Growing older in Clark County

Making Clark County a better place to grow up and grow old

FINAL
February 2012

AGING READINESS TASK FORCE

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To the many residents who participated in this planning effort, Thank You.

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Introduction

As you grow older, will Clark County be livable for you? Will you be able to continue to live independently in your home or neighborhood? What needs to change for you to be able to remain in your home and be an active, engaged community member as you age?

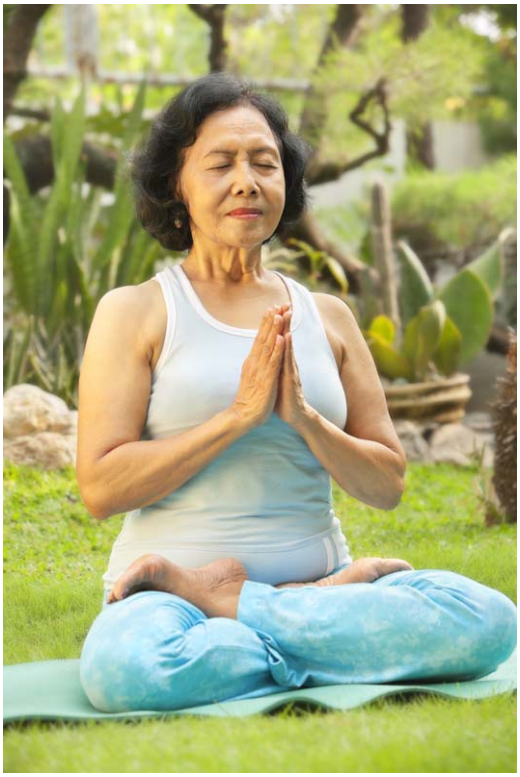
The Clark County Aging Readiness Task Force asked these and other questions in the development of the Aging Readiness Plan.

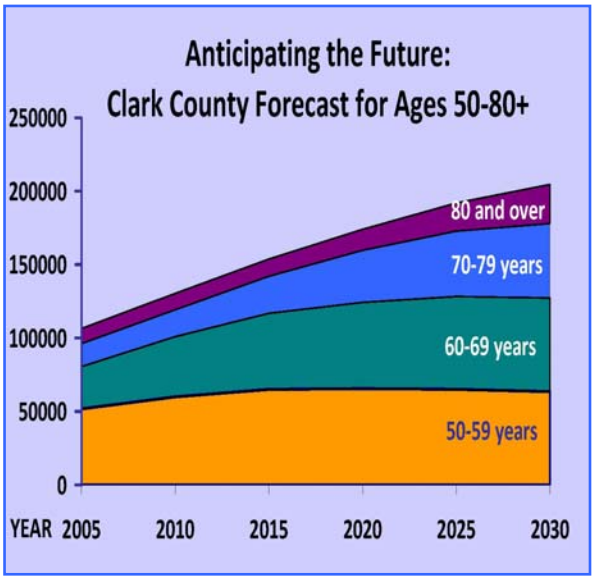
"We have the unique opportunity to hear more senior voices, and we look forward to their ideas and concerns. We want Clark County to be not just a great place to grow up but a great place for all of us to grow old as well."

Marc Boldt
Clark County Commissioner

The Coming Age Wave

Communities throughout the United States are increasingly aware of the "graying" of our population. Many terms describe this segment of population: baby boomers, silver tsunami, elders, seniors, older Americans, or older adults. In general, the terms refer to individuals 60 or older. As the baby boomer generation (born 1946-1964) reaches retirement age, the number of Clark County residents 60 and older is estimated to have a projected growth rate of 158 percent from 2005 to 2030. By 2030, one in four Clark County residents will be 60 or older. This major demographic shift will shape Clark County and the nation in the 21st century.





The expected rate of growth in Clark County between 2005 and 2030:
Age 0-19……..36% increase
Age 20-49……29% increase
Age 50-59…..23% increase
Age 60+…….158% increase

Source: Washington State Office of Financial Management

In government's role of trying to provide an environment that is safe, economically productive and satisfying for its citizens, Clark County sought citizen input about how the county could prepare for this demographic change by initiating the Aging Readiness Task Force. Appointed by the Board of County Commissioners in 2010, the task force was charged with assessing the county's capacity to serve a growing number of older residents. They will face challenges to independence and quality of life that often come with aging.

Clark County wanted to anticipate and meet challenges early on, so that the community is well-prepared to help the wave of baby boomers stay in their homes and communities, if they wish, and remain active, healthy and engaged.

Clark County Aging Readiness Task Force

As it developed the Aging Readiness Plan, the 24-member task force representing the public at large, as well as experts in planning, aging, mental health, recreation, disabilities and public health, concentrated on the topics of healthy communities, housing, transportation and mobility, supportive services and community engagement. To assess the county's needs in these areas, the task force hosted workshops that provided community members and professionals an opportunity to discuss issues and brainstorm solutions to deficiencies they identified. Ideas and information from the workshops were used to develop this plan.

> "The power of this initiative is in the energy and expertise of the volunteers assigned to the task force. In a day of funding cuts and reduced government involvement, it is the effort of those who step forward that makes all the difference. "
>
> *Jesse Dunn, chair, Clark County Aging Readiness Task Force*

What is a Livable Community?

The term "livable communities" is used throughout the plan. Different people have differing views about what constitutes a high quality of life or makes a community a good place to live. However, for purposes of the plan, the task force used this definition from AARP: "A livable community is one that has affordable and appropriate housing, supportive community features and services, and adequate mobility options, which together facilitate personal independence and the engagement of residents in civic and social life." When a community successfully combines those elements, people create an environment suitable for friends and family members of all ages.

Organization of the Plan

This plan is divided into six sections. Following the introduction, five chapters address:

- **Healthy Communities** – Improve the built environment to provide opportunities for better physical and mental health
- **Housing** - Sufficient affordable housing and communities that incorporate universal design features to help people remain in their homes and communities
- **Transportation/Mobility** - Street signs and traffic patterns designed with older drivers in mind; walking paths and transit systems to help those who do not drive remain mobile
- **Supportive Services** – Information and access to services are critical to remain independent as long as possible
- **Community Engagement** - Sufficient and meaningful opportunities for lifelong learning and engagement in social and civic activities

The Clark County Aging Readiness Plan explores each of these elements, identifying challenges, and providing strategies and recommendations to improve the community's capacity to support its growing older population, which will ultimately benefit all ages.

I.

Living Healthier and Longer in Our Communities

"We're all familiar with the saying 'You are what you eat.'
Perhaps it's time to add a new saying:
'You are where you live'."

Healthy Communities
Sustainable Communities
The 21st Century Planning Challenge

We can describe a healthy built environment several ways. But whether we call it age-friendly, a livable community or smart growth, the end result is the same: age-friendly communities use the built environment to create healthier places in which to grow up and grow old.

HEALTH AND THE BUILT ENVIRONMENT

The built environment profoundly impacts our health. Places with clean air and water and access to healthful food, safe streets, parks and pedestrian-friendly neighborhoods provide an environment which contributes to better health.

Growing research points to a number of land-use elements that influence human activity, facilitate health and mental well-being, and promote social interaction and inclusion. They include:

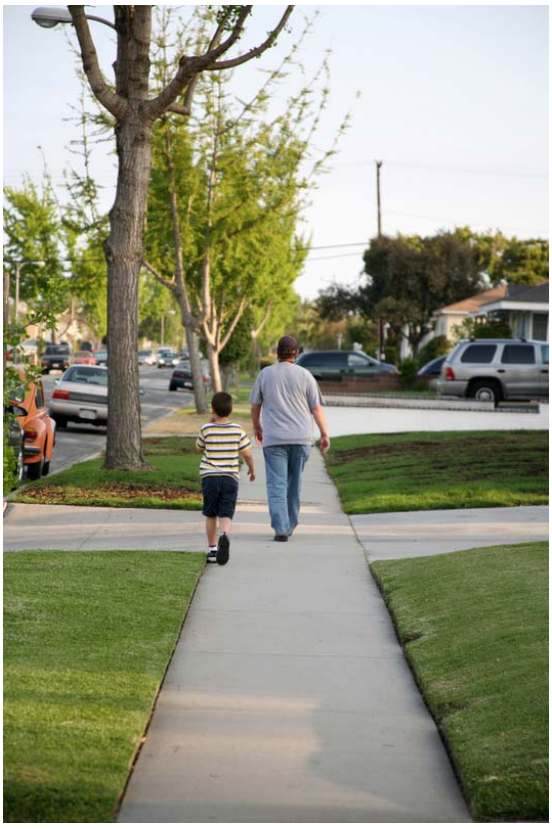
- Layout, design, connectivity and maintenance of sidewalks, roads, bicycle lanes, paths and trails.
- Some combination of homes, stores, businesses, institutions, industries and community and cultural facilities.
- Compactness, density and accessibility of built areas.
- Access to recreational facilities and green spaces.
- Safe, comfortable and attractive streets, public spaces, buildings and structures.
- Healthy and resilient natural environments and biodiversity.

Today, the link between health and the built environment is being reconnected. This link matters because arrangement and design affect people's health and the way they physically and psychologically relate to and interact with their community and the wider world. (Planning by Design – Ontario, 2009)

Impact on our health

Regular physical activity plays a critical role in offsetting many of the physical and mental health problems facing our aging population. Physical activity can maintain good health or delay the onset of many negative health conditions, including chronic disease. Walking or other moderate activities can alleviate depression and improve older residents' quality of life. Walking in one's community may generate psychological benefits that come with increased social interaction.

In 2001, then-Surgeon General David Satcher issued a landmark statement, saying obesity in America had reached epidemic proportions. In Clark County, a 2008 study found that more than 26 percent of adults are considered obese and 64 percent are considered obese or overweight. (Cantor, 2009) A community's design can provide greater opportunity for everyone to achieve a healthy lifestyle.



ELEMENTS OF A HEALTHY COMMUNITY

Older adults who practice good physical, psychological and social behaviors are more likely to remain healthy, live independently and incur fewer health-related costs. These outcomes often are achieved in communities that address basic needs, promote optimal health and well-being, foster civic and social engagement, and support the independence of an aging population. A healthy community is a livable community for people of all ages.

Characteristics of a healthy community identified by the Aging Readiness Subcommittee on Healthy Communities include the existence of "complete neighborhoods." These are neighborhoods that provide a variety of ways to get around and a mix of housing types, stores, businesses, healthful food choices and access to parks and open spaces.

Complete neighborhoods

A healthy community has neighborhoods with a well-rounded offering of daily goods and services that can be reached within a comfortable walking distance. This includes convenient access to "third places," spots were people like to gather such as parks, community facilities, schools, libraries and coffee shops. Convenient access to a wide variety of neighborhood goods and services promotes physical activity, reduces reliance on automobiles, and improves neighborhood safety.

In addition, having transportation and mobility options aside from the automobile – walking, cycling and public transit, for example – improves the environment and our health through exercise.

Access to parks, recreation and open space

Access to parks, recreation and open space has a direct effect on our health. Public health practitioners have documented a 40 percent increase in physical activity when people have access to parks and open space. One study looked at how long patients took to recover from surgery based on whether they could see trees from their hospital windows. Patients with treed views had shorter hospital stays, used less analgesic medications, and generated fewer negative nurse notes. Another study found that Japanese elders who had access to green spaces lived an average of seven years longer than those who did not. (Frumkin, 2011)

Healthful food choices

A healthy community provides a readily available, affordable and abundant selection of healthful eating options through conveniently located fresh produce markets, grocery stores, farmers' markets and community gardens. Farmers' markets and community gardens provide an excellent source of fresh, locally grown and often organic food, which may help residents meet the standards for recommended daily consumption of fruits and vegetables.

Outcomes of living in a healthy community

We all age differently. But generally, people want to maintain their quality of life as they grow older. By avoiding or managing chronic disease, maintaining high cognitive mental and physical health, engaging in activities, and planning for the future, everyone can influence their own aging process. Keeping people healthier is one of the most effective ways to reduce health care costs.

A recent study concluded that an investment of $10 per person per year in proven, community-based disease prevention programs can yield a national savings of more than $2.8 billion annually in one to two years.

These community programs lead to improved physical activity and nutrition. A state-by-state return on investment estimated that Washington would see a rate of return of 0.94:1 in the first two years. (Cantor, 2009)

Physical activity can improve health and quality of life for people of all ages. In addition to being better able to fight chronic diseases, seniors who exercise have stronger hearts, more fit and flexible muscles, stronger bones and joints and happier moods. Exercise helps decrease the need for hospitalizations, doctor visits and some medications. (CDC, 2011)

> "Walkable communities are destined for people…safe, secure, balanced, mixed, vibrant, successful, healthful, enjoyable, and comfortable.." (Burden, 2011)

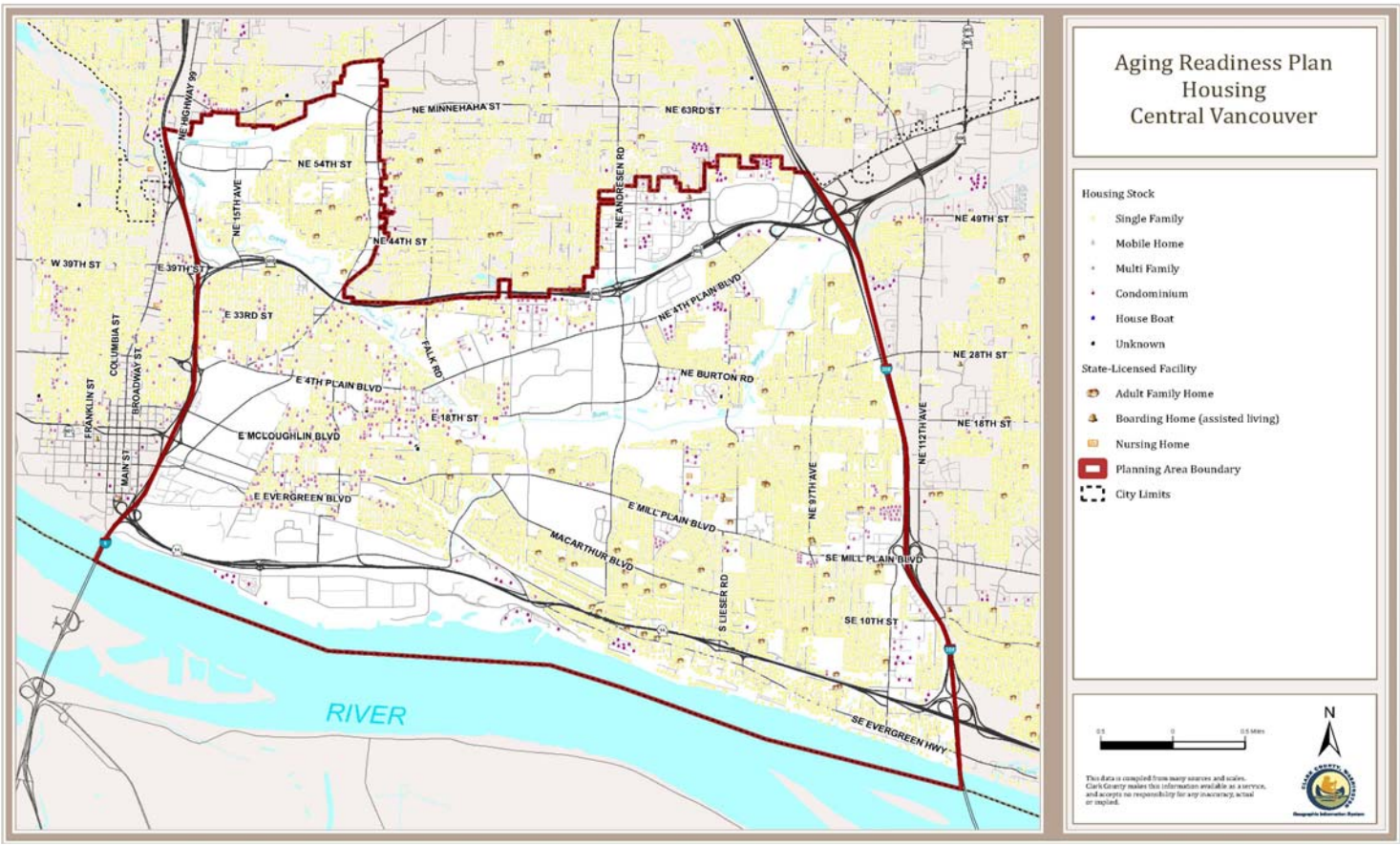
ASSESSING CLARK COUNTY COMMUNTIES

Most suburbs are not designed with aging residents in mind. Homes are segregated from all other buildings, goods and services, creating an over-dependence on the automobile. Land use decisions can determine our ability to be physically active through a feature called "connectivity," which means you can walk or bike from your home to other destinations on a street, path or road. A purely residential neighborhood with cul-de-sacs may be a safe place for children, but it does not provide any connectivity to other places without having to get in your car.

Healthy community indicators

The Task Force Subcommittee on Healthy Communities explored and discussed elements that contribute to a healthy community. To illustrate these elements in a familiar location, the subcommittee decided to highlight central Vancouver. Using Clark County's Geographical Information System, subcommittee members chose indicators they believe were characteristics of a healthy community: residential areas good for walking; proximity to parks; transit; and healthful food choices.

The central Vancouver area is approximately 18 square miles and has a population of 66,297. The area includes 25 neighborhoods and a variety of housing, retail, businesses, parks and food options. Below is a map of the planning area boundaries and housing types. (A larger map is included in Appendix C.)

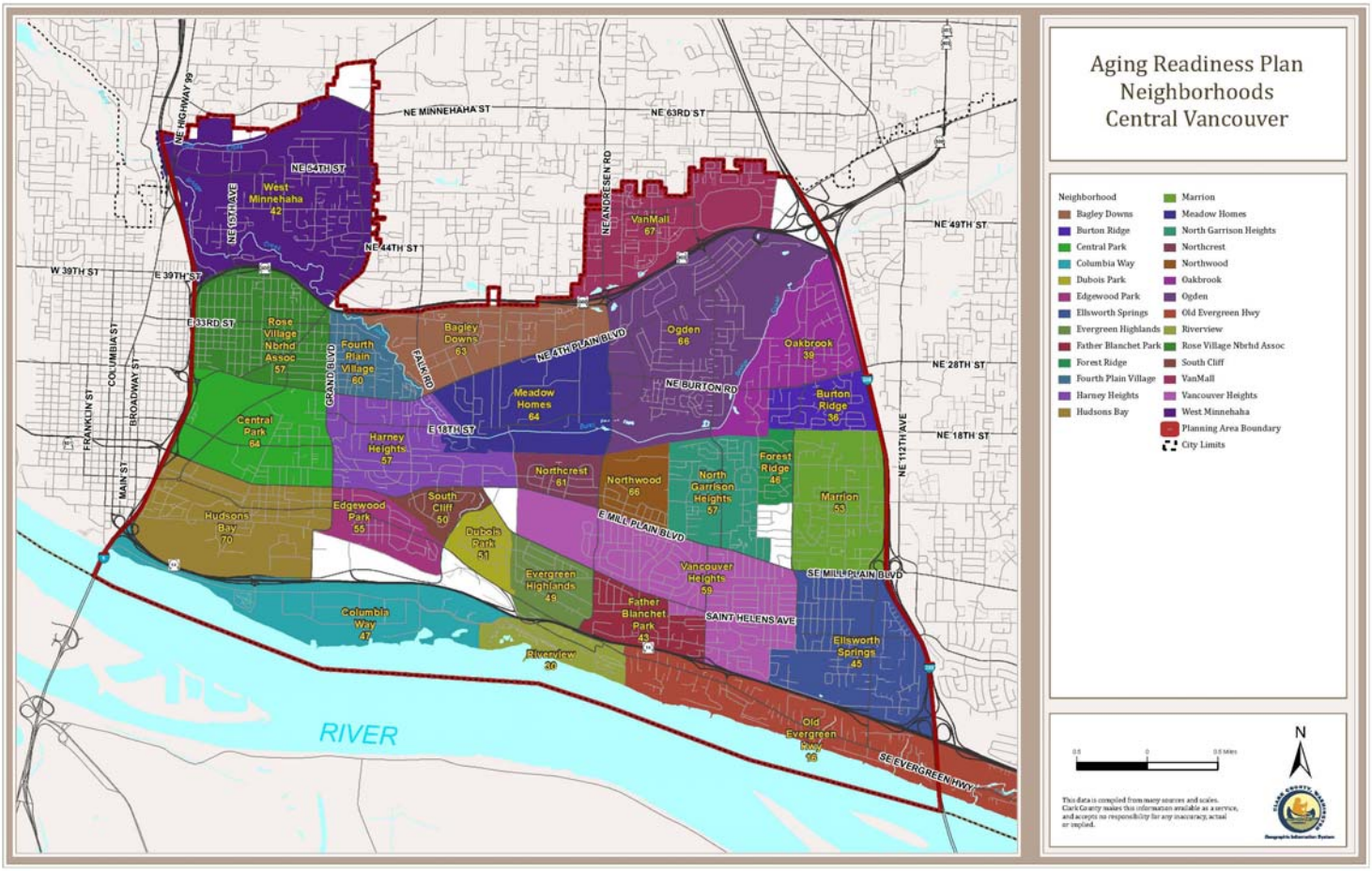


Mobility - Walkability

Many communities measure how pedestrian-friendly neighborhoods are with a Walk Score. The map below shows the walk score for each of the 25 neighborhoods in central Vancouver.

Walk Score considers two basic characteristics: a walkable environment and destinations that support daily needs. Walk scores range from 0 (car dependent) to 100 (most walkable). Walkability is directly related to how many destinations are within a quarter-mile to 1-mile distance of a home. Walk Score calculates a total by mapping the walking distance to the closest amenity in nine amenity categories: grocery; restaurants; shopping; coffee shops; banks; parks; schools; books; entertainment.

Each category is weighted to show its importance relative to other categories. The most heavily weighted amenity is a grocery store. Once a base score is determined, it may receive a penalty for having a poor pedestrian element such as long blocks or missing sidewalks. For a more detailed explanation, visit www.WalkScore.com. (A larger map is included in the Appendix C.)



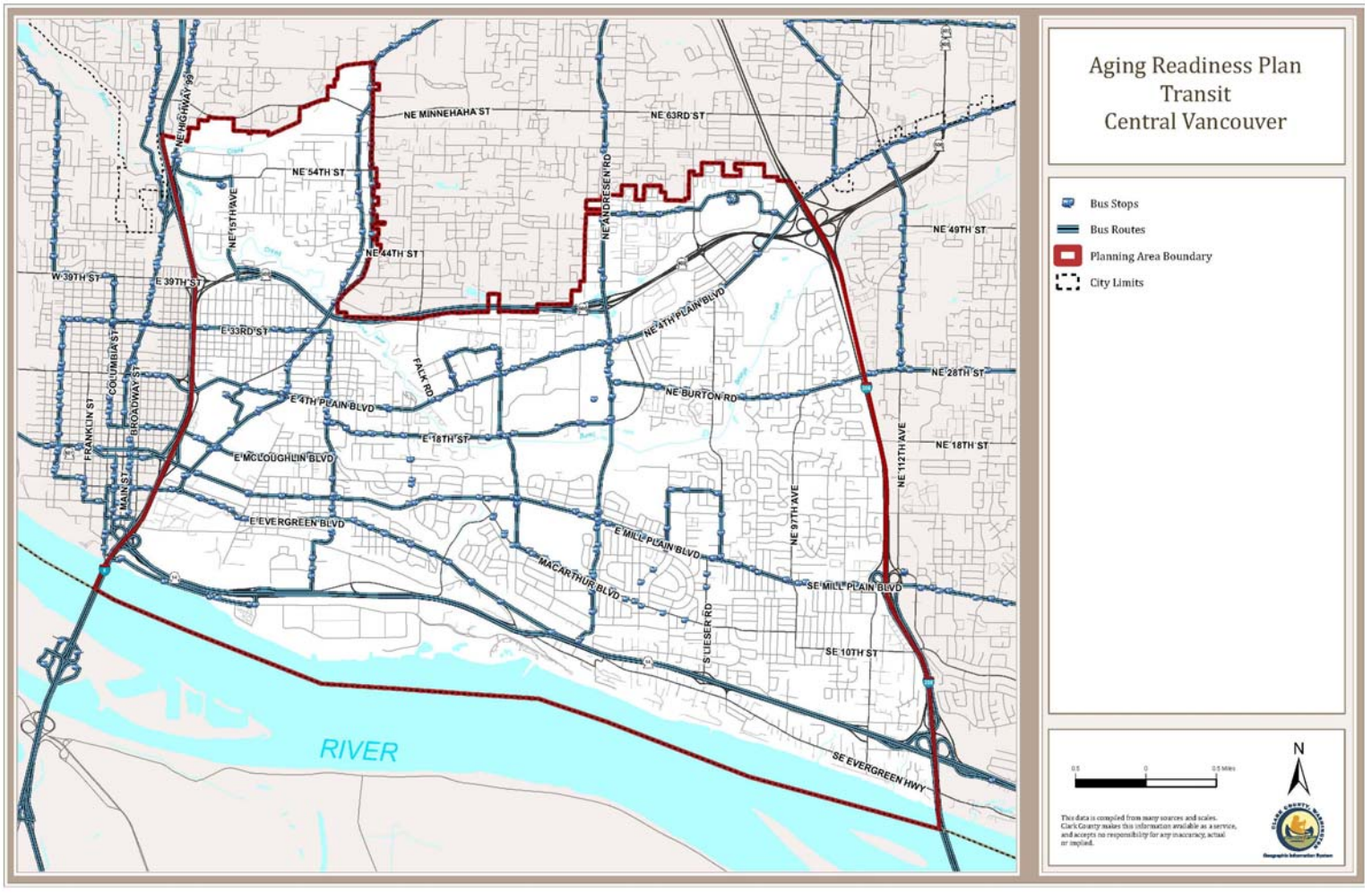
Mobility - Transit

In order to age in place independently, older adults who cannot or choose not to drive – about 20 percent of those age 65+ – must be able to run errands, visit family and friends, get to work and keep doctors appointments. (AARP)

Accessible and affordable alternatives to the automobile can give older adults the opportunity to remain independent and active. Clark County offers a wide variety of transportation options which are explored further in Chapter III. Transit access, sidewalks, trails and cycling are strong indicators of a healthy neighborhood. However, not all neighborhoods are served by public transit.

Clark County Public Transportation Benefit Authority (C-TRAN) provides fixed route bus service along established urban and suburban routes, express commuter service to Portland and door-to-door paratransit services (CVAN Program) for those unable to use the fixed route buses. All CVAN buses are ADA-compliant and equipped with wheelchair lifts. Fixed-route buses have kneeling capability to make boarding easier. Reduced rate fares are available for low income individuals, seniors, youths and people with disabilities.

C-TRAN's goal is to provide frequent transit service within a half-mile walking distance from residences. The map below shows bus routes and stops in the central Vancouver area. (A larger map is included in the Appendix C.)

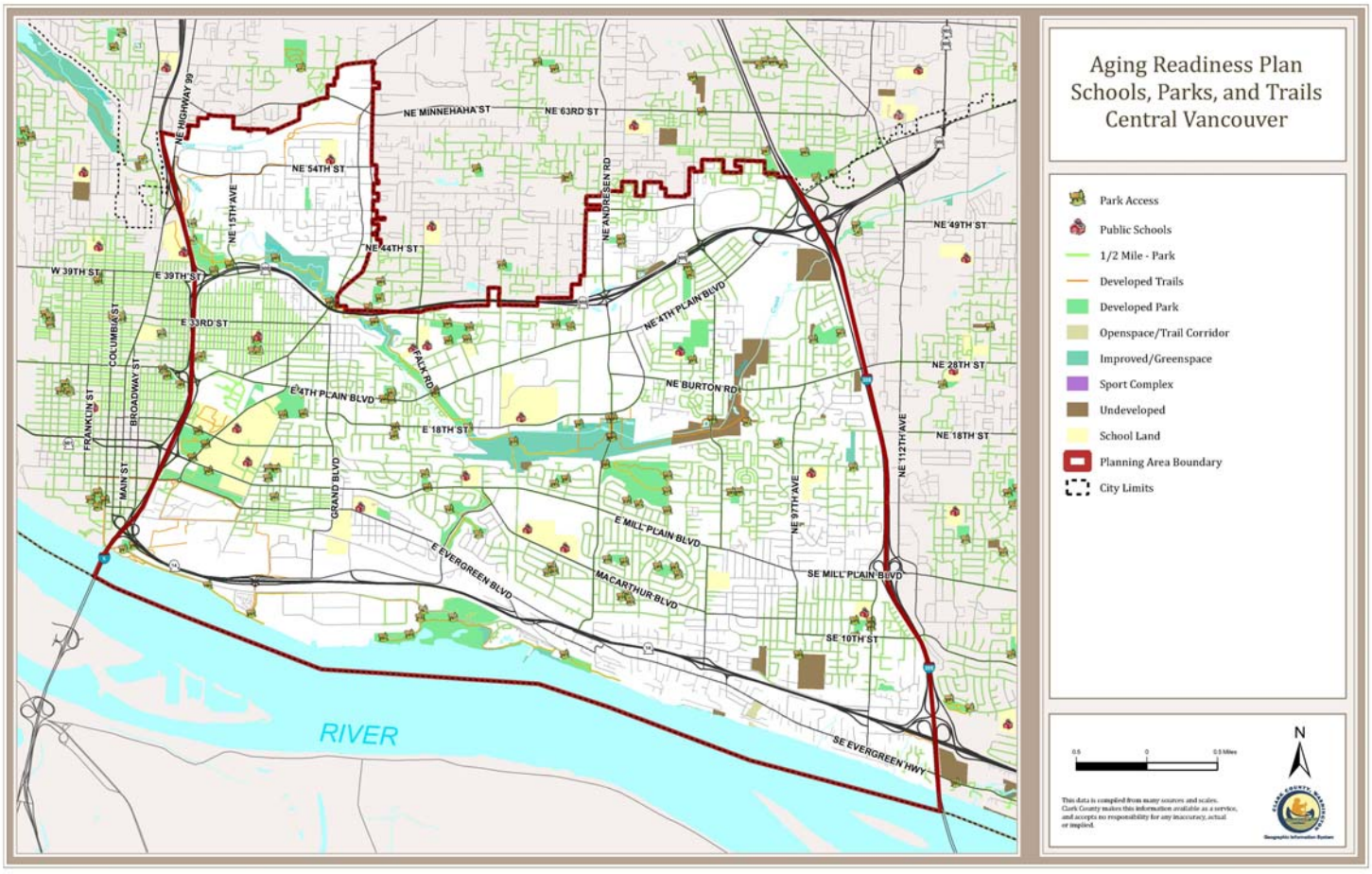


Parks and open spaces

Convenient access to parks, open spaces and quality recreational facilities and programs greatly increases the likelihood of physical activity. Regular participation in physical activity can provide social and emotional benefits by reducing depression and anxiety, improving mood and enhancing the ability to perform daily tasks throughout a person's life. (San Joaquin Valley Toolkit)

Vancouver-Clark Parks and Recreation (VCPR) manages a variety of parks in each of its six park classifications. As of 2010, the system included more than 7,400 acres of parkland at 239 sites. VCPR currently provides regional parks, special facilities, trails, greenways and natural areas throughout Clark County, and neighborhood and community parks and sports fields in the Vancouver urban area. Recreation programs are offered only in the city of Vancouver, although they are open to all area residents. VCPR neighborhood parks range in size from 0.25 acre to 13 acres, and when combined, total more than 583 acres. They include selected school grounds of sufficient size and with necessary facilities to serve as neighborhood parks.

The map below indicates all parks, trails, open spaces, green spaces and school land in the central Vancouver planning area. VCPR uses a half-mile walking distance from residential areas as a guide for park development and solicits neighborhood ideas about park amenities. (A larger map is included in the Appendix C.)

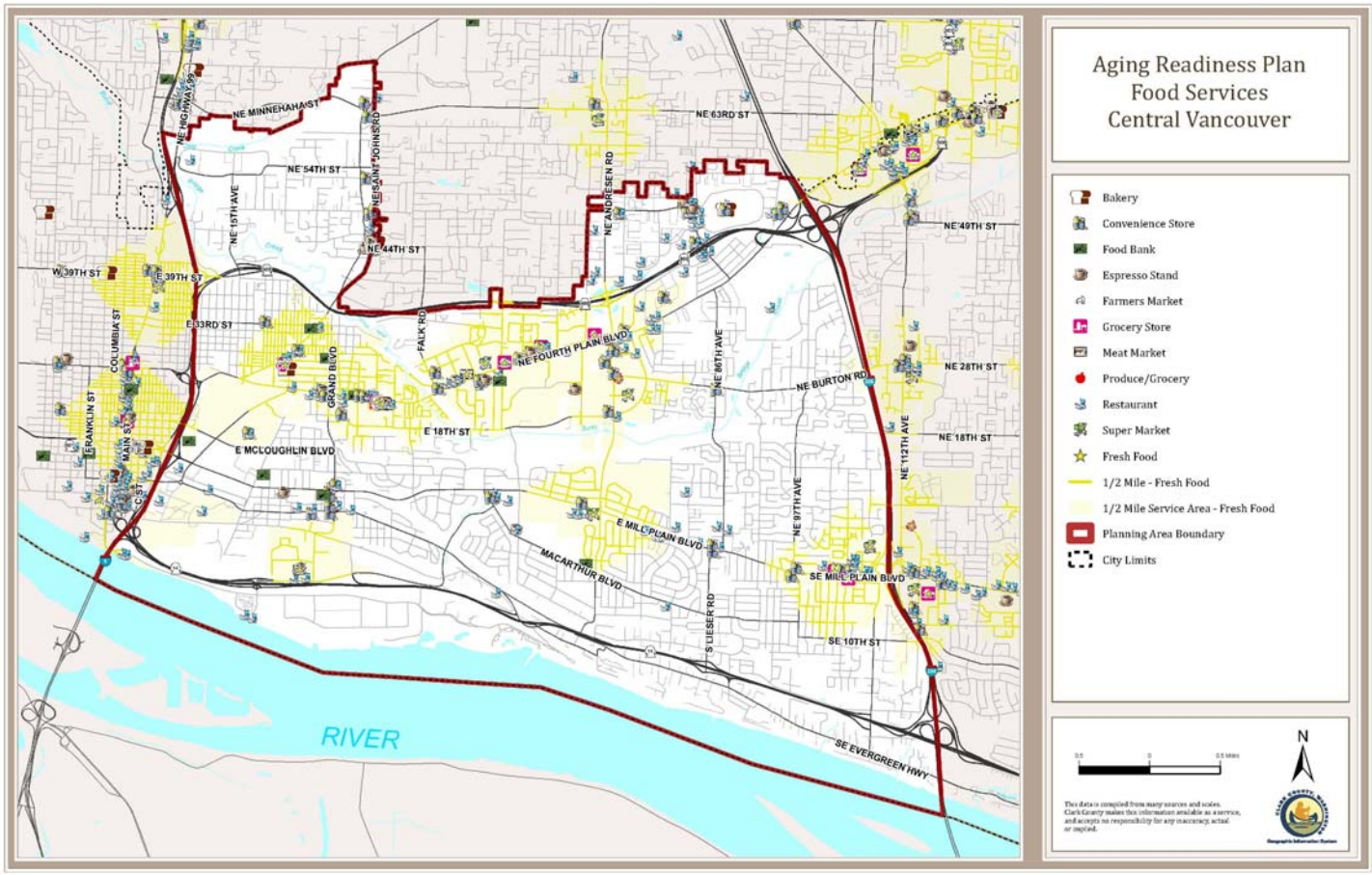


Healthful Foods

The presence of a neighborhood grocery store or supermarket can encourage higher fruit and vegetable consumption, which supports dietary needs and helps reduce the prevalence of detrimental conditions such as weight gain and obesity. Markets offering fresh produce are particularly important in areas poorly served by full-service supermarkets. Studies show that residents of neighborhoods with numerous fast-food restaurants and few grocery stores have higher rates of diabetes, cardiovascular disease and cancer. (Richmond General Plan)

In Clark County, only 15 percent of people have a full-service grocery store or supermarket within a half-mile of their home, while 35 percent have a fast food or convenience store. The distribution of fast food stores coincides with low-income and rural neighborhoods. (Clark County Public Health)

The map below indicates the location of all food service establishments in the central Vancouver planning area. Restaurants include facilities with or without a drive-through feature. (A larger map is included in the Appendix C.)



WHAT DOES OUR COMMUNITY WANT & NEED

A healthy community addresses basic needs, promotes optimal health and well-being, fosters civic and social engagement, and supports the independence of the aging population. To find out what characteristics are important to our local community, the Aging Readiness Task Force hosted a community workshop asking the question.

Aging Readiness Healthy Community Workshop

More than 80 people attended the Jan. 20 workshop facilitated by County Administrator Bill Barron. Jesse Dunn, task force chair, welcomed attendees and John Wiesman, director of Public Health, introduced keynote speaker Dr. Howard Frumkin.

Howard Frumkin is dean of the University of Washington School of Public Health, an internist, environmental and occupational medicine specialist and epidemiologist. From 2005 to 2010, he served at the federal Centers for Disease Control and Prevention as director of the National Center for Environmental Health and Agency for Toxic Substances and Disease Registry and special assistant to the director for Climate Change and Public Health. Previously, he was professor and chair of the Department of Environmental and Occupational Health at Emory University's Rollins School of Public Health and professor of medicine at Emory Medical School in Atlanta, GA.

Dr. Frumkin's research interests include: public health aspects of the built environment; air pollution; metal and PCB toxicity; climate change; health benefits of contact with nature; environmental and occupational health policy, especially regarding minority communities and developing nations. He is the author or co-author of more than 180 scientific journal articles as well as several books.

Dr. Frumkin asked the audience to think about place and to think geographically, saying we all can relate to a sense of place. Place can be thought of as the built environment where people live, work, play and study. Places can be broken into small, intermediate and large scale places. Small scale includes homes, schools and work places. Intermediate scale includes neighborhoods and parks. Large scale is the metro area and transportation systems.

As a result of the demographic shift, Dr. Frumkin said, the 55+ group will comprise a third of the nation's population by 2050 compared with less than 10 percent in 1900. Heart disease, stroke and unintended injuries are leading causes of death among the elderly today, he said, but older people also suffer from ailments such as arthritis, hearing and vision impairments and social isolation.

These ailments create a design challenge. We must design places to provide physical activity, clean air, easy travel and social interaction to help combat chronic diseases and conditions, he said. If we design good habitats for the aging, we essentially build good habitats for all. Good habitats include healthy housing, parks and green spaces and smart neighborhood design.

Parks and green spaces can be critical to elder longevity; those with access to green spaces tend to live longer than those without.

Low density communities means longer travel distances and more travel infrastructure, both of which impact our health. To encourage more walking, communities need good trails and sidewalks, nearby destinations, greenery, a perception of safety and complete streets that allow other modes of transportation besides the automobile.

The "third places," that Frumkin referred to are not home and work, but where people congregate and socialize. Places such as plazas, parks and sidewalk cafes. However with characteristics of most suburban development, "third places" are not available. Starbucks, he said, filled a niche in suburbs that had no "third places."

Addressing these design challenges now is crucial to the health of our communities, Dr. Frumkin said prior to attendees breaking into small discussion groups.

Summary of workshop discussions

Participants discussed which elements are missing and ideas/solutions to make our community healthy and livable for people of all ages. The following were identified as gaps:

1. Mix of uses (restaurants, retail, coffee shops, and entertainment) in residential areas.
2. Access and connectivity for walking, biking and public transit.
3. Lack of "third places."
4. Access to healthful food (community gardens, farmers markets, grocery stores) within/close to residential areas.
5. Access to neighborhood-size parks within or close to residential areas.

Subcommittee Overview

The healthy community subcommittee's charge was to develop specific recommendations for the Aging Readiness Task Force that would serve as blueprints for short-term (0-3 years), medium-term (4-6 years) and long-term (7+ years) actions. The recommendations would identify specific strategies and, where possible, implementation actions that would enable all Clark County residents to remain integral members of the community throughout their lives.

Workshop Questions

1. In a livable community, there is convenient, safe and pedestrian-oriented access to places people need to go and services people need daily, such as transit, shopping, quality food, nutritional information, schools, parks, fitness and social activities for all ages. Our speaker discussed how a livable community enhances our quality of life and well-being while providing opportunities for healthy aging.

    - What characteristics within a community are MOST important for healthy aging? Please rank your list (maximum of 10 characteristics), with number 1 being the most important.

2. Thinking about where you live, what characteristics are missing or need improvement within about 1 mile from your home?

3. Thinking about your responses to question 2 and given our current economic environment, what ideas/solutions do you have for what needs to improve in your community?

CHALLENGES & STRATEGIES

Community design is approached in two ways: one that promotes physical activity and one that does not. A community that incorporates healthy design elements provides opportunities for physical activity, has cleaner air, stays connected, and promotes longer, healthier lives.

Features of a community either contribute to or decrease one's ability to live independently, safely and comfortably. Well-planned communities offer plenty of housing choices and nearby services so we, relatives and friends do not have to leave behind the people and places we know and love as we age and our circumstances change.

With the research, community response from the workshop and an online survey, the healthy communities subcommittee identified four major challenges and strategies to address them. The challenges are:

- Complete Neighborhoods
- Access to Parks, Recreation and Open Space
- Healthful Food
- Information

CHALLENGE 1: COMPLETE NEIGHBORHOODS

Few neighborhoods in Clark County provide a range of daily goods and services within walking distance of residents' homes.

While some neighborhoods have a cluster of local goods and services, most residents must drive to basic amenities such as medical clinics and grocery stores.

The county and its cities need to develop and promote complete neighborhoods where residents find a mix of uses, local services and public amenities at key locations within a half-mile of their homes. Residential neighborhoods with small scale activity areas encourage walking, promote small business development, reduce reliance on automobiles, and increase social interaction and safety.

Strategy 1a (short-term) - Develop a neighborhood asset inventory. Walkable neighborhoods are one of the simplest and best solutions for the environment, our health and our economy. Clark County should develop a neighborhood asset inventory that would show where healthy community indicators are within a half-mile walking distance of home. It would pinpoint parks, trails, bike lanes, grocery stores, restaurants, community gardens, farmers' markets, coffee shops, faith centers, schools, medical services, libraries and transit services.

Strategy 1b (medium-term) - Improve the sense of physical safety and security of neighborhoods, especially at night. Encourage neighborhood associations to complete surveys noting possible improvements that would promote a sense of safety. For example, make note of shrubs that should be pruned, lighting that should be fixed or graffiti that should be removed.

Strategy 1c (long-term) - Develop neighborhood revitalization plans. Consider developing revitalization plans for county and city neighborhoods. Collaborate with community leaders and organizations, the private sector and neighborhood associations to develop them. Identify needed improvements, such as pedestrian safety concerns, particularly near bus stops. Identify possible land-use or zoning changes, funding mechanisms and a phasing plan. Using national evaluation tools such as WalkScore.com, Clark County and its cities could determine neighborhoods' "walk scores," which could assist in planning for current and future needs.

Strategy 1d (long-term) - Promote higher-density and mixed-use development of under-used properties. Supporting mixed-use development in residential areas means having needed services and amenities close to where people live and work.

Strategy 1e (long-term) - Support existence of "third places." The term refers to social environments outside of home and the workplace. In neighborhoods that lack these gathering places, promote the use of existing facilities to fill the gap. Non-profits, private entities or neighborhood organizations could pursue joint-use agreements with schools, churches, fire stations and others. "Third places" can be used to share information, receive local medical services, or participate in recreational activities.

Strategy 1f (long-term) - Concentrate new housing near employment, shopping, healthcare, transportation and other services. Land-use jurisdictions should consider a blend of zoning to create healthier communities.

Challenge 2: Access to Parks, Recreation and Open Space

Access to greenspace is associated with lower levels of self-reported stress and a lower risk of obesity (Nielsen & Hansen, Healthy & Place, 2007). Staying active and socially engaged also has positive effects on our health. Parks, recreation and open spaces can be "third places" where people exercise and interact with one another. Clark County and its cities need to look at ways to improve access to a variety of high-quality parks and recreational opportunities. Resources should be close to neighborhoods and programming should support a range of activities.

Strategy 2a (short-term) - Expand the use of volunteers. Public parks and recreation providers should expand the use of volunteers to develop and support recreation and enrichment programs and maintain and care for parks, sport fields, facilities, trails and natural areas. (Blue Ribbon Committee recommendation)

Strategy 2b (short-term) - Collaborate with other organizations to maximize use of facilities. Vancouver-Clark Parks and Recreation could pursue joint-use agreements with school districts, colleges, universities, public agencies, private entities or nonprofit organizations that own and operate facilities to maximize their use for recreational activities. (Blue Ribbon Committee recommendation)

Strategy 2c (short-term) - Expand the park facility category to include urban parks and provide an incentive for development of urban plazas, public open spaces and trails. As communities create mixed-use and higher density developments, a variety of safe, attractive open spaces that promote pedestrian activities becomes increasingly important. These "third places" are designed to encourage a range of activities and be a focal point for a wide variety of user groups.

Strategy 2d (medium-term) - Parks as meeting spaces. Develop creative ways to use parks as meeting places for community groups or neighborhood associations by installing shelters, gazebos and low lighting for evening gathers. The groups could help maintain the park.

Strategy 2e (medium-term) - Expand the Urban Forestry Program within the unincorporated Vancouver Urban Growth Area and encourage development of similar programs in smaller cities. Urban forestry plays a critical role restoring older parks, expanding the tree canopy and assisting with planning for street trees, well-landscaped urban environments, green streets and trails. Vancouver's Urban Forestry Program is housed in Vancouver-Clark Parks and Recreation, but has potential to operate throughout the unincorporated urban areas and smaller cities.

Strategy 2f (medium-term) - Construct interpretive heritage trails. The health benefits of walking are well established and extremely important in addressing not only health but social equity issues for seniors, in particular. Clark County is rich in local and regional history, but many residents are not familiar with it. Development of heritage trails would encourage walking and other activity while giving residents an innovative way to learn about the area. Existing or new trails, sidewalks and pathways could have exhibits and/or art interpreting the area's history.

