certain. My job isn't certain, my kids' future isn't certain, where I live isn't certain, my financial situation isn't certain, everything, and it's the first thing I think of every morning when I wake up. I'm terrified. It's just like I wake up and I'm like, oh, my God...what's going to happen, and I don't know, because so much has happened that I never expected to happen..."

"It all depends on the economy. It all depends upon what the market is. There's no way of knowing. You know, that's what you'd like to see happen in the future. You always have a plan, but that doesn't mean that plan is going to come to pass. I mean, God laughs at your plans."

"You know, it's not in your future, you know, to say, "Okay, I'm going to kick back and play golf."

"I had this fairy tale thing that I was going to do the cruise around the world and do Europe and get to Africa. Not in this lifetime, but at one point, it may have been an option. Now I'm wondering, you know, am I going to have enough money to afford healthcare, the gap insurance..."

"Well I'll tell you how smart I am. I got -- I went to college, got my degree, got a really good job, saved all this money so I would have it for retirement and now there's nothing left. Well I mean there's something left but you do it one way or you do it the other way. So who is smart here? I wasn't."

Changing cultural expectations. Immigrant communities who traditionally rely on their children to take care of them in later years are also shifting expectations. Traditionally, investing in children was the way to ensure well being in later age.

"If the children succeed...because we don't believe like retirement plan or investment. We invest in our children and we hope our children will take care of us when we get older."

"Our culture is to take care of elders, so...if my children succeed they will take care of me because if they can't take care of themselves they cannot take care of me. And we do believe that investment of our culture is put in the children, educate them and make them respect their elders and we hoping that we are not ending up in nursing home because in our culture it's very bad if you throw your parents in a nursing home."

"Here you mentioned social security, our social security are the children. You mentioned the welfare, our welfare is our children. Our IRA and 401k is our children. We invest in our children. We take care of them so right now we come here we have two social securities, we have two different employment plans."

Some are uncertain about the effects of acculturation in preserving this way of caring for elders.

"That means, I take care of you when you are young, you take care of me when I grow old but that was then. Let me put it in this is now. We are in America. Our children have exposure to the Western culture. We don't know how much. Do they take the good with the good or do they take the good with the bad or do they take the bad with the good or the bad with the bad. This is the worry we have."

Expecting children to care for parents is also dependent on the children doing well financially. Parents are deeply concerned about their children's ability to care for them.

"Right now Lao people living here 30 years, many of them getting old. And they cannot depend on their children like they did in their country. They keep their parents, kids over there. Here, kids go to work and don't have time to take care of children."

"In American, because children are working. They don't have time. They have to pay mortgage, pay bills." "

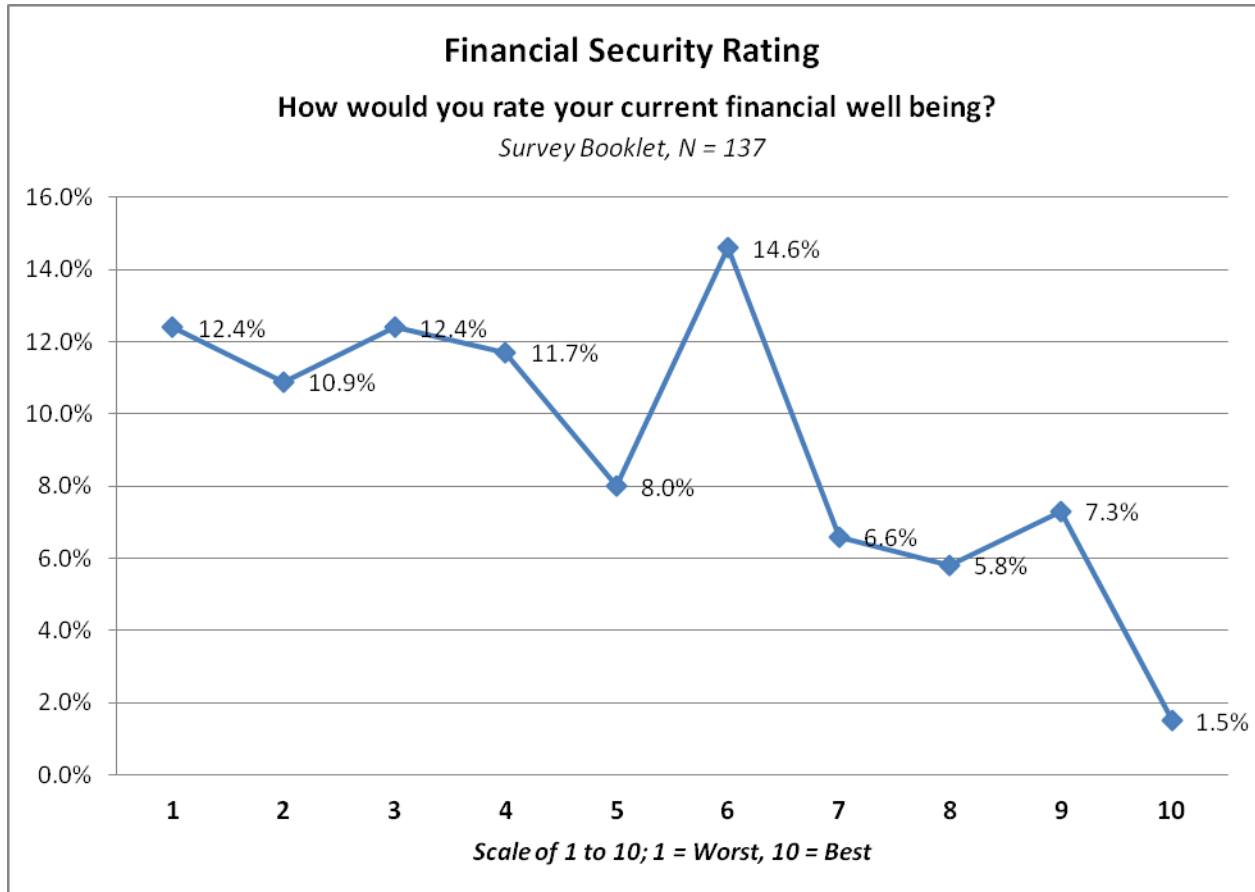
"The economy is tight right now, it is still hard, kids cannot get a job. You put it like, in Asian culture, you depend on kids. But right now, isn't working."

The cultural traditions of providing support for extended family also means there are further financial obligations for participants in some of the groups.

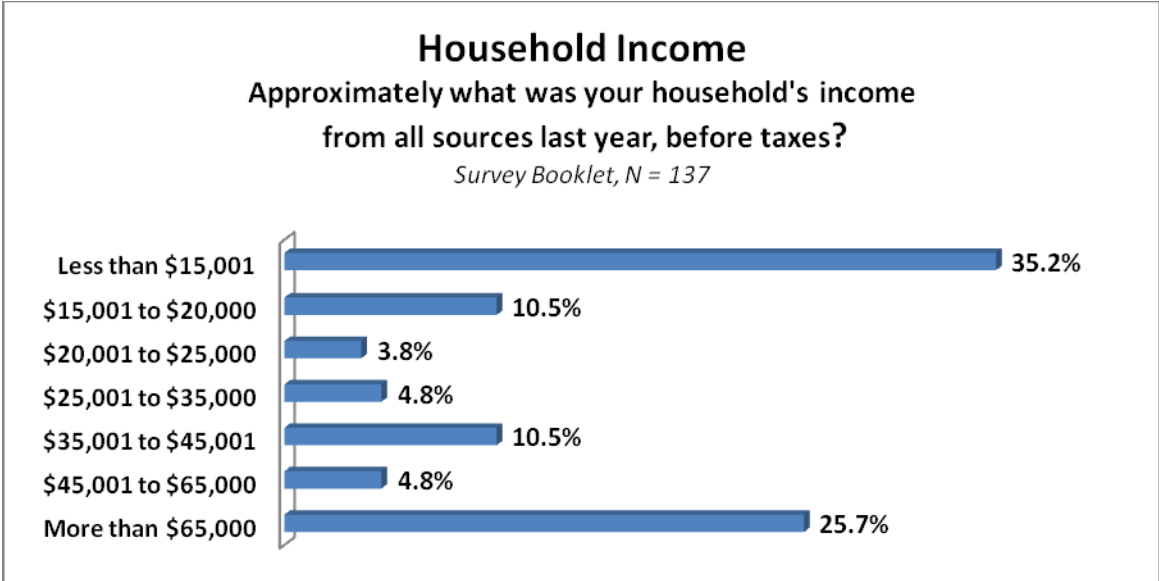
"When I get paycheck I have to think where to I start, how can start. Okay aunt is right there, uncle is right there, brother who also, five kids is there, so okay send this one 50 bucks, uncle extend family 150 bucks. So the pay check, 50 percent of the pay check goes."

"We have a lot of extended family. They're all rely on us. So if you give me \$10,000 a month salary for example, you think I am living like an emperor size. No, I am one of family of 100 then 10 family, my sisters, my uncle have a chance so I have to support them."

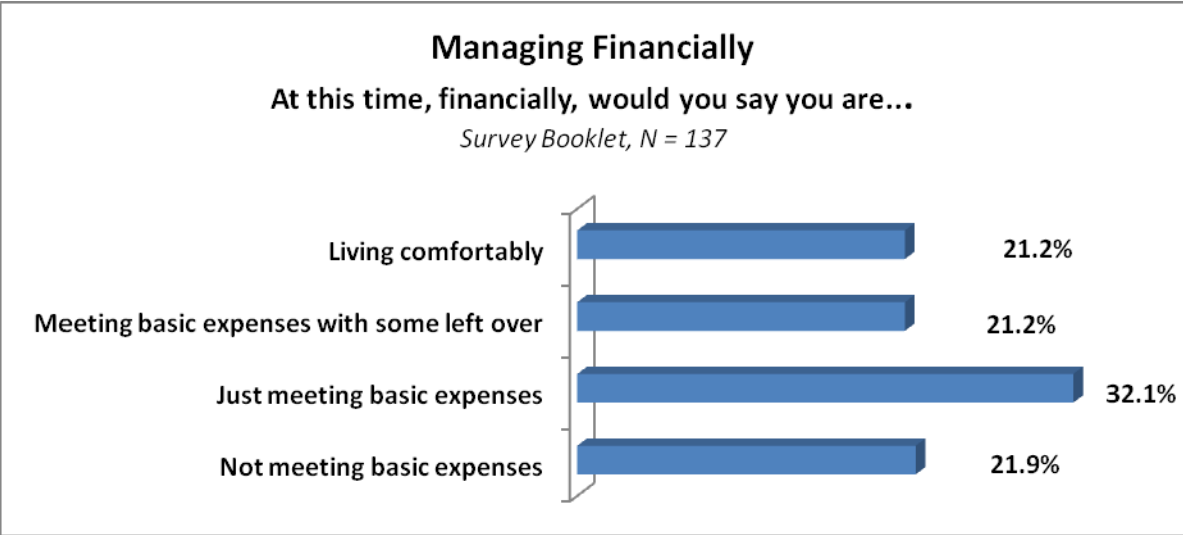
Rating of financial security. Responses to written questions also reinforce the theme in group discussions about financial insecurity. When asked to rate their *current financial well being* (on a scale of 1 to 10, with 10 = Best), less than 2 percent rate their financial security as 10 on a 10 point scale. The average rating across all groups was **4.59**. If all respondents were divided into four groups (quartiles), the bottom 25 percent rated their financial security as “2” or less; and fifty percent o rated their security as “4” or less.



Income. Because financial security is related to income, we also asked participants a number of questions about income and income sources. As the following graph indicates, the most of the focus group participants fell into the lowest and highest income levels.



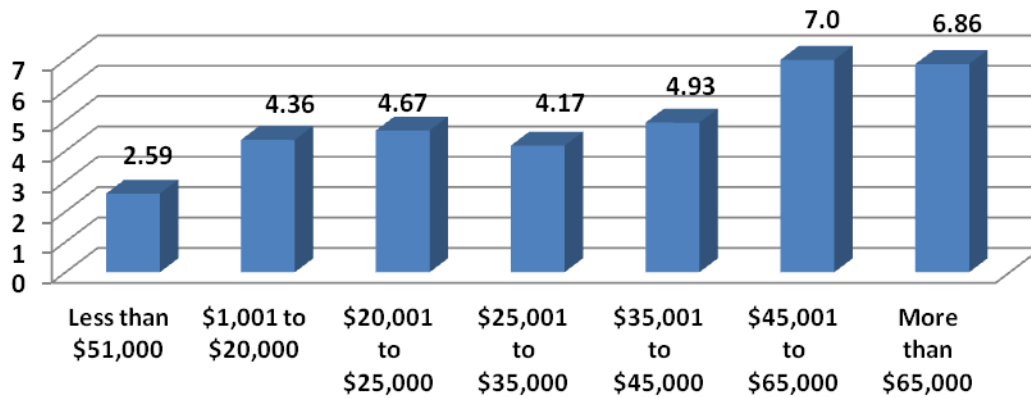
Only 21 percent of participants indicate that in financial terms, they are living comfortably, with an additional 21 percent say they are meeting basic expenses with some left over. Over half of participants (54 percent) indicate they are just meeting, or not meeting basic expenses.



We compared participant responses on two of these written questions. Overall, those who rated their security more highly were those with higher incomes, although those with the highest incomes did not have the highest average rating of financial security.

Ratings of Financial Security by Income Level

Survey Booklet, N = 137



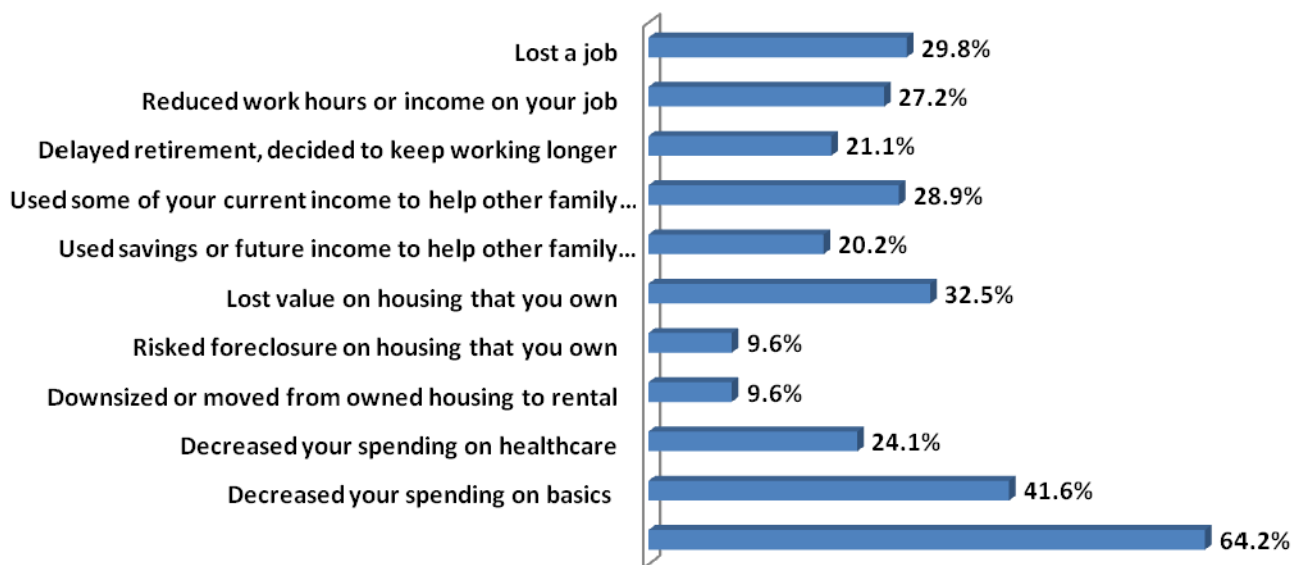
By income level, mean/average ratings on scale of 1 to 10, 1 = Worst to 10 = Best

Recent recession. Nearly all participants had been touched in some way by the recent economic recession – 96 percent of 137 participants answer “yes” to at least one of the questions asked about the impact of the recession. The following graph shows the extent to which participants have been affected.

Impact of Recent Economic Recession

In the past three years, due to the economic recession in this country, have you done any of the following? *Check all that apply.*

Survey Booklet, N = 137

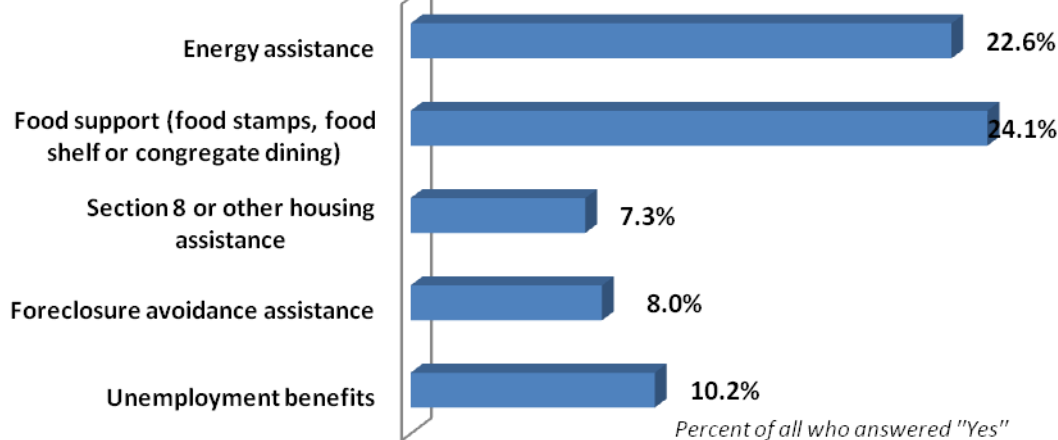


We asked participants about use of resources in the past three years. Note that 25 percent have used energy assistance, nearly 24 percent some form of food support, 7 percent housing assistance, nearly 10 percent foreclosure assistance, and 11 percent unemployment benefits.

Resources in Past Three Years

Have you used any of the following resources in the past 3 years?

Survey Booklet, N = 137



Income sources. We asked participants to indicate their sources of income, currently and what they plan to be a source of income after age 65. The following table and graph summarize responses and reinforce the group theme about continuing to work past age 65.

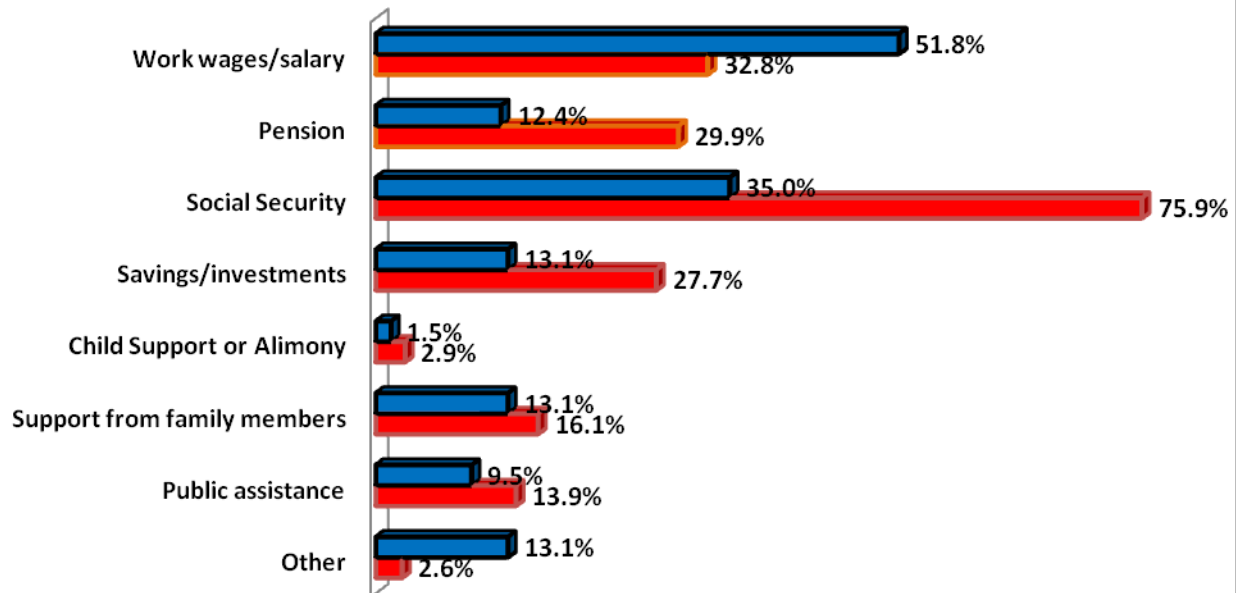
Current Source of Income		SOURCES OF INCOME	Source of Income After 65	
71	51.8%	Work wages/salary	45	32.8%
17	12.4%	Pension	41	29.9%
48	35.0%	Social Security	104	75.9%
18	13.1%	Savings/investments	38	27.7%
2	1.5%	Child support or alimony	4	2.9%
18	13.1%	Support from family members	22	16.1%
13	9.5%	Public assistance	19	13.9%
18	13.1%	Other, including:	3	2.6%
6	4.3%	<i>Disability</i>	1	0.9%
4	2.9%	<i>Babysitting, housecleaning</i>		
4	2.9%	<i>Unemployment</i>		
3	2.2%	<i>Rental income/property</i>	1	0.9%
1	0.9%	<i>Farming</i>	1	0.9%

Sources of Income Currently and After Age 65

What are your sources of income? Check all that apply, currently, and what you plan to be a source of income after 65.

