

Intergenerational Public Health Interest Group – A Collaboration Between the University of Minnesota Aging Studies Interdisciplinary Group and The Pillars of Prospect Park

April 12, 2024

Testimonies from:

Maya Koffski - MPH Student, University of Minnesota

Grace Savard - MPH Student, University of Minnesota

Diane Justice - Resident, The Pillars of Prospect Park

Jean Kinsey and Francis Busta - Residents, The Pillars of Prospect Park

Dick Kavaney - Resident, The Pillars of Prospect Park

Kathy Mack - Resident, The Pillars of Prospect Park



Figure 1: The Intergenerational Public Health Interest Group after a monthly meeting at the Pillars of Prospect Park in November 2023.

Testimony from Maya Koffski, MPH Student, University of Minnesota

Hello Madam Chair and Members of the Legislative Task Force,

Thank you for the opportunity to testify today. My name is Maya Koffski, and I am a Master of Public Health student working in the aging field at the University of Minnesota. I am here today to introduce you to our Intergenerational Public Health Interest Group, a collaboration between the University of Minnesota Aging Studies Interdisciplinary Group and The Pillars of Prospect Park, a living community for older adults in Minneapolis, MN.

Our group is made up of visionaries—students and residents alike—who are dedicated to exploring Minnesota’s most pressing societal issues through an intergenerational lens. This group believes that intergenerational connections are key to healthy aging and cares deeply about how Minnesota addresses aging moving forward.

Next, you will hear from Grace about the student perspective in aging followed by four residents who will share glimpses of their own aging stories. Together, we aim to highlight 1) the need for intergenerational engagement opportunities, 2) the importance of supporting scholars in aging 3) the diversity of aging experiences, and 4) the need for Minnesota’s aging-related policies and programs to be informed directly by the experiences of Minnesota’s older adults.

Testimony from Grace Savard, MPH Student, University of Minnesota

Hello, my name is Grace Savard, and I am a Master of Public Health student studying healthy aging at the University of Minnesota.

As a caregiver working in nursing facilities during the COVID-19 pandemic, I found myself grappling with questions related to supporting older adults in their aging journeys. With a newfound passion for exploring aging research and policy, I sought out a graduate school where healthy aging was a priority.

I quickly learned that that place was the University of Minnesota, home to the Center for Healthy Aging and Innovation (known as CHAI for short). Yes, CHAI is engaged in groundbreaking aging research and developing innovations in services and care, but what stood out to me most about CHAI was the focus on working not just for older adults, but alongside them to advocate for widespread change. This intergenerational group, for example, is a testament to that culture!

Now a student, I am involved in the Aging Studies Interdisciplinary Student Group and work as a research assistant for the Families and Long-Term Care Projects.

Despite many exciting opportunities at the University of Minnesota, we know there are significant challenges in the workforce pipeline—less than 3% of medical students, 1% of nursing students, and 5% of social work students specialize in geriatrics (AARP Disrupt Aging Classroom content). This is something we can—and must—change. In order to increase the number of students pursuing careers in the aging space, we recommend:

1. Incentivizing students to study aging-related topics by expanding loan forgiveness programs
2. Funding a scholars program to create cohorts of experts in aging
3. Ensuring that intergenerational projects are included in grant allocations for initiatives across the life course, not only in aging-related initiatives

Testimony from Diane Justice, Resident, The Pillars of Prospect Park

Hello, my name is Diane Justice. My colleagues and I are residents of the Pillars of Prospect Park Senior Living Community in Minneapolis which consists of 283 apartments for independent living, assisted living and memory care. Pillars is part of a broader community managed by Ebenezer services, and chances are, you have an Ebenezer community in your district operating under a variety of names. We also operate an on-site day care program that offers Pillars residents numerous opportunities for intergenerational interactions.

I am retired after having a long career in aging and long-term care programs. My positions in Washington D.C. included Deputy Assistant Secretary for Aging in the US Department of Health and Human Services, CEO of the National Association of State Agencies on Aging, and Research Director at the National Academy for State Health Policy. Those positions have given me a national perspective on aging and long-term care programs. As a result, I can tell you that Minnesota's programs are among the best in the country.

