

## MEETING NOTES

Wednesday, March 20, 2019  
 4:30 p.m. – 6:00 p.m.

**Members Present:** Ali Caley, Amy Gross, Donna Roberge, Larry Smith

**Absent:** Marian Anderson, Chuck Green, Marjorie Ledell, Linda O’Leary

### 1. Welcome and call to order

Ali Caley opened the meeting.

#### Approval of meeting minutes

Due to low attendance, the January 15, 2019 meeting minutes will be approved at a future meeting.

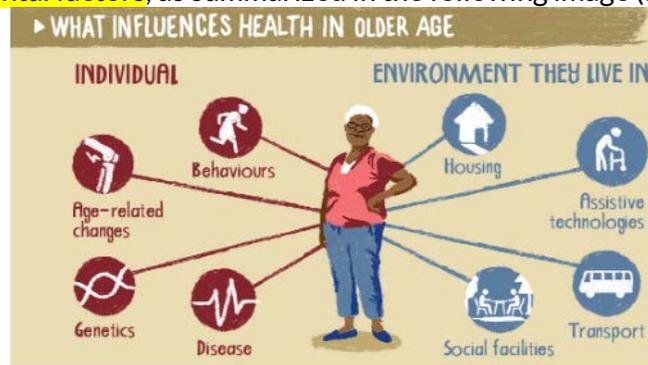
### 2. Presentation: Healthy Communities, Healthy Aging

Presenter: Alan DeLaTorre, Portland State University, Institute on Aging

Alan DeLaTorre walked the group through key foundational definitions and current research related to healthy communities and healthy aging, including topics such as: what is a healthy community, what is healthy aging, current data on longevity, the opportunities and challenges of living longer, components of healthy aging, supporting intrinsic capacity and enabling functional ability, a new public health framework for healthy aging action, the three types of age-friendly environments, and healthy neighborhoods. Details on these elements are available in the video recording and presentation slides.

#### Presentation highlights:

- The components of healthy aging include both the intrinsic capacity of an individual and environmental factors, as summarized in the following image (source: WHO, 2015)



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- Health Across the Life Course: Genetic inheritance plays some role in health across the life course. However, most of the variation is likely to result from personal factors such as our sex, ethnicity, and occupation, as well as the physical and social environments in which we live our lives. Together these variables influence opportunities and health behaviors from childhood to end of life, cumulative advantage/disadvantage. (Beard, Officer & Cassels, 2016)
- Functional Ability: Health-related attributes that enable people to be and to do what they have reason to value. (World Health Organization (WHO), 2015)
- Public Health Framework for Healthy Aging Action to advance healthy aging (Source: Beard, Officer & Cassels, 2016 and WHO):
  - Emphasizing that action is urgent
  - Acknowledging the great diversity of health and experience in older age and the need for policy responses to reflect these differences
  - Shifting understanding of healthy aging from the absence of disease to functional ability (note: individuals and environments can advance functional ability)
  - Framing healthy aging as a process across the life course rather than at a particular moment in time; policymakers and researchers should optimize trajectories of functional ability
  - Understanding the cumulative impact of environmental determinants across life and shape policy that looks to address disadvantage rather than reinforcing it
- Age-friendly environments: social, service and physical
  - Social environments: perceptions about older adults and aging, reduce social isolation, enhance social connections
  - Service environments: align healthcare to meet needs of elders and those across the life course; provide home and community-based supports for aging in community
  - Physical environments: accessible environments, access to healthy foods, green spaces, healthy housing, enhancing physical environments to encourage physical activity
- Changing perceptions about older adults and aging
  - We are all aging and will benefit from accepting that we are aging and preparing for the future
  - Perceptions about older adults and aging remain declinist, ageist, and full of stereotypes (e.g., older adults are all similar, unhappy)
  - Enhance social connections: inadequate social support networks are associated with increased morbidity and mortality; social engagement has been consistently shown to improve physical and psychological well-being
  - Reduce social isolation: Americans – younger and older- are more distanced physically, psychologically (or both) from other people than ever before; loneliness has the same impact on mortality as smoking 15 cigarettes a day
- Age-friendly physical environments:
  - Accessible environments. Accessibility is both complex and necessary (physical and programmatic accessibility). We should think about designing communities across the age and ability spectrums (e.g., parents with strollers, cyclists, people using mobility devices). Approaches to consider include: Universal Design, objective standards (e.g., ADA/ABA), subjective experiences (e.g., useable), visitability (housing).

