New Partners for New Times

AREA PLAN ON AGING

Seattle-King County Washington | 2012–2015

ads *Aging and Disability Services*
Area Agency on Aging for Seattle and King County

King County · United Way of King County · City of Seattle

AGING AND DISABILITY SERVICES (ADS)

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Key Funding Partners

City of Seattle / General Fund
King County Community and Human Services / Veterans and Human Services Levy
U.S. Department of Health & Human Services / Administration on Aging
University of Washington Health Promotion Research Center
Washington State DSHS / Aging and Disability Services Administration
Washington State DSHS / Medicaid Purchasing Administration

September 2011

Dear Friend:

During the past few years our communities have experienced one of the most challenging periods in history. The recession has had an impact on all Americans, including older adults. In addition, the number of older adults in our region has increased and is expected to increase dramatically as the baby boomer generation continues to cross the threshold into retirement age.

Although this significant demographic shift poses many challenges, it also brings many new opportunities for advocacy, creativity, leadership, education, healthy aging, and community engagement.

The Aging and Disability Services 2012–2015 Area Plan, is a guide to help us meet the challenges and opportunities that are before us, by focusing on five goals:

- **Improve Health Care Quality for Older Adults and Adults with Disabilities**
- **Address Basic Needs**
- **Improve Health and Well Being**
- **Increase Independence for Frail Older Persons and Adults with Disabilities**
- **Promote Aging Readiness**

As we strive to achieve these goals, we will do our best to maintain the range of services we provide, and ensure that our services are culturally diverse and culturally competent, to meet the needs of our region's increasingly diverse population, especially those who are the most vulnerable. We will rely on evidence-based models that have been shown to produce successful results. And we will track our progress using nationally-recognized data indicators that will measure trends and help us assess our work.

Each of us takes pride in being a part of the three-sponsor organizational model of Aging and Disability Services, which is the designated Area Agency on Aging for King County. Together, the City of Seattle Human Services Department, United Way of King County, and King County Department of Community and Human Services coordinate our planning and investments to create choices for elders and people with disabilities in the Seattle-King County region.

We are confident that our seamless system will continue to make the Seattle-King County region a great place to live for people of all ages.

We look forward to hearing from you with your thoughts and suggestions as we strive to provide and promote high-quality services to elders and people with disabilities around the region.

Sincerely,

Dannette R. Smith, Director
Seattle Human Services Department
City of Seattle

Jackie MacLean, Director
Department of Community & Human Services
King County

David Okimoto, Senior Vice President
Community Services
United Way

TABLE OF CONTENTS

LIST OF FIGURES

CHARTS

LIST OF FIGURES, Con't

TABLES

SECTION A
AREA AGENCY PLANNING AND PRIORITIES

Sound Steps Half-Marathon

"There is no more important 'prescription' to write, individualize and assure compliance with than regular physical activity for all patients, whether robust or frail, living independently or in nursing homes."

~ Christine (Himes) Fordyce, MD, Group Health

INTRODUCTION

We are delighted to present the 2012–2015 Area Plan on Aging for the King County region.

This plan provides information about planned accomplishments, as described in Section C — Issue Areas, Goals and Objectives. In addition, the plan provides information about the planning process, what is planned for the next four years, and new issue area goals and objectives.

The Area Plan guides the work of the local Area Agency on Aging for King County, known as Aging and Disability Services (ADS), for the next four years. It reflects the needs of our community and highlights goals for developing elder-friendly communities. Our major goals are to:

- **Improve health care quality for older adults and adults with disabilities.**
- **Address basic needs.**
- **Improve health and well-being.**
- **Increase the independence for frail older adults and people with disabilities.**
- **Promote aging readiness.**

The Older American's Act (OAA) requires the Area Agency on Aging to work with a volunteer Advisory Council to assist in identifying unmet needs, advise on needed services, and advocate for policies and programs that promote quality of life. As required by the OAA, our plan incorporates suggestions from the Advisory Council as well as numerous partners in the community. To better understand local needs, we engaged community members, conducting several focus groups, forums and workshops, as described in Section A-3 Planning Process.

The Area Plan also highlights key trends in our aging population, including:

- **The increasing number of elders in King County and the percent of total population, along with the strengths, opportunities, and challenges presented by aging "baby boomers."**
- **The continuing rise in the number of seniors in poverty (since 2000).**
- **Policymakers focus on health care reform, and county residents' strong interest in affordable health care.**
- **The need for 936 additional units of housing for low-income seniors each year, in order to maintain the current ratio of affordable housing to low-income older adults.**
- **Disparate rates of disability and chronic disease, especially among African Americans, Asian Americans, Hispanic/Latinos, and Native Americans.**

- **The high percentage of caregivers who are family members and unpaid.**

- **Issues faced by women, who are far more likely to care for aging family members, more likely to live in poverty, and more likely to have physical disabilities and certain chronic conditions.**

Besides describing updated information on new issues, goals and objectives, the Area Plan also provides updated staffing information, and a new budget summarizing our annual budget of approximately $37 million in federal, state, and local resources. We hope you will continue to be as inspired, as we are, by our vision to create elder-friendly communities in the Seattle-King County region.

Rosemary Cunningham
Interim Director, Aging and Disability Services
Seattle Human Services Department

Kaylene Moon
Chair, ADS Advisory Council

MISSION AND VALUES

The mission of Aging and Disability Services (ADS) is to develop a community that promotes quality of life, independence, and choice for older people and adults with disabilities in King County.

To accomplish our mission, we will:

- Work with others to create a complete and responsive system of services.
- Focus attention on meeting the needs of older people and adults with disabilities.
- Plan, develop new programs, educate the public, advocate with legislators, and provide direct services that include the involvement of older adults and others representing the diversity of our community.
- Promote a comprehensive long-term care system.
- Support intergenerational partnering, planning, and policy development.

In fulfilling our mission, we follow these values:

- Older people, adults with disabilities, and their families have a right to be treated with respect and dignity and to make decisions affecting their lives.
- Diversity brings richness to our community and within our agency and supports a wealth of ways to capitalize on this strength.
- The support and nurturing provided by family, domestic partners, and friends are important, and we seek to strengthen this capacity.
- Community partnerships are central in bringing together funders, providers, consumers, and community members to develop solutions that address changes in housing, education, health, long-term care, and advocacy needs.
- The concerns of low-income older people, adults with disabilities, and traditionally underserved groups are recognized, as well as the needs and potential of every member of the community.
- Efforts that encourage independence and enable individuals to remain in their community for as long as possible provide our focus.
- It is important that older people, adults with disabilities, and those having cultural and language differences within our community have knowledge of and access to the services for which they are eligible.
- Accountability to the public trust means the programs we oversee are consumer-guided, responsive, and useful.
- Leadership is shared with our regional, state, and federal partners and other city institutions as they develop ways to serve older people and adults with disabilities.

PLANNING AND REVIEW PROCESS

A six-month planning and outreach process informed the development of the Area Plan on Aging, which incorporates input from community members, local experts, providers, staff, and key partners.

During 2011 ADS provided a variety of opportunities for community comments, including an online questionnaire, community conversations, input from Advisory Council members and a review of new strategic reports. Themes that emerged at the meetings helped shape the contents of the plan.

Online Questionnaire (March–May 2011)

The ADS Advisory Council launched an online questionnaire on March 1, 2011 through the Seniors Digest e-newsletter, and ADS staff encouraged broad circulation of the questionnaire among agency partners, neighborhood organizations, and local blogs. Copies of the questionnaire were also widely distributed for anyone who did not have access to computers. In all, 430 individuals completed the questionnaire.

Respondents indicated that the top three needs for older adults are:

1. Affordable Health Care
2. Income & Finances
3. Housing

Respondents indicated that the top three needs for adults with disabilities are:

1. Transportation/Mobility
2. Affordable Health Care
3. Housing

Community Conversations (March–May 2011)

Seven Community Conversations were held at ethnic congregate meal sites throughout King County with seniors from the following communities: Chinese, Eritrean/Ethiopian, Latino, Native American, Somali, Ukrainian, and with African American kinship care providers. In total, 173 older adults participated in the discussions.

Common themes from ethnic meal site participants include:

- Limited English language ability is a major barrier to finding and receiving help.
- Health care (coverage and expense) is a major concern.
- Housing: Many live with adult children and take care of their grandchildren, and many of them expressed that they don't like having to rely on adult children.
- More opportunity for socialization is desirable.
- Transportation for field trips and outings is needed.
- Food and nutrition: Most purchase food from grocery stores. Food banks lack foods that meet cultural dietary requirements.

Innovations for Accountable Care Forum (April 6, 2011)

Over 100 individuals attended a Focus on the Future forum titled Innovations for Accountable Care, held April 6, 2011, at the Seattle-Tacoma Airport Conference Center. Marc Pierson, MD, Vice-president, Clinical Information and Quality, at St. Joseph Medical Center (Bellingham, WA) gave the keynote address.

Dr. Pierson was joined by three panelists: Daniel Lessler, MD, MHA, Associate Medical Director, Harborview Medical Center; Rosemary B. Aragon, Executive Director, Pacific Hospital Preservation & Development Authority; and Sam Wan, CEO, Kin On Health Care Center.

The speakers challenged the attendees to begin innovative community-based approaches to address the health needs of their clients or community members. Table discussions included the following topics:

- Access & barriers to care
- Behavioral health
- Best practices & models
- Care transitions
- Client/patient engagement
- Continuum of care
- Data & technology
- Health care finance
- Health coaches/navigators
- Partnerships/effective collaboration
- Rural communities
- Safety net
- System coordination
- Wellness

A forum summary is available online at www.agingkingcounty.org/accountable-care/. Per participants' requests, a *listserv* (e-mail based discussion forum) was established after the forum to share accountable care information, ideas and opportunities in our region. To subscribe, visit www.seattle.gov/lists/accountablecare.htm.

Presentations and Group Discussions (March–July 2011)

ADS staff facilitated input sessions with the Aging and Disability Services Advisory Council, Bellevue Network on Aging, Healthy Aging Partnership, Mayor's Council on African American Elders, ADS Case Management and Contracts staff, and providers.

Additional Outreach

ADS staff assisted with planning and co-sponsored the September 16, 2010, LGBTQ Summit coordinated by Senior Services. ADS also contributed to an article about the Area Plan, which solicited input that appeared in Seattle Gay News on April 15, 2011. In addition, numerous articles appeared in church bulletins throughout Seattle-King County.

Area Plan Public Hearings (July–August 2011)

The public review period for the draft 2012–2015 Area Plan was July 25 to August 12, 2011. Three Area Plan public hearings were held during this period to receive comments on the draft Area Plan for 2012–2015 and the 2012 discretionary allocation recommendations. Participants included approximately 20 older adults, Advisory Council members, community members, staff and providers.

August 4, 2011
Kent Senior Center
600 E Smith St
Kent, WA

August 8, 2011
Douglass-Truth Library
2300 E Yesler Way
Seattle WA

August 9, 2011
Bellevue City Hall
450 110th Ave NE
Bellevue WA

Public comments on the draft Area Plan are summarized in Appendix E.

Prioritization of Discretionary Funds

Aging and Disability Services is designated by the State of Washington as the Area Agency on Aging for Seattle-King County, and part of the Aging Network that was established in 1965 with the passage of the Older Americans Act.

ADS sub-contracts with over 60 agencies to provide a network of in-home and community services, support programs and assistance to older adults and qualified disabled adults. In 2010, over 33,940 older adults, family caregivers and adults with disabilities in King County received services from the local Aging Network.

The 2011 budget totals $37 million. Of this funding $31 million is “non-discretionary and earmarked for specific services, such as Medicaid Title XIX case management, U.S. Department of Agriculture meals, and state-funded caregiver support and respite care.

The budget also includes $6.1 million of “discretionary” funds from the federal Older Americans Act, the state Senior Citizens Services Act, and the Seattle General Fund. Discretionary funding has some flexibility and can be directed to meet priority needs in King County.

The Advisory Council’s Planning and Allocations (P&A) Committee recommends strategies to increase or decrease discretionary funding to service areas. The committee consists of the Advisory Council chair and six members from the three ADS sponsor organizations (City of Seattle, King County, and United Way).

In the 2012 discretionary allocations process, the P&A Committee considered the following in their deliberations: ADS Sponsors Allocation Guidelines; 2011 discretionary allocations approved by Sponsors; service area trends and issues; prioritization of services that enable elders to access services, especially in the midst of difficult economic times; and results from the planning process with Vashon Island residents to increase access to Information & Assistance, Volunteer Transportation, and family caregiver support services.

If funds are needed to balance the 2012 budget, P&A Committee members recommended reductions to the Home Health Maintenance and Client Specific Fund service areas. Unfunded priorities include programs in the Access Service category, which includes Case Management, Transportation, and Information and Assistance.

Should funding in 2012 be increased or decreased, the P&A Committee will re-convene and examine the most updated global revenue picture for services for older residents in King County, as well as existing funding principles, and make recommendations which will be subject to public review and Sponsors’ approval.

SECTION B
PLANNING AND SERVICE AREA PROFILE

PEARLS counselor Carl Kaiser

"Aging and Disability Services is particularly adept at connecting clients to community-based services, and coordinating service delivery. ADS also has a history of collaborating in the development, evaluation and dissemination of innovative and effective clinical practices that focus on the needs of its homebound clients."

~ Daniel S. Lessler, MD, MHA,
UW Medicine/Harborview Medical Center

POPULATION PROFILE

The "age wave" is already lifting the tide. The 2010 Census indicates that 312,624 people age 60 and above now live in King County, up 30 percent since 2000. By 2025, the number of King County residents over age 60 will exceed 513,000. Nearly one in four county residents will be age 65 or older.

As increasing numbers of baby boomers — born between 1946 and 1964 — get swept up by the age wave, individuals and organizations need to ask, "Are we ready to catch the wave? What will it take to build an elder-friendly community?"

Aging in King County

A snapshot of King County's population over age 60 shows that 16.2 percent of King County's population is now age 60 or older, but this only tells a portion of the story.[1] Over the past decade, average life expectancy in King County climbed approximately four years (to 77.8 years of age).[2]

Age	Population	% total	Male	% total	Female	% total
60 to 69 years	169,262	8.8%	81,612	8.5%	87,650	9.0%
70 to 79 years	80,630	4.2%	36,415	3.8%	44,215	4.6%
80 and older	62,732	3.2%	22,611	2.4%	40,121	4.1%
Total age 60+	**312,624**	**16.2%**	**140,638**	**14.7%**	**171,986**	**17.7%**

Table 1. King County population age 60+ snapshot.[3]

The so-called Baby Boomer generation (born 1946–1964, hereafter called "boomers") has begun to swell the ranks of older adults throughout the U.S., and King County holds no exception. The oldest boomers now collect Social Security. Figure 1, below, illustrates the current baby boom.

[1] Information that was available from the decennial U.S. Census when this Area Plan went to print is included, along with the Census Bureau's most recent American Community Survey. Detailed information about age, gender, race, households, families, housing tenure and occupancy, population density, and area measurements will be released by the U.S. Census Bureau in mid- and late-2012.
[2] Public Health–Seattle & King County, presentations by director David Fleming, MD (2010–2011).
[3] U.S. Census (2010).

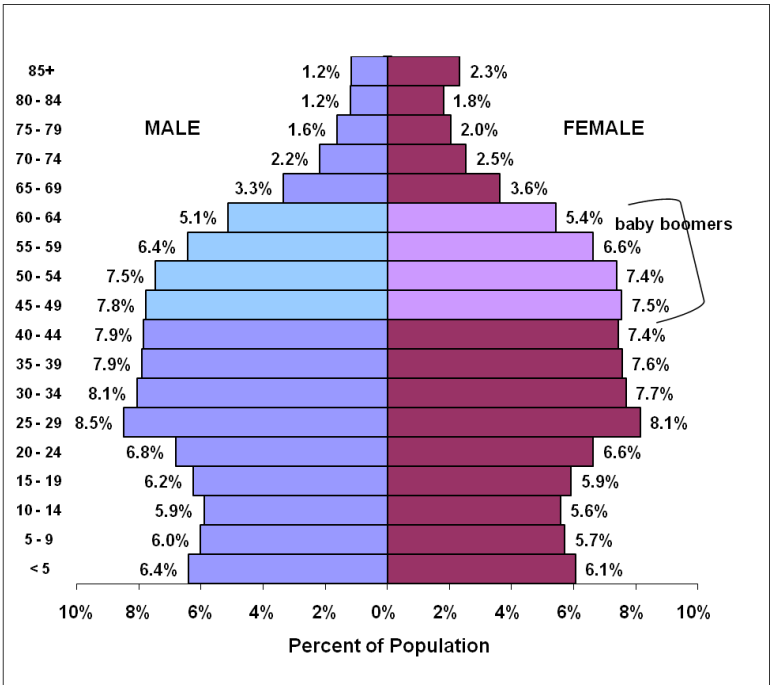

Figure 1. King County Baby Boomers compared to other age cohorts.[4]

Figure 2, below, further illustrates the age wave, as the baby boomer generation ages by 10 years (2000 to 2010). The 2010 bump in the age 25–29 cohort is sometimes referred to as the baby boom's "echo" (children of baby boomers).

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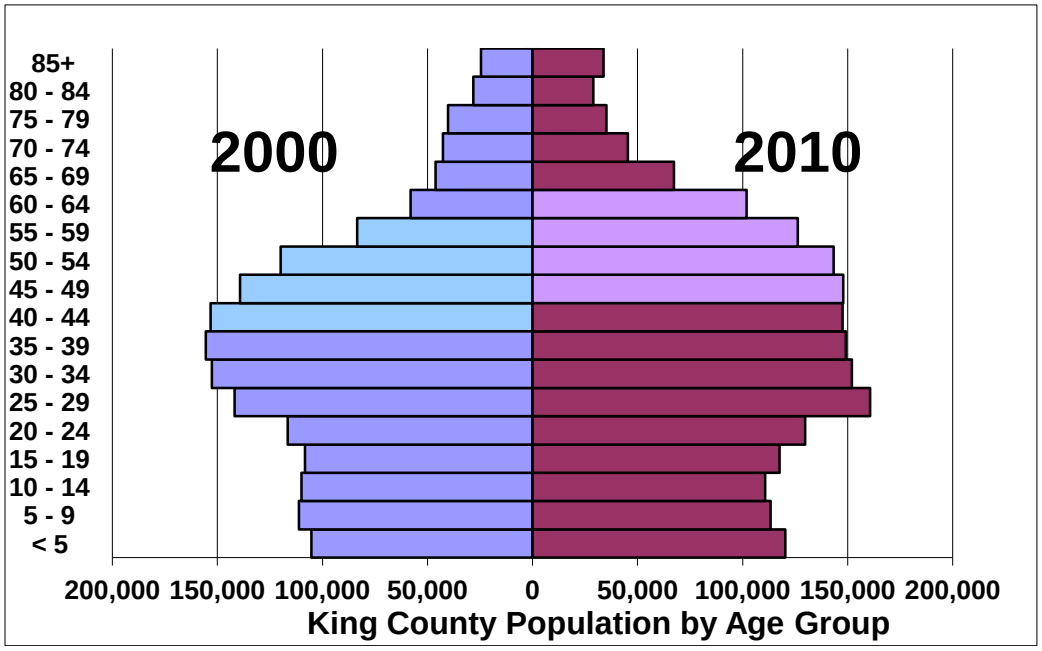


Figure 2. King County Baby Boomers compared to other age cohorts, 2000 and 2010.[5]

[4] Ibid.
[5] Ibid.

Current Census projections are illustrated in Figure 3, showing that King County's elder population (age 60+) will near 25 percent of the total population by 2025.

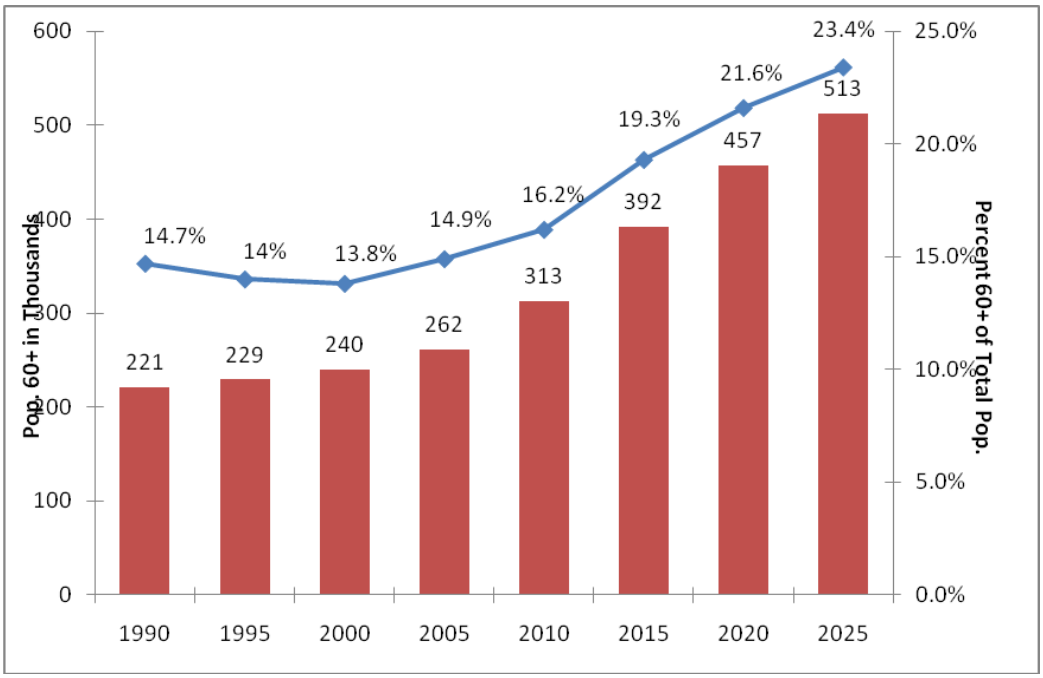


Figure 3. King County 60+ Population, Number and Percent of Total Population.[6]

A similar increase is expected among the oldest-old in King County. Since 1990, the number of people age 85 and older has already doubled, and by 2025 the percentage of the total population will have doubled as well.

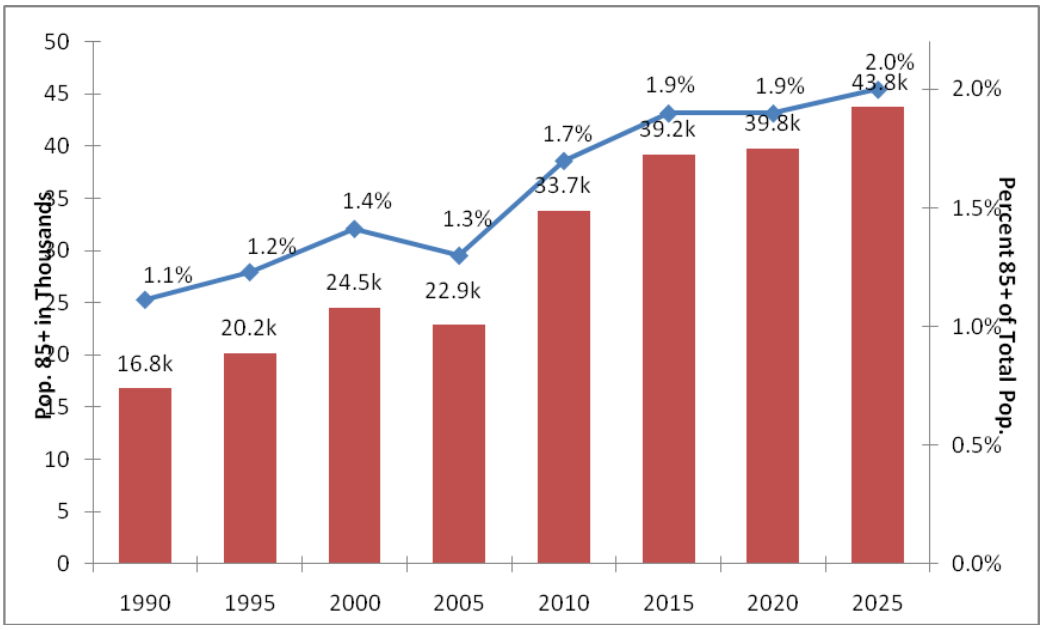


Figure 4. King County 85+ Population, Number and Percent of Total Population.[7]

[6] Washington State Office of Financial Management population projections 'medium' 2007, updated with American Community Survey 2005 population percentages and Census 2010 DP numbers.

Although small in number, Vashon Island has the largest percentage of older adults of any sub-region in King County, followed by the largest sub-region, Seattle. The South Urban and East Urban sub-regions follow Seattle in total number and percentage of older adults.

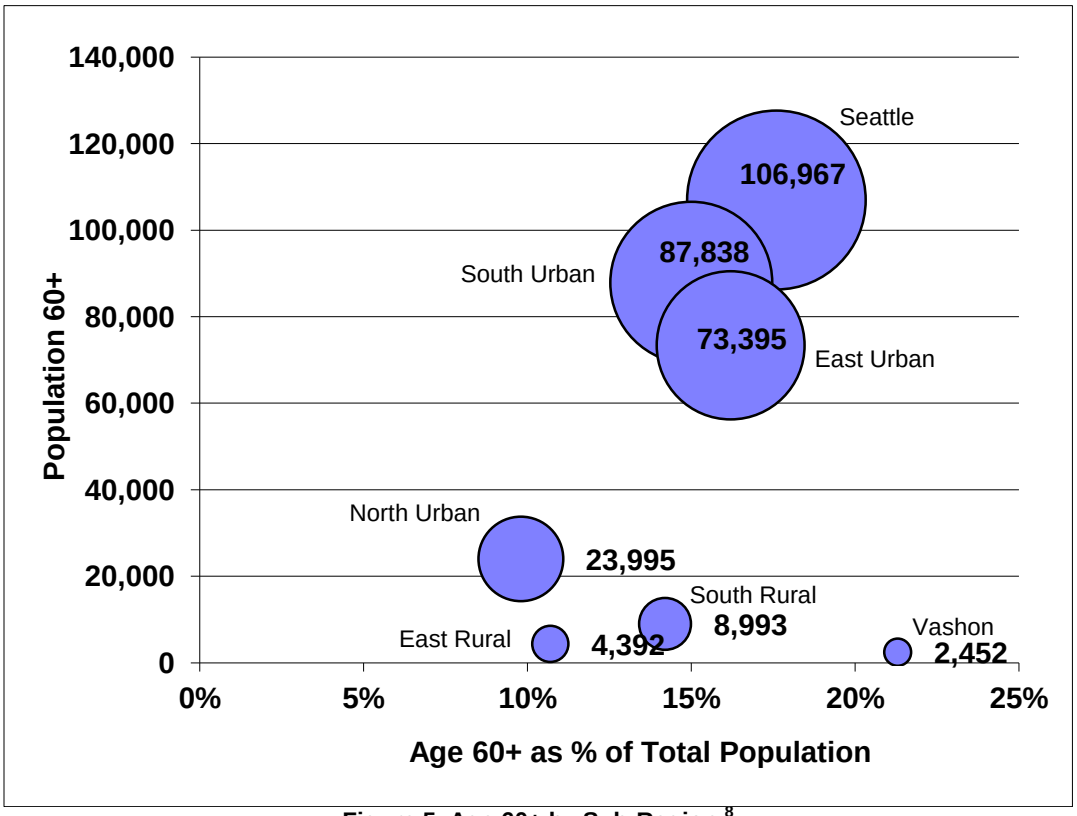


Figure 5. Age 60+ by Sub-Region.[8]

[7] Ibid.
[8] American Community Survey (2009).

Overall, King County's older adult population grew by more than 28 percent[9], much faster than the total population (11.2 percent[10]). Table 6 indicates that the East Urban sub-region experienced the most growth in adults age 60 and older from 2000 to 2009 (39.1 percent), followed by Vashon (36.5 percent) and South Rural (36.1 percent).

	2000		2009		Growth 2000–2009	
Sub Region	**N 60+ 2000**	**60+ % of Total Pop.**	**N 60+ 2009**	**60+ % of Total Pop.**	**N**	**%**
Seattle	84,969	15.1%	106,967	17.6%	21,998	25.9%
South Urban	69,996	12.6%	87,838	15.0%	17,842	25.5%
East Urban	52,753	14.2%	73,395	16.2%	20,642	39.1%
North Urban	20,069	14.3%	23,995	9.8%	3,926	19.6%
South Rural	6,606	12.4%	8,993	14.2%	2,387	36.1%
East Rural	3,667	8.8%	4,392	10.7%	725	19.8%
Vashon	1,797	17.8%	2,452	21.3%	655	36.5%
Total King County	**239,857**		**308,032**			**28.4%**

Table 2. Growth in Age 60+ Population, by Sub-Region.[11]

King County's demographic composition is changing rapidly — not only by age but by race and ethnicity. Nearly the entire general population increase consisted of persons of color. Asian Americans accounted for nearly half the increase, while Hispanic/Latino residents account for more than one-third. There were also small increases in the African American, Pacific Islander and Native American populations, as well as persons who reported more than one race. Persons of color now make up more than one-third of King County's population.

King County residents of color comprise 19.0 percent of the population age 60 and older. Figure 7, below, illustrates the overall racial composition of King County's elders.

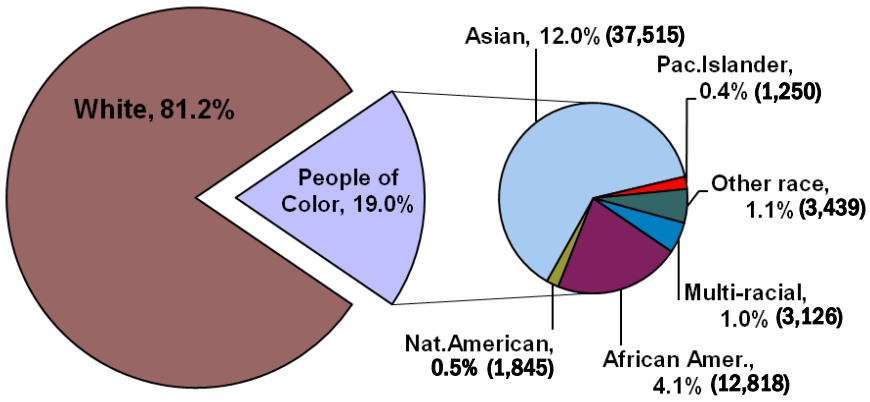


Figure 6. King County Population Age 60+ by Race.[12]

[9] U.S. Census and American Community Survey (2000–2009).
[10] U.S. Census (2000–2010).
[11] American Community Survey (2009).
[12] Ibid.

Census data show that the percentage of people of color in Seattle remained flat, while the percentage of people of color in suburban cities south of Seattle — Kent, Renton, SeaTac, and Tukwila — grew much larger and now represent a majority of those populations. Throughout South King County, the white population declined by more than 14 percent, while communities of color increased 66 percent. The Hispanic/Latino population doubled, and even tripled, in some cities.

Life expectancy at age 65 is the number of years a person aged 65 can expect to live if the current age-specific death rates stay the same for his or her life. Life expectancy at birth for Whites is 82 years, in contrast to African Americans (76.2 years) and Native Americans (73.2 years).

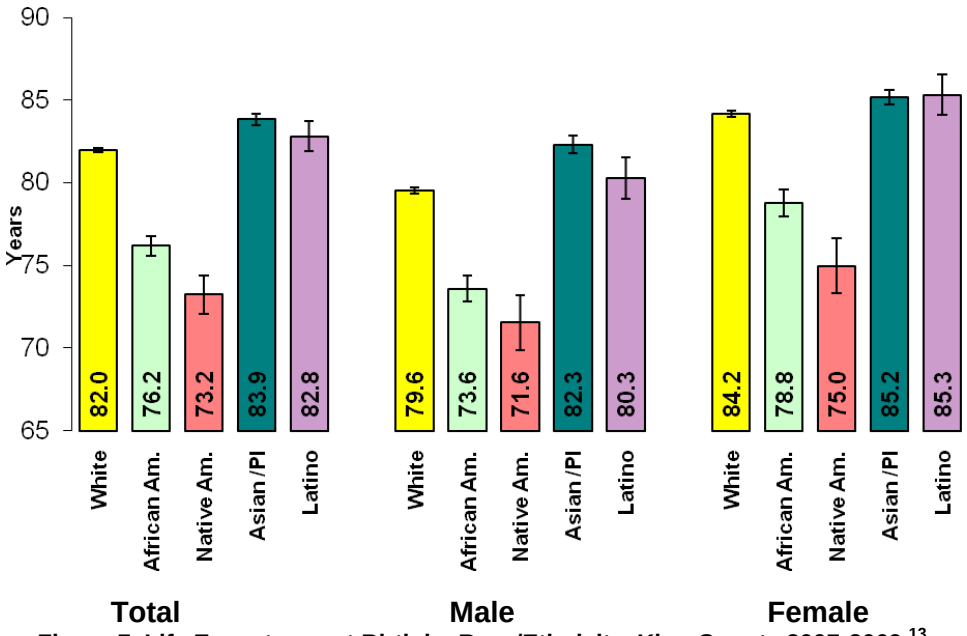


Figure 7. Life Expectancy at Birth by Race/Ethnicity, King County 2007-2009.[13]

Life expectancy is based on a number of factors, notably chronic disease and disability rates. The U.S. Census Bureau defines disability as a long-lasting physical, mental, or emotional condition that can make it difficult for a person to do activities such as walking, climbing stairs, dressing, bathing, learning, or remembering. This condition can impede a person from being able to go outside the home alone or to work at a job or business.

Table 3 shows the proportion of older King County residents who have disabilities, by race and ethnicity. Disparities exist among Native American (54.3 percent), Asian (40.1%) and Hispanic/Latino (43.8 percent) elders, compared to the overall proportion of older adults with disabilities (36.5 percent) in King County. Pacific Islander elders report a much lower disability rate than other groups.

[13] Washington State Department of Health, 1990–2008 Population Estimates: Population Estimates for Public Health Assessment, with Vista Partnership and Krupski Consulting (January 2009).

Racial Group	Total 65+	65+ With Disability	% With Disability
African American	8,160	2,892	35.4%
Asian	23,964	10,236	40.1%
White	200,440	72,085	36.0%
Native American	713	387	54.3%
Other Race	2,789	766	27.5%
Multi-racial	1,944	587	30.2%
Pacific Islander	686	129	18.8%
TOTAL	**238,696**	**87,082**	36.5%
Hispanic/Latino*	4,944	2,164	43.8%

Table 3. Disability Status by Race/Ethnicity, King County.[14]

Figure 8, below, demonstrates how disability rates increase with age. Physical limitations are most prevalent.

