2021 ANNUAL REPORT

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FROM THE CHAIR

DEAR COMMUNITY MEMBERS, Thank you for helping make this year's focus on the road to recovery from COVID-19 a success. Your attendance, questions and comments at our public meetings were invaluable. Your passion and commitment to finding solutions that make Clark County more age-friendly have been crucial elements of our process.

We took what we learned from you and our speakers during our virtual "fireside chats" and developed the findings and recommendations in this report and will present it to the Clark County Council, city councils and the community at large. We hope these recommendations will help our community leaders within Clark County make informed, aging-friendly decisions about creating and maintaining more prepared and resilient communities.

Our report details our year-long focus on the road to recovery from COVID-19. We thank our speakers and look forward to continuing our partnerships.

Looking ahead, we remain steadfast in our charge to educate, raise awareness and advocate through focus areas outlined in the Aging Readiness Plan: community engagement, supportive services, healthy communities, housing and transportation. Surveys across the country show that more than 85 percent of older adults prefer to remain in their home or community as they age, and these focus areas are crucial to ensure that desire is within reach for each of us.

Next year's focus will be on innovation through connection, which ties to the community engagement chapter in the Aging Readiness Plan. Our goal for 2022 is to identify opportunities for creative solutions to address gaps in connecting with one another and to resources. We will also be embarking on the first update to the Aging Readiness Plan since its adoption ten years ago, including the addition of an Emergency Preparedness chapter in light of the COVID-19 pandemic.

We are grateful to Clark County for creating the Commission on Aging in 2012 as a forum to address important issues. Our goal then and now is to achieve an "all-age friendly, livable community." We continue to count on you to reach that goal.

Thank you,

Chuck Green, Chair
Commission on Aging

WHO WE ARE

AGING READINESS PLAN

In 2010, knowing more than 10,000 people nationwide turn 65 each day, the then-Board of County Commissioners appointed a 24-member panel to assess the county's capacity to serve its older residents. The Aging Readiness Task Force developed the Aging Readiness Plan, which identified five focus areas: housing, transportation, supportive services, healthy communities and community engagement. The plan includes perspectives about how to effectively cultivate and protect what residents say they want most – the ability to age in the home and community where they live.

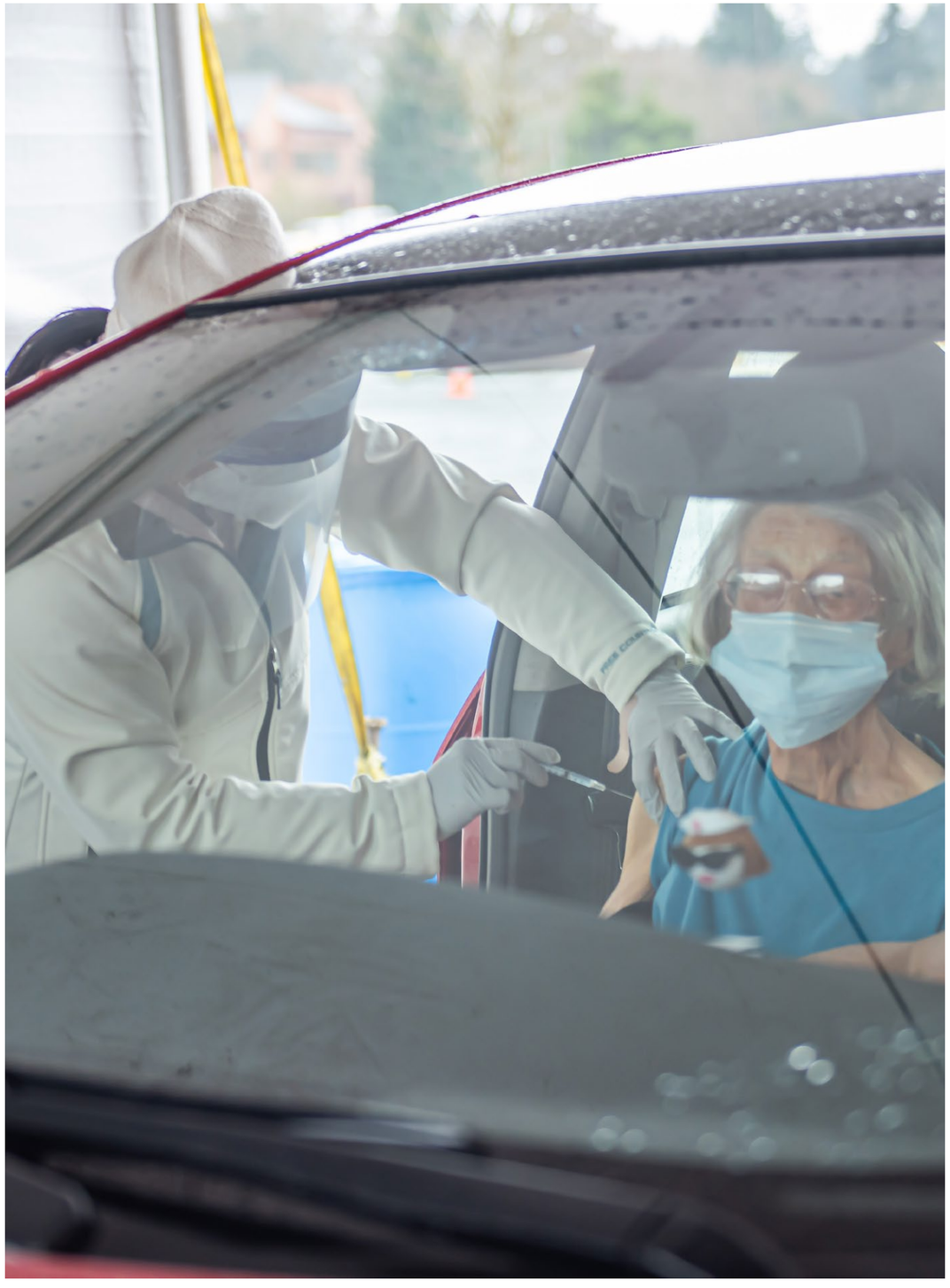
COMMISSION ON AGING

The Commission on Aging was established on May 20, 2012, and is tasked with leading and managing the implementation of the Aging Readiness Plan and fostering county-wide awareness, dialogue and insight into challenges and opportunities for residents of all ages, incomes and abilities. The commission is supported by volunteer members appointed by the Clark County Council. Commission members provide leadership, education, advocacy and community awareness and serve as community ambassadors.

