

**Aging Readiness Task Force
Meeting #5 – February 17, 2011
Clark County Public Service Center
Hearing Room #680
2:00 – 4:00 P.M.**

Member Attendees: Jesse Dunn, Gail Haskett, Bob Holdridge, Erica Kelley, Colleen Kuhn, Todd Martin, Kathy McLaughlin, Lisa Rasmussen, Jada Rupley, Marti Sanders, C.T. Thurston, Bud Van Cleve, Kiersten Ware, Jim Wilson, Karin Woll

Members Absent: Cory Bolkan, Erica Dahmen, Dexter Garey, Steve Goff, Roger Jarvis, Ed Rankin, Erik Schott, Mike Teefy, Robert Watkins, Jan Wyninger

Guests: David Kelly (SWAAD), Klaus Micheel (SWAAD), Jim Quintana (CTAN), Vicki Vanneman (Parks)

Staff: Bill Barron, Oliver Orjiako, Colete Anderson, Jacqui Kamp, Marilee McCall, Vanessa Gaston

Jesse Dunn opened the meeting at 2:00pm. The minutes from December 16th were approved as submitted.

C.T. Thurston began with a report from the Housing subcommittee. They are meeting in March and hope to have a draft of their report following that for review by the task force. They're working on a universal design concept that will be submitted to the task force as well.

Erica Kelly is a member of the Transportation subcommittee. She thanked Mike Mabrey, County staff, for pulling together the feedback from the workshop which served as a base for committee discussions. They've talked a lot about neighborhood electric vehicles or "NEV's". Robert Watkins arranged a presentation from a dealer of NEV's which proved to be helpful. The concept is very promising and the committee continues to work on developing their final report.

Jacqui Kamp reported that the first subcommittee meeting for Healthy Communities will be March 9, 2:00 PM at the PSC. An email has been sent to committee members with the details.

Healthy Communities workshop debrief, comments, observations:

- Pleased with good attendance and a wide, cross-section of attendees; diverse opinions from community.
- The downside was the noise level; hard to concentrate at the table discussion when you can hear talking from tables around you.
- Future workshops will continue at the same location; press release has gone out for the March workshop and over 50 have already signed up; expecting a large turnout
- In review of the workshop report, found much of it related to housing rather than specifically healthy communities; okay, but need to be sure we're getting feedback on the subject at hand
- Staff is taking the workshop comments, sorting them by category, and bringing those to the appropriate subcommittee meeting. An effort is made at the subcommittee meetings to stay focused on their specific topic.

- Dr. Frumkin's presentation was superior. We need to keep it in mind as we look at solutions for the community.
- The workshop presenters are asked to provide a PowerPoint of their presentation so it can be placed on the county website. Those who missed the meetings can visit the website and follow it there.
- We may just have to go into the workshop venue with the expectation that it's not going to be a quiet experience and enjoy the energy.
- Suggestion to open the side door to perhaps let some of the noise escape.
- Can we get by without tables? Could sit closer together. Don't need to write. With many elderly people present that are hard of hearing you have to speak loud enough to be heard, can't lower your voice. If you raise your voice then tables next to you hear you also.

Support Services workshop format and question discussion:

Question #1: Looking into the future when one in four Clark County residents will be 60 or over, what services (non-housing, non-mobility, non-health) are lacking in our area?

