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>> Hello. We'll start the meeting. Our chair is currently gone. So I'll be stepping in to lead the meeting. We have some other members that are missing tonight. So we're just going to kind to jump into the presentation. But first, we don't have any updates from the aging and disabilities resource network. And we'll hold on approving the minutes on the agenda for next meeting. So with that, I will introduce our speaker, Mr. Alan De La Torre. He's is with research on aging. Dr. De La Torre serves as you chair of the aging friendly design committee for the Academy for higher education. As the board member for the association and on several local communities and an effort to shape livability and accessibility. He is passionate about the research for livability and planning. Welcome. [applause]

>> So I'm going to do my best. I thought this was a computer screen up here. I know there are small slides. I want to first say thank you. Fact that you've invited me back now, this is the third time I've been here. At least I'm not striking out every time. I was talking to Jacqui Kamp about this earlier, I've been pushed into this realm of bringing new knowledge today. When we were talking about the development of this project -- this presentation, year one it was housing, last year it was transportation and this year it's healthy aging and healthy communities. I realized how quickly data and research gets outdated. Over the last week I've scrambled to get new information and catch up with things but it's been a learning opportunity for me. Thanks for pushing me in this direction. I've

been working through this as well. We started to ask the question, what are we going to call this experiential. What do we want to cover? There are a couple of things that are important. The first was the concept of healthy communities, healthy and livable communities as a foundational piece on what we were working from. The other piece was healthy aging. By creating this title, it put me into literature that was important. I learned as a coordinator of age-friendly Portland that there was some updating I needed to do on my underlying knowledge. Big thing is that the world health organization has updated the framework that they're using. Currently it's not just the active aging framework but use being healthy aging as their organizational framework. Today I'm going to talk about healthy communities and a lot about healthy aging and get into the aspects of age-friendly environments. I think this will bring us full circle. I want to note that the this "National Geographic" picture on the right has a lot of people in the blue zones. Anyone familiar with the blue zones? That's where people are living long and healthy lives. The question is why are people living so well and long in these places? There are nine across the world that have shared things. This is one of the babies from the community. When we think about what people's life expectancy might be, we can look out to kids born today to live to 100. And even 120. There is a difference between life expectancy and lifespan. Does anyone know what the human lifespan? The longest capacity that people have to live. 122 is the oldest verified lifespan

that we have. There is one woman in particular who claims to have been 124. But there is no birth certificate to prove so it's difficult to validate that fact. Life expectancy is the average age that people -- one person would live from birth. The life expectancy could be measured from any particular point in time. From birth is the most common. Currently in the United States men and women live just under 80 years. If you're 60, you may have 25 to 30 years left in life expectancy. The people that would have died and pulled that number down have passed away so there is a hardier life expectancy. That's a kind of quick aside to this idea being that there are a number of factors that contribute to healthy communities and we want to explore that and how they relate to healthy aging today. First and foremost, what is a healthy community? I started asking this question and realize that this research of the Johnson foundation focused on healthy communities. In addition, there is some research that they've done on how physical environments influence physical activities and I'll get into that later. There are some commonalities in healthy communities. First, local policies encourage healthy living and makes it easier to sustain healthy lifestyles. So policymakers are critically important. The second piece, there is a consideration of health and equity in community, design and development. Equity would look at aspects related to age, ethnicity, race, gender and disability and the intersections between those issues. As we continue to move forward in our planning for sustainable and healthy

communities and futures, equity is only going to grow more important as we see the diversification of our society and aging of our population because aging is an incredibly important thing. Third, local data are important to illustrate what healthy communities look like identifying gaps and challenges and setting common goals. If we want to know that we want to increase accessible housing and put together an educational campaign, we can put forward goals and metrics to achieve those and measure them. Fourth, local investment and efforts from hospitals, universities, community organizations and others with expertise and capacity all need to be brought together to understand how to shape and move forward healthy communities. It's challenging for one organization, one individual, one group of people to move this all forward together. We thought about the age-friendly work in Portland from a collective impact perspective to say we have a shared goal and a number of organizations around the table are moving toward that goal it's easier. And networks of people to appreciate the environmental factors. This is to a certain extent data-driven and research-backed information. Healthy organizations need would be the grass works community-driven approach. What is healthy aging? This is the question that was difficult to answer and required digging into new information. I do want to note that this report, the world report came out in 2015. It's an incredibly important document and it's framed to globally moving towards healthy aging and healthy communities. There is not a lot of consensus on

