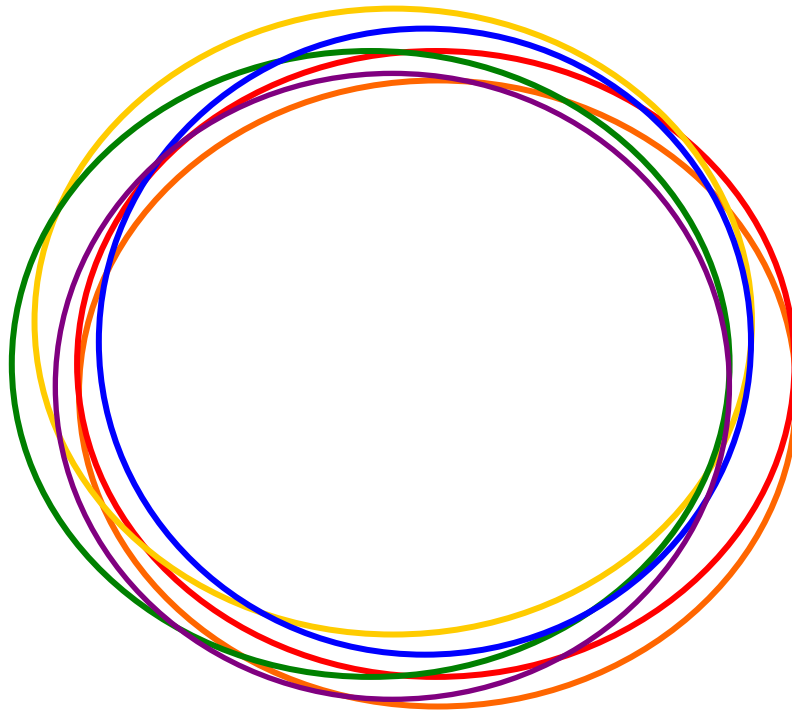


CARE

**Community Advocates
for Rural Elders**

PARTNERSHIP



Planners' Resource Packet

The **CARE Partnership's** task is to use all of the data sources represented in this report and elsewhere to create a cohesive strategic plan for services to older adults in Clallam County. A long term care goal of that plan is to bring organizations that serve older adults, often acting alone, into a synergy of resources and connections for older adults and for the county as a whole.

The CARE Partnership is an integral part of the Community Partnerships for Older Adults (CPFOA) – a national program of the Robert Wood Johnson Foundation.

The information provided in this report is a product of the CARE Partnership's data gathering and planning grant work. This information can be shared—all we ask is that you credit the CARE Partnership when you use it.

Community Advocates for Rural Elders Planners' Resource Packet

The packet you hold in your hands is designed to equip members of the CARE Partnership with a variety of resources for planning. It includes information about the County, about its older adults, about the preferences of older adults for services and resources, and about this important planning process. Our intention is to approach the planning process with as much concrete information about the diversity of older adults in the area as possible.

We want partners to come to the planning table as knowledgeable, critically-thinking people, using a variety of information sources for our tasks ahead. We want people to be aware of the immense diversity of the ways that Clallam County residents are aging and the impact that must have on the creation and restructuring of services.

In the packet you'll find the following...

Our Project Goals We'll use this as our roadmap through the planning process—a process that can, at times be circuitous, with many a fascinating trail to explore. We'll consult our project goals for guidance regarding where we shouldn't go, as much as where we should.

Our Shared Value Statement As we have opportunity to make many decisions and choices in the planning process, our shared values can, and should, guide and inform them.

Demographic and epidemiological information about Clallam County older adults and their environment. We'll use this information to guide and inform our decisions as they reveal the scope of the issues we hear of from older adults and the people who serve them.

A Report on County-Wide Surveys of Older Adults and Caregivers

These surveys focused on the services that are the most helpful or important to older adults and the people who know them most intimately.

Our Older Adults' Stories Project staff have talked with many older adults throughout the County. Sprinkled through these pages are their stories. While no real names or faces are used, the stories are versions of those we've heard. Statistics can only tell part of the story. These folks bring home the reality of the numbers, and ultimately, the imperative of developing responsive, inclusive service systems.

Our Goals

To Develop a Stronger Partnership among all health, aging, and long term care providers, older adults and caregivers to create an Inclusive, Coordinated System.

To Synthesize, Prioritize and Analyze Preferences and Concerns facing older adults and their caregivers to Identify Priority Critical Issues.

To Examine the Strengths and Weaknesses of the existing service delivery system to
Identify barriers to be removed,
Best practices to build on, and
Priority areas for improvement.

To Increase Awareness of available older adult services, particularly in remote communities and on Tribal reservations, and

Develop Education and Outreach strategies for health promotion and disease prevention that empower older adults to take responsibility for managing their care.

To create a sustainable system of programs for older adults and their caregivers.

The Values That Guide Our Work

Together we operate from a shared value that older adults and their caregivers should have choice in how they live and have access to an array of services that honor their preferences

so they are able to remain independent in their own residences and communities.

We are committed to creating systems, opportunities, and services that meet the needs of our community's most vulnerable adults.

We will work to maximize the contributions of vital older adults.

We value the self-determination of older adults, their ability, and their responsibility to prepare for this stage of life so our energies focus on educating the growing older adult population about disease prevention & management, and retirement planning.

Barbara Johnson, 78, lives alone and is fiercely independent. She lives 7 miles out of Forks on an old farmstead she and her late husband took over from her parents. She's never lived



anywhere else. Her sons left when the logging industry declined in the late 1980's. She loves the land and people of her valley. These people have been her neighbors for as long as she can remember. She loves the fresh air, hunting, fishing, and helping out when she can with the veterans in her area.

Recently, while helping her neighbor put up shelving in his garage, she fell and broke her hip.

When the hospital was ready to discharge Barbara she refused to be discharged to a nursing home. "That's a sure fire death trap" she said, "I'd rather die than go to a nursing home. And if you send me there, I know I will. I've had too many of my friends go in there and never come out".

Proud and powerful, Barbara has come to a crossroad in her life for which she is not prepared.

We Are the Face of Washington’s Future—the Future of Aging

Understanding the breadth, depth, and diversity of the Clallam County older adult community is a critical element in informed planning. This section is designed to give CARE partners a DEMOGRAPHIC SNAPSHOT of our older adults. Readers will learn that ours is a diverse older adult community with many similar realities—such as a growing power in numbers—and several realities that are uniquely shaped by geography, culture, and income. Unless otherwise noted, all data is from the 2000 US Census.

Clallam County has an older population than Washington State. While the median age in Washington is 35.3 years old, Clallam County’s median age is nearly a decade older at 43.8 years old. Figure 1 shows that Clallam County has virtually twice the percentage of residents over age 64 than does the State (21.2% and 11.2% respectively). Population forecasts for the State of Washington indicate that Clallam County’s older adult population profile foretells of the State’s older adult profile fifteen years from now.

Clallam County has smaller proportions than the State in all of its age groups under 45 years old. While 66% of Washington’s population is younger than 45 years old, only 52% of Clallam County’s population is younger than 45.

Figure 1
Age Groups of Washington State and Clallam County

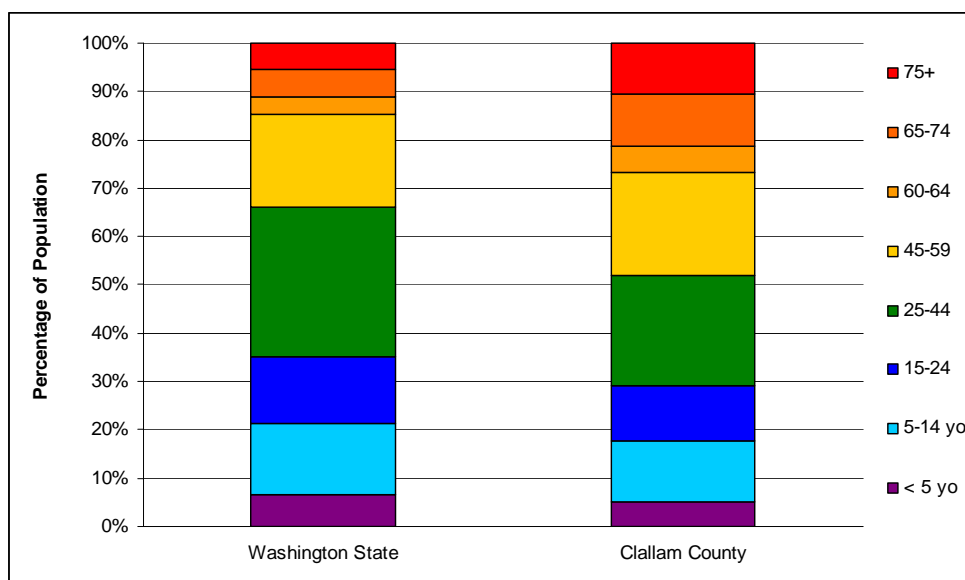
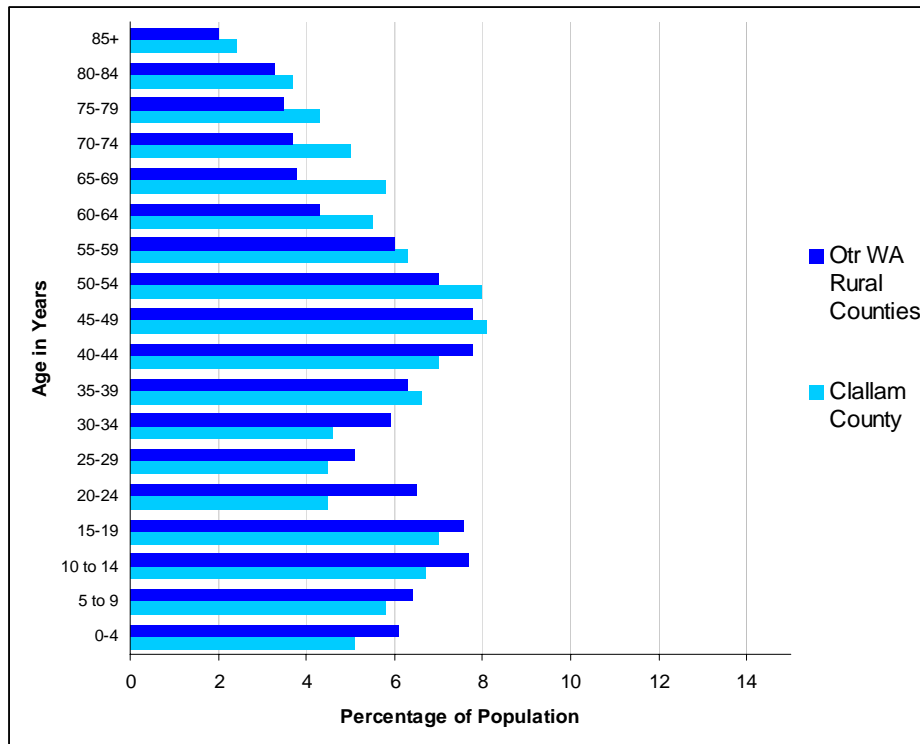


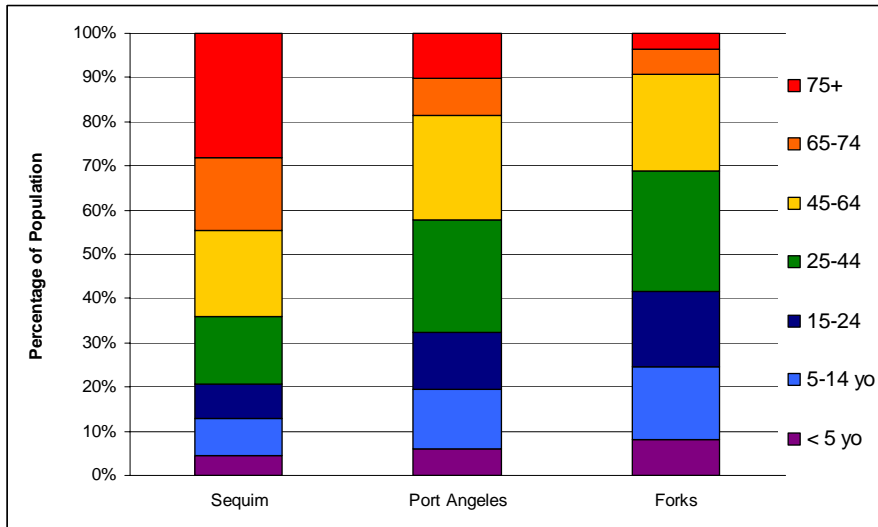
Figure 2 shows the population curve of Clallam County and compares it to all rural counties in Washington State. It shows that rural Washington, including Clallam County displays an hour glass-shaped population distribution characterized by smaller numbers of young adults (age 20-25) in the community and larger numbers of older adults. Concentrations of older adult adults in parts of Clallam County make this profile slightly more extreme (notice percentages differ by only one point at the most extreme).