- When formulating the question, it was suggested to make a list of services we have in order to arrive at what is lacking.
- Three speakers lined up for workshop: Judy Canter, family care-taker support services; Marc Berg, SW WA Hospice, one of people that led to PACE program in Oregon; Lisl Wendt from 211. Vanessa will introduce speakers and wrap-up at the end.
- Huge component of this is the enlightenment, enrichment, fulfillment, activities, what draws people out of their houses. Need to look at these factors. There's another part of enrichment that we need to focus on outside of health, transportation, etc. Engagement in community needs to be part of this effort.
- Subcommittee meeting discussion outcome: Contribution takes many forms including, but not limited to, nutrition, meals, prevention and chronic disease management, long-term care services, family care giving, diversion of hospitalization or nursing home admission, hospice, end of life, volunteerism, community resource awareness, access, equity and transportation, coordination of services, education in training, recreational and cultural opportunity, spiritual engagement and mental health. Support services include the contribution of individuals groups and organizations in weaving the societal fabric that supports sustainable and viable communities and aging in place. Access, information and coordination are really important components of any suggested service or program. We encourage the workshop participants to think within that framework.
- Our target population is older adults but many other groups are affected by the services that we provide, such as family caregivers.
- Remind people that while today we are faced with constraints in services, in the future we will have double the population and we'll need to get creative. Remember that we are interdependent even though our social construction is based on independence.
- Think about aging population being younger today than previous generations. Older people now are active, taking cruises, hiking, trips, etc. those kinds of social things. Aging doesn't mean you don't want to get out and have fun. Make sure entertainment and social opportunities are there.
- People want to get out of their homes but there is a lack of meeting facilities closer to their homes and sometimes they can't get to a community center.
- Bill cited an example of providing connectivity between human service needs for children and the community center at Fruit Valley School. Also, at Firstenberg Center.

- Talked about “third place” in one of the workshops, a place where you can meet people outside of your home and workplace. Starbucks was an example of a third place. Spokane has various meeting places scattered around the community where citizens are encouraged to come and meet people and gather. That’s what grange halls used to do. We have hundreds of buildings – schools, churches, grange halls. We can be creative in finding ways of using these facilities without investing more in physical resources.
- Speakers will have to give attendees an idea of what supportive services are and what is available to make it easier for everyone to talk about services that are non-housing, non-mobility, and non-health. Without that introduction people won’t know what services they’re supposed to talk about. Don’t exclude civic or social engagement which is a part of it, but we have a separate workshop on that so we’ll talk about that later.
- Speaker should emphasize how soon we will be facing the one in four county residents being 60+. The question should give a sense of urgency, how soon we will be facing the situation – by 2025 - maybe the question can incorporate that bit of data.
- In defining services, the word “lacking” could also mean lacking information, the services are there but people don’t know about them. Could be lacking in awareness, not the service.
- Benefit of these public forums is educating people who attend. Many folks walk away with information they didn’t know. Even if we’re repeating what we all know, sharing that with the public is good.
- Categories are tripping over each other. Should we think about combining the last two workshops so we’re not so constrained? How can we talk about support services without civic and social engagement? Jesse commented that the concept of civic and social engagement merits its own place because it becomes very broad to combine with support services. All the topics are aging issues and overlap. The final product will reflect that. As we prepare for the “silver tsunami” in one area, we’re actually preparing in all these categories. Don’t get too concerned with artificial barriers; keep focused on topic at hand.
- We can reformat question #1 and do what we always do and allow health, mobility and housing comments to come up naturally in conversation. As we do the report we move them to the appropriate subcommittee for consideration.

Question #2: Today 30 million households care for adults age 50+. By 2025 that number is estimated to double. We are facing limited resources, both financial and human capital to support older adults. What can we do as a community to prepare for the silver tsunami facing our support system?

- If we could plug in the data for our community and keep it local that would help discussion. Who might have that information for Clark County? Maybe extrapolate that from first question, every one in four, and what the population is forecasted to be in 10 years and what ¼ of that would be.
- Dave Kelly offered to help estimate that number based on data they have locally. There are statistics in the work force that show 36% of them have some sort of care giving responsibility during the 10-15 years of their work life. Can extrapolate from there what the work force is, or at least get an idea of how big the problem is here.
- Bill commented that there are two dimensions to this that should come out in the question. One is financial. The service delivery system for drug, alcohol and mental health treatment in the county has been turned upside down due to lack of financial resources from the state and feds. We are not financially capable of reinventing the entire service delivery system to address needs for seniors to the extent we’re talking about. Secondly, how do we do county government services? The county is

mandated by the state to do it and they'll pay for it, but probably not. Twelve years ago there were no specialty courts (mental health, veterans, drug and alcohol) like there are now. We're spending millions of dollars to treat people rather than put them in jail. The parallel is we're talking about a whole new system of service delivery. The question then is how do we stimulate the existing service delivery systems, (schools, county government, cities) to provide this? How can they be modified to provide the service, because it doesn't exist now?

