



# 2022 Blueprint

**Second Edition**

Presented June 2022

Supported by



**Introduction to the 2022 Blueprint**

The original Blueprint was shared with the Whatcom County community at the Aging Well Summit in September 2019. This full-house gathering was the culmination of the early work of the Aging Well Whatcom (AWW) Initiative, launched by the Chuckanut Health Foundation in December 2017 to help build a more age-friendly community. Coalition building and community assessment were the focus of 2018, and the Blueprint was developed in 2019. For more history, please see page 29.

Following the Summit, the initial Aging Well Coalition became the initiative's Steering Committee, which has continued to meet regularly in spite of the COVID pandemic. In the Spring of 2021, the Chuckanut Health Foundation introduced an Aging Well grant round that funded seven community organizations' projects that aligned with the Blueprint. The Steering Committee has always been committed to ensuring that the Blueprint is dynamic, and decided in late 2021 that an update was due, especially given the many ways COVID impacted older adults.

The Blueprint update sought to answer two main questions: **“What has changed** in our communities since the assessment for the original Blueprint?” and **“What are the current challenges and opportunities?”** Answering these questions involved numerous discussions with partners and community members, an online and paper survey of older adults, reviewing other organizations’ recent assessments and strategic plans, and synthesizing the findings regarding changes, challenges and opportunities. Work sessions held for each of the Blueprint areas garnered fresh information and engaged additional community members in reviewing and revising strategies.

# What is different in the second edition?

The six Focus Areas of the original Blueprint are retained: **Cultural Shift, Information & Navigation, Housing, Intergenerational Community, Transportation, and Wellness & Healthcare.**

## The changes include:

- A section on COVID impacts was added.
- Significant changes since the last Blueprint are listed for each area. More detail about these changes can be found in the Blueprint update reports at [www.agingwellwhatcom.org/2022-blueprint-update](http://www.agingwellwhatcom.org/2022-blueprint-update). (We apologize for any changes we may have inadvertently overlooked! Please let us know what we missed by emailing [agingwell@chuckanuthealthfoundation.org](mailto:agingwell@chuckanuthealthfoundation.org)).
- Some strategies have been revised to add detail or clarification; some have been deemed especially high priority.
- Several new strategies have been added in response to emerging challenges or opportunities, and a few have been removed if considered to be no longer relevant.
- Updated demographic data are presented in Appendix I.
- Key findings from the 2021 Aging Well Older Adult Survey are outlined in Appendix II.
- Intersections between Blueprint areas are called out to emphasize ways in which “it’s all connected.”

We are extremely grateful to the many people and organizations who contributed their knowledge and perspectives to updating and improving this Blueprint. Please see page 11 for a full list of contributors.

- Aging Well Whatcom Steering Committee
- Blueprint Update Subcommittee – Chris Orr (Whatcom Council on Aging), Sarah Lane (Health Ministries Network), Mary Anderson (Whatcom Transportation Authority), Heather Flaherty and Tessa Whitlock (Chuckanut Health Foundation)

# There are several important considerations when reviewing this updated Blueprint:

## Older adults in Whatcom County

- Older adults are now 20% of Whatcom County's population, or about 45,272 of our 228,000 community members. In all subcounty areas except for Bellingham, the percent of the population that is age 65+ increased between 2017 and 2020, a trend that calls on us to ensure that aging well work includes the entire county, including smaller cities and rural areas.
- "Older adults" are not a homogeneous group. It is increasingly clear that in Whatcom County, the experience of aging varies based on race, ethnicity and culture, regions of the county and neighborhoods within our cities, age, family structure, socioeconomics, health status, and lifestyle. COVID provided many examples of older adults' differing experiences, including access to vaccination and other healthcare services, economic impacts, and perhaps most importantly, social connections and supports.
- Older adults bring knowledge, skills, talents, time and, as a group, significant economic power to our communities. It's critical that we acknowledge these assets, in addition to the physical and social needs they may have.
- Whatcom County's increasing racial, ethnic, cultural and linguistic diversity presents some challenges to meeting the needs of the entire aging population; however, it also offers us rich opportunities for learning, sharing across generations, and building community. Racial justice work nationally and in Whatcom County opens new ways to embrace these differences, and to explore the intersections of age and racial and ethnic identity.
- As individuals and as a community, we must acknowledge ageism – our cultural biases related to aging and older adults. We must shift our views and actions, including our business practices, institutional policies, and language around aging.

## The Blueprint

- The Blueprint is not about specific programs and services for the elderly, but rather about designing and fostering a community that meets the diverse needs of people of all ages. The Blueprint is a community vision for Whatcom County becoming a place with the culture, physical infrastructure, social supports and services for all of us to live and age well, rooted in our guiding principle that a community that's good for older adults is good for people of all ages.
- Interaction, connection and relationships are the most important factors affecting older adults' quality of life. COVID likely intensified and clarified this, but the message from older adults was loud and clear from both the 2018 assessment and 2021 survey. Rather than create a separate "Social Connections" focus area, we see this as a goal that cuts across all six Blueprint focus areas and is embedded in some of the strategies in each.
- The presence of existing resources was a theme in many of the Blueprint update work sessions. In many cases, resources exist, but there is need for more awareness of and/or navigation to help people access them.
- Though there has been progress in all areas of the Blueprint, the focus areas represent big issues and it will take time and many people, organizations, and businesses to address them. In addition to continuing to work within the Blueprint areas, as a community we also need to improve coordination among them to create an environment for aging well.



# Impacts of COVID on Older Adults

While the COVID pandemic was felt by everyone in our communities, older adults have been especially impacted.<sup>1</sup>

## High burden of hospitalization and death

People age 65 and older comprise about 20% of Whatcom County's population. Of the 1,153 COVID-related hospitalizations in Whatcom County since the beginning of the pandemic, 45% were for people age 65 and older, and 81% of the COVID deaths were in this age group. As of May 9, 2022, there were 38,607 reported COVID cases in Whatcom County, with about 10% in older adult community members. (Source:

[www.whatcomcounty.us/3427/COVID-19-Data#WCHDDash](http://www.whatcomcounty.us/3427/COVID-19-Data#WCHDDash); retrieved 5/9/22).

The relatively low rate of COVID infection among older adults was in part due to "social distancing" given their relative risk for severe disease and death.



## Social isolation

Limiting in-person contact was a key COVID prevention strategy for people of all ages, but was particularly emphasized for older adults. The fear of infection, social distancing requirements, and the associated closures of activities, businesses, and community institutions all resulted in significant physical and social isolation for many older adults. Loneliness among older adults was deemed a national crisis well before COVID, and the pandemic deeply exacerbated the problem. Older adults in Whatcom County consistently say that **interaction, relationships, and connection** are the most important aspect impacting their quality of life, and these were all significantly reduced by the pandemic. Building relationships and connections with and for older adults has become more critical than ever.

## Healthcare

With the healthcare system focused on preventing and responding to COVID, and fear regarding exposure in healthcare settings, much routine healthcare was foregone or delayed. For some, this resulted in declines in health that may never be recuperated. The shift to virtual healthcare platforms compromised access for many older adults, due to lack of technology or technological know-how. Confusion in healthcare regarding COVID recommendations, provider and staff inaccessibility and turnover, and other factors weakened the trust of many in the healthcare system. Trusting relationships with healthcare providers, and with the healthcare system, will take time to rebuild.

---

<sup>1</sup> It should be noted that in some cases older adults were less impacted by the pandemic than other age groups. For example, many – though certainly not all – older adults are retired and therefore faced fewer employment-related challenges such as fear of workplace COVID exposure, transitioning to a virtual work environment, or childcare. Many retired older adults experienced less financial hardship than employed people, due to having income from sources other than employment.

# Opportunities

In spite of the many set-backs and losses, changes caused by the pandemic present some opportunities as well.

## Awareness of older adults

The pandemic has given many in our community a greater awareness of older adults, how social isolation feels, and what many seniors experienced even pre-pandemic. This understanding could create empathy and support for fostering relationships and connections in both informal and more organized ways.

## Technology

Many activities – from church services and book groups to medical appointments and exercise classes – converted to digital formats during the pandemic. There is the opportunity to continue this in some fashion, which may be especially beneficial for individuals and communities that have limited mobility or transportation barriers. Alongside the expansion in virtual activities, many older adults grew their skills and abilities in using communication technology, which has opened possibilities for service access and social engagement via virtual platforms. That said, technology remains a barrier in many situations, so it's important to increase technology education and support as well as internet and equipment access.

## Innovation

COVID required agencies and organizations to re-write the rules (albeit some temporarily), create new partnerships, and try fresh approaches. New programs, policies, and strategies have developed that would not have otherwise been considered. One theme has been an increase in “taking to people” strategies, rather than requiring older adults to come to the service.

The COVID pandemic appears to be largely behind us, but there is much repair work to be done. We can build on the changes and learnings from the pandemic in our efforts to make Whatcom County a place with the culture, physical infrastructure, social supports, and services for all of us to age well. The most important work for the health and well-being of older adults – and indeed, our communities – is **building relationships and social connections**.

## Quotes from Whatcom County older adults when asked:

### What are the main ways the pandemic has impacted you?

**“I was living in my car and relying on indoor public spaces like supermarket food courts and malls and the Bellingham senior center for day-shelter, places to prepare food, and to use the wi-fi. The pandemic led to all of these being closed.”**

*“I learned the value of incidental socialization, such as unscheduled meetings of someone at the senior center, grocery store, library. Closures, special hours for groups, masks, social distancing all disrupted that flow.”*

*“I simplified my expectations. Longing for company...thank goodness for phone and zoom, for being established with some friends and church colleagues so I had folks to phone. A good library helped.”*

# Blueprint 101

The Blueprint's six focus areas (Cultural Shift, Information & Navigation, Housing, Intergenerational Community, Transportation, and Wellness & Healthcare) were determined in late 2018 based on the original community assessment. Each focus area contains six (in some case seven) components, which were developed by six committees for the original 2019 Blueprint.

