

## BLUEPRINT UPDATE REPORT: WELLNESS & HEALTHCARE

This report was compiled to inform the community work session on the Aging Well Blueprint focus area of Wellness and Healthcare, one of the six focus areas of the Aging Well Whatcom Blueprint. The purpose of the work session, held March 30, 2022, was to engage organizational partners and community members in reviewing and revising strategies for the 2022 edition of the Blueprint. Work session participants provided additional information, which was added to this report.

### Wellness & Healthcare and Older Adults in Whatcom County

Wellness and healthcare are extremely important to older adults in Whatcom County. In the 2021 Aging Well Whatcom Older Adult survey:

- Healthcare was the most frequently mentioned in response to the question, “*What challenges or concerns do you have in regards to your health and well-being?*”
- Healthcare was the third most frequent response to the question, “*If you could add or change one thing that is available for older adults and their families in Whatcom County, what would that be?*” The most frequently mentioned theme was transportation, with housing second.
- Healthcare was the fifth most frequently mentioned theme in response to the question, “*What things do you feel are the most important to your quality of life?*” Notably, “family and friends” was the number one response, mentioned twice as frequently as healthcare.

### What has changed?

Many of these changes are described further in either the “Challenges” or “Opportunities” sections below.

#### PANDEMIC-RELATED CHANGES

##### 1) Increased social isolation

- Social isolation among older adults has increased, deepening an already widespread and well-documented problem.
- The Whatcom County [COVID Impact Assessment](#) (2021) states that “the isolation of older adults to protect them from COVID-19 has caused significant losses of social support and declines in mental health.”

Information sources for **What has Changed** section: Community partner survey and discussions regarding older adults and housing (Nov 2021); interviews and other communication with housing partners; website and report review; data review (specific sources noted).

## 2) Nutrition and food access

- Partnerships were created to deliver food to older adults' homes in an effort to reduce their need to leave home. Whatcom Transportation Authority, the YMCA, and food banks were involved with food distribution.
- Whatcom Council on Aging changed their senior community meals, previously served at Senior Centers, to weekly pick-up of prepared take-home meals. Distribution of take-home meals is in addition to continuing the regular Meals on Wheels (home-delivered) service.

## 3) Physical activity

- The closures and restrictions of gyms, fitness clubs, swimming pools and exercise classes reduced physical activity (and social activity) for many older adults.
- The YMCA started virtual exercise classes, and some participants reported **increasing** their exercise frequency due to the convenience of "attending" virtual classes.
- Some older adults report engaging in more outdoor physical activity due to the pandemic.

## 4) Healthcare

- Virtual services for medical and behavioral health expanded vastly. While the technology required for virtual appointments presents a barrier for some older adults, many have increased their use of technology and benefitted both from virtual healthcare visits and new technology skills.
- Eligibility for some healthcare services was broadened (for example, home health), allowing more people to take advantage of these services.
- More people transitioned from the hospital directly to home, instead of going for intermediate stays at skilled nursing facilities (SNFs). Numerous variables contributed to this shift: expanded home health eligibility, patient or family reluctance to go to SNFs due to COVID risk and visiting restrictions, and limited SNF capacity.
- Many people have delayed care due to fear of COVID and/or lack of healthcare system capacity.
- For many people, relationships with their regular healthcare providers were weakened due to less consistent visits, turnover in healthcare providers, and a generally strained healthcare system. Lack of access to needed services also undermined trust in some patient-provider relationships; for example, not being able to get a surgery when needed, or COVID vaccinations being recommended but unavailable.
- COVID and the associated stress and fatigue has exacerbated shortages of healthcare workers in many healthcare settings. In long term care settings, staff shortages can result in putting a hold on admissions; even when beds are available, new residents cannot be accepted if staffing is not adequate.

## NON-PANDEMIC RELATED CHANGES

- 1) **An additional Hospice option is now available.** Eden Health has started providing hospice services, so Whatcom County residents now have two options for hospice care, Eden and PeaceHealth.