Survey Booklet, N = 137

■ Current ■ After 65



Current sources of income. Fifty two percent of respondents currently have income from working, and 35 percent from Social Security. Twelve report current income from a pension, and 13 percent each from savings/investments, support from family members, or other sources (including disability, unemployment, babysitting or housecleaning, farming or income property).

Future sources of income. Thirty-three percent of respondents are planning on wages from working past 65. About 30 percent of respondents plan on income from a pension, and 76 percent count on Social Security as a source of income after 65.

This picture is consistent with what we heard in the focus group discussions. Those who have worked at lower income jobs, and those on fixed incomes are facing economic challenges.

“Well I don't know about the rest of them but being on disability even though it's Social Security it's not giving an increase every year. And when you do get an increase, the increase you get usually winds up going towards your rent or some other things like medical bills and stuff, the increases on those costs. So what money you might get for an increase doesn't do you a darn bit of good because it goes right out the door again to something else.”

“Because most of the people that were poor in the first place, it was always a recession. So this, just compounded everything else, you know, be it benefits, be it working wage, affordable

kincome, affordable living – you know, apartments have gone up. Housing, forget about it, buying a home. So everything is just compounded.”

“So when I'm a little older, I hope I'm in good health, but I'm not going to have any money. Because I didn't have those kind of jobs where you could put back, you know, the 401(k)s and all that. I don't have that. Uh huh. I needed every penny when my check came.”

“I never had any savings. I don't have any savings whatsoever. I have a checking account with about \$1.90 in there, you know. No savings account, none. So that's where I'm at. But I haven't given up on anything, and I'm still looking for a future. You know, and I have positive thoughts. But I don't have savings, and I might never have any savings.”

Housing costs. For homeowners, housing costs and values are significant in their sense of financial security. Sixty-two or 45 percent of participants indicated they live in a home, townhouse/condo/cooperative which they own. When asked if they have a current mortgage, 44 of the 62 owners, or 71 percent, indicated they have a current mortgage. All of those who own a townhouse/condo/cooperative report paying HOA fees, as well as special assessments.

More than one person in most of the focus groups expressed concern about being able to afford to stay in one's own home.

“I'm also worried about – I'm seeing the way property taxes have jumped. I mean, when I bought my house in 1989 it was less than \$400 a year for property taxes, and I'm paying \$3,000 right now...am I going to be able to afford my home? Where am I going to go? ...am I going to be one of the people on the streets? Even though I have some funds, Social Security and (a pension), what is my future?”

“Well, it's like my home. I mean, I bought my home ten years ago. It's a duplex, I bought it solely as a retirement investment, and it's lost better than 50 percent of its value. I actually — I probably couldn't sell it today for what I have a mortgage on it. I know I can't. You know, my only option would be to walk away from it, to actually get up and walk away from it.”

“Pay off your mortgage, you know, have that all done. The thing that really scares us to death, I've got to bring it up, is taxes. I mean, if we do have to leave, it's because the taxes are so high. ... That's a huge issue. Taxes are what, you know, people's mortgage payments should be. And that's not really in our control.”

“15 years ago we were like, “Yes, I'm going to retire. I'm going to have my house.” And now we're all sitting here saying can we even afford our house one year to the next? You know, can we — you know, I look at my property taxes, I look at my electricity bill, I look at the city taxes, the county taxes, the state taxes.”

Another related issue raised in several groups focused on declining home values. Many of the focus group participants reported that their homes were underwater (appraised as less than the mortgage). Even if they had planned to downsize in retirement, most understand they cannot afford to sell their house.

“And we have a number of neighbors for, you know, whatever the circumstances, illness or death in the family, that sort of thing, that have just retired, but they can't stay, and they can't sell their houses.”

“Yeah, unfortunately it goes back to my finances...I bought a house in 2008, and even though it had already gone down in value, it’s gone down dramatically, so I’m somebody who...put a down payment on a house and it’s been lost....I’m underwater on my mortgage. The house is worth a lot less than the mortgage.... I just never thought — I just really never imagined that I could find myself in this situation, you know, and particularly because I bought a modest house.”

“My neighbors on either side of me, we all bought our houses eight years ago, and they have both stopped paying and they’re both underwater, which of course I am too. I’m still paying. But what do we do? The houses are for sale for \$100,000 less than what they paid for them eight years ago.”

“My house just in the last few years has lost about a third of its value, and I wasn’t thinking of it so much, I guess, as a big asset until it started to disappear.”

Financial Insecurity => Work. Much of what we heard in the focus group discussions was about how financial insecurity (or uncertainty) has led people to plan to work beyond traditional retirement age. We heard in most of the groups how people have changed their thinking about work – most often linked to concern about health care costs – particularly the unknown future costs. Many of those with jobs plan to keep working; others without current jobs wish they could find work. Many also voiced concern that age discrimination faces them as they age, and is particularly a challenge for those who have lost jobs and are seeking new ones.

Health care costs. Many of these decisions about continuing to work past traditional retirement age are based on concerns about health care costs.

“Well, I think the other thing that’s scary is — I mean, for people who get their health insurance largely paid through their employer so that your hit isn’t all that much, it’s a rude shock to then go to Medicare and then pay supplemental policies. And that’s why a lot of people are working longer, just to hold onto the health benefit, because the cost of the healthcare is so ridiculous. Or to pay for their supplemental insurance.”

“One thing that has definitely changed in the way I view things is I’ve stopped expecting to retire....my parents, my grandparents...lived comfortably on their Social Security and their farms and left enormous estates to their children when they died, and then my parents’ generation retired with that same idea, they were going to retire...and have a wonderful life, and my parents handled their money very well...they saved for retirement. They worked with a financial planner. They were well set when they retired, but they did not expect my mother to have a very expensive debilitating illness where for probably at least a decade their life has just revolved around doctor appointments...that’s been their whole life. And between that expense and the economy crashing, we’ve learned in the last year that they are probably going to run out of savings within four to five years. And so both seeing their experience has made me think – I’ve been real careful with my money and working with a financial planner who says I’m fine, I have nothing to worry about, but I don’t believe him anymore.”

“I was going to retire until I saw how much you have to pay out for Medicare, supplemental, I just couldn’t believe it. So all that insurance and Medicare, you’d have to just eat bread.”

“Definitely I would probably stay (on this job) until I’m in my late 60s and then maybe find a part time job. I just don’t see, the way things are going for my mother... she has to pay \$400 a month

in prescription costs — it's taking her savings, and, you know, it's just — there's just no other way. I mean, the economy has just gone down."

Some who have retired have encountered higher than expected costs, particularly related to health care, and already have or would like to return to work.

"Yeah, mine is health, but it's being on a fixed income, trying to keep up with the cost of living. It's just, you know — it's outrageous, and I'm trying to figure out — which probably will force all of us, or at least me, to get another job to supplement my retirement. That's just one heck of a challenge, and I, like all of us, planned the best I could, but I can't keep up with the cost of living. I just can't."

"You know, I'm on Social Security too, but I've also got a job, and if I didn't have the job, I don't know what in the world I'd be doing now, because, you know, this makes my ends meet. I worry about my finances."

"I learned this year — I learned why a lot of people retire and keep on working, because when I retired, my check's enough to cover my rent, and I could keep my cable and be able to cover more things, but other than that, I don't have money to travel or do other different things, so I have to work."

Desire for jobs. More of our focus group participants are facing dire economic straits due to recent job losses, particularly in immigrant groups and among women who are living independently. Some have involuntarily lost jobs at a later age, and find it difficult to find another in this job market. Many who are preparing for or seeking jobs encounter little interest in hiring those of older age. When we asked about the issues of looking for or holding jobs at the age of 55 or above, we often heard a chorus of "ageism."

"I have serious work accomplishments, and if I stand next to a 25-year-old, they're going to pick the 25-year-old even if I say to them, "I'll take that compensation," and there is nobody that I hear of...name me some organization, name me some person in our community that is actively vocal and doing something proactive to increase the job opportunities for our age group."

"It's hard to find a job. Because there's too much competition out there now, because even the ones that are coming out of school now and those that have degrees or certificates — and we're seniors. It is going to be harder, because they look at the younger ones."

"When you hear, oh, the boomers are going to have to be working until they're 70 years old, I think where the hell do they think we're going to get jobs?"

HEALTH AND HEALTH CARE

Health and Health Care Preview. As mentioned in earlier sections, health and health care were significant issues raised across all of the focus groups conducted. Most people recognize the importance of health maintenance. Few had issues with the quality of their health care; one group expressed concerns about maintaining choice; all had issues with health care costs.

We found relatively few people report planning to use insurance to pay for long term care (13 percent); some are ineligible and for others the costs are simply out of reach.

In most groups, we heard about resistance or aversion to moving to some form of long term care, particularly nursing homes. About 31 percent of participants currently have a health care directive. In more than five of the focus groups, participants reported believing this cost money, similar to going to a lawyer. In two of the groups (uncoupled women and GLBT) participants acknowledged difficulty in finding another person who could be named in the directive. GLBT participants also expressed fear that their legal arrangements would not be respected or upheld, particularly if a proposed constitutional amendment passes.

The greatest number of challenges we heard about, however, concerned cost and affordability. The costs of maintaining health insurance, as well as copays, spenddowns and medications are a burden for many. We heard many cases of recommended health care deferred or delayed due to cost considerations. Over and over again we also heard about the challenges of navigating the complexity of insurance systems, particularly Medicare Part D. Perhaps the best way to summarize the issues and concerns raised in this section are through comments about the overall health care system.

“The whole system’s broken. I don’t understand why we have this huge insurance industry making gazillions of dollars between us and doctors, why that is in there at all. The system’s so broken that, you know, I don’t agree necessarily with any of the solutions that have been thrown around, but our country spends, what, seven, eight times as much per person, and we get much less effective healthcare than any other industrialized country, so we really have to fix the system somehow. I don’t have all the answers for you, but it’s really broken.”

“I have some seriously high hopes for that Accountable Care Act, and I hope it works. The ObamaCare, as some people call it, but, hopefully, that, you know, is the light at the end of the tunnel for some people.”

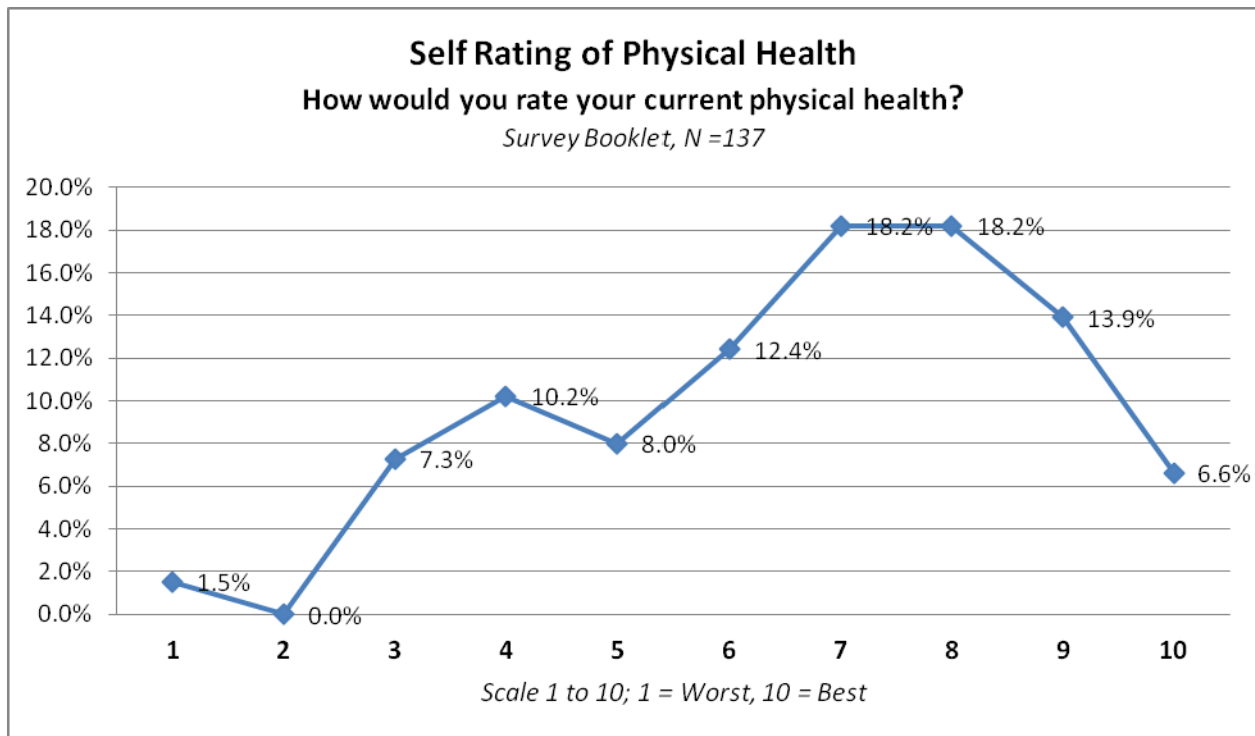
“I’m hoping — I’m positive — even though I have great concerns, I’m positive — I’m hoping for the best. I am hoping and praying for universal healthcare. That’s what I’m hoping for. All we can do is pray and hope for the best.”

The overriding issue we heard, not just in this section, but throughout the report, is concern about the cost of health care. We heard relatively few complaints and a number of compliments about the quality of current health care. The concerns are about a system which is complex, difficult to navigate and for those faced with copays, deductibles and spend-downs, very challenging and sometimes leading to delay or deferral of needed or recommended medical attention. While boomers are concerned about whether they remain healthy and cognizant of how health events would affect their aging, these

concerns are dwarfed by alarm at rising costs, uncertainty about available and accessible access to health care. While one group expressed highly negative perceptions of health care reform, across all other groups there was a wish, or desperate hope, that affordable access to health care would considerably improve their next 15 years.

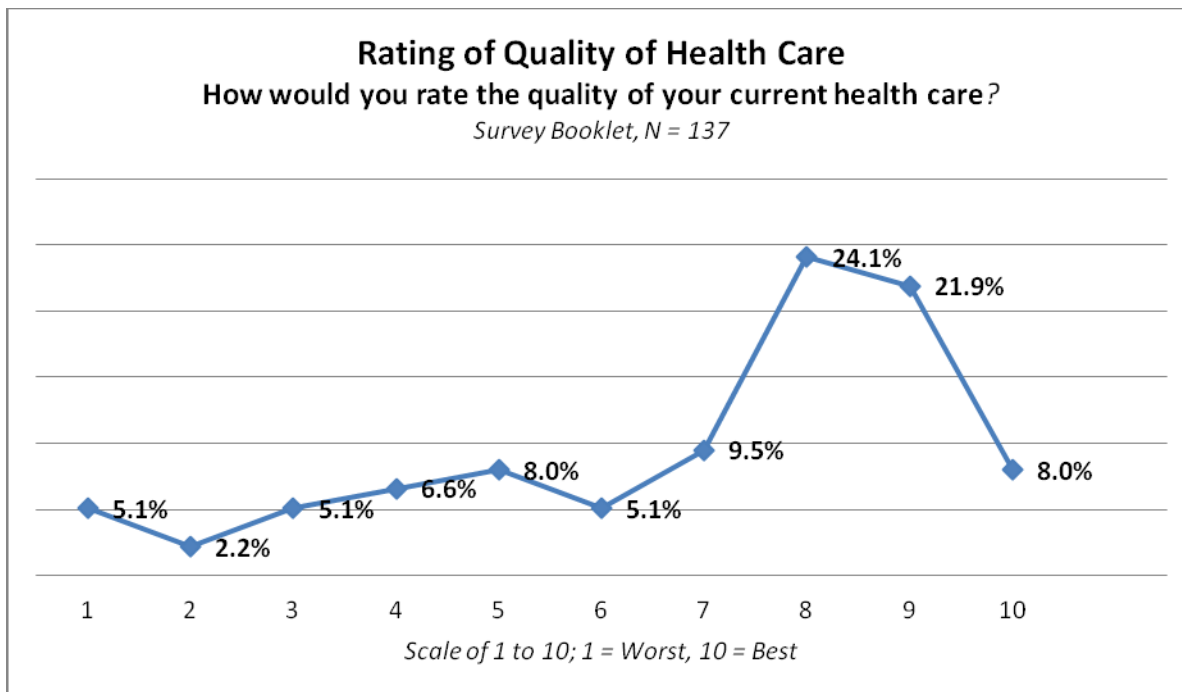
Concerns about health and paying for health care took center stage in all but one of our focus group discussions. These concerns about health (especially the costs of health care and health insurance) have far-reaching effects including decisions to continue working, and decisions to forego retirement. They also affect people’s mental and emotional health. In all groups, no matter what income level, paying for health care was the most significant issue raised. In this section of the report, we report on the responses to written questions, as well as the themes and comments from the focus groups.

Health rating. We asked participants in written questions to provide several ratings related to health. On average, participants’ rating of their physical health was 6.7; 50 percent of participants rated their physical health at 7 or better.



In focus group discussions, we heard repeatedly about the importance of health and the desire or hope to remain healthy in the coming 15 years. In some cases, this came from people who have already experienced major health issues. Most recognize that a single health issue or an accident can be game changing. Most also acknowledged the importance of maintaining their health through diet and exercise.

Quality of health care. In response to a written questions, most participants rated the quality of their health care quite highly. The average rating was **6.9** and 50 percent of participants rated the quality as 8 or above on a 10-point scale.



In general, we heard few complaints about the quality of health care participants receive.

“I think it's fine. I have no complaints about my doctors or nothing like that. They're right on the ball. Once you get on it, you know, and you go through what you have to do 10 times or 20 times, it's good here. I think the medical is good in Minnesota.”

“But I can only talk to you about what I've experienced, because I have enjoyed the healthcare here. It's some of the best that I have ever experienced.”

We heard the greatest number of comments about the quality of health care in the focus group of people with chronic health conditions. We also heard some concerns about culturally specific education for persons with chronic health conditions, and from the GLBT community about other issues in health care.

“Well for myself it's when a doctor doesn't understand the ramifications of paraplegia. You know if they don't understand my disability. I just had a hysterectomy seven weeks ago and my doctor knew nothing about how this might affect my paraplegic situation. And it's anytime I'm going, how does my paraplegic interact with that. And as an example, hysterectomy you're not supposed to lift anything over ten pounds for several weeks. Well how am I going to transfer myself? Oh we never thought of that. You know? And that's the case all the time.”

“Diabetes is an issue, my mother, my father and I have diabetes. Even myself I did not know about diabetes type II and did not know what this means. But when I go and say should I eat chicken chow fun, how about if I eat mango, how about if I eat cocoanut, if I eat durian, I talk to them, they say, we don’t have that. If you eat cheese, they have a system. But if I ask rice, curry, how much should I eat, they don’t have system about it.”

“We were there about ten years ago when I had an accident. My partner came. I was really sick, and this doctor was asking me, "Who is this person that's here?" And I mumbled something like, "Well, she's my partner," and he wrote down "business partner," and then explained that they would have to find the next of kin, while my partner is upset about what's going on with me and trying to explain the relationship. And that happens time and time and time again.”

In the exurban focus group, concerns about health care quality focused on choice, with less concern about cost. Most of the group had negative views about “Obamacare” or health reform, and feared that it would both limit choice and allocate “D” or less qualified physicians to them with no alternative.

“I mean, you see how many doctors are now having difficulty staying in business. There are a lot of doctors that are leaving. A lot of it has to do with ObamaCare and the things that are in that. Oh, it’s going to be much more difficult for — and there are a lot of doctors that are just plain leaving now because they know the impact it’s going to have on them. And unless that goes away, I think that we’re going to see a lot less doctors available. Not being able to choose who I want to go see. Being told I’ve got to go see some guy that’s 120 miles away. Well, it may not be an A plus doctor. It might be a D doctor.”