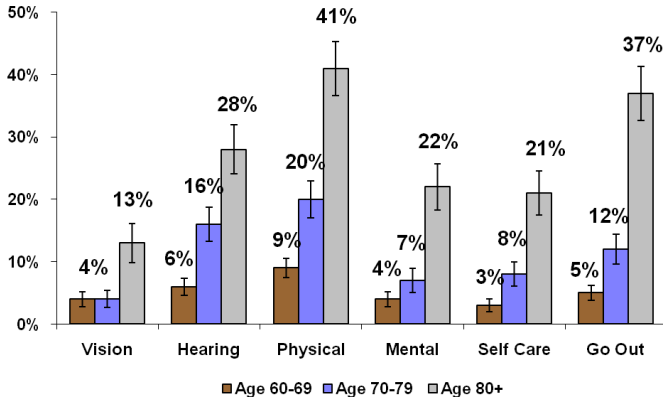


Figure 8. Rates of Disability by Type and Age, King County, 2005–2009.[15]

[14] American Community Survey (2009).
[15] American Community Survey (2005–2009).

Figure 9 shows that cancer and heart disease remain the leading causes of death among all age groups in King County.

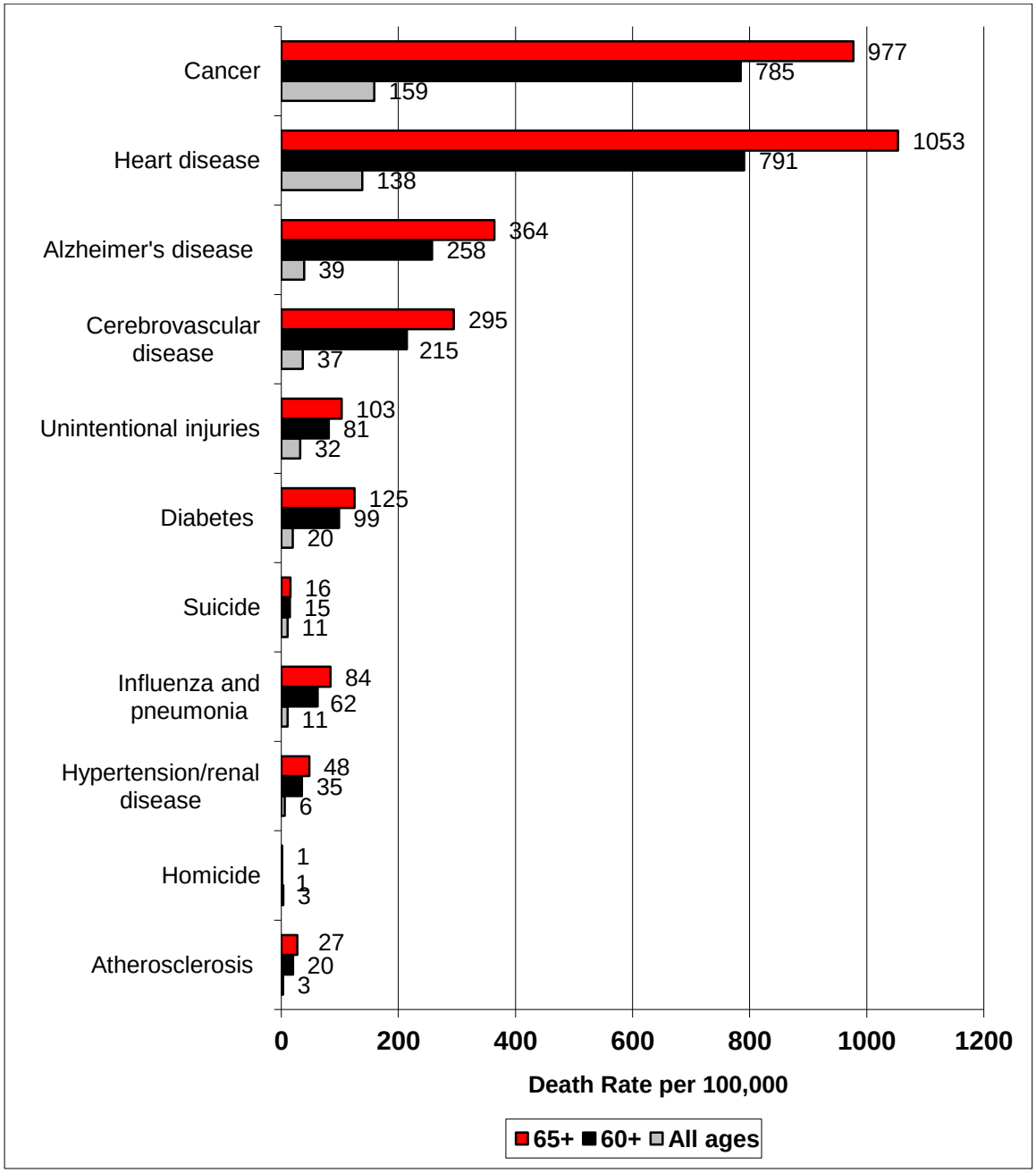


Figure 9. Leading Causes of Death by Age in King County, 2005–2009.[16]

[16] National Center for Health Statistics, Mortality Rates, King County (2005–2009).

Figure 10 illustrates the leading causes of death for older adults, by race, with the highest incidence of deaths due to cancer or heart disease among Native American, African American, and White residents, and the highest incidence of deaths due to diabetes among Native Americans and African Americans.

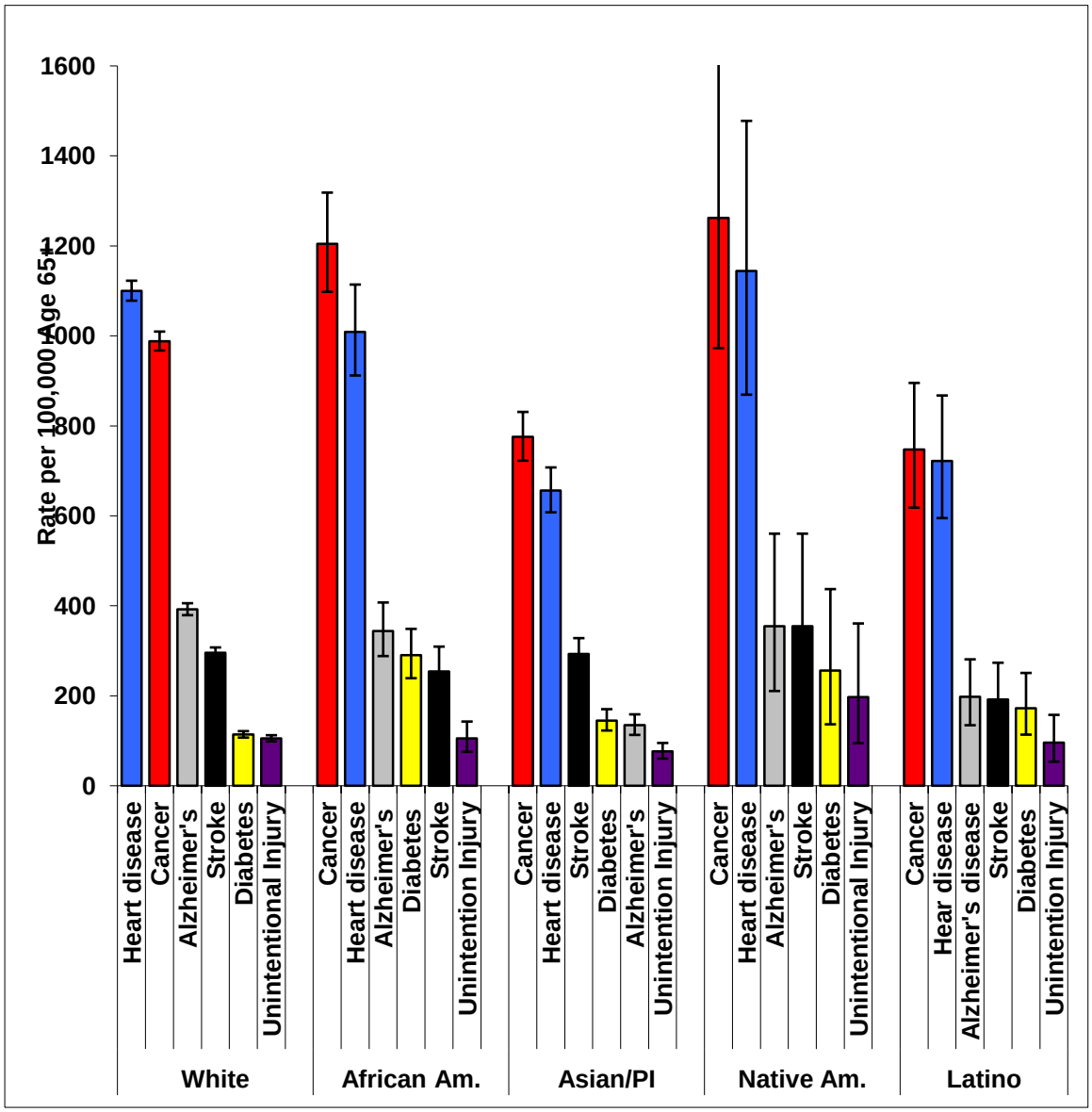


Figure 10. Leading Cause of Death, by Race, Age 65 and Older, King County.[17]

[17] Ibid.

Nationwide, the most common chronic conditions for people age 75 and older are arthritis, hypertension, hearing impairments, heart disease, and cataracts.[18]

Figure 11, below, represents the increase in the incidence of chronic conditions, by age.

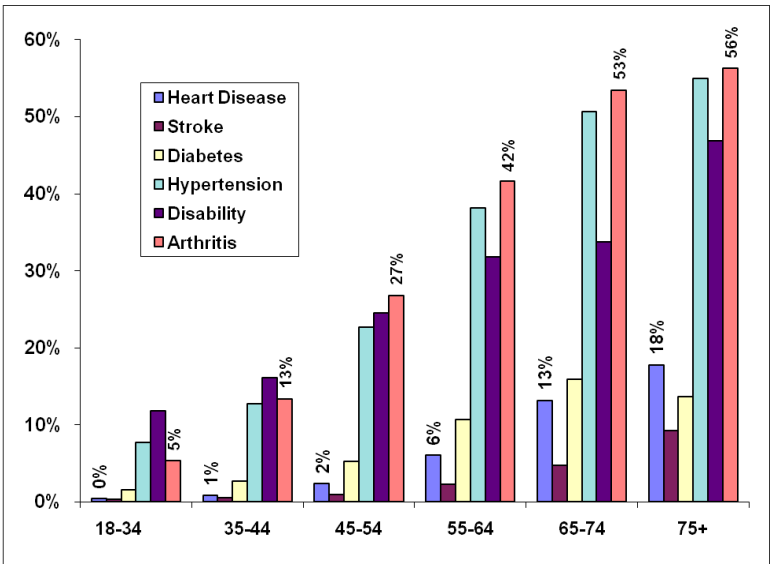


Figure 11. Rates of Chronic Conditions by Age, King County, 2006-2010.[19]

In King County, the rate of hospitalization for unintentional falls rises sharply with age, as indicated in Figure 12, below. Sharp rises occur after age 75 for men and women, and unintentional falls are much more prevalent among older women than older men.

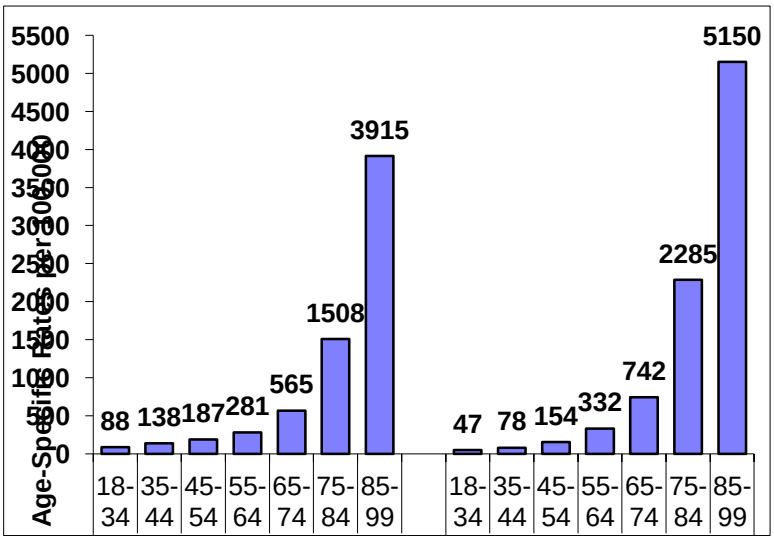


Figure 12. Rates of Hospitalization for Unintentional Falls by Age and Gender, King County, 2003-2007.[20]

[18] "Chronic Conditions: A challenge for the 21st century," *National Academy on an Aging Society (*November 1999), accessed at www.agingsociety.org/agingsociety/pdf/chronic.pdf.
[19] Behavioral Risk Factor Surveillance System, King County (2006–2010); data for hypertension are for 2001–2009; data for arthritis are for 2003–2009 to permit 5 years of data.
[20] Behavioral Risk Factor Surveillance System, King County (2006–2010).

The obesity rate has increased among all age groups over the past decade.[21] A majority of King County's adults are overweight, contributing to increasing rates of diabetes and heart disease. The obesity rate has increased significantly among all age groups over the past decade.

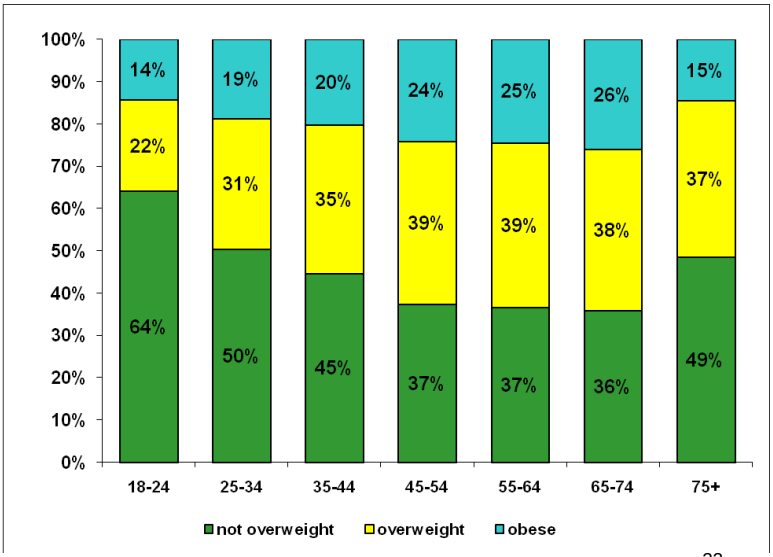


Figure 13. Weight Status by Age, King County, 2006-2010.[22]

The health effects of smoking are well-documented. Tobacco use is the single most avoidable cause of disease, disability, and death in the United States.[23] Figure 14 shows that smoking in King County is most prevalent among younger adults; however, a significant number of older adults also smoke.

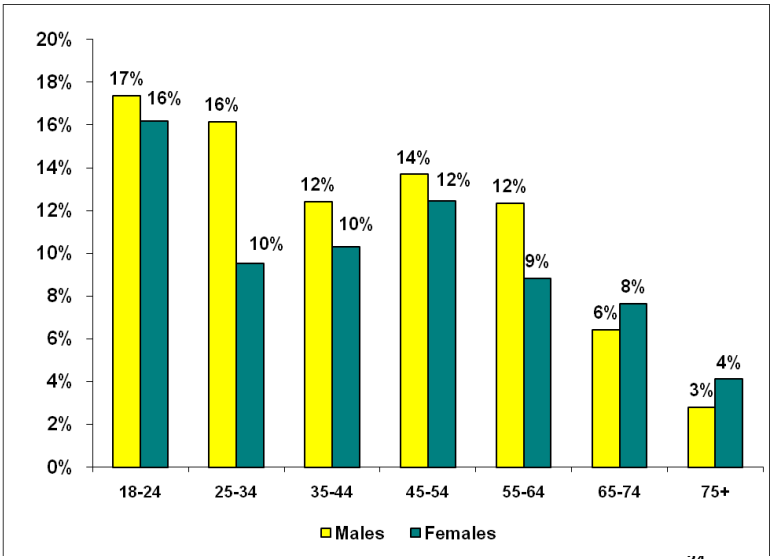


Figure 14. Smoking Among Age Cohorts, King County.[24]

[21] Behavioral Risk Factor Surveillance System, King County (2009).
[22] Ibid.
[23] "Smoking and Tobacco Use," Centers for Disease Control: www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/
[24] Behavioral Risk Factor Surveillance System, King County (2009).

Here and nationally, older adults are at greatest risk of suicide. In 2009, the suicide rate in King County topped rates from each of the previous nine years, and older adults appear disproportionately impacted. A total of 253 suicide deaths occurred in 2009 — 25 percent committed by people 50–59.[25] Table 4 shows that, over five years, 20 percent of suicides were committed by people over age 60, who made up 15 percent of the population during that period.

Age-Specific Suicide Rate per 100,000 by Age and Sex, King County 2005–2009

Age and Sex	Male	Female	Total	% of All Suicides	% of All Population
18-59 years	21.2	6.8	14.1	78%	63%
60-69 years	22.2	3.8	12.8	9%	8%
70-79 years	24.5	4.9	13.5	5%	4%
85 years and older	49.4	5.3	20.5	6%	3%

Table 4. Suicide Rate by Age and Sex, King County.[26]

In King County, 8.6 percent of residents age 65 and older live in poverty. On average, Native Americans, African Americans, Asian/Pacific Islanders, and Hispanic/Latinos fare considerably worse than the average for King County, and far worse than White Non-Hispanic residents, as shown in Figure 15, below.

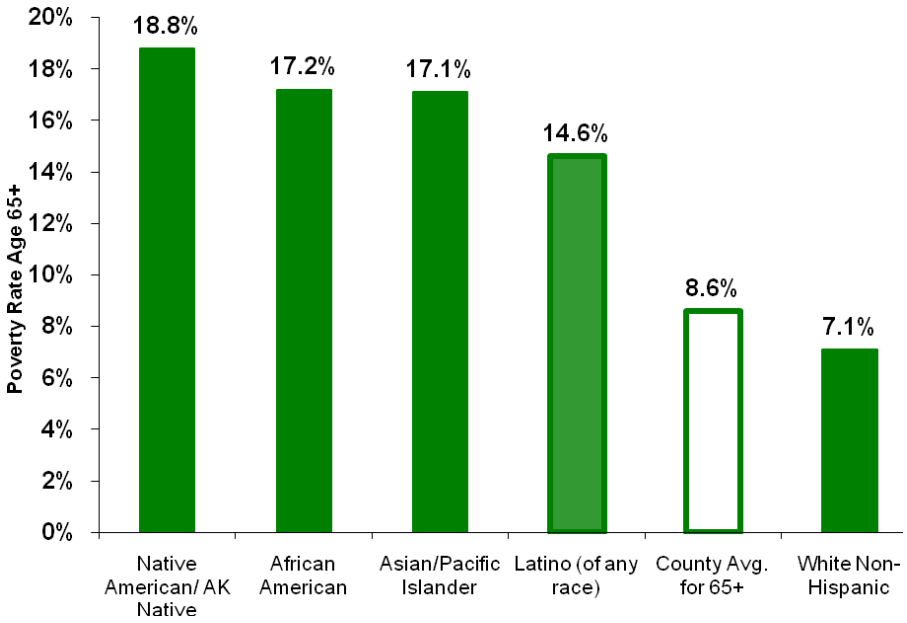


Figure 15. Poverty Rate by Age & Race, King County residents age 65+.[27]

[25] King County Medical Examiner's Office, "2009 Annual Report," accessed at www.kingcounty.gov/healthservices/health/~/media/health/publichealth/documents/examiner/2009MedicalExaminerReport.ashx.
[26] Death Certificate Data: Washington State Department of Health, Center for Health Statistics; 1990–2008 Population Estimates: Population Estimates for Public Health Assessment, Washington State Department of Health, Vista Partnership, and Krupski Consulting (January 2009).
[27] American Community Survey (2005–2009).

Sub-regional differences in poverty rates exist. Table 5 shows that the poverty rate among the 65+ population is highest in Seattle and the South Rural and South Urban sub-regions and lowest on Vashon Island.

Sub-region	Total 65+	65+ Below Poverty	% of Total
East Rural	2,565	120	4.7%
East Urban	38,952	1,835	4.7%
North Urban	15,319	752	4.9%
Seattle	67,804	6,709	9.9%
South Rural	4,679	359	7.7%
South Urban	51,126	3,132	6.1%
Vashon	1,327	30	2.3%
TOTAL	**181,772**	**12,937**	**7.1%**

Table 5. Residents age 65+ living in poverty, by sub-region.[28]

Twenty-four percent (49,985) of King County residents age 65 and older are veterans.[29] Figure 16 shows heavy concentrations of veterans in Federal Way, Covington, and parts of Kent.

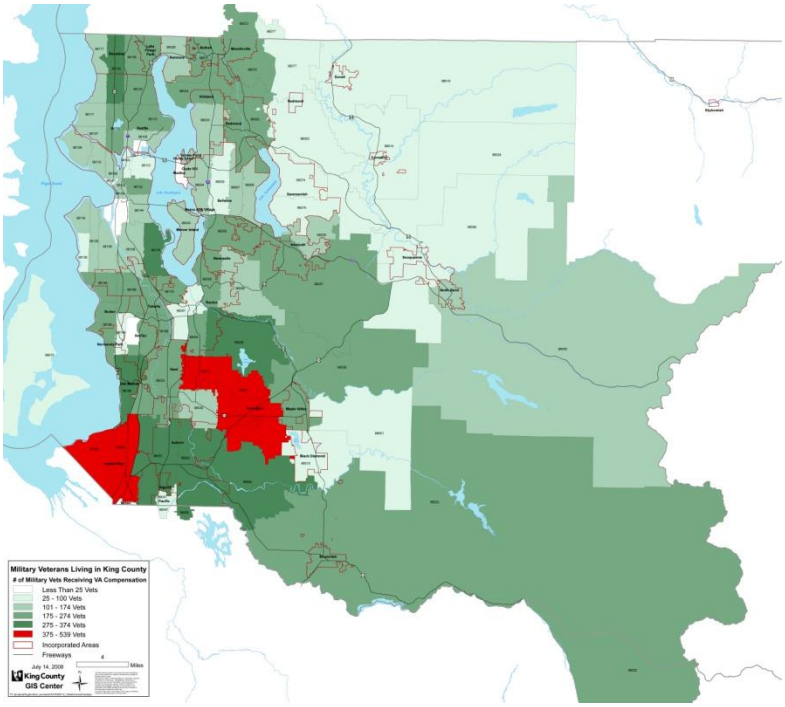


Figure 16. Percentage of residents with veteran status, King County.[30]

[28] Ibid.
[29] 2009 American Community Survey.
[30] King County Department of Community and Human Services/King County GIS Center, Veterans Services Overlays.

TARGET POPULATION

Elders in communities of color and Native American, lesbian/gay/ bisexual/transgendered, rural, immigrant, and refugee elders need better access to services. ADS is committed to serving each of these population groups. Specific outreach objectives are listed under Aging Readiness/Public Outreach.

Native Americans

According to the 2010 Census data, the number of American Indian/Alaska Natives (AIAN) age 55 and older living in King County increased from 1,972 to 2,835 (43 percent) between 2000 and 2010. This represents 23 percent of the total number of AIAN people living in King County. However, studies show that the American Indian population is undercounted in the Census data.[31] The number of Native American elders is expected to increase steadily by the year 2025, just as the overall King County population.

Of the 2,835 Native American residents of King County who are age 55 or older, 369 received ADS services in 2010. These services primarily included case management, community information and assistance, congregate and home-delivered meals, senior centers, and transportation.

American Indians and Alaska Natives living in cities suffer from some of the worst health problems in the nation. Parallel to poor health outcomes, urban Indians experience high rates of poverty, single parenthood, unemployment, disability and inadequate education far above those of other Americans. Many believe limited or no access to comprehensive health care services is a major contributor to poor outcomes for this population.[32]

Passage of the Patient Protection and Affordable Care Act (ACA) marked two significant changes for urban Indian health. First, the law alters the way direct medical care services are provided and how these services will be financed. Second, lawmakers embedded a permanent reauthorization of the Indian Health Care Improvement Act that includes authorization of Title V, health care for urban Indians, making urban Indians a permanent part of the Indian Health Service for the first time.[33]

Urban Indian health organizations and their partners are now required to become informed, engaged and active in health care reform. In an effort to support these aims, the Seattle Indian Health Board hosted an Urban Indian Health Summit on January 13, 2011, in Washington, D.C. Urban Indian health organizations, policy-makers, federal partners, community advocates, private foundations, researchers and leaders in the field all gathered for this important event, which was sponsored by the Robert Wood Johnson Foundation. They addressed issues tied to the success of health care reform and its

[31] John Robert, "Aging Among American Indians: Income Security, Health, and Social Support Networks," *Minority Elders: Five Goals Toward Building a Public Policy Base* (The Gerontological Society of America: 1994), 66.
[32] Urban Indian Health Institute, Seattle Indian Health Board, *Actualizing Health Care Reform for Urban Indians: An Action Plan From the Urban Indian Health Summit*, (Seattle: April 2011).
[33] Ibid.

promise to help urban Indians who experience severe health disparities.[34] ADS recognizes the importance of engaging native elders in health care reform and will collaborate with urban Indian organizations in future discussions about accountable care.

There are two recognized tribes in King County — the Muckleshoot Indian Tribe and the Snoqualmie Nation. Since 2005, Area Agencies on Aging are required to adhere to the Department of Social and Health Services Administrative Policy 7.01, which requires a formal plan outlining coordination of services provided for older Native Americans. ADS coordinates with each tribe to provide services, including case management, training, and family support. See 7.01 Implementation Plans in Appendix F.

In an effort to improve the health of older adults in the Muckleshoot Indian Tribe, the Muckleshoot Senior Center participates in a Farm to Table pilot project to bring fresh produce straight from local farms to the Senior Center for the senior's daily lunch program. The Farm to Table program, funded by the King County Public Health Department through a federal economic stimulus grant, focuses on building connections between local farms and meal programs to make the best quality food available for the senior meal program. The Farm to Table program strengthens the tribe's connection with traditional foods and makes the most of our local agricultural system and increases the nutritional value of the food served at the Senior Center and thereby helps improve the health of the Muckleshoot senior community. (Additional information about Farm to Table can be found in the Improve Health and Well-Being section.)

LGBT Elders

Lesbian, Gay, Bisexual and Transgender (LGBT) older adults are a largely invisible population. Not only are they undercounted and underserved, they are also understudied. While there have always been LGBT elders, relatively few have been open about their sexual orientation until recent years.[35] Nationally, current estimates of LGBT elders 65 and older number 1.5 million and are expected to grow to nearly three million by 2030 — a significant share of the larger 65 and older population.[36]

Aging service providers will face challenges in addressing the needs of LGBT elders. For social, cultural, and legal reasons, the needs of older LGBT people differ from heterosexual and/or non-gender variant people. The social stigma associated with being lesbian, gay, bisexual or transgender continues to stand in the way of full participation in community and society for many LGBT elders, and full and equal access to important services and opportunities. About one-third of lesbian and gay male Baby Boomers (26 percent of lesbians and 32 percent of gay men) identify discrimination due to sexual orientation as their greatest concern about aging.[37]

It is difficult to age well without social support.[38] Compared to other older people, LGBT elders rely far more heavily on non-traditional caregivers. For example, LGBT elders rely less on spouses, children, parents, siblings, nieces, nephews, cousins and in-laws, since

[34] Ibid.
[35] LGBT Movement Advancement Project and Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders, *Improving the Lives of LGBT Older Adults* (2010).
[36] Ibid.
[37] MetLife Mature Market Institute, *Out and Aging The MetLife Study of Lesbian and Gay Baby Boomers* (November 2006).
[38] Rose and David Kimmel (2006).

most over age 60 are single, compared to only a third of heterosexual elders nationwide[39] and may be estranged from family members.[40]

LGBT elders as a group are poorer and less financially secure than older Americans as a whole. A lifetime of employment discrimination translates into earnings disparities, reduced life-long earnings, smaller Social Security payments, fewer opportunities to build pensions, and more limited access to health care.[41]

Knowledge of a client's sexual orientation in a health or social service setting is crucial to provide appropriate, sensitive, and individualized care in order for LGBT elders to experience "successful aging" (a term used by gerontologists to describe life satisfaction and a sense of well-being in the face of growing older). Providers who lack awareness of the LGBT clients overlook their specific needs, sacrificing care without even knowing it. If health and social service agencies are not sensitive to the social, cultural, and legal needs of LGBT seniors, there is a high risk that clients will be alienated from seeking needed services. If LGBT seniors avoid service providers because they feel misunderstood and unwelcome, their health and well-being will be compromised.

Immigrant and refugee elders

Immigrant and refugee elders want to lead active lives as they age. Nearly a quarter of King County's population speaks a language other than English, and about half of those have limited English proficiency. During the 2011 ADS community conversations held with Chinese, Eritrean, Ethiopian, Ukrainian, Hispanic, Native American, and Somali older adults — among the top concerns expressed by each ethnic group, including immigrants and refugees, was difficulty speaking, reading, writing or understanding the English language.

Ability to speak English is one of the key measures of immigrant integration – limited English speaking immigrants tend to hold less desirable jobs, earn lower wages, and generally fare worse on most indicators of well-being.[42] Nearly one quarter (23 percent) of King County residents do not speak English as first language. There are many implications as a result, ranging from access to services including public transportation. Another concern identified from ADS community conversations was the inability to utilize library services, computers, maps, etc.

[39] According to the U.S. Department of Health and Human Services, Administration on Aging (2008), 30 percent of heterosexual elders nationwide are single.
[40] LGBT Movement Advancement Project and Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders, *Improving the Lives of LGBT Older Adults* (2010).

[41] Ibid.
[42] The Urban Institute, Research of Record, www.urban.org

Figures 17, below, shows the major languages other than English spoken in King County by residents over age five.[43]

Language	King County Residents Age 5+
Spanish	102,000
Chinese	51,000
Vietnamese	30,200
Somali, Amharic	23,400
Tagalog	22,900
Korean	21,100
German, French	20,400
Hindi, Punjab	18,400
Russian	17,700
Japanese	11,300
Ukrainian	10,000
Other	73,500
Total	**401,900**

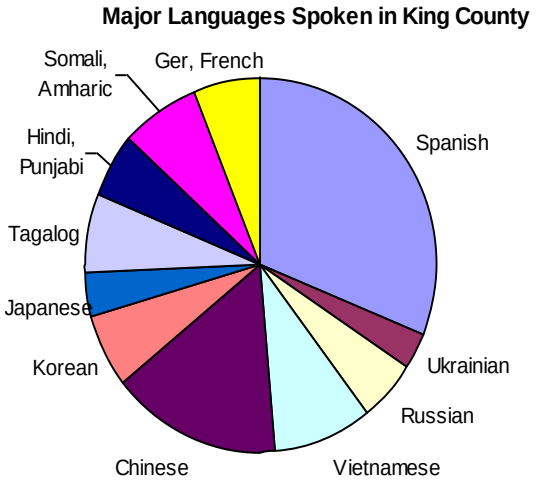


Figure 17. Major Languages Spoken by King County Residents Age 5+.

Figure 18 shows the language spoken at home by ability to speak English for older adults age 65 and older. Among the approximately 196,000 King County residents age 65 or older, 34,800 speak a language other than English at home and 22,100 have limited English proficiency (LEP).

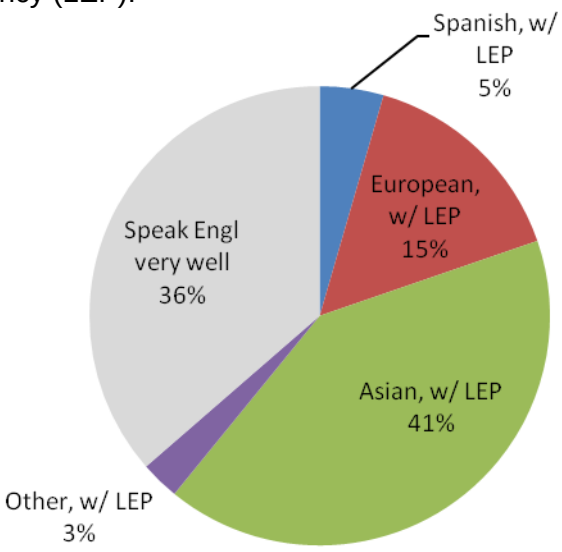


Figure 18. King County Population Over 65 Who Speak Other Language at Home.[44]

Of King County's 196,000 persons over age 65, almost 34,800 (18 percent) speak a language other than English at home. Two-thirds of those experience limited English proficiency (LEP). Of these 22,000 older residents who do not speak English very well, the largest group speaks an Asian language.

[43] U.S. Census Bureau and American Community Survey (2005–2009).
[44] American Community Survey (2005–2009).

During 2010, 12,704 limited English speaking older adults received ADS services ranging from adult day care (32 percent) and Alzheimer's support (87 percent) to disability services (32 percent) and transportation (41 percent).

For most of this decade, the numbers of immigrant and refugee populations in King County have remained steady at nearly 28,000 with a slight decrease in the last two years. Most of the county's refugee population is located in South King County — Federal Way, Kent, and Tukwila — although Seattle has the highest refugee population of any city in King County.

Figure 19 shows the distribution of refugees in King County.