- What is the role and responsibility of county or state government? We're not talking about a shortage of resources, but rather no resources. One of the activities we're going to have to do is advocacy for discussing with other entities about role and responsibility. Citizens will be faced with having to pay for services out of pocket one way or another. If it's not there how are we going to get it? The answer to that is advocate.
- The other tact is how to finance it. Because we don't have the financing mechanism now, does that mean we never talk about it? Right now the emphasis is on criminal justice. 67% of the \$800 Million, 2-year budget is dedicated to criminal justice. Will that be the emphasis in 2025? Can some of the resources be shifted? If we're not going to have any more money than what we have now, is it going to be allocated in the same way? We have a whole different service delivery paradigm coming up with this.
- Speaking of drug and alcohol courts and the mental health system, the aging population is also going to enter into that system. Case loads are increasing rapidly and there's no way to help so many. So how is the county going to increase aid to this growing population?
- The way health care is moving, behavioral health will be incorporated more into the primary care model where the assessments will be done in one setting not separate, fragmented systems which they are now. With a state law that has just passed there's supposed to be more dollars going into behavioral health. County's role will change. We will not be managing those programs as we do now. It will be managed through health plans and the primary care system. We will still have some specialty, but not to the extent it is now and it will not be a separate system.
- Right now the courts mandate anyone that is going to have a guardianship for Title 11 have an evaluation. If it goes back to the general practitioner they're going to say no and it will fall back on the county dollar. Right now it doesn't take much for the court or the commissioners to say they can't afford it. And it's going to get worse. Worried that health care will be able to take over that continuum.
- The critical mass is coming and that's why Commissioner Boldt said let's talk about it and develop a plan. We're going to have to restructure the service delivery system and fund that appropriately. Let's talk about the how, who's going to do it and how to fund it. When the aging readiness task force plan is finalized, it should be instructive for the future policy maker so we can take it Olympia or Washington DC.
- The local regional health authority model we're talking about has gotten the attention of the Secretary of Health and Human Services. The Governor invited Vanessa to come to that meeting last week. It is quite an accomplishment that Clark County got an audience at the highest level of government.
- The real need is gate keepers and case managers that can pull the multiple aspects that seniors and families face together and be able to point them in the right direction. Health care is not just medical any more; it's a holistic approach. There are two types of people in the community. One that will engage and go look for services and those that isolate, which they've done all their lives. They don't want to leave their homes. These are important points when talking about supportive services. There will be less children taking care of us as we age. This is where the

gate keeper and case managers come in to help those people engage and get what they need.

- How do non-profits and volunteers fit into the service delivery? How do we engage corporations in supporting and volunteering in the community? There are other avenues besides looking to government to incorporate in order to continue services. Volunteerism plays a big part in the plan. People who aren't volunteering for something usually haven't been asked. To expect the same level of service we've been used to we're going to have to do it differently.
- Question 2 is an attempt to look around that corner at the future. Incorporate words innovative, creativity; new paradigm in terms of delivery, identify the players as non-profits, corporations, and foundations to help people think about options.
- Dave Kelly asked when the group was going to hear about the innovation and brilliant concepts that are coming out of SW Washington. It's critical for the group to hear because it's connected to what we're doing. This is a very powerful innovation that we're pushing for and it's gotten a lot of credibility at the state level. Bill said we have tried to get Dale Jarvis lined up to speak but he is in great demand. We will look into dates Dale might be available. If Dale cannot make it, then Vanessa would be very capable of relaying these concepts to everyone. However, it will not be prior to the workshop on March 17.
- Let's not limit what we want to happen because the money isn't there. Let's have the master plan in place so from that we can begin to advocate for designing systems and finding resources.