healthy aging. Academics and policymakers use variations in a number of ways. There are related terms that are important to note, successful aging was a study done in the Boston area. One of the problems with successful aging they said to age successfully, you need to be free of disease and disability, but we know that's not the case now. We understand you can have a chronic disease and disability and be an incredibly successful person as you age. The next term that came into vogue was the idea of productive aging. But it's tied too specifically into work and economic value. We know that people can contribute to the community without an economic value. We landed on the term "positive aging" but healthy aging is probably the best way forward for us collectively as well as the age-friendly work happening nationally and internationally. The W.H.O. put forward an actual definition I'd like to use. They say healthy aging is the process of developing and maintaining the functional ability that enables well-being in older age. We'll come to this will come back to this a couple of times. But quality of life and well-being are the touch shown stones for gerontologists. Finally, healthy aging replaced the active aging framework. This week I have bolstered my knowledge. I hope to make our region more age friendly. So this next piece, I want to chat about the longevity bonus of health. Since the turn of the last century, since 1900, we've seen a new longevity bonus. 30 plus years added to life expectancy. That's great, the question is what do we do with those 30 years and are there advantages

and disadvantages within those 30 plus years? I think two years ago, the housing introduction, I introduced myself as a former skateboarder. I got interested in urban design through my time as a skateboarder. I hit who in July and don't skateboard as much. But this does allow for certain people to explore their options in a number of different ways. So this is the first time in human history that we've seen most people expected to live into their 60s and beyond. A quick aside, by 2060, 80% of the older adults in the world will live in developing countries. 80% of the world's older adults will live in developing countries. We have such a large growth in our aging population. Places like China and India will absorb those numbers, but a lot of the world will be growing old before they grow rich. I start teaching global aging a week from Monday. Second, longer lives present opportunities and challenges. But they depend heavily on one key factor and that is health. I'm going into the opportunities and challenges after this slide. The big point that I'd like make here is we're seeing a rapid rise in life expectancy. In 1880 the life expectancy was 40 years. This line is the historical average rate of increase in life expectancy. Around today, we're just under 80 years of age, we expect to see a slowing of average rate of increase. In fact, we've seen certain parts of the population life expectancy closely related to education level. We're seeing an increase in education, but those less educated are seeing a decrease in their health and life expectancy. Education is a key predictor.

>> Are you correlating some of this with wealth?

>> Wealth would be a great predictor. Health and wealth kind of go today.

>> Education is a proxy measure for health, education and other things. Education in itself is not the predictor, but it's the things that come along with education that correlate with a lot of these statistics. Just a snapshot, the question of whether we'll see an average age of a hundred in our future is probably yes, but not as quickly as we thought. 2080 might be premature. So, what are some of the opportunities and challenges related to healthy aging and healthy communities? The first is that if people experience their extra years of life with good physical and mental capacity and live in a neighborhood environment, the ability to do things they value will have the ability to continue to adapt and grow and use our communities to benefit us. Some challenges related to this are important to note. With these added years of life are dominated with disabling environments or environments that are not inclusive and accessible, the implications are much more negative. I was talking today with a demographer, we are literally coming to the end of the boomers and becoming 65. That projection we've known since the 1940s that we were going to witness this. Our preparation has been impacted over the last 10 or 20 years. Some aspects that are components of healthy aging, I apologize, the next slides are going to get nerdy but these are the concepts that drive what we're looking at. First



and foremost, it's intrinsic -- aspects within ourselves. Healthy aging starts at birth and there are genetic inheritance that we have to move forward. We know based on our genetic inheritance we might be exposed to certain diseases and risks. In addition though that, we have permanent characteristics that are fixed at birth. We're influenced by our surroundings and environment like education and wealth. Finally, we have a range of environmental influences. These are age-related trends. They're things that happen for everyone. They're normal processes of aging. Thinning of hair follicles. We shrink a little bit and our vision and hearing starts to decline. Different than normal aging is the concept of diseases. Age does not equal disease. Because you're 65 does not mean you get cancer. You may have age-related changes like thinning of your hair follicles but it doesn't mean you'll have it at a certain age. When we think about intrinsic or external factors, we think about the environment. They're comprised the home level, the mezzo level and macro levels as well. Macro levels are things like systems and policies what ties everything together. We have intrinsic to influence healthy aging and extrinsic. This has several pieces. We have the genetic inheritance and personal characteristics like education and health and those that are influenced from ourselves or outside. Normal aging, traits and skills, do we exercise, not smoking? Eating well? Physiological changes like balance and gait. Changes to homeostasis. It's like a five-year period and the aging component. homeostasis