## Focus Area components:

- 1 **Community vision** – An aspirational statement of how we want our community to be.
- 2 **Desired outcomes** – Practices, systems, programs, physical environments or collective attitudes that will be in place when the community vision is achieved.
- 3 **Key challenges** – Some of the main barriers and obstacles to achieving the desired outcomes.
- 4 **Community assets, resources and partners** – Some of the many resources that can contribute to achieving the desired outcomes.
- 5 **Community-based strategies** – Community-based strategies are programs, projects or initiatives that contribute to the realizing the community vision. Most would be best achieved through collaboration and partnerships, including funding partnerships. Community-based strategies are important because, while they may be large and complex, they can be accomplished locally with the right combination of partners and resources.
- 6 **Policy strategies** – Policy strategies include enacting regulations or laws that will facilitate realizing the community vision, or changes within organizations or governmental entities that dictate how they “do business” (such as making decisions or allocating funds). Policy strategies are important because they often address underlying systemic issues, and once in place they tend to be very enduring and therefore have long-term impacts.
- 7 **Workforce development strategies** – Several focus areas include these strategies, if workforce capacity is critical to achieving the community vision and desired outcomes.

### Key to symbols in “Strategies” sections

- ★ Strategies deemed **high priority** by Blueprint work session participants
- Strategies that are **new** in the 2022 Blueprint

**For the 2022 Blueprint update**, discussion and revisions were primarily focused on the Blueprint's **strategies**. Most of the 2022 strategies are the same as or revised versions of the 2019 strategies, though some new strategies were added in response to new needs or opportunities. Relatively minor revisions for accuracy or clarity were made to the other components of each focus area, with a desire to honor and uphold work of the original committees that crafted them.



**When a society has an incomplete and biased vision of aging, individuals often face more barriers to aging well.** Shifting the culture around how we view aging and older adults is foundational to building a community for aging well, and people of all ages will benefit from a community culture that honors aging and respects and values older adults.

### Community Vision:

Our community will have a full, honest understanding of the entire range of the realities of aging. Our community will converse openly about aging, will embrace aging, and will provide a full spectrum of choices that support aging well.

### Desired Outcomes:

- 1 An environment that creates safety for revealing the full range of experiences of aging, including vulnerability and frailty, as well as celebration of each person's contributions and assets.
- 2 Widespread recognition that older adults are a net resource to our communities, not a net social or economic drain.
- 3 A vocabulary and a set of language habits that counteracts ageism and fosters a rich, inclusive, and nuanced conversation throughout the community supporting this vision and highlighting the universality of aging.



## Key Challenges:

- 1 Older adults are not a homogeneous group. We need to think about the broad range of ages, cultures, ethnicities and identities of older adults in our community.
- 2 Focused research about older generations and the diverse needs of people within the older adult group is lacking.
- 3 Our current culture glorifies youth and has unrealistic and negative views of aging, frailty and death. This devalues and dismisses older adults.
- 4 People “don’t want to talk about it”; our cultural relationship to aging and death is filled with misconceptions or silence. This results in resistance to talking about these issues.
- 5 Age stratification in housing, social activities and other aspects of community life contribute to social isolation and missed opportunities for engagement and contribution. It also leads to “out-of-sight-out-of-mind” thinking that can reinforce dismissive attitudes toward aging.
- 6 Our community lacks awareness and understanding of the economic power of older adults and how this population contributes to the economy and other aspects of our communities.

## Community Assets, Resources and Partners:

- 1 Existing social communities with intergenerational structures, such as churches/faith communities.
- 2 Senior activity centers throughout Whatcom County.
- 3 Businesses, especially those owned or managed locally by older adults, or those catering to older adults.
- 4 Chambers of Commerce and other business organizations.
- 5 Storytelling resources: museums, arts organizations, libraries, local radio, podcasting.
- 6 Neighborhood associations, civic organizations and service clubs.



**“I don’t want to be seen/treated as ‘old’ which can be seen as less worthy than the young. I’m an individual continuing to work hard to have a healthy, vital life.”**

**“Older people make a difference. Older people are showing up to help make change. Look around at the climate, women’s, and BLM marches.”**

# Strategies

## Community Based Strategies:

- ★ 1 **Create opportunities for telling the stories of aging** in all their diversity and messiness, wonders and challenges. Use multiple genres (music, documentary, visual arts, film), all available channels (print, social media), and intergenerational exchanges and narratives.
- 2 Conduct an anti-ageism campaign to highlight ageism in our culture, identify and address misconceptions, expand knowledge about older adults as assets in our communities, and normalize and celebrate aging without denying or obscuring its challenges.
- 3 Create a business pledge, including an informational toolkit that raises awareness of the local financial impact of elders, offers guidance for creating age-friendly venues for customers and older employees, and addresses ageism in employment practices.

## Policy Strategies:

- 1 Secure commitment from all governmental units to consider all policy and operational decisions through an Aging Well lens; develop a set of recommended Aging Well criteria to aid in this review.
- 2 Ensure that representatives of older adult groups are given a voice in policy discussions.
- 3 Advocate for inclusion of older adults in city, county and agency advisory groups and commissions that address issues relevant to older adults (zoning, transportation, housing, internet connectivity).

## What Has Changed? - Cultural Shift

### Progress

- Chuckanut Health Foundation's Aging Well grants
- Art of Aging portraits
- Local end-of-life initiatives' ongoing work

### Other Changes

- Heightened awareness of older adults due to COVID
- Increased national attention to ageism

## Blueprint Intersections

**Cultural Shift** and **Intergenerational Community** are closely related. Intergenerational interaction is a key way to drive culture shift and diminish ageism, and addressing ageism will facilitate intergenerational working, playing, and living.

A photograph of two men outdoors. On the left, a younger man with short grey hair, wearing a dark blue hoodie, is looking down at a small white notebook. On the right, an older man with a long white beard, wearing a white kufi, glasses, a grey hoodie over a purple shirt, and a backpack, is also looking at the notebook. The background is slightly blurred, showing some greenery and a building.

# Information & Navigation Services

**Navigating information and resources for the aging process is often a daunting task.** Our community offers a variety of services and resources; however, they often have specific qualification and eligibility criteria that can be difficult to navigate. Our community can improve how it provides information to individuals and families, and how we help people sort through the many variables to determine the best option for their situation.

## Community Vision:

Whatcom County will have a robust and easily accessed system for information and navigation to help all residents get the support and assistance they need. This system will include multiple points of access and creative methods of communication. Local partners will coordinate together to ensure that information is up-to-date and that navigation services are cohesive.

## Desired Outcomes:

- 1 Clear, comprehensive, accessible information in a centralized system such as an online repository allowing “one-stop shopping” for community members, caregivers and providers.
- 2 Multiple access points, including mobile services or community-based locations, to provide person-centered information and navigation; varied methods of communicating the information (not just written).
- 3 More input from diverse stakeholders to drive service delivery that reflects cultural awareness and responsiveness.
- 4 Clear information on the benefits available under WA Cares, and how to find these services.
- 5 Strong collaboration among local partners to identify and advocate for information and navigation needs.

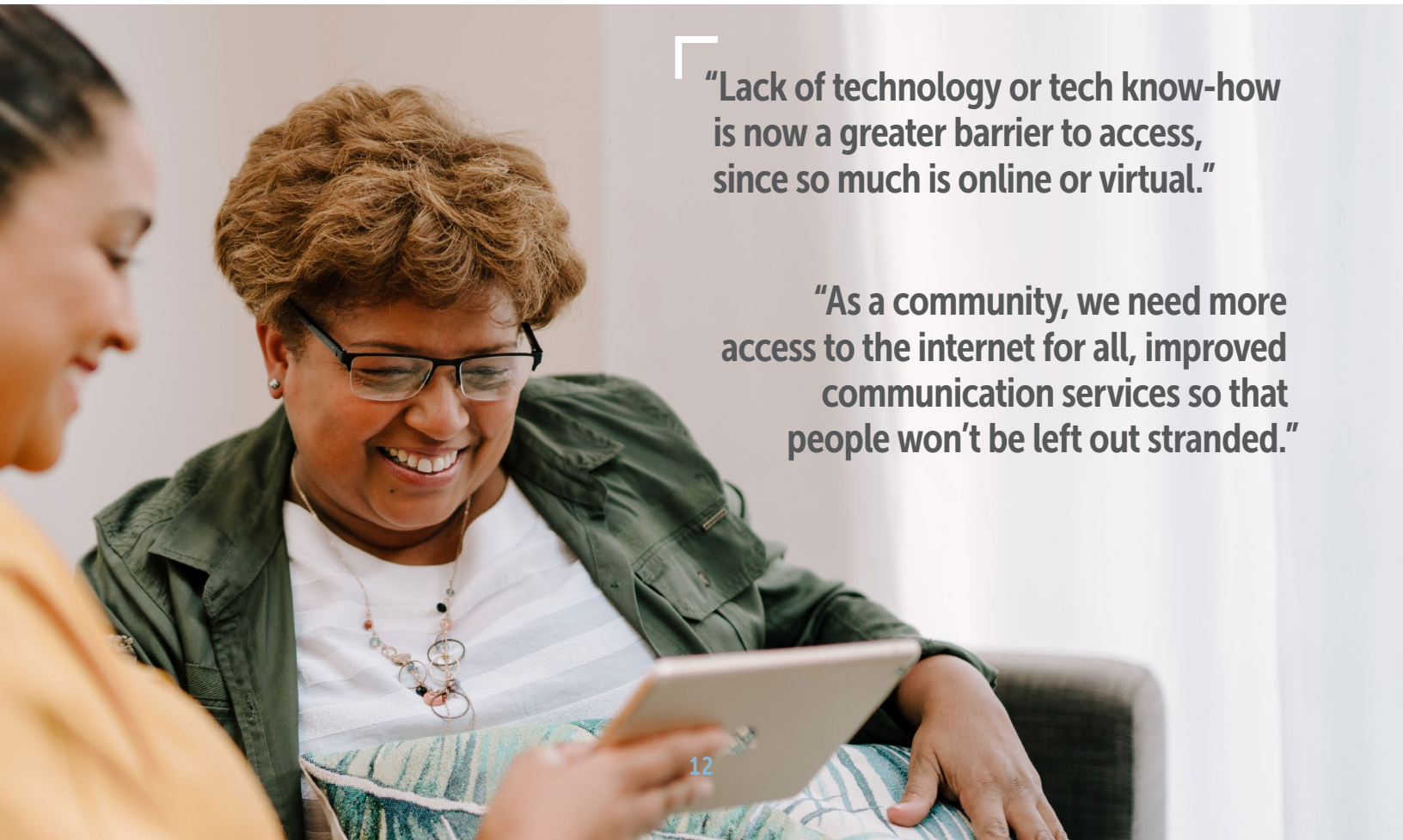


### Key Challenges:

- 1 A community-wide database of programs and services is not fully operational in Whatcom County.
- 2 Individuals and families often have urgent needs or are in crisis when seeking assistance.
- 3 Many programs have complicated regulations related to various funding streams that contribute to difficult-to-understand systems. This complexity impedes both seeking and delivering services and means that some people who need services are unable to get them, and sometimes do not even get services for which they are eligible.
- 4 Some services and providers lack cultural awareness and appropriate language access.
- 5 Funding for service providers can be unstable.