Strategy 2g (medium-term) - Provide safe, accessible public facilities such as commons, parks, community gardens and other gathering spaces, especially near a concentration of older adults' homes.

Develop neighborhood surveys to determine where improvements need to be made. Coordinate with volunteers to monitor areas and assist older adults.

Strategy 2h (long-term) – Expand programs to encourage development of more neighborhood pocket parks and community gardens. Smaller, flexible, close-to-home parks could include informal natural play areas, community gardens, restored creeks and landscaping with trees, shrubs and flowers. Surveying current park and garden users would help establish priorities, amenities and the locations of future facilities.

Strategy 3b (short-term) - Prioritize grocery store development in underserved areas. Access to affordable, healthful foods and beverages is a basic necessity and an essential component of a livable neighborhood. County and city policy makers should encourage locating full-service grocery stores in underserved areas as a top priority in neighborhood planning and development. This would be part of Strategy 1c, Developing Neighborhood Revitalization Plans.

CHALLENGE 3: LACK OF HEALTHFUL FOOD AND NUTRITION CHOICES

Certain areas of Clark County lack adequate healthful food outlets and full-service grocery stores in close proximity to homes. Many county residents have better access to fast food than grocery stores. A major component of a healthy community is the readily available, affordable and abundant selection of healthy eating options, such as conveniently located fresh produce markets, grocery stores, farmers' markets or community gardens.

Strategy 3c (medium-term) - Develop a Healthful Food Store Incentives Program. Develop a program to encourage existing liquor stores, convenience stores and ethnic markets to stock fresh produce and other healthful foods. Identify stores willing to participate. Collaborate with community organizations such as Community Choices and Clark County Public Health to develop and implement the program. The program should target key neighborhoods that have high concentrations of liquor and convenience stores and lack fresh and healthful food options.

Strategy 3a (short-term) – Encourage Sustainable Urban Agriculture. Explore the possibility of creating and sustaining local urban agriculture, including community gardens, orchards and farmers' markets. A volunteer, nonprofit or supportive organization could work with Vancouver-Clark parks staff and park departments in smaller cities to improve, advocate for and expand local community gardening and farmers' markets. Efforts could be concentrated on fundraising, securing land and organizing educational activities and events. (Model: Friends of Portland Community Gardens)

CHALLENGE 4: INFORMATION AND COMMUNICATION

Access to information and programs is critical for the aging population, their families and caregivers to be able to find needed services and opportunities.

Strategy 4a (short-term) - Create new marketing initiatives for existing programs and services. Develop marketing programs to educate people about available community resources such as Southwest Washington Agency on Aging and Disabilities' senior health and wellness programs, Loaves & Fishes' nutrition programs, community garden opportunities and local farmers' markets.

Strategy 4b (short-term) - Encourage neighborhood residents and groups to participate in land-use issues. Clark County and the cities should encourage and assist neighborhood groups and residents to be better informed about and active regarding proposals that complement or contradict complete neighborhoods.

Strategy 4c (long-term) - Survey Clark County residents about what they want in neighborhoods. Clark County, in partnership with local cities and Community Choices, should work with local residents to create the neighborhood they want and need.

Healthy Communities Internet Resources

Vancouver-Clark Parks and Recreation:
http://www.cityofvancouver.us/parks-recreation

Clark County Department of Public Health:
http://www.clark.wa.gov/public-health

Clark County Community Choices:
http://clarkcommunitychoices.org

Smart Growth:
http://www.smartgrowth.org

New Urbanism:
http://www.newurbanism.org/

Building Healthy Communities for Active Aging:
http://www.epa.gov/aging/bhc/

Centers for Disease Control and Prevention – Healthy Aging:
http://www.cdc.gov/chronicdisease/resources/publications/aag/aging.htm

II.

Housing Options for Our Aging Population

As populations and societies change, so do living situations and housing needs. During the past half-century, suburbanization and lifestyles have profoundly affected housing choices. In coming years, the aging population will set new trends in housing and living arrangements.

"The needs and expectation of housing change with age. Housing options in our communities should reflect these evolving needs and expectations."

A Blueprint for Action: Developing a Livable Community for All ages – National Association of Area Agencies on Aging

LIVABLE COMMUNITIES

Across the nation, people are working to create good places to live, work, grow up and grow old. A livable community has been defined by AARP as one with a variety of affordable and appropriate housing, supportive community features and services and adequate transportation choices. These elements create an environment in which everyone has the opportunity to live independently and participate in civic and social life as they age.

The Clark County Aging Readiness Task Force housing subcommittee evaluated whether Clark County has or can provide a variety of housing to meet the needs of our aging population. The following chapter discusses current housing options, innovative best practices from around the nation, and recommendations about how to broaden and strengthen housing choices.

Aging-in-Place

What is aging-in-place? It simply means successfully remaining in your home for as long as possible. To be successful, an individual might need to modify the home for changing needs, secure support services, or find different ways to stay engaged with the community.

Surveys across the country show that more than 85 percent of older adults prefer to remain in their home as they age. What's more, enabling people to successfully stay in their homes and communities contributes to a community's stability. For example:

- Nationally, homeownership rate for adults age 65 and older is more than 80 percent, higher than the national average (Anon. 2006). When residents stay in their homes, the community retains its tax base and preserves neighborhood stability.
- Remaining in the home is less expensive than moving to a facility, in part because much of the needed assistance is provided by family caregivers. According to a MetLife study, family members provide approximately 80 percent of all long-term care services in the U.S.
- The Medicaid and Medicare systems cannot support institutional care for all adults who will reach later stages of life in the next 25 to 30 years.
- Because so many older people continue to contribute to their community, helping seniors age-in-place can benefit the community as a whole. Some forward-thinking communities strive to attract retirees and market their aging-friendly services to help attract new businesses.

When driving is no longer possible, another ingredient to aging-in-place is access to goods and services, gathering spots and recreational venues. Unfortunately, most communities built in the past several decades were not designed for aging-in-place. In Clark County, most people are aging in suburbs where little or no public

transportation exists and they have to rely on the automobile to reach locations outside a reasonable walking distance. In short, the same neighborhoods that were wonderful places to grow up may prove to be terrible places to grow old.

Aging-in-Community

When older adults cannot or choose not to remain in their homes, they should have the opportunity to remain in the same community with friends, neighbors, relatives, doctors, restaurants, parks and services they know.

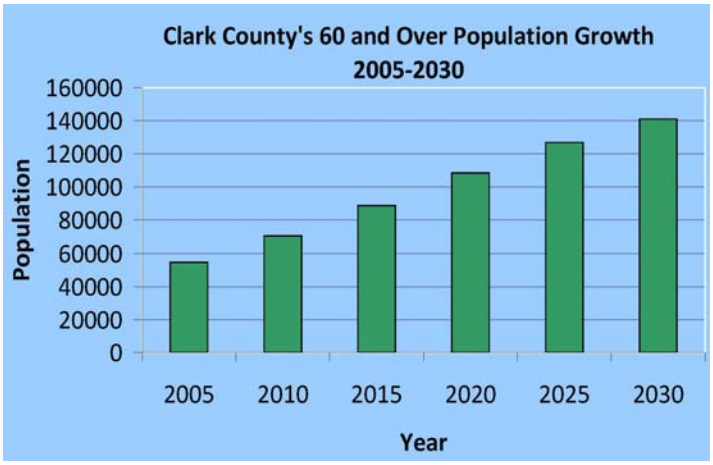
According to AARP, 85 percent of older adults say if they could no longer live in their home, they would like to remain in their local community. Nationwide, communities need a variety of single-family, multi-family and less traditional housing options for all income levels.

National housing trends for the aging population

- Majority of people 50 and older want to remain in their present home. (AARP)
- Most 55+ households continue to be happy with their homes and communities. (Housing Trends, 2011)
- In 2007, 46% of older households (65+) lived in suburbs. (Hayutin, 2010)
- In 2008, 29% of all people 65+ lived alone. (Hayutin, 2010)
- In 2007, more than two-thirds of 55+ households owned single-family, detached homes. (Housing for 55+, 2009)
- If nursing home residency rates for those 85+ remain at the 2004 level, or 14%, 1.2 million people 85+ will live in nursing homes by 2030 and 2.6 million by 2050. (Hayutin 2010)
- In 2003, housing was the largest expense category for persons 45+. (AARP)
- The majority of 55+ households do not live in age-restricted communities. (AARP).

CLARK COUNTY

Clark County has seen rapid growth over the past decade, and now is seeing a new trend emerge. By 2030, one in four residents will be 60 or older. The forecasted population growth from 2005 to 2030 shows a 158 percent increase in residents 60 and older. This growing segment of our community is going to redefine what a livable community means in Clark County. Clark County must ensure housing options and opportunities to meet the needs of older residents and encourage aging-in-place and aging-in-community.

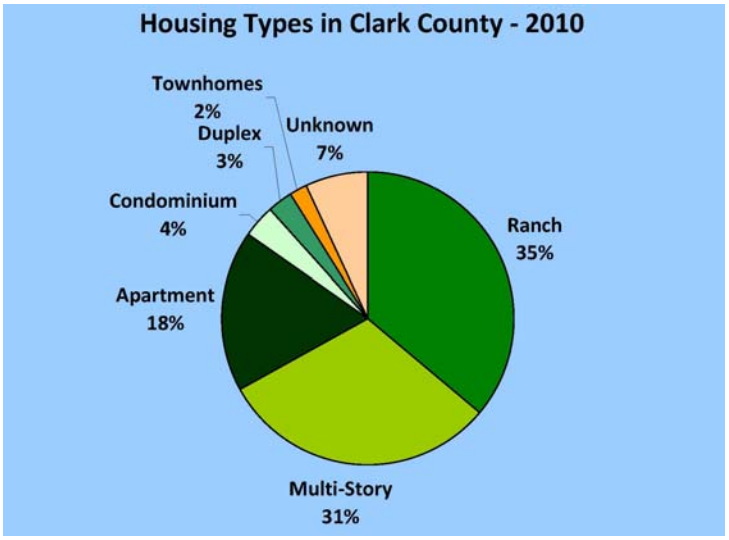


Source: Washington State Office of Financial Management

Clark County housing statistics:

A livable and age-friendly community provides a range of housing types at various prices. How "age-friendly" are local housing choices?

- In 2005, ~54,000 people 60 and older lived in Clark County
- In 2030, forecasters predict 141,000 people 60 and older will live in Clark County
- That 158 percent projected population growth rate compares with a 48 percent rate for all ages
- 35 percent of Clark County's current housing stock is single-story (ranch style)
- 18 percent of Clark County's housing stock is apartments
- 13.3 percent of Clark County's housing stock was built before 1960



Source: Clark County Assessor's Database - November 2010

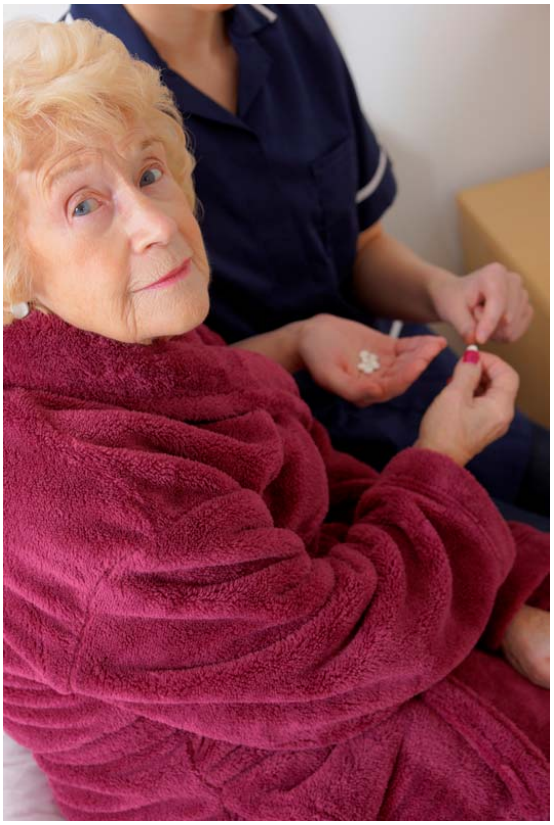
Housing choices for the aging population

Seniors need housing options with multiple levels of care. The housing subcommittee identified these possible options:

Adult Family Homes: Adult family homes are state-licensed neighborhood homes where staff assumes responsibility for the safety and well-being of adults. They provide a room, meals, laundry, supervision and varying levels of assistance. Some provide occasional nursing care. Some offer specialized care for people with mental health issues, developmental disabilities or dementia. The home may have two to six residents.

Assisted Living: Assisted living facilities, also referred to as boarding homes, are facilities where staff assumes responsibility for the safety and well-being of the adult. They provide housing, meals, laundry, supervision and varying levels of assistance. All are licensed by the state, and some provide nursing care while others offer specialized care for people with mental health issues, developmental disabilities or dementia. They can have seven or more residents.

Continuing Care Retirement Communities: These communities provide a continuum of care – from independent living to assisted living, residential care and skilled nursing services – on one campus. They allow individuals to live in the same retirement community as their needs progress, and they typically offer the full selection of amenities associated with retirement living.



Independent Living: These private homes or apartments are rented to seniors. Some offer meal plans, housekeeping and additional services for an extra fee.

Memory Care or Dementia Care: Memory care and dementia care facilities are specialized for all types of memory and dementia issues. Most are secure, and some are connected to larger assisted living units.

Nursing Home or Skilled Nursing Facility: Nursing homes provide 24-hour, supervised nursing care, personal care, therapy, nutrition management, organized activities, social services, room, board and laundry.

Residential Care Facilities: These provide housing and supportive services for six or more people who do not require 24-hour nursing care. Pricing can vary greatly depending on the level of care provided and the size and amenities of

each apartment. Accommodations typically are in a home-like setting and range from a shared bedroom with common bathroom to private apartments with a kitchenette and bathroom. Monthly fees vary based on amenities and care services. Many residential care facilities specialize in individuals with Alzheimer's or dementia.

Supportive housing: Supportive housing provides an array of services that can range from housekeeping to assistance with dressing, bathing or monitoring chronic health conditions. Tenants' rent payments are set at an affordable level, and some developments employ coordinators to identify and connect residents with available services. The model differs from assisted living facilities, which require residents to pay for all services offered rather than services they use.

Housing Choices in Clark County

- 300+ Adult family homes (licensed)
- 20+ Assisted living facilities
- 30+ Independent living facilities *(14 are known as affordable, either subsidized or income-restricted)*
- 6 Skilled nursing facilities
- 2 Dementia care
- 7 Memory care
- 1 Parkinson
- 2 Enhanced care facilities

Please note that some facilities provide several levels of service options.

Source: SW WA Agency on Aging and Disabilities and the Retirement Connection Guide, Jan-Jun 2011.

Other housing choices to build in Clark County

Needs and expectations for housing change with age, and options should reflect the changes. Availability, affordability and a variety of housing can affect older peoples' ability to remain independent and actively engaged in the community. Options can include:

Accessory Dwelling Units (ADU's)

Accessory dwelling units, also called "granny flats," "mother-in-law apartment" or "backyard cottages," are separate, compact spaces – complete with bed, bath, kitchen and entry – that provide a second dwelling on a single residential parcel or lot.

This backyard Accessory Dwelling Unit (ADU) in the San Francisco Bay area has a living room, bedroom, kitchenette and bath, all in about 400 sq. ft.

Congregate Housing

Congregate communities offer independent living in private apartments and the opportunity to share activities of daily living with other residents as one chooses. The communities might offer rental or ownership units, but do not generally provide personal or health care. Typically, it is an apartment building for people living independently who want common

"hospitality" services, such as one or more meals a day or light housekeeping. Social activities might be arranged.

Housing and financial assistance programs

About 27 percent of Clark County householders 65 and older pay more than 30 percent of their income for housing. According to the federal Department of Housing and Urban Development (HUD), households that pay more than 30 percent are considered cost- burdened and may have difficulty affording necessities such as food, clothing, transportation and medical care. When older adults retire, their incomes can decrease. As the aging population grows in the next 25 to 30 years, more older households will become cost-burdened. Below are housing/financial programs now available.

Public Assisted Housing: Public housing is defined as any housing assisted (constructed or subsidized) with public dollars. The Vancouver Housing Authority (VHA) administers subsidized public housing, the Housing Choice voucher program and the majority of low-income housing developments in Clark County. The VHA administers the following public assistance housing programs:

- **Low-Rent Housing:** According to the VHA's 2009 annual report, the authority has 575 units of low-rent public housing, including 60 units converted for assisted living. Low-rent housing residents pay approximately 30 percent of their income for rent. The average annual income for households in VHA public housing is $13,664.
- **Rental Assistance:** The HUD Section 8 Housing Choice Voucher program allows low-income families to choose housing in the private market. Renters pay a portion of their adjusted household income for rent and utilities. In 2008, VHA administered 1,927 housing vouchers. VHA owns 202 units of Section 8 New Construction properties.
- **VHA Waiting list:** The Vancouver Housing Authority has a shortfall of 1,000 units to meet the demand for elderly housing. The waiting list of people who want housing or government vouchers for rent is about 3,000 people, even though the list has been closed for five years.

Low Income Housing Rehabilitation Program: Clark County and the city of Vancouver administer Housing Rehabilitation Loan programs through community development block grants. The program provides financial assistance to owners who meet the income eligibility guidelines and assists residents in making repairs to their single-family homes.

The Accessibility and Minor Repair Program: The accessibility program is for Clark County owners and tenants who have physical challenges and need their homes modified for accessibility. Projects can include ramps, bathtubs, roll-in showers, doorways, door handles, grab bars and raised toilets. The minor

home repair program is for owners who need emergency health and safety repairs. Projects can include obvious signs of structural, plumbing, mechanical and electrical deterioration.

Weatherization program: Weatherization is provided through a grant program funded by the Bonneville Power Administration, Clark Public Utilities, federal Department of Energy, federal Department of Health and Human Services and Washington State Energy Match Maker. Primary focus is to install cost-effective measures for energy conservation and address health and safety concerns.

Clark Public Utilities, Clark County and the city of Vancouver, in partnership, received grant funding from the state to implement a two-year pilot weatherization program in two neighborhoods – one in the county and one in the city – to assist moderate-income households who do not qualify for the low-income weatherization program. Project Energy Savings, provides grants to eligible electrically heated homes for energy conservation improvements such as installation of insulation, duct sealing and weather-stripping.

Lawn sign for Clark Public Utilities/Clark County/City of Vancouver pilot weatherization project for moderate income households

Low Income Home Energy Assistance: The Housing Preservation Program contracts with Clark Public Utilities to provide the Low-Income Home Energy Assistance Program (LIHEAP). The program provides eligible customers with grants for energy assistance.

Senior Citizen Property Tax Exemption: Eligible criteria are you: are at least 61 when the claim is filed; are the owner/buyer or have a Life Estate or Lease for Life interest in the property; are living in the home as your principal residence; have an annual combined disposable income no more than $35,000. On approval, the residence's assessed value will be "frozen" at the value certified on January 1 of the application year. The taxable value of the qualified residence and home site will not increase, but could decrease, as long as you qualify for the exemption.

WHAT DOES OUR COMMUNITY WANT & NEED?

A home is key to personal independence and engagement in community life. It is where people prepare to conduct their lives in the surrounding community and the setting for socializing with family, friends and neighbors. To find out what our local community's housing wants and needs are, the Aging Readiness Task Force hosted a community workshop to ask the question.

Aging Readiness Housing Workshop

The Aging Readiness Task Force held a workshop on Thursday, Sept. 16, 2010, to discuss building a livable community in Clark County. More than 90 community members attended. Discussions focused on providing housing choices for people of all ages, sharing information, collecting ideas and providing recommendations.

Alan DeLaTorre of Portland State University's Institute on Aging, an expert on sustainable and affordable housing for older adults, presented the global background to the upcoming cultural shift in worldwide demographics. Following his talk, attendees gathered in small groups for a facilitated conversation.

Summary of workshop discussions

Housing is essential to safety and well-being. The link between housing and access to community and social services influences people's independence and quality of life. Needs for and expectations about housing change with age. Although most residents want to age in place, they confront many barriers to remaining in their homes and engaging with their communities. In addition, most residents wait too long to plan for their retirement and should start planning at age 50. The following points were identified as gaps to successful aging in place:

1. Affordable housing is limited.
2. Home and building design is tailored to a narrow range of physical abilities.
3. Mobility options are inadequate to provide the link between housing and access to community.
4. Services/amenities in close proximity to housing are lacking.
5. People have concerns about safety and isolation.
6. The range of housing types is inadequate to meet future needs of the community.
7. Individuals are not planning for future housing needs.
8. Information is limited and not readily available, especially in alternative formats.

Sept. 16, 2010 Housing Workshop

Subcommittee Overview

The housing subcommittee's charge was to develop specific recommendations that will serves as blueprints for short-term (0-3 years), medium-term (4-6 years) and long-term (7+ years) actions. The goal was to identify specific strategies, and where possible implementation actions, that will enable all Clark County residents to be lifelong, integral members of the community, despite varying life conditions.

Workshop Questions

1. Do you think people plan for their housing needs to change as they age? At what age should people start planning for their retirement housing? What factors, if any, are considered, such as unique needs, age-related physical changes, lifestyle, location and type of housing? What is our obligation as a society to provide public awareness and education? If so, what should we do that we are currently not doing?

2. Although it is assumed that older people move to retirement communities or specialized senior housing as they age, the vast majority "age in place" in single-family homes. Aging in place is the ability to live in one's own home – wherever that might be – for as long as confidently and comfortably possible. What alternatives for staying in your home are feasible, but have not been developed? What types of services and amenities should be nearby? How close should these services be to homes? Adjacent to the residential area? Mixed within the residential area?

3. Universal design refers to a broad-spectrum solution that produces buildings, products and environments that are usable and effective for everyone, not just people with disabilities. It emerged from "barrier-free" or "accessible design" and "assistive technology," and recognizes the importance of aesthetics. Universal design is a part of everyday living, and is all around us in such things as curb cuts or sidewalk ramps, extra-wide doorways, lever door handles, rocker light switches, cabinets with pull-out shelves, kitchen counters at several heights and stair railings. Since aging in place can be extended through the incorporation of universal design principles, telecare and other assistive technologies, what do you think developers should consider as they build housing and communities to accommodate residents of all ages? What can be done to assist with retrofitting existing homes?

4. The generally accepted definition of affordability is for owners and renters to pay no more than 30 percent of their annual gross income on housing. Housing costs usually include taxes, insurance and utility costs. As older adults exit or spend less time in the workplace, their earnings historically fall after age 60. This income decrease can lead to difficulties affording necessities such as food, clothing, transportation and medical care. What is our obligation as a society to address the needs of affordable housing? What should we do that we are currently not doing to meet this need? Are there barriers? If yes, what do we need to break down those barriers? What is our obligation to address the needs of individuals who might not meet the definition of affordable housing yet are unable to pay for services to remain in their home?

CHALLENGES & STRATEGIES

As they age and their abilities change, many adults find that shortcomings in their homes and communities limit where they are able to live. Some limitations are related to features of the housing stock, while others are rooted in community characteristics that do not accommodate an aging population.

For many older adults in Clark County, the housing stock can be expensive, lack accessible features, and inconveniently located for essential services, all of which makes aging-in-place difficult. These issues can precipitate an unwelcome move to a distant community or a premature move to a nursing home.

With information and community responses from the housing workshop, an online survey and subsequent research, the housing subcommittee identified four major housing challenges facing our aging population: housing affordability, home design, housing choice and communication.

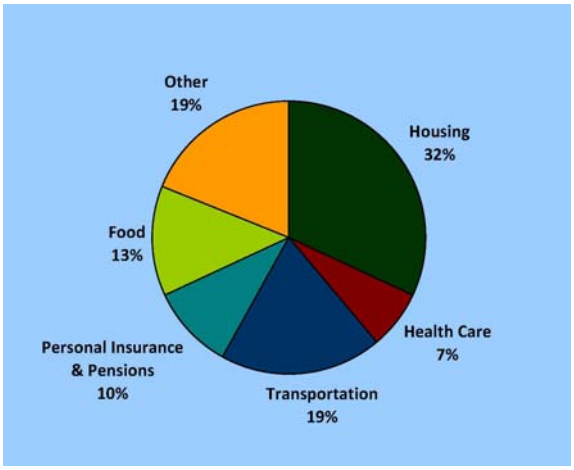
CHALLENGE 1: HOUSING AFFORDABILITY

Affordable housing is a term used to describe dwelling units whose total housing costs are deemed "affordable" to those who have a median income. Although the term often is applied to rental housing within the financial means of those in the lower income ranges of a geographical area, the concept is applicable to both renters and purchasers in all income ranges.

In the United States, a commonly accepted guideline for housing affordability is that housing costs do not exceed 30 percent of a household's gross income. Costs considered in this guideline generally include taxes and insurance for owners and, usually, utilities. When the monthly costs of a home exceed 30-35 percent of household income, the housing is considered unaffordable for that household.

Older adults' earnings can fall as they exit or spend less time in the workplace. The Bureau of Labor Statistics' Consumer Expenditure Survey shows that housing costs represent approximately one-third of out-of-pocket expenditures for people 45 and older, making it the single largest expenditure category.

Household Out-of-Pocket Expenditures



Source: Bureau of Labor Statistics' Consumer Expenditure Survey

Strategy 1a (short term) – Preserve and expand rental housing for seniors with incomes below 60 percent (established federal guidelines) of the area's median income. As stated earlier, Vancouver Housing Authority is now 1,000 units short of meeting the demand for elderly housing. The waiting list of people who want housing or government vouchers for rent is about 3,000 people, even though that list has been closed for five years.

Clark County, its incorporated cities and all housing agencies serving Clark County residents need to combine efforts in advocating for a secure financing source for the state Housing Trust Fund. The fund helps communities meet the housing needs of low-income and special needs populations by providing support for the construction, acquisition or rehabilitation of housing units. Money for the fund is allocated by the Legislature from the state's general revenue and has been in jeopardy in recent years. However, the money is a critical tool for local funds to leverage for construction of low income housing units.

Strategy 1b (medium term) – Weatherizing homes to reduce energy costs. On average, weatherization reduces home energy costs by 21 percent, saving eligible households an estimated $413 on energy bills each year, according to 2008 data from the federal Department of Energy. Because it reduces costs and increases comfort, weatherizing a home can make the prospect of aging-in-place more likely for older adults with limited incomes. Clark County and its incorporated cities, in partnership with all housing agencies, Clark Public Utilities and NW Natural, should build on existing weatherization programs. Efforts could include providing information, education and assistance to moderate income households who do not qualify for the federal Weatherization Assistance Program but cannot afford the initial weatherization investment.

Strategy 1c (long term) – Non profit/Land Trust Affordable Housing Model. Encourage a not-for-profit organization or community land trust to purchase homes, remodel using universal design principles, then resell the home at an affordable cost. To ensure the home will remain affordable, the organization or trust could employ resale-restricted principles of shared equity homeownership. (Davis, 2006)

CHALLENGE 2: HOME DESIGN

Most homes are not designed to accommodate the needs of older adults. Evidence shows the vast majority of older adults wish to age-in-place, so having homes that are well-designed for people of varying ages and abilities is crucial to their quality of life. Appropriate design helps people enjoy the full use of their home, host guests with varying abilities, and maintain their independence.

Well-designed homes are one component of a strategy to enable residents to stay out of more expensive and sometimes less appealing settings, such as long-term, assisted care facilities.

Universal design is a framework for results that work well for the widest possible range of users (young and old) without separate or special design. A group of American advocates developed the seven principles of universal design in 1977. They are:

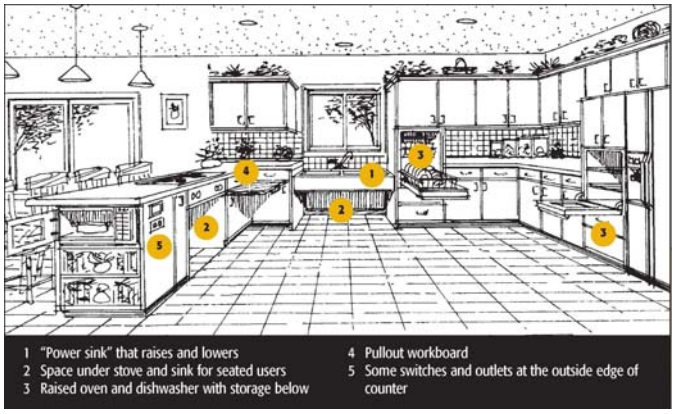
1. Equitable Use: The design is useful and marketable to people with diverse abilities.
2. Flexibility in Use: The design accommodates a wide range of individual preferences and abilities.
3. Simple and Intuitive Use: Use of the design is easy to understand regardless of the user's experience, knowledge, language skills or current concentration level.
4. Perceptible Information: The design communicates necessary information effectively, regardless of ambient conditions or the user's sensory abilities.
5. Tolerance for Error: The design minimizes hazards and the adverse consequences of accidental or unintended actions.
6. Low Physical Effort: The design can be used efficiently, comfortably and with minimum fatigue.
7. Size and Space for Approach and Use: Appropriate size and space is provided for approach, reach, manipulation and use regardless of user's body size, posture or mobility. (Connell et al, 1997)

Strategy 2a (short term) – Universal Design Information Guide. Develop a Clark County Universal Design Information Guide to assist homeowners in increasing the ease and flexibility of their home

Strategy 2b (medium term) – Incorporate universal design principles in Clark County's Building Code review process.

1. Develop a tiered level of universal design which would include adaptable through fully accessible.

2. Provide the option of using a universal design code instead of the Clark County Building Code.
3. Establish a universal design identification program for homes that meet universal design criteria levels, as verified by Clark County or city building officials, which would be displayed on the county's property information database and online maps.
4. Coordinate with the Building Industry of America and their certified Aging in Place Specialist (CAPS) program to provide training on universal design for builders, remodelers and property owners.
5. Coordinate with the Clark County Association of Realtors and their Senior Real Estate Specialist (SRES) program to provide universal design information to buyers and sellers of residential property.
6. Provide construction incentive by waiving up to 25 percent of permit fees for universal design multi-family buildings.
7. Mandate that 10 percent of all new residential units (per single-family development or per multi-family building) are use universal design level "adaptable" and 5 percent use level "fully accessible" by 2016.



Elements of a Universal Designed Kitchen by the IA Program for Assisted Technologies. www.uiowa.edu/infotech/universalhomedesign.htm

Cottage Housing - Kirkland, WA

CHALLENGE 3: HOUSING CHOICE

Older adults who want to age in their communities lack housing choices. Even if older adults cannot or choose not to remain in their homes as their abilities change, they should be able to remain in the same community with the neighbors, friends, relatives, medical care and amenities with which they are familiar. Available and affordable housing options are crucial for older people to remain independent and actively engaged in the community.

Strategy 3a (short term) – Accessory Dwelling Units (ADUs). Currently ADUs trigger a Type I site plan review, which can make a project subject to school, traffic and park Impact fees. Depending on location, these fees can add $8,000 to $12,000 to the cost of an ADU. Single-family detached homes, duplexes and triplexes are exempt from site plan review. The county should consider exemptions for ADUs, as well. Currently, ADUs are eligible for a waiver from school impact fees if, by design or restrictive covenant, the unit is exclusively for persons 62 or older. The county should consider a similar age-restricted waiver for traffic and park impact fees.

Strategy 3b (short term) – Allow more flexibility for the development of duplexes. Currently, 85 percent of land in the unincorporated Vancouver Urban Growth Area is zoned for single-family residential development. Outside the Highway 99 Sub-Area, duplexes are restricted to corner lots in the R1-5 and R1-6 residential zones, and the lots for duplexes need to be nearly twice the size of a neighboring single-family home. This restriction limits the ability to downsize or convert a large home into a duplex. The county should consider allowing duplexes in all single-family residential zones.

Duplex - Portland, OR

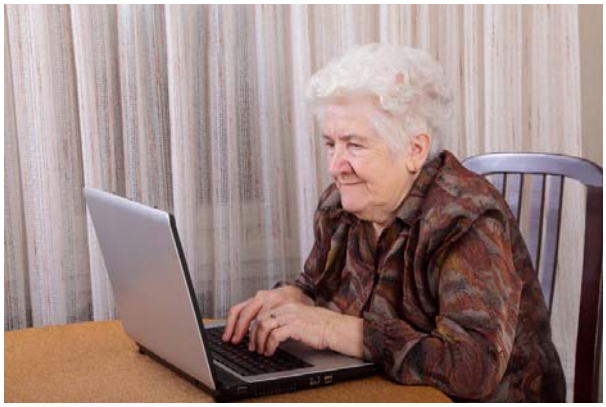
Strategy 3c (medium term) – Encourage new developments of senior housing to be within a half- mile of transit, services and retail amenities.

Strategy 3d (medium term) – Allow cohousing to be developed in single-family residential zones. Cohousing is a residential model that offers adults an opportunity to age-in-place. Cohousing communities often include 15 to 35 housing units, a common house and other shared facilities. They frequently are occupied by households intimately involved in the development's planning.

Strategy 3e (medium term) – Allow assisted living facilities in single-family residential zones as a conditional use. Relatively few persons age 50 and older wish to move, but when they do, they wish to continue community ties. Allowing assisted living facilities in residential areas promotes successful aging-in-community strategies.

Strategy 3f (long term) - Develop a shared housing program. The program would assist homeowners with finding someone to share their home. The roommate need not be an older person. Organizations such as Council for the Homeless or Human Services Council could assist in these arrangements and match two people based on the needs of one person and the abilities of the other. The group would screen before matching and follow up to help the match thrive. Most organizations that do this are non-profit and supported by sources other than those seeking help.

Peninsula Park Cohousing - Portland, OR



CHALLENGE 4: INFORMATION & COMMUNICATION

Access to information and services is critical for the aging population, their families and caregivers as they seek help to age-in-place and in community. A centralized location for information related to services provided by government, non-profits and private agencies would be of value.

Strategy 4a (short term) – Provide aging adult education and information about design and modifications that can support and enhance their ability to stay at home as well as be active in the community. See strategy 2a.

Strategy 4b (short term) – Prepare a comprehensive checklist as a guide about issues that may be important when you are thinking about moving across town or across the country.

Strategy 4c (short term) Provide website links to resources in Clark County that can help you modify, remodel or find a new home.

Strategy 4d (short term) – Coordinate with Clark County Association of Realtors about increasing the number of Senior Real Estate Specialists (SRES). Training for SRES is a two-day, accredited course provided by Washington realtors. Renewal and continuing educational requirements must be met for this accreditation to be maintained annually.

Strategy 4e (short term) – Coordinate with the Building Industry Association to increase the number of Certified Aging-in-Place Specialists (CAPS) who build or remodel in Clark County. Training for CAPS is a three-day, accredited course provided by NAHB. Renewal and continuing educational requirements must be met for this accreditation to be maintained annually.

Strategy 4f (short term) – Partner with the Building Industry Association to provide a universal-designed home and information at the Clark County Parade of Homes.

Strategy 4g (medium term) – Create an interactive website, as well as a showroom, to explore how people can stay at home and "remodel for life."

Strategy 4h (medium term) – Develop and implement a marketing outreach initiative for the financial housing programs offered by Clark County and the City of Vancouver to increase awareness and availability of the programs. They include the Home Repairs/Modification, Weatherization, Home Energy and Property Tax Exemption programs for income-eligible seniors.

Strategy 4i (medium term) – Provide information on the different types of accessible housing (age-friendly neighborhoods). Develop a user-friendly application for the GIS maps online that would provide livable community, age-in community and universal design information.

Strategy 4j (long term) – Provide a centralized information and referral program. Encourage a not-for-profit or community service organization to provide a central location for information and referrals. This could be an enhanced 211 or an expansion of SWAAD's Information and Referral program.

Strategy 4k (long term) - All agencies that provide financial services to income-eligible seniors should coordinate their application processes. This could result in a one-time application that could qualify the household for multiple programs, if needed. This one-stop application initiative would assist in providing information on other programs available based on income, and decrease the amount of time, frustration and confusion that can occur when applying to multiple programs in multiple agencies.

Housing Internet Resources

Vancouver Housing Authority:
www.vhausa.com

Clark County Housing Preservation Program:
www.clark.wa.gov/housing-preservation/

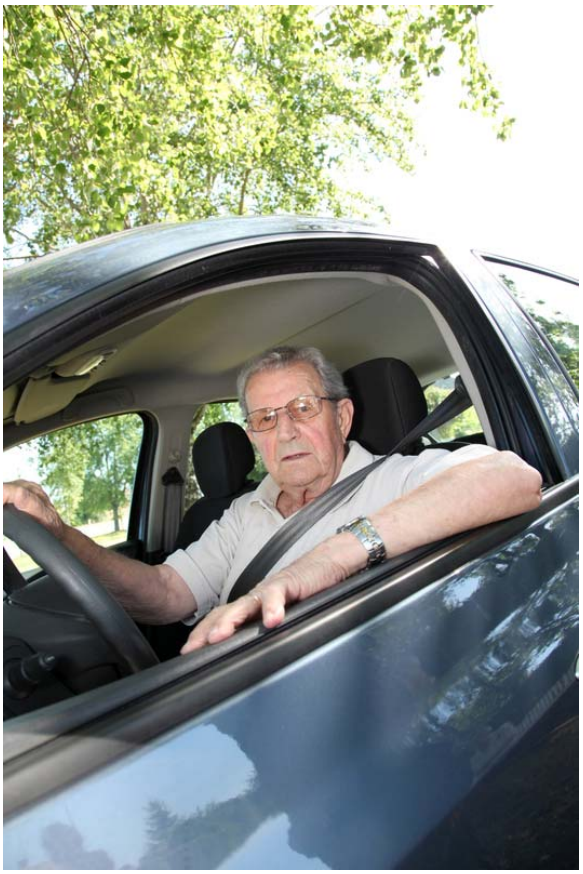
Universal Design:
www.universaldesign.com

Center for Universal Design:
www.ncsu.edu/project/design-projects/udi/

National Shared Housing Resource Center:
www.nationalsharedhousing.org

Cohousing Association of the United States:
www.cohousing.org

Clark County Senior Citizen Tax Relief Program:
www.clark.wa.gov/assessor/taxrelief/senior



III.

Transportation and Mobility

Transportation is the way we physically connect with each other. Having a variety of options that are flexible to meet the needs of the individual is the hallmark of a livable community. Transportation allows residents of all ages and abilities to connect with others and maintain independence.

"The livability of a community depends in part on multiple mobility options that allow residents of all ages and abilities to connect with their communities"

Beyond 50.05: A Report to the Nation on Livable Communities: Creating Environments for Successful Aging - AARP

MOBILITY = INDEPENDENCE

Americans have a well-known love affair with their cars. Learning to drive represents freedom for each teenager who receives a driver license. Seniors want to carry that same sense of independence into old age. The ability to travel from place to place is an important characteristic of personal autonomy and a good quality of life.

Most baby boomers have used cars as their primary mode of transportation, and most will continue to rely on their personal autos when they are senior citizens, especially if they live in suburban communities that were designed primarily for car travel.

To live independently, older Americans must be able to maintain a mobile lifestyle. In most communities today, that means owning and driving a car. But aging often involves a deterioration of physical and functional skills, which can make driving more difficult. If visiting the doctor or getting a bag of groceries becomes an ordeal, residents can become isolated, depressed and less healthy. Then communities pay the price in increased services and a less productive, engaged citizenry.

The 2004 Surface Transportation Policy Project report, Aging Americans: Stranded Without Options, defines the stark reality for many who do not drive: "Older non-drivers have a decreased ability to participate in the community and the economy. Compared with older drivers, older non-drivers in the United States make: 15 percent fewer trips to the doctor; 59 percent fewer shopping trips and visits to restaurants; 65 percent fewer trips for social, family and religious activities." Stranded Without Options also notes that those most likely to lack alternatives to cars live in rural areas or sprawling suburbs or are African American, Latino or Asian American.

Aging and Transportation Facts

- **In 2007, 10 million of the 23 million older households (65+), or 46 percent, were located in the suburbs.**
- **One in five Americans age 65+ does not drive.**
- **Only 3 percent of all trips taken by Americans age 65+ are by bus or train.**
- **55 percent of Americans say they would prefer to walk more and drive less.**
- **Cars now outnumber drivers for the first time in history. Not only are there more vehicles on our roads than in any other time in history, but we also drive more miles. Americans drive an estimated 2.8 trillion miles a year.**

ON THE ROAD – LIKE IT OR NOT

Most people have to travel to commercial centers to obtain goods and services that once were readily available closer to home. “Big box” stores have all but eliminated mom-and-pop markets from residential neighborhoods. Elderly residents will continue to rely on their automobiles to drive or be driven to obtain goods and services. Many will have to travel on rural roads to get to retail outlets. This will be an increasing safety concern because the fatality rate on rural roads is more than twice that of urban roads.

Commuting between work and home always has been a major portion of our daily driving. The census indicates that nearly 88 percent of Americans travel to work by car, most driving alone. That percentage is not likely to decline in coming decades because being 65 no longer means retirement. Middle-aged Americans report that either out of desire or necessity, 80 percent expect to work at least part-time after they reach 65. The Social Security Administration is gradually increasing the normal retirement age to 67, another change that will affect most baby boomers and their commuting habits.

Aging affects driving

Even though we enjoy healthier lifestyles and live longer, aging causes declines in motor skills and perceptual and cognitive abilities for most adults. Drivers rely heavily on these functions, and any degradation can manifest itself in poor driving performance.

For example, most people lose flexibility and strength with age. These losses can affect anyone, but are most pronounced in people who have arthritis or a similar condition. The resulting pain, weakness and stiffness can limit function and range of motion. Some drivers may feel pain or have difficulty turning to look over their shoulders when they back or change lanes, and many will not turn to avoid discomfort. Others may have difficulty manipulating the controls of their vehicles.

Generally, people slow down with age. They can experience slower reflexes, delayed reaction times, and difficulty concentrating. Some have trouble processing complex mental tasks, affecting the quick decisions and responses drivers must make.

Aging adults commonly complain about weakened vision. Changes in eyesight can make it difficult for seniors to focus on moving objects, see well at night or under low light conditions, adjust to glare, or rely on peripheral vision. The physical environment often compounds difficulties through signage or road design that can confuse and endanger drivers of all ages and abilities. Other age-related changes include:

- Different forms of dementia such as that caused by Alzheimer’s disease;
- Illnesses such as heart disease, diabetes, stroke; and
- Effects induced by the consumption of medicines.

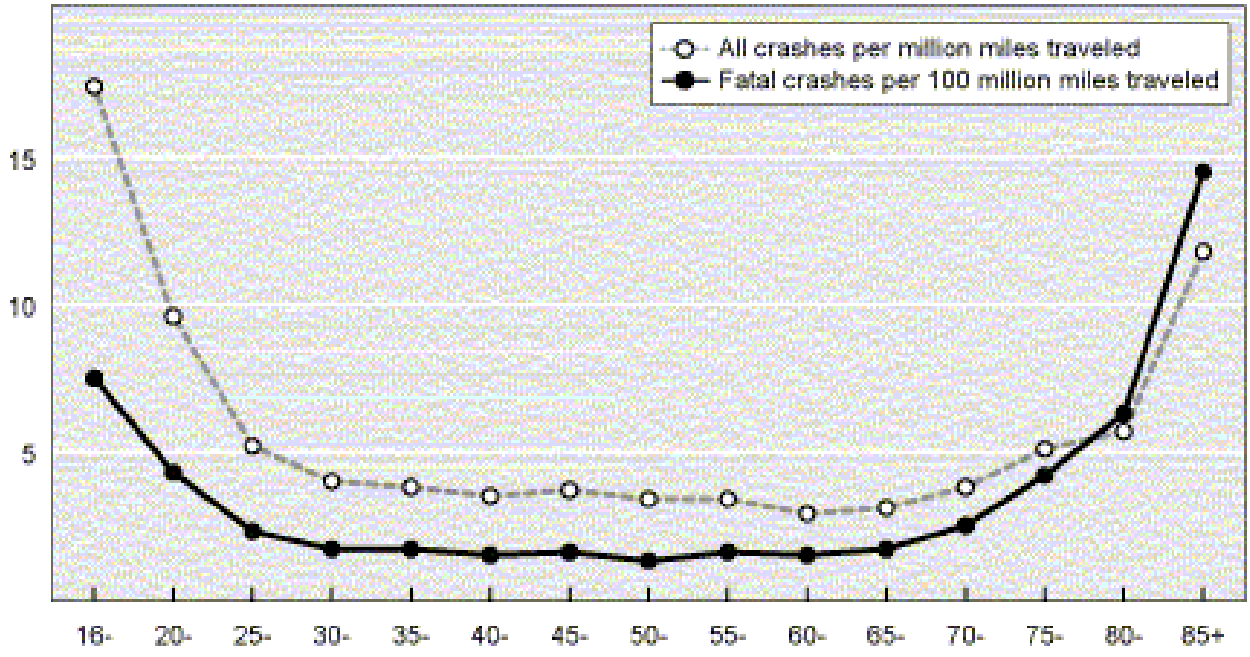
Senior drivers and safety

Drivers do not necessarily become dangerous because they are getting older. In fact, older drivers are more likely to obey speed limits and wear safety belts, and are less likely to drive while under the influence of alcohol. They report taking fewer risks than other age groups. Despite the wide media coverage of older driver tragedies, seniors are less hazardous to the public than teenage drivers. Even if older drivers are at increased risk for being involved in a crash, they are not more likely to cause collisions that are fatal to other people. Their obedience to the "rules of the road" supports the contention that when elderly drivers do crash, they tend to injure themselves rather than someone else.

Seniors have lower fatal crash rates per 100,000 licensed drivers when compared with teenage drivers, but slightly higher rates than drivers of other age groups. Seniors drive fewer miles and take shorter trips than other drivers, but when their crashes are adjusted to reflect the number of miles travelled, seniors' crash rates go up. However, analysts predict that more senior drivers will travel more miles in the future.

The Insurance Institute for Highway Safety predicts the number of seniors involved in reported car crashes will increase by 178 percent between 1999 and 2030. During the same period, seniors' involvement in fatal crashes is projected to increase by 155 percent.

Number of crashes per mile traveled by driver age, 2001-02



Source: Insurance Institute for Highway Safety

Making adjustments

Many seniors recognize their diminished abilities. Driver license renewals drop dramatically for people in their 80s. But before deciding to stop driving, many seniors compensate for their diminished skills. They might choose familiar or less challenging routes. They might avoid freeway driving, rush hour, congestion, night driving, left turns and other things that can cause anxiety or injury.