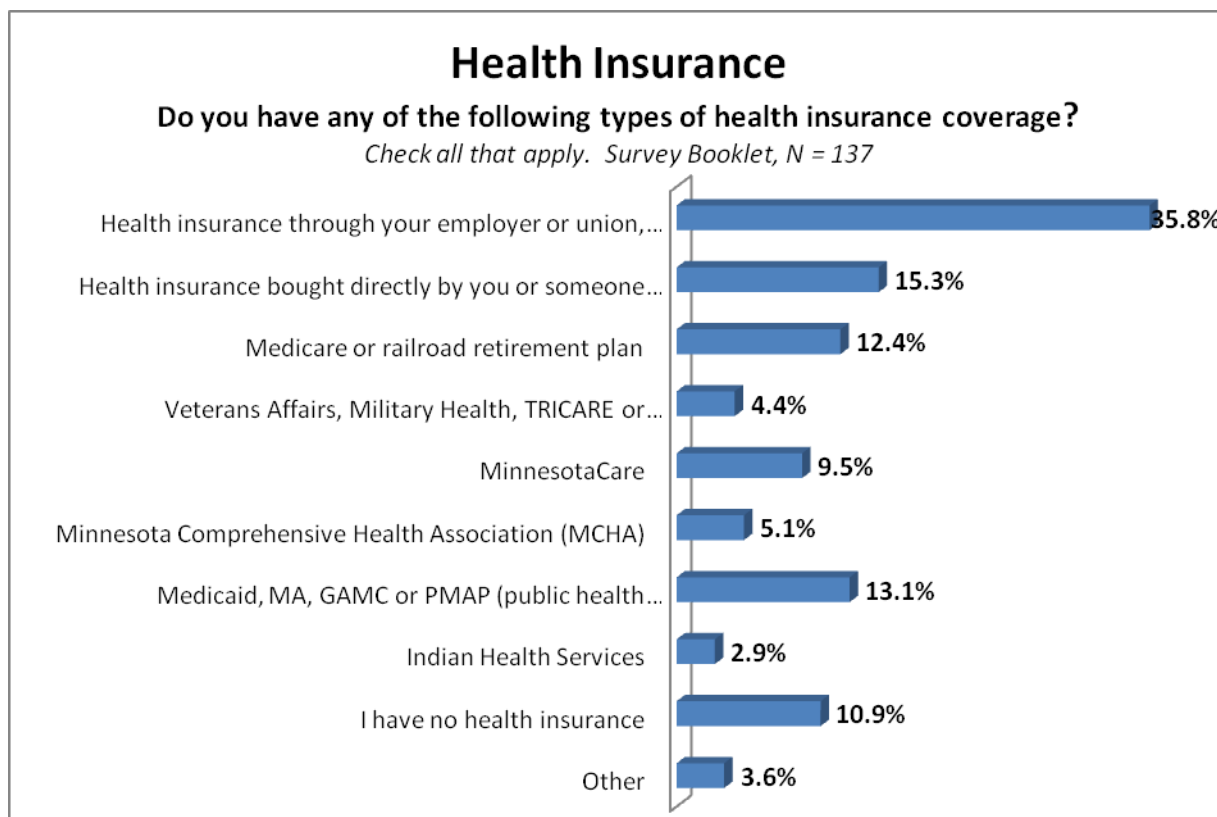
“So the idea that the system has to be tinkered with, that it’s going to become nationalized, that you’re going to drive private insurers out of the marketplace, that you’re going to have limited choices in terms of who you want to see and what their level of competency is are of great concerns to me, and I want to make sure that I can have and afford the absolute best in healthcare. If that’s a combination of Medicare or Medicaid entitlements that most people feel they’ve paid for the system and have a certain entitlement to — and to be able to supplement that with private insurance, you know, is the way I planned in the middle of my life, that I would have supplemental insurance or my own private savings to take care of that which Medicare would not.”

In another group, someone who would soon be eligible for Medicare commented on the issue of choice.

“But so far I've been able to manage to be able to go to the medical facility of my choice, and I think that once I — with no other option besides Medicare, I think that option is disappearing. So you think Medicare might save you some money but it will obviate your choices of providers...Well, I think as more and more of us get into and taking from the Medicare pot, we're going to find our options more limited. I've been reading some things, and it sounds like more and more providers, healthcare providers, are refusing Medicare patients. They don’t want them anymore.”

Health insurance. Thirty-six percent reported they have employer sponsored insurance, 15 percent individually purchased insurance, and about 13 percent of the participants are on a public health program such as Medicaid, MA, GAMC or PMAP, and 4 percent on VA, Military Health or TRICARE. At the time of this study, 12 percent are on Medicare, and nearly 11 percent report having no health insurance. This

included in one case, a woman who has not had health insurance since 1987, paying privately for all health care. The others without insurance included people who recently lost jobs and a number of people who are ineligible for public insurance programs due to immigration status.



Complexity and navigating insurance systems and Medicare. Many of the comments about insurance heard in the focus group discussions focused on the complexity of the systems and the difficulty navigating through complicated, confusing information. This particularly applied to Medicare Part D.

“Medicare is very complicated....I got a book last year, picked it up here, it was for 2010 and this coming year I’ll be turning 65, and it’s just really complicated. I read that book and then they said the Medicare is going to change for next year. It changes all the time, I guess.”

“It’s really hard. My brother in law is a legal aid attorney out in California. His wife just went on Medicare, and he said it took him weeks to figure out, you know, what her benefits would be. I think the system gets so complicated, it’s just hard for people to even know.”

“I get tossed around and I feel really frustrated with the whole Part D situation. I think it’s been a disaster. And every year I go through a couple hours on the phone trying to figure out which plan to pick for the next year because of that pretty complex regiment of medications and I have to make sure they’re all covered. Just think how it’s going to be when you’re 75 or 80 trying to figure that out.”

Some pointed out that in addition to the complexity and confusion, some of the available options did not work for them.

“Every single year I've had to go through Medicare Part D and re-assess which plan I'm going to be on for the next year to cover my drugs. And this year there was so many cuts in my drugs that are covered that I've actually had to go to a plan that I pay for because the only plans that are available to me at no cost through the government are ones that don't cover my medications. It's a long stressful ordeal I go through every year to find out which coverage I'm going to be able to get for Medicare Part D and as far as I'm concerned, MA was much better because it would cover everything. And this Medicare Part D has been a big mess as far as I'm concerned.”

There were also concerns about coverage, and changes from year to year.

“I'm concerned that they just cut dental care in half. I used to get my teeth cleaned twice a year and now it's once a year. Which you know I have to say is actually a great luxury to be able to get your teeth cleaned when you don't have any money, but it's still just another one of those things where it's been cut in half. I think I used to be able to get glasses, my eyes checked once a year, now it's once every two years. And if the MA glasses they give me break, I can't get new MA glasses for two years. And it just feels like things are just being cut more and more as things get tighter and tighter. And it worries me that it's just going to keep getting worse.”

Usual place for medical care. As the following table and graph indicate, the vast majority of participants go to a clinic or doctor’s office. Few go to the VA; about 4 percent go to an urgent care center, 3 percent to a clinic in a drug or grocery store. About 5 percent indicate no usual place, which we might assume is also the case for those who did not answer this question. Of greatest concern are those that use an emergency room for their medical care, about 6 percent of all participants.

Chronic diseases and effects. Fifty-three percent of participants indicated they have a chronic disease. We also asked about limitations due to their impairment or health problem. As the following table indicates, for 44% of those with chronic conditions, impairment or health issues affect their ability to work; 7% need assistance with personal care needs, and 22% need assistance in everyday activities.

Chronic Disease	N	Percent	
Do you have a chronic disease?	72	52.6%	
Because of any impairment or health problem:	N	Percent of all (N = 137)	Percent of those with chronic conditions (N=72)
Do you have difficulty in getting, keeping or working at a job or business?	32	23.4%	44.4%
Do you need help from another person with personal care needs such as eating, bathing, dressing or getting around your home?	5	3.6%	6.9%
Do you need help from another person in handling routine needs such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?	16	11.7%	22.2%

Health care directives. We asked in the survey booklet, and in the focus groups, about health care directives, also known as living wills. Response to the written questions indicated that only 31 percent of participants have a health care directive. Some said they didn't have enough information about health care directives, some said they knew enough but simply had not "gotten around to it." Some expressed concern about costs.

"I mean, I think people don't always know they need to do that. That is something where workshops on doing that and having the forms available and someone to help you at all the libraries and that sort of thing probably would be useful."

"So it's been on my New Year's list to do this living will and do my power of attorney, and eventually I'm going to do it"

"Some people say, that to do health care directive, you have to have money and you have to pay. Is that true?"

In two of the groups (the GLBT group and the independent/uncoupled woman group) there were participants who indicated they wanted to do this, but did not have a person who they could name to make decisions and assure their wishes are carried out.

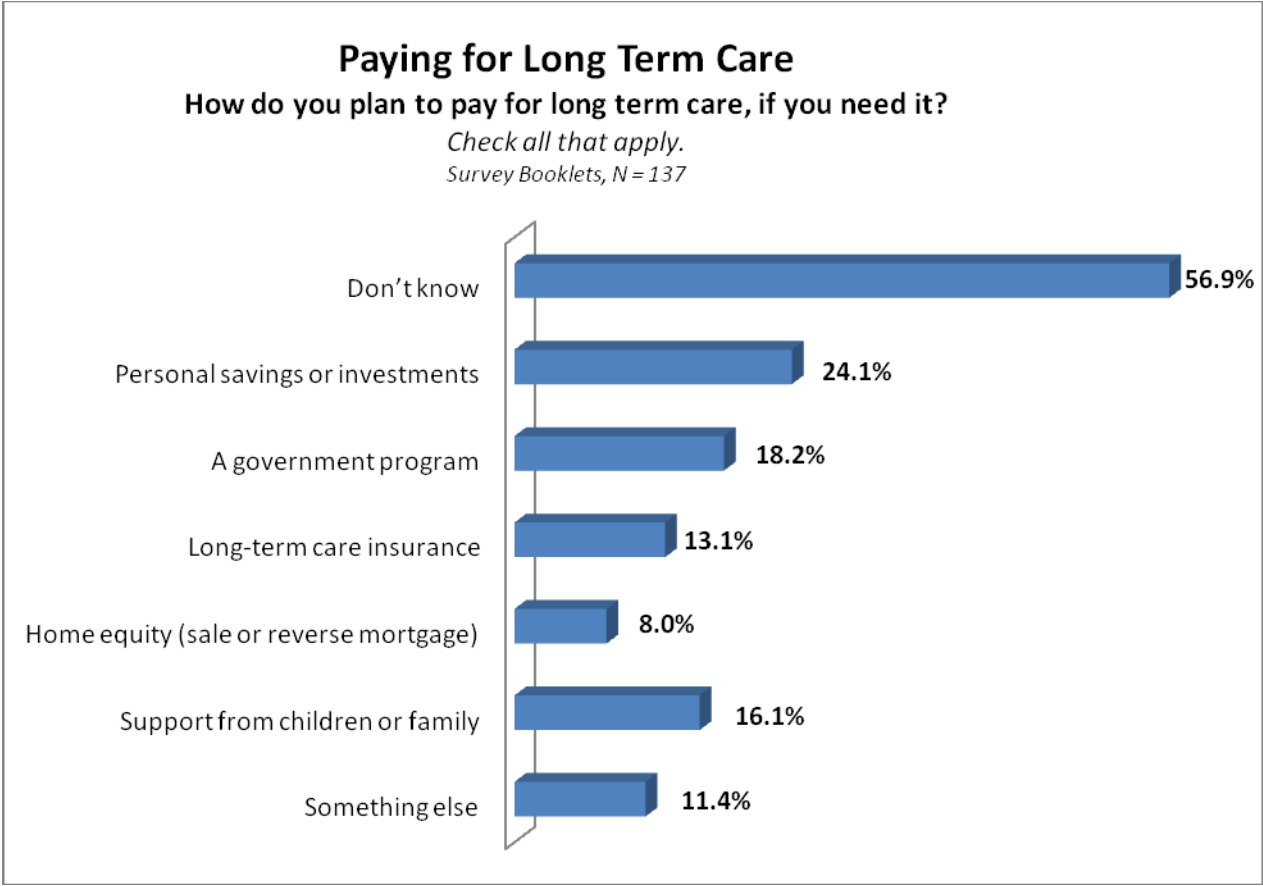
"My problem is with the power of attorney and all like that, I don't have anybody that I could trust. There's no one in my family that I could trust to take care of things like that. The friends and family that I do have have their own issues going on, and I really don't want to get involved in that. So that's – you know, if you're alone, what do you do?"

"I just haven't done it, and I think more and more, almost as time goes one, one of the things that I realize is that, you know, just a question along the lines of who do I really want to assign this responsibility to. I have a brother here, but I'm not – he probably assumes that he would be, but I'm not sure that that's the way I would necessarily want it. And I asked a friend, and she said she doesn't want that responsibility, that it's really family."

We also heard in the GLBT discussion concerns about legal arrangements of all kinds, including health care directives.

"So I think this is a unique issue in the GLBT community, that even when there are legal precautions put in place, that sometimes those aren't honored. And certainly we know that they aren't honored sometimes in hospitals. The nursing home suggests that I go ahead and prepare — make all the arrangements ahead of time, because when the time comes, I'm not going to be able to — the State says I'm not related to him. I can't do it. Now, fortunately for me, it was like if you want me to pay for it, we'll do it my way, and so I'm paying for it, so they're doing it my way. That was upsetting."

Paying for Long Term Care. We asked how people plan to pay for long term care, if needed. Well over half (57 percent) don't know how they will pay for long term care; just 13 percent report they plan to pay for long term care with insurance.



Aversion to institutional care. Throughout the focus group discussions, we heard people speak about their desire to avoid institutional – nursing home – care. This theme cut across all groups, from immigrant to exurban.

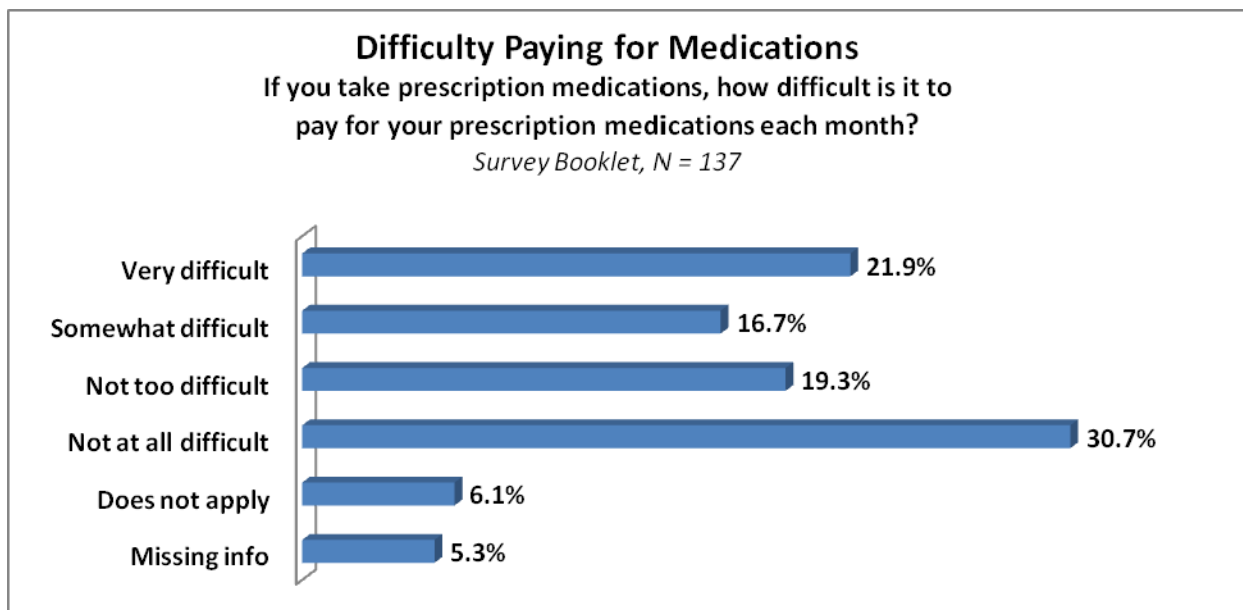
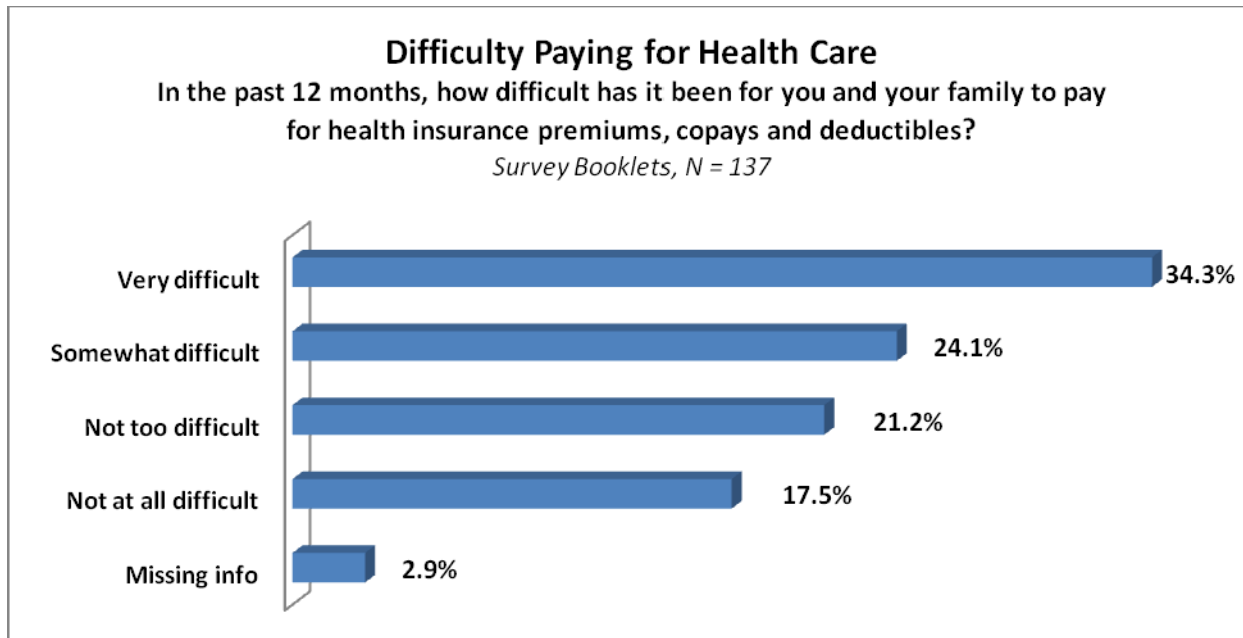
“I don't wish that on anybody. That is one place — I don't want to be in a nursing home. I don't want to be in assisted living. I want to be with my family. If I ever got to that place where I couldn't take care of myself, change my clothes, clean myself, keep myself clean, it's time to go.”

“We are scared of nursing homes, because we don't have nursing homes in Africa. In Africa, your family takes care of you. So we are scared of nursing homes. Not to say we think they do bad to us, but we don't like them, we don't want them. They don't have our food. They don't understand us.”

“You know, God please shoot me before I get to a nursing home, because I don't want to be there. I mean, it would be the worst thing in the world. So it is frightening for all of us. You know, and watching those nursing homes, they're godawful places. I haven't seen one I like yet.”

“Because we believe, again, that the senior center living is probably not going to be an option that's going to be comfortable at all being in the GLBT community. I mean, they're cruel. Cruel. Some of the staff.”

Difficulty paying for health insurance and medications. Written question responses confirm this concern about affordability of health care. As the following graphs indicate, about 30 percent of participants find it very difficult to manage the costs associated with their health insurance, and 22 percent find it very difficult to pay for their medications each month.



Cost and affordability. We heard concerns about paying for health care early and often through the various focus groups. As the section of this report on financial security indicated, the issue of cost and affordability are paramount issues and significantly affect people’s sense of financial security.

“You cannot afford to get sick. All the people that got all that insurance, 100 percent, all them folks, they can get sick as much as they want, because they get all the care in the world. We

cannot afford to get sick. I can't afford to go to the hospital. You can't afford none of those things."

"I went to get pills one time...I said you're taking out over \$600 a month for insurance and you want me to pay and you want me to come over here and pay \$57 for this?"

"You know, I need a procedure done on my teeth. And my healthcare won't cover it. Well, look here, I'm barely making it as it is now, and to assume another debt and stuff, you know, I don't — what am I going to do? If I don't do it, I might lose my teeth. And if I take on that expense, I've got to cut out something else."

People voiced concerns about the high costs of getting and using health insurance.

"Between my partner and I, and we have good insurance, we're paying \$1,800 a month. There's no way I'm going to be able to do that in two years."

"Well, I think the other thing that's scary is — I mean, for people who get their health insurance largely paid through their employer so that your hit isn't all that much, it's a rude shock to then go to Medicare and then pay supplemental policies."

"Before I went to this pharmacy, at the beginning of the year, I went to my pharmacy at work, which is a health organization, and when they gave me all my prescriptions, they said it would be \$468 and I said cancel them, I'm going somewhere else."

We also heard repeatedly about people deferring health care because they simply could not afford it.

"I had a problem with my blood pressure for some reason, and the doctors suggested I go get a stress test, but I couldn't afford to go get it yet. I had to wait until my insurance changed back, which was the 1st of October, I think, last fall. Then I was able to go get the stress test. So that's a shame. You've got to wait, hope you don't drop dead or something before you get your insurance straight so you can have yourself checked up."

"Like myself, I need to replace my teeth. Know how much is it to replace teeth? \$3000. Yes, I am suffering from my teeth. I went to doctor and they said \$3000 to \$4000 to make a bridge. So I cannot afford that. So I am suffering. I can't eat hard food, I can't eat salad, I can't eat on this side, one is missing from this side."

"It's very difficult for me. It's \$25 per visit, and \$60 for medications, I'm having financial struggle. Sometimes it's very difficult to the point you just want to hang yourself. My doctor said I should get medication, and I said I don't have any money. If I'm going to die, I die."

"Well I'm on private disability insurance. I'm not on social security. So I have Minnesota Care. And my Minnesota Care benefits, there's like a \$10,000 limit for in-patient now and I need kidney surgery and there's no way I can go in and have it done for \$10,000 so I'm putting it off and it's \$10,000 a year in-patient cap and then I think its 10 percent that I would be responsible for too, so that's basically \$1,000 too above and beyond that. So yeah, Minnesota Care, it's not really good insurance anymore."

Importance and success in navigating the health care system. We also heard a great deal of discussion in the focus groups about the importance of figuring out and making use of the health care systems, in order to have the best chance of optimal health. This included comments about preventative care as well as persisting in navigating through insurance information and health care systems.

“You stay on top of it. You have to stay on top of it. And, you know, you always, always apply for anything that you’re eligible for, eligible to get. You’d be amazed how many things that you can do or what you’re eligible for. You know, people are not informed of all these things, and it’s not easy. Like I said, you might get a bunch of paper, stacks of paper that you hate to read, but you need to be informed. Yeah, and then you talk about knowing to ask the right questions. A lot of people don’t know the questions to ask.”

