

**Aging Readiness Task Force
Meeting # – December 16, 2010
Clark County Public Service Center
Hearing Room #680
2:00 – 4:00 P.M.**

Member Attendees: Cory Bolkan, Erica Dahmen, Jesse Dunn, Gail Haskett, Bob Holdridge, Roger Jarvis, Erica Kelley, Colleen Kuhn, Todd Martin, Kathy McLaughlin, Ed Rankin, Lisa Rasmussen, Marti Sanders, Erik Schott, Mike Teefy, C.T. Thurston, Kiersten Ware, Robert Watkins, Jim Wilson, Karin Woll, Jan Wyninger

Members Absent: Dexter Garey, Steve Goff, Jada Rupley, Bud Van Cleve

Guests: David Kelly (SWAAD), Klaus Micheel (SWAAD), Jim Quintana (CTAN), Lynda David (RTC), Vanessa Gaston (Community Services), Vicki Vanneman (Parks), Patrick Roden, Sharon Pesut, Chuck Frayer, Brendon Haggerty, Jack Davis, Phyllis Eastman

Staff: Commissioner Marc Boldt, Bill Barron, Oliver Orjiako, Colete Anderson, Jacqui Kamp, Mary Beth O'Donnell

Jesse Dunn called the meeting to order at 2:05 P.M. There was a request to move public comment to the beginning of the meeting instead of at the end. A motion was made and seconded in favor of this change. A unanimous vote approved the change therefore public comment will be heard first on the agenda.

Minutes from the last meeting on October 21 were approved by the Task Force as submitted.

Public comment: Jack Davis, a member of the audience and volunteer citizen in the County, commented on the proposed Hazel Dell Sport Field project; baseball fields on a superfund site in his neighborhood, within 100 feet of his home. It is his opinion that they are unsafe and will cost the County and Parks department money they don't have to maintain them. He disagrees with the plan.

Sub-Committee reports:

C.T. Thurston, chair of the Housing Sub-Committee gave a report from the committee's meetings that have been ongoing since November 3. A workshop on the subject of housing was held for the general public on September 16. The subcommittee was tasked with reviewing materials from the workshop and various local and national housing plan documents. One of particular interest was the "Practical Guide for Universal Home Design" developed by state of Iowa. Subcommittee members Jim Wilson and Chuck Frayer have agreed to develop a similar document for Clark County. Jim is an architect and Chuck has first hand knowledge of disability concerns. Chuck was part of the team that developed legislation which led to the establishment of the ADA. Once the document has been approved it will be available for the general public, hopefully in 2011.

The subcommittee has developed recommendations to match concerns expressed by the public. Jacqui and Colete will take those recommendations and develop the housing portion of the task force report. The subcommittee and the entire task force will review the report for approval and inclusion with the other subcommittee

reports. The process will be completed through emails and the committee will not meet again unless necessary. The housing portion is expected to be completed by the end of January. C.T. thanked Colete and Jacqui for their outstanding support in providing the meeting room, minutes for meetings, prompt response to requests, and putting together a draft of their concerns and recommendations.

Colete announced that the Transportation subcommittee will begin meeting in January. Look for an email with details on meeting location, dates and times.

Transportation and Mobility Workshop Debrief:

The workshop last month on Mobility was well attended by the public and well facilitated by Bill Barron. Jesse asked for comments and general discussion on the workshop.

Overall people were impressed with the meeting site and would like to see it continue there. The size of groups was good, everyone could contribute, and it was the right amount of people for the room. A good cross-section of the community attended ranging from young caregivers to elders struggling with issues of transportation, to people interested in being a part of the plan because they were going to be there soon. Opening remarks by the keynote speaker Bob Scarfo, C-Tran, Pete Capell, and Colleen Kuhn set the stage for lively group discussion. Much like the housing workshop, it's an excellent format that lends itself to constructive, substantive brainstorming, beneficial to the process.

Part of the workshop was to propose a mobility manager option under the WSDOT consolidated grant proposal process. The Human Services Council did develop a project for a mobility manager. Colleen thanked anyone who sent letters of support for this concept. They will hear back in the spring whether they receive the funding.

Lessons learned from the first workshop improved the second workshop: The questions were shortened and more focused as a result. The work by the housing subcommittee afterwards leads the way and will be the critical path to follow in the future. Staff has set up a good system to develop a final product.

As far as improvements, only one suggestion was made that came from public comment. Ask the presenters to shorten their talk by 5 minutes each then bring them back at the end in a round table discussion where participants can interject their own comments or ask questions so we can have a conversation as one big group. At the housing workshop the speaker did come back and summarize the discussions of the day.

An observation was made regarding the correlation between housing and transportation and the other topics. They do not exist with boundaries between them but are one integrated package.

