



# BLUEPRINT

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*Supported by*



**CHUCKANUT  
HEALTH** FOUNDATION



## AGING WELL WHATCOM BLUEPRINT

Some communities are better to grow old in than others. In Whatcom County, the experience of aging varies across demographics, neighborhoods, socioeconomics, and lifestyle. In December of 2017, the Chuckanut Health Foundation invited 20 partner organizations working on advancing issues for our older adults to have a discussion about the needs and opportunities in Whatcom County. It became clear that creating a shared community vision to support aging well would be a good investment, as this work is complex and will take both nonprofits and businesses, philanthropy and government, community groups and policy change to work together to truly create a community for aging well. Twenty months of research, needs assessments, and listening to people experiencing aging and also to caregivers of older adults across Whatcom County have led to the development of this blueprint.

Whatcom County has a growing population of older adults who represent an asset to the community with untapped skills, capabilities, and talents, and who also have specific physical and social needs. In Whatcom County in 2018, 16.9% of the population was 65 or older, representing approximately 38,141 of the 225,685 people estimated to be in the county. That age group saw a 2.3% growth from 2017 (37,279) and a 43.2% growth since 2010, when there were 26,640 Whatcom seniors. (Bellingham Herald, June 20, 2019). With advances in healthcare, people are living longer, and with Whatcom County on the map as one of the best places to retire, this population is expected to grow.

Through the development of this blueprint, it has become evident that Whatcom County has a major opportunity to recognize and leverage the skills and capabilities this population brings, and to better address the needs of older adults through designing a community for people of all ages. There are programs and services that exist for older adults and their families; however, we lack a coordinated approach to supporting them and creating an environment for aging well.

This Blueprint represents a community vision for Whatcom County becoming a place with the culture, physical infrastructure, social supports and services for all of us to age well. It also lays out key strategies for collectively moving toward that vision.

The Blueprint is not about specific programs and services for the elderly, but rather about key elements to design and foster a community that meets the diverse needs of people of all ages.

*Agging Well Whatcom has developed recommendations for Whatcom County within the following six Focus Areas:*

Cultural Shift

Information & Navigation Services

Housing

Transportation

Intergenerational Community

Wellness & Healthcare

# MISSION:

We promote living well through all our years into the end of life.

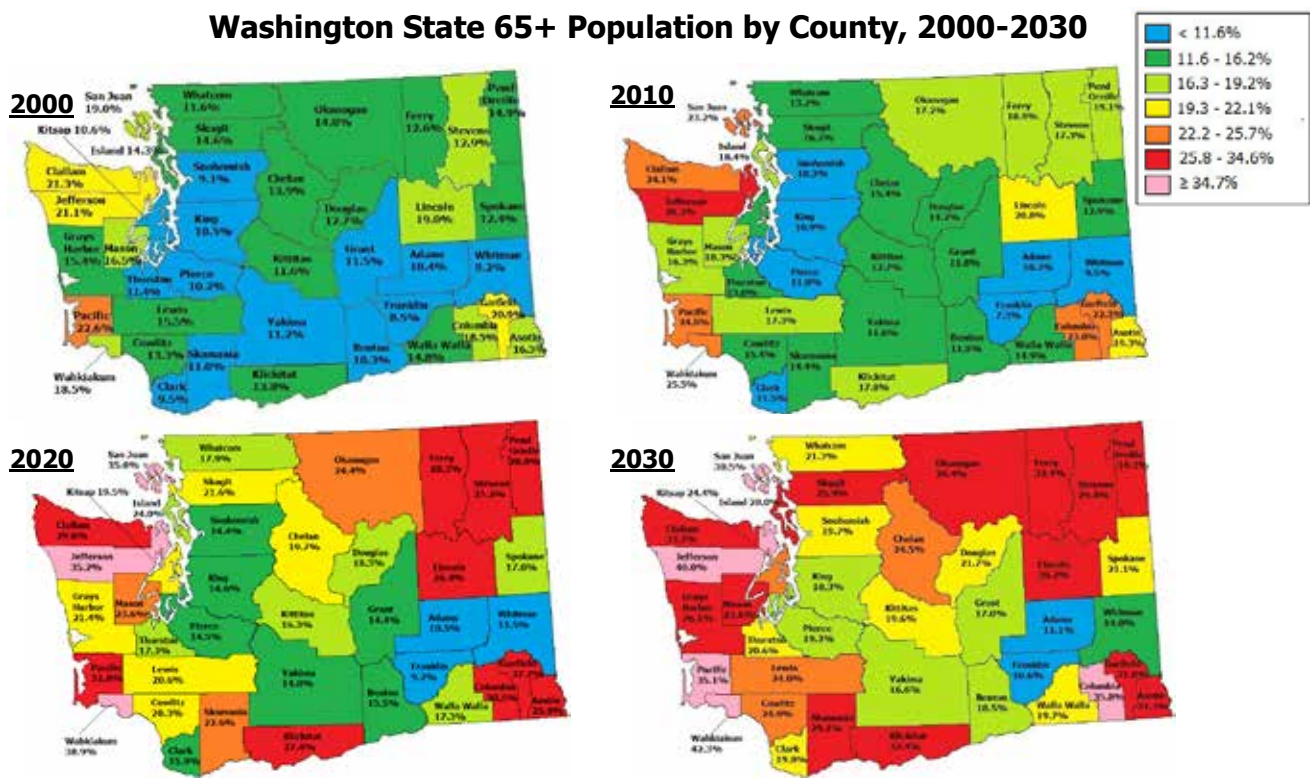
## There are several important considerations when reviewing this Blueprint:

- "Older adults" are not a homogeneous group. Older adults in our community have a broad range of age, health status, family structure, geographic location, culture, ethnicity and other aspects of identity.
- As a community, we must acknowledge our cultural biases related to aging and shift our views and actions, including our business practices, institutional policies, and language around aging,
- Whatcom County's increasing geographic, ethnic, and linguistic diversity presents some challenges to meeting the needs of the entire aging population; however, it also offers us rich opportunities for learning, sharing across generations, and building community.

## Guiding Principles:

- We work with and for those aging in our community.
- We work through collective action, guided by individual and community voices.
- We take evidence-based action.
- We are committed to equity and inclusion, welcoming all.
- We believe that healthy design for an aging community is healthy design for the whole community.

## Washington State 65+ Population by County, 2000-2030



# CULTURAL SHIFT

Our community has an incomplete and often negatively biased vision of aging. This works against aging well and makes it harder for the community to benefit from the contributions of our elders. Shifting the culture around how we view aging and older adults is foundational to building a community for aging well.

## Community Vision:

Our community will have a full, honest understanding of the entire range of the realities of aging. Our community will converse openly about aging, will embrace aging, and will provide a full spectrum of choices that support aging well.

## Desired Outcomes:

1. An environment that creates safety for revealing vulnerability and frailty, while still celebrating each person's contributions and assets.
2. Widespread recognition that older adults are a net resource to our communities, not a social or economic drain.
3. A vocabulary and a set of language habits that fosters a rich, inclusive, and nuanced conversation throughout the community supporting this vision and highlighting the universality of aging.

## Key Challenges:

1. Older adults are not a homogeneous group. We need to think about the broad range of ages, cultures, ethnicities and identities of older adults in our community.
2. Focused research about older generations and the differing needs of people within in the older adult group is lacking.
3. Our current culture glorifies youth and has unrealistic and negative views of aging, frailty and death. This results in resistance to talking about these issues and devaluing older adults.
4. People "don't want to talk about it"; our cultural relationship to aging, frailty and death is filled with misconceptions or silence.
5. Age stratification in housing, social activities and other aspects of community life contribute to social isolation and missed opportunities for engagement and contribution. It also leads to "out-of-sight-out-of-mind" thinking that can reinforce dismissive attitudes toward aging.
6. Our community lacks awareness and understanding of the economic power of older adults and how this population contributes to the economy.

## Community Assets, Resources and Partners:

1. Existing social communities with intergenerational structures, such as churches/faith communities.
2. Senior activity centers throughout Whatcom County.
3. Businesses, especially those owned or managed locally by older adults, or those catering to older adults.
4. Chambers of Commerce and other business organizations.
5. Storytelling resources: museums, arts organizations, libraries, local radio, podcasting.
6. Neighborhood associations, civic organizations and service clubs.

## Community Based Strategies:

1. Create opportunities for telling the stories of aging in all their diversity and messiness, wonders and challenges.
2. Conduct an educational campaign to expand knowledge about older adults, highlight ageism in our culture, identify and address misconceptions, reduce fear of aging, and normalize and celebrate aging without denying or obscuring its challenges.
3. Create a business pledge, including an informational toolkit, that raises awareness of business opportunities related to the needs of older adults (housing, transportation, information technology, etc.), offers guidance for creating age-friendly venues for customers and older employees, and addresses ageism in employment practices.

## Policy Strategies:

1. Secure commitment from all governmental units to consider all policy and operational decisions through an Aging Well lens; develop a set of recommended Aging Well criteria to aid in this review.
2. Ensure that representatives of older adult groups are given a voice in policy discussions.