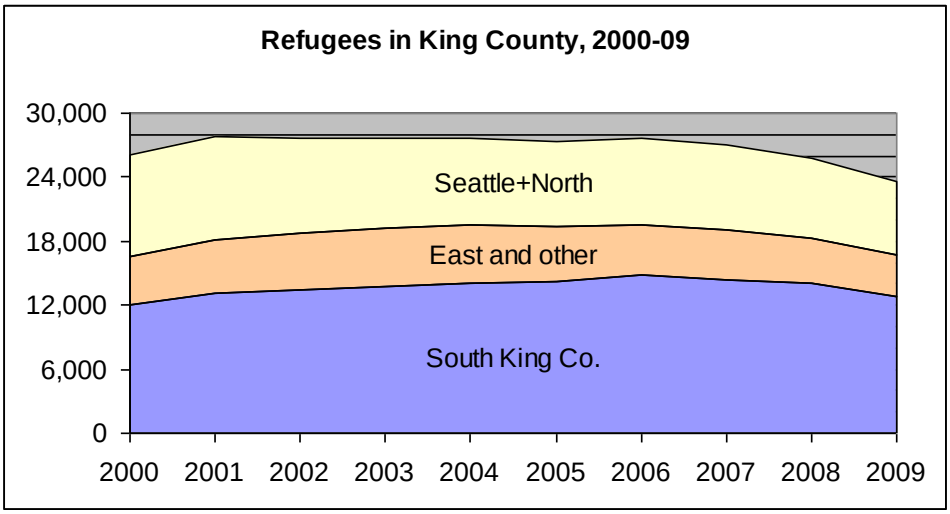


Figure 19. Refugees in King County, 2000-2009, by Area

As the aging services network continues to meet the needs and expectations of increasingly culturally and ethnically varied populations, a better understanding of cultural differences and their relationship to the hallmarks of quality service — respect, inclusiveness, and sensitivity — becomes essential. Serving diverse populations is not a "one size fits all" process. Diversity includes all differences, not just those that indicate racial or ethnic distinctions. Addressing the needs and concerns of specific service populations — African American, Asian American, American Indian, Hispanic, as well as older adults with disabilities, immigrant elders, and LGBT older adults — begins with asking appropriate questions.[45]

Rural Elders

Between 2000 and 2010, the population over 60 years of age in the greater-rural area increased from 15,600 to 24,400 (56.4 percent), while the total rural population (all ages) increased by 7 percent.[46] Total population growth continues to be limited within the greater rural areas of King County (both unincorporated areas outside of the Urban Growth Boundary and the seven towns within those areas), except for Snoqualmie and Duvall, which grew rapidly. This means that the increase in seniors is due to aging within the community, and not migration. The very old (over 85) increased moderately and the

[45] Administration on Aging, A Toolkit for Serving Diverse Communities (2010).
[46] U.S. Census Bureau, 2010 and the Washington State Office of Financial Management

numbers of persons age 70–85 changed slightly. Most of the growth occurred among older baby boomers (age 60–70).

Rural elders age 75 or older who live alone and/or on fixed incomes are particularly isolated. The 2010 Census data indicate that the total number of people age 75 or older who live alone in the greater rural areas of King County increased from 1,331 to 1,631 (22.5 percent). Some low-income elders in rural areas do not have phones and others do not have cars, which may further increase their isolation and vulnerability in emergency situations. In addition, housing developers seldom consider rural areas for cost-effective projects, limiting affordable and safe housing.

Many rural elders face difficulties getting to medical appointments or to outpatient clinics. According to case managers who have clients in East Rural King County, most clients are driven to their medical appointments by their caregivers. There is limited public transportation in the rural areas and the Volunteer Transportation program (operated by a subcontractor, in which volunteers use their own cars to provide rides to essential appointments) has difficulty finding volunteer drivers in rural areas.

Climate change, rising transportation costs, projected population growth, increasing pressure on rural and natural resource areas, food safety, and preserving high-quality recreational opportunities are concerns of many King County residents.[47] We must all work together to ensure King County will remain a healthy, vibrant place to live well into the future.

Low-income Communities of Color

As of 2008, the number of older adults age 65 and older who live below poverty is 17,300 (8.9 percent of the senior population in King County). Many types of disability relate to income level, and older adults in all communities of color are disproportionately affected by poverty. Prior to 2000, King County experienced 30 years of improvements in the number of elders living in poverty; then, the percentage of residents age 65 and older who live in poverty increased, first to 7.39 percent and then to 8.6 percent. On average, Native Americans, African Americans, Asian/Pacific Islanders, and Hispanic/Latinos fare considerably worse.

Sub-regional differences in poverty rates are also a reality. The poverty rate among the 65+ population is highest in Seattle and the South Rural and South Urban sub-regions, and lowest on Vashon Island.

[47] Partnership for Rural King County, www.prkc.org.

SERVICES PROVIDED THROUGH THE AAA

Aging and Disability Services funds nearly two dozen different services for older adults and adults with disabilities in King County. ADS invests a mixture of federal, state and local funds in services provided by a network of organizations located throughout King County, who provide services to people within their communities. In total, 33,941 older adults, adults with disabilities, and caregivers were served in 2010.

Adult Day Services

These programs are designed to meet the needs of functionally and/or cognitively impaired adults in a community-based group setting. Programs are structured and comprehensive and provide a variety of health, social, and other related support services so adults who need supervised care are in a safe place outside the home during the day.

Adult Day Care programs include core services, such as personal care (eating, positioning, transferring, toileting, etc.), social services, routine health monitoring (vital signs, weight, etc.), general therapeutic activities (recreational activities, exercises, etc.), general health education (nutrition, disease management, etc.), a nutritious meal and snack, supervision, assistance with arranging transportation, and first aid as needed.

Adult Day Health programs include the core services mentioned above, as well as skilled medical services — skilled nursing, physical therapy, occupational therapy, or speech therapy, and psychological or counseling services.

Case Management

The ADS **Case Management** program offers in-depth assistance to frail elders and adults with disabilities who have significant health and social needs. Case managers conduct in-home assessments and collaborate with their clients to develop and implement an individualized service plan. The service plan for clients with medically unstable health conditions may include consultation with a nurse who can provide referrals and coordination with health care professionals.

Case managers monitor the service plan, with regular follow-up contact with clients and service providers to track progress on meeting service plan goals. Short-term counseling is provided if needed. Screening and referral for case management services is provided through Information & Assistance programs and DSHS Home and Community Services (for Medicaid-funded clients).

The **Amy Wong Client Fund** is a charitable fund available to Case Management clients. The fund provides services individually tailored to meet a client's specific needs so that the client can remain in his or her own home. These services are authorized by case managers and provided by ADS service providers and outside vendors.[48]

ADS targets **Mental Health** funds to Case Management clients who may be resistant to receiving services, by offering mental health consultation support to case management staff.

[48] Amy Wong Fund: www.amywongfund.org

The **Nursing Services Program** provides nursing expertise to high-risk case management clients upon referral from case managers. RN Consultants focus on medically complex clients with unstable health conditions providing services including case reviews, home visits, coordination with health care professionals, and valuable nursing input into the plan of care.

Chronic Care Management — King County Care Partners

ADS, Harborview Medical Center and four community health centers form **King County Care Partners** to provide chronic care management for Medicaid fee-for-service adult patients.[49] Care Partners members work together to improve clinical outcomes and decrease unnecessary utilization by providing community-based RN care management and enhancing coordination, communication and integration of services across safety-net providers. The goals of the program are to:

- Identify Medicaid clients who need care management, using predictive modeling.
- Support development of "health care homes" for Medicaid clients.
- Improve health outcomes for enrollees, using evidence-based science.
- Intervene with enrollees to prevent avoidable medical costs by improving self-management skills.

Chronic Disease Self-Management Program

The **Chronic Disease Self-Management Program** (CDSMP) is a community-based self-management program that assists people with chronic illness. A six-week series of workshops are held in community settings such as senior centers, churches, libraries and hospitals, where people with different chronic health problems attend together. The workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with chronic diseases themselves. The program is especially helpful for people with more than one chronic condition, as it gives them the skills to coordinate all the things needed to manage their health and helps them keep active.

COPES/Personal Care and Ancillary Services

COPES/Personal Care services are provided to Medicaid Case Management clients with disabilities, many of whom live alone. **Personal care services** might include help with walking, bathing or eating. A person must need personal care services to receive household services. Examples of **COPES/Ancillary services** include:

- Client training by a skilled professional (e.g., medication management by a pharmacist, occupational therapy by a registered therapist, nutrition education by a dietician). Adult day care at a licensed facility that provides personal care, routine health monitoring, and other general therapeutic services.
- Home environmental modifications by licensed, bonded construction companies (i.e., construction or installation of minor physical adaptations and devices).
- Home-delivered meals for housebound clients who lack the ability to prepare meals and do not have help.
- Home health aide services to provide intermittent health and other incidental services beyond what a regular caregiver can provide.
- PERS services, which include the installation of devices and in-home monitoring and response to personal emergency requests for help.

[49] King County Care Partners: www.kccarepartners.org

- Skilled in-home nursing services to meet needs that are beyond the capacity of non-licensed staff.
- Specialized medical equipment that allows the client to function better in the home and community (e.g., wheelchairs, special shoes, aids to assist with standing).

Disability Access Services

Services provided include case management, sign language and tactile interpretation services, and advocacy for people who are deaf, deaf-blind, or hard of hearing. ADS also contracts for call-in information and referral services for people with disabilities. Other services include providing training to community agencies and other groups, and advocacy and technical assistance to help make facilities and programs accessible to people with disabilities.

Elder Abuse Prevention

The **Gatekeeper Training Program** trains community members to recognize signs that may indicate that a vulnerable adult is at risk of abuse, neglect, or exploitation; and shows them how to report their concerns. The residential **Long-Term Care Ombudsman Program** is designed to improve the quality of life for residents of nursing homes, congregate care facilities, boarding homes, and adult family homes. With the assistance of trained volunteers, the Ombudsman investigates and resolves complaints made by or on behalf of residents, and identifies problems that affect a substantial number of residents. The Ombudsman may also recommend changes in federal, state and local legislation. In 2011, ADS was awarded an **Elder Abuse grant** from the King County Prosecutor's Office to provide advocacy and service coordination for survivors of abuse in later life. This grant will serve individuals in King County who are age 50 and older. The target start date is October 1, 2011.

Family Caregiver Information and Support

Caregiver information and support focuses on the informal family caregiver and the system that supports the caregiver. It includes in-home and out-of-home respite care services for unpaid caregivers of adults with functional disabilities. ADS administers funds for:

- Caregiver information and assistance.
- Support groups.
- Caregiver training.
- Translation and interpreter services.
- Specialized transportation.

Additional services include **Kinship Care** to support relatives (often grandparents) who are raising grandchildren and **Respite Care**, addressing the needs of caregivers by providing them time away from the responsibilities of ongoing care of a disabled adult, ranging from companionship and supervision to skilled nursing care. Respite care is available in the home and in the community.

Health Maintenance

Health Maintenance services are provided to a small number of Vashon Island residents, in their own homes, by visiting home health aides. A registered nurse supervises the home health aides. ADS Case Managers assess clients annually. The service area is being phased-out, restricted to serving only those clients enrolled as of October 1, 2010.

Health Promotion

Enhance Wellness and **Enhance Fitness** provide low-cost, high-quality, comprehensive health promotion programs for older adults at local community locations. These evidence-based programs include an exercise program that focuses on strength, balance, aerobics, and flexibility through one-hour supervised classes; a seven-session course on healthy living with chronic conditions; and a health enhancement program that provides personal guidance and support to maintain and/or improve health.

Information and Assistance (I&A)

Primary I&A provides information to older adults and their family members over the telephone, in-person, and through the internet. Assistance to access services is also provided for clients who are unable to do so themselves. Trained I&A advocates screen clients to determine whether they need referrals to more extensive services, which may include Case Management.

Community I&A services are provided to older persons and family members who are not able to use the primary I&A program due to language, cultural, racial or social barriers. ADS currently funds Community I&A services for Chinese, Southeast Asian, Pacific Islander, Russian, East European, Latino, East African, and African American populations.

Legal Services

Legal Services provides group legal representation – including class action lawsuits, advocacy training and information – to service providers, private attorneys and volunteer advocates, and individual client legal services. Legal Services helps older people secure rights, benefits, and entitlements under federal, state and local laws. It also seeks to effect favorable changes in laws and regulations that affect older people. In addition, Legal Services strives to maintain public and private resources that benefit low-income older people.

Memory Care and Wellness Services

Memory Care and Wellness Services (MCWS) is a specialized day program for people with dementia and their caregivers. MCWS provides a safe, social and therapeutic environment with meaningful services and activities, including a structured, evidence-based fitness program and health assessments by RNs and occupational therapists. Family caregivers receive support and service coordination as they strive to maintain their own health, wellness, and optimal functioning.

PEARLS

The **Program to Encourage Active, Rewarding Lives (PEARLS)** is a community-based program that treats adults with disabilities who also have minor depression. PEARLS is available to ADS-funded case management clients in King County and to veterans and community members through King County levy support. PEARLS was created through a research project conducted in collaboration with the University of Washington's Health Promotion Research Center (HPRC), which showed that home-based depression management counseling significantly reduced depression symptoms and improved the health status of program participants.

Nutrition

The **Congregate Nutrition Program** helps meet the social and dietary needs of older people by providing nutritionally sound meals in a group setting. Ten agencies manage 45 nutrition sites, located throughout King County. Nineteen of the sites tailor meals to the language and cultures of immigrant and refugee seniors once a week. Another four contractors provide meals at 24 senior centers. Some senior centers provide special meals to serve African American, Hispanic, Native American, or Asian American elders. Seattle Parks and Recreation partners with local congregate meal programs by providing gathering space for **Food and Fitness** programming for the elders at local community centers.

The **Home Delivered Nutrition Program**, often known as **Meals on Wheels**, provides nutritious meals to older people who are homebound and unable to prepare meals for themselves. Two agencies provide frozen meals delivered to individuals throughout Seattle and King County, including rural communities. A third contractor delivers hot meals to clients' homes in a limited area (primarily Latinos). ADS subcontracts with a registered dietician to consult with the contractors who serve immigrant and refugee elders, to ensure that their meals and service comply with program requirements.

The **Senior Farmers Market Nutrition Program** enhances access to fresh fruits and vegetables for seniors and supports local sustainable agriculture. Baskets of fresh produce are delivered to homebound seniors and include newsletters with information about unfamiliar foods, recipes, and information about the farmers. Each summer, one-time Senior Farmers Market Program vouchers are provided to low-income older adults. The vouchers can be redeemed at farmers markets throughout King County.

In cooperation with Public Health—Seattle & King County, Seattle Human Services Department/Youth and Family Empowerment division, and other partners, ADS is piloting a **Farm to Table** program that connects farming and meal programs through a cooperative buying model. Three senior nutrition programs, eight childcare centers, and the Muckleshoot Indian Tribe currently benefit from fresh, nutritious, and affordable produce provided by this program.

Senior Centers

ADS administers local funds that support nine **Senior Centers** within the city of Seattle. Senior centers are community resource centers that meet the physical and emotional needs of older adults by offering access to services and resources on site, including immunization, health screening, nutrition, and exercise and fitness programs.

Senior Employment

The **Pike Market Senior Center** coordinates day labor positions for individuals age 55 and older who are homeless or living in the downtown Seattle low-income corridor.

Transportation

Nutrition and Volunteer Transportation is provided through a subcontracted agency. The **Nutrition Transportation Program** provides transportation within King County to ADS congregate nutrition sites, focusing on access to ethnic and rural meal sites. **Volunteer Transportation** provides rides, by volunteers using their own cars, to medical and other essential appointments.

NON-AAA SERVICES

Human service providers in King County also offer community resources for older adults and those with disabilities.

Table 6 lists the types and location of non-AAA services in the Planning & Service Area. The list is not all-inclusive. These services may be funded by private or public fund sources.

SERVICES	South King County	East King County	North King County	Seattle	Serves all of County
Case Management Programs	X	X	X	X	X
Computer Training				X	X
Dementia, Alzheimer's Services	X	X	X	X	X
Developmental Disabilities-focused	X	X	X	X	X
Disability/Issue Groups	X	X	X	X	X
Elder Abuse	X	X	X	X	X
Employment Services	X	X	X	X	X
Education & Counseling Programs	X	X	X	X	X
Food Banks	X	X	X	X	
Homeless Programs	X	X	X	X	X
Hospitals/Medical Centers, Medical & Dental Clinics	X	X	X	X	X
Housing (includes King County and Seattle Housing Authorities)	X	X	X	X	X
Geriatric Mental Health & Alcohol / Substance Abuse Services	X	X	X	X	X
Older Gay, Lesbian, Bi-Sexual, and Transgender Programs				X	X
Refugee/Immigrant Services	X	X	X	X	X
Senior Centers, Senior Fitness and Social Programs	X	X	X	X	X
Senior Employment				X	X
Senior I&A Services (211, SHIBA, Benefits CheckUp)	X	X	X	X	X
Services to Ethnic Groups	X	X	X	X	X
Spiritual/Faith-based Organizations	X	X	X	X	X
Transportation	X	X	X	X	X

Table 6. Services Available in King County

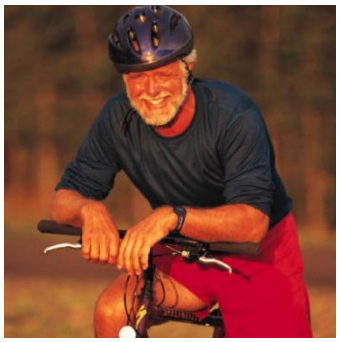
SECTION C
ISSUE AREAS, GOALS & OBJECTIVES

Lifelong Recreation Program Participants

"Our goal is for all residents, regardless of where they live in the county, to have access to healthy choices and opportunities for healthy living."

~ Dow Constantine, King County Executive

BUILD AN ELDER-FRIENDLY COMMUNITY



Increasing numbers of baby boomers and changing expectations highlight the need to create elder-friendly communities that provide affordable and accessible opportunities for people to age in place by making resources available for day-to-day living. Elder-friendly communities address basic needs, optimize health and well-being, promote social and civic engagement, and increase independence for all people, but especially people who are frail or have disabilities.[50] An elder-friendly community is a livable community for all ages.[51]

Aging boomers

Born after World War II, baby boomers grew up in an era of optimism, opportunity and progress. Boomers dominated policy decisions for decades, as federal and local governments built thousands of hospitals, suburbs and schools to accommodate them. Heavily influenced by social and political activism surrounding the Vietnam War, the assassinations of President John F. Kennedy, and the civil rights movement, boomers have different needs, desires and experiences than previous generations.[52]

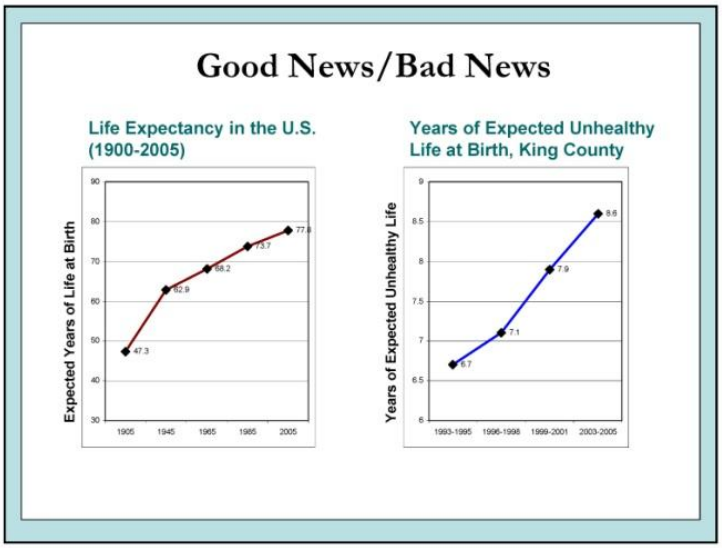


Figure 20. Changing Life Expectancy in King County.

Public Health—Seattle & King County refers to the "good news, bad news" scenario:

- Boomers expect to live longer than their parents and due to increased life expectancy, on average, they will do so.[53]
- The number of unhealthy years each person can expect (on average) has also climbed (now 8.6 years).[54]
- Many boomers are overweight, contributing to chronic yet preventable conditions such as heart disease and diabetes.[55]

[50] Center for Home Care Policy and Research/Visiting Nurse Service of New York, *The AdvantAge Initiative*.
[51] National Association for Area Agencies on Aging and Partners for Livable Communities, *A Blueprint for Action: Developing a Livable Community for All Ages (*May 2007).
[52] The MetLife Study of Boomers in the Middle: An In-Depth Look at Americans Born 1952–1958 (March 2010).
[53] Ibid.
[54] Public Health–Seattle & King County presentations by director David Fleming, MD (2010-2011).
[55] Behavioral Risk Factor Surveillance System (2009).

National and local research on boomers tells us to expect changing needs, wants, and ways of doing business:

- Boomers expect to work longer, enjoy better health, travel more, and have more money in retirement than their parents.[56]
- Boomers acknowledge the digital revolution and are becoming increasingly knowledgeable about technology.[57] Significantly more Boomers than people over age 65 use the Internet. Tomorrow's seniors will use far more technology than the generations before them, and expect information at their fingertips 24/7, much as younger generations.[58]
- Boomers may be more "high maintenance" than older generations, having grown up to expect comfort, convenience and fun.[59]
- Boomers do not identify with traditional aging terminology (e.g., "senior citizen").[60]
- Boomers may be healthier and wealthier than their parents, and live longer, but many are poor savers and will have more financial difficulty as they age. A majority of boomers report they are behind in retirement savings, and nearly one in four reports being significantly behind where they hoped they would be at this point in their lives.[61]
- Boomers expect to work. More than 60 percent of boomers expect to work in retirement, often "reinventing" themselves in a second or more rewarding career.[62]
- Boomers are not a homogenous group. In fact, immigration has played a large role in shaping the baby boom generation, particularly increasing the percentages of Latino and Asian Americans. Boomers did not come of age at the same time or in the same place.[63]

As boomers age, the Aging Network will adapt to meet many of their needs; however, cities and communities will need to change, too. And boomers themselves will find — out of necessity — that healthy aging strategies must be infused into every part and all stages of life.

[56] AARP Bulletin Survey on Perceptions of Boomers (November 2010).
[57] Ibid.
[58] Generations 2010, Pew Research Center (12/16/2010) and Information Technology Access and Adoption in Seattle Report (Technical Report), Seattle Department of Information Technology, City of Seattle (2009).
[59] AARP Bulletin Survey on Perceptions of Boomers (November 2010).
[60] Ibid.
[61] The MetLife Study of Boomers in the Middle: An In-Depth Look at Americans Born 1952–1958 (March 2010).
[62] AARP Bulletin Survey on Perceptions of Boomers (November 2010).
[63] Mary Elizabeth Hughes and Angela M. O'Rand, *The Lives and Times of the Baby Boomers* (Russell Sage Foundation and the Population Reference Bureau, 2004).

IMPROVE HEALTH CARE QUALITY FOR OLDER ADULTS AND ADULTS WITH DISABILITIES

Health care reform is a pivotal issue in Washington, DC, but also in King County. Area Plan Questionnaire respondents indicated that affordable health care is the highest priority for older adults, and second only to mobility concerns for adults with disabilities.

New health care reform laws have significant impact on chronic care management and long-term care services and supports provided through the Aging Network.

ADS contributes to health reform savings and improvements to the community. Adults with multiple chronic conditions such as diabetes, cardiovascular disease, mental health and/or substance abuse are very high users of expensive pharmacy services, emergency rooms and other hospital care. Case management services, chronic care management, and partnerships that emphasize effective patient-centered communications and accountability among health care providers are important keys to successful health care reform.

ADS joined the Partnership for Patients early in 2011, shortly after it was announced.[64] The Partnership for Patients has pledged to decrease preventable hospital-acquired conditions (injuries and illness) by 40 percent and prevent complications during transition from one care setting to another, and therefore decrease hospital readmissions by 20 percent, both by the end of 2013 (as compared to 2010).

During the span of this Area Plan (2012–2015), AAAs will partner with Medicare and local health care organizations to establish, expand, and sustain hospital care transition models, chronic care management models and incentives, and other programs and services affecting health care quality for older adults and adults with disabilities.

Chronic Disease Self-Management Program

With the aging of the baby boom generation, the number of older adults who live with chronic conditions will increase dramatically in the years to come. The first boomers turned 65 in 2011 and, of these, more than 37 million — or 6 out of 10 — will manage more than one chronic condition by 2030.[65] Fourteen million boomers will live with diabetes while almost half of the boomers will live with arthritis (that number peaks to just over 26 million in 2020).[66]

Chronic diseases kill. For years prior, they negatively affect quality of life and threaten the ability of older adults to remain independent within their homes and communities. The more chronic illnesses an individual has, the more likely that individual will become

[64] Partnership for Patients: www.healthcare.gov/center/programs/partnership.
[65] First Consulting Group & American Hospital Association. (2007). *When I'm 64: How boomers will change health care*. Chicago, IL.
[66] Ibid.

hospitalized. Two-thirds of Medicare spending is for beneficiaries with five or more chronic conditions.[67]

To address the growing prevalence of chronic conditions, many of the nation's leading experts recommend that our care systems include a combination of health care and community-based interventions, such as community-based chronic disease self-management programs. One example is The Stanford University Chronic Disease Self-Management Program that was developed with funding from the Agency for Healthcare Research and Quality. The Stanford program emphasizes the patients' role in managing their illness and building their self-confidence so they can be successful in adopting healthy behaviors.

The Chronic Disease Self-Management Program (CDSMP) is a community-based self-management program that assists people with chronic illness. A six-week series of workshops are held in community settings such as senior centers, churches, libraries and hospitals, where people with different chronic health problems attend together. The workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with chronic diseases themselves.

It is the process through which the program is taught that makes it effective. Classes are highly participative, where mutual support and success build each participant's confidence in their ability to manage their health and maintain active and fulfilling lives. The program is especially helpful for people with more than one chronic condition, as it gives them the skills to coordinate all the things needed to manage their health and helps them keep active.

Recently Aging and Disability Services received a grant to partner with a CDSMP-licensed agency to provide workshops for lay leader volunteers. ADS will identify eligible and interested participants who reside in public housing buildings.

Chronic Care Management/King County Care Partners

In 2006, ADS partnered with UW Medicine/Harborview Medical Center to form King County Care Partners (KCCP), which provides specialized care management for Medicaid fee-for-service adult patients. KCCP participates in a national learning network committed to advancing Medicaid's capacity to serve high-need and high-cost populations.

KCCP goals are to:

- Improve health outcomes for program enrollees using evidence-based medicine.
- Support health care home development and coordination for Medicaid clients.
- Intervene with enrollees to prevent avoidable medical costs by improving self-management skills.

KCCP nurses and social workers coach participants to set personal goals, using evidence-based protocols, and create their personal health action plans. RNs provide education and support for the self management of chronic illnesses, including pain and medication management; advocate for participants; and coordinate care across multiple health providers.

[67] Anderson, Gerard, *Analysis of the Medical Expenditure Panel Survey, 2004*, Johns Hopkins University (2008).

In addition to Harborview Medical Center, ADS is pleased to count Country Doctor Community Health Centers, HealthPoint, NeighborCare Health and SeaMar Community Health Centers among its partners, and to work closely with King County Mental Health and the Washington State DSHS Health Care Authority (HCA) and Patient Review & Coordination Program.

KCCP is committed to helping clients and patients establish a "medical home" that embraces client, medical provider, nurse, social worker and mental health professional involvement as well as, when appropriate, the client's family and caregivers. Each partnering organization seeks to provide services, advocacy, support, and treatment intervention in a culturally and linguistically appropriate manner.

A good example of these connections and partnerships is through KCCP's efforts to promote tobacco cessation among its clients. The KCCP team may refer clients to WA Quit Line as well as provide printed materials, including self management behavior goals around tobacco cessation. The KCCP team also coordinates with clinic partners to obtain medications/nicotine replacement therapy when appropriate. Success is possible when a client is supported throughout the entire health home.

"It won't be enough just to change payment and give practices incentives to change. It will require a national infrastructure that can guide and support practices through the transformation to the patient-centered medical home." ~ Ed Wagner, MD, MPH, Director, MacColl Institute, Group Health Research Institute

Early evaluations show promise in controlling health care costs and improving health outcomes[68] through:

- Good, trusting relationships with an RN or MSW.
- Personal empowerment
- Lower psychiatric inpatient costs.
- Fewer total arrests and charges.
- Higher odds of receiving inpatient alcohol/drug treatment.
- Achievement of at least one health care goal.
- Improved health condition, living environment and access to treatment.
- Decreased mortality rates.

Care Transitions

Effective "care transitions" programs make it easier for older adults who leave the hospital to return home, get the care they need in the community, and stay independent longer. Care transitions programs empower patients to be active members of their transition team, by providing coaches to assist patients with goal setting, ongoing self-management, follow-up care arrangements, and provider communication.

Hospitals refer patients to community partners that can:

- Link patients to community services to help them stay independent at home.
- Offer evidence-based programs, such as the Chronic Disease Self-Management Program, to empower patients to manage their own health.

[68] Center for Healthcare Improvement for Addictions, Mental Illness and Medically Vulnerable Populations (CHAMMP) and Department of Health Services, University of Washington School of Public Health. All evaluations are available online at www.kccarepartners.org.

- Teach patients how to communicate effectively with health care providers to ensure their needs are met.

ADS studied six models:

- **BOOST (Better Outcomes for Older [adults through] Safe Transitions):** A hospital-to-home transition model that uses a pre-discharge team assessment, tailored communications, and post-discharge "teach back" method to convey information.[69]
- **Bridge:** A hospital-to-home transition model that uses social workers to interview patients pre-discharge, identify unmet needs, set up services, and provide discharge information, and then contact patients 48 hours after discharge to follow up.[70]
- **Care Transitions ("Coleman Model"):** A hospital-to-home transition model that uses nurse/transition coaches to conduct a hospital visit followed by a home visit (24–72 hours post-discharge), engage the patient in medication reconciliation, use role-playing to convey information, and then follow up with a series of three phone calls to reinforce coaching.[71]
- **GRACE (Geriatric Resources for Assessment and Care of Elders):** A practice-based coordination model with Care Transitions elements, uses nurse practitioners and social workers to coordinate an interdisciplinary team, conduct a home visit, implement an individual care plan, arrange additional visits and phone calls as necessary, provide family caregiver education and support, and support transition from hospital to home.[72]
- **Guided Care:** A practice-based coordination model with Care Transitions elements, uses RNs to conduct in-home assessments, create a care guide and action plan for patients, provide monthly monitoring and self-management coaching, support transition from hospital to home, and facilitate community-based services.[73]
- **Transitional Care Model ("Naylor Model"):** A hospital-to-home transition model that uses an advanced practice RN to assess patients in the hospital pre-discharge, collaborate with care team members, develop a care plan, conduct a home visit within 24 hours of discharge (to evaluate safety and refer for services), accompany the patient to post-discharge MD visits, facilitate MD-RN collaboration, conduct weekly home visits for one month (or contact by phone), and engage patients and family caregivers in meeting goals.[74]

Whatcom County's Stepping Stones, a care transitions program involving multiple health, hospital and social service providers, provides an excellent local model of coordination, communication and information exchange around the needs of each patient and family, particularly when patients are leaving the hospital. The model utilizes care transition coaches who offer the teach-back technique to help patients self-manage their care, aiming to reduce the cost of Medicare by preventing unnecessary hospital readmissions. Its goals are to:

- Connect providers throughout the healthcare system … to enable safe and effective transition of patients.
- Eliminate unnecessary hospital readmissions.

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[69] BOOST: www.hospitalmedicine.org/BOOST
[70] Bridge: http://hmprg.org/programs-projects/illinois-transitional-care-consortium/
[71] Care Transitions: www.caretransitions.org
[72] GRACE: www.medscape.com/viewarticle/541536_2
[73] Guided Care: www.guidedcare.org
[74] Transitional Care Model: www.transitionalcare.info

- Enable patients and their families to participate fully in their health and healthcare, particularly when leaving the hospital.[75]

Accountable Care

Across the nation, Accountable Care Organizations (ACOs) are forming to provide better health care for Medicare beneficiaries — and others — at significantly lower cost. ACOs coordinate care among providers, increasing the quality of care each patient receives while lowering the number of emergency room visits and hospital admissions, and improving the management of chronic conditions such as diabetes and heart disease.

Memory Care and Wellness

People with dementia show a loss of cognitive ability greater than that associated with normal aging. Alzheimer's disease is by far the most common form of dementia, and is characterized by a progressive loss of the ability to remember information and learn new facts. In later stages of the disease, dramatic personality, communication, and functional changes usually occur, often resulting in nursing home placement.

Alzheimer's disease is now the sixth-leading cause of death in the United States — recently passing diabetes[76] — and the third leading cause in King County for people age 80 and older.[77] The disease currently afflicts 110,000 Washingtonians age 65 and older, a number expected to increase 36 percent by 2025.[78] There is currently no known way to prevent or cure the disease, and drugs marketed to manage the symptoms have shown only limited success.

Caring for a loved one with advanced dementia can be extremely stressful and time-consuming. Family caregivers of spouses, partners, or parents with Alzheimer's disease must deal with extreme personality changes — to the point where their loved one may not even recognize them or may act out in ways completely uncharacteristic of their previous personality.

In King County, ADS funds family caregiver support activities provided by the Alzheimer's Association, including in-home dementia care consultations. Also, with local and state partners, ADS helped establish a new type of Adult Day Health called **Memory Care and Wellness Services**. This service provides a fitness program tailored for dementia clients and specialized memory care activities, as well as higher level of staffing levels.

ADS participate in a University of Washington study of an in-home exercise program for persons with dementia and their loved ones. One of the main goals is to reduce disability rates of both caregiver and care receiver through improved fitness.

[75] Stepping Stones: Care Transitions Project of Whatcom County: www.steppingstoneswhatcom.org.
[76] Centers for Disease Control, National Vital Statistics Reports Volume 58, Number 19 (May 20, 2010); Deaths: Final Data for 2007.
[77] Death Certificate Data: Washington State Department of Health, Center for Health Statistics.
[78] Washington Alzheimer's Statistics, Alzheimer's Association (2011).

PEARLS

Untreated depression is the leading cause of suicide, and a wide variety of life experiences can lead to depression.[79] Depression is not a normal part of aging. Most older adults feel satisfied with their lives; however, depression in older adults is often overlooked. Though highly treatable, even health care professionals find it difficult diagnose depression (and suicide risk) because older adults are more likely to talk about physical symptoms than emotional concerns. [80]

"Dissemination of the PEARLS program within existing community social service organizations has the potential to significantly improve the well-being and function of depressed older adults served by these organizations." ~ Mark Snowden, MD, MPH, University of Washington Health Promotion Research Center

ADS assists veterans and others in addressing minor depression. With support from the King County Veterans and Human Services Levy, ADS recruits 79 veterans and/or spouses to participate in PEARLS each year, enrolls 44, and targets a minimum of 34 program completions.

[79] Suicide.org: www.suicide.org/suicide-causes.html
[80] National Institute of Mental Health, *Depression*: www.nimh.nih.gov/health/publications/depression/complete-index.shtml#pub5.

GOAL: Improve Health Care Quality for Older Adults and Adults with Disabilities

Total ADS funding committed to improving health care quality for older adults and adults with disabilities is $1,320,092. In addition, we propose to carry out the following objectives:

OBJECTIVES

Chronic Disease Self-Management Program

1. Provide CDSMP trainings to COPES clients residing in subsidized housing buildings through COPES Ancillary client training contracts.

