

Healthy Aging Initiative

December 1, 2017

Center for Philanthropy

Attending:

Bill Ziels, Whatcom YMCA

Tammy Bennett, Whatcom YMCA

Mary Carlson, Whatcom Council on Aging

Ryan Blackwell, Northwest Regional Council

Tonja Myers, Christian Health Care Center

Marie Eaton, Palliative Care Institute, WWU

Heather Flaherty, RiverStyx Foundation

Carol Nicolay, Health Ministries Network

Dr. Dave Lynch, Chuckanut Health Foundation Board President/ Family Care Network (retired)

Sue Sharpe, Chuckanut Health Foundation

Dr. Chao-ying Wu, Chuckanut Health Foundation Board/Family Care Network

Regrets: Dan Murphy, Northwest Regional Council; Rachel Lucy, PeaceHealth; Jeanne Brotherton, Health Ministries Network (retired)/Chuckanut Health Foundation Board

Meeting Desired Outcomes:

- Knowledge of healthy aging initiatives in the US
- An understanding of opportunities and challenges for a local healthy aging initiative
- Agreement on next steps

DRAFT MINUTES

Dave Lynch welcomed the group on behalf of the Chuckanut Health Foundation Board, and attendees introduced themselves.

Lara presented a brief overview of the healthy aging initiative landscape, including the models of Livable Communities (AARP) and Age-friendly Cities (World Health Organization) with eight essential domains.

Dave, Ying, and Sue shared some take-aways from the recent Grant Makers in Aging conference.

- Came away with stronger feeling of hope and opportunity. Health care seems to be part of the problem, and has a relatively low return on investment. Getting out of the health care mindset gives a more hopeful picture.
- Seems to be a higher level of policy work related vis aging in the east. Massachusetts has a Secretary of Aging, who reviews all Secretary of Health policy proposals with an eye to the implications for older adults.
- Housing models were inspiring – Greenhouse Project, Jewish Family Services, multi-age low-income housing.
- Some of the work happening is “messy.” Silo-ing by age, income and other variables creates tidiness, but efforts that involve integration and real change are messy.

Attendees gave brief overviews of their organizations’ work related to healthy aging.

Heather Flaherty, RiverStyx Foundation

In recent years RiverStyx has provided financial support for PeaceHealth’s in-patient palliative care program, WAHA’s work on advance care planning, the Palliative Care Institute, and provider training efforts related to palliative and end of life care.

Marie Eaton, Palliative Care Institute (PCI), WWU

Western was involved in the End of Life taskforce convened by WAHA and helped create the 2014 [Blueprint for Community Excellence at End of Life](#). The taskforce has since evolved into the NW Life Passages Coalition. PCI is currently working on a pilot project with Lynden Christian Health Care for all staff training to promote a more positive culture around palliative care. PCI recently developed the [WhatcomCares](#) website with community resources related to serious illness and end of life; this could potentially be expanded.

Mary Carlson, Whatcom Council on Aging (WCOA)

WCOA oversees the Bellingham [Senior] Activity Center, provides 175,000 meals per year (congregate settings and home delivered), runs a chronic disease self-management program in partnership with the NWRC, and owns two housing complexes administered by the Housing Authority. Bellingham At Home, based on the Village model out of Boston, provides coordinated chore services; accompaniment to medical appointments is being explored as another service.

Bill Ziels and Tammy Bennett, Whatcom YMCA

The YMCA's Silver Sneakers program is long running; more recent program additions are a cancer survivors' class, Pedaling for Parkinson's, enhanced fitness for those with arthritis, and the chronic disease self-management program (in partnership with WCOA). Across all programs, the Y is realizing that creating a social network and support system is at least as important as the physical activity. They plan to increase offerings at locations outside the Y, and are looking at ways to decrease barriers, such as easy parking, access to buildings, and financial assistance.