2021 Members

Nancy Dong
Cass Freedland
Chuck Green, Chair
Amy Gross
Franklin Johnson, Vice-Chair
Meghan McCarthy
Linda O'Leary
Larry Smith
Tanya Stewart
Pamela Wheeler

Commission on Aging Mission As community ambassadors, the Commission on Aging provides leadership, advocacy, community awareness and partnerships to initiate change toward an all-age-friendly, livable community.



2021 FOCUS ON ROAD TO RECOVERY FROM COVID-19

The Commission on Aging dedicated its ninth year to the topic of the road to recovery from COVID-19. At each meeting, experts provided insights on a specific aspect of what we can learn from the COVID-19 pandemic, especially related to older adults, to better cope with the current situation and to make sure our community is better prepared for a future large-scale or global emergency. These discussions were targeted to:

- educate commission members and the public;
- direct questions to the expert to gain further information;
- seek comments and questions from the public;
- share information and highlight community resources; and
- identify ways to shape policy or advocate for change.

The commission will conclude its 2021 focus on the road to recovery from COVID-19 by holding a joint meeting with the Clark County Council on Wednesday, Feb. 16, 2022, and sharing its major findings and recommendations.

SPEAKER HIGHLIGHTS

Guest speakers conversed with commission members and the public in virtual "fireside chats." This section provides excerpts from those conversations.

We hope these selections provide a glimpse into what the commission heard and learned during 2021. These conversations were critical to informing the commission's major findings and recommendations, presented later in the report.

ROAD TO RECOVERY KICK-OFF

PRESENTERS
Dr. Melissa Cannon
Western Oregon University

Neil Degerstedt
Long Term Care Ombudsman Program
Area Agency on Aging and Disabilities of Southwest Washington

The social aspect needs to be addressed; the sooner the better. This goes for long-term care residents and seniors in general. We need to try and have safe distancing and making certain that people coming in have been vaccinated. We need to do it in a safe way. People seem to be responding to at least keeping their distance and, if they have a cough or sniffle, to wear a mask. That will be a part of our life for short- and long-term; people will wear masks to a greater extent, especially during outbreaks of the flu, etc. Would love to see people back together, able to give hugs, but has to be done in a safe way.

We will be dealing with a lot of traumatized [long-term care] residents. How can we best serve them and best connect them with the best support systems? Hoping once visitation is allowed again and resident rights are restored to the level prior to the pandemic, that's when the work really begins for us. I know this past year [2020] involved a lot of grief, sorrow, and pain. Next year [2021], I'm looking at it as a year of healing and looking forward to helping people. – Neil Degerstedt

Recovery is going to look different for everyone. Some people never felt that affected and already feel like we're recovered. Others are not going to see a return to normal for a really long time. – Dr. Melissa Cannon

We have a lot of work to do. We really need to stop the spread of misinformation, depoliticize these issues, and invest in science. There are lots of good lessons learned to carry forward and do better next time. – Dr. Melissa Cannon

The Red Cross responds to approximately eight calls per month for families displaced by a fire. In nine out of ten cases, the family doesn't have a preparedness kit ready.
– Victor Magana

FIRST AND EARLY RESPONDERS

PRESENTERS
MaryJane Rose and Victor Magana
American Red Cross, Cascades Region

Chief Robert Milano
Emergency Medical Services
City of Vancouver

On calls, we run into seniors who may no longer be able to care for themselves. The only option the fire department currently has is protective services through the state. There can be a range in time in how quickly the state is able to respond. When people are in crisis, the last thing they need to do is wait for help. The fire department is looking at a way to build out some sort of live portal to point seniors to other levels of services in the county. They could then share that information with people while they are in crisis.

We are working on a fall and slip program. This is the most common type of call we receive. We want to advocate for ways to alleviate some of those risks.

Q: What is on your wish list?
A: *An employee position who could do the follow-up with our high-risk communities who use 911 a lot. This person could find different avenues for these customers other than 911. This person could also help with different community involvement opportunities too.* – Chief Robert Milano

For older adults, there is a huge need in making sure people know who their point of contact is for medical devices, equipment…and how long they can sustain certain items when not at home, and a plan to work within those needs. In an emergency, it may take a while to get those services. This was a huge challenge with us with COVID-19 and displacement from fires. – Victor Magana

Being prepared in advance and having things like a list of medications, physicians, a go-bag ready to go…with copies of medical cards, phone numbers of physicians... It's very helpful to a first responder and to the Red Cross in the event of opening a shelter…With the fires this past year, we could have saved a lot of time in tracking down that information with individuals. We advocate for a two-week ready kit and to have all of that information in the kit. – MaryJane Rose

RESOURCES

Community Emergency Response Teams (CERT)
www.certclarkcountywa.com/

MapMyNeighborhood
mil.wa.gov/map-your-neighborhood

Ready kit checklist
www.redcross.org/content/dam/redcross/get-help/pdfs/brcr_checklist/EN_Be-Red-Cross-Ready-Factsheet.pdf

We need to recognize the importance of support for individuals providing the care. There's a saying 'whole persons caring for whole persons,' meaning, full care for patients and those providing the care. – Dr. Gregg VandeKieft

hush-naidoo-jade

SERIOUS ILLNESS AND
CAREGIVER SUPPORT

SERIOUS ILLNESS AND CAREGIVER SUPPORT

PRESENTERS

Peggy Maguire
Cambia Health Foundation

Gregg VandeKieft, M.D.
Providence Institute of Human Caring and
Providence St. Peter Hospital

Palliative care is specialized medical care for people living with serious illness. This type of care is focused on providing relief from the symptoms and stress of the illness. The goal is to improve quality of life for both the patient and the family. (https://www.capc.org/)

The biggest lesson for me was the exposure of many disparities, gaps and inequities that existed prior to COVID-19 in our health system. We're not all in the same boat. For the underserved populations, people traditionally on the outside of our health system, multiple studies showed communities of color were disproportionately impacted by the pandemic and were more at risk of getting infected and dying from the disease. Exposure and access to care were impacted. Underlying conditions put people at higher risk. COVID-19 has really taught us how the social determinants of health impact lives.

