

Acknowledgements

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“There are only four kinds of people in the world - those who have been caregivers, those who currently are caregivers, those who will be caregivers, and those who will need caregivers.”

**~ Former First Lady,
Rosalynn Carter**



Executive Summary

Increasing life expectancy and the aging of the baby-boomer generation are creating a rapid increase in the proportion of the population who are 65 and older. It is estimated that by 2030, 20% of Snohomish County's population will be in this age group. This increase will pose significant social and health challenges. Making communities livable for older adults, or "aging friendly," means addressing issues



"Before you contradict an old man, my fair friend, you should endeavor to understand him."

~ George Santayana

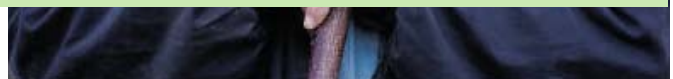
like accessibility, healthy aging, prevention, and long-term care. Such considerations need to be included in the community planning process.

As part of a community assessment of the needs of the aging population, Snohomish Health District and the Senior Consortium of Snohomish County collaborated to interview key informants in the community on the subject of aging services. Key informants were selected for their expertise and knowledge of social services for older adults and were recommended by the Senior Consortium. A total of thirteen key informants were interviewed and asked to identify gaps in services for older adults, barriers to closing those gaps, and possible solutions.

The most commonly mentioned service gaps were in regard to health care. Gaps included the limitations of services provided by Medicare and the lack of doctors who accept new Medicare patients. Service limitations included the lack of dental, vision and mental health services for older adults, limits on the availability of home health services, and lack of palliative care options.

"Ethnic groups in the county are especially isolated and have language barriers that limit their access to health care."

~ Key Informant



Transportation was also identified as a problem area. Many older adults cannot drive and are dependent on public transportation. However, lack of coordination between transportation providers leads to gaps in services, particularly for those living in rural areas. Other gaps include a lack of affordable housing for older adults in the county, a need for more nutrition services, and lack of community planning for the needs of the aging population.

Elder abuse is also a problem area, largely due to under-reporting and a shortage of resources for Adult Protective Services. The main barriers to filling these service gaps are lack of funding and societal attitudes that undervalue older adults. Lack of information and education about the services available to older adults also plays a key part in creating service gaps.

Key informants were asked to identify important community partners and stakeholders for creating an aging-friendly community. The most frequently named organizations were state and local government agencies, health care organizations, and businesses. County senior services were mentioned most often, along with the Washington State Department of Social and Health Services, elected officials and transportation agencies. However, lack of resources and time undermine the ability of these agencies to build collaborative partnerships.

Introduction

Increasing life expectancy in the United States and the aging of the baby-boomer generation together are creating a rapid increase in the proportion of people who are 65 years and older. Between 2010 and 2030, Snohomish County's population age 65 years and older is expected to increase by 160% and will constitute 20% of the county's total population. This increase will pose significant social and health challenges. "Few Americans realize their country is in the middle of a demographic revolution. This revolution will affect every person and every institution in our society. Its impact will be at least as powerful as any economic and social movements of the past... "Age is no longer a barrier to life, but rather an opportunity for new experience."¹

As baby boomers grow older, the overwhelming majority want to remain in their own homes and communities. In fact, people 65-85 are the least likely of any age group to move. The rapidly growing number of older people who are "aging in place" will present new opportunities and challenges to local communities. Making communities more livable for older adults, or aging-friendly, means addressing issues like healthy aging, prevention, and long-term care. These considerations, and others, should be addressed as part of the community planning process.



Everyone is the age of their heart.
~ Guatemalan Proverb

In practical terms, an aging-friendly city adapts its structures and services to be accessible to and inclusive of older people with varying needs and capacities.² An example of this would be a community that takes into account the needs of older adults with limited mobility when planning pedestrian walkways and traffic patterns. Additional resources for aging-friendly communities are listed in the Appendix.

¹. AdvantAge Initiative; www.vnsny.org/advantage/whatis.html

². World Health Organization (WHO) Checklist of Essential Features of Age-Friendly Cities, 2007

Aging-friendly communities are those that support the needs and desires of older adults. An aging-friendly community:¹ (See Appendix for more information.)

- addresses basic needs,
- promotes social and civic engagement,
- optimizes physical and mental health and well being, and
- maximizes independence for the frail and disabled.



Creating an Aging-Friendly Snohomish County

To identify and understand the aging population of Snohomish County, the Health Statistics and Assessment Program at the Snohomish Health District in collaboration with the Senior Consortium of Snohomish County* is conducting an assessment of the aging population in the county. The results will be published in a series of reports entitled “Creating an Aging-Friendly Snohomish County.”

Community assessments help define local priorities by describing the health of the population and group disparities, and by identifying gaps in the capacity of social services to meet the needs of the population. Information for these assessments will be drawn from population-based data bases and health surveys, focus groups with older adults, and key informant interviews with community leaders. When combined, these data sources will identify major concerns of older adults and the community service agencies that support them, and will support efforts to create aging-friendly communities in Snohomish County.