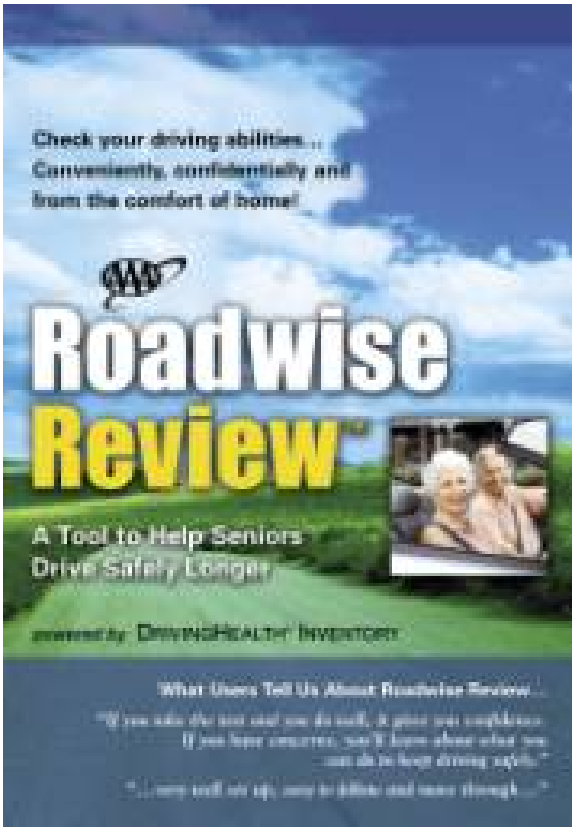
Some driver safety programs help seniors understand the physical changes they are undergoing, how the changes affect driving, and how to adjust their driving behaviors to compensate. Programs, such as one by AARP, are widely available across the country.

CarFit is a program available in some states that assesses whether older drivers fit their automobiles. A trained technician administers a checklist assessing the driver's use of the car's features (mirrors, pedals, safety belts, for example) to maximize safe driving.

The Hartford Insurance Co. is promoting comprehensive driving evaluations performed by occupational therapists with specialized training. These evaluations include clinical tests of vision, cognition and motor function plus an on-the-road test of car handling, problem-solving and negotiating traffic.

Evaluations can result in suggestions about a change in driving habits, car modifications, adding adaptive equipment, replacing the car for a better fit or retiring from driving.

Other resources include the Drivewell Toolkit of the National Highway Traffic Safety Administration and the Roadwise Review, a driver screening developed by the American Automobile Association's (AAA) and noted transportation safety researchers. The review is available on CD ROM, so seniors can use it in their homes to measure the eight functional abilities that are the most important predictors of crashes.



ALTERNATIVES TO DRIVING - NATIONAL POLICIES

Most adults fear the prospect of giving up their car keys, and for good reason. In order to independently age in place, older adults who cannot or choose not to drive (about 20 percent of those age 65+) must be able to run errands, visit family and friends, and keep doctor appointments.

Next to driving themselves, older adults prefer to ride in cars driven by friends, relatives or other trusted companions. Volunteer driver programs provide such a mobility option. Many communities and organizations use volunteer drivers to help older adults with their travel needs, some on a relatively informal basis and others in a more structured program.

Accessible and affordable public transit options can give older adults the opportunity to remain independent and active in their community. However, not all neighborhoods are served by public transit. In fact, 44 percent of older adults nationwide polled said that they do not have easy access to public transportation.

Rural and suburban neighborhoods lack the population density to support transit service. Some urban neighborhoods do not have the resources to provide it. Some older adults who live in close proximity to affordable transit options may have physical limitations that prevent them from taking advantage of them.

Law Enforcement and Older Drivers

- Law enforcement will steadily encounter more elderly drivers on the road. By 2020, there will be more than 40 million licensed drivers 65+.
- Eighty-one percent of fatal crashes involving seniors occur during the day, and most involve another vehicle.
- Crash-related fatalities involving older drivers are projected to increase by 155 percent.
- Law enforcement officers need to know their state's DMV referral process for driver licensing and retesting of errant drivers.
- Law enforcement agencies need to take into account resources needed for this increased workload.
- Relatives frequently turn to law enforcement for advice on how to persuade loved ones that it's no longer safe for them to drive.
- Law enforcement agencies can partner with community agencies and senior groups to provide seniors with safe driving information and education programs.

National Policies Favor Mobility

Policymakers understand America's reliance on the car as the principal transportation choice. They recognize that taking cars away from seniors without offering attractive alternatives would have a devastating effect on seniors, leaving them virtually stranded and isolated.

The ability to drive or have viable transportation alternatives is vital to the maintenance of social and emotional well-being. Losing the ability to drive can mean a loss of freedom and independence so severe as to cause deep depression and other emotional distress. Therefore, as policy discussions and development have taken place in the past decade, emphasis has been on keeping senior drivers behind the wheel for as long as they are safe.

Enabling older adults to remain mobile and engaged in their communities will require innovative transit services, more volunteer driver programs, more pedestrian-friendly streets and communities that balance the needs of walkers, bicyclists, transit users and automobiles.

National Center on Senior Transportation

When driving must come to an end, transportation options available to many seniors are inadequate. To address the pressing need for coordinating and expanding alternatives, the National Association of Area Agencies on Aging and Easter Seals joined forces in 2007 to create the National Center on Senior Transportation. Funded by the Federal Transit Administration, the center's mission is to increase transportation options "for older adults and enhance their ability to live more independently within their communities throughout the United States."

NCST focuses on the creation and coordination of local mobility options for seniors and serves as a portal to information about transportation for older adults. It also provides resources such as training, technical assistance and support for community innovations.

Complete Streets

Complete Streets, a coalition of the AARP, American Planning Association, American Public Transportation Association and numerous biking and walking organizations, represents many organizations working to transform the streetscapes of the nation. The coalition's purpose statement is: the streets of our cities and towns "ought to be for everyone, whether young or old, motorist or bicyclist, walker or wheelchair user, bus rider or shopkeeper. But too many of our streets are designed only for speeding cars, or worse, creeping traffic jams. They're unsafe for people on foot or bike – and unpleasant for everybody."

The Complete Streets approach stresses the importance of citizen involvement in the planning process. With public input, transportation improvements are planned, designed and built to encourage walking, bicycling and transit use while promoting safe operations for all users.

Human Services Transportation Plans

Many federal agencies and programs support transportation for specific groups, such as veterans, Native Americans, the elderly and Medicaid recipients. Unfortunately, the funding streams for these agencies and programs inadvertently encourage redundancy in services. For example, vans from several local agencies might travel the same routes, carrying only one or two passengers.

In 2004, President Bush issued an executive order to coordinate transportation programs across federal agencies to improve cost efficiency and reduce duplication. The Federal Transit Administration (FTA) now requires recipients of federal dollars to develop coordinated human services transportation plans for their service areas. The FTA mandate has prompted communities to explore more innovative and efficient human services transportation programs. However, the lack of money and flexibility in federal regulations continue to hamper full implementation of these plans.

ALTERNATIVES TO DRIVING – CLARK COUNTY

Depending on the destination and one's physical capabilities, transportation choices in Clark County might include buses, vans, taxis or perhaps volunteer drivers from non-profit service organizations. Some transportation resources and services available in Clark County are listed below.

Public Transit/Fixed Route Service: Clark County Public Transportation Benefit Authority (C-TRAN) provides fixed-route bus service along established urban and suburban routes, express commuter service to Portland and limited routes that connect with light rail in Portland. All buses are ADA-compliant and equipped with wheelchair lifts. Fixed-route buses have kneeling capability to make boarding easier. Reduced-rate fares are available for low income individuals, seniors, youths and people with disabilities. C-TRAN provided about 6.2 million rides on fixed-route buses in 2009.

Public Transit/Variable Route Service: C-TRAN also operates a general purpose, dial-a-ride/deviated fixed-route service, called the Connector, along three routes serving Camas, Ridgefield and La Center. A Shopping Shuttle provides service from selected elderly housing centers to shopping destinations twice per month.

Paratransit Service: C-VAN provides ADA-compliant curb-to-curb transportation using small vans within the Vancouver Urban Growth Boundary and within three-quarters of a mile on fixed routes operating outside Vancouver's UGB. Paratransit service requires users to make reservations, but it still offers flexibility and personalization in scheduling. C-TRAN uses a

functional assessment process to determine eligibility for paratransit services. C-VAN carries only 3 percent of the C-TRAN system's ridership, but accounts for about 24 percent of its operating budget. Managing the cost of this service will be a challenge in light of the forecasted growth in demand.

Travel Training: C-TRAN provides free, hands-on instruction to help older adults and persons with disabilities travel safely and independently on public transit. Topics include the best routes to take to various destinations, hours of service, cost of the trip and how to pay for services. Demonstrations of how to ride public buses are provided.

Taxi Service: In Clark County, riders typically access taxi service by calling a dispatcher to request a ride. Trips can be scheduled in advance or on the spot. Some taxis are wheelchair accessible and meet ADA standards. Fares are charged on a per-mile or per-minute basis on top of a base charge, and may be payable through a transportation voucher program

Transportation Brokerage: The Human Services Council Transportation Brokerage arranges rides for the elderly, low income and people with medical needs and disabilities.

HSC works closely with C-TRAN and has multiple contracts with private providers of ambulatory and non-ambulatory transportation. Services for seniors include the Reserve-a-Ride program and transportation to Medicaid covered appointments.

HSC also uses a voucher system to purchase Amtrak and Greyhound tickets for clients. Many services provided by HSC are grant-financed and funding levels are sometimes far less than requested.

The Human Services Council has applied for funding to hire a mobility manager to better coordinate available transportation resources and guide clients through their services. Mobility managers know how the communitywide transportation service network operates. Their main focus is to help consumers choose the best options to meet their travel needs.

Door-through-Door (Escort) Service: Private agencies such as NOAH Medical Transportation and Golden Chariot Specialty Transport Service provide drivers or escorts who offer personal assistance by helping passengers through the doors of their homes and destinations, as needed.

Senior Transportation Program: Through contracted transportation providers, Southwest Washington Agency on Aging and Disabilities offers services to persons 60 and older who need transportation to medical and health services, social services and meal programs or for shopping. It also serves seniors who do not have a car, cannot drive, cannot afford to drive or cannot use public transportation or do not have public transportation available.

Program participants can make a donation toward the cost of the rides. Services are paid for with limited federal Older Americans Act dollars and state Senior Citizens Services Act dollars.

Volunteer Driver Programs: Some local faith-based and nonprofit organizations have a network of volunteers who offer flexible transportation for shopping, doctor appointments, recreation and other activities. One-way, round-trip and multi-stop rides are usually available. Reservations are needed. These programs can be provided for free, on a donation basis, through membership dues or for a minimal cost.

Bike and Pedestrian Plan: The Board of County Commissioners adopted the Clark County Bicycle and Pedestrian Master Plan in November 2010. The plan presents a 20-year vision and implementation strategy to increase the number of people walking and bicycling while improving walking and bicycling safety. The plan identifies ways to improve the transportation network by integrating existing sidewalks, bicycle lanes and trails. This integration will require design standards that emphasize complete streets and do not focus on one mode of transportation over others.

Alternatives to Driving - Key Points

- **Mixed-use, walkable communities with convenient access to stores, restaurants, entertainment and public transit would satisfy many requirements for convenient mobility options.**
- **Programs that assist seniors to prolong their ability to drive safely make an important contribution to their continued independence.**
- **Decision-makers must provide greater support for alternatives to driving, such as public transit and walkable streets, to make them viable for seniors.**
- **Public, private and human services transportation providers offer services designed to meet the needs of seniors by assisting them with transportation alternatives.**

WHAT DOES OUR COMMUNITY WANT AND NEED?

Transportation contributes to successful aging by connecting individuals to goods, services and social opportunities. People who do not have transportation options cannot easily contribute to their communities as volunteers, advocates or consumers.

Aging Readiness - Transportation/Mobility Workshop

To capture a broader perspective on what future transportation and mobility challenges and solutions might be, the Aging Readiness Task Force conducted its second workshop Nov. 18, 2010. More than 70 community members attended.

Bob Scarfo, Ph.D, an associate professor with the Interdisciplinary Design Institute at WSU - Spokane, gave the keynote presentation on the role of transportation and mobility in creating livable communities. He noted that the aging of society is just one of several overlapping trends affecting us, from the personal to the global. Climate change, high oil, water scarcity and health/obesity are pending crises related to the built environment. Representatives of C-TRAN, Clark County Public Works and the Human Services Council also offered their perspectives on the challenges of providing transportation services in a time of stagnant or declining revenues.

Summary of workshop discussions

The purposes of the workshop were to discuss the critical roles transportation and mobility play in creating livable communities for all ages and find solutions to barriers that impede mobility for seniors. Discussion focused on innovative alternatives to existing mobility options in the rural and urban areas and on improving safety for aging drivers.

Ideas generated by the discussion can be summarized in these seven categories:

- Transit service and bus stop improvements
- Road, sidewalk and trail improvements
- Zoning code changes to promote mixed-use, “granny flats” and connected streets
- Driver’s license restrictions and testing for elderly drivers, as needed
- Social networking / neighborhood volunteerism
- Improving coordination of information about resources for seniors
- Transportation service delivery and alternatives for rural areas

Subcommittee Overview

The transportation/mobility subcommittee was charged with developing specific recommendations related to transportation issues for the Aging Readiness Task Force. The goal was to identify short-term (0-3 years), medium-term (4-6 years) and long-term (7+ years) actions that support the mobility and independence of Clark County seniors as they age. The subcommittee sorted ideas from the workshop into several categories and referred those that were not transportation-related to other subcommittees for their consideration.

Workshop Questions

1. A livable community has convenient, safe and pedestrian-oriented access to places people need to go and services people use every day, including transit, shopping, quality food, schools, parks and social activities for all ages. In urban areas, what can we do to remove barriers that affect transportation and mobility?

2. The dispersed population in the county's rural areas is a barrier to safe and accessible alternatives to driving. What innovative options could be considered to help rural residents access services they may need?

3. According to recent data, four out of five Americans 65 and older drive. There is a high probability that individuals in our community will want to maintain their independence and drive as long as possible. What can we do to make driving safer for aging residents?

CHALLENGES & STRATEGIES

Older adults use transportation in their every day lives much the same way younger Americans do – they make trips to shop, visit family and friends, go to work, socialize, give others rides and obtain medical and dental care. The transportation mode individuals 50 and older use has a strong influence on how much they get around and where they go. People's health, abilities, home location and income can influence their level of mobility.

Based on public input at the transportation/mobility workshop, an online survey, research into the current status of transportation services in Clark County and their assessment of future needs, the transportation subcommittee identified the following five main challenges and recommends specific strategies to address them.

- Neighborhood Design
- Complete Streets and Trails
- Older Driver Safety
- Transit Improvements
- Coordinated Transportation Services

CHALLENGE 1: NEIGHBORHOOD DESIGN

Existing zoning and design standards result in neighborhoods where walking is difficult and auto trips are required to reach most destinations. Walking can be an important mobility option for seniors, and the health benefits of walking are well-documented. Many barriers to safe and pleasant pedestrian travel are the result of land use plans, zoning regulations and automobile-oriented neighborhood designs. Land use plans and zoning regulations separate residential uses from many other uses that are part of daily living. Subdivision designers circumvent existing block length and perimeter standards to get more lots and fewer street connections. Commercial, retail and even medical buildings are sited as far from the street as possible to accommodate parking.

Strategy 1a (short term) - Change the zoning code to allow multi-family dwellings and small scale retail and service businesses permitted uses in low density residential districts. Allowing a broader mix of uses in neighborhoods, but not requiring Neighborhood Commercial zoning, will provide the market flexibility to create mixed-use environments where it is practical. If neighborhood uncertainty is a concern, uses could be limited to properties with frontage along a collector or arterial.

Strategy 1b (short term) - Change road standards to encourage connections within and between neighborhoods with block lengths no more than 500 feet. This requirement would apply to residential developments. A similar but more flexible standard should be created for commercial and industrial developments. These standards can be modified or waived if a street extension is not feasible because of topographic or environmental constraints.

Strategy 1c (short term) - Change the code to require commercial, medical and recreational buildings to have a public entrance close to the street. A strict requirement to locate non-residential buildings right at the sidewalk may not fit our predominantly suburban environment. But, it should not be acceptable to site buildings as far from the street as possible behind a parking lot. The county should be able to adopt a building orientation standard that is flexible yet effective in balancing the needs of all users.

CHALLENGE 2: COMPLETE STREETS & TRAILS

Residents of all ages would walk more if the physical infrastructure was more conducive to walking. Common barriers include: wide streets that are difficult to cross; poorly designed or no curb ramps; broken or missing sidewalks. Accommodating older pedestrians requires attention to detail such as placing benches and resting places at regular intervals, improving lighting, lengthening pedestrian crossing cycles, and repairing cracked sidewalks that can be hazardous. Soliciting ideas and opinions from older pedestrians is critical to getting the details right.

Strategy 2a (short term) - Promote, empower and support volunteers who want to build sidewalks or off-street trails. The county recently hired a parks volunteer coordinator and has developed a comprehensive volunteer program policy manual that addresses the difficult issues of volunteer selection, supervision and liability. More work is needed by Public Works and Parks to identify and organize cost-effective sidewalk and trail projects that can be accomplished by community volunteers.

Strategy 2b (long term) - Aggressively and systematically invest in completing sidewalk and bike lane connections, particularly to parks, schools, transit stops and major urban destinations such as retail centers, medical and recreational facilities and public buildings.

Clearly, many interests and projects compete for transportation dollars. The county allocates most of its capital fund for large arterial and interchange projects that add roadway capacity to avoid or correct concurrency failure. Although money is budgeted for sidewalks each year, progress to complete the extensive backlog of missing sidewalk links is slow.

Every available tool should be leveraged to accomplish more sidewalk, trail and bike lane improvements with less money by using volunteer labor, grants, local improvement districts, capital improvement funds and alternative materials such as porous pavement.

CHALLENGE 3: OLDER DRIVER SAFETY

Many older drivers experience specific difficulties related to declining skills or the driving environment. Although older drivers have fewer crashes than other age-groups, they generally drive less and limit their trips as they age, which can increase their isolation. Older drivers tend to experience difficulties driving at night, reading traffic signs, and turning at busy intersections. Lower-speed vehicles can preserve mobility for older drivers in their neighborhoods while increasing safety. All drivers, but particularly older drivers, benefit from large, well-placed directional signs, clear road markings, bright stop lights and protected left-turn signals.

Strategy 3a (short term) - Support the use of neighborhood electric vehicles Neighborhood electric vehicles are low-speed vehicles designed to comply with Federal Motor Vehicle Safety Standards (FMVSS 500). With a top speed of 25 mph, they are street-legal on most public roads posted at 35 mph or less. With a range of 30 to 40 miles, they are an inexpensive alternative for the short-distance trips older drivers commonly make. The county should stripe and sign joint bicycle/NEV lanes on arterials where no convenient alternate routes exist.

Strategy 3b (long term) – Use larger font street signs as they are replaced. Provide name sign earlier for the next signalized intersection on major corridors. Small modifications in roadway design and signage can greatly improve safety for all motorists, especially older adults. State and local transportation departments have found the following relatively minor improvements have measurably reduced crashes:

- Brighter stop lights and pavement markings
- Larger lettering on street-name and directional signs
- Protected left-turn signals

Implementing these roadway design and sign improvements requires leadership and buy-in in state and local transportation departments. Clark County has begun replacing old signs with new ones that have larger letter and numbers. The county also is adding "Signal Ahead" signs to give drivers earlier warning about up-coming intersections.

Strategy 3c (long term) – Support state and national efforts to require vision and driving assessments for older drivers. The state is responsible for issuing driver licenses. Methods to determine driving fitness vary from state to state, and many are inadequate. Updating older driver licensing policies is not currently a priority for most states, nor is funding driver fitness evaluation programs. Many elected officials view older driver policies as a political issue they would prefer to avoid.

The National Highway Traffic Safety Administration (NHTSA) has developed a program plan to improve research and communication about the issues of older drivers. The program would establish partnerships between states and other stakeholders for the development and promotion of licensing policies for older drivers. They could include DMV counter screening protocols, Medical Advisory Board (MAB) policies and guidance for law enforcement and health care personnel about referring drivers for evaluation. The county should monitor and support state implementation of an effective program to refer and evaluate older drivers whose fitness is in question.

CHALLENGE 4: TRANSIT IMPROVEMENTS

Public transportation agencies will face new challenges as our population ages and the demands for improved and innovative transit services will increase. Many of these action benefit the general public as well as the aging population.

Strategy 4a (short term) – Post the route number, stop number and a C-TRAN phone contact number at all stops and shelters to enhance rider security. C-TRAN is replacing service stop signs system-wide. New signs have larger characters and are more visible and readable. Also, a 5-inch by 5-inch decal with the stop's four digit ID number and a passenger service telephone number will be installed at each bus stop. The phone number will connect passengers to a new cell phone based, real-time bus information system called Next Ride, which will provide the customer options, including calling security.

Strategy 4b (medium term) – Continue to add shelters, benches and seats, landing pads and other amenities to transit stops as funds are available. Service stop improvements are paid for with Federal Transit Administration dollars administered by a C-TRAN staff working group. Projects are prioritized through the Bus Stop Improvement program. Improvements include concrete pads, shelters, lighting, benches or seats, schedule kiosks and garbage receptacles.

At many service stops, concrete pads are installed to provide solid launching and landing pads for riders stepping into or out of a bus's front or rear door.

Shelters are placed at service stops based on ridership, existing site conditions, pedestrian features, available public right-of-way, accessibility, safety and other considerations unique to a location. Shelters include a bench.

C-TRAN is installing solar lights at locations not adequately covered by street lamps or ambient light. In some cases, electric lighting is being connected as well. A portion of available Federal Transit Enhancement dollars will continue to be used for lighting at service stops, where needed.

Seats are placed at stops where there is no shelter or bench. More than 60 new "Simme Seats" have been procured with Transit Enhancement money and are being installed. Simme Seats are two-sided, metal seats that attach to the bus sign pole.

Strategy 4c (long term) – Provide bus rapid transit or light-rail transit service to areas where the density and ridership will support it. Bus rapid transit service on Fourth Plain Boulevard and light-rail transit service across the proposed Columbia River Crossing are included in the 20-year transit development plan. The plan outlines service expansions based on an increase in sales tax funding.

CHALLENGE 5: COORDINATED TRANSPORTATION SERVICES

Coordinated transportation services works to maximize the efficient use of resources such as vehicles, personnel, and funding. It strives to reduce duplication of services and improve service quality. It can also lower the cost of providing transportation, therefore encouraging cost savings to increase service or simply reduce costs.

Strategy 5a (short term) – Support and participate in the Accessible Transportation Coalitions Initiative two-day community planning session. C-TRAN, Clark County, Human Services Council and Southwest Regional Transportation Council were partners in a securing a grant from Easter Seals Project Action to help form an accessible transportation coalition. This coalition will consist of about 25 community leaders with an interest in promoting transportation options for people with disabilities. The one-year process will kickoff with a two-day planning session in October. This event will focus on developing practical solutions to the challenges of providing coordinated, accessible transportation options identified in the Human Services Transportation Plan.

Strategy 5b (short term) – Support Human Services Council efforts to fund a Mobility Manager who would coordinate transportation services for seniors. Recognizing the value of having a person to focus on coordinating and developing transportation options for seniors, the Human Services Council has applied for a WSDOT grant to establish a Mobility Manager position. The Board of County Commissioners and community partners should continue to help secure grant funding for the position.

Transportation/Mobility Internet Resources

C-TRAN:
www.C-TRAN.com

Human Services Council:
www.hsc-wa.org

Agency Council on Coordinated Transportation:
www.wsdot.wa.gov/acct/

National Center on Senior Transportation:
seniortransportation.easterseals.com

AARP CarFit Program:
www.car-fit.org

AAA Roadwise Review:
www.aaapublicaffairs.com

National Highway Traffic Safety Administration – Drivewell Toolkit:
www.nhtsa.gov

Complete Streets:
www.completestreets.org

Noah Medical Transportation, Inc.:
www.noahmedicaltransportation.com

Golden Chariot Specialty Transport Service:
www.goldenchariot.us

IV.

Supporting Elder Health, Well-Being and Independence

"The more people you have in your community who can be all they can be, the more the community can be all it can be."

Developing a Livable
Tampa Bay Region
for all Ages

With a variety of services, older people can maintain their self-sufficiency and dignity as they age. Services improve the quality of life for seniors and those who care for them by promoting well-being, safety and independence.

AGING-IN-PLACE

"Aging-in-place" means living where you have lived for years (typically not in a health care environment) and using products, services and conveniences that allow you to remain at home as your circumstances and/or abilities change. In short, you continue to live independently and safely in the home of your choice as you get older. (aginginplace.com)

A major goal of aging-in-place is happier, more satisfied older citizens living with control, dignity and respect – essentially, independent. Another goal is better, more economical use of resources. In most cases, it is less expensive for people to stay at home with services than move to a residential care facility.

An AARP study shows that more than 80 percent of people older than 45 say they want to remain in their own homes, even when they need assistance. The same survey noted that 26 percent of older respondents feared losing independence and 13 percent feared moving to a nursing home compared with only 3 percent who feared dying.

Challenges to aging-in-place

Because an overwhelming majority of Americans want to stay in their homes as long as possible, communities need to look at what challenges those people face and how communities can overcome them. According to a 2007 Metlife Foundation report, some common barriers to aging-in-place are:

- A lack of affordable and appropriate housing options;
- Few opportunities for walking, bicycling or other forms of physical activity, making it more difficult to remain healthy and engaged;
- Inadequate mobility options;
- Limited information about available health and supportive services in the community;
- Concerns about the safety and security; and
- Limited opportunities for meaningful, challenging volunteer service.

The Clark County Aging Readiness Plan discusses challenges seniors face to successfully age-in-place. The challenges associated with the services needed for successful aging are highlighted at the end of this chapter.

"People are usually the happiest at home".

- William Shakespeare

The Village Model

The Village Model is a strategy for aging-in-place that has taken root across the county. The "village" approach is not a new idea, but one resurrected for today's communities. Essentially, the approach bands neighborhood communities together to plan, negotiate and provide services that can be shared, such as transportation, home health visits, shopping and home repair.

The idea behind the Village Model is simple: community members come together in an organized manner to assist aging neighbors and friends stay in their neighborhood. One method is to create a neighborhood or village nonprofit. Each member pays a nominal yearly fee, and the money is used by the Village to provide support and services for members. The range of services varies depending on the resources, needs and desires of Village members. These grassroots, member-driven organizations focus on finding solutions for members' needs. In some models, members or friends of members are able to "trade services" to cover membership fees.

The core charge of each Village is to provide basic daily living assistance. Here is a list of services that could be provided to members in Clark County:

- Personalized transportation to shop, meet friends, get to the airport or to see a doctor;
- Meals prepared at your home or delivered to your home;
- Referrals to professionals for evaluations and customized home health care;
- Routine housecleaning; and
- Access to discounted services, such as the handyman work required to keep homes in good repair or to make home improvements so people can stay safe and comfortable

A well known village is located in Boston, MA. "The Beacon Hill Village originated with a dozen civic-minded residents of this neighborhood. They all wanted to remain at home, even after transportation and household chores became difficult or dangerous, the point at which many older people leave familiar surroundings. They also wanted to avoid dependence on adult children." (NY TIMES article). More than 56 villages now exist across the United States, with another 120 or so in development, according to the Village to Village Network.

"This grassroots, nonprofit approach is based on the simple concept expressed in the African saying, 'It takes a village to raise a child.' People on the forefront of this new approach have reformulated this proverb to assert, 'It takes a village to support successful aging'."

- Elinor Ginzler, AARP

SUPPORT FOR YOUR PHYSICAL & MENTAL WELL-BEING

Remaining independent as they age is a primary concern for older adults. In the current economy, service providers are having more difficulty meeting the needs of older adults, given the limited availability of resources. As the aging population steadily grows, this problem will, too.

The projected long-term costs of Medicare and Social Security are not sustainable under currently scheduled financing and will require legislative modifications, according to the 2011 annual report of the trustees of the Social Security and Medicare systems. Both Social Security and Medicare, the two largest federal programs, face substantial cost growth in upcoming decades because of population aging and growth in expenditures per beneficiary. Through the mid-2030s, population aging will be the single largest factor contributing to the programs' cost growth because of the large baby-boom generation entering retirement and lower birth-rate generations entering employment. In addition, Medicaid, which pays for supportive services/long-term care, faces similar financial constraints.

Given these forecasts, caring for people in their homes instead of institutions, when possible, is highly desirable. Model programs across the country demonstrate the potential for significant savings with home- and community-based service alternatives when managing chronic care clients. (Aging-in-place 2.0)

Lack of coordination of support services is another challenge. In any given community, an array of health care institutions, community organizations, faith-based groups, nonprofit organizations and government agencies provides critical services that support independent living. These services often are provided to individuals piecemeal, rather than in a coordinated fashion. Without coordination, services might be duplicated, frustrating individuals' efforts to find appropriate health care while remaining in their homes and communities.

As the population of older adults and cost of health care grow, having coordinated home-based health and support services will be critical. This service is especially needed by the fastest-growing subset of the older population – individuals 85 and older. Several models around the nation work toward meeting this need, including the Program for all Inclusive Care for the Elderly (PACE) run by Providence Health and Services in Portland.

Program for All Inclusive Care for the Elderly (PACE)

The Program for All Inclusive Care for the Elderly (PACE) coordinates a person's health and supportive services, providing the opportunity to age-in-place. PACE is an optional benefit under both Medicare and Medicaid, and focuses on seniors who are frail enough to meet Washington's standards for nursing home care.

The program features comprehensive medical and social services typically provided at an adult day health center, home and/or in-patient facilities. For most patients, a comprehensive service package permits them to continue living at home while receiving services. A team of doctors, nurses and other health professionals assesses participant needs, develops care plans, and delivers services integrated into a complete health care plan.

Eligibility

Individuals who wish to participate must voluntarily enroll and:

- Be at least 55;
- Live in the PACE service area;
- Be screened by a team of doctors, nurses and other health professionals to meet the state's nursing facility level of care; and
- Be able to safely live in a community setting when enrolling

Providence ElderPlace, Multnomah County, OR

Services

PACE manages all medical, social and rehabilitative services. The PACE service package includes all Medicare and Medicaid services provided by the state. Minimum services provided in a PACE center include primary care services, social services, restorative therapies, personal care and supportive services, nutritional counseling, recreational therapy and meals. Services are available around the clock. Because PACE team members have frequent contact with their enrollees, they can detect subtle changes in condition and react quickly to changing medical, functional and psycho-social problems.

Payment

PACE receives a fixed monthly payment per enrollee from Medicare and Medicaid. The amount is the same throughout the contract year, regardless of services an enrollee may need. Persons enrolled in PACE also may have to pay a monthly premium, depending on their eligibility for Medicare and Medicaid. (Providence web site: http://www2.providence.org/Pages/continuum_adultdaynursing_elderplace_portal.aspx)

CAREGIVERS

According to a 2007 Metlife Foundation report, supportive services are critical to the health, independence and productivity not only of their direct "clients", but also to the friends and family members who provide informal care. Providing more support to caregivers is an important economic and social priority for employers and communities that rely on their skills.

As the number of aging adults increases and number of health professionals decreases, family caregivers will become even more crucial to the well-being of Clark County's older adults.

More than 65 million people – 29 percent of the U.S. population – provide care for a chronically ill, disabled or aged family member or friend each year. They spend an average of 20 hours per week providing care. The community needs an integrated approach to support caregivers, many of whom also are full-time workers. (AARP 2009)

Caregiving and work

According to a 2010 *MetLife Study of Working Caregivers and Employer Health Costs,* six in 10 family caregivers are employed. The study noted that 73 percent of family caregivers – defined as someone who cares for a person older than 18 – either work or have worked while providing care. Of those, 66 percent have had to make some adjustment to their work life, from reporting to work late to giving up work entirely. A staggering one in five family caregivers has had to take a leave of absence from their job.

AARP and the National Alliance for Caregiving estimate that the lifetime cost of caregiving for the average worker is more than $650,000 in lost wages, lost pensions and lost contributions to Social Security. They also estimate that employers anticipate more than $1,100 annually in lost productivity for each employed caregiver. That adds up quickly, considering that approximately 60 percent of caregivers are employed.

Economics and impact on caregiver's health

Regardless of employment, a local caregiver spends an average of $5,500 annually on out-of-pocket expenses and long-distance caregivers spend approximately $9,000, according to the National Alliance for Caregiving. Beyond the financial burden, caregivers experience a toll on their health, as well. Research shows that caregivers have higher rates of depression, anxiety, sleep problems, elevated blood pressure and compromised immunity. Family caregivers experiencing extreme stress can show age prematurely, taking as much as 10 years off a person's life.

To manage the growing needs of our aging population, communities will need to provide better support to the unpaid but critical network of caregivers.

CLARK COUNTY RESOURCES

Many agencies and organizations in Clark County provide a range of supportive services to our older population. These services include fitness and nutrition programs, in-home care, housing referral programs, adult day care, family caregiver support programs and travel training programs for riding transit, among others. Still, it can be difficult and challenging to find out what resources are available to you or a family member.

Fortunately, a new resource has been developed to assist Clark County residents with finding information on programs and services. Residents 50 and older can learn about age-related topics ranging from assisted living options and health care to dog walking services and continuing education classes through a new website, **www.MyEncoreYears.org**.

MyEncoreYears.org, was developed by the 2011 Leadership Clark County project team, and made possible by financial and in-kind contributions from Clark County, Southwest Washington Agency on Aging & Disability (SWAAD), 211 Info, United Way of Columbia-Willamette and Human Services Council. The outreach program's goal was to create a portal to key information resources. The program connects residents with resources to help address the challenges and opportunities that come with aging.

The website features five area agencies that are clearinghouses for information on issues of aging. Of the five, SWAAD's Information and Referral Program houses a complete listing of county services. Callers can get referrals to a variety of services as well as help determining what services or agencies they or family members need.

Thousands of refrigerator/household magnets featuring the program's toll-free hotline and website address are being distributed through Clark County fire districts, law enforcement agencies, hospital and health clinic networks, public agencies and community centers.

WHAT DOES OUR COMMUNITY WANT & NEED?

The 2011 Elder Economic Security Standard Index for Washington determines an income range that will be adequate for older adults to age-in-place as health status, expenses and life circumstances change. (The entire report is included in the Appendix.) In Clark County, it shows a marked increase in the number of people who may need services. The Aging Readiness Task Force hosted a community workshop to discuss this issue.

March 17, 2011 Supportive Services Workshop

Aging Readiness Healthy Community Workshop

Clark County's Aging Readiness Task Force held a workshop on March 17, 2011, and more than 90 community members attended.

Bill Barron, Clark County administrator, opened the session, explaining its purpose and format. Jesse Dunn, Aging Readiness Task Force chair, welcomed attendees and introduced task force members. Vanessa Gaston, director of Community Services, introduced keynote speakers Judy Canter, Marc Berg and Liesl Wendt.

Judy Canter is founder and president of Mindful, Inc., which provides supportive services for adults and their systems of care. She is a licensed independent social worker and has worked with adults in Clark County for more than 10 years. Judy explained that supportive services are resources and programs that help people age-in-place or wherever they want to live. They support the physical body, emotional body, caregivers and systems of care.

Judy also discussed gaps in services. For example, a home caregiver paid by Medicaid or Medicare can help with bathing but cannot take the client's dog for a walk. She said funding for in-home services is declining as state budgets suffer in the current economy. Yet the state would pay more if the individual were to move to an assisted care system.

Marc Berg is director of HomeCare and Hospice Southwest. He has more than 30 years of experience in the health care industry. Marc described the Program for All Inclusive Care for the Elderly (PACE), a program for serving seniors with complex care needs. Marc explained that a growing number of seniors have complex care needs that require nursing-home levels of care. While residents have access to acute medical care and long-term care services, what's missing in Southwest Washington, he said, is a program that integrates all types of medical and long-term care services such as

transportation, adult day care, mental health care, home health and personal care, social services and respite care. A PACE model would fill that gap.

Liesl Wendt is chief executive officer for 211info, a nonprofit that provides health and human

services information to residents of Oregon and Southwest Washington. Liesl explained how her organization receives and disseminates information. She concluded by discussing how programs communicate today and how they will need to find new ways to communicate as people increasingly receive information through technology advances.

Following the speakers' presentation, attendees gathered into groups for a facilitated discussion centered on three questions developed by the Task Force. Ideas were recorded on flip charts, and brief summary reports were presented to all attendees.

March 17, 2011 Supportive Services Workshop

Summary of workshop discussions

The workshop discussion focused on gaps in our supportive services, potential innovative solutions, who other than the traditional providers could help and how best to provide information and access to services. The following are some of the gaps and solutions identified:

1. Support for residents to age in place through housing, transportation and safety initiatives.
2. Services that support both physical and mental health through preventive measures and coordination of care.
3. Provide access to information and programs for the aging population, their families and caregivers.

Subcommittee Overview

The supportive services subcommittee's charge was to develop specific recommendations to the Aging Readiness Task Force that would serve as a blueprint for short-term (0-3 years), medium-term (4-6 years) and long-term (7+ years) actions. The goal is to identify specific strategies and, where possible, implementation actions to enable all Clark County residents to continue to be integral members of the community throughout their life, not matter their condition.

Workshop Questions

1. Looking to the future when one in four Clark County residents will be 60 or older, what gaps exist within our support services network that must be filled to meet our growing population's needs?

2. Today, 10.4 percent of Clark County households care for adults age 50 or older. By 2025, that number is estimated to double: a) facing limited financial and human capital, what innovative ideas/solutions can we put in place to prepare for the silver tsunami facing our support system and b) aside from traditional service providers such as governments and nonprofits, are there other entities that could provide services?

3. Aging-in-place (staying in your home) and aging-in-community (staying in your community as your needs change) remain the preferences for the majority of older adults. How can we provide better information and access to services to people who want to age in place/age in community? For example, how do you prefer to get information? Are there barriers? What are some positive experiences you've

CHALLENGES & STRATEGIES

Self-sufficiency is maintained through a range of services that adjust to each individual as we age and are culturally sensitive, accessible and integrated. Services improve the quality of life for seniors and those who care for them by promoting well-being, safety and independence with dignity. These services include the contributions of individuals, groups, and organizations working together to have sustainable and viable communities that support aging-in-place.

Through research and community discussions, the task force has learned that older residents want to stay in their homes and communities. Members recognize that the current support systems will most likely not sustain the baby boomer generation as those people approach their later years. Nationwide, the cultural mindset is moving from institutional care for the elderly to supporting individuals at home with services that offer independence and dignity.

With the information from the workshop, an online survey and national research, the supportive services subcommittee identified four major challenges and possible solutions to address them. They are:

- Aging-in-place
- Support for your physical and mental health
- Caregiver support
- Information and communication

CHALLENGE 1: AGING-IN-PLACE

Aging-in-place is staying in one's home when age- or health-related changes make it difficult to safely be self-sufficient. Although most say they want to age-in-place, people trying to assist an older relative or friend may find it difficult. The subcommittee concluded that people wanting to age-in-place in their current home or another home of their choosing need more support.

Strategy 1a (short term) – Work with state legislators to secure funding for the Senior Citizens Services Act (SCSA). SCSA was enacted in 1976 to honor the choice and dignity of seniors who want to stay in their homes and communities. SWAAD uses federal SCSA dollars to pay for services such as its Senior Transportation program.

Strategy 1b (short term) - Encourage and promote the establishment of the Elder Justice Center. The center would provide assistance to seniors and vulnerable adults by investigating and prosecuting suspected cases of elder and vulnerable adult abuse. By pooling resources, dedicating knowledgeable professionals and using available facilities and trained volunteers, the Elder Justice Center could keep costs to a minimum, while maximizing returns to the community.

Strategy 1c (short term) - Encourage and promote the development of a voluntary Vulnerable Population Registration for emergency service providers. In a disaster, some residents may experience serious difficulties, such as being unable to leave their apartments because elevators aren't functioning or not being able to call for help because phone lines are down. The Vulnerable Population Registration would help emergency personnel to better respond to and recover from major storms or disasters. (Example - http://www.broward.org/registry/Pages/Default.aspx)

Strategy 1d (short-term) - Encourage neighborhood associations to implement a phone tree/reverse 9-1-1 system. A phone tree/reverse 9-1-1 system would enable residents to check on their neighbors in an emergency and ensure all neighbors are notified of an emergency.

Strategy 1e (medium term) - Develop a shared housing program: The program would help homeowners find someone of any age to share their home. Nonprofits such as the Council for the Homeless or Human Services Council could match the two parties based on the needs and abilities of each person. They would screen applicants before matching and follow up afterwards. Most organizations that perform this service are nonprofits and supported by sources other than people seeking their help.

Strategy 1f (medium term) - Encourage and support the development of a neighborhood based senior peer advocacy program. When people experience frustrations, worries and concerns, they typically turn to their friends, not professionals, for help and support. Peer helping can be as simple as someone who is comfortable using a computer seeking other who need help solving computer problems.

Strategy 1g (medium term) - Encourage and support organizations collaborating to better use existing facilities to eliminate or ease the need to travel for services. In areas of the county that lack transportation options, promote alternative uses of existing public facilities as places residents can go to receive services or access social and physical activities. Nonprofits, private entities and neighborhood organizations should pursue joint-use agreements with schools, churches, fire stations and others structures that could places to share information, receive local medical services, and/or participate in recreational activities.

Strategy 1h (medium term) - Promote and expand the R.U.O.K. program countywide. For several years, the Camas Police Department has been the lead agency in a program called **"ARE YOU OKAY?"** The program's computer calls subscribers at a set time each day to make sure they are well. The program assumes that if the subscriber can answer the telephone, he or she is fine, or at least capable of calling 9-1-1. If the subscriber is unable to answer the phone due to illness or injury, the computer issues an alert and a police officer is dispatched to the subscriber's home.

Strategy 1i (medium term) – Develop a Village to Village Program to encourage aging-in-place. Essentially, the approach bands together neighborhood communities to plan, negotiate and provide services that can be shared such as transportation, home health visits, shopping and home repair. For more information, please refer to pages 2-3. (http://vtvnetwork.org/content.aspx?page_id=0&club_id=691012)

CHALLENGE 2: SUPPORT FOR PHYSICAL AND MENTAL HEALTH

Access to quality health care – health care that is adequate, available and affordable – is the most important priority for many adults. A livable community for all ages has a high capacity to both prevent and address health problems. The capacity includes accessible hospitals and clinics, transportation to and from health care facilities, and home- and community-based care services.

Strategy 2a (short term) - Encourage the development of a "Vial of Life" program for county residents. The Vial of Life or Vial of L.I.F.E. (Lifesaving Information For Emergencies) is a program that allows individuals to provide health information to medical personnel during an emergency. Participants fill out a form stating their health status and current medications, and place it in an empty pill bottle or other container that bears a Vial of Life sticker. Another sticker is placed in the front window or on the refrigerator so emergency personnel will know to find the bottle and important medical information in a standard location: the freezer.

Strategy 2b (short term) - Clark County should develop a blue ribbon committee to address issues among older jail inmates as this population is expected to increase. Two age-related challenges face law enforcement today. Current inmate populations are aging, and a 1997 Supreme Court ruling made communities responsible for providing medical services, at whatever cost. Second, declining revenues mean reduced services to the homeless, mentally ill, developmentally challenged and other groups, and a rise in arrests of individuals who are not receiving needed support services. These issues are complex and will require thoughtful consideration by knowledgeable professionals.

Strategy 2c (short term) - Encourage the implementation of the ElderFriends program. ElderFriends is a volunteer-based friendly visiting program designed to relieve isolation and loneliness among elders who wish to age-in-place. Such community support helps low-income older adults living alone maintain mental and physical health and remain independent as long as possible. (www.cdmltc.org/what_we_do/ef.html)

Strategy 2d (medium term) - Encourage the development of a Geriatric Mobile Outreach program. A Geriatric Mobile Outreach program is a service whose mission is to reduce mental health hospitalizations and provide a greater level of behavioral interventions for individuals experiencing severe mental health cognitive disorders. The services could be offered around the clock and would be delivered in the person's home most of the time.

Strategy 2e (medium term) - Encourage the development of a Regional Health Alliance. The goal of an alliance is to support the state's mission of achieving a triple aim: better health for those served, better care and reduced costs. Stakeholders include health plans serving at-risk, vulnerable populations, hospitals, local service providers and the criminal justice system. Organizations in the alliance would provide comprehensive primary care, dental care and behavioral health services for children and adults, facilitating partnerships among patients, their physicians, specialty providers and, when appropriate, their family. An alliance would ensure coordination of services. Each partner has resources and expertise about how best to serve the safety-net population, and the alliance could leverage them across many systems to improve the quality and integration of care.

Strategy 2f (medium term) - Encourage proper geriatric care training and education for health care providers across disciplines. As our aging population increases, the need for medical professionals to be properly trained in geriatric care also will grow. Programs would train health professionals across disciplines and at various levels of education regarding the clinical and social aspects of aging. Area hospitals and educational institutions could jointly develop geriatric training programs to reduce health disparities and improve quality of life for the region's elderly. (Example - Atlanta Geriatric Consortium)

Strategy 2g (long term) - Encourage the development of a Program for All-inclusive Care for the Elderly (PACE). A growing number of seniors have complex care needs that require a nursing home level of care. While these seniors may have access to acute medical treatment and long-term care services, a program that integrates all types of medical and long- term care services is currently not available in SW Washington. A PACE program would fill that void.

Strategy 2h (long term) - Encourage opportunities to provide health care in people's homes with technology: Promote the use of video conferences between medical providers and patients, especially those in the rural areas, to deliver a virtual "house calls." Clark County should recruit businesses that provide these services and aim to become a national leader in the field.

CHALLENGE 3: CAREGIVER SUPPORT

Informal caregivers are essential to home- and community-based support for the majority of seniors. Providing caregivers with information is key to help them effectively respond to the changing needs of aging parents and grandparents. Caregiver support must use a multi-prong approach, with information available by phone, the Internet or written materials. Because most informal caregivers also are full-time workers, providing information in quick, easily accessible ways is crucial.