Tonja Myers, Christian Health Care Center (CHCC)

CHCC is Whatcom County's only locally "owned" non-profit skilled nursing facility. LCHC provides a care-transition nursing program, and a dementia unit for which there is always a waiting list. Whatcom County's adult day health program is housed at LCHC. Currently the utilization is somewhat low, and this, combined with the cost transporting people to the program, is requiring them to consider other ways to run adult day health to make it financially viable. Increased utilization would make the program more sustainable. The number of people using SNF services is decreasing, so they are exploring diversification of services.

Ryan Blackwell, Northwest Regional Council (NWRC)

The NWRC runs Aging and Disability Resources referral service, caregiver support, tribal outreach and the Wisdom Warrior program, care management services, and Health Homes care coordination for people with Medicare and Medicaid. Washington is the only state that reduced Medicare spending enough to "earn" 50% of the savings back from the Centers for Medicare and Medicaid Services. Much of Older Americans Act funding goes into health care; at a policy level, it would be great to shift some funding into other areas.

Dr. Chao-ying Wu, Family Care Network (FCN)

FCN is a physician-owned network of primary care practices serving about 100,000 patients in Whatcom and Skagit counties. Ying notes that that health care is where the money is, but it's a relatively "bad return on investment." FCN has proven it has the ability to save money, and Ying thinks there is adequate money coming into the community; he'd love to see Whatcom as a community be able to decide how that money is used.

Carol Nicolay, Health Ministries Network (HMN)

Serving a four-county area, HMN is a loose coalition of 85 congregations and 139 volunteer nurses, health ministers, and other roles. There is a focus on mind, body and spirit. Mental health and dental health are consistently the biggest needs of the people they serve.

Discussion regarding assessment and data:

Existing data:

- Health mapping project, where people drew their “health neighborhood” – revealed what people felt were the most important variables for their health. The raw data still exist and could be reviewed.
- Ryan is the NWRC’s “data person by default” and could help with finding local data.

Needs and interests:

- Map of geographic distribution of older adults in Whatcom County.
- Map of walkability – the built environment (ParkScriptions website has feature that shows walking routes close to a specified address).
- What do older adults do for exercise programs? How do people feel about the options they have?
- How much money is coming into Whatcom County (medical coverage, housing/assisted living, individuals’ income, etc.)? Knowing this would allow the creation of a flexible spending model, based on community-driven priorities for how this money could/should be spent.
- Map the systems pathways related to aging.
- What are existing infrastructure and utilities?
What percent of people need long term care? How much of this due to medical need, vs. social or caregiver needs?
- How have other communities approached assessment of resources and needs?

Other comments and suggestions related to assessment and planning:

- The 8 domains are a helpful frame; use it to think about what exists and where the gaps are.
- Important to use lens of social determinants of health, and focus on equity.
- We need a shared [local] definition of what healthy aging is.
- Workforce development is important, both of health and care related roles, but also in general for a healthy economy and community.
- PCI used the World Café model to listen to community groups.
- “Cheap, fast, and messy” [is good].
- Would be valuable to identify some principles to guide this work.
- Develop a blueprint similar to the one developed by the End of Life taskforce; the end of life work would be one component within it.

Additional people, agencies, or programs to include:

- Luo Baozhen, WWU (sociology of aging class, intercultural focus)
- Mercy Housing
- Opportunity Council – Greg Winter?
- Food Bank
- Health Department – Astrid Newell?
- Schools - Rob Mackelroy (Bellingham SD)
- Kaiser Permanente
- Generations Early Learning Center (at Mt Baker Care facility) – Heidi Bugbee ED
- Accountable Community of Health
- NWRC – Becky Bendixen for connections to tribal communities
- Bellingham At Home
- Lynden Senior Center (Mary can represent other senior centers)

The group confirmed there is great potential in developing a healthy aging initiative in a comprehensive and collective way. There is interest in moving forward; immediate goals are to learn more about the community of Whatcom County to inform where/how to focus efforts.

Next meeting Friday, January 19, 9:00-11:00 AM at the Center for Philanthropy.