### Community Assets, Resources and Partners:

- 1 The Whatcom Resource Information Collaborative (previously called the “Resource Roundtable”), working toward a community-owned and designed system using open-source technology (no proprietary ownership).
- 2 Existing information and referral services:
  - In-person/telephone – Northwest Regional Council’s Aging and Disability Resources, Opportunity Council, Washington 211, DSHS Home and Community Services and Community Service Office.
  - Printed – Senior Resource Guide and Vibrant Senior Options; existing lists used by the hospital, community health centers, Opportunity Council and other organizations.



“Lack of technology or tech know-how is now a greater barrier to access, since so much is online or virtual.”

“As a community, we need more access to the internet for all, improved communication services so that people won’t be left out stranded.”



# Strategies

## Community Based Strategies:

- ★ 1 **Actively engage with the Whatcom Resource Information Collaborative (WRIC)**, contributing to its design and implementation to ensure it meets the needs of older adults, their families and caregivers, and the organizations that serve them. This includes facilitating the navigation of complex and inconsistent eligibility requirements.
- 2 Conduct an awareness campaign highlighting where to go for information; when resources for older adults are added to WRIC's data utility, lead outreach and promotion to older adults, their families and caregivers, and the organizations that serve them.
- ★ 3 **Develop a network of informal referral sources** – people who come into contact with older adults through their everyday activities – to identify and refer to at-risk older adults.
- 4 Implement a peer navigator model to help older adults access services or learn skills to help them age well; embed navigators in various community settings.

## Policy Strategies:

- ★ 1 **Ensure that City and County representatives are aware of and committed to addressing issues affecting older adults.**
- 2 Support the advancement of older adults as Community Health Workers in Washington State, including assessing what compensation is needed to make this a viable and sustainable role.
- 3 Maintain existing funding streams for older adults, including Older Americans Act and the State Health Insurance Assistance Program (SHIP).
- 4 Advocate for Medicare to pay for navigation services.
- 5 Advocate for increased Medicaid rates and payment of navigation services.

## What Has Changed? - Information & Navigation Services

### Progress


- Expanded IT skills of older adults
- Whatcom Resource Information Collaborative (previously called the "Resource Roundtable")
- New out-stationed or mobile programs
- WA Cares Fund

### Other Changes

- Broader awareness regarding the challenges of resource-finding due to COVID
- More services are online/virtual

## Blueprint Intersections

**Information & Navigation** has especially important intersections with **Housing, Transportation,** and **Wellness & Healthcare** since in each of these areas the information is complex and currently fragmented.



"There's a missing component: some older adults don't need assisted living, but the current apartment buildings aren't good for aging in. [We] need some accommodations for mobility, e.g., the number of stairs and steps, easy-to-reach outlets (higher up, not down at floor level), walk-in shower vs. step over tub."

# Housing

**Affordable housing is a significant challenge in Whatcom County; as costs of renting and home ownership continue to rise, housing options become increasingly scarce for many older adults with fixed incomes.** More housing, and the right mix of housing at various price points, will ensure all older adults are housed, and that a wider variety of housing arrangements are available, including a continuum of long-term care options.

## Community Vision:

We envision a community that has an adequate supply of safe, stable, affordable housing, including options that can provide the appropriate levels of care when needed.

## Desired Outcomes:

- 1 Coordinated and aligned resources and priorities focused on older adult housing and aging well.
- 2 Adequate supply of housing that is appropriate and affordable for people with limited and fixed incomes, including ownership, rentals and alternatives such as co-housing.
- 3 Housing that accommodates changing health needs through physical design and a range of supportive services.
- 4 Housing options that foster strong communities: inclusive, integrated, and multigenerational.
- 5 Improved planning and coordination for care transitions between hospital, skilled nursing facilities, assisted living, and other settings.
- 6 Easily obtained, comprehensive, integrated one-stop shopping to help people understand their housing options.

## Key Challenges:

- 1 Many older adults live on fixed incomes and are unable to keep up with escalating housing costs.
- 2 The physical design of existing single-family housing stock often doesn't lend itself to aging in place, nor to aging in community.
- 3 Information about housing resources and waiting lists can be challenging to navigate, particularly in moments of duress.
- 4 There are diverse needs for housing across the County (mobile homes, single family homes, apartment complexes, etc.).
- 5 Availability of land that is both affordable and well suited for new development is limited.

## Community Assets, Resources and Partners:

- 1 Community activism and interest in housing, including co-housing residents and advocates, the Whatcom Housing Alliance, the Bellingham Home Fund and Whatcom County financial support.
- 2 Organizations already providing affordable housing in our community (e.g. Catholic Housing Services, Opportunity Council, Bellingham-Whatcom Housing Authority, Mercy Housing NW, Whatcom Land Trust, Habitat for Humanity, etc.).
- 3 Local programs and partnerships that provide services for supported housing.
- 4 Volunteer Chore Services, Bellingham At Home, and other programs that allow people to continue living in their current homes as they age.
- 5 Real estate community, realtors' association, and a strong and growing local construction industry.

# Strategies

---

## Community Based Strategies:

- ★ 1 **Develop a single information resource for older adults** seeking housing in Whatcom County; eventually expand to serve all community members.
- 2 Develop at least one Continuing Care Retirement Community or similar housing that provides a continuum of supportive services.
- 3 Conduct an assessment of older adults' housing needs and preferences in order to right-size, plan and develop housing. Create public-private partnerships and coordinate and align resources to develop continuum housing using universal design.
- ★ 4 **Cultivate shared housing arrangements with beneficial interdependence**, such as roommate matching, intergenerational models, co-ownership models, apartments with private bathroom/bedroom and shared accommodations (single-room occupancy).
- 5 Identify and address service gaps for aging in place (transportation, caregivers, home maintenance, chore services, home-based health care, etc.).
- 6 **Ensure housing for older adults experiencing homelessness**, with care coordination for health and social services.

### Policy Strategies:

- 1 Strengthen partnerships among housing providers, developers, local governments, and the State to attract providers/facilities to fill identified housing gaps.
- 2 Promote the development of adult family homes (homes providing long-term care for up to six individuals, licensed by DSHS) by providing additional resources, such as owner and staff training or funding for building improvements.
- ★ 3 **Prevent conversion of existing subsidized senior housing** stock to non-senior or market-rate.
- 4 Utilize local funding sources to address financial barriers to aging in place (rental assistance, property tax abatements, utility cost assistance).
- ★ 5 **Revise land use and building codes county-wide** to facilitate fostering accessibility and diversity of housing (flexibility around roommate arrangements in single family homes, construction of Accessory Dwelling Units, development of adult family homes, etc.).
- 6 Forge public-private partnerships to set aside land and for co-housing or other innovative housing.

### Workforce Development Strategy:

Develop workforce for in-home healthcare and caregivers through increased wages and other compensation, training, and ongoing professional supports. This workforce is critical to provide adequate support for people to live in their homes as long as they wish.

## What Has Changed? - Housing

### Progress

- New affordable housing units for older adults in development
- YWCA's Senior Women's Housing Program
- Changes in Bellingham's ADU regulations
- Review of the "Family" definition in the current Bellingham Municipal Code, which could facilitate a greater range of living arrangements
- Loans for improvements to adult family homes
- Increased focus on "middle housing"

### Other Changes

- More older adults experiencing homelessness
- Continued rise in housing costs

## Blueprint Intersections

**Housing** intersects with **Transportation**, since where we live is a key variable in the transportation we need. It also has an important intersection with **Intergenerational Community**; there is wide range of opportunities to bring the generations together – as residents or visitors – in the housing setting.





# Intergenerational Community

Research shows that **purpose and strong social interaction lead to increased longevity and improved health outcomes, and that both youth and older adults benefit from intergenerational relationships that offer support, mutual learning, and shared meaning.** Of the more than 500 older adults who responded to the 2021 Aging Well Whatcom survey, the number one theme when asked “what’s most important” was interaction, relationships, and connection. Expanding structures for organic intergenerational connections will strengthen our community and benefit people of all ages.

## Community Vision:

We envision a community where intergenerational interactions are the norm. Our communities will intentionally promote healthy living by providing opportunities for sharing information, support, and connections between generations.

## Desired Outcomes:

- 1 A community culture in which it is the norm to connect with people of all ages.
- 2 Larger community organizations, institutions and businesses have an intergenerational focus as part of their mission, values, principles, or strategic plan.
- 3 A centralized organization provides a place for intergenerational gatherings, and information about the many resources and programs that foster intergenerational connections.
- 4 Expanded opportunities for students at WWU, colleges, and K-12 schools for engaged learning between students and older adults (e.g., older adults auditing classes on campus, student outreach to older adults, community service or extra credit for connecting with older adults).

## Key Challenges:

- 1 Our cultural emphasis on self-sufficiency and independence can lead to social isolation.
- 2 Regulations and liability issues are obstacles for organizations (nonprofit and for profit) to create intergenerational shared sites that serve both older adults and children.
- 3 People of different generations do not always intermingle easily, so creating connections can require facilitation -- in an organic, not contrived, way.
- 4 Whatcom County's vast geography creates barriers to intergenerational connection. It can be difficult for elders, children, young families, people with disabilities, and low-income families to interact due to distance and lack of transportation.

