



Area Plan 2024–2027

for Seattle and King County, Washington

Draft Section C – Issue Areas, Goals & Objectives

Published for public comment following the August 7 meeting of the Seattle-King County Advisory Council on Aging & Disability Services Policy & Allocations Committee, pending the full council's review on August 11, 2023.



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Section C – Issue Areas

C-1: Support Healthy Aging

Healthy aging includes the ability to grow older while maintaining a high quality of life. For many people, this means staying active in the communities and activities they enjoy, retaining independence, and avoiding painful and costly medical issues. Aging and Disability Services (ADS) aims to support older adults in these pursuits, and we have several tools to help us do so. As advocates, we can change policies; as funders, we can drive programming; and as connectors, we can ensure older adults know about and can access the many resources available to them.

The aging experience is impacted by the environments that surround us and the support and services we can access. For example, a home designed for accessibility can enable someone to age in place and stay connected to the neighborhood they love. Well-maintained sidewalks allow older people to safely walk, roll, or bike to meet daily needs, and transit options accommodating mobility devices support independent living. Thoughtfully designed public spaces and programming create opportunities for people of all ages to enjoy recreation, entertainment, and social connection. Easy access to preventive health services encourages routine screenings and medication adherence that can prevent more serious health conditions, and timely access to mental health resources can support positive behavioral changes for long-lasting benefits. Conversely, poorly designed built environments can force someone to move or become increasingly isolated within their home, limit the transportation options for people with disabilities, and restrict community engagement. Limited access to services can result in untreated physical and mental health conditions, more falls, and difficulty performing daily tasks that make independent living possible.

We listened to community members across King County who pointed to several factors hindering healthy aging today. Housing and transportation emerged as priority issues; in particular, the affordability and accessibility of homes was a concern, as was the availability of public transportation in rural areas. The desire for more social connection was also repeatedly voiced. People expressed fear of socializing post-pandemic, lack of opportunities for engagement, and physical challenges that prevented participation. People also shared the specific need to offer more support to caregivers, many of whom

are older adults themselves. In rural communities, we heard that access to health services is a challenge and there is a growing need for mental and behavioral health services especially. Additionally, older adults shared that digital skills and tools are increasingly needed to perform everyday activities, and there are digital equity gaps that need attention. This input aligns with data that underscores these issues as growing challenges.

Additionally, the ADS planning team identified the importance of considering environmental sustainability in our programming. Our climate is changing, and older adults are especially vulnerable to the impacts of this. Given our role in the aging ecosystem, we have an opportunity to help drive this conversation and implement best-practices where possible.

Housing and Transportation

King County is in the midst of a sustained housing crisis—more than 20 percent of older adults are severely cost burdened, paying more than 50 percent of their income on rent, which leaves little money for transportation, food, and healthcare. Black and Indigenous households of all ages face greater work and housing discrimination that results in their paying more money on housing than any other racial groups. Households who are severely cost burdened struggle regularly to make housing payments and are at an extremely high risk of homelessness if a household crisis arises. Without the ability to save for a rainy day, one health care bill, car repair need, or employment gap could force a household into homelessness.⁷

Many people have moved outside the urban core of Seattle in search of more affordable housing options, leaving communities, and resources behind.⁸ Rising housing costs disproportionately strains older adults who live on fixed incomes, and the competition is compounded by limited housing options that can accommodate accessibility needs. As people live longer, they are also aging into and living with disabilities for more years. The most recent data for King County indicates that 27 percent of people aged 65–74 report living with a hearing, vision, ambulatory, or cognitive disability, while 43 percent of those 75+ do.⁹ Anticipating that these numbers are often underreported and will increase as our population continues to age, growing the available housing options that meet accessibility needs is an increasingly urgent priority.

Different communities experience these issues uniquely. For example, people of color, renters, and people with lower incomes are more likely to experience disabilities than White people of the same age, homeowners, and those with higher incomes (in King County, 27 percent of Black people reported living with a disability while 19 percent of White people did). LGBTQ people are also more likely to have a disability (in King County, 27 percent of LGBTQ people reported a disability while 17 percent of heterosexual people did). Built environments that prioritize accessibility may therefore be one tool for advancing racial and social equity, in addition to meeting the needs of older adults. People of color have

⁷ King County Housing Affordability and Housing Cost Burden, Regional Affordable Housing Task Force, accessed 7/31/2023 at www.kingcounty.gov/~media/initiatives/affordablehousing/documents/Meetings/rah-posters-FINAL-PRINT.ashx

⁸ Disability (adults), King County (average: 2017–2021), Behavioral Risk Factor Surveillance System, accessed 8/2/2023 at www.kingcounty.gov/depts/health/data/community-health-indicators/behavioral-risk-factor-surveillance-system.aspx

⁹ Ibid.

also faced historical barriers to building wealth through home ownership. At every income level, the homeownership disparity between White and Black families is striking. Recent Census reports for King County reveal a concerning gap: while 62 percent of White families own homes, only 27 percent of Black families can say the same. Looking back to 1960, the homeownership rate for Black families stood at 46 percent, increasing slightly to 48 percent in 1970. Since 1970, this rate has steadily declined, decade after decade, with an accelerated decline since 2000, plummeting to a mere 27 percent in the past two decades. This figure represents less than half the homeownership rate of White families, which currently stands at 62 percent. Therefore, it is especially important to address renters' housing availability needs in order to effectively serve Black, Indigenous, and other people of color (BIPOC) and low-income older adults. Unfortunately, this disparity in homeownership is just one facet of the larger problem. The homes owned by Black, Indigenous, and Latino families in King County also tend to have lower values compared to those owned by Whites. According to the 2018 census report, the limited number of Black families able to purchase a home (27 percent) had properties with a median value of \$440,000, merely 73 percent of the median value (\$599,000) of homes owned by Whites. It is worth noting that this value disparity is not a recent occurrence; since 1960, Black-owned homes have consistently held substantially lower values compared to those owned by Whites. Families with appreciating home values can leverage home equity to make modifications or repairs necessary to age safely at home and avoid costly moves away from community support. Home improvements also enhance the value of neighborhoods, attracting continual community development, infrastructure and amenities that promote community health and wealth. Families can also sell a full-valued home if they choose, taking advantage of the market, exchanging one house for another or dispersing housing assets through inheritance. These homeowner advantages do not apply to most Black, Indigenous, and Latino families in King County.¹⁰

Many older adults choose to stop driving due to vision or mobility loss, medications that interfere with functions needed for driving, cognitive decline, financial and other reasons. Public transportation is critical to remaining independent and being able to get to work, medical appointments, social outings, and shopping. Many already utilize public transit options: 40 percent of people with disabilities and 16 percent of people 55+ report using King County Metro for all or most of their transportation needs, while between 45 percent to 52 percent of King County Metro riders each quarter are 55+ (King County Metro). However, while urban areas like Seattle are relatively well served by transit networks, transportation in rural parts of the County remains a challenge and can represent a larger portion of a household's monthly costs. In North Bend, for example, people spend an average of 19 percent of their income on transportation, and only one percent are transit riders. Encouraging transportation options that promote affordable, safe, and effective mobility, especially in rural areas, will enable people to live independently for longer, access medical and other care, and stay socially connected.

People of color, people with disabilities, and people with lower incomes are more likely to rely on and use public transit like King County Metro.¹¹ Strengthening transportation options in rural areas—especially as more and more lower income people have moved away from cities to access more

¹⁰ Homeownership by race 1960–2020 - King County, Racial Restrictive Covenants Project, Washington State, University of Washington and Eastern Washington University, accessed 7/31/2023 at https://depts.washington.edu/covenants/homeownership_king.shtml.