The objectives of the reports are to:

- Identify the health needs and concerns of the aging population,
- Increase awareness of issues affecting the aging population, and
- Provide information to community stakeholders for policy and program development, community planning, and grant applications that work toward the goal of creating aging-friendly communities.

* The Senior Consortium of Snohomish County is a collaboration of businesses, government agencies, non-profit organizations, volunteers and citizens dedicated to the education, communication and facilitation of change for an aging-friendly community in Snohomish County now and for the future.

The report series will consist of:

Series I: Voices from the Community - focus group findings from county residents 50 and older. The report will identify concerns of the aging population, suggestions for the community, and barriers to creating an aging-friendly community population.

Series II: Voices from the Community - key informant information collected from leaders in the county representing various agencies providing services to the aging population. The report will identify services provided, unmet needs, and barriers to creating an aging-friendly community.

Series III: Demographics of the population aged 50 and older. The report will include growth projections of the population of older adults and other demographics.

Series IV: Health care access data. The report will include information about health insurance and barriers to care.

Series V: Population-based health data. The report will include information about the prevalence and incidence of diseases affecting the older population, health-related behaviors, and use of preventive services.

Various ages have been used to define the older population. The most common is 65 and older as that is when most individuals qualify for Medicare and other benefits. The Older American Act of 1965 uses 60 years and older, the American Association of Retired Persons (AARP) uses 50, and the Centers for Disease Control and Prevention use various ages, including 50 and older. In addition, many health preventive screenings are recommended beginning at age 50, and prevention activities and planning for the future become more real for individuals at this age. Thus, this series of reports will define the aging population as those 50 and older.

Aging-friendly communities build their capacity to support the health, well being, and independence of all their elders, including older people at risk for disease and disability and the disabled or frail elderly.

- AdvantAge Initiative



Series II: Voices from the Community: Key Informants

This report is the second in the series about Snohomish County's aging population. The report includes a summary of information gathered from key informant interviews categorized into common themes.

Methods

This report is the second part of a community assessment of the needs of the aging population in Snohomish County. A collaboration between the Health Statistics and Assessment Program at the Snohomish Health District and the Senior Consortium of Snohomish County, the report describes the results of interviews with key informants from the community. The purpose of the interviews was to identify gaps in available services for older adults, barriers to filling those gaps, and potential solutions to those barriers. The results will provide information to community stakeholders that will be used for policy development, community planning, and program development to create aging-friendly communities.

The key informants were recommended by the members of the Senior Consortium and were chosen for their knowledge and experience providing services to older adults in the county.

Representatives were chosen from government social service agencies and other agencies that serve the aging population. See the Appendix for a list of the participants and the agencies they represent.

Each informant was asked a standard series of questions about their agency, its clientele, and the geographic area it serves. They were then asked to identify gaps in the services they provide, barriers to filling those gaps and possible solutions. They were also asked to identify gaps in services beyond their own organizations. Another series of questions asked what agencies should be involved in creating an aging-friendly community and what barriers exist for collaboration between them. Basic demographic data were also collected. A copy of the questionnaire is included in the Appendix. The interviews took between 20 and 30 minutes to complete.



Methods, Continued

Thirteen key informants were interviewed, representing a cross-section of services available to older adults in the county. Of these, seven represented government agencies, with five from various divisions of Snohomish County government and one each from the City of Everett and Washington State Department of Social and Health Services (DSHS). Others represented the Edmonds Senior Center (and senior centers in general), Catholic Community Services, Providence Home Health Care, Merrill Gardens (an assisted-living facility), the Snohomish County Veterans' Program, and medical providers. Details of services provided and populations served by the informants' agencies are available in the Appendix.

The majority of the respondents (7) were managers or program directors. Two were executive directors and three were non-managerial professionals. They had an average of 13 years working in their agencies and 15 years of experience working with the aging population. Eight participants were male and five were female.

Results

The issues discussed by the key informants have been grouped into common themes. Each theme discusses the gaps in services identified, the barriers to filling the gaps, and potential solutions. Note that the themes, gaps, and potential solutions are those offered by key informants and may not reflect broader institutional or community perspectives. However, these are the views of dedicated service providers.

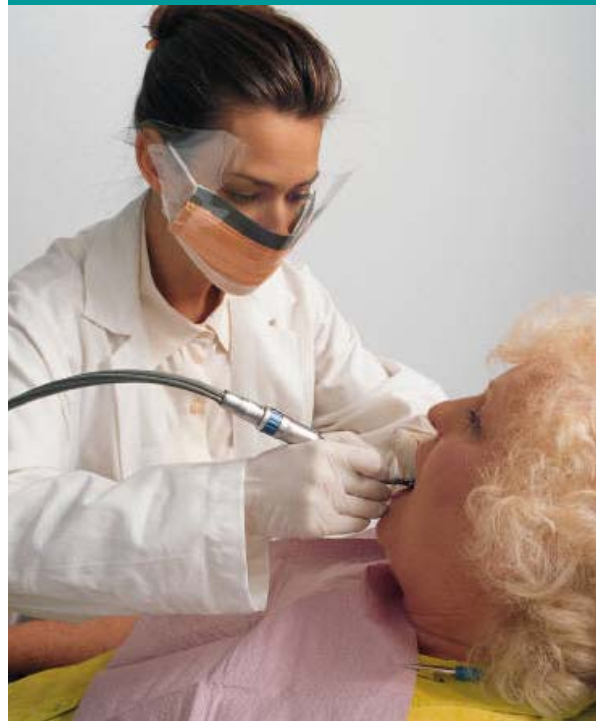
One barrier mentioned by many of the key informants affects all of the service gaps - lack of funding for senior services. This affects the number of older adults who can be served and what services can be provided. Lack of funding reflects the current economic conditions and societal priorities, which tend to put the needs of the young before those of older adults. Until this situation changes, the ability to fill program gaps is limited.