## Community Assets, Resources and Partners:

- 1 Existing social communities with intergenerational structures, such as churches/faith communities.
- 2 Numerous child and youth focused community organizations: Generations Forward, NW Youth Services, Boys & Girls Clubs, YMCA.
- 3 Organizations that promote activities that are natural connectors (music, food, physical activity, art) and places that serve as community centers (granges, libraries, faith communities).
- 4 Local university, colleges, and public and independent schools.
- 5 Arts organizations: Sylvia Center for the Arts, Jansen Art Center, Community Theater and Arts Centers, musical groups.
- 6 Resources for outdoor activities: Parks & Recreation Departments, Recreation Northwest, etc.

**"Multi-generational experiences help decrease feeling of invisibility [as an older adult]."**

**"I believe it is unhealthy, certainly for me, to age in an age vacuum where all my interactions are with people my own age. I seek interactions with all age groups. It's invigorating and helps me know how many of different ages live and feel."**



# Strategies

## Community Based Strategies:

- 1 Support existing intergenerational groups to connect, identify opportunities, learn about best practices and create partnerships. Encourage organizations and programs to engage a range of ages - intergenerational doesn't mean just elders and children – and highlight that people of all ages benefit from intergenerational relationships.
- 2 Promote, prioritize and facilitate more childcare in intergenerational settings such as universities, skilled nursing, assisted living or retirement facilities, housing, faith communities, and senior and community centers.
- ★ 3 **Build “Connection Teams” to reach out and connect people across generations.** This could include a visiting program to help address isolation and loneliness in older adults and provide support and learning for younger adults.

## Policy Strategies:

- 1 Governmental entities, community institutions and nonprofit organizations adopt policies and regulations that facilitate intergenerational shared sites in housing, childcare and other settings. This may include revising policies that currently hinder intergenerational spaces and activities, such as different safety codes for children and elders.
- 2 Governmental entities, community institutions and nonprofit organizations prioritize investing in programs and services with an intergenerational focus, such as those in housing, faith communities, and education (including higher education).
- 3 Local foundations and other funders establish funding priorities that incentivize intergenerational housing, childcare and other programs.

## What Has Changed? - Intergenerational Community

### Progress

- Heightened awareness of older adults and social isolation
- Many older adults' use of technology has increased, creating new opportunities for connection

### Other Changes

- Elders have been further isolated due to COVID precautions, and often especially distanced from the youngest community members
- Nationally, more people are living in multigenerational households
- Nationally, attention to intergenerational shared sites has grown

## Blueprint Intersections

**Intergenerational Community** intersects with **Cultural Shift** and **Housing**. Interaction across generations is key to shifting to a more age-friendly culture, and housing is a setting with many opportunities for intergenerational connection.





**Transportation is critical to community members' well-being, as it impacts housing options, access to services, social activities, and many other aspects of life.** Whatcom County's current transportation options include personal vehicles, vehicles for hire, pedestrian and bicycle infrastructure, and the Whatcom Transportation Authority, which offers fixed route buses, paratransit, and other services. However, more options are needed to meet the needs of all members of our community, especially those who are unable or choose not to drive.

### Community Vision:

We envision a community that meets the transportation needs of all residents of Whatcom County through a combination of public, commercial, and community-based options. Meeting older adults' transportation needs is essential for their ability to access health and social services, secure food and other necessary supplies, engage in employment, volunteer roles, or social activities, and connect with friends and family.

### Desired Outcomes:

- 1 Everyone in Whatcom County has access to viable transportation options, regardless of their location.
- 2 Expanded, robust walkable neighborhoods, with a focus on areas with a high percentage of older adults.
- 3 Older adults, families, and advocates are aware of all the transportation options available in Whatcom County.

### Key Challenges:

- 1 In our car-oriented culture, communities are designed around personal vehicles, cars denote economic status, and discontinuing driving can be associated with loss of autonomy and independence.
- 2 Not all areas of our community have safe and accessible pedestrian and bicycle infrastructure (sidewalks, crosswalks, bicycle lanes) and building such infrastructure is expensive.
- 3 Public transit and paratransit services have schedule and route limitations, especially outside of Bellingham; outlying communities have limited transportation beyond personal vehicles.
- 4 Older adults and their caregivers are unaware of the transportation services that do exist, or are unfamiliar or uncomfortable with using public transportation.
- 5 Insurance and liability issues can restrict ride-sharing or vehicle-sharing arrangements.
- 6 Finances may limit access to ride-for-hire options.



## Community Assets, Resources and Partners:

- 1 Whatcom Transportation Authority, providing paratransit and fixed route bus service, free Bus Travel Training, and bike racks on buses.
- 2 Driving safety classes and driver assessments (AARP, AAA, driving schools).
- 3 United Blind of Whatcom County, Hearing, Speech & Deaf Center.
- 4 Northwest Regional Council's Non-Emergency Medicaid Transportation.
- 5 Volunteer-based transportation assistance: the Volunteer Center at the Opportunity Council, Love INC., Bellingham At Home (transportation assistance for members).

## Strategies

### Community Based Strategies:

- ★ 1 **Increase outreach, education and community engagement about existing transportation options** to older adults, their family members, and in-home caregivers (bus rider education and training, easier-to-read materials, maps of ADA accessible features such as unobstructed sidewalks, crosswalks, bus stops, and information about the cost of driving and the impact of transportation decisions on climate change.)
- 2 Create an online platform that centralizes information about existing Whatcom County transportation options.
- 3 Explore innovative transportation models such as shared mobility (coordinated car-sharing and ride-sourcing), partnerships with taxi services and Transportation Network Companies such as Lyft and Uber, volunteer assisted transportation, scheduled shuttle trips from key locations such as apartment buildings to grocery stores, medical centers, or theaters, and other best practices.
- 4 **Develop more service models that go to where older adults are**, reducing the need for transportation to access programs and services.
- 5 **Address the disproportionate rate of traffic-related fatalities and injuries among older adults** and people with disabilities by partnering with the WA Department of Transportation (Active Transportation Plan) and the Washington State Strategic Highway Safety Plan (Target Zero and Older Drivers).

“[We need] more public transportation in the county outside of Bellingham. If I were no longer able to drive, I would be isolated and would have to quickly move.”



## Policy Strategies:

- 1 Prioritize the mobility and other access needs of seniors and people with disabilities by advocating for funding to implement the Whatcom County and City of Bellingham ADA Transition Plans for the Public Right-of-Way.
- 2 Work with jurisdictions within Whatcom County to adopt a Complete Streets policy to improve accessibility and safety for people of all ages and abilities.
- 3 Ensure that all local jurisdictions' transportation plans (including the transportation chapters of comprehensive plans, and bicycle and pedestrian plans) engage older adults and people with disabilities and highlight policies and projects that prioritize their mobility and other access needs.
- 4 **Advocate for planning that connects transportation, land use, and housing**, such as siting housing for older adults in close proximity to services, and developing neighborhood infrastructure and services that support older adults to age in place.

## What Has Changed? - Transportation

### Progress

- Bellingham Transportation Fund renewal
- Approval of the Move Ahead Washington Transportation Package
- Transportation budget proviso for nondriver study
- City of Bellingham and Whatcom County ADA transition plans ("Americans with Disabilities Act Transition Plans for Pedestrian Facilities in the Public Right-of-Way")
- State traffic safety initiatives for older adults and people with disabilities
- WTA's Lynden Hop Mobility On-Demand Pilot Project and possible expansion

### Other Changes

- COVID prompted expanded virtual services and new models of taking services to people, which reduces some transportation needs

## Blueprint Intersections

**Transportation** has important intersections with **Wellness & Healthcare**. **Transportation** impacts access to services, food, friends and family and other social determinants of health. Non-car transportation improves health with physical activity and time outdoors. **Transportation** and **Housing** also intersect since housing location determines transportation needs, and transportation can dictate housing options.

A photograph of two men jogging outdoors. The man on the left is younger, with light brown hair, wearing a dark jacket over a red and white striped shirt. The man on the right is older, with dark skin, wearing a white hoodie with blue stripes on the sleeves. Both are smiling and looking towards the camera. The background is a blurred outdoor setting with trees and a clear sky.

# Wellness & Healthcare

**Physical and mental changes that often come with aging can impact the ability to engage in the social, physical, and professional activities that older adults highly value.** Those living in rural locations may experience more barriers to maintaining social connections, accessing healthy food and safe physical activity, and receiving timely and appropriate healthcare. A strong community healthcare system with adequate mental health, dental, medical, and social services, and coordination among these services, contributes to living and aging well. A critical part of this system is ensuring an adequate caregiver workforce, and providing financial and other supports to those who care for older adults.

## Community Vision:

We envision a community where people are meaningfully connected to others, where older adults have ready access to healthy food and opportunities for physical activity, where a full array of healthcare services is available and affordable, and where healthcare providers and caregivers are well-trained and supported.

## Desired Outcomes:

- 1 Healthy food is available and affordable, and we have a robust suite of supportive programs such as home-delivered meals, congregate meals, food bank distribution, and community gardens.
- 2 Older adults are physically active in diverse ways, outdoor activities are available and promoted, and parks, trails, and greenspaces are welcoming for people with limited mobility.
- 3 A full continuum of in-patient and out-patient medical, dental and behavioral healthcare services is available, accessible, and affordable; services are provided in a variety of clinic, community, and home settings.
- 4 Medicare and Medicaid navigation, care coordination, and supportive services are available for those who need them, regardless of income or other qualifiers.
- 5 Older adults have strong social networks, including intergenerational connections, with additional care from programs and services when needed.
- 6 Providers and caregivers are well supported with education, professional development, and good wages and benefits, and family caregivers have opportunities for respite.