Question #3: Aging-in-Place is the preference for the majority of older adults. Threats to staying in your home include isolation/depression, chronic health problems, safety and cognitive issues. In Clark County approximately 20% of the population lives the rural lifestyle. What type of supportive services should we provide to the rural area?

- How many people from rural areas have come to the workshops? Wondering if transportation is an issue, or knowledge of the meetings? Are we getting those folks in here? It may be difficult for people who don't live in a rural area to grasp the context of what might be needed out there. Colette said we are getting some attendance but a low percentage.
- Most of the support services we have are focused on the urban area. Are we going to expand our services or keep them the way they are? What's the obligation of the community to the rural lifestyle versus urban? In-home care services has mileage and transportation to consider plus the cost to deliver services to the rural area is higher. Do we modify the question to make it rural vs. urban?
- There's less rural now than there was 20 years ago and looking out 20 years, will there be even less? If this population moves into Clark County and we have to build more housing, will there be less rural? Response, we still should be looking at the rural areas.
- Rural areas such as Hockinson have schools, fire stations, and churches just like the city has for community services.
- People make choices to live in a rural area even if there isn't access close by to services. People want to stay in the areas they grew up in. Some are healthier because of the kind of work they do, such as farming and seem to manage and figure out their care for themselves.
- Let's not focus on urban vs. rural but rather the fact that there will be an increase in the senior population and the need for more supportive services no matter what. Focus on how and who will be delivering those services.
- The question needs to be on the page to challenge seniors about whether they really want to age in their own place. Is staying in their place really the best choice for them? The overall piece is mental health and what isolation can do as far as

depression and other issues. The specific question is whether the county is going to pay extra to drive 25 miles to deliver the services in the rural area. The question has to be asked to give people the opportunity to answer in a deeper way.

- Marti commented that people who come to the workshops from the rural area are different than the ones she assists. Concerns are for ones living in dilapidated mobile homes without resources.
- Agreed, reformat the question to address two different situations. Keep the aging in place part of the formula. What opportunities do we have to enhance aging in place? Are there special circumstances specific to the rural community? This would open the door for discussion.
- There will be those who engage and those who don't. It's more of an engagement issue than a place where you live issue. Does it cost more to deliver service to the rural area? It depends on the service. Do we have an obligation to offer service equally across the board?
- Klaus would like the opportunity to talk about systems issues rather than service issues. It's more complicated than just getting volunteers. The "who and how" services are delivered is appropriate for attendees to discuss. There may not be an existing model that is worthy; it may be a whole new model.
- Suggestion that we have a meeting out in the rural area in order to get input from those folks. They may not be the ones attending the workshops so we don't get their opinion about what they need. Bill suggested we get a member of the Rural Lands Task Force to come in and talk to the group. Colete said they have been invited in the past to the workshops.
- Suggested rewording of question: drop the last two sentences of question and still ask what type of support services we should enhance for those that want to age in place, not limited to the rural area, but county-wide. Then ask whether there are special needs for those that live in the rural area.

Public Comment:

- Jim Carlson attended today because he went to a workshop and enjoyed it. Regarding suggestions today to reach out to non-profits and the like, he would add developers to that list to get them on board for a different way of building things. Form dictates function of how a community works. He believes in the wisdom of crowds and this is one of the best crowds he's seen. If you figure out what functions have to go into a community, you can tailor that to operate for the long-term instead of short-term. Communities we'll build in the future, as discussed at the last workshop, with better sidewalks that encourage walk-ability, increase life span and have a positive affect on health and mental health issues. He hopes to gather information about what functions we want to see in the future and hopefully be able to build that.
- Response: thinking of rural areas in terms of planning and building, the concept of a rural center may be the neighborhood of the rural community for the future. Then you can gather folks together and eliminate those issues of isolation and depression yet still be in their community.
- Next meeting/workshop is March 17 at 2:00 PM.
- Marti announced that the county Veterans' Assistance Center will be opening in March. Everyone is invited to attend.
- Meeting adjourned at 1:47pm.