¹¹ 2021 Rider and Non Rider Survey, Full Year Summary Report, King County Metro Transit, May 2022, accessed 7/31/2023 at www.kingcounty.gov/~media/depts/metro/accountability/reports/2021/2021-rider-non-rider-survey-final.pdf

affordable housing in rural areas¹²—will support reliable access to jobs, healthcare, and food for these communities and requires addressing language needs and affordability. Additionally, people of color experience different safety concerns than White people when accessing public transit. For example, many Black people face fear of racial harassment while travelling, both from police officers but also from transportation staff and members of the public.¹³ Improving access to transportation may need to include addressing riders’ concerns about safety.

Community Connection

The COVID-19 pandemic underscored and exacerbated the existing need for social connectivity. While people of all ages suffer from social isolation, older adults are uniquely at risk due to mobility challenges and age-related health concerns, as well as the loss of spouses, friends, and social networks. Social isolation often leads to loneliness, which research increasingly indicates as a driver of poor health outcomes, including memory loss and dementia.

The U.S. Surgeon General issued an advisory in May 2023 calling on the public to recognize loneliness and isolation as urgent public health issues.¹⁴ As the report highlights, a range of factors influence our ability to stay connected: the houses and neighborhoods we live in, the transportation systems we have access to, our workplaces, and even our digital environments impact our levels of loneliness and isolation. Most issues addressed in this Area Plan have some effect on older adults’ ability to stay socially connected, and this section highlights a few specific approaches.

According to the National Core Indicators Aging and Disabilities Adult Consumer Survey^{15, 16, 17}, less than half (45 percent) of those surveyed in Washington were as active in their community as they would like to be, and only 58 percent said they get to do things they enjoy outside their home as often as they would like. ADS has invested in programs previously that aim to maintain and improve social connection

¹² King County Mobility Coalition Community Transportation Needs Assessment, King County Mobility Coalition, 2021, accessed 7/31/2023 at <https://irp-cdn.multiscreensite.com/c86a044e/files/uploaded/KCMC%20Community%20Transportation%20Needs%20Assessment.pdf>

¹³ Safety for All, July 2021, TransitCenter, accessed 8/1/2023 at <https://transitcenter.org/wp-content/uploads/2021/07/SafetyForAll.pdf>

¹⁴ Our Epidemic of Loneliness and Isolation 2023, The U.S. Surgeon General’s Advisory on the Healing Effects of Social Connection and Community, accessed 7/31/2023 at www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf

¹⁵ National Core Indicators, Aging and Disabilities Adult Consumer Survey, 2018–2019 Washington Results, Human Services Research Institute, Advancing States, Washington State Department of Social and Health Services, accessed 7/31/2023 at https://nci-ad.org/upload/state-reports/WA_2018-2019_NCI-AD_state_report_FINAL.pdf

¹⁶ Social Isolation in Washington State, Department of Social and Health Services, Aging and Long-Term Support Administration, Home and Community Services; Washington State Department of Health; Washington Association of Area Agencies on Aging; et al., accessed 7/31/2023 at www.dshs.wa.gov/sites/default/files/ALISA/stakeholders/documents/socialisolation/HCS_IsolationPaper_UPDATE_D_5.7.2021.pdf

¹⁷ COVID-19 Era Social Isolation among Older Adults, MacLeod S, Tkatch R, et al, *Geriatrics*, 2021 May 18, accessed 7/31/2023 at www.ncbi.nlm.nih.gov/pmc/articles/PMC8162327/pdf/geriatrics-06-00052.pdf

amongst older adults, including Stay Connected¹⁸ and other efforts during the pandemic ranging from distribution of robotic pets to digital skills coaching and more.

While COVID-19 created an urgent need to address social isolation, it is clear this issue requires ongoing attention. During community listening sessions, older adults shared the challenges they faced to connecting with others, from limited mobility to fear of illness to lack of social engagement opportunities. In the coming years, ADS hopes to continue investing in a range of efforts to address isolation.

Dementia is an umbrella term for several neurological conditions that include decline in brain function. Alzheimer's disease and related dementias (ADRD) are a group of illnesses characterized by progressive cognitive decline, memory loss, and deterioration of other executive functions and activities of daily living. Although advanced age is the most significant risk factor for ADRD, Alzheimer's is not a normal part of aging.¹⁹ Dementia is caused by the death of brain cells in the region of the brain that is responsible for thoughts, memories, actions, and personality. There are many diseases that may cause dementia, including head injury, tumors, and infections, which are treatable. Most disorders associated with dementia are progressive, degenerative, and irreversible, including Alzheimer's disease, vascular dementia, dementia with Lewy bodies.²⁰

Dementia is a general term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life. Alzheimer's is the most common cause of dementia.—[Alzheimer's Association](#)

Currently, 6.5 million people in the United States are living with ADRD. This number is expected to reach 12.7 million by 2050.²¹ In 2020, the number of people living with dementia, including Alzheimer's disease in Washington state was estimated at 125,116.²² Alzheimer's is the third leading cause of death in King County and in Washington state. In King County, the number of older adults with disabilities, cognitive impairments, and dementia is projected to increase steadily, along with the growth of the overall older adult population. Data forecasts from the *Washington State Plan to Address Alzheimer's Disease and Other Dementias* states that we can expect more than double what we had in 2020—or 270,028 people aged 65 and older to have a form of dementia in 2040.

Latino and African American older adults are disproportionately affected by Alzheimer's disease and related dementias. Among King County adults aged 75 and older whose race is Black, the Alzheimer's disease death rate is higher than the King County average, followed by older American Indian/Alaska

¹⁸ Stay Connected: A Pilot Intervention to Promote Mental health Among Isolated Older Adults, Patric J. Raue, et al., University of Washington, accessed 7/31/2023 at www.aagponline.org/wp-content/uploads/2023/03/AAGP-2023.Raue-1.pdf

¹⁹ A Practical Guide: Communicating Brain Health Messages with Latino and African American Communities, UsAgainstAlzheimer's Center for Brain Health Equity

²⁰ Causes of dementia, Dementia.com, accessed 8/14/19 at www.dementia.com/causes.html.

²¹ 2022 Alzheimer's Disease facts and figures. Alzheimer's Dement. 2022;17(3); www.alz.org/media/documents/alzheimers-facts-and-figures.pdf

²² [Washington State Plan to Address Alzheimer's Disease and Other Dementias](#) (DRAFT) 2023–2028.

Natives, and older Hispanics.²³ The increasing racial and ethnic diversity of older Americans will significantly contribute to the expected increase in ADRD prevalence in the coming decades. Between 2020 and 2050, the African American population aged 65 and older in the United States is expected to double, while the older Hispanic or Latino population is projected to more than triple.²⁴

Older adults who identify as lesbian, gay, bisexual, transgender, and queer (LGBTQ) are also disproportionately impacted by Alzheimer's and other dementias. Researchers estimate that there are 2.7 million LGBTQ people over the age of 50, and that number is also rapidly increasing as the baby boomers age. LGBTQ older adults experience many health disparities, including ADRD, and are also more likely to experience high levels of social isolation and stigmatization as they age, making it difficult to find support.²⁵

Caregiver Needs

It is estimated that about 213,145 unpaid caregivers call Washington state home.²⁶ Informal (unpaid) caregivers form the backbone of our long-term care system. While family caregiving is viewed as an honor among several diverse cultures, caregivers often face challenges that leave them feeling overwhelmed and strained, putting many at risk of extreme stress, fatigue, and burnout. Across King County, family caregivers whose loved ones are living with dementia indicated that more long-term services and supports are needed, such as in-home respite, education and training on basic nursing skills, mental and emotional support, financial support, help with housekeeping, support with technology, legal assistance, good quality transportation, and cultural relevance and competent providers.