### Community Assets, Resources and Partners:

- 1 Existing food security organizations and programs.
- 2 Whatcom County's many parks, trails and greenspaces, and organizations promoting a wide range of physical activity.
- 3 Organizations providing medical, dental and behavioral health care.
- 4 Agencies providing skilled home health services, including rehabilitative therapies.
- 5 Emergency Medical Services, including the Community Medic program.
- 6 Healthcare payers and health insurance brokers.
- 7 Caregivers and caregiver advocates.
- 8 Whatcom Family YMCA.
- 9 Faith Community Nurses, Community Health Workers, and other peer-based models.
- 10 Area Health Education Center for Western Washington, local colleges and university, and other healthcare workforce training and development programs.

### Key Challenges:

- 1 Food deserts exist in parts of Whatcom County, limiting some older adults' access to healthy foods; even where grocery stores are available, limited mobility and transportation can be barriers to accessing healthy food.
- 2 Parks, trails and greenspaces aren't always well-designed for people with limited mobility, and some parts of Whatcom County have few outdoor spaces for safe physical activity.
- 3 There is a shortage of medical providers who accept new patients with Medicare, and psychiatric and mental health services for older adults are inadequate.
- 4 Medicare does not currently cover some important services, such as dental care and out-patient palliative care.
- 5 For many, out-of-pocket expenses for healthcare are a concern, and the complexity of Medicare often necessitates education and assistance with enrolling in and using Medicare benefits.
- 6 The fragmented healthcare system creates risk, duplication, and delay, which necessitates care coordination and navigation services, adding extra complexity and cost.
- 7 The eligibility requirements of many supportive programs and services exclude some older adults based on age, income or other criteria, and make accessing services needlessly complex.

**"[We need] more mental health support, be it professional or social. I live in a senior disability high rise, and I see so many residents who would benefit just from having someone drop by."**

**"Professional mental health treatment, particularly for depression, is very much needed."**



# Strategies

## Community Based Strategies:

- 1 Work with the existing food security network to assess food availability and affordability needs specific to older adults and enhance programs to better meet those needs (home delivery, senior center congregate and to-go meals, food banks, senior vouchers at farmers markets, community gardens, and neighborhood meals).
- 2 Foster partnerships to provide and promote diverse opportunities for physical activity for older adults, including intergenerational and place-based activities (e.g. neighborhood walking groups, expanded classes in community locations).
- 3 Reestablish an Adult Day Program in Whatcom County.
- ★ 4 **Build on outreach-based health programs** such as Faith Community Nurses, community paramedics, the Health Home program and the GRACE program; consider developing a peer-based community health worker model.
- 5 Conduct a comprehensive, community-focused needs assessment of Whatcom County's healthcare provider availability and access. Assessment should include overall provider supply, network diversity (including gerontology), and healthcare availability in rural areas and for those with Medicare and Medicaid.
- 6 Develop shared information systems to improve coordination of care and services, including the necessary funding to build and sustain these systems.
- 7 **Leverage the expansion of telehealth services and older adults' increased use of technology** during COVID to continue and enhance telehealth options. Focus on creatively enhancing telehealth for individuals and communities with barriers to access, for example, establishing telehealth portals in rural areas.
- 8 **Assess the incidence of elder abuse in our community** and develop ways to prevent and intervene on this problem.

## Policy Strategies:

- ★ 1 **Encourage healthcare organizations to assess and prioritize addressing older adults' behavioral health needs, including psychiatric care.**
- 2 Expand local organizational, governmental, and philanthropic funding to wellness programs that serve older adults in our community.
- 3 Advocate for changing the payment model so that health outcomes, rather than services delivered, are the focus of our healthcare system.

"I need more doctor specialists as I age, and am not finding them locally. Having to travel to Seattle."

"I don't have a doctor now, I have been on a waiting list for four months."

"Isolation imposed by my failing sight and hearing is both emotionally and physically debilitating."

## Workforce Development Strategies:

- ★ 1 **Assess expected future demand for healthcare providers and caregivers in Whatcom County**, and work with local leaders to develop a plan to address our community's healthcare workforce needs.
- 2 Convene academic institutions and other partners to address caregiver training needs and opportunities.
- 3 Diversify the healthcare and caregiver workforce and ensure adequate numbers of interpreters and maximize use of technology options for language access and interpretation needs.
- 4 Improve caregivers' training, compensation, and protections, without over-professionalizing or marginalizing the traditional caregiving workforce.
- 5 **Facilitate ways for older adults to stay in, or return to, the workforce** by addressing employer ageism and advocating for greater employment flexibility, such as part-time positions or job-sharing.

## What Has Changed? - Wellness & Healthcare

### Progress

- Older adults' expanded use of technology for virtual services
- Additional Hospice provider
- ADA Transition Plans for Bellingham and Whatcom County
- Expanded food distribution programs
- New dementia programs
- New out-stationed and mobile wellness programs

### Other Changes

- COVID has exacerbated social isolation and loneliness
- Forgone and delayed healthcare
- Increase in virtual healthcare
- Worsening workforce shortages for medical, behavioral health, and in-home caregivers

## Blueprint Intersections

**Wellness & Healthcare** has strong intersections with **Intergenerational Community** and **Cultural Shift**. They both involve more interaction, connection and relationships – what older adults identify as the most important to their health and well-being. **Wellness and Healthcare** also intersects with **Transportation**, since it impacts access to services, food, friends and family and other social determinants of health; physical activity and time outdoors associated with non-car transportation can promote health.

# Community Assets, Resources, and Partners That Span Across Focus Areas

Each focus area lists community assets, resources and partners specific to that area. In addition, multiple Blueprint committees identified the following organizations as important to Aging Well Whatcom. This list is not exhaustive nor complete, and we welcome the partnership of any organization, business, group or individual who would like to be a part of making Whatcom County a place where we can all age well.

## City and County Governments

- Departments: Planning, Community Development, Parks and Recreation, others
- Elected officials

## Economic Development and Business

- Business associations: Whatcom Business Alliance, Whatcom Women in Business, others
- Business owners and leaders
- Chambers of Commerce
- Downtown Bellingham Partnership
- Sustainable Connections

## Educational institutions

- K-12 public schools; private and alternative schools
- Library systems
- Local colleges and university: Northwest Indian College, Whatcom Community College, Bellingham Technical College, Western Washington University

## Faith Communities

- Faith-based organizations
- Health Ministries Network
- Interfaith Coalition

## Funders

- Chuckanut Health Foundation
- City of Bellingham Community Development Block Grant
- United Way of Whatcom County
- Whatcom Community Foundation
- Mount Baker Foundation
- Whatcom County

## Organizations and programs serving older adults

- Dementia Support Northwest (previously Alzheimer's Society).
- Department of Social and Health Services (DSHS)
- Elder Service Providers
- Northwest Regional Council/Northwest Washington Area Agency on Aging
- Opportunity Council
- PeaceHealth Center for Senior Health
- Senior Centers
- Whatcom Council on Aging
- Whatcom Transportation Authority

# Thank You!

Many thanks to the following people for their contributions to updating the Aging Well Whatcom Blueprint for the 2022 edition:

- Adrienne Solenberger,\*  
*Opportunity Council*
  - Ali Jensen, *Whatcom County Health Department*
  - Amy Hockenberry,\* *Whatcom County Health Department*
  - Ashley Buerger, *Road2Home*
  - Barbara Juarez\*, *Northwest Washington Indian Health Board*
  - Barbara Thomas, *Department of Social and Health Services Adult Protective Services*
  - Becky Kirkland,\* *PeaceHealth Center for Senior Health*
  - Bob Anderson, *Lummi Island Health and Wellness Committee*
  - Brook Kuhn, *Chisom Housing Group*
  - Dr. Chao-ying Wu,\* *Chuckanut Health Foundation; Family Care Network*
  - Chris Comeau, *Bellingham Public Works*
  - Chris Orr,\**Whatcom Council on Aging*
  - Dan Gray, *Dementia Support Northwest*
  - Elaine Woods, *Bellingham League of Women Voters Healthcare Committee*
  - Eric Pierson, *Whatcom Council on Aging*
  - Heather Flaherty,\*  
*Chuckanut Health Foundation*
  - Heidi Bugbee,\* *Generations Early Learning and Family Center*
  - Holly Pederson, *City of Bellingham*
  - Janet Malley,\*  
*Whatcom Transportation Authority*
  - Janet Simpson, *Bellingham At Home*
  - Jaren Hoppe-Leonard, *Department of Social and Health Services*
  - Jen Lautenbach, *Lynden Community/ Senior Center; Everson City Council*
  - Josselyn Winslow,  
*Dementia Support Northwest*
  - Kailie Roosma, *VibrantUSA*
  - Karen Burke, *YWCA Bellingham*
  - Kate Bartholomew, *City of Bellingham*
  - Kenzie Nelson,\* *VibrantUSA*
  - Kim Newell, *Community member*
  - Kristi Slette, *Whatcom Family and Community Network*
  - Kristin Hill,\* *Opportunity Council*
  - Lindsey Witus, *Animals as Natural Therapy*
  - Marie Eaton,\* *Palliative Care Institute*
  - Mary Anderson,\*  
*Whatcom Transportation Authority*
  - Melinda Herrera,\* *Rosewood Villa*
  - Monica Koller, *Connecting Community*
  - Nancy Simmers, *Bellingham Co-housing; VSED Resources Northwest; Final Steps End of Life Collective*
  - Rev Andrea Asebedo,  
*Center for Spiritual Living*
  - Rosie Crow, *Opportunity Council*
  - Ryan Blackwell,\*  
*Northwest Regional Council*
  - Sarah Bagley, *Chisom Housing Group*
  - Sarah Lane,\* *Health Ministries Network*
  - Sharon Shewmake, *WA State Legislature, 42nd Legislative District*
  - Susan Given-Seymour,  
*Northwest Indian College (retired)*
  - Tammy Bennett,\* *Whatcom Family YMCA*
  - Taylor Webb, *Whatcom Housing Alliance*
  - Tessa Whitlock,\*  
*Chuckanut Health Foundation*
  - Therese Kelliher, *Bellingham Transportation Fund Campaign; former Transportation Commissioner*
  - Tonja Myers,\* *Christian Health Care Center*
  - Tracy Pippard, *PeaceHealth Center for Senior Health*
- Plus**
- 69 people who participated in formative partner surveys and discussions.
  - 512 older adults who responded to the 2021 Aging Well Survey.