Some hospitals were overwhelmed during the winter surge. Palliative care doctors were unprepared for this, and these are specialists who are used to talking about serious illness and dying. Caregiver (in this instance, healthcare workers) burnout is profound. This applies to family caregivers too.

One of the silver linings of the pandemic is the increased access to telehealth service. In serious illness care, think about people wanting to be at home and how hard it can be to get into an office setting for a check-in. It can be more convenient if you can check-in with your palliative care team by video conference. Expansion of telehealth during the pandemic is really good for consumers and the healthcare system. We think it's here to stay–hope it's here to stay. Telehealth won't replace a face-to-face visit, but it can be part of the whole recipe. – Dr. Gregg VandeKieft

One area funded through the Cambia Foundation was development of a series of communication tools that helped clinicians engage in conversations that are typically palliative care specialist specific training. Some tools and techniques from the palliative care field were made accessible to a broader swath of the workforce, such as talking maps to help people address and screen serious illness and COVID-19.

Make it easy to engage in difficult and important conversations about what matters to people in shaping their healthcare. For example, make it easy to: name a healthcare proxy, identify what matters to you, and have what matters to you honored and respected in the healthcare system. -Peggy Maguire

RESOURCES

Center to Advance Palliative Care (CAPC)
https://www.capc.org

End-of-Life Nursing Education Consortium
www.aacnnursing.org/ELNEC

Project ECHO
hsc.unm.edu/echo

ARCHANGELS – LOOK, LOVE, LIFT
we-are-archangels.squarespace.com/look-love-lift

Moms Meals
www.momsmeals.com

Papa Pals
www.papa.com

Isolation creates even bigger problems. We can provide the most nutritious food and if people are isolated in their homes, they are not going to thrive. We are trying to combine good nutrition and human connection to enable them to deal with their changes and stay healthy as long as possible. That has been really important during the pandemic. -Suzanne Washington

FOOD AS MEDICINE

PRESENTERS

Neil Barnard, M.D.
Physicians Committee for Responsible Medicine

Suzanne Washington
Meals on Wheels People

I would shift our dietary input away from animal products and towards plants. If we did that well, our health would revolutionize to a great extent. -Dr. Neil Barnard

For the people we are serving, many, if not most, are down the path of having mobility changes, physical changes, mental health changes, losing friends, etc. For us, providing nutritious food is important for people who already have chronic conditions or who don't have money or the ability to cook food.

Isolation creates even bigger problems. We can provide the most nutritious food and if people are isolated in their homes, they are not going to thrive. We are trying to combine good nutrition and human connection to enable them to deal with their changes and stay healthy as long as possible. That has been really important during the pandemic.

As we age, how we taste things changes. Our body tricks us into thinking we're full when we're not or that we can eat sugar because we are going to die anyway. We need to eat healthier, even if we don't feel like it, all along the way. -Suzanne Washington

Currently, procedures pay better than guidance. In our clinic, we would get paid more if we amputated diabetics' feet than guiding them on lifestyle changes. Surgeons nowadays make $500,000 to $1 million a year. Primary care doctors make a fraction of that and practices that employ them lose money and are getting swallowed up by huge hospital conglomerates. We need to stop paying so much for procedures and pay more for dietetic care. We need people to understand the key things that effect our health, i.e., heart disease and diabetes can be treated and are reversible, medical schools need to teach this information, and hospitals need to model it, like what happened with smoking. We need to help people get over their natural nervousness of quitting eating unhealthy foods. -Dr. Neil Barnard

We are constantly working with our federal partners to understand how important nutrition is. We need more funding just for nutrition. We also need more funding for medically tailored meals. We are working with local hospitals on programs for prevention and transition out of the hospital, to provide people with healthy food before they enter or come out of the hospital. We are in a research project with Kaiser where they are tracking the benefits on the financial side as well as the savings if you feed someone for 90-days after leaving the hospital, will it reduce the likelihood of being readmitted? The Food as Medicine coalition is doing research across the country on things like this and advocates for more money up front for fewer procedures later. -Suzanne Washington

They [patients] come in not because they want to change, but because they want their diabetes, for instance, to get better. I take about two minutes to describe how foods play a role in diabetes.... In the case of diabetes for example, I'll take an 8.5 x 11 piece of paper and draw an oval on the piece of paper. I explain: 'This is a muscle cell in your body and it's driven by glucose. In your body the glucose isn't getting into your cells, that's called insulin resistance. Why is that? You can't see this, but if I looked inside your cells with a magnetic resonance scanner, I would find that you are filled with fat particles. Where did those come from? The salmon, chicken, cheese, etc. that you ate. If I stop eating those things, will my diabetes get better? Well, let's see.' Then they and their reluctant spouse spend one-hour with a dietician. You don't have to confront their skepticism. They should be skeptical. The dietician draws up a menu, very soon they get results and feel better. It's important to explain how the foods work in their body and then just try it. You have to make a powerful diet so they will get better fast. That's what can make people believers. – Dr. Neil Barnard

RESOURCES

Food is Medicine Coalition
fimcoalition.org

Physicians Committee for Responsible Medicine
PCRM.org

The pathway I see is three parts: 1) we need a screening protocol to collect info and ask questions; 2) we need a resource directory; 3) we need a way the clinics or social service organizations can create a pathway to use the resource and close the loop with people to get the services. The above may sound easy, but it's not.

– Judy Zerzan-Thul

SOCIAL DETERMINANTS OF HEALTH

PRESENTERS
Judy Zerzan-Thul
Washington State Health Care Authority

Gillian Feldmeth
NowPow

The Commission's guests explained that social determinants of health are the conditions in which people are born, grow, work and age. The terminology is currently changing from "social determinants of health" to "health-related social needs." Homelessness, employment, food, transportation, and criminal justice are all examples. You could also include race/ethnicity, income level or, whether you have a car, high school diploma, etc. Health-related social needs change over time depending on life stage.