In Washington state:

- 434 million hours of unpaid care provided by Alzheimer's caregivers.
- \$10.9 billion is the value of the unpaid care.
- \$547 million is the cost of Alzheimer's to the state Medicaid program.

—[Alzheimer's Association](#)

Dementia Friendly Communities

A dementia-friendly community is one where people living with memory loss fully belong and where people living with dementia and their care partners can engage in a variety of activities and are supported in those activities. In a dementia-friendly community, everyone works together to create a dementia-friendly culture.²⁷ Their goal is to create “communities that support individuals living with dementia and brings meaning, purpose, and value to their lives.” The Puget Sound region is home to a variety of dementia-friendly activities offered by a growing number of community members and organizations. See Section B-2 for more information about dementia friendly programs in King County.

²³ Death certificate data, Washington State Department of Health, Center for Health Statistics.

²⁴ 2017 National Population Projections Datasets, U.S. Census Bureau (2017) www.census.gov/data/datasets/2017/demo/popproj/2017-popproj.html

²⁵ Issue Brief: LGBT and Dementia, SAGE & Alzheimer's Association, 2018, www.sageusa.org/resource-posts/issues-brief-lgbt-and-dementia

²⁶ Alzheimer's Association, 2015; (DSHS RDA, 2015)

²⁷ Dementia Friendly America, accessed 9/10/19 at www.dfamerica.org.

Eating with others has benefits such as being happier and more satisfied with life.²⁸ Nutrition programs provide nutritious meals and an opportunity for older people to engage with others, offering “more than a meal.” Congregate meal programs closed at the onset of the pandemic and providers quickly pivoted to offering meal delivery and to-go meals. Although participants received nutritious meals, they lost social connections with their peers. This was especially challenging for those that spoke another language who became very isolated when it was unsafe to congregate.

Research has shown that some people are especially vulnerable to social isolation²⁹, including immigrant and LGBTQ older adults who may face language barriers, stigma, and discrimination. Approximately 13 percent of people over age 65 in King County have limited English proficiency³⁰ and, as King County grows in diversity, it will be important to address social connectivity in ways that are culturally relevant and linguistically inclusive. Additionally, some communities experience dementia at disproportionate rates: for example, Black older adults are more than two times as likely to develop Alzheimer’s as their White counterparts³¹, and LGBTQ+ older adults may be more vulnerable to the impacts of Alzheimer’s disease because they face additional social isolation and stigmatization that limit access to supports.³² People of color and women are also more likely to be family caregivers, and to continue working while caregiving.³³ By supporting the needs of caregivers, we will be supporting BIPOC families. Cultural attitudes about caregiving and familial responsibilities can differ, and it is important to consider the diverse perspectives and needs of families throughout our region.

Access to Health Care and Other Services

Staying healthy requires access to affordable quality care and services. Unfortunately, many older adults in rural areas of King County face limited options for health care services, including mental and behavioral care.^{34, 35}

²⁸ Breaking Bread: The Functions of Social Eating, R. I. M. Dunbar, Adaptive Human Behavior and Physiology, 2017, accessed 7/31/2023 at <https://link.springer.com/article/10.1007/s40750-017-0061-4>

²⁹ Loneliness and Social Isolation Linked to Serious Health Conditions, Centers for Disease Control and Prevention, accessed 7/31/2021 at www.cdc.gov/aging/publications/features/lonely-older-adults.html

³⁰ Limited English proficiency (age 5+), King County (average: 2017–2021), American Community Survey, accessed 7/31/2023 at www.kingcounty.gov/depts/health/data/community-health-indicators/american-community-survey.aspx

³¹ Minorities and Women Are at Greater Risk for Alzheimer's Disease, Centers for Disease Control, accessed 8/1/2023 at www.cdc.gov/aging/publications/features/Alz-Greater-Risk.html

³² Issue Brief: LGBT and Dementia, Alzheimer's Association and Sage, accessed 8/1/2023 at www.alz.org/media/documents/lgbt-dementia-issues-brief.pdf

³³ The BIPOC Caregiver, National Community Reinvestment Coalition, accessed 8/1/2023 at www.ncrc.org/the-bipoc-caregiver/

³⁴ Behavioral Health Needs and Services in King County, WA: March–May 2020, Public Health—Seattle & King County, 7/15/2020, accessed 8/1/2023 at www.kingcounty.gov/depts/health/covid-19/data/impacts/~media/depts/health/communicable-diseases/documents/C19/report-behavioral-health-needs.ashx

³⁵ Health Care Access in King County WA, March 2020–June 2021, 7/14/2021, accessed 8/1/2023 at www.kingcounty.gov/depts/health/~media/depts/health/communicable-diseases/documents/C19/health-care-access-king-county.ashx

Strengthening transportation options will support older adults' access to care, and increased subsidies and coordination will be needed to meet the demand of our aging population.^{36,37} Similarly, expanding opportunities for social connection will help improve health outcomes, but some people require additional support services. Compounding behavioral health issues are substance use disorders, which are on the rise. King County is seeing a surge in deaths due to overdoses: in 2022, fatal overdoses rose by over 550 percent over the previous four years, and 41 percent since 2021.³⁸ With increasing medical and mental health complexities, additional support is needed from care managers, community-based agencies, and other medical professionals.

For many years, technology has been becoming a part of our daily lives. The COVID-19 pandemic helped accelerate adoption of virtual spaces, and many older adults have struggled to keep up with the digital skills and devices necessary to conduct basic activities now. This includes online banking, tele-health visits, transportation booking, and conversations with friends and family.

Older adults are less likely to have access to broadband (high-speed Internet), devices, and digital skills.^{39,40} Additionally, tech-savvy older adults are less likely to become victims of online fraud and scams and are more able to take advantage of assistive technologies. Daily living now requires broadband internet, devices, and digital know-how. While most older adults in Seattle do have at least one device used for accessing internet, lack of skills and comfort may prevent people from using these devices: on a scale of 0–120, people 60–69 reported an average comfort level of 90, those 70–79 reported a score of 81, and those 80+ reported a score of 48. Comfort level decreases with age, and 28 percent of those 80+ share that they don't know how to use the internet.⁴¹

BIPOC and older adults in rural areas currently face worse health outcomes than White people in our urban areas.⁴² For example, the percentage of people aged 60+ experiencing chronic conditions in King

³⁶ Barriers to Transportation and Well-being in King County: An exploration of how subsidized public transportation could eliminate barriers to transportation and increase opportunities for improved well-being, Jason Robert Walsh, University of Washington, 2021, accessed 8/2/2023 at https://digital.lib.washington.edu/researchworks/bitstream/handle/1773/47717/Walsh_washington_02500_2328_7.pdf

³⁷ King County Mobility Coalition Action Plan, 2023–2026, accessed 8/1/2023 at <https://irp.cdn-website.com/c86a044e/files/uploaded/Approved%202023-2026%20King%20County%20Mobility%20Coalition%20Action%20Plan%20.pdf>

³⁸ King County Conference on Substance Use Disorders brings together local leaders, record-level attendees to talk about ongoing drug crisis, King County Council, 5/12/2023, accessed 8/1/2023 at www.kingcounty.gov/council/mainnews/2023/May/5-12-Dunn-CSUD-after-release.aspx

³⁹ Technology Access and Adoption Study, Seattle Information Technology, accessed 8/2/2023 at www.seattle.gov/tech/initiatives/digital-equity/technology-access-and-adoption-study

