

2020 – 2023 AREA PLAN ISSUE AREA THEMES

HEALTHY AGING

Alzheimer's Disease

Almost six million Americans are living with Alzheimer's and nearly 14 million will have the disease by 2050. The cost of caring for those with Alzheimer's and other dementias is estimated to total \$290 billion in 2019, and expected to increase to \$1.1 trillion (in today's dollars) by 2050.

More than 16 million Americans supply an estimated 18.5 billion hours of unpaid care for individuals with Alzheimer's or other dementias. These caregiver services are valued at nearly \$234 billion. Research has shown that caregivers caring for a loved-one with Alzheimer's or other dementias provide more hours of care per month, experience more intensive stresses, and suffer higher rates of depression and anxiety. These factors increase caregiver health risks and result in higher total health costs of \$237 million for Alzheimer's caregivers.

In Washington State, 110,000 people over the age of 65 have Alzheimer's, increasing to 120,000 individuals in 2020 and 140,000 people by 2025. From 2018-2025, the percentage of people age 65+ with Alzheimer's is estimated to increase by 27.3%.

Washington State has taken a number of steps to respond to these growing needs. In 2016, the legislatively driven Alzheimer's Disease Working Group (ADWG) published the first Washington State Plan to Address Alzheimer's Disease and Other Dementias. Its implementation depends upon the participation and contributions of a broad group of committed public and private partners known as the Dementia Action Collaborative (DAC). The DAC includes a range of appointed members – people with dementia, family caregivers, representatives of advocacy groups, the aging network, Alzheimer's organizations, long-term care providers, health care professionals, legislators and governmental agencies.

The DAC has the following overarching goals to prepare Washingtonians for an growing population experiencing memory loss: 1) Increase public awareness, engagement, and education; 2) Prepare communities for significant growth in the dementia population; 3) ensure well-being and safety of people living with dementia and their family caregivers; 4) Ensure access to comprehensive support for family caregivers; 5) Identify dementia early and provide dementia-capable evidence based health care; 6) Ensure dementia capable long term services and supports are available in the setting of choice; and 6) Promote innovation and research related to causes of and effective interventions for dementia.

Snohomish County Long Term Care and Aging (LTCA) serves on the DAC and has been working with local partners to enhance the dementia-capability of the aging network. Key

partners continue to be the Alzheimer's Association (Washington Chapter), Homage Senior Services, and the Stillaguamish Senior Center—all of whom are contractors in the Snohomish County Family Caregiver Support Network. LTCA continues to subsidize the salary of an Alzheimer's Association outreach worker so outreach to individuals with Alzheimer's, their family caregivers, and the broader community is always happening within the county.

Selected Focus and Goals

Focus Area #1

Profile of the Issue: Expand services and the skill sets of providers as populations experiencing memory loss and accessing services increase for both care receivers and caregivers.

Focus and Goal: Maintain and expand the impact of our service providers.

Objective A: Continue our overall Family Caregiver Support Program contracting strategy to include the Alzheimer's Association (Washington Chapter), Homage Senior Services, and the Stillaguamish Senior Center. Each member of our Caregiver Support Network will provide its own unique contribution to our Alzheimer's State Plan. Examples include:

- Homage Senior Services: The Aging and Disability Resource Network (ADRN) updates local community resources in the Resource Directory available at www.wacommunitylivingconnections.com. Frontline ADRN staff also answer the Information & Assistance Line and are often the first ones to learn or suspect that memory issues are a problem. They frequently refer potential clients to the Family Caregiver Support Program. Homage's Family Caregiver Support Program serves a caseload of caregivers and care receivers in the south and east part of the county and leads SnoMentia, a Snohomish County grassroots movement empowering people with memory loss and their loved ones to remain connected and active in the community. Homage also hosts an Alzheimer's Café in Edmonds.
- The Stillaguamish Senior Center supports a caseload of caregivers and care receivers in the northern part of the county. Staff conduct numerous support groups for caregivers and care receivers across the entire county and organize SnoMentia North, Super Bowl Party for individuals and their caregiver with memory loss, Ice Cream and Coloring Social for individuals with memory loss and their caregivers, Zoo walks for individuals with memory loss and their caregivers, Powerful Tools for Caregivers, support groups; and an Alzheimer's Café featuring a music therapist.
- The Alzheimer's Association staff provide the following services: Connections Caregiver Consultation services, the Association's evidenced-based assessment (in addition to T-CARE) and participation with the SnoMentia movement, Early Stage Memory Loss workshops, Caregiver Conferences,

Conference for Medical Providers to encourage memory loss diagnosis, and Alzheimer's Café and support groups.

