

Supporting Edina's Seniors:  
Opportunities for Strengthening  
Informal Support Networks

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## **PURPOSE AND SCOPE OF THE STUDY**

The purpose of this study is to identify and suggest ways to help older adults get the variety of supports they need as they age in their homes and communities. Access to needed supports can be difficult for the young and able bodied and is even more difficult for those who have physical or other limitations. Informal supports, those offered by volunteers and non-professional caregivers, are central to an overall support system and must work in tandem with formal services to provide a holistic response to senior's needs.

The study includes the following components:

- A demographic description of the need for support of seniors in Edina
- An analysis of the benefits for keeping seniors in their homes and what is needed in order to facilitate it effectively
- A description of critical gaps in services and supports for seniors in Edina, including feedback from seniors interviewed recently and in past focus groups
- A review of the existing formal and informal system of supports for seniors in Edina
- Identification of best practices locally, nationally and internationally being employed to support seniors as they age in their homes and communities
- Suggestions for opportunities to guide the community in adapting these practices and in developing and promoting community support networks for older adults
- A review of funding opportunities for potential program development and implementation

## **OLDER ADULTS IN EDINA: DEMOGRAPHIC UPDATE**

### **A Growing and Aging Senior Population**

Edina is a fully established, first-ring suburban community and, as such, its population is older than that of its newer suburban counterparts. In 1990, there were as many seniors (people aged 65 and older) as there were children. Despite the baby boomlet of the 1990s, the same held true in 2000. As a percentage of the total population of 47,425, seniors accounted for nearly 23 percent, as did persons under the age of 18. This is an increase from 20 percent for both populations ten years earlier.

The decennial census data provide the best snapshot of Edina's population. Ten years ago, the former South Hennepin Regional Planning Agency (SHeRPA) provided Edina and its South Hennepin neighboring communities with a 30-year community demographic trend analysis.

The following provides an update on senior demographics for the year 2000, with new detailed (STF 3) data from the census.

The greatest growth among Edina seniors over the past decade occurred among those aged 75 and older, pushing the median community age up from 42.3 to 44.5 years. From 1990 to 2000, the senior population grew from 9,368 to 10,765, a 1.5 percent

increase. This growth was slower than the 3 percent growth experienced among the general population. However, seniors aged 75 to 84 grew from 3,125 to 4,405, a 60 percent increase and those aged 85 and older grew from 1,115 to 1,584, a 42 percent increase. The slowdown in the overall growth among seniors is due to a decline in young seniors, those aged 65 to 74, who decreased in number from 5,148 to 4,776.

### **Senior Households**

Households with seniors numbered 7,677 in 2000, accounting for 37 percent of the City's 20,996 households, up from 34 percent in 1990. The single largest senior household type is seniors living alone, and the vast majority of this group is female. The number of senior households comprised of seniors living alone was 3,888 in 2000, making up 51 percent of all households with seniors, up from 47 percent in 1990. Eighty percent (3,108) of those living alone in 2000 were women. By age 75, 2,645 (61 percent) of senior households were comprised of seniors living alone, and 85 percent of these were women. Just over a third (34 percent) of those aged 75 and older were living with a spouse, and 5 percent were living with another family member or someone not related to them.

Some of the growth in senior households in Edina over the past decade was likely due to seniors moving into Edina from another community, as Edina has a fair number of rental and condominium housing units designed in part for seniors. It's impossible to know without a survey just how many seniors are new to the community. Yet knowing this information would be valuable in terms of gaining an understanding of how strong and grounded one's community support system might be.

Unfortunately, while the census provides information regarding the length of time residents have been living at their current place of residence, it does not inquire about the city or state a new resident has moved from. It only inquires if a person has moved from within the same metropolitan area (not distinguishing between moving from within or outside of the city of current residence) or outside of the metro area. Neither does the census inquire about people's split living arrangements and, thus, it is not known how many people might take up residency elsewhere for the winter months, or some other part of the year.

Here's what can be gleaned from the census:

Among senior householders who owned in Edina in 2000, 42 percent (42 percent of those aged 65 to 74 and 41 percent of those aged 75 and older) moved into their homes between 1970 and 1989. Thirty percent (29 percent of those aged 65 to 74 and 32 percent of those aged 75 and older) moved into their homes before 1970. The other 28 percent (29 percent of those aged 65 to 74 and 27 percent of those aged 75 and older) moved into their homes in 1990 or later.

In contrast, among senior householders who rented in 2000 (76 percent of whom were aged 75 and older), 75 percent moved into their apartment since 1990. Twenty-four percent moved in between 1970 and 1989, and just one percent moved in before 1970.

This information shows that Edina remains a very stable community, with older residents who own their homes generally staying in their homes for a very long time. Seniors who rent are more naturally transient and newer to the neighborhoods in which they live. This

is in part because they move in at an older age. Unfortunately, it is not known how many of these seniors are from Edina and how many are from elsewhere.

### **Homeownership Among Seniors**

Householders in Edina tend to own their home rather than rent, until about age 75. In 1990, nearly 80 percent of householders aged 65 to 75 owned their home. This rate of homeownership decreased to 58 percent by age 75 and 45 percent by age 85. Interestingly, homeownership rates increased from 1990 to 2000 among those aged 65 and older, perhaps an indicator of improved supports for people who want to remain living at home. In 2000, the total number of housing units occupied by seniors was 7,421<sup>1</sup>, 3,061 of whom were aged 65 to 74 and 4,360 of whom were aged 75 or older. Eighty three percent of those aged 65 to 74 still owned their own home and 62 percent of those aged 75 and older did so.

Men aged 75 and older who live alone own their own home (60 percent in 2000) rather than rent more frequently than women of the same age who live alone (49 percent in 2000).

Among the 5,269 senior households that owned a home in 2000, 72 percent of those aged 65 to 74 lived in single housing units, while 51 percent of those aged 75 and older did. Among senior households that owned and lived in multiunit housing, most (61 percent) lived in buildings of 50 units or more.

Among the 2,152 senior households that rented in 2000, the vast majority (97 percent) lived in multiunit buildings and, most of these units were in buildings of 50 units or more: 65 percent of senior householders aged 65 to 74 living in multiunit rental buildings were in buildings of 50 units or more as were 77 percent of senior households aged 75 and older.

Among the 38 percent of senior householders aged 75 and older who rent, just 18 percent have meals included in their rent, a possible indicator that most seniors who rent do not live in assisted living facilities or, they do not receive meal support if they do.

### **Seniors Living in Poverty**

An estimated 226 senior households lived in poverty<sup>2</sup> in 1999, about 3 percent of senior households counted for poverty purposes. This is a small percentage of seniors, but slightly higher than ten years earlier. Most of the seniors who lived in poverty in 1999 were women aged 65 and older who lived alone.

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<sup>1</sup> The number of occupied housing units headed by seniors is smaller than the 7,677 households with seniors as there are some households with seniors, but not headed by seniors.

<sup>2</sup> The poverty income threshold in 1999 for people aged 65 and older with no children living at home was \$7,990 for those living alone, \$10,070 for a family of two and \$13,032 for a family of three.

