

Aging Well Whatcom Initiative

Friday, September 7, 2018

9:00-11:00 AM

At the Whatcom County Health Department – 509 Girard

MINUTES

Attending:

Amy Hockenberry, Whatcom County Health Department
Melinda Herrera, Rosewood Villa
Dr. Chao-ying Wu, Chuckanut Health Foundation Board/Family Care Network
Dr. Dave Lynch, Chuckanut Health Foundation Board President/Family Care Network (retired)
Heather Flaherty, RiverStyx Foundation
Marie Eaton, Palliative Care Institute, WWU
Janet Malley, Whatcom Transportation Authority
Colleen Harper, Bellingham At Home
Ryan Blackwell, Northwest Regional Council
Carol Nicolay, Health Ministries Network

Guests: Susan Givens-Seymore, CHF Board Member, Andrea Asebedo, Center for Spiritual Living

Regrets:

Sue Sharpe, Chuckanut Health Foundation
April Claxton, Recreation Northwest
Mary Carlson, Whatcom Council on Aging
Heidi Bugbee, Generations Early Learning & Family Center
Mary Anderson, Whatcom Transportation Authority
Jeanne Brotherton, Chuckanut Health Foundation Board/Health Ministries Network (retired)
Jenny Weinstein, Opportunity Council
Tammy Bennett, Whatcom YMCA
Tonja Myers, Christian Health Care Center
Trisha Bannerman, PeaceHealth
Kristin Granstrand, Mercy Housing Northwest

Welcome and introductions

Dave opened the meeting and group members introduced themselves.

Review and approve minutes

Minutes from August 3, 2018 were approved.

Sharing and discussion of Gordon Walker's visit

On August 14, Gordon Walker, a long-time director of an Area Agency on Aging in Virginia and advocate for creating livable communities for all ages, visited with some Aging Well members.

Take-aways and discussion:

- Appreciation that we're all in the "aging population" group.
- Legislation and infrastructure changes DO make a difference.

- Need to change perceptions and social norms around aging, including recognizing older adults as an economic asset vs. a liability or economic drain.
- A shift in focus of Aging Well’s purpose – away from programs and services for elders to **building a community for all community members to age into.**
- Take Aging Well assessment to a broader audience – the general community, and specific interests such as the business community and planning.
- Aging Well could impact waterfront development, possibly reactivate urban village concept that was a development focus in the past, promote affordable intergenerational neighborhoods.
- Value of creating an “early win” that highlights Aging Well work.
- Gordon’s view that working with AARP and its Livable Communities Network is valuable; in particular, elected officials tend to see it as valuable.
- Would be interesting to know what portion of the older adult population in Whatcom County is coming here to retire vs. living here already.
- Community and culture change is a long-term process, maybe 40 years, so including younger people is essential.
- At the same time, it’s important to recognize that aging is real, and it does have challenges that are different from those facing younger people.

Listening to Older Adults and Their Families

Amy and Marie reported the listening activities that have been happening and some of the emerging themes (*attachment 2 in the meeting packet*).

Comments and discussion:

- Isolation – hearing loss contributes to isolation, people tend to withdraw.
 - Point of intervention is critical; early adoption gives better results vs. waiting until loss is more progressed.
 - There’s a stigma around hearing loss and use of hearing aids
 - Cost of hearing aids can also be a barrier
- There is a need for contact with another person, but it doesn’t have to be socially organized; a connection with one person is enough to make a difference in another’s life.
- Idea to work with naturally formed alliances and/or conduct trainings to shift culture to “natural outreach.” Spontaneous reaching out has great value and could be fostered as a community responsibility.
- It’s as important to have someone to care ABOUT in addition to having someone to care about me.
- Older adults living alone – question of independence and autonomy, each person deciding what they do and don’t do (vs. what others think they should do).

Some Aging Well members also conducted interviews with older adults and described the experience and what they learned.

Comments and discussion:

- Discomfort with asking for the interview; does it label the interviewee as “old” and might that offend them?
- Nature and exercise came up as important to health and well-being
- Services for older adults
 - Low awareness of what exists – “I don’t know what there is,” “What services?”
 - Currently information about services is scattered, a wish for something more cohesive
 - It’s different navigating services for oneself vs. for another person

Aging Well Blueprint

Lara shared a proposal regarding a process for identifying priority areas for the Blueprint (*attachment 3 in the meeting packet*) for October-December. It will be necessary to do some homework in order to accomplish the work without additional or longer meetings.

- October 5 meeting: Create initial list of priority areas
- November 2 meeting: Identify basic blueprint structure and begin to build in priority areas
- December 7 meeting: Review, discuss and agree on draft Blueprint developed to date

Comments and discussion:

- Would be helpful see example blueprints earlier in the process.
- Flip agendas of October and November meetings so that reviewing blueprints comes first.

ACTION ITEM → Lara will send sample blueprints from other communities prior to the October meeting.

- Marie described the process of developing the NW Life Passages Blueprint. After the key areas were identified, smaller groups worked on each area. Additional people with relevant expertise joined the smaller groups, and each group produced a white paper.
- Important to overtly ask and consider how partners will stay linked as the work moves into implementation.
- Need to be able to revisit the priorities and adapt as things change.
- Need to have a community plan for assessment.
- “No data without stories, no stories without data.”
- Could create a road map for how to age well, to promote thinking about aging needs earlier in life. The Dementia Action Coalition has something that could serve as a template.
- Do we have enough data to make solid decisions about priorities? People and communities we haven’t learned from include the Sikh community, the queer community, migrant and/or seasonal farmworkers, and Russian and Ukrainian communities.

ACTION ITEM → Ryan will send several contacts to Lara to explore some additional listening sessions.

Wrap up and next steps

Next meeting: Friday, October 5, 2018, 9-11 AM at Christian Health Care Center in Lynden.