Health Care

The most commonly mentioned problem area was health care. While basic health insurance is available to older adults through Medicare, there is a lack of doctors who accept new Medicare patients. The result is that older adults visit the local Emergency Department for non-emergency issues such as colds and urinary tract infections. While supplementary insurance is available to cover expenses that Medicare does not, many on fixed incomes cannot afford the premiums or high co-pays. Proposals to change Medicare to a co-pay system would result in fewer older adults being able to access health care due to cost. One solution to these problems would be greater funding of Medicare by the federal government. A proposed local solution to the lack of Medicare doctors is community-funded clinics where patients could be referred by doctors who have reached their Medicare capacity.

There are substantial service gaps in dental, vision, and mental health services. Dental services are not covered by Medicare, and as of October 1, 2011 eligibility for Medicaid clients receiving dental care faced new restrictions due to state budget cuts. The lack of dental coverage means that older adults often do not see a dentist, which can lead to other health conditions such as malnutrition. In addition, Medicare does not cover routine vision care. These problems are challenging because they cannot be addressed at the local level.

Issues Gaps Barriers Solutions



We've Heard It Before

“One of my biggest fears about aging is the changes to my insurance. I used to be able to visit my doctor whenever I needed. Now, I’m only allowed to go one or two times a year, and I can’t afford supplemental insurance.”

~ Focus Group participant, age 74

“In Monroe, there used to be two clinics that accepted new Medicare patients. One of them is now closed and the aging population just keeps growing.”

~ Key Informant

Mental health services are also lacking. Physical health issues cannot be effectively treated if mental health issues go undiagnosed or untreated. However, many older adults do not seek help for mental health issues because they can barely afford basic medical care.

In addition, there is a lack of mental health providers available. This is due primarily to Medicare and Medicaid criteria, and the available services are typically private-pay only. The only geriatric psychiatric facility in the area is Northwest Hospital, which requires patients to be admitted to the hospital before mental health services are provided. One informant noted that patients may wait for weeks in a hospital before mental health care begins. A potential solution would be to model a Pierce County program that developed a secure facility which provides weekly mental health services to its residents. However, these services are voluntary and not covered by Medicare.

Many older adults prefer to stay in their homes as long as possible. However, as their health deteriorates, they become unable to leave their homes. This may make them eligible for in-home services, but such services are limited by Medicare rules that exclude those who are capable of leaving their homes. There is also a lack of professionals who can visually assess the needs of the home-bound.

Lack of home health visits for prescription management is also a problem, because many older adults make mistakes such as missing doses. In addition, older adults' tendency to rely on family for help leads to cases where one older adult cares for another. Such cases may be candidates for home health services, but there is no system in place to identify them, and they remain unknown to the agencies that provide services. Single older adults have even more difficulty accessing services. Being home bound can also lead to social isolation, which denies older adults the social contact and activities they require to stay vital.

An additional health care-related need mentioned by key informants is the lack of available palliative care. This is because neither Medicare nor insurance providers pay for such services (despite research showing that it ultimately lowers the cost of care) and because traditional medicine focuses on curing people regardless of their quality of life or the wishes of the individual. Another gap is a lack of physical therapists to meet the growing demand.

Finally, there is a lack of coordinated care within the medical community. Although high-quality care is available, healthcare providers have trouble collaborating and delivering streamlined care to patients.

We've Heard it Before

“The senior center offers many basic health screenings, but where do I go for cognitive screenings? I want to prepare myself and my family for possible mental health issues, and how to deal with loss.”