You should be justifiably proud of your state's efforts. Your Medicare-Medicaid managed care program, MSHO, is exemplary. Your Medicaid home and community-based services waiver program does not have a waiting list that many other states have, meaning that the legislature has provided adequate funding to serve all older adults who meet the eligibility criteria. In addition, you have state general revenue-funded programs and Older Americans Act programs that provide home and community-based services and caregiver supports to those who do not qualify for the Medicaid waiver. Finally, Minnesota ranks second in the country in the percentage of its Medicaid long-term care budget devoted to home and community-based services.

All of that is really good news. The bad news is the pending explosion in the growth of the aging population that you heard about from the state demographer. That surge is not down the road, it is right around the corner. The number of older adults will increase dramatically and, as people age, their needs also increase. Just to keep pace with the growing need, state funding for aging home community-based services will need to increase annually more than almost any other part of the state budget. With Minnesota's excellent aging services as a basis, the Legislative Task Force on Aging is well positioned to provide leadership as the state crafts a plan for the future. Thank you for your consideration.

Testimony from Jean Kinsey and Francis Busta, Residents, The Pillars of Prospect Park (Full Testimony)

Jean: Thank you for allowing us to testify about our “lived experience” as an elderly couple who live in Pillars of Prospect Park, occupying an independent and an assisted living apartment. We moved 13 months ago from our townhome because a series of health issues for Francis and caregiving for Jean made aging in place just too challenging. We have reviewed prior testimonies, many of which were from experts in the aging industry; we hope to add to the conversation with our lived experiences and observations.

Our recommendations are to 1) review and expand accessibility of entrances to the capitol grounds, as well as other public buildings, medical facilities, and local restaurants and 2) develop a Senior Volunteer Corps modeled after VISTA and the Peace Corps.¹

Francis: My name is Francis Busta. Let me walk you through the steps I took to get here to meet with you today. Upon waking I did my regular 50 minutes of stretching, physical therapy, and lifting exercises. After cleaning up, I called for a resident assistant to help with putting on my compression socks, knee braces, pants, and shoes. I grabbed my walker, had breakfast and headed for the ever-essential elevator to reach the lobby and the Pillars’ bus. Upon arrival at the capitol, a drop-off location near an entrance without steps and hopefully, with power assist doors, had to be found. After maneuvering the entrance, I navigated my walker around hallways to reach this room. When we leave, the process begins again in reverse. This litany of mobility activities may not sound like much, but the extensive planning, the lifting of equipment by caregivers, and the assistance with clothing are likely not things most of you had to think about before you came here today. As an older adult with mobility needs, my life will likely be impacted firsthand by decisions made in this room and building. Therefore, despite the long and tedious process, I am here.

Jean: Let me reiterate the challenges of mobility shared by the spouse. As a caregiver, there is 24/7 attention to mobility details, medical needs, household management, and more. The physical work and emotional strain that come with being always “on alert” and “on call” take their toll. The caregiver’s role is exhausting, depressing, diminishing and frustrating even when done out of love, empathy, and admiration for one’s spouse, child, parent, or other significant person.

My observation of the aging trajectory we are all on reveals two significant stages. Each need somewhat different types of assistance. The first of these two stages I call the “young elderly,” recently retired, relatively healthy, energetic, and looking for a purpose. They are the consumers of numerous “healthy aging programs.” They may engage financial planners and personal

¹ <https://americorps.gov/serve/american/american>
<https://www.peacecorps.gov/>

trainers, practice yoga, and explore theaters, museums, and parks. But there comes a tipping point—an age when they start to notice that their walk is a bit slower, their body aches in new places, their muscles are stiffer, their eyesight and hearing diminish, and various illnesses seem to creep in. Francis, my husband here, calls this cascading of disabilities and illnesses “death by a thousand cuts.” Aging can be denied but it cannot be postponed. Ultimately, people in both stages of aging—and everywhere in between—need to find purpose, friends, dignity, and agency with their daily routines. They need to be recognized as valuable citizens and consumers.

What would we suggest to the State Task Force?

Francis: It is imperative that older adults with the desire to engage in advocacy work not be limited by our mobility needs. Therefore, I have ONE immediate and practical “ask” of this Task Force: Designate reserved parking spaces for older adults and increase the number of handicap parking spots at the capitol, as well as other public places.

Jean: I recommend that a statewide “Senior Volunteer Corps” be established, modeled after well-known volunteer programs like VISTA or the Peace Corps. Currently, similarly modeled networks like East Side Elders and Southeast Seniors² exist successfully at the neighborhood level, but lack statewide organization and a sustainable funding source. In this new Senior Volunteer Corps, the volunteers could be mostly non-disabled older adults, the “young elderly” as I called it. Volunteers would gain recognition as an ongoing asset to society and be less isolated. Recipients would be able to function longer in their homes and communities. Volunteers could provide real respite to caregivers such as a few days away from home and out of town. The services would be available to people in all income levels, not just those already qualifying for social services. Readily available volunteers would help build a caring and respectful community for elders and intergenerational neighborhoods. Thank you for listening.