AGING WELL

Aging Well Preview. Focus group participants, across all demographic categories, clearly understand the importance of diet and exercise, including mental exercise, in maintaining their health and independence. Most recognize that their well being depends a good deal on their own behavior. As a result, most engage in physical activity, ranging from household chores, lifting and playing with grandchildren and dog-walking, to working out at the gym. Participants worry a great deal about cognitive health issues, and so engage in various activities which they hope will prevent or delay them. Most have social connections, including communities of faith.

For many groups, the idea of community centers – gathering places – was suggested as a way in which government, or government and private entities working together, could share information, provide services and, in general, assist older persons in aging well.

We asked a number of questions, drawn from the literature on aging, to find out about how participants currently view their physical and mental health, and about the things they do to stay physically and cognitively active and healthy, as well as socially connected. Nearly all of our focus group members are aware of the need to eat well, exercise regularly (both their bodies and their minds). Although Most try to lead healthy lifestyles.

Staying healthy. In focus group discussions, we heard from people their ideas about how to maintain optimal health. Comments reflected the importance of eating well and exercise. .

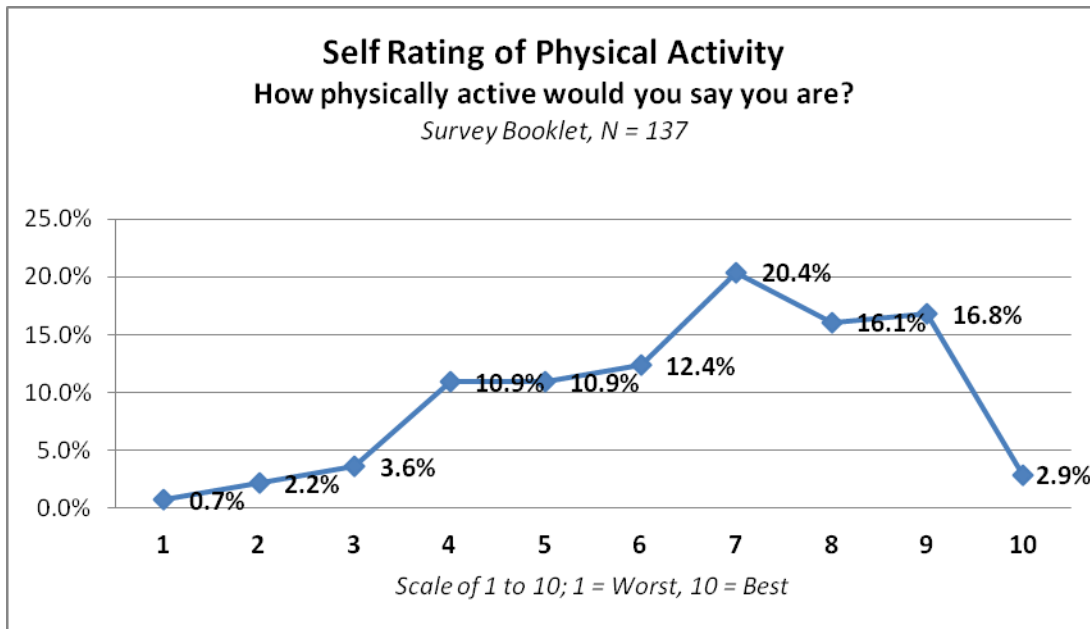
“We need to eat healthy foods and exercise more. Exercise more, better health, more strength, with God’s blessings we can make it.”

“Number one, to live longer, I have to have a better diet, a better diet and exercise. If you’ve got a better diet, a healthy diet, then I probably could live longer, but if I just eat fatty foods, sweets, with that come cholesterol, heart disease, diabetes, and if I don’t exercise, walking and riding a bike and stuff like that, you know, I’ve got a problem. If I would do those two things, you know, I’d have a better chance of living a longer life.”

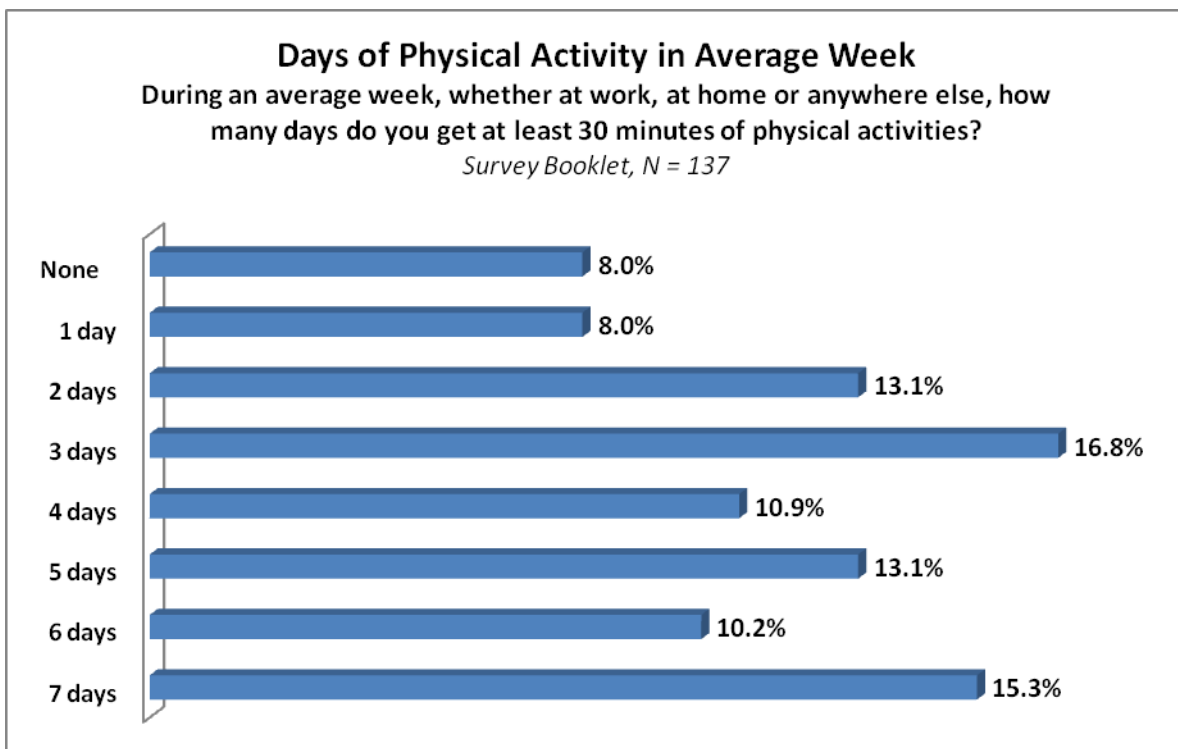
“We have the opportunity to figure out how to maintain our health and our activity and our body flexibility in the next 15 years. If I weigh 210 pounds, that’s not helping. If I sit and watch television and eat bonbons, that’s not helping. There has to be some real proactive kind of...We have to take care of ourselves as much as we possibly can.”

While many commented on the importance of eating well, some noted that the costs of doing so are high, making healthy diets difficult for low income persons.

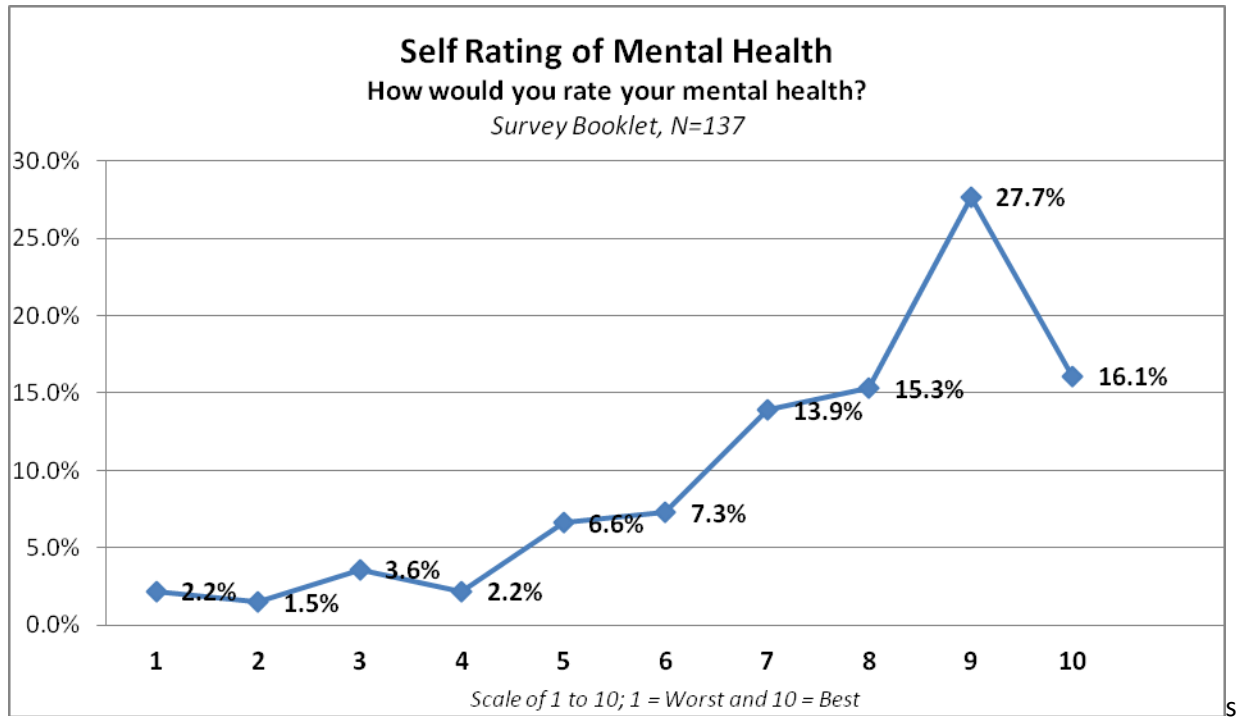
Physical activity. We asked participants in written questions to rate how physically active they would say they are, using the scale of 1 to 10, with 1 = Worst and 10 = Best. The following graph displays those ratings.



We also asked people to indicate the number of days in an average week when they get at least 30 minutes of physical activity. On average, across all groups, participants reported they engaged in 3.79 days of physical activity in an average week.



Mental health. We asked participants a written question, asking them to rate their mental health. On average, these ratings were fairly high at **7.59**; 50 percent of participants rated their mental health a 8 or higher on a 10-point scale.



In the focus group discussions of mental health, we heard of no specific difficulties with access to mental health therapy or treatment. Participants feel stress and tension, much of it caused by job losses and economic conditions (see Financial Security). In several of the immigrant groups, participants spoke of post-traumatic stress disorders, as well as stigma attached to mental health issues. However, for most of our participants, the issues they wished to disclose were largely stresses concerning their economic well being.

At the same time that a number of participants describe these issues, they indicate the ways they try to avoid stress and depression through activity and social interaction. Many described things they do to “keep spirits up” including various forms of physical activity or exercise, and socializing with others.

“For myself, I want to be happy...laughing with friends, talking about kids, not worrying. Right now I am 65 years old, smoke and have one drink every day. Don’t think anything about the bad things, like I need more money...oooooh, not enough left for living, have to reduce living, don’t think about it. Try to not worry and stay happy.”

“I am concerned about it, mental health, I exercise, I do things, I not let mental health take over me. So I will control my own mental health.”

“I try to enjoy life, let it go, do something else, have fun. If I think about things over and over, not good. So leave it, try to do exercise, work around the house, keep myself busy.”

Cognitive health. We asked about cognitive health and people’s concerns about dementia and Alzheimer’s. We found this question to generate resistance in most some groups. Typically, those who spoke about it described parents’ experience and feared aloud that they would face the same fate.

“I was going to bring that up [Alzheimers] except that I don’t want to talk about it. Because that’s something to be scared of.”

“My only concern is, and I try to be positive about it because I know it's going to happen, hopefully not within 15 years hopefully longer, that both my parents were diagnosed with dementia and they both came down with it in their 80s... That's something that's always in the back of my head that -- so I'm trying to positively think that it's not going to happen. I'm going to try and do everything that I possibly can to try and avoid it whether it happens or not.”

“I mean, if I have a heart attack, you know, I’ll either die or I’ll get better, but the mental stuff... dementia or Alzheimer’s, whatever, and it’s just like with the other things, you don’t really have much control. I mean, you can do sudoku, but...”

“You know, I pray to God that I just keep my brain intact. You know, I just don’t want to go there. I don’t want to have dementia. I just — that’s — you know, I just don’t want to do that.”

About 44 percent of participants identified things they consciously do to maintain their cognitive health. As the word cloud indicates, these include such things as crossword puzzles, sudoku, reading and watching TV (often in another language), taking classes, learning a new language, and the like.

Things People Consciously Do to Maintain Their Cognitive Health

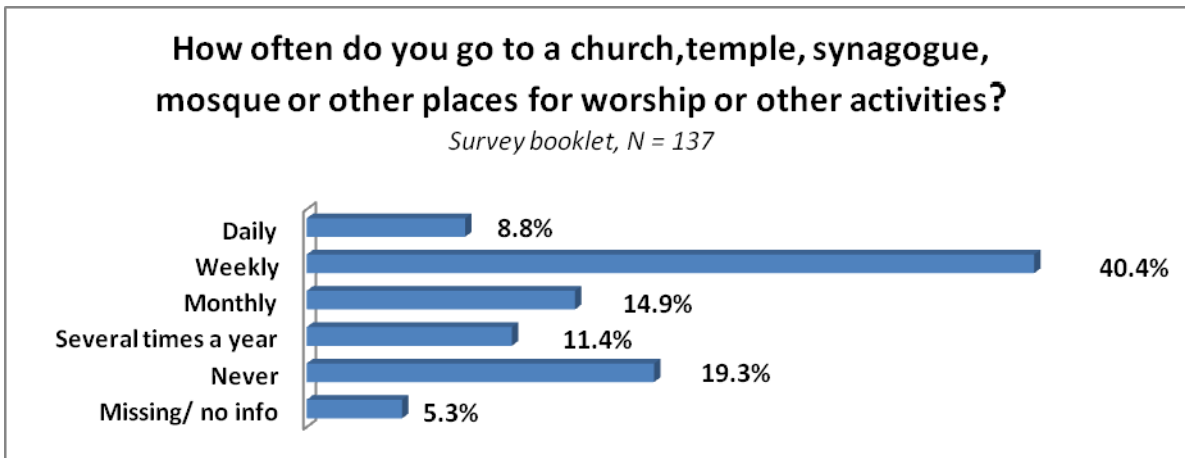


Participants also described things they do to maintain mental acuity and cognitive health in the focus group discussions.

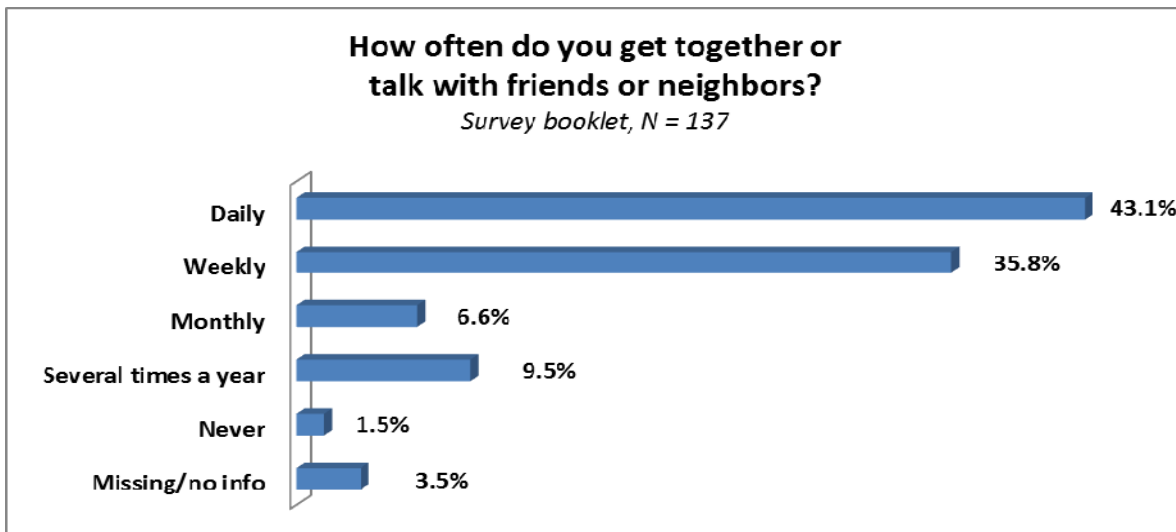
“Sudoku and crosswords...Yes, right, just to keep the brain working. I think some woman who just recently died was 112. She played Scrabble every day. I've been playing every day since. If it will help, just go with it.”

“I also have a fear of losing cognitive abilities and have found reading, conversation groups, mental quizzes, computer sites, regular writing quizzes, crossword puzzles, those kinds of things, and I do try to stay pretty active.”

Social Interaction. We asked a number of questions about social interaction. Of all participants, 81 percent indicate that they consciously do things to help them avoid isolation and stay socially connected. As the graph below indicates, nearly half of all participants (49.2 percent) go weekly or more often to church.



Even more often, participants in the focus groups report getting together with friends or neighbors. Nearly 80 percent get together with friends or neighbors weekly or more often.



In a number of groups there were comments about the importance of nurturing relationships.

“I'm kind of more drawn to nurturing the relationships and investing in them, because I think that even if you're poor, if you've got people around you who love you, that's what's going to make it tolerable. And, you know, you might outlive all those people, but — anyway, so I think it's nurturing relationships.”

“I think one of the things that we have as women, and it was kind of touched on, is that we have the ability to create our families of choice as our families of birth relationship either scatter or like our parents or siblings pass away. I think that women are more able and open, especially in today's society, to create those situations where they find support, and I think we're really lucky to be living at this time.”

“So I think socially is probably the most important to me. I can live on nothing if I have friends who I love and I know love me.”

In culturally specific groups, there was also discussion of the importance of seeking or providing opportunities for socialization with peers.

“And for the seniors, they need, they don't have get together, they are stuck in the home... if their children aren't drive, if they can't go anywhere. We need some place to get together, some community, so they can socialize, talk with each other and I think all the benefits from the county, but they don't have a social life. They can't go to the church, they can't go to the place to get together.”

“I do agree that Somalis seniors should be made active. Actually the people that need the most are Somali women because they don't come out like the men. The men can go to the coffee shop, they usually walk around. Not that many women can do that so you need a space for them where they could exercise, can pray, rest and come together and socialize. It's important that whether it's a center or that they get a space that seniors could socialize and maybe have activities where some training there could lead them a little exercise or they also need to find some kind of vocation or work sometimes.”

“Places where Native people...We feel really comfortable going to...and this is one of the places [Minneapolis American Indian Center]. There's eating here, that's a good service. For a lot of the elders, this is the only time they get out. Get to visit with people, and the company's good.”

Community centers, perhaps housed in parks or libraries, were mentioned in most groups as possibilities for increasing both physical and mental health, and decreasing isolation among the elderly. Such centers could serve as places for socialization, exercise, information, education, even preventive health care. Many suggested a role for the County in promoting such centers.

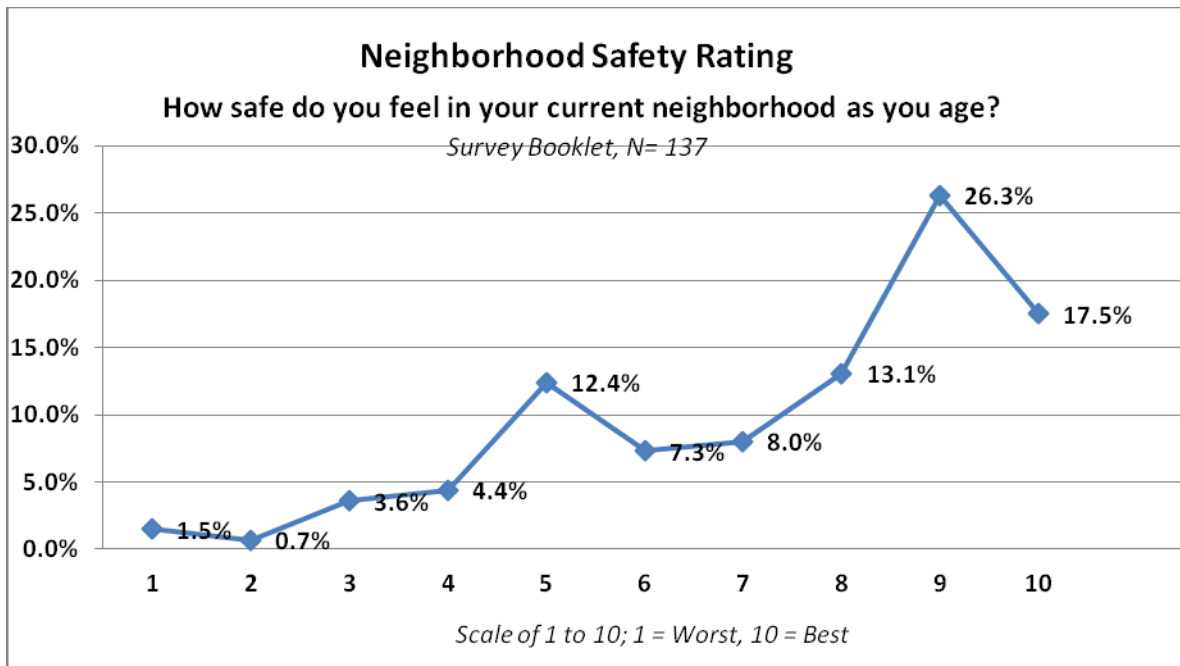
“There's empty and for lease buildings all over the city. Why not take one of them, staff it...and let the seniors gather there...there's not enough of them.”