## Seniors with Disabilities

In 2000, 5,514 seniors (51 percent of Edina's 10,765 seniors) reported that they had some sort of disability,<sup>3</sup> and 68 percent of these people had a physical disability (2,010), a disability that prevented them from going outside the home (1,296) or a self-care limitation (466). Another 21 percent (1,171) had a sensory disability (a problem with sight or hearing) and 10 percent (571) reported that they had a mental health disability. From 1990 to 2000, seniors with a self-care or mobility disability grew 31 percent, from 1,350 to 1,762 individuals.

For reasons of disability or other, an estimated 1,220 (16 percent) of seniors did not own a vehicle in 2000. Ninety-one percent of these individuals were aged 75 or older and, 72 percent were renters.

While some seniors no longer or never owned a car, most have a phone in their home. Just 30 seniors did not have a phone in 2000.

## Baby Boomer Seniors

The aging trend in Edina will accelerate as baby boomers<sup>4</sup> enter into the 65 and older age cohort, as reminded by an interesting statistic: every 7 seconds, a baby boomer turns 50 in America (Trend Watch, [www.lib.edu/ipo/tp981138.html](http://www.lib.edu/ipo/tp981138.html)). In 2000, baby boomers were aged 35 to 54, the single largest age group in Edina. Numbering 7,034, those aged 35 to 44 represented 15 percent of the population; and numbering 7,552, those aged 45 to 54 represented 16 percent of the population. Together, baby boomers accounted for nearly one-third of Edina's population. In less than a decade, they will begin ascending to senior status, pushing Edina's senior population even further, on course with the rest of the country.

The implications of the aging baby boomer generation are well documented. One important implication is the increase in the dependency ratio, a rough measure of the working-age population compared to the non-working population (children and elderly). In Edina in 2000, 39 percent of Edina's seniors aged 65 to 69 were still employed, but this share dropped to 10 percent by age 70. A growing senior population and shrinking younger population means that as the population ages, there are fewer resources (both people and money) to support the economic, social and health needs of older adults as well as the general population.

The work, health, social and economic realities, opportunities and expectations of baby-boom seniors are expected to be quite different from past and current generations of seniors. Baby boomers in their 60s and 70s are expected to be healthier and work longer than earlier generations, skewing the meaning of the dependency ratio. Additionally, family types among baby boomers are different -- smaller and more diverse

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<sup>3</sup> The census provides this definition of a disability: A long-lasting physical, mental, or emotional condition. This condition can make it difficult for a person to do activities such as walking, climbing stairs, dressing, bathing, learning, or remembering. This condition can also impede a person from being able to go outside the home alone or to work at a job or business.

<sup>4</sup> Baby boomers refer to the population born during a twenty-year time period immediately following World War II (1946 to 1965).

in makeup and ethnicity -- from previous generations. These kinds of differences will likely change the economic, social and health supports seniors need in the coming decades as Edina's baby boomers age. It is critical for the community to develop and promote appropriate support networks for today's senior and adaptable for tomorrow's seniors. These supports should aim to assist seniors in receiving the help they need to sustain physical and emotional health as they age in their homes and communities.

### Summary of Edina's Senior Population in 2000

	Number	Percent
Senior population	10,765	23% of total population
Seniors aged 75 and older	5,989	13% of total population
Senior households	7,677	36% of all households
Seniors aged 75 and older who still own a home	2,722	62% of householders 75 plus
Seniors who own a home and have lived in the same home for 30 years or longer	3,793	49% of senior households
Seniors who rent and have moved into their home since 1990	1,624	21% of senior households
Seniors living alone (80% are women)	3,888	51% of senior households
Seniors without a car	1,220	16% of seniors
Seniors in a group home facility (e.g. nursing home)	260	3% of senior households
Seniors with a self care or mobility limitation	1,762	16% of seniors
Baby boomers aged 45 to 54, beginning to turn 65 in 2010	7,552	16% of total population

### THE IMPORTANCE OF SENIORS REMAINING IN THEIR OWN HOME

There are numerous and diverse services available to seniors in Edina, provided by government, and for- and not-for profit organizations. These resources are often made accessible to seniors through the Edina Resource Center, the Edina Senior Center, the Senior LinkAge line and general information and referral from senior service organizations. Access to and use of these services varies depending on income, ability, and desire or willingness to use available services.

Without a direct random survey to assess seniors' needs for services it is difficult to know precisely how many seniors are not getting adequate services and supports; however, we (in the collective sense as service providers, family members, and neighbors) know anecdotally that many are not. Various studies also indicate that many seniors move to assisted living facilities or nursing homes unnecessarily or prematurely for lack of adequate supports and services in their home<sup>5</sup>.

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<sup>5</sup> "Home" refers to single family homes as well as condominiums and apartments where seniors remain living independently.

The Elderberry Institute, a not-for-profit educational and research group in St. Paul, estimates that roughly 30 percent of people aged 75 and older who move out of their homes do so prematurely due to lack of supports to remain living at home. More than this share may remain living at home, but go without adequate supports and services. As a result, some seniors are experiencing harmful results such as increased number of injuries sustained from falls in the home, improper dosages of needed medications, or depression caused by isolation and loneliness. An external evaluation of the Elderberry Institute's Living at Home/Block Nurse program showed that 38% of participants interviewed would be in a nursing home without the supports provided through the program.

Why is remaining at home such an important community goal? Most importantly, it is because most seniors prefer to remain at home, if possible. According to a 2000 study by the American Association of Retired Persons (AARP), 82 percent of mid-life and older adults in the United States want to remain living independently in their own homes and communities for as long as they can. Among those aged 75 and older, 95 percent want to remain in their homes. However, nearly 25 percent of Americans believe that they, or the person they live with, will have difficulty in getting around in the home within five years and, they believe that most homes (some 90 percent) are not accessible for people with physical limitations.

In Edina specifically, seniors interviewed through focus groups in 1999, as part of the Community for All Ages study, named affordable housing as one of their top concerns. Because many seniors have lived in their homes for many years and have paid off all or most of their mortgages, the move to an expensive facility does not make financial sense for them unless they truly need more extensive support or their life expectancy is anticipated to be short.

Secondly, various studies show that the cost of caring for older adults is generally less expensive at home than in institutions, even when factoring in the costs of emergency room visits, prescription drugs, home health aid, home chore services and adult day care. Concerns about the adequacy of private and government resources in meeting the needs of an aging population has led to changes in the delivery of health and other services to seniors, with an increased emphasis on community-based care, reduced health care funding and the recognition of informal caregivers as partners with the formal care system.

Thirdly, when provided with the often minimal support needed at home, seniors can remain viable assets in their communities and neighborhoods to a greater extent than is typical when living in a care facility. Because seniors generally receive full support from these facilities, they often become isolated from the rest of the community. As a result, seniors are less visible and less frequent community intergenerational interaction occurs. Although facilities such as assisted living can be very important for seniors who need them, seniors in their own homes or apartments may be more likely to interact with the greater community through activities such as volunteerism, political activism, involvement in the faith community, neighborhood gatherings or groups, and community education classes. Such interaction and intergenerational exchange benefits both the senior and the community.

In order to facilitate this continued and lifelong participation in the community, seniors require holistic care and multidimensional support. Most seniors can continue to live at

home, but only with reliable health and social support systems as most seniors living at home have some sort of chronic health condition and many lack mobility or have lost contact with outside relationships, support and resources.

## WHAT IS NEEDED TO HELP SENIORS REMAIN IN THEIR OWN HOME

### The Continuum of Formal to Informal Supports for Seniors

Seniors need various types of supports to remain living healthy, independent lives in their homes as they age.