- *Access to parks, natural features and green spaces.* Older adults have identified the following as age-friendly community features: access to green spaces and parks; presence of natural features; well-maintained parks; accessible infrastructure; park amenities like access to restrooms, seating, and covered areas. Suggestions from research related to parks include: structure activities that appeal to older adults, particularly in the morning, equip parks and green spaces for age-appropriate physical activity, promote/educate re: health advantages of green spaces to older adults, park trails had the strongest relationship with physical activity, trail accessibility matters for a range of users, from parents to people using mobility devices.
- *Access to healthy foods.* Food insecurity is a growing threat to quality of life for many older adults. Barriers to accessing healthy foods include: transportation access, living in a “food desert” (i.e., lacking access to full-service supermarkets), and affordable options. Older adults experience more difficulties in accessing food than younger adults, including navigating the following challenges: walking 10 blocks, climbing stairs, other physical limitations affecting food-seeking, medical conditions affecting diet, ability to get food home from the market.
- *The built environment & physical activity.* Physical inactivity is a significant risk factor for many diseases including all-cause mortality, cardiovascular disease, diabetes, Alzheimer’s, dementia, and some cancers such as breast and colon cancers and the risk of being overweight or obese. There are a wide range of built and natural environment variables that affect related to physical activity and health, including: walkability, crime, travel behavior/transit access, park and recreational access, tree/vegetative cover, air quality, traffic safety. Urban design has been shown to affect physical activity levels, largely by the influence of the built environment (e.g., land use patterns, transportation networks, and street design) on active modes of transportation such as walking and bicycling.
- *Healthy housing.* Universal Green Design (see Clark County Idea Book!): Accessibility, energy/cost savings, ability to age in place/community, enhancing social connections/reducing social isolation, air quality and products, technology and the “internet of caring things,” affordable (financial health)
- *Healthy neighborhoods.* older adults are more susceptible than younger adults to: transportation-related air pollution and noise, leading to increased hypertension, increased cardiovascular and respiratory events and death; potentially, increased rates of cancer. Actions: reduce air pollution and traffic noise levels, encourage physical activity, schedule visits with health professionals

#### **Q&A with Commission on Aging:**

**Question from Donna Roberge:** we like to think we live in the healthiest part of the US. Where are the healthiest places to live? **Response:** We have good transportation here. The Milken Institute ranks communities and I recommend looking up your community to see where it falls. We are fortunate in the northwest to have natural spaces and green spaces that are world-class. We have pro-active local government action. We are still very car-dependent, which could be challenging as we age. The Nordic/Scandinavian countries tend to be doing better than others.

**Question from Donna Roberge:** we have talked about three-wheeled bicycles. Are you seeing more of them? **Response:** I am seeing them. My sister actually rides one. I have some concerns about them tipping. The recumbent ones are easier on the knees.

**Question from Donna Roberge:** do you think senior retirement communities are healthy communities? **Response:** they are providing support. My critique is often that they are focused internally and were historically built on the fringes of communities, when people often want access to community amenities such as arts, culture, etc. The Continuing Care Retirement Communities model is one of the best models in the US that I have seen except that it is expensive. It provides a dignified complete life-course approach. There are pros and cons to the current models. I also think the Baby Boomer generation is going to take us to new places we haven't seen yet, like co-housing models. WA, OR and CA are all considering large land use changes which could potentially provide new opportunities to age in place or community.

**Comment from Larry Smith:** I went to see a movie recently directed by Clint Eastwood, *Mule*. There is a song at the end called *Don't Let the Old Man In*. Eastwood is 88. Toby Keith who wrote the song had asked Eastwood about why he still acts and directs and he responded by saying don't let the old man in, don't give up on life, stay committed, take care of yourself, etc. You have to take care of yourself and do the things you want to do with your life. The song has a lot of lyrics about seniors, aging and being active in your community.