SAFETY

Safety Preview. In the focus group discussions, we found safety to be of concern in a variety of ways, some beyond the questions we asked about neighborhood and housing safety. Concerns were raised about political climate, immigration issues, maintaining public safety in smaller, exurban communities. Neighborhood safety ratings were overall fairly positive, although they varied by geography. On average, people rated themselves at about “6” in emergency preparedness; we heard little information beyond taking shelter in bad weather, or calling 911, suggesting more could be done to promote emergency preparedness. In addition, more could be done to educate this age group about identity theft, how to report neglect or abuse, and about the importance of making legal arrangements prior to a crisis or emergency. Providing low or no-cost help to encourage people to make such arrangements would increase the numbers of those prepared before a crisis strikes.

In written questions and in group discussions, we asked questions about safety – in their homes, neighborhoods and public spaces, and about potential elder abuse, identity theft and other types of possible victimization. Participants provided a range of helpful views on ways to improve neighborhood and public safety and to make neighborhoods more “senior friendly.”

Rating of neighborhood safety. Written questions asked participants to rate, on a scale of 1 (worst) to 10 (best), how safe they feel their current neighborhood is as they age. As the table and graph below indicate, the majority of participants rated their neighborhood safety fairly high; 50 percent rated it as “8” or above. Not surprisingly, these ratings varied by location. The lowest ratings were for urban areas, higher for suburban and exurban areas.



Concerns about crime and vulnerability. While these ratings of neighborhood safety are fairly high, we did hear in a number of focus groups concerns about increased crime overall, affecting people's perceptions of safety in their own neighborhoods and beyond. Several noted that increasing physical vulnerability is a significant concern, and a greater concern as people age.

"Because you're more vulnerable. You always see people beating up old people, you can't move as fast when you're older, so it's scary...they have no qualms about pushing you down."

"You know, safety is an issue too. You know, I used to think I was big and bad, but now, you know, at night, you know, I'm scared to walk to the street to go a hotel. The world has really changed now, you know, and just going to the bus stop is — a challenge. Is a challenge, yeah, because, you know, I'm not biased or anything like that, but I see a couple young kids, man, got them pants sagging and stuff like that, you know — you know, I've got to admit, the first thing that runs through my mind is they're going to rob me. I mean, it's not constantly on my mind, but I think about it, you know."

"See, I was born and raised in North Minneapolis, and I didn't used to fear the streets. You know what I'm saying? But I'll tell you the truth, hell, I'm scared. Every time I walk them streets ...Every time I walk down the streets, I'm looking around, and I'm checking out my surroundings....Things have changed. It's changed."

"My neighborhood is -- keeps getting hit with a lot of burglaries so I worry about an intruder into my home. I do a lot right now to protect my house so that people will think I'm home and not barge in when I'm not there I do worry about being in my house too though because I'm afraid every day when I come home that somebody's broken in or that they will break in. I worry when I walk around at night, I always make sure nobody's peeking around the corner or I don't know. It's scary."

Many pointed out they while they feel safe walking in their neighborhoods in the daytime, they are reluctant to go out at night.

"[I] Don't think it's safe to walk from the car to the apartment building. Worry at night, dark. Don't like to walk in neighborhood."

"Mine is walking the three blocks from the bus stop to my house, which is three blocks off of a main street, after dark. Yes, in winter, ice and crime and dark and so on.

"Sometimes walking from the bus stop, I've almost anywhere I've lived, I've had people ask me if I needed drugs, or they need a cigarette, or they want bus fare, or money."

Enhancing safety. In several groups there were comments about the importance of knowing others in the neighborhood, which makes neighborhoods feel safer.

"In the neighborhood, they should talk more about it. Because only one person cannot help, cannot change. Association. Work together."

"I'm a firm believer in getting to know your neighbors. I think that is the best insurance policy you could ever have and invest in. So many people are afraid to knock on the neighbor's door, they think that's a problem. I don't have any problem with that. I want to know who lives around me."

“Just like through the Block Club program through the police department, just making people more aware of people in their homes and helping them stay in their homes by just having more contact with the neighbors and more eyes watching them. And I just think that would be helpful to keep people that are kind of stuck at home feeling more connected to their neighborhood.”

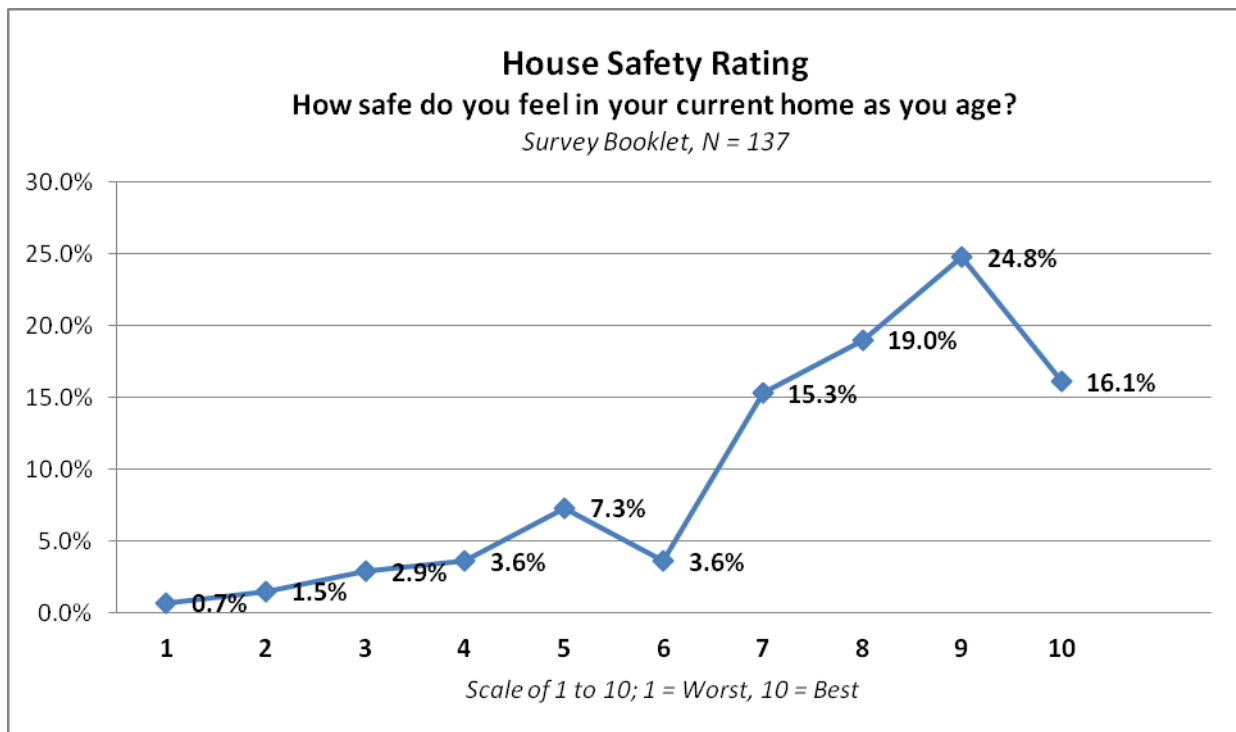
There were also discussions about using common sense or street savvy to avoid becoming a victim of crime. Concerns were also expressed about becoming more vulnerable with age.

“The thing about not going out and looking like I have too much money on me — I don’t want to carry a fancy purse. I feel safer if I put it in old envelopes and carry, you know, one of these used bags, recyclable bags or something. I just don’t want to look like I have much. I mean, so —Just kind of streetwise. Being cautious. No Bloomingdale’s bag on one shoulder. Dress down.”

“And, you know, being physically more vulnerable as you age, it’s a concern, and you have to be aware of your surroundings and you have to make sure that you’re not putting yourself in a situation where you might be at risk. But it shouldn’t be a risk to just take the bus to go

Relationships with police officers came up as issues in several of the focus group discussions. There are perceptions that different racial or ethnic groups are treated differentially. There is hesitation to call police if family members have had previous issues with police. A policy of charging for police calls was also reported as a deterrent.

Housing safety. We asked participants to rate the safety of their current housing. In a pattern similar to the neighborhood ratings, most rated their current housing as very safe. Ratings on average were **7.68** on a 10-point scale, with 50 percent of participants rating their housing at 8 or higher.



Most expressed concern about steps, both outside and within their homes. Most recognize that they might have to consider moving to a location without stairs.

“It is a problem, I have stairs. And it is hard to get in and out of the tub with my knee. Where the elders live, there are bars and no stairs and very nice and not a problem.”

“I’m 64, and for some reason, it’s like when I’m just taking a — because I live mainly on one floor, but the laundry room is downstairs, and sometimes I’ll just be like taking a basket of laundry down the stairs and I’m just kind of like what if I fell.”

“When I think about where I might want to be in ten or fifteen years, it’s not in my house with all the steps. It would be in a place where it was easy to walk.”

Enhancing home safety. It was noted by many that staying in one’s home might depend on relatively simple remodeling choices. In at least one group it was suggested that Hennepin County could encourage this.

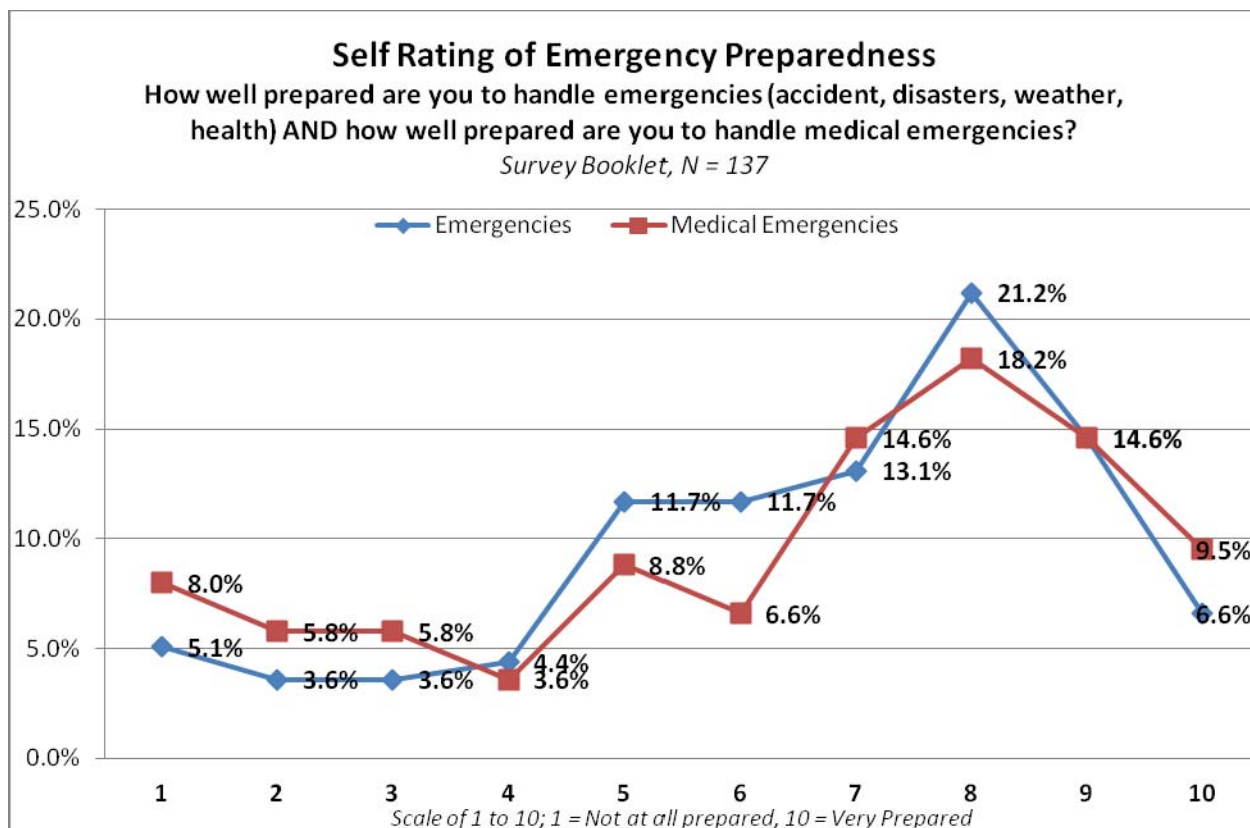
“There are a lot of things we can do in our houses to make them safer, and that I think is something where the county could help. A lot of people try to help. The university extension has done a lot with that. But there’s simple things. I’m going to put a new bathroom in the basement, and I’m putting grab bars everywhere and I’m not going to have little slippery surfaces, and, you know, you can add railings and all that kind of stuff. So there are little things you can do yourself.”

[The County can help by] “...promoting, providing information, and [helping] finding somebody to do it that you know is good at it and is honest and is going to be a good person.”

Many others, however, expressed interest in, if not specific plans to, find more “friendly” housing as they age. They are hopeful to avoid steps, but also downsize upkeep and chore responsibilities

“Our house is not conducive to aging well. We’ve got stairs, and so for my mom we had to do major renovation to the bathroom that’s next to her bedroom. And so as we age we probably need to find a place that’s like all on one level, you know, and has handicap accessibility, you know, just in case we’re no longer able to move like we move now.”

Emergency preparedness. We asked participants questions about how well prepared they are to handle emergencies. Below are responses to two written questions, asking for a rating of preparedness to handle emergencies, and medical emergencies.



On average people rated their level of preparedness at **6.6** for emergencies, and **6.4** for medical emergencies. In focus group discussions, the vast majority could identify the appropriate actions to take when weather threatened. Participants were less sure what would be required or what they could do to prepare for other kinds of emergencies. Most know that calling 911 in a medical emergency is the correct thing to do, but no one volunteered information, specific training or other actions they might take if subject of or witness to a medical emergency. Few of those living alone reported taking steps or awareness of ways to insure they would be found in case of accident or medical emergency.

Neglect or abuse issues. Most participants in the focus group discussion felt they know how to report neglect or abuse. More than 70 percent answered this written question affirmatively; a large number said they would call 911. Others thought they could discover the appropriate place by searching on the internet, or asking someone they know who is knowledgeable about services. Some wondered if this was featured on the County website in an easy to find location, others said they would go to their culturally appropriate providers (social service organizations) to help make a report. Some did express concerns about their increasing vulnerability to abuse or victimization.

“I think older people are targeted too. My mother, the sweet mother that she was, she got her purse stolen at a grocery store twice. People take advantage of — you can read about it in the newspaper — financially people try to take advantage of older people when they don’t have an advocate, somebody looking out for them. So people, if they are isolated and by themselves too much, they can be targets for crime and other bad things that can happen.”

“Well, I think there are layers — I would call it layers of vulnerability. I mean, you’re vulnerable because you’re an older person, you’re vulnerable if you’re disabled, you’re vulnerable if you’re

gay or lesbian, you're vulnerable if you're a person of color. I mean, you start stacking all those on top of each other, and you're really in probably the most vulnerable position you could be in."

Legal arrangements. We asked a written question in the survey booklet, about whether or not participants have made legal arrangements "to address your financial obligations if you are unable to do so?" Fifty, or 34 percent, of participants indicated they have done so. In the focus group discussions, quite a few reported "thinking about it," but not acting, or as one put it, "It's been on my New Year's list to do...this living will and do my power of attorney, and eventually I'm going to do it." Concerns were expressed about the costs of developing legal documents, as well as about access to high quality, unbiased information about rights, laws and options.

A number of people pointed out that they have done so as part of a "package" working with a lawyer to draw up a will, health care directive, and durable power of attorney. In many of the groups, particularly the lower income and immigrant groups, few people have done so and many expressed concerns. In at least five groups, the issue of cost came up.

Others raised issues about trust, and identifying a person who would have the power of attorney or able to make decisions for the health care directive.

"Who can you trust? You think you can trust a family member, you know, you're picking the right one that might be your favorite, or this one might have certain qualifications or something. But I've seen it happen. My mama, she didn't have no money. She had ratty underclothes and — where is her money going, you know? She don't need to pay no rent...so where's her money? She can't spend it. She has dementia. Well, why do her shoes have holes in them? And she has diabetes, so she has to have perfect shoes, you know. So you have to really watch."

"My problem is with the power of attorney and all like that, I don't have anybody that I could trust. There's no one in my family that I could trust to take care of things like that. The friends and family that I do have, have their own issues going on, and I really don't want to get involved with that. So you know, if you're alone, what do you do?"

The GLBT group had an extended discussion about legal issues and particular issues affecting their community.

"I think if a marriage amendment goes through — we're screwed. We're back to ground zero about what rights people will have. If your partner of 30, 40 years is dying in the hospital, if you want to pay for a burial, is you want to visit the if they're in ICU, you know, all that is up for grabs again. And even if you do everything right legally, the paperwork, there's no guarantee. It may mean nothing, because next of kin trumps."

The group could recount instances where legal arrangements were not upheld.

"I think this is a GLBT issue that we should make a point of, because I know when our kids were little, and before we could do a second parent adoption in Hennepin County, we got durable power of attorney and we did wills, we did everything that was possible legally to do, and we were still told if you got a conservative judge who could just throw everything out the window."

In several of the groups, suggestions were made about how residents could be encouraged to make legal arrangements before a problem or crisis occurs.

“That is something where workshops on doing that and having the forms available and someone to help you at all the libraries and that sort of thing probably would be useful. Even on Election Day. I mean, they could have somebody in a room off to the side saying, you know, ‘Have you thought about a healthcare directive or a durable power of attorney?’ And, you know, you could go there and get some assistance.”

Making senior friendly neighborhoods. In the focus group discussions, we asked people to identify things that make a difference in making neighborhoods safer and more senior friendly. There were numerous suggestions.

“Sidewalks. Some places they exist, some places they don’t, and that would be helpful.”

“In Hennepin County there are no sidewalks in the elders areas. If you go out...the main streets they have sidewalk and more safety and majority of Somali where they live in this area they go to (Somali) malls. That area also is not safe. It's not safe even the news they getting killed, they get harmed so the seniors they couldn't go.”

“Lighting, instead of being on a pole way up here somewhere and making all sorts of weird shadows and interfering with the feeling in the neighborhood, if it could be down lower and not glaring, that would help make the streets safer.”

“I really want to hone in on plowing and having the county — and the county does have roads that they do plow. It’s not just the city. The county needs to make sure that if they identify an area of the city where the people over 65 are and where they live and whose roads are accessible. That needs to be communicated to the transportation department some kind of way that this is a serious thing if they need emergency services in the winter.”

TRANSPORTATION

Transportation Preview. Both survey responses and the focus group discussions revealed two overarching themes about transportation. One is the heavy reliance on cars as the principal mode of transportation. Many participants acknowledged the need to think about alternatives that would work as they age and can no longer safely drive. Some acknowledged they might need to move to locations that allow easier access to stores and other places people need to go, and to transit options.

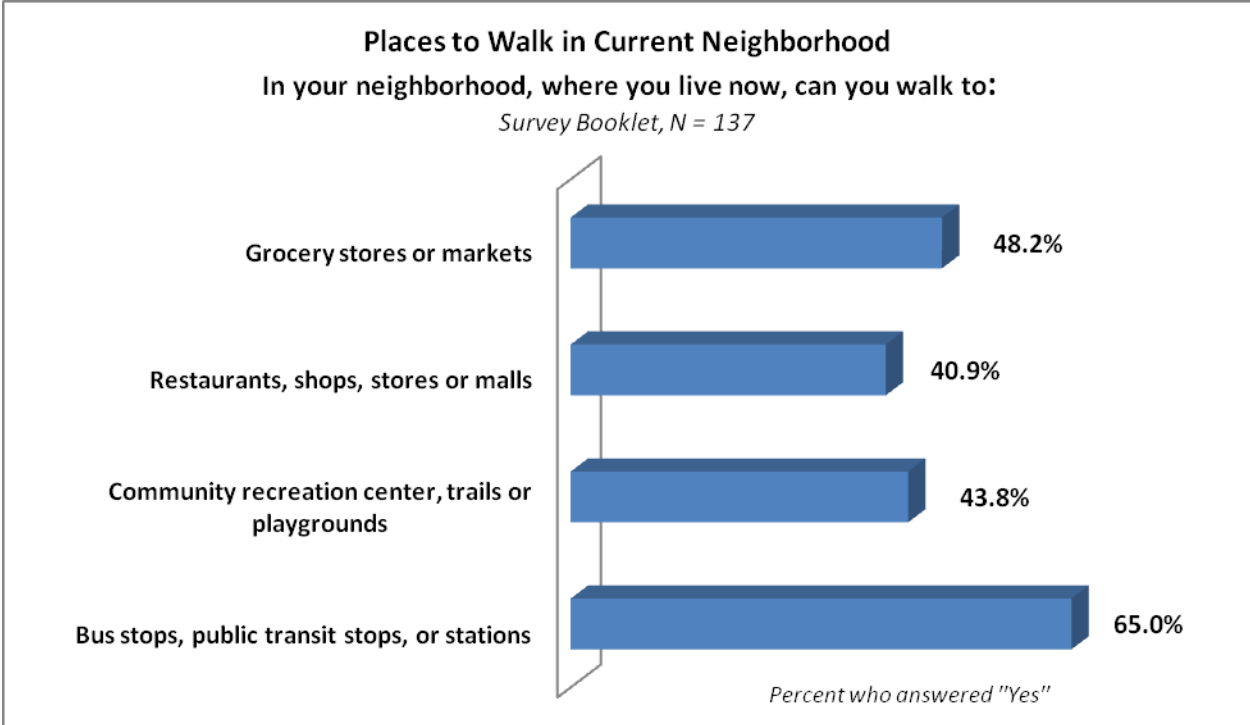
Another issue raised in focus group discussions involved complaints from those who make regular use of public transportation, particularly buses. Safety concerns riding the bus, inadequate bus shelters and other issues are significant issues for bus riders, and most acknowledged those issues would be more serious as they age. Greater use of public transit is unlikely if these issues aren't addressed. Although the light rail received more positive reviews as a senior friendly option, the limited reach of light rail doesn't make it a viable option for many boomers as they age.