~ Focus Group Participant, age 79

We've Heard it Before

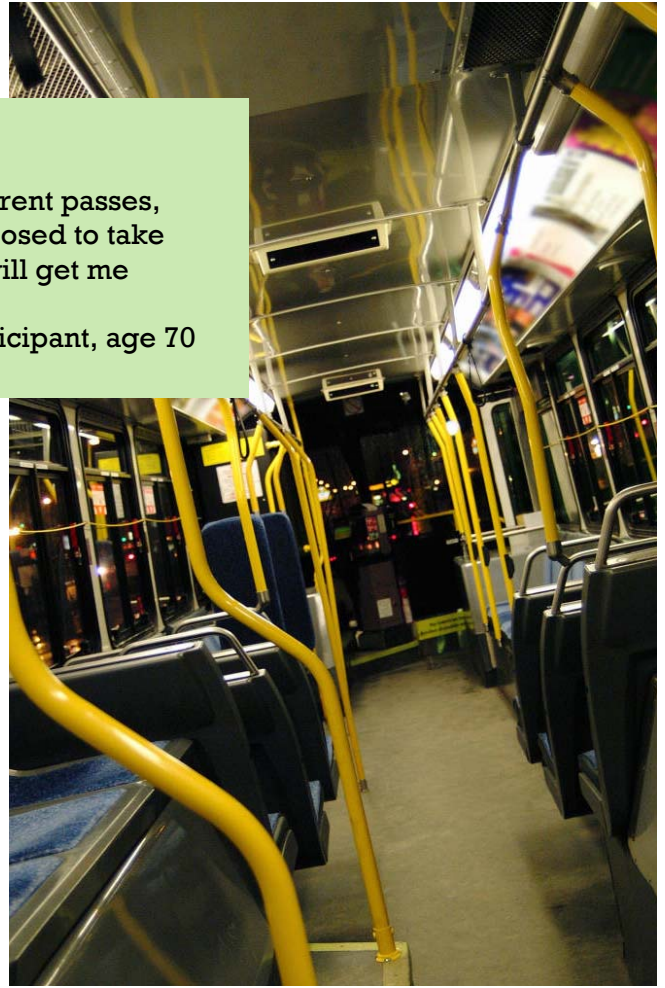
"The buses in this area are very confusing. I need different passes, and some don't take transfers. I never know if I'm supposed to take Everett Transit or Community Transit, and which one will get me where I need to go."

~ Focus Group Participant, age 70

Transportation

The lack of adequate transportation for older adults was mentioned by several key informants. Older adults are often unable to manage their own transportation because they cannot drive or cannot afford the cost of owning a car. In addition, their access to other modes of transportation is often limited by physical or mental disabilities. Those living in rural areas are further hampered by a lack of public transportation services and are not aware of what transportation options are available.

Barriers to adequate senior transportation include a lack of dedicated funding for senior transportation; lack of coordination among existing providers (i.e., Sound Transit, Community Transit and Everett Transit); a lack of volunteers for non-profit entities that provide transportation (e.g., Catholic Community Services); and the lack of recognition of the need for dedicated senior transportation by elected, transportation, and business officials.



Solutions offered included increased funding for transportation and a greater recognition of the need for more transportation options for older adults. Eliminating duplicate services by the major transportation providers might permit expanding resources for under-served parts of the county.

"A senior citizen living in rural Snohomish County could spend an entire day on several buses just to reach a 15 minute doctor's appointment - and that's only if they are capable of riding public transportation."

~ Key Informant



We've Heard it Before

“Our home is paid for and ideally, we'd like to live here as long as possible. I doubt we could find or afford anything different.”

~ Focus Group Participant, age 72

Housing

Although most seniors want to stay in their own homes, there is a lack of aging-friendly housing, which includes things like ramps and hand rails in bathrooms. Housing for seniors suffers from insufficient resources (facilities, staff, funding) and a lack of integration with the community as a whole. Inadequate planning by older adults themselves causes them to be “out of tune” with their housing needs in regard to their future long-term care needs (see Education and Resource Information section). A lack of community planning for the growth of the older population has led to a lack of senior housing developments.

Available housing is often beyond the means of those who are living on fixed incomes. The Senior Services of Snohomish County (SSSC) housing program “is only scratching the surface” of the need for affordable housing and has a waiting list of more than 100 people. Affordable housing is needed immediately for these people. There are an undetermined number of older adults who require affordable housing but are unknown to service providers.

Community Planning

Although the demographic bubble of the aging baby-boom generation is visible, lack of planning for the growth of the older adult population was another common theme. Creating an aging-friendly community involves changing the physical environment to improve access for older adults. Even where planning occurs, older adults often do not participate, and their needs are not heard. The absence of participation may be due to the use of new media to announce planning meetings – older adults tend to rely upon newspapers, but meetings are often announced via other routes. Expanding communication efforts and using a variety of media outlets to announce meetings might address this issue.

“City planning meetings typically take place in the evenings, and I don't think that's a good time if we want older adults to participate.”

~ Key Informant

Education & Resource Information

The lack of planning extends to older adults themselves. Failure to plan for their own futures often leaves them “completely lost” when it comes to issues like long-term care. This lack of planning is symptomatic of a larger problem, which is that older adults have trouble obtaining assistance with issues like health care, financial planning, power of attorney, and other legal issues. Older adults themselves identified this lack of educational resources as a major problem (see Part 1 of this report, Focus Groups).

The information resources that are in place (e.g. the 211 information system) are not well known or utilized and thus do not have the impact they could. Providing case managers or senior service directors at facilities that work with older adults could aid in connecting individuals with services such as health care and financial planning. However, this would require new funding. Another possible solution would be technology training for older adults, which would not only give them access to more information, but also provide them with more social opportunities.