⁴⁰ 2020 Broadband Access Study, King County Information Technology, accessed 8/2/2023 at www.kingcounty.gov/depts/it/services/cable-communications/broadband-access-study.aspx

⁴¹ Technology Access and Adoption Study, Seattle Information Technology, accessed 8/1/2023 at www.seattle.gov/tech/initiatives/digital-equity/technology-access-and-adoption-study

⁴² Rural Washington: Closing Health Disparities Fact Sheet, Office of Community Health Systems Series on Rural-Urban Disparities, Washington State Department of Health, October 2017, accessed 8/1/2023 at <https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs//346013.pdf>

County is higher for Indigenous people (at 83 percent) than Whites (64 percent).⁴³ Similarly, White people aged 60+ were more likely to self-report being in excellent or good health (82 percent) than Black people (70 percent) or Hispanic/Latino (75 percent). For more information, view County Health Rankings & Roadmaps.^{44,45}

In King County, a significant percentage of low-income people aged 65 and older have unmet health care needs due to cost, and across all ages, people of color and individuals who identify as LGBTQ also have unmet health care needs.⁴⁶ In King County, Black people are more than 1.5 times as likely to have unmet health care needs due to cost compared to White people.⁴⁷ A lifetime of adversity and chronic stress resulting from systemic disadvantages and racism can reduce longevity. In King County, Black adult life expectancy is four years shorter than the life expectancy of White adults.⁴⁸

People who live with disabilities often experience difficulties in mobility and accessibility and may face barriers in access to care. This contributes to poor health and lower quality of life.⁴⁹

Environmental Sustainability

Older adults face disproportionate harm from the results of climate change. Smoke from now-regular wildfires is harmful to aging respiratory systems, many older people live in housing not equipped for the extreme heat King County now experiences, and emergency response actions may be hindered due to disabilities.

The chronic stress that accumulates over a lifetime for Black individuals results from generational and lifetime experiences of racial discrimination. ... These pervasive and daily systemic disadvantages disproportionately impact the health, social, mental, as well as economic opportunities and resources for Black communities and takes a toll on the body.

—[The Race Gap, Public Health—Seattle & King County](#)

⁴³ Washington State Behavioral Risk Factor Surveillance System (BRFSS), 2012–2016; Washington State Death Certificates, 2012–2016

⁴⁴ King, WA, County Health Rankings & Roadmaps, accessed 8/3/2023 at www.countyhealthrankings.org/explore-health-rankings/washington/king?year=2023

⁴⁵ Poor or Fair Health, County Health Rankings & Roadmaps, accessed 8/3/2023 at www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-outcomes/quality-of-life/poor-or-fair-health?year=2023&county=53033

⁴⁶ Unmet health care needs due to cost (adults), King County (average: 2017–2021), Behavioral Risk Factor Surveillance System, accessed 8/1/2023 at www.kingcounty.gov/depts/health/data/community-health-indicators/behavioral-risk-factor-surveillance-system.aspx?shortname=Unmet%20medical%20need

⁴⁷ Ibid.

⁴⁸ The Race Gap, King County, WA, Public Health—Seattle & King County, Oct. 2020, accessed 8/1/2023 at www.kingcounty.gov/depts/health/data/~media/depts/health/data/documents/the-race-gap.ashx

⁴⁹ Living With a Disability, Communities Count, accessed 8/1/2023 at www.communitiescount.org/living-with-a-disability

Reflecting this, Vancouver's 2021 heat wave caused 569 deaths and 79 percent of those were people 65+. The same year, record-setting heat killed more than 30 people in King County.⁵⁰ Statewide, between June 26 and July 2, 2021, there were 100 heat-related deaths, 38 heat-related deaths in the week that followed, and 157 between June 26 and August 30, 2021.⁵¹ Statewide, two-thirds of the victims of heat-related deaths were aged 65 or older, and almost one-quarter of all heat-related deaths statewide occurred among people of color.⁵² Those at higher risk of adverse reactions to extreme heat include people aged 65 and older, people with chronic health conditions or mental illness, and people taking certain medications, including those for allergies and colds, thyroid, depression, heart/blood pressure, and weight loss.⁵³

In recognition that older adults are uniquely vulnerable to some of the consequences of climate change—including extreme heat and cold—we will strive to integrate environmental sustainability across ADS administered and funded programs and incorporate environmental justice principles, which assert that no group of people should bear greater negative consequences from industrial, governmental, or commercial policies or operations.⁵⁴ For example, we can be intentional about supporting green energy or locally produced food for meal programs.

Sustainable food systems address the interconnected nature of health, nutrition, social inequities, economics, and the environment.⁵⁵ Developing strong local food economies would help support farmers and consumers, as well as work toward sustainability; however, it is important to consider that “food miles” and the localness of food itself is not enough to ensure sustainability. We must also consider nutrient quality, production processes, and transportation, the entire food system.⁵⁶

⁵⁰ King County to develop its first-ever Extreme Heat Mitigation Strategy to prepare the region for more intense, prolonged heat waves caused by climate change, King County Natural Resources and Parks, 6/24/2022, accessed 8/2/2023 at

www.kingcounty.gov/depts/dnrp/newsroom/newsreleases/2022/June/24-extreme-heat-mitigation-strategy.aspx

⁵¹ Heat Wave 2021, Washington State Department of Health, accessed 8/2/2023 at

<https://doh.wa.gov/emergencies/be-prepared-be-safe/severe-weather-and-natural-disasters/hot-weather-safety/heat-wave-2021>

⁵² Ibid.

⁵³ Hot weather preparedness, Public Health--Seattle & King County, accessed 8/2/2023 at

www.kingcounty.gov/en/dept/dph/health-safety/safety-injury-prevention/emergency-preparedness/personal-preparedness/hot-weather

⁵⁴ EJ 2020 Glossary, United States Environmental Protection Agency, accessed 8/2/2023 at

www.epa.gov/environmentaljustice/ej-2020-glossary

⁵⁵ The Nutrition Source, Harvard T.H. Chan School of Public Health, accessed 8/2/2023 at

www.hsph.harvard.edu/nutritionsource/sustainability/

⁵⁶ The sustainability of “local” food: a review for policy-makers, Alexander J. Stein & Fabien Santini, *Review of Agricultural, Food and Environmental Studies*, accessed 8/2/2023 at

<https://link.springer.com/article/10.1007/s41130-021-00148-w>

C-1: Support Healthy Aging—Goals and Objectives

Goal 1: Create physical environments in which people can age well.

Objectives:

- a. Promote accessible design in renovations, new construction, and affordable and market-rate housing to increase the availability of housing stock that meets the needs of a growing older adult population.
- b. Encourage transportation options that promote safe and effective mobility.

Goal 2: Support the social and emotional needs of older adults and their caregivers.

Objectives:

- a. Invest in understanding the landscape of initiatives addressing social connectivity across King County and emphasize culturally relevant programming and approaches that meet the needs of King County's increasingly diverse older adult populations, including meal-based connections.
- b. Continue to explore the role and promotion of senior centers as hubs for social connectivity, help deepen senior centers' knowledge of who they serve, and help the general population.
- c. Partner with community to co-design nutrition services tailored to the needs and preferences of older people in King County.
- d. Increase digital equity, including broadband access, device distribution, and digital skills.

Goal 3: Increase access to health care, behavioral health, and other services necessary for daily living.

Objectives:

- a. Collaborate with providers, including Federally Qualified Health Centers, mobile providers, and/or others to promote primary care and behavioral health services for BIPOC and rural populations.
- b. Increase staff and provider capacity to respond to behavioral health needs.
- c. Increase awareness about tools and supports for people living with dementia and memory loss and their caregivers, emphasizing outreach to BIPOC, limited English speaking, and LGBT.