Senior services and other supports are provided both **formally**, by non- and for-profit service providers; and **informally**, by relatives, friends, neighbors and other community members or organizations who provide assistance to older adults on a volunteer basis.

Examples of **formal** supports are paid professionals providing home health care and skilled nursing, hospice, social services, housekeeping, estate planning and legal guardianship.

The primary **informal** caretakers of seniors are usually the family, typically the spouse or adult children, or close friends. These caregivers are referred to as informal as they are most commonly not paid for their services. They advocate for and help their senior family members get the support they need. In turn, there are various services and supports for caregivers themselves.

A second type of **informal** caregiving is one that is provided by the larger community, through natural, often spontaneous, and informal exchanges of support. Examples of informal community supports include relationships formed among a card group or an exercise group at the Senior Center or YMCA. They also include the hairdresser the senior goes to weekly, the trusted banker, or the veterinarian who takes care of the senior's cat. These are acquaintances that a senior may befriend and in whom he or she may confide. These types of supports require no organizational coordination to make them happen. However, they can be strengthened through deliberate community action. For example, an initiative might be developed to provide outreach to natural informal supports (such as a hairdresser or banker) to recruit their help in watching out for trouble spots among the seniors they know and offering assistance in connecting seniors to appropriate resources.

A third type of informal support might be referred to as **quasi-informal** (meaning between formal and informal) and is provided largely through organized volunteer programs to assist seniors in their homes and to provide companionship. Quasi-informal supports require some level of resources, organization and coordination to make happen and, they are within the scope and ability of the community (both public and non-profit private sectors) to create and support.

Examples of quasi-informal community support include basic home chores such as raking or snow shoveling, companionship and phone check in systems, errand running and transport to social activities provided by volunteers. As noted above, a main differences between formal and informal support is usually whether there is a cost associated, whether service is provided by a professional or a volunteer or personal

contact, and at times, the level of sophistication involved in providing the service. However, there are formal service agencies who also utilize volunteers, and many volunteer programs do have a staff member who helps to organize and coordinate efforts. Thus, the line is not always distinctly clear and it is advisable for any community to have a blend of services available that cover the continuum described.

Regardless of the nature of seniors' support networks -- formal, informal or quasi-informal -- connecting points for seniors serve as a social support in some way. The Senior Center, which is a formal service provided by the City of Edina, is a good example. It provides recreational, fitness and other activities on a formal basis, but it also serves as an invaluable and natural connecting point for seniors, providing social support and friendship, and reducing isolation, even after a senior becomes too frail to participate in the Center's activities.

Appendix A (page 20) provides a list of formal and quasi-informal supports currently available to Edina's seniors<sup>6</sup>.

### **Creating a Network of Support**

According to a study published last year, titled "Institutionalization of Seniors: A Necessary Practice?", opportunities for community access and support must be available to ensure inclusion of seniors in the life of the community. This study noted that:

- The role of informal supports in helping seniors remain at home can be as effective and efficient as formal supports. Relationships provide informal support for community living and help keep individuals in the community.
- Community resources need to be maximized for all individuals, regardless of family support. For those family members who are willing to care for their loved one in the community, appropriate caregiver supports need to be available for them to prevent over-extension and burnout.
- Community members need to develop an understanding of possible opportunities to assist elders at risk and to assist caregivers. Community neighbors need to realize the impacts each makes on others and the roles each person plays in the community.
- Lastly, regardless of where one lives, the community at large must be physically accessible. This means that housing and community development opportunities need to consider the needs of older adults with physical limitations. Minnesota recognizes this and its Project 2030 is challenging communities to create places livable for all age groups, intergenerational and lifecycle in nature, offering housing,

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<sup>6</sup> The list of resources represents most of the available services and supports to Edina residents, with the exception of those provided by the for-profit sector. Several other important services are provided through private for-profit organizations, especially home health care, home assistance and repair services, legal services and financial services. These are not identified here as they are available to only those who can afford them and, they are generally not within the power of the city, faith or non-profit community to create and sustain.

shopping and recreational choices that meet the needs of all residents. Trend Watch notes that baby boomers in particular are wanting amenities such as paved bike paths, walking trails and community parks as they age.

Part of the challenge in ensuring that seniors get the supports they need is the way in which life in the neighborhood is structured and organized. The pace and mobility of life for many families today is much faster than it was a generation ago, with two working parents (or the only parent in single parent families), working teenagers, after school activities, busy lives among single adults, winter-long vacations among some seniors, etc. There are simply fewer people around in the neighborhoods during the days and evenings interacting with and looking out for each other than was true a generation ago.

Additionally, the capacity limitations of some formal services, and the growing cost of others (particularly health services and prescription drugs), mean that some seniors will continue to be better served than others, primarily those who have a caregiver close by, those who qualify based on income and those who can afford and choose to buy services, through insurance or self pay. Insurance plays an important role in how seniors gain access to resources. It is often used to compensate for a lack of available informal caregiver support or replace informal care, according to a 1999 study by the Center for Health and Long-Term Care Research.

The challenge for Edina and other communities is how to develop and support formal and quasi-informal networks or webs of community supports so that *all* seniors, regardless of insurance coverage, know and are in communication with someone about his or her needs, and that this contact(s) is a link in some way to services and supports.

A critical role for the community can be to remedy the lack of access to services and supports among seniors that is due primarily to isolation, lack of knowledge about available resources and/or hesitation or inability to ask for help. The community can also support seniors whose needs are not great, but who need assistance in being linked to programs and opportunities or who simply need someone to provide companionship or monitoring on an occasional basis. These goals can be accomplished through the deliberate organizing and coordinating of informal community supports.

## **GAPS IN INFORMAL SUPPORTS IN EDINA**

Although there is a wide variety of support available to residents of Edina, there are also some areas where needs outweigh the opportunities for seniors. While this project did not include an extensive needs assessment of seniors or a detailed analysis of the number of seniors not being served by existing programs, there are some clear gaps, as indicated by previous studies and current input from informal service providers and seniors.

First, as noted above, there are some *gaps in awareness* of available informal supports for seniors. This is partly because some programs are offered for all of Hennepin County or the Twin Cities area and so are not promoted specifically at the local level. Second, there is no clear medium for reaching all seniors living in Edina. Persons receiving professional services or who are members of the Senior Center or area churches may hear about opportunities, but there is a lack of universal communication about issues, concerns, and options for seniors and their caregivers in Edina. Beyond

just simple awareness, there is also a need for greater comfort and ease in accessing informal programs and services. It is particularly true that older generations who have been independent all their lives are often reticent to seek out help or to be a burden on those around them. If a known and trusted source is not available to encourage and assist them in getting connected, many persons will not take advantage of what is available to them.

Second, ***lack of adequate transportation*** is a well-known barrier for seniors in Edina. Although it is continually being improved, it remains a significant issue for those who wish to remain in their home but can no longer drive (particularly on freeways). Although local transit programs, such as Dial-a-Ride, and citywide programs such as MetroMobility are available, seniors still face difficulties if they need to cross city boundaries or get somewhere without advance notice. Other transit options are useful for medical appointments or pharmacy trips, but may not be available for social or recreational purposes such as going to the library or shopping mall. The need for transportation is likely to continue to increase in future years and it can be addressed not only by improving systems of transit but also by considering what can be brought to people in their homes and what transit needs can be met by informal supports facilitated by volunteers.