is used to describe the balance state in our bodies. Changes would affect us positively or negatively. And the broader issues of geriatric syndrome. Even though they're covering a number of different issues and you could think about them as anything from declining vision and hearing to something more akin to premature aging. Homeless communities or people who have had a rough life, they might have advanced aging in ways that their chronological age would not determine. You might find a 40-year-old who presents symptoms of a 60 or 70-year-old based on their experiences. The geriatric syndromes are important. Just to go back quick, I do want to note that the blue box on the outside represents those environmental influences. You have internal intrinsic and external extrinsic. There are variations that exist with personal factors. Together these influence health behaviors from childhood to the end of life. This is an important point to make. Aging is something that is cumulative and it happens from the moment we're born to the end of life. You're aging from the beginning. And some could argue that you're aging from conception, but I'm not going too far into that. This is another summary slide. We have age-related changes, behaviors and genetic and social facilities and more. Digging back into the concept of functional ability, this is where it all hangs together. I didn't realize how important functional ability was and how complicated it was, but I can't move forward without digging deeper. There are only two sides. Bear with me. Functional ability is the health-related

attributes that enable people to do what they value. If you value time with your grandchildren, functional ability allows you to do that. If you value cycling races, your functional ability will allow you or not allow you to do that. It includes the intrinsic capacity and interactions between individuals and environments. I know this is going to get a little nerdy, but the concept that environment, influence individuals is completely true. If you have a set of staircases that you can only enter a building through, that environment is determining your action. It's determining a lot of your functional ability. Additionally, social environments will change the way we can interact. Social components. This is where it gets a little bit -- I think it's important to understand that this is our normal trajectory for intrinsic capacity and this concept of functional ability. The reason there is a gap is because there are ways that we can use prosthetics or other supports to bring up our capacity. You can think of it as a walker or a grab bar or ramp so we can push up our intrinsic capacity through supports. This is the complicated side of this. I'm going to step you through this pretty slowly. So what we see here, the intrinsic capacity and functional ability. I'm going to start here and focus on health services. So we can think about capacity for preventing chronic conditions and ensuring early detection and control. If we can stop and stem diabetes type II, we're able to stem and/or reverse the early stages. Second, you see this declining capacity and the reversing or slowing

declines. Sometimes it's as simple as getting back into the gym or being physically fit. I'm in that place right now. Having turned 40, I have not been able to play soccer because I had an injury. When I went to the doctor, they said you need to start changing the way you take care of your body and stop playing soccer until you get it under control. I'm trying to slow down declines by doing physical therapy and training. The final piece here is when we start to see the significant loss of capacity, we're able to manage advanced conditions. There is further room to push up the intrinsic capacity here, but it's a harder place to make up the gap in the functional ability. That's all from the health services realm. Next is this concept of long-term care. We're able to prop up or support declining capacity and loss can have capacity through capacity enhancing behaviors. These are home services and independent support. We might have services delivered directly to us rather than go to those services. From the functional ability perspective, we're able to ensure a dignified later life. This is how we experience well-being and quality of life. The final piece has to do with environments. We're talk become physical and social environments. The first piece here is to promote capacity enhancing behaviors. That would be education. It would help both in the high capacity and stable individuals. It falls more into the high stable and declining capacity realms. The environmental piece is to remove the barriers and compensate for the loss of capacity. It might be where ramps are

put in rather than staircases. We might think as well in general about supportive environments and universal design. So, this is not homework. You will not be quizzed on this. It's more complicated than it needs to be. This is the basic fundamental approach that the world health organization is taking to advance healthy aging. There is the framework in a nutshell. I think I understand this. I hope you are getting some of this. It's new and a little complicated but useful. We're going to move into healthy aging action. How do we move this stuff forward? First and foremost, action is urgent. Like this is not something that we can delay for another five, 10, 20 years. Our population is aging. Second, acknowledging the great diversity and health experience of older aging. So we often group older adults into broad categories. 65 plus, 45 plus. There is incredible variation that existing within those populations. Take the baby boomers, somebody born in 1946 compared to 1964 is an 18-year difference. Huge differences in the life experiences that individuals have had. To group boomers together is a dangerous things because there is diversity among them. In addition to that, shifting our understanding from healthy aging as the absence of disease, we talked about successful aging earlier to functional ability allows us to get past that ability for people -- to continue to grow and not to think about functional disabilities. To meet their needs. A couple of additional things, the last two here, framing healthy aging is important. How do we look at the trajectories for different phases of life? How do