**Is your name missing from this list?  
Please let us know!**

\*Member of the Aging Well Whatcom Steering Committee





## History

In December of 2017, the Chuckanut Health Foundation invited 20 partner organizations working on advancing issues for our older adults to have a discussion about the needs and opportunities in Whatcom County. It became clear that creating a shared community vision to support aging well would be a good investment, as this work is complex and will take nonprofits and businesses, philanthropy and government, community groups and policy change to work together to truly create a community for aging well.

Throughout 2018, the AWW Coalition assessed community assets and needs with data review, listening sessions and surveys. The Coalition studied this information, as well as best practices from other communities around the US and the world, and prioritized the Blueprint's six focus areas.

In 2019, the Blueprint framework was designed and committees for each of the six focus areas brought in additional community members with knowledge and expertise in specific areas. Committees wrote the sections that were then combined into the Blueprint and shared at the Aging Well Summit in September 2019. Following the Summit, the initial Aging Well Coalition became the initiative's Steering Committee, which based its work on priorities identified at the Summit.

The AWW Steering Committee remains committed to ensuring that the Blueprint is an actionable, dynamic document and intends to continue updating it at regular intervals.

## Mission

*We promote living well through all our years into the end of life.*

### Guiding Principles:

- We work with and for those aging in our community.
- We work through collective action, guided by individual and community voices.
- We take evidence-based action.
- We are committed to equity and inclusion, welcoming all.
- We believe that healthy design for an aging community is healthy design for the whole community.

# APPENDIX I

## Older Adults in Whatcom County: Demographic Data Update

This section describes changes in the older adult population since 2017 when the original Aging Well Blueprint was developed, key data for 2020 (the most recent available), and population projections.

Our communities' older adult population is growing, both in numbers and as a percent of the total population. Nationally, the narrative that often accompanies these demographic trends is one of concern or fear – even panic. This narrative focuses on the expected needs of older adults, often implying that older adults are a financial or societal drain. While many older adults do utilize more healthcare and other services as they age, the older adult population also benefits our communities with financial resources/wealth, skills, expertise, time, and many of other contributions. **We encourage you to view these data with both consideration for older adults' needs – and services and supports to meet those needs – AND for the many assets that this growing portion of our community represents.**

### Key Points

- Older adults (age 65+) comprise 20% of Whatcom County's population, or about 45,272 of our 228,000 community members.
- Between 2017 and 2020, the rate of population growth for people age 65+ was 18%, compared to 5% for the county's total population.
- The percent of the population that is age 65+ increased in all Whatcom County city jurisdictions except Bellingham between 2017 and 2020.
- The older adult population is 91% non-Hispanic white, compared to 78% for the total population.
- About 11% of community members age 65+ live alone; this has been relatively stable since 2012.
- Older adults experiencing homelessness, both the **number** and as a **percent** of the total homeless population, are steadily increasing.
- The rate of growth of our age 60+ population is projected to continue to increase, especially among those age 85+.
- The projected rate of increase in community members age 65+ with dementia is projected to increase 55% between 2020 and 2030. The projected increase in the same time frame for those age 60+ AND minority AND below the Federal Poverty Level is 57%.

### A note on the data

These data come from a variety of sources, resulting in some inconsistencies. For example, there are data for cities vs. school district areas, and for individuals vs. households. A variety of ages are used – “seniors” or older adults may be considered people over age 60, 62 or 65, depending on the source. Notably, some Tribes define Elders as those as young as age 55, based on their shorter life expectancy as a group due to health inequities.

An effort has been made to label the tables and figures clearly to help identify these differences.

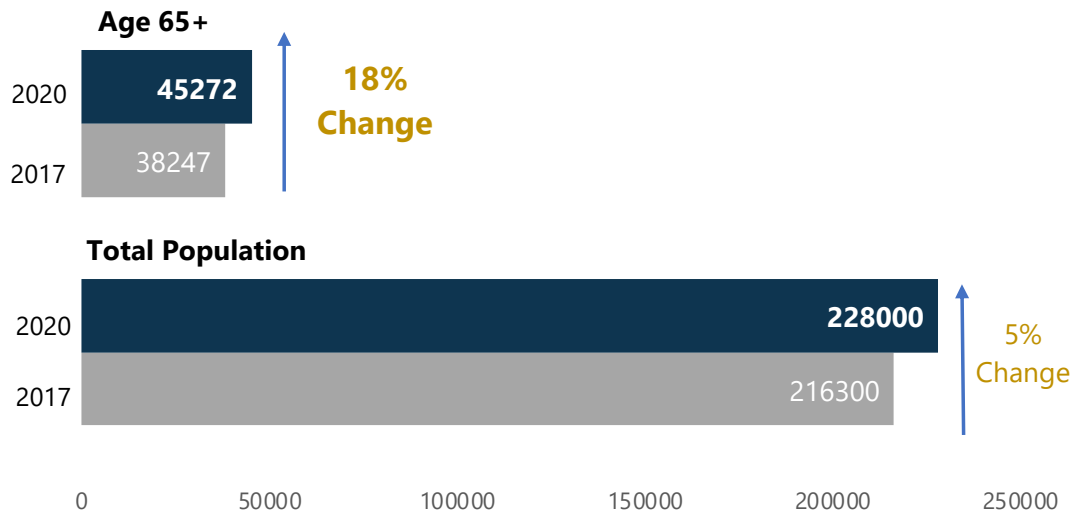
In addition, some indicators and data sources in this update are different from those presented in the 2019 Blueprint. Going forward, we intend to use the same indicators with each Blueprint update in order to more accurately understand changes over time.

# Population Changes 2017-2020

Between 2017 and 2020, the older adult population in Whatcom County increased from 18% to 20%, growing at a rate three times greater than the county's total population. Expressed another way, 60% of Whatcom County's population growth between 2017 and 2022 was in community members age 65 and older. During this time period, Washington State's population age 65 and older increased from 16% to 17%.

**Fig 1 - Population change in Whatcom County and those 65 and older, 2017-2020**

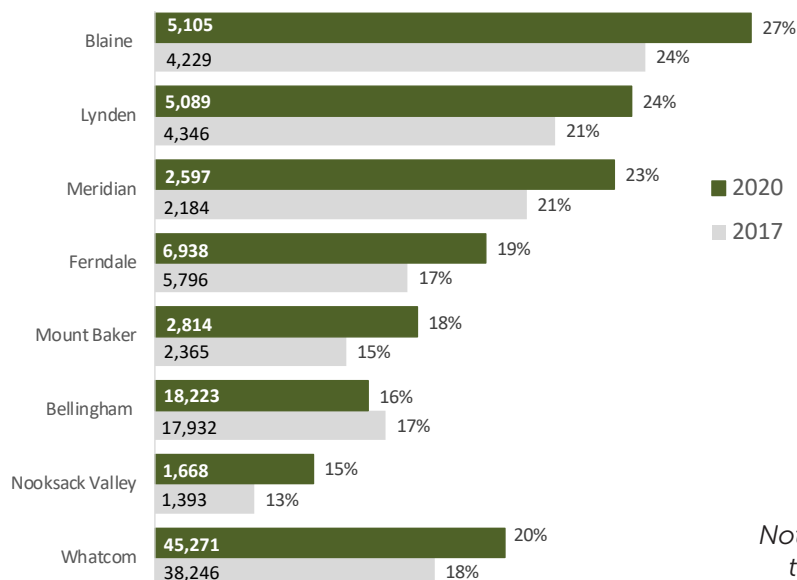
Data Source: WA State Office of Financial Management, SADE



Six of Whatcom's seven sub-county areas corresponding to school district regions saw an increase in the portion of their population age 65 and older. The Blaine area continues to have the highest percent of residents age 65 and older (now 27%), followed by the Lynden area (24%). The Bellingham area saw a slight decrease in its percentage (though not number) of older adults.

**Fig 2 - Change in 65 and older population within sub-county areas, 2017-2020**

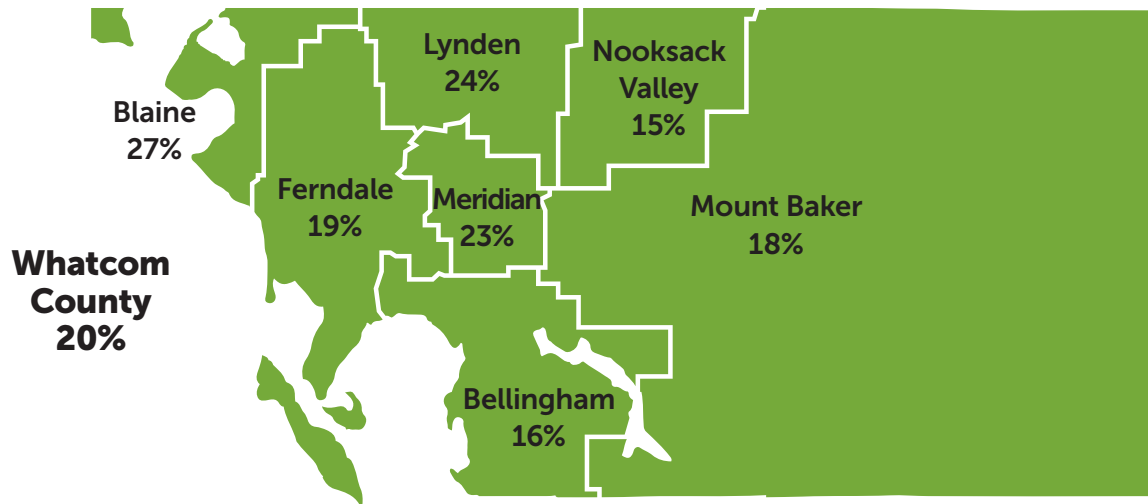
Data Source: WA State Office of Financial Management



Note: Percent of sub-county area represents the proportion of 65+ for the specific area

## Population Age 65 and Older in 2020

*Fig 3 – Map of sub-county areas with percent of population age 65 and over, 2020*



Bear in mind that while older adults make up the highest **percent** of the population in the Lynden and Blaine school district areas, the Ferndale and Bellingham areas have the greatest **number** of older adults since they have the largest populations overall.