*"I'd like to see the concept of No Elder Left Behind in our community. We could make sure everyone has checkpoints or safety nets, friends, family, volunteers, neighbors, community groups, agencies. Every single person has a connection. And everybody feeling appreciated as a person and appreciation of past experiences. Being close to community to feel supported and not alone is important to me. I think teaching community about the importance of helping each other is essential."*



# INFORMATION & NAVIGATION SERVICES

Navigating services and resources for the aging process is often a daunting task. There are a variety of services and organizations, however many of these resources often have specific qualification and eligibility criteria that can be difficult to navigate. Inquiries made to governmental and non-profit organizations can result in a bewildering description of programs, services, coverages and limitations and other variables of benefits and costs. Given these many variables, even when individuals and families find information, it's often challenging to sort out the best option.

## Community Vision:

Whatcom County will have a robust and easily accessed system for information and navigation to help all residents get the support and assistance they need. This system will include multiple points of access and creative methods of communication. Local partners will coordinate together to ensure that information is up-to-date and that navigation services are cohesive.

## Desired Outcomes:

1. Clear, comprehensive, accessible information in a single online repository allowing "one-stop shopping" for community members, caregivers and providers.
2. Multiple access points, including mobile services or community-based locations, to provide person-centered information and navigation; varied methods of communicating the information (not just written).
3. More input from diverse stakeholders to drive service delivery that reflects cultural awareness and responsiveness.
4. Clear information on the benefits available under the Long-Term Care Trust Act, and how to find these services.
5. Strong collaboration among local partners to identify and advocate for information and navigation needs.

## Key Challenges:

1. A community-wide data base of programs and services is not fully operational in Whatcom County.
2. Individuals and families often have urgent needs or are in crisis when seeking assistance.
3. Many programs have complicated regulations related to various funding streams that contribute to difficult-to-understand systems. This complexity impedes both seeking and delivering services and means that some people who need services are unable to get them, and sometimes do not even get services for which they are eligible.
4. Some services and providers lack cultural awareness and appropriate language access.
5. Funding for service providers can be unstable.

## Community Assets, Resources and Partners:

1. Existing information and referral services:
2. In-person/telephone - Northwest Regional Council's Aging & Disability Resources, Opportunity Council, Washington 211, DSHS Home and Community Services and Community Service Office.
3. Printed - Senior Resource Guide and Vibrant Senior Options; existing lists used by the hospital, community health centers, Opportunity Council and other organizations.

## Community Based Strategies:

1. Create a comprehensive online repository for information and resources and dedicate the needed resources to keep information up to date.
2. Conduct an awareness campaign highlighting where to go for information.
3. Develop a network of informal referral sources – people who come into contact with older adults through their everyday activities – to identify and refer to at-risk older adults.
4. Implement a peer navigator model to help older adults access services or learn skills to help them age well; embed navigators in various community settings.
5. Explore local solutions to the issue of complex and inconsistent eligibility requirements (such as models in which eligibility issues are a back-end administrative function, rather than a front-end obstacle for community members).

## Policy Strategies:

1. Ensure that City and County representatives are aware of and committed to addressing issues affecting older adults.
2. Support the advancement of older adults as Community Health Workers in Washington State.
3. Maintain existing funding streams for older adults, including Older Americans Act and the State Health Insurance Assistance Program (SHIP).
4. Advocate for Medicare to pay for navigation services.
5. Advocate for increased Medicaid rates.

*“Getting started with accessing services is overwhelming. I have a lot of fear and am scared to talk with someone but really need to. There seem to be so many numbers to call about so many things.”*

*“I find it confusing. It’d be great if programs, services, and supports were more cohesive. Things are not streamlined. It seems like things are scattered with no true focus.”*



# HOUSING

In Whatcom County, the current supply of affordable housing for older adults falls short of demand. As the costs for rental housing and home ownership continue to rise in our region, many older adults' income remains fixed, leaving them with few housing options. The proportion of older adults among the homeless population is increasing. In addition, Whatcom County lacks a continuum of long-term care options and services for those with advanced healthcare needs.

## Community Vision:

We envision a community that has an adequate supply of safe, stable, affordable housing options with the appropriate levels of care available when needed.

## Desired Outcomes:

1. Coordinated and aligned resources and priorities focused on older adult housing and aging well.
2. Adequate supply of housing that is appropriate and affordable for people with limited and fixed incomes, including ownership, rentals and alternatives such as co-housing.
3. Housing that accommodates changing health needs through physical design and a range of supportive services.
4. Housing options that foster strong communities: inclusive, integrated, and multigenerational.
5. Improved planning and coordination for care transitions between hospital, skilled nursing facilities, assisted living, and other settings.
6. Easily obtained, comprehensive, integrated one-stop shopping to help people understand their housing options.

## Key Challenges:

1. Many older adults live on fixed incomes and are unable to keep up with escalating housing costs.
2. The physical design of existing single-family housing stock often doesn't lend itself to aging in place, nor to aging in community.
3. Information about housing resources and waiting lists can be challenging to navigate, particularly in moments of duress.
4. There are diverse needs for housing across the County (mobile homes, single family homes, apartment complexes, etc.).
5. Availability of land that is both affordable and well suited for new development is limited.

## Community Assets, Resources and Partners:

1. Community activism and interest in housing, including co-housing residents and advocates, the Bellingham Home Fund and Whatcom County financial support.
2. Organizations already providing affordable housing in our community (e.g. Catholic Housing Services, Opportunity Council, Bellingham-Whatcom Housing Authority, Mercy Housing NW, Whatcom Land Trust, Habitat for Humanity, etc.).
3. Local program and partnerships that provide services for supported housing.
4. Volunteer Chore Services, Generations Housing roommate matching, Bellingham At Home, and other programs that allow people to continue living in their current homes as they age.
5. Real estate community, realtors' association, and a strong and growing local construction industry.



## Community Based Strategies:

1. Develop a single "point of entry" for older adults seeking housing in Whatcom County and coordinate and align resources to attract additional housing and supports.
2. Develop at least one Continuing Care Retirement Community or similar housing that provides a continuum of supportive services.
3. Research the older adult population's housing needs in order to right-size, plan and develop housing; create a public-private design lab to develop continuum housing using universal design.
4. Cultivate shared housing arrangements with beneficial interdependence, such as roommate matching, intergenerational models, etc.
5. Address service gaps for aging in place (transportation, caregivers, home maintenance, chore services, home-based health care, etc.).

## Policy Strategies:

1. Strengthen partnerships among providers, developers, local governments, and state to attract providers/facilities to fill identified housing gaps.
2. Promote development of and provide additional resources for adult family homes.
3. Prevent conversion of existing subsidized senior housing stock to non-senior or market-rate.
4. Utilize local funding sources to address financial barriers to aging in place (rental assistance, property tax abatements, utility cost assistance).
5. Revise land use and building codes county-wide to facilitate fostering accessibility and diversity of housing (flexibility around roommate arrangements in single family homes, construction of Accessory Dwelling Units, development of adult family homes, etc.).
6. Forge public-private partnerships to set aside land and for co-housing or other innovative housing.

## Workforce Development Strategies:

1. Assess and address current and projected labor needs in the construction industry.
2. Develop workforce for home-based healthcare services and in-home caregivers to provide adequate support for people to live in their homes as long as they wish.



*"Since most rental property owners want to make a greater profit on their real estate investment that is equal or at least greater than other real estate owners, rental prices continue to go up with no price control legislation. I would like to see rent price control for the elder citizens nation-wide."*

*"Housing is getting too expensive to afford."*

*"There are lots of people living in boats or cars in Blaine."*

*"Figuring out where to live is overwhelming. Where am I qualified to live? Can I afford it?"*

# INTERGENERATIONAL COMMUNITY

Older adults in Whatcom County report feeling isolated and some have difficulty accessing social opportunities, community, services and information. Approximately 10% of our older adults live alone (3,814 individuals in Whatcom County). Our current community structures do not easily allow for organic intergenerational connections between children and younger adults with elders. Research shows that both youth and older adults benefit from intergenerational relationships that offer support, mutual learning, and shared meaning. Purpose and strong social interaction at all ages lead to increased longevity and improved health outcomes. In Whatcom County specifically, of the approximately 300 individuals surveyed, the number one theme when asked "what's most important" was *interaction, relationships, and connection*.

## Community Vision:

We envision a community where intergenerational interactions are the norm. Our communities will intentionally promote healthy living by providing opportunities for sharing information, support, and connections between generations.

## Desired Outcomes:

1. A community culture in which it is the norm to connect with people of all ages.
2. Larger community organizations, institutions and businesses have an intergenerational focus as part of their mission, values, principles, or strategic plan.
3. A centralized organization provides a place for intergenerational gatherings, and information about the many resources and programs that foster intergenerational connections.
4. Expanded opportunities for students at WWU, colleges, and K-12 schools for engaged learning between students and older adults (e.g., on-campus auditing classes, student outreach to older adults, community service or extra credit for connecting with older adults).