we take children and teenagers and early adults saying the direction you're heading is going to lead to this outcome or the challenges associated with unhealthy aging, by thinking about it, we're able to plan the future trajectory. The final piece is this idea that we have accumulation of environmental determinants. This -- the quote here, this is yours, son, it's been in the family for generations with the picture on the left having one an urn or pot of riches and on right a box of poverty. We're following in many ways the foundation that's been laid before us. Making changes or changing our trajectory requires planning and time. There are some concerns that we have whether we can get out of socioeconomic status or poverty in ways that we were able to in decades past. I think it's important to know that people who come from disadvantaged backgrounds have an accumulation of disadvantage. People who come from advantaged backgrounds have an accumulation of advantages over their life course. I'm going to shift here into the realm of age-friendly communities. Part of this is to touch on aspects of environments that are important. The other piece is it's easy to talk about age friendly. These are things I'd like to give to you to work toward. But there are three environments when you think about age-friendly environments. Physical environments include things like housing, transportation, outdoor spaces and social environments, social participation and inclusion. Volunteering and civic engagement and aspects of service environments including things like healthcare,

home-community-based services. These are all related to healthy communities. Social environments include aspects of perceptions about older adults and aging, reducing social isolation, service environments to meet the needs of older adults and providing home and community-based services, not just going to a hospital to get your services. And the final piece on age-friendly physical environments, we understand that accessibility is important, access to healthy foods and encouraging physical activity. These are all related to healthy communities. With respect to our changing perceptions about older adults and aging, we're all aging! We're all in together! It's important to know, the best promo I ever had was when my daughter was 3, we had her say "we're all aging." We posted it and got so many hits on Facebook. The truth is that she is aging and I teach her about the aspects of aging and disability and inclusion and equity. Second, perception about older adults and aging remain. We talked about how heterogenous the older adults are. We perpetuate the myth that older people are unhappy. Happiness occurs on a U-curve. Around the age of 47 we start to see a more constant uptick towards happiness, then we go downstream. Thinking about enhanced social connections. It's critically important. There needs to be social connection. Morbidity is sickness or illness and mortality is death. Social engagement improves physical and psychological well-being. Engaging with people will help our health. Americans both younger and older are more distanced physically,

psychologically or both from other people more than ever before. It has the same impacts smoking 16 cigarettes a day. This is something you'll hear often. I have over the last year or two. If you're looking for the source -- I want to note that several slides on this, if anyone is interested in following up, the report is called "case for aging communities." The statistics are published in a publication that we put together. All of those references are kind of available. You can Google "case for aging communities, it's a document on time. The framework institute has done an incredible series in developing what would be a reframing approach. Re-thinking aging tool kits. Educational material, perceptions of the media. If you're interested in that, the framework institute is recognized as the best in the nation around this issue. So, I'm going to move forward this idea of age-friendly physical environments. We're looking specifically now at housing, transportation and outdoor spaces of buildings. I'm going to chat about these topics, green spaces, healthy foods and physical environment and activity. First and foremost with respect to accessible environments. It's necessary. Accessibility as a concept is pretty straightforward. You think about accessibility as supporting people at varying abilities but it's more complicated. There are nuances with respect to accessible communities. I do want to note we have things that are important. Programmatic accessibility is important. How do people learn and become a part of a program is there all these are accessible to certain populations more than they



are to others. You think about design and for communities across these spectrums including aspects with parents with strollers, this gets us past some of the stereotypes associated with aging and disability. They're harmful stereotypes but they exist. Thinking about it is a helpful way of selling the idea that accessible communities are good for all. Approaches to consider. You think of universal design. Objective standards. These are standards that can be measured. A type A or B or C unit. Then subjective experiences. So it's not just about did you meet code, but is it a good environment? Did it work for people? That's an important measure. You could be compliant and cross all or Ts and dot all the Is and it could be a bad environment. We need to bring people until as a range of users to work through those things. The concept of visibility is important. It connects to social connections. It's a basic accessibility measure. You need white halls and doors and a bathroom and social space you can use in your home to invite somebody over. That social isolation is important as well as physical accessibility. With respect to green spaces, older adults and some community members have identified a number of friendly community features that relate to this problem. Access to green spaces and parks, present natural features. I learned that park maintenance is a problem in just about every country across the world. Accessible infrastructure and park amenities things like access to restrooms and covered areas. We understand the support to public restrooms. Suggestions for research relate to parks include aspects