They further explained that there is often an assumption that a social determinant of health (SDH) is a negative thing, but there can be positive SDH as well. Having a job can lead to improved health outcomes. Oftentimes in the communities they work with, taking the asset-based approach can be helpful when working with individual community members. In terms of life ages and stages, the idea that, and COVID exposed this, any of us at any point in time could enter a scenario where something that wasn't an issue before could become an issue. It's important to understand that as we age and circumstances change, the SDH are quite dynamic.

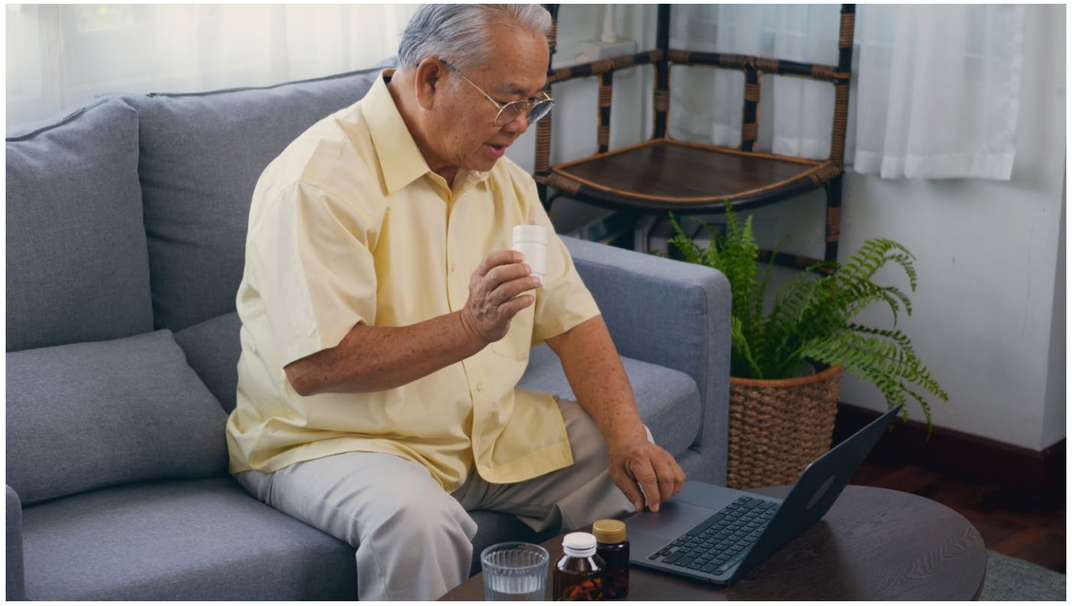
NowPow is a health technology company. *We provide people with the knowledge of resources in their community that may help address identified needs. Many of our partners, which involve health systems, community-based organizations, health departments, etc. use our tech to systematically assess need at the individual level by asking the individual if they are experiencing any challenges. The questions may differ depending on who we are working with. We put a large emphasis on engaging the individual on understanding what their priorities are. Community partners are asking their clients questions and then asking if they want support with that need. Putting the patient first can lead to improved outcomes. – Gillian Feldmeth*

The magic starts to happen when you connect the person in front of you and some of these tools to help figure that out. If we ask things in aligned ways, as we move across communities and organizations, we will all know what we're asking and can better connect people. For example, at the Health Care Authority (HCA), we have five different ways to ask about race and ethnicity. You can't connect the categories because we are asking slightly different questions. The data isn't as helpful when it isn't aligned. We need to figure out on a community level how do we make sure we're asking the same question, so people don't feel like they're getting asked the same question repeatedly, and how we can translate the information across providers. We can't share data if things don't match.

We have been thinking about social risk adjustment. Many times, in healthcare systems, things are risk adjusted and identify where there are people at higher risk for higher utilization. There is interesting work that some algorithms might have some racial bias and further disadvantage people. Social risk adjustment is about: how do you make sure you are not putting bias into your equation? North Carolina has a nice model where they pay more for primary care providers in high poverty areas. Providers ask questions and connect patients to resources and adequately reimburse people with enough money in system to connect people to resources.

The rural healthcare system was set up in the '60s and is hospital focused. It's not set up for in-home support or primary care. There isn't always internet structure for in-home communication. How can we do better with things like telemedicine in rural areas? – Judy Zerzan-Thul

Regarding social isolation, at NowPow we often get individuals asking us to add certain types of resources to the directory. In the pandemic, we saw requests around social connection. We saw hotlines or community-based organizations add calling clients to their service offerings to address this need. It was interesting to see in our data, where frontline social workers and community health workers were explicitly asking or sensing need to further support folks feeling isolated. That's always an interesting space for us to be in. The community organizations are doing this work. Tech can complement it and a community-based organization should use the best available tech and shouldn't have to rely on outdated methods to track things. This is like how health systems are investing in digital technology." – Gillian Feldmeth



RESOURCES

Social Intervention Research and Evaluation Network (SIREN)
sirenetwork.ucsf.edu

Accountable Community of Health for Southwest Washington (SWACH)
southwestach.org

Healthier Washington
wsha.org/our-members/projects/healthier-washington

NowPow
www.nowpow.com

The biggest barrier is the disconnect between incomes and cost of housing. The delta keeps growing.

– Andy Silver

HOUSING AND HOMELESSNESS

PRESENTERS
Andy Silver
Vancouver Housing Authority

Tim Zaricznyj
Providence Supportive Housing

Jonathan Kumar
Samaritan

Anyone on a fixed income living in a community with increased cost of living is at risk for homelessness and experiencing housing insecurity. Someone is considered housing insecure if they are paying more than 50% of their income to housing.

People have worked and saved, but a fixed income doesn't keep up with escalated costs of housing. They downsize and it's still not enough. – Tim Zaricznyj

People with fixed incomes may include older adults and people with disabilities. It also includes people who work in sectors like the service industry or retail that are not paying wages for people to afford housing.

