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“A man's age is something impressive, it sums up his life: maturity reached slowly and against many obstacles, illnesses cured, grief and despair overcome, and unconscious risks taken; maturity formed through so many desires, hopes, regrets, forgotten things, loves. A man's age represents a fine cargo of experiences and memories.”

~Antoine de Saint-Exupéry
Executive Summary

With the increasing average life expectancy and aging of the baby-boomer population, Snohomish County’s population of people 65 and older will increase by 160% between 2010 and 2030 and will constitute 20% of the county’s population. This increase will impact every person and agency in our community.

This growth presents an opportunity to engage community members in making communities more aging-friendly and supporting healthy aging. To help prepare the county for these changes, the Snohomish Health District, in collaboration with the Senior Consortium of Snohomish County, is conducting an assessment of the aging population’s needs and interests. This is the first in a series of five reports entitled “Creating an Aging-Friendly Snohomish County.”

This report summarizes the findings from eight focus groups conducted between March 8 and April 7, 2011 in senior centers throughout the county. A total of 64 people participated, ranging in age from 51 to 91, with an average age of 68. Six questions were asked during each two hour session to identify the best parts of aging, needs and health concerns, what the community could do to meet those needs, activities already occurring in the community, and reasons why needs were not being met. Discussion results were summarized into common themes. Themes were considered common if they were mentioned in at least three focus groups.

The Best Part of Aging
Four common themes were identified by participants: flexibility and freedom, grandchildren, wisdom, and gratitude.

Biggest Concerns about Aging
Eleven common themes were identified. Participants were asked to identify their top two general concerns. Seven themes had scores greater than 10.

You can only perceive real beauty in a person as they age.  
~Anouk Aimee
Opportunities for the Community
Participants identified seven themes they felt the community could do to meet the needs of the aging population.

“The young have a lot to learn from us!”
*Sandra, age 60

- Communication/Marketing. More communication is needed to reach out to older adults, including minorities and non-English speaking older adults. The aging population needs to become connected and learn about available resources. Existing mechanisms to enhance messaging include churches, social groups, senior center newsletters, and the use of social media.
- Change the focus of senior centers. Senior centers need to expand their services, take more active roles in the community, and increase their visibility. With the increasing numbers of baby boomers, more centers are needed. Participants want more health presentations, community education, exercise programs, and diversity programs.
- Education. More education is needed about how to access services, affordable housing, caregiving, health insurance, and volunteer opportunities. Older Gay, Lesbian, Bisexual, and Transgender adults (GLBT) want more resources specific to their needs.
- Integration. The community needs to integrate different age groups, genders, and provide more opportunities for diversity in general. In particular, children and seniors can benefit from interconnection.
- Economy and business. Because the economy is a problem, participants suggested supporting more local business to increase the tax base. Suggestions include building an affordable community pool for physical activity and physical therapy exercises. Grocery stores should provide single-portion packaging.
- Engagement. Participants recognized that older adults need to become more proactive and identify opportunities to be heard in the community. They should become more involved and provide input to civic leaders.
- Transportation. Services need to expand to a wider geographic area and be more frequent. Since cost is an issue, more bus fare discounts and free passes were suggested.

Existing Services in the Community
Participants were asked what the community was already doing to address the needs of the aging population. Senior centers provide important services, e.g., meals, social and physical activities, and some health services, including flu shots. Other health resources in the community include walk-in clinics, Centiva (a home visiting service for Medicare), flu shots in various locations, and a few GLBT groups. The merger of Swedish/Edmonds Hospital is expected to bring new services for older adults. Elements of the built environment that benefit older adults include well maintained city parks and sidewalk improvements.

Barriers
A frequently mentioned reason why the needs of older adults are not being met was the national economy. The community’s misunderstanding and undervaluing of the aging population is also a barrier. Communication is lacking between the aging population and the rest of the community. The population consists of many age groups, but the community tends to focus on the smaller picture of a youth-oriented culture. However, the aging population also needs to take more responsibility and speak up about their needs.
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 challenges to social and health service agencies at all levels of government. “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 included as part of the community planning process.

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.

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.

1 AdvantAge Initiative; www.vnsny.org/advantage/whatis.html
2 World Health Organization (WHO) Checklist of Essential Features of Age-Friendly Cities, 2007
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 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.

* 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.
This report is the first in the series about Snohomish County’s aging population. The report includes a summary of information gathered from focus group discussions categorized into common themes and information from a brief demographic questionnaire of participants.

**Methods**

The purpose of the focus groups was to identify what older adults believe are their general needs, concerns, and health issues. The results will provide valuable information to community leaders for planning, and policy and program development to create aging-friendly communities.

Because of the importance of the physical environment in developing aging-friendly communities, geographic variation (urban, suburban, and rural) within the county was the primary criteria used to identify which senior centers were selected to host the focus groups. Geographic variations were based on the Health District’s 10 Health Planning Areas (HPAs). (See list of HPAs in Appendix.) The second criteria for developing the focus groups was that they include a broad range of ages among those 50 and older. Including a range of ages was also important because the needs and concerns of people in their 50’s are very different than those in their 70’s or 80’s. Other considerations included maximizing variation by income, gender, and culture.

Guidance from the Senior Consortium helped to identify a variety of senior centers and assisted living centers that met these criteria.

Initially, nine focus groups were identified, with the goal of including 8-10 participants per group. Eight focus groups were conducted between March 8 and April 7, 2011. (See list of locations in Appendix.) Five of the focus groups were held at senior centers, one was at the Multicultural Senior Center, one was in a senior housing facility, and one was a group of Gay/Lesbian/Bisexual/Transgender (GLBT) older adults. The focus group to be held at an assisted living center was canceled because of an outbreak of the H1N1 virus in the Stanwood community. Focus groups included geographic areas that were urban (1), suburban (3), rural (2), and mixed (2). To ensure varied demographics of participants within each focus group, leaders within the centers asked for volunteers of varying ages, sex, and income levels to attend.

Each focus group session consisted of six questions that were asked during a two hour period. The questions were designed to identify the best parts of aging, concerns and needs, possible community solutions, existing services, and barriers to meeting needs in their community. (See list of questions in Appendix.) A facilitator guided the discussion and an assistant took notes at each meeting. To ensure information was accurately collected, all sessions were recorded.
Methods, Continued
To establish a safe environment for the discussions and to encourage involvement from all participants, each session began by defining a common set of ground rules. Interpreter services were provided when needed.