Figure 2
Age Population Distribution for Clallam County
and All Rural Washington Counties Combined



A closer look shows that Clallam County is not homogenous in its demographic composition, particularly in regard to age. Figure 3 presents age groups for the three municipalities within the County and demonstrates the distinct differences in these communities. With what appears to be an east to west gradient, the graph shows that Sequim (population, 4,334), with more than a quarter of its population older than 75 and only a third of its population under age 45 is in contrast to Forks (population, 3,210) in the far west of the County. With only 10% of the Forks population over 74 years old and fully two thirds under the age of 44 the two towns are almost an inverted image of each other's demographic profile with regard to age.

Figure 3
Age Groups of Clallam County Municipalities



A look at the median age of all aforementioned municipalities in Figure 4 illustrates the same situation.

Figure 4
Median Age for Washington State, Clallam County, and its Municipalities

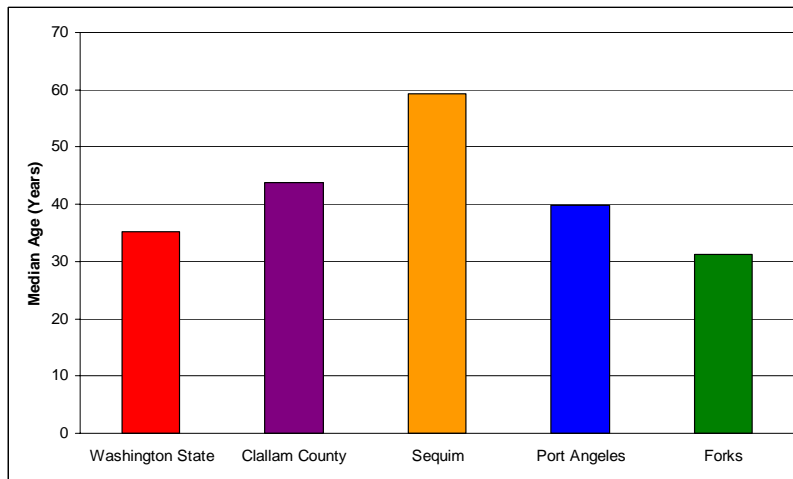
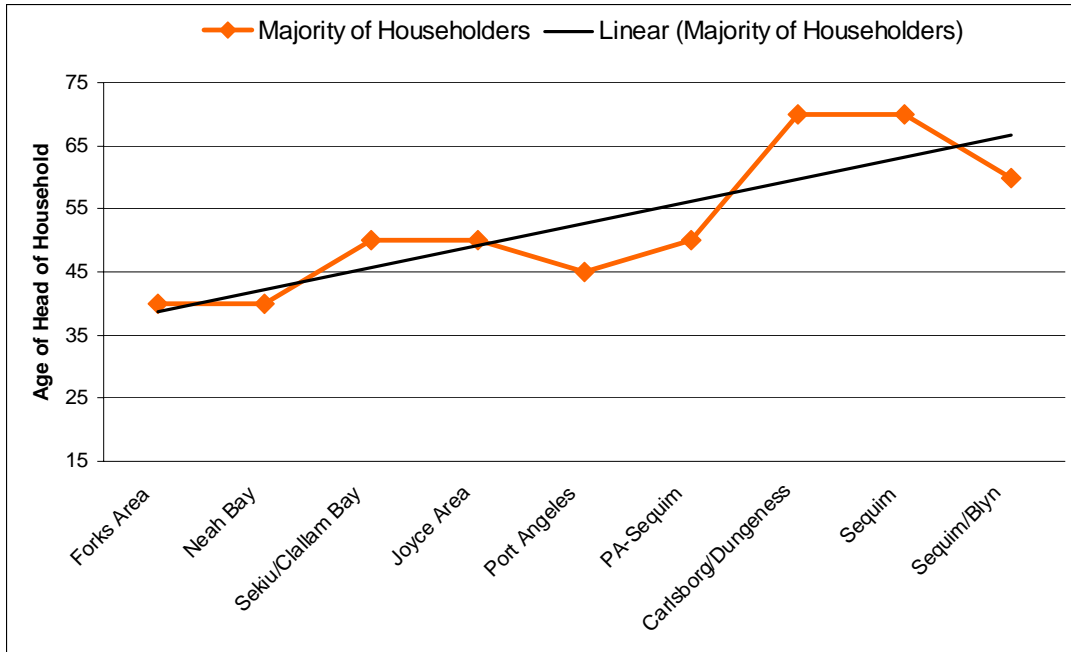


Figure 5 illustrates the west to east age gradient of the County. It shows that most households on the West End are headed by adults age 35 to 45 years old, while in the east end of the County the majority of householders are 60 to 70 years old. The trendline is included to simply to smooth out the dips and peak of the distribution to help determine if, and the degree to which, the west to east increase in density of older adults occurs.

Figure 5
Age of Largest Group (mode) of Heads of Households
Within Clallam County Census Tracts



A picture of the County includes a higher percentage, per capita, of older adults in the east end. In addition to sheer numbers, life for older adults across the county is substantively different depending upon the region in which they live, their culture, and of course, their income.

For instance, older adults who live on the West End are more likely to live in larger households where the average household size is 3.1. They are more likely to be Native American, or Hispanic. And they are more likely to be living in poverty: 12% to 25% of people 65 and older in the West End live in poverty. The rate of poverty for the same people in the Port Angeles and Sequim areas is less than half that.

Table 1 shows the average household size, the percentage of households with a older adult living alone, and the per capita income for the County's three municipalities. It is a good indicator of life for older adults in these areas.

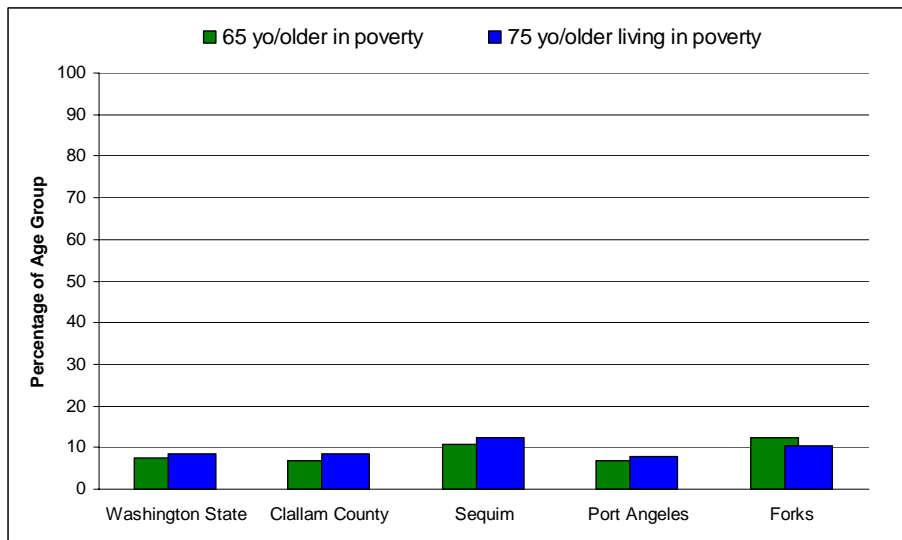
Table 1
Average Household Size, Percentage of Households with an Adult 64+ Living Alone, and Per Capita Income for the Three Clallam County Towns

Town	Average Household Size	% of Households with Adult 64+ Living Alone	Per Capita Income of Older adults
Forks	3.15 people	7.4	\$13,686.00
Port Angeles	2.24 people	15.2	\$17,903.00
Sequim	1.90 people	30.5	\$19,253.00

Figure 6 shows the percentage of people 65 years and older and 75 years and older who are living in poverty. The percentages are lower than those for their community at large, thanks largely to lifelong earnings/savings and the success of the nation’s social security system.

However, even with financial planning and/or social safety nets 6.8 of the County’s older adults live below the poverty level. That figure increases as residents age, probably due somewhat to the differential life expectancy of women and men. Women, who live longer than men, are significantly less well off than their male counterparts . In Clallam County females (whose income is 69% to 80% of Clallam County males’ dependent upon family constellation) comprise 53.7% of adults age 65-74. That percentage climbs to 62% of Clallam adults age 75 and older making a disproportionate contribution to the poverty rolls in the County.

Figure 6
Percentage of Older adults in Poverty by State, County, and Municipalities



Theresa and Les Reser, 58 and 59, were enjoying a very happy early retirement in Sequim. They had long dreamed of moving to a community where they could pursue their lifelong passions of



hiking, kayaking, and golf. Even though it meant moving away from their lifelong home in Portland, Oregon and

something of a financial risk to retire so early, they felt they should do it while they were healthy and full of energy to explore the Olympics and the surrounding area. Besides, their children were spread out over the country and it was time to refocus on their relationship and do the things they put off in order to build a family. With the money they made on selling their home in a now-popular Portland neighborhood, they felt they were safe to make the move.

Not long after moving to their retirement dream place, Theresa began to notice that Les was becoming forgetful. One day, Les acted as though he couldn't write a check. A doctor visit resulted in a diagnosis of early stage dementia.

Their entire life focus, along with their needs, has changed.

It is interesting to note that both Sequim and Forks have higher rates of poverty among older adults than do Port Angeles or the County at large. However, the two communities are distinctly different from each other, as are the older adult communities within each town, providing ample challenge for planning service systems responsive to diversity.

Even within the small town of Sequim and its surrounding area, there is no singular experience of aging. For instance, while the percentage of households with someone 64+ and living alone is 30.5% in the town of Sequim, that rate drops to 7.4% for the adjacent Bell Hill neighborhood. Sequim is home to many of the County’s residential facilities whose residents are disproportionately single, elderly women living on fixed incomes—many on poverty level incomes. Simultaneously, Sequim is a retirement magnet for some of America’s wealthiest retired professionals.

Tribal Communities

The Clallam County land mass encompasses four Native American tribes: the *Jamestown S’Klallam* in Sequim, the *Lower Elwha Klallam*, in Port Angeles, the *Makah*, in Neah Bay, and the *Quileute*, west of Forks. Additionally, while officially within neighboring Jefferson County, the Hoh Tribe is most often served by Clallam County service providers due to their proximity to Clallam County service centers. All but the Jamestown S’Klallam Tribe own reservation land and the majority of their membership lives on that land.

For the most part, the Tribes are relatively young. Table 2 shows the median age for each of the Tribes. It shows that, with the exception of the Jamestown S’Klallam Tribe, all other tribes have median ages well below the County’s average (43.8). The Jamestown S’Klallam Tribe’s median age better approximates the State’s and Nation’s median, though it is one year younger than the Washington and U.S median age of 35.3. The table also presents the number and percent of Tribal members older than 65.

**Table 2
US Census Data Regarding Tribal Demographics**

Tribe	Median Age	Number 65+	Percent 65+
Jamestown S’Klallam	34.3	42	7.8%
Lower Elwha Klallam	21.4	12	1.9%
Makah	27.7	66	5%
Quileute	28.8	18	5%
Hoh	27.5	1	

Lita Smallwood, 76, is a local tribal elder. She lives on a fixed income. Her daughter worries that Lita isn't eating enough and finds out that most of Lita's earnings are paying for the numerous prescription drugs she needs. She finally



convinces Lita to go to town and apply for food stamps.

A younger intake worker begins asking Lita questions as he fills out the application. The worker asks Lita how many people live in her household. Lita replies, "Right now?" The intake worker is late to lunch and not amused by her joke. In fact, he becomes visibly impatient with Lita.

Lita, now not certain of the information she *should* provide gets up and says, "You know, I don't really think I need food stamps after all" and walks out without getting the help she sought.

Lita is uncomfortable asking for help off the reservation due to a long history of scenarios like the one above. But she's getting to the age where she isn't able to do as much for herself as she could in the past. She knows that her family and friends will watch out for her, but she also knows they have their own lives.

"It's hard to ask for help when you're used to being the helper and you don't want to be a burden on family who's already struggling." But with her podiatrist in Sequim, her oncologist in Port Angeles, and her husband in the only Medicaid-secured dementia unit in the area, more than 100 miles away, she needs help with transportation.