## Key Challenges:

1. Our cultural value of self-sufficiency can lead to social isolation.
2. Regulations and liability issues are obstacles for organizations (non-profit and for profit) to serve both older adults and children.
3. People of different generations do not always intermingle easily, so creating connections can require facilitation -- in an organic, not contrived, way.
4. Whatcom County's spread out geography creates barriers to intergenerational connection. It is difficult for elders, children, young families, people with disabilities, and low-income families to interact due to distance and lack of transportation.

## Community Assets, Resources and Partners:

1. Existing social communities with intergenerational structures, such as churches/faith communities.
2. Numerous child and youth focused community organizations: Generations Forward, NW Youth Services, Boys & Girls Clubs, YMCA.
3. Organizations that promote activities that are natural connectors (music, food, physical activity, art) and places that serve as community centers (granges, libraries, faith communities).
4. Western Washington University, local colleges and public and independent schools.
5. Arts organizations: Sylvia Center for the Arts, Jansen Art Center, Community Theater and Arts Centers, musical groups.
6. Resources for outdoor activities: Parks & Recreation Departments, Recreation Northwest, etc.

## Community Based Strategies:

1. Support existing intergenerational groups to connect, identify opportunities, learn about best practices and create partnerships.
2. Promote, prioritize and facilitate more childcare in intergenerational settings such as universities, skilled nursing, assisted living, or retirement facilities, and faith communities.
3. Build "Connection Teams" to reach out and connect people across generations. This could include a visiting program to help address isolation and loneliness in older adults and provide support and learning for younger adults.
4. Since there is a scarcity of physical, occupational and speech therapists, establish programs that serve both older adults and children simultaneously, possibly offering intergenerational physical, occupational or speech therapy groups.

## Policy Strategies:

1. Governmental entities, community institutions and non-profit organizations adopt policies and regulations that facilitate intergenerational housing, childcare and other programs.
2. Governmental entities, community institutions and non-profit organizations prioritize investing in programs and services with an intergenerational focus.
3. Local foundations and other funders establish funding priorities that incentivize intergenerational housing, childcare and other programs.



*"I really believe that because I am around younger people a lot, that mutual contact is beneficial. I work with people one and two generations younger than myself. I realize that intergenerational programming is missing. It doesn't matter what the generations do together, but it matters that they do it together. There's danger in just doing the typical old people activities. I'm unlearning those stereotypes now so I can stay healthy."*

*"I am blessed to be surrounded by a loving family and suspect that's what keeps me healthy."*

# TRANSPORTATION

Whatcom County's current transportation options include personal vehicles, vehicles for hire, pedestrian and bicycle infrastructure, and the Whatcom Transportation Authority, which offers fixed route, paratransit, and other services. These options do not meet the needs of all members of our community, and transportation can be especially challenging for those who don't drive.

## Community Vision:

We envision a community that meets the transportation needs of all residents of Whatcom County through a combination of public, commercial, and community-based options.

## Desired Outcomes:

1. Everyone in Whatcom County has access to viable transportation options, regardless of their location.
2. Expanded, robust walkable neighborhoods, with a focus on areas with a high percentage of older adults.
3. Older adults, families, and advocates are aware of all the transportation options available in Whatcom County.

## Key Challenges:

1. In our car-oriented culture, communities are designed around personal vehicles, cars denote economic status, and discontinuing driving is associated with loss of autonomy and independence.
2. Not all areas of our community have safe and accessible pedestrian and bicycle infrastructure (sidewalks, crosswalks, bicycle lanes) and building such infrastructure is expensive.
3. Public transit and paratransit services have schedule and route limitations, especially outside of Bellingham; outlying communities have limited transportation beyond personal vehicles.
4. Older adults and their caregivers are unaware of the transportation services that do exist, or are unfamiliar or uncomfortable with using public transportation.
5. Insurance and liability issues can restrict ride-sharing or vehicle-sharing arrangements.
6. Finances may limit access to ride-for-hire options.

## Community Assets, Resources and Partners:

1. Whatcom Transportation Authority, providing paratransit and fixed route bus service, free Bus Travel Training, and bike racks on buses.
2. Driving safety classes and driver assessments (AARP, AAA, driving schools).
3. United Blind of Whatcom County, Hearing, Speech & Deaf Center.
4. Volunteer-based transportation assistance: the Volunteer Center at the Opportunity Council, Love INC., Bellingham At Home (transportation assistance for members).

## Community Based Strategies:

1. Increase outreach and education about existing transportation options to older adults, their family members, and in-home caregivers (bus rider education and training, easier-to-read materials, maps of ADA accessible features such as sidewalks, crosswalks, bus stops.)
2. Implement Mobility as a Service (MaaS), web-based one-stop shop for knowing all transportation services available, planning trips, and paying for transportation.
3. Explore innovative transportation models such as shared mobility (coordinated car-sharing and ride-sourcing), partnerships with Transportation Network Companies (Lyft and Uber both have programs to facilitate transportation to healthcare appointments), volunteer assisted transportation and other best practices.
4. Explore NW Regional Council's Non-Emergency Medicaid Transportation program.

## Policy Strategies:

1. Advocate for jurisdictions in Whatcom County City and County to prioritize the mobility needs of seniors and people with disabilities.
2. Adopt a Complete Streets policy for all Whatcom County to improve accessibility and safety for people of all ages and abilities.
3. Complete ADA Transition Plans for the Public Right-of-Way, a planning process that identifies barriers in pedestrian facilities and develops a plan to address them, and implement these plans.
4. Update the City of Bellingham Pedestrian Master Plan, and highlight policies and projects that prioritize mobility needs of older adults and people with disabilities.

*"The WTA para-transit system is one of the greatest gifts the community has to offer to the aging and disabled. It enables people to enjoy independence they would otherwise lose."*

*"Riding the bus is scary to me; I'm afraid of getting lost, getting on the wrong bus, and being alone. If you don't drive and you live in the county you are housebound."*

*"I'd love to see access to better public transportation for whole county -- and disability friendly."*





# WELLNESS & HEALTHCARE

Physical and mental changes are an inevitable part of aging, and these can impact independence, safety, and ability to engage in the physical, professional and social activities that older adults highly value. Those living in rural locations often experience more barriers to accessing healthy food, opportunities for safe physical activity, employment, and timely and appropriate healthcare, all of which can all contribute to decline. The current need for mental, dental, and medical health services exceeds the available supply, services are poorly coordinated, and access is often cumbersome. Related, the caregivers who supports older adults are often overburdened themselves, with low wages and high burn-out rates – currently there are significant workforce shortages projected.

## Community Vision:

We envision a community where people are meaningfully connected to others, where older adults have ready access to healthy food and opportunities for physical activity, where a full array of healthcare services is available and affordable, and where healthcare providers and caregivers are well-trained and supported.

## Desired Outcomes:

1. Healthy food is available and affordable, and we have a robust suite of supportive programs such as home-delivered meals, congregate meals, food bank distribution, and community gardens.
2. Older adults are physically active in diverse ways, outdoor activities are available and promoted, and parks, trails, and greenspaces are welcoming for people with limited mobility.
3. A full continuum of in-patient and out-patient medical, dental and behavioral healthcare services is available, accessible, and affordable; services are provided in a variety of clinic, community, and home settings.
4. Medicare and Medicaid navigation, care coordination, and supportive services are available for those who need them, regardless of income or other qualifiers.
5. Older adults have strong social networks, including intergenerational connections, with additional care from programs and services when needed.
6. Providers and caregivers are well supported with education, professional development, and good wages and benefits, and family caregivers have opportunities for respite.

## Community Assets, Resources and Partners:

1. Existing food security organizations and programs.
2. Whatcom County's many parks, trails and greenspaces, and organizations promoting a wide range of physical activity.
3. Organizations providing medical, dental and behavioral health care.
4. Agencies providing skilled home health services, including rehabilitative therapies.
5. Emergency Medical Services, including the Community Medic program.
6. Healthcare payers and health insurance brokers.
7. Caregivers and caregiver advocates.
8. Faith Community Nurses, Community Health Workers, and other peer-based models.
9. Area Health Education Center for Western Washington.

*"I have concerns of being "overmedicalized" as I age. This is compounded by the concern of multiple medical interventions that sweep you along in the algorithm of "if this, then that." I want to be able to care for myself and do things to stay healthy."*

## Key Challenges:

1. Food deserts exist in parts of Whatcom County, limiting some older adults' access to healthy foods; even where grocery stores are available, limited mobility and transportation are barriers to accessing healthy food.
2. Parks, trails and greenspaces aren't always well-designed for people with limited mobility, and some parts of Whatcom County have few outdoor spaces for safe physical activity.
3. There is a shortage of medical providers who accept new patients with Medicare, and psychiatric and mental health services for older adults are inadequate.
4. Medicare does not currently cover some important services, such as dental care and out-patient palliative care.
5. For many, out-of-pocket expenses for healthcare are a concern, and the complexity of Medicare often necessitates education and assistance with enrolling in and using Medicare benefits.
6. The fragmented healthcare system creates risk, duplication, and delay, which necessitates care coordination and navigation services, adding extra complexity and cost.
7. The eligibility requirements of many supportive programs and services exclude some older adults based on age, income or other criteria, and make accessing services needlessly complex.