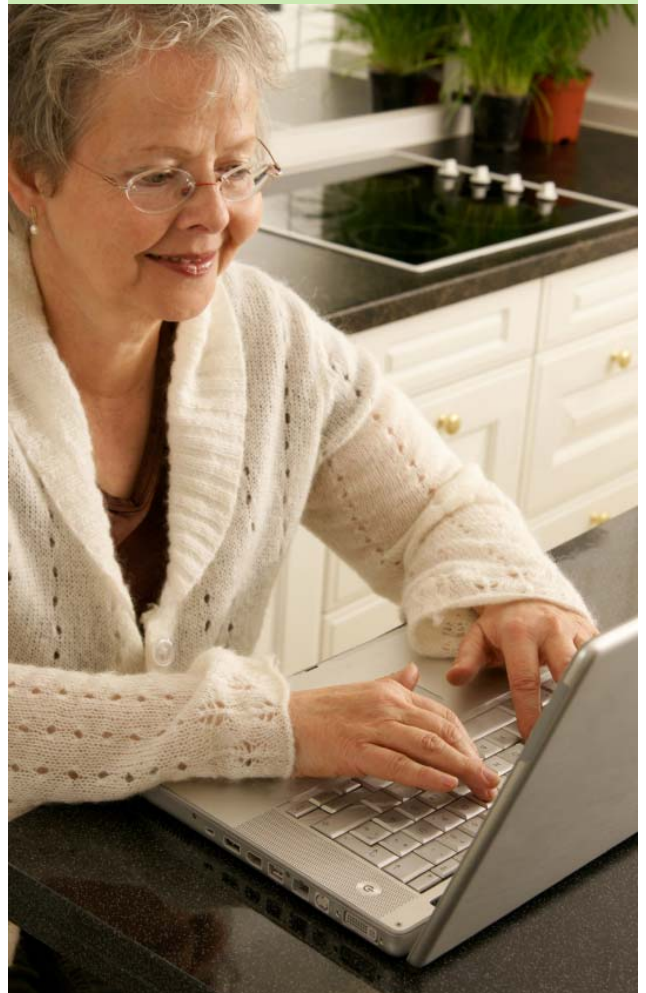
Employment

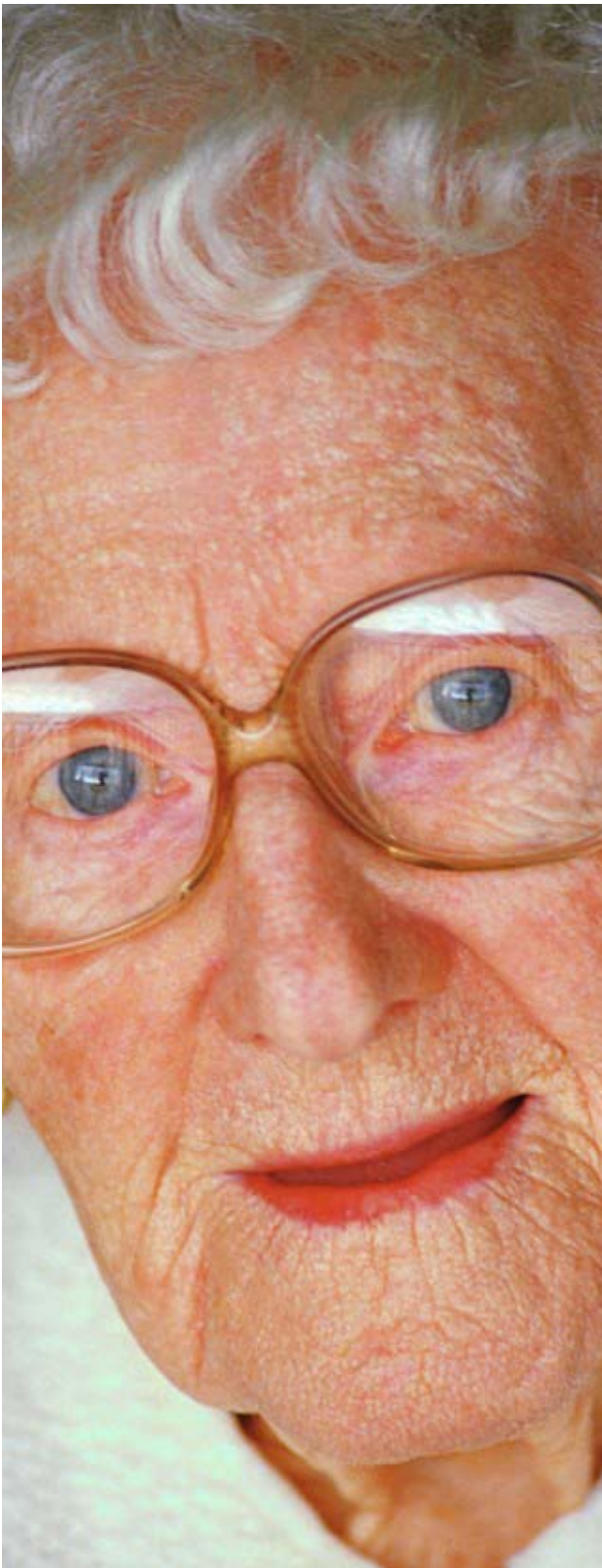
Unemployment and underemployment among adults 50 and older is an increasing problem in the county due to the current economy. While adults in this age group should be preparing for retirement, many are looking for work and are unable to find jobs due in part to age discrimination. There is a lack of social workers to provide employment counseling for those seeking meaningful work. No solutions were offered for this problem at the local level.