For the focus group discussions, community was defined as the city or area in which the participant lived. After identifying their concerns, participants were asked to prioritize them. Each person identified their top two general concerns and their top two health concerns. The first choice was given a score of two and the second choice a one. A common set of priorities for the group was then derived by totaling the scores of each participant. Higher scores meant higher priorities. At the end of the focus group, participants were asked to complete a brief questionnaire about their demographics, how they defined community, main concerns, how they preferred to receive health information, and their satisfaction of the focus group process. (See questionnaire in Appendix.)

To determine if the focus group process was successful, the participants were asked on the questionnaire how satisfied they were that all of their concerns and opinions were heard. The results demonstrated that participants were overwhelming satisfied with voicing their opinions. On a scale of 1 to 4, with 1 being not satisfied to 4 being very satisfied, the average score was 3.8 (N=63) Most (78%) were “very satisfied.” None of the participants were “not satisfied.”

The responses for each question were coded into common themes. Themes were considered common if they were mentioned in a minimum of three focus groups. If two or fewer focus groups identified a concern, it was included but was not considered a theme. Results for each focus group were provided to the senior center for their use. Aggregate results summarized information across all eight focus groups.

The following pages describe the results from the eight focus groups.

Note: Quotes from participants are included, but all names and ages were changed to protect their anonymity.
Demographics

A total of 64 participants attended eight focus groups with a range of 4 to 11 participants per group. A broad range of demographic characteristics was represented (Table 1). Ages ranged from 51 to 91 with an average age of 68. Two thirds of the participants were female. More than four in ten (41%) had incomes below 200% of the federal poverty level. All types of living arrangements were represented, but the largest proportion owned their home (62%).

Table 1.
Demographics of Participants, Snohomish County Focus Groups

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Number (N=64)</th>
<th>Percent*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>42</td>
<td>66.7</td>
</tr>
<tr>
<td>Male</td>
<td>21</td>
<td>33.3</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>51-60</td>
<td>8</td>
<td>14.0</td>
</tr>
<tr>
<td>61-70</td>
<td>23</td>
<td>40.4</td>
</tr>
<tr>
<td>71-80</td>
<td>18</td>
<td>31.6</td>
</tr>
<tr>
<td>81+</td>
<td>8</td>
<td>14.0</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td></td>
<td>68.2</td>
</tr>
<tr>
<td><strong>Living Arrangement</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assisted Living</td>
<td>4</td>
<td>6.3</td>
</tr>
<tr>
<td>Family/Friends</td>
<td>4</td>
<td>6.3</td>
</tr>
<tr>
<td>Own Home</td>
<td>39</td>
<td>61.9</td>
</tr>
<tr>
<td>Rent Home</td>
<td>14</td>
<td>22.2</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>3.2</td>
</tr>
<tr>
<td><strong>Poverty</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Below 200% FPL</td>
<td>23</td>
<td>41.1</td>
</tr>
<tr>
<td>Not in Poverty</td>
<td>33</td>
<td>58.9</td>
</tr>
<tr>
<td><strong>Education</strong></td>
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<td></td>
</tr>
<tr>
<td>No HS Diploma</td>
<td>8</td>
<td>12.7</td>
</tr>
<tr>
<td>HS Graduate</td>
<td>7</td>
<td>11.1</td>
</tr>
<tr>
<td>Some College</td>
<td>25</td>
<td>39.7</td>
</tr>
<tr>
<td>College Graduate</td>
<td>13</td>
<td>20.6</td>
</tr>
<tr>
<td>Post Graduate</td>
<td>10</td>
<td>15.9</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
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<td></td>
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<tr>
<td>Married/Domestic Partnership</td>
<td>24</td>
<td>50.0</td>
</tr>
<tr>
<td>Divorced</td>
<td>7</td>
<td>14.6</td>
</tr>
<tr>
<td>Never Married</td>
<td>3</td>
<td>6.3</td>
</tr>
<tr>
<td>Unmarried Partner</td>
<td>1</td>
<td>2.1</td>
</tr>
<tr>
<td>Widowed</td>
<td>13</td>
<td>27.1</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>52</td>
<td>82.5</td>
</tr>
<tr>
<td>Asian</td>
<td>7</td>
<td>11.1</td>
</tr>
<tr>
<td>Black</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>4.8</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
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<td></td>
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<tr>
<td>Hispanic</td>
<td>5</td>
<td>8.6</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>53</td>
<td>91.4</td>
</tr>
</tbody>
</table>

*Not all participants answered all the questions; percents exclude non-responders.

All levels of education were represented, ranging from less than a high school diploma to post graduate degrees. Most participants had some college (40%). Most participants were white and non-Hispanic. The seven Asians consisted of Koreans, Chinese, Vietnamese, and Filipinos. Each of the 10 Health Planning Areas was represented by at least two participants (Table 2). The diversity among the participants enriched the results by providing a wide variety of opinions.

“This center has been a blessing! It was the beginning of making friends who speak the same language and share the same culture.”

*Gina, age 76

*Name and age have been changed to protect anonymity.
Definition of Community
Focus group participants were asked to respond to questions about their community. During the group discussions, community was defined as the city or area in which they lived. However, on the questionnaire, they were asked what community meant to them. Neighborhood was most frequently (35%) chosen followed by city (20%) and church group (15%). Another 13% identified the county as their community.

Table 3. Participant’s Definition of Community, Snohomish County Focus Group

<table>
<thead>
<tr>
<th>Community</th>
<th>Number (N=60)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neighborhood</td>
<td>21</td>
<td>35.0</td>
</tr>
<tr>
<td>City</td>
<td>12</td>
<td>20.0</td>
</tr>
<tr>
<td>Church/religious group</td>
<td>9</td>
<td>15.0</td>
</tr>
<tr>
<td>County</td>
<td>8</td>
<td>13.3</td>
</tr>
<tr>
<td>Cultural group</td>
<td>6</td>
<td>10.0</td>
</tr>
<tr>
<td>Block</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Other*</td>
<td>4</td>
<td>6.7</td>
</tr>
</tbody>
</table>

* Broadway Plaza, humanity, unrelated family, newspaper readership

“A community is like a ship; everyone ought to be prepared to take the helm.”
~ Henrik Ibsen
**Results**

The results from the eight focus groups were summarized into common themes for each question. To the degree possible, the actual words of the participants were used to capture their original intent. To stay consistent with their terminology, the term “seniors” was generally maintained in the text to reflect their language.

The first question was designed to encourage all participants to become engaged in the process. There were four main themes identified across all focus groups.

**Flexibility and Freedom**
Participants enjoy the ability to do what they want when they want to do it. Without the need to go to work, they can set their own goals, travel, volunteer, and spend more time with family and friends. Most are busy and have a lot of choices for activities. Others enjoy the ability to slow down and rest.

**Grandchildren**
Participants believe grandchildren are very important to older adults. Retirement also means they are able to spend more time with them.