Third, the ***need for companionship*** seems to be an increasingly important concern, as evidenced by the variety of informal programs that provide this type of support. Many of the supports needed by seniors in their home are often best delivered by volunteers who have the time and the desire to simply be a companion, a link to the outside world and its resources, and the “eyes and ears” for the well-being of the senior. Many seniors who live at home have either some limited mobility or impairment or have experienced grief or loss such as the death of a spouse. These individuals, especially those without family close by, can benefit from social interaction and companionship from community members. Friendly visits, as well as meeting other basic needs such as errands and home chores, may be best provided for by other community residents when family is not accessible.

Finally, although there are various informal supports offered by faith institutions in and around Edina, ***consistency and equitable access is lacking***. Normandale Lutheran Church offer extensive and comprehensive support through care teams, while others provide spiritual support alone and others just offer periodic programs or social events. This means that there is a disparity in the support available to seniors and it is difficult to assess at any one time what may be available to persons who need it. And, those who do not belong to any faith institution or who have not participated in some time may not even have access to the programs that are available.

## **OPPORTUNITIES FOR IMPROVING EDINA'S INFORMAL SUPPORT NETWORK FOR SENIORS**

Edina is in a strong position to plan for and implement a comprehensive network of supports for seniors that span the continuum from formal to informal. To be completely informal, an element of spontaneity is required; residents of Edina willing to go out of their way to check in on seniors who may live near them, to volunteer as they are needed, and to share a strong sense of community that infuses everything that they do.

This is part of the essence of Vision 20/20, Edina's plan for community building in the coming decades. As the population ages, building community with and for older adults will be essential.

Beyond the spontaneous and generous spirit of Edina residents, there are also numerous opportunities for quasi-informal programs to develop. These programs involve some coordination, usually one or two staff, but rely largely on the efforts of volunteers. A coordinated community effort to provide these services through quasi-informal initiatives would help address unmet needs among seniors and monitor changes in demand over time.

This section provides some suggested opportunities for building and sustaining a network of senior supports in Edina, based on existing programs available to Edina residents and best practices from elsewhere in the state, country and abroad. The role the Human Relations Commission plays in taking on these opportunities may vary, depending on interest, ability and resources. The Commission may undertake some of these opportunities directly, partner with other entities as well as with neighboring communities, or seek and delegate leadership from other entities to initiate and/or sustain them. Some initial funding resources are identified in Appendix B for potential future program development and implementation.

1. Pursue community development and redevelopment opportunities with "age-friendly" communities criteria in mind. The Minnesota Department of Human Services Aging Initiative ([www.dhs.state.mn.us/agingint](http://www.dhs.state.mn.us/agingint)) provides resources, including grants for communities who wish to improve or transform their physical, service and social design aspects. To begin, the Human Relations Commission might invite speakers to learn about the program and to share with the Commission, City Council, the Planning Department and others ideas about how to design the city to meet the needs of its growing senior population.
2. Create a *senior connections* advisory body in Edina made up of seniors and informal caregivers of all ages, with some additional limited but important membership for formal and informal service providers, city leadership and other volunteers. The advisory body could be consulted regularly and in a timely fashion on important issues and decisions in the community. They should also act as eyes and ears in the community to bring perspectives of what is working and what needs improvement.
3. Invite representatives from other Twin Cities-based initiatives that serve seniors using quasi-informal programs to speak with the advisory body or other council in Edina. Discuss with them lessons learned and best practices, advice for instituting advisory bodies or quasi-informal programs and support networks, and possibilities for replication or expansion of their programs.

Two important examples are the East Metro SAIL Program (SAIL stands for Seniors Agenda Independent Living) which serves Dakota, Ramsey and Washington counties (<http://www.tcaging.org/sail.htm>) and Dakota Area Resources and Transportation for Seniors (DARTS), which serves Dakota County (<http://www.darts1.org/index.htm>). Both of these programs offer proven methods for engaging seniors and the larger community to coordinate and fulfill senior needs.

The mission of East Metro SAIL is to reshape the long-term care system in the East Metro area, making more community options available and accessible to older persons. East Metro SAIL is not a direct service organization, but rather brings together consumers and providers of senior services interested in participating in project work designed to create easier access to senior services and develop new and/or more efficient senior service options.

The mission of DARTS, a volunteer-based organization, is to work with others to pioneer and deliver high-quality services that support the full participation of seniors and all generations in community life. A primary function is to offer transportation for seniors, but they also offer other quasi-informal programs such as caregiver support services and a program called "Generations Together" which pairs youth at risk referred by Dakota county corrections with seniors in need of home assistance. Youth with minor violations between the ages of 11-18 and with 15-30 hours of needed community service are matched with seniors who need outdoor chores such as raking, shoveling, garage clean up, window washing, etc.

4. Create a senior ombudsman position for the City of Edina. This person could play several important roles: as a direct service provider that works with individual seniors and families to link them to needed services on a short-term basis, as coordinator of a support network overseeing and maintaining a balance of needed programs, and as a liaison between community members and leaders. Although information and referral sources do exist in Edina and throughout the Twin Cities, the role of a trusted individual in linking individuals to the support network is essential. It can often make the difference in people accessing what is available to them.
5. Develop educational venues to inform and engage Edina residents now and in the coming years about a range of issues that will be relevant to them as caregivers but also as they become seniors. Community education is an excellent vehicle for informal and informative discussion and learning, but employers may also be asked to sponsor sessions on a wide range of topics relevant to aging. Normandale Community College Continuing Education also offers classes emphasizing health and wellness, computer skills, and career transitioning. Important issues for education on a personal level include long-term care planning and housing options, paring down household possessions so that moving is easier when it becomes necessary, health insurance considerations, estate planning and wills. But equally important is the need to educate younger generations about the services and supports available in the community and ask for their commitment in supporting these programs by donating money and time now and in the future, as they are able.
6. Train providers, employers, city and school workers, and volunteers of all types on aging processes, community demographics and the needs of seniors as well as the benefits of a vibrant and active senior community and the resources available in the community. Examples of venues for training include apartment managers, large and small employers, pharmacies, grocers such as Jerry's, library, etc. Diverse training opportunities already exist through employers, faith institutions, colleges, hospital systems and others.
7. Encourage Edina employers to adopt age-friendly and caregiver-supportive policies and opportunities. The Twin Cities United Way Caring Connections, Montgomery

County (Alabama) Chamber Workforce Corporation's Work-Life Alliance, and the New Jersey Business Volunteer Council are examples of these practices. The policies and practices vary from place to place, but include the following:

- Employee volunteer opportunities, including phone check-ins, friendly visits and home repairs for seniors.
  - Reduced hours/flexible hours/compressed work weeks/salary reduction plans
  - Responsibility breaks
  - Caregiver leave
  - Shift swap/job share
  - Telecommuting and support for working at home
  - Financial assistance for home emergencies
  - Cafeteria style benefits that include adult day care expenses
  - Information and referral to community services
  - On-site speakers about aging and eldercare
  - Caregiver support groups
  - On-site retirement counseling and planning
  - Phased retirement plans
8. Partner with AARP to educate seniors on how to make changes to their homes to make it easier for them to get around and remain in their homes longer. During AARP's annual Independent Living Week, last celebrated in 2000, over 1000 activities took place in partnership with local organizations. For example, in Mississippi, AARP partnered with a local hardware store to sponsor a Home Modification Expo; in Maine, AARP partnered with a local fire department to conduct home safety checks. Partnering with this type of program has the benefit of being low cost for the community but with good name recognition and participation. Although it is a specific campaign not necessarily operating year-round, it is a potentially useful way to periodically reach out to new seniors not yet linked to the network of support and also recruit new volunteers from within the community.
9. Expand or pilot one or a combination of fledgling quasi-informal programs in Edina and those being done elsewhere in the state and country. An evaluation component should be included in order to identify the most useful, popular and cost effective methods of meeting the community's needs. Examples of faith-based and non faith-based are given here.