We've Heard it Before

“The senior center gives us some information, but I'd like to know about all of the various senior services and where I can go for help without making a dozen phone calls or bothering my doctor.”

~ Focus Group Participant, age 75





“APS has been in existence for nearly 12 years, and many people aren’t aware of it, including doctors who are mandated by law to report elder abuse.”

~ Key Informant

Nutrition

The nutrition program of Senior Services of Snohomish County provides Meals on Wheels, congregate senior dining, and basic food assistance to older adults in the county. However, the program reports being unable to provide enough food to meet the current need. The need is such that they could easily double the amount of meals being served to older adults by including weekend and evening meal programs. In addition, many 50-60 year olds need nutritional help, but do not qualify because of program restrictions. Congregate meal sites are needed in rural areas.

The primary barrier to providing enough nutrition services is inadequate funding. In addition, lack of outreach and community education activities means that there is likely a substantial unmet need for more meal services. Many older adults may not know that nutrition services exist. Other barriers include a lack of coordination among service providers, and lack of a central production kitchen that could prepare pureed foods and other specialized meals.

Elder Abuse

Abuse of older adults by family, acquaintances and caregivers is an invisible issue due to a lack of community education. While the Adult Protective Services (APS) program of the Department of Social and Health Services investigates cases of possible abuse, it lacks the financial and staff resources to successfully manage the issue. There are few places for emergency placement of older adults who are being abused because most shelters focus on women, children, and the homeless. The only alternatives are long-term care facilities. Many cases of abuse are unreported due to lack of community awareness. Even physicians (who are mandated by law to report suspected cases of abuse) may be unaware of elder abuse.

Because there is no significant record of successful prosecution of those who have committed adult abuse, there is little incentive to involve the legal system. There are no easy solutions to these issues.

When asked to identify important stakeholders or community partners for creating an aging-friendly community, interviewees named a large and varied set of organizations. The most commonly identified organizations were local and state governments, health care organizations, and businesses. County senior services were mentioned most often among government agencies, but this is not surprising considering how many of the key informants represented such organizations. Other government agencies mentioned included the Washington State Department of Social and Health Services, the Washington State Health Care Authority, elected officials, and transportation agencies. Schools, churches, housing authorities, community residents, housing developers, city planners, voluntary service clubs (e.g., Volunteers of American) and older adults themselves were also named as potential community partners.

The most commonly mentioned barrier to collaboration between the agencies mentioned above is lack of resources. With limited money and staff time there is little left to commit to building collaborative ventures with outside partners. Reorganization within agencies (i.e., downsizing) makes them even less accessible for collaboration. Another frequently mentioned barrier was the tendency for community organizations to concentrate on their own program's needs without reference to what others are doing (i.e. "working in silos"), which leads to a lack of understanding of other agencies' programming and potential collaborative benefits. Finally, politics, personalities, and "turf wars" further impede the ability of agencies to collaborate.

"It takes time to build relationships, and with cuts and less resources, time to create new partnerships is hard to come by."

~ Key Informant

Community Partners





“It’s all out there in pieces; it just needs cohesiveness and communication among service providers and agencies who serve the aging.”

~ Key Informant

Key informants often mentioned the business community as a potential stakeholder. Boeing was singled out as an example of a large employer with a workforce of baby boomers, many of whom are also caregivers to older adults. This outside responsibility affects productivity at work, and therefore the concerns of the aging population should be a concern to the company. However, one informant stated that the business community does not appear to understand how the growth of the older population will affect businesses and therefore it is not a priority.

Health care organizations were commonly mentioned as potential partners for managing the growing aging population. However, one informant mentioned that such organizations do not take a holistic approach to aging, focusing instead on immediate care. They do not make an effort to understand what services are available in the community for older adults and as a result, cannot integrate senior services with their own. The health care community’s focus on “what takes place in the doctor’s office” makes it less interested in collaboration with other agencies. Involving the alternative medical community might help with establishing a more holistic approach.

Other barriers to collaboration included duplication of services, the lack of a forum to facilitate collaboration, and the lack of an organized structure of community partners, which stems from the relatively low population density of the county.

Conclusion

Snohomish County is confronting many challenges due to an aging population. Leaders of local service organizations have identified problems in many areas: health care, transportation, housing, community planning, education and resource information, employment, nutrition, and elder abuse. Although many services are available to older adults, major gaps exist. New resources are needed to address these gaps. However, as many key informants noted, the first step is to raise awareness. When the community begins to appreciate the value of its older adults and the problems they face, then solutions can be found.