That's just the beginning...

It is important to note that Native American Tribal members have historically been reticent to participate in US Census activities and are skeptical regarding the reliability of the demographic data generated by the Census Bureau about their communities. Statistics like those describing the Hoh Tribe in the previous table might be explained by this reticence. Readers of this report and planners should keep this in mind, consulting additional data sources if necessary for decision-making.

It is important to take into consideration the differential experience of aging for Native Americans compared to non-Native Americans. According to the Centers for Disease Control, while the average life expectancy for non-Native Americans in the United States in 2002 was 77+ years old, the average life expectancy for Native Americans was 65, barely old enough to become eligible for many age-related benefits, including Social Security. Furthermore, there is some evidence that, on average, Native Americans experience the same age related limitations to daily living activities at age 45 that white Americans experience, on average, at age 65.

Table 3 shows poverty rates for Clallam County Native American’s is over twice that of white residents. Census data show that more than 1 in 6 Native American older adults in our County are impoverished, even with the benefit of Social Security transfer payments.

Table 3
Percent Living in Poverty for Clallam County
Native Americans, Hispanics, and Whites 65 and Older

Ethnic Group	Percent of Older adults in Poverty
White	6.7%
Hispanic	8.9%
Native American	16.9%

Reservation-based communities have considerably higher rates of poverty than the County at large, so this picture worsens when, for instance, only Neah Bay older adult data is considered. Here, in this largely Makah community, the percentage of older adults (65+) living below the poverty line is 25.4%

Geographic Realities in Clallam County

Elders in tribes on the County’s West End (Makah, Quileute, and Hoh) share the challenges with all older adults of West End communities posed by geographic distance from needed services. People living in West End communities travel 90 to 160 miles round

trip to access services/health care in Port Angeles and/or 120 to 195 miles to access services/health care in Sequim.

For people living in Neah Bay, Clallam Bay, or Sekiu travel to Forks can be 60 to 120 miles round trip. These trips, and those to Port Angeles and Forks entail travel on Hwy 112, a particularly inconsistent road in the area's frequently inclement weather.

Bus service is available. However, for many residents of the West End travel to the east county entails first a bus to Forks or Sappho, then transferring to another bus for the 60 to 90 minute ride to Port Angeles. The entire trip to Port Angeles can take 2.5 hours from Neah Bay, if and when all goes well. Even with creative appointment scheduling, traveling to and from Port Angeles usually requires the better part of a day for West End residents. For the frail or compromised, this could conceivably be impossible.

As Clallam County residents age, these realities become increasingly salient. Planning for older adult services requires not just an assessment of who is in Clallam County today, but also a look at who will be in Clallam County in the coming decades.

Future Population Projections

The Washington State Office of Financial Management conducts population projections in order to understand the demographics of our communities through the coming decades. That Agency's projections for Clallam County indicate an increase in older adults' percentage of our population from

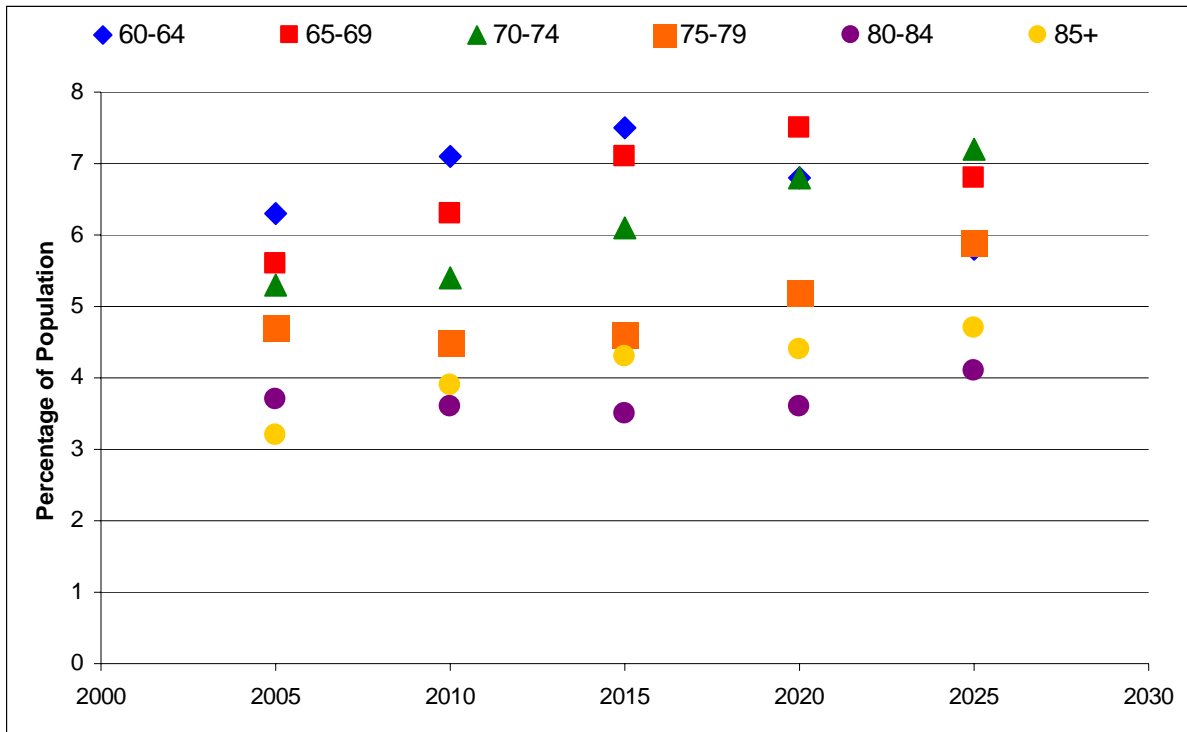
29% today, to
31% in 2010, to
33% in 2015, to
34% in 2020, and to
35% in 2025.

Figure 7 shows the ways in which these numbers are broken down by five year age-range groups. It shows that not until 2020 will any of the age groups, in this case, the youngest, begin to show any meaningful decrease in percentage of Clallam County's population. At that time, the *older* older adults will be increasing in percentage of the population, creating the need for services that address the needs of the oldest older adults.

When reading the graph, it may be helpful to keep in mind that each year pictured on the graph (2005, 2010, etc.) is a snapshot of that year's population. To follow the progression

of a cohort—people 60-64 years old in 2005, for instance—note that the symbol for that cohort changes in subsequent years. So, if one is interested in the 60-64 years old in 2005 cohort, in 2005 those people are symbolized by a blue diamond. In 2010 they are 65-69 years old so they are symbolized by a red square. In 2015 those same people are 70-74 years old and are symbolized by a green pyramid, and so on.

Figure 7
Population Projections for Older adults in Clallam County
Older adults' Percentage of Population Through 2025



If these demographic data tell us anything, they tell us that the older adults of Clallam County are diverse and with that diversity comes myriad configurations of lifestyles and service needs. Layered upon the diversity of older adults is the reality of geographic diversity and the centering of services most important to older adults in the largest population centers in the county, leaving some Clallam County older adults at a great distance from important services.

Read on! Further sections of this report will present information about the ways in which Clallam County older adults live, and the services they suggest will assist them in their complex lives.

Sarah Cruz, 48, is a single mom of two teenage girls. She works full time, Monday through Friday. Sarah's parents passed away several years ago. She has two sisters in town



both of whom have struggled with depression and a variety of crises from which Sarah has “rescued” them consistently. “I guess you could say I’m the family caretaker”

Sarah says with some weariness in her voice. In the past several months her grandparents’ health has been deteriorating quickly. Grandma has small strokes, and Grandpa was just diagnosed with prostate cancer. They are not eligible for Medicaid.

Sarah cares for her grandparents before work, on lunch, and after work. It’s the least she can do for these sweet, sweet people who raised her and have been grandparents to her daughters. But sometimes she must leave work in the middle of the day to take one of them to a doctor’s appointment, or emergency hospital visit.

Her boss is frustrated and asks her, “Can’t you get someone else to take care of them? Her daughters feel ignored. Sarah is exhausted.

Feeling Good, Living Large

While Clallam older adults report high levels of good to excellent health, a closer look reveals a high prevalence of health risks known to precipitate poor health and early death. It should be no surprise that when asked what services could be most helpful for them, older adults identify disease prevention services more frequently than most services. This closer look should be instructive for planners focused on prevention and the empowerment of older adults.

In 2003-2004 the US Centers for Disease Control conducted a survey of Clallam County residents known as the Behavioral Risk Factor Surveillance System (BRFSS). This is a phone-administered survey that asks respondents to report on a number of health-related behaviors and conditions. Data from that survey is used here to present picture of the general health and well-being of Clallam County older adults, especially as it compares to the health levels of younger adults in the County.

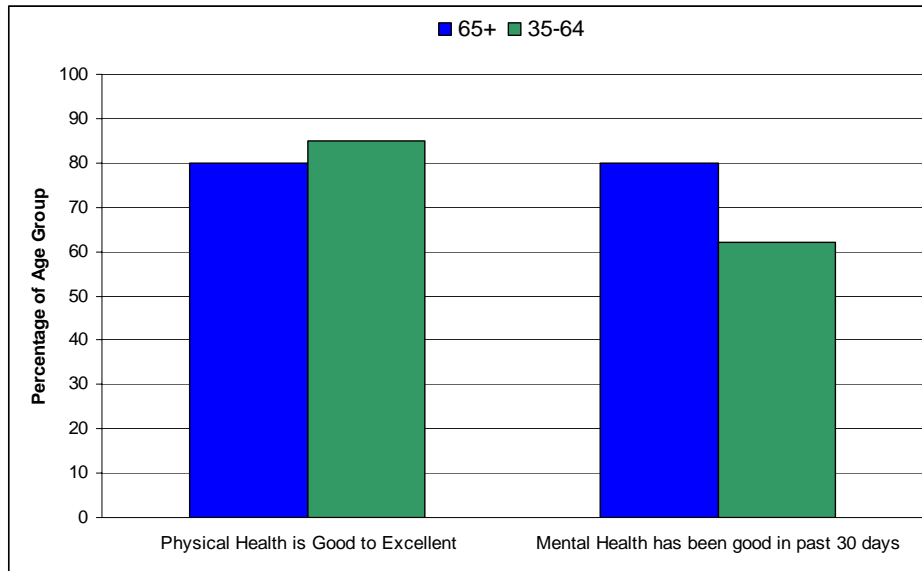
A couple of caveats are important in looking at this data. The sample of respondents is slightly over represented by female respondents, so anytime that gender is correlated with a health outcome, the data are skewed. Also, in the BRFSS data, the lowest income and the highest income groups within the County are underrepresented, as are the lowest educational levels. College graduates are overrepresented in this data. Since many health behaviors and outcomes are correlated with income and education (more on this later), the data may well be slightly skewed toward higher, or more appropriately, healthier levels than are truly the case among Clallam residents.

Finally, since most of the data from the BRFSS study are self-report data, there is, as always, the necessity to bear in mind that we all report on our health, health lifestyles, and activities with varying degrees of accuracy. When possible, this is mediated by questions that ask for specific diagnoses, actions, or behaviors.

The BRFSS data indicate that Clallam Older adults report being in good health, though also describe a number of health risks important for older adult services planners to examine. Figure 8 shows that the large majority of older adults rate their overall physical health as good to excellent and do so at only a slightly lower level than people younger

than they. Similarly, when asked to rate their mental health in the previous 30 days, the majority of older adults rated it good. In fact, older adults were more likely to rate their mental health as good in the past 30 days than residents younger than they.

Figure 8
Self-Reported Levels of Physical and Mental Health for Clallam County Older Adults and Younger Adults



Here again, it is critical to keep in mind that other variables, in addition to age may be at play in the differences across age groups. Figures 9 and 10 show that both income and educational level are correlated with physical and mental health. As income increases, so do self-reported levels of physical health and mental health. As incomes increase, self-reported limitations *decrease*.

Similarly, as educational level increases, so do self-reported levels of physical and mental health. Self-reported levels of limitation decrease, here too.

It is impossible to “tease out” the degree to which the difference is due to age versus income versus education for this report. However, it’s instructive to understand that for older adults who are in lower income groups and/or lower educational levels health outcomes are likely to be poorer than for those at higher levels.