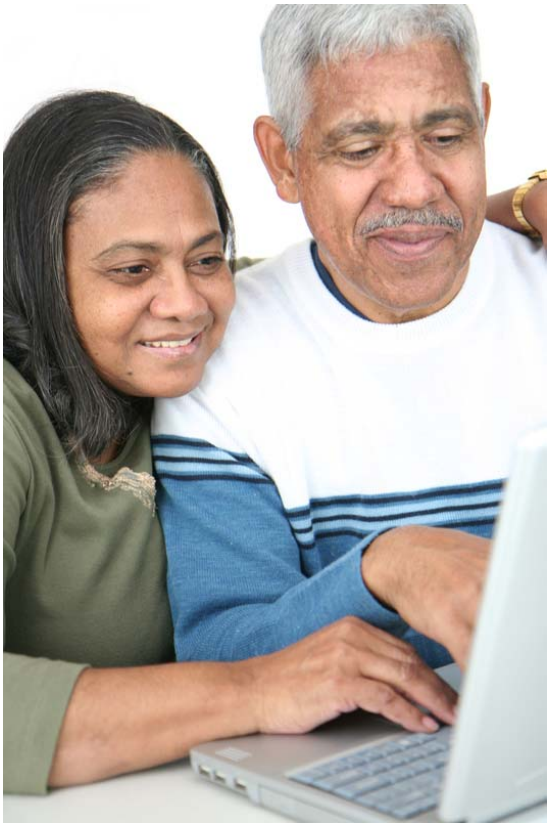
Strategy 3a (short term) Increase awareness of and provide education about technology that can enhance care and reduce stress (i.e., assistive technology or monitoring). Technology could include personal health record tracking, a web- or software-based personal health record system to track medications, test results and other data. A caregiving coordination system would log a person's medical appointments and coordinate the scheduling of supportive family members or volunteers. A medication support system uses devices to remind patients to take their meds, give them information on side effects, and alert a caregiver when the dose is not taken.

Strategy 3b (medium term) - Encourage more respite for caregivers aiding older adults and adults with disabilities. Organizations should increase the number of respite workers and volunteers so that there is a continuum of available, accessible and affordable support options for our diverse community.

Strategy 3c (long term) - Employers can develop and provide elder care assistance programs for employees as a benefit. Geriatric care management services increasingly are being offered by employers as a benefit to employees. Working with geriatric care management services, employers can secure discounts for employees in exchange for the care manager providing educational seminars to employees monthly or quarterly. Some programs do not provide a discount, but the employer pays a portion of the services, such as a free assessment.

Strategy 3d (long term) – Encourage employers to provide onsite adult day care facilities for employees' family members. The program would provide care for adult dependents who need minimal intervention services. Other features include: low staff-to-participant ratios; subsidized daily costs; activities and meals. (Example: Virginia Commonwealth Health System)

Strategy 3e (long term) - Encourage employers to provide more flexibility for employees who also are caregivers. For example, employers could offer flex-time, a shortened work week, flexible daily scheduling, job-sharing or telecommuting.



CHALLENGE 4: INFORMATION AND COMMUNICATION

Access to information and programs is critical for the aging population, their families and caregivers to find services and opportunities in their community.

Strategy 4a (short term) – Collect information on all resources and services and have it available in places or ways most often used by older adults and caregivers. Given that people first seek information from familiar sources, any effective strategy will need to include local community organizations and faith-based organizations as resource centers.

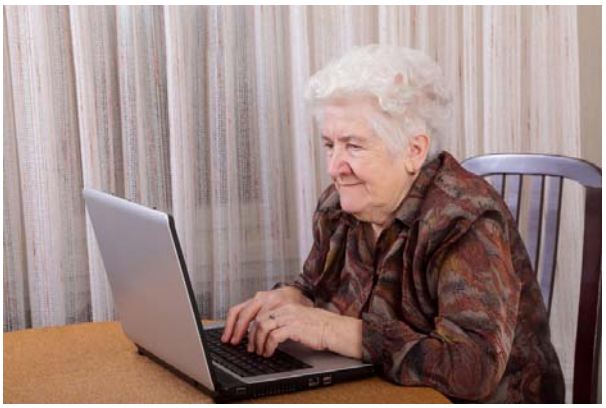
Continuing the work of the Leadership Clark County 2011 class, the task force recommends the MyEncoreYears.org website be added to all county and city agency websites. A one-stop shop for information about available services would be helpful.

Strategy 4b (short term) – Increase public awareness of SWAAD's Information and Assistance service. In some cases, a problem may not be a lack of services, but rather a lack of knowledge about available services. If people don't know a service is available, they can't use it. More work is needed to educate both seniors and the general public about what services are available where and how they can tap into those services. Seniors need to know how to find appropriate housing, where to go for physical activity, what options exist for home health care, how to get a break on their property taxes, and where to go for dementia and end of life planning. Raising public awareness about Southwest Washington Agency on Aging and Disabilities Information and Assistance program should be a top priority.

Strategy 4c (medium term) – Encourage development of an annual Senior Resource Guide for the Senior Messenger. The Senior Messenger is a monthly periodical that provides information for seniors. It has a circulation of more than 45,000 residences countywide. The Senior Messenger would be the best medium in which to launch a Clark County-based resource guide.

Strategy 4d (medium term) – Encourage and promote diverse communication services. The county's increasing diversity will require more attention to cultural competency in service provision, including services that support seniors in home and community-based settings. Services could include interpreter assistance and visual or auditory impairment aides.

Strategy 4e (medium term) - Encourage the collaboration of existing agencies and networks to fill the needs of the aging population.



Strategy 4f (medium term) - Agencies that provide financial services to income-eligible seniors should coordinate their application processes. A one-time application process that could qualify the household for multiple programs would decrease the amount of time, frustration and confusion that can occur when filling out numerous applications for different agencies.

Supportive Services Internet Resources

MyEncoreYears.org:

www.myencoreyears.org

Southwest Washington Agency on Aging and Disabilities:

http://www.helpingelders.org/

Clark County Department of Community Services:

http://www.clark.wa.gov/commserv

Human Services Council:

http://www.hsc-wa.org

211Info

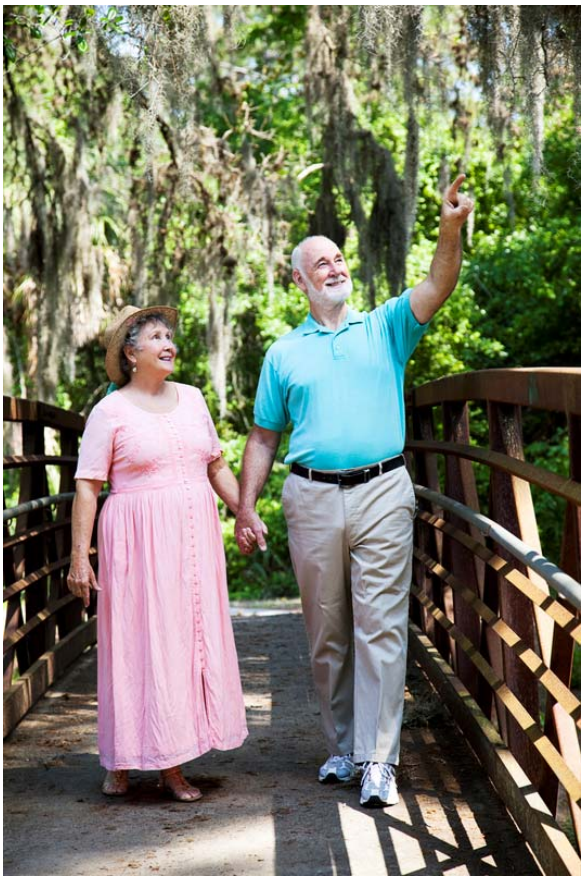
http://www.211info.org/

Retirement Connection:

http://www.retirementconnection.com/

Eldercare Locator:

http://www.eldercare.gov



V.

More to Give: Turning Silver Into Gold

How we engage the longest-living, best educated, wealthiest and most highly skilled generation will tell us a lot about whether we will confront our greatest opportunity or merely sink into our own private lives as we age. How we treat the aging – by marshalling their talents or letting them linger into purposelessness – is a crossroads yet to be faced. (Bridgeland, 2008)

"We've not yet tapped the full potential of this remarkable generation."

More to Give:
Tapping the Talents
of the Baby Boomer Generation

READY TO SERVE

Today, one in six Clark County residents is 60 or better, and by 2025, that number will shift to one in four. The sheer number of people moving into the next chapter of their lives is transforming the world. This explosive shift in population will have an enormous impact on our socio-economic infra-structure, virtually transforming many aspects of our life.

As discussed in Chapter 1, livable communities encourage healthy aging. A key component is the integration of older citizens into the fabric of daily community life. Empowering seniors to improve their quality of life and maintain their independence creates an opportunity that will benefit the senior as well as the community. (Cullinane, 2006)

The Aging Readiness Task Force set out to explore a number of questions related to baby boomers and retirement. How do we encourage boomers to stay mentally and physically engaged? What happens if boomers decide to work longer, perhaps change careers? How can we attract and retain a new generation of volunteers to offset declining financial resources? How do we turn "silver" into "gold?"

Defining civic engagement, redefining retirement

The Journal on Active Aging defines civic engagement as when older adults participate in activities of personal and public concern that are individually life-enriching and socially beneficial to the community. Engagement can take many forms, everything from volunteerism to paid part- or full-time work, involvement in an organization and casting a ballot. (Cullinane, 2006)

Several scientific studies have examined the health benefits of staying engaged. Some studies link volunteering to lower risk of mortality and a means to better physical and mental health. (Wilson, 2006)

Apart from the associated physical and mental health benefits, community engagement provides individuals an avenue to reach their retirement goals. Seniors have wisdom developed from a lifetime of experience. The community benefits when they have opportunities to work within their interests and skills, develop meaningful relationships, and continue learning.

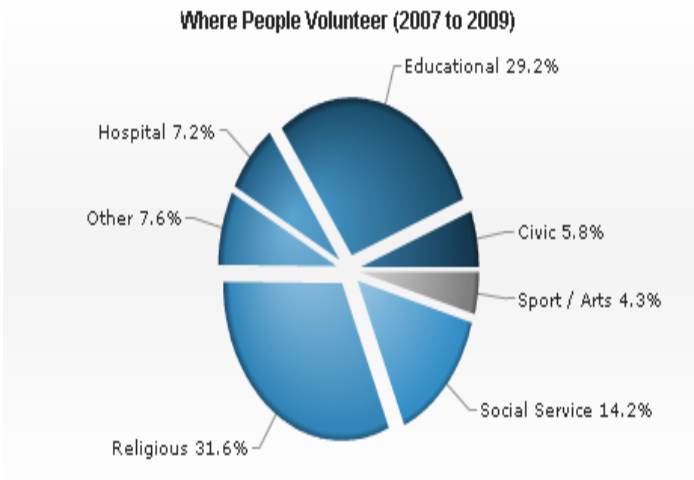
However, a recent AARP survey of older adults found that seniors think the community as a whole sees aging as a period of declining function and withdrawal from social engagement.

At the same time, many organizations, including those that serve seniors, are facing unmet needs. A 2008 MetLife Foundation workshop focused on workforce development and nonprofit capacity building. The workshop explored issues germane to Clark County. Perhaps the key question is: How can communities leverage the talent and experience of older adults? How can they turn "silver into "gold?" (Koff, 2008)

Meaningful engagement

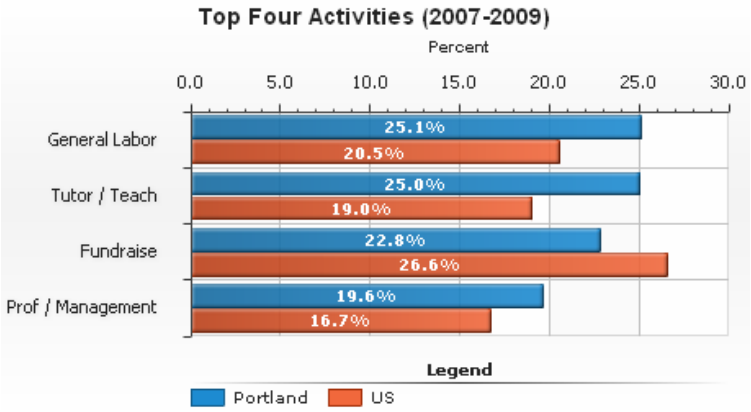
Older adults' desire to remain active and give back to their communities is well-documented. Between 60 percent and 70 percent of older adults volunteer. Nearly two-thirds of older adults not currently volunteering expressed an interest in donating their time.

Between 2007 and 2009, the average national volunteer rate was 26.5 percent per year, according to the Corportion for National and Community Service. During the same time, average volunteer rates for states ranged from 19 percent to 44.2 percent. Washington with 34.2 percent and Oregon with 33.8 percent ranked tenth and eleventh, respectively, behind Utah. Clark County-area statistics are included in the Portland Metropolitan Statistical Area and show a 2009 volunteer rate of 37.1 percent that equates to 48.2 volunteer hours per resident. Where, when and how often people volunteer, provides an insight into future opportunities.



More than 31 percent nationwide volunteer through religious organizations and 29.2 percent volunteer with educational programs.

(Corporation for National and Community Service, 2011) The top four activities for the Portland area are distinctly different from the national average. Local volunteers favor a "helping hand" approach when investing their service hours. See Figure 2 below.



The issues of senior volunteerism are complex and may require a "rethink" about how programs are organized, "relook" at incentives, and "reframing" of messages to effectively market programs, services and volunteer opportunities to a new generation.

Who are the baby boomers, what do they want, and what can we expect? The answer is partially revealed through images that combine to a collage of diversity and individualism.

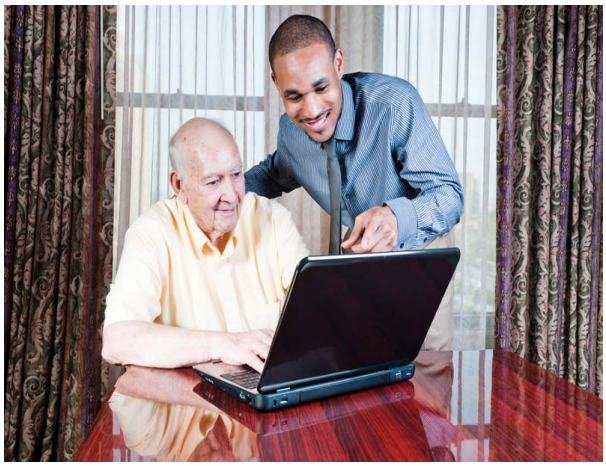
Volunteerism

As longevity rates continue to rise thanks to medical advances and more active lifestyles, people have more years in retirement, more time for leisure and volunteer activities and the likelihood of needing more community-based support and intervention services. (Cullinane,

2006) A number of surveys shared strategies on how to attract and retain volunteers. Two strategies that entice seniors to volunteer are: 1) opportunities to effectively use their time and talents; 2) being flexible about baby boomers' different lifestyle characteristics and priorities.

"Rethink" how programs are organized

Traditional volunteer opportunities are not flexible for boomers who are unable or unwilling to make a consistent time commitment. Literature suggests that we need to rethink how programs are organized. Do we offer customized volunteer opportunities? For example, organizations might offer evening and weekend opportunities or virtual volunteering. Be sensitive to the diversity of baby boomers, recognizing that one size does not fit all and a wide range of opportunities with adequate access would be important. (Koff, 2008)



"Relook" at incentives

Removing barriers to volunteering is essential for successful community engagement. Financial costs and a lack of reliable transportation can be formidable barriers for even the most motivated volunteers. (Hoffman, 2008) Technology also may pose a barrier to the first wave of boomers. Providing access to the Internet, free computer training to upgrade skills and/or more current hardware/software may increase the number of volunteers.

Reframe" the message

Boomers may be less attracted to boomers to volunteer programs if the program is marketed with the words older, senior, retired or volunteer in the titles or descriptions. Instead, an individual would be asked to apply their skills to a particular task or community need. (Koff, 2008)

READY TO RETIRE?

The average age of the workforce will continue to rise until at least 2020. According to Urban Institute projections, Washington should expect a significant increase in older workers, somewhere between 26 percent and 36 percent. Oregon is facing a lower but similar increase of between 16 percent and 25 percent.

Baby boomers in general have done better than their parents' generation in terms of income and education. Real median household income is 35 percent to 53 percent higher, depending on their age, than their parents' generation. Among boomers, 27 percent have four or more years of college, making this the most highly educated generation in history. (Poulos, 1997)

However, not all boomers have done well economically and not all will be able to retire when they want to. As this generation ages, boomers who will remain in the labor force also will need assistance. (Poulos, 1997)

Impacting the potential pool of Boomer retirees is the coming labor shortage, a fact well documented by numerous studies and research projects. There will be 80 percent fewer net new workers in 2010 than in 1970 with an anticipated labor shortage for twenty years. (Keefe, 2001)

An AARP survey of employers noted that two-thirds of employers are very or somewhat concerned about losing critical knowledge and experience as older workers retire. Employers are looking for opportunities to provide mentoring, training, and innovative ways to mitigate the loss of "tribal knowledge". One employer is creating a formal succession plan for critical positions and enticing older workers to remain longer in a part-time or consulting capacity.

As a result, retirees are expected to make multiple entrances to and exits from the labor market. Studies suggest a variety of reasons retirees continue to work after their official retirement. Most, 73 percent, had free time; 56 percent wanted to maintain professional contacts; 68 percent stayed for social contacts; 63 percent for needed additional income; and, a staggering 89 percent wanted to keep active.

What does this tell us about the future of boomers in retirement? According to an AARP study, 60 percent of older adults say "feeling valued and needed" is important for personal fulfillment and 53 percent said they need to be intellectually challenged. Volunteer options will compete with work and leisure opportunities in an unprecedented way. (Moen, 1999)

WHAT DOES OUR COMMUNITY WANT & NEED?

A key feature of a livable community is residents' high level of engagement, including community attachment, helping neighbors, organization memberships, volunteering, charitable giving and involvement in community affairs. Community engagement is linked to longevity, physical health, life satisfaction and other indicators of the psychological well-being of older adults.

To find out what characteristics are important to our local community, the Aging Readiness Task Force hosted a community workshop to ask the question.

Aging Readiness Community Engagement Workshop

Clark County's Aging Readiness Task Force held its fifth and final workshop on Community Engagement on May 19, 2011. More than 75 community members attended.

Bill Barron, Clark County administrator, opened the session, explaining the purpose of the workshop and meeting format. Jesse Dunn, Aging Readiness Task Force chair, introduced the task force. Pete Mayer, director of Vancouver-Clark Parks and Recreation, introduced the keynote speaker, Leslie Foren, who has been the director of operations at Elders in Action in Portland since 2008. She is responsible for development, implementation and evaluation.

Elders in Action is an innovative non-profit initiated by Multnomah County whose mission is "to assure a vibrant community through the active involvement of older adults." Powered by the experience of more than 170 volunteers and eight staff members, the organization works to solve problems, tackle important issues and help businesses and communities better serve the older customer.

Foren said volunteers believe that quality of life should not depend on age. They welcome the talent and wisdom older adults can bring to make communities more livable for all in Clackamas, Multnomah and Washington counties.

The Pacific Northwest should be proud of its volunteers, Foren said, citing statistics. Washington and Oregon provide more volunteer hours than the national average. On an annual basis, Portland-metro area volunteers, including those in Clark County, contribute more than 48 service hours per resident.

More can be done to encourage others to volunteer, Foren said. Look at the Beacon Hill Village program, which is the original Village to Village model, for example. Village programs are usually nonprofit, grassroots, neighborhood development organizations that assist people in aging in their community. It usually involves a membership fee and can include such services as day to day help; access to social, cultural and educational activities; health and wellness activities; and volunteer support and engagement.

Concluding, she said we must find ways for everyone to participate. Nonprofits and governments need to prepare for the "Age Wave" and harness the talent and experience of older people. We need to strengthen institutional capacity. Following the speaker's presentation, attendees gathered in small groups for discussion.

Summary of workshop discussions

The workshop discussion focused on encouraging boomers to stay engaged in the community. Discussions probed why people volunteer their time and talents and how our community could encourage greater participation. Here are some of the strategies identified:

1. Technology will play an important role as a means to stay actively engaged.
2. Share time and talents through mentoring.
3. Programs and services need to evolve to reflect the unique characteristics of the boomer generation.

Subcommittee Overview

The community engagement subcommittee's charge was to develop specific recommendations for the Aging Readiness Task Force's review that will serves as a blueprint for short-term (0-3 years), medium-term (4-6 years) and long-term (7+ years) actions. These recommendations will identify specific strategies and, where possible, implementation actions to enable all Clark County residents to be integral members of the community throughout their lifetime and the varying conditions of their lives.

May 19, 2011 Community Engagement Workshop

The Workshop Questions

1. Volunteering takes time, knowledge, energy and, sometimes, money. It can be hard, challenging work, even a little scary.

    - Why do people volunteer? What are the benefits to the individual and community when people volunteer? Create two lists: Individual and Community.

    - What are barriers to volunteering?

2. Connecting with friends, family and neighbors while sharing our time, wisdom and experience helps maintain a sense of purpose, gets us out of the house, and keeps us engaged, focused and learning. Staying connected is critical to remaining healthy, vital and active.

    - List ways to stay connected.

3. Recreation has been defined as an activity that improves physical and mental health and provides entertainment, travel and social activities. Research has shown that people participating in these activities tend to remain active longer.

    - List innovative ideas to engage seniors?

4. Research shows that boomers intend to work well past the traditional retirement age, but that they do not necessarily want to work at the same job or same hours. Many industries will be faced with expected labor shortages.

    - How can communities leverage the talent and experience of older adults? How can they turn “silver” into “gold?”

CHALLENGES & STRATEGIES

Community involvement is important for everyone, no matter what age. The task force learned that older residents want to stay in their homes and the communities to which they feel connected. Gerontologists believe staying connected is especially critical for older adults because:

1. Retirement frequently signals loss of the role we have played. For some, the new retirement role creates uncertainty and lack of purpose or direction.
2. This role change can signal a change in our "social" connection. Work-related social venues may disappear.
3. There is a direct correlation between staying engaged and self-esteem, personal control and better physical and mental health.
4. Helping others usually generates positive emotions such as pride and sense of satisfaction.
5. Social and intellectual stimulation associated with community engagement can help counteract or slow cognitive decline. (Kochera, 2004)

With the information and responses from the community engagement workshop, online survey and national research, the community engagement subcommittee identified three major challenges and developed targeted strategies to address them. The challenges are:

- Meaningful opportunities to stay engaged
- Remove employment barriers
- Information and communication

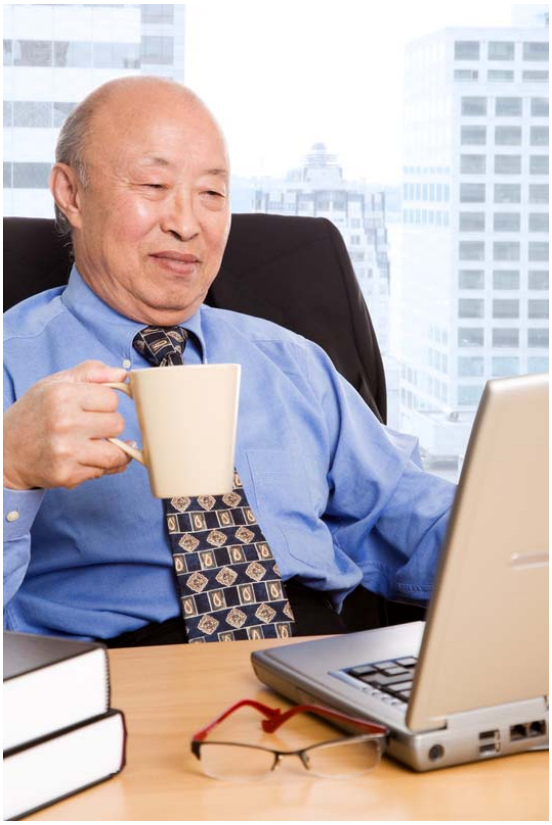
CHALLENGE 1: MEANINGFUL OPPORTUNIES TO STAY ENGAGED

The increasing longevity, health, independence, financial security and education of older adults demand that we update and create new public institutions and programs that will benefit society by dipping into the tremendous reservoir of skills and experience of the rapidly growing older population.

Strategy 1a (short term) – Increase volunteerism by replacing barriers with flexible hours, incentives and maximizing knowledge skills. Organizations that rely on volunteers should offer options that allow people to engage in different ways, at different times and at different levels of commitment. Informal volunteering should be valued and encouraged. Cultural diversity should be embraced. Examples are: A volunteer center for individuals and businesses at http://hwmuwvc.org/company-support, the Senior Ambassador Program of Chesterfield, VA and Elders in Action.

Strategy 1b (short term) – Expand neighborhood associations to include neighbor-to-neighbor programs. Older adults' desire to remain active and give back to their communities is well-documented. Between 60 and 70 percent of older adults engage in formal or informal volunteer actives. A great way to get started volunteering is to look locally, right in your own neighborhood. In many communities, it's one neighbor checking in on another, supporting another, that allows some seniors to age in community. One approach is to "retool" the neighborhood associations to provide a more organized approach to keeping an eye on neighbors. Examples include Neighbor-to-Neighbor http://www.neighbor-to-neighbor.org/volunteer.asp and Volunteer Match http://www.volunteermatch.org/search/org70604.jsp.

Strategy 1c (medium term) - Develop a Village to Village Program for Clark County and expand volunteer opportunities while encouraging residents to age-in-place. A village program usually has only one or two paid employees, and most do not provide services directly. Instead, the village serves as a liaison, or concierge. The help comes from other able-bodied village members, younger neighbors or youth groups doing community service. By relying on this mix of paid and volunteer help, members can cobble together a menu of assistance similar to what they would receive at a retirement community, but without uprooting their household. Members pay an annual fee for services such as transportation, yard work and bookkeeping. Nationwide, approximately 55 programs exist and another 120 are in the process of forming. (http://vtvnetwork.org/content.aspx?page_id=0&club_id=691012)



CHALLENGE 2: BETTER ENGAGE OLDER ADULTS IN THE WORKFORCE AND REMOVE POTENTIAL BARRIERS TO EMPLOYMENT.

The chance an individual will re-enter the workforce after retirement is one in four, according to the International Longevity Center. This number is forecasted to increase, since surveys of boomers indicate they will seek employment after retirement. Others believe it will be essential for keeping the nation's economy healthy.

How our community supports seniors who wish to work and how we provide caregivers flexible work opportunities will define Clark County's economic health.

Strategy 2a (short term) – Assist seniors to re-career by developing a Senior Talent Pool. WorkSource provides a variety of tools to assist job seekers. By raising awareness about the benefits of hiring older adults, providing training, and tailoring a job bank to seniors, WorkSource would become a conduit for employers and job seekers. WorkSource currently provides services for youth, so it could develop a similar model for seniors. (Example: Senior Job Bank http://www.seniorjobbank.org/)

Strategy 2b (medium term) Entice boomers to remain in the workforce longer. Employers are concerned about losing critical knowledge and experience as older workers retire. Organizations may need "retooling" to attract and retain employees as well as raise awareness of the benefits of hiring older adults. They could: keep retirement-aged workers on staff in part-time or consulting positions; mentor, job share, or apprenticeships. Other ideas include flexible job hours, increasing pension contributions and coordinating health insurance with Medicare.

Strategy 2c (medium term) Workforce shortages can be reduced by re-careering into key industries. Encourage WorkSource, Clark College and WSU-Vancouver to host a forum with business leaders, human resources directors and other educational and training programs to help seniors reenter the workforce. For example, Internet resources such as Learn Free http://www.gcflearnfree.org/ and Goodwill Industries Senior Community Service Employment Program (SCSEP) help seniors update their skills and, in some cases, update their work history with local internships. http://www.yourgoodwill.org/programs/scsep.php?subsection=Senior%20Citizens

CHALLENGE 3: INFORMATION AND COMMUNICATION

Access to information and programs is critical to the aging population, their families and caregivers in order to find services and opportunities in their community.

Strategy 3a (short term) - Create an educational campaign to promote civic engagement, and promote the benefits and contributions they can make in the work force and voluntary endeavors. (Example Elders in Action http://www.eldersinaction.org/)

Strategy 3b (medium term) Create an online network to publicize opportunities, resources and news.

Community Engagement Internet Resources

50 Plus programs:
www.50plusnorthwest.com

Clark College Mature Learning:
www.clark.edu/corporate_continuing_education

Senior Net
www.webcampus.seniornet.org

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APPENDIX A

AGING READINESS TASKFORCE

Subcommittee Assignments

HOUSING	TRANSPORTATION MOBILITY	HEALTHY COMMUNITY	SUPPORTIVE SERVICES	COMMUNITY ENGAGEMENT
C.T. Thurston, Chair	Robert Watkins, Chair	Lisa Rasmussen, Chair	Lisa Rasmussen, Chair	Marti Sanders, Chair
Erica Dahmen	Erica Kelley	Cory Bolkan	Erica Dahmen	Roger Jarvis
Dexter Gary	Colleen Kuhn	Gail Haskett	Jesse Dunn	Ed Rankin
Bob Holdridge	Marti Sanders	Erica Kelley	Marti Sanders	Lisa Rasmussen
Kathy McLaughlin	C.T. Thurston	Todd Martin	C.T. Thurston	Jada Rupley
Erik Schott		C.T. Thurston	Kiersten Ware	C.T. Thurston
Mike Teefy				Jan Wyninger
Jim Wilson				
Karen Woll				
Oliver Orjiako	Oliver Orjiako	Oliver Orjiako	Oliver Orjiako	Oliver Orjiako
Jacqui Kamp	Mike Mabrey	Jacqui Kamp	Jacqui Kamp	Jacqui Kamp
Colete Anderson	Lynda David	Colete Anderson	Colete Anderson	Colete Anderson
Pete Munroe	Jim Quintana	Gary Albrecht	David Kelly	David Kelly
David Kelly	David Kelly	David Kelly	Klaus Micheel	Klaus Micheel
Klaus Micheel	Klaus Micheel	Klaus Micheel	Samantha Whitley	Vicki Vanneman
Chuck Frayer		Ken Pearrow	Karen Evans	
Holley Gilbert		Barb Hatman	Valerie Orr	
Jane Leonard		Vicki Vanneman	Louise Nieto	
			Melodie Pazolt	

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APPENDIX B

THE ELDER ECONOMIC SECURITY INITIATIVE:

The Elder Economic Security Standard Index for Washington 2011

RESEARCH REPORT

The Elder Economic Security Initiative™:

The Elder Economic Security Standard™ Index for Washington

2011

w4a
Advocacy. Action. Answers on Aging.

WOW
Wider Opportunities for Women

UMASS BOSTON

The Gerontology Institute—University of Massachusetts Boston

The Gerontology Institute, John W. McCormack Graduate School of Policy and Global Studies, University of Massachusetts Boston addresses social and economic issues associated with population aging. The Institute conducts research, analyzes policy issues and engages in public education. It also encourages the participation of older people in aging services and policy development. In its work with local, state, national and international organizations, the Institute has five priorities: 1) productive aging, that is, opportunities for older people to play useful social roles; 2) health care for the elderly; 3) long-term care for the elderly; 4) economic security for older adults; and 5) social and demographic research on aging. The Institute pays particular attention to the special needs of low-income and minority elderly. For more information about The Gerontology Institute, please visit www.geront.umb.edu or email gerontology@umb.edu.

Wider Opportunities for Women (WOW)

Wider Opportunities for Women (WOW) works nationally and in its home community of Washington, DC, to achieve economic independence and equality of opportunity for women and their families at all stages of life. For over 45 years, WOW has been a leader in the areas of nontraditional employment, job training and education, welfare to work and workforce development policy. Since 1995, WOW has been devoted to the self-sufficiency of women and their families through the national Family Economic Security (FES) Project. Through FES, WOW has reframed the national debate on social policies and programs from one that focuses on poverty to one that focuses on what it takes families to make ends meet. Building on FES, WOW has expanded to meet its intergenerational mission of economic independence for women at all stages of life with the Elder Economic Security Initiative. For more information about WOW's programs, please visit www.wowonline.org or call WOW at 202-464-1596.

Washington Association of Area Agencies on Aging (W4A)

The Washington Association of Area Agencies on Aging (W4A) serves as the collective voice for the thirteen Area Agencies on Aging (AAAs) in Washington and works with the local AAAs to create communities that support people as they age. The organization seeks to enhance the effectiveness of each AAA through a strong agenda of information, debate, advocacy and education. Since the 1970's, Washington's publicly sponsored Area Agencies on Aging have planned, coordinated, funded, provided and advocated for services for adults 60 years of age and older and, for over twenty years, have provided services and supports for adults with disabilities. The AAA emphasis has always been on helping people remain in their own homes and communities.

Elder Economic Security Initiative™:

The Elder Economic Security Standard™ Index for Washington

Gerontology Institute
John W. McCormack Graduate School of Policy and Global Studies
University of Massachusetts Boston
and
Wider Opportunities for Women
The Atlantic Philanthropies

2011

Preface: The Elder Economic Security Initiative™ and the Elder Economic Security Standard™ Index

The multi-year national Elder Economic Security Initiative (Initiative) at Wider Opportunities for Women (WOW) offers a conceptual framework and concrete tools to shape public policies and programs to promote the economic well-being of older adults. The Initiative combines coalition building, research, education and advocacy at the community, state and national levels. With support from the Retirement Research Foundation, WOW partnered with five pilot states, **California, Pennsylvania, Massachusetts, Illinois** and **Wisconsin**, to launch the national Initiative. Support from The Atlantic Philanthropies will expand the project in up to twenty states, including **Minnesota, Connecticut, New Jersey, Michigan, New Mexico, New York, West Virginia, Washington, Colorado, Iowa, North Carolina** and **South Dakota** in an effort that will ultimately result in a national database with information on all 50 states and the District of Columbia.

Underpinning the Initiative is the Elder Economic Security Standard Index (Elder Index), a new tool for use by policy makers, older adults, family caregivers, service providers, aging advocates and the public at large. Developed by the Gerontology Institute at the University of Massachusetts Boston and WOW, the Elder Index is a measure of income that older adults require to maintain their independence in the community and meet their daily costs of living, including affordable and appropriate housing and health care. The development and use of the Elder Index promotes a measure of income that respects the autonomy goals of older adults, rather than a measure of what we all struggle to avoid—poverty.

The information developed through the Elder Index helps us understand that many older adults who are not poor, as defined by the official poverty level, still do not have enough income to meet their basic needs. The Initiative, through the use of the Elder Index and other policy tools, answers the following questions: How much income—or combination of personal income and public programs—is needed by older adults living on fixed incomes to cover today's rising living costs? What is the impact of public programs, such as Medicare, Medicaid or housing assistance, on an elder's evolving income and health needs? How does the need for long-term care services affect economic security? Will income needs make it necessary for able-bodied adults to continue to work for pay despite preferring to retire?

The Initiative is guided by a National Advisory Board that is composed of national experts in the field of aging. The Advisory Board provided direction in the design of the Initiative and the development of the Elder Index. WOW would like to thank our National Advisory Board members for helping us launch this exciting new Initiative.

Members of the Gerontology Institute primarily responsible for this report are Jan E. Mutchler, Alison Gottlieb and Ellen Bruce. Jillian Knox and Jiyoung Lyu provided valued assistance. We acknowledge the contributions of Laura Russell in developing the core methodology used in the Elder Index and Judith Conahan for her work to develop the long-term care cost component of the Elder Index. The authors, of course, are responsible for the contents of this report and accept responsibility for any errors or omissions.

Forward from Washington Association of Area Agencies on Aging (W4A)

Washington is undergoing an immense transformation. In 2011, the large Baby Boom generation begins to turn 65 and, for the next 50 years, the aging of our society will dominate the demographic landscape.

- Between 2005 and 2030, the Washington population is expected to grow by 36%, from about 6,250,000 to about 8,500,000.
- During the same period, the 65 and older population is expected to grow by over 133%, from about 710,000 to about 1,660,000.
- Washington ranks 11th of all states in projected growth of the 65+ population by the year 2025.
- The total dependency ratio is the number of people age 15-64 compared to the number of people under age 15 and age 65 or older. For 2005, the ratio is about 2.2:1. For 2030, it is projected it will be 1.6:1.

As part of the aging process, older adults and their families determine the living arrangements and services that best fit their individual preferences and needs for support. Most people will wish to live out their lives at home—with dignity. Unfortunately, by the time elders and their families are ready to make such decisions, their choices are often limited by cost and financial circumstance. Though more and more adults want to stay in their own homes, many cannot afford to do so. At the same time, their incomes or assets are often just high enough to disqualify them for programs and initiatives that might help them stay at home.

Washington's aging population will certainly present a challenge to the government entities charged with providing services to meet their needs. Because economic security plays a key role in determining if elders can maintain their independence, the Washington Association of Area Agencies on Aging (W4A) has teamed up with Wider Opportunities for Women (WOW) to lead the Washington Elder Economic Security Initiative (Initiative). The Initiative, with its accompanying Washington Elder Economic Security Standard Index (Elder Index), is intended to generate a statewide conversation about the income that elders require to age in place, and in turn, to allow us to enhance our home and community-based care and aging readiness efforts.

In collaboration with key stakeholders and partners, W4A will leverage the Elder Index to implement a proactive policy agenda for strengthening the economic security of elders. The Initiative is based on the recognition that achieving and maintaining independence and economic security after the age of 65 requires new information, innovative ideas and creative solutions. The Washington Initiative will provide an opportunity to respond to demographic changes, which are already transforming our economy, our workplaces and our families, and to prepare our communities, businesses and government for an aging population.

The Washington Elder Economic Security Initiative

The Washington Initiative offers a conceptual model and concrete tools to reframe the discussion about economic security for individuals 65 years of age and older who have a range of needs for health care and long-term care support. The centerpiece of this effort is this publication, the *Elder Economic Security Standard*™ *Index for Washington*. The narrative and tables in this document show the cost of living at home, for renters and homeowners, for singles and couples. The Elder Index is calculated for all 39 counties in the state—the first of its kind to look specifically at the real cost of living for elders in Washington. Released alongside this report is a complementary policy brief outlining policy recommendations for improving the economic security of Washingtonians 65 years of age and older.

How to Use the Washington Elder Economic Security Standard™ Index

The Elder Index can be used by a number of different populations:

Single Elders and Elder Couples: The Elder Index shows how much single elders and elder couples need in order to be secure in their own homes based on their location and need for health care and other assistance in retirement. If you are a single elder or elder couple (or one of their family members), you can use the Elder Index to see how your finances match what is needed, on average, to live in your county. The accompanying policy brief, *Elders Living on the Edge: When Basic Needs Exceed Income in Washington*, quantifies the contribution that publicly funded programs can provide to low-income elders. It also highlights the gap between the cost of living and common sources of income for Washington's elders.

Policy makers, Legislators and Advocates: As the Elder Index shows, it is almost impossible for an elder to survive on the average Social Security payment, even though Social Security is the only source of income for more than one out of five retired elders in Washington. The Elder Index demonstrates the real cost of being secure in a particular county and can help determine what policies are most appropriate in bringing elders closer to their goal of aging in their homes. Assisting our elders in maintaining their health and independence actually controls costs and enriches us all.

Younger Adults and Families Planning for Retirement: Whether you are a 22 year old or a 62 year old, you probably have one plan in common—making it to retirement age. Once you get there, though, you need to have a plan in place if you want to be economically secure. The Elder Index and accompanying policy brief can help you determine what you would need to live in economic security and what policy changes can help make this possible.

Leading the Way

Using the Elder Index as a guide, Washington's government, communities and private organizations can better understand the cost of living in the community and plan and invest wisely in supports and services that will help elders age in place with improved economic security.

The creation of the Elder Index and policy brief included the involvement of a group of capable advisors who generously shared their time and expertise. As the Elder Index and policy brief are used throughout the state of Washington, we look forward to continuing to work with advocates, communities, employers, older adults and policy makers at all levels and branches of government to create a future that respects the autonomy goals of older adults and helps them and their families make informed financial and life choices.

More information about W4A and the Washington Elder Economic Security Initiative is available at www.agingwashington.org.

Washington Elder Economic Security Initiative™ Partners:

AARP Washington

Aging and Disability Services Administration of the
Washington Department of Social and Health Services

Economic Opportunity Institute

Older Women's League—Seattle/King County Chapter

Puget Sound Alliance for Retired Americans

United Way of King County

Washington State Alliance for Retired Americans

Washington Dental Service Foundation

Washington State Association of Senior Centers

Washington State Council on Aging

Washington State Senior Citizens' Lobby

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The Elder Economic Security Standard™ Index for Washington

EXECUTIVE SUMMARY

The **Washington Association of Area Agencies on Aging (W4A)** recognizes that many Washington elders age 65 and over struggle to make ends meet. Living costs are high, especially for housing and health care. In the face of rising expenses, many elders receive only a modest cost of living adjustment each year; thus, they are spending down retirement savings and/or face growing debt. At the same time, older people face a challenging future if their life circumstances change due to illness, loss of a spouse or partner and/or growing needs for help with daily tasks. Older women are particularly challenged with income and assets that are typically lower than men's. Their longer lifespan also means that they more often live with chronic illnesses and high health costs.

In an effort to address these issues, the **W4A** joins the national Elder Economic Security Initiative launched by Wider Opportunities for Women in Washington, DC. Critical to the work is a new measure of income adequacy—the Elder Economic Security Standard Index (Elder Index). In contrast to the federal poverty level, which measures income inadequacy, the Elder Index is a measure of well-being that identifies the income and supports needed for older adults to live modestly in the community. The Elder Index for Washington was tabulated using the WOW—University of Massachusetts Boston Gerontology Institute (GI) national methodology. The Elder Index helps us answer key questions:

- What is an adequate income for older adults in Washington to "age in place?"
- How do financial needs vary according to the life circumstances of elders—whether they are living alone or with a spouse or partner, rent or own their home, drive a car or use other transportation?
- How do living expenses change as health status and life circumstances change?
- What happens if elders need long-term care to remain at home?

The Elder Economic Security Initiative, through the use and development of the Elder Index, provides a framework to help guide public, private and personal decisions that form the foundation for the economic well-being of today's elders. It provides information critical to aging Baby Boomers who encounter issues related to care, living options and economic realities for their aging parent(s). It can also inform life and retirement planning for Boomers themselves. The Elder Economic Security Initiative puts into action strategies to meet realistic income needs in today's economy that respect the autonomy of older adults.

A Framework for Measuring Economic Security for Elders

The Elder Economic Security Standard Index (Elder Index) is developed as a measure of the cost of basic expenses of elder households (those with household heads who are age 65 or older) to age in place, continuing to live in the community setting of their choice. The Elder Index defines economic security as the financial status where elders have sufficient income (from Social Security, pensions, retirement savings and other sources) to cover basic and necessary living expenses. The Elder Index is based on the idea that elders should be able to meet their expenses without public support, such as food assistance, energy assistance, subsidized housing or property tax help. It demonstrates the interplay between Washington elders' living expenses and actual income. The Elder Index also illustrates how elders' living expenses change when their life circumstances change.

This report presents the Elder Index for Washington to benchmark basic living expense costs for elder households. It illustrates how expenses vary both by specific Washington geographic areas and by the circumstances of elder households, including household size, homeowner or renter status, health status and the need for long-term care. The expenses are based on market costs and do not assume any public or private supports.

Key Findings for Washington

1. **In Washington, elders cannot meet their basic living expenses if they live at the federal poverty level or the level of the average Social Security benefit. This is true of elders statewide, whether they rent or own a home.**

   - About 8% of Washington's older adults live at or below the federal poverty level.
   - Social Security is the *only* source of income for more than one out of five older adults in Washington, the majority of whom are women (AARP 2008).
   - Expenses vary widely across types of communities. For example, elder homeowners with no mortgage who live alone in Spokane County need $16,032 per year to cover basic living expenses. In contrast, elder renters living alone in King County need as much as $23,256 and elder homeowners with a mortgage living in King County need as much as $32,148 to cover basic expenses. The statewide average for single older adults is $18,336 for an owner with no mortgage, $21,492 for a single renter and $28,620 for an owner with a mortgage.
   - Elder couples who own a home with no mortgage and live in Spokane County need $24,504 per year to cover basic living expenses. In contrast, couples who rent a home in Kitsap County need as much as $33,576 to meet their basic household budgets and elder couples who own a home with a mortgage living in San Juan County need as much as $41,676 to cover basic expenses. The statewide average for an older couple is $28,104 for owners with no mortgage, $31,260 for couples who rent and $38,388 for owners with a mortgage.

2. **Housing costs (mortgage or rent, taxes, utilities and insurance) put a heavy burden on some elder households, representing as much as half of their total expenses.**

   - The Elder Index reflects wide variation in housing costs depending on whether older adults own or rent, and by county. Older owners without a mortgage typically have the lowest housing costs, while owners still paying a mortgage typically have the highest housing costs.
   - The monthly housing costs for elder homeowners without a mortgage range from a low of $289 per month in Adams, Ferry, Grant, Lincoln, Pend Oreille and Stevens Counties to a high of $600 per month in King County.
   - The monthly housing costs for older adults paying fair market rent for a one-bedroom apartment range from a low of $484 per month in Franklin County to a high of $885 per month in Snohomish County.
   - The monthly housing costs for elder homeowners with a mortgage range from a low of $926 per month in Asotin, Columbia, Garfield, Walla Walla and Whitman Counties to a high of $1,617 per month in King County.

3. **The Elder Index shows the significance of health care costs for Washington elders who must purchase supplemental health and prescription drug coverage to Medicare.**

   - The Elder Index includes premium costs of supplemental health and prescription drug coverage to Medicare, which provide critical protection against high medical and prescription drug costs.[1]
   - Older adults in Washington who are in good health face combined health care costs (insurance premiums plus co-pays, deductibles, fees and other out-of-pocket expenses) of $258–$430 per month to have protection against high medical and prescription drug costs.
   - Retired couples are unable to purchase supplemental health insurance through a "family plan;" rather, they must each buy coverage as an individual. Thus, combined health care costs are doubled for elder couples, totaling $516–$860 per month.