Goal 4: Plan for the future: incorporate environmental sustainability into our work.

Objectives:

- a. In recognition that older adults are uniquely vulnerable to some of the consequences of climate change—including extreme heat and cold, we will strive to integrate environmental sustainability across ADS administered and funded programs.
- b. Incorporate value-based purchasing into investments.



C-2: Enhance Well-Being

ADS supports strategies and partnerships that enhance well-being and expand and strengthen services and supports that prevent or delay older adults from entry into Medicaid funding long-term care services. In conversations and surveys with older adults and people living with disabilities in King County, they continually emphasize the need for accessible and affordable healthcare, transportation, and housing that is designed with their direction to meet their needs.

Housing

The supply of all types of housing has diminished significantly—especially housing affordable for people with fixed and lower incomes—in the wake of continual demand by an increasing number of high-income earners who can afford to purchase any homes for sale. Due to lack of supply and great demand for single family homes, many high-income earners continue to occupy apartments that people with lower incomes could also afford (“downrent”) in the regional market. This trend, as well as the ongoing destruction and conversion of affordable homes and apartments out of reach for low to moderate earning households, pushes people with the least amount of income, housing, and health stability into tenuous and dangerous living situations and more often than ever living outdoors in tents.

It is important that people most impacted by the deficit and destruction of affordable housing communicate directly with those who build or modify current and potential housing hear more directly from older adults and adults living with disabilities about what will work to keep them living safely in the homes and communities of their choice as they age.

Since 1977, people with Intellectual or Developmental Disabilities (IDD) lived in institutions with poor conditions, or in an environment that did not meet their needs. According to a study by the University of Minnesota’s Residential Information Systems Project⁵⁷, in the United States, 7.43 million are people with IDD; 1.55 million (21 percent) of people with IDD were served by state IDD agencies; and 1.31 million (18 percent) people with IDD received long-term supports/services through state IDD agencies. Out of the 7.43 million people with IDD, 59 percent live with a family member, 11 percent live in a home

⁵⁷ Residential Information Systems Project (RISP), Institute on Community Integration, University of Minnesota, accessed 8/2/2023 at <https://risp.umn.edu/>

they own or lease, five percent live with a host or foster family, 16 percent live in a group home, the remaining nine percent live in a nursing home or other institution.

The inconsistent and inadequate housing for people with IDD needs more systems that secure housing solutions for people with people with IDD by adopting tailored housing with safety and security to improve their overall quality of life.

Transportation

Transportation affordability and accessibility, especially as it affects access to healthcare, are key concerns. ADS invests AL TSA funding in special/volunteer transportation and is planning an investment process in 2024.⁵⁸

ADS participates in the King County Mobility Coalition⁵⁹ and supports priorities outlined in the King County Mobility Coalition Action Plan⁶⁰, and facilitates feedback about transportation challenges from older people, adults with disabilities, caregivers to government entities involved in setting transportation policies and funding transportation services.

Long Term Care Trust Act

In 2019, Washington became the first state in the nation to pass a law creating a state-run long-term care insurance benefit. This historic bipartisan legislation will strengthen Washington state's highly regarded long-term care system.⁶¹ The Long-Term Care Trust Act (through WA Cares⁶²) will enable families to better afford the high cost of long-term care service. The insurance will provide a lifetime benefit of \$36,500 (adjusted annually for inflation) that can be used for a range of services and needs, including in-home personal care, equipment, home modifications, adult day health, and residential options such as adult family homes and assisted living. The benefit will be funded through a payroll tax, effective 2023, and benefits will be available starting in 2026 for active employees and retirees. Eligibility will be based on a person's need for help with at least three activities of daily living such as bathing, dressing, eating, or cognitive issues.

ADS will coordinate and promote outreach and education about the act so that community members understand the benefits they will be eligible to receive and so that the aging network is prepared to assist people access the benefit.

⁵⁸ Transportation Program Guidance, Aging and Long-Term Support Administration, Washington State Department of Social and Health Services, accessed 8/2/2023 at www.dshs.wa.gov/altsa/home-and-community-services/transportation-program-guidance

⁵⁹ King County Mobility Coalition, accessed 8/2/2023 at www.kcmobility.org/kcmc

⁶⁰ King County Mobility Coalition Action Plan 2023–2026, June 2023, accessed 8/2/2023 at <https://irp.cdn-website.com/c86a044e/files/uploaded/Approved%202023-2026%20King%20County%20Mobility%20Coalition%20Action%20Plan%20.pdf>

⁶¹ Washington, Long-Term Services & Supports State Scorecard, accessed 8/2/2023 at www.longtermscorecard.org/databystate/state?state=WA

⁶² WA Cares Fund, accessed 8/2/2023 at <https://wacaresfund.wa.gov/>

Community Living Connections/ADRCs: Information and assistance & options counseling

The National Aging and Disability Resource Center Program (ADRC) is a collaborative effort of the Administration for Community Living, the Centers for Medicare & Medicaid Services (CMS), and the Veterans Health Administration that supports creation of systems streamlined to provide access to home and community support and services.⁶³ In King County, Washington, the ADRC is called Community Living Connections.⁶⁴

Community Living Connections is a part of a federal initiative to streamline access to long-term services and supports for older adults, people with disabilities, and their families. In this model, multiple agencies coordinate to ensure that no matter what “door” someone enters, they get connected to services and supports they need to thrive. Community Living Connections provides a telephonic information and referral service as well as a network of providers throughout King County, which help community members and aging network professionals to navigate and access available resources. Community Living Connections maintains resource listings and directories of various scopes and scales, managed by different entities. It can be difficult to know where to turn for up-to-date and reliable information, and information may not be accessible to all communities. It is also challenging for organizations to refer people to services, track if those services were received, or understand who else might be providing support. This can lead to duplication, confusion, or disengagement.

HealthierHere⁶⁵ serves as the Accountable Community of Health for King County. Accountable Communities of Health⁶⁶ are independent, regional organizations that drive the development of shared databases that exchange information across community and clinical partners in a region. Available resources will be more visible to community members, and organizations will be able to connect their clients to services quickly and effectively. In this future landscape, it will be critical that aging network systems have capability for integration or communication with other platforms.

Technology can be a tool to enable cross-system connections but will not take the place of relationships. AAA staff supported by initiatives like the Northwest Geriatrics Workforce Enhancement Center (NWGWEC) help raise and maintain awareness of aging network resources in the health care system. Cross-sector collaborations are key to ensuring that community members are informed and have access to a full range of options.

Caregiver Support

Family caregivers — including relatives, partners, friends, or neighbors — and kinship caregivers play a significant role in helping individuals avoid placement in institutional systems and remain in their home or community. Caregivers assist with transportation, housing, finances, cooking, shopping, and medical appointments. They may also be responsible for physical assistance, such as bathing, transferring, and

⁶³ Aging and Disability Resource Centers, Administration for Community Living, accessed 8/7/2023 at <https://acl.gov/programs/aging-and-disability-networks/aging-and-disability-resource-centers>

⁶⁴ Community Living Connections, accessed 8/2/2023 at www.communitylivingconnections.org

⁶⁵ HealthierHere, accessed 8/2/2023 at www.healthierhere.org/

⁶⁶ Accountable Communities of Health (ACHs), Washington State Health Care Authority, accessed 8/2/2023 at www.hca.wa.gov/about-hca/programs-and-initiatives/medicaid-transformation-project-mtp/accountable-communities-health-achs

dressing care recipients. There are an estimated 860,000 unpaid family and kinship caregivers throughout Washington.⁶⁷ The Family Caregiver Support Program and Kinship Caregiver Program provide support to caregivers of older adults, adults with disabilities or young relatives. A description of these programs can be found in the AAA Services section of this plan.