Figure 9
Correlation of Income to Health Outcomes

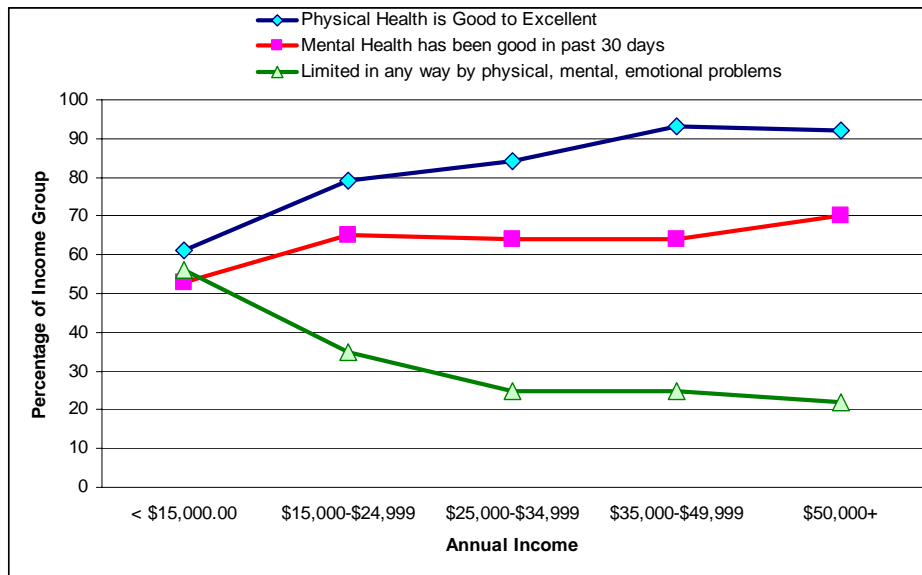
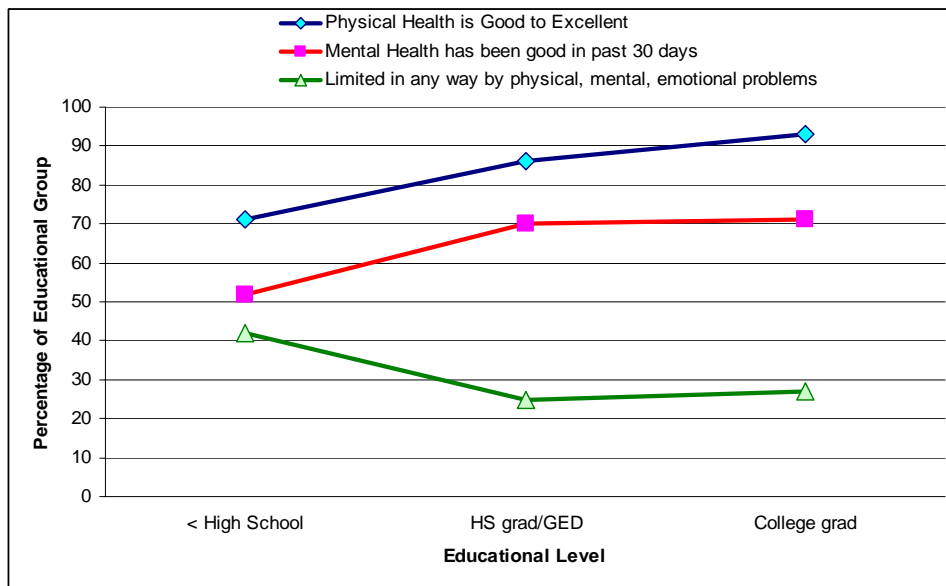


Figure 10
Correlation of Educational Level to Health Outcomes

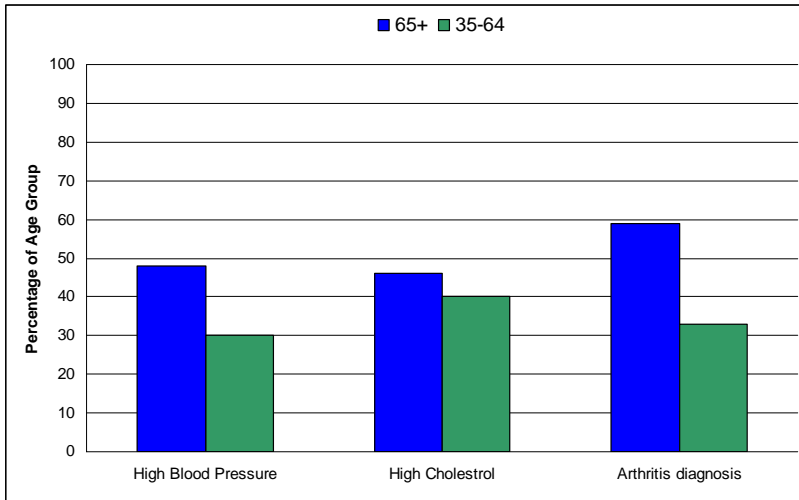


Encouraging news on this front is that both per capita income and educational level are increasing in Clallam County. Per capita income has increased by 50% since 1990 and the percentage of residents with bachelor's degrees or higher increased from 16% to 21% in that same time period.

Figure 11 looks more specifically at individual health risks affecting Clallam residents. It shows that more than 45% of Clallam County older adults report having high blood

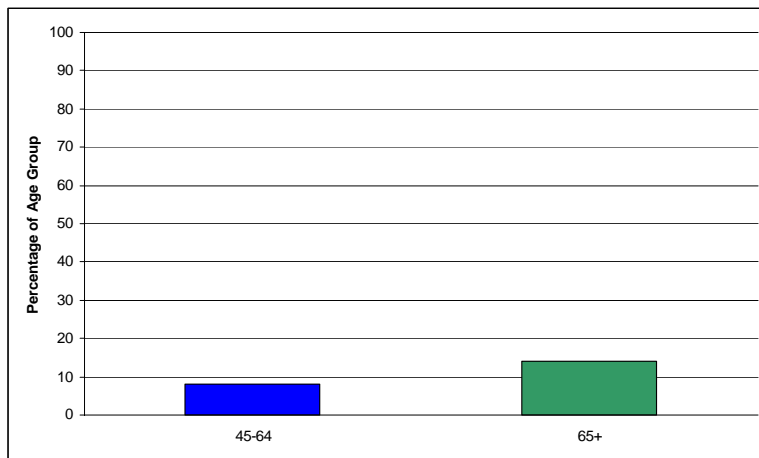
pressure (90% of these are controlling hypertension with medication) and high cholesterol. Fifty-nine percent report having arthritis diagnosed by a health care provider.

Figure 11
Self-Reported Incidence of Health Risks
Among Older Adult and Young Adults in Clallam County



The BRFSS study did not cover the prevalence of diabetes, but the Washington State Department of Health tracks the estimated number of people with diabetes. Figure 12 shows their figures for Clallam County adults. The Washington State rate of diabetes has doubled since 1990 due largely to the aging of the population and rising rates of obesity, both trends of which characterize Clallam County. Diabetes is more prevalent in people over age 65 and some ethnic groups, particularly Native Americans.

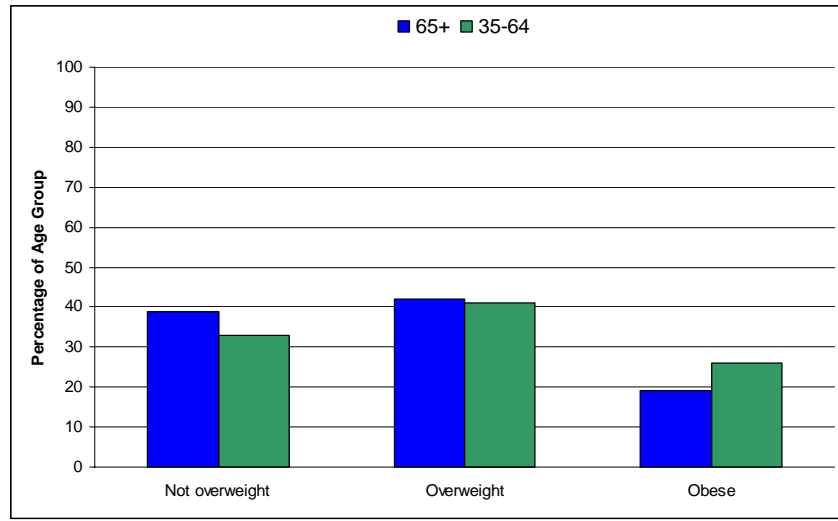
Figure 12
Estimated rates of Diabetes in Clallam County by Age Group



According to the American Diabetes Association, Native Americans are 2.2 times more likely to have diagnosed diabetes as non-Hispanic whites of similar age. For Clallam County, that could mean up to 31% of tribal older adults have diabetes. Nationally, 14.5% of Native Americans who receive care from the Indian Health Services have diabetes; however, there is quite a range by region, from 6.8% among Alaska Natives to 50% among the Pima Indians of the Southwest U.S. It is commonly held that diabetes has reached epidemic proportions among Native Americans. Local Tribes are no exception to this trend. Figure 13 shows further cause for alarm around Clallam older adults' health risks. It shows that approximately 60% of older adults are either overweight or obese. These figures use the body mass index (BMI) to determine levels of overweight. The BMI is a calculated number using one's height and weight and is thought to be a more accurate measure of overweight than simply assessing weight. For the BRFSS study BMI's under 24.9 were considered not overweight. Those from 25-29.9 are in the overweight range, and those 30 and above constitute obesity.

Only 4 in 10 Clallam older adults are not overweight. Given the high correlation of overweight with high blood pressure, high cholesterol, pain and stiffness in joints (aggravated arthritis), diabetes, and poor general health, this finding may be particularly salient to those planning services for older adults. The most recent mortality records for Clallam County show that fully one third of all deaths in the County are due to heart disease; another 12% due to stroke and 4% to diabetes. Together they constitute nearly half of all deaths in the County. It is conceivable that these rates could be decreased significantly with a decrease in overweight and obesity.

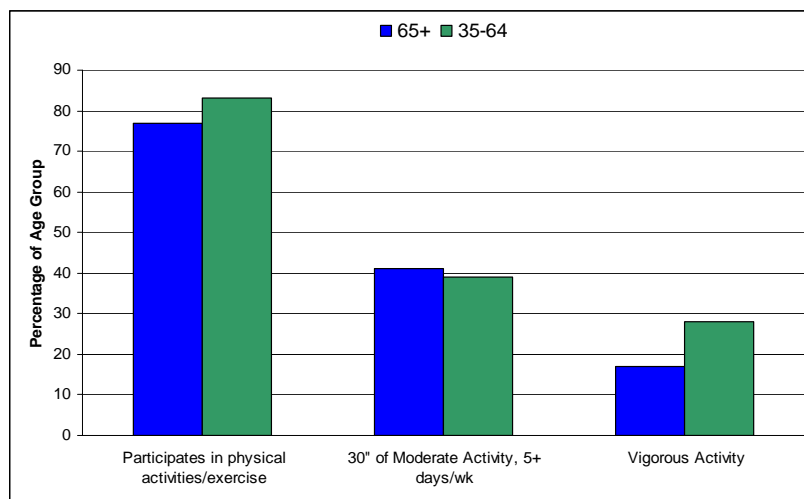
Figure 13
Self-reported level of Overweight and Obesity
Among Older and Younger Adults in Clallam County



On a more encouraging note, Figure 14 shows that Clallam older adults, while they are more likely to be overweight than not, are likely to exercise or pursue some form of physical activity. It shows that more than three quarters of older adults report some physical activity.

One subgroup of these—41%—pursue at least 30 minutes of moderate exercise 5 or more days a week. Another subgroup—17%—pursue vigorous activity. Older adults report exercising only slightly less than their younger cohorts.

Figure 14
Activity Levels of Clallam Older and Younger Adults



The BRFSS study also examined smoking and binge drinking among Clallam residents. Here only 6% of Clallam older adults reported currently smoking (though 51% say they

used to smoke) compared to 20% of younger (age 35-64) Clallam residents (35% have quit). Interestingly, while the younger adults report wanting to quit smoking, older adults who smoke in Clallam County do not.

Similarly, while 9% of younger (age 35-64) residents report binge drinking, less than one percent of Clallam older adults report binge drinking. Since both smoking and drinking are correlated with income and education, these rates are likely to vary based on the economic status of the community in which a older adult lives.

In summary, overweight and the related risks of high blood pressure, diabetes, and high cholesterol levels appear to be the greatest health risks to older adults in Clallam County. Activity and exercise levels may mediate some of these risks.

Health Care Coverage and Usage

Ninety-nine percent of residents over the age of 64, indicate they have health care coverage, most likely Medicare. This is encouraging when compared to 89% coverage among residents age 55-64 years old.