Overall, it is clear that transportation will be a significant issue as this age group becomes older. One of the participants, articulating her sense of priority from the overall focus group discussion, suggested an important role for Hennepin County in addressing this issue:

"I don't know how much Hennepin County really is a player in transportation, but I think the whole issue of mobility and how we tackle mobility in the Metro area is so — it's a complex system, and I think the mobility for an aging population is just going to be so critical, and so how do we put all of the transportation and walkability issue — you know, how does that become comprehensive? And Hennepin County is not the biggest player in public transportation, the Met Council is, but Hennepin County can be a very strong advocate. So I would really urge them to be a thoughtful and strong advocate as it relates to the transportation system planning. With this many people, how are we going to get around?"

The focus group survey and discussions included questions about transportation, seeking to understand current patterns as well as future possibilities. These included questions about walking, barriers to walking, current transit choices, and use of mass transit.

Walking in neighborhoods. We asked people to describe whether they can walk to locations and services in their current neighborhoods. Just under half (48 percent) can walk to a grocery store or market, and about 44 percent to recreation centers, trails or playgrounds. About 41 percent can walk to a restaurant, shop, store or mall, and 65 percent to a mass transit stop.



We also asked written questions about walking in an average week, weather permitting. Slightly less than one third (28 percent) don't walk to any destination in an average week. Only 12 percent walk to a destination every day.

In focus group discussions, participants identified issues they face walking in their neighborhoods.

"You know, I used to think I was big and bad, but now, you know, at night, you know, I'm scared to walk to the street. The world has really changed now, you know, and just going to the bus stop is a challenge."

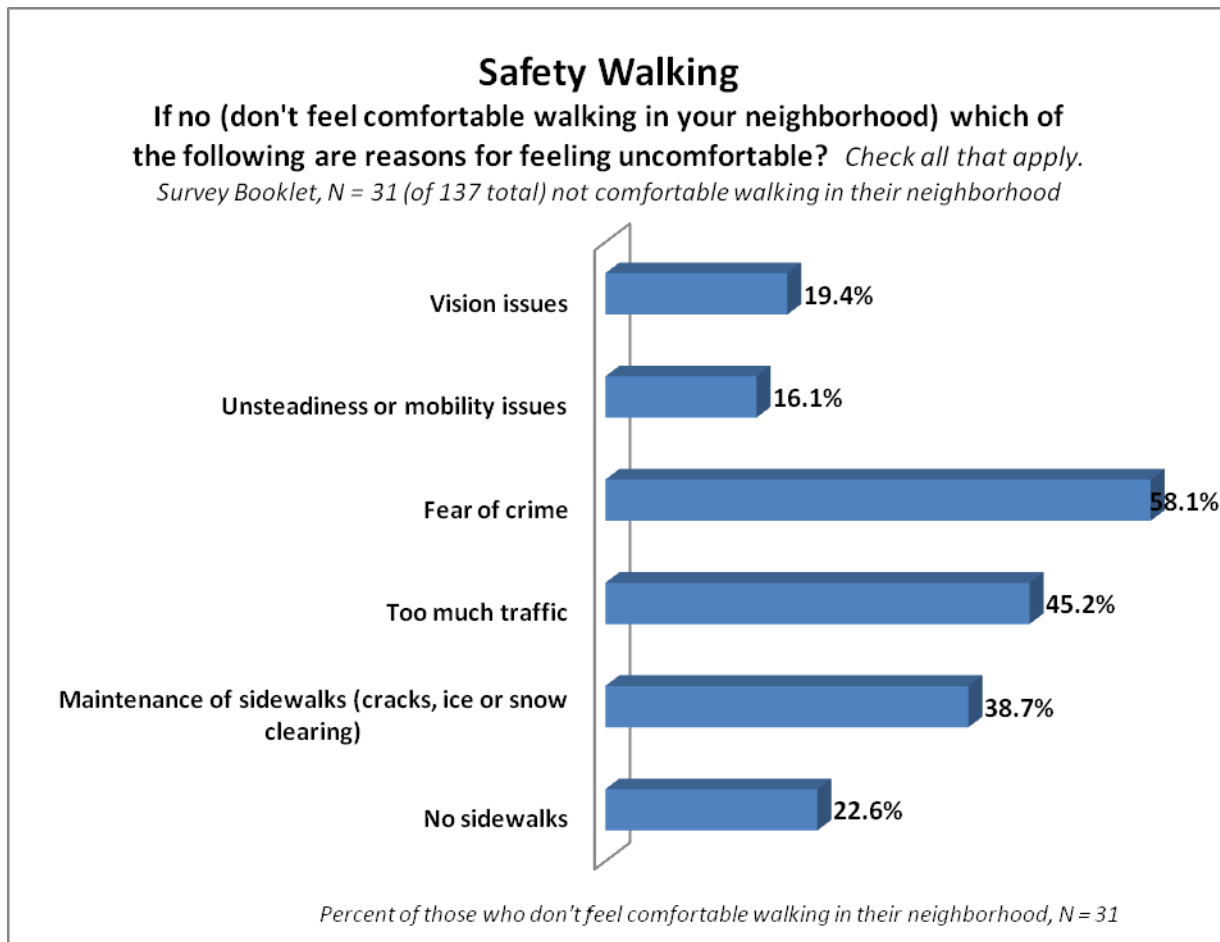
"Where I live, anyplace you live, if you live in Edina or wherever, it's always walking alone at night is risky."

"No, I don't feel safe in my neighborhood. I've noticed in the past four years that there is more kids walking the streets, and you know what they're going to do. I mean, they're not being quiet talking, children walking. They're being very loud and obnoxious. I know in 15 years, 20 years I definitely won't feel safe."

"Yeah, it's something nobody really thinks about until you have to do it. In the summer I take my mom out for walks through the neighborhood in her wheelchair, but the pavement — there are blocks of cement, and there are bumps, bumps, bumps, bumps, bumps, and it's uncomfortable for her. And, you know, you wouldn't think about that unless you're in a wheelchair, so they need to figure out how to make a nice smooth path on the sidewalks as we age."

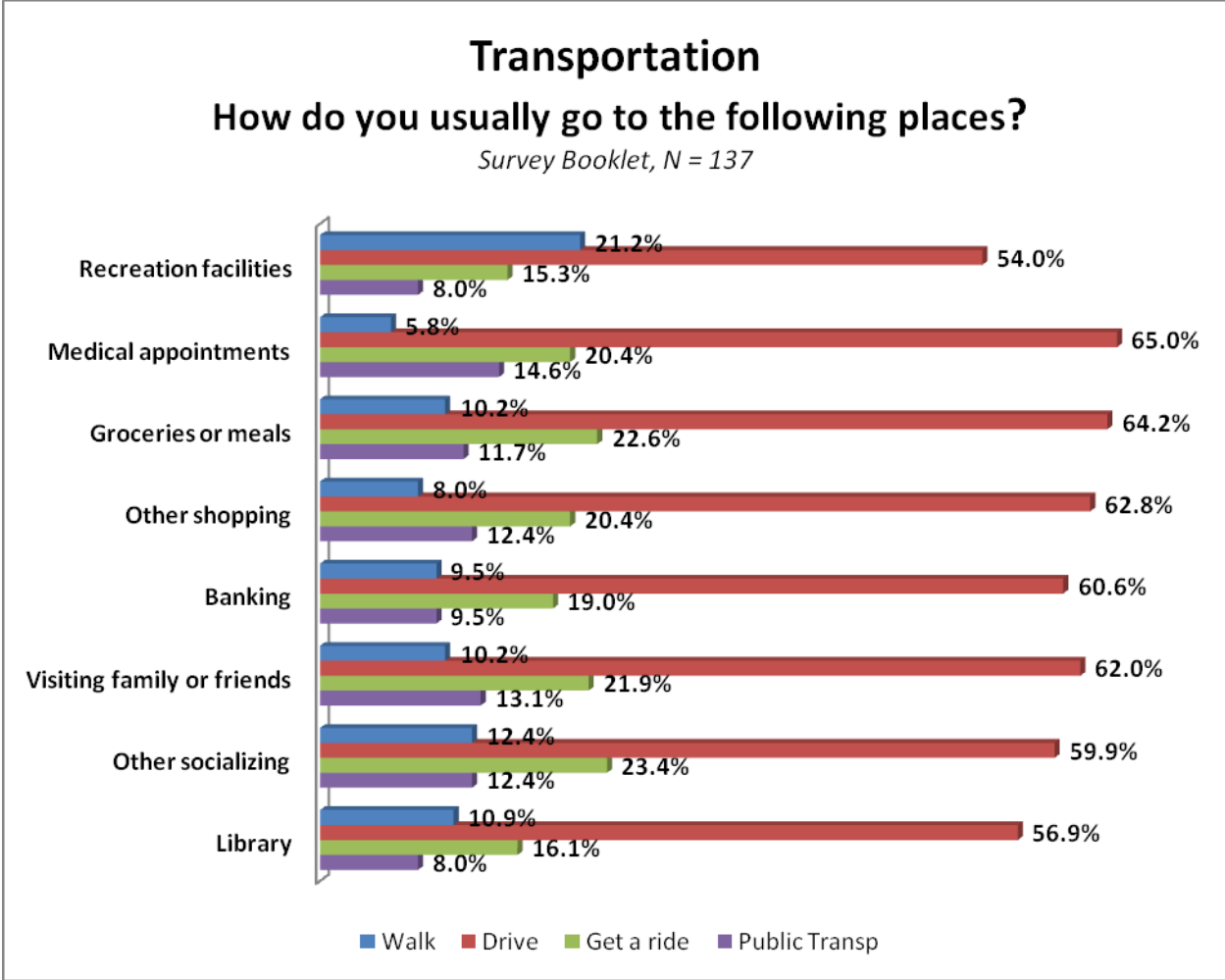
“I live in Bloomington, and it’s easy to walk, but you there’s no destinations within walking distance. You can go out for a walk for exercise, but you can’t walk and do shopping or any kind goods or services really, except a hair salon that’s close enough for my wife to go to.”

We also asked in a written question whether people feel comfortable walking in their neighborhoods. Nearly 72 percent said “Yes”, while nearly 23 percent reported “No.” For those who do not feel comfortable walking in their neighborhood, there were additional written questions about the reasons why. Crime is the biggest reason people are not comfortable walking in their neighborhoods. Other reasons include too much traffic (45 percent), sidewalk maintenance (39 percent) and lack of sidewalks (23 percent). Sixteen percent reported that they were unsteady or had mobility issues, and 20 percent reported vision issues.



Usual mode of transportation. We asked a number of questions which included information about driving, or use of a car, to get to destinations. Nearly 75 percent of all of our focus group participants report a current driver’s license, and about 68 percent currently own a car.

Not surprisingly, when asked about their usual mode of transportation, the automobile dominated other modes of transportation. Between 70 and 87 percent of usual trips were taken in a car. About 65 percent drove or were driven to medical appointments; about 15 percent used mass transit.



Concerns about mobility when older. Participants worried about what they would do when they were no longer able to drive. Inability to drive brings fears of isolation and diminished quality of life.

“One thing that really scares the heck out of me is getting around, driving, losing my driver's license. So at the very least, we've been looking to downsize in our home and be close to a grocery store and be close to transit. The loss of mobility is — boy, for whatever causes it, physically or just being able to drive, bugs me.”

“And so what will happen when you're not able to drive? I will become a hermit and I will wither away.”

Many identify the primary alternative to driving their own car as getting rides from others.

“You better hope those grandchildren will pick you up and give you rides.”

“I look at my mother-in-law, she's 89-years-old bless her heart, smart as a whip, can't drive anymore. The bus stops in front of her house and she has yet to take a bus anywhere. She relies on one of her six children or grandchildren. That's the key. Have lots of kids and grandkids.”

“When you are older, you are scared and you need someone to pick you up and take you here and there.”

Many said that alternatives to the car – like taxis or even the bus – are too expensive.

“Sometimes when you get older, they take your driver’s license away. I don’t even know how to catch a bus, and it’s too expensive. If I ever don’t have my car, I take a cab, but I can’t do that all

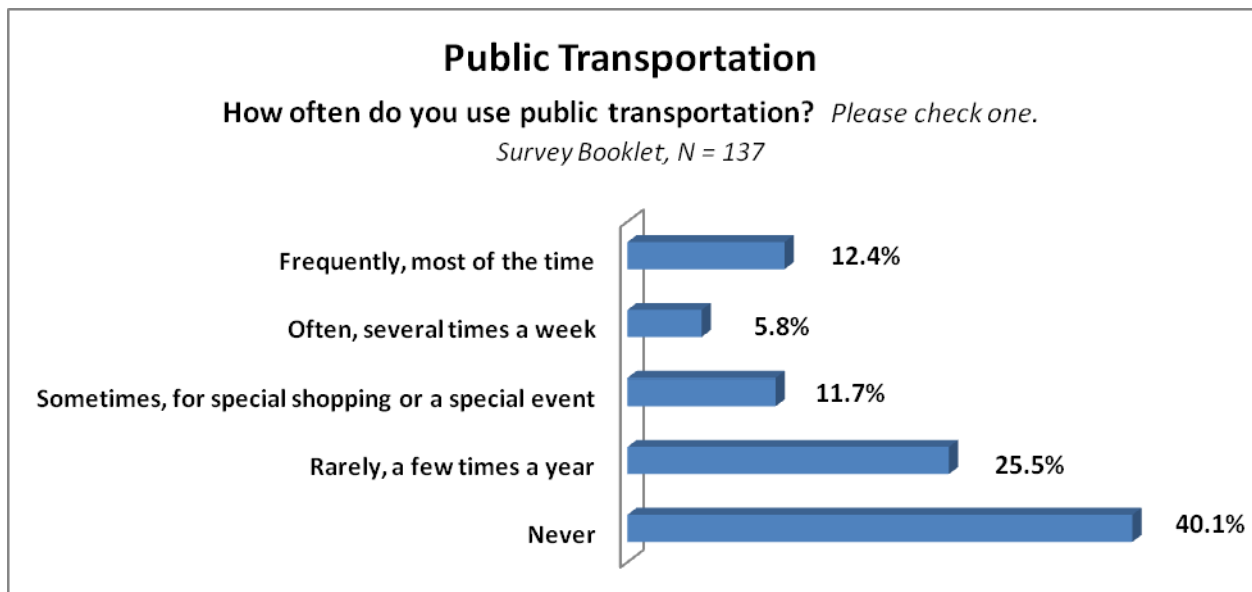
“It [bus] doesn’t go where we want to go. Hard might get lost. Taxi expensive and sometimes scary. They get in cab, it goes 75 miles an hour. That’s scary.”

Some said they used the light rail system, but noted that it does not directly serve many of the places they went.

“What’s needed is more options. I mean, I love taking the light rail to see the Twins or whatever, but it’s much harder to get other places. Yeah, the trouble is you can get to the Guthrie on the light rail, and it’s really only a couple blocks walk, but it’s a really spooky couple of blocks, you know?”

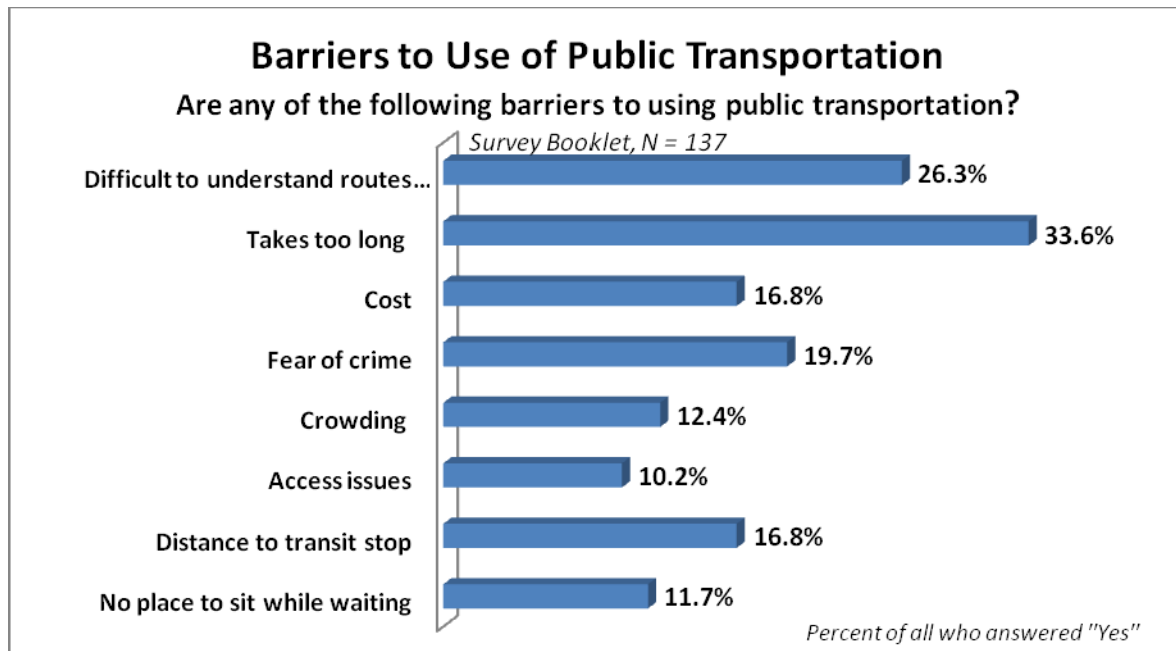
A number of people suggested that transportation was an issue which would lead them to move to alternate housing. Many wished for housing alternatives which would allow them to walk to grocery stores, restaurants and even medical care. Others hoped such housing would have easier access to public transit, with particular mention of light rail as a “senior friendly” mode of transportation.

Public transportation. We asked written questions about use of public transportation, and found that about 12 percent use it regularly and another 6 percent frequently. Forty percent indicate they never use public transit, and about 26 percent use it rarely.



We asked written questions about barriers to use of public transit. As the following graph indicates, the length of time it takes to get to a destination was the barrier cited by the largest number of participants

(33.6 percent), followed by difficulty understanding routes and timetables (26 percent). This was mentioned in particular by those who do not have English as their first language. Fear of crime was identified by about 20 percent of participants, and about 17 percent identified cost and distance to the transit stop.



Safety. Many people, particularly those who make regular use of public transit, are concerned about safety in using public transportation. Most of these participants ride buses, and concerns expressed were about buses.

“So some people are intimidating. Their very presence is intimidating. They don't have to say anything, but it's just something about them that's frightening, so I move out of their way as quickly as possible. And I'm a bus rider. A lot of my colleagues here, we ride buses, so we hear it and we feel it. There's a lot of violence on the street and a lot of anger, and it is scary.”

Several participants across more than one group mentioned safety fears being reduced when police officers are visibly riding buses.

“Yeah, if you have more police ride the bus, they get quiet. I was getting ready to get on the bus one day — this tickled me. A police was there, was getting ready to board the bus. He's got a dog with him. Everybody got quiet. It was so quiet, you might as well have been in the cemetery, man. You don't want to fight Fido. Usually that bus is loud. When that police got on the bus with that dog, you didn't hear nothing. Everybody was probably praying, “Please, don't sniff at me.”

Shelters. There were also issues raised about the difficulties in waiting for a bus, the condition of bus shelters, and differential maintenance of shelters.

“Well, a lot of bus stops don't even have shelter, and that's kind of unreal in Minnesota. Or they could start putting more lights in these bus shelters, because a lot of them's dark. They don't want them too comfortable, because the homeless hang out there, you know. At the

same time, I'm old and I'm waiting for a bus and the wind is whipping, and there's not even a screen or nothing.”

“Yeah, but it’s hard if you have to standing out to take the bus, it’s cold. I don’t know but I get colder faster now... they should have heaters in the bus stops.”