Healthy Community Workshop:

The next workshop on Healthy Communities will take place January 20. Due to feedback received from previous workshops the questions will be shorter and there will be one keynote speaker, Dr. Howard Frumkin, Dean of Public Health at University of Washington. He will be assisted by John Weisman, Director of Public Health Clark County, for a local perspective. Dr. Frumkin will stay until the end for the summary wrap-up so he will have an opportunity to give his perspective. He will have about 50 minutes which will cut 15 minutes off compared to the Mobility

workshop speaker. There will be 3 questions rather than 4 to allow more time for table discussion. We're also looking into different size tables and room layout to open up the pathways for our guests. Bill Barron has agreed to facilitate the remaining workshops.

Oliver introduced draft questions for the next workshop for discussion. The focus is on healthy communities rather than medical and healthcare and what we are doing to get us there in terms of policies and strategies. What is currently available in Clark County, what is missing and where can improvements be made?

Question 1 comments:

- Doesn't contain anything about the government assuring the safety and well-being of citizens. That is critical. How are we going to pay for it?
- Concern that the public will want to discuss the political side of healthcare. Make the subject very clear so they don't expect a conversation regarding Medicare or Medicaid or future changes in the system when they break into group discussion.
- Bill Barron commented if we don't address healthcare reform in this session we will be gravely out of sync with what we're facing nationally in the next 2 years. The healthcare reform act mandates primary care is consolidated with the care that we're providing to the mentally ill and drug/alcohol abuse. The County has hired a consultant, Dr. Jarvis, to help with these issues locally. Bill recommended Dr. Jarvis be put on the docket and asked Vanessa Gaston to facilitate in that effort. He has the knowledge to speak to what the future might look like especially on the subject of aging, a special part of the healthcare reform. The reform is going to fall within the time frame of the report that this task force is creating so it's important to include it.
- Issue of subsidized housing is similar in a way because the resources are coming from someplace else and we won't be able to create those resources. The housing committee recommended an advocacy program which would be good for this topic as well.
- Focus on keeping people healthier rather than how to support them as they get older. We take it for granted that everyone is going to be taking drugs, it's unusual if you don't. Though some go to health clubs and eat healthy, many don't. Need for education so people take responsibility of their own health as they age. There is much they can do for their bodies, minds and spirits that they don't know about or aren't directed to for services. Keep a balance between providing services while also helping people take responsibility for their well being.
- In addition to education of the public and individuals, educate the system and structures that support the system. Services are available but coordination of those is fragmented. Key factors: education, coordination and access. Find a way to plug that into question 1.
- Partnership is another piece of it. Example: CDM Services joining with One Life, a food bank. The food bank provides nutritional education so CDM sent care givers to the classes. They took that information into homes of elders along with food from the food banks. Possibilities for partnerships should be addressed.
- A lot of work has been done to streets, sidewalks, etc. to make them accessible but more work needs to be done to get seniors to use public transportation. Many bus stops provide only flat benches but seniors need something to grab on to for assistance in getting up and down. Parks use wood chips around playground equipment for the safety of the kids but at the

- same time it's an impediment for grandma and grandpa to navigate. Parks across the US have put in benches with a back so potentially seniors can use them for non-strenuous exercises. In parks there is a program where people can donate to buy a bench. We may want to approach senior groups to donate to pay for some or all of these things. In an area where there is a large contingency of seniors who ride the bus, maybe we want to put those special types of benches that are for them rather than scatter them in every place across the county. We're going to have to start asking federal, state and county to become involved in helping out.
- It's important to hear about the political and reality status of the overall healthcare system. We need to think globally and act locally. Let's hear the global presentation but then think local and implement those things that are possible.
 - Comment about the report "Community Assessment, Planning and Evaluation". It informs on local issues with data. It was passed out at the last meeting. Staff will send it out electronically to everyone. Homework assignment, read before the next workshop.
 - No speaker yet for March workshop, wondering if Dr Jarvis' work will be completed by then. Could frame that workshop around those issues. Vanessa Gaston said he could talk about healthcare reform but also tie into the need for education and housing. All of that plays into healthcare, it's not just about going to the doctor. It's about prevention and your community. Good idea to move Dr. Jarvis to March. There's not enough time to fit both his topics and healthy communities in one workshop. Dr. Frumkin for January, Dr. Jarvis in March.
 - Support for the educational component for each workshop. Education should be to 40 year olds, not 60 year olds. When you get to be 60 you find out what you're up against and you need to be informed so you're prepared when you get there.
 - There is a 211 system, like 911 – an information referral system. Encourage Clark County to support that system even though it's located in Portland they provide local information.
 - Suggested wording for question #1: In a livable community, services are available that enhance quality of life for all populations including its elders and their physical, mental, emotional and spiritual health.
 - Challenge for task force is to look not only down the road, but around the corner to how things will be and how we go about creating that future. It's more than seeing things that are visible right now. Try to project that in our final report.
 - If people are fearful to go outside, get on a bus, go to the store, that's an issue. Safety, security, awareness, education are all factors that we need to pull into these issues as we continue to work through them and evaluate them. Suggested statement: In a livable community, access, education and coordination are cornerstones to healthy aging. Characteristics of a livable community are safety, technology, education.
 - Let's talk about sexual reproductive health. HIV is on the rise in the elderly population. The report talks about people in their 20s not the elderly.
 - We need to understand where young people are coming from. Technology will play a vast role 20-30 years down the road. It's used in medicine and can help track a particular individual. Social networking (i.e. Facebook) is becoming popular with seniors. It will be huge in young peoples' lives as they age and the on-line world evolves. Remember what role technology will play in the future.