**Question from Larry Smith:** In other countries, such as China, it is the kids' responsibility to take care of their parents and there's a lot more interaction and involvement across the generations. Do you see any changes taking place here, with a shift towards involving seniors more in their kids' home life? **Response:** We are diversifying as a country and values of other cultures are coming to the US. Filial piety exists more in Asian, African, and Latin American countries. We don't have as much in traditional American culture. Ageism has a lot to do with it. Laura Carstensen, a Professor at Stanford University, wrote about the most valued aspects of life and how in America they're often associated with youth. We also associate happiness with youth. We need to do better at stemming aging stereotypes and accepting the fact that we're aging, and recognizing that older people know cool things and younger people know cool things. Part of it is we don't want to get old. We also don't think about the positive sides of aging. Personal relationships matter more. Older adults may need stronger personal relationships and are experiencing a decline in their social network as people die around you. There's a need for more intergenerational interaction. More generational conflicts exist today than previously. We need to get past our ageist beliefs.

**Question from Ali Caley:** the stat about loneliness was really impactful. Are you aware of examples or strategies where places are addressing that? **Response:** I worked on a project called the Older Adult Behavioral Health Initiative and one of the members of that team, her name is Janet Holbrook, she presented on a loneliness hotline focused on stemming social isolation and loneliness. It has been really impactful. The UK created a national level position called the loneliness czar. An entire nation has put someone in this position because it is such a big issue. Loneliness will continue to be an issue, from mass shootings to the rise in mental health issues, the need for connections and social interactions is only increasing and is a serious and urgent need we need to address. Maybe we need more czars of loneliness!

**Question from Donna Roberge:** Regarding isolation/loneliness. I am feeling we are getting more isolated, including my husband and I. We don't need to leave the house if we don't want to because we can have things delivered, and the double-edged sword is that we have less

social interaction because of it. How do you think technology will affect isolation? **Response:** One might argue that technology increases social connections because of some of the social media platforms. Another might argue that there is tremendous concern and worry about being more internally focused. I would say that a lot of older adults I have come into contact with and the research I've read is that we have a need for meaning and purpose as we age. That often means interacting with people and maintaining connections. The critical piece as our social networks decline, is how do you grow your social circle at different ages? It's really difficult to meet new people, especially once you retire.

#### **Q&A with Public:**

**Public Question:** are you familiar with the movement called Villages? **Response:** Yes, the Villages model is an opportunity to enhance well-being and healthy communities. Villages are geographic catchments that allow you to connect on things you might need. There is a membership fee, but it's different everywhere. Seattle has a timebanking model. It allows people to get the things they need and is grassroots driven. I am a huge proponent of the model and appreciate you mentioning it.

**Public Question:** since the Commission started it has focused on aging in place. This [healthy communities] is one component of that umbrella. Could you tie this topic to aging in place?

**Response:** I'll respond with a story. Over the last two months, we are starting to think about a move. Research says the best time to find a house is 40-60 years old. In my home search, I think about healthy community and aging in place factors to achieve quality of life, i.e. proximity to schools for a short amount of time, access to parks, ability to walk to a grocery store, access to transit, etc. We are realizing our social network is keeping us in place, because it's the social capital that matters most. Interconnected infrastructure matters, not just is there a park, but can we safely walk or ride our bikes there? Aging in your home may relate to be able to find a single-level barrier-free home. There's not a lot of that housing stock here, part is cultural, part is that it rains a lot and impacts house design. Aging in community means I might not live in my house forever, but I want to live in my community because I trust and know the people at my local church, grocery store, etc. Research we did in 2006-2007, one of the findings was that faith-based communities have the benefit that you can show-up at church and get the same feeling you had growing up, even if you have dementia. The ability to adapt with our changes is what's important, our functional ability, how our intrinsic capacity changes over time and being in a place that will meet our needs over time.

### **3. New Business, Updates and Announcements:**

The next meeting will be held on Wednesday, April 17, 2019 and the presentation will be on healthy aging and access to recreation and open space

### **4. Adjournment**

The meeting adjourned at 5:45 pm.

***The Clark County Commission on Aging provides leadership and creates community engagement in addressing the needs and opportunities of aging.***