With older adults, the demand for affordable housing has skyrocketed as the cost of housing has separated from what most peoples' fixed incomes are. – Andy Silver

Samaritan is a support platform for people experiencing homelessness. Human service providers and health systems use Samaritan to engage with Samaritan members to address vital needs. The first Samaritan member spent three years living

on the street, uses a wheelchair and was not accessing social services on a consistent basis because there were a lot of barriers. A nonprofit reached out to him and gave him a Samaritan membership. He got a beacon to store critical documents. He set goals. Samaritan and the supporting nonprofit surrounded him with a team of supporters and community volunteers who could send words of encouragement and could send cash. He was able to get some basic needs met, i.e., food and clothing. Samaritan provides bonuses for achieving action steps toward your goals. He connected with a housing navigator on a monthly basis, and, within six or seven months moved into an apartment. After getting housing, he got a lot healthier.

There are a lot of invisible barriers that were keeping this person from housing.

I think we would all wish that every single person had a stable home. I think we can get there. It's a matter of building the right type of affordable homes and providing a social home to people. In terms of causes of homelessness, people often don't have a friend or family network to keep them afloat when a tragedy or decision happens. Even with the pervasiveness of homelessness, the numbers are in our favor. If we all do small acts of kindness, commit to being a neighbor and not a stranger, take ownership and treat people who are homeless as if they were one of our family members, then this problem goes away. – Jonathan Kumar

RESOURCES

Providence Supportive Housing:
www.providence.org/supportive-housing

Vancouver Housing Authority (VHA)
vhausa.org

Council for the Homeless
www.councilforthehomeless.org

Samaritan
www.samaritan.city

PERSONAL ECONOMICS/ FINANCIAL RECOVERY

PRESENTERS

Scott Bailey
Washington State Employment Security Department

Gary Beagle
Intrustment Northwest

A Pew Research Center study of adults' financial situation in January 2021 compared to one-year prior showed that 30% of adults surveyed said they were better off financially than the year before, 21% said they were worse, and the rest said they were the same.

There were budget changes for households, such as a decrease in spending on entertainment, food, etc., which created an increase in savings. – Gary Beagle

The biggest economic issue is the eviction issue. We've seen a steady increase in houselessness in the country and locally. Even before the recession, almost half of rental households were characterized as income distressed. It doesn't take much to nudge folks off the edge in those situations when something happens that requires money (i.e., a medical procedure, etc.)

Good news in Clark County is that we have been recovering faster than the state/nation. As of August, we were only .6% employment below where we were in Feb. 2020 when COVID kicked in. We are looking ahead to see what extent remote work continues. We are seeing an interesting push/pull on employers wanting employees back and employees not wanting to come back. In addition, it will be interesting to see how the great refusal of not wanting to go back to a job that was not fulfilling and how that will impact working conditions going forward. Some employers are offering hiring bonuses or bigger wages, which helps some, but not all of it. Supply constraints is another issue. The immediate cause was COVID, but if you peel back the immediate cause, you see more issues. Supply chains are very fragile, and one break in the link can cause serious problems. – Scott Bailey

We need to figure out how to support people in the lower income groups going forward because stimulus funding was helpful to meet their needs, such as Medicaid clients receiving funding through CARES Act to get medical supplies/needs taken care of (dental/vision/hearing aids). Medicare does not cover much dental/vision.

We need to work with state legislators to get more money for individuals in supportive services to meet basic needs.

We have seen households spending down their savings to become eligible for Medicaid. We have seen some long-term care facilities cost $8,000/month. This new program [WA long term care program] will save the state money under Medicaid dollars because it means households may not need to shift over to Medicaid and use up their savings, it allows younger individuals to talk about savings, it provides alternative options to long-term care facilities (i.e., money could be spent on home care). It will have a lot of benefits. – Gary Beagle

RESOURCES

Statewide Health Insurance Benefits Advisors (SHIBA)
www.insurance.wa.gov about-shiba-services

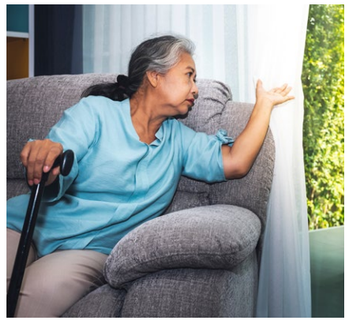
Consumer Financial Protection Bureau
www.consumerfinance.gov/coronavirus

The FDIC's Money Smart for Older Adults
www.fdic.gov/resources/consumers/money-smart/teach-money-smart/money-smart-for-older-adults

Administration for Community Living
acl.gov/

Washington Long-term Care Program
wacaresfund.wa.gov

COMMISSION FINDINGS AND
RECOMMENDATIONS



COMMISSION FINDINGS AND RECOMMENDATIONS

Recovery from the COVID-19 pandemic is going to look different for everyone. Our future will never be the same. For some people, they never felt affected by the virus and already feel like our community has recovered. For others, they may not feel a "return to normal" for a very long time. It is likely that many changes due to the pandemic will continue and that "normal" may look different moving forward. In our focus this year, we listened for findings and recommendations on what a more resilient Clark County might look like for older adults and other vulnerable community members, to aid in recovery from the current pandemic and to better prepare our community for a future emergency.

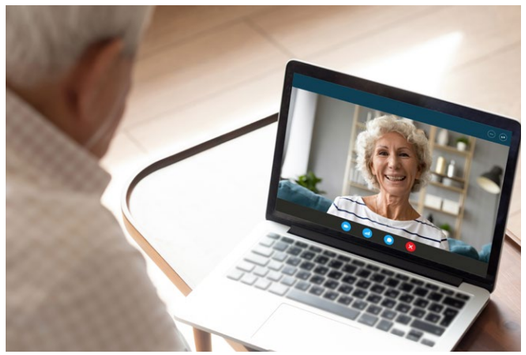
We all know Clark County has resilient people. Our findings and recommendations this year highlight ways to build on that resiliency, to create a more connected, prepared, and healthy community.

Community engagement

Findings

From the closure of senior centers to the inability of families to visit loved ones in long-term care facilities, phone and video calls helped those who can use the technology, but could not replace in-person human connection, social contact and interaction. Prior to the pandemic, research showed one of the strongest indicators of someone's ability to cope and be resilient is their social contacts. (Clark County Commission on Aging, March 17, 2021). Local organizations created new programs because the need for personal connection was so apparent. For example, Meals on Wheels People created a Friendly Chat program where 600 of their clients opted into the program and 300 volunteers made calls to have a chat with an older adult. Meals on Wheels People also had trained volunteers to conduct Wellness Check calls, focused on identifying anything their clients might need and offering to connect them to resources.