Virtually all older adult respondents (96%) reported they have a personal health care provider. When asked if they had had a routine check-up in the past year, 82% of older adult respondents indicated they had, compared to 71% of respondents age 35-64 years old. When Clallam County older adults were asked if they had been unable to see a doctor in the past year due to cost, none said yes. It appears that cost, in and of itself, is not a roadblock to health care for older adults in Clallam County.

Moving from *Who We Are*

to *What We Need...*

Clallam County Older Adults Identify Most Helpful Services

While older adults differ in their needs and their understandings of what services could be most helpful for themselves and their friends, they agree in identifying several services that could be instrumental in making Clallam County a great place to grow old. Not surprisingly, several elements of affordable health care emerge (prescriptions, dental services, health insurance). They also identify services that assist in keeping vital and independent:

information and help obtaining services that are available in the community,

help with home maintenance(yard work, etc.), and

disease prevention services and education.

Read on for how this information was collected and how older adults from different areas of the County identify services that may be unique to their region.

In 2003, the Olympic Area Agency on Aging and *The Peninsula Daily News* distributed a paper and pencil questionnaire through the newspaper focused on the needs of older adults living in the area. Respondents were asked to complete the questionnaire and return it to the Olympic Area Agency on Aging in a prepaid self-addressed envelope. A total of 1,153 questionnaires were successfully completed and returned and included in this report. This section of the report presents that data, first with a comparison of the respondent pool to Clallam County's older adult population. Please see Appendix for a copy of the questionnaire.

Representation of Clallam County Older Adults

With 13,679 people 65 and older living in Clallam County, the 1,153 questionnaires analyzed for this report constitute 8.4% of the entire older adult population. On average, questionnaire respondents tended to be slightly older than the Clallam County's older adult population. Additionally, a larger percentage of women and residents of color completed the questionnaire than are represented in the community. Residents of the Sequim area are probably more frequently represented than those in the Port Angeles or West End areas. Table 4 presents demographic data available from the questionnaire and compares it to Clallam County demographics.

**Table 4
Demographic Profile of Needs Assessment Respondents
and Clallam County Older Adult Residents**

Characteristic	Respondents	Clallam Older Adults
Monthly Income		
<\$750.00	5%	12%
\$751-1200.00	13%	10%
\$1201-1500.00	12%	9%
\$1501-2100.00	18%	9%
\$2101-2900.00	19%	18%
\$2901-4200.00	16%	17%
\$4201-6250.00	9%	14%
Gender		
Percent Female	68%	57%
Ethnicity		
Caucasian	94%	97.3%
American Indian	3%	1.1%
Hispanic	1%	.6%
Asian/PI	1%	1%
Black	<1%	<1%
Age		
Under 60	11%	
60-64	16%	17%
65-74	34%	33%
75-84	31%	24%
85+	7%	7%
County Region		
West End	11%	13%
Pt Angeles Area	16%	29%
Sequim Area	34%	27%

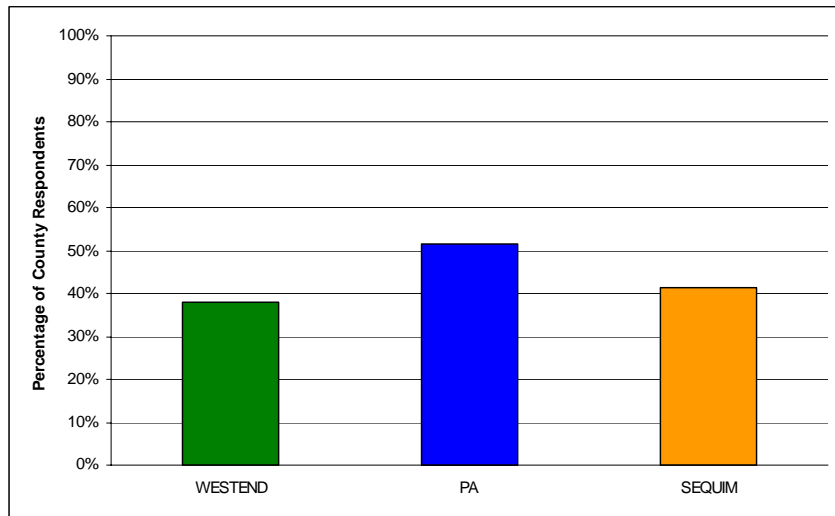
For the purpose of ease in presentation respondents were grouped into three main areas:

- ✓ the West End of the County,
- ✓ the Port Angeles area (including Joyce),and
- ✓ the Sequim area (including Carlsborg and Blyn).

Do You Know Who to Call for Assistance?

When asked about their familiarity with where to turn for help in regard to older adult services, 48% of respondents indicated they did know where to turn for help. This figure differs by area of the County. Figure 15 shows that a greater percentage of respondents in the Port Angeles area (52%) are familiar with where to turn for help than are people who live in the Sequim area (42%) or the West End (38%).

Figure 15
Percentage of Respondents Who Indicated They Know Who to Contact for Information on Older Adult Services

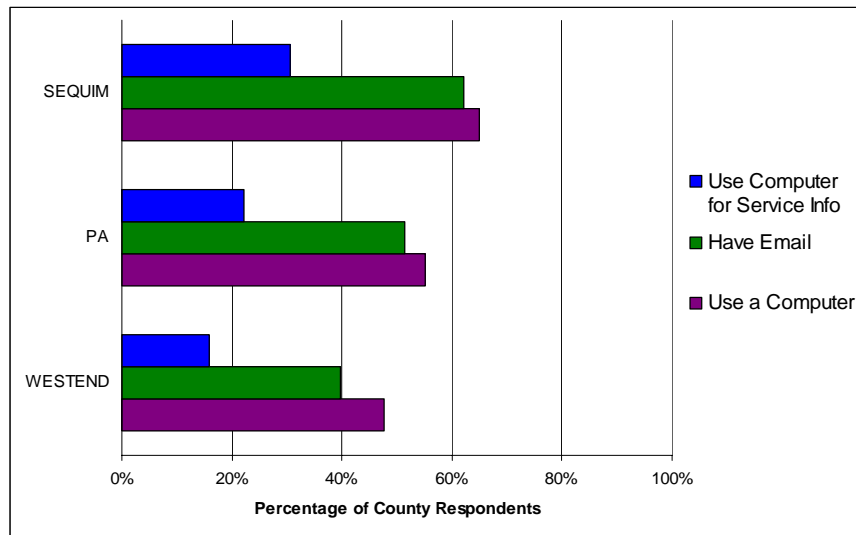


Computer Use by Older Adults

In an effort to understand the effectiveness of older adult information dissemination using computers, respondents were asked about their computer use. Figure 16 shows that while across all respondents, 60% indicated they used a computer, usage in different regions of the County varied. Nearly two thirds (65%) of Sequim respondents reported using a computer, while only 48% of older adult respondents from the West End reported using a computer. Similarly, nearly twice as many Sequim respondents as West End residents reported using the internet to obtain information on older adult services. Port Angeles area respondents tend to fall between the two geographic ends of the County in regard to computer use.

For planners, this may be helpful in understanding for whom on-line outreach will be most successful. As time progresses, however, these percentages will change dramatically.

**Figure 16
Computer Use and Uses By County Region**



Needs Assessment Data:

Services Important to Respondents and Their Friends

Respondents were asked to respond to a list of older adult-related services that may be available in the County by indicating if the service could be helpful for themselves and if it could be helpful for someone they know. Figure 17 shows all those services that were checked by at least 25% of respondents as helpful to *themselves*. In contrast, Figure 18 shows all those services that were checked by respondents as services that could be helpful to someone they know.

There are (at least) two interesting differences in the lists. First, of course, is the number of services noted. Respondents identify 14 services that are helpful to respondents themselves while identifying 24 services that are helpful to the people in their lives.

Secondly, a closer look at the *kinds* of services that people have identified as being helpful to someone in their lives indicate that the people in their lives may require more intensive, remedial services than they themselves need. It's impossible to know if this indicates that respondents tend to view themselves as healthier than others in their lives, or if they tend to have older, more frail people in their social networks.

Some Notes on Graphs in this Section: Please see Appendix for a copy of the questionnaire and the exact wording of each service description. The following graphs use shortened versions of the service listings to conserve space. Also, note that the percentage axes on the following graphs do not reach fully to 100%. While this saves space, it may lead the reader to believe the percentages of respondents represented is larger than they are in actuality.

Figure 17
Services Noted as Helpful to At Least 25% of Survey Respondents

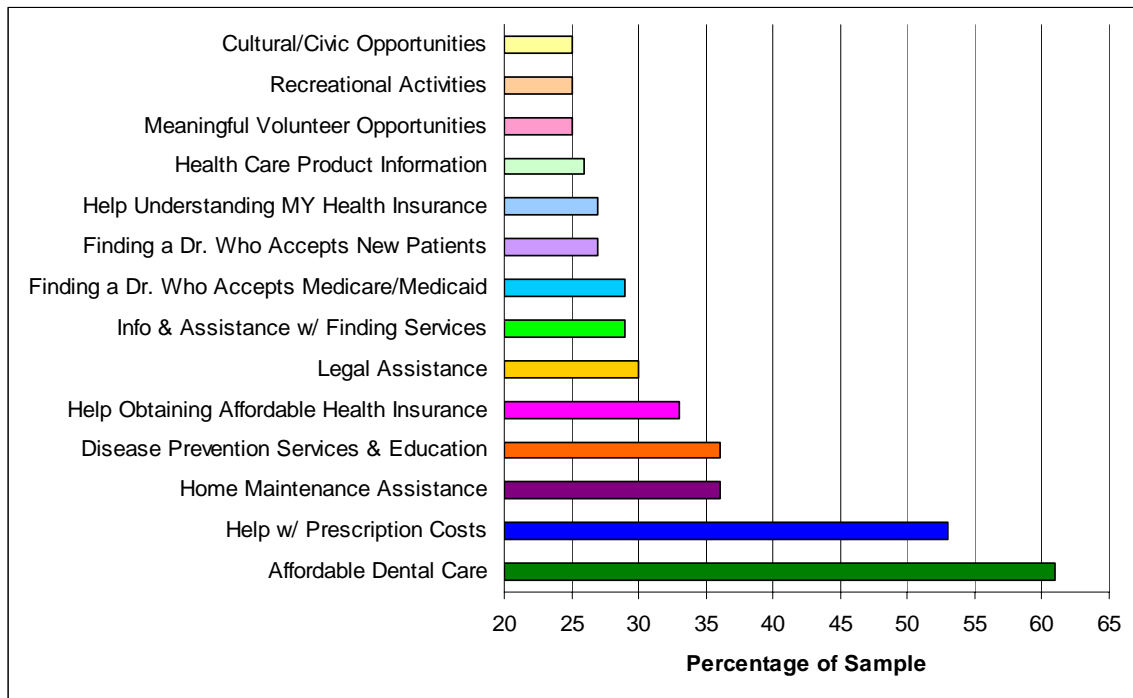
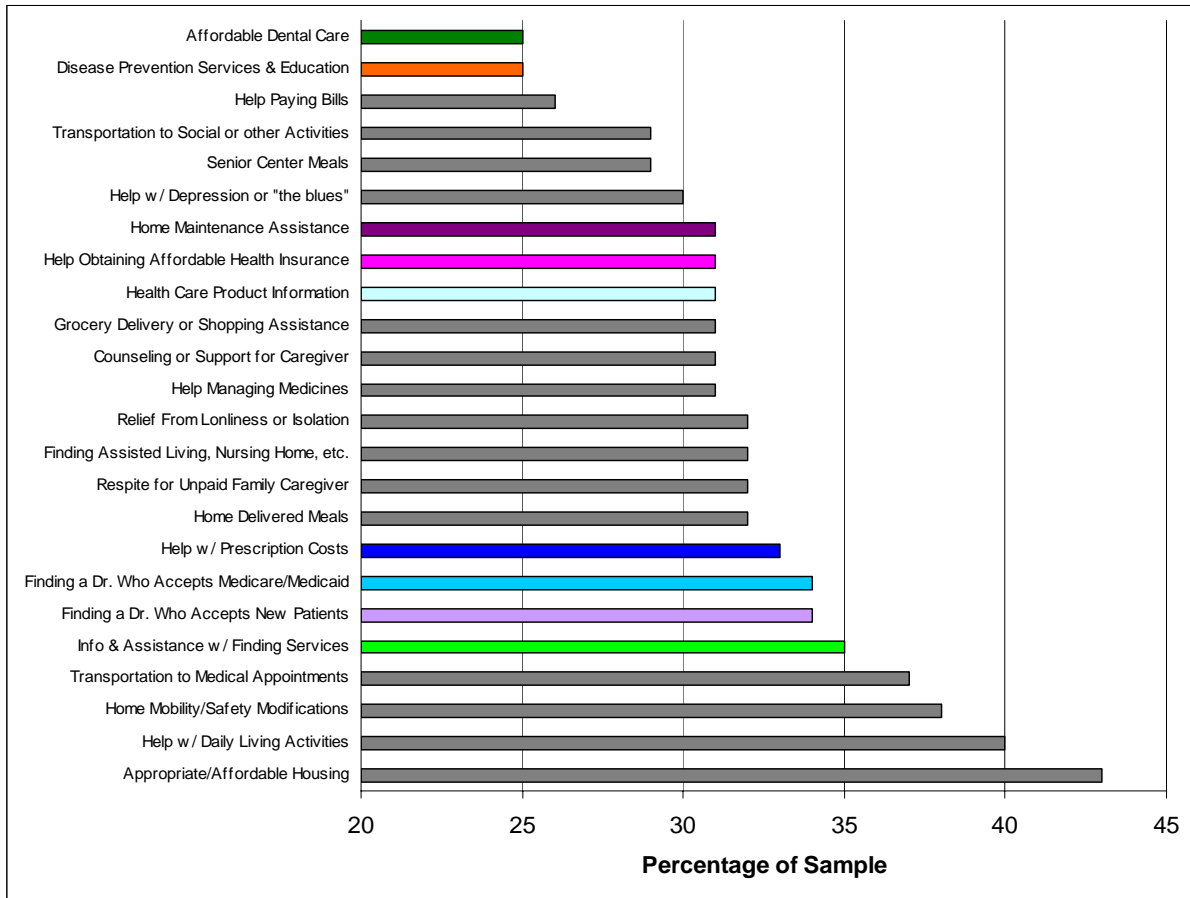