Testimony from Jean Kinsey and Francis Busta, Residents, The Pillars of Prospect Park (Abbreviated Summary - Presented at 4/12 Meeting)

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Francis: My name is Francis Busta. Let me walk you through the steps I took to get here to meet with you today. Upon waking I did my regular 50 minutes of stretching, physical therapy, and lifting exercises. After cleaning up, I called for a resident assistant to help with putting on my

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compression socks, knee braces, pants, and shoes. I grabbed my walker, had breakfast and headed for the ever-essential elevator to reach the lobby and the Pillars' bus. Upon arrival at the capitol, a drop-off location near an entrance without steps and hopefully, with power assist doors, had to be found. After maneuvering the entrance, I navigated my walker around hallways to reach this room. When we leave, the process begins again in reverse. This litany of mobility activities may not sound like much, but the extensive planning, the lifting of equipment by caregivers, and the assistance with clothing are likely not things most of you had to think about before you came here today. As an older adult with mobility needs, my life will likely be impacted firsthand by decisions made in this room and building. Therefore, despite the long and tedious process, I am here.

Jean: Let me reiterate the challenges of mobility shared by the spouse. As a caregiver, there is 24/7 attention to mobility details, medical needs, household management and more. The physical work and emotional strain that come with being always "on alert" and "on call" take their toll. The caregiver's role is exhausting, depressing, diminishing and frustrating even when done out of love, empathy, and admiration for one's spouse, child, parent, or other significant person.

We have two things to ask of this Task Force.

Francis: It is imperative that older adults with the desire to engage in advocacy work not be limited by our mobility needs. Therefore, I have ONE immediate and practical "ask" of this Task Force: Designate reserved parking spaces for older adults and increase the number of handicap parking spots at the capitol, as well as other public places.

Jean: I recommend that a statewide "Senior Volunteer Corps" be established, modeled after well-known volunteer programs like VISTA or the Peace Corps.¹ Currently, neighborhood level volunteer groups exist,² but they lack statewide organization and sustainable funding. Volunteers, mostly non-disabled older adults, would gain recognition as an ongoing asset to society and be less isolated. Recipients would be able to function longer in their homes. Volunteers could provide real respite to caregivers giving them a few days away from home and out of town. The services would be available to people in all income levels. Readily available volunteers would help build a caring and respectful community for older adults and intergenerational neighborhoods. Thank you for listening.

Testimony from Dick Kavaney, Resident, The Pillars of Prospect Park

My name is Dick Kavaney. By way of a brief introduction, I earned a degree in Structural Engineering in 1959 and a JD from William Mitchell in 1972. I served on the Senior Advisory Committee for the City of Minneapolis City Council. I volunteered with the Department of Human Services in its original first senior program in the late 1990s, and I have served as a Judge of Design Competitions for Environments for Senior Living. Knowing what I know today, I am embarrassed to think I would presume to judge design competitions.

I have been asked to state what my ask is: I would like seniors to be part of the planning, design and construction of our built environment; housing, streets, city buildings, etc. As we age, we all experience a loss of our physical abilities and capabilities.

I am 86 years old. When I was 80, I was physically able and I walked over the Stone Arch Bridge, up the West Bank, across the Hennepin Avenue Bridge, and back home easily, and enjoyed it. When I was 81, I started to find that my balance was not good, and I started using a cane. When I was 83, I found the cane no longer did the job, and I began to use a walker. At 85, the walker was not doing the job, and I had to use a wheelchair, and that's where I am today. Hopefully there's no further down for me. I reside in a senior living facility. It's a new building, four years old. The issues I complain of are in new buildings and old. Our bathrooms have tile floors. Slippery tile floors are code compliant and ADA compliant, but certainly not safe for a senior citizen.

One of the greatest fears for seniors is to slip and fall and break a bone. They do not heal readily at our age, and a fall often precedes a severe decline. Bathroom floors should be non-slip tile or some other treatment similarly. The shower floor is the same. Again, code compliant but not senior living compliant. Our building has doors for the trash rooms; they're very heavily constructed for fire proof reasons. In a wheelchair, you cannot open those doors and operate them. The trash is left in the hall. The door to our deck has a threshold on it that is very ruggedly built and not passable with a wheelchair without help. Again, a feature inappropriate for a senior designed facility.