Healthcare and social service providers have found that texting technology has been helpful to reach some people who do not have a computer but may have a cell phone. (Clark County Commission on Aging, August 18, 2021). Written communication became increasingly important without in-person options. In Polk County, Ore. for example, the community health faculty at Western Oregon University developed a monthly newsletter tailored for the older population. When an emergency occurs in the future, methods such as this, which don't rely on phones or computers, may be used to communicate with older adults. (Clark County Commission on Aging presentation, March 17, 2021).



Another challenge during the pandemic has been the drop-off in the number of volunteers for many organizations and the challenge of not having enough volunteers to help provide community services. Many community volunteers are older adults who stopped volunteering due to safety concerns during the pandemic. (Clark County Commission on Aging presentation, March 17, 2021).

Recommendations

- The Commission on Aging, Area Agency on Aging & Disabilities of Southwest Washington (AAADSW), Clark County businesses, and community service providers who work with older adults should incor porate lessons learned from communities that have done a good job reaching older adults during the pandemic. The Commission on Aging would like to team with AAADSW to share and distribute these best practices.
- Local service providers should continue their outreach efforts to establish connections and build relationships with older adults. New or expanded older adult connection programs, that reach community members who are still isolated, are also needed.
- Local Clark County service providers should continue to be creative in the ways they recruit volunteers and ensure the use of volunteers' skills in ways that are safe.

Supportive services

Findings

Caregivers. Caregiving has a significant impact on the health of the caregiver as well as the patient with the original diagnosis. A 2020 report showed 83% of caregivers surveyed were under increased stress since the start of the pandemic (Rosalynn Carter Institute for Caregiving, 2020). Forty-two percent of caregivers surveyed said the support they normally received from their community had declined. A Centers for Disease Control and Prevention report in 2020 notes many caregivers have contemplated suicide and experienced an increase in other chronic behavioral health conditions (Czeisler MÉ, Lane RI, Petrosky E, et al., 2020). Hospitals and long-term care facilities are also experiencing a high rate of staff turnover. The healthcare profession is expecting to be challenged to maintain its workforce moving forward, and, at the same time, is anticipating a surge in nursing and medical school interest from young people. (American

Nursing Association, 2021; U.S. Bureau of Labor Statistics, 2021; Berlin, G., Lapointe M., and Murphy M., 2021).

Connections to resources. The pandemic highlighted gaps in being able to connect people to the resources they need. There is a need to ask questions to collect information and identify needs. Having good resource directories, pathways to use the resources and connecting people with services is critical. Efforts to connect organizations and individuals to local resources are underway both locally and nationally. However, there are still many gaps in Clark County between service providers and community members who need services. The following are a few examples of efforts that are underway.

- Southwest Washington Accountable Communities for Health (SWACH) is the regional organization that convenes community leaders to prioritize and solve regional health issues. SWACH includes bidirectional interconnection of care: mental and physical health needs; community-based care coordination; opioid use; chronic disease prevention and control. They convene tribes, hospitals and providers, community, and social service organizations. They have been working since 2016 to address issues such as connecting people to services to improve health outcomes.
- A closed-loop referral platform is a tool that supports social service or healthcare professionals in sending client or patient information to a community-based organization to help address a patient's needs outside of a clinical setting. Closed loop referral platforms that enhance social and medical care coordination are growing and helping connect people to services. Tech companies such as NowPow and Samaritan, while very different in mission, are both trying to connect people with resources. One organization is focused on connecting healthcare providers and patients with community resources and the other is connecting social service providers and people who are experiencing houselessness with resources.
- Valuable community resource centers already exist in our communities, such as school family resource centers, churches, etc. The commission heard stories of resources being provided through these existing community nodes, such as a grandparent getting needed resources through the family resource center at their grandchild's school.

- Approximately 75-80% of local fire and rescue calls are for medical emergencies. Local emergency response providers are looking for alternative models to better support high system utilizers who call 911 frequently, some of which are older adults who can no longer care for themselves. Clark County Fire and Rescue (CCFR) is participating in a pilot program funded by SWACH. The program is called Community Assistance Referral Education Services (CARES). The CCFR CARES program is an innovative mobile integrated healthcare response to improve population health and enhance the patient experience and life situation. Participants are identified by CCFR crews and health system/hospital partners. Program staff provide connection to services, education, effective use of resources, and advocacy and follow-up services for patients and health system/hospital partners. A CCFR social worker and paramedic make up the CCFR CARES team and SWACH serves as the regional hub of community care coordination infrastructure and closed loop referral system. So far, one and a half years into the pilot program, there is approximately an 80% reduction in 911 usage of the people who participated in the program.

Recommendations

- More than ever before it is critically important to support our caregivers. We all need to practice acts of kindness and support to family and professional caregivers. Employers should review their Human Resource policies and identify ways to better support caregivers. This applies to the healthcare sector with professional caregivers as well as all sectors of family caregiving. Examples of recommendations are provided in the Sept. 22, 2021, Recognize, Assist, Include, Support, & Engage (RAISE) Family Caregivers Act Initial Report to Congress.
- Local fire and rescue departments and health service providers should evaluate and learn from the Clark County Fire & Rescue – SWACH pilot program, fall and environmental risk reduction program, and other creative innovative care response models, to develop a long-term sustainably funded model.
- The Commission on Aging should learn more about the Clark County Fire & Rescue CARES program in 2022.
- Local healthcare and service providers can research projects in other communities where closed-loop referral networks are already being used, such as the recent partnership between Long Beach, Calif. and UniteUs. Service providers can learn from these examples.

- Healthcare providers in Clark County can use closed-loop referral platforms for enhanced social and medical care coordination, assisting staff to connect their patients with local services. Community organizations can provide their information to these platforms, so that their services are listed and easy to find.

