

Thank you, Representative Ginny Klevorn, and members of the Minnesota Legislative Task Force on Aging for the opportunity to testify today.

My name is Ann Bussey, a woman in her mid-70's, a modern elder who serves as a community advocate for thriving in longevity for our large and growing population of people 65 years and over in our northern MN rural communities.

It has been my privilege to serve MN through appointment to the MN Rural Health Advisory Committee since 2016, serving as its Chair in 2021. As a consumer member, I led a Rural Health Advisory Committee workgroup focusing on Older Adult Fitness: Access and Participation in Rural MN. Healthy aging strategies for the rural 65+ population continues to be my passion focusing on achievement of quality-of-life outcomes of purpose, personal agency, social engagement and connectedness, activity, and belonging.

Why am I here today? Because aging in rural communities can be difficult.

Let me please give you an example. It has been my pleasure to advocate and resource a senior fitness program in Hibbing MN financed through the Fitness Benefit in our Medicare Advantage plans. Our program has closed 4 times . The realities of rural communities--our sponsoring local gym went out of business and was torn down, our local hospital picked up our program but later needed our space for outpatient services, then we relocated to a gym in a local church convincing a YMCA in Virginia to sponsor us, COVID hit and closed all gyms for a year, then the Virginia YMCA went out of business, and now we are sponsored by a YMCA in Duluth 100 miles away. Our attendance for programming 3x per week averages over 40 participants, requiring availability of a full-size gym during day hours, and that is a difficult ask in most of our rural communities. Why day hours? Because many of our participants have day only/local licenses. An important FYI, school gyms are not consistently available during day hours.

For us in northern MN, it is about the challenges of thriving in longevity, that is, the complexity of planning our communities as the fundamental context for aging and its diversity. Rural realities of distance, transportation challenges, financial constraints, poor housing and outdated built environments, diminished health care access, limited access to broadband and connectivity, and the predominate aging narrative, are contributing barriers that our aging adults experience every day. Ya sure, and let's not forget about winter too!

I am going to make a bold statement. It is not an option to age well in many of our rural communities. Our rural economic strategies focus on the recruitment of families with children to sustain our communities while inadvertently ignoring or minimizing the contributions of our aging population, a population that continues to grow, contributing both to the tax base and the sustainability of our communities. Aging is what's happening but it is not the recognized culture.

As the Task Force finds its way to achieve its vision and mission, I would like to emphasize that this is not only about the viability of health care, and the @ 30% of our aging population who

live in assisted living, skilled nursing homes, or receive community supports/services within their homes.

70% of us are out there aging on our own. You have reviewed the aging demographics so I will not repeat them here today. However, I would like to engage you with facts that highlight aging women in Minnesota. Nationally, the ratios of women to men increase with age, 125 women to 100 men at age 65, and 178 women to 100 men at age 85 and over. 70% of our aging women live in Greater Minnesota with more than half of aging women 85+ living alone. Ageism and sexism, results in 2x more older women living in poverty than men, with 33% of Minnesota women relying exclusively on Social Security compared to 17% of aging men. For many women, there is not an option to not be socially isolated.

As an aging women, these statistics are a concern for me. When people ask me about aging in MN, I say it is about rural and women, and women living alone often in poverty. The data supporting my remarks today comes from an Aging in Minnesota Fact Sheet, a fact sheet that accompanied the legislative bill to create this task force. It was developed through my participation in Project Reach, a University of Minnesota policy collaborative designed to improve rural health outcomes. Through Project Reach, I was able to develop a policy proposal addressing digital inclusion and digital literacy for our MN rural older adults, identifying our expansive MN library system as the IT Dept for Retirees. It is a body of work that is now informing the state's digital equity plan.

I would like to share a couple of quotes from aging women in northern Minnesota:

*"It is so disappointing that there are few to no scheduled activities for us during day hours. All our community activities are scheduled after 4:30 pm."*

*"Parking and access to our old buildings is difficult especially in the winter months and in the dark."*

*"Where can we walk in our community, especially during winter months."*

Additionally, a "what matters most survey" conducted in 2020 with area elders identified their top community preferences:

1. Communities that offer multiple opportunities for activity and socializing that are ongoing and provided locally.
2. Communities that have access to the internet as well as opportunities for technology instruction and assistance.
3. Communities with adequate public transportation to important facilities or destination points (groceries, health care clinics and dental offices, drug stores, churches).
4. Communities that encourage participation of seniors, that is, what matters to seniors is important to our communities.

As a modern elder, I appreciate the opportunity to visit with you today. Thank you.

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