#### Faith-based initiatives

Perhaps the greatest potential for expanded support for seniors exists within the faith community. Faith-based institutions are a primary provider of quasi-informal programs serving seniors in many communities, and could be more effective and wide serving if they worked together to expand their reach, reduce redundancy and learn from each other. The role of the Human Relations Commission might be to convene and facilitate the creation of a coordinated continuum of informal faith-based community supports.

- ▶ □ The most fully developed program currently serving Edina residents is organized by the Edina Normandale Lutheran Church. Members of the congregation have access to a wide range of programs and services that could be replicated or offered jointly with other faith institutions (see Appendix A). In addition, the care

ministry program, called Normandale Ministry for Healing and Wholeness in Edina, has been in operation for 5 years, serving Normandale members. Care teams provide training, respite, and resource counseling and other tools to help caregivers arrange for other community services as needed. The program is currently in the second year of a three-year grant to expand the ministry beyond their congregation. The grant will also pilot test and evaluate the efficacy of coordinated volunteers to work in the community outside the church membership.

Currently, the program is being piloted in seven churches, including Shepherd of the Hills in Edina. In addition, Senior Outreach, a program of Senior Community Services, refers Edina residents to this program as appropriate. The volunteer care team is comprised of trained community members who offer a range of support services to caregivers and older adults (stopping short of skilled nursing services). The model also includes a Resource Counselor position, considered a link between formal services and volunteer-based care programs. Because this model is explicitly designed for pilot testing in a variety of settings and has evaluation components built in, it is an ideal program for expansion and replication within Edina as a whole.

- ▶ □ Edina's Christ Presbyterian Church ministry to the senior population is small in its capacity, but has potential to do more. It has a full time pastor devoted to senior ministry and recruits volunteers to provide visits and companionship to seniors, health screenings, parish nursing, home help and educational events. St. Patrick's Church also provides pastoral ministry for seniors, weekly visitations and information and referral to resources.
- ▶ □ Other faith-based institutions serving, but located outside of Edina also have ministries to seniors. Pax Christ Church in Eden Prairie, for example, offers personal visits, phone visits, and care team support to seniors. There are other non-Edina-based faith institutions that serve Edina, but this study did not do a full exploration of these organizations in terms of the supports to seniors they may offer. These institutions include those serving and supporting various immigrant populations, whom in Edina are primarily young and primarily come from Europe, Asia and India (Emerging Immigrant Communities in South Hennepin, SHerPA, 1999).
- ▶ □ The Greater Minneapolis Council of Churches' HandyWorks program provides chore services on a volunteer basis to seniors. It also recruits thousands of volunteers each year to help low-income seniors paint their homes as part of its Metro Paint-A-Thon.
- ▶ □ The Aging Services program of Catholic Charities offers two programs to residents of Hennepin County (residents do not have to be Catholic to receive them). The first is a sliding scale fee Caregiver Support Respite program. A caregiver who lives in the same home as a care receiver over sixty years of age may participate and receive respite services up to four hours weekly. Trained volunteers provide respite under the supervision of Catholic Charities staff. The volunteers offer in-home companionship and safety for the care receiver. The sliding scale fee is from \$2-10 per hour. The second program, Elders Counseling Elders, trains volunteers from the community to go into the homes of other elders weekly to offer companionship and support for those living with mild depression and anxiety. The volunteers do not provide nursing services or medication

support or advice, but they are trained to be aware of signs and symptoms of more serious mental health concerns. This program is available to seniors based on a goodwill donation.

- ▶ □ Another faith-based model is underway for frail elders and their families in the Bayview Hunters Point community in San Francisco. As part of the Network For Elders initiative, Project VOICE (Volunteers Offering Information and Companionship to Elders) is an interfaith volunteer caregiver program, employing a volunteer manager to enlist local churches and youth programs as a base for volunteers to assist frail seniors. This coalition has elected its own leaders, including representatives from each church involved. The program now offers phone reassurance, yard work/minor home repairs, friendly visiting, respite assistance, grocery shopping, and transportation. This type of program, like any faith-based program, has the strength of commitment to its members in need, but it is potentially made stronger by the interfaith network that can reach more people and be a more inclusive process.

### Non Faith-based Initiatives

There are several non faith-based initiatives to build on and/or replicate as well.

- ▶ □ Elderberry's Living at Home/Block Nurse Program is currently being organized by a committee of Edina residents. The benefits of this long-standing community-based program are numerous. As a neighborhood-based support program, it is run largely by volunteers and offers a range of informal services to seniors in their home including social contact and activities, home repairs and upkeep, respite care, custodial services such as transportation and meals, and bill paying. Formal services, such as acute care, are also available through contracts with local providers. Volunteers, including the nurses, are recruited from the neighborhoods in which the seniors in need of assistance live. The program is premised on the belief that many seniors are unnecessarily moved out of their homes prematurely due to lack of appropriate supports to remain in their homes. Each program can operate independently from neighborhood to neighborhood, but they can also be linked to form a more cohesive web of support throughout the community.
- ▶ □ A similar volunteer-based program is provided by the Tri-valley Elder Services on the East Coast. It has a staff of 80 people supporting 1,000 volunteers. It is run by a board of primarily seniors living in the community and provides a mix of support services on mostly a volunteer basis, including: companions, friendly visitors, medical escorts, money managers, nutrition experts, ombudsman, telephone reassurance and on-line help.
- ▶ □ Companionship and befriender programs, such as those offered by faith institutions, the Living At Home program and TriValley Elder Services as described above, are also offered locally by Little Brothers - Friends of the Elderly, and Hennepin County as part of its volunteer programming.
- ▶ □ Health Promotion/Harm Reduction, based in San Diego, California, is another model of coordinated care. This innovative healthcare model uses a network of services to promote access to affordable medical care, social service

interventions, and natural support systems as a means to help disadvantaged senior citizens live healthier, more independent lives. What's unique about this program is that it pairs a registered nurse and social worker who will identify potential healthcare and social crises before they occur. The emphasis is on accessing existing resources to avoid costly emergency visits and long-term institutionalization.