   2011 Baseline: 0 CDSMP providers **2012 Goal:** 2 CDSMP Provider

Chronic Care Management

2. Expand access to chronic care management to dually-eligible Medicaid/Medicare ("dual") beneficiaries through the King County Care Partners network.
   2011 Baseline: 0 dual clients
   2012 Goal: 100 dual clients
   2013 Goal: 200 dual clients
   2014 Goal: 300 dual clients
   2015 Goal: 400 dual clients

3. Develop a client advisory board for King County Care Partners.
   2011 Baseline: 0 members **2012 Goal:** 3 members

4. Collaborate with Partnership for Health Input through Shared Information (PHISI) to develop a health information exchange (HIE) in King County.
   2011 Baseline: planning **2013 Goal:** Use HIE for care coordination

Care Transitions

5. Seek Affordable Care Act Care Transitions funding in partnership with local hospitals to reduce hospital re-admissions for Medicare beneficiaries.
   2011 Baseline: 0 hospitals **2012 Goal**: 1 hospital **2013 Goal:** 2 hospitals

6. Conduct a focus group with home care providers to identify areas for home care agency intake process improvement to enable quick response to set up services for clients transitioning from hospitals.
   2012 Goal: 1 focus group

Memory Care and Wellness

7. Expand the evidence-based Memory Care and Wellness Adult Day Services model from one to two providers.
   2011 Baseline: 1 provider **2012 Goal:** 2 providers

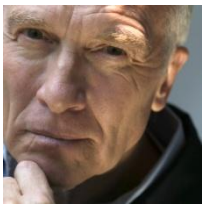
8. *(if funded)* Participate in a translation study of the Reducing Disabilities for people with Alzheimer's disease (RDAD) in-home exercise and problem-solving therapy model for Alzheimer's patients and their caregivers to serve 40 clients and their family caregivers.
   2011 Baseline: 0 clients **2012–2015 Goal:** 13 clients per year

PEARLS

9. Maintain the number of older adults, including veterans/spouses, who show improvement in their level of minor depression as measured by the PHQ-9 assessment tool.

   Annual Goal: 65 clients, including 20 veterans/spouses

ADDRESS BASIC NEEDS



Most U.S. residents wish to remain in their own homes and communities as they grow older, and in fact, most do; however, quality of life depends first on having basic needs met, and many elders struggle. In an effort to create vibrant and elder-friendly communities in King County, ADS will address the basic needs of older people in the following areas:

- Access to information and assistance about services in the community.
- Affordable housing designed to accommodate mobility and safety over the course of life.
- Mobility for shopping, social, and medical visits.
- Financial empowerment, with a goal of self-sufficiency.
- Food security.

Information & Assistance / Aging & Disability Resource Centers

Information & Assistance (I&A) services are the core of King County's Aging Network. These programs open the door to benefits and services, directly impacting each of our five priority issue areas: basic needs, health and well-being, aging readiness, independence, and health care reform.

Professional staff in ADS I&A programs are more than simply a referral service. They provide older adults, their families, and caregivers with information on available services and assistance in accessing services. Over the phone and in person, I&A staff assess needs, connect clients with services that meet those needs, and follow up to ensure that services were received and needs were met.

King County is fortunate to have an I&A network which includes a telephone-based Senior I&A program and several Community I&A programs that provide culturally competent services to elders in ethnic communities, including Asian, African, Eastern European, and Spanish-speaking older adults. For clients who prefer to get their information from the Internet, Senior I&A has developed an on-line resource database for public use, as well as more than a dozen consumer guides and directories. Eligible I&A staff are Alliance of Information and Referral System (AIRS) certified, trained in de-escalation and crisis intervention, and highly skilled at helping older adults, their families, and caregivers navigate the complex array of public benefits and long-term care options.

Because of the strength and depth of our I&A network, and its close relationships with the 211 system, King County is well positioned to participate in national and state initiatives aimed at expanding senior I&A programs into **Aging & Disability Resource Centers** (ADRCs).[81] The objective of ADRC's is to "provide a coordinated system of comprehensive information on a full range of available public and private long-term care services, personal counseling to assist individuals in assessing and planning for their long-term care needs, and assistance in accessing needed services."

Essential service components of ADRCs include:

- Information, Referral & Awareness (including self-service)
- Options Counseling and Assistance

[81] Aging & Disability Resource Center technical assistance is available at www.adrc-tae.org.

- Streamlined Eligibility Determination for Public Programs
- Person-Centered Care Transitions Supports
- Continuous Quality Improvement

One key difference between I&A programs and ADRCs is the target audience, “people of all ages who have a need for long-term care services.” Where funding currently allows, I&A programs are providing assistance-level services to adults 60 and under on a limited basis. Expanding these services to a more broadly defined population will present some challenges, including:

- Ability of staff to respond to increased service demands without increased funding.
- Identifying available services, including private pay options, to meet the needs of the under 60 population.
- Educating staff on available resources and the diverse needs of the disability community.

In an effort to respond to these and other challenges, the I&A network in King County has convened an ongoing workgroup to guide the transition to becoming an Aging & Disability Resource Network (ADRN). Instead of a “center-based” model for an ADRC, the I&A programs, in partnership with other community organizations, will build upon their existing service delivery models to develop an ADRN. Initial efforts will focus on increasing their knowledge of resources for people with disabilities and identifying partners in the disability community, and will then expand to address all the essential ADRC service components.

The state is leading two new technology efforts that align with ADRCs, Washington Connection, and Aging & Disability Resource Connection (ADRConnection).

Washington Connection, an online benefits application tool, went live in December 2010. In the first six months of operation, the on-line portal received 51,307 applications for DSHS food, medical and cash assistance in Region II (King, Whatcom, Snohomish, Island, San Juan and Skagit Counties). This portal is now available in Spanish and, by late 2011, will accept applications for many of the City of Seattle’s human services programs.

ADRConnection is part of a statewide effort to develop a client management and resource database for all AAAs in Washington. Currently in the pilot planning stages, ADRConnection will deploy statewide by the end of 2011 and will include an online self-service portal where people can get information and request assistance for long-term care services. Three ADS funded I&A providers will participate in the pilot phase of the project through the summer of 2011.

These tools will enable more people to learn about and apply for services, and they have the potential to improve coordination between different systems and organizations.

Affordable Housing

Assessing possible housing options for ourselves, an aging parent, relative, or friend, is a daunting task given shortage of affordable housing in King County. What kind of assistance or living arrangement might we need? What might our health — or the lack of good health — require in terms of our housing decisions?

Which of our options can be supplemented with health insurance coverage? What can we afford if we stay where we are? What if we need to remodel? What if we move? Will

a part-time or full-time caregiver be required? Is assisted living appropriate? Is there an appropriate place available if a move is required or a higher level of care needed? What financial assistance resources and guides are available to help make these decisions?

In 2008–2009, ADS collaborated with local housing authorities to assess the supply of affordable senior housing in King County, and determined that the demand for affordable and accessible housing with services for older adults and people with disabilities exceeds the existing housing stock in King County. The study report, *Quiet Crisis: Age Wave Maxes Out Affordable Housing, King County 2008–2025*, serves as a guide: King County needs to create an additional 936 subsidized units each year just to maintain the current ratio of affordable housing to low-income older adults.[82]

Affordable housing is defined as mortgage or rent and utilities that do not exceed 30 percent of a household's gross income. In the 2011 HUD update of Affordable Housing Needs 2009: Report to Congress, households with "worst case needs" are defined as unassisted renters with very low incomes who have one of two "priority problems," defined as either paying more than half their income for housing ("severe rent burden") or living in severely substandard housing. Renters are classified by income using three income levels:

- **Low Income** renters earn 80 percent or less of the area's median income (AMI);
- **Very Low Income** renters earn 50 percent or less of AMI; and
- **Extremely Low Income** renters earn 30 percent or less of AMI.

A major finding in the report found a dramatic increase of 20 percent in worst case needs during 2007-2009. The numbers jumped from 5.91 to 7.10 million including 1.33 million households with elders. This means that older adults make up about 18.7 percent of the "worst case needs" in our country. Younger adults with disabilities accounted for 990,000 or 13.9 percent of those renters in worst case needs. The report cited three major causes of the increase in worst case needs: shrinking incomes, lack of rental assistance, and competition for affordable units.

The report went on to note that in 2009 there were only 60 affordable units available for every 100 very low income renter households, a decrease from the 77:100 ratio in 2005. For extremely low income rental households, the ratio in 2009 was worse: 32 units per 100 households, down from 40:100 in 2005.[83]

People with very low incomes can be at-risk of becoming homeless. According to *King County 2010 One Night Count Survey Data,* 6187 live in shelters and transitional housing programs. 703 or 11.4 percent were people 55 and older. Of those, 135 were 65 and older.

Racial disparity is very apparent among the homeless population. While African American, American Indian/Alaska Native, and Hispanic people represent 14.9% of the adult population in King County, they comprise 57% of the homeless population surveyed in shelters and transitional housing programs.[84]

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[82] Cedar River Group, *Quiet Crisis: Age Wave Maxes Out Affordable Housing, King County 2008–2025* (February 2009).

[83] U.S Department of Housing & Urban Development, *Affordable Housing Needs 2009: Report to Congress 2011 Update*, accessed at www.huduser.org/portal/publications/affhsg/wc_HsgNeeds09.html

[84] Committee to End Homelessness, *King County 2010 One Night Count Survey Data*, accessed at www.cehkc.org/DOC_reports/2010ONC.pdf

Several factors are anticipated to contribute to a growing gap between the demand and supply for affordable housing and needed support services for elders over the next four years:

- An increasing population of older adults and people with disabilities who are living longer.
- A shortage of Section 8 rental assistance vouchers and other rental subsidy programs.
- Significant loss of housing available to low income renters, due to condominium conversions, rent increases, and renovations.
- New "affordable" housing targeted to 80 percent of median income, which, at $45,100 for a single person in King County (in 2011), is higher than most low-income people earn.
- High housing costs in the Puget Sound area.

"The challenge for King County is great. An additional 936 subsidized units each year will need to be created until 2025 just to maintain the current ratio of affordable housing to poor seniors." ~ Quiet Crisis: Age Wave Maxes Out Affordable Housing, King County 2008–2025

Transportation

Affordable transportation is a great concern for King County residents.[85] Transportation links people with goods and services as well as social and community activities; however, current infrastructure supports mobility through the use of personal automobiles. Older people and persons with disabilities need better mobility options to stay active, involved, and independent, remaining in their own homes and the communities of their choosing. Mobility is crucial for older persons to remain socially connected later on in life.[86]

More than one in five drivers in the nation and in Washington state is over age 60.[87] Driver safety is a concern as older adults have a higher risk of mortality due to an accident for which they are responsible.[88]

As people outlive their ability to drive, alternative transportation options need to be available.

Persons over 65 spend between 14 percent and 16 percent of their annual income on transportation costs, more than they spend on food or health care[89]. Transportation options must be affordable, accessible, and safe.

Note: Mobility issues related to the built environment, universal design and "walkability" are referenced in the Promote Aging Readiness section of this plan.

[85] Aging and Disability Services, 2011 Area Plan Questionnaire results.
[86] Mezuk, B., Rebok, G.W., "Social integration and social support among older adults following driving cessation," *The Journals of Gerontology* 63B(5), S298-S303 (2008).
[87] U.S. Department of Transportation, Federal Highway Administration, *Highway Statistics* (2008), accessed at www.fhwa.dot.gov/policyinformation/statistics/2008/dl22.cfm.
[88] Tefft, B.D., "Risks older drivers pose to themselves and to other road users," *Journal of Safety Research*, 39 (6), 577–582 (2008).
[89] Federal Interagency Forum on Aging-Related Statistics, *Older Americans 2010: Key Indicators of Well-Being* (Washington, DC: July 2010).

Financial Empowerment

Nationwide, the percentage of all workers age 55+ who work full time throughout the year has increased steadily.[90] By 2018, more than one-third of men and one-quarter of women age 65-74 will be in the labor force.[91]

Table 6 illustrates the increase in both the total number of older adults who work and the larger increase in the number of older women who work.[92]

	1993	1995	2000	2002	2004	2006	2007	2008
Men	60.5%	63.3%	66.2%	68.2%	69.2%	70.7%	71.7%	69.2%
Women	46.6%	48.2%	53.3%	56.3%	57.1%	59.6%	59.7%	58.0%

Table 7. Work Status of Workers Age 55 and Older, by Gender (full time, full year)

The benefits of recruiting, training and retaining mature workers are well-documented:

- Stronger attendance, and greater availability and willingness to work different schedules.
- Ability to mentor less experienced staff.
- Valuable experience.
- Stronger work ethic.
- More reliable and loyal.
- Diversity of thought and approach.
- Established network contacts and clients.
- Fewer accidents, with a tendency to be more careful on the job.
- Fewer job changes, higher retention rate, and lower employee replacement costs.
- More productive in their work, with steadier production rates, than younger co-workers.
- Lower training costs.[93,94]

Despite these advantages to employers, an increasing number of older jobseekers encounter ageism in hiring. The Workforce Development Council of Seattle-King County hosts Employ Experience, a Web site devoted to helping employers keep a competitive edge by hiring the wisdom and experience of older workers, and supporting experienced workers currently in the job market.[95]

The biggest concerns about retirement among Middle Boomers are being able to afford health care (25 percent) and staying productive and useful (18 percent). Being able to afford health care and staying productive and useful also tied for the top two biggest concerns among Oldest Boomers, while outliving retirement money and having to work full- or part-time in retirement were the top two biggest concerns among the Youngest Boomers. More than half of the boomers age 53–59 feel that they are behind in their

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[90] Employee Benefit Research Institute estimates from the 1988–2009 March Current Population Surveys.
[91] Stanford Center on Longevity, *New Realities of an Older America: Challenges, Changes and Questions (*2010).
[92] Employee Benefit Research Institute estimates from the 1988–2009 March Current Population Surveys.
[93] Society for Human Resource Management, National Older Worker Career Center & Committee for Economic Development, *Older Workers Survey* (June 2003), accessed at www.shrm.org/Research/SurveyFindings/Documents/SHRM%20NOWCC%20CED%20Older%20Workers%20Survey.pdf.
[94] Council for Adult and Experiential Learning and the Council on Competitiveness, *Bridging the Skills Gap: Why Mature Workers Matter* (July 2009), accessed at http://hrqmc.com/Planning%20Materials/12%20Bridging_the_Skills_Gap.pdf
[95] Employ Experience: www.employexperience.com

retirement savings.[96] Fewer than half the employers in King County provide retirement plans.[97]

Older adults who are lucky enough to retire, in the traditional sense, often seek productive encore careers. How we support and encourage workers across the lifespan, especially through career transitions, and help them maintain financial stability is important.

Of particular concern is the financial stability of older women. In the US, on average, women outlive men by five to seven years. Nationwide, older women outnumber older men at 22.7 million older women to 16.8 million older men. Forty-two percent of older women in 2009 were widows. Half of women age 75+ (49 percent) live alone. Older men were much more likely to be married than older women — 72 percent of men vs. 42 percent of women — and men are more likely than women to remarry if they are widowed or divorced. [98,99]

Women are more likely to be poor. The median income of older persons in 2009 was $25,877 for males and $15,282 for females. Older people are more likely to live alone, and older women are more likely than older men to live alone. Although older people are experiencing lower rates of disability now, in general older women are more likely than older men to face certain health problems, such as mobility impairments and chronic conditions such as arthritis, asthma, depression, and obesity.[100,101,102]

Food Security

Food security is a crucial measurement of well-being. Food insecurity is defined as limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.[103] In the United States alone more than 50 million Americans do not have dependable, consistent access to enough food due to limited finances or resources, and more than 2 million rural households experience food insecurity.[104]

Poverty is closely associated with hunger. Food insecurity among elderly households with incomes below the federal poverty line was more than 12 times greater than that of elderly households with incomes above 185 percent of the poverty line.[105] According to

"Malnutrition costs. It costs older people by exacerbating disease, by increasing disability, by decreasing their resistance to infection, and by extending their hospital stays. It costs caregivers by increasing worry and caregiving demands. The entire country pays for health care costs related to this increase in complication rates, increasing hospital stays, and increasing mortality rates." ~ Fernando M. Torres-Gil

[96] The MetLife Study of Boomers in the Middle: An In-Depth Look at Americans Born 1952–1958 (March 2010).
[97] Communities Count (2008).
[98] Administration on Aging, *A Profile of Older Americans* (2010).
[99] U.S. Census Bureau, *65+ in the United States* (December 2005).
[100] *MetLife Report on Early Boomers: How America's Leading Edge Baby Boomers will Transform Aging, Work & Retirement* (September 2010).
[101] U.S. Department of Commerce, *Women in America: Indicators of Social and Economic Well-Being* (March 2011).
[102] Stanford Center on Longevity, *New Realities of an Older America: Challenges, Changes and Questions* (2010).
[103] S.A. Anderson, "Core indicators of nutritional sate for difficult-to-sample populations," *Journal of Nutrition* 120 (11s) 1557–1600 (1990)
[104] Feeding America, *Senior Hunger*, accessed at www.feedingamerica.org
[105] M. Nord, "Food Security Rates Are High for Elderly Households," *Food Review* 25(2): 19-24 (2002).

the 2005–2009 American Community Survey Report, 7.1 percent of older adults age 65 and older live below the poverty line in King County– that's almost 13,000 older King County residents.[106]

Specific groups are at higher risk of food insecurity. Hispanic and African American elders are more likely to live in food-insecure households compared to non-Hispanic white older adults. Nearly half of all the differences between these groups can be accounted for by lower incomes among minority households.[107] Older women living alone have higher than average poverty rates and are also at-risk of food insecurity.[108]

Numerous health consequences are attributed to food insecurity and hunger among older adults, such as malnutrition, which can exacerbate disease, increase disability, decrease resistance to infections, and extend hospitals stays.[109]

Local demand for congregate meals is increasing. For the first time in several years senior nutrition providers in King County have reported that the numbers of meals served per month are rising. In some cases there is even fear they may exceed their budgets due to the increase in demand. In 2008, the total number of congregate meals served in King County was 9,087. In 2010, the number of meals served was 10,442 — an increase of 13 percent.

Note: See also Healthy Eating in the following section.

[106] U.S. Census Bureau, *American Community Survey Report: 2005–2009*.
[107] M. Nord, "Food Security Rates Are High for Elderly Households," *Food Review* 25(2): 19-24 (2002).
[108] U.S. Department of Health and Human Services, Administration on Aging.
[109] Bryan Hall & J. Larry Brown, "Food Security Among Older Adults in the United States," *Topics in Clinical Nutrition* Volume 20, Issue 4: 329–338 (2005).

GOAL: Address Basic Needs

Total ADS funding committed to addressing basic needs is $3,045,213. In addition, we propose to carry out the following objectives:

OBJECTIVES

Information & Assistance/Aging & Disability Resource Network

10. Expand existing Information & Assistance (I&A) service delivery system to fully implement each of the essential service components of for ADRN/ADRCs.

2011 Baseline: 20% of essential components currently implemented (information, referral, and awareness)

2013 Goal: 60%
2015 Goal: 100%

11. Increase the number of King County older adults and people with disabilities who use Washington Connection, either directly or with the help of Information & Assistance Advocates, to complete applications for benefits. (2013)

2011 Baseline: n/a

2012 Goal: 250
2013 Goal: 500
2014 Goal: 750
2015 Goal: 1,000

Housing

12. Increase access to housing with services for low-income residents to age in place. (2014)

a. Partner with King County Housing Authority and Seattle Housing Authority to develop a housing with services implementation plan
2012 Goal: 1 plan

b. Advocate at the federal and state levels to increase funding for low-income housing and to reduce barriers to providing services to seniors in subsidized housing. (Advisory Council)

13. Educate policy makers and community members about the advantages of incorporating Universal Design (UD) principles into standards for all types of housing development.
Annual Goal: 2 presentations

14. Advocate for inclusion in the King County Ten Year Plan to End Homelessness of strategies to prevent and reduce older adult homelessness. (Advisory Council)

15. Advocate for a steady increase in affordable housing options to keep up with the growth in the 60+ population (i.e., 936 subsidized units each year). [110] (Advisory Council)

16. Maintain the percentage of eviction prevention services that results in maintaining SHA residency for seniors and adults with disabilities.

[110] Baseline and annual increase estimated in Quiet Crisis: Age Wave Maxes Out Affordable Housing, King County 2008–2025, Cedar River Group (2008).

Annual Goal: 80 percent

Transportation

17. Seek five percent (5%) increase in funding for neighborhood transportation options, including community shuttles and volunteer transportation to keep pace with population growth.

2011 Baseline: $3,069,075[111] **2015 Goal:** $3,222,529

18. Advocate to increase the language capacity of neighborhood transportation drivers. (Advisory Council)

Financial Empowerment

19. Partner with the King County Asset Building Collaborative (KCABC) to promote financial literacy education for people of all ages to build financial literacy, promote economic self-sufficiency, and prepare for retirement. (Ongoing)

20. Increase awareness of the Elder Economic Security Standard Index for Washington, and specific data that details how much income an older adult needs for self-sufficiency in Seattle & King County. (Ongoing)

21. Support the One Away Campaign for Elder Economic Security and advocate for improved economic security in King County, especially among older women. (Ongoing)

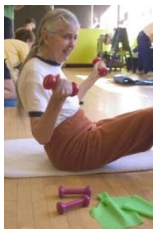
Food Security

22. Seek funding to increase by 10% the number of meals to meet the increase in demand in King County.

2011 Baseline: 322,782 congregate meals

[111] ADS: $566,335; WSDOT/PSRC JARC/PSRC New Freedom (Coordinated Grant Program): $2,502,740

IMPROVE HEALTH AND WELL-BEING



The research is clear and compelling. Regular physical activity positively affects overall health for older adults and increases life expectancy.[112] Adopting a balanced diet that focuses on fruits and veggies (even later in life) promotes longer life expectancies and better quality of life in older adults.[113] In short, physical activity and healthy eating can have a profound impact on the lives on older adults.

Active Aging

Older people who exercise regularly generally have stronger bones, lower blood pressure, better balance, better sleep, better mood, fewer aches and pains, more energy, healthier heart and lungs, and reduced risk for diabetes and some types of cancer. Older adults who maintain their abilities in balance and strength through exercise fall less often than those who are less active. Even moderate exercise and physical activity can have a dramatic positive effect on physical and mental health. Health issues related to lack of exercise include stiff joints, heart disease, diabetes, weight gain, low energy and depression.

With high (and increasing) rates of heart disease, diabetes and obesity in King County, aging readiness must include opportunities for regular exercise. More than 20 percent of adults over age 65 are obese.[114] The number of King County residents with diabetes has doubled in the past decade. Obesity and diabetes lead to numerous other chronic diseases.[115] Many chronic conditions are preventable. Physical activity has a great bearing on health and quality of life.[116]

> "Although no amount of physical activity can stop the aging process, there is evidence that a moderate amount of regular physical activity can minimize the physiological effects of aging and increase active life expectancy by limiting the development and progression of chronic disease and disabling conditions." ~ Wojtek Chodzko-Zajko, et al., "Successful Aging: The Role of Physical Activity," *American Journal of Lifestyle Medicine*

Most cases of diabetes can be prevented by decreasing obesity and increasing physical activity.[117] Regular physical activity actually increases average life expectancy through its influence on chronic disease development.[118] Regular exercise also improves mood in people with mild to moderate depression.[119,120] Unfortunately, in 2008, more than 19 percent of adults in Washington state had no leisure time physical activity or exercise.[121]

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[112] Wojtek Chodzko-Zajko, Andiara Schwingel and Chae Hee Park, "Successful Aging: The Role of Physical Activity," *American Journal of Lifestyle Medicine* (2008), accessed at http://ajl.sagepub.com/content/3/1/20.full.pdf.
[113] Amy L. Anderson, "Dietary patterns and survival of older adults," *Journal of the American Dietetic Association* (January 2011).
[114] Behavioral Risk Factor Surveillance System (2009).
[115] Public Health–Seattle & King County, *Public Health Data Watch: Diabetes in King County* (April 2007).
[116] Wojtek Chodzko-Zajko, Andiara Schwingel and Chae Hee Park, "Successful Aging: The Role of Physical Activity," *American Journal of Lifestyle Medicine* (2008), accessed at http://ajl.sagepub.com/content/3/1/20.full.pdf.
[117] Ibid.
[118] American College of Sports Medicine, *Position Stand on Exercise and Physical Activity for Older Adults*, among others.
[119] Harvard Medical School, *Exercise and Depression* (2008).

"If you stay physically active, you're buying protection for your brain." ~ Eric B. Larson, MD, Center for Health Studies, Group Health Cooperative

The rate of depression is high among older adults. In 2007, adults age 45 to 64 had the highest suicide rate in King County, followed closely by adults age 65 and over (17.4 deaths per 100,000 people and 17.0 deaths per 100,000, respectively). The five-year average for hospitalizations due to suicide attempts was 44.9 per 100,000 people for the younger group and 15.8 per 100,000 for the older group.[122] In older adults, depression is often misdiagnosed and undertreated, thought by health care providers and older adults themselves to be a natural reaction to illness or aging and not a treatable condition; however, depression can be treated successfully.[123]

Exercise helps older adults maintain balance and prevent falls, which are a major threat to the health and independence of people age 65 and older. Each year, nearly one-third of older adults experience a fall. Approximately one in ten falls among older adults results in a serious injury that requires hospitalization and long convalescence. Falls are the leading cause of injury deaths among older adults.[124]

ADS has expanded funding for **Enhance Fitness** programs with six immigrant/refugee senior groups. In 2012 services will be revised to best meet the needs of these populations.

In response to a request in 2010 by the Seattle City Council (Statement of Legislative Intent 38-2-A-1), ADS conducted a planning process to identify the City's policy goals for older adults; the role of senior centers and other City-funded programs and initiatives in meeting these goals; and effective and sustainable approaches to implementing programs and services in support of these goals.

The final report, **Seattle for a Lifetime: City Goals for Older Adults**, included recommendations to improve coordination between City-funded senior centers and other municipal programs for older adults.[125] Efforts include regular meetings to share information between senior center staff and Seattle Parks Lifelong Recreation Program staff, and the development of memoranda of agreement between programs to identify areas for coordination and opportunities for partnerships or joint programming.

Healthy Eating

A healthy diet supports active aging, yet barriers for some seniors include cost of quality fresh fruits and vegetables, lack of interest in preparing a well-balanced meal for one, and inability to get out to shop regularly.

Healthy eating can control or prevent Type II diabetes, maintain cardiovascular health, and limit disability. Older adults who adhere to healthy nutritional guidelines and

[120] "Prospective Study of Cardiorespiratory Fitness and Depressive Symptoms in Women and Men," *Journal of Psychiatric Research* (10/8/2008).
[121] Behavioral Risk Factor Surveillance System (2008).
[122] Center for Health Statistics, Washington State Department of Health (2007).
[123] Centers for Disease Control, *Enhancing Use of Clinical Preventive Services Among Older Adults* (2010).
[124] Public Health–Seattle & King County Web site.
[125] Seattle for a Lifetime: City Goals for Older Adults, accessed at www.agingkingcounty.org/docs/SLI_38-2-A-1_Older_Adults.pdf.

consume relatively high amounts of vegetables, fruit, whole grains, low-fat dairy products, poultry and fish may have a lower risk of mortality.[126]

In June 2011, the USDA launched the *My Plate* campaign to encourage U.S. residents to make healthier food choices, addressing epidemic rates of overweight and obesity nationwide. Among their recommendations: fill half of every plate with fruits and vegetables.[127] The My Plate graphic image has replaced the USDA's Food Pyramid.

Although My Plate replaces the USDA's long-time *5 A Day* campaign, which encouraged five servings of fruits and vegetables each day, the USDA's emphasis on eating more fruits and vegetables has not changed. Recommended quantities are now personalized by age and activity level, through the use of interactive tools available at www.fruitsandveggiesmatter.com.

People who eat generous amounts of fruits and vegetables, as part of a healthy diet, tend to have reduced risk of chronic diseases.[128] Older adults with limited incomes often find it difficult to purchase more expensive fruits and vegetables.

In 2002, ADS created a **Senior Farmers Market Program** to support local, sustainable agriculture and to increase intake of fruits and vegetables for homebound seniors with limited incomes. Participants received bi-weekly market baskets filled with local, in-season fruits and vegetables plus a newsletter with recipes and nutritional advice keyed to the produce of the week. In 2010, 665 seniors received delivery of 2,660 baskets.

The program also includes the distribution of Farmer Market vouchers. Each recipient receives $40 worth of $2 vouchers. These vouchers are used to purchase local produce at authorized farmers markets or roadside stands from June through October 31. With the addition of market vouchers, participation in the Senior Farmers Market Program has increased from 1,450 participants in 2002 to 6,547 participants in 2010. ADS will continue to promote the expansion of the Senior Farmers Market Program to improve the diet of a greater number of low-income mobile and homebound older adults

Throughout King County, senior meal and child care programs are benefiting from **Farm to Table**, a new program that is providing them with more fresh, locally-grown produce. By directly connecting local farmers with meal providers, Farm to Table's goal is to help meal programs serve more fresh, nutritious foods at prices they can afford. An added benefit is support for local farmers and the local economy.

Farm to Table is funded by Public Health—Seattle & King County through a federal grant from Communities Putting Prevention to Work (CPPW), a Centers for Disease Control and Prevention project. As part of the federal economic stimulus program, CPPW projects focus on systems change—improving how things work. Farm to Table connects two systems—farming and meal programs—that had limited interactions, but

[126] Amy L Anderson, "Dietary patterns and survival of older adults," *Journal of the American Dietetic Association* (January 2011).
[127] USDA ChooseMyPlate.gov: www.choosemyplate.gov
[128] U.S. Department of Health and Human Services and U.S. Department of Agriculture, *Dietary Guidelines for Americans* (January 2005).

which have a shared mission of feeding people. Farmers want to see their food eaten and appreciated, while senior meal and child care providers want to provide the best quality food possible for their participants.

ADS is piloting the program with three sub-contracted senior nutrition programs in an effort to develop cooperative buying or other purchasing models that will enable providers to keep farm fresh produce on their menus for the long term. The Muckleshoot Indian Tribe and eight childcare centers are also participating in the pilot.[129]

In addition to this section of the Area Plan, see goals and objectives related to aging, the built environment, physical fitness, and fall prevention under the heading of Promote Aging Readiness. Changes communities make to inspire adults to get moving, stay active, and protect themselves will increase their opportunity to age in place successfully.

"With our local and state partners we are increasing access to fresh fruits and vegetables for residents with the greatest need in our County. At the same time, we are supporting our local farmers so they can bring healthy foods to our neighborhoods for years to come." ~ Dr. David Fleming, Director and Health Officer for Public Health–Seattle & King County

Health Promotion and Disease Prevention

The U.S. Administration on Aging (AoA) highlighted ADS' health promotion efforts in a report, "Case Studies of Health Promotion in the Aging Network," published in January 2006.[130] ADS continues to promote evidence-based health promotion and disease prevention programs outlined in the report, including Chronic Disease Self-Management, Sound Steps, and Congregate Meals. ADS staff participate in monthly Healthy Aging Partnership meetings. Strategies for health promotion and prevention of chronic diseases are woven throughout this plan, in each of the five goal areas. New and continuing initiatives include:

1. **Improve health care quality for older adults and adults with disabilities.**
   - King County Care Partners
   - PEARLS (Program to Encourage Active, Rewarding Lives)
2. **Address basic needs.**
   - Financial empowerment
   - Food security
3. **Improve health and well-being.**
   - Enhance Fitness
   - Senior Farmers Market Program
   - Farm to Table
4. **Increase the independence for frail older adults and people with disabilities.**
   - Family and Kinship Caregiver Support
5. **Promote aging readiness.**
   - Community engagement
   - Technology, including social marketing tools such as Silver & Gold–Seattle & King County, a nimble Facebook page that features daily posts, and Seniors Digest, a monthly e-newsletter, promote healthy, active aging.

[129] Puget Sound Food Network/Farm to Table: http://psfn.org/blog/category/farm-to-table/
[130] Available online at www.agingkingcounty.org/docs/AoaCaseStudyHealthPromotion.pdf.

GOAL: Improve Health and Well-Being

Total ADS funding committed to improving health and well-being is $6,307,040. In addition, we propose to carry out the following objectives:

OBJECTIVES

Active Aging

23. Seek funding to increase the number of people who participate in Enhance Wellness programs and show positive health behavior change.
    2011 Baseline: 1,480 (including 320 participants of color & 30 immigrant/refugee participants) **2015 Goal:** 2,000

24. Seek funding and community partners for outdoor fitness stations geared towards older adults and adults with disabilities.
    2011 Baseline: 0 **2015 Goal:** 1 senior fitness facility

25. Advocate for social and recreational programming adapted to support people as they age. (Ongoing — Advisory Council)

26. Increase older adults with online access to information about walking events that promote physical activity, neighborhood unity, and unique features in the built environment (e.g., art, architecture, cultural history, and public facilities such as libraries, fire stations, and light rail station areas).
    2011 Baseline: n/a **2012 Goal**: 1 Web portal

Healthy Eating

27. Partner with the Seattle Parks and Recreation to expand the Food & Fitness Program to more immigrant and refugee communities.
    2011 Baseline: 4 sites **2013 Goal**: 6 sites

28. Develop policy recommendations regarding use of fresh local produce in the Senior Meal Program following the formal evaluation of the Farm to Table pilot project. (2012)

29. Work with City of Seattle's Food Policy Interdepartmental Team to implement policies that promote a more sustainable, equitable and healthy food system. (2013)

30. Work with local food banks and East African Community groups to increase capacity to provide healthy, culturally appropriate foods for East African elders in need.
    2011 Baseline: 0 sites **2013 Goal**: 2 sites

INCREASE INDEPENDENCE FOR FRAIL OLDER ADULTS AND ADULTS WITH DISABILITIES

Disability takes many forms. Loss of physical or mental ability (e.g., energy, emotional control, flexibility, hearing, memory, movement, stamina, vision) can result in limited ability to care for oneself. Loss of independence can be frustrating and/or lonely and can also limit one's ability to complete necessary activities of daily living, like grocery shopping and laundry.

Most older people remain in their own homes but their quality of life depends on receiving care and support, often from family and friends. Types of care include dressing, meal preparation, getting in and out of bed or chairs, personal hygiene, and getting around the house.