4. **Even elders who are currently making ends meet face an uncertain future if their life circumstances change, such as loss of a spouse/partner or a decline in health status.**

   - An elder paying market rate rent in Washington has expenses reduced by only 31% when a spouse dies yet his or her income mix of Social Security and/or pension income may decrease substantially.

[1] Co-pays, deductibles and fees are included as well as other out-of-pocket costs, which vary according to health status.

- Older adults often face a rise in health care expenses when their health declines. While adding supplemental health and prescription drug coverage to Medicare provides protection against unanticipated health care expenses, average out-of-pocket expenses rise by $1,464 a year for an individual in fair to poor health.

5. **The need for home and community-based long-term care can more than double an elder's expenses, significantly increasing the income needed to meet basic needs.**[2]

   - The need for home and community-based long-term care can double or even triple an elder's expenses. Adding a low level of care for one person adds $8,856 per year to living costs. Requiring a medium level of care adds $23,504 and needing a high level of care adds $38,640–$48,624.[3]

   - As a comparison, national market surveys report an average annual rate of $82,097 for nursing facility care (semi-private room) in Washington (Genworth 2010).

The key findings are amplified for older women, as their incomes and assets tend to be lower, they live longer than men and they disproportionately suffer with costly disabilities and chronic conditions.

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[2] The need for home and community-based long-term care can vary considerably over time. Because this need is not universally incurred, it is included as a separate, potentially catastrophic cost for older adults.

[3] These estimates are based on statewide averages.

Determining Economic Security for Washington Elders

I. INTRODUCTION

This report addresses income adequacy for Washington's older adults using the national WOW-GI National Elder Economic Security Standard Index (Elder Index) methodology. The Elder Index benchmarks basic costs of living for elder households and illustrates how costs of living vary geographically and are based on the characteristics of elder households, including household size, home ownership or renter status and health status. The costs are based on market costs for basic needs of elder households and do not assume any public or private supports.

The Elder Index presented in this report will be used to increase public awareness and influence public policies and programs to benefit elders through the broader Elder Economic Security Initiative. The Elder Economic Security Initiative is designed to:

- Provide important new information to illustrate the basic expenses that older adults face and how changes in their life circumstances affect their financial security. Common changes include the need for long-term care services, which dramatically increases living expenses, or the death of a spouse, which often greatly reduces income without significantly decreasing living expense costs;
- Provide a framework for analyzing the effects of public policy and policy proposals in such areas as retirement security, health and long-term care, taxes and housing;
- Educate elders about actual and projected living costs to inform their financial, employment and life decisions;
- Provide new tools for elders to use in advocating for policy changes;
- Help agencies that serve seniors to set goals, assess needs and design programs; and
- Influence community planning efforts to develop strategies to help older adults age in place.

According to the US Census Bureau's population estimates for 2009, 12.1% of Washington residents were 65 years or older, and 12.0% were between the ages of 55–64, poised to dramatically increase elders' numbers as the Baby Boomers age (US Census Bureau 2009a). The individual circumstances of Washington elders vary from the most fortunate, who are healthy and economically secure, to the least fortunate, who are poor, ill and/or living with disability. Elders' situations vary greatly in terms of family support, neighborhood networks, and community and social connections. Washington elders also differ according to their housing situation, health status and need for long-term care. Many of these characteristics change over an elder's life span. The Elder Index, with its respective scenarios for seniors living in different circumstances, will show how seniors may be prepared for the present, yet face a precarious future as living expenses rise markedly because of situational changes.

Statewide Findings of the Washington Elder Economic Security Standard Index

1. **For single elders in good health, the statewide Washington Elder Index is $18,336 for homeowners without a mortgage, $21,492 for renters and $28,620 for homeowners with a mortgage. This represents the living expense costs (housing, health care, transportation, food and miscellaneous) for elders age 65+ in Washington. The Elder Index is much higher than other commonly used income benchmarks.**
    - In 2010, the federal poverty guideline, which is a formula measuring income *inadequacy* that is based solely on food costs, was $10,830 per year for an individual. This is only 59% of the statewide Elder Index for homeowners with no mortgage, 50% of the statewide Elder Index for renters or 38% of the statewide Elder Index for homeowners who have a mortgage.
    - The average Social Security benefit for Washington elders is $14,532 per year for an individual. This represents only 79% of the statewide Elder Index for homeowners with no mortgage, 68% of the statewide Elder Index for renters or 51% of the statewide Elder Index for homeowners who have a mortgage.

TABLE 1
The Statewide Elder Economic Security Standard Index for Washington, 2010

Monthly Expenses	Elder Person (age 65+)			Elder Couple (both age 65+)		
	Owner w/o Mortgage	Renter	Owner w/ Mortgage	Owner w/o Mortgage	Renter	Owner w/ Mortgage
Housing	$460	$723	$1,317	$460	$723	$1,317
Food	$232	$232	$232	$425	$425	$425
Transportation	$217	$217	$217	$339	$339	$339
Health Care (Good Health)	$364	$364	$364	$728	$728	$728
Miscellaneous	$255	$255	$255	$390	$390	$390
Total Monthly (Elder Index) Expenses	**$1,528**	**$1,791**	**$2,385**	**$2,342**	**$2,605**	**$3,199**
Total Annual (Elder Index) Expenses	**$18,336**	**$21,492**	**$28,620**	**$28,104**	**$31,260**	**$38,388**

2. **For elder couples in good health, the statewide Washington Elder Index is $28,104 for homeowners without a mortgage, $31,260 for renters and $38,388 for homeowners with a mortgage. This represents the living expense costs (housing, health care, transportation, food and miscellaneous) for couples including elders age 65+ in Washington. The Elder Index is much higher than other commonly used income benchmarks.**

   - In 2010, the federal poverty guideline was $14,570 per year for elder couples. This is only 52% of the statewide Elder Index for homeowners with no mortgage, 47% of the statewide Elder Index for renters or 38% of the statewide Elder Index for homeowners who have a mortgage.

   - The average Social Security benefit for Washington couples is estimated to be $23,644 per year. This covers only 84% of costs represented by the Elder Index for homeowners with no mortgage, 76% of the Elder Index for renters or 62% of the statewide Elder Index for homeowners who have a mortgage.

Comparison to Other Benchmarks of Income

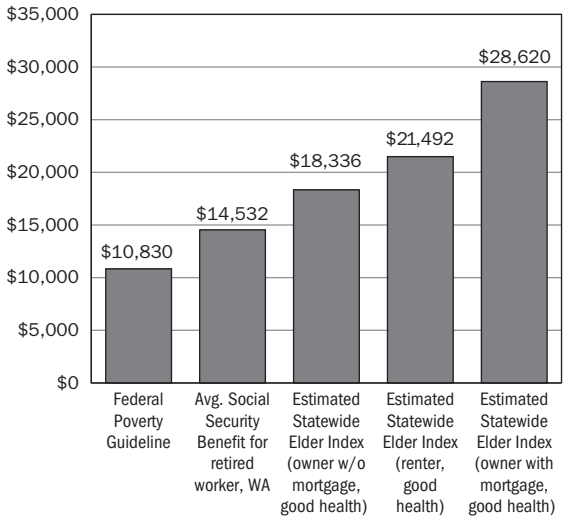
The following charts compare the Elder Index to other measures of income adequacy. **Figure 1** compares the Elder Index (for Washington one-person elder households) with the federal poverty guideline and average Social Security benefits for single elders in Washington. The federal poverty guideline (not the federal poverty threshold) is used as the basis for most income eligibility guidelines for public support programs. **Figure 2** presents comparisons for elder couple households.

One-Person Household

Federal Poverty Guidelines: In 2010, under the federal poverty guidelines a single adult household is considered to be "poor" only if he or she has a monthly income of $903 ($10,830 per year) or less. And yet, Elder Index calculations show that the average after-tax income *required* by an elder living alone in Washington is 1.7 to 2.6 times as high as the official poverty guideline (see Figure 1).

Average Social Security Benefit: The average Social Security benefit in Washington in 2010, at $1,211 per

FIGURE 1
The Elder Index Compared to Other Benchmarks, 2010, Elder Index for One-Person Elder Households in Washington



month ($14,532 per year), is higher than the poverty guideline, but well below the Elder Index for owners without a mortgage, further below the Elder Index for older adults paying market rate rents and even further below the Elder Index for owners who have a mortgage.

Two-Person Household

Federal Poverty Guidelines: In 2010, under the federal poverty guidelines, a two-adult household is considered to be "poor" if it has a monthly income of $1,214 ($14,570 per year). Yet Elder Index calculations show that the average after-tax income *required* by an elder couple in Washington is 1.9 to 2.6 times the official poverty guideline (see Figure 2).

Average Social Security Benefit: The estimated average Social Security benefit for an elder couple in Washington in 2010, at $1,970 per month ($23,644 per year), is well below the Elder Index for homeowner couples without a mortgage, further below the Elder Index for elder couples renting at market rates and even further below the Elder Index for owners who have a mortgage.

Income Trends of Washington's Older Adults

Household income levels vary by age and life circumstance. Typically, median income levels rise with age until mid-life and then decline with advancing age, as indicated in **Figure 3.** In Washington, median household income for householders 65 years and over,[4] at $39,249 in 2009, was less than two-thirds the median household income of householders in their "peak earning" years of 45-64, at $68,522.

According to the federal poverty threshold and 2009 American Community Survey data, an estimated 8% of Washington's elders were considered "poor" in 2009, and even more Washington seniors were just above the poverty threshold. A full 17% were estimated to have incomes at or below 150% of the poverty threshold. Poverty rates for older women are considerably higher than for older men, 10% (women) versus 5% (men). Moreover, women disproportionately head poor older households. In 2009, an older widowed or non-married woman headed 66% of older households in Washington with incomes below the

FIGURE 2
The Elder Index Compared to Other Benchmarks, 2010, Elder Index for Two-Person Elder Households in Washington

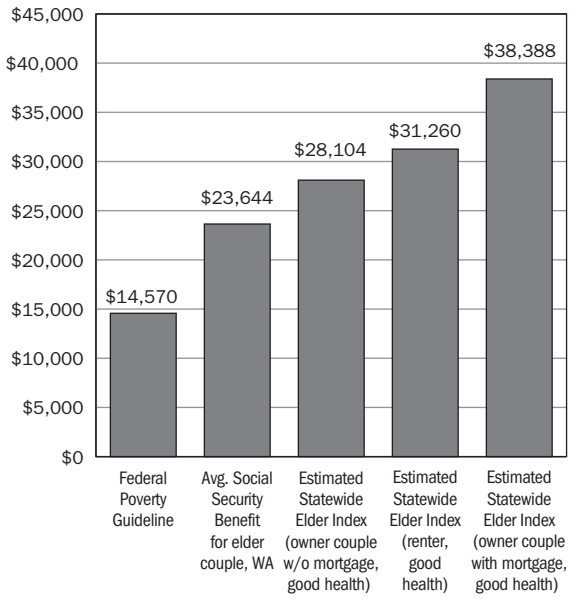
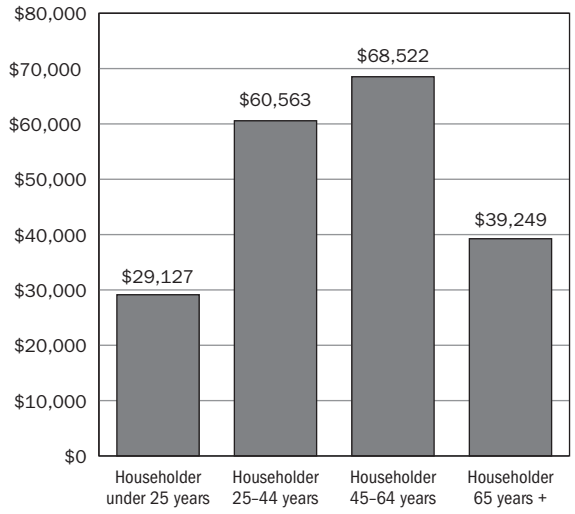


FIGURE 3
Washington Median Household Income by Age, 2009



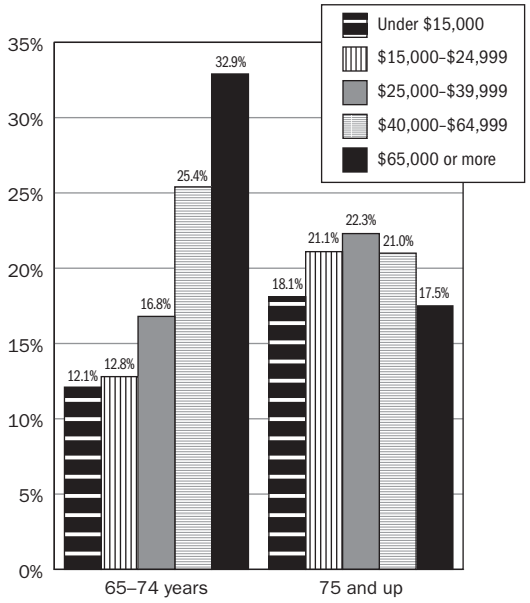
Source: Estimated from the U.S. Census Bureau, 2009 American Community Survey, Table B19049.

[4] A "householder" is the person in whose name the home is owned or rented. Household income includes the income of the householder plus all other individuals living in the same home.

poverty level.[5] Reasons for higher poverty rates among women include lower wages, lower lifetime earnings and less time in the workforce. Women also have longer life expectancies but more chronic illness and are more likely than men to experience loss of income when widowed.

This report focuses on the challenges of meeting expenses for low- and moderate-income older adults. **Figure 4** shows that in 2009, 12% of Washington households headed by those aged 65–74 had incomes under $15,000; 25% had incomes under $25,000 (representing the two lower income categories combined). Of those 75 and older, 18% had incomes under $15,000; 39% had incomes under $25,000. Households headed by those 75 and over have substantially lower income due to less employment income and an erosion of asset base with age. Additionally, single women head a progressively larger share of older households, due to their greater longevity, and older women possess fewer economic resources than older men on average.

FIGURE 4
Washington Elder Household Income Distribution by Age, 2009



Source: Estimated from the U.S. Census Bureau, 2009 American Community Survey, (microdata file).

[5] These calculations are based on tables B17017, B17024 and C17024 of the 2009 American Community Survey. In 2009, the poverty threshold for an older individual living alone was $10,289 and $12,968 for an older couple. Older individuals living alone were below 150% of the threshold if they had income of less than $15,434 annually; couples were below 150% of the threshold if they had income of less than $19,452 annually.

The Federal Poverty Threshold

The poverty thresholds are drawn from the original version of the federal poverty measure.[6] The poverty thresholds were first calculated in the 1960s by taking the cost of food needed to meet the minimum nutritional needs of adults of different ages and multiplying this by three. This figure was then used as the reference point for the amount of income needed to live at a basic level. This calculation was based on consumption surveys conducted in the late 1950s showing that US families spent about one-third of their incomes on food. Since that time, the thresholds are updated each year by the change in the consumer price index (CPI).

Despite this historical calculation's reliance on an outdated connection to households' food costs alone, poverty thresholds continue to be used as the basis to estimate the number of Americans living in poverty each year. To make matters worse, the US Department of Agriculture calculations assume that older adults have lower caloric requirements than younger adults. As a result, the official US poverty thresholds are lower for adults 65 and older than for younger adults. The federal poverty thresholds do not consider age variability in any other costs—e.g., housing, health care, transportation or long-term care.

Figure 5 compares the US poverty thresholds by age for one- and two-person households. The poverty cutoff for elders living alone is $872 per year less than the cutoff for younger adults, and the poverty cutoff for elder couples is $1,398 less than the cutoff for younger couples.[7]

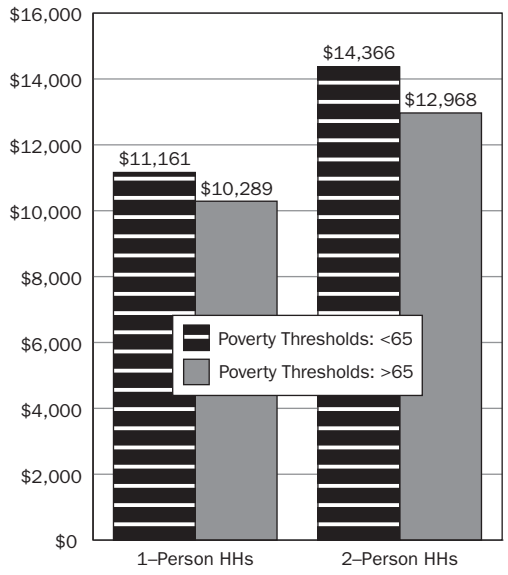
As indicated, the federal poverty measure's methodology is based on outdated spending patterns and assumes households spend a fixed ratio of one-third of their incomes on food. In addition, it does not allow for different rates of inflation for different living expenses; for example, health care and housing costs have risen much more than food costs. Finally, it does not reflect regional variations in living costs.[8]

[6] The federal poverty thresholds were developed by Mollie Orshansky of the Social Security Administration in 1963-64 and are updated each year by the US Census Bureau. For more information on the federal poverty measures, see US Department of Health and Human Services 2010a.

[7] The poverty guidelines are a second version of the federal poverty measure. Issued each year in the Federal Register by the Department of Health and Human Services, they are a simplification of the poverty thresholds for administrative uses, such as determining eligibility for certain federal programs. The federal poverty guidelines for 2010 are $10,830 for one-person households and $14,570 for two-person households, and do not differ by age of householder. They are the same in 48 states and adjusted for living costs only in Alaska and Hawaii.

[8] For an analysis of problems with the federal poverty measures and information on a proposed alternative measure, see Citro and Michael (1995). Their proposed measure is based on household spending patterns from the Consumer Expenditure Survey and adjusts household incomes for transfer payments (subsidies) as well as taxes. The Census Bureau from time to time calculates the number of households that would be in poverty under the alternative poverty measure, but the recommendation to substitute the new measure has not been adopted.

FIGURE 5
Comparison of U.S. Poverty Thresholds by Age, 2009



Source: U.S. Census Bureau (2010).

Defining the Elder Index: A Framework for Economic Security for Elders

In contrast, the Elder Index is a measure of the living expenses for basic needs for elder households to "age in place" in their homes or the community setting of their choice.

The Elder Index is informed by the work of Wider Opportunities for Women and Dr. Diana Pearce, who created the Family Self-Sufficiency Standard in the 1990s.[9] The Elder Index methodology is based on the characteristics and spending patterns of elder households. The Elder Index reflects a realistic measure of income *adequacy* as opposed to the original intent of the federal poverty measure, which was to illustrate income *inadequacy*. Economic security requires that elders have sufficient income (from Social Security, pensions, retirement savings and other income) to cover living costs. Using the Elder Index, we can illustrate the basic costs that elders face and the interplay between living costs and elders' income adequacy.

II. COST COMPONENTS OF THE ELDER ECONOMIC SECURITY STANDARD INDEX

The cost components and methodology for the Elder Economic Security Standard Index were developed with input and guidance from the community partners of the Washington Elder Economic Security Initiative convened by the **Washington Association of Area Agencies on Aging (W4A)** and from the Advisory Board for the national Elder Economic Security Initiative convened by Wider Opportunities for Women.[10]

The Elder Index uses cost data from public federal and state sources that are comparable, geographically specific, easily accessible and widely accepted. In areas where existing public data sources are not currently available, such as long-term care costs, the Elder Index uses a consistent methodology to derive comparable measures for costs within and across states.

The following represent some of the assumptions that are built into the Elder Index's methodology. The Elder Index:

- measures basic living expenses for seniors living in the community (i.e., not in nursing homes or assisted living facilities);
- measures costs for elder households to live independently (vs. living in intergenerational households);
- measures living expenses for elders age 65 and over to reflect the age at which Medicare begins;
- includes Medicare because elders qualify for and receive it based on age and eligibility for Social Security, without regard to income and assets, making Medicare nearly a universal program;[11] and
- models costs for retired elders, who no longer have work-related expenses such as payroll taxes and commuting to work.

[9] The methodology embodied in the Self-Sufficiency Standard was developed by WOW's research partner, Dr. Diana Pearce, when she directed the Women and Poverty Project at WOW. She teaches at the School of Social Work, University of Washington. The Self-Sufficiency Standard undergirds the Family Economic Security (FES) Project. The FES Project is led by Wider Opportunities for Women and was created to provide tools to communities to help low income working families make ends meet.

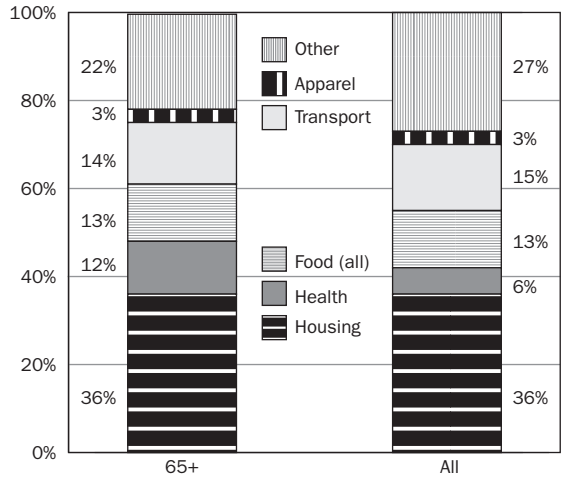
[10] For more detailed information on the methodology and data sources used in calculating the Elder Standard, see the companion report by Russell, Bruce, Conahan & Wider Opportunities for Women (2006).

[11] An individual is eligible for Medicare if he or she (or his/her spouse) worked for at least 10 years in Medicare-covered employment, is 65 years or older and is a citizen or permanent resident of the United States (US Department of Health and Human Services 2008). Some individuals, such as recent immigrants, may not qualify for Social Security or Medicare.

The Big Picture: Elders' Spending Compared to All Households

Figure 6 compares elder households' spending to all households, based on data from the Consumer Expenditure Survey. For the Western region of the US as a whole, elder households spend about the same percentage of their budgets on housing, food, apparel and transportation as all other households, but twice the percentage on health care. All other expenditures account for 22% of household spending by the average older household, somewhat less than the percentage for all households in the West (27%). Similar spending patterns for older households are reported in the Health and Retirement Survey (Butrica, Goldwyn & Johnson 2005).

FIGURE 6
Household Spending as a Percentage of Total Budget: Elder vs. All Households in the West, 2008–2009



Source: U.S. Department of Labor, Bureau of Labor Statistics, 2009.

Introduction to Cost Components of the Elder Index

Components of the Elder Index include housing, food, transportation, medical care, and miscellaneous other expenses. Information on data sources and notes regarding the methodology are in **Appendix A** (see also Russell et al. 2006).

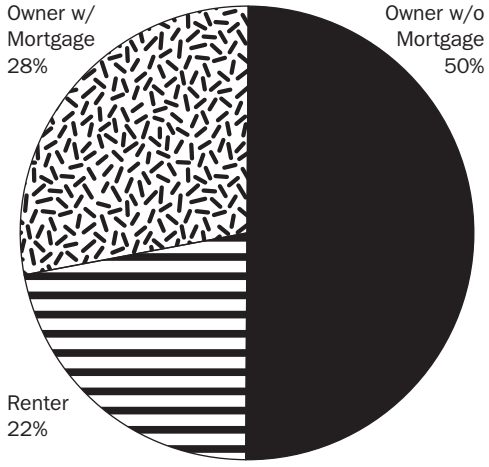
Housing—includes housing (rent or mortgage payment, if any) and related costs (heat, utilities, insurance and property taxes) for elder renters and elder owners, based on latest available US Census reported elder owner housing costs and US Department of Housing and Urban Development (HUD) Fair Market Rents. As illustrated in **Figure 7,** 50% of Washington seniors own their homes without a mortgage, 22% are renters and 28% are homeowners with a mortgage.

Food—represents costs of food prepared at home, based on USDA Low-Cost Food Plan for older adults, using the average of June 2010 low-cost food plan budgets for women and men.[12]

Health Care—includes 2010 premium costs for full supplemental coverage to Medicare. Costs include Medicare Part B and either Medicare Advantage, including prescription drug coverage, or Medicare Supplemental Insurance (Medigap) plus Medicare Part D for prescription drug coverage. Calculations also include out-of-pocket costs including co-pays, deductibles and fees for uncovered expenses. Calculations are based on data from the Medicare Options Compare website.

In calculating Washington health care costs, we assume coverage through Medicare Advantage for the 14 counties with Medicare Advantage enrollment rates of 20% or more. We assume coverage through a Medicare supplemental plan (Medigap) for the remaining 25 counties. Estimated costs are based on individuals age 70—74 since this is the median age group for people 65 and older. Costs are calculated for people in good, fair/poor and very good/excellent health.

FIGURE 7
Owner and Renter Status of Householders Age 65 and Over in Washington, 2009



Source: Calculated by the Gerontology Institute using microdata from the 2009 American Community Survey, downloaded from the Census Bureau website.

Note: Renter includes a small number of householders who pay no cash rent.

[12] Although food expenses likely vary somewhat across geographic localities in Washington, data to adequately reflect this variability are not available.

To simplify presentation, the Elder Index is presented for elders in good health, which is the most common health status as self-reported by elders. In Washington, the average monthly health care cost for older adults in good health based on Medicare Advantage is $342 (or $4,104 per year). The estimated out-of-pocket health care expenses for all three levels of health, assuming Medicare Advantage coverage, are presented in **Chart 1**.

CHART 1

Estimated Out-of-Pocket Health Care Expenses Assuming Medicare Advantage Coverage, for Three Levels of Health (Statewide Average)

Per Person:	Very Good/ Excellent	Good Health	Fair/ Poor
Cost Per Month	$288	$342	$481
Cost Per Year	$3,456	$4,104	$5,772

Source: Calculated by the Gerontology Institute based on data from the Medicare Options Compare Website (US Department of Health and Human Services 2010b).

The average estimated monthly health care cost for older adults in good health based on Medigap coverage in combination with the purchase of Part D Prescription Drug coverage is $430 (or $5,160 per year). In **Chart 2,** statewide Medigap costs are presented for three levels of health, again assuming age 70–74. Health care costs based on Medigap estimates are higher than costs based on Medicare Advantage for older adults in all three health conditions. However, the additional annual expense assuming Medigap is much lower for people in fair/poor health ($240), as compared to being in good ($1,056) or excellent ($1,164) health.

CHART 2

Estimated Out-of-Pocket Health Care Expenses Assuming Medigap and Part D Rx Coverage, for Three Levels of Health (Statewide Average)

Per Person:	Very Good/ Excellent	Good Health	Fair/ Poor
Cost Per Month	$385	$430	$501
Cost Per Year	$4,620	$5,160	$6,012

Source: Calculated by the Gerontology Institute based on data from the Medicare Options Compare Website (US Department of Health and Human Services 2010b).

Transportation—uses automobile owner and operating costs from Internal Revenue Service (IRS) mileage reimbursement rates and elder auto usage patterns estimated from the most recent National Household Travel Survey.[13]

Miscellaneous—represents all other goods, such as clothing, personal and household needs, and any other expenses not captured elsewhere. Based on an analysis of the detailed elder spending patterns from consumer spending data, the Elder Index estimates miscellaneous expenses at 20% of all other costs (excluding long-term care) in each county for owners without a mortgage (US Department of Labor 2010; Social Security Administration 2007). This amount is calculated separately for older individuals and older couples and applied to each of the three housing scenarios.[14]

The Elder Economic Security Standard Index (Elder Index) for Washington is presented in Section III. Elders' living expenses in each of the above components are added to determine household budgets for each of the respective scenarios for elder households. This gives a measure of the Elder Index, the after-tax income required to cover elders' living expenses based on where they live and the characteristics of their households.

The Impact of Home and Community-Based Long-Term Care

Costs of home and community-based long-term care services, for those who require them to remain in their home, are presented for three service packages along the continuum of care in Section IV. Because home and community-based long-term care is not a need experienced by all elders, it is provided as an add-on component to the basic Elder Index.

Taxes

Local property taxes are included in the housing cost component for homeowners and Washington sales tax (gross receipts tax), which includes both statewide (6.5%) and city- and county-specific components (together totaling 8.75% on average; Sales Tax Clearinghouse 2010), is included in the miscellaneous category.

[13] In communities with public transportation systems having high usage patterns, an additional track is reported assuming public transportation use. Washington has no counties with high rates of public transportation.

[14] Note that 20% of all other costs equal 16.67% of total expenses. Miscellaneous expenses include all expenditures other than those specified elsewhere in the Elder Index. Within household type (singles, couples), miscellaneous expenses are estimated based on the value of all other expenses for homeowners without a mortgage (the largest single segment of the older householder population). This strategy is used because miscellaneous expenses are not likely to vary dramatically across housing types.

A significant portion of Social Security income is exempt from federal income tax when elders' combined incomes are under certain limits. Income tax treatment and rates vary by source of income; elders typically rely on a combination of Social Security, pension and savings. Because most of the Elder Index household basic budgets are near the no-tax limits,[15] and because tax rates vary by income source, calculations do not include income taxes in the basic model.

III. THE ELDER ECONOMIC SECURITY STANDARD INDEX FOR WASHINGTON

The four components—housing, food, health care and transportation, plus miscellaneous expenses—are added together to calculate the Elder Index for Washington counties. These costs vary according to household size (living alone or living with a spouse or partner) and whether the person is renting a home, owns a home and is still paying a mortgage, or owns a home outright. Information is also presented on the budget impact of health status.

A Note on Geographic Areas

Data are presented for each of the 39 counties in Washington.

Tables 2, 3 and 4 on the following pages illustrate the Elder Index for selected elder household scenarios in three areas across Washington: King County, Spokane County and Whatcom County. In all areas, those with the lowest living expenses are elders living alone who own their own home and are no longer paying a mortgage. Highest costs are for elder couples who own a home with a mortgage.

The Elder Indexes for all Washington counties are presented in **Appendix D.**

[15] For a single elder, Social Security benefits will not be taxable unless modified adjusted gross income, plus one-half of Social Security benefits, exceeds $25,000. For a couple, the no-tax limit is $32,000 (Social Security Administration 2010).

TABLE 2
The Elder Economic Security Standard Index for King County, 2010
Expenses for Selected Household Types

Expenses	Elder Person (age 65+)			Elder Couple (both age 65+)		
	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (including utilities, taxes & insurance)	$600	$876	$1,617	$600	$876	$1,617
Food	$232	$232	$232	$425	$425	$425
Transportation	$197	$197	$197	$309	$309	$309
Health Care (Good Health)	$356	$356	$356	$712	$712	$712
Miscellaneous	$277	$277	$277	$409	$409	$409
Elder Index—Total Expenses Per Month	**$1,662**	**$1,938**	**$2,679**	**$2,455**	**$2,731**	**$3,472**
Elder Index—Total Expenses Per Year	**$19,944**	**$23,256**	**$32,148**	**$29,460**	**$32,772**	**$41,664**

Comparative Income Benchmarks	Elder Person (age 65+)			Elder Couple (both age 65+)		
Federal Poverty Guideline 2010 (DHHS)	$10,830	$10,830	$10,830	$14,570	$14,570	$14,570
Average Social Security Benefit for King County, 2010	$15,417	$15,417	$15,417	$25,085	$25,085	$25,085
Federal Poverty Guidelines as a Percent of Elder Index	54%	47%	34%	49%	44%	35%
Average Social Security Benefit as a Percent of Elder Index	77%	66%	48%	85%	77%	60%

Source: See Appendix D

Impact of Change in Health Status on Estimated Health Care Expenses (change from estimated expenses for Good Health)

Per Person:	Fair/Poor	Excellent/ Very Good
Change in Cost Per Month	+$139	–$55
Change in Cost Per Year	+$1,668	–$660

Source: Calculated by the Gerontology Institute based on data from the Medicare Options Compare website (U.S. Department of Health and Human Services 2010b).

In King County, Medicare Advantage coverage is assumed.

Annual Elder Index Value for Elders in Fair/Poor Health in King County, 2010

Per Person:	Owner w/o Mortgage	Renter/One Bedroom	Owner with Mortgage
Elder Person	$21,946	$25,258	$34,150
Elder Couple	$31,462	$34,774	$43,666

Source: See Appendix D.

Note: For couples it is assumed that only one of the members is in fair or poor health. The annual Elder Index value includes the increasing cost of health care expenses as well as a proportional increment to miscellaneous expenses.

Elders in King County with incomes at the federal poverty level, or even if living on the average Social Security benefit in 2010, cannot afford living expenses without public or private supports for housing and health care. While Social Security was never intended to be the sole source of income for elders, in reality it is the *only* income for one out of five Washington elders (AARP 2008).

Summary of Findings for King County

1. **Elders in King County at the poverty level or with the average Social Security benefit cannot make ends meet.**
   - The average Social Security benefit provides an elder living alone in King County only 48–77% of the amount needed to cover basic expenses.
   - In King County, elders living alone on an income equivalent to the federal poverty guideline can cover only 34–54% of their basic living expenses.
   - The average Social Security benefit provides an elder couple living in King County only 60–85% of the amount needed to cover basic expenses.
   - In King County, elder couples living on an income equivalent to the federal poverty guideline can cover only 35-49% of their basic living expenses.
2. **Elders *living alone* in King County need $19,944–$32,148 to cover their basic annual living costs.**
   - Elders living alone in King County who own their home without a mortgage need $19,944 a year to cover their basic living expenses.
   - If elders rent an apartment in King County, their basic living expenses increase to $23,256.
   - Elders still paying a mortgage face housing costs nearly triple those for homeowners without a mortgage, increasing annual living expenses to $32,148.
   - Elders with lower incomes need rent subsidies and/or elder affordable housing units, as well as assistance to cover supplemental health plan costs.
3. **Elder *couples* in King County need $29,460–$41,664 to cover their basic annual living costs.**
   - Elder couples in King County who own their home without a mortgage need $29,460 a year to cover their basic living expenses.
   - If elder couples rent an apartment in King County, their basic living expenses increase to $32,772.
   - Elder couples still paying a mortgage face housing costs nearly triple those for homeowners without a mortgage, increasing annual living expenses to $41,664.
   - Elder couples with lower incomes need rent subsidies and/or affordable housing units, as well as assistance to cover supplemental health plan costs.
4. **Some elders who are currently making ends meet face a precarious future if their life circumstances change, such as losing a spouse or experiencing a decline in health status.**
   - A member of an elder couple paying market rate rent in King County has expenses reduced by only 29% when a spouse dies, $23,256 from $32,772, yet his or her income may decrease substantially based on the mix of Social Security and/or pension income.
   - Elders in good health in King County face health care costs of $356 per month—more than they spend on food. Declines in health status result in a $139 monthly increase in health care expenses, which totals $495 per month for a single elder in poor health (see lower panels of Table 2).

TABLE 3
The Elder Economic Security Standard Index for Spokane County, 2010
Expenses for Selected Household Types

Expenses/Monthly and Yearly Totals	Elder Person (age 65+)			Elder Couple (both age 65+)		
	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (including utilities, taxes & insurance)	$377	$526	$1,078	$377	$526	$1,078
Food	$232	$232	$232	$425	$425	$425
Transportation	$246	$246	$246	$384	$384	$384
Health Care (Good Health)	$258	$258	$258	$516	$516	$516
Miscellaneous	$223	$223	$223	$340	$340	$340
Elder Index—Total Expenses Per Month	**$1,336**	**$1,485**	**$2,037**	**$2,042**	**$2,191**	**$2,743**
Elder Index—Total Expenses Per Year	**$16,032**	**$17,820**	**$24,444**	**$24,504**	**$26,292**	**$32,916**

Comparative Income Benchmarks	Elder Person (age 65+)			Elder Couple (both age 65+)		
Federal Poverty Guideline 2010 (DHHS)	$10,830	$10,830	$10,830	$14,570	$14,570	$14,570
Average Social Security Benefit for Spokane County, 2010	$14,106	$14,106	$14,106	$22,952	$22,952	$22,952
Federal Poverty Guidelines as a Percent of Elder Index	68%	61%	44%	59%	55%	44%
Average Social Security Benefit as a Percent of Elder Index	88%	79%	58%	94%	87%	70%

Source: See Appendix D

Impact of Change in Health Status on Estimated Health Care Expenses (change from estimated expenses for Good Health)

Per Person:	Fair/Poor	Excellent/ Very Good
Change in Cost Per Month	+$125	–$51
Change in Cost Per Year	+$1,500	–$612

Source: Calculated by the Gerontology Institute based on data from the Medicare Options Compare website (U.S. Department of Health and Human Services 2010b).

In Spokane County, Medicare Advantage coverage is assumed.

Annual Elder Index Value for Elders in Fair/Poor Health in Spokane County, 2010

Per Person:	Owner w/o Mortgage	Renter/One Bedroom	Owner with Mortgage
Elder Person	$17,832	$19,620	$26,244
Elder Couple	$26,304	$28,092	$34,716

Source: See Appendix D.

Note: For couples it is assumed that only one of the members is in fair or poor health. The annual Elder Index value includes the increasing cost of health care expenses as well as a proportional increment to miscellaneous expenses.

Elders in Spokane County, with incomes at the federal poverty level, or even if living on the average Social Security benefit in 2010, cannot afford basic living expenses without public or private supports for housing and health care.

Summary of Findings for Spokane County

1. **Elders in Spokane County at the poverty level or with the average Social Security benefit cannot make ends meet.**
    - The average Social Security benefit provides an elder living alone in Spokane County only 58–88% of the amount needed to cover basic expenses.
    - In Spokane County, elders living alone on an income equivalent to the federal poverty guideline can cover only 44–68% of their basic living expenses.
    - The average Social Security benefit in Spokane County provides a retired couple only 70-94% of the amount needed to cover basic expenses.
    - In Spokane County, elder couples living on an income equivalent to the federal poverty guideline can cover only 44–59% of their basic living expenses.
2. **Elders *living alone* in Spokane County need $16,032–$24,444 to cover their basic annual living costs.**
    - Elders living alone in Spokane County who own their home without a mortgage need $16,032 a year to cover their basic living expenses.
    - If elders rent an apartment in Spokane County, their basic living expenses increase to $17,820.
    - Elders still paying a mortgage face housing costs nearly triple those for homeowners without a mortgage, increasing annual living expenses to $24,444.
    - Elders with lower incomes need rent subsidies and/or elder affordable housing units, as well as assistance to cover supplemental health plan costs.
3. **Elder *couples* in Spokane County need $24,504–$32,916 to cover their basic annual living costs.**
    - Elder couples in Spokane County who own their home without a mortgage need $24,504 a year to cover their basic living expenses.
    - If elder couples rent an apartment in Spokane County, their basic living expenses increase to $26,292.
    - Elder couples still paying a mortgage face housing costs nearly triple those for homeowners without a mortgage, increasing annual living expenses to $32,916.
    - Elder couples with lower incomes need rent subsidies and/or affordable housing units, as well as assistance to cover supplemental health plan costs.
4. **Some elders who are currently making ends meet face a precarious future if their life circumstances change, such as losing a spouse or experiencing a decline in health status.**
    - A member of an elder couple paying market rate rent in Spokane County has expenses reduced by only 32% when a spouse dies, $17,820 from $26,292, yet his or her income may decrease substantially based on the mix of Social Security and/or pension income.
    - Elders in good health in Spokane County face health care costs of $258 per month—more than they spend on food. Declines in health status result in a $125 monthly increase in health care expenses, which totals $383 per month for a single elder in poor health (see lower panels of Table 3).

TABLE 4
The Elder Economic Security Standard Index for Whatcom County, 2010
Expenses for Selected Household Types

Expenses/Monthly and Yearly Totals	Elder Person (age 65+)			Elder Couple (both age 65+)		
	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (including utilities, taxes & insurance)	$451	$649	$1,332	$451	$649	$1,332
Food	$232	$232	$232	$425	$425	$425
Transportation	$230	$230	$230	$360	$360	$360
Health Care (Good Health)	$303	$303	$303	$606	$606	$606
Miscellaneous	$243	$243	$243	$368	$368	$368
Elder Index—Total Expenses Per Month	**$1,459**	**$1,657**	**$2,340**	**$2,210**	**$2,408**	**$3,091**
Elder Index—Total Expenses Per Year	**$17,508**	**$19,884**	**$28,080**	**$26,520**	**$28,896**	**$37,092**

Comparative Income Benchmarks	Elder Person (age 65+)			Elder Couple (both age 65+)		
Federal Poverty Guideline 2010 (DHHS)	$10,830	$10,830	$10,830	$14,570	$14,570	$14,570
Average Social Security Benefit for Whatcom County, 2010	$14,212	$14,212	$14,212	$23,123	$23,123	$23,123
Federal Poverty Guidelines as a Percent of Elder Index	62%	54%	39%	55%	50%	39%
Average Social Security Benefit as a Percent of Elder Index	81%	71%	51%	87%	80%	62%

Source: See Appendix D

Impact of Change in Health Status on Estimated Health Care Expenses (change from estimated expenses for Good Health)

Per Person:	Fair/Poor	Excellent/ Very Good
Change in Cost Per Month	+$117	–$48
Change in Cost Per Year	+$1,404	–$576

Source: Calculated by the Gerontology Institute based on data from the Medicare Options Compare website (U.S. Department of Health and Human Services 2010b).

In Whatcom County, Medicare Advantage coverage is assumed.

Annual Elder Index Value for Elders in Fair/Poor Health in Whatcom County, 2010

Per Person:	Owner w/o Mortgage	Renter/One Bedroom	Owner with Mortgage
Elder Person	$19,193	$21,569	$29,765
Elder Couple	$28,205	$30,581	$38,777

Source: See Appendix D.

Note: For couples it is assumed that only one of the members is in fair or poor health. The annual Elder Index value includes the increasing cost of health care expenses as well as a proportional increment to miscellaneous expenses.

Elders in Whatcom County with incomes at the federal poverty level, or even if living on the average Social Security benefit in 2010, cannot afford living expenses without public or private supports for housing and health care.

Summary of Findings for Whatcom County

1. **Elders in Whatcom County at the poverty level or with the average Social Security benefit cannot make ends meet.**
    - The average Social Security benefit provides an elder living alone in Whatcom County only 51–81% of the amount needed to cover basic expenses.
    - In Whatcom County, elders living alone on an income equivalent to the federal poverty guideline can cover only 39-62% of their basic living expenses.
    - The average Social Security benefit provides an elder couple living in Whatcom County only 62–87% of the amount needed to cover basic expenses.
    - In Whatcom County, elder couples living on an income equivalent to the federal poverty guideline can cover only 39–55% of their basic living expenses.
2. **Elders *living alone* in Whatcom County need $17,508–$28,080 to cover their basic annual living costs.**
    - Elders living alone in Whatcom County who own their home without a mortgage need $17,508 a year to cover their basic living expenses.
    - If elders rent an apartment in Whatcom County, their basic living expenses increase to $19,884.
    - Elders still paying a mortgage face housing costs more than three times those for homeowners without a mortgage, increasing annual living expenses to $28,080.
    - Elders with lower incomes need rent subsidies and/or elder affordable housing units, as well as assistance to cover supplemental health plan costs.
3. **Elder *couples* in Whatcom County need $26,520–$37,092 to cover their basic annual living costs.**
    - Elder couples in Whatcom County who own their home without a mortgage need $26,520 a year to cover their basic living expenses.
    - If elder couples rent an apartment in Whatcom County, their basic living expenses increase to $28,896.
    - Elder couples still paying a mortgage face housing costs more than three times those for homeowners without a mortgage, increasing annual living expenses to $37,092.
    - Elder couples with lower incomes need rent subsidies and/or affordable housing units, as well as assistance to cover supplemental health plan costs.
4. **Some elders who are currently making ends meet face a precarious future if their life circumstances change, such as losing a spouse or experiencing a decline in health status.**
    - A member of an elder couple paying market rate rent in Whatcom County has expenses reduced by only 31% when a spouse dies, $19,884 from $28,896, yet his or her income may decrease substantially based on the mix of Social Security and/or pension income.
    - Elders in good health in Whatcom County face health care costs of $303 per month—more than they spend on food. Declines in health status result in a $117 monthly increase in health care expenses, which totals $420 per month for a single elder in poor health (see lower panels of Table 4).

IV. THE IMPACT OF HOME AND COMMUNITY-BASED LONG-TERM CARE SERVICES

Home and community-based long-term care (HCBS) is a continuum that can start with a few hours of care per week and can increase to 24/7 year-round care.[16] Using national long-term care utilization data, the Elder Index constructed three packages of home- and community-based long-term care services: "low," "medium" and "high."[17] The cost of these services, based on statewide public reimbursement rates and private rates, is inserted to determine the total cost of providing the chosen level of care. The high package has two variations, one with Adult Day Health Services (ADHS) and one without.

The three HCBS packages provide a general framework for understanding community-based long-term care services. Washington varies in some ways from the model in rebalancing its long-term care system. For over twenty years, the State Aging Network has been maximizing the use of family and other informal supports and investing greater resources in supports that help individuals age at home and avoid nursing home placement. This rebalanced system has helped moderate the costs of long-term care for many low-income elders. The illustrations provided in the following tables and figures represent situations when family and informal supports and lower cost options, such as Adult Day Care programs, are not available to individuals who have higher needs for assistance.

Table 5 illustrates the annual cost of home and community-based long-term care services for elders in Washington based on public reimbursement and private pay rates. Each component in the service package is multiplied by the rate per hour and number of hours to determine the annual cost of long-term care services to enable elders to remain in their homes when they require ongoing, long-term care services and support.

Rationale for Selection of Home and Community-Based Long-Term Care Measure

Since not all elders require long-term care, the Elder Index shows it as an add-on component to the basic Elder Economic Security Standard Index. However, research shows that two-thirds of seniors will need long-term care at some point in their later years; one-half will have out-of-pocket expenses for care, and 5% will spend as much as $100,000 over their lifetime (Kemper, Komisar & Alecxih 2006). In Washington, elders who are at-risk for institutional placement and who meet income and asset guidelines are eligible for Washington's Community Options Program Entry System (COPES) Medicaid HCBS Waiver program.

The selected packages are representative of a possible continuum. The packages assume that the care is formal, paid care, since the Elder Index measures the costs of goods and services needed by elders and paid for at market rates.