**Wisdom**
Wisdom is only realized with age and time. Life is a set of experiences and getting to know yourself. Older adults feel more in control of themselves and smarter. “Growing old is like growing up – learning new things, and seeing things differently.” They know what is important in life, are at peace, understand their limitations, are able to make better decisions, are more tolerant, and forgiving. They want to share their experiences with others, especially children. “It’s our time, [it’s] time to pass on what we’ve learned.”

**Gratitude**
Participants expressed gratitude for many things including life experiences, having survived life so far, and having maintained their health. They sense that people seem to be more considerate.

*Lois, age 71*

“I get up whenever I want, I don’t report to anyone, I set my own goals, I am my full-time creative self.”

*David, age 62*

“I fret just as much but I know it now. I call it fretting with wisdom.”

*Name and age have been changed to protect anonymity.*
What are your biggest concerns about aging?

“We are taught a lot, but no one teaches us how to grow old.”
*Joyce, age 72

The intent of this question was to identify issues community leaders should consider when creating an aging-friendly community. Health concerns were specifically questioned if they were not identified. Responses were separated into two categories - general concerns and health concerns.

A total of eleven themes were identified for general concerns. (Health concerns are addressed in the next section.)

Finances and the Economy
Financial concerns were a consistent theme across all eight focus groups. The most common concern is dealing with increasing costs while living on a fixed income. Costs include affordable housing, property taxes, and utilities. Another common concern relates to the increasing number of baby boomers who are retiring and the effect this will have on employment, health care, the availability of housing, property taxes, and education to support a more vigorous aging population.

Customer Service and Community Support
In six focus groups, concerns included how seniors were treated by the community and businesses. Lack of friendly customer service is an issue not only for seniors but also for the general population. The phrase “the Seattle Freeze” was mentioned. This is a phrase that describes a local public consensus that the city of Seattle and/or its outlying suburbs are generally not friendly and are introverted, socially aloof, or strictly divided through its social classes. This leads to difficulties in the city or area for making social connections on all levels.

Some feel they have been or have the potential to be exploited by others. In one geographic area they feel the community is not prepared for population growth in terms of roads, schools, housing, and infrastructure. Specific needs include larger public signage and single portion packaging of grocery items for seniors to help reduce cost and waste.

Preparation for Transition
Participants in five focus groups identified concerns about how to adjust into retirement. Older adults want more preparation between life stages, specifically transitions involving job loss, loss of independence, personal loss, health issues, and depression. They have concerns about making end-of-life decisions and preparing for death.

“We feel invisible.”
*Arthur, age 83

Demographic aging - the graying of the baby boomers, increasing longevity, and low fertility rates - is changing the age structure of the United States. These trends will cause the population age 65 and older to double and to increase from 12 percent to nearly one-fifth of the United States population by 2030. More important, these changes are projected to have a profound and, many experts say, unsustainable impact on the federal budget by causing rapid growth in federal spending for health and retirement benefits for older Americans, especially for Social Security, Medicare, and Medicaid.

- John R. Gist, AARP Public Policy Institute
**Isolation**

Issues around isolation and loneliness were concerns in five focus groups. Individuals need to be in contact with others for social support and assistance with daily living. Families are too busy to provide support, or they live too far away. They are afraid of being forgotten. Isolation occurs not only in private homes but also in nursing homes where there may be a lack of personal communication or interaction. Isolation can occur because they are unable to drive. Some isolation is due to our culture which does not support family interconnections. Families live long distances from each other making it difficult to connect. An advantage of living in senior housing is the structure provides a built-in family where older adults can socialize and help each other. Isolation is self-induced by some. [Perhaps] “we need to work on it ourselves – take the initiative.”

**Transportation**

Transportation was identified as an issue in five focus groups. The aging population is more dependent on public transportation as they lose their ability to drive or develop difficulty driving at night. Limited or lack of transportation is a concern in regard to both county-wide systems and more targeted services such as Dial-A-Ride Transportation (DART) operated by Senior Services of Snohomish County for people whose access is limited. In particular, rural areas lack transportation. Smaller services in the county, i.e., DART and the Transportation Assistance Program (TAP, which provides special needs transportation outside of the DART service area in the county), are limited to certain days and pick-up times. In addition to limited services, the cost of public transportation and the lack of transfers are concerns.

Transit drivers need to pay attention to the customers who may need the assistance of the lift; it’s not just for those in wheelchairs. Bus operators need to enforce the reserved seating policy for the disabled and elderly populations. An additional concern is the lack of handicapped parking spaces in urban areas. It is difficult to obtain disabled parking permits because “being old doesn’t count.”

**Limitations and Loss of Function**

In four focus groups, the loss of independence and the ability to take care of themselves as they age were concerns. Specific concerns include meal preparation, housework, caring for pets, and the inability to drive. Participants either do not want to depend on family or they have no family.
Social Opportunities
Four focus groups stated they need to have things to do and to remain busy. Having things to do becomes problematic because they are physically limited in what they can do. Social programs at large senior centers result in a “loss of identity” as they are too big. Community-wide social opportunities need to include young children who do not have anything to do after school; the parks are full of drugs, and the city doesn’t support building places for young people like pools, skating rinks, or Boys and Girls Clubs.

Discrimination and Image of Older Adults
Participants in three focus groups reported feeling inappropriately perceived as being old and not useful. They feel patronized, marginalized, undervalued, and not taken seriously, and “invisible” to the community. They believe the mental attitude surrounding aging needs to change and “the image of senior citizens is heading in the wrong direction.” They felt that despite these attitudes, the aging population is independent and employable. Older adults also believe they are taken advantage of by handymen.

In addition to age discrimination, the Gay/Lesbian/ Bisexual/Transgender (GLBT) population experiences additional discrimination issues. Discrimination occurs both overtly and covertly. They don’t feel welcome and therefore don’t participate in many social venues.

There are no GLBT senior centers in the community where they can connect with others. Legal paper work is often discriminatory and obtaining loans can be difficult. GLBT couples are not perceived as married or a family; they are viewed as single and are assumed to be the ones available to travel and care for other family members.

Integration
Three focus groups identified a lack of connection between generations of children, adults, and seniors. Society has moved away from intergenerational family units and family caring for family. Many older individuals are alone and could benefit from the social and physical support of younger adults. Children and teenagers have no idea what it means to age. The aging population can share experiences with younger populations about their needs and introduce them to their inevitable future of aging.

Senior centers need to provide ways to integrate ages. Integration of generations will bring vitality and diversity to seniors and benefit the young. One specific example of such integration might be an “adopt a grandparent program.”