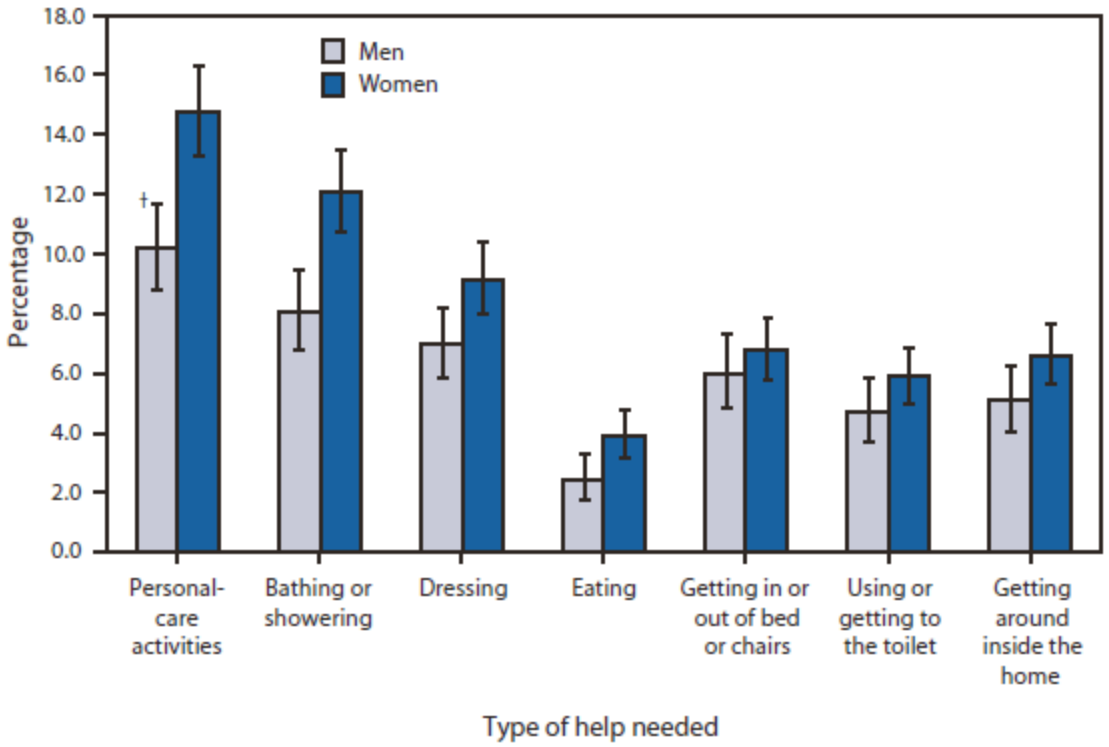

Figure 21. Percentage of Non-institutionalized Adults Age 80+ Who Need Help with Personal Care, by Sex (U.S., 2008–2009)[131]

[131] Centers for Disease Control, *Morbidity and Mortality Weekly Report*, accessed 6/24/11 at www.cdc.gov/mmwr/preview/mmwrhtml/mm6024a5.htm?s_cid=mm6024a5_e&source=govdelivery

Family and Kinship Caregiver Support

In early 2011, a Request for Investments (RFI) was issued that resulted in an increase in the number of contracted providers for both the Family Caregiver Support Program (FCSP) and Kinship Caregivers Support Programs (KCSP). The RFI planning process included literature reviews of the latest caregiver research, analysis of service and population data, surveys of local caregivers, and focus groups with caregivers from a variety of ethnic and economic backgrounds.

An ongoing priority of the King County FCSP and KCSP has been to improve service to at-risk communities, especially those identified in the Older Americans Act. RFI respondents were required to identify how they would serve these priority populations, and which groups they had specific expertise and/or interest in targeting. The last column in Table 9 (see Appendix A — Family Caregiver Support Programs) summarizes these priorities by provider. The list is not meant to be comprehensive: all contracted providers serve a diverse mix of clients, and may not deny services based on race, gender, ethnicity, or sexual orientation.

Thanks to additional funding and growing interest in caregiver services, ADS is increasing community outreach to raise awareness of the King County FCSP. New program brochures and flyers have been developed and are being distributed to FCSP providers, hospitals, and community groups. A new Web site is being created as a gateway to local FCSP resources, to include caregiving tips and research, links to providers, and other relevant information. The goal is to create a more cohesive network of FCSP services, with the electronic "TCARE®" caregiver screening and assessment system as a common standard for helping caregivers find the "right services at the right time" in their caregiving journey.

> Older adults are a vibrant asset to our community as they provide their wisdom, time and energy to be part of the answer. As an added bonus, we know that engaged older adults live longer, healthier lives. We are fortunate to be part of a visionary community that is on the cutting edge in developing and implementing innovation in areas such as Healthy Aging, Caregiver Support, and Chronic Care Management. We look forward to our continued role in partnering with Aging and Disability Services in supporting older adults throughout King County" ~ Jon Fine, United Way of King County

With the lingering effects of the Great Recession still felt, serving low-income caregivers and those in financial distress is a high priority. Improved collaboration with DSHS' Home and Community Services — where a new referral system to FCSP has been developed — will help ADS better target those with greatest economic need. Outreach through King County Care Partners and other programs serving low-income populations is planned.

The addition of Neighborhood House and Jewish Family Services as FCSP providers will significantly expand the program's capacity to serve limited- and non-English-speaking caregivers. Neighborhood House has expertise serving immigrant and refugee populations, with a focus on Southeast Asian and East African populations, and their program also has a Kinship component. Jewish Family Services will significantly improve the FCSP's ability to serve Russian and Eastern European caregivers. Kin On, Chinese Information & Service Center, and Alzheimer's Association will continue their expertise serving Asian, Spanish-speaking, and African American clients.

Caregivers of same-sex partners face eligibility barriers in accessing entitlement systems, while the FCSP is much more flexible. Two providers — Northshore Senior Center and Jewish Family Services — expressed interest in reaching out to and serving LGBT populations.

All FCSP providers have the capacity to serve caregivers of people with severe and/or developmental disabilities. Jewish Family Service in particular will collaborate with the Arc of King County to serve adults with cognitive disabilities. Likewise, all providers have the capacity to serve caregivers of loved ones under age 60. Crisis Clinic has developed particular expertise in this area.

Most FCSP agencies have the ability to serve caregivers of loved ones with Alzheimer's disease and other dementias, but the Alzheimer's Association Western and Central Washington Chapter provides local expertise in this area. Services include in-home, dementia-specific consultations; support groups; and trainings on the latest Alzheimer's research. The Chapter also hosts a yearly conference for African American Caregivers.

Full Life Care offers Memory Care and Wellness Services — a type of adult day health program tailored to care receivers with dementia — at two locations. This service is available through the FCSP Respite Care Program, and is described in more detail elsewhere in this plan.

Although the King County FCSP serves Native American caregivers at a rate slightly above their population density, no RFI applicants described specific expertise in serving this community. ADS will therefore focus some of its own outreach on building bridges to local tribes and Native American groups.

The KCSP provides information and services to grandparents and relatives raising children. According to the Census Bureau, more than 35,000 children are being raised by kinship caregivers in Washington. The 2011 RFI resulted in an expansion from two contracted KCSP providers to three.

Neighborhood House and Renton Area Youth and Family Services are new (to the KCSP) providers who bring expertise serving ethnically diverse areas of south Seattle and south King County. They will offer a range of services, including support groups, outside activities, and training opportunities. Encompass is an existing KCSP provider based in the Snoqualmie Valley. Among other things, they provide case management and home visits to help kinship caregivers access counseling, parenting classes, health care, and various government entitlement and support programs.

The Kinship Navigator Program is a state-funded information and assistance service currently based at Senior Services. Kinship Navigators can make referrals to a wide variety of programs helpful to kinship caregivers, and can also help them receive or maintain childcare, navigate the educational system, and obtain legal assistance.

FCSP Expansion: ADS has expanded its capacity largely thanks to an increase in state funding for the FCSP. This funding will be used to train more TCARE® assessors and increase service levels. The goal is to demonstrate that appropriately targeted caregiver services can prevent or delay costly Medicaid enrollment among care receivers. With strong results it is hoped the state will continue to fund the program at this higher level.

This effort fits very well with a major FCSP goal: to target caregivers who serve loved ones at risk for institutionalization. ADS has long believed that appropriately targeted

caregiver services create a “triple win” scenario: caregivers have lower stress and burden, care receivers are able to stay home and independent, and taxpayers see reduced public spending on nursing facilities.

As a result of increased funding, ADS is moving to a “no wrong door” model for TCARE® and away from a “single entry point” model. More providers will have the ability to conduct the TCARE® screening and assessment, meaning more caregivers will get TCARE® care plans. There should be fewer delays caused by caregivers being referred to other agencies for TCARE®, and caregivers should experience more seamless transitions between services and care planners.

At the start of 2012, it is anticipated there will be 24 active, certified TCARE® assessors in King County, up from nine in July 2011. Coordinating referrals and case ownership among providers may prove difficult, but the TCARE® system provides data for case evaluation and tracking — data that AAAs did not have previously. Increased monitoring, training, and feedback should result in improved coordination among providers.

Core Elements: Eight core elements have been identified for a robust FCSP service menu:

1. Information services and group outreach
2. Specialized family caregiver information
3. Specialized family caregiver assistance, including TCARE®
4. Caregiver counseling
5. Caregiver Training
6. Caregiver Support Groups
7. Respite care services (in-home and out-of home)
8. Supplemental services

All of the FCSP Core Elements are provided through the King County Family Caregiver Support Program. FCSP-contracted agencies provide multiple core services, with a range of three to six per agency. Respite Care Services are administered by ADS, Evergreen Care Network, and Chinese Information and Service Center. In home care, adult day care/health, and brief nursing home stays are available. Supplemental Services are administered by ADS, but accessible to all FCSP-contracted agencies.

The KCSP provides all of the Core Elements except TCARE®, counseling, and respite.

The two Family Caregiver Support Programs tables in Appendix A summarize how the eight core elements are organized in King County for both Family Caregiver and Kinship programs, with information about geographic areas served and special target populations served.

Caregiver training has been an important component of the King County FCSP since the beginning of the program. Northshore Senior Center offers several group trainings such as Powerful Tools for Caregiving, Living Well with a Chronic Condition, A Matter of Balance, and — in collaboration with Alzheimer’s Association — Early Stage Memory Loss. Alzheimer’s Association also provides an annual African American Caregivers Forum in King County, and ongoing training for African American and other caregivers.

The Geriatric Regional Assessment Team (GRAT) of Evergreen Healthcare is the main provider of mental health counseling for the King County FCSP. GRAT provides up to six sessions of (often) in-home solution-focused therapy for depressed and overburdened

caregivers. The program was developed using an evidenced-based program called the New York University Spouse-Caregiver Intervention Study.

Counseling is one of the most frequently recommended services through TCARE®, and through the recent Request for Investments GRAT was able to add an extra .5 FTE caregiver counselor. GRAT counseling is limited to six sessions, with "on-demand counseling" phone support available in between sessions.

GRAT is also starting a new support group in the Central District of Seattle, at the Central Area Senior Center. The group will target "baby boomer" African Americans in the area, though anyone eligible can attend. Support groups with an Asian community focus are offered by the Chinese Information & Service Center and Kin On Community Health Care.

Alzheimer's Association has the largest support group attendance in the King County FCSP, with 738 new participants in 2010 alone. They rely on trained volunteers, typically social workers, health care providers, or former family members. They have established specialized groups for LGBT and Spanish speaking caregivers. Finally, they have offered some groups via teleconferencing, due to the difficulty some caregivers have getting away from home.

Supplemental services fall into two categories in King County: emergency respite, and other goods and services. Emergency respite is provided through the Crisis Clinic for caregivers in acute distress who need an immediate break from caregiving. The requirement for a TCARE assessment is waived, at least until the immediate crisis has passed.

The purchase of "other goods and services" currently happens through ADS, where we are able to rely on an existing database and protocols to quickly authorize the purchase of goods and services while maintaining appropriate audit controls. Other FCSP providers will be able to use this system with ADS oversight. The Nursing Home Diversion Program demonstration project, complete in early 2011, clearly demonstrated the value of these purchases. Many caregivers are in financial distress, and the purchase of even basic care supplies, such as Depends and Ensure, can make a big difference in keeping their loved ones at home and independent.

The King County Respite Care Program is administered through ADS. ADS contracts with 19 in-home and adult day providers to offer this service. The program offers caregivers short breaks of (typically) three to eight hours, by providing substitute caregiving. Only three agencies can schedule respite due to the complexity of managing these ongoing monthly services: ADS, Evergreen Care Network, and Chinese Information and Service Center. ADS currently limits Respite Care Service to two days a week, with some exceptions.

In-Home Services

Changing in-home services population

Clients have many choices when receiving services including choice of setting — nursing home, assisted living, adult family homes or in-home. Over the past 25 years Washington state policymakers have successfully expanded the community-based services available to clients and decreased the nursing home population resulting in more choice for clients and lower Medicaid expenditures given the growth of the population. Despite an increasing older population, King County's nursing home population remained relatively stable at about 3,000 clients per month during 2010

(1,200 fewer individuals than in 1997). The Medicaid in-home services population in King County is growing in number, diversity, and medical complexity.

As medical advances and supportive services allow individuals with greater medical complexity to live safely at home, the number of clients who receive Medicaid in-home personal care services continues to grow, from 7,800 in 2002 to over 10,000 in 2010. In 2010, four case management agencies served a total of 11,752 older adults and adults with disabilities who live at home with Medicaid and discretionary case management services:

- Aging and Disability Services (Seattle and Renton offices)
- Evergreen Care Network (serving eastside residents)
- Asian Counseling and Referral Services
- Chinese Information and Service Center

King County is one of the most ethnically and linguistically diverse counties in the nation. This rich mix of cultures and languages is also reflected in the Medicaid long-term care service population case management programs serve. Of the current overall total of 10,000 COPES and Medical Personal Care clients served, 62 percent speak a primary language other than English for a total of 70 languages. Emerging language groups include Punjabi, Bosnian, Farsi, and Hindi. Over 75 case managers speak a language other than English. As new immigrant and refugee families settle in our area and require long term care services, it is important for case management programs to focus hiring and program training objectives on providing culturally relevant services to more diverse client populations.

Case Management Program Challenges

Case managers assess client needs, consult with clients to set up a comprehensive care plan, and authorize Medicaid in-home personal care support for activities of daily living (e.g., bathing, dressing, meal preparation) for older adults and adults with disabilities. RN consultants offer health-related assessment and consultation to Medicaid clients, home care providers, and case managers in order to enhance the development and implementation of the client's plan of care. The goal of nursing services is to help promote the client's maximum possible level of independence and contribute nursing expertise by performing the following activities:

- Comprehensive Assessment Reporting Evaluation (CARE) review
- Nursing assessment/reassessment
- Instruction to care providers and clients
- Care and health resource coordination
- Evaluation of health-related care needs affecting service planning and delivery.

Increasing workload. Recently the case management reimbursement rate was reduced by three percent, one of many service impacts implemented by the state legislature to balance the state budget. Due to reduced revenue, case management programs cannot hire staff as quickly as warranted by caseload growth resulting in increased caseload sizes. In addition, the amount of in-home services authorized decreased by approximately 10 percent for in-home clients. The loss of other Medicaid services such as purchasing dental care and eyeglasses has further impacted clients' ability to get the services they need.

A client's selection of an individual provider as their caregiver is an integral part of client choice available in Washington's long-term care systems. Recent legislation prohibits family members from working for a home care agency to take care of a relative who is receiving Medicaid in-home services, although the family member may work for a

relative as an individual provider. As a result, approximately 1,000 agency caregivers in King County transitioned to individual providers. Now individual providers make up 65 percent of the caregivers providing care for in-home clients, and additional oversight is required by case managers to ensure the clients' needs are being met. One outcome of the greater number of individual providers is the large increase in workload for administrative hearings due to challenges to payment termination when training or character, competency, and suitability requirements are not met.

Increasing medical complexity of clients. Because case managers commonly serve clients with increasingly complex health issues who transition to home from hospitals and nursing homes, they spend more time and resources establishing and maintaining a stable plan of care. Some clients experience difficulty making their medical appointments for dialysis treatment or are reluctant to follow through with their wound care plans. Other medically complex clients experience high caregiver turnover due to the difficulty of meeting their care needs. Clients with mental health or substance use problems sometimes exhibit behaviors that, without mental health intervention, may result in eviction and an unstable living condition.

Reductions in both the case management reimbursement rate and the number of personal care hours for the clients have resulted in larger caseloads for case managers and less available care for clients. In an effort to manage this situation, the ADS case management program places greater emphasis on the utilization of RN consultants as co-managers for higher-risk, medically complex clients, in addition to their consultation and skin observation protocol functions. The purpose of this multidisciplinary team approach is to assist the client in achieving their stated health care outcomes over a relatively short period of time before the client is returned to the case manager for ongoing care monitoring.

Person-Centered Care

Maintaining high-quality in-home services is imperative during this period of shrinking budgets. Comprehensive assessments and service plans for complex long-term care clients must address consumer needs and respond to the increasing focus on person-centered care. A quality service:

- Meets consumer needs and preferences (including service content and timeliness).
- Meets service standards.
- Is provided in a safe, caring, and reliable way.
- Is user-friendly.
- Is flexible to meet consumer preferences.
- Respects consumer rights.
- Is widespread and available to all who need it, including information about the service.
- Is adequately funded.
- Makes effective use of funding in order to achieve service outcomes.
- Is evidence-based, where possible.

Person-centered planning is important so that consumers feel a part of their health care plan and health outcomes. Case managers and RN consultants trained in Motivational Interviewing[132] support person-centered care by involving the client in realistic health-care and home-care goal setting.

[132] Motivational Interviewing: www.motivationalinterview.org

In addition, three innovative in-home care models give clients more choice in types of services provided in King County:

- PACE — a model funded by a blend of Medicare and Medicaid funding that integrates medical and long term care services for 345 clients who are nursing home eligible.
- New Freedom — a participant-directed model for 626 clients who can direct their own care and are interested in flexible service options.
- Veterans-Directed Home Services (VDHS) — a participant-directed model in which as many as seven clients have had budgets based on their needs and have made spending choices, within established parameters, in consultation with a case manager.

Seattle Housing Authority Building-Based Case Management
The ADS case management program, Asian Counseling and Referral Service, and Chinese Information and Service Center provide building-based case management services to older adults and adults with disabilities living in 52 Seattle Housing Authority (SHA) buildings. Case managers maintain regular building hours for building residents. They provide access to psychiatric consultations when appropriate and RN consultation to review the care needs of Medicaid clients. In the event of a crisis situation, case managers work with residents to avoid the exacerbation of issues. They provide training for building management and staff on a wide variety of topics including: domestic violence, substance abuse, disability or aging issues, and how to handle difficult client situations.

The three agencies perform the following early-intervention activities as part of their contract with SHA, in addition to the Medicaid-funded case management functions:

- Outreach
- Information and referral
- Assistance
- Eviction prevention
- Client assessment, evaluation and service planning
- Ongoing client monitoring and follow-up
- Supportive counseling

Elder Abuse

While statistics vary, in a national study that interviewed a representative sample of adults ages 60 and over, one in ten older adults reported emotional, physical, or sexual mistreatment (abuse) or potential neglect by others in the past year. Since turning 60 years of age, 13.5 percent reported experiencing emotional abuse or neglect, 1.8 percent reported physical abuse, and 0.3 percent reported sexual abuse. Low social support significantly increased the risk for the above forms of elder mistreatment by trusted others, as well as the risk for financial or material exploitation by family members.[133]

According to the 2009 U.S. Census estimates, 10.7 percent of King County's population (approximately 205,000) was age 65 or older. Assuming that past-year abuse estimates above are correct, an estimated 20,500 community-residing adults ages 65 or older were

[133] Prevalence and correlates of emotional, physical, sexual, and financial abuse and potential neglect in the "United States: the National Elder Mistreatment Study," by R. Acierno, M.A. Hernandez, A.B. Amstadter, H.S. Resnick, K. Steve, W. Muzzy, et al., *American Journal of Public Health* 100(2), 292-297.

emotionally, physically or sexually abused or potentially physically neglected by trusted others in 2009.[134]

Estimates of elder abuse incidence and actual reports differ considerably. In 2009, there were 3,076 actual reports of vulnerable adult abuse to Adult Protective Services in King County, over two times the number of reports received by any other county in Washington state. Approximately three-quarters of the reported victims were 60 and older, and one-quarter were age 18–59. Of the total reports, 837 were for physical and emotional abuse, 809 were for financial exploitation, 772 were for neglect (not including self-neglect), and 76 were for sexual abuse.[135]

"According to the best available estimates, between 1 and 2 million Americans age 65 or older have experienced abuse; and for each reported case about five more cases go unreported. Unfortunately, as the number of older individuals increases, so does the number of potential victims of elder abuse."
~ First World Elder Abuse Awareness Day press release, U.S. Department of Justice, 6/15/10

Many cases of elder mistreatment are never reported. A national study estimated that, for every reported case, approximately 5.3 cases go unreported.[136] A New York state study estimated that only one in 23 cases of elder abuse, neglect, or exploitation ever comes to light.[137]

Elder abuse comprises the following:

- **Physical abuse** — Use of force to threaten or physically injure a vulnerable elder.
- **Emotional abuse** — Verbal attacks, threats, rejection, isolation, or belittling acts that cause or could cause mental anguish, pain, or distress to a senior.
- **Sexual abuse** — Sexual contact that is forced, tricked, threatened, or otherwise coerced upon a vulnerable elder, including anyone who is unable to grant consent.
- **Exploitation** — Theft, fraud, misuse or neglect of authority, and use of undue influence as a lever to gain control over an older person's money or property.
- **Neglect** — A caregiver's failure or refusal to provide for a vulnerable elder's safety, physical, or emotional needs.
- **Abandonment** — Desertion of a frail or vulnerable elder by anyone with a duty of care.[138]

In addition, while not elder abuse, **self-neglect** — the inability to understand the consequences of one's own actions or inaction, which can lead to harm or endangerment — is particularly challenging to address. Examples include not eating

[134] U.S. Census Bureau, *State & County Quick Facts* (Thursday, 04-Nov-2010), accessed 5/11/11 at http://quickfacts.census.gov/qfd/states/53/53033.html.
[135] Adult Protective Services (APS), *Reports of Abuse, Neglect, Self-Neglect, Exploitation of the Person, Financial Exploitation or Abandonment* (January 1–December 31, 2009), accessed at www.aasa.dshs.wa.gov/APS/documents/2009.doc.
[136] T. Tatara, *The National Elder Abuse Incidence Study: Executive Summary* (New York City, 1997).
[137] New York State Elder Abuse Prevalence Study.
[138] National Center on Elder Abuse, Administration on Aging, "Why Should *I* Care About Elder Abuse?" factsheet, accessed 5/12/11 at www.ncea.aoa.gov/ncearoot/Main_Site/pdf/publication/NCEA_WhatIsAbuse-2010.pdf

enough food (to the point of malnourishment), wearing filthy or torn clothing, living in unsanitary or hazardous conditions, and not getting necessary medical care.[139]

Elder financial abuse is involved in at least 20 percent to 30 percent of all reported elder abuse, and has huge short- and long-term effects, including "health care and health care costs, living situations, filings for bankruptcy, and costs for its recuperation passed along in service industries. It may even exacerbate or cause mental and physical illness, including an untimely death for the victim." It affects elders at all income levels, and all races and ethnicities."[140]

When compared to older community-residing adults who are not mistreated (physically or psychologically abused, physically neglected, or financially or materially exploited) by trusted others, mistreated older adults have a three times higher risk of death. The higher risk of death is not due to the elder mistreatment itself. Scientists think that the higher risk of death may be due to factors such as the prolonged and significant distress that elder mistreatment victim's experience.[141]

The King County Prosecuting Attorney's elder abuse unit — one of the first such units in the country — has committed to prosecuting "cases of neglect, financial exploitation, and sexual assault of the elderly and disabled; to work collaboratively with police, social service agencies, and medical professionals to improve the referral, investigation and , ultimately, prosecution of cases of abuse and neglect of vulnerable adults; and to provide training to first responders so they can better recognize and react to such cases."

Lack of training affects community-wide response to elder abuse. Law enforcement personnel, prosecutors, judges, social service providers (including mandatory reporters), and medical professionals need training and re-training to understand the nature and scope of elder abuse in order to recognize signs of elder abuse, report appropriately, and coordinate effectively with victim services personnel.

In 2001, the King County Prosecuting Attorney's Office and King County Medical Examiner's Office convened the King County Elder Abuse Council, comprising representatives from a number of other public and nonprofit sector agencies. The Council meets regularly to discuss collaboration and systemic response to the critical issue of elder abuse.

In 2011, the King County Prosecuting Attorney's Office granted $100,000 (from the federal Department of Justice/Office on Violence Against Women) to the Seattle Human Services Department (HSD) to provide advocacy and service coordination to survivors of elder abuse, neglect and exploitation, age 50 and older. During a one-year pilot program, a designated ADS Case Manager will provide safety planning, information and assistance, supervised referrals, court accompaniment, coordination of services, and one-to-one advocacy. The target start date is October 1, 2011.

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[139] DSHS/Aging and Disability Services Administration, *Self Neglect*, accessed 5/12/11 at www.aasa.dshs.wa.gov/pubinfo/selfneglect/#what

[140] MetLife, *Broken Trust: Elders, Family, and Finances* (March 2009).

[141] M.S. Lachs, C.S. Williams, S. O'Brien, K.A. Pillemer & M.E. Charlson, "The mortality of elder mistreatment," *Journal of the American Medical Association* 280(5), 428-432 (1998).

GOAL: Increase Independence for Frail Older Adults and People with Disabilities

Total ADS funding committed to increasing independence for frail older adults and people with disabilities is $22,964,744. In addition, we propose to carry out the following objectives:

OBJECTIVES

Family Caregiving

31. Provide a TCARE assessment and care plan to family caregivers who show moderate to significant caregiver burden.
    2011 Baseline: 600 **2012 Goal:** 650
    2013 Goal: 700
    2014 Goal: 750

32. Develop training curriculum for family caregivers who have loved ones with mental illness and difficult behaviors.
    2011 Baseline: 0 **2015 Goal**: 1 curriculum

In-Home Services

33. Advocate to increase language capacity and class schedules and to reduce class size for home care independent provider training to better meet the language needs and training requirements of the independent provider workforce. (Ongoing)

34. Advocate with ADSA and the state legislature to match required tasks (e.g., frequency of client contact) for Medicaid case management with available Medicaid case management resources. (Ongoing)

35. Develop specific disease protocols for long-term care clients who have chronic obstructive pulmonary disease, asthma, diabetes, or congestive heart failure.
    2013 Goal: 4 protocols

36. Conduct cultural competence staff trainings on emerging immigrant and refugee populations.
    Goal: 1 training per year

37. Train long-term care case managers in Motivational Interviewing (MI) to use as a tool in the development of the service plan that includes self-care goals, in addition to services that address functional limitations.
    Goal: Send all new case management staff to MI training within their first year.

Person-centered planning

38. Advocate with ADSA to expand the New Freedom coaching role of the long-term care case management program. (Ongoing)

Chronic Care Management Expansion

39. Obtain feedback from in-home Medicaid long-term care clients regarding satisfaction with case management services and suggestions for case management service improvements.
    2013 Goal: Bi-annual client satisfaction survey

40. Advocate with the Veteran's Administration to increase the number of clients referred to the Veterans-Directed Home Services. (Ongoing)

SHA Building-based Case Management

41. Assist SHA residents and SHA building managers with resolving problems for residents who have received eviction notices to ensure that at least 80 percent are not evicted.
    Annual Goal: At least 80% of SHA residents who have received eviction notices are not evicted.

Elder Abuse

42. Work with the Elder Abuse Council to increase coordination among service and criminal justice agencies. (Ongoing)

    a. Seek funding to expand support for victims of elder abuse to navigate the system.
       2011 Baseline: Planning **2012 Goal:** $100,000

    b. Coordinate with City of Seattle's Domestic Violence unit to continue the development of the elder abuse database to link first responders and service providers.
       2011 Baseline: Planning **2013 Goal:** Completion

    c. Seek funding to train domestic violence support staff and mandatory reporters on resources available for abused elders, using methods such as webinars, Web-based training videos and in-service training.
       2011 Baseline: $0 **2014 Goal:** $50,000

43. Advocate to strengthen services for elder abuse victims.(Advisory Council)
    a. Advocate for a 24-hour response system for victims and concerned others to report abuse.
    b. Advocate for inclusion of elder abuse in the WAC definition of domestic violence.

PROMOTE AGING READINESS

For many, King County is a wonderful place to live. Our temperate climate, beautiful scenery, plentiful natural resources, and rich history, arts and culture are extraordinary. At the same time, like other metropolitan areas across the country, our region faces a variety of socioeconomic challenges. The age wave places a higher percentage of our resident population in a vulnerable position.

Prior area plans on aging for King County (2004-2007 and 2008-2011) have addressed social and civic readiness as a primary goal. This plan embraces social and civic engagement as one component of aging readiness. Planning for the future should:

- Build on current strengths of our region and our people.
- Reduce physical and social barriers to aging in place, ensuring livable communities for all ages.
- Promote creative ways for older adults to maintain, share and grow their talents, skills, and experiences.
- Utilize current technology to enhance access to aging information, programs and services as well as social and civic engagement for older adults.

Aging Your Way, a series of asset-based community planning forums conducted by the nonprofit Senior Services, has provided a broad spectrum of opportunities for collaboration on the arts, built environment, communication-connection, community meeting places, healthcare access, housing, intergenerational places and activities, lifelong learning, mixed-use buildings, multicultural activities and events, non-denominational/interfaith places of worship, outdoor plazas, physical activity, sustainability/environment, sustainability/local economy, technology, transportation, urban farming, volunteerism, and walkability.

Recent forums resulted in a wide variety of transportation, housing and built environment recommendations. Meetings summaries developed by Senior Services for 2010–2011 are available on their website at www.seniorservices.org.

Aging in place is a goal that should be incorporated into every initiative to build livable or sustainable communities as well as every government and nonprofit effort to build transportation systems, create universal urban design, bolster the economy and/or plan for growth. When communities offer affordable and appropriate housing, supportive community features, and mobility options, people of all ages and abilities can thrive.

"As long as older adults can stay independent, they need an environment that allows them to flourish." ~ Basia Belza, PhD, RN, Aljoya Endowed Professor in Aging, University of Washington School of Nursing

Land use policies should incorporate the Smart Growth strategies, as defined by the Environmental Protection Agency: "development patterns that create attractive, distinctive, walkable communities that give people of varying age, wealth, and physical ability a range of safe, affordable, convenient choices in where they live and how they get around."

Built Environment

Universal Design is a concept for designing all aspects of the built environment — homes, as discussed in previous sections, but also mobility routes, landscapes, commercial developments, products and life space, including equipment and architecture — with the goal of making them accessible to every person, regardless of age or ability. Developers of housing funded with public dollars have begun to incorporate elements of universal design into new construction, thus enabling residents to stay in their units with minimal modification as they age.

Incorporating Universal Design at the outset of publicly funded housing developments contributes to sustainable development goals. Using the flexible and open principles of universal design also means that people with disabilities are no longer marginalized in our society. They can own or rent whatever is built, because the unit and the entire built environment are designed to meet their needs as a rule rather than an exception.

Another area of concern in the housing arena is the growing need for **supportive services** for older residents as their needs change. The fastest growing part of the aging population is people who are age 85 or older. People in this age group will increasingly need more assistance and may have critical mobility issues. ADS will continue to work with housing and community partners to create more options for support of aging residents in public sector housing in an effort to help people remain at home as long as possible.

Aging in place requires safe, reliable, accessible and affordable **mobility**. Older adults are most comfortable and supported when they have safe and easy access to services, amenities, and support networks (such as friends and family). Residents of all ages must have access to everyday activities, which may include commuting to work or volunteer sites, visiting family members, recreation, shopping and/or traveling to medical appointments.

What makes a neighborhood walkable?

- **A center:** Walkable neighborhoods have a center, whether it's a main street or a public space.
- **People:** Enough people for businesses to flourish and for public transit to run frequently.
- **Mixed income, mixed use:** Affordable housing located near businesses.
- **Parks and public space:** Plenty of public places to gather and play.
- **Pedestrian design:** Buildings are close to the street, parking lots are relegated to the back.
- **Schools and workplaces:** Close enough that most residents can walk from their homes.
- **Complete streets:** Streets designed for bicyclists, pedestrians, and transit.

Source: WalkScore (www.walkscore.com)

In 2008, Seattle was ranked sixth among American cities for “walkability”. Several suburban cities in King County have similar high scores; however, some neighborhoods have very low walkability scores, partly due to terrain but also due to planning and development patterns that do not support pedestrian mobility. Walking benefits our environment (reducing the use of carbon-emission vehicles), our health (supporting healthy weight and ability), our finances (increasing home value), and our communities (for every 10 minutes spent in a car, community activity is reduced by 10 percent). In a typical metropolitan area, a one-point increase in “WalkScore” is associated with an increase of housing value from $700 to $3,000.[142]

[142] WalkScore (www.walkscore.com). Joseph Cortright, “Walking the Walk,” CEO’s for Cities (2009).

In communities across the country, a Complete Streets movement is growing — policymakers are increasingly aware that road networks must be safer, more livable, and welcoming to everyone.[143] Instituting a complete streets policy ensures that transportation planners and engineers consistently design and operate the entire roadway with all users in mind, including bicyclists, public transportation vehicles and riders, and pedestrians of all ages and abilities.

In 2006, the City of Kirkland became the first city in Washington to adopt a Complete Streets ordinance, ensuring that pedestrian and bicycle ways were incorporated into city planning and development.[144] Kirkland's Walkable Community Profile illustrates their commitment to designing streets that will enable safe access for all users. Juanita Drive and Slater Avenue are designated as "complete streets."[145]

Seattle passed a Complete Streets ordinance the following year, which provides "guiding principles and practices so that transportation improvements are planned, designed and constructed to encourage walking, bicycling and transit use while promoting safe operations for all users."[146] Thanks to a city voter-approved transportation levy the previous year, the City of Seattle has been able to repair sidewalks, rehabilitate stairways, install new readable signs, restripe sidewalks, install pedestrian countdown signals, make safety improvements, and implement a Bicycle Master Plan, although much work remains.[147]

Note: Mobility issues related to transit options are addressed in the Address Basic Needs section of this plan.

Community Engagement

The knowledge, talent and skill of Seattle and King County residents age 50 and older enrich our communities, and individuals find meaning in contributing to the greater good. Individual and community benefits to aging readiness are tremendous. Organizations benefit from the time, talent, skills and resources that older adults can share. Local shops and restaurants benefit from the older people who frequent them for food, goods and services. Older adults bring neighborhood and community stability. Communities benefit from maintaining the knowledge, wisdom and talent of older adults.