We’ve Heard it Before

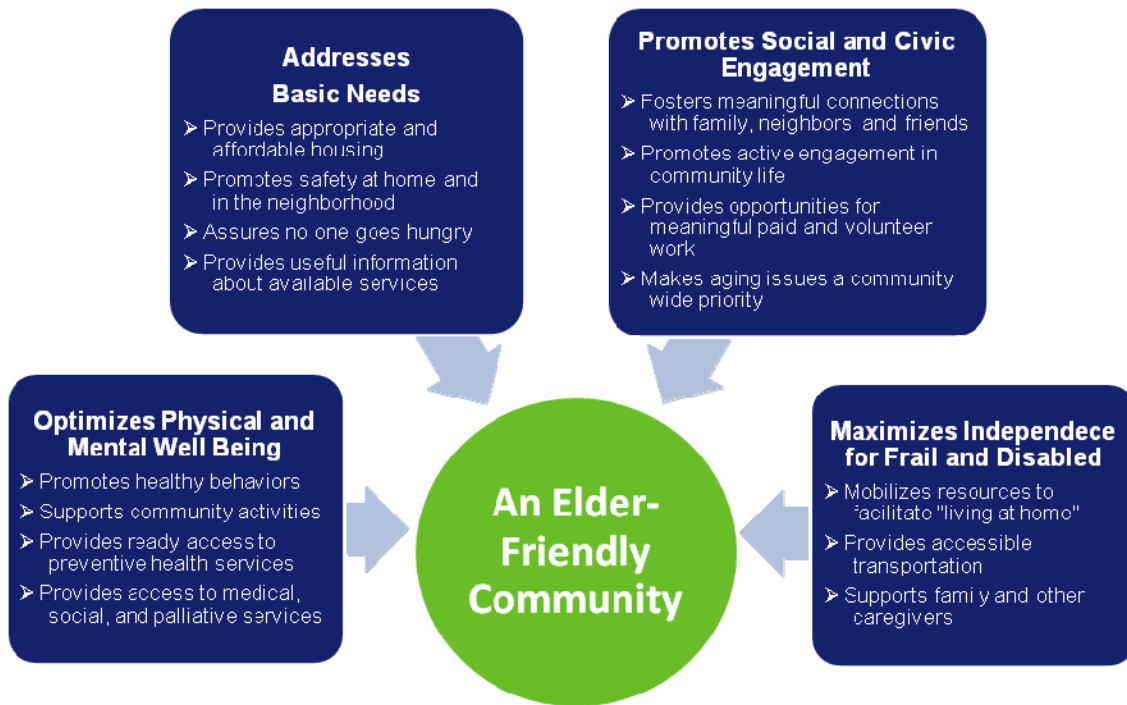
“Potential partners need to connect with ALL age groups and look at the bigger picture if they are truly going to understand the need for an aging-friendly community. This means schools, businesses, hospitals, senior centers, churches, etc. In reality, they all work with the aging population.”

~ Focus Group Participant, age 65

Appendix

Key Informant Title	Organization	Areas of Focus & Services Provided to the Aging Population	Geographic Area Served	Population Served
Paula Beatty <i>Consultant, Home Health & Hospice Services</i>	Providence Hospital	Skilled, intermittent care (nursing) for the homebound Hospice Care Palliative Care Lifeline: emergency response system.	Snohomish County, Camano Island and portions of King County	All
Darren Brugman <i>Director of Transportation</i>	Senior Services of Snohomish County	Americans with Disabilities Act (ADA) transportation services contracted through Community Transit – Dial-A-Ride (DART) and Transportation Assistance Program (TAP)	Community Transit Service Area	All
Farrell Fleming <i>Executive Director</i>	South County Senior Center, Edmonds	Health and wellness programs: foot care, nutrition, education Social opportunities: trips, lunches, classes Social services: informal counseling, support groups Some transportation services (limited by center and resources) Some housing: Stanwood and Stillquamish (Arlington)	Snohomish County and North King County	Adults age 50+ (age recently dropped as criteria for membership)
Chris Jowell <i>Housing Director</i>	Senior Services of Snohomish County	Low income housing, support services to promote aging in place. Minor home repair program for low income and disabled homeowners	Snohomish County	Adults age 55+
Dave Koenig <i>Manager of Long Range Planning</i>	City of Everett Planning & Community Development	Land use decisions, permits, code enforcement, rural and urban planning projects, economic development, policy and planning re. growth & development, park planning, transportation system planning; Community Housing Improvement Program (CHIP)	City of Everett and the Urban Growth Area (defined by the Everett Housing Authority)	All CHIP: low-income homeowners
Lynda Krill <i>General Manager</i>	Merrill Gardens, Monroe	Independent retirement living, assisted living, respite care, Alzheimer's and dementia care	East Snohomish County	Adults age 62+
James Lee, MD <i>General Internist Medical Director of Hospital Efficiency</i>	The Everett Clinic	The Everett Clinic: Community education for seniors about Medicare Advantage vs. basic Medicare. Vibrant USA: assists patients in making Medicare insurance selections and helps them navigate the Medicare maze; answers Medicare questions, narrows down choices from the hundreds of plan options. Dr. Lee: Internal medicine practitioner who specializes in those age 50+	Mill Creek to Stanwood	Adults age 50+
Jeanita Nelson <i>Volunteer Services Manager</i>	Catholic Community Services	Non-medical in-home care, Retired Senior Volunteer Program (RSVP), disabled veteran transportation, Volunteer Chore (housekeeping, laundry, shopping, transportation, home repair, yard maintenance, etc.)	Snohomish County	Adults age 18+
Martha Peppones <i>Nutrition Program Manager</i>	Senior Services of Snohomish County	Meals on Wheels (home-delivered meals), congregate meal sites, farmer's market vouchers, food stamp outreach, nutrition counseling	Snohomish County	Adults age 60+
Jeff Quigley <i>Subject Matter Expert & Program Manager</i>	Adult Protective Services, DSHS	Protection services for vulnerable adults – emergency placement, legal assistance, conduit to other organizations Investigation of abuse and neglect of vulnerable adults (mandatory reporting in WA State)	Region 2: Island, King, San Juan, Skagit, Snohomish, Whatcom Counties	Adults age 18+
Bob Quirk <i>Social Services Director</i>	Senior Services of Snohomish County	Information assistance: Social workers respond to 211 calls to help navigate senior services throughout the county. Family caregiver program: connects people who are primary caregivers to the elderly and/or disabled to support services. Statewide Health Insurance Benefits Advisors (SHIBA): volunteers provide expertise in Medicare, employment-related health benefits, managed care, fraud and abuse questions, long-term care options and more. Mental health: geriatric depression screening, in-home counseling, senior peer counseling – volunteers are matched with someone receiving depression counseling. Older adult mental health/chemical dependency hotline: referrals for those not eligible for public assistance. Victims of crime assistance: elder abuse and ID theft Operates the Multicultural Senior Center	Snohomish County SHIBA: Snohomish, Island, Skagit Counties	Adults age 60+
Tim Sewell <i>Veteran Service Officer</i>	Snohomish County Veteran's Programs	Emergency vouchers for food, shelter, housing, utilities, etc., case management, outreach to disabled, incarcerated and/or homebound veterans – assisting them with VA medical and mental health services	Snohomish County	Veterans age 18+
Susie Starrfield <i>Supervisor Long Term Care & Aging, Director of Area Agency on Aging</i>	Snohomish County Division of Long Term Care and Aging	The Area Agency on Aging (AAA) provides funding for senior and long-term care services in Snohomish County. Additional functions include planning and advocacy.	Snohomish County	Dependent on funding source, primarily adults age 60+