Question 1 is asking for identification for those elements that are important for a healthy community.

Question 2 is saying let's do an analysis what of those important elements are that are missing in your community and asking for recommendations to fill that gap

Question 2 comments:

The community has a tremendous amount of senior events and places to go. The big thing is informing the community of what we have. There is the Senior Messenger and information referral. We've moved into the age of electronics and more use of the computer.

Suggestion of holding seminars for county, city, state and private sector retirees that informs about health aspects and availability in communities. Contact union halls to let them know about Sheba, Luepke Center, Marshall Center. Hospitals and clinics may be referring home health services and things of that nature.

It would be nice to have a local TV or radio station to get word out to seniors. Information is the hardest thing to get to the people. Ask CVTV to have a senior program, ask the Columbian to let people know that the senior program will be on at a specific time. Port Angeles has radio talk show from 8-10:00 AM for local information and help available. Start making inroads for letting people know what services are available.

The last workshop is about volunteers, work force development, civic engagement. These suggestions are a great recommendation for that subcommittee when they get to that point. Those are some of the tools that should come out of this task force.

Suggestion made to define what we mean by healthy. Also instead of the word "active" community, replace with the word "vital".

Is the health we're talking about here an environmental question? The health of a community has something to do with the elderly population becoming healthy. Healthy people are an outcome of a healthy community. The presenters will put the context around healthy community.

There is some confusion about the topic. Is it healthy communities or the healthcare system and the political side of it?

Jacqui explained as we develop these questions we initiate a stakeholder group of public health professionals and other medical professionals. The question was how would this task force be able to deal with questions on healthcare and what kind of recommendations could we make to the community to address those issues. Public Health is trying to achieve the healthy community as a means of prevention to make people healthier. That is what we're trying to do as a task force. At the stakeholder meeting we determined that this is more about building healthy communities so we should say that and call the workshop that so there's no confusion about what we're trying to achieve. They made the decision at that point.

We can talk about what we can do as a community to offset some of the services that are going away due to budget cuts. We can't tackle Federal government and Medicare system but there are other things we can do to remedy how our community

will be affected by some of those changes. We want to tailor the March workshop in that context.

Question 3:

This gets to some of the healthcare issues and support services with limited resources and what we as a community can do to prepare for it. Presenters will touch on this.

There was/is a booklet of helping agencies in Clark County. Some services are overlapping, mental health, alcohol rehabilitation, homelessness, it's fragmented in this community. How can we as a task force be a mechanism to bring some order out of the chaos? What agency is going to draw us together to use the limited resources that are available? We don't have the resources we used to have. Question 3, how do we as a task force on aging overlap in other areas? We need to work together.

While it's been on the table for a number of years, the concept of collaborative work among agencies hasn't materialized in a significant way. We're without the level of government support that many agencies have enjoyed in the past. The demand for services is going up and method of delivery has to change. There has to be better cooperation and more efficient use of collaborative resources.

If we're saying we've lost some financial resources and have to make it up with volunteers then we need to know what's out there, what they do and how much they'll be impacted. If home healthcare services go away, where do these people go? Social services started with one individual that had a problem that wasn't being addressed who found people with the same problem and created a group. There are public agencies, private agencies and support groups. We need to find out who they are so when we're asked the question of how we prepare for it we have a clue of what's available. If the proposed budget goes through we will have a radically different state. When talking about services being cut it only reinforces the point about having individuals take more preventive care so there won't be as many services needed. Focus more on that. Let the services be educational and preventive.

The general consensus was to move question #3 to the March workshop.

For question #1, we can add a few key words to the list of services that are more preventative in nature, such as fitness activities, or nutritional information along with quality food, that sets the tone for things that can be done prior to needing care, as opposed to the other way around.

Oliver thanked the committee for helping refine the questions. Their help will make the questions better. Jesse also thanked everyone for their effort and work and the thought that goes into it.

The next meeting (workshop) will be January 20 at Red Cross Building.

The meeting adjourned at 3:43 P.M.