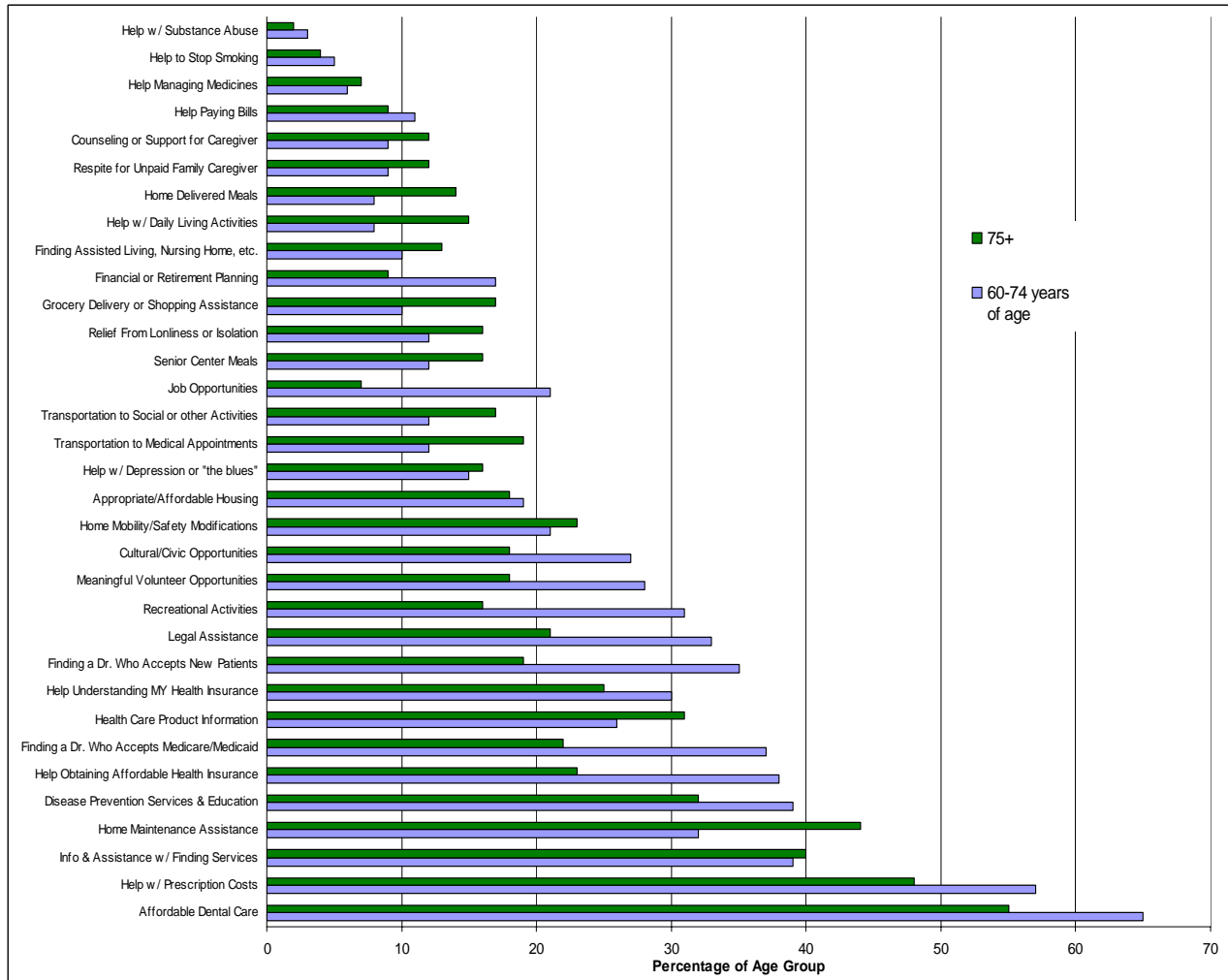
Figure 18
Services Noted as Helpful to Others in Their Lives
By At Least 25% of Respondents

Colored Bars Represent Services That Could be Helpful to Both Respondents and Their Friends/Family



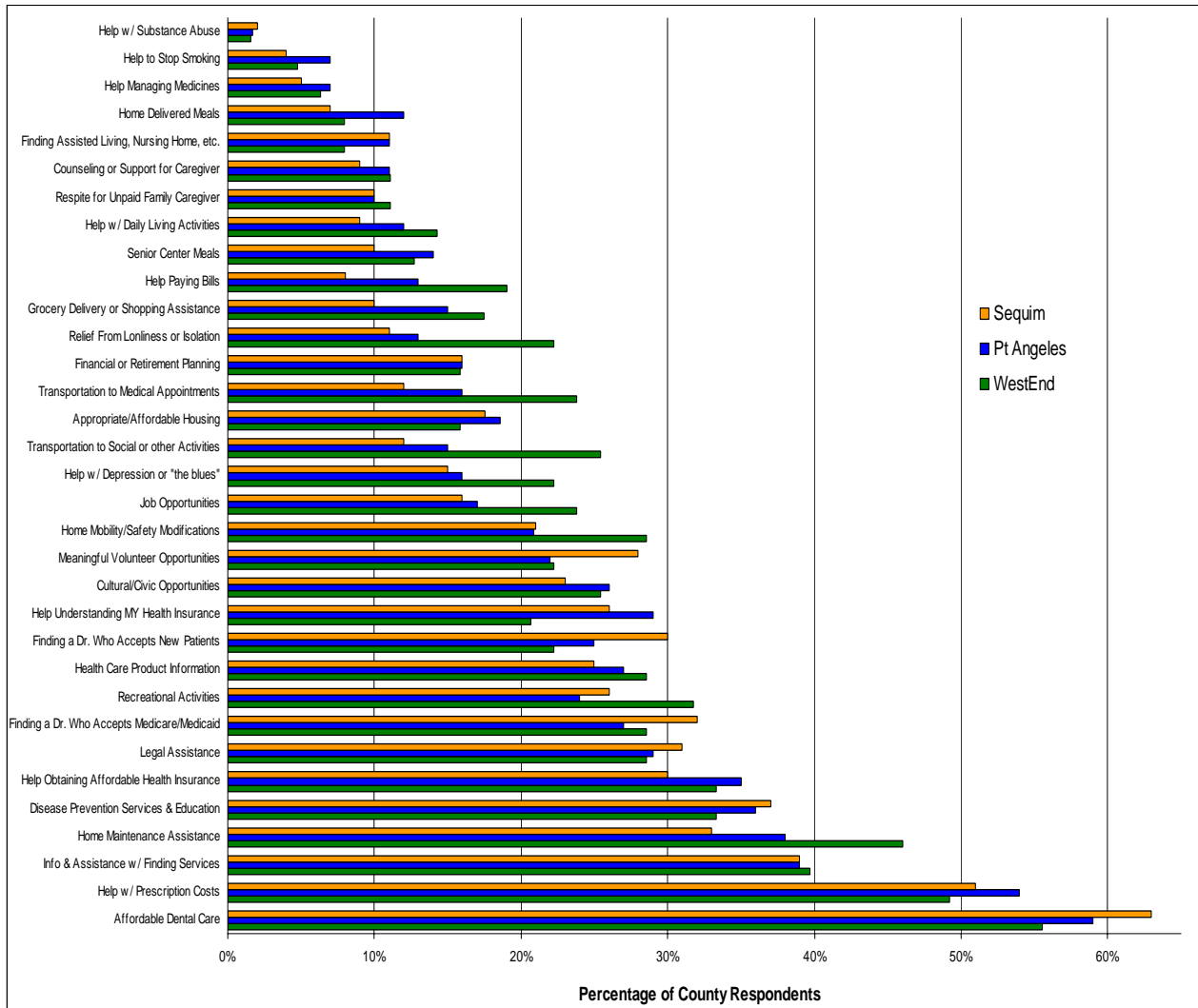
The following graph, Figure 19, shows how younger respondents identified services—helpful to themselves—differently than did older respondents. Figure X lists all possible services regardless of the percentage of respondents who indicated it as helpful. It lists services in ascending order of helpfulness for all respondents, but note that the two age groups differ in the proportion of their group to identify the service as helpful.

Figure 19
Helpful Services By Age Group of Respondents



Not surprisingly, the helpfulness of specific services changed by region of the County as well. Figure 20 shows the entire list of services and that percentage of each region's respondents who indicated it was helpful to themselves. Some difference is no doubt due to age of respondents, as well as geographic distance from health care centers and other service providers.

Figure 20
Helpful Services by Region of the County



Some particularly interesting differences across County regions include:

Nearly twice the respondents from the West End identify the need to decrease isolation and loneliness than do Sequim area respondents. A similar trend can be found in services to help alleviate depression, or “the blues.”

One quarter of West End respondents identify transportation to medical appointments and other engagements as important to them, compared to just over 12% of Sequim area respondents.

While meaningful volunteer opportunities are important to at least a fifth of all respondents, they are especially important to respondents in the Sequim area.

Though home maintenance and modification for safety are important in all regions, respondents from the West End were more likely to identify this as helpful than either Sequim area residents or Port Angeles area residents.

Clearly, the most helpful services to respondents, identified by at least 30% of all respondents, regardless of region are:

- ✓ Affordable Dental Care
- ✓ Help with Prescription Costs
- ✓ Information About and Assistance with Finding Services for Older adults
- ✓ Home Maintenance Assistance
- ✓ Disease Prevention Services and Education
- ✓ Help Obtaining Affordable Health Insurance

Caregivers' Survey Results

Also in 2003, a region-wide survey of caregivers was administered. The findings from that survey for Clallam County residents is presented here. The findings represent data from 40 caretakers in the County who completed the paper and pencil questionnaire. While this small sample cannot be considered representative of all caregivers in the County, they do represent a variety of regions, income levels, and caregiving configurations within the County. For instance, Figure 21 shows that the majority of respondents are caretaking in the Sequim area, which has the greatest proportion of older adults in the County. Similarly, smaller proportions of the sample are caretaking in the Port Angeles area and in the West End. Unfortunately, there are not enough respondents from each area (only 4 respondents live in the West End, for instance) to analyze the data by region of the County.