## STRATEGIES

### Community Based Strategies:

1. Work with the existing food security network to assess food availability and affordability needs specific to older adults and enhance programs to better meet those needs (food banks, farmers markets, community gardens, and neighborhood meals).
2. Foster partnerships to provide and promote diverse opportunities for physical activity for older adults, including intergenerational and place-based activities (e.g. neighborhood walking groups, expanded classes in community locations).
3. Reestablish an Adult Day Program in Whatcom County.
4. Build on outreach-based health programs such as Faith Community Nurses, community paramedics, the Health Home program and the GRACE program; consider developing a peer-based community health worker model.
5. Partner with the Northwest Washington Medical Society to address the lack of Medicare and Medicaid provider availability, and to advocate for necessary changes in Medicare reimbursement rates and policies.
6. Develop shared information systems to improve coordination of care and services.

### Policy Strategies:

1. City and County Planning and Parks and Recreation departments design streets, parks, and other public facilities with increased focus on the needs of people with limited mobility.
2. Organizations providing healthcare assess and prioritize addressing older adults' behavioral health needs, including psychiatric care.
3. Channel local funding to local wellness programs that serve older adults.
4. Advocate for changing the payment model so that health outcomes, rather than services delivered, are the focus of our healthcare system.

### Workforce Development Strategies:

5. Assess expected future demand for healthcare providers and caregivers in Whatcom County, and generate awareness about our community's healthcare workforce needs.
6. Convene academic institutions and other partners to address caregiver training needs and opportunities.
7. Diversify the healthcare and caregiver workforce and ensure adequate numbers of interpreters.
8. Improve caregivers' training, compensation, and protections, without over-professionalizing or marginalizing the traditional caregiving workforce.

# COMMUNITY ASSETS, RESOURCES, AND PARTNERS THAT SPANNED ACROSS FOCUS AREAS

Each focus area lists community assets, resources and partners specific to that area. In addition, multiple blueprint committees identified the following organizations as important to Aging Well Whatcom. This list is not exhaustive nor complete, and we welcome the partnership of any organization, business, group or individual who would like to be a part of Aging Well Whatcom.

## **City and County governments**

- Departments: Planning, Community Development, Parks and Recreation, others
- Elected officials

## **Economic development and business**

- Business associations: Whatcom Business Alliance, Whatcom Women in Business, others
- Business owners and leaders
- Chambers of Commerce
- Downtown Bellingham Partnership
- Sustainable Connections

## **Educational institutions**

- K-12 public schools; private and alternative schools
- Library systems
- Local colleges and university - Northwest Indian College, Whatcom Community College, Bellingham Technical College, Western Washington University

## **Faith communities**

- Faith-based organizations
- Health Ministries Network
- Interfaith Coalition

## **Funders**

- Chuckanut Health Foundation
- City of Bellingham Community Development Block Grant
- United Way of Whatcom County
- Whatcom Community Foundation

## **Organizations and programs serving older adults**

- Dementia Support Northwest (previously Alzheimer's Society).
- Department of Social and Health Services (DSHS)
- Elder Service Providers
- Northwest Regional Council/Northwest Washington Area Agency on Aging
- Opportunity Council
- PeaceHealth Center for Senior Health
- Senior Centers
- Whatcom Council on Aging
- Whatcom Transportation Authority

# THANK YOU

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Richard Smith, Regional Vice President for Health Services, Humana - Wellness & Healthcare Committee  
Ryan Blackwell\*, Health and Human Services Planner, NW Regional Council - Information & Navigation Committee (lead)  
Samya Lutz, Housing and Services Program Manager, City of Bellingham Planning and Community Development - Housing Committee  
Sarah Lane\*, Chronic Disease Prevention Outreach Coordinator, YMCA - Wellness & Healthcare Committee  
Stacy Phelps, Account Manager, Signature Home Health - Wellness & Healthcare Committee  
Sue Sharpe\*, Chuckanut Health Foundation  
Susan Given-Seymour, Chuckanut Health Foundation Board member - Intergenerational Community Committee  
Teri Bryant, Whatcom Homeless Service Center Manager, Opportunity Council - Housing Committee  
Theodora (Tad) Lewis, Caregiver - Wellness & Healthcare Committee  
Tonja Myers\*, Administrator, Christian Health Care Center - Intergenerational Community Committee (lead)  
Tony Casale, Director of Leased Housing, Bellingham/Whatcom County Housing Authorities - Housing Committee  
Wendy Lawrence\*, Regional Property Manager, Opportunity Council - Housing Committee (co-lead)

\*Member of the Aging Well Whatcom Coalition



The Aging Well Whatcom (AWW) Initiative was launched by the Chuckanut Health Foundation in December 2017 to help build a more age friendly community. Throughout 2018, the AWW Coalition assessed community assets and needs with data review, listening sessions and surveys. The Coalition studied this information, as well as best practices from other communities around the US and the world, and prioritized the blueprint's six focus areas.

In early 2019, committees were formed for each of the six focus areas, bringing in additional community members with knowledge and expertise in specific areas. The blueprint framework was designed and committees wrote the sections that were then combined into the blueprint.

We are committed to ensuring that the is blueprint is an actionable, dynamic document. The Aging Well summit on September 27, 2019 will help us gauge community interest, hear how the blueprint can be improved, and identify specific projects and opportunities as next steps.

Visit [agingwellwhatcom.org](http://agingwellwhatcom.org) to download the blueprint, assessment reports, and other information.

*Have a question, comment, or idea? Want to get involved?*  
Please contact us at [agingwell@chuckanuthealthfoundation.org](mailto:agingwell@chuckanuthealthfoundation.org).



Aging Well Whatcom is proudly sponsored by the Chuckanut Health Foundation.

Project support provided by Lara Welker, MPH.



# WHATCOM COUNTY AGING DEMOGRAPHICS

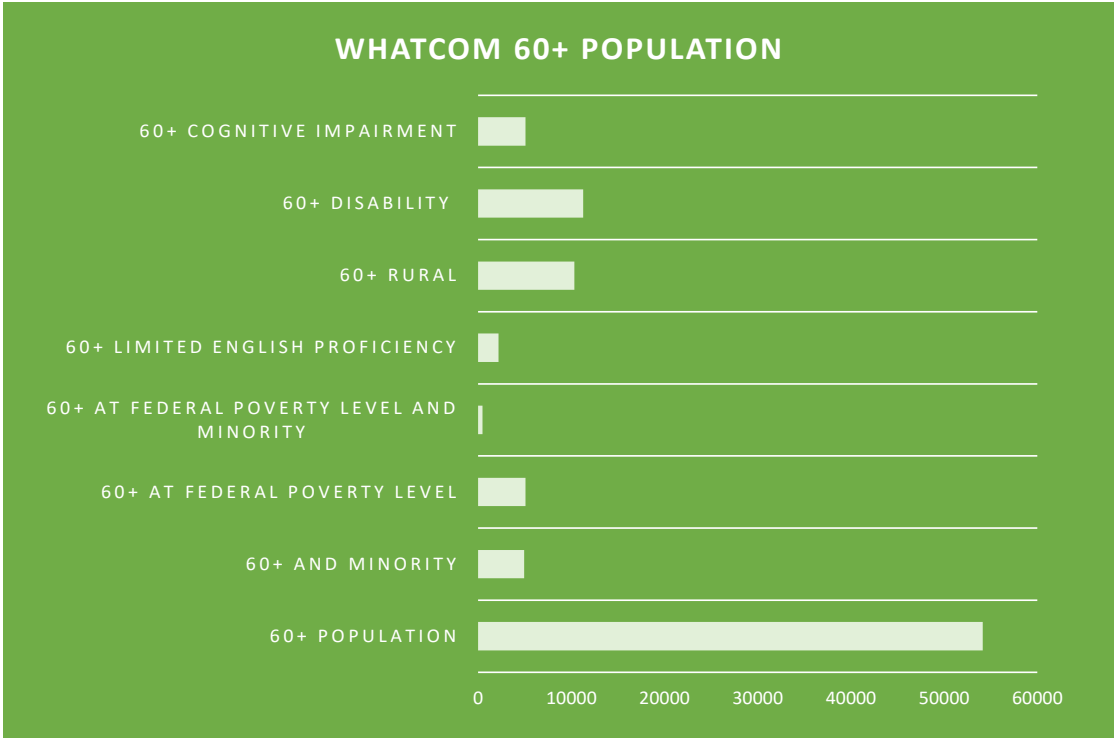
WHATCOM COUNTY	2019
<b>60+ Population</b>	<b>54,156</b>
% of County	24.0%
<b>60+ and Minority</b>	<b>4,942</b>
% of County 60+	9.1%
<b>60+ at Federal Poverty Level</b>	<b>5,073</b>
% of County 60+	9.4%
<b>60+ at Federal Poverty Level and Minority</b>	<b>478</b>
% of County 60+ and Minority	9.7%
<b>60+ Limited English Proficiency</b>	<b>2,198</b>
% of County 60+	4.1%
<b>60+ Rural</b>	<b>10,316</b>
% of County 60+	19.0%
<b>60+ w/ Disability</b>	<b>11,269</b>
% of County 60+	20.8%
<b>60+ w/ Cognitive Impairment</b>	<b>5,091</b>
% of County 60+	9.4%
<b>60+ AI/AN</b>	<b>1060</b>
<b>60+ AI/AN w/ Disability</b>	<b>246</b>