Measuring Costs of Home and Community-Based Long-Term Care

To construct a measure of home- and community-based long-term care costs, the Elder Index includes an add-on long-term care services package for elders who need such care, at three levels of care: low (six hours per week), medium (16 hours per week) and high (36 hours per week). These represent points along the continuum of home care

TABLE 5

Home and Community-Based Long-Term Care Costs for the Elder Economic Security Standard Index, 2010 At Public Reimbursement and Private Pay Rates in Washington

Level of Need for Long-Term Care	Low	Medium	High with Adult Day Care*	High without Adult Day Care
Hours Per Week	6 hours	16 hours	36 hours	36 hours
Public Rates: All of Washington	$6,146	$16,672	$29,546	$34,138
Private Rates: All of Washington	$8,856	$23,504	$38,640	$48,624

* According to the Washington Adult Day Services Association, the maximum amount of Adult Day Health (ADH) provided is 5 hours, with 4 hours being most commonly received. This calculation is based on 3 days at 6 hours/day (5 hours ADH & 1 hour transportation) = 18 hours/week in ADH (= ½ total hours).

Source: Authors' calculations from applying rates for WA to the long-term care services package at three levels.

[16] At higher levels of need for care, the likelihood increases of receiving care in a nursing home.

[17] The authors acknowledge the work of Judith Conahan in developing the long-term care component of the methodology (Russell et al 2006).

TABLE 6
Washington Elder Economic Security Standard Index
Home and Community-Based Long-Term Care Services Package
Long-Term Care at 6, 16, and 36 Hours/Week

	Low	Medium	High with Adult Day Health	High All In-Home Care
Hours Per Week	**6**	**16**	**36**	**36**
Total Care Hours Per Month	26	69	156	156
Distribution of Care Hours:				
Homemaker	100%	100%	33%	67%
Home Health Aide	not used	not used	17%	33%
Adult Day Health (ADH) (3 days/week)	not used	not used	50%	not used
ADH Transport (# days/week)	not used	not used	3	not used
Case Management	routine	more	intensive	intensive
Supplies	no	yes	yes	yes
Personal Emergency Response System	yes	yes	yes	yes

Source: Russell, et al. (2006)

needs. Information on data sources and notes regarding the methodology are in **Appendix A** (see also Russell et al. 2006).

The care package includes hourly caregiver services (homemakers/personal care aides and home health aides), care management, supplies and a personal emergency response system. At the high level of care, there is also an option in which one half of the care is provided through adult day health services (in geographic locations where services are available). The long-term care services package is illustrated in **Table 6**. For example, a "low" level of service use assumes six hours of care per week, all of which are in the form of homemaker services. A modest amount of care management is assumed and fees for a personal emergency response system are also included. In contrast, a "high" in-home service package assumes 36 hours per week of care, two-thirds of which are in the form of homemaker services and one-third in the form of home health assistance. A higher level of care management is assumed and funds for health care supplies (e.g., incontinence supplies) are included, as well as fees for a personal emergency response system.

Next, the Elder Index benchmarks the rates for each element of the long-term care services package in Washington. **Table 7** presents public reimbursement and private pay rates for each element of the long-term care services package.[18]

The Impact of Home and Community-Based Long-Term Care Costs on the Elder Economic Security Standard Index

Although not universally incurred, home and community-based long-term care costs can result in a doubling of living expenses, creating a severe financial crisis for elders' budgets. Long-term care costs can vary considerably over time and tend to increase with age.

The need for long-term care markedly raises costs, multiplying the Elder Index. In Washington, the "low" home and community-based long-term care services package adds $8,856 per year to living expenses for seniors. The "medium" home and community-based long-term care services package adds $23,504 per year to living expenses. The "high" home and community-based long-term care services package with Adult Day Health Services adds $38,640 per year to living expenses. The high home and

[18] Public reimbursement rates are from Washington Association of Area Agencies on Aging (W4A). Private pay rates are from Genworth (2010) and an informal state partner survey of Washington Adult Day Health Services programs (for ADH transportation costs) and geriatric care managers.

TABLE 7
Washington Elder Economic Security Standard Index Long-Term Care Services
Public and Private Pay Rates, 2010

	Public Reimbursement Rates All of Washington	Private Pay Rates All of Washington
Homemaker/Personal Care (per hour)	$16.21	$23.00
Home Health Aide (per hour)	$16.21	$23.00
Adult Day Health (ADH) (daily rate)	$67.82	$56.00
ADH Transport (roundtrip rate)	included	$18.00
Case Management (per hour)	$50.70	$100.00
Supplies (per month)	$124.00	$124.00
Personal Emergency Response System (per month)	$40.00	$40.00

Sources: See Appendix A.

TABLE 8
The Elder Economic Security Standard Index for the State of Washington, 2010
Addition of Home and Community-Based Long-Term Care Costs*

Expenses	Elder Person (age 65+)			Elder Couple (both age 65+)		
	Owner w/o Mortgage	Renter/One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter/One Bedroom	Owner w/ Mortgage
Elder Index Per Year (Assuming Poor Health)	**$20,093**	**$23,249**	**$30,377**	**$29,861**	**$33,017**	**$40,145**
Add Impact of Changes in Long-Term Care Status						
Low Long-Term Care: 6 hrs/wk Cost Per Month $738						
Cost Per Year	$8,856	$8,856	$8,856	$8,856	$8,856	$8,856
Elder Index Per Year	**$28,949**	**$32,105**	**$39,233**	**$38,717**	**$41,873**	**$49,001**
Medium Long-Term Care: 16 hrs/wk Cost Per Month $1,959						
Cost Per Year	$23,504	$23,504	$23,504	$23,504	$23,504	$23,504
Elder Index Per Year	**$43,597**	**$46,753**	**$53,881**	**$53,365**	**$56,521**	**$63,649**
High Long-Term Care with Adult Day Health: 36 hrs/wk Cost Per Month $3,220						
Cost Per Year	$38,640	$38,640	$38,640	$38,640	$38,640	$38,640
Elder Index Per Year	**$58,733**	**$61,889**	**$69,017**	**$68,501**	**$71,657**	**$78,785**
High Long-Term Care all In-Home Care: 36 hrs/wk Cost Per Month $4,052						
Cost Per Year	$48,624	$48,624	$48,624	$48,624	$48,624	$48,624
Elder Index Per Year	**$68,717**	**$71,873**	**$79,001**	**$78,485**	**$81,641**	**$88,769**

* Elders needing home and community based long-term care (LTC) are presumed to be in poor health. Hence LTC costs are added to the standard for elder person in poor health and elder couple, one in poor and one in good health.

community-based long-term care services package with all in-home care adds $48,624 per year to living expenses.

Table 8 shows the impact of home and community-based long-term care costs on Washington statewide elders' living expenses for the selected elder household scenarios. **Figure 8** illustrates the impact of adding these costs for an elder renter in Washington. The impact of long-term care costs on estimated living costs for each county is included in Appendix D. Note that the Elder Index values in Table 8 have been adjusted to reflect an elder in fair to poor health, given that only individuals with poor health are likely to need long-term care.

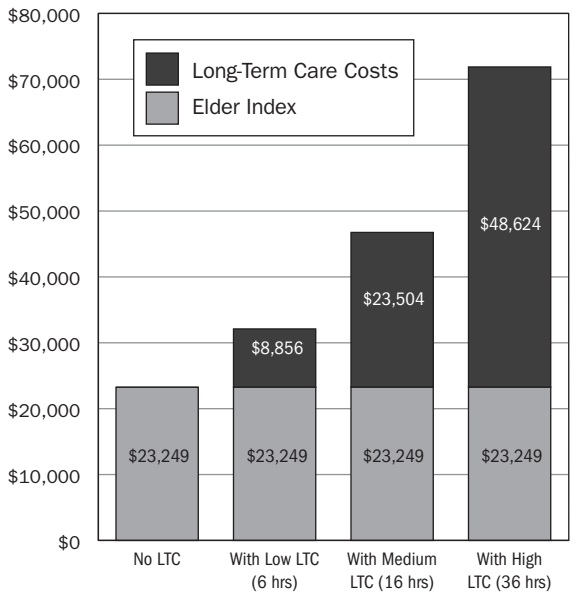
Overview of Impact of Home and Community-Based Long-Term Care Findings for Washington

The need for home and community-based long-term care can more than double an elder's expenses, significantly increasing the income needed to meet basic needs:

- For the Washington elder household scenarios described in this report, the Elder Index ranges from $20,093-$40,145 (without home and community-based long-term care, but assuming poor health for the elder person or for one member of the elder couple).
- Adding home and community-based long-term care for one person adds significantly to living expense costs—$8,856 for "low" levels of care, $23,504 for "medium" levels of care and $38,640–$48,624 for "high" levels of care.
- Home and community-based long-term care is preferred by elders to skilled nursing facility care, which is considerably more expensive. National market surveys report an average rate of $82,097 for skilled nursing facility care (semi-private room) in Washington (Genworth 2010).
- The above estimates assume that only one member of an older couple needs long-term care assistance and is in poor health. If it is assumed that both members of a couple need some long-term care assistance, estimated costs could spiral to even higher levels. In addition to the health care costs being higher when both members of a couple are in poor health, out-of-pocket costs for home health care, adult day health or other services or supplies would increase.

When elders become frail and are in poor health, they may need community-based long-term care services to remain at home. Using the example of an elder renter living alone in Washington, Figure 8 illustrates the dramatic increase in annual expenses experienced when low (six hours/week), medium (16 hours/week) or high (36 hours/week) levels of home- and community-based long-term care services are required. For example, compared to the elder renter in fair to poor health who purchases no long-term care services (with estimated annual expenses of $23,249), annual expenses are three times higher if high levels of home-based care are required ($71,873).

FIGURE 8
Adding Home and Community-Based Long-Term Care Costs to the Elder Economic Security Standard Index for the State of Washington, 2010
Example of an Elder Renter



V. SUMMARY

The Elder Index, with its modeled scenarios for older adults living in different circumstances, shows the difficulties low- and moderate-income elders confront in meeting their living expenses. In every county in the state, elders who live at the federal poverty level, or who are totally dependent on the average Social Security payment in 2009, need housing and health care supports to make ends meet. Long-term care needs add significant costs.

The Elder Economic Security Initiative, through the use and development of the national WOW-GI Elder Economic Security Standard Index, provides a framework to help guide public, private and personal decisions that can directly shape the well-being of today's and tomorrow's older adults. Additionally, it provides information for decisions that aging Baby Boomers will need to make for

themselves and for the older family members for whom they often care. The Elder Economic Security Initiative uses the information contained in the Elder Index to develop and advocate for strategies that promote economic security to meet the goals of independence, choice and dignity for older adults.

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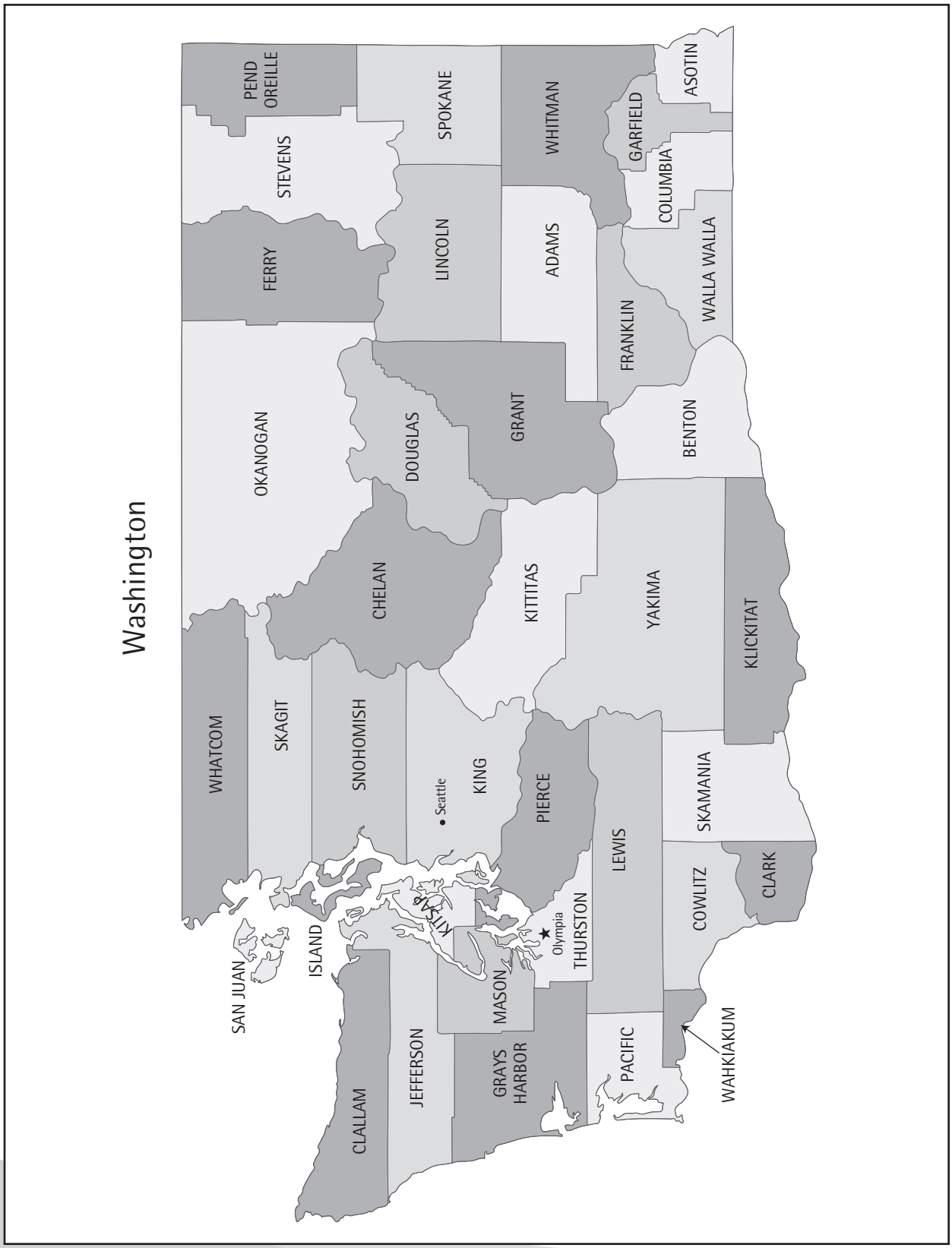
Appendix A: Data Sources

Data Type	Source	Assumptions
Housing	Rent: US Department of Housing and Urban Development (2010). Fair Market Rents—Fiscal Year 2010. Retrieved from: http://www.huduser.org Owner Costs: US Census Bureau (2009c): American Community Survey Public Use Microdata Sample (PUMS) 2006-2008 3-year file. Retrieved from: http://factfinder.census.gov/ Owner costs adjusted to 2010 by CPI-U for housing in the West region. US Department of Labor (2010). Retrieved from http://data.bls.gov/data	Fair Market Rents (FMRs) for 1-bedroom units by HUD statistical area (county or country group). Median selected monthly owner costs (SMOC) for owners 65+ with, and without a mortgage. SMOC includes property taxes, insurance, heat & utilities, condo fees, & mortgage payment (if any)
Food	Low-Cost Food Plan: US Department of Agriculture, Center for Nutrition Policy and Promotion (2010). Retrieved from: http://www.cnpp.usda.gov/USDAFoodPlansCostofFood.htm	Low Cost Food Plan costs for older men and women are averaged to determine food costs for elders. Per USDA, food costs for single adults are increased by 20% to reflect lesser economies of scale.
Total Health Care Costs (premiums and out-of-pocket cost)	US Department of Health & Human Services. (2010b). Medicare Options Compare Tool. Retrieved from: https://www.medicare.gov/find-a-plan/questions/home.aspx US Department of Health & Human Services (2010c). Medicare Advantage/Part D Contract and Enrollment Data. Retrieved from: http://www.cms.hhs.gov/MCRAdvPartDEnrolData/MASCPen/list.asp#TopOfPage	Average costs calculated by the Gerontology Institute for Washington assuming Medicare Advantage with Prescription coverage or Medigap Supplement and Medicare Part D coverage; also assuming an elder age 70–74
Transportation	Private Automobile Cost: US Department of Transportation (2010), National Household Travel Survey for 2009 (NHTS). Retrieved from: http://nhts.ornl.gov/ Per Mile Cost: Internal Revenue Service (2009). Retrieved from: http://www.irs.gov/newsroom/article/0,,id=216048,00.html	Estimated annual mileage driven by retired singles and couples in WA x IRS standard mileage reimbursement rate for operating and owner costs for 2010.
Miscellaneous	Miscellaneous expenses are estimated at 20% of costs of other basic expenditure categories: housing, food, health care and transportation, which is equal to 16.67% of total expenses. Includes all other essentials: clothing, shoes, paper products, cleaning products, household items, personal hygiene items and telephone.	The Elder Index calculates miscellaneous expenses for owners without a mortgage and applies that amount to each of the housing types.
Long-Term Care	Public (Medicaid waiver) rate information from Washington Association of Area Agencies on Aging (W4A). Private rates from Genworth 2010 Cost of Care Survey (Genworth, 2010). Retrieved from: http://www.genworth.com/content/etc/medialib/genworth_v2/pdf/ltc_cost_of_care.Par.14625.File.dat/2010_Cost_of_Care_Survey_Full_Report.pdf. Adult Day Service Transportation expenses based on report by Easter Seals (n.d.). Retrieved from: http://seniortransportation.easterseals.com/site/PageServer?pagename=NCST2_tsc_adult_day Other expenses based on informal surveys and web searches conducted by the Gerontology Institute.	Authors' calculations using area costs for three prototypical levels of long-term care services packages.

Appendix B: List of Washington Metropolitan/Micropolitan Areas and Counties

Metropolitan/Micropolitan Area	Table (App. D)	County Name(s)
Aberdeen, WA Micropolitan Statistical Area	14	Grays Harbor County
Bellingham, WA Metropolitan Statistical Area	37	Whatcom County
Bremerton-Silverdale, WA Metropolitan Statistical Area	18	Kitsap County
Centralia, WA Micropolitan Statistical Area	21	Lewis County
Ellensburg, WA Micropolitan Statistical Area	19	Kittitas County
Kennewick-Pasco-Richland, WA Metropolitan Statistical Area	3	Benton County
	11	Franklin County
Lewiston, ID-WA Metropolitan Statistical Area	2	Asotin County
Longview, WA Metropolitan Statistical Area	8	Cowlitz County
Moses Lake, WA Micropolitan Statistical Area	13	Grant County
Mount Vernon-Anacortes, WA Metropolitan Statistical Area	29	Skagit County
Oak Harbor, WA Micropolitan Statistical Area	15	Island County
Olympia, WA Metropolitan Statistical Area	34	Thurston County
Port Angeles, WA Micropolitan Statistical Area	5	Clallam County
Portland-Vancouver-Beaverton, OR-WA Metropolitan Statistical Area	6	Clark County
	30	Skamania County
Pullman, WA Micropolitan Statistical Area	38	Whitman County
Seattle-Tacoma-Bellevue, WA Metropolitan Statistical Area		
Seattle-Bellevue-Everett, WA Metropolitan Division	17	King County
	31	Snohomish County
Tacoma, WA Metropolitan Division	27	Pierce County
Shelton, WA Micropolitan Statistical Area	23	Mason County
Spokane, WA Metropolitan Statistical Area	32	Spokane County
Walla Walla, WA Micropolitan Statistical Area	36	Walla Walla County
Wenatchee-East Wenatchee, WA Metropolitan Statistical Area	4	Chelan County
	9	Douglas County
Yakima, WA Metropolitan Statistical Area	39	Yakima County
Non-Metro Counties	1	Adams County
	7	Columbia County
	10	Ferry County
	12	Garfield County
	16	Jefferson County
	20	Klickitat County
	22	Lincoln County
	24	Okanogan County
	25	Pacific County
	26	Pend Oreille County
	28	San Juan County
	33	Stevens County
	35	Wahkiakum County

Appendix C: Map of Washington Counties



Source: U.S. Census Bureau. See http://quickfacts.census.gov/qfd/maps/washington_map.html.

Appendix D: Elder Economic Security Standard Index for Washington Counties, 2010 One- and Two-Person Elder Households

Table D-1: The Elder Economic Security Standard Index for Adams County, 2010

Monthly Expenses for Selected Household Types

	Elder Person (age 65+)			Elder Couple (both age 65+)		
Expenses/Monthly and Yearly Totals	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	$289	$497	$927	$289	$497	$927
Food	$232	$232	$232	$425	$425	$425
Transportation	$235	$235	$235	$367	$367	$367
Health Care (Good Health)	$430	$430	$430	$860	$860	$860
Miscellaneous	$237	$237	$237	$388	$388	$388
Elder Index Per Month	**$1,423**	**$1,631**	**$2,061**	**$2,329**	**$2,537**	**$2,967**
Elder Index Per Year	**$17,076**	**$19,572**	**$24,732**	**$27,948**	**$30,444**	**$35,604**

Annual Comparison Amounts	Elder Person	Elder Couple
Federal Poverty Guideline 2010 (DHHS)	$10,830	$14,570
SSI Payment Maximum 2010	$8,088	$12,132
Average County Social Security Benefit 2010	$13,555	$22,054

Adding Home- and Community-Based Long-Term Care Costs to the Elder Economic Security Standard Index for Elders in Poor Health

Annual Expenses

	LTC Cost Per Year	Elder Economic Security Standard Index plus Cost of Long-Term Care					
		Elder Person (age 65+)			Elder Couple (both age 65+)		
Need for Long-Term Care (hours/week)		Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Low (6 hrs)	$8,856	$26,954	$29,450	$34,610	$37,826	$40,322	$45,482
Medium (16 hrs)	$23,504	$41,602	$44,098	$49,258	$52,474	$54,970	$60,130
High w/ADC (36 hrs)	$38,640	$56,738	$59,234	$64,394	$67,610	$70,106	$75,266
High w/o ADC (36 hrs)	$48,624	$66,722	$69,218	$74,378	$77,594	$80,090	$85,250

To reflect the difference between an elder in good health (depicted in table) and in poor health (and therefore being at higher risk of needing LTC), $85 should be added to the monthly totals ($71 for out-of-pocket medical costs and $14.20 for miscellaneous costs) resulting in an annual increase in costs of $1,022.40 (for an elder person).

For information on data sources and assumptions, please refer to Appendix A: Data Sources in the *Elder Economic Security Initiative: Elder Economic Security Standard Index for Washington.*

Table D-2: The Elder Economic Security Standard Index for Asotin County, 2010

Monthly Expenses for Selected Household Types

	Elder Person (age 65+)			Elder Couple (both age 65+)		
Expenses/Monthly and Yearly Totals	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	$365	$535	$926	$365	$535	$926
Food	$232	$232	$232	$425	$425	$425
Transportation	$230	$230	$230	$360	$360	$360
Health Care (Good Health)	$407	$407	$407	$814	$814	$814
Miscellaneous	$247	$247	$247	$393	$393	$393
Elder Index Per Month	**$1,481**	**$1,651**	**$2,042**	**$2,357**	**$2,527**	**$2,918**
Elder Index Per Year	**$17,772**	**$19,812**	**$24,504**	**$28,284**	**$30,324**	**$35,016**

Annual Comparison Amounts	Elder Person	Elder Couple
Federal Poverty Guideline 2010 (DHHS)	$10,830	$14,570
SSI Payment Maximum 2010	$8,088	$12,132
Average County Social Security Benefit 2010	$13,989	$22,761

Adding Home- and Community-Based Long-Term Care Costs to the Elder Economic Security Standard Index for Elders in Poor Health

Annual Expenses

	LTC Cost Per Year	Elder Economic Security Standard Index plus Cost of Long-Term Care					
		Elder Person (age 65+)			Elder Couple (both age 65+)		
Need for Long-Term Care (hours/week)		Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Low (6 hrs)	$8,856	$28,774	$30,814	$35,506	$39,286	$41,326	$46,018
Medium (16 hrs)	$23,504	$43,422	$45,462	$50,154	$53,934	$55,974	$60,666
High w/ADC (36 hrs)	$38,640	$58,558	$60,598	$65,290	$69,070	$71,110	$75,802
High w/o ADC (36 hrs)	$48,624	$68,542	$70,582	$75,274	$79,054	$81,094	$85,786

To reflect the difference between an elder in good health (depicted in table) and in poor health (and therefore being at higher risk of needing LTC), $178.80 should be added to the monthly totals ($149 for out-of-pocket medical costs and $29.80 for miscellaneous costs) resulting in an annual increase in costs of $2,145.60 (for an elder person).

For information on data sources and assumptions, please refer to Appendix A: Data Sources in the *Elder Economic Security Initiative: Elder Economic Security Standard Index for Washington.*

Table D-3: The Elder Economic Security Standard Index for Benton County, 2010

Monthly Expenses for Selected Household Types

	Elder Person (age 65+)			Elder Couple (both age 65+)		
Expenses/Monthly and Yearly Totals	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	$376	$590	$1,051	$376	$590	$1,051
Food	$232	$232	$232	$425	$425	$425
Transportation	$230	$230	$230	$360	$360	$360
Health Care (Good Health)	$430	$430	$430	$860	$860	$860
Miscellaneous	$254	$254	$254	$404	$404	$404
Elder Index Per Month	**$1,522**	**$1,736**	**$2,197**	**$2,425**	**$2,639**	**$3,100**
Elder Index Per Year	**$18,264**	**$20,832**	**$26,364**	**$29,100**	**$31,668**	**$37,200**

Annual Comparison Amounts	Elder Person	Elder Couple
Federal Poverty Guideline 2010 (DHHS)	$10,830	$14,570
SSI Payment Maximum 2010	$8,088	$12,132
Average County Social Security Benefit 2010	$15,212	$24,750

Adding Home- and Community-Based Long-Term Care Costs to the Elder Economic Security Standard Index for Elders in Poor Health

Annual Expenses

	LTC Cost Per Year	Elder Economic Security Standard Index plus Cost of Long-Term Care					
		Elder Person (age 65+)			Elder Couple (both age 65+)		
Need for Long-Term Care (hours/week)		Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Low (6 hrs)	$8,856	$28,142	$30,710	$36,242	$38,978	$41,546	$47,078
Medium (16 hrs)	$23,504	$42,790	$45,358	$50,890	$53,626	$56,194	$61,726
High w/ADC (36 hrs)	$38,640	$57,926	$60,494	$66,026	$68,762	$71,330	$76,862
High w/o ADC (36 hrs)	$48,624	$67,910	$70,478	$76,010	$78,746	$81,314	$86,846

To reflect the difference between an elder in good health (depicted in table) and in poor health (and therefore being at higher risk of needing LTC), $85.20 should be added to the monthly totals ($71 for out-of-pocket medical costs and $14.20 for miscellaneous costs) resulting in an annual increase in costs of $1,022.40 (for an elder person).

For information on data sources and assumptions, please refer to Appendix A: Data Sources in the *Elder Economic Security Initiative: Elder Economic Security Standard Index for Washington.*

Table D-4: The Elder Economic Security Standard Index for Chelan County, 2010

Monthly Expenses for Selected Household Types

	Elder Person (age 65+)			Elder Couple (both age 65+)		
Expenses/Monthly and Yearly Totals	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	$335	$564	$1,020	$335	$564	$1,020
Food	$232	$232	$232	$425	$425	$425
Transportation	$230	$230	$230	$360	$360	$360
Health Care (Good Health)	$430	$430	$430	$860	$860	$860
Miscellaneous	$245	$245	$245	$396	$396	$396
Elder Index Per Month	**$1,472**	**$1,701**	**$2,157**	**$2,376**	**$2,605**	**$3,061**
Elder Index Per Year	**$17,664**	**$20,412**	**$25,884**	**$28,512**	**$31,260**	**$36,732**

Annual Comparison Amounts	Elder Person	Elder Couple
Federal Poverty Guideline 2010 (DHHS)	$10,830	$14,570
SSI Payment Maximum 2010	$8,088	$12,132
Average County Social Security Benefit 2010	$13,842	$22,521

Adding Home- and Community-Based Long-Term Care Costs to the Elder Economic Security Standard Index for Elders in Poor Health

Annual Expenses

	LTC Cost Per Year	Elder Economic Security Standard Index plus Cost of Long-Term Care					
		Elder Person (age 65+)			Elder Couple (both age 65+)		
Need for Long-Term Care (hours/week)		Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Low (6 hrs)	$8,856	$27,542	$30,290	$35,762	$38,390	$41,138	$46,610
Medium (16 hrs)	$23,504	$42,190	$44,938	$50,410	$53,038	$55,786	$61,258
High w/ADC (36 hrs)	$38,640	$57,326	$60,074	$65,546	$68,174	$70,922	$76,394
High w/o ADC (36 hrs)	$48,624	$67,310	$70,058	$75,530	$78,158	$80,906	$86,378

To reflect the difference between an elder in good health (depicted in table) and in poor health (and therefore being at higher risk of needing LTC), $85.20 should be added to the monthly totals ($71 for out-of-pocket medical costs and $14.20 for miscellaneous costs) resulting in an annual increase in costs of $1,022.40 (for an elder person).

For information on data sources and assumptions, please refer to Appendix A: Data Sources in the *Elder Economic Security Initiative: Elder Economic Security Standard Index for Washington.*

Table D-5: The Elder Economic Security Standard Index for Clallam County, 2010

Monthly Expenses for Selected Household Types

	Elder Person (age 65+)			Elder Couple (both age 65+)		
Expenses/Monthly and Yearly Totals	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	$385	$582	$1,046	$385	$582	$1,046
Food	$232	$232	$232	$425	$425	$425
Transportation	$235	$235	$235	$367	$367	$367
Health Care (Good Health)	$430	$430	$430	$860	$860	$860
Miscellaneous	$256	$256	$256	$407	$407	$407
Elder Index Per Month	**$1,538**	**$1,735**	**$2,199**	**$2,444**	**$2,641**	**$3,105**
Elder Index Per Year	**$18,456**	**$20,820**	**$26,388**	**$29,328**	**$31,692**	**$37,260**

Annual Comparison Amounts	Elder Person	Elder Couple
Federal Poverty Guideline 2010 (DHHS)	$10,830	$14,570
SSI Payment Maximum 2010	$8,088	$12,132
Average County Social Security Benefit 2010	$13,979	$22,745

Adding Home- and Community-Based Long-Term Care Costs to the Elder Economic Security Standard Index for Elders in Poor Health

Annual Expenses

	LTC Cost Per Year	**Elder Economic Security Standard Index plus Cost of Long-Term Care**					
		Elder Person (age 65+)			Elder Couple (both age 65+)		
Need for Long-Term Care (hours/week)		Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Low (6 hrs)	$8,856	$28,334	$30,698	$36,266	$39,206	$41,570	$47,138
Medium (16 hrs)	$23,504	$42,982	$45,346	$50,914	$53,854	$56,218	$61,786
High w/ADC (36 hrs)	$38,640	$58,118	$60,482	$66,050	$68,990	$71,354	$76,922
High w/o ADC (36 hrs)	$48,624	$68,102	$70,466	$76,034	$78,974	$81,338	$86,906

To reflect the difference between an elder in good health (depicted in table) and in poor health (and therefore being at higher risk of needing LTC), $85.20 should be added to the monthly totals ($71 for out-of-pocket medical costs and $14.20 for miscellaneous costs) resulting in an annual increase in costs of $1,022.40 (for an elder person).

For information on data sources and assumptions, please refer to Appendix A: Data Sources in the *Elder Economic Security Initiative: Elder Economic Security Standard Index for Washington.*

Table D-6: The Elder Economic Security Standard Index for Clark County, 2010

Monthly Expenses for Selected Household Types

	Elder Person (age 65+)			Elder Couple (both age 65+)		
Expenses/Monthly and Yearly Totals	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	$424	$738	$1,304	$424	$738	$1,304
Food	$232	$232	$232	$425	$425	$425
Transportation	$212	$212	$212	$331	$331	$331
Health Care (Good Health)	$354	$354	$354	$708	$708	$708
Miscellaneous	$244	$244	$244	$378	$378	$378
Elder Index Per Month	**$1,466**	**$1,780**	**$2,346**	**$2,266**	**$2,580**	**$3,146**
Elder Index Per Year	**$17,592**	**$21,360**	**$28,152**	**$27,192**	**$30,960**	**$37,752**

Annual Comparison Amounts	Elder Person	Elder Couple
Federal Poverty Guideline 2010 (DHHS)	$10,830	$14,570
SSI Payment Maximum 2010	$8,088	$12,132
Average County Social Security Benefit 2010	$14,647	$23,832

Adding Home- and Community-Based Long-Term Care Costs to the Elder Economic Security Standard Index for Elders in Poor Health

Annual Expenses

	LTC Cost Per Year	Elder Economic Security Standard Index plus Cost of Long-Term Care					
		Elder Person (age 65+)			Elder Couple (both age 65+)		
Need for Long-Term Care (hours/week)		Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Low (6 hrs)	$8,856	$28,565	$32,333	$39,125	$38,165	$41,933	$48,725
Medium (16 hrs)	$23,504	$43,213	$46,981	$53,773	$52,813	$56,581	$63,373
High w/ADC (36 hrs)	$38,640	$58,349	$62,117	$68,909	$67,949	$71,717	$78,509
High w/o ADC (36 hrs)	$48,624	$68,333	$72,101	$78,893	$77,933	$81,701	$88,493

To reflect the difference between an elder in good health (depicted in table) and in poor health (and therefore being at higher risk of needing LTC), $176.40 should be added to the monthly totals ($147 for out-of-pocket medical costs and $29.40 for miscellaneous costs) resulting in an annual increase in costs of $2,116.80 (for an elder person).

For information on data sources and assumptions, please refer to Appendix A: Data Sources in the *Elder Economic Security Initiative: Elder Economic Security Standard Index for Washington.*

Table D–7: The Elder Economic Security Standard Index for Columbia County, 2010

Monthly Expenses for Selected Household Types

	Elder Person (age 65+)			Elder Couple (both age 65+)		
Expenses/Monthly and Yearly Totals	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	$365	$502	$926	$365	$502	$926
Food	$232	$232	$232	$425	$425	$425
Transportation	$235	$235	$235	$367	$367	$367
Health Care (Good Health)	$430	$430	$430	$860	$860	$860
Miscellaneous	$252	$252	$252	$403	$403	$403
Elder Index Per Month	**$1,514**	**$1,651**	**$2,075**	**$2,420**	**$2,557**	**$2,981**
Elder Index Per Year	**$18,168**	**$19,812**	**$24,900**	**$29,040**	**$30,684**	**$35,772**

Annual Comparison Amounts	Elder Person	Elder Couple
Federal Poverty Guideline 2010 (DHHS)	$10,830	$14,570
SSI Payment Maximum 2010	$8,088	$12,132
Average County Social Security Benefit 2010	$13,595	$22,120

Adding Home- and Community-Based Long-Term Care Costs to the Elder Economic Security Standard Index for Elders in Poor Health

Annual Expenses

	LTC Cost Per Year	Elder Economic Security Standard Index plus Cost of Long-Term Care					
		Elder Person (age 65+)			Elder Couple (both age 65+)		
Need for Long-Term Care (hours/week)		Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Low (6 hrs)	$8,856	$28,046	$29,690	$34,778	$38,918	$40,562	$45,650
Medium (16 hrs)	$23,504	$42,694	$44,338	$49,426	$53,566	$55,210	$60,298
High w/ADC (36 hrs)	$38,640	$57,830	$59,474	$64,562	$68,702	$70,346	$75,434
High w/o ADC (36 hrs)	$48,624	$67,814	$69,458	$74,546	$78,686	$80,330	$85,418

To reflect the difference between an elder in good health (depicted in table) and in poor health (and therefore being at higher risk of needing LTC), $85.20 should be added to the monthly totals ($71 for out-of-pocket medical costs and $14.20 for miscellaneous costs) resulting in an annual increase in costs of $1,022.40 (for an elder person).

For information on data sources and assumptions, please refer to Appendix A: Data Sources in the *Elder Economic Security Initiative: Elder Economic Security Standard Index for Washington.*

Table D-8: The Elder Economic Security Standard Index for Cowlitz County, 2010

Monthly Expenses for Selected Household Types

	Elder Person (age 65+)			Elder Couple (both age 65+)		
Expenses/Monthly and Yearly Totals	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	$342	$579	$1,094	$342	$579	$1,094
Food	$232	$232	$232	$425	$425	$425
Transportation	$230	$230	$230	$360	$360	$360
Health Care (Good Health)	$339	$339	$339	$678	$678	$678
Miscellaneous	$229	$229	$229	$361	$361	$361
Elder Index Per Month	**$1,372**	**$1,609**	**$2,124**	**$2,166**	**$2,403**	**$2,918**
Elder Index Per Year	**$16,464**	**$19,308**	**$25,488**	**$25,992**	**$28,836**	**$35,016**

Annual Comparison Amounts	Elder Person	Elder Couple
Federal Poverty Guideline 2010 (DHHS)	$10,830	$14,570
SSI Payment Maximum 2010	$8,088	$12,132
Average County Social Security Benefit 2010	$14,775	$24,041

Adding Home- and Community-Based Long-Term Care Costs to the Elder Economic Security Standard Index for Elders in Poor Health

Annual Expenses

	LTC Cost Per Year	Elder Economic Security Standard Index plus Cost of Long-Term Care					
		Elder Person (age 65+)			Elder Couple (both age 65+)		
Need for Long-Term Care (hours/week)		Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Low (6 hrs)	$8,856	$27,293	$30,137	$36,317	$36,821	$39,665	$45,845
Medium (16 hrs)	$23,504	$41,941	$44,785	$50,965	$51,469	$54,313	$60,493
High w/ADC (36 hrs)	$38,640	$57,077	$59,921	$66,101	$66,605	$69,449	$75,629
High w/o ADC (36 hrs)	$48,624	$67,061	$69,905	$76,085	$76,589	$79,433	$85,613

To reflect the difference between an elder in good health (depicted in table) and in poor health (and therefore being at higher risk of needing LTC), $164.40 should be added to the monthly totals ($137 for out-of-pocket medical costs and $27.40 for miscellaneous costs) resulting in an annual increase in costs of $1,972.80 (for an elder person)

For information on data sources and assumptions, please refer to Appendix A: Data Sources in the *Elder Economic Security Initiative: Elder Economic Security Standard Index for Washington.*

Table D-9: The Elder Economic Security Standard Index for Douglas County, 2010

Monthly Expenses for Selected Household Types

	Elder Person (age 65+)			Elder Couple (both age 65+)		
Expenses/Monthly and Yearly Totals	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	$335	$574	$1,020	$335	$574	$1,020
Food	$232	$232	$232	$425	$425	$425
Transportation	$230	$230	$230	$360	$360	$360
Health Care (Good Health)	$430	$430	$430	$860	$860	$860
Miscellaneous	$245	$245	$245	$396	$396	$396
Elder Index Per Month	**$1,472**	**$1,711**	**$2,157**	**$2,376**	**$2,615**	**$3,061**
Elder Index Per Year	**$17,664**	**$20,532**	**$25,884**	**$28,512**	**$31,380**	**$36,732**

Annual Comparison Amounts	Elder Person	Elder Couple
Federal Poverty Guideline 2010 (DHHS)	$10,830	$14,570
SSI Payment Maximum 2010	$8,088	$12,132
Average County Social Security Benefit 2010	$13,947	$22,692

Adding Home- and Community-Based Long-Term Care Costs to the Elder Economic Security Standard Index for Elders in Poor Health

Annual Expenses

	LTC Cost Per Year	**Elder Economic Security Standard Index plus Cost of Long-Term Care**					
		Elder Person (age 65+)			Elder Couple (both age 65+)		
Need for Long-Term Care (hours/week)		Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Low (6 hrs)	$8,856	$27,542	$30,410	$35,762	$38,390	$41,258	$46,610
Medium (16 hrs)	$23,504	$42,190	$45,058	$50,410	$53,038	$55,906	$61,258
High w/ADC (36 hrs)	$38,640	$57,326	$60,194	$65,546	$68,174	$71,042	$76,394
High w/o ADC (36 hrs)	$48,624	$67,310	$70,178	$75,530	$78,158	$81,026	$86,378

To reflect the difference between an elder in good health (depicted in table) and in poor health (and therefore being at higher risk of needing LTC), $85.20 should be added to the monthly totals ($71 for out-of-pocket medical costs and $14.20 for miscellaneous costs) resulting in an annual increase in costs of $1,022.40 (for an elder person).

For information on data sources and assumptions, please refer to Appendix A: Data Sources in the *Elder Economic Security Initiative: Elder Economic Security Standard Index for Washington.*

Table D-10: The Elder Economic Security Standard Index for Ferry County, 2010

Monthly Expenses for Selected Household Types

	Elder Person (age 65+)			Elder Couple (both age 65+)		
Expenses/Monthly and Yearly Totals	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	$289	$493	$927	$289	$493	$927
Food	$232	$232	$232	$425	$425	$425
Transportation	$235	$235	$235	$367	$367	$367
Health Care (Good Health)	$430	$430	$430	$860	$860	$860
Miscellaneous	$237	$237	$237	$388	$388	$388
Elder Index Per Month	**$1,423**	**$1,627**	**$2,061**	**$2,329**	**$2,533**	**$2,967**
Elder Index Per Year	**$17,076**	**$19,524**	**$24,732**	**$27,948**	**$30,396**	**$35,604**

Annual Comparison Amounts	Elder Person	Elder Couple
Federal Poverty Guideline 2010 (DHHS)	$10,830	$14,570
SSI Payment Maximum 2010	$8,088	$12,132
Average County Social Security Benefit 2010	$12,787	$20,806

Adding Home- and Community-Based Long-Term Care Costs to the Elder Economic Security Standard Index for Elders in Poor Health

Annual Expenses

	LTC Cost Per Year	**Elder Economic Security Standard Index plus Cost of Long-Term Care**					
		Elder Person (age 65+)			Elder Couple (both age 65+)		
Need for Long-Term Care (hours/week)		Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Low (6 hrs)	$8,856	$26,954	$29,402	$34,610	$37,826	$40,274	$45,482
Medium (16 hrs)	$23,504	$41,602	$44,050	$49,258	$52,474	$54,922	$60,130
High w/ADC (36 hrs)	$38,640	$56,738	$59,186	$64,394	$67,610	$70,058	$75,266
High w/o ADC (36 hrs)	$48,624	$66,722	$69,170	$74,378	$77,594	$80,042	$85,250

To reflect the difference between an elder in good health (depicted in table) and in poor health (and therefore being at higher risk of needing LTC), $85.20 should be added to the monthly totals ($71 for out-of-pocket medical costs and $14.20 for miscellaneous costs) resulting in an annual increase in costs of $1,022.40 (for an elder person).

For information on data sources and assumptions, please refer to Appendix A: Data Sources in the *Elder Economic Security Initiative: Elder Economic Security Standard Index for Washington.*

Table D–11: The Elder Economic Security Standard Index for Franklin County, 2010

Monthly Expenses for Selected Household Types

	Elder Person (age 65+)			Elder Couple (both age 65+)		
Expenses/Monthly and Yearly Totals	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	$376	$484	$1,051	$376	$484	$1,051
Food	$232	$232	$232	$425	$425	$425
Transportation	$230	$230	$230	$360	$360	$360
Health Care (Good Health)	$430	$430	$430	$860	$860	$860
Miscellaneous	$254	$254	$254	$404	$404	$404
Elder Index Per Month	**$1,522**	**$1,630**	**$2,197**	**$2,425**	**$2,533**	**$3,100**
Elder Index Per Year	**$18,264**	**$19,560**	**$26,364**	**$29,100**	**$30,396**	**$37,200**

Annual Comparison Amounts	Elder Person	Elder Couple
Federal Poverty Guideline 2010 (DHHS)	$10,830	$14,570
SSI Payment Maximum 2010	$8,088	$12,132
Average County Social Security Benefit 2010	$13,984	$22,752

Adding Home- and Community-Based Long-Term Care Costs to the Elder Economic Security Standard Index for Elders in Poor Health

Annual Expenses

	LTC Cost Per Year	Elder Economic Security Standard Index plus Cost of Long-Term Care					
		Elder Person (age 65+)			Elder Couple (both age 65+)		
Need for Long-Term Care (hours/week)		Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Low (6 hrs)	$8,856	$28,142	$29,438	$36,242	$38,978	$40,274	$47,078
Medium (16 hrs)	$23,504	$42,790	$44,086	$50,890	$53,626	$54,922	$61,726
High w/ADC (36 hrs)	$38,640	$57,926	$59,222	$66,026	$68,762	$70,058	$76,862
High w/o ADC (36 hrs)	$48,624	$67,910	$69,206	$76,010	$78,746	$80,042	$86,846

To reflect the difference between an elder in good health (depicted in table) and in poor health (and therefore being at higher risk of needing LTC), $85.20 should be added to the monthly totals ($71 for out-of-pocket medical costs and $14.20 for miscellaneous costs) resulting in an annual increase in costs of $1,022.40 (for an elder person).

For information on data sources and assumptions, please refer to Appendix A: Data Sources in the *Elder Economic Security Initiative: Elder Economic Security Standard Index for Washington.*

Table D–12: The Elder Economic Security Standard Index for Garfield County, 2010

Monthly Expenses for Selected Household Types

	Elder Person (age 65+)			Elder Couple (both age 65+)		
Expenses/Monthly and Yearly Totals	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	$365	$502	$926	$365	$502	$926
Food	$232	$232	$232	$425	$425	$425
Transportation	$235	$235	$235	$367	$367	$367
Health Care (Good Health)	$430	$430	$430	$860	$860	$860
Miscellaneous	$252	$252	$252	$403	$403	$403
Elder Index Per Month	**$1,514**	**$1,651**	**$2,075**	**$2,420**	**$2,557**	**$2,981**
Elder Index Per Year	**$18,168**	**$19,812**	**$24,900**	**$29,040**	**$30,684**	**$35,772**

Annual Comparison Amounts	Elder Person	Elder Couple
Federal Poverty Guideline 2010 (DHHS)	$10,830	$14,570
SSI Payment Maximum 2010	$8,088	$12,132
Average County Social Security Benefit 2010	$13,719	$22,321

Adding Home- and Community-Based Long-Term Care Costs to the Elder Economic Security Standard Index for Elders in Poor Health

Annual Expenses

	LTC Cost Per Year	**Elder Economic Security Standard Index plus Cost of Long-Term Care**					
		Elder Person (age 65+)			Elder Couple (both age 65+)		
Need for Long-Term Care (hours/week)		Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Low (6 hrs)	$8,856	$28,046	$29,690	$34,778	$38,918	$40,562	$45,650
Medium (16 hrs)	$23,504	$42,694	$44,338	$49,426	$53,566	$55,210	$60,298
High w/ADC (36 hrs)	$38,640	$57,830	$59,474	$64,562	$68,702	$70,346	$75,434
High w/o ADC (36 hrs)	$48,624	$67,814	$69,458	$74,546	$78,686	$80,330	$85,418

To reflect the difference between an elder in good health (depicted in table) and in poor health (and therefore being at higher risk of needing LTC), $85.20 should be added to the monthly totals ($71 for out-of-pocket medical costs and $14.20 for miscellaneous costs) resulting in an annual increase in costs of $1,022.40 (for an elder person).