Figure 21
Region of Caregivers' Survey Respondents

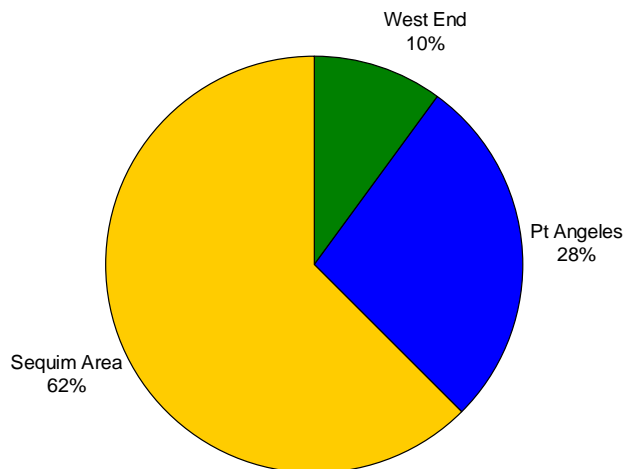


Figure 22 shows that the majority of caregivers (60%) are caring for a spouse or partner, while 35% of caregivers are caring for a parent. Five percent are caring for a friend. Figure

23 shows that the majority of caregivers are women and the majority of recipients are men, though a sizeable minority are elder women.

Figure 22
Caregiver's Relationship to Older Adult

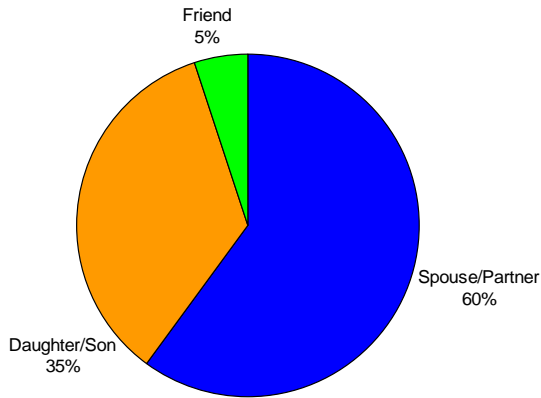


Figure 23
Gender of Caregivers and Recipients

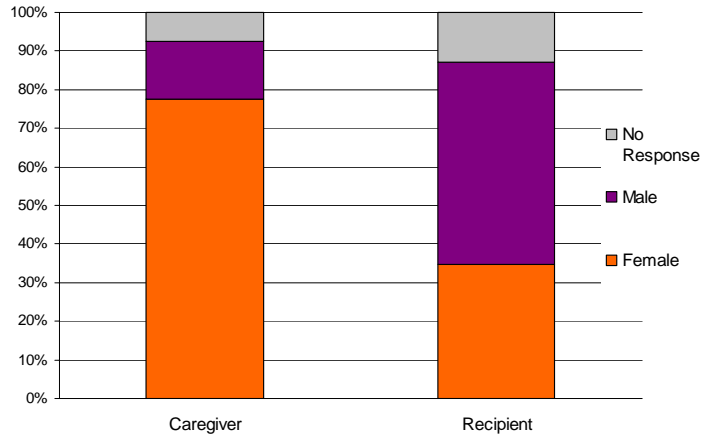
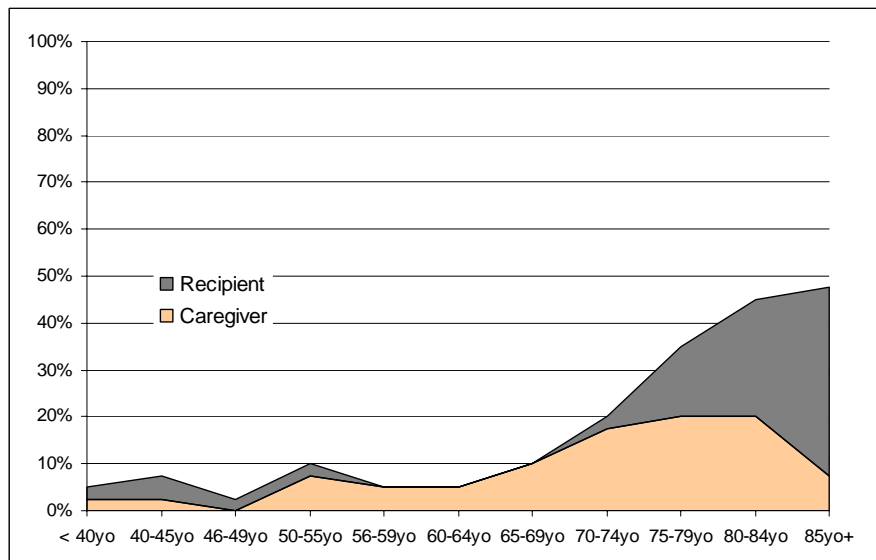


Figure 24 shows that caregivers are, by and large, younger than care recipients. However, the majority of caregivers are older adults as well.

Figure 24
Age Range of Caregivers and Recipients

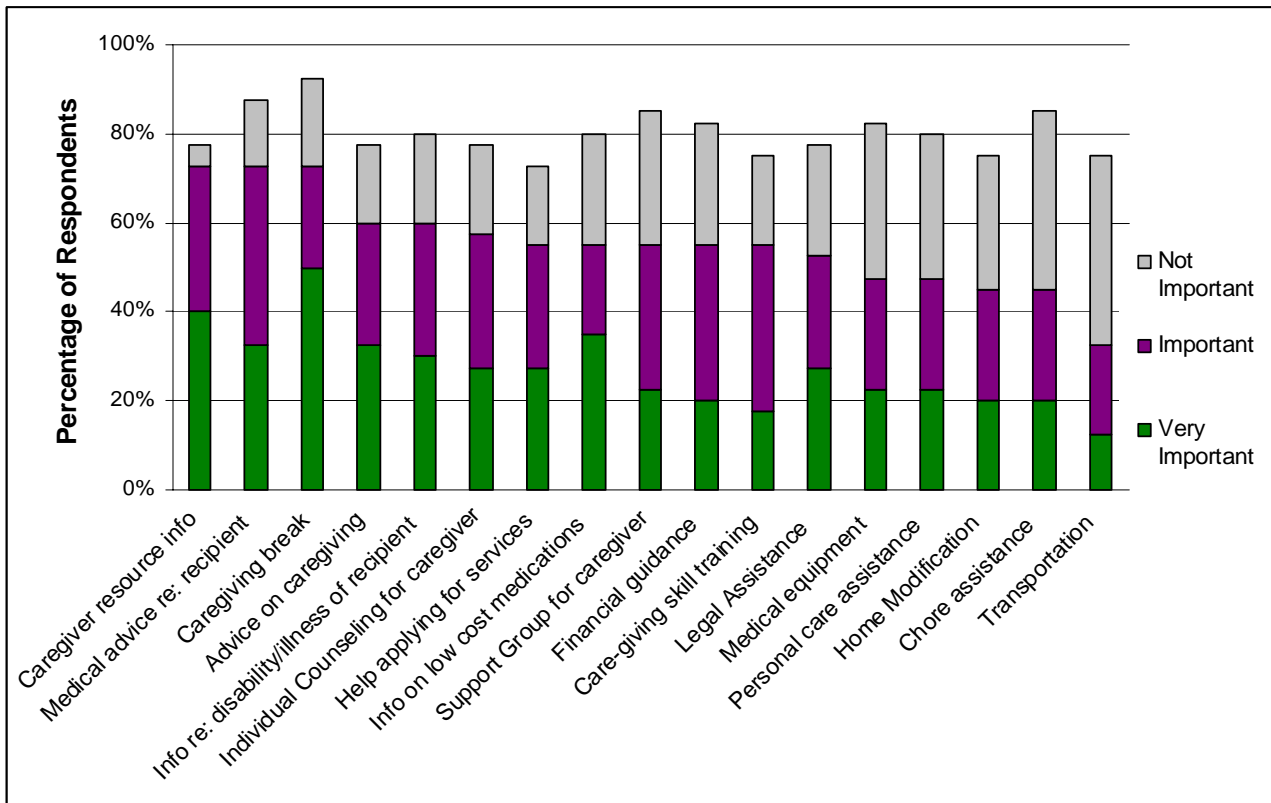


Caregivers were asked to identify which services were important, very important, and not important at all. All of the services were identified by some caregivers as very important, however, some leaders in importance emerged. Figure 25 shows the percentages on the importance range for each service on the list given caregivers. It lists services in

descending order of importance from left to right and shows that the services most often noted as important or very important are

- ✓ Information on Resources Available to Caregivers in the Area
- ✓ Respite for Caregivers
- ✓ Medical Information about the Recipient and similarly, on their Disability or Illness
- ✓ Advice on Caregiving

Figure 25
Caregivers Ratings of Importance of Services to Caregivers



In-Person, Small Group Surveys of Older Adults, Caregivers, and Service Providers

Throughout the planning process to date, staff have been meeting with key informants to learn about the preferences and priorities of older adults and the people who serve them. While these continue to take place this section begins to organize, analyze, and present the information collected as it pertains to our Project goals. A rich collection of information is amassing and this is but one way to organize these “findings”. They will go on to be organized in other fashions, to serve other purposes—to assist in prioritizing needs, for instance. For this document, however, we use them to begin to shape our understanding of the paths toward our stated project goals

Interviews and listening circles conducted and included in this section include, but are not limited to, the following:

- ✓ Listening circles with frail elderly living in their own homes in Sequim and in Port Angeles
- ✓ Meetings in Forks with older adult service providers—professional and volunteer—focused on transportation issues for residents.
- ✓ Individual interviews with health care providers, case managers, volunteer programs and the people involved there, a tribal health care workgroup, faith-based organizations, and older adult advocates.
- ✓ A listening circle in Clallam Bay with local older adults.
- ✓ A “blue sky” brainstorming session with service providers.
- ✓ A listening circle with residents of a Sequim neighborhood of active older adults.
- ✓ A listening circle with Tribal family caregivers.

In the pages ahead each one of our Project goals is restated. Under each goal are comments from the community about their experiences in the community, their needs, and/or the directions we might choose to take as we plan for the future of services to older adults in Clallam County. This portion of the document you now hold is the portion that is dynamic and growing. With each additional conversation or listening circle, or meeting of the planning committees, new data are gathered and greater understanding added. The following pages are but a snapshot in time—a time well into the needs assessment process to be sure—with on-going discussions bringing ever greater depth of understanding about the issues of importance to older adults in Clallam County and to the people who serve them.

To Develop a Stronger Partnership among all health, aging, and long term care providers, older adults and caregivers to create an Inclusive, Coordinated System.

“There are lots of agencies out there—but there is a lack of coordination and collaboration. The agencies are under-utilized because the maze is so confusing”

While service providers and older adult advocates in the community have an impressive wealth of knowledge about the services available to older adults and the policies that affect their benefits, they often commented on the challenge of working with older adult clients who are also working with other agencies. They worry about both duplication of services as well as people falling through the cracks when providers assume an older adult is receiving needed services/information elsewhere.

One provider identified the value of inter-agency meetings in which direct service staff members from two agencies interacted with one another. It seemed as valuable as agency leadership conferring with each other. She felt that getting the word out to older adults about our services is important, but “providers also need to get to know each other and what we do—this would include doctors and nurses and hospital staff.”

One service provider suggested using a form of “speed dating” to have a way for providers to get to know, in more detail, what organizations are out there providing services and what kinds of services they provide. Another suggested that providers need to educate each other and keep information current, including fiscal and legal changes that take place in County, State, and Federal legislation.

To Synthesize, Prioritize and Analyze Preferences and Concerns facing older adults and their caregivers to Identify Priority Critical Issues.

“I am not depressed and I am not a helpless woman. I just need more help.”

Here is the area in which we have gathered the most data, because this is where older adults’ (our most frequent informants) real interests lie—the services that help make their lives more manageable, more independent, fuller. In an effort to bring organization to the wealth of information received, Core Partnership members have worked to identify key themes emerging from the identification of helpful services. Twelve such themes, or service areas have been identified to date. Several of these service areas were discussed by key informants. The areas covered in this document are:

Information and Assistance and Service Coordination

Transportation

Family Caregivers

Volunteerism

Independent Living

Social Isolation and Mental Health

Education and Awareness

Each theme is presented here.

Information and Assistance

Participants in listening circles and interviews, professionals, caregivers, and older adults seemed to be of one mind here: learning about services for older adults in Clallam County is difficult. Some complained of the complexity of the systems, others did not know where to turn. In one case, a respondent felt that even the name of the a resource designed to help people to gain access and understanding of services was a roadblock to services: “The Senior Services book is very frustrating – starting with the cover that says “*Seniors*” so my husband wouldn’t even bother.”

In listening circles with older adults, upwards of 80% of participants reported that they got their information about where to turn for help and the services available to them by word of mouth. This of course isn’t bad, but it is problematic when one needs services or is eligible for services that aren’t being utilized by people in one’s social network. The issue remains for planners, how to get a broad range of information out to the older population so when in need older adults know of possible resources. Directed word of mouth—purposively using peer “opinion leaders” in the community—may be one way to disperse information as long

as there is concerted effort to expand the range of information disseminated by these natural helpers.