Objective B: Provide enhanced training about memory loss and effective interventions to core contractors of the Family Caregiver Support Program (FCSP), LTCA staff, and the broader aging network on topics such as:

- Recognizing possible dementia and making appropriate referrals;
- Identifying and enrolling people with dementia in state information systems;
- Supporting people with early memory loss;
- Improving safety for people with dementia; and
- Promoting dementia-friendly communities

Objective C: Utilize the services and supports of the Medicaid Transformation Project Demonstration (MTPD) to strategically meet the needs of caregivers. For instance, music therapy contractors are coming on board for MTPD, the Family Caregiver Support Program (FCSP), and Medicaid. This new service needs to be marketed to caregivers and care receivers across these programs and across the county geographically.

Focus Area #2

Profile of Issue: The number of people with Alzheimer's and other dementias is increasing in Snohomish County, affecting a broadening pool of individuals, families, and community members. Because Alzheimer's Disease can have a lengthy disease process, individuals with dementia are wondering what they can do to remain healthy and connected to their communities. Family caregivers want to know where they can find support for their loved ones and for themselves. Friends, neighbors, and religious communities may want to help but not know how.

Focus and Goals: Conduct outreach activities and events in collaboration with community stakeholders and providers to help people with dementia and their family members access services and support. Promote the idea that people with early stage memory loss are still part of the community; show how more dementia-friendly environments can be created for them and their caregivers such as Alzheimer's Cafes; and support the creation of these environments if funding is available. Offer training to religious communities and other groups that want to assist people with dementia and their caregivers.

Objectives: At least two conferences and twenty four (24) presentations will be given collaboratively with LTCA staff and service providers to provide dementia education to caregivers and care receivers. Measureable outcome will be a greater number of referrals, contacts and access to services will be achieved following the outreach events.

Focus Area #3

Profile of Issue Area: When a doctor can help identify an individual's dementia early, the individual and their family receives the gift of time to seek out resources and services, make decisions and plans, and complete important goals. The DAC has identified several validated and brief cognitive screening tools for use in primary care practices. In addition, the group has worked on making information and the appropriate forms for legal planning such as Durable Power of Attorney for Health Care more broadly available.

Focus and Goals: Encourage primary care physicians to identify dementia early and provide dementia-capable, evidence-based health care.

Objectives: Work with the Alzheimer's Association to refocus their twice-yearly physician education events in Snohomish County.

Older Americans Act Title IIID Disease Prevention and Health Promotion

For over twenty years, Snohomish County LTCA expended its Older Americans Act (OAA) Title IIID Disease Prevention and Health Promotion funding for a Geriatric Depression Screening Program. Beginning October 1, 2016, the Administration on Aging (AoA) decided that Title IIID funding could only be used for programs that met a strict definition of "evidence-based." "Evidence-based" indicates that the program would need to be tested and proven to be effective with older adult populations. The program will also be fully translated in one or more community site(s); and materials will be disseminated in outreach events. LTCA staff consulted with the program contractor, Homage Senior Services, and decided that it was not feasible to pursue having the current Geriatric Depression Screening Program be utilized as an evidence-based practice at that time.

Instead, LTCA allocated its Title IIID funding to Chronic Disease Self-Management Education (CDSME) starting in 2016. Most importantly, CDSME met the AoA's definition as an evidence-based program. CDSME taught adults with chronic diseases the skills and techniques necessary to manage their health conditions through a free six-week course. The Stanford University Patient Education Resource Center originally developed, evaluated, and continually updated the program and similar versions focusing on diabetes and chronic pain. The Self-Management Education Resource Center (SMERC) has since become an independent non-profit organization and oversees all aspects of CDSME development, licensing, and training.