“We need to educate the community about the needs of seniors.” *Anne, age 74

*Name and age have been changed to protect anonymity.
Education and Information
The need for more education of the aging population was identified in three focus groups. Two of these groups were culturally different – the GLBT group and the Multicultural Senior Center group. Many participants expressed there is inadequate information about topics like health insurance, exercise, social opportunities, and long term care. In general, more information and education is needed on many topics.

Housing
In three focus groups housing was a concern. An inadequate supply of senior residences and unaffordable housing are concerns in the Monroe and Arlington areas and near the Multicultural Center in Everett. Part of the housing issue includes finding trustworthy repairmen.

Other Concerns
Other concerns were identified but were not common themes in at least three focus groups. Keeping up with technology is a concern in one focus group and includes accessing electronic medical records and the movement toward electronic books. Safety, fear of crime, and the homeless populations are concerns in another focus group.

Prioritized Concerns
After the list of concerns was identified, each participant was asked to identify their top two concerns. The following were their top concerns ordered from highest to lowest scores. Themes with scores greater than 10 are included.

Table 4.
General Concerns Prioritized by Participants, Snohomish County Focus Groups (N=64)

<table>
<thead>
<tr>
<th>Priority Rank</th>
<th>General Concern</th>
<th>Score*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Finances, the economy, and large number of baby boomers</td>
<td>62</td>
</tr>
<tr>
<td>2</td>
<td>Loss of function and limitations</td>
<td>33</td>
</tr>
<tr>
<td>3</td>
<td>Being prepared for growing old</td>
<td>19</td>
</tr>
<tr>
<td>4</td>
<td>Isolation</td>
<td>17</td>
</tr>
<tr>
<td>5</td>
<td>Discrimination (13) and image of older adults (4)</td>
<td>17</td>
</tr>
<tr>
<td>6</td>
<td>Transportation</td>
<td>12</td>
</tr>
<tr>
<td>7</td>
<td>Integration (ages/generations)</td>
<td>11</td>
</tr>
</tbody>
</table>

*Concerns with scores of 10 or less included: education and information (5), social connections (4), customer service (2), and housing (0).
Variation in General Concerns by Age Groups

A questionnaire handed out after the group discussions asked participants to individually identify their one biggest concern about aging in their community.

The most common concerns identified by individuals on the questionnaire (Figure 1) were loss of function (21%), transportation (15%), and finances (13%).

Transportation was the sixth most common concern in the group discussion, but was the second highest for the individual responses from the questionnaire. Finances and loss of function were identified in both the group discussions and on the questionnaire as top concerns.

- The frequency of concerns about loss of function and transportation both increased with age.
- Financial concerns were highest in those 50 to 64. This may be because younger adults are in the planning stages of retirement and are more uncertain about having enough money.

Figure 1.
Top Three Participant Concerns by Age Group Identified on Questionnaire, Snohomish County Focus Groups
Participants were also asked about their biggest health concerns. If participants identified health concerns in the question about their general concerns, their responses were added to health concerns. There were seven themes for health concerns.

**Loss of Health**
Loss of general health and becoming incapacitated were common themes in all eight focus groups. They fear loss of physical functions and mobility. Individuals expressed concerns about caring for themselves and/or their partners. They have concerns about becoming a burden to their friends and family. Many are concerned about loss of vision, especially with regard to driving, but also how it will affect their quality of life in general. “Life is a teeter-totter with young at one end and old on the other – older is heavier.”

**Cost of Health Care and Insurance**
The cost of health care and insurance were concerns in seven focus groups. The cost of health insurance and medical care are increasing at the same time the size of the aging population is increasing. Medical, vision, and dental coverage are all expensive, and participants noted they often have more than minor issues that need attention (such as extensive dental care) and are cost prohibitive. In addition to the affordability of insurance, they have concerns about lack of coverage which may be a result of one or more factors:

- Pre-existing conditions that result in denial of coverage
- The uninsured who are unemployed but not of Medicare age and are not able to afford insurance
- Long-term care insurance is unaffordable. Money is spent paying for assisted living instead of family taking care of seniors.

The cost of prescription drugs is also high, and many older adults lack prescription coverage. In the Medicare “donut hole” (a gap in coverage between basic Medicare part D and catastrophic coverage), prescriptions are not covered. While older adults could go to Canada to buy less expensive drugs, they reported that the government “instills fear that these drugs are not safe and are not as good.”

*Name and age have been changed to protect anonymity.*
The nation pays a high price for failing to deliver proven effective, clinical preventive services to adults aged 50 to 64. Changing course requires a population-based health perspective, a realignment of resources, and bold, innovative community and clinical partnerships dedicated to ensuring that preventive services reach all those in need.

– Centers for Disease Control and Prevention (CDC)

“Government spends too much money on fixing instead of preventing [illness and disability].”

*Rick, age 59

Prevention

Prevention was important in five focus groups. Participants believe that prevention is important to maintaining good health and avoiding major health issues. They need to stay active both physically and mentally. However, they often don’t understand the rational or concepts of why prevention is effective. For example, they don’t understand that exercise prevents diabetes, how to interpret cholesterol numbers, or how to interpret personal health assessment results. Many seniors are afraid of falling and breaking a bone, but do not know how to prevent falls.

Participants believe that seniors wait too long to care about health. The aging population is not paying enough attention to exercise and why it is important. In fact, they believe prevention needs to start in school and at home with children. Older adults believe health courses in schools do not reach enough students. Legislature regulates what is sold in student stores, but does not require physical education (PE).

Costs for prevention activities or physical therapy are prohibitive. For example, physical therapists urge seniors to swim, but the cost of joining the only pool in the area is too expensive. Healthy food is important to good health, but it is expensive. One participant noted, “healthy living is a business, and living healthy is expensive.”

Access

In seven focus groups, access to health care was a common theme from a variety of perspectives. Participants are concerned about the possible loss of health care coverage and the need to improve Health Care Reform. Continued access to primary care doctors they had before becoming Medicare eligible is a concern, as was access to specialized care. Access issues include:

- long wait times (months) between scheduling and visiting the doctor,
- insufficient length of appointments,
- inattentive doctors who do not listen or understand,
- a limit to the number of visits once on Medicare, and
- proximity of facilities either near their residence or where they travel.

Specific concerns include the lack of gay-friendly doctors and limited interpreters for non-English speaking patients at clinics and pharmacies. The GLBT participants feel that medical forms are discriminatory based on the demographic information they are asked to provide.

*Name and age have been changed to protect anonymity.
"We need more brain research. They've got our hearts pumpin', our joints replaced, but if you don’t know you’re living, then what’s the point?"