Another example is the traffic light at the corner of our property at the intersection of University Ave. and Malcolm Ave. The green light changed before anybody in a wheelchair, or even a walker, could cross the street. With some effort, Minneapolis Traffic Controls modified that timing of the light to allow wheelchairs the time to cross. The push buttons to open doors are good devices, but for many, the doors do not stay open long enough for a wheelchair to pass through. Getting hammered by the closing door hurts.

As stated above, I would ask that seniors be invited to participate in the planning, design, and construction of our built environment. A bit tongue in cheek, but I suggest anyone claiming design of senior facilities or senior accessibility be required to live a month in a wheelchair.

Testimony from Kathy Mack, Resident, The Pillars of Prospect Park

My name is Kathy Mack. I am 75 years old. I look healthy and am competent, but I do have chronic disease. My focus here is urban transportation for solo, “middle” seniors who do not qualify for most services.

As a single professional, I followed the retirement guidance. I invested, saved for retirement, and owned a home. I purchased long-term care insurance. When I retired, I operated my own weaving business and participated in my community, exercised at the Y, took community education classes, supported the arts, and traveled. Then I was forced to give up driving. I found myself stuck without a car. I still want to volunteer and participate in the community, but lack of transportation is a major obstacle. I moved into the city seeking better access to public transportation.

I am asking for expanded, coordinated transportation services for seniors in the urban area. People express concern about our isolation in our homes. The truth is that without a car, there are very few places we can go independently. The logistics of accessing transportation are complex and limiting. After six years, I can say that I have explored virtually all the options available in the urban environment. I want to be independent and participate in the community, not isolate myself. Although I have no family in the city, I am fortunate that I can afford to pay for some transportation.

I live in a senior residence on University Avenue. I walk across the street to volunteer weekly at Textile Center, a community arts center. I walk to the light rail station nearby. The train takes me to the downtown areas and the airport. I use it to get to a weekly volunteer opportunity at the downtown Minneapolis library, to the Mill City Farmers Market, and to my dentist downtown.

I access the bus system. I use light rail and an express bus to get to a job at the MN State Fair and to visit my sister at Carondelet in St. Paul. Our building has a bus to take us on group community outings, including the grocery store. I use private car services to take me to medical appointments and some community activities. My Car, a company that works with seniors, is an excellent example.

Some community volunteer agencies provide drivers for medical appointments. I need a flow chart to navigate this “system.” Using the train and bus system requires complex scheduling during limited times. I must walk to and from stations, wait outdoors in isolated locations, and ride trains which public safety groups have told Pillars residents are not safe for vulnerable adults. I saw someone light a fire on the green line.

Figuring out how to get to a library, community center, museum, theater or other community venue can require literally hours of online planning and being on hold on the phone. A Penumbra

matinee? When are they open? Which door do I need to use? How close can I get on the train or bus? Is it a safe neighborhood for walking? Can I put together a workable schedule? And can I get home again safely, especially at night?

Thank goodness for the Pillars bus, but it is scheduled at least a week ahead of time and can be used only for building-sponsored group activities. Private car services vary. In my opinion, My Car is the best and safest for seniors but they are only available during business hours and require reservations. I use others, but they are often unreliable. I and other people in my building struggle with all the same problems as other users of Uber and Lyft. We also have additional problems. Some drivers can't find our building or entrance and so just don't show up. Or they drop us on a street corner or at an entrance that is locked. When we cannot talk to the drivers, we may be stranded. Chauffeur services are prohibitively expensive for many of us, including me.

Volunteer drivers are well-meaning but they are controlled by the agency for which they work, which limits the area they cover and the services they provide. I have been given literally multiple pages of lists for agencies which provide drivers. I tried to use many of them only to learn I don't qualify. The drivers don't go out of their neighborhood, only go to medical appointments, only serve clients who are already clients of the agency, or don't go to senior residences that have their own bus.

Often it takes so much time and effort to organize transportation that I decide the event isn't worth it or just isn't possible to attend. For example, I will probably miss my bother-in-laws' 95th birthday party on a Saturday afternoon in May. We need safe, accessible, coordinated options for senior transportation. Please help me be the kind of senior you want me to be, active and serving in the community.