*Fig 4 - Population age 65 and older, Whatcom County vs WA State, 2020*

	Total Population (All Ages)	Population Age 65+	Percent of Population Age 65+
Whatcom County	228,000	45,272	20%
Washington State	7,656,200	1,281,438	17%



## Race and Ethnicity

Whatcom County's population age 65+ is about 91% non-Hispanic white, compared to 78% for Whatcom County's total population. See **Figure 11** for projected changes in the older adult non-white (Black, Indigenous and People of Color, or BIPOC) population.

**Fig 5 - Whatcom County Race and Ethnicity Population Estimates, 2020**

Data Source: WA State Office of Financial Management

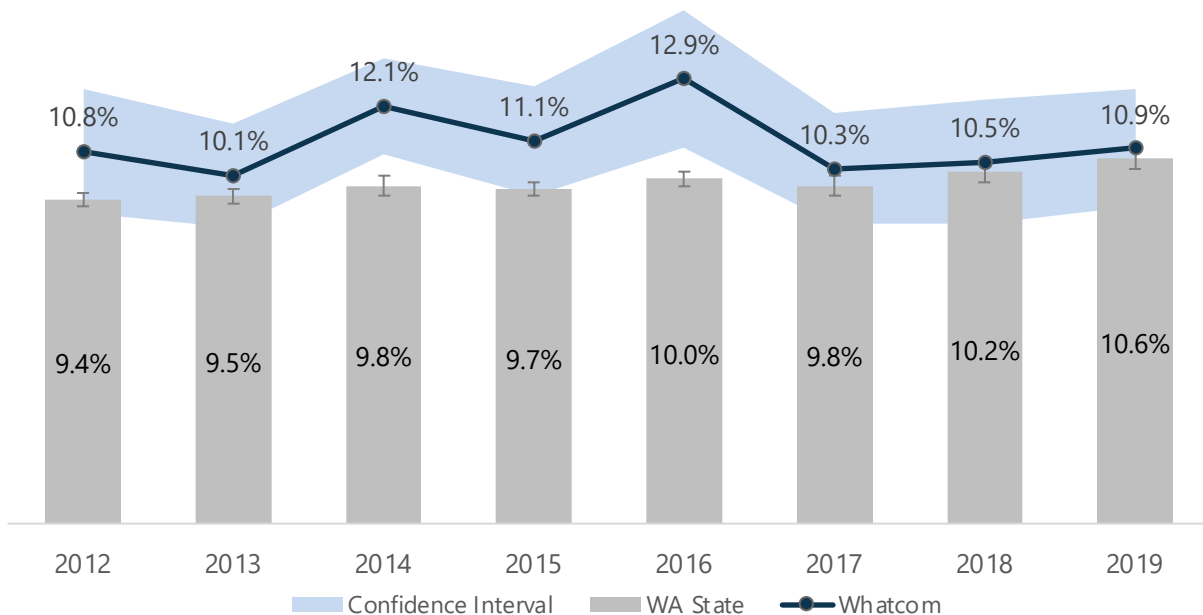
	Total Population	65+
Whatcom County Population Counts	228,000	45,272
Non-Hispanic White	78.2%	90.7%
Hispanic as a Race	9.7%	2.8%
Non-Hispanic Asian	4.5%	3.3%
Non-Hispanic AIAN (American Indian and Alaska Natives)	2.5%	1.5%
Non-Hispanic Black	1.0%	0.5%
Non-Hispanic NHOPI (Native Hawaiian or Other Pacific Islander)	0.3%	0.1%
Non-Hispanic Two or More Races	3.7%	1.2%

## Older Adults Living Alone

The portion of Whatcom County's older adult population that lives alone was approximately 11% in 2019 (the most recent data available), statistically the same as for WA State. These rates have been stable since 2012.

**Fig 6 – Percent of population age 65 and older living alone, 2012-2019**

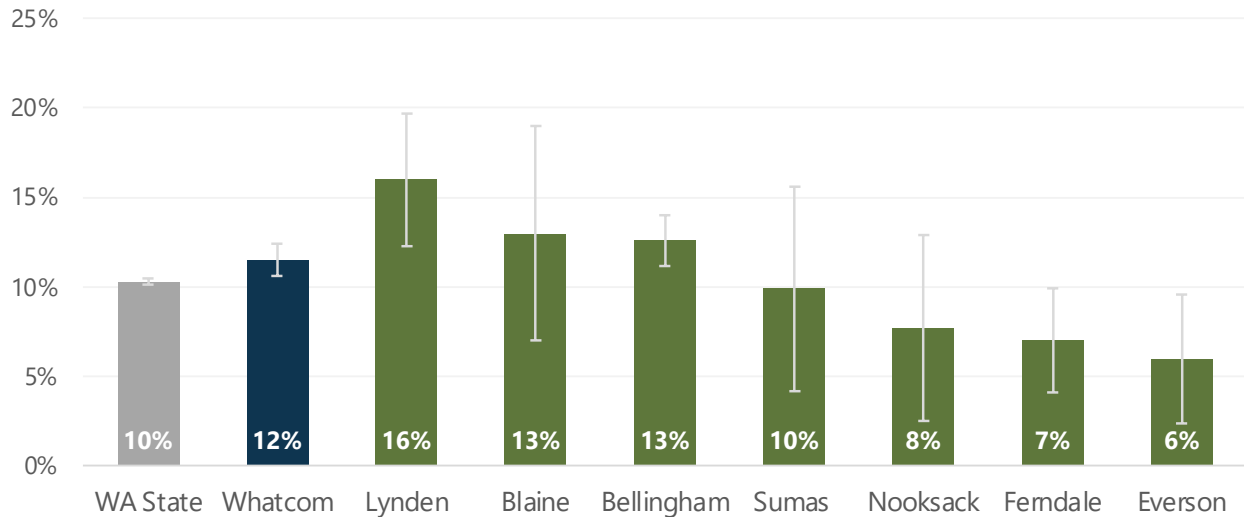
Data Source: American Community Survey, US Census Bureau



In 2020, the city of Lynden was the only area with a statistically higher rate of householders age 65 and older living alone than Whatcom County. Everson and Ferndale were the two cities with a statistically lower rate than Whatcom County.

**Fig 7 – Percent of householder 65 and older living alone by city jurisdiction area compared to Whatcom County and WA State, 2020**

Data Source: American Community Survey, US Census Bureau

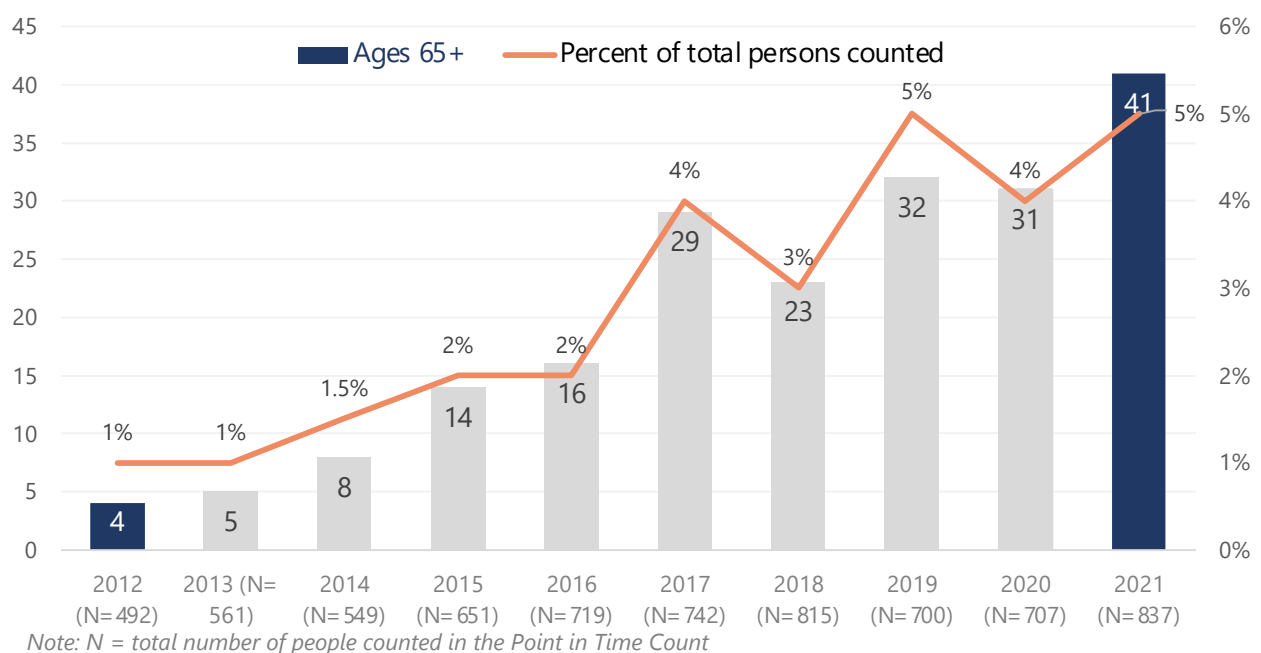


## Homelessness

Older adults experiencing homelessness, both the number and as a percent of the total homeless population, are steadily increasing. The number of elders experiencing homelessness and identified in Whatcom County's annual Point in Time (PIT) count increased ten-fold between 2012 and 2021.