*Elizabeth, age 70

Education and Information
According to five focus groups, the medical process, health care, and health insurance policies were complex, vague, confusing, and intimidating. One participant summed this up by saying, "They teach you a lot of things in school, but they don’t teach you how to grow old." Many of the educational needs included topics related to prevention. Education about health needs to start in the schools and at home for children. "The legislature regulates what is sold in student stores, but doesn’t require PE ."

If employers offered health assessments and incentives, this would raise awareness of the importance of health. Communication with doctors has generally been poor, and it would be beneficial if doctors were accessible by email. There is confusion about medications because there are too many options and too many changes to medications. One participant said that "the mentality of taking a medication for everything leads to seniors being over -medicated." Medications are advertised on television, but there are no details about the side effects. More information is needed about subjects like dementia, how to make end-of-life decisions, and how to be a caregiver. One participant suggested that "seniors need to be more proactive and ask."

Health Care
A variety of concerns about the availability and quality of health care were raised in four focus groups. Overall, the lack of continuity of care is a concern. Specifically, care in nursing homes, rehabilitation facilities, clinics, and home health services are mentioned as causes of concern. Security of medical information is also a concern (e.g. medical database systems). Some feel the system is designed to transfer cost and information to the next in line and that government is over-involved in health care. Health care reform and what it means is unclear: "uncertainty [about health care reform] is worse than the stock market." The GLBT group feel medical care is about "uncomfortable moments and work-arounds," because medical personnel lack understanding about the concerns of the GLBT community.

Mental Health
For three focus groups, mental health was a concern. Preventing loss of mental health and understanding the losses which occur were noted as being important to remaining active. Participants want more brain research required, and this information needs to be incorporated into educational information, especially at senior centers. Also, although health screenings are readily available, cognitive screenings are not. The aging population is concerned about being able to make end-of-life decisions and how to deal with the loss of their partner.
Prioritized Health Concerns
Each participant was asked to identify their top two health concerns. Table 5 is a list of their concerns in order from highest to lowest priority. All seven themes had scores of 10 or more.

Table 5. Health Concerns Prioritized by Participants, Snohomish County Focus Groups (N=64)

<table>
<thead>
<tr>
<th>Priority Rank</th>
<th>Health Concern</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Loss of health and/or ability to care for self</td>
<td>54</td>
</tr>
<tr>
<td>2</td>
<td>Cost of health care</td>
<td>42</td>
</tr>
<tr>
<td>3</td>
<td>Prevention</td>
<td>30</td>
</tr>
<tr>
<td>4</td>
<td>Mental health</td>
<td>15</td>
</tr>
<tr>
<td>5</td>
<td>Access to care</td>
<td>13</td>
</tr>
<tr>
<td>6</td>
<td>Health care quality and continuity</td>
<td>12</td>
</tr>
<tr>
<td>7</td>
<td>Education/information</td>
<td>12</td>
</tr>
</tbody>
</table>

Variation in Health Concerns by Age Groups
On the questionnaire distributed after the group discussions, participants were asked to identify their one biggest health concern in regard to aging (Figure 2). These results were similar to those prioritized in the group discussions (Table 5). Because the number of participants was small only the top three health concerns were categorized by age group.

The most common health concerns identified by participants are cost of health care, insurance and drugs (28%), loss of health or not being able to take of oneself (23%), and access to health care (13%). Cost and loss of health are the top two health concerns in both the questionnaire and the group discussions (Table 5). Access is, however, the third most common health concern on the questionnaire but fifth in the group prioritization process.

- Cost and access to health care are the biggest concerns for the 65-74 year olds.
- Loss of health is the most common concern of those aged 75 and older.
Receiving Health Information

Because health information was one of the main areas of concern, knowing how to communicate and distribute information to the aging population was anticipated as an important aspect of the project. Participants were asked on the questionnaire how they preferred to receive health information. A list of responses was provided.

Almost two thirds (64%) of participants identified their doctor or health care provider as the best way to receive health information. Television, internet, mail, and the newspaper were selected by 24% to 28% of respondents as good mechanisms for distributing health information.

Table 6. Ways to Receive Health Information, Snohomish County Focus Groups

<table>
<thead>
<tr>
<th>Source of Health Information*</th>
<th>Respondents (N=64)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor or health care provider</td>
<td>41</td>
<td>64.1</td>
</tr>
<tr>
<td>Television</td>
<td>18</td>
<td>28.1</td>
</tr>
<tr>
<td>Internet</td>
<td>18</td>
<td>28.1</td>
</tr>
<tr>
<td>Direct mail</td>
<td>16</td>
<td>25.0</td>
</tr>
<tr>
<td>Newspaper</td>
<td>15</td>
<td>23.4</td>
</tr>
<tr>
<td>Magazines</td>
<td>10</td>
<td>15.6</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>10.9</td>
</tr>
<tr>
<td>Radio</td>
<td>2</td>
<td>3.1</td>
</tr>
</tbody>
</table>

*Participants could select multiple options

“I don’t have family close by, and I don’t have any idea how to find senior connections or support in my neighborhood. I don’t know where to start looking.”

*Arthur, age 71

“Will I be able to make end-of-life choices?”

*Irene, age 70

*Name and age have been changed to protect anonymity.
After participants identified their general and health concerns, they were asked what the community could do to meet the needs of the aging population. Seven common themes were identified.

Communication and Marketing
Increasing communication was identified as an area for improvement in five focus groups. In particular, seniors want to reach out to “other seniors they can’t see” and to minorities to promote integration. More outreach and promotion, especially to non-English speaking older adults, are needed to help them become connected, learn what resources are available, and become part of the aging community.

In addition, information about seniors needs to be distributed to the entire community. More information about senior centers needs to be advertised or distributed to residents using existing resources like agency newsletters, classified advertising, social media (e.g., Facebook), and churches. Participants pointed out that churches are valuable resources and can spread the word about resources for seniors. They also noted that churches have senior groups and transportation resources that may be shared.

Expand and Change the Focus of Senior Centers
Since all but one of the focus groups were conducted at senior centers or facilities associated with senior centers, it was not surprising that many suggestions for the community related to senior centers. Expanding or changing the activities at senior centers was mentioned in five focus groups. Participants believe it is important for senior centers to increase their visibility and to take more active roles in the community. They also want senior centers to offer more than bingo and bridge. For example, they could provide respite for caregivers during daytime hours. Older adults want more health presentations, more community education, more exercise programs, and more programs about diversity and the GLBT population. Senior centers could provide advocates for specific issues, such as Medicare and taxes. Centers need to educate others about their benefits by distributing information in common places. One suggestion is to develop a senior corporation by tapping into existing skills of older adults, such as web design, to provide community education. More senior centers are needed given the growing aging population, and specific centers are needed for the GLBT population. Participants also want to ask the community what they want from senior centers.