- ▶ □ Some programs are centered around peer-based leadership and volunteerism. Colorado's Mountain State Centers for Independent Living provide trained peer mentoring and support groups for seniors. Maryland-based Eldertek, provides online help by and for seniors. And Personal Contact Tree is a peer-based volunteer program that provides regular phone checkups for seniors.
- ▶ □ In addition to visitation programs provided largely by faith institutions, phone check-in systems are important quasi-informal supports for seniors. Fairview Homecare and Hospice offers LifeLine services to Edina residents. This program reaches approximately 1,700 clients (of which 116 are residents of Edina) at any given time and most clients remain with the program for an average of about two years, with some needing the service for just a brief time after hospitalization and others needing it for longer than two years. Senior Community Services also provides phone check-in supports. A coordinated network of phone check-in supports would ensure greater consistency and reach to seniors in the community. A network of phone check-in supports may include those provided by employers, as done by the New Jersey Business Volunteer Council.
- ▶ □ Several internet-based programs are operating in the Twin Cities, Minnesota, and throughout the United States and elsewhere. The increasing participation of seniors on the information superhighway has made online support groups a more viable mechanism for social interaction, peer support, information exchange and education. Local programs include:
  - The Edina Library, in partnership with the Minnesota Board on Aging, the Area Agencies on Aging, and the Health Care Financing Administration, offers a Senior Surf Day for seniors to learn how to use the internet;
  - A Senior Housing Directory for the Twin Cities is available at [www.seniorhousingdirectory.com](http://www.seniorhousingdirectory.com);
  - The Minnesota Department of Human Services has an InfoCenter of senior resources at [www.dhs.state.mn.us/infocenter/senior.htm](http://www.dhs.state.mn.us/infocenter/senior.htm);
  - The Minnesota Senior Federation offers senior information at [www.mnseniors.org](http://www.mnseniors.org);
  - CaregiverMN.org guides senior caregivers through a variety of resources at [www.caregivermn.org/links.htm](http://www.caregivermn.org/links.htm); and the Alzheimer's Association provides an on-line diagnostic tool, library and directory of resources. (Diagnostic or screening?)

Outside of Minnesota, Eldertek, based in Maryland, provides an on-line network for seniors. Another is CommunityNets in Vancouver. The Vancouver Community Network (VCN) is collaborating with local community groups to supplement their programs with online and interactive components and build their capacity to participate in universal access policy dialogues. Lastly, the Delaware Library has

developed a very user friendly web site to assist seniors in accessing community resources and information.

- ▶ □ A type of needed assistance that is not currently provided by existing organizations is assistance in moving. A program called Helping Hands, based in southern California, provides full relocation (e.g., removing packing materials and boxes, hanging pictures, making your beds) services for seniors. While this service is provided at a cost, it may also be organized on a volunteer basis.
- ▶ □ Bartering services is another way for seniors and community members to provide mutual support to each other. Such programs require coordination and oversight. Hennepin County operates a program similar to a barter system, called the Community HeroCard. It is a loyalty system that links community members, non-profit organizations, local businesses and government by inviting them to work together on the common goal of strengthening the economic and social development of our neighborhoods. The Community HeroCard rewards patronage at participating community merchants. When the card is used, a percentage of that purchase is added to the card as a cash reward and a percentage is also available to a non-profit selected by the cardholder.
- ▶ □ Lastly, it is important not to overlook seniors who may be moving to Edina, usually to be closer to adult children in the area. A welcoming committee (perhaps part of a senior advisory body) and packet of information are important ways of linking seniors immediately into the community support network.

## CONCLUSION

The opportunities presented here may be taken individually or more holistically as part of a network and as a vision for the future in Edina. Although not all parts may come to fruition simultaneously, if done purposefully, they can form a strong support system to benefit seniors of today and tomorrow as well as caregivers, young people, and all those who benefit from multiple generations thriving in a community.

In order to implement any of the above recommendations, three essential and interrelated elements in the network will surface: awareness, proximity, and opportunity.

### Awareness

Awareness is a reminder that even if the greatest supports are available to seniors, they will go underutilized and underappreciated if seniors are not informed of them or cannot easily access them. Having many avenues for awareness is important, including through caregivers, formal service providers, workplaces, and directly to seniors themselves through city newsletters, faith institutions, senior housing, and the Senior Center. Equally important are periodic check-ins to find out how people are getting their information and changing practices as necessary. Lastly, it is important that people learn about resources and create support systems before they become too frail to care for themselves. In this way, seniors can rely on these supports as they age and require increased levels of assistance.

## Proximity

Proximity refers to the closeness of the connections in the support network and each person's proximity to the network of supports. The goal is to ensure that all the services on the continuum, from the very formal to the very informal, are aware of each other and refer people as appropriate so that people can benefit from what is available to them. Likewise, for seniors and caregivers, awareness alone is not enough if they must be aware of each and every program or if they feel no connection to any of them. Each person should be able to access any support they need in the network simply by hooking into one support. Likewise, the importance of proximity between services is important. Promoting interdisciplinary teams to address seniors' needs holistically is an excellent model that has worked well for other populations such as youth. Build bridges between medical, social service, education, recreation, nutrition/fitness, and spiritual dimensions of the support network. To build bridges, consider communication improvements, joint applications for funding and requirements for collaboration for city funding.

## Opportunity

Opportunity can be thought of as the myriad of ways that people can participate in a community support network, both by receiving and by giving among all age groups.

Communities are naturally intergenerational and any initiative should strengthen the common bonds among youth, young and middle-aged adults and older adults. Opportunities for building intergenerational supports are significant at the present time given the current demographics of the Edina community. It has a growing teenage population and a large middle-aged baby-boom population, both of which provide balance to the growing senior population in Edina. Youth volunteerism and support can be harnessed through youth church groups, schools, libraries, the YMCA and other youth-centered activities.

At the same time, the community should not overlook the importance of volunteerism *among* seniors and those it is trying to serve. Continually strive to implement and promote seniors helping other seniors through peer-based models, and look to senior volunteers as leaders and educators in the community. The opportunity for people to educate and assist themselves and, in turn, educate and assist others around them is critical for a thriving community, including a vibrant senior community. Often people feel most comfortable receiving help when they, too, can contribute something. In fact, this is the essence of a network and of community. Thus, it is imperative to view whatever supports are in place not as a one-way road but as a reciprocal exchange of time, energy, talents, knowledge and good will.

Seniors make up a vibrant and growing part of the City of Edina. And Edina has the potential for great leadership by its residents, both in formal positions and in volunteer roles. Likewise, Edina has numerous venues where one can give and receive support and assistance. The task at hand now is for Edina to harness the energy and creativity of its residents and its leadership to commit to the development of an integrated network of supports. The supports range from formal, to the quasi-informal that was the focus of this project, to the informal and spontaneous connections between residents. But what they should all share in common is a link to one another, to every individual in the community, and to a collective whole.