Another compelling reason for using the approximately \$30,000 in Title IIID funding to support CDSME in 2016 was that Homage Senior Services had previously received a grant on their own initiative to train several staff as CDSME Master Trainers. Although the organization held several CDSME workshops, it found CDSME difficult to implement fully without at least a half-time coordinator to train volunteer lay leaders and to publicize workshops. When Washington State received a federal grant from the Prevention and

Public Health Fund to create a statewide network of CDSME classes available to older adults and people with disabilities and provided funding to the Area Agencies on Aging, Snohomish County LTCA contracted its portion of the grant funding to Homage Senior Services. Homage already had Master Trainers on staff who could conduct the CDSME workshops and train volunteers as lay leaders in order to meet the tight grant timeframe.

By 2016, when LTCA needed to comply with AoA's directive to use Title IIID funding only for evidence-based practices, Homage Senior Services had been a subcontractor on one and was participating on two other state CDSME-related grants. Funding from these sources was limited—less than \$30,000 annually. By combining the AAA's Title IIID funding with the state grant funds, LTCA hoped to expand and strengthen CDSME throughout the county. Homage conducted general Chronic Disease, Chronic Pain and Diabetes Self-Management workshops. Homage held CDSME workshops in Korean, Mandarin, and Cantonese. In 2018, the program held nine workshops around Snohomish County, had twenty-seven trained leaders, registered 78 participants, and had 59 individuals who completed the program for an overall completion rate of almost 76%. Homage has also developed significant partnerships with Virginia Mason and the Everett Housing Authority to train their staff and to offer the self-management workshops at their facilities.

After years of only minor funding increases, LTCA saw its Title IIID funding increase to approximately \$45,000 in 2018. At the same time, state grant funding for CDSME ended in 2018.

Selected Focus and Goals

Focus Area #1

Profile of Issue: Continue funding CDSME as an evidence-based program in compliance with the Older Americans Act (OAA) Title IIID Requirements

Focus and Goal: Work with Homage to strengthen CDSME within Snohomish County.

Objective: Expand partnerships to support all three types of self-management workshops. Focus on outreach to African American, Korean and Slavic communities. Explore conducting a workshop in Russian or Ukrainian. Have Program Coordinator attend Master Training. Conduct a worksite pilot at a local employer. Identify other funding sources to help program become self-sustaining. Meet with other organizations in Snohomish County offering evidence-based health promotion and disease prevention programs for older adults and examine how these programs are funded.

NUTRITION

Nutrition programs have been a key part of the Older Americans Act since its creation in 1965. The Congregate Nutrition Program is intended to reduce hunger and food insecurity, promote socialization, and delay the onset of adverse health conditions. The congregate meals served must meet the current Dietary Guidelines for Americans and provide a minimum of one-third of the Dietary Reference Intakes.

Snohomish County LTCA works with its contractor, Homage Senior Services, to provide congregate meals, or healthy meals in group settings, at eleven sites around the county. The Congregate Nutrition Program primarily targets older adults age 60 and older but exceptions are made for spouses and volunteers younger than 60 years old, adult children with a disability living with their parents, and people with disabilities younger than age 60 who live in public housing where a congregate meal site operates.

Most of the congregate meal sites are located at senior centers. One site, the Multicultural Senior Center located at Homage Senior Services in Lynnwood, serves four different ethnic groups, the Korean, Chinese, Southeast Asian, and Filipinos. The Hispanic Meal Site meets at the Carl Gipson Senior Center while the Slavic Meal Site meets weekly at the Baker View Apartments operated by the Everett Housing Authority. The Tulalip Senior Center serves Tulalip Tribal members who meet the tribe-determined definition of a senior or elder. In 2018, the Congregate Nutrition Program served approximately 72,000 congregate meals.

Nationally, 45% of congregate participants have six or more medical conditions and 44% take over five medications daily. For 58% of diners, eating one congregate meal will provide one-half or more of their total food for the day. Older adults believe that they eat healthier (77%) and their health has improved (76%) as a result of the congregant meals program.

In Snohomish County, 58% of the congregant participants are older than 75. In the 2018 Senior Dining Program Annual Survey, 44% of respondents state that the congregate meal serves as their main meal of the day. Sixty-six percent of survey participants reply “yes, definitely” or “yes, I think so” when asked if they eat a more healthful diet due to the program. Approximately 48% believe that their health has improved and 37% have made fewer visits to the doctor since eating the meals. For 66% of participants, their level of independence has either stayed the same or increased and 81% report having more friends.