What could the community do to meet these needs?

“I wish people my age realized that senior centers are not all about bingo and bridge. I went snowshoeing last month with my group!”

*Victoria, age 68

*Name and age have been changed to protect anonymity.
Integration
Integration of different age groups was identified in four focus groups as a way for the community to address the needs and concerns of the aging population. Retirement centers need to involve the general community in their planning and activities. The integration of children and older adults can be mutually beneficial. It is important for the schools and seniors to connect and collaborate. Aging adults can volunteer in schools, and children and young adults can visit senior centers. Specific ideas include children accompanying older adults during care giving and older adults becoming involved at playgrounds, in the classrooms, and in daycare centers. Older adults need to teach young people about aging. Groups involving GLBT individuals, males and females, and people of diverse ages need to meet to enrich conversations and to plan for the future. In addition to the integration of children with older adults, the older adults themselves need to integrate and plan around the different needs of those in their 50’s, 60’s, 70’s, and 80’s.

Engagement
Four focus groups believed the older population needs to take an active role in stating their needs and identifying opportunities for seniors by talking to city, county, and state leaders and elected officials about important issues. Older adults can partner with health providers and invite them to senior centers to educate them about healthy behaviors appropriate for the aging population. “Invite everyone from the community, not just senior center members.”

Name and age have been changed to protect anonymity.

Nearly 40 million members rely on us for information about their health and wellness. Increasing the availability of preventive services where our members live, work, and play will make it easier for them to get the right services. It is essential that the delivery of these services be age- and gender-appropriate and customized to diverse audiences.

- Jennie Chin Hansen, RN, MS, FAAN
President, AARP
Economy and Business
Four focus groups noted that boosting the local economy might be beneficial to creating an aging-friendly community. Participants stated that if more businesses opened in the area, they would increase the cities’ tax bases. They also want to be invited to and involved in providing input to city leaders in regards to business developments. Other suggestions include:

- Ask local business to promote the benefits of shopping locally
- Lower the cost of utilities (they can’t afford the increases on fixed incomes)
- Make single package portions available in grocery stores
- Provide access to an affordable community pool
- Ask GLBT-friendly businesses to advertise the GLBT population is welcome (e.g., flags, window stickers, signage, etc.)

Transportation
Three focus groups stated that improving access to transportation was as an issue the community needs to address. Suggestions include:

- Expand the DART service area. They also need to expand their scheduling and flexibility with regard to pick-up days and times.
- Create alternative options to DART
- Identify who needs transportation
- Provide more free bus passes and/or discounts for those age 50+
- Use lifts on public transportation more frequently to assist the aging or disabled
- Raise the age limit required by insurance companies for van drivers. This may increase the number of eligible paid and volunteer senior van drivers.

Other Community Concerns
Other concerns where the community could be involved were identified but were not common themes in at least three focus groups.

- Housing is an issue in the Arlington and Monroe focus groups. While some affordable housing is available, more is needed. One suggestion is for senior centers to provide spaces for RV parking.
- The environment (both urban and rural) needs to be safer for pedestrians and residents. A variety of suggestions include longer walk times at intersections, educating drivers about right of way laws at intersections, enforcing these laws, and improving sidewalks and private parking lots. Local businesses need automatic doors, and older buildings need handicap access. One group suggested a more caring police force was needed.
- Social events for the aging population are needed. Local governments need to create specific events for seniors. Since not everyone is computer savvy, a social network that is not dependent on electronics would be welcome. More social events for the GBLT population are needed. For example, parades and/or community celebrations.
- Seniors need to be asked for their opinion. The community needs to listen to seniors and take them seriously.
Suggestions for Community Changes
On the questionnaire participants were asked “what was the most important change that could be done in their community to make it more aging-friendly?” More open, accepting, and accurate communication was suggested by 20% of the participants. Some stated more communication is needed about seniors, resources, and minorities. Education was the second most frequent suggestion (16%) and is generally stated as “more information or education.” One specific suggestion identified education that changes the perception of seniors and the need to value seniors. “Asking seniors” for their opinions and changes to the environment tied for the third and fourth most frequent suggestions for change (13%).

Figure 3.
Suggested Community Changes by Age Group
Identified on Questionnaire, Snohomish County Focus Groups

- Changes to the environment included safer sidewalks, more time to cross streets, handicap access, and traffic control.
- Communication, education, and improving the environment all decreased with increasing age.
- “Asking seniors” was lowest in the 65-74 age group.

*Name and age have been changed to protect anonymity.*
Participants were asked what services and activities the community currently provides to meet the needs of an aging population. In general, this question took more time for the participants to answer. Five common themes were identified.

Senior Centers
In six focus groups, activities pertaining to senior centers were identified. This was not unexpected given senior centers were the source of the focus groups. Senior centers in general are meeting the needs of seniors and listening to their needs. They provide important social connections which include activities and venues that allow seniors to meet friends, partake in recreational and exercise activities, and to share cultural experiences. Some centers collaborate with parks and recreation departments which cater to the needs of older adults and provide access to many programs.

Involvement with the senior center makes seniors aware of what the government actually does for them. Some centers also have activity coordinators or social workers who connect members with community resources and may help them complete complicated paperwork, particularly for non-English speaking adults, or assist with income tax preparation. Some centers provide basic health care, including diabetic foot care, exercise programs, free medical services or screenings, and flu shots. Several senior centers accomplish this by having a partnership with visiting nurses and students from the University of Washington or providing an on-site nurse one day per week. Some centers also provide free or low cost nutritional meals and meals with a varied menu.

“What is the community ALREADY doing to meet these needs?”

“The county library system is a valuable resource!”
*Carl, age 65

“I’m diabetic and the senior center has an on-site nurse who has helped me tremendously.”
*Norma, age 83
Education
Five focus groups identified a number of community services or activities that provide education and information for the aging population.
- The county library system is a great resource and provides presentations to senior centers informing them about available resources.
- The news media, including the Everett Herald, provides some education and contains lists of activities for seniors each week.
- The Elder Fair held in Everett provides useful educational resources for seniors.
- The City of Everett offers the “Hands on Diversity” program.

Health
Five focus groups identified a number of health services provided by community agencies, organizations, or businesses.
- Centiva provides a home visiting service for those on Medicare recovering from a medical procedure.
- More walk-in clinics are available, although more are needed.
- Free flu shots are available at some locations.
- The transition of Stevens Hospital to Swedish Medical Center will be helpful.
- Groups such as SnoGLOBE, Parents, Family and Friends of Lesbians and Gays (PFLAG); and the Gay Men’s Task Force (started at Snohomish Health District), offer health-related support for GLBT seniors.