In-home respite services are a significant need for unpaid family caregivers but accessing qualified help is challenging. There is a critical shortage of available direct care workers, including among home care agencies that comprise the majority of the respite service network. The pandemic further exacerbated the workforce shortage, as home care workers navigated new uncertainties, risks of exposure to COVID, and impact on U.S immigration. Many unpaid caregivers took on new caregiving tasks during the pandemic and provided more hours of care due to limited access to support services.

The range and intensity of tasks performed by caregivers highlights the important role of caregiver training and support group programming. These services help caregivers build confidence in their role and create space for caregivers to connect with each other. It is important that programming be tailored to diverse experience of caregiver groups, including cultural perspectives, caregiver relationship, or situations. The Family Caregiver Support Program has widely implemented evidence-based programming. These programs are subject to rigorous testing to demonstrate their efficacy. However, evidence-based programs are not all tested or proven across all cultural groups. In many cases, community agencies lack modifications or translated materials to implement these programs in diverse communities, placing agencies in difficult position as they balance fidelity to the tested program model and the unique needs of their local communities.

Care Transitions

Washington State provided ongoing funding to AAAs for Care Transitions. Unlike other AAAs, ADS is unique in that it looks to partner with at least five different healthcare systems that have 16 different emergency departments in King County. The ongoing funding for Care Transitions does not allow ADS to adequately address the breadth and depth of need for all the emergency departments within King County. Based on the ongoing funding and capacity of the AAA, ADS is updating Care Transitions to maximize effectiveness and ensure minimum program standards across the AAA. This update is occurring while care managers are implementing Care Transitions as it was developed with the one-time state and federal funding.

Once the minimum program standards are established, ADS will work with its subcontractors to develop an outreach plan to support efficiencies in the referral process and maximize capacity. ADS will strengthen coordination with discharge planners from its healthcare system partners to increase the number of referrals to Care Transitions.

⁶⁷ Number of Family Caregivers, Hours, and Economic Value of Caregiving, by State, 2017, AARP Public Policy Institute, November 2019, accessed 8/2/2023 at www.aarp.org/content/dam/aarp/ppi/2019/11/family-caregivers-data-by-state.pdf

C-2: Enhance Well-Being—Goals & Objectives

Goal 1. Promote housing choice and stability.

Objectives:

- a. Facilitate flow of support and information among partners
- b. Facilitate community- informed and driven housing design, adaptability, and support.

Goal 2. Promote housing and supportive services that are community informed and driven.

Objectives:

- a. Strengthen relationships with regional housing funders and partners.
- b. Facilitate community- informed and driven housing design, adaptability, and support.

Goal 3. Develop a system that empowers people to make informed choices.

Objectives:

- a. Raise Community Living Connections and aging network awareness of Long-Term Care Trust Act and other benefits through local education and outreach campaign.
- b. Develop a system that empowers people to make informed choices.
- c. Continue engagement with healthcare systems to strengthen awareness of aging network service options.
- d. Support adoption of technology solutions that promote cross-system coordination and visibility of resources.

Goal 4. Promote and help consumers navigate accessible mobility transit options.

Objectives:

- a. Support the roll-out of services like “One-Click/One-Call” that help users find and book specialized transportation options.

Goal 5. Develop and expand services for caregivers.

Objectives:

- a. Improve access to respite services.
- b. Promote statewide efforts to develop caregiver programs for diverse communities, including BIPOC, LGBTQ, and those that speak a language other than English.
- c. Strengthen training and consultation programming for caregivers of individuals with dementia.

Goal 6. Coordinate with healthcare system partners to reduce unnecessary emergency department use and rehospitalizations.

Objectives:

- a. Increase the number of successful referrals to the Care Transitions program.
- b. Strengthen coordination with discharge planners from healthcare system partners.



C-3: Maximize Dignity

ADS has a long history of partnering with Home and Community Services (HCS), Aging and Long-Term Services Administration (ALTSa), home care providers, and housing providers. ADS embeds care managers into Seattle Housing Authority locations and coordinates long-term care services within the supported housing communities of Downtown Emergency Service Center (DESC) and Plymouth Housing.

This history and partnership along with ADS' role in the Housing Development Consortium uniquely positions ADS to work with other housing providers to support King County's most vulnerable adults who are aging and/or living with disabilities so they can remain stably housed while getting their healthcare needs met. Future partnerships could include King County Housing Authority, Renton Housing Authority, Africatown Community Land Trust, Catholic Housing Services, Chief Seattle Club, Community Roots Housing, Low Income Housing Institute, Mt. Baker Housing Association, SouthEast Effective Development (SEED), Seattle Chinatown/International District Preservation and Development Authority, and Pike Place Market Preservation and Development Authority.

ADS plans to examine the use of geographically based caseloads for effectiveness and efficiencies. The analysis will allow ADS to see the unique needs and service environments of different geographic areas in ways that support the people who are aging and/or living with disabilities, their caregivers, and care managers. ADS wants to learn how a geographically based caseload may allow multiple participants to receive supports in a day and reduce travel time among other potential benefits.

Homelessness

Homelessness has been on the rise, primarily driven by increasing economic inequality exacerbated by the global pandemic, escalating housing costs, and shortages in housing supply. Between 2010 and 2020, 1.25 million individuals experienced sheltered homelessness, while 1.29 million people sought assistance from the Health Care for the Homeless Programs. Experiencing homelessness is an immensely arduous and distressing ordeal for individuals. It involves the profound loss of stability, whether brought about by eviction, financial hardships, or various other factors. This loss of stability and access creates an overwhelming emotional burden, disrupting individuals' sense of security and belonging, especially for

older people who live with disabilities, and older members of Black, Indigenous, and other communities of color, who face significant disparities.⁶⁸

ADS and KCRHA play crucial roles in coordinating funding, policies, and programs to support individuals experiencing homelessness within the region. These agencies actively collect data and conduct research to collaborate with government partners, businesses, and service providers. Their aim is to advocate for improved strategies that prioritize the safety, stability, and prevention of homelessness among unsheltered individuals. By serving as advocates and facilitators, AAA, ADS, and KCRHA foster collaboration and cooperation among different entities involved in addressing homelessness. Through their coordinated efforts, they strive to create a more efficient, responsive, and compassionate system that prioritizes the safety, stability, and well-being of individuals experiencing homelessness.⁶⁹

Behavioral Health

In ADS' 2023 Area Plan Engagement Survey, 71 percent of the respondents marked "no" to the question "Do you feel older people in your community are knowledgeable about and have access to mental health services?" ADS has opportunities to partner with King County Department of Community and Human Services.

Elder Justice Coordination

Preventing elder abuse is an important issue to consider in systems coordination and health reform. Neglect, physical or sexual abuse, and (most often) financial exploitation crimes against older adults are at epidemic proportions in Washington state and across the country. In 2018, Adult Protective Services received 60,038 reports of abuse and neglect and conducted 41,953 investigations across the state.⁷⁰

"Services and supports for older adults with serious mental illness are often fragmented due to lack of coordination among providers and community-based organizations in different systems, as well as varying insurance and eligibility requirements for physical and behavioral health care. This fragmentation impedes access to effective care and limits treatment providers' ability to share information, control costs, ensure continuity of care, avoid conflicting treatments, or improve outcomes."