**APPENDIX A  
LIST OF EXISTING FORMAL AND QUASH-INFORMAL SUPPORTS  
AVAILABLE TO EDINA'S SENIORS**

ORGANIZATION	FORMAL SERVICES	QUASI-INFORMAL SUPPORTS
Alzheimer's Association MN-Dakota Chapter 952-857-0527 <a href="http://www.alzmdak.org/">www.alzmdak.org/</a>	Weekly support groups and educational opportunities for professionals and families  Screening tools  On-line library and directory of resources  24 Hour Helpline at 1-800-232-0851	
ARC of Hennepin County 952-920-0855 <a href="http://www.archennepincarver.org">www.archennepincarver.org</a>	One-to-one and group support for seniors with disabilities	
Bloomington Public Health 952-563-8900 <a href="http://www.ci.bloomington.mn.us/cityhall/dept/commserv/publhealth/publhealth.htm">www.ci.bloomington.mn.us/cityhall/dept/commserv/publhealth/publhealth.htm</a>	Low cost immunization and flu shot clinics, home visits, home health aides, rehabilitation services, health assessments and screenings, and health promotion	
Catholic Charities Aging Services 612-661-8500 <a href="http://www.ccspm.org/services/aging.html">www.ccspm.org/services/aging.html</a>	Guardianship/conservatorship services	In-home caregiver respite, Elders Counseling Elders, friendly visitors and community education on aging
Christ Presbyterian Church, Senior Ministry Rev. Gene Sipprell 920-952-8515, ext. 283 <a href="http://www.christpresbyterian.com/olderadults/default.htm">www.christpresbyterian.com/olderadults/default.htm</a>		Senior ministry (directed by a senior advisory committee), visitation program, parish nurse, educational events, health screenings, and Helping Hands program
Community Action for Suburban Hennepin (CASH) 952-933-9639 <a href="http://www.cashenn.org/index.htm">www.cashenn.org/index.htm</a>	Energy assistance and weatherization for income-eligible households	
Edina Community Education Adult Enrichment 952-848-3900 <a href="mailto:comedu@edina.k12.mn.us">comedu@edina.k12.mn.us</a>	Variety of adult enrichment classes, including Adult Academy, Adult Aquatics, Computers, Dance, Fitness, Gardening, Global Languages, Health and Wellness, Hobbies and Design and Learning Exchange	
Edina Dial-A-Ride 952-474-5398	Pay-per-ride transportation service for seniors to do errands and other activities	

ORGANIZATION	FORMAL SERVICES	QUASI-INFORMAL SUPPORTS
Edina Library 952-847-5425 <a href="http://www.hclib.org">www.hclib.org</a>	Sponsors events geared towards Seniors, such as the Senior Surf Day and discussion sessions (e.g., Pursing the Ageless Spirit)	
Edina Newcomers and Friends 952-832-6063 <a href="http://www.ci.edina.mn.us/Pages/L4-02_ECCO.htm">www.ci.edina.mn.us/Pages/L4-02_ECCO.htm</a>		Social club activities for all residents
Edina Resource Center 952-848-3936	Telephone information and referral service, serving the Edina community	
Edina Senior Center 952-833-9570 <a href="http://www.ci.edina.mn.us/Pages/L3-25_SeniorCenter.htm">www.ci.edina.mn.us/Pages/L3-25_SeniorCenter.htm</a>	Classes, fitness, trips, recreation, music, dance, and other recreational activities	
Elderberry Living At Home Program <u>Peter Nordquist</u> 952-920-5016 <a href="http://www.elderberry.org/">www.elderberry.org/</a>		Recruits volunteers from the neighborhood to support nearby seniors, including companionship, house safety checks, respite care, meals, transportation, bill paying, and nursing, among others
Eldercare Partners Consortium 651-234-2251 <a href="http://www.eldercarepartners.org/">www.eldercarepartners.org/</a>	In-home care services for a fee, caregiver support for a fee, and family support and education at no charge	
Fairview Homecare and Hospice Coordinator, Jeanne Olds 612-728-2468 Life Line Coordinator, Debra Jensen 952-924-7031	In-home skilled nursing and physical therapy, home health aides and speech therapy (over 1000 clients being served metro-wide at any given time, ranging from weeks to years of home care) Hospice care Lifeline emergency assistance for seniors who fall Senior Partners provides social workers, including companionship. Information and Referral	
Greater Minneapolis Council of Churches (GMCC) 612-721-8687 <a href="http://www.gmcc.org/">www.gmcc.org/</a>		HandyWorks chore and maintenance services matches seniors with volunteers to do housekeeping and outdoor work. It also includes an annual Paint-A-Thon

ORGANIZATION	FORMAL SERVICES	QUASI-INFORMAL SUPPORTS
<p>Hennepin County Home Care and Social Services: (612) 348-4500 <a href="http://www.co.hennepin.mn.us/com/mhlth/chs/chs.htm">www.co.hennepin.mn.us/com/mhlth/chs/chs.htm</a></p> <p>and</p> <p><a href="http://www.co.hennepin.mn.us/com/mhlth/reports/SeniorHealth/HennRsrc.htm">www.co.hennepin.mn.us/com/mhlth/reports/SeniorHealth/HennRsrc.htm</a></p>	<p>Helps seniors and people with disabilities to remain in their community, live independently, and preserve personal dignity</p> <p>Consultation, future planning, and referrals to community agencies are provided by professional social workers and/ or public health nurses free of charge for qualifying seniors</p> <p>Adult protection and foster care services.</p>	<p>Volunteers assist isolated and physically impaired senior citizens living at home with bill paying, bank account reconciliation, mail, monthly budgeting and other services, 612-348-5835</p> <p>Volunteer drivers provide necessary, non-emergency transportation for medical and mental health appointments, grocery or other shopping, and for other purposes approved by the caseworker, including rides to a hospital or long-term care facility for visits with a family member, 612-348-8048</p> <p>The Befriender Program provides visits and companionship to seniors with disabilities</p>
<p>Hennepin County Service Center <a href="http://www.co.hennepin.mn.us/taxsvcs/gstxctr.htm">www.co.hennepin.mn.us/taxsvcs/gstxctr.htm</a></p>	<p>Full range of county services, including vehicle registration, driver license renewals, passport services, birth/marriage/death certificates and voter registration</p>	
<p>Jewish Family and Children's Service, Older Adult Services Intake 952-546-0616 <a href="http://www.jfcsmpls.org/">www.jfcsmpls.org/</a></p>	<p>Quilted Care provides long-term and 24-hour skilled nursing support as needed</p> <p>Older Adult Services provides cleaning, bathing, medication monitoring, caregiver support, shopping, footcare for per-service fees and case management for annual fees</p> <p>Services require in-home assessment and are available to anyone</p>	<p>Door-to-door transportation is available to anyone with a \$50 annual fee and \$3 per ride provided by volunteers and staff</p> <p>Kosher meals are available to those keeping kosher or of Jewish faith, provided by volunteers</p>
<p>Home Instead Senior Care, Edina location 952-929-5695 <a href="http://www.homeinstead.com/France.asp?ID=167">www.homeinstead.com/France.asp?ID=167</a></p>	<p>Fee-based companionship and home care is provided by employed Caregivers for seniors who can manage their personal care, but need companionship or help with day-to-day activities to remain at home</p>	
<p>Little Brothers - Friends of the Elderly 612-721-6215 <a href="http://www.littlebrothers.org">www.littlebrothers.org</a></p>		<p>Companionship and other supports to isolated seniors free of charge</p>