“I’m at a loss. I don’t know [what is available in the community] because I’m not hearing about it.”

* Ted, age 78

*Name and age have been changed to protect anonymity.
Environment
Four focus groups mentioned various activities related to the environment that have improved life for seniors.

- Sidewalk improvements have been made in one city and new sidewalk ramps are brightly painted.
- Well maintained city parks are conducive to physical activity.
- Dogs are now allowed in some parks.

Unknown or Nothing
In three focus groups the participants could not identify activities already being provided in the community. These comments are important as they indicate that the aging population is not aware of services. Participants need more information before they can answer.

Other Community Activities that Address the Needs of an Aging Community
Other services or activities were identified in less than three focus groups. These services include:

- Transportation. Everett transit is good for the most part. The discount bus passes and the ORCA card are good. Para Transit provides services that take them anywhere.
- Housing. Senior housing in Monroe is affordable and is near the senior center; however, more housing is needed.
- Food. Local grocery stores provide healthy options and some senior discounts. Churches and food banks provide emergency food and meals. Some fast food restaurants provide senior discounts.
- Other. The Lynnwood Recreation Center offers discounts, as do some thrift stores. Churches provide clothing and some visiting homebound programs. The local fire department is great and keeps costs down with volunteers. Snohomish County Human Services puts a non-discrimination disclaimer on all materials. Participants of one focus group noted their community has award winning schools and teachers, especially their music program.

To be seventy years young is sometimes far more cheerful and hopeful than to be forty years old.

~Oliver Wendell Holmes
What are some reasons these needs are not being met in your community?

Participants were asked for their perception of what barriers were preventing the community from meeting the needs of the aging population. Four common themes were identified.

The Economy
A consistent theme across all focus groups is the state of the economy. There is a lack of money and resources are limited. Lack of funding from the Federal government means there is no money for services at the city level. Unemployment is high, and taxes are already high.

Valuing Seniors and Community Understanding of the Aging Population
A consistent theme in six focus groups was the community’s misconception of seniors and the lack of value of the aging population.

- “The community” does not understand why it is important to be aging-friendly. There is a lack of communication and awareness about the aging population. One participant noted that “the sense of community has died.”
- The population consists of many age groups, but the community tends to look at the smaller picture of a youth-oriented culture. The community needs to connect to all age groups.
- The younger generation doesn’t understand aging issues, and older adults need to educate school-age youth about aging.
- Older adults feel unimportant. The aging population feels disregarded, particularly those who are older than the baby boomers. Participants expressed hope that baby boomers will make elder issues important and visible.

- Community leaders lack exposure to reality; they need to get out and talk to people and become aware of the real issues. The disregard for older adults was summed up as, “no matter what we say, they think they know what’s best for us (even doctors).”
- Senior centers are misunderstood by everyone – even older adults themselves – as to what they are and what are their benefits.
- There is a stigma about what to call “seniors.” The term Senior Center is not an attractive title.
- The aging population has pride and does not want to accept assistance for free.

The Aging Population’s Role
Tied to the misperception of aging is the view that the aging population has of themselves. This theme was identified in three focus groups. Older adults don’t view themselves as “seniors,” and thus, they don’t prepare. “We need to take personal responsibility and be proactive by speaking up and letting others know what we need.” GLBT seniors also need to educate others about the needs of the aging GLBT population.

Politics and Systems
In three focus groups, participants felt the “system” controls everything. The proper checks and balances are not in place. In one focus group issues were specific to the local area politics and corruption in government. However, some issues come from beyond the city. For example, the community does not have control over things like Medicare.

Other Reasons Needs are Not Being Met
Several other barriers or reasons were identified by participants, but they were mentioned in less than three focus groups. With respect to the environment, they believe the geography of the area does not lend itself to anything but big business developments and high-income housing. This is not conducive to senior living. Participants also feel they need to be educated before they can ask for help.

“We live in a youth-oriented culture.”
*Sylvia, age 70

*Name and age have been changed to protect anonymity.
**Limitations**

In this assessment, most focus groups were held at senior centers. These organizations are established in most communities and provide an efficient method for identifying participants for the focus groups in broad geographic areas of the county. This meant responses were biased toward senior centers. The original plan was to also hold focus groups at assisted living centers to gain representation from seniors with disabilities and different needs. However, the one assisted living center identified for a focus group cancelled because of illness in the community. Although a focus group from an assisted living center was not included in this assessment, one of the focus groups included individuals with physical disabilities. Despite the fact that most of the focus groups were from senior centers, a broad range of themes were identified.

Senior center membership is often perceived as adults age 70 or older. However, senior center directors are finding the demographics of their membership changing as baby boomers (people in their 50’s and 60’s) retire or become unemployed. These individuals are very active and want to continue contributing to their community.

Focus groups are a convenience sample and are not intended to be representative of the county’s population.

In addition to varied geographic locations, participants were intentionally selected to be a mix of ages, genders, races, and income levels. Since residents 50 years and older in our county are predominantly white (89.4% in 2009), it was not surprising our focus groups were also mostly white. However, because Asians are the largest proportion of non-whites in the county’s aging population (5.7% of those 50+), Asian participants from the Multicultural Senior Center were specifically asked to participate. The diversity of the focus group participants demonstrated the success of our intentional selection of mixed demographics. Diversity allowed for a broad perspective of opinions.

**Next Steps**

This report is the first in a series of five on “Creating an Aging-Friendly Snohomish County.” This report identifies various needs and concerns in Snohomish County via the individual voices of the aging population. This information is a first step toward increasing the awareness in the community about the needs of its aging residents. The next report will include information obtained through key informant interviews with community leaders in various sectors of the county. To spread the word, the reader is asked to share the results with others who currently play a role or are potential partners in creating an aging-friendly Snohomish County. Community organizations, agencies, leaders, and stakeholders in Snohomish County need to work together to address the concerns of seniors and move the community toward becoming aging-friendly.
Appendix

Aging-Friendly Community Domains
The AdvantAge Initiative

Addresses Basic Needs
- Provides appropriate and affordable housing
- Promotes safety at home and in the neighborhood
- Assures no one goes hungry
- Provides useful information about available services

Promotes Social and Civic Engagement
- Fosters meaningful connections with family, neighbors, and friends
- Promotes active engagement in community life
- Provides opportunities for meaningful paid and volunteer work
- Makes aging issues a community-wide priority

Optimizes Physical and Mental Well Being
- Promotes healthy behaviors
- Supports community activities
- Provides ready access to preventive health services
- Provides access to medical, social, and palliative services

Maximizes Independence for Frail and Disabled
- Mobilizes resources to facilitate “living at home”
- Provides accessible transportation
- Supports family and other caregivers

An Elder-Friendly Community

Resources for Aging-Friendly Communities
AdvantAge Initiative Communities: www.vnsvny.org/advantage/communities.html
Healthy Aging Resource Network (CDC): www.prc-han.org

Health Planning Areas (HPAs)
HPAs are intended to provide sub-county estimates for key health indicators including all-cause mortality, cancer incidence, obesity, tobacco use, low birth weight, among many others. This information can be used to guide prevention work, target educational campaigns, or to leverage resources in the areas of greatest need. For more information about Snohomish County HPAs, visit www.snohd.org and search for “Health Planning Areas.”