—[Psychosocial Interventions for Older Adults with Serious Mental Illness](#), SAMHSA

⁶⁸ ALL IN: The Federal Strategic Plan to Prevent and End Homelessness, United States Interagency Council on Homelessness, December 2022, accessed 8/2/2023 at www.usich.gov/All_In_The_Federal_Strategic_Plan_to_Prevent_and_End_Homelessness.pdf

⁶⁹ Five-Year Plan (2023–2028), King County Regional Homelessness Authority, accessed 8/2/2023 at <https://kcrha.org/wp-content/uploads/2023/05/Revised-Five-Year-Plan-5.12.pdf>

⁷⁰ Factors Predicting APS Involvement Among Persons Receiving Long-Term Services and Supports, June 2023, John Bauer, PhD, et al., in collaboration with the Department of Social and Health Services, Aging and Long-Term Support Services Adult Protective Services Division, accessed 8/2/2023 at www.dshs.wa.gov/sites/default/files/rda/reports/research-11-265.pdf

Elder abuse perpetrators are often related to the victim, most commonly a relative in a caregiving role.⁷¹ Elder abuse often involves complex family relationships and dynamics. Contributing factors can include substance use, mental illness, history of abuse, lack of family or social support, and caregiver stress.⁷²

Despite staggering statistics on prevalence of elder abuse, research indicates that only a fraction of elder abuse cases is ever reported.⁷³ Victims may be reluctant to engage with formal support systems, fearful of reporting a relative, or worried about loss of independence if they report their caregiver. Adults who are members of communities of color and other priority populations are disproportionately impacted as they are often more disconnected from services and experience significant barriers in reporting.

King County has one of the finest elder abuse prosecuting teams and a history of developing programs to educate on signs of elder abuse, engage victims, and improve systems coordination. ADS and its partners will expand on these approaches by piloting the RISE model⁷⁴ to provide support in situations where a victim wants to address family relationships, and repair harm with the perpetrator. The RISE acronym reflects the methodologies employed in the program model: Repair harm (restorative approaches), Inspire change (motivational interviewing), Support connection (teaming), and Empower choice (supported decision-making). A RISE advocate will work closely with each victim to develop a service plan and coordinates with other systems to strengthen support for the victim and, if the victim chooses, that of the perpetrator. The RISE model will complement existing services in King County to center elder abuse victims, repair harm, and prevent revictimization.

Coordinated Personal In-Home Care Services

The vast majority of people would prefer to age in place, living in the residence of their choice for as long as possible. Fortunately, Washington State has invested in public policies that support older adults' ability to do so: our state expands the eligibility for services to help people retain independence and avoid the need for long-term care services, and Washington allows of several personal and health care services to be performed in a home environment rather than a clinical setting. This makes fiscal sense, as some studies have shown that care provision in a person's home costs less than half as much as the same care provided in assisted living and institutional settings⁷⁵, and it also importantly supports the dignity and independence of people who are aging.

However, the eldercare workforce is being stretched thin by an aging population. Without a sufficient number of people to provide this personal care, our region will be unable to leverage these policies and provide older adults with the services they deserve and could otherwise access. In addition to recruiting and training more caregivers, we can also support more efficient utilization of caregivers' time.

⁷¹ Get the Facts on Elder Abuse, National Council on Aging, accessed 8/2/2023 at <https://ncoa.org/article/get-the-facts-on-elder-abuse>

⁷² Crime and Abuse Against Seniors: A Review of the Research Literature With Special Reference to the Canadian Situation, Government of Canada, accessed 8/2/2023 at www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/crim/p52.html

⁷³ Help-Seeking Among Victims of Elder Abuse: Findings from the National Elder Mistreatment Study, David Burnes, PHD, et al., J Gerontol B Psychol Sci Soc Sci. 2019, accessed 8/2/2023 at www.ncbi.nlm.nih.gov/pmc/articles/PMC6566322/

⁷⁴ The RISE Model, Elder Abuse Institute of Maine, accessed 8/2/2023 at www.eaime.org/blank-1

⁷⁵ The Cost-Effectiveness of Homecare Services for Adults and Older Adults: A Systematic Review, Cintia Curioni, et al., International Journal of Environmental Research and Public Health, 2/15/2023, accessed 8/2/2023 at www.mdpi.com/1660-4601/20/4/3373

Coordinating personal in-home care involves clustering client assignments in geographically convenient services areas. For example, a home care aide may be assigned a roster of clients who all live in the same housing building, rather than a list of people who live geographically dispersed around King County. This will reduce travel time for caregivers and allow more people to be served in the same amount of time.

C-3: Maximize Dignity—Goals & Objectives

Goal 1. Improve coordination of long-term care, housing, and behavioral health services.

Objectives:

- a. Work with regional housing authorities to coordinate delivery of supportive services to older adult tenants in need and/or at risk of homelessness.
- b. Increase staff capacity to serve clients with complex medical and behavioral health needs.
- c. Promote access for sheltered and unsheltered older adults to supportive services and housing to prevent eviction.
- d. Work with AAA partners, King County Department of Community and Human Services and Public Health—Seattle & King County, to ensure older adults have a voice.

Goal 2. Explore victim-centered approaches to elder abuse.

Objective:

- a. Implement elder abuse pilot focusing on repairing harm with perpetrator and victim, e.g., RISE.

Goal 3. Support long-term care providers to provide timely, quality in-home care services.

Objectives:

- a. Partner with The Workforce Development Council of Seattle-King County (WDC) and other regional groups to raise visibility of long-term care workforce issues and opportunities.
- b. Continue development of healthcare workforce trainee curriculum to support competencies and retention in older adult/geriatric specialties.
- c. Launch pilot program to explore coordinated-personal-care model in which home health aides have client assignments in geographic clusters (ex; in public housing buildings). Evaluate pilot to understand benefits, challenges, and resources required for scale.
- d. Increase the number of recipients from Black, Indigenous and other communities of color to the Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA) programs.
- e. Increase network adequacy of long-term services and supports vendors. Explore third party contracting vendor used by the DSHS New Freedom program.



Photo by Karen Winston

C-4: Partner with Tribes

ADS is working to honor, serve, and support Native Americans aged 60 and older—including American Indians and Alaskan Natives (AI/AN)—who live in King County. Consulting with AI/AN and AI/AN organizations is essential to address their health and social needs in service planning since they hold the knowledge to create sustainable solutions.

The U.S. Census Bureau estimates that 2,269,675 residents called King County home in 2020. AI/ANs represent 1.0 percent of this population.⁷⁶ American Indians and Alaskan Natives living in King County identify with more than 40 different tribes. This population has been shown to be undercounted; however, 5,174 AI/ANs have identified as age 60 or older.

History

The federal Indian Relocation Act of 1956 offered occupational and housing assistance to AI/ANs who would leave their respective Indian reservations for urban areas. The goal of this program was to assimilate AI/ANs into Western civilization. Tribes were disbanded with more than 100 tribes and Alaskan Native villages migrating to King County, primarily Seattle. In addition, there are many Canadian Indian or First Nations people who are part of the urban Indian community. Following the restructure of federal Indian policy in the 1960s to promote tribal sovereignty and self-determination, two organizations were formed in Seattle to provide social and health services—United Indians of All Tribes and the Seattle Indian Health Board.

Significant Trends

AI/AN people in King County are more likely to be poor. Data from the King County Communities Count dashboard indicates that 41.7 percent of AI/AN had incomes below 200 percent of the Federal Poverty Level. This percent is higher than the King County average.⁷⁷ Urban AI/AN's face higher rates of poverty, unemployment, disability, lower socioeconomic status, and lower levels of education compared to King County's general population. See B-1: Population Profile and Trends (Affordability). Common themes

⁷⁶ U.S. Census, Quick Facts King County - www.census.gov/quickfacts/fact/table/kingcountywashington/AGE775222

⁷⁷ Income <200% of Federal Poverty Level, King County (average:2017–2021) - www.communitiescount.org/below-200-poverty-level

across available data include the need for culturally appropriate services, the lack of affordable housing, and necessary access to professional navigators and community resource experts through the Tribal Assister Program. While these needs align with the top concerns identified for older adults in King County, these issues are exacerbated by lack of community resources available to provide culturally relevant services.