Healthy communities

Findings

For our older population, various chronic diseases and medications increased their risk of COVID-19 complications. The current healthcare system incentivizes, by paying more for, procedures like surgery, than for doctors to provide diet and lifestyle care to their patients. However, if we eat healthy food and maintain an active lifestyle, we are less likely to experience severe chronic conditions as we age and may be more resilient to certain types of health pandemics complicated by existing conditions. (Clark County Commission on Aging presentation, July 21, 2021).

For every issue the Commission discussed and heard about this year, available data shows that by race, African Americans, Latinos, Native Americans, and Pacific Islanders are more negatively impacted. This is characterized by reduced resources, information distribution and health outcomes. (Clark County Commission on Aging presentation, October 2021; U.S. Government Accountability Office, 2021; Lopez et al., 2021; Centers for Disease Control and Prevention, 2021).

The Commission also found that community members who are donating food or funds to help address local food insecurity challenges could be worsening existing health challenges. There can be a disconnect, for example, with those who donate food and their fellow community members who are in need of food, where the foods that are donated are not healthy, further exacerbating health disparities. (Clark County Commission on Aging presentation, July 21, 2021; Cooksey Stowers et al., 2020).

Recommendations

- Clark County and its cities need to build relationships and trust with community members who have traditionally been underserved and are most vulnerable to health impacts, such as communities of color. County and city officials need to have conversations to listen and learn from these community-members, and then act to address community needs.
- Clark County schools and workplaces can promote healthy eating and lifestyle options for students and employees, respectively. Increased funding for school meals would be essential to support change in schools. Workplaces offering flexible schedules to promote work/life balance would also complement any healthy eating and lifestyle initiatives.
- Local hospitals should implement and elevate the American Medical Association (AMA) healthy hospital food guidelines in their food service.
- Explore opportunities to dialogue with people who donate food about health equity and its relationship to what is donated.
- Current programs that provide healthy foods to those in need should continue to be supported. In addition, the opportunity to support the creation of new partnerships in these efforts should be explored.

Housing

Findings

The pandemic had a significant effect on housing across the county. Even before the pandemic, almost half of rental households were characterized as cost burdened and nearly 30 percent were severely cost burdened (Harvard Joint Center for Housing Studies, 2021). The U.S. Department of Housing and Urban Development (HUD) defines cost-burdened families as those "who pay more than 30 percent of their income for housing" and "may have difficulty affording necessities such as food, clothing, transportation, and medical care." Severe rent burden is defined as paying more than 50 percent of one's income on rent. (U.S. Department of Housing and Urban Development, 2021). In the Clark County area, 12 to 15 percent of renters were estimated to be behind on their rental payments mid-year 2021, (Harvard Joint Center for Housing Studies, 2021). When you do not have a home, it creates barriers to dealing with anything else. The biggest challenge is the disconnect between incomes and cost of housing, with the Portland-Clark County area having the fifteenth highest home price-to-income ratio in the country. (Jones, 2021). This impacts people with fixed incomes such as some older adults and people with disabilities. (Vancouver Housing Authority, 2021). It also includes people who work in sectors like the service industry or retail that are not paying wages for people to afford housing. (National Low Income Housing Coalition, 2021).

Recommendations

- For healthcare systems that build housing to address the linkages between housing and health, focus on high utilizers of the healthcare system, such as older adults with multiple conditions. Explore creative housing models that combine independent living options with healthcare needs. (Example: Providence Supportive Housing has tested multiple models.)

- County and city councils can continue to create policy and adopt development code to remove barriers for non-profits, housing authorities and mission-driven housing developers to build housing that is affordable to people who are priced out of market-rate housing. One example of a barrier that could be removed is to allow regulated affordable housing and housing with permanent supportive services to be built in commercial zones in urban areas.

Emergency preparedness

Findings

We have been challenged to think about essentials during this public health pandemic. In emergency situations, it may be several days or more until needed help is available. Being prepared in advance includes having things like a list of medications, list of physicians, a go-bag ready with copies of medical cards, phone numbers and other critical information. The American Red Cross advocates for every person/household to have a two-week ready kit. American Red Cross staff estimate that 9 out of 10 families who they assist do not have a preparedness kit ready.

Recommendations

- Neighborhood Associations should contact CRESA for emergency preparedness presentations. The form to request a presentation is available at cresa911.org/contact.
- Community members should learn more about emergency preparedness to be able to better take care of themselves and their fellow community members during an emergency. There are several existing volunteer neighbor-helping-neighbor-type programs, that can help when professional disaster response may not be available yet. Community Emergency Response Teams (CERT) trainings, Search and Rescue Teams, Map My Neighborhood/Be 2-weeks Ready programs, etc. are just a few examples of existing programs or resources available to community members. Learn more at cresa911.org.
- The Clark County Council approved the Commission on Aging's request to add an Emergency Preparedness chapter to the Aging Readiness Plan. The Commission should begin this work in 2022.

SILVER CITIZEN AWARD

CAROL STARBUCK

Clark County recognizes that older adults are valuable contributors to the vitality of this community. To encourage and support older adults for their contributions to their communities, the Clark County Commission on Aging established the Silver Citizen Award program to recognize older adults who go above and beyond in service. The recipient of the commission's second annual Silver Citizen Award is Carol Starbuck. Ms. Starbuck is 77 years old, is a resident of Camas, and has served as a volunteer with the Trauma Intervention Program Northwest, also known as TIP. TIP volunteers are called to emergency scenes and homes to provide immediate emotional and practical support to victims and their families when something bad or traumatic has happened. Carol has been a volunteer with TIP for 25 years.

Carol is a vibrant, funny, and level-headed person who is unafraid to march into tragedy, help those who have suffered a great loss, and assist them in finding their balance. As a TIP volunteer, Carol may be requested 24/7 and 365 days a year to serve the Clark County community in emergencies when immediate, practical, and emotional support to loved ones is needed in the midst of a crisis, usually when a death has occurred. Since 2007, Carol has responded to more than 241 scenes of tragedy, has spent over 360 hours directly with bereaved citizens and has served 902 clients in the Clark County area. Carol has a humble approach that makes a huge impact. She quietly but confidently supports her fellow community members on the worst days of their lives, one call at a time.