Snohomish County Health Planning Areas (HPAs), 2010

<table>
<thead>
<tr>
<th>HPA</th>
<th>ZIP Code Definition</th>
<th>Including the Cities of...</th>
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</thead>
<tbody>
<tr>
<td>Arlington-Stanwood</td>
<td>98223, 98292</td>
<td>Arlington and Stanwood</td>
</tr>
<tr>
<td>East County</td>
<td>98241, 98251, 98252, 98294</td>
<td>Sultan, Gold Bar, Granite Falls, and Darrington</td>
</tr>
<tr>
<td>Marysville-Tulalip</td>
<td>98270, 98271</td>
<td>Marysville and Tulalip Tribes</td>
</tr>
<tr>
<td>Lake Stevens</td>
<td>98205, 98258</td>
<td>Lake Stevens</td>
</tr>
<tr>
<td>Monroe-Snohomish</td>
<td>98272, 98290</td>
<td>Monroe and Snohomish</td>
</tr>
<tr>
<td>North Everett</td>
<td>98201, 98203</td>
<td>Everett (partial)</td>
</tr>
<tr>
<td>South Everett</td>
<td>98204, 98208</td>
<td>Everett (partial)</td>
</tr>
<tr>
<td>Edmonds-Mukilteo</td>
<td>98020, 98026, 98027</td>
<td>Edmonds, Mukilteo, and Woodway</td>
</tr>
<tr>
<td>Lynnwood-Mountlake Terrace-Brier</td>
<td>98036, 98037, 98087, 98043</td>
<td>Lynnwood, Mountlake Terrace, and Brier</td>
</tr>
<tr>
<td>Mill Creek-Bothell</td>
<td>98012, 98021, 98072*, 98077*, 98290</td>
<td>Mill Creek and Bothell</td>
</tr>
</tbody>
</table>

*Indicates that ZIP Code is partially in King County
Participating Senior Centers

With the assistance of the following individuals and groups, the Snohomish Health District gathered valuable information from residents of the county about their needs, concerns, and health issues. Thank you for your commitment to creating an aging-friendly Snohomish County.

Broadway Plaza Assisted Living  
(Everett Housing Authority)  
Tom Eadie, Resident Director

East County Senior Center  
(Monroe)  
Marc Anvi, Director  
Jacob McGee, Program Coordinator

GLBT Senior Support Group  
Susie Starrfield, Snohomish County Area Agency on Aging

Granite Falls Senior Center  
Paulette Jacobsen, Director, Snohomish County RSVP

Lynnwood Senior Center  
(City of Lynnwood)  
Mary Anne Grafton, Director

The Multicultural Senior Center  
(Senior Services of Snohomish County)  
Connie Hallgarth, Director

South County Senior Center  
(Edmonds)  
Farrell Fleming, Executive Director

Stillaguamish Senior Center  
(Arlington)  
Adele Erbeck, Outreach Coordinator

“It takes a long time to become young.”  
~Pablo Picasso

Focus Group Questions

1. What is the best part about aging?
2. What are your biggest concerns about aging?
   2b. What are your biggest health concerns? (if not identified above)
   2c. Now, let’s choose two that are the most important to you (prioritize the 1st and 2nd top concerns for both general and for health)
3. What could _______(city, your community) do to meet these important needs?
4. What is _______(city, your community) already doing to address these needs?
5. What are some reasons these needs are not being met in ______(city, your community)?
6. Do you have anything else to add?
1. What is your biggest concern about aging in your community? (State one)

2. What is your biggest health concern about aging in your community? (State one)

3. What is the most important change that could be done in your community to make it more aging-friendly? (State one)

The following information will help us understand the group’s demographics. All information will be summarized and used to identify themes. All information is confidential.

4. What is your home Zip Code? ___________ 5. Are you? □ Female □ Male □ Other

6. What is your age? ___________

7. What is your current living situation?
   □ Own a home  □ Staying with relatives/friends
   □ Rent a home  □ Assisted living facility (Level of care) ________________
   □ Other, specify: ______________________

8. What is your highest level of education? 9. Are you? (Check one)
   (Check one)
   □ Less than high school  □ Married/Domestic Partnership
   □ High school grad/GED  □ Divorced
   □ Some college/technical training  □ Widowed
   □ 4 year college graduate  □ Separated
   □ Post graduate work/degree  □ Never married
   □ Unmarried partner

10. Are you Hispanic or Latino?  □ Yes  □ No

11. What is your race? (Check as many as needed)
   □ White/Caucasian  □ Native Hawaiian or Pacific Islander
   □ African American, or Black  □ American Indian or Native American
   □ Asian  □ Other (specify): _______________

12. During the past 12 months, what was your approximate total household income? (Check one)
   □ $0 – $19,999  □ Married/Domestic Partnership
   □ $20,000 – $24,999  □ Divorced
   □ $25,000 – $34,999  □ Widowed
   □ $35,000 – $44,999  □ Separated
   □ $45,000 – $54,999  □ Never married
   □ $55,000 – $74,999  □ Unmarried partner
   □ $75,000+

Continued
13. During the past 12 months, how many people, including yourself, depended on this income? ____________

14. Do you qualify for Medicaid (low income medical coverage)? □ Yes □ No □ Don’t know

15. We have defined community today as the place where you live. However, people may think of community in other ways. Here is a list of some descriptions that may define “community.” Please choose one that best defines “community” for you:

- Block
- Neighborhood
- Church/religious group
- Cultural group
- City
- County
- Other (specify): ____________________________

16. What is the best way for you to receive health information? (Check all that apply)

(List specific examples of each if possible)

- Doctor/Health care provider
- Radio ____________________________
- Direct mail
- TV ____________________________
- Newspapers ______________________
- The Internet
- Magazines _______________________
- Other (specify): ___________________

17. What health issues are you interested in learning more about?

18. How satisfied were you that all of your concerns and opinions were heard today?

1  Not satisfied  2  3  4  Very Satisfied

Other comments?


From age to age nothing changes, ... yet everything is completely different. ~ Aldous Huxley