> "Without careful planning and without the infusion of new resources, there is a real danger that we as a nation may squander the opportunity that is offered by this cadre of aging boomers that is heading our way." ~ Jay Winsten, Harvard School of Public Health

Communities Count 2008 reported that 85 percent of all King County adult residents were active in at least one community organization (i.e., a neighborhood, political, civic, youth, cultural, educational, or religious group) and 84 percent of King County adults were very or

[143] National Complete Streets Coalition: www.completestreets.org/
[144] City of Kirkland, Kirkland Complete Streets Ordinance, accessed at www.kirklandwa.gov/Assets/CMO/CMO+PDFs/Complete+Streets+Ordinance.pdf
[145] City of Kirkland, *Walkable Community Profile*, accessed at www.kirklandwa.gov/Assets/CMO/CMO+PDFs/AL+Walkability.pdf
[146] City of Seattle, Complete Streets ordinance #122386 , accessed at http://clerk.ci.seattle.wa.us/~scripts/nph-brs.exe?d=CBOR&s1=115861.cbn.&Sect6=HITOFF&l=20&p=1&u=/~public/cbor2.htm&r=1&f=G
[147] City of Seattle Department of Transportation: www.seattle.gov/transportation/

somewhat active in at least three life-enriching activities; however, this percentage was higher among people younger than age 65.[148]

The Seattle Foundation released a report in 2009 that analyzed the vast opportunities facing nonprofit and other organizations in tapping the talents of older adults — noting that two-thirds of Seattle area residents age 50 to 54 are interested in taking jobs now or in the future to help improve the quality of life in their communities — and considerations in motivating and optimizing those talents (e.g., identifying appropriate roles, providing project work, high degree of independence, training opportunities, flexibility).[149]

"Having a reason to get up in the morning is associated in numerous scientific studies with better mental and physical health and greater longevity. Purpose can add not only years to your life but life to your years!" ~ Richard Leider, The Power of Purpose

Older people focus more on meaningful activities (e.g., spending time helping others and participating in community activities) than younger people, who spend more time on activities related to generating, managing, and accumulating money.[150]

Individuals' expectations are changing. For many, retirement is a time to begin anew, start new activities, take new risks and set new goals. Boomers and older adults want to use the skills and experience they've developed over time to serve their communities directly and take leadership roles. A large percentage of boomers will only engage in volunteer work if it is meaningful.[151]

Nonprofit organizations have not changed their views of volunteer utilization accordingly and have shown reluctance to try new and innovative volunteer management approaches.[152] The Rose Community Foundation surveyed nonprofit groups in Denver and found they gave themselves higher marks on volunteer management than the boomers did.[153] Coming of Age, a program developed by Temple University, determined that nonprofit organizations across the country are largely unprepared to utilize the professional skills of new retirees. Coming of Age designed trainings to build volunteer management capacity within nonprofit organizations and government agencies.[154]

"Community-based cultural programs for older adults appear to be reducing risk factors that drive the need for long-term care." ~ Gene Cohen, MD, PhD

A groundbreaking longitudinal study measuring the effects of **participatory arts** on older adults in Washington, DC, Brooklyn and San Francisco found that professionally-conducted arts and cultural programs resulted in higher overall rating of physical health, fewer doctor visits, less medication use, fewer instances of falls, better morale, less loneliness and fewer other health problems that in comparison groups. Furthermore, older arts participants experienced an increase in total number of activities while the comparison

[148] Communities Count (2008).
[149] Seattle/King County Community Experience Partnership Community Assessment Report, Seattle Foundation (6/1/2009).
[150] Meaning Really Matters: The MetLife Study on How Purpose Is Recession-Proof and Age-Proof (July 2010).
[151] AARP Bulletin Survey on Perceptions of Boomers (November 2010).
[152] Helping Communities Solve Critical Social Problems by Engaging Adults 55+, RespectAbility/National Council on the Aging (March 2008).
[153] Rose Community Foundation Survey of Volunteers (Denver, 2007).
[154] Coming of Age: www.comingofage.com.

group evidenced a significant decline.[155] Numerous studies support the importance of arts to aging adults — decreased anxiety and stress, lower blood pressure, and increased memory recall, mood, sense of control over life, self-awareness, non-pharmacological pain management, and social interaction.

In King County, arts and culture (e.g. participation, funding, and employment) are among the social and health indicators measured by Communities Count. In 2008, three-quarters of King County residents reported substantial direct participation in artistic, cultural and literary activities (e.g., reading, crafts, music and dance) and a majority of residents attended artistic, cultural or literary events; however, residents age 65 and older were less likely than younger community members to be active in arts and crafts activities.[156]

Libraries play a vital role in offering **lifelong education**. Libraries offer free reading materials, videos, music, community information, and Internet access, and serve as a community gathering place. Collections include an increasing number of large print and audio materials for people with vision and hearing impairments.

Colleges and universities offer a wide variety of learning programs for older adults. State colleges and universities continue to offer college tuition exemptions to Washington state residents aged 60 and older, who may audit academic courses on a space-available basis, taking advantage of extraordinary faculty and campus resources. Most community colleges offer low-cost continuing education classes and workshops designed for older adults.

The Osher Lifelong Learning Institute at University of Washington (OLLI-UW) offers classes to people age 50+ who pay an annual membership plus small class fees to study among peers in a collegiate learning community. Classes are offered at multiple sites, including downtown, Trilogy at Redmond Ridge, Carl Gipson Center (Everett), and the UW campus. In 2009-2010, Aging and Disability Services supported expansion of OLLI-UW programs to Horizon House, on Seattle's First Hill, with support from neighboring Exeter House, Summit, Skyline and Mirabella retirement communities. Programming can be expanded to additional sites, given sufficient public support.

Lifelong learning also occurs naturally, through doing. Lifelong learning in inextricably tied to other activities discussed in this section.

[155] The Impact of Professionally Conducted Cultural Programs on Older Adults, Gene D. Cohen, MD, et al. (2006).
[156] Communities Count (2008).

Technology

The Internet provides the ability to access information more quickly than by traditional media. Web portals, social networking sites (e.g., Facebook, Twitter), and e-mail are some of the methods that Aging and Disability Services and other aging network providers can use to contact older adults, provide access to aging services, and help older adults stay connected.

Table 7 shows the percentage of adults who go online, by generation.[157]

	Millennials Ages 18-33	**Gen X** Ages 34-45	**Younger Boomers** Ages 46-55	**Older Boomers** Ages 56-64	**Silent Generation** Ages 65-73	**G.I. Generation** Age 74+	**All adults**
% who go online	95	86	81	76	58	30	**79**

Table 8. U.S. Adults Who Use the Internet

The vast majority of adults in King County use the Internet, including 73 percent of Seattle residents age 65 and up, a much higher percentage than older adults nationally.[158] Nationally, Internet use drops off significantly for adults over age 65: only 58 percent of adults ages 65-73 (the Silent Generation) and 30 percent of adults age 74 and older (the G.I. Generation) go online.[159] Nationally and locally, the "digital divide" is closing as boomers age.

Despite higher Internet use, the City of Seattle's 2009 Information Technology Access and Adoption report, the Department of Information Technology determined that many older people need assistance in acquiring basic computer skills, including accurate information about Internet viruses, scams and identity theft in order to protect themselves and that people with limited mobility can benefit from Internet use, helping them retain independence and family connections.[160]

Assistive technology enhances personal independence and helps persons with disabilities avoid institutional care. The Washington Access Fund makes assistive technology affordable, through loans for assistive devices, services and modifications to homes and vehicles. Examples of assistive technology include hearing aids, mobility equipment (scooters, vans, wheelchairs), vision-related equipment (CCTVs, Braille notetakers, screen magnification, reading software), exercise equipment, computers, and business equipment.

[157] Pew Research Center, *Generations 2010* (12/16/2010).
[158] Seattle Department of Information Technology, *2009 Information Technology Access and Adoption report* (City of Seattle, 2009), accessed at www.seattle.gov/tech/indicators/.
[159] Pew Research Center, *Generations 2010* (12/16/2010).
[160] Seattle Department of Information Technology, *2009 Information Technology Access and Adoption report* (City of Seattle, 2009), accessed at www.seattle.gov/tech/indicators/.

Public Outreach

Aging and Disability Services utilizes technology — including social networking media — to stimulate discussion about aging issues and promote aging programs and services:

- **Aging King County**, the ADS Web site, provides an overview of the Area Agency on Aging, Area Plan on Aging, trends, strategic initiatives and events for seniors and adults with disabilities.[161]
- **Encore** is a City of Seattle Web portal to hundreds of local, regional and national resources for people age 50 and older, developed and maintained by the Seattle Department of Information Technology in collaboration with ADS. In 2010, Encore pages received 20,335 hits.[162]
- The **Mayor's Council on African American Elders** maintains a Web site and a Facebook page, supporting their advocacy for improving the quality of life for African Americans residents of Seattle and King County who are 60 years of age and older.[163]
- **Seniors Digest** is a monthly online newsletter currently distributed to 1,080 individuals. Subscribership has increased more than 50 percent over the past four years.[164]
- **Silver & Gold—Seattle & King County** is a new Facebook page promoting healthy aging and personal empowerment for older adults, created by Aging and Disability Services in 2011.[165]

Current outreach priorities include building awareness of resources available for aging in place, including family caregiver resources, long-term care support, and end-of-life care and support.

King County enjoys broad religious diversity. Most faith communities provide support for older members and help prevent social isolation for homebound elders. Many support human services in the broader community as well. Targeted outreach to places of worship would help weave aging programs and services into the fabric of the community.

Negative perceptions of aging

Personal and community perceptions of aging influence how we live as well as social, economic and political priorities. A simple thesaurus search on "aging" produces mostly pejorative terms associated with decline. Myths and stereotypes on aging include: frail, weak, fragile, sick, physically impaired, eyesight and hearing problems, dependent, associated with death, declining physical appearance, lacking sexual desire, mental decline, extreme dispositions (i.e., difficult and pessimistic, warm and kind), lonely, isolated, disrespected, and undervalued.

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[161] Aging King County: www.agingkingcounty.org
[162] Encore: www.seattle.gov/encore
[163] Mayor's Council on African American Elders: www.seattle.gov/MCAAE/ and www.facebook.com/MCAAE
[164] As of May 4, 2011, Seniors Digest had 1,080 subscribers. On January 1, 2008, Seniors Digest had 706 subscribers. Seniors Digest: www.seniorsdigest.org/SKC
[165] Silver & Gold—Seattle & King County: www.facebook.com/Silver.and.Gold.SKC

Negative perceptions of aging carry a high cost to society: ageism in health care and employment, social exclusion, and elder abuse and neglect.[166] Two-thirds of boomers find "senior" program and service identification of little appeal.[167] Many senior centers are aware of a stigma associated with their name.[168,169,170,171] New approaches must be used to create a new and authentic perception that the wisdom, talents, and experience of older adults are community assets.

[166] National Centre for the Protection of Older People, *Public Perceptions of Older People and Ageing*, (Ireland, 4/27/2010).
[167] AARP Bulletin Survey of 1,507 adults age 18 and older conducted by GfK (November 26-28, 2010).
[168] "Act II Scene II," *The Senior Center Movement Blog* (January 23, 2010).
[169] Presentation by Dr. Manoj Pardasani, Professor of Social Work at Fordham University, Senior Center Stakeholder Forum, California Commission on Aging (February 4, 2009).
[170] Robbyn R. Wacker, et al., *Community Resources for Older Adults: Programs and Services in an Era of Change* (2008).
[171] *BoomerANG Project Final Report* (Montgomery County, PA, January 2006).

GOAL: Promote Aging Readiness

Total ADS funding committed to promoting aging readiness is $85,000. In addition, we propose to carry out the following objectives:

OBJECTIVES

Built Environment

44. Advocate for transportation, pedestrian, street and land use policies and projects that promote walkable communities and pedestrian safety, and support people as they age. (Advisory Council) (Ongoing)

Civic Engagement

45. Implement a leadership seminar series for people age 50 and older who want to learn new skills, take on community projects, and transform their futures.
    2011 Baseline: n/a **2013 Goal**: 1 seminar series

Lifelong Learning

46. Explore new partnerships with arts organizations, public libraries, and local colleges to enhance access to lifelong learning and volunteer opportunities for older adults.
    2011 Baseline: n/a **2013 Goal**: 2 new partnerships

Technology

47. Support technology that enhances access to aging information, programs and services as well as social and civic engagement for older adults. (Ongoing)

48. Use social media tools and Seniors Digest to educate public about assistive technology devices and tools for older adults, persons with disabilities, and their families to support successful aging in place.
    2011 Baseline: n/a **Goal**: 2 articles per year

Public Outreach

49. Conduct at least one community conversation per quarter, with an emphasis on target populations (communities of color, rural, immigrant and refugees, LGBT).
    2011 Baseline: n/a **Goal**: 1 meeting/quarter

50. Collaborate with faith-based communities to support successful aging by providing clergy workshops developed by the Mayor's Council on African American Elders to increase awareness about the aging network.
    2011 Baseline: n/a **Goal**: 1 workshop per year

51. Increase public awareness of resources available for aging in place, including family caregiver resources, long-term care support, and end-of-life care and support. (Ongoing)

52. Increase outreach to target populations in order to achieve a five percent (5%) increase in participation within ADS-funded services. (Ongoing)

53. Add a requirement in all ADS Requests for Investments (RFIs) to conduct outreach activities within diverse communities. (Ongoing)

54. Coordinate at least one ADS Advisory Council meeting a year with a focus on older people and adults with disabilities who reside in East and South King County areas.
    Goal: One meeting per year.

Negative perceptions of aging

55. Celebrate positive aging and the powerful impact that people age 50+ have on their community, utilizing social networking media.
    2011 Baseline: n/a
    Goal: 50 posts to social media sites per year

AREA PLAN INDICATORS

How will we know if we have succeeded? The Area Plan on Aging includes indicators to measure community progress in each of our five priority issue areas.

Using measures such as program outcomes will help us evaluate the benefits ADS-funded programs provide; however, our work extends beyond providing and funding services for clients to include advocacy, education, and collaboration as we work to develop a community that promotes quality of life, independence, and choice in their activities.

- **Improve health care quality for older adults and adults with disabilities.**
- **Address basic needs.**
- **Improve health and well-being.**
- **Increase the independence for frail older adults and people with disabilities.**
- **Promote aging readiness.**

To measure the broader impact of all of these efforts, we use community indicators that provide information on the health and well-being of older adults in King County. We have selected a set of statistically valid and commonly used indicators from local and national data sources that are tracked consistently to allow us to measure trends and progress over time, including American Community Survey, Bureau of Labor Statistics, Communities Count: Social and Health Indicators across King County, Behavioral Risk Factor Surveillance System, and Washington State Population Survey.

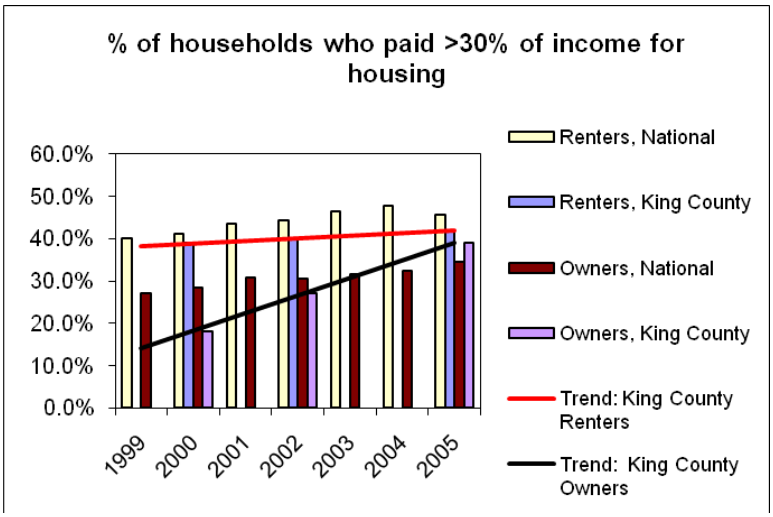
Whenever possible, we isolate indicator data for the older adult population. Unless otherwise noted, therefore, data used represent people ages 65 and older.

We want to thank our partners at King County, Public Health—Seattle & King County, and the State of Washington for compiling and analyzing available data in order to provide us with statistically valid data indicators for older adults.

Table 9. Community Indicators

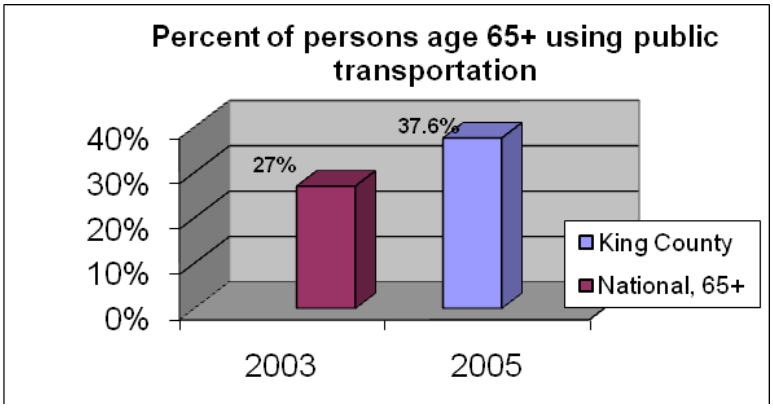
Indicator	King County Baseline	National Baseline	King County Better?
ADDRESS BASIC NEEDS			
Percent of 65+ households that paid >30% of income for housing	32.7% owners 58.5% renters (2009)	28.5% owners 53.6% renters (2009)	N
Percent of persons 65+ who use public transportation	35.1% (2008)	17.0% (2009)	Y
IMPROVE HEALTH AND WELL-BEING			
Percent of people 65+ whose physical or mental health interfered with their activities in the past month	15.8% (2010)	29.5% (2005)	Y
Percent of people 65+ who report being in good to excellent health	82.6% (2010)	75.2% (2010)	Y
Percent of people 65+ who participated in any physical activity during the past month	15.8% (2010)	29.5% (2005)	N
Percent of people 65+ who met recommendations for moderate physical activity	47.1% (2009)	40.3% (2009)	Y
Percent of older adults who report cutting size or skipping meals due to lack of money	2.2% (2010)		
Percent of people 65+ who had a flu shot in the past year	72.1% (2010)	67.5% (2010)	Y
Percent of adults age 65+ who consume 5+ daily servings of fruits and vegetables	30.2% (2009)	27.6% (2009)	Y
INCREASE INDEPENDENCE			
Percent of people 65+ with someone to help with chores if they are sick	89.9% (2008)	52.0% (2003)	Y
Percent of people 65+ who have someone to help if they are confined to bed	91.5% (2008)	52% (2003)	Y
Percent of caregivers who identify stress as their greatest difficulty	39.7% (2007)	29.9% (2005)	N
PROMOTE AGING READINESS			
Percent of people 65+ who are active in three or more life-enriching activities	73.0% (2008)	89% (2003)	N
Percent of people 65+ who volunteer	85.0% (2008)	24.8% (2010)	Y

Figure 22. Percent of age 65+ households that paid >30% of income for housing



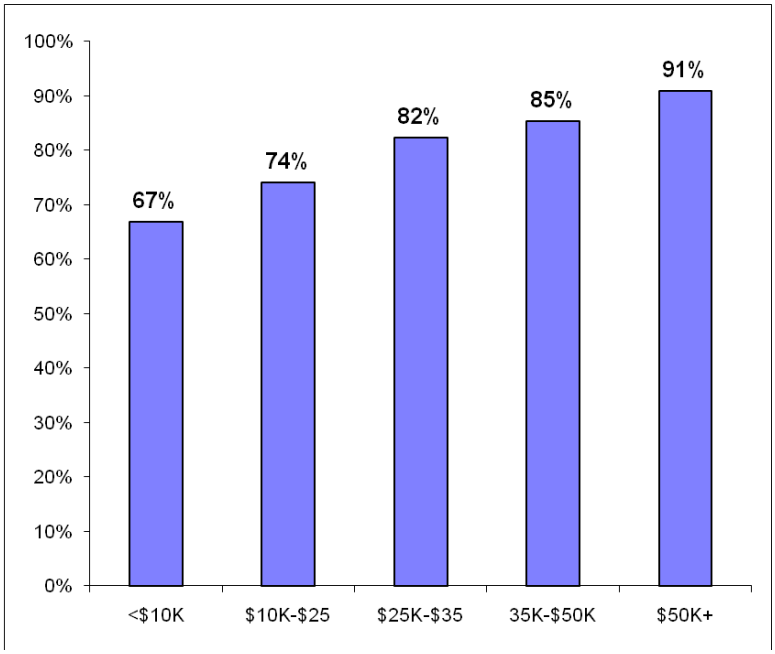
Source: American Community Survey, 1999–2005.

Figure 23. Percent of persons age 65+ who use public transportation



Source: Communities Count 2005 & 2008; National Household Travel Survey, Bureau of Transportation Statistics, October 2009

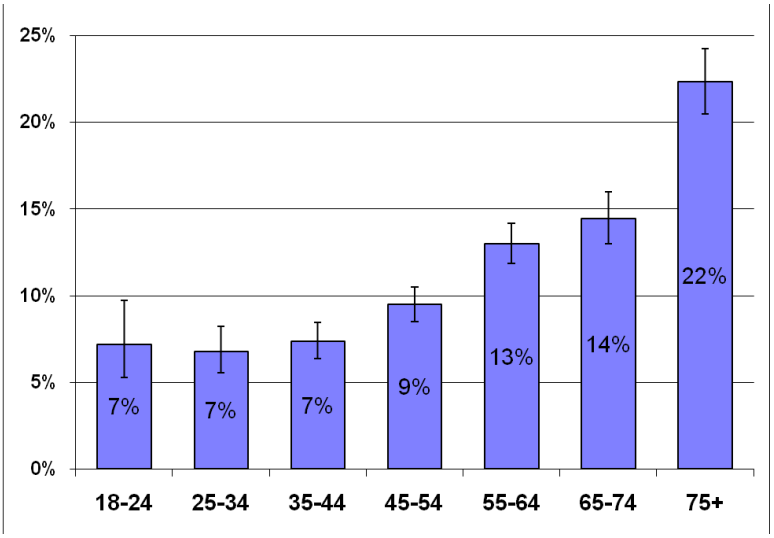
Figure 24. Percent of adults age 60+ who can usually or always get needed social and economic support, by household income



Source: Behavioral Risk Factor Surveillance System, King County, 2006-2010

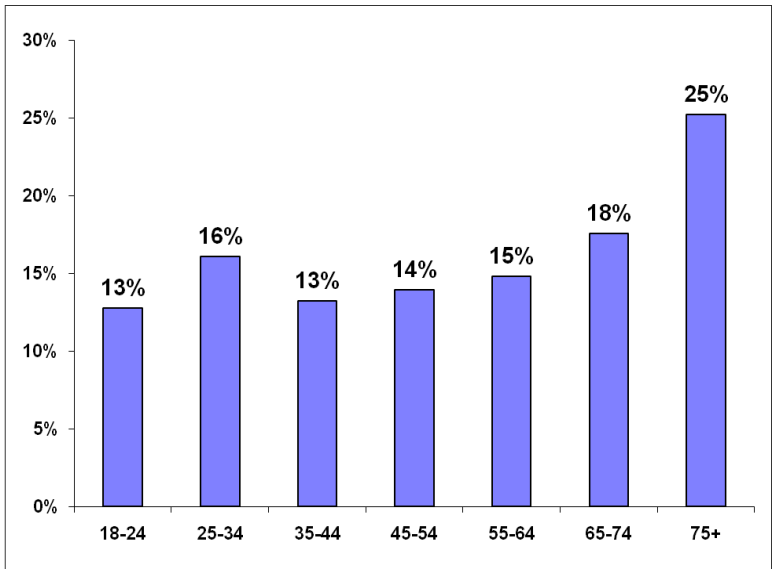
IMPROVE HEALTH AND WELL-BEING

Figure 25. Percent of adults reporting fair or poor health, by age



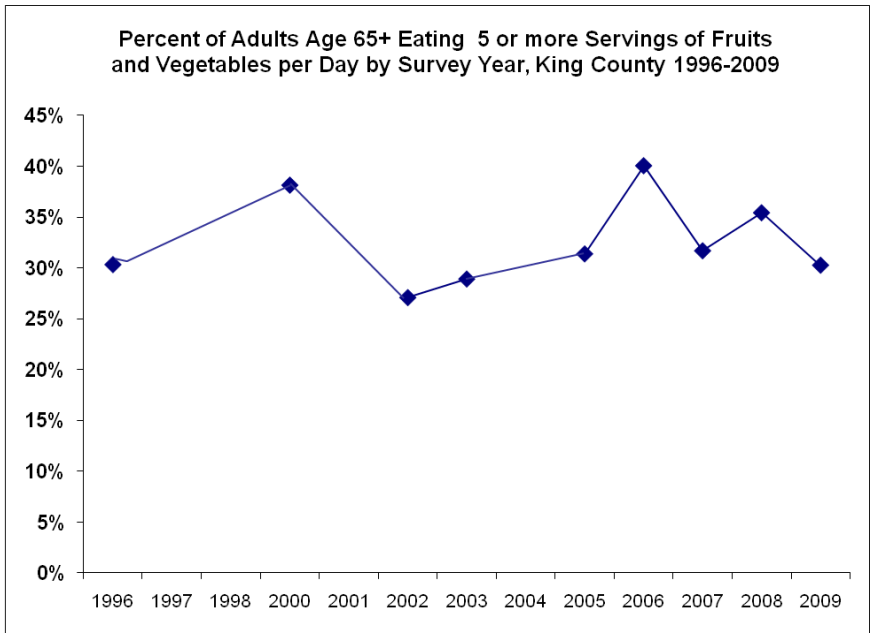
Source: Behavioral Risk Factor Surveillance System, King County, 2006-2010

Figure 26. Percent of adults with no physical activity during the past month, by age



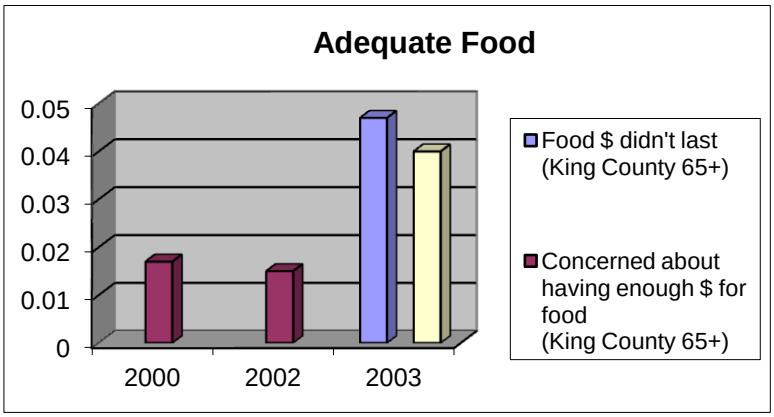
Source: Behavioral Risk Factor Surveillance System, King County, 2006-2010

Figure 27. Percent of adults age 65+ who consume 5+ daily servings of fruits and vegetables



Source: Behavioral Risk Factor Surveillance System, King County, 2006-2010

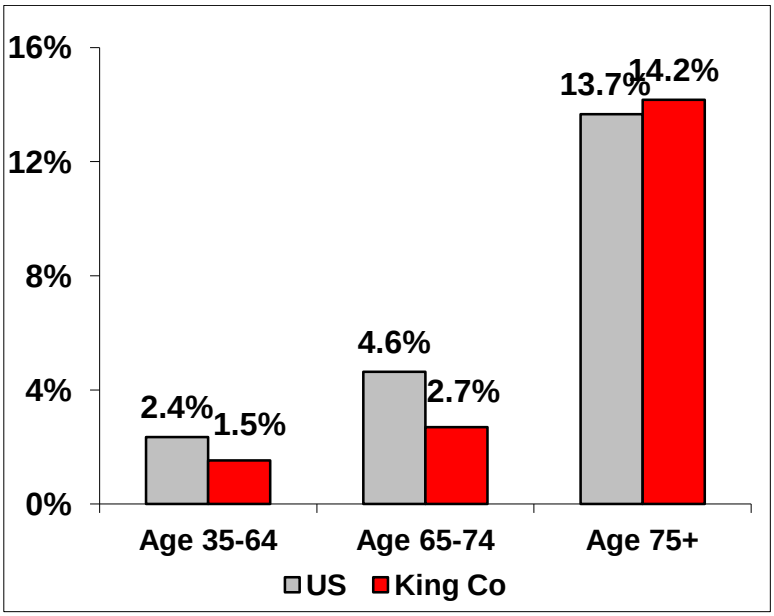
Figure 28. Percent of older adults who report insufficient funds for food



Source: Behavioral Risk Factor Surveillance System, King County

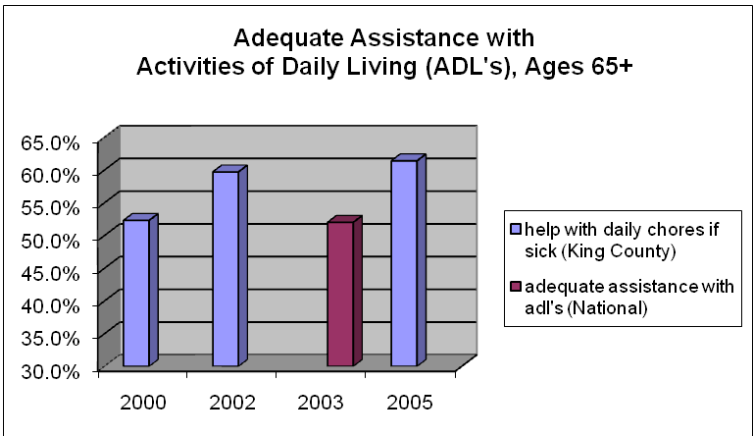
INCREASE INDEPENDENCE

Figure 29. Percent of older adults with self care limitations, by age



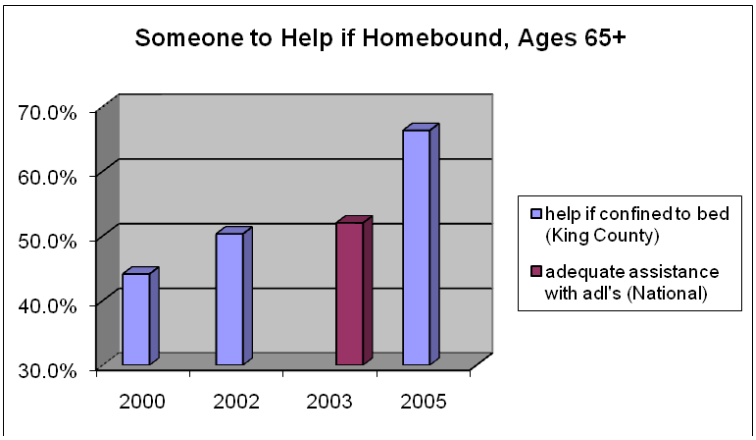
Source: 2009 American Community Survey 1-Year Estimates

Figure 30. Percent of King County residents age 65+ with adequate assistance for activities of daily living



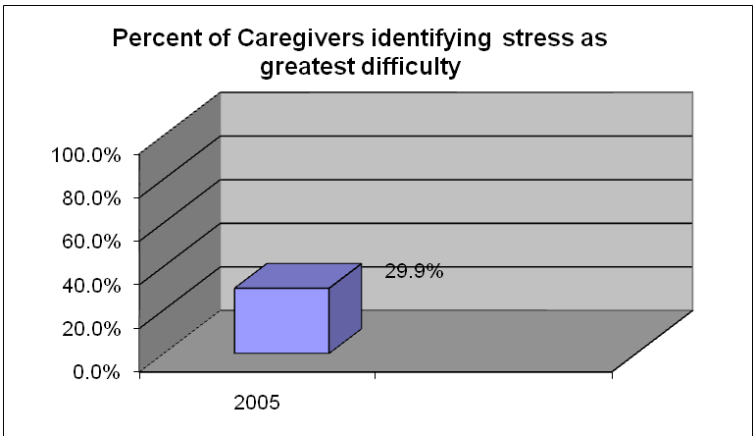
Source: Behavioral Risk Factor Surveillance System, King County, 2005

Figure 31. Percent of King County residents age 65+ with someone to help if homebound



Source: Behavioral Risk Factor Surveillance System, King County, 2005

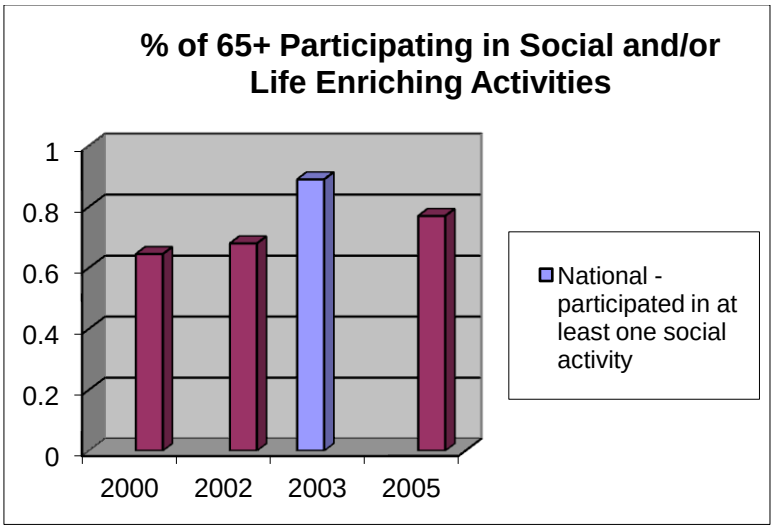
Figure 32. Percent of caregivers identifying stress as greatest difficulty



Source: Behavioral Risk Factor Surveillance System, King County, 2005

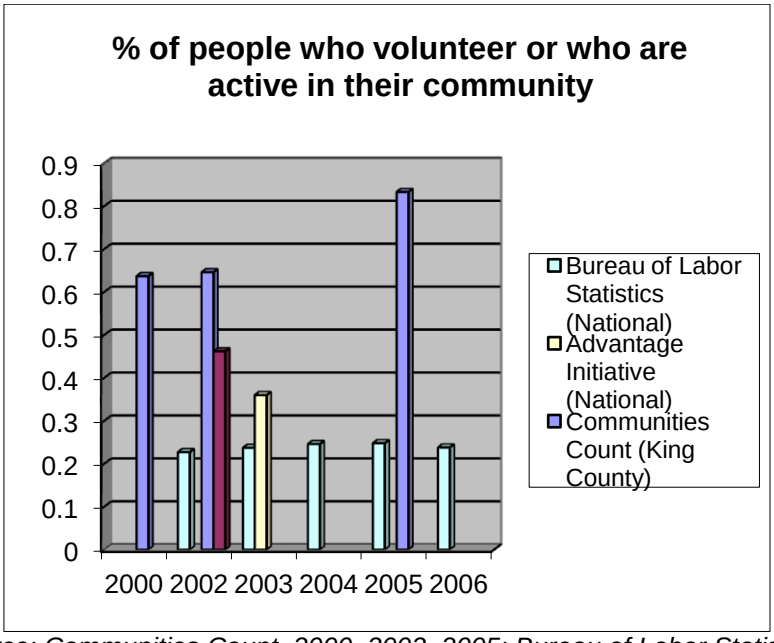
PROMOTE AGING READINESS

Figure 33. Percent of older adults who participate in social and/or life enriching activities



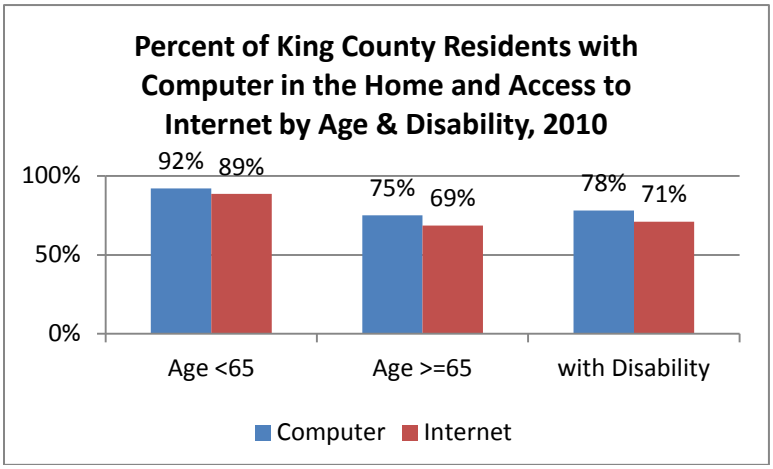
Source: Communities Count 2008

Figure 34. Percent of people age 65+ who volunteer or who are active in their community



Source: Communities Count, 2000, 2002, 2005; Bureau of Labor Statistics; and AdvantAge Initiative

Figure 35. Percent of King County residents with computers and Internet access, by age and disability



Source: Washington State Population Survey 2010

SECTION D
AREA PLAN BUDGET

Seattle jazz artist Grace Holden

"Our older adult population is passionate and knowledgeable about both quality of life issues and making the city affordable. It is essential that older adults are not merely served by the city, but are integrally involved in charting its course."