Aging-Friendly Community Domains The AdvantAge Initiative



Resources for Aging-Friendly Communities

AdvantAge Initiative Communities: www.vnsny.org/advantage/communities.html

Healthy Aging Resource Network (CDC): www.prc-han.org



The time to begin most things is ten years ago.

~ Mignon McLaughlin

Appendix

Key Informant Questionnaire

1. How you define an aging-friendly community?
2. What services does your organization/agency provide for the aging population of Snohomish County?
3. What age groups do you serve (for the aging population)? _____ (age groups or range)
4. What geographic areas does your organization serve?
 - All of county _____
 - Specific areas (list: zips, cities, area): _____
5. Do any of your services provide support to only specific groups of residents?
 - we serve entire county (maybe for most/some of programs)
 - low income
 - race/ethnicity
 - non-English speaking
 - disability
 - other? Specify: _____
6. a) What are the top 3 unmet needs or gaps with respect to the services you provide for the aging population (50+) in our county?
b) Are there any additional unmet needs or gaps beyond your organization?
7. a) What are the top 3 barriers for unmet needs in the services you provide for the aging population (50+) in our county?
b) Are there any additional barriers for unmet needs beyond your organization?
8. a) Do you have any suggestions for how to resolve the current service gaps in the services you provide?
b) Do you have any additional suggestions for how to resolve current service gaps beyond your organization?
9. Who do you think are the important stakeholders or community partners that should be involved in creating an aging-friendly community?
10. Of the partners just listed, how well do these stakeholders currently work together or collaborate to address critical community issues for our aging population? (READ RESPONSE CATEGORIES)

1=Not at all 2= a little 3=somewhat 4= very well dk
11. What are the potential barriers for future collaboration with other agencies?

Continued

Key Informant Characteristics

What is your current title? _____

Which of the following categories best describe your current position?

- Executive
- Managerial
- Professional (non-manager)
- Technical
- Other (specify): _____

How long have you been working in your organization? _____ yrs (*total yrs in organization, not just this position*)

How long have you been working with the aging population? _____ (may involve time with multiple agencies)

How satisfied are you that your opinions were heard today?

1= not at all satisfied 2= little satisfied 3= somewhat satisfied 4 very satisfied

As we mentioned at the beginning, we will be summarizing our results into common themes, but agency/ organizational level information may be included. We wanted to be sure you are aware of this.

Are you ok with this? ___ Yes ___ No ___ Unsure

We will be including you agency's name in the acknowledgements of our report. Are you the appropriate person to be listed? ___ Yes ___ No

If no, what is the name and title of the contact to include?

Name: _____ Title: _____

Do you have any other comments, other questions or anything else that you wished we had asked?



"There is a fountain of youth: it is your mind, your talents, the creativity you bring to your life and the lives of people you love. When you learn to tap this source, you will truly have defeated age."

~ Sophia Loren