Household of 1  
= **\$12,140**

Household of 2  
= **\$16,460**

By 2030, this number is expected to grow to **70,192**

**3,859** of the individuals are 65+ with dementia. That number will grow to **6,319** by 2030.



# APPENDICES

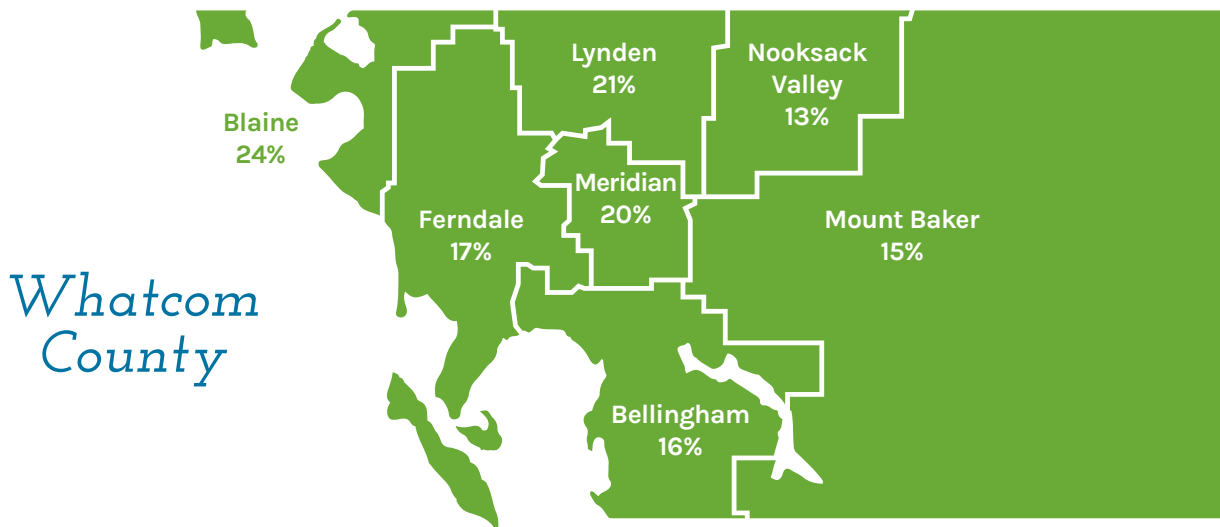
# OLDER ADULTS IN WHATCOM COUNTY

## POPULATION AGE 65+, WHATCOM COUNTY VS. WASHINGTON STATE 2018

	Total Population (All Ages)	Population Age 65+	Percent of Population Age 65+
Whatcom County	220,350	40,261	18%
Washington State	7,427,570	1,173,476	16%

- 7% of Whatcom County residents age 65+ are men; 53% are women.
- About a quarter (24%) of Whatcom County households include a person age 65+.
- 7,375 (23%) of Whatcom County's non-family households are people age 65+ living alone. Of these, 5,168 (70%) are women and 2,207 (30%) are men.
- The percent of Whatcom County's homeless population that is age 60+ doubled (from 8% to 16%) between 2016 and 2018.

## PERCENT OF POPULATION AGE 65+ BY SCHOOL DISTRICTS



## POPULATION PROJECTIONS 2010-2030, PERCENT OF RESIDENTS AGE 65+

	2000	2010	2020	2030	% Change 2000-2030
Whatcom County	11.6%	13.2%	17.9%	21.3%	+9.7%
Washington State	11.2%	12.3%	16.3%	20.3%	+9.1%

# AGING WELL WHATCOM COMMUNITY ASSESSMENT

*A community assessment led by the Aging Well Initiative focused on three primary areas related to older adults in Whatcom County: demographics, housing, and listening to older adults and their families.*

The **HOUSING FOR OLDER ADULTS ASSESSMENT** sought to better understand the housing and living arrangements of Whatcom County's older adults. We were especially interested in 1) the capacity of supported living facilities, senior independent living retirement communities, and subsidized housing for older adults; 2) living arrangements that could shed light on patterns of social connection vs. isolation; and 3) issues of housing affordability.

The full **HOUSING FOR OLDER ADULTS REPORT** includes an inventory of housing for older adults, demographics for older adults, and data on living arrangements and housing affordability, including homelessness.

The **LISTENING TO OLDER ADULTS AND THEIR FAMILIES ASSESSMENT** sought to better understand what is important to older adults' quality of life, challenges and concerns, and perspectives on what programs, services, and supports for older adults and their families could be added or changed in Whatcom County.

The full **LISTENING TO OLDER ADULTS AND THEIR FAMILIES REPORT** presents methodology and findings from surveys and listening sessions with older adults, people who work closely with older adults, and family members of older adults.

These findings were fundamental to the development of this Aging Well Blueprint for Whatcom County, and are designed to encourage community action, health improvement initiatives, and city and county planning.

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*Housing Assessment Subgroup Members: Mary Carlson (Whatcom Council on Aging), Jenny Weinstein (Opportunity Council), and Melinda Herrera (Rosewood Villa Assisted Living).*

*Listening Subgroup Members: Mary Carlson (Whatcom Council on Aging), Marie Eaton (Palliative Care Institute), Colleen Harper (Bellingham at Home), Melinda Herrera (Rosewood Villa), and Amy Hockenberry (Whatcom County Health Department).*

# HOUSING FOR OLDER ADULTS - KEY FINDINGS

## In Whatcom County...

- The percent of the older adult population is higher than that of Washington State; within the county, Blaine, Lynden and Meridian school district areas have the highest rates of older adults.
- Housing prices are some of the highest in the state, and many older adults – especially those with fixed incomes – experience housing cost burden.
- The current supply of affordable housing for older adults falls short of the demand.
- Many older adults live alone, making them both more likely to experience housing cost burden and social isolation.
- The portion of Whatcom County's homeless population that are older adults is increasing.

## 1. Population Trends and Distribution

- About 28,000 adults age 65 or older live in Whatcom County, or 17% of the population (2017).
- It's projected that by 2030 adults 60 or older will comprise 21.3% of the Whatcom County population.
- Blaine school district area has highest percentage of older adults (24%) of Whatcom County's seven school districts; Nooksack Valley school district area has the lowest percentage (13%).

## 2. Independent Living:

- Most households headed by older adults live in owner-occupied homes (69% for Bellingham, 78% for all of Whatcom County).
- There are six Senior Independent Living Retirement Communities (in a single development/ complex) and seven Retirement Communities in a designated area (such as a mobile home park or gated 55+ community).
- Whatcom County has sixteen rent-restricted apartment complexes (also called subsidized, low income, or affordable apartments) for older adults or a mix of older adults and disabled residents. These apartments are managed by several different agencies; all have waitlists.

## 3. Supported Living Capacity:

- There are nine Skilled Nursing Facilities in Whatcom County, with a combined capacity of 973 beds.
- Whatcom County has seventeen Assisted Living Facilities providing a total of 1026 units.
- There are twenty-four Adult Family Homes with a maximum total capacity of 144 beds.
- There are no Continuing Care Retirement Communities in Whatcom County.

## 4. Living Arrangements:

- About 25% of Whatcom County households include people age 65 or older.
- Twenty three percent of non-family households are people age 65 or older living alone.
- The number of people age 65 or older and living alone in Whatcom County has increased in recent years (from 8.5% in 2011 to 12.9% in 2016).
- Twice as many women age 65 or older live alone than men in the same age range.

## 5. Housing Affordability:

- Only 34% of Whatcom County homes are affordable to median-income earners (of all ages), well below the state rate of 54%.
- While housing costs rise, many older adults' incomes remain fixed – so housing expenses require an increasing portion of their income.
- For a single older adult with a mortgage, only 51% of their household expenses are covered by the average social security benefit (based on Elder Economic Security Standard Index).
- Older adults constitute a growing percent of Whatcom County's homeless population (up from 8% in 2011 to 16% in 2018).

**A NOTE ON THE DATA :** The information included in this report comes from a variety of sources, resulting in some inconsistencies. For example, "seniors" or older adults may be considered people over age 60, 62 or 65, depending on the source. There are data for cities vs. school districts, and for individuals vs. households.

An effort has been made to label the tables and figures clearly to help identify these differences.



# GAPS & OPPORTUNITIES

**GAP:** Inadequate supply of affordable housing for older adults.

**OPPORTUNITY:** Develop innovative housing models (not just more housing, but better housing for meeting older adults' physical and social needs, and for community-building).