~ Mike McGinn, Mayor of Seattle

AREA PLAN BUDGET SUMMARY
2012 ESTIMATED REVENUE

FEDERAL FUNDS		**STATE FUNDS**	
Older Americans Act (OAA)		Sr. Citizens Services Act	$2,236,474
-Title III-B, C, D, E, Elder Abuse	$6,584,288	State Family Caregiver	$2,800,536
-Title V (Employment)	$230,921	Senior Drug Education	$17,560
-NSIP (USDA/Food)	$577,743	Kinship Caregiver	$233,201
		Kinship Navigator	$84,785
		Kinship Collaboration	$40,000
		Veteran Directed Home Services	$25,000
Total OAA	**$7,392,952**	**Total State Funds**	**$5,437,556**
Medicaid (Title XIX)		**City of Seattle**	
Case Mgmt, Nursing Services, Contract Mgmt, & Day Health Admin	$14,707,258	General Fund	$2,860,482
Title XIX Admin. Claiming	$1,138,235		
Caregiver Training	$1,423,770	**Total City Funds**	**$2,860,482**
Total Medicaid	**$17,269,263**		
Other Federal Resources		**Other Local**	
Seattle Housing Authority	$373,000	Contribution-fees-donations-Inkind	$2,323,158
Senior Farmers Market	$230,638	Bequest/Emergency Fund	$89,500
Healthy Eating Active Living	$12,038	Amy Wong Client Fund	$11,500
King County Care Partners	$1,000,000	Interest on Aging Advance	$80,000
Medicare Improvement for Patients and Providers Act (MIPPA)	$21,673	KC Hospital District	$200,000
Chronic Disease Self Management	$15,000	King County Elder Abuse Survivor	$75,000
		King County Levy (PEARLS)	$224,000
Total Other Federal	**$1,652,349**	**Total Other Local Funds**	**$3,003,158**
TOTAL FEDERAL FUNDS	**$26,314,564**	**TOTAL LOCAL FUNDS**	**$11,301,196**

GRAND TOTAL **$37,615,760**

APPENDIX A: FAMILY CAREGIVER SUPPORT PROGRAMS

Table 10. Family Caregiver Support Program providers, Summer 2011

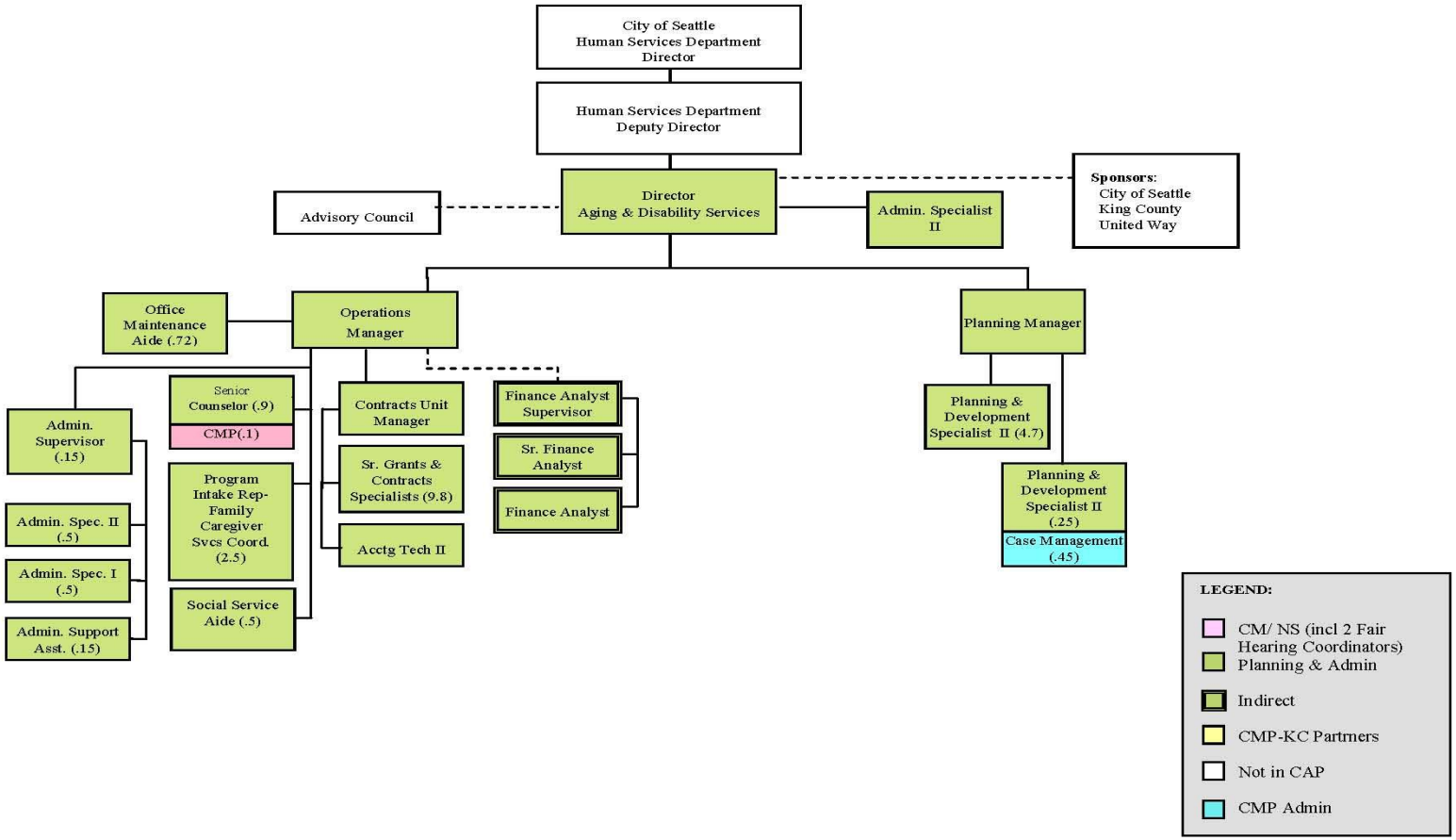
Agencies as of Summer 2011	Information Services & Group Outreach	Specialized caregiver information	Specialized caregiver assistance (incl. TCARE)	Counseling	Training	Support Groups	Respite Care Services	Supplemental Goods & Svcs	Focus Areas Served (may go beyond these)	Key Priority Populations (highlights, not all-inclusive)
Jewish Family Services	X	X	X			X	X		Most of County; special focus on S. County	African American; GLBTQ; Russian; low income
Neighborhood House	X	X	X	X		X			Central & S. Seattle; S. County	Immigrants/refugees; SE Asian and East African focus
Senior Services	X	X	X						All of County	Focus on underrepresented Zip Codes
Chinese Information & Service Center	X	X	X	X		X	X		Most of County, though centered in the intl district	Chinese focus, plus SE Asians, Russians, and Latinos
Alzheimer's Association	X	X	X		X	X			All of County	Caregivers with dementia, Hispanic/Latino; African American
Northshore	X	X	X	X	X	X	X		Northeast Seattle, Shoreline, Bothell, Woodinville	LGBT, low income, ethnic minorities
Kin On	X	X	X			X			Mostly Seattle, S County, Eastside (hopes to expand thru collaborations)	Chinese, other Asian communities
Geriatric Regional Assessment Team	X			X		X			All of County	All populations, but new African American focus
Crisis Clinic	X	X	X				X	X	All of County	Caregivers in crisis; Teleinterpreter service for low-English-Speaking
Evergreen Care Network	X	X	X				X		Eastside: Bellevue, Redmond, Kirkland, etc.	Non-Medicaid caregivers, low income
Aging and Disability Services	X	X	X				X	X	Rest of County not served by Evergreen Care Network	Non-Medicaid caregivers, low income, Nat. American
Contracted In-Home and Adult Day Respite Providers (19)	X	X					X		All of County	Non-Medicaid caregivers, some providers specialize in serving various non-English speaking individuals and ethnic communities

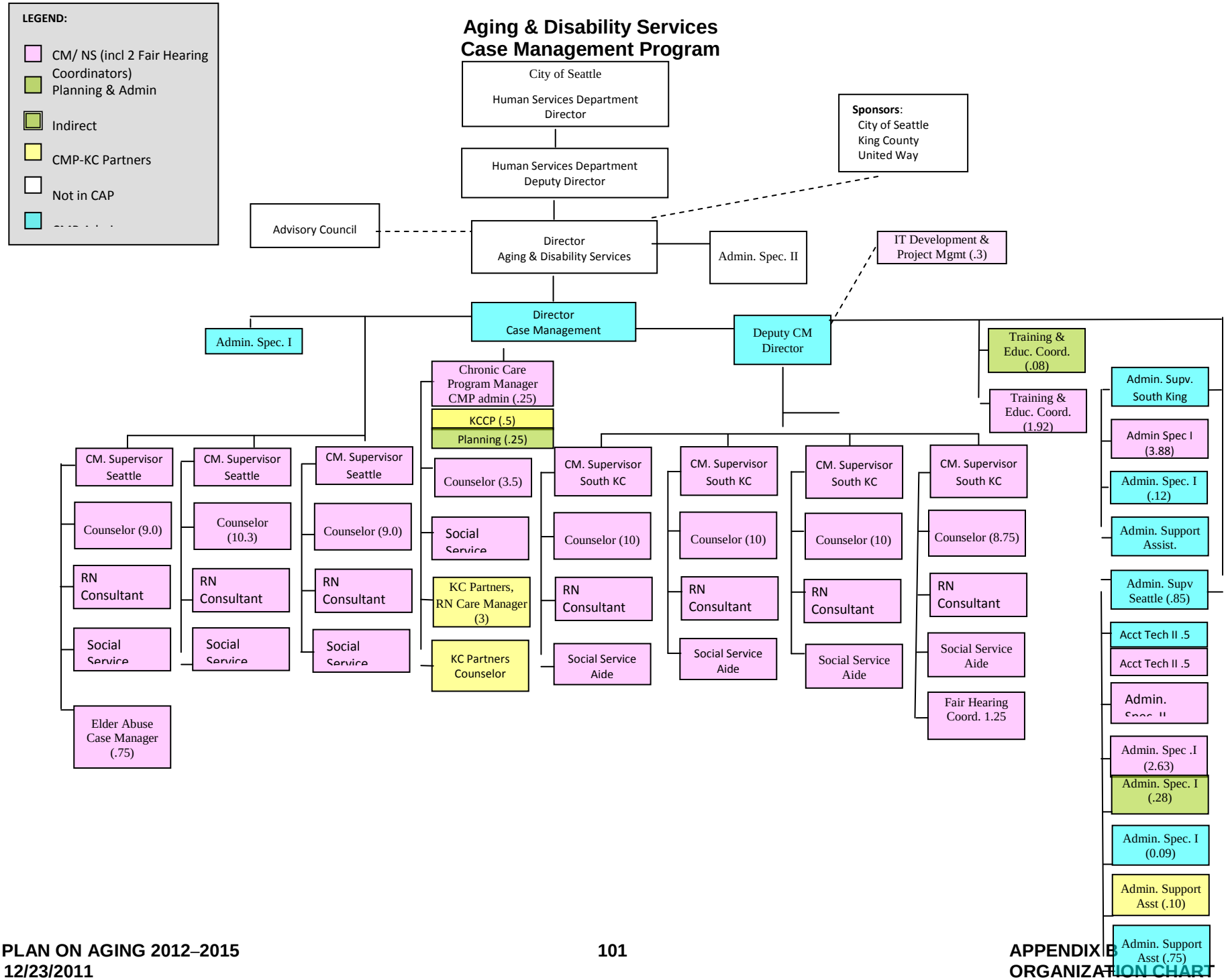
Table 11. Kinship Caregiver Support Program providers, Summer 2011

Agencies as of Summer 2011	Information Services & Group Outreach	Specialized caregiver information	Specialized caregiver assistance (incl. TCARE)	Counseling	Training	Support Groups	Respite Care Services	Supplemental Goods & Svcs	Focus Areas Served (may go beyond these)	Key Priority Populations (highlights, not all-inclusive)
Neighborhood House	X	X	X		X	X			Central & S. Seattle; S. County	Immigrants/refugees; SE Asian and East African focus
Encompass	X	X	X		X	X			Eastside into Eastern, Rural KC	Low-income, rural. Some Latino. Children w/ dev delays
Renton Area Youth & Fam.	X	X	X		X	X			S Seattle (Skyway) and Renton	African American
Kinship Navigator	X	X	X					X	All of County	All priority populations

APPENDIX B: ORGANIZATION CHART

Aging & Disability Services
Planning & Administration




LEGEND:
CM/ NS (incl 2 Fair Hearing Coordinators)
Planning & Admin
Indirect
CMP-KC Partners
Not in CAP
Aging & Disability Services
Case Management Program
City of Seattle
Human Services Department Director
Human Services Department Deputy Director
Sponsors:
City of Seattle
King County
United Way
Advisory Council
Director
Aging & Disability Services
Admin. Spec. II
IT Development & Project Mgmt (.3)
Director
Case Management
Admin. Spec. I
Deputy CM Director
Training & Educ. Coord. (.08)
Training & Educ. Coord. (1.92)
Admin. Supv. South King
Admin Spec I (3.88)
Admin. Spec. I (.12)
Admin. Support Assist.
Admin. Supv Seattle (.85)
Acct Tech II .5
Acct Tech II .5
Admin. Spec .I (2.63)
Admin. Spec. I (.28)
Admin. Spec. I (0.09)
Admin. Support Asst (.10)
Admin. Support Asst (.75)
Chronic Care Program Manager CMP admin (.25)
KCCP (.5)
Planning (.25)
Counselor (3.5)
Social Service
KC Partners, RN Care Manager (3)
KC Partners Counselor
CM. Supervisor Seattle
Counselor (9.0)
RN Consultant
Social Service
Elder Abuse Case Manager (.75)
CM. Supervisor Seattle
Counselor (10.3)
RN Consultant
Social Service
CM. Supervisor Seattle
Counselor (9.0)
RN Consultant
Social Service
CM. Supervisor South KC
Counselor (10)
RN Consultant
Social Service Aide
CM. Supervisor South KC
Counselor (10)
RN Consultant
Social Service Aide
CM. Supervisor South KC
Counselor (10)
RN Consultant
Social Service Aide
CM. Supervisor South KC
Counselor (8.75)
RN Consultant
Social Service Aide
Fair Hearing Coord. 1.25

APPENDIX C: STAFFING PLAN

Appendix C. Staffing Plan

POSITION TITLE	TOTAL STAFF (Full Time & Part Time)	POSITION DESCRIPTION
Planning & Administration		
Director	1 FTE	Directs and supervises all AAA activities.
Planning and Technology Manager	1 FTE	Oversees all planning functions and data application systems.
Planning & Development Specialist II	4.95 FTE (6 staff)	Conduct planning functions: Area Plan development and implementation, systems coordination, research and analysis, advocacy coordination. Advisory Council support.
Operations Manager	1 FTE	Oversees contracted services, agency budget, administrative support, Family Caregiver Program including in-house Respite Care Program. Serves as the HIPAA Privacy Officer.
Chronic Care Manager	0.25 FTE	Planning and developing regarding health care reform and chronic care management.
Contracts and Service Development Manager	1 FTE	Oversees all contracted services and Contracts Unit staff.
Sr. Grants & Contracts Specialist	9.8FTE (11 staff)	Conduct program & contract monitoring, negotiation, training & technical assistance to subcontractors, request for investment processes.
Respite Program Coordinator	2.5 FTE (3 staff)	Perform client assessment and scheduling for Respite services, coordinate with service providers.
Senior Counselor	0.9 FTE	Clinical Staff lead for respite program. Family Caregiver Program development and quality assurance.
Social Service Aide	0.5 FTE	Support for Family Caregiver Program.
Administrative Supervisor	0.15 FTE	Supervises administrative staff
Administrative Specialist II	1.5 FTE (2 staff)	One serves as assistant to AAA director; the other performs word processing, contract production,.
Accounting Technician II	1.0 FTE	Performs fiscal & budget management support.
Administrative Specialist I	.78 FTE (2 staff)	Provides administrative support and troubleshoot SSPS issues.
Administrative Support Assistant	0.15 FTE	Reception
Office/Maintenance Aide	0.72 FTE	Provides clerical support (from the Supported Employment Program).
Training and Education Coordinator	.08 FTE	Troubleshoot SSPS issues

Case Management Program		
Case Management Program Director	1 FTE	Directs the in-house Case Management Program, serves as disaster coordinator.
Case Management Deputy Director	1 FTE	Supervises South King County Case Management Teams, program trainers & all administrative support.
Chronic Care Manager	0.75FTE	Manages King County Care Partners, also supervises a small group of Title XIX case managers.
CM Team Supervisor	7 FTE	Each supervises a team of case managers.
Sr. Case Manager	0.1 FTE	Backup support for team supervisors.
Case Manager	72.3 FTE (74 staff)	Provide case management services to in home clients; and conduct Day Health assessment.
Registered Nurse Consultant	7 FTE	Serve as nurse consultants to the case managers.
Registered Nurse	3 FTE	Provide care management to clients in the King County Care Partners Project.
Administrative Specialist I	7.72 FTE	Provide administrative support.
Administrative Specialist II	1 FTE	Serves as IP coordinator and may assist in administrative support.
Administrative Supervisor	1.85 FTE	Supervise administrative support staff.
Administrative Support Assistant	1.85 FTE	Serve as receptionists and provide administrative support.
Accounting Technician II	1 FTE	Provides fiscal support.
Social Service Aide	8 FTE	Provide support to case managers.
Planning and Development Specialist II	0.25FTE	Planning and data management support for the case management program.
Training & Education Coordinator	1.92 FTE	Provide and coordinate training for CM staff.
Fair Hearing Coordinator	1.25 FTE	Fair hearing activities.
Information Technology Project Manager	0.30FTE	IT development work for CMP databases

Total Number of full time equivalent	144.77
Total number of staff positions	154
Total number of ethnic minority staff	54
Total number of staff over age 60	27
Total number of staff indicating a disability	(Not available)

Information on staff indicating disability is not available in the HR database.

APPENDIX D: ADVISORY COUNCIL

The Advisory Council on Aging and Disability Services (ADS) is a 27-member body of King County residents mandated by the Older Americans Act of 1965. The Council has a significant role in guiding Aging and Disability Services as it administers services for older people in King County.

Sponsors of ADS and its Advisory Council are:

City of Seattle

United Way of King County

King County

The Advisory Council accomplishes its work mainly through committees as well as ad hoc task forces:

- Advocacy Committee
- Planning and Allocation Committee
- Outreach & Communications Committee

Listed are the members of the Advisory Council as of October 1, 2011:

Mary Anderson
Amy Astle-Raaen
Claire Brannan
Katty Chow
Bev Clark
Jacqueline Deerr-Lord
George Dicks
Dr. Natalie Ellington
Timmie Faghin
Kris Fredrickson
Ava Frisinger*
Molly Holmes
Marsha King
Nick Licata*
Tom Minty
Kaylene Moon
Don Moreland
Art Mussman
Duong Nguyen
Dr. Elizabeth Phelan
Tony Provine
Dave Rogers
Berta Seltzer
Diane Snell
Lillian Tang
Cathy VonWald

* Elected official

Total Age 60 Years of Age or Over: 18
Total People of Color: 5
Total Self-Indicating a Disability: 2

APPENDIX E: PUBLIC PROCESS

Three public hearings were held on August 4, 8 and 9, 2011, throughout King County to receive comments on the draft Area Plan for 2012–2015 and the 2012 discretionary allocation recommendations. Participants included approximately 20 older adults, Advisory Council members, community members, staff and providers. Comments and responses are summarized below.

Agency	Comments/ Recommendations	ADS Response
Refugee Women's Alliance	We provide senior nutrition programs for refugee and immigrant seniors and have some transportation needs. We are specifically concerned about our monthly meal program that serves approximately 13 Bhutanese elders. We are in need of funding for transportation to meet the needs of this new immigrant group.	Response: ADS will examine increases to transportation and meal services for emerging communities in preparation for the next nutrition Request for Investments (RFI) in 2012.
Advisory Council Member	I am very concerned about the current national debt situation and its potential impact on aging programs. ADS should gear-up advocacy efforts regarding the preserving the Older Americans Act.	Response: The Advisory Council's Outreach and Advocacy Committee has been following this issue very closely and will continue tracking Older Americans Act reauthorization progress.
King County Liaison	ADS should consider changing the age requirement to 55 and older, in order to reach more people of color.	Response: Several ADS-funded services serve people under 60 years of age, for example, PEARLS, Family Caregiver Support, Homecare, etc.
Catholic Community Services	What are the numbers of Native Americans in Seattle and King County?	Response: In the draft Area Plan, the Demographic Section contains Census information about communities of color. More detailed information is also discussed in the Target Groups section, page 28. In addition, the 2010 ADS Client Profile Report, shows that 369 Native Americans received ADS funded services. http://www.agingkingcounty.org/docs/DemoProfile2010.pdf

Agency	Comments/Recommendations	ADS Response
Senior Services	King County has a disproportionate amount of veterans. Has ADS thought about collaborating with the Veterans Administration to address the needs of veterans who, although younger than 60 years of age, could still benefit from caregiver programs?	Response: The Family Caregiver Support Program is currently available to people younger than 60 years of age.
Senior Services	For advocacy activities for walkable communities in King County, we recommend connecting with Feet First, a nonprofit pedestrian advocacy organization. It also makes sense to include Public Health.	Response: ADS will add these two groups to the work plan list for implementation of activities related to increasing walkability of communities.
SeaMar Community Health	I see many elders who use food banks gaining weight and it may be due to the nutritional quality of foods available at food banks. Perhaps there should also be educational materials about food and nutrition, and more protein, fruits and vegetables available at food banks. Also, if information is to be translated, it is important to make sure the translation is correct and makes sense.	Response: **Revised Objective** to read: Work with local food banks and East African community groups to increase capacity to provide **healthy** culturally appropriate foods for East African elders in need.
Bellevue Network on Aging	Is there a way to expand the practice of P-Patches donating food to food banks throughout King County?	ADS will inventory King County food banks to determine which ones do not receive garden produce.
Bellevue Human Services Planner	To spread the word about services available to family caregivers, we recommend using public service announcements on local television and radio stations.	Response: Washington Association of Area Agencies on Aging is developing promotional videos for the family caregiver program. ADS will make the videos available to municipal television stations and local radio stations.

<table>
<tr><th>Agency</th><th>Comments/Recommendations</th><th>ADS Response</th></tr>
<tr><td>Bellevue Human Services Planner</td><td>We recommend coordinating an Eastside focus group on transportation in order to get specific comments and concerns from older people and adults with disabilities. You may want to begin with the Easy Rider Coalition; the King County Mobility Coalition; the Kirkland Citizens Sidewalk Committee; and the Bellevue Transportation Commission.</td><td>Response: ADS will add an Eastside focus group to the implementation plan for the objective #42 – “Advocate for transportation, pedestrian, street and land use policies and projects that promote walkable communities and pedestrian safety, and support people as they age.” The Advisory Council will hold one meeting a year in an East Urban setting with at least one program topic to include improving transportation options for people as they age.</td></tr>
<tr><td>Bellevue Human Services Planner</td><td>Some of the objectives in the draft plan are specific to Seattle or King County. Please review and consider making them more general in order to encourage better partnerships.</td><td>Response: ADS will broaden objectives specific to Seattle or King County to also apply to municipalities.</td></tr>
<tr><td>Bellevue Network on Aging</td><td>The plan highlights growth of the 60 and older population, especially on the Eastside. Please keep that in mind when ADS makes future funding decisions. ADS should also consider preparing a report specific to elders on the Eastside.</td><td>Response: New Objective: Coordinate at least one Advisory Council meeting a year with a focus on older people and adults with disabilities who reside in East and South King County areas.

2010 Client Profile Report: Clients Served by King County Subregions:
<table>
<tr><th>Subregion</th><th>Number Served</th><th>Total 60+</th><th>% Total Pop.</th></tr>
<tr><td>Seattle</td><td>13,005</td><td>106,967</td><td>12.1</td></tr>
<tr><td>North Urban</td><td>2,387</td><td>23,995</td><td>9.9</td></tr>
<tr><td>East Urban</td><td>3,659</td><td>73,395</td><td>4.9</td></tr>
<tr><td>South Urban</td><td>9,558</td><td>87,838</td><td>10.8</td></tr>
<tr><td>East Rural</td><td>659</td><td>4,392</td><td>15.0</td></tr>
<tr><td>South Rural</td><td>356</td><td>8,993</td><td>3.9</td></tr>
<tr><td>Vashon</td><td>83</td><td>2,452</td><td>3.3</td></tr>
<tr><td>TOTAL</td><td>29,707</td><td>229,187</td><td>12.9</td></tr>
</table></td></tr>
</table>

General Comments	It is important for housing to be accessible as we age. Please continue to advocate for Universal Design.	Response: Referenced page 51 – Objective #12 – Educate policy makers and community members about the advantages of incorporating Universal Design (UD) principles into standards for all types of housing development. Annual Goal: 2 presentations.
	In reviewing the RFI regarding caregiver support, I noticed that it was a requirement to conduct outreach activities within diverse communities. Perhaps it should be a requirement in all RFIs.	Response: **New Objective**: ADS will add a requirement to conduct outreach activities within diverse communities in all Requests for Investments (RFIs).
	Washington Connections – Will people be able to print applications for assistance if they are unable to complete them on-line, or can requested forms be mailed?	People who prefer to apply for the Department of Social and Health Services (DSHS) benefits using a paper application can download it from the Washington Connection website. These applications will also be available at local community service offices.

APPENDIX F: POLICY 7.01 IMPLEMENTATION PLAN

MUCKLESHOOT INDIAN TRIBE
SEE PP. 108–113

SNOQUALMIE NATION
SEE PP. 114–115

Policy 7.01 Implementation Plan (Muckleshoot Indian Tribe)

Seattle Human Services Department

Aging and Disability Services

Biennium Timeframe: January 1, 2012 to December 31, 2013

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the previous year - 2011
Medicaid Case Management 1. Improve communication between ADS, HCS and Muckleshoot Tribal staff re case transfers, and CARE Plan development. 2. Assign one ADS Case Manager for all Muckleshoot CMP clients for continuity. 3. Increase focus on non-tribal members on the reservation and in the community. 4. Follow all persons referred by ADS to HCS to confirm that they are set up on services based on eligibility. 5. ADS will encourage Tribal staff to communicate directly w/ HCS/ADSA re: offering New Freedom Program to CMP clients during initial assessments.	(1) Modify consent form to identify Tribal Affiliation for case management clients. (2) Assign all Muckleshoot CMP clients to one ADS Case Manager. (3) ADS Case Manager will receive referrals for all discretionary clients 60 yrs old and older from Tribal staff. (4) ADS Case Manager will encourage Tribal staff to refer all clients under 60 years old directly to HCS, assist clients with the benefits application process, and notify ADS Case Manager once application is sent to HCS. (5) ADS Case Manager will contact Tribal staff to coordinate home visits with a tribal representative for all initial home visits and as preferred by CMP clients and/or staff. (6) Tribal staff will coordinate client releases. (7) Tribal staff and ADS Case Manager will conduct monthly joint case staffings.	• Improved communication and coordination between ADS, HCS and Tribal staff re all Muckleshoot client cases. • Coordinated joint case staffing with ADS & HCS RE: tribal members and non tribal community member clients bi-monthly or whenever APS or court-ordered cases are involved. • Tribal staff will help ADS Case Manager establish rapport with CMP clients so that Case Manager will be able to provide services for CMP clients if Tribal staff is not required for each home visit. • Increased referrals and coordination of LTC services for Tribal and non-Tribal community members.	December 31, 2012 Dick Sugiyama, Director, CMP Maureen Linehan, Deputy Director, CMP Hiroko Evans, CMP Supervisor Keith Rapacz, Case Manager Sharon Curley, Division Director Muckleshoot Human Services Wendy Burdette, Program Manager Muckleshoot Senior Services	Joint case staffing involves ADS Case Manager and Muckleshoot Tribal Staff. First Tuesdays of every month are regular joint case staffing. 1st Quarter Caseload 10 Core Cases 28 Discretionary Cases 10 CARE assessments completed 6 Authorized to receive LTC in-home services; 4 refused services ADS staff also participated in an Elders Breakfast. Approximately 50 elders attended (1st Quarter 2011) Summer 2011, Muckleshoot Tribe Senior Center Home Delivery Program scheduled to receive 340 bags of fresh organic produce through the Senior Farmers Market Produce Bag Delivery Program. MIT staff also assisted over 63 elders with completing applications for the Farmer's Market Nutrition Program and lottery to receive fresh produce. MIT is represented on the ADS Farm-to-Table project. A Native Cooks Retreat, hosted by Bastryr University was held March 19-20, 2011. The purpose was to learn how to prepare traditional native foods using fresh fruits, vegetables and native herbs. http://psfn.org/blog/2011/03/muckleshoot-tribal-cooks-retreat/

Policy 7.01 Implementation Plan (Muckleshoot Indian Tribe)

Seattle Human Services Department
Aging and Disability Services
Biennium Timeframe: January 1, 2012 to December 31, 2013

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the previous year – 2011
Medicaid Case Management, continued 6. ADS Case Manager will provide initial eligibility determination and on-going case management for Muckleshoot Tribe and tribal community members residing in-home and who request LTC core services, per the agreement HCS has with the Muckleshoot Tribe and ADS. 7. ADS Case Manager and the Muckleshoot Senior Services Program Manager will work to increase communication and coordination client referrals and services by creating a partnership with the Tribal Health & Wellness Program.			December 31, 2012 Dick Sugiyama, Director, CMP Maureen Linehan, Deputy Director, CMP Hiroko Evans, CMP Supervisor Keith Rapacz, Case Manager Sharon Curley, Division Director Muckleshoot Human Services Wendy Burdette, Program Manager Muckleshoot Senior Services	Muckleshoot Tribe is working to integrate the benefits of Farm-to-Table to assist with creating a traditional food bank also known as The Muckleshoot Food Sovereignty Project. Tribal members are working to ensure fair and sustainable food, farm and trade systems. http://www.superconsciousness.com/topics/health/muckleshoot-tribe-reclaiming-their-health The Farm-to-Table is also instrumental in allowing MIT to purchase fresh produce from local farms which saves money for their meal programs and promotes better nutrition. Elders get to see firsthand where food is being harvested, which also supports the Food Sovereignty Project to build community food security.

Policy 7.01 Implementation Plan (Muckleshoot Indian Tribe)

Seattle Human Services Department

Aging and Disability Services

Biennium Timeframe: January 1, 2012 to December 31, 2013

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the previous year – 2011
Training 1. ADS will identify key training opportunities for Tribal Senior Services staff and caregivers.	(1) ADS will inform and offer training opportunities to Tribal staff for trainings offered to ADS case managers.	• Increased training opportunities for Tribal staff.	Dec. 31, 2012 Keith Rapacz, Case Manager	MIT hosted a "Taking Care of the Caregiver Retreat" for all tribal caregivers. (2011) MIT and ADS staff participated in a webinar training re the Chronic Disease Self-Management Program (CDSMP) also called *Pathways to Healthy Living*. ADS staff have explored the idea of MIT hosting a Pathways to Healthy Living six-week workshop for elders. MIT staff identified 10 people as lay leaders to teach the workshop and is pursuing a CDSMP three year license provided through ADSA. ADS staff is assisting with locating a master trainer to train lay leaders and to provide other supports as needed. ADS staff also facilitated connections with MIT and other WA state tribes participating in the CDSMP. ADS staff coordinated a training workshop overview with Master Trainers from the Puyallup Tribe on May 24, 2011. ADS staff will also assist with coordinating resources and a training on dementia, memory loss, Alzheimer's, dementia care, etc.
2. Plan and schedule a training offered by tribal staff re Native American cultural beliefs and practices	(2) Coordinate and schedule training with ADS staff.	• Conduct at least one training during 2011.	Dec. 31, 2012 Sharon Curley, Human Services Division Director Muckleshoot Tribe	
3. Elder Abuse Training	(1) Develop Memorandum of Understanding (MOU). Reporting requirements regarding elder abuse cases will be spelled out in the MOU	• MOU in place.	September 30, 2012 Gigi Meinig, Planner	
4. Medicare Care Transitions	(1) Involve MIT in the So. County focus group regarding the root causes analysis of hospital readmissions. (2) Even if grant is unfunded, continue to work with MIT in reducing hospital readmissions.	Conduct focus group and coordinate any follow-up activities and planning regarding reducing hospital readmissions.		