- 2) **Awareness of dementia is increasing**, as are programs and services for people with dementia, family members and caregivers, and the community. Dementia Support Northwest and NW Regional Council have partnered to provide 90-minute “Dementia 101” trainings; they will start with training professionals, then may expand to others.
- 3) **Behavioral health workforce shortages are worsening.** The Whatcom County [COVID Impact Assessment](#) (2021) states that “the existing workforce shortage of behavioral health care professionals has worsened.”
- 4) **ADA Transition Plans for Pedestrian Facilities in the Public Right-of-Way** were released in 2021 by both the City of Bellingham and Whatcom County. These plans recommend ADA-compliant design standards and recommend physical modifications such as curb cuts, sidewalks, cross walks, push buttons, bus stop access, etc. While implementation will take time, these changes will increase walkability and therefore physical activity in our communities.
- 5) **End-of-Life Initiatives continue** to advance community awareness and systems change around aging, palliative care, end-of-life care, and death. The [Palliative Care Institute](#) at Western Washington University and [NW Life Passages Coalition](#) are leaders in this work, along with many other community partners.
- 6) **There is progress related to food access:** the Foothills Food Access Plan was updated in 2021, Senior Vouchers for farm stands are plentiful, and the new Census data shows there is one less food desert in Whatcom County.

## Challenges

### CHALLENGE 1: SOCIAL ISOLATION

COVID significantly increased social isolation for many older adults. However, many social isolation and loneliness were common experiences for older adults prior to the pandemic for a variety of reasons.

- “Isolation imposed by failing sight and hearing is both emotionally and physically debilitating.”
- “[I have] less opportunity for socializing as [my] health and finances decline.”
- “I live alone, so I have no one to help me.”

Information sources for **Challenges and Opportunities** sections: Community partner survey and discussion regarding older adults and housing (Nov 2021); Aging Well Whatcom Older Adult Survey (Nov 2021), and listening session with Elder Service Providers (Dec 2021).

**Items in quotes are survey responses as written by the respondents.**

### CHALLENGE 2: HEALTHCARE

Some older adults described healthcare challenges specific to the COVID-pandemic, such as delayed surgeries or treatment or inability to support (or be supported by) a loved one during hospital or skilled nursing facility stays. However, the majority of the healthcare challenges are broader issues, not related to COVID.

➤ **Cost of healthcare**

- “My concerns are that my budget and Medicare will not cover the important things for my long-term health - seeing, hearing and having teeth! As well as general medical and Rx's.”
- “Price of prescription medication.”
- “Having enough income to pay my medical and dental bills. I would not be able to pay for a nursing home stay.”
- “Cost of assisted living facilities, w/o having to spend all of one's savings.”
- “It has become extremely difficult to get into a skilled nursing facility when Medicaid is the payer. This leaves us with the only option of using EMS and going to the hospital. This must be incredibly expensive.”

➤ **Lack of provider availability**

- “I don't have a doctor now, I have been on a waiting list for 4 months.”
- “I've lost 6 doctors in 1.5 years - some are not replaced.”
- “Health providers [are] becoming too crowded - making it harder to get appointments.”
- “[I need] more doctor specialists as I age, and not finding them locally. Having to travel to Seattle.”
- “Timely access to specialized health care. It takes months now to see a cardiologist, rheumatologist, nephrologist, dermatologist for non-crisis care.”
- The shortage of mental health professionals has weakened the Extended Care Services (ECS), a DSHS program for Medicaid-eligible skilled nursing facility residents with mental health needs. Facilities contract with a mental health provider to support residents and assist staff in working with residents with mental illness. This professional mental health support makes it easier for facilities to accept and care for people with mental illness; without this support, facilities less able to take some people due to mental health issues, which in turn contributes to medical, care coordination, and housing issues.

➤ **Provider interactions**

- “I don't think doctors see quality of life as important.”
- “Doctor often brush off health concerns.”
- “Have felt ‘dismissed’ by a few docs because of age...very few, but still....”
- “Many times I wish ‘care givers’ had more than a 15- minute window of interaction.”

➤ **Some services aren't covered by Medicare**

- “No Medicare coverage for hearing and dental.”
- “I am currently having thousands of dollars of dental care - it is challenging financially with only social security income.”
- “Medicare not covering 'alternative' health care (acupuncture, massage, counseling).”
- “Mental health services basically don't exist for Medicare patients.”

➤ **Hospital concerns**

- “The waiting room in the hospital. The wait is too long and not comfortable.”
- “Having only one hospital for such a large (and growing) population.”