For information on data sources and assumptions, please refer to Appendix A: Data Sources in the *Elder Economic Security Initiative: Elder Economic Security Standard Index for Washington.*

Table D-13: The Elder Economic Security Standard Index for Grant County, 2010

Monthly Expenses for Selected Household Types

	Elder Person (age 65+)			Elder Couple (both age 65+)		
Expenses/Monthly and Yearly Totals	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	$289	$506	$927	$289	$506	$927
Food	$232	$232	$232	$425	$425	$425
Transportation	$235	$235	$235	$367	$367	$367
Health Care (Good Health)	$430	$430	$430	$860	$860	$860
Miscellaneous	$237	$237	$237	$388	$388	$388
Elder Index Per Month	**$1,423**	**$1,640**	**$2,061**	**$2,329**	**$2,546**	**$2,967**
Elder Index Per Year	**$17,076**	**$19,680**	**$24,732**	**$27,948**	**$30,552**	**$35,604**

Annual Comparison Amounts	Elder Person	Elder Couple
Federal Poverty Guideline 2010 (DHHS)	$10,830	$14,570
SSI Payment Maximum 2010	$8,088	$12,132
Average County Social Security Benefit 2010	$13,492	$21,953

Adding Home- and Community-Based Long-Term Care Costs to the Elder Economic Security Standard Index for Elders in Poor Health

Annual Expenses

	LTC Cost Per Year	Elder Economic Security Standard Index plus Cost of Long-Term Care					
		Elder Person (age 65+)			Elder Couple (both age 65+)		
Need for Long-Term Care (hours/week)		Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Low (6 hrs)	$8,856	$26,954	$29,558	$34,610	$37,826	$40,430	$45,482
Medium (16 hrs)	$23,504	$41,602	$44,206	$49,258	$52,474	$55,078	$60,130
High w/ADC (36 hrs)	$38,640	$56,738	$59,342	$64,394	$67,610	$70,214	$75,266
High w/o ADC (36 hrs)	$48,624	$66,722	$69,326	$74,378	$77,594	$80,198	$85,250

To reflect the difference between an elder in good health (depicted in table) and in poor health (and therefore being at higher risk of needing LTC), $85.20 should be added to the monthly totals ($71 for out-of-pocket medical costs and $14.20 for miscellaneous costs) resulting in an annual increase in costs of $1,022.40 (for an elder person).

For information on data sources and assumptions, please refer to Appendix A: Data Sources in the *Elder Economic Security Initiative: Elder Economic Security Standard Index for Washington.*

Table D–14: The Elder Economic Security Standard Index for Grays Harbor County, 2010

Monthly Expenses for Selected Household Types

	Elder Person (age 65+)			Elder Couple (both age 65+)		
Expenses/Monthly and Yearly Totals	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	$341	$507	$983	$341	$507	$983
Food	$232	$232	$232	$425	$425	$425
Transportation	$235	$235	$235	$367	$367	$367
Health Care (Good Health)	$430	$430	$430	$860	$860	$860
Miscellaneous	$248	$248	$248	$399	$399	$399
Elder Index Per Month	**$1,486**	**$1,652**	**$2,128**	**$2,392**	**$2,558**	**$3,034**
Elder Index Per Year	**$17,832**	**$19,824**	**$25,536**	**$28,704**	**$30,696**	**$36,408**

Annual Comparison Amounts	Elder Person	Elder Couple
Federal Poverty Guideline 2010 (DHHS)	$10,830	$14,570
SSI Payment Maximum 2010	$8,088	$12,132
Average County Social Security Benefit 2010	$14,149	$23,021

Adding Home- and Community-Based Long-Term Care Costs to the Elder Economic Security Standard Index for Elders in Poor Health

Annual Expenses

	LTC Cost Per Year	Elder Economic Security Standard Index plus Cost of Long-Term Care					
		Elder Person (age 65+)			Elder Couple (both age 65+)		
Need for Long-Term Care (hours/week)		Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Low (6 hrs)	$8,856	$27,710	$29,702	$35,414	$38,582	$40,574	$46,286
Medium (16 hrs)	$23,504	$42,358	$44,350	$50,062	$53,230	$55,222	$60,934
High w/ADC (36 hrs)	$38,640	$57,494	$59,486	$65,198	$68,366	$70,358	$76,070
High w/o ADC (36 hrs)	$48,624	$67,478	$69,470	$75,182	$78,350	$80,342	$86,054

To reflect the difference between an elder in good health (depicted in table) and in poor health (and therefore being at higher risk of needing LTC), $85.20 should be added to the monthly totals ($71 for out-of-pocket medical costs and $14.20 for miscellaneous costs) resulting in an annual increase in costs of $1,022.40 (for an elder person).

For information on data sources and assumptions, please refer to Appendix A: Data Sources in the *Elder Economic Security Initiative: Elder Economic Security Standard Index for Washington.*

Table D-15: The Elder Economic Security Standard Index for Island County, 2010

Monthly Expenses for Selected Household Types

	Elder Person (age 65+)			Elder Couple (both age 65+)		
Expenses/Monthly and Yearly Totals	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	$469	$781	$1,397	$469	$781	$1,397
Food	$232	$232	$232	$425	$425	$425
Transportation	$235	$235	$235	$367	$367	$367
Health Care (Good Health)	$388	$388	$388	$776	$776	$776
Miscellaneous	$265	$265	$265	$407	$407	$407
Elder Index Per Month	**$1,589**	**$1,901**	**$2,517**	**$2,444**	**$2,756**	**$3,372**
Elder Index Per Year	**$19,068**	**$22,812**	**$30,204**	**$29,328**	**$33,072**	**$40,464**

Annual Comparison Amounts	Elder Person	Elder Couple
Federal Poverty Guideline 2010 (DHHS)	$10,830	$14,570
SSI Payment Maximum 2010	$8,088	$12,132
Average County Social Security Benefit 2010	$14,400	$23,430

Adding Home- and Community-Based Long-Term Care Costs to the Elder Economic Security Standard Index for Elders in Poor Health

Annual Expenses

	LTC Cost Per Year	**Elder Economic Security Standard Index plus Cost of Long-Term Care**					
		Elder Person (age 65+)			Elder Couple (both age 65+)		
Need for Long-Term Care (hours/week)		Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Low (6 hrs)	$8,856	$29,551	$33,295	$40,687	$39,811	$43,555	$50,947
Medium (16 hrs)	$23,504	$44,199	$47,943	$55,335	$54,459	$58,203	$65,595
High w/ADC (36 hrs)	$38,640	$59,335	$63,079	$70,471	$69,595	$73,339	$80,731
High w/o ADC (36 hrs)	$48,624	$69,319	$73,063	$80,455	$79,579	$83,323	$90,715

To reflect the difference between an elder in good health (depicted in table) and in poor health (and therefore being at higher risk of needing LTC), $135.60 should be added to the monthly totals ($113 for out-of-pocket medical costs and $22.60 for miscellaneous costs) resulting in an annual increase in costs of $1,627.20 (for an elder person).

For information on data sources and assumptions, please refer to Appendix A: Data Sources in the *Elder Economic Security Initiative: Elder Economic Security Standard Index for Washington.*

Table D-16: The Elder Economic Security Standard Index for Jefferson County, 2010

Monthly Expenses for Selected Household Types

	Elder Person (age 65+)			Elder Couple (both age 65+)		
Expenses/Monthly and Yearly Totals	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	$385	$661	$1,046	$385	$661	$1,046
Food	$232	$232	$232	$425	$425	$425
Transportation	$235	$235	$235	$367	$367	$367
Health Care (Good Health)	$430	$430	$430	$860	$860	$860
Miscellaneous	$256	$256	$256	$407	$407	$407
Elder Index Per Month	**$1,538**	**$1,814**	**$2,199**	**$2,444**	**$2,720**	**$3,105**
Elder Index Per Year	**$18,456**	**$21,768**	**$26,388**	**$29,328**	**$32,640**	**$37,260**

Annual Comparison Amounts	Elder Person	Elder Couple
Federal Poverty Guideline 2010 (DHHS)	$10,830	$14,570
SSI Payment Maximum 2010	$8,088	$12,132
Average County Social Security Benefit 2010	$14,228	$23,150

Adding Home- and Community-Based Long-Term Care Costs to the Elder Economic Security Standard Index for Elders in Poor Health

Annual Expenses

	LTC Cost Per Year	Elder Economic Security Standard Index plus Cost of Long-Term Care					
		Elder Person (age 65+)			Elder Couple (both age 65+)		
Need for Long-Term Care (hours/week)		Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Low (6 hrs)	$8,856	$28,334	$31,646	$36,266	$39,206	$42,518	$47,138
Medium (16 hrs)	$23,504	$42,982	$46,294	$50,914	$53,854	$57,166	$61,786
High w/ADC (36 hrs)	$38,640	$58,118	$61,430	$66,050	$68,990	$72,302	$76,922
High w/o ADC (36 hrs)	$48,624	$68,102	$71,414	$76,034	$78,974	$82,286	$86,906

To reflect the difference between an elder in good health (depicted in table) and in poor health (and therefore being at higher risk of needing LTC), $85.20 should be added to the monthly totals ($71 for out-of-pocket medical costs and $14.20 for miscellaneous costs) resulting in an annual increase in costs of $1,022.40 (for an elder person).

For information on data sources and assumptions, please refer to Appendix A: Data Sources in the *Elder Economic Security Initiative: Elder Economic Security Standard Index for Washington.*

Table D-17: The Elder Economic Security Standard Index for King County, 2010

Monthly Expenses for Selected Household Types

	Elder Person (age 65+)			Elder Couple (both age 65+)		
Expenses/Monthly and Yearly Totals	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	$600	$876	$1,617	$600	$876	$1,617
Food	$232	$232	$232	$425	$425	$425
Transportation	$197	$197	$197	$309	$309	$309
Health Care (Good Health)	$356	$356	$356	$712	$712	$712
Miscellaneous	$277	$277	$277	$409	$409	$409
Elder Index Per Month	**$1,662**	**$1,938**	**$2,679**	**$2,455**	**$2,731**	**$3,472**
Elder Index Per Year	**$19,944**	**$23,256**	**$32,148**	**$29,460**	**$32,772**	**$41,664**

Annual Comparison Amounts	Elder Person	Elder Couple
Federal Poverty Guideline 2010 (DHHS)	$10,830	$14,570
SSI Payment Maximum 2010	$8,088	$12,132
Average County Social Security Benefit 2010	$15,417	$25,085

Adding Home- and Community-Based Long-Term Care Costs to the Elder Economic Security Standard Index for Elders in Poor Health

Annual Expenses

	LTC Cost Per Year	**Elder Economic Security Standard Index plus Cost of Long-Term Care**					
		Elder Person (age 65+)			Elder Couple (both age 65+)		
Need for Long-Term Care (hours/week)		Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Low (6 hrs)	$8,856	$30,802	$34,114	$43,006	$40,318	$43,630	$52,522
Medium (16 hrs)	$23,504	$45,450	$48,762	$57,654	$54,966	$58,278	$67,170
High w/ADC (36 hrs)	$38,640	$60,586	$63,898	$72,790	$70,102	$73,414	$82,306
High w/o ADC (36 hrs)	$48,624	$70,570	$73,882	$82,774	$80,086	$83,398	$92,290

To reflect the difference between an elder in good health (depicted in table) and in poor health (and therefore being at higher risk of needing LTC), $166.80 should be added to the monthly totals ($139 for out-of-pocket medical costs and $27.80 for miscellaneous costs) resulting in an annual increase in costs of $2,001.60 (for an elder person).

For information on data sources and assumptions, please refer to Appendix A: Data Sources in the *Elder Economic Security Initiative: Elder Economic Security Standard Index for Washington.*

Table D-18: The Elder Economic Security Standard Index for Kitsap County, 2010

Monthly Expenses for Selected Household Types

	Elder Person (age 65+)			Elder Couple (both age 65+)		
Expenses/Monthly and Yearly Totals	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	$492	$726	$1,175	$492	$726	$1,175
Food	$232	$232	$232	$425	$425	$425
Transportation	$230	$230	$230	$360	$360	$360
Health Care (Good Health)	$430	$430	$430	$860	$860	$860
Miscellaneous	$277	$277	$277	$427	$427	$427
Elder Index Per Month	**$1,661**	**$1,895**	**$2,344**	**$2,564**	**$2,798**	**$3,247**
Elder Index Per Year	**$19,932**	**$22,740**	**$28,128**	**$30,768**	**$33,576**	**$38,964**

Annual Comparison Amounts	Elder Person	Elder Couple
Federal Poverty Guideline 2010 (DHHS)	$10,830	$14,570
SSI Payment Maximum 2010	$8,088	$12,132
Average County Social Security Benefit 2010	$13,129	$21,361

Adding Home- and Community-Based Long-Term Care Costs to the Elder Economic Security Standard Index for Elders in Poor Health

Annual Expenses

	LTC Cost Per Year	Elder Economic Security Standard Index plus Cost of Long-Term Care					
		Elder Person (age 65+)			Elder Couple (both age 65+)		
Need for Long-Term Care (hours/week)		Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Low (6 hrs)	$8,856	$29,810	$32,618	$38,006	$40,646	$43,454	$48,842
Medium (16 hrs)	$23,504	$44,458	$47,266	$52,654	$55,294	$58,102	$63,490
High w/ADC (36 hrs)	$38,640	$59,594	$62,402	$67,790	$70,430	$73,238	$78,626
High w/o ADC (36 hrs)	$48,624	$69,578	$72,386	$77,774	$80,414	$83,222	$88,610

To reflect the difference between an elder in good health (depicted in table) and in poor health (and therefore being at higher risk of needing LTC), $85.20 should be added to the monthly totals ($71 for out-of-pocket medical costs and $14.20 for miscellaneous costs) resulting in an annual increase in costs of $1,022.40 (for an elder person).

For information on data sources and assumptions, please refer to Appendix A: Data Sources in the *Elder Economic Security Initiative: Elder Economic Security Standard Index for Washington.*

Table D-19: The Elder Economic Security Standard Index for Kittitas County, 2010

Monthly Expenses for Selected Household Types

	Elder Person (age 65+)			Elder Couple (both age 65+)		
Expenses/Monthly and Yearly Totals	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	$335	$562	$1,020	$335	$562	$1,020
Food	$232	$232	$232	$425	$425	$425
Transportation	$235	$235	$235	$367	$367	$367
Health Care (Good Health)	$430	$430	$430	$860	$860	$860
Miscellaneous	$246	$246	$246	$397	$397	$397
Elder Index Per Month	**$1,478**	**$1,705**	**$2,163**	**$2,384**	**$2,611**	**$3,069**
Elder Index Per Year	**$17,736**	**$20,460**	**$25,956**	**$28,608**	**$31,332**	**$36,828**

Annual Comparison Amounts	Elder Person	Elder Couple
Federal Poverty Guideline 2010 (DHHS)	$10,830	$14,570
SSI Payment Maximum 2010	$8,088	$12,132
Average County Social Security Benefit 2010	$14,321	$23,300

Adding Home- and Community-Based Long-Term Care Costs to the Elder Economic Security Standard Index for Elders in Poor Health

Annual Expenses

	LTC Cost Per Year	**Elder Economic Security Standard Index plus Cost of Long-Term Care**					
		Elder Person (age 65+)			Elder Couple (both age 65+)		
Need for Long-Term Care (hours/week)		Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Low (6 hrs)	$8,856	$27,614	$30,338	$35,834	$38,486	$41,210	$46,706
Medium (16 hrs)	$23,504	$42,262	$44,986	$50,482	$53,134	$55,858	$61,354
High w/ADC (36 hrs)	$38,640	$57,398	$60,122	$65,618	$68,270	$70,994	$76,490
High w/o ADC (36 hrs)	$48,624	$67,382	$70,106	$75,602	$78,254	$80,978	$86,474

To reflect the difference between an elder in good health (depicted in table) and in poor health (and therefore being at higher risk of needing LTC), $85.20 should be added to the monthly totals ($71 for out-of-pocket medical costs and $14.20 for miscellaneous costs) resulting in an annual increase in costs of $1,022.40 (for an elder person).

For information on data sources and assumptions, please refer to Appendix A: Data Sources in the *Elder Economic Security Initiative: Elder Economic Security Standard Index for Washington.*

Table D-20: The Elder Economic Security Standard Index for Klickitat County, 2010

Monthly Expenses for Selected Household Types

	Elder Person (age 65+)			Elder Couple (both age 65+)		
Expenses/Monthly and Yearly Totals	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	$342	$566	$1,094	$342	$566	$1,094
Food	$232	$232	$232	$425	$425	$425
Transportation	$235	$235	$235	$367	$367	$367
Health Care (Good Health)	$430	$430	$430	$860	$860	$860
Miscellaneous	$248	$248	$248	$399	$399	$399
Elder Index Per Month	**$1,487**	**$1,711**	**$2,239**	**$2,393**	**$2,617**	**$3,145**
Elder Index Per Year	**$17,844**	**$20,532**	**$26,868**	**$28,716**	**$31,404**	**$37,740**

Annual Comparison Amounts	Elder Person	Elder Couple
Federal Poverty Guideline 2010 (DHHS)	$10,830	$14,570
SSI Payment Maximum 2010	$8,088	$12,132
Average County Social Security Benefit 2010	$13,853	$22,540

Adding Home- and Community-Based Long-Term Care Costs to the Elder Economic Security Standard Index for Elders in Poor Health

Annual Expenses

	LTC Cost Per Year	Elder Economic Security Standard Index plus Cost of Long-Term Care					
		Elder Person (age 65+)			Elder Couple (both age 65+)		
Need for Long-Term Care (hours/week)		Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Low (6 hrs)	$8,856	$27,722	$30,410	$36,746	$38,594	$41,282	$47,618
Medium (16 hrs)	$23,504	$42,370	$45,058	$51,394	$53,242	$55,930	$62,266
High w/ADC (36 hrs)	$38,640	$57,506	$60,194	$66,530	$68,378	$71,066	$77,402
High w/o ADC (36 hrs)	$48,624	$67,490	$70,178	$76,514	$78,362	$81,050	$87,386

To reflect the difference between an elder in good health (depicted in table) and in poor health (and therefore being at higher risk of needing LTC), $85.20 should be added to the monthly totals ($71 for out-of-pocket medical costs and $14.20 for miscellaneous costs) resulting in an annual increase in costs of $1,022.40 (for an elder person).

For information on data sources and assumptions, please refer to Appendix A: Data Sources in the *Elder Economic Security Initiative: Elder Economic Security Standard Index for Washington.*

Table D-21: The Elder Economic Security Standard Index for Lewis County, 2010

Monthly Expenses for Selected Household Types

	Elder Person (age 65+)			Elder Couple (both age 65+)		
Expenses/Monthly and Yearly Totals	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	$341	$595	$983	$341	$595	$983
Food	$232	$232	$232	$425	$425	$425
Transportation	$235	$235	$235	$367	$367	$367
Health Care (Good Health)	$324	$324	$324	$648	$648	$648
Miscellaneous	$226	$226	$226	$356	$356	$356
Elder Index Per Month	**$1,358**	**$1,612**	**$2,000**	**$2,137**	**$2,391**	**$2,779**
Elder Index Per Year	**$16,296**	**$19,344**	**$24,000**	**$25,644**	**$28,692**	**$33,348**

Annual Comparison Amounts	Elder Person	Elder Couple
Federal Poverty Guideline 2010 (DHHS)	$10,830	$14,570
SSI Payment Maximum 2010	$8,088	$12,132
Average County Social Security Benefit 2010	$14,063	$22,881

Adding Home- and Community-Based Long-Term Care Costs to the Elder Economic Security Standard Index for Elders in Poor Health

Annual Expenses

	LTC Cost Per Year	**Elder Economic Security Standard Index plus Cost of Long-Term Care**					
		Elder Person (age 65+)			Elder Couple (both age 65+)		
Need for Long-Term Care (hours/week)		Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Low (6 hrs)	$8,856	$27,413	$30,461	$35,117	$36,761	$39,809	$44,465
Medium (16 hrs)	$23,504	$42,061	$45,109	$49,765	$51,409	$54,457	$59,113
High w/ADC (36 hrs)	$38,640	$57,197	$60,245	$64,901	$66,545	$69,593	$74,249
High w/o ADC (36 hrs)	$48,624	$67,181	$70,229	$74,885	$76,529	$79,577	$84,233

To reflect the difference between an elder in good health (depicted in table) and in poor health (and therefore being at higher risk of needing LTC), $188.40 should be added to the monthly totals ($157 for out-of-pocket medical costs and $31.40 for miscellaneous costs) resulting in an annual increase in costs of $2,260.80 (for an elder person).

For information on data sources and assumptions, please refer to Appendix A: Data Sources in the *Elder Economic Security Initiative: Elder Economic Security Standard Index for Washington.*

Table D-22: The Elder Economic Security Standard Index for Lincoln County, 2010

Monthly Expenses for Selected Household Types

	Elder Person (age 65+)			Elder Couple (both age 65+)		
Expenses/Monthly and Yearly Totals	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	$289	$493	$927	$289	$493	$927
Food	$232	$232	$232	$425	$425	$425
Transportation	$235	$235	$235	$367	$367	$367
Health Care (Good Health)	$430	$430	$430	$860	$860	$860
Miscellaneous	$237	$237	$237	$388	$388	$388
Elder Index Per Month	**$1,423**	**$1,627**	**$2,061**	**$2,329**	**$2,533**	**$2,967**
Elder Index Per Year	**$17,076**	**$19,524**	**$24,732**	**$27,948**	**$30,396**	**$35,604**

Annual Comparison Amounts	Elder Person	Elder Couple
Federal Poverty Guideline 2010 (DHHS)	$10,830	$14,570
SSI Payment Maximum 2010	$8,088	$12,132
Average County Social Security Benefit 2010	$13,673	$22,247

Adding Home- and Community-Based Long-Term Care Costs to the Elder Economic Security Standard Index for Elders in Poor Health

Annual Expenses

	LTC Cost Per Year	Elder Economic Security Standard Index plus Cost of Long-Term Care					
		Elder Person (age 65+)			Elder Couple (both age 65+)		
Need for Long-Term Care (hours/week)		Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Low (6 hrs)	$8,856	$26,954	$29,402	$34,610	$37,826	$40,274	$45,482
Medium (16 hrs)	$23,504	$41,602	$44,050	$49,258	$52,474	$54,922	$60,130
High w/ADC (36 hrs)	$38,640	$56,738	$59,186	$64,394	$67,610	$70,058	$75,266
High w/o ADC (36 hrs)	$48,624	$66,722	$69,170	$74,378	$77,594	$80,042	$85,250

To reflect the difference between an elder in good health (depicted in table) and in poor health (and therefore being at higher risk of needing LTC), $85.20 should be added to the monthly totals ($71 for out-of-pocket medical costs and $14.20 for miscellaneous costs) resulting in an annual increase in costs of $1,022.40 (for an elder person).

For information on data sources and assumptions, please refer to Appendix A: Data Sources in the *Elder Economic Security Initiative: Elder Economic Security Standard Index for Washington.*

Table D-23: The Elder Economic Security Standard Index for Mason County, 2010

Monthly Expenses for Selected Household Types

	Elder Person (age 65+)			Elder Couple (both age 65+)		
Expenses/Monthly and Yearly Totals	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	$385	$616	$1,046	$385	$616	$1,046
Food	$232	$232	$232	$425	$425	$425
Transportation	$235	$235	$235	$367	$367	$367
Health Care (Good Health)	$392	$392	$392	$784	$784	$784
Miscellaneous	$249	$249	$249	$392	$392	$392
Elder Index Per Month	**$1,493**	**$1,724**	**$2,154**	**$2,353**	**$2,584**	**$3,014**
Elder Index Per Year	**$17,916**	**$20,688**	**$25,848**	**$28,236**	**$31,008**	**$36,168**

Annual Comparison Amounts	Elder Person	Elder Couple
Federal Poverty Guideline 2010 (DHHS)	$10,830	$14,570
SSI Payment Maximum 2010	$8,088	$12,132
Average County Social Security Benefit 2010	$13,940	$22,681

Adding Home- and Community-Based Long-Term Care Costs to the Elder Economic Security Standard Index for Elders in Poor Health

Annual Expenses

	LTC Cost Per Year	Elder Economic Security Standard Index plus Cost of Long-Term Care					
		Elder Person (age 65+)			Elder Couple (both age 65+)		
Need for Long-Term Care (hours/week)		Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Low (6 hrs)	$8,856	$28,500	$31,272	$36,432	$38,820	$41,592	$46,752
Medium (16 hrs)	$23,504	$43,148	$45,920	$51,080	$53,468	$56,240	$61,400
High w/ADC (36 hrs)	$38,640	$58,284	$61,056	$66,216	$68,604	$71,376	$76,536
High w/o ADC (36 hrs)	$48,624	$68,268	$71,040	$76,200	$78,588	$81,360	$86,520

To reflect the difference between an elder in good health (depicted in table) and in poor health (and therefore being at higher risk of needing LTC), $144 should be added to the monthly totals ($120 for out-of-pocket medical costs and $24 for miscellaneous costs) resulting in an annual increase in costs of $1,728 (for an elder person).

For information on data sources and assumptions, please refer to Appendix A: Data Sources in the *Elder Economic Security Initiative: Elder Economic Security Standard Index for Washington.*

Table D-24: The Elder Economic Security Standard Index for Okanogan County, 2010

Monthly Expenses for Selected Household Types

	Elder Person (age 65+)			Elder Couple (both age 65+)		
Expenses/Monthly and Yearly Totals	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	$335	$562	$1,020	$335	$562	$1,020
Food	$232	$232	$232	$425	$425	$425
Transportation	$235	$235	$235	$367	$367	$367
Health Care (Good Health)	$430	$430	$430	$860	$860	$860
Miscellaneous	$246	$246	$246	$397	$397	$397
Elder Index Per Month	**$1,478**	**$1,705**	**$2,163**	**$2,384**	**$2,611**	**$3,069**
Elder Index Per Year	**$17,736**	**$20,460**	**$25,956**	**$28,608**	**$31,332**	**$36,828**

Annual Comparison Amounts	Elder Person	Elder Couple
Federal Poverty Guideline 2010 (DHHS)	$10,830	$14,570
SSI Payment Maximum 2010	$8,088	$12,132
Average County Social Security Benefit 2010	$12,957	$21,082

Adding Home- and Community-Based Long-Term Care Costs to the Elder Economic Security Standard Index for Elders in Poor Health

Annual Expenses

	LTC Cost Per Year	Elder Economic Security Standard Index plus Cost of Long-Term Care					
		Elder Person (age 65+)			Elder Couple (both age 65+)		
Need for Long-Term Care (hours/week)		Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Low (6 hrs)	$8,856	$27,614	$30,338	$35,834	$38,486	$41,210	$46,706
Medium (16 hrs)	$23,504	$42,262	$44,986	$50,482	$53,134	$55,858	$61,354
High w/ADC (36 hrs)	$38,640	$57,398	$60,122	$65,618	$68,270	$70,994	$76,490
High w/o ADC (36 hrs)	$48,624	$67,382	$70,106	$75,602	$78,254	$80,978	$86,474

To reflect the difference between an elder in good health (depicted in table) and in poor health (and therefore being at higher risk of needing LTC), $85.20 should be added to the monthly totals ($71 for out-of-pocket medical costs and $14.20 for miscellaneous costs) resulting in an annual increase in costs of $1,022.40 (for an elder person).

For information on data sources and assumptions, please refer to Appendix A: Data Sources in the *Elder Economic Security Initiative: Elder Economic Security Standard Index for Washington.*

Table D-25: The Elder Economic Security Standard Index for Pacific County, 2010

Monthly Expenses for Selected Household Types

	Elder Person (age 65+)			Elder Couple (both age 65+)		
Expenses/Monthly and Yearly Totals	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	$341	$492	$983	$341	$492	$983
Food	$232	$232	$232	$425	$425	$425
Transportation	$235	$235	$235	$367	$367	$367
Health Care (Good Health)	$430	$430	$430	$860	$860	$860
Miscellaneous	$248	$248	$248	$399	$399	$399
Elder Index Per Month	**$1,486**	**$1,637**	**$2,128**	**$2,392**	**$2,543**	**$3,034**
Elder Index Per Year	**$17,832**	**$19,644**	**$25,536**	**$28,704**	**$30,516**	**$36,408**

Annual Comparison Amounts	Elder Person	Elder Couple
Federal Poverty Guideline 2010 (DHHS)	$10,830	$14,570
SSI Payment Maximum 2010	$8,088	$12,132
Average County Social Security Benefit 2010	$13,892	$22,602

Adding Home- and Community-Based Long-Term Care Costs to the Elder Economic Security Standard Index for Elders in Poor Health

Annual Expenses

	LTC Cost Per Year	**Elder Economic Security Standard Index plus Cost of Long-Term Care**					
		Elder Person (age 65+)			Elder Couple (both age 65+)		
Need for Long-Term Care (hours/week)		Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Low (6 hrs)	$8,856	$27,710	$29,522	$35,414	$38,582	$40,394	$46,286
Medium (16 hrs)	$23,504	$42,358	$44,170	$50,062	$53,230	$55,042	$60,934
High w/ADC (36 hrs)	$38,640	$57,494	$59,306	$65,198	$68,366	$70,178	$76,070
High w/o ADC (36 hrs)	$48,624	$67,478	$69,290	$75,182	$78,350	$80,162	$86,054

To reflect the difference between an elder in good health (depicted in table) and in poor health (and therefore being at higher risk of needing LTC), $85.20 should be added to the monthly totals ($71 for out-of-pocket medical costs and $14.20 for miscellaneous costs) resulting in an annual increase in costs of $1,022.40 (for an elder person).

For information on data sources and assumptions, please refer to Appendix A: Data Sources in the *Elder Economic Security Initiative: Elder Economic Security Standard Index for Washington.*

Table D-26: The Elder Economic Security Standard Index for Pend Oreille County, 2010

Monthly Expenses for Selected Household Types

	Elder Person (age 65+)			Elder Couple (both age 65+)		
Expenses/Monthly and Yearly Totals	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	$289	$493	$927	$289	$493	$927
Food	$232	$232	$232	$425	$425	$425
Transportation	$235	$235	$235	$367	$367	$367
Health Care (Good Health)	$430	$430	$430	$860	$860	$860
Miscellaneous	$237	$237	$237	$388	$388	$388
Elder Index Per Month	**$1,423**	**$1,627**	**$2,061**	**$2,329**	**$2,533**	**$2,967**
Elder Index Per Year	**$17,076**	**$19,524**	**$24,732**	**$27,948**	**$30,396**	**$35,604**

Annual Comparison Amounts	Elder Person	Elder Couple
Federal Poverty Guideline 2010 (DHHS)	$10,830	$14,570
SSI Payment Maximum 2010	$8,088	$12,132
Average County Social Security Benefit 2010	$13,332	$21,691

Adding Home- and Community-Based Long-Term Care Costs to the Elder Economic Security Standard Index for Elders in Poor Health

Annual Expenses

	LTC Cost Per Year	Elder Economic Security Standard Index plus Cost of Long-Term Care					
		Elder Person (age 65+)			Elder Couple (both age 65+)		
Need for Long-Term Care (hours/week)		Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Low (6 hrs)	$8,856	$26,954	$29,402	$34,610	$37,826	$40,274	$45,482
Medium (16 hrs)	$23,504	$41,602	$44,050	$49,258	$52,474	$54,922	$60,130
High w/ADC (36 hrs)	$38,640	$56,738	$59,186	$64,394	$67,610	$70,058	$75,266
High w/o ADC (36 hrs)	$48,624	$66,722	$69,170	$74,378	$77,594	$80,042	$85,250

To reflect the difference between an elder in good health (depicted in table) and in poor health (and therefore being at higher risk of needing LTC), $85.20 should be added to the monthly totals ($71 for out-of-pocket medical costs and $14.20 for miscellaneous costs) resulting in an annual increase in costs of $1,022.40 (for an elder person).

For information on data sources and assumptions, please refer to Appendix A: Data Sources in the *Elder Economic Security Initiative: Elder Economic Security Standard Index for Washington.*

Table D-27: The Elder Economic Security Standard Index for Pierce County, 2010

Monthly Expenses for Selected Household Types

	Elder Person (age 65+)			Elder Couple (both age 65+)		
Expenses/Monthly and Yearly Totals	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	$490	$776	$1,402	$490	$776	$1,402
Food	$232	$232	$232	$425	$425	$425
Transportation	$197	$197	$197	$309	$309	$309
Health Care (Good Health)	$396	$396	$396	$792	$792	$792
Miscellaneous	$263	$263	$263	$403	$403	$403
Elder Index Per Month	**$1,578**	**$1,864**	**$2,490**	**$2,419**	**$2,705**	**$3,331**
Elder Index Per Year	**$18,936**	**$22,368**	**$29,880**	**$29,028**	**$32,460**	**$39,972**

Annual Comparison Amounts	Elder Person	Elder Couple
Federal Poverty Guideline 2010 (DHHS)	$10,830	$14,570
SSI Payment Maximum 2010	$8,088	$12,132
Average County Social Security Benefit 2010	$14,439	$23,494

Adding Home- and Community-Based Long-Term Care Costs to the Elder Economic Security Standard Index for Elders in Poor Health

Annual Expenses

	LTC Cost Per Year	**Elder Economic Security Standard Index plus Cost of Long-Term Care**					
		Elder Person (age 65+)			Elder Couple (both age 65+)		
Need for Long-Term Care (hours/week)		Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Low (6 hrs)	$8,856	$30,168	$33,600	$41,112	$40,260	$43,692	$51,204
Medium (16 hrs)	$23,504	$44,816	$48,248	$55,760	$54,908	$58,340	$65,852
High w/ADC (36 hrs)	$38,640	$59,952	$63,384	$70,896	$70,044	$73,476	$80,988
High w/o ADC (36 hrs)	$48,624	$69,936	$73,368	$80,880	$80,028	$83,460	$90,972

To reflect the difference between an elder in good health (depicted in table) and in poor health (and therefore being at higher risk of needing LTC), $198 should be added to the monthly totals ($165 for out-of-pocket medical costs and $33 for miscellaneous costs) resulting in an annual increase in costs of $2,376 (for an elder person).

For information on data sources and assumptions, please refer to Appendix A: Data Sources in the *Elder Economic Security Initiative: Elder Economic Security Standard Index for Washington.*

Table D-28: The Elder Economic Security Standard Index for San Juan County, 2010

Monthly Expenses for Selected Household Types

	Elder Person (age 65+)			Elder Couple (both age 65+)		
Expenses/Monthly and Yearly Totals	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	$469	$709	$1,397	$469	$709	$1,397
Food	$232	$232	$232	$425	$425	$425
Transportation	$235	$235	$235	$367	$367	$367
Health Care (Good Health)	$430	$430	$430	$860	$860	$860
Miscellaneous	$273	$273	$273	$424	$424	$424
Elder Index Per Month	**$1,639**	**$1,879**	**$2,567**	**$2,545**	**$2,785**	**$3,473**
Elder Index Per Year	**$19,668**	**$22,548**	**$30,804**	**$30,540**	**$33,420**	**$41,676**

Annual Comparison Amounts	Elder Person	Elder Couple
Federal Poverty Guideline 2010 (DHHS)	$10,830	$14,570
SSI Payment Maximum 2010	$8,088	$12,132
Average County Social Security Benefit 2010	$14,618	$23,785

Adding Home- and Community-Based Long-Term Care Costs to the Elder Economic Security Standard Index for Elders in Poor Health

Annual Expenses

	LTC Cost Per Year	**Elder Economic Security Standard Index plus Cost of Long-Term Care**					
		Elder Person (age 65+)			Elder Couple (both age 65+)		
Need for Long-Term Care (hours/week)		Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Low (6 hrs)	$8,856	$29,546	$32,426	$40,682	$40,418	$43,298	$51,554
Medium (16 hrs)	$23,504	$44,194	$47,074	$55,330	$55,066	$57,946	$66,202
High w/ADC (36 hrs)	$38,640	$59,330	$62,210	$70,466	$70,202	$73,082	$81,338
High w/o ADC (36 hrs)	$48,624	$69,314	$72,194	$80,450	$80,186	$83,066	$91,322

To reflect the difference between an elder in good health (depicted in table) and in poor health (and therefore being at higher risk of needing LTC), $85.20 should be added to the monthly totals ($71 for out-of-pocket medical costs and $14.20 for miscellaneous costs) resulting in an annual increase in costs of $1,022.40 (for an elder person).

For information on data sources and assumptions, please refer to Appendix A: Data Sources in the *Elder Economic Security Initiative: Elder Economic Security Standard Index for Washington.*

Table D-29: The Elder Economic Security Standard Index for Skagit County, 2010

Monthly Expenses for Selected Household Types

	Elder Person (age 65+)			Elder Couple (both age 65+)		
Expenses/Monthly and Yearly Totals	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	$469	$730	$1,397	$469	$730	$1,397
Food	$232	$232	$232	$425	$425	$425
Transportation	$230	$230	$230	$360	$360	$360
Health Care (Good Health)	$303	$303	$303	$606	$606	$606
Miscellaneous	$247	$247	$247	$372	$372	$372
Elder Index Per Month	**$1,481**	**$1,742**	**$2,409**	**$2,232**	**$2,493**	**$3,160**
Elder Index Per Year	**$17,772**	**$20,904**	**$28,908**	**$26,784**	**$29,916**	**$37,920**

Annual Comparison Amounts	Elder Person	Elder Couple
Federal Poverty Guideline 2010 (DHHS)	$10,830	$14,570
SSI Payment Maximum 2010	$8,088	$12,132
Average County Social Security Benefit 2010	$14,389	$23,412

Adding Home- and Community-Based Long-Term Care Costs to the Elder Economic Security Standard Index for Elders in Poor Health

Annual Expenses

	LTC Cost Per Year	**Elder Economic Security Standard Index plus Cost of Long-Term Care**					
		Elder Person (age 65+)			Elder Couple (both age 65+)		
Need for Long-Term Care (hours/week)		Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Low (6 hrs)	$8,856	$28,313	$31,445	$39,449	$37,325	$40,457	$48,461
Medium (16 hrs)	$23,504	$42,961	$46,093	$54,097	$51,973	$55,105	$63,109
High w/ADC (36 hrs)	$38,640	$58,097	$61,229	$69,233	$67,109	$70,241	$78,245
High w/o ADC (36 hrs)	$48,624	$68,081	$71,213	$79,217	$77,093	$80,225	$88,229

To reflect the difference between an elder in good health (depicted in table) and in poor health (and therefore being at higher risk of needing LTC), $140.40 should be added to the monthly totals ($117 for out-of-pocket medical costs and $23.40 for miscellaneous costs) resulting in an annual increase in costs of $1,684.80 (for an elder person).

For information on data sources and assumptions, please refer to Appendix A: Data Sources in the *Elder Economic Security Initiative: Elder Economic Security Standard Index for Washington.*

Table D-30: The Elder Economic Security Standard Index for Skamania County, 2010

Monthly Expenses for Selected Household Types

	Elder Person (age 65+)			Elder Couple (both age 65+)		
Expenses/Monthly and Yearly Totals	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	$342	$625	$1,094	$342	$625	$1,094
Food	$232	$232	$232	$425	$425	$425
Transportation	$212	$212	$212	$331	$331	$331
Health Care (Good Health)	$430	$430	$430	$860	$860	$860
Miscellaneous	$243	$243	$243	$392	$392	$392
Elder Index Per Month	**$1,459**	**$1,742**	**$2,211**	**$2,350**	**$2,633**	**$3,102**
Elder Index Per Year	**$17,508**	**$20,904**	**$26,532**	**$28,200**	**$31,596**	**$37,224**

Annual Comparison Amounts	Elder Person	Elder Couple
Federal Poverty Guideline 2010 (DHHS)	$10,830	$14,570
SSI Payment Maximum 2010	$8,088	$12,132
Average County Social Security Benefit 2010	$13,973	$22,734

Adding Home- and Community-Based Long-Term Care Costs to the Elder Economic Security Standard Index for Elders in Poor Health

Annual Expenses

	LTC Cost Per Year	Elder Economic Security Standard Index plus Cost of Long-Term Care					
		Elder Person (age 65+)			Elder Couple (both age 65+)		
Need for Long-Term Care (hours/week)		Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Low (6 hrs)	$8,856	$27,386	$30,782	$36,410	$38,078	$41,474	$47,102
Medium (16 hrs)	$23,504	$42,034	$45,430	$51,058	$52,726	$56,122	$61,750
High w/ADC (36 hrs)	$38,640	$57,170	$60,566	$66,194	$67,862	$71,258	$76,886
High w/o ADC (36 hrs)	$48,624	$67,154	$70,550	$76,178	$77,846	$81,242	$86,870

To reflect the difference between an elder in good health (depicted in table) and in poor health (and therefore being at higher risk of needing LTC), $85.20 should be added to the monthly totals ($71 for out-of-pocket medical costs and $14.20 for miscellaneous costs) resulting in an annual increase in costs of $1,022.40 (for an elder person).

For information on data sources and assumptions, please refer to Appendix A: Data Sources in the *Elder Economic Security Initiative: Elder Economic Security Standard Index for Washington.*

Table D-31: The Elder Economic Security Standard Index for Snohomish County, 2010

Monthly Expenses for Selected Household Types

	Elder Person (age 65+)			Elder Couple (both age 65+)		
Expenses/Monthly and Yearly Totals	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	$539	$885	$1,574	$539	$885	$1,574
Food	$232	$232	$232	$425	$425	$425
Transportation*	$197	$197	$197	$309	$309	$309
Health Care (Good Health)	$299	$299	$299	$598	$598	$598
Miscellaneous	$253	$253	$253	$374	$374	$374
Elder Index Per Month	**$1,520**	**$1,866**	**$2,555**	**$2,245**	**$2,591**	**$3,280**
Elder Index Per Year	**$18,240**	**$22,392**	**$30,660**	**$26,940**	**$31,092**	**$39,360**

* Transportation Cost with Public Transportation: Elder person $44.50, Elder couple $89.

Annual Comparison Amounts	Elder Person	Elder Couple
Federal Poverty Guideline 2010 (DHHS)	$10,830	$14,570
SSI Payment Maximum 2010	$8,088	$12,132
Average County Social Security Benefit 2010	$14,890	$24,227

Adding Home- and Community-Based Long-Term Care Costs to the Elder Economic Security Standard Index for Elders in Poor Health

Annual Expenses

	LTC Cost Per Year	**Elder Economic Security Standard Index plus Cost of Long-Term Care**					
		Elder Person (age 65+)			Elder Couple (both age 65+)		
Need for Long-Term Care (hours/week)		Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Low (6 hrs)	$8,856	$29,040	$33,192	$41,460	$37,740	$41,892	$50,160
Medium (16 hrs)	$23,504	$43,688	$47,840	$56,108	$52,388	$56,540	$64,808
High w/ADC (36 hrs)	$38,640	$58,824	$62,976	$71,244	$67,524	$71,676	$79,944
High w/o ADC (36 hrs)	$48,624	$68,808	$72,960	$81,228	$77,508	$81,660	$89,928

To reflect the difference between an elder in good health (depicted in table) and in poor health (and therefore being at higher risk of needing LTC), $162 should be added to the monthly totals ($135 for out-of-pocket medical costs and $27 for miscellaneous costs) resulting in an annual increase in costs of $1,944 (for an elder person).

For information on data sources and assumptions, please refer to Appendix A: Data Sources in the *Elder Economic Security Initiative: Elder Economic Security Standard Index for Washington.*

Table D-32: The Elder Economic Security Standard Index for Spokane County, 2010

Monthly Expenses for Selected Household Types

	Elder Person (age 65+)			Elder Couple (both age 65+)		
Expenses/Monthly and Yearly Totals	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	$377	$526	$1,078	$377	$526	$1,078
Food	$232	$232	$232	$425	$425	$425
Transportation	$246	$246	$246	$384	$384	$384
Health Care (Good Health)	$258	$258	$258	$516	$516	$516
Miscellaneous	$223	$223	$223	$340	$340	$340
Elder Index Per Month	**$1,336**	**$1,485**	**$2,037**	**$2,042**	**$2,191**	**$2,743**
Elder Index Per Year	**$16,032**	**$17,820**	**$24,444**	**$24,504**	**$26,292**	**$32,916**

Annual Comparison Amounts	Elder Person	Elder Couple
Federal Poverty Guideline 2010 (DHHS)	$10,830	$14,570
SSI Payment Maximum 2010	$8,088	$12,132
Average County Social Security Benefit 2010	$14,106	$22,952

Adding Home- and Community-Based Long-Term Care Costs to the Elder Economic Security Standard Index for Elders in Poor Health

Annual Expenses

	LTC Cost Per Year	**Elder Economic Security Standard Index plus Cost of Long-Term Care**					
		Elder Person (age 65+)			Elder Couple (both age 65+)		
Need for Long-Term Care (hours/week)		Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Low (6 hrs)	$8,856	$26,688	$28,476	$35,100	$35,160	$36,948	$43,572
Medium (16 hrs)	$23,504	$41,336	$43,124	$49,748	$49,808	$51,596	$58,220
High w/ADC (36 hrs)	$38,640	$56,472	$58,260	$64,884	$64,944	$66,732	$73,356
High w/o ADC (36 hrs)	$48,624	$66,456	$68,244	$74,868	$74,928	$76,716	$83,340

To reflect the difference between an elder in good health (depicted in table) and in poor health (and therefore being at higher risk of needing LTC), $150 should be added to the monthly totals ($125 for out-of-pocket medical costs and $25 for miscellaneous costs) resulting in an annual increase in costs of $1,800 (for an elder person).