1. Physical design – universal design concepts
2. Supportive services – caregiving, chore services, home modifications,
3. Shared/common spaces – promote engagement, reduce isolation
4. Located in walkable area – safe; no steep hills; sidewalks, crosswalks, curb cuts
5. Services within walking distance, easy access to public transit
6. Mixed age groups
7. Beneficial interdependence – e.g., college students do chores for elders, or elders care for children
8. Co-housing, intergenerational housing, and Senior Homeshares are examples of innovative approaches being used in other communities

**GAP:** Lack of easy-to-find, up to date housing information in one place; little assistance to help with understanding and comparing housing options.

**OPPORTUNITY:** Develop single information repository and/or access entry point; provide navigation services to help people understand options (eligibility criteria, location, cost, etc.).

**GAP:** No Continuing Care Retirement Community.

**OPPORTUNITY:** Explore possibility of new development or building out existing facilities to include a full range of care options.

# LISTENING TO OLDER ADULTS AND THEIR FAMILIES

The Aging Well Listening assessment consisted of surveys and listening sessions with three groups: older adults, people who work closely with older adults, and family members of older adults. The surveys and listening sessions all asked essentially the same three questions: 1) What is important to you/older adults? 2) What are challenges or concerns for you/older adults? 3) What programs, services, and supports for older adults and their families could be added or changed in Whatcom County?

Thirteen Listening Sessions were conducted with older adults, people who work closely with older adults, and family members of older adults. Sessions were held in eight Bellingham locations and five county locations. A total of 112 people participated in Listening Sessions. Electronic surveys were also sent to members of the Bellingham Senior Activity Center, Bellingham at Home, and the Palliative Care Institute – an additional 189 responses were received.

## TOP 10 THEMES (AGGREGATED)

COMBINED RESPONSES OF OLDER ADULTS, PEOPLE WHO WORK CLOSELY WITH OLDER ADULTS, and FAMILY MEMBERS OF OLDER ADULTS

Number of Respondents = 301

Total number of items for this question = 615

### WHAT IS IMPORTANT?

THEME	Number of times mentioned	Rank
Interaction, relationships, connection	76	1
Family	52	2
Health	51	3
Health care	40	4
Housing	38	5
Independence, autonomy	33	6
Finances	32	7
Physical activity	32	7
Friends	29	8
Transportation	25	9
Food and nutrition	24	10

# KEY FINDINGS

## WHAT'S IMPORTANT

With responses from all three groups aggregated, the five most frequently mentioned themes were:

1. **Interaction, relationships, and connection**
2. **Family**
3. **Health**
4. **Health care**
5. **Housing.**

Looking at the responses of each group individually, **interaction, relationships, and connection** was also the theme most frequently mentioned all three groups. There were some differences among groups in terms of the other themes among the top five.

## CHALLENGES OR CONCERNS

With responses from all three groups aggregated, the five most frequently mentioned themes were:

1. **Health care**
2. **Medical condition(s)**
3. **Physical decline**
4. **Transportation**
5. **Finances**

Looking at the challenges or concerns mentioned by each group individually, **medical conditions** were most frequently mentioned by older adults; **health care** was most frequently mentioned by people who work closely with older adults; and **interaction, relationships, and connection** was most frequently mentioned by family members of older adults.

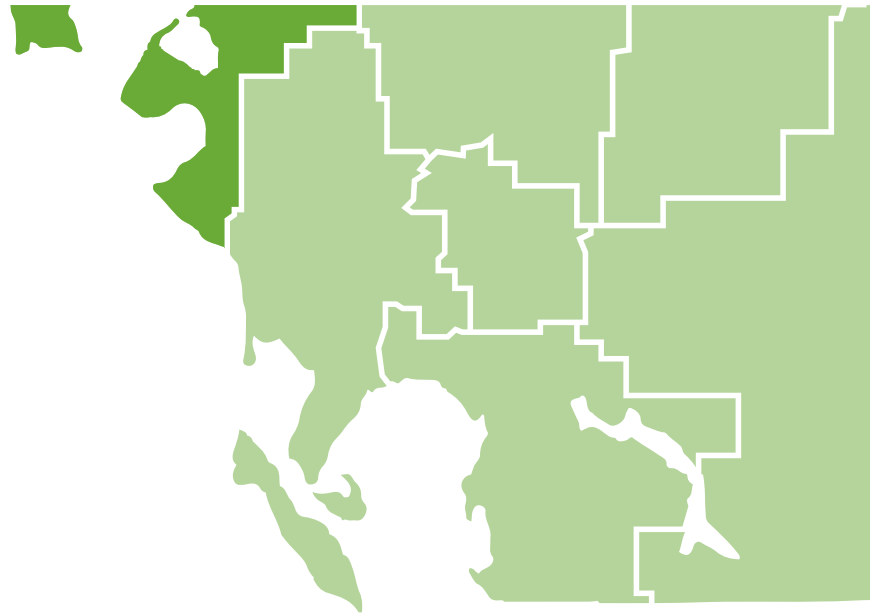
## WHAT TO ADD OR CHANGE

With responses from all three groups aggregated, the five most frequently mentioned themes were:

1. **Programs and services**
2. **Health care**
3. **Interaction, relationships and connection**
4. **Transportation**
5. **Housing.**

Looking at the responses of each group individually, **programs and services** was the theme most frequently mentioned by all three groups. There were some differences among groups in terms of the other themes among the top five.

# OLDER ADULTS IN WHATCOM COUNTY: BLAINE



*Compared to Whatcom County as a whole...*

## **The Blaine area has a large population of older adults:**

- Blaine is the area of Whatcom County with the highest percentage of older adults -almost a quarter (24%) of Blaine area residents are age 65 or older.
- Almost a third (31%) of Blaine's households include an older adult.
- Of Blaine's non-family households, 34% are older adults living alone. Blaine has about 240 older adults living alone (96 men and 144 women).

## **Blaine has fewer housing options for older adults:**

- One skilled nursing facility (there are 9 in Whatcom County).
- Two licensed adult family homes (there are 24 in Whatcom County).
- No assisted living facilities (there are 17 in Whatcom County).
- No senior independent living retirement community.
- One low-income/rent restricted apartments for older adults (there are 16 complexes in Whatcom County).

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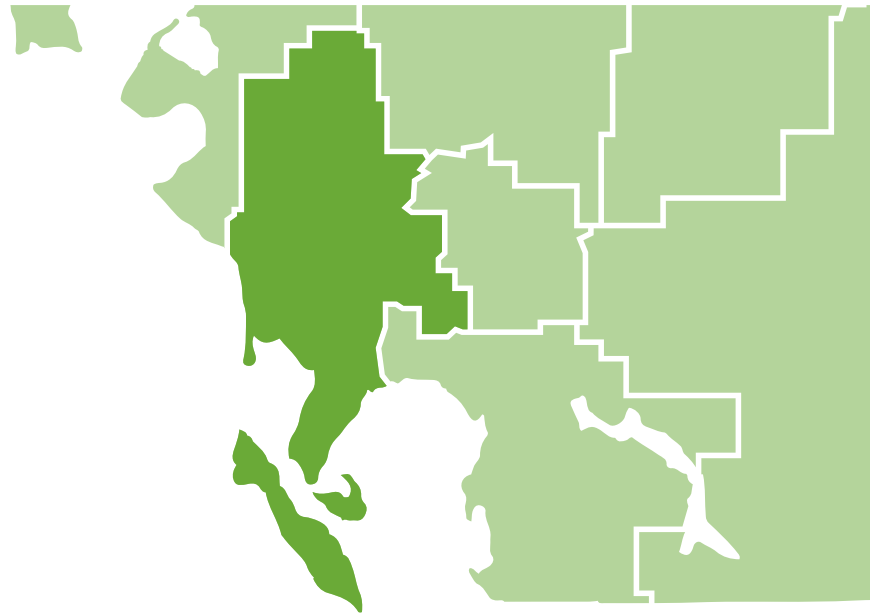
\* In **Whatcom County**, 17% of the population is age 65 or over; in **Washington State**, 12% of the population is age 65 or over.

# WHAT DO OLDER ADULTS SAY?

Survey responses and a listening session at the Blaine Senior Center revealed themes similar to those identified across Whatcom County.