- “We need an additional hospital system or a more expansive one like UW medicine. As I age traveling to Seattle will become more difficult.”
- “We need another hospital with no religious or political affiliations.”

➤ **Access challenges due to technology**

- “Systems don't support those without computer literacy or cell phones.”
- “[Make] access and ability to schedule doctor appointments easier - listening to phone directory is long and confusing, scheduling [takes] a long time.”
- “Virtual [medical] services have been great for some, but inaccessible to others.”
- “Ability to use IT would make it possible to use secure messaging, patient portals, look up information rather than calling and waiting on hold.”

**CHALLENGE 3: IN-HOME CARE**

➤ **Lack of caregivers**

- “Easier access to professional care assistance in the home.”
- “Services to help us stay in our homes.”
- “Affordable access to at-home care services for those who live independently with limited assets.”
- “More in home care/support for all older adults. ”
- “Stay-at-home assistance beyond Bellingham city limits.”

➤ **Lack of support for family caregivers**

- “When I was caring for my husband who had Alzheimer’s Adult Day Health was a lifesaver. I am very sad to see it gone.”
- Add adult day care and short-term respite care (less than a week).”
- “A true network support for non-paid caregivers who interface with the paid care professionals, but do not have an organized 'place' for respite, listening, or collective understanding of this sector.”

**Opportunities**

**OPPORTUNITY 1: DEVELOP MORE “TAKE TO” MODELS**

There are numerous efforts to learn from and build on.

- The Health Ministries Network has a long history of “taking to” older adults in their faith communities and homes. Their new “Ask a Nurse” program brings a nurse to the East Whatcom Regional Resource Center to provide health education, resources, and referrals to older adults in the Mt. Baker area.
- Dementia Support Northwest’s mobile office provides dementia-related support and education to communities outside of Bellingham.
- Community Health Workers could (and sometimes do) focus on older adults, as well as related roles such as Promotores de Salud in the Latinx population and Community Health Representatives in tribal communities.

- Older adult peer health or peer support models are common in communities across the country.

### **OPPORTUNITY 2: INCREASE OUTREACH TO OLDER ADULTS**

The COVID pandemic may have deepened awareness of older adults’ social isolation, creating a social environment that could be leveraged to promote connections for older adults.

- “Our entire community can now better ‘relate’ to the challenges of social isolation, and have a better understanding what many seniors experienced even pre-pandemic.”
- “More outreach to us, even just checking in.”
- “Telephone regularly older adults who are unable to leave home independently.”
- “A program to pair volunteers with lonely, isolated elders... meet in a structured way so that elder understands the visits are limited to once a week.”
- “Home visits from a nurse.”

### **OPPORTUNITY 3: MAINTAIN VIRTUAL OFFERINGS AND EXPAND TECH TRAINING FOR OLDER ADULTS**

- Continuing to offer virtual healthcare appointments beyond COVID may be helpful for many older adults, especially those who are homebound or lack transportation.
- “[Dementia Support NW] plans to retain virtual support groups – it works well for some, and is a good way for extended family members who live in other places to join.”
- “IT support/training is beneficial when done well. Have to take the time to walk through the steps.”
- “IT training can be a part of occupational therapy services, [which is] a covered service through home health. Technology is considered an activity of daily living. It needs to be prescribed.”

### **OPPORTUNITY 4: IMPROVE INFRASTRUCTURE TO FACILITATE OUTDOOR PHYSICAL ACTIVITY**

- “[Due to COVID] we’ve all been forced to be outdoors more, including elders.”
- “More hard surface bike trails. We need dedicated protected bike trails.”
- “More sidewalks for walking, separate trails for bicycles.”
- “More parks with handicapped accessible waterfront.”
- “A covered outdoor space for exercise.”
- “More benches in downtown and Fairhaven areas.”

### **OPPORTUNITY 5: INNOVATE MODELS FOR FOOD DISTRIBUTION**

- “Explore continuing food home delivery like during COVID [provided by WTA, the YMCA, and food banks].”
- “As a single older person, I have a hard time cooking for myself. Meals on Wheels is very helpful.”
- “Daily hot lunch for seniors at the senior center again.”
- “Continue to provide To-Go meals as an option to inside community meals [at the senior centers].”