of structuring activities that appeal to older adults. That's particularly in the morning activities done in the early morning or morning time. Parks and green spaces for age-appropriate activity. This could be going beyond play structure and thinking about adult play structures and adult exercise. I would highlight or emphasize the importance for universal design, it's helpful to find things that work for younger and older people. The next piece is promoting and helping people with older adults being in a green space, social connections are all part of that. Interestingly enough, park trail have the strongest activity for older adults. It allows people to walk around and that's a predictor of physical activity than other aspects of parks such a playground equipment or a ball field. It's the only federally protected aspect of age that we have in our country. And then final piece, trail accessibility matters from parents to others. There were folks who said could we think about going beyond trails and think about what would be advanced challenging environments for people who might want to use their wheelchair in the way we think of an obstacle course ninja-type stuff. You may want to be pushed beyond the normal experience. Food insecurity is increase an increasing concern. It's a growing threat for the quality of life for older adults. I'm referencing a study done in New York. This focused on New York City in particular. Barrier to accessing health is living in a food desert and not having access to a full service supermarket and lacking affordable options. Older

adults experience more difficulty in accessing food than younger adults. You need to walk 10 or more blocks. It's more difficult for an older person. Other physical limitations like vision. If you can't read labels or signs in a store, that's why large lettering and good contrasts are important in grocery stores. Medical conditions affecting diets. Are you able to find the food you need. Amazon is interested in understanding how they can provide healthy food packets wherever you are. You may need food at your hotel. Final piece is the ability to get home from the market. So if you have a backpack and a walker, there are a number of factors that make it difficult. With respect to physical environments, we know that physical inactivity is a significant risk factor for many diseases including all caused mortality. Looking at all things that would affect individuals, cardiovascular disease and diabetes and some cancers such as breast and colon cancer. There are a wide range of built and natural environments that affect physical activity for older adults including the walk ability of a neighborhood and include whether or not you're able to go through or walk a long way or walk as the crow flies in direct paths rather than cul-de-sac communities where you have to walk twice as far to get to a certain destination. Crime and the perception of crime are important. Park and recreational access. Tree and vegetative cover. Air quality and traffic safety all contributing factors to how built and natural environments affect physical activity in health. The urban design will affect physical

activity levels by influencing aspects of the environment through transportation networks and street design and active modes of transportation. With respect to healthy housing, I want to reiterate, rate work, you all putting this together. I use this and share this with other people. Healthy housing is a lot what have is in here. You should be proud of this and use this. Because it's relevant and current. That covers aspects of accessibility and aging in place and aging in community. But I think that healthy housing allows us in many ways to continue to age in the place that we want to. Although the home itself might not be the best place, this is an interesting thing. As our life changes, our life circumstances and people in our homes change, we have variations that will exist with respect to our ability to age in particular homes. You have two-level home with five though 10 stairs leading up, you bought the house when you had a family of four or five and all of a sudden you're an empty nestor and you don't have the ability to navigate the stairs, that affects your health and ability to get in and out of your house. Visibility is a social connection and universal design to get people in and out of their homes. I talked about visibility two years ago, the reason why visibility is important, it's not about you, it's not about a person when is aging in a home, but everyone else in the world. Why would you want to limit your neighbor, your mother-in-law, but why would you want to limit anybody within reason from coming to your house? The idea is you have a good entrance, you can get anybody in

there. It's a place to socialize. Air quality is important. Bounds like paint, we put in new flooring in our kitchen. We looked at whether or not we had green sustainable flooring for our kids. But it also works at the other age of the spectrum. Quality materials are important. Technology, internet. We're going to continue to evolve and become important. You have devices talking to each other, our apps are talking to each other and sharing data. The Internet of caring things could be helpful because you might say, I want to know whether I have orange juice or milk in the fridge. It will be able to tell you if you need milk. Keep an eye out on how technology is important. Final piece is affordability. We can't live in a place we want to or displaced from where we want to live, it can be difficult on our health. I know I'm running out of time here, but I want to end by talking about healthy neighborhoods. Older you adults are more susceptible than younger include being air pollution and noise. Leading to increased hypertension. This is interesting. The aspect of pollution makes a lot of sense. We have age-related changes related to breathing and lung capacity. Air pollution makes sense. Noise is interesting. Part of some research that I did for my dissertation, I found a development important. If you want to find it go to my dissertation and you can find it. The idea was that the developers and designers put the older adults adjacent to the freeway because they couldn't hear as well. The outcome related was a bunch ever older adults who are living in the community who were having trouble