**Fig 8 – Number of seniors counted in the Point in Time Counts, 2012-2021**

Data Source: Whatcom Homeless Service Center

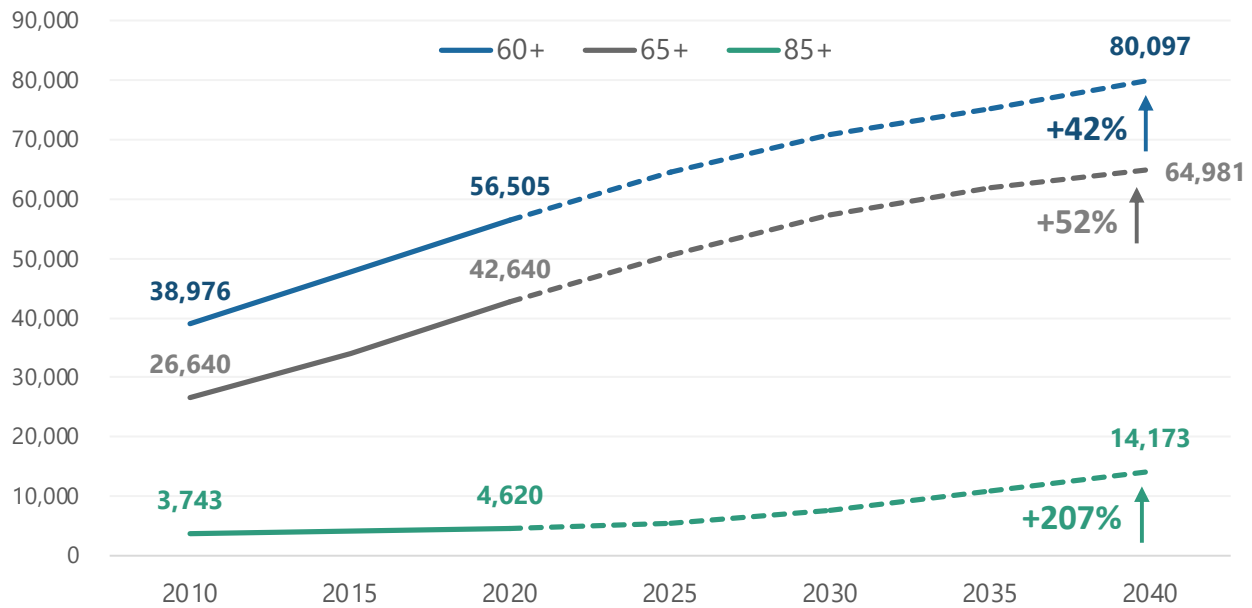


# Population Projections

Population projections to 2040 show that the rate of growth of the older adult population will continue to increase. Furthermore, among older adults, those age 85+ will be the fastest growing segment; while the population age 60+ is projected to increase by 42% between 2010 and 2040, the population age 85+ is expected to increase by over 200%.

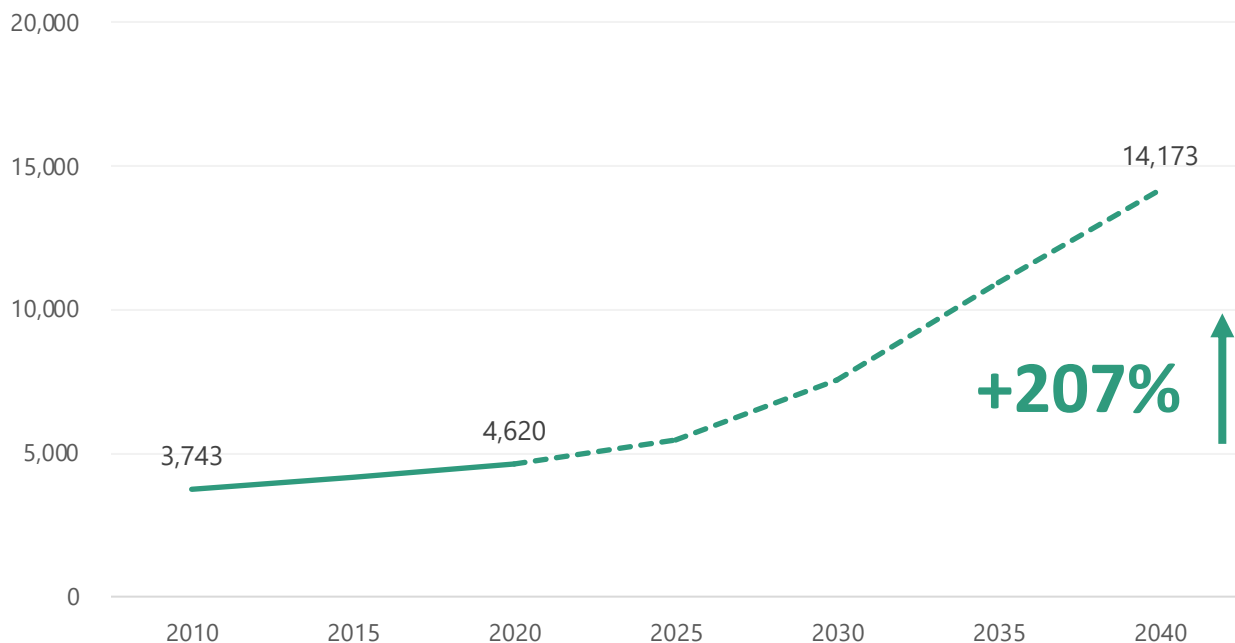
**Fig 9 - Projected Older Adult Populations, Whatcom County, 2010-2040**

Data Source: WA State Office of Financial Management



**Fig 10 - Projected Whatcom County 85+ Population, 2010-2040**

Data Source: WA State Office of Financial Management



The portion of the older adult population that is non-white (Black, Indigenous and People of Color, or BIPOC), as well as those with limited English proficiency, is expected to increase in the coming decade. The projected rate of increase in elders who are minority AND below the Federal Poverty Level (FPL) is especially notable: while the population age 60+ is projected to increase by 24% between 2020 and 2030, the portion who are minority and below the FPL will increase by 57%. The percent increase (55% by 2030) of people age 65+ with dementia is also notable.

The higher rates of increase for our oldest community members (age 85+), those with dementia, and those who are minority and below the FPL have significant implications for the services and supports our community will need to have in place.

**Fig 11 - Selected Population and Aging Service Utilization Forecast, Whatcom County, 2021**

*Data Source: WA State Department of Social and Health Services, Aging and Long-term Support Administration*

	2020	2030	Percent Change
Number of persons aged 60 or above	57,472	71,004	24%
Number of persons aged 60 or above and at or below 100% FPL*	6,347	8,332	31%
Number of persons aged 60 or above and minority	5,111	7,523	47%
Number of persons aged 60 or above and at or below 100% FPL and minority	827	1,296	<b>57%</b>
Number of persons aged 60 or above with limited English proficiency	1,970	2,853	45%
Number of persons aged 60 or above and Disabled (ACS 18b or 18c)	11,736	16,202	38%
Number of persons aged 60 or above with IADL** (ACS 19)	7,304	10,521	44%
Number of persons aged <b>65</b> or above with dementia	4,133	6,387	<b>55%</b>

\*The **Federal Poverty Level (FPL)** is set by US Health and Human Services and is used to determine financial eligibility for certain programs. For 2022, the Federal Poverty Level (FPL) for a household of one person is income of \$13,590 per year; for a family of two, it's \$18,310 per year. Source: US Health and Human Services, <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

\*\***Instrumental Activities of Daily Living (IADLs)** are activities necessary for independent living, including shopping, meal preparation, housework, money management, transportation, medication management, and communication such as using the telephone or computer. They are not as crucial to daily functioning as ADLs and generally don't have to be done every single day. Source: American Council on Aging <https://www.medicaidplanningassistance.org/activities-of-daily-living/>



# APPENDIX II

## 2021 Aging Well Whatcom Older Adult Survey Key Findings

As part of updating the Blueprint, Aging Well Whatcom conducted a survey of Whatcom County older adults in November-December 2021. With the exception of some minor wording revisions, the survey contained the same three questions as those asked in the 2018 AWW assessment. A question regarding COVID impacts was also added to the 2021 survey. A total of 512 older adults completed the survey; 415 (81%) completed online surveys and 97 (19%) completed paper surveys.

The full survey report, including respondent demographics and sample responses, is available at <https://www.agingwellwhatcom.org/s/Aging-Well-Whatcom-Older-Adult-Survey-Report-033122.pdf>.

### Key Findings

#### What is Important

**Survey Question: What things do you feel are the most important to your quality of life?**

Older adults' five most frequent responses regarding what's important to their quality of life were:

- 1 Family and friends
- 2 Health
- 3 Interaction, relationships, and connection
- 4 Food and nutrition
- 5 Healthcare

The themes "Family and friends" and "Interaction, relationships, and connection" have obvious similarities; if combined, the broader theme of relationships and connection is overwhelmingly what older adults consider to be most important to their quality of life.

#### Challenges or Concerns

**Survey Question: What challenges or concerns do you have in regards to your health and well-being?**

The top five challenges or concerns mentioned by respondents were:

- 1 Healthcare
- 2 Medical condition(s)
- 3 Physical activity
- 4 Pandemic
- 5 "Concern regarding future needs"

## Impacts of COVID-19

### Survey Question: What are the main ways the pandemic has impacted you?

The two most frequently mentioned impacts were related themes:

- 1 Less interaction, relationships, connection
- 2 Isolation

Far more people mentioned these than the other three themes that made up the top five:

- 3 Fewer activities
- 4 [Less] travel
- 5 Fear, worry, and stress

What older adults clearly identify as most important to their wellbeing – relationships and connection – is precisely what COVID-19 has most impacted for our communities' older adults. This is not new information; social isolation among older adults has been well-documented throughout (and prior to) the pandemic. However, it's an important confirmation that this core aspect of wellbeing for older adults in Whatcom County has been further eroded by the pandemic.

## What to Add or Change

### Survey Question: If you could add or change one thing that is available for older adults and their families in Whatcom County, what would that be?

Respondents' highest priorities for areas to add to or change were:

- 1 Transportation
- 2 Housing
- 3 Healthcare
- 4 Social and recreational activities
- 5 Physical activity

Interestingly, a relatively high number of respondents left this question blank or gave responses that were coded as "Nothing, don't know."



**Visit [AgingWellWhatcom.org](https://AgingWellWhatcom.org) to download the Blueprint, view update reports, and other information.**

**Have a question, comment or idea? Want to get involved?  
Please let us know at [agingwell@chuckanuthealthfoundation.org](mailto:agingwell@chuckanuthealthfoundation.org)**



Aging Well Whatcom is proudly sponsored by the Chuckanut Health Foundation

Project support provided by Lara Welker, MPH