RESOURCES AND SERVICES

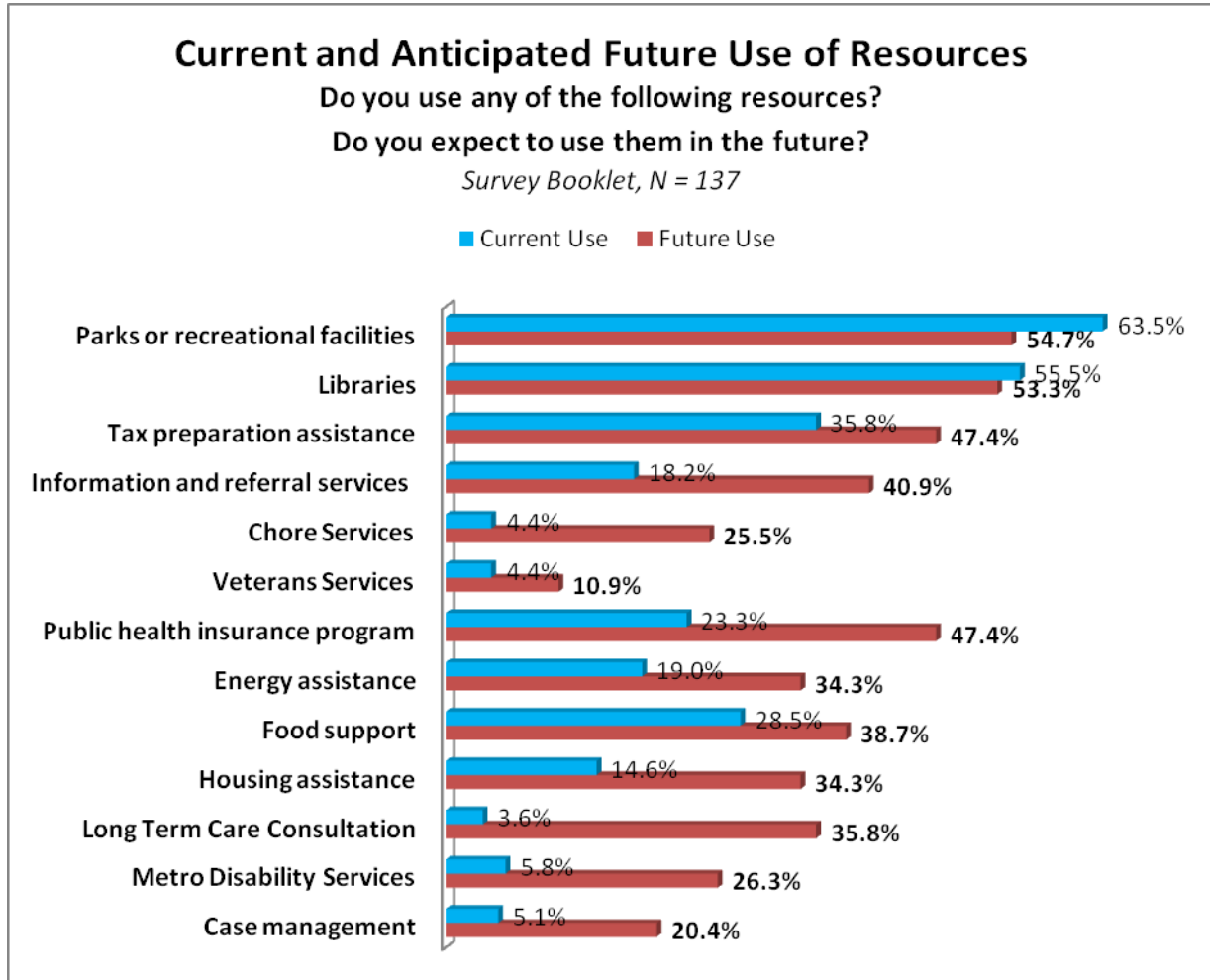
Preview of Resources and Services. We learned, from both written and focus group discussions, about participants’ current and projected future use of public services. Currently the services most used are parks and recreational facilities and libraries. Responses suggest a slight decrease in future use of those services and an increase in use of health-related and information and referral services.

Barriers to service were reported to be information, cultural and linguistic barriers and specific eligibility issues. Significant time was spent across the various focus groups addressing ways in which senior information and referral services and centers might be provided, cost effectively, in partnership with existing institutions and resources within the County. We also heard a significant number of comments about the importance of services to assist healthy aging, and how the services are delivered, with an emphasis on respect and dignity.

Throughout the focus groups discussions, we heard various references to services and resources from participants, particularly in low income and immigrant communities. From higher income participants and communities, the resources were most often County libraries and recreational facilities. Among those respondents there was relatively little contact with or use of social services unless they were caring for aging parents or children with chronic health problems or disabilities. For these upper income persons, the greatest challenge is knowing what services are potentially available.

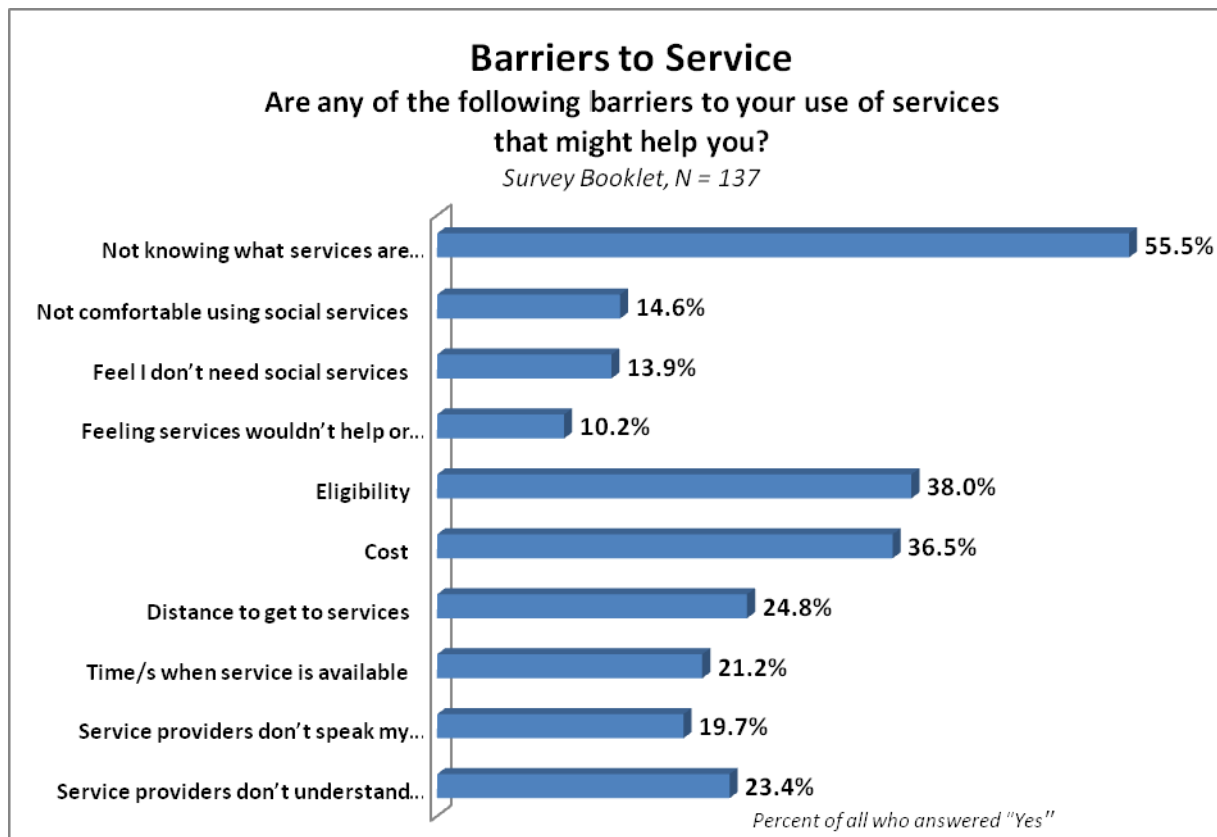
For lower income focus group participants, there was greater, but still comparatively little, use of County resources and services. Respondents’ current and future use of services, and observations about those services and service needs are described below.

Current and future use of services. In the survey booklet, we asked about both current and future use of County resources and services.



The most used services, both currently and predicted for the future, were parks or recreational facilities (64 percent now, 55 percent for the future) and libraries (56 percent now and 53 percent for the future). Responses to these written questions indicate expanded use of various County services in the future. In rank order of anticipated increase in use of services, these are: long term care consultation, public health insurance, information and referral services, chore services, metro mobility services, housing assistance, case management, energy assistance, tax preparation assistance, food support and veteran’s services.

We also asked written questions about barriers to the use of services. The following graph summarizes those responses.



Finally, we asked “If you need resources such as services to help you in the next 10 to 15 years, do you know where to get information about what’s available to you?” Slightly over half, 52 percent, of participants, indicated they knew where to get information on available services.

In the focus groups, most respondents said that it was difficult to get information about available services. This was true even among persons with chronic health conditions who have considerable experience navigating health and social service systems. Many suggested that, as the baby boomers continue to age, this need for more information and more services will become more acute. A “one stop shop” for coordinated information about available services, more personal attention, neighborhood-based centers for information and services, more culturally appropriate help and assistance all were suggested as remedies for these information issues and barriers.

Coordinated information: Focus group participants recommended a “really good” accessible website or other one-stop sources for coordinated information.

“We need a clearing house for all these services rather than having to go to spend half the day figuring out how to get through all this jungle of agencies. I think information needs to be readily accessible, easily obtainable. And I think it's a more local level where people can find out easily in one day what they need, and where to get the services they need.”

“To have one central spot where you can go either online, in person, or call to get information when you need it. One spot, not 29 spots, you know. Not just Internet, because everybody’s not going to be tech savvy, unfortunately, but where you can go or you can call.”

Personalized information and guidance. Some suggested that it would be helpful in various ways to have personalized, even face to face sources of information about services and supports.

“I wanted to say that not only have people available, but have people available in person so that you don't have to dial 211 or you don't have to call your Senior Linkage line, but you have somebody who's right there face to face with you who can see whether or not your teeth are falling out, and whether you're, you need a hearing aid or are your front steps falling apart, and do you need a new roof on your house. But somebody who's there that can help you physically, and not just somebody over the phone.”

“But I was just thinking about what would happen if every person at a certain age became eligible for a social worker or a case manager? Eligible but not necessarily required to accept? But let's say you turn 65, you retired and automatically as a benefit of your social security, you're eligible for a case manager who can help you get through the system. That can be an advocate for you, that can make a recommendation that you no longer drive and have your license taken away from you, to make sure that you are living in a home that has heat and that has water and that you have enough food, and somebody looking in on a person. Every person over 65 whether -- and be helping them make decisions about what you're talking about the life care directives and I think a social worker for everybody.”

“So it sounds almost like we need some sort of social workers that are more accessible to seniors that are not linked to your income. It seems like it should be available to everybody not just people that are on public assistance that can direct people to programs and be a clearing house of information whether it be private services or public services. I would like to see that.”

Neighborhood based service centers. Again in multiple groups, there were suggestions about how information and referral services for seniors might be cost effectively developed and made available in convenient neighborhood locations, namely libraries, parks or existing community centers.

“How about more senior drop in centers in like neighborhoods? Every neighborhood have a senior drop in center. There would be a place that you could have a social worker available to people and there you could also improve your network of people in your neighborhood that are checking in on you, making sure you have your meals. They've got the mental health drop in centers and there they've got people to kind of follow you through but I don't see too many senior drop in centers and maybe neighborhood wise that would be a good idea just to keep things small and in the community. You could have a meal site, you could have visiting nurses stepping in there instead of having a little bit here and a little bit there. Bring them all together into a center and accessible so that people can get there without having to go 20 miles.”

“I think one of the things that you can do too is when you think of the county and the city, is partnership with the Park Board. Because those things are geographically located. There's empty and for lease buildings all over the city. Why not take one of them, staff it, which would create some new jobs, part time or full time, and let the seniors gather there?”

Culturally appropriate information and services. Slightly more than 20 percent of participants indicated it is a barrier to use of services when providers do not speak their language or understand their culture. In the focus group discussions, many of the immigrant groups reported challenges working with social services and systems that don't speak their language or understand their culture. Currently, immigrant groups in our focus groups report that they rely on culturally appropriate providers

and hope they will continue to be available to help them navigate the systems for benefits and services as they age.

“Someone from our community that can assist in administering these services and work with seniors and the disabled, whatever their needs, gray areas, whatever, somebody that can do it and can do it efficiently. That's so important.”

“It is a concern to have services provided by someone of your like culture. Because they will listen and you don't have to jump the great divide. They know what you're saying and why you're saying it.”

“You know I think that if I didn't speak English as my primary language and I was trying to navigate the system I'd be totally lost. And I think there's going to be a great need for people that can reach out to those that are less able to access the services because of language barriers.”

Participants also discussed the need and importance of providing spaces and opportunities for gathering elders of a specific racial or ethnic community.

“It's important that whether it's a center or that they get a space that seniors could socialize and maybe have activities where some training there could lead them in a little exercise or they also need to find some kind of vocation or work sometimes. If elders can find work somehow it's really important work. It could be community work it could be other. They have a lot of wisdom so if we are to involve elders in the cycle of things, let that make them active, more active than they are now.”

“Also they need to get senior center to practice our culture and to help them produce their ideas, their experience, contribute to the kids or youth in order to take that or remember or learn about the history of Somalia, the history of our culture, the history of how do people respect each other. So this is very important things.”

“For me, we need a place together, how to talk together for Lao people, like what to do, like retire association.”

“A place to hang around, where we can talk together....spend days together. Like to continue support services, should be adjustable, understanding, not just one group or another.”

Eligibility criteria. Thirty-eight percent of participants indicated that eligibility criteria are a barrier for their use of services which they might need. This is particularly acute for immigrants, given their immigration status or for others who are working poor.

“It's not only that, it's because we don't meet the criteria for poverty level and you have---if you meet criteria for poverty level you will get medical assistance, which covers everything. You probably will need it. We will need it.”

“I think that probably would be the most difficult thing to discuss because we might not meet the guidelines for poverty level because we will have social security; however, we probably wouldn't have enough money to support ourselves, to live not comfortable just to pay for our bills.”

“You know, what's the point of trying to get ahead if you're falling behind? You know, I saved \$25, you know. Well, now you can't get food stamps because you've got a checking account. It's like you've got to be completely broke in order to get food stamps. You know, they go, "You've got \$100 on you.”

Other barriers. For persons at or near the poverty level, there are additional barriers to service, mostly encompassing actual or perceived rude or indifferent workers.

“It's ridiculous. I mean, even to sign up for benefits, to request benefits that are for everybody —It's the way you're treated. They act like you're coming to rob the system. They act like it's their money.”

“The games. The games, the hoops that you have to jump through as a person of color, as someone that's aging gracefully, as someone that's in poverty, you know, the hoops that you jump through, it's like you wake up every morning having to constantly prove yourself every time.”

“When you're administering these services, I want to be treated fairly, like a human being, with dignity and respect. You can't strip away my dignity. I won't allow it. It takes its toll on you.”

Finally, there was also discussion about the importance of additional services specific to an aging population.

“And I think depression and dementia are facts of aging more than anything else and if we can do something to help those people who don't have supportive families or other friends or neighbors who would look in on them and take care of them or notice, even, that they're slipping, that would be great.”

“One of the best services I think we have going right now is hospice care. And it's a shame to me that we get such good quality of care as we're almost ready to die that you've got people working there that are giving you massages and music therapy. You've got a ten minute call away from a doctor 24-hours a day. You've got nurses coming to your home. You've got people giving you a bath and bed. You've got people coming to cut your hair in bed but we can't get those same quality of services while we're up and around and still ticking and I just think there ought to be a better level of care provided for people that aren't ready to drop dead.”

“One of the things that I would really like is how to grow old. In America we only talk about being young, young at heart, I mean, it's — and I love — and, actually, I think children do lead us forward. But how to grow old, like community ed courses about growing old, because we're living a long time. And it's like the elephant in the room that nobody wants to talk about is how to grow old, you know, with vitality but with reality.”

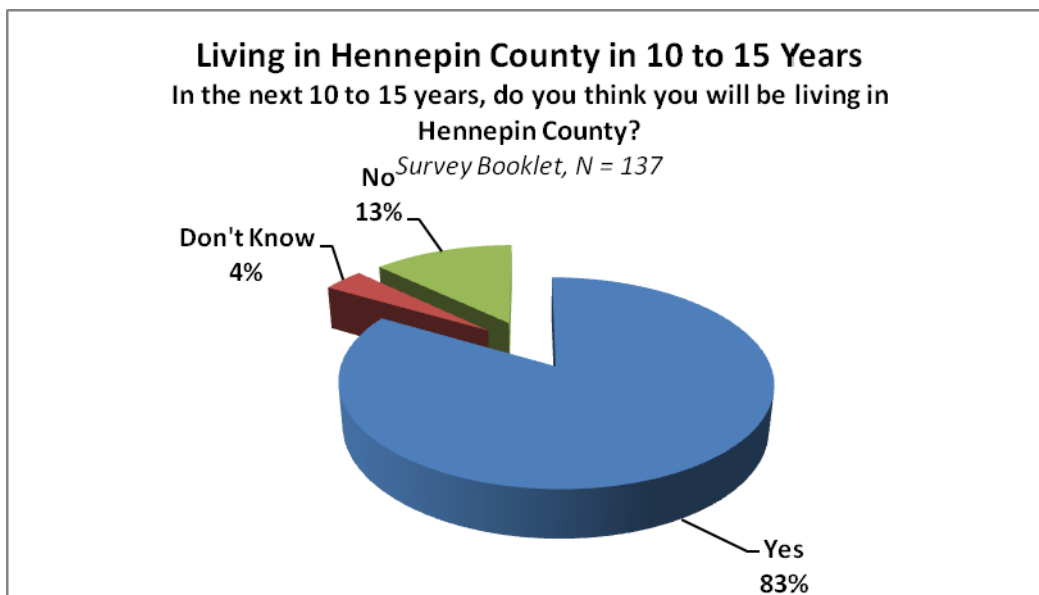
HENNEPIN COUNTY

Preview of Hennepin County. In the final portion of each focus group, we asked participants questions about their future plans to live in Hennepin County, and their expectations of government as they age. Nearly 80 percent of participants indicate they plan to be living in Hennepin County in the next 10 to 15 years, many for the rest of their lives.

Response to written questions about their expectations of government (in general) indicate concern about services, particularly related to health care, housing and transportation. Although we heard divided opinions about the role of Hennepin County, most indicated in response to written questions that the County has a role in services, again related to health care, housing, transportation...and in particular, providing coordination and access to information about services. Again in written questions, participants identified priorities for the County to consider in their preparation for the aging boomers, which include senior employment, affordable health care and housing, and transportation.

In focus group discussions, participants expressed these concerns and also discussed solutions and opportunities, with specific calls for the County to be conscious of how it delivers services, and to afford dignity, respect and equal treatment to all residents. Participants across a number of groups also articulated a self organizing impulse, with suggestions for ways in which aging residents can be involved in creating the options and services which will be needed for this generation as they age.

Living in Hennepin County in the future. The vast majority of participants – 80 percent -- plan to live in Hennepin County in the next 10 to 15 years. Many of them answered they plan to live here as long as they live.



County level of government. . The following word cloud illustrates the themes in written responses to the question: *What do you see as the role of Hennepin County government for its residents as they grow older?*

Role of Hennepin County Government for Its Residents As They Grow Older



Competing views on expectations and role of county government. When the question became specific, about the role of Hennepin County, we heard competing views about the role of government. Some comments focused on personal responsibility.

“And I think we're from a generation where we kind of believe it's up to — I mean, I bought long-term care insurance. I'm not expecting the government to step in. And paying taxes. I would never vote against a school referendum, for instance — never. And voting. You know, just participating. And being part and taking care of our own health, being responsible for that.”

Some participants' discussion was explicitly critical of the services provided through the County, as well as specifically negative about those who receive those services. In the exurban group, they attribute increased taxes to the cost of services.

“Well, you know, I have concerns what the burdens will be on those who have been responsible through most of their life to save versus that part of the population who has not. Constituents in xxx complain bitterly about the amount of money that is sent down to Hennepin County and what are we getting back for it. And I think it's hard to beat around the bush. They just see a very dependent and large recipient class who live under the shadows of tall buildings. And that's the rhetoric we hear all the time, and it comes to how long you're going to be able to hold onto your property and feel comfortable writing that check twice a year. So between our house

and the land, for us, you know, we're \$15,000, \$16,000 a year for property taxes. That's a pretty big piece of your income."

These views are backdrop to comments in one group about limiting the role of government at the county level.

"I would say that, you know, maintaining their core functions and responsibilities to not be growing services and trying to increase access and grow government to the extent that we won't be able to afford to stay in our homes and our properties is one issue. Government should keep to its core responsibility of public safety and providing some of the basic infrastructure and let the rest of us take care of it."

"It would be develop a system of personal responsibility and accountability. If you're going to get money, if you're going to get a service, if you're going to get anything, there is a responsibility that goes with it, you have to work for it, nothing is free. But I said cut taxes, and the way that I would suggest doing that is make people responsible if they're taking social services, that they're not using drugs — test them, I don't care what. Cut the caring for those who like handouts. Make those people be accountable and show proof of need."

Maintaining Services. In most of the focus groups, we heard concern about the maintenance of important existing services. People reported already experiencing cuts in chore services, library hours and public programs for medical care. Their concern is about whether these services will be available for them in the coming 15 years.

"I know for me in the last few years, like I had mentioned before that I used to get outdoor chore services from the county, they took care of my yard and my snow and once or twice a year they would come and rake and I don't qualify for any of those anymore because they cut the service."

"Whatever you have continued in the past, would like to continue what we have today. Medical, place to live, peaceful. Three things."

"If he has health care, housing for to stay, organization to support. If everything now can be, it is OK. But if it get worse, no health care, no living, no helping, then it would be bad. But if all the same, can manage."

Public Safety. Across groups, including the exurban group, there is agreement that government and the County have a responsibility for public safety.

"You have two core services that the county has to provide, and that's your public safety services and your public works services."

"Tying it back to the safety issues, you cannot do away with your 911, you cannot do away with the jail, you cannot do away with your criminal justice system, and those are pieces of the puzzle that are there that's got to be maintained and built."

"Well making sure that the services are in place as far as adequate fire, police, safety of streets, lighting, a lot of things that people mention."