sleeping and have their health disrupted. Declining hearing, wrong decisions. These are general things. It's helpful to have evidence-based practice to look at the literature before making important design decisions. Older adults are more susceptible to increased cardiovascular vascular events and death. Increased rates of cancer. Just because you're older doesn't mean you'll have cancer but there is a correlation between two. Encouraging physical activity and scheduling visit with health professionals. We're pretty good at avoiding our health professionals unless we have to see them. It's important to have regular check-ups. I need to order my panels. I encourage all of you to stay current on your appointments with health professionals. This will help us with respect to our health and well-being. I'll be happy to come back if that is helpful. And thank you, I do appreciate this. I found myself groaning every time I come out here because I'm trying to present and understand the challenges. But I want to thank you for continuing to take the information produced as part of the research I'm involved with in the greater area. Implementing it and applying to what we're doing here and in preparing for this presentation, I sing your praises because you're doing good work here. I have some time for Q&A.

>> Does anyone from the commission have a question?

>> Thank you very much. We all like to think that we live in the healthiest place in the U.S. Are there some regions healthier than others?

>> That's a good question. I don't have a lot of strong data to support the question. But I definitely would say that there are various factors that contribute. If you think about transit system, active transportation and being able to walk and bike and get around on transit. I think we're pretty well-supported in the region here. I was able to ride the 105 express up here with minimum challenges. The Milken Institute has rankings for communities. You can take a look at the most recent reports and get an accurate description of where communities fall. I think we're fortunate in the Pacific Northwest to have green features and natural spaces -- natural spaces and green spaces that are inherent to our community. Tree canopies that we have. Access to nature and parks and trails. They're world class here. That matters in a number of ways. Fact that we have proactive approaches that address issues of aging and health. Those things will matter as well in preparing for our future. You know, we're still car-dependent in certain aspects of our air quality. It makes it difficult for us to transition to other mobility options as we get to the end of our driving. If we were to look at countries, I think it's important to note that a lot of our Nordic, Scandinavian countries are succeeding with respect to helping successful aging far above where we are here in the United States.

>> We've had a lot of talk about three-wheelers. Three-wheel bicycles. Do you see more of that now in Portland at all? Do you see more three-wheelers including seniors?

>> The adult trike thing? Yes, I see that more and more. My sister rides a three-wheeler.

>> Three-wheeler bikes rather than two wheels.

>> I see that. My sister had a traumatic brain injury when she was 16 and she rides a three-wheel bike now, but I have concerns for her because of the ability to tip one over. There are three-wheel recumbent bikes that are more stable. I think it's easier on your knees in some respects. I never tried out a recumbent bike. It seems strange.

>> One more question: do you think that these senior retirement facilities are healthy communities?

>> I'd say that, yes, in many ways what they provide is supports that are important for healthy well-being. My critique of a lot of those communities especially those providing long term supports and services and assisted living is that they focus internally quite often. A lot of developments happen historically at times where they went to where land was most expensive. More and more retirement communities are realizing that parts of their population want access to urban amenities and access to communities related to downtown cores or more dense areas like arts and culture. The best model that exists in the United States is [inaudible] communities. Except for fact that it's so expensive. The idea of being able to age and die in place, you enter independently, it's dignified. It's complete life course planning in many ways. I'd say there are pros and cons. The



boomers in general are leading us to new places. There will be innovation coming driven by people that don't want that. I want something that doesn't exist or in alignment with social housing. We'll continue it see the models evolve over time. Washington, Oregon and California are all considering big changes to land use. The ability to see more density and residential neighborhoods may be on the docket for all our communities. That could be good or bad or something in between. I'm not going to hypothesize on it. But I think it provides opportunities in some ways to age in a place and age in community if you're staying on your property and moving out of an accessible home into accessibility. I think the models that exist have a lot of benefits.