Five Most Common Themes in Whatcom County	Specific Comments from Blaine Area Residents
<p><b>What Is Important?</b></p> <ol style="list-style-type: none"> <li>1. Interaction, relationships and connection</li> <li>2. Family</li> <li>3. Health</li> <li>4. Health care</li> <li>5. Housing</li> </ol>	<ul style="list-style-type: none"> <li>• Ability to connect with others: family, friends, church/faith community: "share a meal, share a conversation, share life experiences."</li> <li>• Activities: senior center lunches, play cards, exercise/ outdoors/nature.</li> <li>• Privacy; autonomy; the ability to be self-directed.</li> <li>• Financial wellbeing.</li> <li>• Mobility; car; "ability go where and when I want."</li> </ul>
<p><b>Challenges and Concerns</b></p> <ol style="list-style-type: none"> <li>1. Health care</li> <li>2. Medical condition(s)</li> <li>3. Physical decline</li> <li>4. Transportation</li> <li>5. Finances</li> </ol>	<ul style="list-style-type: none"> <li>• Money/finances; ability to afford basic needs, including health care.</li> <li>• "No place to go for seniors, especially women and especially in the evenings."</li> <li>• Living alone; being able to live alone; wish to live in own home.</li> <li>• No children to help; "no one to watch out for me."</li> <li>• "Housing—where will I go?"</li> <li>• Transportation limitations: "eyes not well, so have to give up driving," "can't afford car."</li> </ul>
<p><b>What to Add or Change</b></p> <ol style="list-style-type: none"> <li>1. Programs and services</li> <li>2. Health care</li> <li>3. Interaction, relationships and connection</li> <li>4. Transportation</li> <li>5. Housing</li> </ol>	<ul style="list-style-type: none"> <li>• More health care services in Blaine: urgent care, doctors, lab.</li> <li>• More low-income senior housing; access to affordable housing.</li> <li>• Finances: "help with making financial decisions;"</li> <li>• Financial support for people just above eligibility cut-off.</li> <li>• Improved transportation: within/around Blaine and Birch Bay, service to Bellingham and airport.</li> <li>• More recreation opportunities: YMCA, swimming pool, movie theater/ entertainment, restaurants, retail stores.</li> <li>• Volunteers to help with rides and grocery shopping.</li> <li>• Caregiver resources: Know what is available, create a clearinghouse to find caregivers and connect regionally (i.e. connect Blaine caregivers with Blaine older adults).</li> <li>• Food: More grocery options, better grocery prices, more restaurants.</li> </ul>

# OLDER ADULTS IN WHATCOM COUNTY: FERNDALE



*Compared to Whatcom County as a whole...*

**The Ferndale area has a population of older adults similar to the rest of Whatcom County:**

- About 17% of Ferndale area residents are age 65 or older – the same rate as Whatcom County as a whole.
- Almost a quarter (22%) of Ferndale’s households include an older adult.
- Of Ferndale’s non-family households, 34% are older adults living alone. Ferndale has about 240 older adults living alone (108 men and 292 women).

**Ferndale has fewer housing options for older adults:**

- No skilled nursing facility (there are 9 in Whatcom County).
- Five licensed adult family homes (there are 24 in Whatcom County).
- No assisted living facilities (there are 17 in Whatcom County).
- One senior independent living retirement community.
- One low-income/rent restricted apartments for older adults (there are 16 complexes in Whatcom County).

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\* In **Whatcom County**, 17% of the population is age 65 or over; in **Washington State**, 12% of the population is age 65 or over.

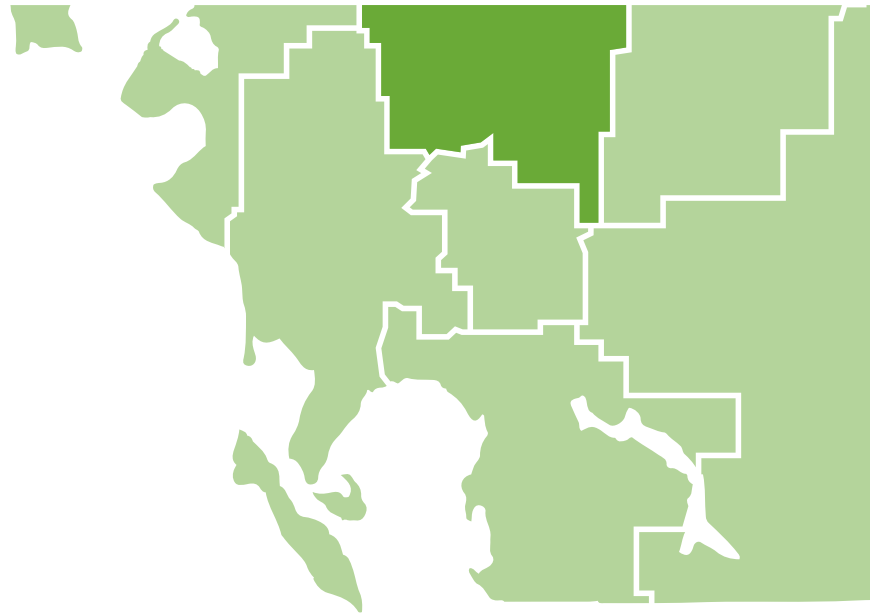


# WHAT DO OLDER ADULTS SAY?

Survey responses and a listening session at the Ferndale YMCA revealed themes similar to those identified across Whatcom County.

Five Most Common Themes in Whatcom County	Specific Comments from Blaine Area Residents
<p><b>What Is Important?</b></p> <ol style="list-style-type: none"> <li>1. Interaction, relationships and connection</li> <li>2. Family</li> <li>3. Health</li> <li>4. Health care</li> <li>5. Housing</li> </ol>	<ul style="list-style-type: none"> <li>• Socializing, being busy, keeping active, "companionship at Ferndale senior center."</li> <li>• Family, friends, neighbors.</li> <li>• Exercise, gardening, walking, parks, paths.</li> <li>• Independence, being function, staying mobile.</li> <li>• Healthcare; affordable healthcare.</li> <li>• Simple housing, low rent; "rent is getting higher," "I can't find an apartment."</li> </ul>
<p><b>Challenges and Concerns</b></p> <ol style="list-style-type: none"> <li>1. Health care</li> <li>2. Medical condition(s)</li> <li>3. Physical decline</li> <li>4. Transportation</li> <li>5. Finances</li> </ol>	<ul style="list-style-type: none"> <li>• Finding the best health services - "I need a physical therapist and don't know how to pick one."</li> <li>• Physical disability, walking becoming unsafe with rough surfaces, "blind in one eye," "kids don't want me to live at home."</li> <li>• Depression, "losing my memories."</li> <li>• "Being by myself, for example if I call 911 and I can't get to the door to unlock it and the EMTs can't get in."</li> <li>• Not being able to drive; "bus service to be independent," riding the bus; afraid of getting on the wrong bus or getting lost.</li> <li>• Healthcare costs; "money matters=healthcare;" "Having enough money to do things."</li> </ul>
<p><b>What to Add or Change</b></p> <ol style="list-style-type: none"> <li>1. Programs and services</li> <li>2. Health care</li> <li>3. Interaction, relationships and connection</li> <li>4. Transportation</li> <li>5. Housing</li> </ol>	<ul style="list-style-type: none"> <li>• Bigger senior center.</li> <li>• Way to figure out Medicare - how it works, information and advice about plans.</li> <li>• Affordable healthcare, Medicare dental and vision coverage.</li> <li>• Access to simple food, fresh vegetables, meat</li> <li>• Necessities within walking distance; footbridge over the river from Riverwalk to Hovander.</li> <li>• Bus transportation that's less time-consuming; more routes and services; training on riding bikes and trikes safely.</li> <li>• Affordable housing; "more nice mobile home parks, properly maintained - more affordable and it's a postage stamp of land."</li> </ul>

# OLDER ADULTS IN WHATCOM COUNTY: LYNDEN



*Compared to Whatcom County as a whole...*

## **The Lynden area has a large population of older adults:**

- The Lynden area has a relative high percentage of older adults – 21% of the population is age 65 and older.
- Over a third (35%) of Lynden’s households include an older adult. This is the highest rate in Whatcom County.
- Of Lynden’s non-family households, 54% are older adults living alone – the highest rate in Whatcom County. There are about 725 older adults living alone (123 men and 603 women).

## **Lynden’s housing options for older adults:**

- One skilled nursing facility (there are 9 in Whatcom County).
- Six licensed adult family homes (there are 24 in Whatcom County).
- Three assisted living facilities (there are 17 in Whatcom County).
- One senior independent living retirement community.
- Three low-income/rent restricted apartments for older adults (there are 16 complexes in Whatcom County).

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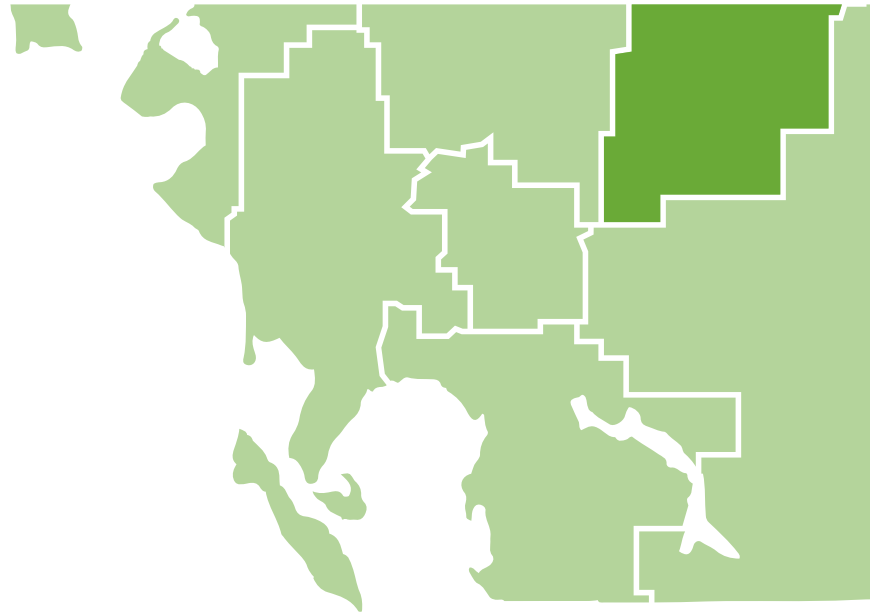
\* In **Whatcom County**, 17% of the population is age 65 or over; in **Washington State**, 12% of the population is age 65 or over.