"My concern with the safety was — getting back to plowing roads and making things accessible, because if I fall in my house and call 911 and the ambulance can't get to me, then what's the

point. You know, people just don't realize how important it is to have timely plowed, safe roads, because it's not just us driving. It's all the safety equipment. Everything."

Information and access to services. A frequently discussed issue for the county's role, across economic levels of participants, had to do with providing aging residents information about services and help to navigate systems, to assure access to services which might help them. The discussions often implied these are services that need to be developed.

"You're saying how many of us are getting old and how many young people, I don't know that it takes a rocket scientist to say that we probably are going to have to do things differently. If it's that many people who are aging, then there needs to be more aging services."

"I think a key issue is information and access to affordable healthcare, so whatever — and that's come up over and over again. So whatever roles the county could play to move that forward I guess I would say is a message."

"Well, yeah, the printed information that translates all of the gobbledygook into simple English is what helps. But it's, you know, information translated and comparing. So if Medicare provides good stuff, the county's role can be making sure that everybody knows that and is able to go there and find the information — Or having educational sessions at the libraries or parks or places where people could gather to get that information, where they would — or at high rises or places like that."

As discussed in the services section, many participants commented on the need to have people who can develop personal contact and help in navigating the service systems.

"Visiting social workers, people who could come to your house, instead of you having to go to where they are, and could tell you about things that might be helpful or bring you information about this, as for me, my age, my eyes may not work so well and I may not be able to read all the stuff or use the computer or whatever."

Encouraging boomers to "Get Ready." We had discussions in most groups about whether or not participants had completed health care directives, or made legal arrangements to cover their financial obligations if they became unable to do so — as in a durable power of attorney. The number of participants who have done so is relatively low (31 percent of health care directives; 39 percent legal arrangements.) In many of the focus group discussions, particularly in lower income and immigrant communities, we heard concern that doing these things costs money. In other groups, people commented they knew they should do so, but haven't yet. While some participants acknowledge this is not directly a County responsibility, they had some suggestions about ways in which the County might encourage boomers to address these things, to "get ready" for aging:

"That is something where workshops on doing that and having the forms available and someone to help you at all the libraries and that sort of thing probably would be useful."

"It could be a service where it isn't the county's job to do it, but the county can help people think about it and find out maybe whose job it is to do it or think about — you know, a checklist. We've talked about the living wills and that sort of thing. Okay, seniors should be thinking about all of these things and maybe talking about them in groups like this, and then you go home and you kind of figure it out for yourself. You don't expect — I don't expect the county to come and see me if I don't answer the phone for two days, but I might find a chain of friends where we

would call each other every day or two and just say, “Hi, how are you?” So it wouldn’t be the county doing it, but the county might kind of help me think about how it might get done.”

“So now we have to have check offs of things you ought to do as you're getting older. And you get \$10 back on your property taxes.”

Partner in planning. In a number of groups there was discussion about a role that Hennepin County can play in a number of areas, affecting things that might not be the direct responsibility or purview of the County, but where the County can exert influence or play an important role.

“I’m not very well versed on how much purview the County has on urban planning. I mean, that’s a big thing, urban planning. But what we are talking about safe neighborhoods, recreation and shopping and leisure activities within walking distance for people who can’t get around, planning our communities so that we have what we need closer to us. So whatever effect at the county level can be exerted on urban planning in a way to serve those interests would be a good thing.”

“But we’ve talked a lot about information and kind of trying to make things happen that are not necessarily the county’s responsibility, but what the county seems to be really good at is building coalitions and finding ways for people to work together, like, you know, using libraries for a lot of different things, and I think the result of this, of seeing what kinds of things seniors need, a lot of them.”

“I think as you go on, you’ll find lots of people wanting things that are just simply not the county’s business, but the county can help them by finding out whose business it is and helping them with it. So I think that would be the thing, to continue to build coalitions and finding ways to make them happen by using county resources, using the buildings, offering them for other things, using the staff to work together to get people information to deal with these issues, working with the local governments, of course, a lot.”

Housing options. Although we did not directly ask questions about housing, we heard about it often and it was often discussed in the context of other solutions or possibilities for aging. No one suggested the County had a sole or direct role in housing, but many suggested it could be a priority for the County to find strategies or incentives to address housing.

“I want tax incentives for private folks to come in, not depend on the government to come in and build these multi unit — not the big high rises that have swimming pools and want to attract wealthy old people, but for us who don’t have it, some sort of incentive so they will be built, because the County’s not going to be able to do it.”

“I hope that they’re really emphasizing the concept of housing for everyone. There’s a lot of talk about housing for workforce housing and affordable housing, but also there needs to be a mix of ages for that housing.”

There was discussion in more than half of the focus groups about the need for more housing options for residents as they age.

“In Russia we had for example buildings where people lived and first floor of building were stores or cleanings or whatever. So I understand that America is, especially Midwest is kind of like one story buildings all over, but for people who are retired, probably good to have different

architecture, consider something which would exclude transportation because if they would have access to pharmacy, library, grocery store, and some cultural activities so community centers, that would resolve a lot of issues.”

“I think a part of it, and I think it kind of ties into this, is to have affordable housing in areas in neighborhoods where you feel secure, where there are good services, where there's good lighting, there's good accessibility to things and where there maybe is a little land to be able to go out and, you know, grow a garden or bring your pet out for a while or something like that. I mean, I think for a lot of us — and I say that I'm going to stay in Hennepin County just because I realized it would be just another big transition to deal with, to, you know, think about going someplace else. But I think affordable housing for a lot of us is going to become a very, very major issue. Not only just affordable, but not how I think perhaps some of us think of things now in the sense of, you know, kind of desolate senior high rise places.”

“What is senior housing going to be like? And with so many aging people, there's going to be a long waiting list and realistically are we going to be able to stay in our houses when we're 70, 75, 80 you know? And then where are we going to go?”

In some of the discussions the concern for housing options was to have alternatives nursing homes.

“I fear ending up in one of those rest homes with two people in a room and you just lay there all day. I just fear that's going to be just sitting -- because I have no family. I never married so no children or anything and I'll just be there, existing.”

“I plan to be in better housing, you know. High rises — I live in a high rise building, and high rises — I'm grateful not to be homeless, because I've been homeless, but high rises are terrible places for human beings to live. Physically, you're walking on concrete floors. That's not good for your feet. That's not good for your health. And housing is very important.”

There were also discussions about providing more housing options, intermediary to nursing homes or utilizing an entirely new model.

“There ought to be some other intermediary places between a nursing home and a home that are eligible on a low income basis. I don't know what's out there but I would think that would be a place to focus some energy as far as developing services in the future so that -- you've got your PCA attendants and you've got other people coming into homes to provide services but what if you want the services to be provided by the home that you're in and you don't want to be in a nursing home?”

“I know in some communities they've started kind of innovative housing where, it's not like a group home but it's like a multiple dwelling kind of a home where you have the senior has their own apartment and they're totally, well it's like assisted living but they're connected maybe by four apartments but they're more like homes than apartments and on one level. And then the care giver, it's easier then to provide services in that way where people are kind of congregated plus they're not so isolated because there's usually a common area if you feel like you want some human interaction you can go to that like shared living room or whatever it is and kind of like it's a dorm.”

Participants discussed housing alternatives which may be more cost effective in providing care for aging seniors.

“Well personally I think it would be like a win, win situation to make available for most elderly to stay in their homes. To make that somehow available. Then it would be less money spent on health care, facilities, all that kind of stuff. That's one way I look at it.”

“Well and one of the obstacles to having people stay in their homes is the cost of care in their homes. So I think the county ---- would have to step in -- financially because what sends people to a nursing home instead of staying home with 24 hour care? There's a huge, huge differential in cost. So even though nursing homes are expensive, having care whether it's 12 hours or 24 hours, for many people, most people it's impossible, it's prohibitive. So in order to facilitate people staying in their homes, we have to provide for that care when they're in their homes.”

In various groups, there was a call for senior housing options that fit for culturally or ethnically specific groups.

“Right now most resource they have are mostly for mainstream. In future, I think we need housing for older Asian people. Right now Lao people living here 30 years, many of them getting old. And they cannot depend on their children like they did in their country. They keep their parents, kids over there. Here, kids go to work and don't have time to take care of children. Most Lao need to have place to stay together, like affordable housing for Lao, so they can meet each other there, talk in their own language, Here the population is over 30,000 people here, Asians and some Lao. So it is possible we could have something....”

Well, I would say a range of housing options for LGBT seniors, so people feel that there's choice out there, they can choose whatever---“

Employment. In the vast majority of groups, participants raised concern about jobs and the unavailability of jobs for those currently in this age demographic. As the section on financial security indicated, most of the people in this age demographic plan or wish to work longer (past the traditional retirement age of 65) due to ongoing financial uncertainty. For those who have traditionally earned low income wages, and for those who have involuntarily lost jobs (some of them long term jobs) before retirement age, the greatest need is for income. Participants in most of the low income and immigrant groups identified employment as the top, or within the top three, priorities.

In one of the focus groups, a senior employment-related program, the benefits of the support and door-opening training which the program provides were clear. Even relatively small amounts of pay made a critical difference in maintaining stable housing, acquiring and upgrading job skills, and learning of other programs and benefits which might help them. Models exist in other parts of the country. Exploring ways in which training or employment programs might afford “senior” benefits, e.g. funds for Medicare supplemental insurance, could offer multiple benefits – to senior employees and to organizations and communities.

“More jobs, because there are a lot of people with not yet the retirement age and they are not working.”

“Also maybe try to do like this -- like some companies if they hire like a certain amount or percentage of like person's with disability, they have some benefits and maybe too it's the same with people with age if they hire like people after 60 they have some benefits too.”

“I don't feel like either the private sector or the public sector is doing a good job at trying to address this. I think there's a lot of — I feel there's a lot of hand wringing, this whole hand

wringing about all of us who are aging and going to be retiring and we're going to be living off the other 4 percent, and I think there's, like I say, a lot of hand wringing about that, but I haven't heard very many people actually actively be proponents for those of us who truly are still able to contribute, still want to contribute at whatever speed, you know?"

Fostering more senior friendly neighborhoods. We also heard frequently about the role of government, or the County, in working with other entities to foster more senior friendly neighborhoods or built environments

"Just continue to coordinate the infrastructure that's going to support the people of all ages like the complete streets, making sure there are transportation options available, even if they have to subsidize so maybe each community at least has some access even if it's only a couple buses a day, for example."

"I think supporting infrastructure for livability, of neighbors, to help people age in place if they desire to, and then a menu of services that help that happen."

In the section on safety, we heard appreciation for improvements made to date in some neighborhoods and support for more. These included things like more use of low-level lighting, larger type size on signs, more reflective signs, police riding buses, maintenance of sidewalks and bus shelters.

Fostering a climate of acceptance and respect. We heard a great deal of discussion across a number of groups about the tensions and issues among Hennepin County residents based on race, ethnicity, immigrant status, sexual orientation and income. Sometimes this was very negative and ugly – describing differential treatment by public officials, accusing others of getting benefits they shouldn't, and identifying certain groups of people as less deserving. Participants raised concerns about the current political climate which is polarizing and feeds into such sentiments. Focus group comments call for the County to foster a climate of acceptance and respect between and among groups.

"Look honestly at immigration in this country. It's a big problem in the Western countries. Liberians take care of us, Somalis take care of us. Help integrate them and their cultures into our culture, because they will be taking care of us. And we love our children, but there won't be enough of our children. So isolating them, making them the other, is not going to help us or our country in the future. They're here.

"They have to respect our religious bylaws and start with us for example we grew up and were raised in the religion and that we are different so we want all the decisions being made should not have any conflict with our belief. So we want the county to put our beliefs first and then respect that. Other than that we are like any other human. Respect the culture and our difference."

"We're old, getting old, and having to deal with racism when you're old is bad, period. I'm not old, old, but you know what I'm saying. And I realize that racism is not going to go away. We go through racism, ageism, sexism, classism, but the worst one in my life is that race piece. It goes deep and it cuts."

As previous portions of the report suggested, discussion in the GLBT focus group particularly focused on the proposed "marriage" amendment as having a highly negative effect on feelings of safety and acceptance with the state. In that group were specific comments about how the County might affirm its GLBT residents and assure respect for chosen families in areas within its jurisdiction.

“What can Hennepin County do? And there is an argument here. We do — if we live in the Hennepin County area, if we are Hennepin County taxpayers, Hennepin County can take and say, “We as a County support GLBT folks, and we are not going to stand with the State or anyone else in this marriage amendment stuff and all that other thing. We are going to give our residents — whether they're GLBT, whether they're black, green, pink, it doesn't matter. We're going to give all of our residents equal treatment under the law.”

“Hennepin County could look at where it does have jurisdiction, where it does have the ability to be humane and inclusive in its policies and also be an advocate for that. In its own medical center and its own — you know, wherever it has the ability to do that.”

Engage residents/seniors in solutions. We also heard from participants an interest in being part of the solutions and to be engaged in the work the County does to prepare for the aging of its residents.

“And also while you're making those policy decisions, pull from us. We need to be given the opportunity to talk to legislators, people in DC that make these decisions, because we're living it every day. We want an opportunity for our voices to be heard and to have a direct say in changing policy — because we've got to make some changes, because we're hurting as a society. We want them to hear our voices and what we have to say, and we want them to act on it, because when we go to the polls, we'll remember this on election day.”

“I would say listen more to what seniors want rather than thinking they have all the answers.”

Comments in this vein emphasized that the senior boomers can be a formidable political force.

Yeah, but there's also — yeah, I mean, we're part of a big chunk of people, and among us there have to be some people who are aware and who speak, and if we give them attention and contribute to what they're thinking and what they're saying and what they're doing and this is all at the local level, then those ideas can become stronger and are more likely to be carried out.

Education and information. We heard interesting discussions about various ways in which education and support help address aging issues. This is a place where the role of the County is not necessarily to do these things, but to encourage or support such efforts.

“One of the things that I would really like — and sometimes people think this is funny and humorous — is how to grow old. In America we only talk about being young, young at heart, and actually, I think children do lead us forward. But how to grow old, like community ed courses about growing old, because we're living a long time. And it's like the elephant in the room that nobody wants to talk about is how to grow old, you know, with vitality but with reality.”

“He was telling me that one of the best things to do for Somali elders is that they could be treated or shown what to expect here as they grow older. Like you have today there are many elders who have never even thought about this. I never thought about it. I know today, but how do you live in 30 years. I never thought so I think bringing them together in a park or somewhere where they talk about issues and socialize would be very helpful and ask them how do you interact with your children, how do you interact with other community members. That would be very helpful.”

HOUSING. Housing is also a major priority highlighted in the word cloud, as the issue was raised in many of the focus groups. The needs differ for different groups. Those who are well off with resources express some interest in downsizing responsibility, as well as relocating to reduce dependence on cars. Many of those previously considered middle class worry about maintaining their current housing and call for affordable options which might allow them to maintain preferences, such as gardening or having pets, in addition to improving transportation options. Those who are now in financial straits hope that affordable housing would allow them to avoid homelessness, remain independent, to have their own space, and address transportation issues.

Some foresee the need to have services, which some suggested can be more efficiently provided in group settings, which also reduce the likelihood of social isolation. We heard clear preference for smaller settings (not “warehouse”), a call for alternatives between independent living and assisted living—perhaps a more finely grained continuum of care. Uniformly across groups, we heard fear and negative views about existing nursing homes and care facilities and tremendous trepidation that the increase in older people needing care would lead to “warehousing” and crowding, “stacking” people 4 or more to a room.

Many of the groups also wished for options that would allow them to live with some sense of community among others like them. The GLBT group mentioned repeatedly the safety and comfort fears of existing assisted living and nursing home facilities, Lao and Russian immigrant groups articulated their wish to have space, in public or otherwise affordable housing, to live together.

In more than one group, there was a recognition that government entities are not able to accomplish all that will be needed for the bulge of aging boomers. They suggested the County work with other partners, explore tax incentives, and find ways to coordinate housing and services in order to develop more of the housing alternatives that will be needed.

WORK AND EMPLOYMENT. Although employment issues do not loom as large on the word cloud, we heard loudly and clearly across the focus groups concern about employment. There are issues for those who plan to continue employment, enormous hunger for employment among many groups, and an interest in volunteering – to give back, to keep busy, and to make difference for others.

Within the focus groups, we heard about very challenging financial situations for those who were involuntarily unemployed past the age of 50. Almost uniformly, people in that circumstance wish for paid work, whether they are continuing to seek work or not. Some are discouraged in this economic climate, having sought work for several years without success. Being without income before traditional retirement age wreaks havoc on savings, reduces Social Security for those who have little choice but draw upon it as soon as they are able, and leads to health care issues as people struggle to fill the gap before Medicare eligibility.

One of the focus groups included people in an employment-related training program for people 55 years and older. Relatively modest salaries make an enormous difference for these participants, some of whom have been homeless. In addition, the participants reported acquiring skills, learning about available services and building new social connections.

Most of those in the employment program acknowledge age discrimination, already faced in previous jobs, and a likely barrier to finding paid employment past the program. We also heard about age discrimination from those in other groups, including multiple immigrant groups and the group of

independent women. We heard in one group a suggestion for a financial incentive – similar to tax credits for businesses who hire currently unemployed, or disabled employees.

Participants recommended enlisting people in this aging cohort in becoming part of the solution. If the County develops or adapts existing information and referral services to assist boomers as they age, there is a logic to hiring from this age group to provide them. There are models within Minnesota and elsewhere of a kind of “senior corps” program which provides modest or minimal wages, but work that is rewarding and makes a difference in range of employment or social services. Exploring whether minimal benefits, such as the cost of a Medicare supplemental policy, might be offered would add to the value for participants.

Finally, we also heard an enormous thirst for volunteering. Some of those we heard from look forward to retirement and more time to “give back” and make a difference in communities important to them. We also heard again and again, often in immigrant communities, about a desire to keep busy, avoid boredom, and be engaged with others through volunteering. Some of this is done informally, but much human energy and talent could be tapped by providing organized options in areas of need.

SERVICES. In focus groups, we heard concerns about maintaining existing services, sometimes specifically applied to the most currently used county services – parks and recreation and library services. In discussing services, focus group participants most often called for ways to provide efficient, accessible information about available services. Those who have not used social services previously indicated they do not know what services are available. Some participants who are very experienced in navigating health and social services point out the challenge, and frequently discovered services they were unaware of after they needed them.

There was much discussion in the groups, reflected in the services section, about how to do this in a way tailored to an aging population. Many advocated some face to face opportunity, or chance to work with an individual who can help them navigate and interpret the available information. There was also much discussion about how and where to do this, to make it accessible geographically and to boomers who do not identify themselves and would not respond to “senior” services.

In some groups, there was discussion about the importance of The County coordinating with and/or building on existing services is a logical and cost effective strategy for developing services for aging boomers. In addition, across a number of the focus groups, we heard a call to engage boomers in developing solutions, and possible models for creating employment or volunteer options for those in this age demographic.

TAXES. We heard about taxes as a priority in more than one of the groups. Property taxes were the overriding issue in the exurban group, and mentioned in an additional five or six groups. In examining the written responses, we found that concern about property taxes were an issue for about half of the homeowners. Exurban participants feel that taxes will drive them off their property and threaten their current way of life; homeowners, most of whom have experienced some hits in this recession, worry they will not be able to remain in their homes. In at least one of the groups, these concerns were balanced by recognition that lowering property taxes is not likely feasible, in a stressed economic time and as more of the population ages, essentially supported by fewer people of wage earning ages.

There was mention of senior rebates, although no one thought this was realistic. One participant mentioned another state where those over a certain age no longer pay school taxes. One group

wondered whether there could be some form of tax credit or rebate for those providing caregiving services to family members.

Participants in one of the groups suggested using the County's tax notices as a communication vehicle. The suggestion is to develop a checklist, as well as resources, to encourage those over 65 to "get ready" by attending to health care directives and powers of attorney. This could be done as information alone, or with further incentive – a \$10 rebate on property taxes for those who check off the list and return it.

EMPOWERING SELF ORGANIZED SOLUTIONS. Finally, we heard from a number of these groups that the boomers are an activist generation which has previously risen to the challenge of addressing social issues. There were suggestions about housing options, transportation alternatives, advocating for universal health care, and developing communities of support. Some participants suggested that government entities need to be creative in thinking about how they can support and encourage that impulse, fostering solutions to the inevitable issues of a larger aging population. In other groups, participants asked that the County continue the dialogue with people in the key demographic, inviting their participation in planning activities.

We heard about some specific ways the County might do this.

- Encourage education strategies which allow people to learn about and address these issues. Suggestions included courses or materials on "aging well"; supporting career pathways for those who will care for the aging population; and developing a new profession, like a financial planner or hairdresser, who knows the client and can provide guidance and identify resources to help those aging plan ahead and make optimal choices as they grow older. This could also include developing materials, templates and encouraging current service providers to reach out to this age demographic to "get ready" by completing health care directives and making decisions about power of attorney. It would also help to identify alternatives for those who do not have family or friends who they can name in these documents.
- Acknowledge the relationships people develop, whether or not they fit traditional definitions of family. In the independent/uncoupled women group, and in the GLBT group, we heard about situations where health care or social services did not take into account important relationships, whether partners or friends. As one participant pointed out, much of the literature on aging emphasizes how important support systems are for everyone as they age. When that support system varies from legal familial relationships, it still needs to be included and embraced as part of how individuals manage issues, live through health challenges, and make their journey through the aging process.