Tribal Recognition

There are two federally recognized tribes within King County—the Muckleshoot Indian Tribe and the Snoqualmie Indian Tribe.⁷⁸



The Muckleshoot Indian Tribe comprises descendants of the Duwamish and Upper Puyallup. Since 1875, the Muckleshoot tribe has been and continues to be a major contributor to the local economy and community, advocating for the protection of fish and wildlife habitat and providing jobs.



The Snoqualmie Indian Tribe comprises approximately 500 members. The tribe lost federal recognition in 1953, but regained recognition in 1999. The Snoqualmie tribe supports services and resources for tribal members through its largest business enterprises, including the Snoqualmie Casino, Snoqualmie Fireworks Supply, and Crescent Market at Snoqualmie.

7.01 Implementation Plans

In compliance with the Washington State 1989 Centennial Accord and current federal Indian policy, 7.01 plans are created in collaboration with recognized tribes and American Indian Organizations in the planning of the Washington Department of Social and Health Services (DSHS) and Area Agencies on Aging (AAA) service programs. These plans are designed to ensure quality and comprehensive service delivery to all AI/ANs in Washington state. The plans address concerns identified by tribal members, identify tribal leads and AAA staff, establish action steps to address each concern, and provide a yearly summary of the program. 7.01 Implementation Plans for the Muckleshoot Indian Tribe and Snoqualmie Indian Tribe follow.

⁷⁸ The people known as the Duwamish Tribe are descendants of Chief Seattle. For decades, Duwamish tribal members have fought for federal recognition, but courts have denied their petitions. In the absence of federal recognition, funding, and human services, Duwamish Tribal Services has struggled to provide social, educational, health, and cultural programs. Recognized status would provide access to many federal benefits, including fishing rights and healthcare. Learn more at www.duwamishtribe.org/federal-recognition.

C-4: Partner with Tribes—Goals & Objectives

Goal 1: Continue 7.01 Implementation planning and updates with Muckleshoot and Snoqualmie tribal staff to ensure ongoing collaboration and partnership.

Objectives:

- a. Participate in annual 7.01 meetings with tribal members and Office of Indian Policy staff.
- b. Advocate for culturally relevant delivery of services to Native American tribes and urban Indians.

Goal 2: Ensure recognized tribes and urban Native Americans have access to training and community resources.

Objective:

- a. Coordinate efforts to connect King County tribes and organizations to the Community Living Connections network.



C-5: COVID-19 Response Services and Supports

Washington State was the United States epicenter of the COVID-19 pandemic in January 2020. On February 29, 2020, Governor Jay Inslee declared a state of emergency in response to the COVID-19 outbreak. As a trusted local community resource, Aging and Disability Services (ADS) anticipated needs in the community and responded by pivoting crucial services to maintain compliance with the Major Disaster Declaration orders while engaging our local community with new services and supports to meet needs such as food scarcity and social isolation.

Due to strong existing partnerships, ADS and its Aging Network were able to respond quickly, in a coordinated way, to challenges presented by the pandemic. ADS also learned how things could be done differently when the policies allowed for greater flexibility to address emerging needs. Moving forward, ADS will continue plans to allocate additional relief funds while focusing on social connectivity, digital inclusion and equity, and food assistance and engagement.

As our communities continue to recover from the COVID-19 pandemic, it is necessary to prepare for what comes next. ADS learned that program adaptations were needed, and this required program and service delivery flexibility. Promoting community thriving and resilience was and continues to be our focus, and this includes supporting the resilience of older adults, those living with disabilities, and the marginalized and diverse communities we serve.

Accomplishments

- During the pandemic ADS attended collaborative meetings with Public Health—Seattle & King County⁷⁹ and Older Adult Services, King County Department of Community and Human Services⁸⁰ as well as with housing providers, statewide agencies, disability community members, and others to coordinate complex care issues facing the community during the pandemic. This included access to health care, vaccinations and boosters, medications, food, durable medical equipment and supplies, and the significant impacts of social isolation. These important

⁷⁹ Public Health—Seattle & King County, accessed 8/3/2023 at <https://kingcounty.gov/depts/health.aspx>

⁸⁰ King County Department of Community and Human Services, accessed 8/3/2023 at www.kingcounty.gov/depts/community-human-services.aspx

relationships and partnerships continue and will continue to be essential during the recovery, services, and support phase of the pandemic.

- ADS collaborated with Public Health—Seattle & King County, local pharmacies, housing providers, and others to promote vaccination of those for whom leaving their place of residence due to the lock-down, transportation barriers and/or acute or chronic health limitations presented undue hardship.
- When contacted by Seattle and King County to partner with continued vaccination marketing efforts, ADS assisted with brainstorming ideas for public service announcements and how these messages could best be communicated to older adults in King County. Due to the efforts of ADS staff and community partnerships, as of February 2023, 67 percent of adults aged 65 or older in King County were boosted, one of the highest rates in the country. Innovative marketing and outreach efforts will focus on vaccine boosters, which includes videos and a toolkit of communication resources⁸¹ of the latest guidance about older adults and the COVID-19 updated booster.

Case Management/Care Coordination Program

- During COVID-19, most long-term care assessments, care planning, or home visits occurred telephonically to reduce exposure and infection for participants and staff. Additionally, Adult Day Health (ADH) programs suspended in-person programs. The results of not having in-person assessments, services and supports are unknown. As in-person assessments resume and clients return to in-person ADH services, care managers may begin to learn how telephonic engagement with participants effected their health and wellness. Also, if/when clients did not update their contact information, e.g., mailing address and/or phone number there were issues with termination of Long-Term Services and Supports (LTSS) benefits.

Nutrition and Meal Delivery

- ADS quickly responded to the nutritional issues faced during the pandemic. Congregate meal sites pivoted to pick up meals as well as meal delivery, with the support of transportation providers.
- ADS provided staff assistance to congregate meal sites to prepare meals when their paid and volunteer staff are not available to prepare the meals.
- Key ADS staff participated in county-wide meetings and created innovative food delivery, including utilizing restaurant prepared food from local restaurants and food delivery entities.
- ADS completed a comprehensive nutrition investment that included Multicultural Registered Dietitian Services Request for Proposal (RFP), Home Delivered Meals Request for Qualifications (RFQ), Culturally Nourishing Foods RFP, and Congregate Meals RFQ. The total requests exceeded current available funding. Funding decisions were based on the ability of the agency to focus on serving the priority population.

⁸¹ Vaccine graphics toolkit for COVID-19 community outreach, Public Health—Seattle & King County, accessed 8/3/2023 at <https://kingcounty.gov/depts/health/covid-19/vaccine/toolkit.aspx>

C-5: COVID-19 Response Services and Supports—Goals & Objectives

Goal 1: All current eligible clients served by ADS and contracted agencies will continue to receive LTSS.

Objectives:

- a. When contacting for assessment and/or monitoring, case managers and care coordinators will remind clients of the importance in keeping current phone number and address on record.
- b. Provide refresher training for long-term services and supports staff regarding Adult Day Health and Adult Day Care Program eligibility.
- c. Explore strategies to get people to return to in-person congregate meal dining, as opposed to takeout meals.
- d. Continue to support vaccination and boosters in partnership with Public Health—Seattle & King County.