>> Just -- I've got just a comment to make. And I have a question. I went it see a movie and it was directed by Clint Eastwood. At the end of the movie, there was a song sung by one of my popular country western singers Toby Keith saying don't let the old man in. I listened to the words of the song, then I got on the website and looked it up to find out where it came from. Some of the verbiage in there hit me. Clint Eastwood is 88 years old. He's been around for a long time. He directs a lot of movies and is still active. Toby Keith happened to be on the golf course in June of last year. He asked Clint Eastwood, you're 88 years old. You act and are involved in the community. He's a fundraiser and he's done everything. He looked at Toby Keith and said, don't let the old man in. If you look at what he was saying,

he says you don't give up. You stay active and committed. Do what you want to do. He directs and he acts. He's 88 years old. He's still an active individual. I thought that tells you the story. You have to take care of yourself. I understand he's wealthy, but at the same time you don't give up the things you want to do in life. I felt that was a tremendous song if you listen to the song, it has a lot of talk about seniors becoming aging and being active in your community and giving back to your community. It's great. My question to you is a lot of different countries especially China and the Asian countries. There is a responsibility that the parents take care of their seniors. They're involved with them. They certainly interact much more. They're part of the family. I had a conversation with a student at Shanghai university who was visiting here on an exchange program. She was a senior back there. She says we take seniors and the involvement, no, it's the responsibility in China that the younger kids take care of their parents. Make them part of their family. Because of the experience and wisdom that they have. Do you see any changes that have taken place when there is much more reaching out and involving families of seniors? Or do we still say once you reach a certain point in life you go to a retirement center?

>> You're asking a tough question. In the United States, we are a melting pot. Values that come from other cultures are integrated into our broader societal norms. But the truth is, a concept that we're talking about, it exists at higher levels in Asian, African

and Latin communities. It's reference and deference to older people. I wouldn't say we have a strong component in American culture. Ageism has a lot to do with that. There is a professor at Stanford who talks about the paradox of aging. If we think about the most important aspects of life with value, we think of youth and power and money. As we get older when you have differing beauty and less power, finances might be different. Life will become happier over time. Awful those things will be associated with happiness and youth we're losing. In some ways, we need to do a better job of accepting the fact that we're aging and stemming stereotypes of aging and embracing the fact that old people know cool things and young people know cool things. There is more generational conflict that exists today than there was five or 10 years ago. I think in general, we do see generational strife that exists. Part of it is we don't want to get old. And the other piece is that we don't think about all the positive things that come along with age as well. I talked to some of my colleagues about this. They kind of uniformly will say the common thing they feel will get older is they care less about what other people think about them. You don't have a set of concerns over something you don't have control over any more. That is important. And also personal relationships matter more. If we think about older adults, one thing that adds meaning, stronger personal relationships and the fact that people die around you. They have a need more generational interaction. I think there is opportunity out there.

You have to get past our ageless selves before we get there.

>> Your statistic about loneliness was impactful. I'm curious, are you aware of any examples or strategies on how other communities or places you heard are addressing that?

>> Two things that you'll point out. So, I was working as a part of a project called "older adult behavioral health initiative." One of the members that have team presented on a hot line which is a loneliness hot line. You could call in and talk to somebody. It wasn't specifically directed at things like suicide, it was stemming social isolation. I think it's been impactful. Her presentation helped some of the people in the evaluation. And believe it or not, united kingdom created a position at the national level called the loneliness czar. An entire nation had put together a position to deal with loneliness because it was such a big issue. So this is going to be something that we continue to see. And it will continue to be an issue from mass shootings to behavioral mental health issues. Loneliness and social isolation, the lack of connection to members of our community is serious. We need to address it. Maybe we should get more czars of loneliness.

>> Do any members of the public have any questions?

>> [off mic]

>> Absolutely. Yes, I should have mentioned this because I think villages in many ways have opportunities for enhancing healthy communities. Quality of life, well-being. Villages for those of you

who might not be familiar are geographic attachments that allow people to get connected on different issues. They differ wherever you are. Seattle as an interesting village movement, even if you don't have financial resources, you might be able to drive your car to take people around or donate fresh food. I like the fact that it's grassroots and geographical oriented. It's not government-driven. It allows people in the community to connect socially. You won't get health services but you might get a ride to the doctor or have a companion at the doctor. I'm a huge proponent. I appreciate you bringing that up. Has anyone not herald of the village movement? All right.

>> As you know, we started off the whole commission focusing on aging in place. Aging in place being more of the umbrella and this is one major component of that umbrella. So could you tie all this -- by the way, your presentation was great as always. Could you tie this together to aging in place and how it does -- I've been thinking about this. How does that tie into the whole component of aging in place?