However, word of mouth is clearly not adequate in and of itself for reaching a critical mass of older adults and their caregivers. Several participants suggested the concept of a “house of help” or “house of health and help”. They envisioned that as an inviting place where older adults and caregivers can go and get a wide range of information about local resources for older adults and their caregivers. This “house” would be staffed by approachable people well-trained in systems of service delivery, requirements for obtaining the services, cost and eligibility levels for services.

Other participants had a similar suggestion. They thought that having one phone number that people could call for the same kinds of information would be helpful.

Another thought that the internet could be better utilized by a larger number of older adults. He suggested a volunteer program where seniors are instructed in a user-friendly way in the use of computers to help them stay in touch (by email or through information) and enjoy the information and community of people with similar interests.

Transportation

For older adults who choose not to drive, or who can no longer drive, transportation becomes a central issue around which a great deal of energy and planning are expended. It is clearly a key issue in remaining independent, and in staying connected to important elements of ones essential social network.

No where does geography play a greater role in older adults needs than in the area of transportation. While the Olympic Area Agency on Aging/PDN survey data show that transportation assistance is a relatively low priority for older adults in the east end of the County and Port Angeles, twice as many people living in the West End identify it as one of the services that could be most helpful for them. Clearly, this is due to proximity to services. It is one thing to get a ride two miles to the doctor’s office and quite another to get a ride 60 miles (one way) for a medical appointment. Of course, when one must go to Seattle for specialty care, transportation is an issue for all Clallam County residents.

Some of the critical issues for people include:

Difficulty orchestrating Port Angeles-based medical appointments around set public transportation routes from and returning to the West End (including Neah Bay and Clallam).

The amount of time required to travel to medical appointments using public transportation and the disproportionate burden this places on the frail elderly. One 45 minute appointment may require a full day of travel on public transportation.

The paucity of public transportation options to Seattle and the significant expense of non-public transportation. Here again, even if one has the money to purchase transportation to Seattle, the unpredictability of healthcare-related appointments make fitting into transportation services' schedules very risky. One delayed appointment may mean missing a van ride back to the Peninsula and the subsequent need to find a place to spend the night in Seattle.

Limited availability of transportation to church services and other important social support-related events/gatherings on Sundays. Even when churches provide van service, they are sometimes unable to meet the transportation needs of disabled parishioners.

Transportation cost, availability, and flexibility are issues of importance throughout the County, though the specifics differ by region. Planners may well want to approach transportation issues on a regional rather than County-wide basis, or certainly tailor plans to the needs of each region's residents.

Family Caregivers

In addition to the good information from the Olympic Area Agency on Aging survey, listening groups with family caregivers provided helpful insight into the needs of caregivers. It's interesting to note that while the caregivers who completed the paper and pencil questionnaires indicate respite care as one of the most important services for themselves, in the non-anonymous interview setting they are more reticent to acknowledge this need or request this kind of help. Instead, they are more likely to note the importance that friends play in allowing one to "vent" or discuss difficulties related to caring for a loved one.

Caregivers were also likely to discuss being in a "gray area"—being too young to receive services, their care recipients being not far along enough in their terminal illnesses to qualify for a majority of services, and/or being too well-off to be eligible for many helpful services. One caregiver said "we get help in one area, then lose benefits in another. We wind up without much help from anyone." In a group, several caregivers agreed: "support groups are helpful, but we need more. We need services." The survey results explicate

exactly what those services are, and are likely more reliable due to the anonymous nature of the survey.

Volunteerism

Increasing and improving volunteer activities in service to older adults was a key issue among several informants, especially as it pertained to the feasibility of keeping older adults in their own homes, independent and safe. Comments about volunteerism fell into two main categories: First, they discussed the need to increase the number of volunteers available to assist older adults in their homes and in the community. They felt that, especially among younger adults and young people the “volunteer ethic” may be less powerful than among older adults. They recommended efforts to increase volunteerism, to expand people’s idea of “helping just one’s own” to include an understanding of “one’s own” to include members of one’s community. One informant lamented that the majority of volunteers in service to older adults are “only slightly younger than the people they are serving and this means there a number of things they’re just not able to do.” There was a call for more inter-generational volunteering.

One informant suggested a community-wide volunteer bartering system called Service Credit Banking. This is an organized bartering system where anyone (of any age) can perform a service—in their home, such as making phone calls, or out of their home. Their time gets “banked”. Then, when they need something, they can draw upon those hours in a service provided by someone who has registered to provide the service they need.

Second, informants felt it is essential to improve the quality of volunteers’ services. They felt that volunteers should be highly trustworthy and that they should be well-trained in working with older adults. Older adult informants were, not surprisingly, most vocal about the need to trust the people who come into their homes (volunteer or paid). They reported feeling vulnerable and “at the mercy” of helpers.

When discussing volunteers, other informants acknowledged the emotional difficulty that may be entailed in working with older adults and suggested a volunteer training program that equipped volunteers to react to difficult situations when encountered. “Some [volunteers] call [older adults] and no one answers. They don’t know how much to get involved, for instance, or what to do. There should be a training program in helping others and what to do. It should include information about the Good Samaritan laws and any liability issues.”

Independent Living

Independent living is clearly the area in which most older adults spoke, and spoke most passionately. In listening circles of older adults, it was common to hear people say “no matter what, the most important thing is for everyone to stay in their own homes.”

Areas most often discussed by older adults were service that allowed them to stay safely in their homes: assistance with home and yard maintenance and help with basic life activities such as cooking and bathing. Some mentioned transportation.

Ubiquitous throughout discussions with older adults was their concern with trusting the people who help them. One listening circle participant said “it’s nice to be in your own home, but you can’t have help that’s mean to you.” Other participants were fearful for their physical and financial safety and concerned about identity theft. While quality of service was important and mentioned often, trust issues seemed foremost on participants’ minds, particularly for those who were oldest, frail, or otherwise vulnerable.

Not surprisingly, whenever help with remaining independent was discussed by older adults, the tandem issue of the difficulty of “asking for help” was raised. Of course asking for help seems antithetical to the state of being independent and many participants struggled with this discord. Some spoke of being too proud to ask for help, others tired of always being the one to ask for help and the diminishing number of people who offer help. They agreed, however, that when help was offered, they were happy to accept.

Mental Health and Isolation

More than 15% of respondents to the Olympic Area Agency on Aging/PDN survey identified “Help with depression or ‘the blues’” and “Relief from loneliness and isolation” as helpful services for themselves. They were more likely to identify these opportunities as helpful if they lived in the West End (where suicide rates among older adult males is significantly higher than local, State, and national rates). Fully a quarter of West End respondents noted these services as helpful to themselves. An even greater percentage of respondents—30% around the County—knew of someone for whom these services would be helpful.

Service providers offered suggestions for ways to address this need. One suggested life story and interview programs in which young people seek out elders in a variety of places (but especially when they are confined or home bound) and listen to the elders’ life story.

One service provider noted “it has been successfully done before – written up and given back to the elder or to his/her family as a gift. Youth could earn community service hours at their school.”

For several reasons many respondents encouraged the utilization of more elders in the schools. This could help older adults remain engaged in the life of the larger community and give children the benefit of elders, especially when their exposure to grandparents and/or an appreciation of aging is limited. Some informants mentioned the benefit to the schools as well, as older voters develop personal investments in the schools and become more likely to vote favorably for school-related levies.

Similarly, an inter-generational community garden program was suggested—at residential facilities as well as in the community at large. The elders’ knowledge of gardening and plant care can be passed down to younger people who would provide the labor that elders may not want or be able to do any more.

Education and Awareness

While no older adult participants overtly said “I wish someone had educated me about the details of growing older and devising strategies for staying independent longer,” many spoke of situations in which prior planning, early decision-making, or savings may have improved their current situation. One older adult said “we had a good life, good kids, traveled some. Just wish we’d saved more money.” Similarly, the older adults who completed the Olympic Area Agency on Aging/PDN survey identified several services that would be helpful in this arena when more than a third of respondents indicated *Disease Prevention and Education* as a resource that would be helpful to them. Fully a quarter of respondents indicated that *Home Modification for Mobility and Safety* would be helpful, and 15% indicated they would find *Retirement Planning* helpful.

Other informants in listening circles and interviews, such as caregivers and professionals in services to older adults suggested that the profession needs to educate people ahead of their aging. Areas for informing included ways to make adjustments and accommodations to home environments so older adults can remain there for longer periods of time, increased awareness of services that are available in the community and ways to access them, and making wishes for end of life and illness well known to children and others in their lives.

To Examine the Strengths and Weaknesses of the existing service delivery system to Identify barriers to be removed, best practices to build on, and priority areas for improvement.

“In San Jose’ they have Project MATCH where they serve as a clearinghouse for home companions, live-in helpers and such. I think I could use that. I’d just have to know I could trust the people”

Here the old social work story of upstream and downstream social work may be an apt metaphor for the kinds of comments we’re hearing from informants. The story takes place in a small village on a large, swiftly moving river. One day, villagers were appalled to see the bodies of elderly people tumbling down the rapids of the river. They ran to the shore en masse to pull as many of them as possible from the torrent. They worked feverishly and continuously as the elders kept tumbling down the river. As this horrific scene continued for three, then four days, the villagers agreed that, even though it would weaken their rescue efforts, some of them must hike upstream to find out who is throwing these elders in the river and stop them at the source.

And so it is that the suggestions for improving the current service delivery system seem to be going. Many suggestions appear to be aimed at strengthening the parts of the system that serve the immediate, short term needs of older adults. These focus on the direct service needs of older adults.

For instance, many older adults identify help with home maintenance as essential to allowing them to stay in their homes. This is a need that is currently being addressed, but may in fact be, need improvement as older adults continue to identify it as needed, but unmet. Improvement is likely to be *relatively* simple, immediate (or short term) and local.

Others are focused on making longer range changes in the larger older adult service delivery system. These focus on local, State, and even Federal policy changes. For instance, many older adults identify affordable dental care as a need. Addressing this is clearly upstream, long-term, State-wide work.

Other short term service system improvements include improved outreach and education to older adults who may not be aware of all the benefits and services available to them and improved training for home care workers and others who serve older adults in their homes. Long term improvements include increased and more flexible transportation services and increased access to affordable health care, including medications.

To Increase Awareness of available older adult services, particularly in remote communities and on Tribal reservations, and **Develop Education and Outreach** strategies for health promotion and disease prevention that empower older adults to take responsibility for managing their care.

“Nobody told me about Pararansit. When no one tells, no one knows”

If there were a goal more clearly in line with what older adults across the County are saying, it would be hard to imagine what it would be. Older adults repeatedly note the need for clear, accessible information about a variety of issues of importance to them. The paper and pencil survey data bear this out as well: only 48% of Clallam County respondents knew where to get information on County older adult services.

More information here is important but from what we are hearing so far, it appears that most people rely on word of mouth to learn about services. Many informants were unaware of any central directory or service. Four out of five focus group members indicated they learned about services from friends.

Others knew of a directory or a number to call, but found them inadequate. Some participants had outdated versions of the directory and found them ineffective.

One informant suggested establishing a “House of Help and Health” that would serve as a central place where older adults or caregivers could call for help and could be guided through the “maze” of services. Another suggested that more information at older adults’ point of entry to the county was needed. A packet of information about local services, newcomer’s organizations, etc. could be available to people as they move to Clallam County. In turn, the informant noted, it would be helpful for the service providers to become more aware of the issues facing elders new to the community and “those who are making life changes and adjustment who have lived in the area for a while.”

To Create a Sustainable System of programs for older adults and their caregivers.

“We could develop other resources—such as communal housing developments—and advertise and promote them in advance of the baby boomers needing and possibly preferring them”

Here is where a good deal of work needs to be done—most appropriately done once the other goals are largely met. This can help assure that funding efforts follow the setting of service priorities, rather than the reverse.

Some innovative ideas about funding the needed services of older adults have emerged, even now and they offer some possible directives for supporting older adults. One such concept is the Service Credit Banking system mentioned earlier in the report.

Service Credit Banking is an organized bartering system where anyone (of any age) can perform a service (in or out of their home) and bank their time. Then, when they need something, they can draw down those hours in a service provided by someone who has registered to provide the service they need. There are very successful models of this type of community bartering across the country, many of which take place in the Olympic Peninsula/Island area so should this be an option we wish to pursue we have neighbors from whom to learn.