It's just icing on the cake to be recognized for what you love to do. - Carol Starbuck

The award recognizes the valuable contributions older adults make to the vitality of the community and is open to any county resident 65 years or older who has enhanced the community through their life's work, engagement of others, volunteerism and/or other impactful acts of service to the community for any age group. Service in any field of endeavor will be considered (e.g., education, radio, television, business, healthcare, art, music, journalism, faith-based, athletics, politics, volunteer service). A couple may receive the award jointly when both have been involved in service and various community endeavors.

IMPLEMENTING THE AGING READINESS PLAN

UPDATE

The Commission on Aging has developed several programs to implement the Aging Readiness Plan, including advocacy of Universal Design for homes and raising awareness of issues important to our aging population. In 2016, the commission began to revisit the primary focus areas outlined in the plan (Housing, Supportive Services, Transportation and Healthy Communities).

HEALTHY COMMUNITIES

In 2019, the commission focused on healthy communities to educate and raise awareness about resources and needs in Clark County to build a healthier community, especially for older adults. Recommendations emphasize community adaptations, business, and design ideas for how our communities can better support our physical, mental, and emotional health as we age.

Fresh food options

In their 2019 Annual Report, the commission recommended promotion of mobile fresh food trucks that could park and serve areas that do not have easy access to fresh food and recommended improving access to farmers markets. Several area fresh food delivery services continued to expand offerings in 2021. Some local farmers markets also continued offering no-contact

pick-up options. Some of these efforts were in response to COVID-19, others have been in process for many years.

Business practices

The commission recommended age-friendly business practices and initiatives in their 2019 Annual Report. In response to COVID-19, many area grocery stores continued to offer special shopping times reserved for older adults and no-contact grocery pick-up options. These offerings are consistent with the type of age-friendly business practices the commission has advocated for in its recommendations.

TRANSPORTATION

In 2018, the commission focused on transportation to educate and raise awareness about transportation resources and needs in Clark County to improve transportation options if driving is no longer an option for an older adult. The commission's recommendations centered on thoughtful development design and regulations to promote transit and pedestrian access options in urban areas and community transportation options for rural areas.

North County Shuttle Service

Community in Motion is now providing North County Shuttle Service, or round-trip transportation from an individual's home in north Clark County to/from Battle Ground. This program follows a pilot program that began in 2020. The service provides access to multiple destinations within Battle Ground including medical appointments, shopping, meal sites, community services and socialization opportunities. The program is open to seniors, persons with disabilities and those who are homebound due to a lack of transportation resources.

Clark County Transportation System Plan

The 2012 Aging Readiness Plan and 2018 Commission on Aging annual report explore alternatives to driving as a method for ensuring mobility equals independence. Clark County is working to create a Transportation System Plan (TSP) that provides direct guidance on how to build, operate and maintain Clark County's major roadway network. The TSP will also address complementary elements of the larger transportation system including transit connectivity, multi-use trails development, state highway coordination and freight railroad safety – maintained by other entities. The TSP addresses a diversity of transportation needs while integrating social, economic, environmental and livability aspirations. It will bridge goals and policies in the Comprehensive Plan with implementation of new and improved infrastructure. A TSP will help implement the 2012 Aging Readiness Plan to provide a sense of independence and mobility for people of all ages using Clark County's transportation network.

SUPPORTIVE SERVICES

In 2017, the commission focused on supportive services to educate and raise awareness about services that exist, or may need to exist, to help Clark County's older adults age in their own home and familiar neighborhoods as long as possible. The commission's recommendations centered on advocacy and promotion of existing services provided in the county; increasing the number of memory care facilities and smaller assisted living communities; supporting resources for caregivers; and assigning a Clark County Sheriff's deputy to the Elder Justice Center team. The deputy was assigned to the team in 2018.

In 2021, supportive service providers in Clark County continued to heroically adapt to challenges from the COVID-19 pandemic and creatively figured out ways to support older adults in the community. The speaker series section of this report highlights some examples of these efforts.

HOUSING

In 2016, the Commission on Aging focused on housing and centered its recommendations on encouraging the construction and remodeling of homes and neighborhoods to be places everyone could visit regardless of ability. Since the Commission on Aging's 2016 focus and recommendations on housing, several jurisdictions have been working on ways to encourage development of age-friendly housing, such as encouraging more single-story, barrier-free homes through incentive programs (City of Ridgefield) and land use policy (City of Camas).

Housing projects

Multiple jurisdictions in the county worked on housing projects in 2021 to encourage a wider variety of housing options and price points. They include Battle Ground, Camas, Ridgefield, Vancouver, and Clark County. Battle Ground and Camas adopted housing action plans. Vancouver continues to work on several code updates, one of

which would, if adopted, incentivize visitable housing to be built in the city. Ridgefield adopted new housing code amendments including incentives for building ADUs, smaller single-family homes, and a diversity of housing types. Clark County had a Commission on Aging member and a representative from the Area Agency on Aging and Disabilities of SW Washington participate in the county's housing project advisory group; a group that is helping steer the county's housing action plan. The county's draft housing action plan includes a recommendation to incentivize visitable housing to be built in the unincorporated Vancouver urban growth area. The commission plans to continue engaging with housing initiatives to advocate for aging-in-place opportunities.

EDUCATION, AWARENESS, AND ADVOCACY

Throughout the year, the commission worked to provide education, community awareness and advocacy to move toward an all-age-friendly community. Below are some events and actions the commission members participated with to provide information or advocate on topics related to aging in Clark County.

- City councils. Commission members presented the 2020 Commission on Aging Annual Report and key takeaways to the city councils in Clark County, to keep them updated on the commission's progress and discuss any local issues related to older adults.
- Silver Citizen Award. To encourage and support older adults for their contributions to their communities, the Clark County Commission on Aging presented its second annual Silver Citizen Award program to recognize older adults who go above and beyond in service.
- Community member survey. Commission members created a community member survey to find out how older adults like to connect with other people and to resources. The survey was distributed countywide in print and online formats, in collaboration with several community partners, and will help inform the commission's work in 2022.
- Proclamations. The commission successfully advocated for the county council to proclaim May as Older Americans Month and supported local organizations who advocated the county council to proclaim county residents learn more about dementia and become a dementia friend.

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For other formats
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