>> Over the last two months, my wife and I decided to start thinking about [inaudible] Two kids, getting out of the townhome that is up and down three storeys. Stairs leading up and down. We started thinking about this. I know from my research that the best time to find a house for aging in place between the age of 40 and 60. Currently I'm in that window. And to not include that as a core part of my home

search is a disservice to me and my family. As I think about where we'd like to live, we highlighted a number of aspects on aging in place to healthy communities. How can we accomplish quality of life and achieve the goals that are important for us? Proximity to schools matter for a short amount of time. Kids will graduate from elementary school and go to junior high and high school. How do you find a continuum? With two kids for the next -- I don't know how long you have in school from kindergarten to 12th grade? 16 years of schooling that we have to consider. But we want access to local parks and walk to a grocery store. Our social network is keeping news place. Being able to send our daughter across the street to jump on a trampoline and I can look out a window and keep a half eye on her while I'm cooking dinner. It's the familiarity we have. It's the 6-year-old across the street who welcomes my daughter. Those are important pieces. Access to parks matter as well. It's the interconnected infrastructure that matters. Not just play in a park that we can drive to but how can we ride our bike or walk to those places because we don't always want to drive. I'd say that planning for these things and being aware that we're aging is a big part of it. And aging in place and aging in community are two related, but different things. Aging in place or in one's home requires finding the right home that will allow that. It's difficult. We don't have a ton of housing in the Pacific Northwest. Part of it has to do with cultural components. We don't like to be -- part of it has to do because the fact that the rains

a lot. You want to let people in but keep rain out. Those aspects are difficult. Aging in community is related, but a little different. Aging in community is saying I might not live in the house that I'm living in for the rest of my life, but I want to live in my neighborhood and community. I trust and know the people at my local church and grocery store. All of the places that are critically important to me. It's about people. The aging in community is important because it maintains the social bonds and connections. Research we did for in 2006 and 2007 was telling. One of the things about faith-based communities, even with dementia, you can show up at a church and feel a similar feeling that you did 20 or 40 or 60 years ago. Similar songs and similar routine. Even though the faces may change, there is comfort and there is familiarity. Matters quite a bit. It's the ability to adapt with our changes, our functional ability, how our intrinsic capacity changes and to remain in a place that will enable us and allow us to meet our needs over time. It's all connected, right? Aging in place and healthy communities. If you have a desire to age in place and a lack of healthy community that's built around you, you may end up with less access to services and less social connections and maybe more social isolation and perhaps more morbidity. I know I didn't connect all the dots for you there, but they're closely connected.

>> Thank you. Any other questions?

>> I'd like make a comment about social isolation and the

loneliness. I'm feeling that and a lot of people I know including my husband and I, we're getting more and more isolated because we actually don't have to leave the house if we don't want to. Everything can be delivered to us now. And that is technology that is great, we don't go shopping, we don't have to do grocery shopping, but that double-edged sword that leads to much more social isolation. We're not even interacting with all the sales people. And so, I'm wondering how that technology is going to be driving -- if it can be married or divorced from social isolation. I see us becoming in some ways more socially isolated because of that.

>> I think there is a strong correlation between advances in technology and reduction in person-to-person social contact. You have better access to things like Facebook and twitter although I'm not a twitter user. Those things would be an argument for social communities. I do, I agree there is tremendous concern and worry. That being said, I'd say what a lot of older adults who I'm in contact with and a lot of research I've read has pushed forward is the idea that we have a need for meaning and purpose as we age. Achieving meaning and purpose requires us to interact and find the Avenue to realize there are opportunities. Folks post retirement need to have plans not just financially, but I think through a community lens as well. If you have an interest in continuing to work or volunteer, those are ways to continue to grow. And that critically important piece that as your social beneath network declines and that happens



with age. There are -- if someone has Alzheimer's, you may not be able to interact them in the same way. How do you include relationships with people at different ages? That's important for people to understand. It's difficult, because it's not easy to meet new people, like it's harder to find a spouse once you get out of school because you're running in new people all the time -- running into new people all the time. When you retire, what are you doing to replace the social network? It's a challenge. But I appreciate you bringing that up. I have concerns like with my own family and myself. I find myself more isolated in front of a computer and we need to interact with people. Not to end on a sour note --

>> I want it say thank you. Your presentation was well-done.

[applause]

>> Thank you.

>> Thank you. Do we have time for any public comments? Well, this was the first presentation -- or first topic for the melty communities focus that we're doing -- healthy communities that we're doing for this year. Next month we have aging and access to recreation and open space. I hope to see you there. With that, I will adjourn the meeting.