The Meals on Wheels program has eligibility requirements in compliance with its federal funding stream. Home delivered meals could potentially be expanded to a broader population with supplemental funding from other sources.

- “Meals on Wheels and local food banks are greatly needed, a significant endeavor for health and well-being - depicting someone cares, in addition to fulfilling [food] needs.”

#### **OPPORTUNITY 6: DEVELOP A CONTINUING CARE RETIREMENT COMMUNITY**

- “Attract a non-profit organization to build and maintain a CCRC (Continuing Care Retirement Community) for ages 62+.”
- “More options for aging in place with a facility with levels of care.”
- “I would love to see a CCRC with memory care.”
- “A continuing care facility in Fairhaven.”

#### **OPPORTUNITY 7: EXPAND MENTAL HEALTH SERVICES**

- “[We need] more mental health services – affordable, accessible, and high-quality.”
- “Addressing the mental health needs of seniors.”
- “Counselors trained for and working specifically with and only with older patients.”
- “More mental health support, be it professional or social. I live in a senior disability high rise, and I see so many residents who would benefit just from having someone drop by... With covid, maybe it could be done by zoom, more likely by phone.”
- “Professional mental health treatment, particularly for depression, is very much needed.”

#### **OPPORTUNITY 8: ENHANCE DEMENTIA EDUCATION AND AWARENESS**

As noted earlier, efforts in this area are already increasing with the community education partnership between Dementia Support Northwest and the NW Regional Council, as well as Dementia Support Northwest’s mobile services.

- “[There is] a strong need for community-wide dementia training. The Dementia Friends program [is a] free online training for general community, helps people identify when a person may have dementia and how to respond/interact appropriately, e.g., a bank teller, or grocery store cashier.”
- “‘Dementia-friendly’ designations were being explored pre-COVID; [there is] opportunity to re-group as a coordinated effort.”
- There is cognitive decline and dementia, and fewer people around to notice it’s happening and/or most people don’t know how to recognize it, so goes unnoticed longer.

## Other Assessments and Strategic Plans

**Several other community assessments and organizational strategic plans include aspects of wellness and healthcare for older adults:**

The **Whatcom Family YMCA 2021-2025 Strategic Plan** includes three strategies for improving older adult health: 1) Expand whole health programs and services such as chronic disease prevention and management; 2) Expand access to Y services that reduce social isolation and improve senior health; and 3) Work to reduce food insecurity for children, families, and seniors who need it most.

The **City of Bellingham's [ADA Transition Plan for Pedestrian Facilities in the Public Right-of-Way](#)** released in 2021 points to the "...opportunity for Bellingham to eliminate barriers to accessibility and create mobility for all." It includes recommendations for ADA compliant design standards and physical modifications at specific locations (curb cuts, sidewalks, cross walks, push buttons, bus stop access, ADA parking spots, etc.). The plan's timeframe is 30-50 years, "depending on level of investment COB puts towards the effort." The plan is intended to be a living document with annual updates.

**Whatcom County** also released an [ADA Transition Plan Within the Public Rights of Way](#) in 2021. It states that the County should create a "barrier removal program" and outlines recommendations similar to those in the City of Bellingham's plan for ADA compliant design standards and physical modifications such as curb cuts, sidewalks, cross walks, push buttons, bus stop access, ADA parking spots, etc. This plan will be "used to help guide future planning and implementation of necessary accessibility improvements" throughout Whatcom County.

The 2020-2024 [Regional Workforce Plan](#) of the **Northwest Workforce Council** notes "... continued growth in the 60+ age group is expected [to] affect both the types of services provided and the corresponding workforce talent needed." The plan outlines the healthcare workforce that needs to be developed, and also includes older adults in workforce retention considerations.

**NW Regional Council's [Strategic Plan 2020-2023](#)** includes the goal "Supporting Family Caregivers & People Impacted by Dementia" and related activities of providing family caregiver supports, support groups/resources, and evidence-based workshops. The goal "Building a Long-Term Services & Supports System to Meet Complex Needs" will increase the number of people served with in-home long term support services, in-home mental health, and health home care coordination.

The WA State **Aging and Long-Term Support Administration [Strategic Plan 2021-2023](#)** includes the strategic priorities "Prepare For Aging Washingtonians" and "Serve People In Their Home Community" with numerous healthcare-related objectives for each.