Policy 7.01 Implementation Plan (Muckleshoot Indian Tribe)

Seattle Human Services Department

Aging and Disability Services

Biennium Timeframe: January 1, 2012 to December 31, 2013

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the previous year – 2011
5. **King County Care Partners** (KCCP) – is a collaboration between health care practitioners and community service providers with a goal of improving health outcomes for high risk patients—people whose health concerns include multiple chronic diseases, mental health issues and a history of substance abuse. A team-based approach to care management helps patients develop self-management skills and encourages them to take personal responsibility for their health care.	(1) Identify South King County clinics. (2) Identify potential eligible Muckleshoot tribal members who are: a. Clinic patients enrolled in the Medicaid fee-for-service program. b. "High-utilizers" of health care services as identified by DSHS. (3) Assess risk factors, health literacy, health status and self management skills. (4) Screen for alcohol and substance abuse, depression and other mental health conditions, diabetes, heart disease, and other chronic conditions. (5) Develop medical treatment and care plans. (6) Help clients address barriers to using health care system. (7) Track measures for evidence-based medicine guidelines for chronic illness.	• Improve health outcomes for program enrollees using evidence-based medicine. • Support health care home development and coordination for Medicaid clients. • Improve self-management and prevent avoidable medical costs. • Personal empowerment and goal achievement.	Dec. 31, 2012 Keith Rapacz, Case Manager Sharon Curley, Human Services Division Director Muckleshoot Tribe Wendy Burdette, Program Manager Muckleshoot Senior Services	**ADS CM identified the following training opportunities with MIT staff during 2011:** • June 8th Online Discussion "Responding to Native LGBT/Two Spirit Community Crime Victims" • June 8th ADS Training on Dementia • Informed MIT Staff of diabetes studies and contact information about "Exercise for the body & brain" by Julie Moorer, R.N.; Memory Wellness Program, University of WA & VA Puget Sound Health Care System • Informed MIT Staff of Age 55+ Employment Resource Center Job Search Workshops scheduled for 5/20, 6/16, and 7/21 • Informed MIT staff about "Steps for Living Well in Retirement": Download AARP Resources at www.aarp.org/orderfinancialpubs • MIT staff invited ADS Case Manager to Muckleshoot Elder & Vulnerable Adult Protection Code Training on 6/28/11 (Postponed TBA) • Provided MIT staff AARP's Retirement Planning Calculator link at www.aarp.org/retirementcalculator to estimate how much income elder's will need in retirement.

Policy 7.01 Implementation Plan (Muckleshoot Indian Tribe)

Seattle Human Services Department

Aging and Disability Services

Biennium Timeframe: January 1, 2012 to December 31, 2013

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the previous year – 2011
6. **Family Caregivers Support Program** (FCSP) – helps unpaid caregivers of adults age 18 and older, by helping to reduce stress, and enable care receivers to remain at home and independent.	(1) Develop strategy to determine who will be conducting the T-Care Assessments. (2) Identify MIT caregivers in need of support. (3) Set goal for number of caregiver referrals. (4) Set goal for number of caregiver assessments to be conducted.	• Referrals to local support groups, counseling and other resources. • Provide advice on use of supplies and equipment. • Caregiver training(s). • Respite care, if needed.		
7. **Chronic Disease Self Management Program -** is a two & a half hours workshop, once a week, for six weeks, in community settings, involving people with different chronic health problems. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with chronic diseases themselves.	(1) Complete scheduled trainings for six MIT lay leaders. (2) Case manager will work with MIT to refer tribal and community members to trainings.	---------- • Track the number of referrals to CDSMP. • Improvements in exercise and self-management of chronic diseases. • Fewer hospitalizations and days spent in the hospital.		

Policy 7.01 Implementation Plan (Muckleshoot Indian Tribe)

Seattle Human Services Department

Aging and Disability Services

Biennium Timeframe: January 1, 2012 to December 31, 2013

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the previous year – 2011
Emergency Preparedness 1. ADS & Tribal staff will work to educate and assist CMP clients in preparing for possible increased flood risk to residents residing in Green River Valley & hillsides.	1. ADS and Tribal staff will discuss client emergency preparedness and work to inform CMP client's of their need to be prepared with adequate emergency supplies, evacuation plans and inform CMP clients about their local jurisdiction's warning and notification systems, evacuation routes, shelters, and flood insurance.	• Increase client preparedness • Reduce impact to MIT tribal & community members & their property. • Reduce disruption of home care services. • Tribal staff develops an alternate work site on the reservation for ADS Case Manager.	Dec. 31, 2012 Keith Rapacz, Case Manager Dec. 31, 2012 Sharon Curley, Human Services Division Director Muckleshoot Tribe	Planned for possible alternate worksite for ADS Case Manager. ADS is working to identify high risk clients from CARE, in order to share the information with each specific home care agency, one to two times a year. Having a common list of high risk clients will allow us to better coordinate services with the home care agencies in case of a disaster.

Policy 7.01 Implementation Plan (Snoqualmie Nation)

Seattle Human Services Department

Aging and Disability Services

Biennium Timeframe: January 1, 2012 to December 31, 2013

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the previous year – 2011
Transportation 1. Explore ways to support transportation needs of elders.	▸ Support development of a contract with Hopelink to provide transportation to medical appointments (Medical, dental, etc.)	▸ More drivers ▸ More trips provided to vulnerable, transportation dependent riders	2012-2013 Angela Miyamoto, Program Specialist	• Maintains relationship with the Sno-Valley Senior Center. During 2010, Snoqualmie Valley Transportation (SVT), a partnership of the Snoqualmie Tribe and Mt Si Senior Center, provided 5,922 rides to adults 60 and older. In addition, 3,680 rides were provided to disabled adults for a total of 9,602 rides. (Note: if a person is both over 60 and disabled, they would be counted as disabled.)
Training 2. Work with Tribal staff to facilitate health promotion trainings and workshops for unpaid caregivers. 3. Explore training opportunities for Community Health Reps. (CHRs).	(3) ADS staff will work with Tribal members to coordinate training sessions in the context of the annual Elder Retreat event. (4) ADS staff will work with Tribal members to coordinate Chronic Disease Self Management Program (CDSMP) training sessions.	(5) Sponsorship of trainings focusing on: Family Caregiving, elder-focused health promotion, nutrition, medication management, emergency preparedness, etc.	2012-2013 Karen Winston, Planner Cindy Ferguson, Snoqualmie Tribe Philip Koziol, Snoqualmie Valley Hospital	• Snoqualmie elders received meals and attended trainings offered at the Mt. Si Senior Center. • A planning session with caregivers is scheduled for October 2011 to identify needs, interests and priorities. • A retreat for caregivers is scheduled for early 2012. • Facilitated a connection between the Sno-Valley Hospital and the Tribe's Care Clinic for CDSMP. • Target start date for the CDSMP is first quarter 2012.

Policy 7.01 Implementation Plan (Snoqualmie Nation)

Seattle Human Services Department

Aging and Disability Services

Biennium Timeframe: January 1, 2012 to December 31, 2013

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the previous year – 2011
Medicaid Case Managemt. 4. Explore the possibility of coordinating King County Care Partners (KCCP) with the Tribes Health Care Clinic.	▸ Work with the Tribes Care Clinic's medical provider to plan meetings to identify clients and facilitate coordination.	▸ Improve health outcomes for program enrollees using evidence-based medicine. ▸ Support health care home development for Medicaid clients. ▸ Intervene with enrollees to prevent avoidable medical costs.	2012-2013 Maureen Linehan, Operations Manager Karen Winston, Planner Cindy Ferguson, Snoqualmie Tribe Philip Koziol, Snoqualmie Valley Hospital	• No elders are currently receiving in-home services. • Most elders use the local clinic regularly.
Care Transitions 5. Explore the possibility of implementing care transitions program in East King County.	• Conduct a focus group involving Snoqualmie Tribal members and East side providers to identify gaps and ways to improve coordination of patients' transition from hospital to community setting.	• Improved coordination of patients' transition from hospital to home. • Able to address both social and health issues. • Reduce or eliminate unnecessary hospital readmissions. • Increased independence.	2012-2013 Maureen Linehan, Operations Manager Karen Winston, Planner Cindy Ferguson, Snoqualmie Tribe Philip Koziol, Snoqualmie Valley Hospital	

APPENDIX G: REPORT ON ACCOMPLISHMENTS — 2010–2011 AREA PLAN UPDATE

BASIC NEEDS

Target Populations

1. Increase access to ADS-funded programs and services among communities of color, limited English speaking immigrants and refugees, and GLBT communities in King County, by 5%. (December 2011)

	Communities of Color	Limited English	Immigrant/ Refugee	LGBT
2006 Baseline	12,920	8,092	2,171	NA
Goal	13,566	8,497	2,280	NA
2010 Progress	**14,212**	**9,903**	**2,465**	**NA**
2011 Progress	**21,723**	**12,704**	**5,226**	**NA**

2. Convene multi-cultural forum to enhance communication and cooperation with community service providers and other aging organizations that represent and advocate for communities of color. (December 2009)
   Instead of hosting a multi-cultural forum, Advisory Council members conducted Community Conversations at ethnic meal sites throughout King County. Six Community Conversations were held from March to May 2011 with over 170 older adults including Chinese, Ukrainian, Hispanic, Eritrean, Ethiopian, Somali, and Native American elders.

3. Coordinate the continued development of the 7.01 Implementation Plans with the Muckleshoot Tribe and the Snoqualmie Nation.
   See Appendix F for the approved state designated 7.01 Implementation Plan for 2011–12.

Senior Housing

4. Collaborate with housing partners to encourage affordable housing options such as pre-fabricated accessory dwelling units (ADUs). (December 2011)
   In 2006, the City of Seattle adopted legislation to allow detached accessory dwelling units (ADUs) or backyard cottages (BYCs) in Southeast Seattle. In December 2009, backyard cottages became legal citywide. Emory Baldwin, Northwest Universal Design Coalition (NWUDC) member and architect of pre-fabricated ADU, was highlighted in American Institute of Architects on-line magazine May 2011.[172]

5. Educate policy makers and community members about the advantages of incorporating Universal Design (UD) principles into all types of housing development. (December 2011)

[172] www.aia.org/practicing/AIAB089540

Through the NWUDC, a working group was established to incorporate universal design elements into the WA Evergreen Sustainable Development Standard (ESDS). These standards are required of all affordable housing projects or programs receiving capital funds from the Housing Trust Fund after July 1, 2008. The UD elements were adopted and will be finalized in the summer of 2011.

NWUDC continues to educate the public on UD principles through workshops and presentations in a variety of settings. For example, Tom Minty, NWUDC member presented to the Bellevue City Council in May 2011.

6. In partnership with housing supporters, advocate at the federal and state levels for increased funding for low income housing assistance. (December 2011)
   Through advocacy efforts from our housing partners such as the Housing Development Consortium (HDC), the state legislators allocated $50 million to the state Housing Trust Fund for the 2011–2013 biennium, in spite of many other cuts. In addition, the HDC affordable senior housing affinity group, co-chaired by an ADS planner, is working to influence federal legislation for more funding for supportive services.

Emergency Preparedness

7. Participate in local emergency preparedness planning activities: Define a functional role with Seattle and King County through written agreements and participate in developing planned responses for vulnerable populations. (December 2011)
   ADS management staff have continued to participate in: 1) regular Emergency Support Functions (ESF) 6 Mass Sheltering meetings; 2) the King County Vulnerable Populations committee; and 3) the King County Healthcare Coalition. This year, the role of HSD/ADS was updated in the City's Emergency Preparedness Plan as part of the City's ESF 6 responsibilities.

   a. Investigate possibility of senior centers to act as gathering places.
      Senior centers are recognized as a place that seniors may gather in a disaster and, during heat or cold events, the Office of Emergency Management will verify their hours and publish the centers as places where people can go to get warm or cool. The Office of Emergency Management offers preparedness training to groups requesting information — while some seniors are reached through these presentations (e.g., at some housing facilities), there has not been specific coordination with the senior centers.

   b. Participate in the King County Emergency Management Coalition to stay informed about potential disaster threats to case management clients who live in South King County.
      The Howard Hanson Dam/Green River Valley potential for flooding has been downgraded from 1:3 to 1:60 chance of flooding following extensive improvements in the dam abutment. The Case Management Program has modified its emergency response plans accordingly.

8. Address emergency needs of high-risk clients by including: (December 2011)
   a. Contract language with subcontractors.
      Language is now included in all ADS contracts.

b. Requiring them to identify and contact high-risk clients in an emergency and encourage staff training in pandemic flu protocols.
All 22 home care agencies have high-risk client lists and have added training in pandemic flu protocols to their staff trainings.

c. Provide similar contact for high-risk clients of the Medicaid in-home program.
See above response.

d. Investigate the Map Your Neighborhood booklet and connect with neighborhood planning groups.
No activity to report.

e. Explore ways to work with utilities to identify clients at high-risk during natural and man-made disasters that result in electrical outages.
Home care agencies have coordinated with local utilities and have identified the high-risk clients served by the utilities.

9. Increase awareness about vulnerable, at-risk populations during emergency disasters by featuring two related articles each year in the on-line Seniors Digest Magazine. (December 2011)
Articles regarding emergency preparedness appeared in Seniors Digest on December 2010 issue, and is scheduled to appear in the November 2011 issue.[173]

a. Create an on-line library linking to emergency preparedness materials related addressing vulnerable, at-risk populations in as many languages as possible.
Emergency preparedness information in multiple languages can be found at: City of Seattle Emergency Management web site (click on the language specific language and a list of preparedness materials will be provided).[174] There is also a preparedness video available in multiple languages. Public Health–Seattle & King County has a variety of materials in several languages available online.[175] Additional resources can be found at the American Red Cross or with agencies that serve specific populations.

Transportation

10. Support local efforts (King County Special Needs Steering Committee, Sound Transit Regional Special Needs Transportation Committee, and the Puget Sound Regional Council Special Needs Transportation Committee) to maintain transportation funding for projects including: community shuttles, additional volunteer transportation support, and "bus-friendly" training programs throughout King County. (December 2011)
ADS has participated in various special needs transportation committees to support community shuttles, volunteer transportation, and "bus-friendly" training programs. Community shuttles has increased service, now serving Northeast and Northwest Seattle, Queen Anne, Interbay, and Magnolia. During these tough economic times, funding for volunteer transportation has been sustained. Travel training programs continue throughout King County helping address elders with their mobility needs.

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[173] Emergency Preparedness Reminders, Seniors Digest, December 1, 2010 (www.poststat.net/pwp008/pub.49/issue.1470/article.6127/).
[174] Language Resources, City of Seattle Office of Emergency Management (www.seattle.gov/emergency/prepare/language/default.htm).
[175] Disaster preparedness fact sheets and flyers, King County (www.kingcounty.gov/healthservices/health/preparedness/disaster.aspx).

In addition, ADS has participated in the Eastside Easy Rider Collaborative (EERC), which brings transportation partners and health and human services providers together to address issues specific to east King County. The EERC was organized to identify a creative and cost-effective way to assist older adults, persons with disabilities, and low-income individuals on the Eastside enjoy a better quality of life through increased mobility. In fall/winter 2010-2011, the EERC hosted transportation forums to educate human services professionals and the public about transportation options and service changes in Issaquah and a SR 520 bridge tolling training, in partnership with WSDOT. In summer 2011, a comprehensive mobility Web site was unveiled.[176] Several action teams were created at the EERC Strategic Planning meeting on August 15, 2011. The EERC also provides outreach support for the Bellevue EZ Rider Connector Dial-A-Ride transportation service and Travel Ambassador Program.

ADS is represented on the King County Mobility Coalition and its Livable Communities subcommittee. On July 27, 2011, ADS staff participated in the Immigrant and Refugee Elders Transportation Summit, which was funded by a grant from the National Center on Senior Transportation.

11. Work with transportation partners to advocate for funds to coordinate transportation systems that serve mobility needs of older adults and people with disabilities with special attention to promoting: (December 2011)
    a. Health equity.
    b. New high density developments.
    c. Rural communities.

    ADS advocated for funding coordinated transportation systems. ADS continues to fund nutrition transportation helping immigrant and refugee elders to access ethnic meal programs, promoting health equity. Through the coordinated grant program transportation projects serving rural communities including Maple Valley and Snoqualmie Valley were funded.

12. Work with the King County Special Needs Steering Committee to formalize a coordinated special needs transportation structure for King County. (December 2011)

    Through the King County Mobility Coalition, a coordinated transportation plan that assesses existing transportation services in King County was developed. The goal of the plan is for transportation providers to work together to gain economies of scale, eliminate duplication and expand service.

ADRC (Aging and Disability Resource Center)

13. Work with other AAAs and DSHS Aging and Disabilities Services Administration to define scope of essential service components. (December 2011)

    Although ADS was not among the four AAAs in Washington to receive funding to implement an ADRC, ADS participated in statewide planning meetings for ADRC development. In addition, throughout 2010, ADS participated in the requirements development process for a statewide ADRC database that will include a resource directory, self-service functionality, and NAPIS reporting. The state selected a vendor through a competitive bid process and will pilot the system with four AAAs in late 2011. Three ADS I&A providers will participate in the pilot process. ADS has also convened a workgroup of local

[176] Eastside Easy Rider Collaborative Web site (www.eastsideeasyrider.org).

providers (see #14) to plan for implementation of essential ADRC service components as defined by ADSA.

14. Covene a planning group to develop a white paper that evaluates the role of ADRCs including Special I&As; and evaluates funding needs for increased staff, training, and start-up operations (office space, phone systems, IT, etc.). (December 2011)
    In addition to participation in statewide planning efforts (see #13) and data system development and implementation, ADS has convened a workgroup of I&A providers, 211 and other partners to plan for the transition of the King County I&A network to an Aging & Disability Resources Network.

15. Partner with W4A to develop and distribute elder-readiness printed materials to raise awareness, engage local governments and the business community in discussion of elder-readiness in King County, and assist other partners in planning. (December 2011)
    ADS continues to make inroads into the business community. ADS & W4A joined the Greater Seattle Chamber of Commerce and connected with the Rotary Club and the Downtown Seattle Association. A number of Rotaries in the Puget Sound area are interested in short presentations regarding aging readiness.

16. Coordinate marketing of programs and services that help people earn and/or save money, use financial resources more wisely, and plan more effectively (may include Age 55+ Employment Resource Center, Utility Discount Program, PeoplePoint, Special Discounts Directory, Bank On Seattle, National Save for Retirement Week, DollarWi$e, Mazuma and other local programs).
    a) Promote presentations at libraries, community centers, local chambers of commerce, work sites, and churches.
    b) Promote educational programs on financial planning (including long-term care) targeting boomers and women at all income levels.
    In March 2011, several ADS Advisory Council members attended the launch of the Elder Economic Security Standard Index for Washington report and then talked with state legislators about the importance of services offered through the Senior Citizen Services Act and other funding that helps support elders and adults with disabilities in King County and throughout Washington State.[177]

    In June 2011, Aging and Disability Services joined the Seattle-King County Asset Building Collaboration (SKC-ABC), which connects people with a variety of asset-building services, such as access to affordable, mainstream banking; financial planning, education, and coaching; credit and debt counseling; free tax preparation; access to public benefits; microenterprise development; and homeownership and foreclosure prevention resources.[178] Several ADS planners, contract specialists, and case managers attended a series of SKC-ABC financial empowerment trainings tailored for HSD staff (6/9, 6/14 & 6/16/2011), as well as a Seattle City Council-sponsored forum on financial empowerment (6/23/11).

[177] Elder Index Reinforces Importance of Senior Citizen Services Act, Seniors Digest, April 1, 2011 (www.poststat.net/pwp008/pub.49/issue.1543/article.6466).
[178] Seattle King County Asset Building Collaborative (www.skcabc.org/).

The July 2011 issue of Seniors Digest focused on financial empowerment.[179]

Finally, ADS utilizes social media (primarily Silver & Gold–Seattle & King County) to promote a range of beneficial programs for older adults and adults with disabilities, including senior employment, financial empowerment, computer training, and money-saving programs.[180]

17. ADS will explore the feasibility of a searchable Senior Information and Assistance database available by region. (December 2010)
ADS is participating in the pilot phase of a new statewide resource database for ADRCs. The new system will allow users to search for services using geographic criteria. During the pilot phase (Oct–Dec 2011), Senior Services will evaluate whether this system will be a suitable replacement for their current Senior I&A database.

18. ADS will explore the feasibility of a "425" Senior Information and Assistance phone number for east side residents. (December 2010)
ADS includes the number for Evergreen Care Network (ECN), a 425 area code, on its website and in other materials. Although ECN is not funded by ADS as an Information & Assistance provider, they are able to offer this service through hospital funding. ECN is also participating in the ADRN workgroup (see objective #13).

HEALTHY AGING

Target Populations

1. In cooperation with the Mayor's Council on African American Elders and partners, sponsor quarterly health education sessions in community settings on topics related to chronic disease prevention and management. (Ongoing)
During 2011, MCAAE members sponsored two events. In February, members hosted a Clergy Workshop to educate African American church leaders and staff about programs and services available through the aging network. Approximately 20 people attended and six churches were represented. The second event was Community Legislative Forum held July 28, 2011. The theme of the forum was Senior's Concerns: Healthcare, Housing and Transportation.

2. Create an online library linking to culturally-appropriate educational materials related to the self-management of chronic conditions in at least the top five languages spoken by King County seniors. (December 2010)
Information about ADS initiatives for managing chronic illnesses is available online.[181] The information is not yet available in different languages.

Physical Activity

3. Increase the participation of older adults by 500 in evidence-based physical activity programs. (December 2010) (Ongoing)

Baseline	2,036

[179] Seniors Digest, July 2011 (www.poststat.net/pwp008/pub.49/issue.1585/article.6661/).
[180] Silver & Gold—Seattle & King County (www.facebook.com/Silver.and.Gold.SKC).
[181] Prevent Disease, Aging King County, Aging and Disability Services (www.agingkingcounty.org/prevent_disease.htm).

2010 Progress	**2,071**
2011 Progress	**1,671 (1st & 2nd Qtrs.)**

4. In partnership with the Healthy Aging Partnership offer health education messages including physical activity, fall prevention, and immunization public service messages. (December 2011)
   In fall 2010, HAP invited King County community groups — such as clubs, neighborhood associations, faith communities, and advocacy groups — to apply for up to $5,000 to start aging-at-home projects. HAP funded four of the 17 proposals received: 1) Intergenerational Multimedia Story-telling, 2) Brighton Senior Farms, 3) South Park Fall Prevention and Fitness Program, and 4) Sammamish Cares. Each project will provide quarterly reports and have until December 31, 2011 to use the funding.

5. Advocate for increased Regional Service Network funding ($500,000) annually for prevention and early intervention mental health and substance abuse services for older adults. (December 2011)
   The Advisory Council successfully advocated for the development of a policy statement regarding the Mental Health Transformation Project. Geriatric Regional Assessment Team (GRAT) received $350k for chemical abuse services. Primary clinics received $500k to screen and treat older adults.

6. Advocate for full coverage by Medicare of preventive behavioral health care and full coverage for psychiatric treatment in primary care settings, and behavioral health treatment by psychiatrists. (December 2011)
   ADS Advisory Council will monitor the development of rules for Medicare as the Affordable Health Care Act is implemented.

Self-management of Chronic Conditions

7. Seek funding to expand access to evidence-based classes in self-management and prevention of chronic conditions for 50 older adults annually. (December 2011) (Baseline: 2,036)
   ADS is preparing a proposal for a $20,000 mini-grant due in September 2011. Chronic Disease Self Management Program (CDSMP) classes are scheduled for Muckleshoot tribal members to begin in October 2011, followed by quarterly classes. ADS staff is also working with Full Life to coordinate a COPES waiver contract for CDSMP classes.

SOCIAL AND CIVIC ENGAGEMENT

1. Participate as a founding partner in the Next Chapter of Puget Sound to focus on people in the second half of life who are seeking meaningful work, ways to serve, learning opportunities, and self-discovery. (December 2011)
   No activity to report.

2. Partner with Parks and Recreation Departments in jurisdictions around the region to develop programs attractive to multiple generations of older adults. (December 2010)
   No activity to report.

3. Increase participation in senior centers and activity sites through support for strategic planning and leadership development. Implement the 2008-2010 Seattle Senior Center initiative as adopted. (December 2010)
   In response to a Statement of Legislative Intent (SLI) by the Seattle City Council, ADS conducted a planning process to identify the City's policy goals

for older adults; the role of senior centers and other City-funded programs and initiatives in meeting these goals; and effective and sustainable approaches to implementing programs and services in support of these goals. The final report — *Seattle for a Lifetime* — was submitted to the City Council on August 3, 2010. The report included specific recommendations for each of the following areas: funding; resource coordination; facility improvements; technical assistance; and aging readiness.

Specific actions taken as a result of the report include: senior centers and Parks' Lifelong Recreation staff are working together to coordinate resources and programming; and, discussions are underway between Phinney Neighborhood Association and City departments (Housing, Finance and Administrative Services, and Human Services) regarding redevelopment options for the Greenwood Senior Center.

4. Increase the number of participants in food, fitness, and social activities at refugee and immigrant meal programs by 10%. (December 2011)

Baseline	**2,171**
Goal	100
2009 Progress	**63**
2010 Progress	**116**
2011 Progress 1st & 2nd Qtrs	**145**

Two contractors created six new sites for Enhanced Fitness: SeaTac Somali program; Ukrainian Community Center; Somali Community Services; Samoan American Polynesian Org. at South Park; Laotian seniors in south Seattle; and Hmong Seniors in south Seattle.

5. Seek funding to expand social support at senior centers for homeless older adults. (December 2011)
In January 2010, the Pike Market Foundation began funding a full time social support services position at the Pike Market Senior Center. This position was formerly funded by ADS as part of the Community I&A program. Foundation funding provides the agency with greater flexibility in responding to the needs of their participants.

In July 2011, Pike Market began providing breakfast and lunch 7 days/week with the support of a grant from a private funder. United Indians of All Tribes Foundation has also established a partnership with the Indian Health Board (IHB) to hold lunch at the IHB two days a week. Many of their participants are very low income.

6. Promote Seniors Digest and Encore (the City of Seattle's Web portal for people age 50+) as on-line resources for older adults, their families, and caregivers. (December 2011)
   a. Increase the number of subscribers by 10%.

2008 Baseline	**706**
Goal	**777**

2009	791
2010	894
2011	1213

Source: Constant Contact (9/6/2011)

Seniors Digest is also accessed online via www.agingkingcounty.org and other Web sites and search engines. The average number of site hits per day as of 9/6/2011 is 76.5.

In early 2011, ADS staff launched Silver & Gold—Seattle & King County, a Facebook page that promotes local activities and social connections that enhance healthy aging and personal empowerment for older adults. As of 9/21/11, the page has 88 "fans" and receives an average of 74 visits per week (ranging 15–237 per week, depending on content). Silver & Gold frequently links to Seniors Digest articles, helping to build subscribership.

7. Collaborate with Arts & Cultural Affairs, Seattle Public Library, and Seattle Parks and Recreation to develop a series of arts/cultural and lifelong learning events targeting boomers.
   Since June 2011, the Mayor's Office for Senior Citizens has been housed in the Community Support and Self-Sufficiency Division within the Human Services Department.

   a. Create Seattle Channel PSAs promoting financial planning for retirement, lifelong learning, lifelong recreation, and successful aging (variety of examples). (New)
      Since June 2011, the Mayor's Office for Senior Citizens has been housed in the Community Support and Self-Sufficiency Division within the Human Services Department.

8. ADS will work to increase the number of councils on aging in East King County from 2 to 5. (December 2010)
   No activity to report.

INDEPENDENCE FOR FRAIL OLDER ADULTS and PEOPLE WITH DISABILITIES

Family Caregiving

1. ADS will review current utilization of interpreter services and evaluate areas for efficiencies. (December 2011)
   After reviewing utilization of independent interpreter services, ADS standardized the independent interpreter rate at $40/hour and discontinued reimbursement for travel.

Chronic Care Management

2. In coordination with the Aging and Disability Services Administration (ADSA) and the Veterans Administration, ADS will develop and implement a Veterans Directed Services Program pilot in King County. (December 2011)
   Veterans Directed Services Program pilot launched first quarter 2010.

3. ADS will coordinate and evaluate the effectiveness of a pilot project where nurses and case managers co-manage cases with medically complex clients. (December 2011)

ADS Case Management Program launched a pilot with 3 team of RNs matched with a social worker to co-manage 10 complex clients. Protocols and checklists have been developed to track client progress.

4. ADS will work with home care agencies to develop emergency preparedness plans for addressing client needs in an emergency. (December 2011)
   Completed

5. Advocate for increased funding for Kinship Navigator supports and adult day services, respite, support groups, training, and informal caregiver supports for family caregivers. (December 2011)
   As a result of the 2010-2011 State budget process, there were no funding cuts to kinship care services.

6. Advocate for funding to implement Intensive Chronic Care Management for at least 200 case management clients in King County. (December 2011)
   ADSA is seeking Medicaid approval to expand ICCM state-wide.

7. Prevent avoidable medical costs for up to 2,000 King County Care Partners (KCCP) clients by helping them improve their self-management skills. (December 2011)
   Preliminary KCCP client survey results: 1) 91 percent now take charge of their health; 2) 92 percent say self-care goals include most important need ; 3) 90 percent met >= 1 self care goal; 98 percent trust care manager.

8. Seek additional federal/state funding to pay for Aging Network chronic care management for Medicare/Medicare high utilizers. (December 2011)
   Affordable Health Care Act offers opportunities for future chronic care management for dual eligibles.

9. Increase to 275 the number of annual gatekeeper referrals to Information and Assistance agencies. (December 2010)
   December 2010 – 117

10. Work with the Elder Abuse Council of King County to seek funding to address the needs of victims of elder abuse, including emergency housing options with services.
    The Elder Abuse Council received a three-year grant to provide training to law enforcement and human services. About $100,000 will be dedicated services, and a survey is planned to determine gaps.

11. ADS will inventory the agencies who offer counseling and information related to hospice/palliative care and advanced directives. (December 2010)
    An inventory of the agencies offering counseling and information related to hospice/palliative care and advanced directives was conducted in 2010 to identify the organizations and to determine what services they offer. Inventory results showed a range of programs and organizations in King County are providing access to end-of-life care and information, including advocacy, client support volunteers, a living will registry, and hospital chaplain and consultant services.

APPENDIX H: STATEMENT OF ASSURANCES AND VERIFICATION OF INTENT

For the period of January 1, 2012 through December 31, 2015, Aging and Disability Services accepts the responsibility to administer this Area Plan in accordance with all requirements of the Older Americans Act (OAA) (P.L. 106-510) and related state law and policy. Through the Area Plan, Aging and Disability Services (ADS) shall promote the development of a comprehensive and coordinated system of services to meet the needs of older individuals and individuals with disabilities and serve as the advocacy and focal point for these groups in the Planning and Service Area. Aging and Disability Services assures that it will:

Comply with all applicable state and federal laws, regulations, policies and contract requirements relating to activities carried out under the Area Plan.

Conduct outreach, provide services in a comprehensive and coordinated system, and establish goals objectives with emphasis on: a) older individuals who have the greatest social and economic need, with particular attention to low income minority individuals and older individuals residing in rural areas; b) older individuals with significant disabilities; c) older Native Americans Indians; and d) older individuals with limited English-speaking ability.

All agreements with providers of OAA services shall require the provider to specify how it intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas and meet specific objectives established by Aging and Disability Services for providing services to low income minority individuals and older individuals residing in rural areas within the Planning and Service Area.

Provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with significant disabilities, with agencies that develop or provide services for individuals with disabilities.

Provide information and assurances concerning services to older individuals who are Native Americans, including:

A. Information concerning whether there is a significant population of older Native Americans in the planning and service area, and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under the Area Plan;

B. An assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides with services provided under title VI of the Older Americans Act; and

C. An assurance that the area agency on aging will make services under the Area Plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

Provide assurances that the area agency on aging, in funding the State Long Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of Title III funds expended by the agency in fiscal year 2000 on the State Long Term Care Ombudsman Program.

Obtain input from the public and approval from the ADS Advisory Council on the development, implementation and administration of the Area Plan through a public process, which should include, at a minimum, a public hearing prior to submission of the Area Plan to ADSA. Aging and Disability Services shall publicize the hearing(s) through legal notice, mailings, advertisements in newspapers, and other methods determined by the AAA to be most effective in informing the public, service providers, advocacy groups, etc.

8-30-2011
Date

Interim Director, Aging and Disability Services

8/30/11
Date

Advisory Council Chair

8/30/11
Date

Legal Contractor Authority
Director, Seattle Human Services Department

8/30/11
Date

Co-Sponsor
Director, King County Department of Community and Human Services

8/30/11
Date

Co-Sponsor
Vice President, Community Services
United Way of King County

COMMENTS AND QUESTIONS

Address comments or questions about the Area Plan to:

Aging and Disability Services
Seattle Human Services Department

Receptionist:
206-684-0660

Fax: 206-684-0689
TTY: 206-684-0702

Street Address:
Seattle Municipal Tower, 51st Floor
700 5th Avenue, Seattle

Mailing Address:
PO Box 34215
Seattle WA 98124-4215

E-mail:
aginginfo@seattle.gov

Web:
www.agingkingcounty.org

QR Codes are a new accessibility tool that allows access to Web sites without using a keyboard. To use the code (at left), download a free QR Reader application on your smart phone, open the application, and then take a picture of the code. This QR Code leads to the ADS Web site.

For information about services, contact:

Senior Information & Assistance
206-448-3110 *or* 1-888-4-ELDERS • www.seniorservices.org

211 Community Information Line
(adults with disabilities & adults under age 60)
Call 2-1-1 *or* 206-461-3200 *(M-F 8-6) or* 206-461-3222 *(after hours)* •
www.resourcehouse.info/Win211/

African American Elders Program
206-328-5639 • www.ccsww.org

Asian Counseling & Referral Service
206-695-7600 *(Asian languages)* • www.acrs.org

Chinese Information & Service Center
206-624-5633 *(Chinese dialects)* • www.cisc-seattle.org

Jewish Family Service
206-861-3152 *(Eastern European immigrants)* • www.jfsseattle.org

Neighborhood House
206-461-4522 *(East African and Southeast Asian languages, and Russian)* •
www.nhwa.org

SeaMar Community Health Center
206-764-4700 *(Spanish)* • www.seamar.org