# WHAT DO OLDER ADULTS SAY?

Survey responses and a listening session at the Lynden YMCA revealed themes similar to those identified across Whatcom County.

Five Most Common Themes in Whatcom County	Specific Comments from Blaine Area Residents
<p><b>What Is Important?</b></p> <ol style="list-style-type: none"> <li>1. Interaction, relationships and connection</li> <li>2. Family</li> <li>3. Health</li> <li>4. Health care</li> <li>5. Housing</li> </ol>	<ul style="list-style-type: none"> <li>• Network of family and friends for support.</li> <li>• Prayer, spiritual life, church that's welcoming.</li> <li>• Senior Center: "food, friends and fellowship."</li> <li>• YMCA: "community feel," "safety," "awareness."</li> <li>• Living independently.</li> <li>• Health, feeling good, energetic.</li> <li>• Exercise, "consistent daily movement."</li> <li>• Good housing.</li> </ul>
<p><b>Challenges and Concerns</b></p> <ol style="list-style-type: none"> <li>1. Health care</li> <li>2. Medical condition(s)</li> <li>3. Physical decline</li> <li>4. Transportation</li> <li>5. Finances</li> </ol>	<ul style="list-style-type: none"> <li>• Quality healthcare: "Doctors don't know about their own programs, no communication"; " Low quality of care at skilled nursing facility Sense that one's care is tied to your money."</li> <li>• Falls; "I'm afraid of falling"</li> <li>• Affordable housing; "rents too high," "long term care costs thousands."</li> <li>• Loss of function, maintaining physical abilities, "being able to get around."</li> <li>• Transportation, driving, long waits for WTA specialized transit; "if you don't drive you are housebound."</li> <li>• Finances: "Adjusting to increased cost of living without reasonable social security or health coverage," "Will there be enough social security?"</li> </ul>
<p><b>What to Add or Change</b></p> <ol style="list-style-type: none"> <li>1. Programs and services</li> <li>2. Health care</li> <li>3. Interaction, relationships and connection</li> <li>4. Transportation</li> <li>5. Housing</li> </ol>	<ul style="list-style-type: none"> <li>• Improve skilled nursing facility services/care.</li> <li>• More activities like senior park day, volunteer opportunities, accessible activities, Senior Center participation.</li> <li>• Get Adult Day Health back.</li> <li>• More psychiatry services.</li> <li>• Transportation; more transportation options.</li> <li>• Improved bus service, more frequent service; "feel safe where they let you off and where you wait."</li> </ul>

# OLDER ADULTS IN WHATCOM COUNTY: NOOKSACK VALLEY AREA



*Compared to Whatcom County as a whole...*

## **The Nooksack Valley Area has a relatively small population of older adults:**

- About 13% of the Nooksack Valley area population is age 65 or older.
- About 18% of households in the Nooksack Valley area include an older adult (Everson 18%, Nooksack 18%, Sumas 20%).
- Of non-family households in the Nooksack Valley area, 28% are older adults living alone (Everson 33%, Nooksack 31%, Sumas 20%). This is about 121 older adults living alone (35 men and 86 women).

## **The Nooksack Valley Area has very few housing options for older adults:**

- No skilled nursing facility (there are 9 in Whatcom County).
- No licensed adult family homes (there are 24 in Whatcom County).
- No assisted living facilities (there are 17 in Whatcom County).
- No senior independent living retirement community.
- One low-income/rent restricted apartments for older adults (there are 16 complexes in Whatcom County).

\* In **Whatcom County**, 17% of the population is age 65 or over; in **Washington State**, 12% of the population is age 65 or over.

# WHAT DO OLDER ADULTS SAY?

Survey responses from Nooksack Valley Area zip codes revealed themes similar to those identified across Whatcom County.

Five Most Common Themes in Whatcom County	Specific Comments from Blaine Area Residents
<p><b>What Is Important?</b></p> <ol style="list-style-type: none"> <li>1. Interaction, relationships and connection</li> <li>2. Family</li> <li>3. Health</li> <li>4. Health care</li> <li>5. Housing</li> </ol>	<ul style="list-style-type: none"> <li>• Socializing, staying connected; "so many things cost money."</li> <li>• Exercise, good food.</li> <li>• Living at home, independence.</li> <li>• Nooksack Valley area residents mentioned specific services and programs: "Support from Catholic Community Services," "home health care," "Meals on Wheels."</li> </ul>
<p><b>Challenges and Concerns</b></p> <ol style="list-style-type: none"> <li>1. Health care</li> <li>2. Medical condition(s)</li> <li>3. Physical decline</li> <li>4. Transportation</li> <li>5. Finances</li> </ol>	<ul style="list-style-type: none"> <li>• Physical ability and safety, "I keep forgetting to use the walker," "getting back to normal after surgery."</li> <li>• Transport is an issue; "Sumas is the end of the world."</li> <li>• Isolation, "no one to help," no local family; families are disconnected.</li> </ul>
<p><b>What to Add or Change</b></p> <ol style="list-style-type: none"> <li>1. Programs and services</li> <li>2. Health care</li> <li>3. Interaction, relationships and connection</li> <li>4. Transportation</li> <li>5. Housing</li> </ol>	<ul style="list-style-type: none"> <li>• More caregivers, home care, medication management.</li> <li>• An urgent care clinic for lower income with transportation and someone to help through.</li> <li>• Help with house cleaning, home repairs.</li> <li>• Money, finances; "I can't afford it."</li> <li>• Shared housing arrangements; generational mixed housing.</li> </ul>

# LINKS & INSPIRATION

## AWW BLUEPRINT INFORMED AND INSPIRED BY THE FOLLOWING:

### **World Health Organization Age Friendly Cities and Communities Movement.**

[https://www.who.int/ageing/projects/age\\_friendly\\_cities\\_network/en/](https://www.who.int/ageing/projects/age_friendly_cities_network/en/)

### **AARP Livable Communities Movement.**

<https://www.aarp.org/livable-communities/>

### **Best Cities for Successful Aging, Milken Institute.**

<https://www.milkeninstitute.org/reports/best-cities-successful-aging-2017>

### **Age Friendly Cities Canada**

<https://www.canada.ca/en/public-health/services/health-promotion/aging-seniors/friendly-communities.html>

### **Rural Health Information Hub – Rural Aging Resources**

<https://www.ruralhealthinfo.org/topics/aging/resources>

## SPECIFIC BLUEPRINTS

### **Blueprint for Creating a Community of Care and Support for People with Serious Illness**

[whatcomalliance.org/wp-content/uploads/2016/03/Revised-Blueprint-2016.11.pdf](http://whatcomalliance.org/wp-content/uploads/2016/03/Revised-Blueprint-2016.11.pdf)

Whatcom County End-of-Life Taskforce, 2014.

### **Aging Readiness Plan**

[https://www.clark.wa.gov/sites/default/files/fileuploads/community-planning/2015/08/12-0207\\_ARTF\\_Plan\\_Final\\_Maps\\_Complete\\_Print.pdf](https://www.clark.wa.gov/sites/default/files/fileuploads/community-planning/2015/08/12-0207_ARTF_Plan_Final_Maps_Complete_Print.pdf)

Clark County, WA, 2012

### **Blueprint for Action on Aging**

<https://drive.google.com/file/d/0B8rF1Y77EkOYSVIVRTIYS1DV2s/view>

Maine Council on Aging, 2014.

### **Aging In Massachusetts, Initial Blueprint Recommendations**

<https://www.mass.gov/files/documents/2018/04/10/Council%20to%20Address%20Aging%20in%20Massachusetts%20Initial%20Blueprint%20Recommendations-April-2018.pdf>

Governor's Council to Address Aging in Massachusetts, 2018.

### **Age-Friendly Seattle Action Plan**

[https://www.seattle.gov/Documents/Departments/AgeFriendly/AgeFriendlySeattleActionPlan\\_ExecutiveSummary.pdf](https://www.seattle.gov/Documents/Departments/AgeFriendly/AgeFriendlySeattleActionPlan_ExecutiveSummary.pdf)

<https://www.seattle.gov/agefriendly>

City of Seattle in 2017.

### **Communities for a Lifetime Initiative**

<https://www.co.dakota.mn.us/Government/publiccommittees/CFL/Documents/CFLKeyChallengesActionSteps.pdf>

Dakota County, MN Public Health, Undated.

### **Chemung County Age-Friendly Community Action Plan**

[https://www.chemungcountyny.gov/document\\_center/Aging/Age-Friendly%20Community%20Action%20Plan.pdf](https://www.chemungcountyny.gov/document_center/Aging/Age-Friendly%20Community%20Action%20Plan.pdf)

Chemung County, NY, 2015.