<p>Lutheran Social Services 952-563-4948 <a href="http://www.lssmn.org/areas/areas_twin.htm">www.lssmn.org/areas/areas_twin.htm</a></p>	<p>Generation Connection offers support, consultation, training and connections concerning issues such as grandparents raising grandchildren, families dealing with aging parents and older persons making decisions on appropriate care and choices.</p>	<p>Senior Companion and Foster Grandparent program is a volunteer-based program that provides financial reimbursement for transportation, meals and other expenses  Seniors provide one-on-one support and visitation to homebound elderly at risk of nursing home placement</p>
<p>Martin Luther Manor Adult Day Services 952-948-5154</p>	<p>Senior Day Care Center</p>	
<p>Meals on Wheels Edina, 952-292-2579 <a href="http://www.meals-on-wheels.com">www.meals-on-wheels.com</a></p>	<p>Delivered prepared meals to qualifying households</p>	
<p>Metro Mobility 651-602-1111 <a href="http://www.metrocouncil.org/transit/metromob.htm">www.metrocouncil.org/transit/metromob.htm</a></p>	<p>Fee-based transportation services for people with disabilities</p>	
<p>Minnesota Visiting Nurses Association</p>	<p>In-home health services in partnership with public and private providers</p>	
<p>Normandale Lutheran Church Coordinator, Jean Sigfort 952-929-1697 x45</p>	<p>Resource counselor connects seniors between formal and informal resources  Red Cross training for caregivers, health screenings, foot care clinics, healing services, personal counseling and Eldercare Institute classes</p>	<p>Ministry for Healing and Wholeness program is a care team model providing training, respite, resource counseling and other tools to help caregivers. Collaborates with 7 area churches and Senior Outreach to provide the program</p>
<p>Pax Christi Church 952-941-3150 <a href="http://www.paxchristi.com">www.paxchristi.com</a></p>		<p>Visitations, phone visits, or scripture and Communion services. Shared ministers visit Castle Ridge, Clare Bridge, and Friendship Village.  Care Teams of church members provide free assistance such as visiting, shopping, transportation to appointments, and respite to individuals and families.</p>
<p>Senior Community Service Senior Outreach and HOME 763-541-1019</p>	<p>Frail Elderly program provides homemaking and maintenance, case management and counseling for low-income frail seniors</p>	<p>Volunteers provide friendly visitors, telephone check-ins, paperwork assistance for county services, health insurance counseling, caregiver coaching</p>

	<p>Identifies seniors and connects them with appropriate resources, providing home visits, case management and in-home care</p> <p>The HOME program provides homemaking services on a sliding fee scale</p>	<p>and support, medical information support and Positive Aging program (meals, fitness, education through senior centers)</p> <p>The HOME program recruits volunteers to help with home chores, primarily raking</p>
<p>Senior LinkAge Line 1-800-333-2433 <a href="http://www.tcaging.org/senior.htm">www.tcaging.org/senior.htm</a></p>	<p>Telephone information and referral service for seniors</p>	
<p>South Hennepin Adult Programs in Education (SHAPE) 952-885-8550 <a href="http://www.287alc.com/Programs/SHAPE/shape.htm">www.287alc.com/Programs/SHAPE/shape.htm</a></p>	<p>Educational, fitness, legal, financial, computer and other continuing education classes</p>	<p>English As A Second Language volunteer tutors</p>
<p>Southdale YMCA 952-835-2567 <a href="http://www.ymcatwincities.org/locations/southdale.asp">www.ymcatwincities.org/locations/southdale.asp</a></p>	<p>Senior fitness and other recreational activities</p>	
<p>St. Patrick's Church 952-941-3164</p>		<p>Pastoral ministry program for seniors, weekly friendly visits and informal referrals to resources.</p>
<p>Store-to-Door 651-642-1892 <a href="http://www.storetodoor.org/">www.storetodoor.org/</a></p>		<p>Volunteer provided grocery shopping and delivery</p>
<p>United Way Caring Connection 612-340-7440 <a href="http://www.unitedwaytwincities.org/services/caringconnection.cfm">www.unitedwaytwincities.org/services/caringconnection.cfm</a></p>		<p>Employer based program that recruits volunteer employees to provide meal assistance, home repair, clothing, companionship and transportation</p>
<p>Volunteers Enlisted to Assist People (VEAP) 952-888-9616 <a href="http://www.veapvolunteers.org/">www.veapvolunteers.org/</a></p>	<p>Transportation to medical appointments, emergency assistance, food shelf, hot meals and car repair</p>	<p>Some of these services are provided by volunteers</p>
<p>Volunteers of America, Senior Services 763-546-3242 <a href="http://www.voa.org/minnesota/subpage.cfm?folder_id=604&amp;content_item_id=1971">www.voa.org/minnesota/subpage.cfm?folder_id=604&amp;content_item_id=1971</a></p>	<p>Congregate dining, delivered meals, nutrition counseling, Elderride West Metro transportation, Grandparents as Parents, Home Health care, Elderlaw services, substance abuse counseling, Care Options Network, caregiver support and protective services</p>	

## APPENDIX B FUNDING OPPORTUNITIES AND RESOURCES

1. The Minnesota Department of Human Services (DHS) Aging Initiative currently has a request for proposals entitled Community Service/Community Services Development available to local communities and due by March 28, 2003. This is a Request for Proposals (RFP) to expand and integrate services that enable older adults to remain in their own homes and communities, support caregivers and expand their respite care network, and provide home-sharing programs. Service options are needed in order to promote independence, provide choices and alternatives to nursing facility care for adults age 65 years and older, and provide home-sharing. Minnesota has a growing number of older persons who need in-home or other supportive services in order to remain in their communities, as they desire. Home sharing provides an additional housing option. Caregiver respite and support provide crucial assistance to family and friends who provide the majority of long-term care. More information, including a list of applicant informational workshops to be held in January, and application materials can be found at [www.dhs.state.mn.us/agingint/policy/rfp.htm](http://www.dhs.state.mn.us/agingint/policy/rfp.htm).
2. *Faith in Action*, a national program of the Robert Wood Johnson Foundation, is an interfaith volunteer caregiving program. The foundation makes grants to local groups representing many faiths who volunteer to work together to care for their neighbors with long-term illnesses or disabilities. The Foundation has committed \$100 million to expand the Faith in Action national movement. These efforts have helped to create more than 1,100 interfaith volunteer caregiving programs across the country. The Foundation is committed to expanding this network by supporting the development of 2,000 more *Faith in Action* programs. In addition to providing start-up grants of up to \$35,000 for a 30-month period to help communities organize new coalitions for volunteer caregiving, the National Office offers *Faith in Action* programs support and advice on developing successful, sustainable caregiving programs that can serve their communities for many years to come. More information can be found at [www.fiavolunteers.org](http://www.fiavolunteers.org)
3. The Federal Department of Health and Human Services (HHS) is by far the largest grant-making agency in government, awarding more than \$200 billion every year, more than all other federal agencies combined. In particular, the current administration has established the Center for Faith-Based and Community Initiatives, whose mission is to create an environment within the Department that welcomes the participation of faith-based and community-based organizations as valued and essential partners with the Department in assisting Americans in need. It includes funding to provide technical assistance to these agencies when competing for Federal funds. Current funds available from HHS for community and faith-based groups can be found at: <http://www.hhs.gov/fbci/topics/>. Other relevant HHS funds are administered through the Administration on Aging, which can be found at: [www.aoa.gov/t4](http://www.aoa.gov/t4).
4. The Foundation Center is a national organization with a searchable database, available for a monthly fee, that identifies foundations across the U.S. and their primary funding topic areas. Their website is [www.foundationcenter.org](http://www.foundationcenter.org)

5. In Minnesota, the Minnesota Council on Nonprofits has a wide variety of fundraising and grant information available, including the 2003 Minnesota Grants Directory, available for order at [http://www.mncn.org/grants\\_directory\\_03.htm](http://www.mncn.org/grants_directory_03.htm).

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