Selected Focus and Goals

Focus Area #1

Profile of Issue: Based on the data, the Snohomish County Congregate Meals Program is doing an excellent job of targeting the oldest county residents and making a positive impact on their physical and mental health. However, as the older population continues to grow and diversify, the program is facing new challenges. The number of ethnic seniors

is increasing. The six existing ethnic meal sites respond to some but not all of these needs. Older adults are requesting vegetarian options, gluten-free items, and other special meals based on health needs, religious beliefs, or individual preferences. Although the Older Adult Act (OAA) funded nutrition programs have seen some recent growth in funding, these increases come after years of flat funding and rising prices.

The Congregate Meals staff wants to offer more menu options to diners in terms of more variety in recipes and testing a second meal option. Sometimes the secondary option will be vegetarian if the main meal is non-vegetarian but it will always provide a distinct alternative. Any changes need to be appealing to older adults, meet federal nutrition requirements, and be doable within the existing budget.

Focus and Goal: Increase menu options within the Congregate Meals Program while adhering to federal nutrition requirements and staying within the budget.

Objective: Offer samples of possible new menu items at congregate meal sites. Gather feedback from diners. Use Carl Gipson Senior Center in Everett as a test site for introducing limited quantities of a second entree available on a first come, first served basis. Evaluate these changes from the perspective of the senior diners, the cooks, the nutritional value, and the fiscal impact.

TRAUMA-INFORMED CARE

The Adverse Childhood Experience Study or ACEs has dramatically influenced the medical and social services field. Drs. Anda and Felitti noticed that individuals exposed to certain types of stressors in childhood showed higher rates of disease, disability, social problems and early death. These stressors or adverse childhood experiences include being physically, emotionally, or sexually abused; living in a household where the mother experiences violence; or being neglected. Growing up with a mentally ill person in the home, a drug addicted or alcoholic family member, an incarcerated family member or losing a parent is also accompanied by greater negative outcomes.

An individual can review their childhood and add up how many of these experiences they had, resulting in their ACEs score. The higher the ACEs score, the greater the risk for health problems, chronic disease, mental illness, and violence. ACEs scores have a strong correlation to adult health status fifty years later. However, the relationship between ACEs and the risk for health problems is correlational, not causal.

The Washington State Behavioral Risk Factor Surveillance System (BRFSS) survey is administered annually by the Centers for Disease Control and Prevention through state health departments. From 2009-2011, the survey included eight of the ACEs questions. In Snohomish County, 65 percent of the survey participants had an ACEs score of one (23%), two (16%), or three or more (29%).

The ACEs Study has dramatically shown the importance of improving children’s lives and eliminating or reducing these stressors from their childhood. In addition, the ACEs findings have generated additional discussion and research about how to better serve adults who have had these traumatic experiences and are now the clients of Area Agencies on Aging and their contractors. Trauma-informed care is a movement that asks providers to be aware of their clients’ past traumas and to evaluate how an agency’s practices and procedures can be supportive of clients. The Snohomish County Human Services Department/Behavioral Health Division and the Children’s Wellness Coalition have created a Trauma-Informed Agency Certification. Agencies can earn this certification if their staff complete training on ACEs and trauma, evaluate how they interact with clients, and agree to a list of trauma-informed principles.

Selected Focus and Goals

Focus Area #1

Profile of Issue: The health and behaviors of current clients have undoubtedly been influenced by the number and types of Adverse Childhood Experiences (ACEs) they have survived. Trauma-informed care is an approach that can help staff better understand the needs of individual clients as well as their own needs for self-care. Trauma-informed care can also promote an agency-wide commitment to helping clients overcome trauma and encourage resiliency. Homage Senior Services has made the commitment to be a trauma-informed organization across all its services and lines of business.

Focus and Goal: Support Homage Senior Services as it implements trauma-informed care. Provide a forum where Homage can explain to other contractors why it adopted this philosophy, what has changed, and what are the benefits. Follow up with the county’s Division of Behavioral Health to see what training might be available to LTCA staff and other contractors.