For information on data sources and assumptions, please refer to Appendix A: Data Sources in the *Elder Economic Security Initiative: Elder Economic Security Standard Index for Washington.*

Table D-33: The Elder Economic Security Standard Index for Stevens County, 2010

Monthly Expenses for Selected Household Types

	Elder Person (age 65+)			Elder Couple (both age 65+)		
Expenses/Monthly and Yearly Totals	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	$289	$499	$927	$289	$499	$927
Food	$232	$232	$232	$425	$425	$425
Transportation	$235	$235	$235	$367	$367	$367
Health Care (Good Health)	$430	$430	$430	$860	$860	$860
Miscellaneous	$237	$237	$237	$388	$388	$388
Elder Index Per Month	**$1,423**	**$1,633**	**$2,061**	**$2,329**	**$2,539**	**$2,967**
Elder Index Per Year	**$17,076**	**$19,596**	**$24,732**	**$27,948**	**$30,468**	**$35,604**

Annual Comparison Amounts	Elder Person	Elder Couple
Federal Poverty Guideline 2010 (DHHS)	$10,830	$14,570
SSI Payment Maximum 2010	$8,088	$12,132
Average County Social Security Benefit 2010	$13,325	$21,680

Adding Home- and Community-Based Long-Term Care Costs to the Elder Economic Security Standard Index for Elders in Poor Health

Annual Expenses

	LTC Cost Per Year	Elder Economic Security Standard Index plus Cost of Long-Term Care					
		Elder Person (age 65+)			Elder Couple (both age 65+)		
Need for Long-Term Care (hours/week)		Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Low (6 hrs)	$8,856	$26,954	$29,474	$34,610	$37,826	$40,346	$45,482
Medium (16 hrs)	$23,504	$41,602	$44,122	$49,258	$52,474	$54,994	$60,130
High w/ADC (36 hrs)	$38,640	$56,738	$59,258	$64,394	$67,610	$70,130	$75,266
High w/o ADC (36 hrs)	$48,624	$66,722	$69,242	$74,378	$77,594	$80,114	$85,250

To reflect the difference between an elder in good health (depicted in table) and in poor health (and therefore being at higher risk of needing LTC), $85.20 should be added to the monthly totals ($71 for out-of-pocket medical costs and $14.20 for miscellaneous costs) resulting in an annual increase in costs of $1,022.40 (for an elder person).

For information on data sources and assumptions, please refer to Appendix A: Data Sources in the *Elder Economic Security Initiative: Elder Economic Security Standard Index for Washington.*

Table D-34: The Elder Economic Security Standard Index for Thurston County, 2010

Monthly Expenses for Selected Household Types

	Elder Person (age 65+)			Elder Couple (both age 65+)		
Expenses/Monthly and Yearly Totals	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	$484	$684	$1,179	$484	$684	$1,179
Food	$232	$232	$232	$425	$425	$425
Transportation	$246	$246	$246	$384	$384	$384
Health Care (Good Health)	$356	$356	$356	$712	$712	$712
Miscellaneous	$264	$264	$264	$401	$401	$401
Elder Index Per Month	**$1,582**	**$1,782**	**$2,277**	**$2,406**	**$2,606**	**$3,101**
Elder Index Per Year	**$18,984**	**$21,384**	**$27,324**	**$28,872**	**$31,272**	**$37,212**

Annual Comparison Amounts	Elder Person	Elder Couple
Federal Poverty Guideline 2010 (DHHS)	$10,830	$14,570
SSI Payment Maximum 2010	$8,088	$12,132
Average County Social Security Benefit 2010	$14,589	$23,737

Adding Home- and Community-Based Long-Term Care Costs to the Elder Economic Security Standard Index for Elders in Poor Health

Annual Expenses

	LTC Cost Per Year	**Elder Economic Security Standard Index plus Cost of Long-Term Care**					
		Elder Person (age 65+)			Elder Couple (both age 65+)		
Need for Long-Term Care (hours/week)		Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Low (6 hrs)	$8,856	$29,842	$32,242	$38,182	$39,730	$42,130	$48,070
Medium (16 hrs)	$23,504	$44,490	$46,890	$52,830	$54,378	$56,778	$62,718
High w/ADC (36 hrs)	$38,640	$59,626	$62,026	$67,966	$69,514	$71,914	$77,854
High w/o ADC (36 hrs)	$48,624	$69,610	$72,010	$77,950	$79,498	$81,898	$87,838

To reflect the difference between an elder in good health (depicted in table) and in poor health (and therefore being at higher risk of needing LTC), $166.80 should be added to the monthly totals ($139 for out-of-pocket medical costs and $27.80 for miscellaneous costs) resulting in an annual increase in costs of $2,001.60 (for an elder person).

For information on data sources and assumptions, please refer to Appendix A: Data Sources in the *Elder Economic Security Initiative: Elder Economic Security Standard Index for Washington.*

Table D-35: The Elder Economic Security Standard Index for Wahkiakum County, 2010

Monthly Expenses for Selected Household Types

	Elder Person (age 65+)			Elder Couple (both age 65+)		
Expenses/Monthly and Yearly Totals	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	$342	$576	$1,094	$342	$576	$1,094
Food	$232	$232	$232	$425	$425	$425
Transportation	$235	$235	$235	$367	$367	$367
Health Care (Good Health)	$378	$378	$378	$756	$756	$756
Miscellaneous	$237	$237	$237	$378	$378	$378
Elder Index Per Month	**$1,424**	**$1,658**	**$2,176**	**$2,268**	**$2,502**	**$3,020**
Elder Index Per Year	**$17,088**	**$19,896**	**$26,112**	**$27,216**	**$30,024**	**$36,240**

Annual Comparison Amounts	Elder Person	Elder Couple
Federal Poverty Guideline 2010 (DHHS)	$10,830	$14,570
SSI Payment Maximum 2010	$8,088	$12,132
Average County Social Security Benefit 2010	$14,272	$23,222

Adding Home- and Community-Based Long-Term Care Costs to the Elder Economic Security Standard Index for Elders in Poor Health

Annual Expenses

	LTC Cost Per Year	**Elder Economic Security Standard Index plus Cost of Long-Term Care**					
		Elder Person (age 65+)			Elder Couple (both age 65+)		
Need for Long-Term Care (hours/week)		Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Low (6 hrs)	$8,856	$27,931	$30,739	$36,955	$38,059	$40,867	$47,083
Medium (16 hrs)	$23,504	$42,579	$45,387	$51,603	$52,707	$55,515	$61,731
High w/ADC (36 hrs)	$38,640	$57,715	$60,523	$66,739	$67,843	$70,651	$76,867
High w/o ADC (36 hrs)	$48,624	$67,699	$70,507	$76,723	$77,827	$80,635	$86,851

To reflect the difference between an elder in good health (depicted in table) and in poor health (and therefore being at higher risk of needing LTC), $165.60 should be added to the monthly totals ($138 for out-of-pocket medical costs and $27.60 for miscellaneous costs) resulting in an annual increase in costs of $1,987.20 (for an elder person).

For information on data sources and assumptions, please refer to Appendix A: Data Sources in the *Elder Economic Security Initiative: Elder Economic Security Standard Index for Washington.*

Table D-36: The Elder Economic Security Standard Index for Walla Walla County, 2010

Monthly Expenses for Selected Household Types

	Elder Person (age 65+)			Elder Couple (both age 65+)		
Expenses/Monthly and Yearly Totals	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	$365	$502	$926	$365	$502	$926
Food	$232	$232	$232	$425	$425	$425
Transportation	$235	$235	$235	$367	$367	$367
Health Care (Good Health)	$430	$430	$430	$860	$860	$860
Miscellaneous	$252	$252	$252	$403	$403	$403
Elder Index Per Month	**$1,514**	**$1,651**	**$2,075**	**$2,420**	**$2,557**	**$2,981**
Elder Index Per Year	**$18,168**	**$19,812**	**$24,900**	**$29,040**	**$30,684**	**$35,772**

Annual Comparison Amounts	Elder Person	Elder Couple
Federal Poverty Guideline 2010 (DHHS)	$10,830	$14,570
SSI Payment Maximum 2010	$8,088	$12,132
Average County Social Security Benefit 2010	$13,739	$22,354

Adding Home- and Community-Based Long-Term Care Costs to the Elder Economic Security Standard Index for Elders in Poor Health

Annual Expenses

	LTC Cost Per Year	Elder Economic Security Standard Index plus Cost of Long-Term Care					
		Elder Person (age 65+)			Elder Couple (both age 65+)		
Need for Long-Term Care (hours/week)		Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Low (6 hrs)	$8,856	$28,046	$29,690	$34,778	$38,918	$40,562	$45,650
Medium (16 hrs)	$23,504	$42,694	$44,338	$49,426	$53,566	$55,210	$60,298
High w/ADC (36 hrs)	$38,640	$57,830	$59,474	$64,562	$68,702	$70,346	$75,434
High w/o ADC (36 hrs)	$48,624	$67,814	$69,458	$74,546	$78,686	$80,330	$85,418

To reflect the difference between an elder in good health (depicted in table) and in poor health (and therefore being at higher risk of needing LTC), $85.20 should be added to the monthly totals ($71 for out-of-pocket medical costs and $14.20 for miscellaneous costs) resulting in an annual increase in costs of $1,022.40 (for an elder person).

For information on data sources and assumptions, please refer to Appendix A: Data Sources in the *Elder Economic Security Initiative: Elder Economic Security Standard Index for Washington.*

Table D-37: The Elder Economic Security Standard Index for Whatcom County, 2010

Monthly Expenses for Selected Household Types

	Elder Person (age 65+)			Elder Couple (both age 65+)		
Expenses/Monthly and Yearly Totals	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	$451	$649	$1,332	$451	$649	$1,332
Food	$232	$232	$232	$425	$425	$425
Transportation	$230	$230	$230	$360	$360	$360
Health Care (Good Health)	$303	$303	$303	$606	$606	$606
Miscellaneous	$243	$243	$243	$368	$368	$368
Elder Index Per Month	**$1,459**	**$1,657**	**$2,340**	**$2,210**	**$2,408**	**$3,091**
Elder Index Per Year	**$17,508**	**$19,884**	**$28,080**	**$26,520**	**$28,896**	**$37,092**

Annual Comparison Amounts	Elder Person	Elder Couple
Federal Poverty Guideline 2010 (DHHS)	$10,830	$14,570
SSI Payment Maximum 2010	$8,088	$12,132
Average County Social Security Benefit 2010	$14,212	$23,123

Adding Home- and Community-Based Long-Term Care Costs to the Elder Economic Security Standard Index for Elders in Poor Health

Annual Expenses

	LTC Cost Per Year	**Elder Economic Security Standard Index plus Cost of Long-Term Care**					
		Elder Person (age 65+)			Elder Couple (both age 65+)		
Need for Long-Term Care (hours/week)		Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Low (6 hrs)	$8,856	$28,049	$30,425	$38,621	$37,061	$39,437	$47,633
Medium (16 hrs)	$23,504	$42,697	$45,073	$53,269	$51,709	$54,085	$62,281
High w/ADC (36 hrs)	$38,640	$57,833	$60,209	$68,405	$66,845	$69,221	$77,417
High w/o ADC (36 hrs)	$48,624	$67,817	$70,193	$78,389	$76,829	$79,205	$87,401

To reflect the difference between an elder in good health (depicted in table) and in poor health (and therefore being at higher risk of needing LTC), $140.40 should be added to the monthly totals ($117 for out-of-pocket medical costs and $23.40 for miscellaneous costs) resulting in an annual increase in costs of $1,684.80 (for an elder person).

For information on data sources and assumptions, please refer to Appendix A: Data Sources in the *Elder Economic Security Initiative: Elder Economic Security Standard Index for Washington.*

Table D-38: The Elder Economic Security Standard Index for Whitman County, 2010

Monthly Expenses for Selected Household Types

	Elder Person (age 65+)			Elder Couple (both age 65+)		
Expenses/Monthly and Yearly Totals	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	$365	$513	$926	$365	$513	$926
Food	$232	$232	$232	$425	$425	$425
Transportation	$235	$235	$235	$367	$367	$367
Health Care (Good Health)	$430	$430	$430	$860	$860	$860
Miscellaneous	$252	$252	$252	$403	$403	$403
Elder Index Per Month	**$1,514**	**$1,662**	**$2,075**	**$2,420**	**$2,568**	**$2,981**
Elder Index Per Year	**$18,168**	**$19,944**	**$24,900**	**$29,040**	**$30,816**	**$35,772**

Annual Comparison Amounts	Elder Person	Elder Couple
Federal Poverty Guideline 2010 (DHHS)	$10,830	$14,570
SSI Payment Maximum 2010	$8,088	$12,132
Average County Social Security Benefit 2010	$14,701	$23,919

Adding Home- and Community-Based Long-Term Care Costs to the Elder Economic Security Standard Index for Elders in Poor Health

Annual Expenses

	LTC Cost Per Year	**Elder Economic Security Standard Index plus Cost of Long-Term Care**					
		Elder Person (age 65+)			Elder Couple (both age 65+)		
Need for Long-Term Care (hours/week)		Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Low (6 hrs)	$8,856	$28,046	$29,822	$34,778	$38,918	$40,694	$45,650
Medium (16 hrs)	$23,504	$42,694	$44,470	$49,426	$53,566	$55,342	$60,298
High w/ADC (36 hrs)	$38,640	$57,830	$59,606	$64,562	$68,702	$70,478	$75,434
High w/o ADC (36 hrs)	$48,624	$67,814	$69,590	$74,546	$78,686	$80,462	$85,418

To reflect the difference between an elder in good health (depicted in table) and in poor health (and therefore being at higher risk of needing LTC), $85.20 should be added to the monthly totals ($71 for out-of-pocket medical costs and $14.20 for miscellaneous costs) resulting in an annual increase in costs of $1,022.40 (for an elder person).

For information on data sources and assumptions, please refer to Appendix A: Data Sources in the *Elder Economic Security Initiative: Elder Economic Security Standard Index for Washington.*

Table D-39: The Elder Economic Security Standard Index for Yakima County, 2010

Monthly Expenses for Selected Household Types

	Elder Person (age 65+)			Elder Couple (both age 65+)		
Expenses/Monthly and Yearly Totals	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	$363	$580	$1,110	$363	$580	$1,110
Food	$232	$232	$232	$425	$425	$425
Transportation	$230	$230	$230	$360	$360	$360
Health Care (Good Health)	$430	$430	$430	$860	$860	$860
Miscellaneous	$251	$251	$251	$402	$402	$402
Elder Index Per Month	**$1,506**	**$1,723**	**$2,253**	**$2,410**	**$2,627**	**$3,157**
Elder Index Per Year	**$18,072**	**$20,676**	**$27,036**	**$28,920**	**$31,524**	**$37,884**

Annual Comparison Amounts	Elder Person	Elder Couple
Federal Poverty Guideline 2010 (DHHS)	$10,830	$14,570
SSI Payment Maximum 2010	$8,088	$12,132
Average County Social Security Benefit 2010	$13,304	$21,646

Adding Home- and Community-Based Long-Term Care Costs to the Elder Economic Security Standard Index for Elders in Poor Health

Annual Expenses

	LTC Cost Per Year	Elder Economic Security Standard Index plus Cost of Long-Term Care					
		Elder Person (age 65+)			Elder Couple (both age 65+)		
Need for Long-Term Care (hours/week)		Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Low (6 hrs)	$8,856	$27,950	$30,554	$36,914	$38,798	$41,402	$47,762
Medium (16 hrs)	$23,504	$42,598	$45,202	$51,562	$53,446	$56,050	$62,410
High w/ADC (36 hrs)	$38,640	$57,734	$60,338	$66,698	$68,582	$71,186	$77,546
High w/o ADC (36 hrs)	$48,624	$67,718	$70,322	$76,682	$78,566	$81,170	$87,530

To reflect the difference between an elder in good health (depicted in table) and in poor health (and therefore being at higher risk of needing LTC), $85.20 should be added to the monthly totals ($71 for out-of-pocket medical costs and $14.20 for miscellaneous costs) resulting in an annual increase in costs of $1,022.40 (for an elder person).

For information on data sources and assumptions, please refer to Appendix A: Data Sources in the *Elder Economic Security Initiative: Elder Economic Security Standard Index for Washington.*

Table D-40: The Elder Economic Security Standard Index for Seattle City, 2010

Monthly Expenses for Selected Household Types

	Elder Person (age 65+)			Elder Couple (both age 65+)		
Expenses/Monthly and Yearly Totals	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	$605	$876	$1,786	$605	$876	$1,786
Food	$232	$232	$232	$425	$425	$425
Transportation	$197	$197	$197	$309	$309	$309
Health Care (Good Health)	$356	$356	$356	$712	$712	$712
Miscellaneous	$278	$278	$278	$410	$410	$410
Elder Index Per Month	**$1,668**	**$1,939**	**$2,849**	**$2,461**	**$2,732**	**$3,642**
Elder Index Per Year	**$20,016**	**$23,268**	**$34,188**	**$29,532**	**$32,784**	**$43,704**

Annual Comparison Amounts	Elder Person	Elder Couple
Federal Poverty Guideline 2010 (DHHS)	$10,830	$14,570
SSI Payment Maximum 2010	$8,088	$12,132
Average County Social Security Benefit 2010	$15,417	$25,085

Adding Home- and Community-Based Long-Term Care Costs to the Elder Economic Security Standard Index for Elders in Poor Health

Annual Expenses

	LTC Cost Per Year	**Elder Economic Security Standard Index plus Cost of Long-Term Care**					
		Elder Person (age 65+)			Elder Couple (both age 65+)		
Need for Long-Term Care (hours/week)		Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Low (6 hrs)	$8,856	$30,874	$34,126	$45,046	$40,390	$43,642	$54,562
Medium (16 hrs)	$23,504	$45,522	$48,774	$59,694	$55,038	$58,290	$69,210
High w/ADC (36 hrs)	$38,640	$60,658	$63,910	$74,830	$70,174	$73,426	$84,346
High w/o ADC (36 hrs)	$48,624	$70,642	$73,894	$84,814	$80,158	$83,410	$94,330

To reflect the difference between an elder in good health (depicted in table) and in poor health (and therefore being at higher risk of needing LTC), $166.80 should be added to the monthly totals ($139 for out-of-pocket medical costs and $27.80 for miscellaneous costs) resulting in an annual increase in costs of $2,001.60 (for an elder person).

For information on data sources and assumptions, please refer to Appendix A: Data Sources in the *Elder Economic Security Initiative: Elder Economic Security Standard Index for Washington.*

Table D-41: The Elder Economic Security Standard Index for Balance of King County, 2010

Monthly Expenses for Selected Household Types

	Elder Person (age 65+)			Elder Couple (both age 65+)		
Expenses/Monthly and Yearly Totals	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	$597	$876	$1,585	$597	$876	$1,585
Food	$232	$232	$232	$425	$425	$425
Transportation	$197	$197	$197	$309	$309	$309
Health Care (Good Health)	$356	$356	$356	$712	$712	$712
Miscellaneous	$276	$276	$276	$409	$409	$409
Elder Index Per Month	**$1,658**	**$1,937**	**$2,646**	**$2,452**	**$2,731**	**$3,440**
Elder Index Per Year	**$19,896**	**$23,244**	**$31,752**	**$29,424**	**$32,772**	**$41,280**

Annual Comparison Amounts	Elder Person	Elder Couple
Federal Poverty Guideline 2010 (DHHS)	$10,830	$14,570
SSI Payment Maximum 2010	$8,088	$12,132
Average County Social Security Benefit 2010	$15,417	$25,085

Adding Home- and Community-Based Long-Term Care Costs to the Elder Economic Security Standard Index for Elders in Poor Health

Annual Expenses

	LTC Cost Per Year	**Elder Economic Security Standard Index plus Cost of Long-Term Care**					
		Elder Person (age 65+)			Elder Couple (both age 65+)		
Need for Long-Term Care (hours/week)		Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, One Bedroom	Owner w/ Mortgage
Low (6 hrs)	$8,856	$30,754	$34,102	$42,610	$40,282	$43,630	$52,138
Medium (16 hrs)	$23,504	$45,402	$48,750	$57,258	$54,930	$58,278	$66,786
High w/ADC (36 hrs)	$38,640	$60,538	$63,886	$72,394	$70,066	$73,414	$81,922
High w/o ADC (36 hrs)	$48,624	$70,522	$73,870	$82,378	$80,050	$83,398	$91,906

To reflect the difference between an elder in good health (depicted in table) and in poor health (and therefore being at higher risk of needing LTC), $166.80 should be added to the monthly totals ($139 for out-of-pocket medical costs and $27.80 for miscellaneous costs) resulting in an annual increase in costs of $2,001.60 (for an elder person).

For information on data sources and assumptions, please refer to Appendix A: Data Sources in the *Elder Economic Security Initiative: Elder Economic Security Standard Index for Washington.*

Appendix E: Wider Opportunities for Women

Wider Opportunities for Women

Founded in 1964, Wider Opportunities for Women (WOW) has helped girls, women and their families achieve economic security through a series of innovative training and education projects. For more than 45 years, WOW has helped women learn to earn, with programs emphasizing literacy, technical and nontraditional skills, the welfare-to-work transition, career development, and retirement security. WOW opened the first employment resource center for women in the United States, played a leadership role in establishing the concept of 'nontraditional' occupations for women, piloted contextual education for women, and advocated for the passage and implementation of key federal policies to increase educational, training, and employment opportunities for women. WOW's work is grounded in the experience of its local project in Washington, D.C. and that of its partners across the country.

WOW is recognized nationally for its skills training models, technical assistance, and advocacy for women workers. WOW leads the National Women's Workforce Network which is comprised of organizations committed to increasing women and girls access to well-paid work, the Family Economic Security (FES) Project, and the Elder Economic Security Initiative™. For the last several years, a major part of WOW's work has been its Family Economic Security (FES) Project, through which WOW put tools in the hands of community organizations, public agencies, and policy makers to address the needs of low-income families. Through this project, WOW has helped to reframe the national debate on social policies and programs from one that focuses on poverty to one that focuses on what it takes families to make ends meet. WOW partners with key state organizations to develop and implement this project. Today, WOW has partners in 40 states and the District of Columbia. In turn, these partners form or participate in statewide coalitions organized around the concept of self-sufficiency. These programs focus on a range of issues including employment, aging, welfare, tax policy, child advocacy, and women's issues; more than 2,000 organizations are part of this network.

Wider Opportunities for Women • 1001 Connecticut Ave, NW, Ste. 930 • Washington, DC 20036
phone: 202.464.1596 • fax: 202.464.1660 • email: info@WOWonline.org • website: www.WOWonline.org

Appendix F: The Gerontology Institute

Gerontology Institute
Phone: 617-287-7300
Fax: 617-287-2080
www.geront.umb.edu

THE GERONTOLOGY INSTITUTE
John W. McCormack Graduate School of Policy Studies
University of Massachusetts Boston

The Gerontology Institute addresses social and economic issues associated with population aging. The Institute conducts research, analyzes policy issues, and engages in public education. It also encourages the participation of older people in aging services and policy development. In its work with local, state, national, and international organizations, the Institute has five priorities: 1) productive aging, that is, opportunities for older people to play useful social roles; 2) health care for the elderly; 3) long-term care for the elderly; 4) economic security for older adults; and 5) social and demographic research on aging. The Institute pays particular attention to the special needs of low-income and minority elderly.

The Gerontology Institute was created in 1984 by the Massachusetts Legislature. In 2003, the Gerontology Institute became a founding member of the John W. McCormack Graduate School of Policy Studies at the University of Massachusetts Boston. The School brings together two Institutes and several policy-oriented graduate programs to advance their shared educational and public service missions.

Programs housed at the Gerontology Institute include the Pension Action Center, the Social Demography Program, and the Elder Economic Security Standard Project. The Elder Economic Security Standard Project, launched by Ellen A. Bruce and Laura Henze Russell, has developed a reality-based benchmark of elder living costs.

The Institute furthers the University's educational programs in Gerontology. One of these is a multidisciplinary Ph.D. program in Gerontology. Through the Institute, doctoral students have the opportunity to gain experience in research and policy analysis. Another program is a Master of Science in Gerontology that focuses on management issues for working professionals who are looking to upgrade their skills or to advance in new directions within the field.

The Institute also supports undergraduate programs in Gerontology. Foremost among these is the Frank J. Manning Certificate Program in Gerontology, which prepares students for roles in aging services. In addition, the Institute sponsors the Osher Lifelong Learning Institute, (OLLI), a non-credit educational program for adult learners ages 50+.

The Institute publishes the *Journal of Aging & Social Policy,* a scholarly, peer-reviewed quarterly journal with an international perspective. You can obtain information about recent Institute activities by visiting the Gerontology Institute's web pages: www.geront.umb.edu or email gerontology@umb.edu.

Wider
Opportunities
for Women

Wider Opportunities for Women

Building pathways to economic independence for women and girls since 1964.

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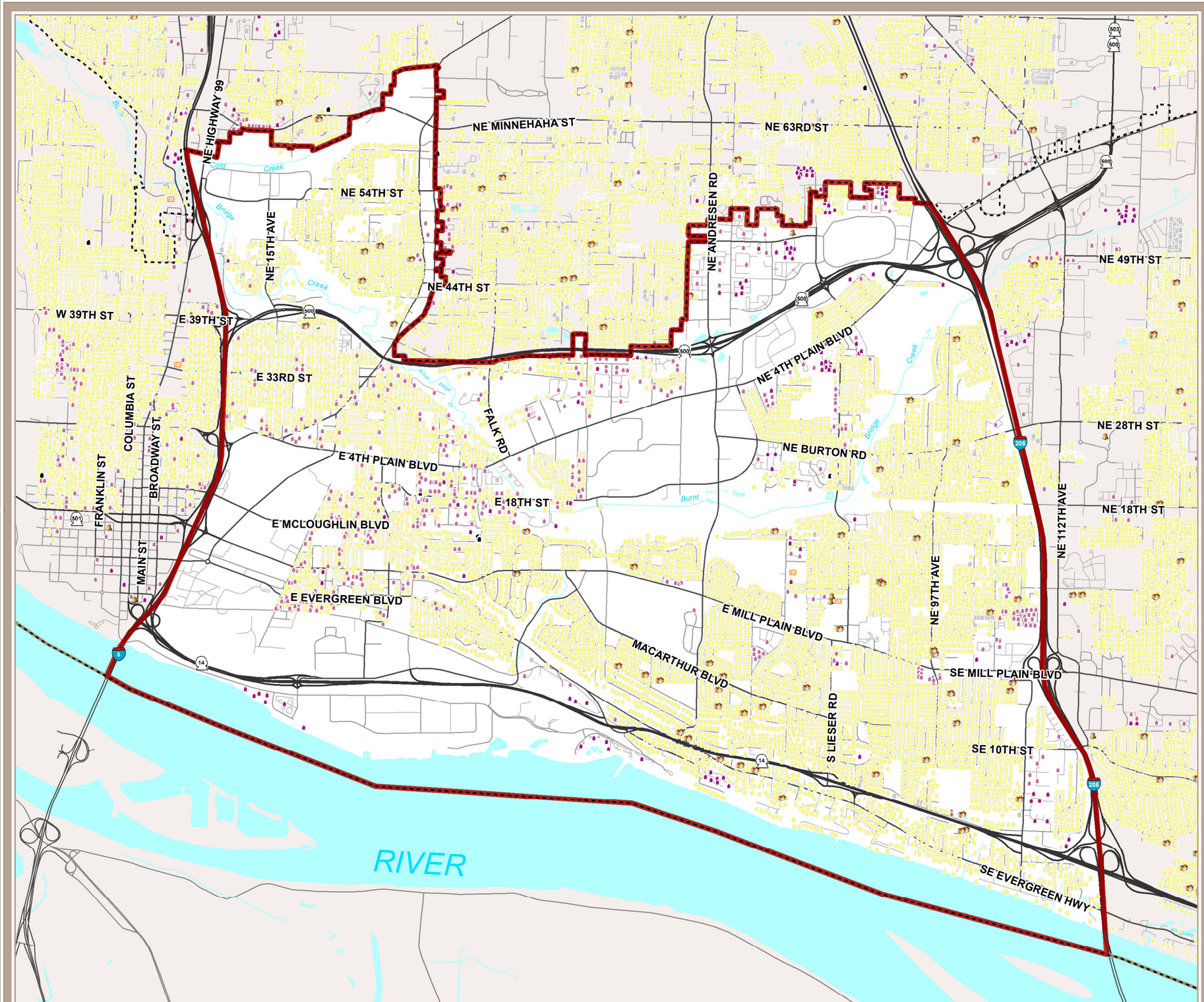
tel 202.464.1596 • fax 202.464.1660 • **www.wowonline.org**

APPENDIX C

Chapter 1 Healthy Communities Maps

Aging Readiness Plan
Housing
Central Vancouver



Housing Stock

- Single Family
- Mobile Home
- Multi Family
- Condominium
- House Boat
- Unknown

State-Licensed Facility

- Adult Family Home
- Boarding Home (assisted living)
- Nursing Home
- Planning Area Boundary
- City Limits

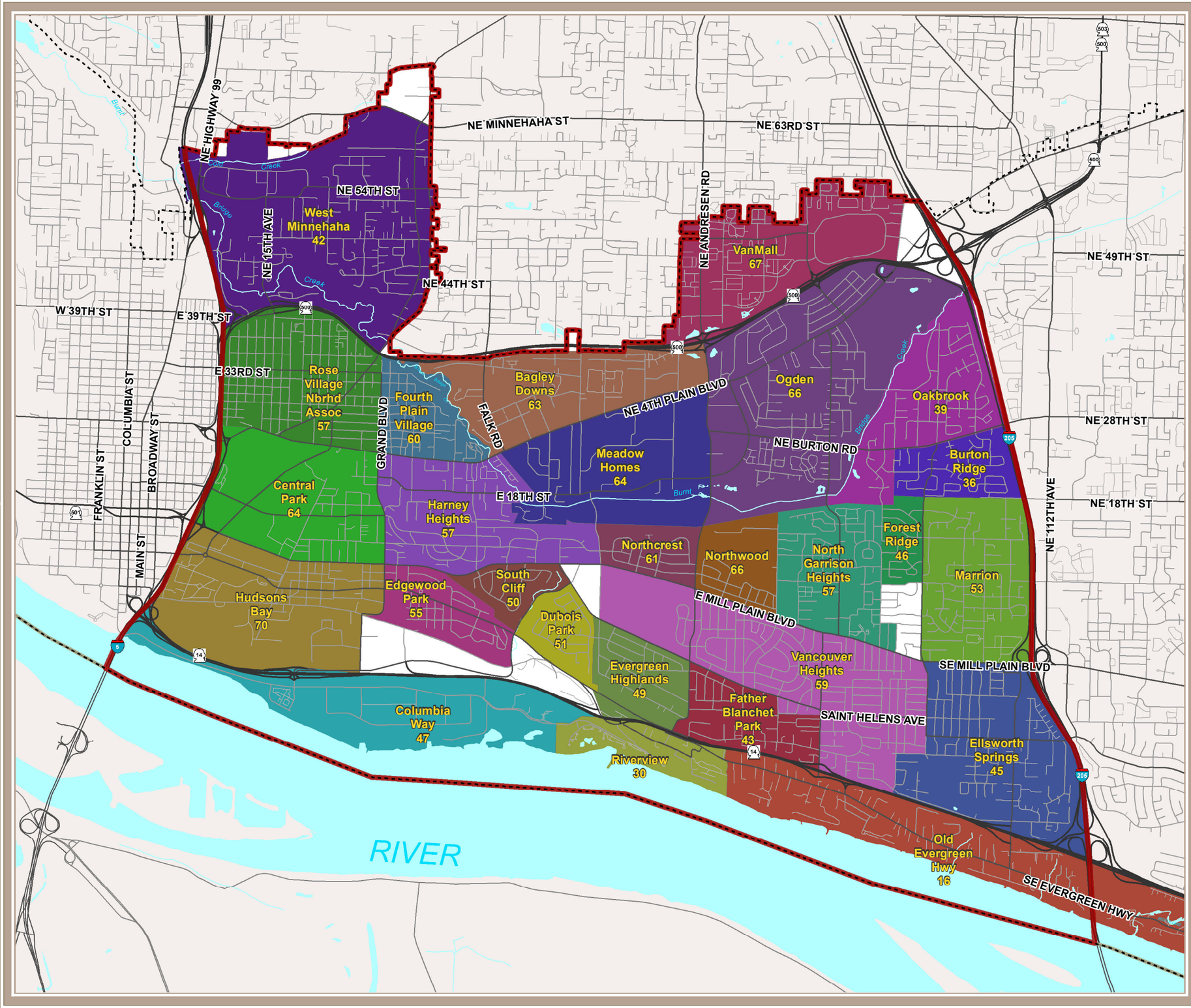
0.5 0 0.5 Miles

N

This data is compiled from many sources and scales. Clark County makes this information available as a service, and accepts no responsibility for any inaccuracy, actual or implied.

CLARK COUNTY, WASHINGTON
Geographic Information System

Aging Readiness Plan Neighborhoods Central Vancouver



Neighborhood

- Bagley Downs
- Burton Ridge
- Central Park
- Columbia Way
- Dubois Park
- Edgewood Park
- Ellsworth Springs
- Evergreen Highlands
- Father Blanchet Park
- Forest Ridge
- Fourth Plain Village
- Harney Heights
- Hudsons Bay
- Marrion
- Meadow Homes
- North Garrison Heights
- Northcrest
- Northwood
- Oakbrook
- Ogden
- Old Evergreen Hwy
- Riverview
- Rose Village Nbrhd Assoc
- South Cliff
- VanMall
- Vancouver Heights
- West Minnehaha
- Planning Area Boundary
- City Limits

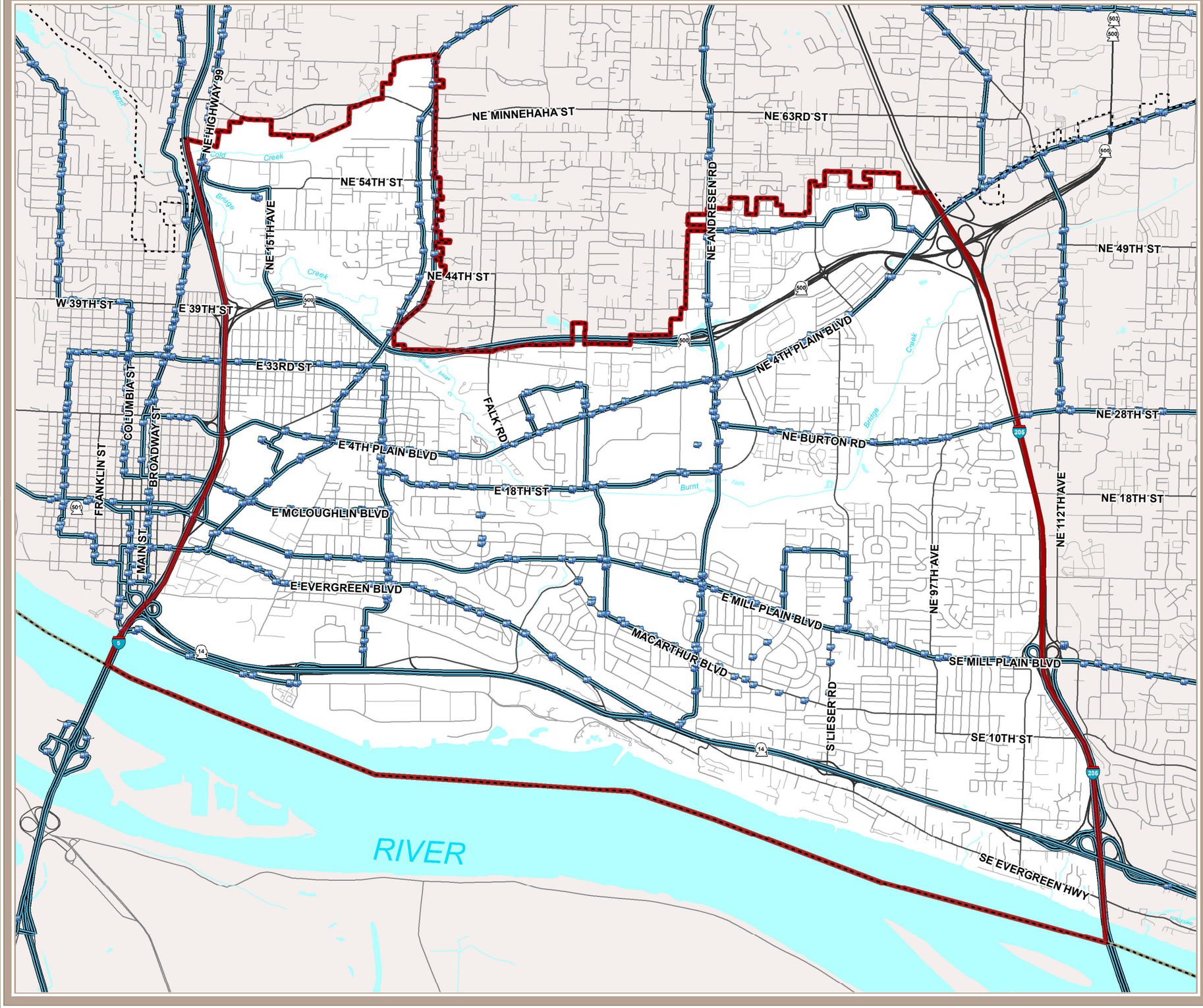
0.5 0 0.5 Miles

N

This data is compiled from many sources and scales. Clark County makes this information available as a service, and accepts no responsibility for any inaccuracy, actual or implied.

CLARK COUNTY, WASHINGTON
Geographic Information System

Aging Readiness Plan
Transit
Central Vancouver



- Bus Stops
- Bus Routes
- Planning Area Boundary
- City Limits

0.5 0 0.5 Miles

N

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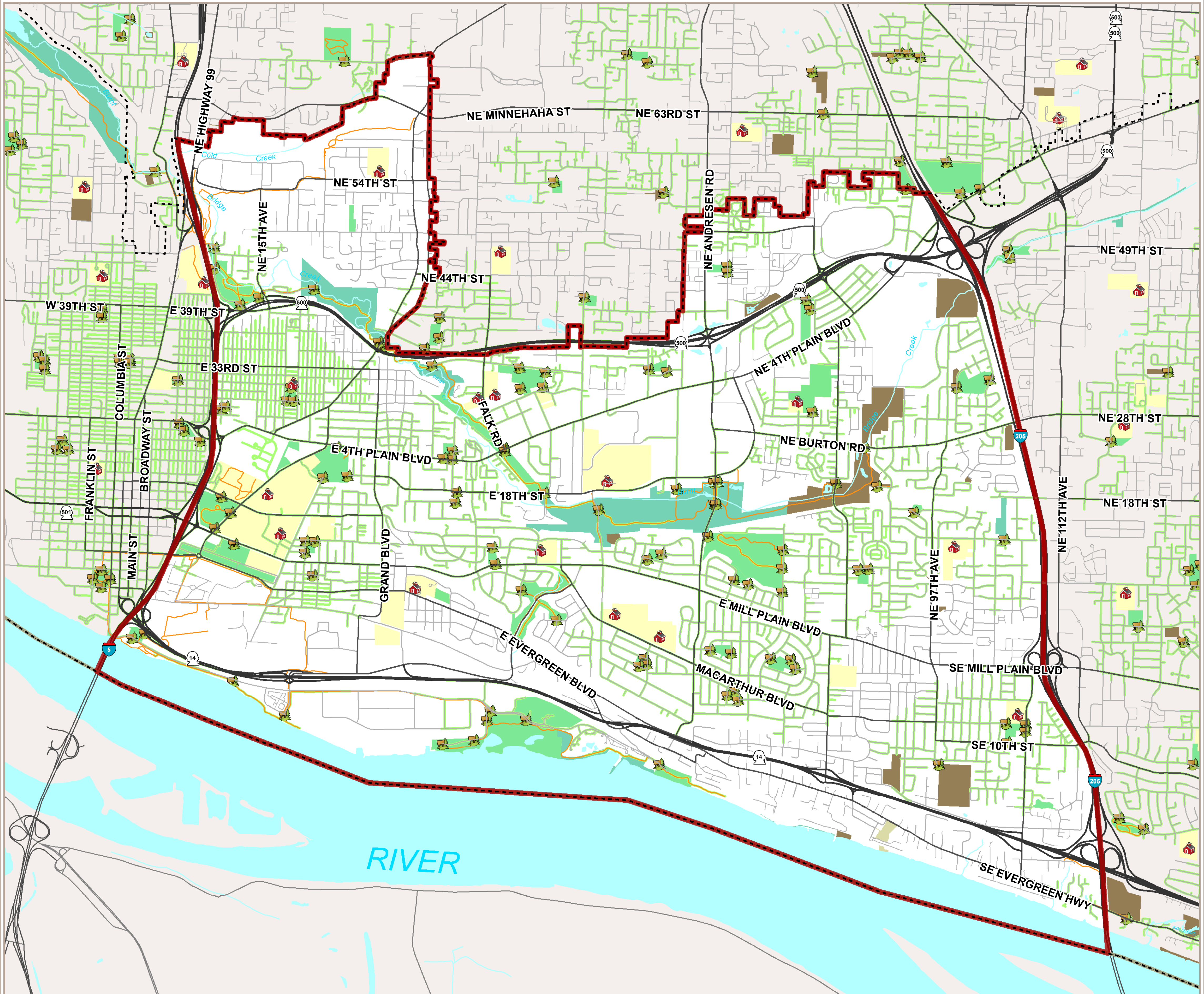
CLARK COUNTY, WASHINGTON
Geographic Information System

Aging Readiness Plan
Schools, Parks, and Trails
Central Vancouver



Park Access

Public Schools

1/2 Mile - Park

Developed Trails

Developed Park

Openspace/Trail Corridor

Improved/Greenspace

Sport Complex

Undeveloped

School Land

Planning Area Boundary

City Limits

0.5 0 0.5 Miles

N

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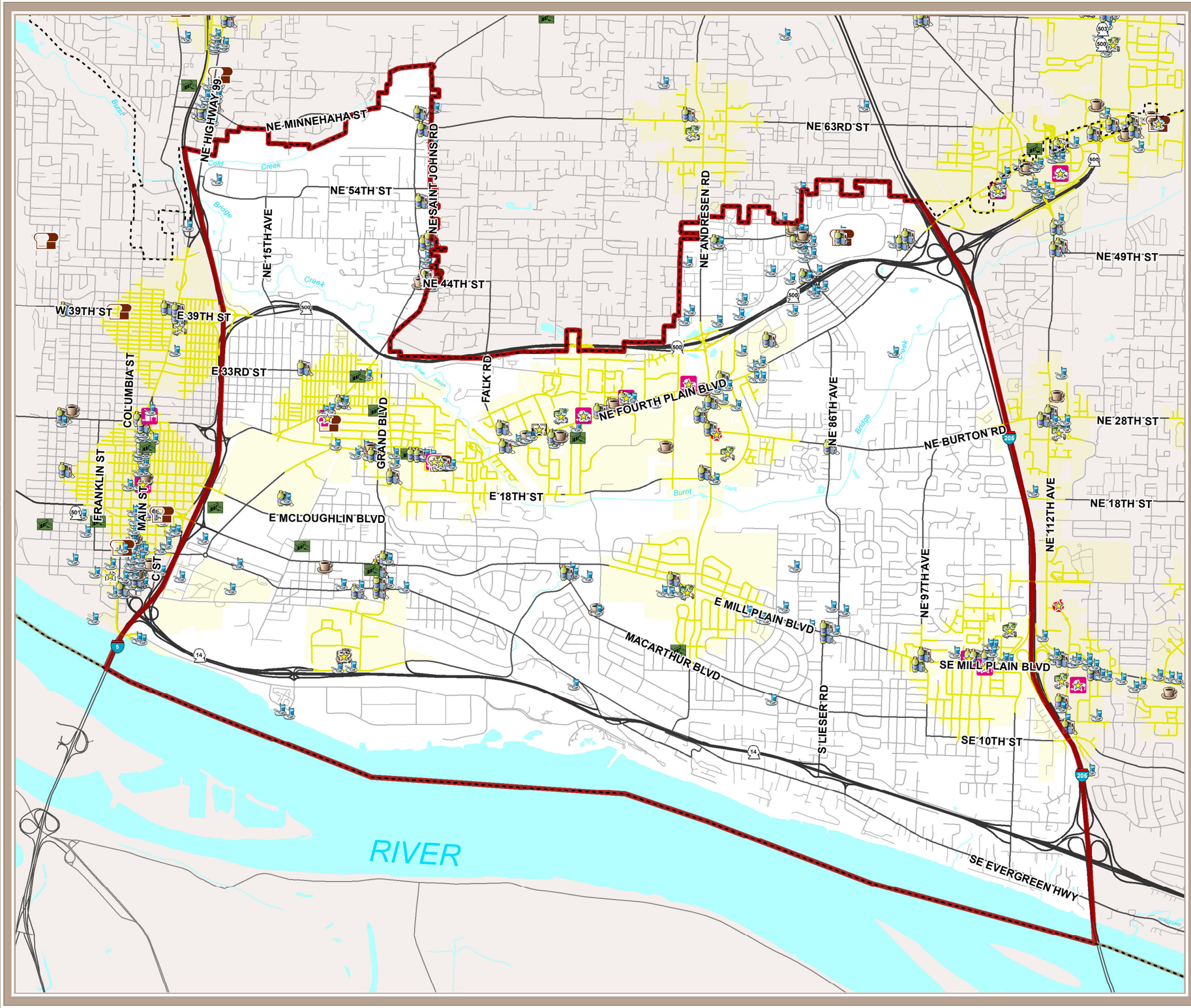
Clark County, Washington
Geographic Information System

Aging Readiness Plan
Food Services
Central Vancouver



- Bakery
- Convenience Store
- Food Bank
- Espresso Stand
- Farmers Market
- Grocery Store
- Meat Market
- Produce/Grocery
- Restaurant
- Super Market
- Fresh Food
- 1/2 Mile - Fresh Food
- 1/2 Mile Service Area - Fresh Food
- Planning Area Boundary
- City Limits

0.5 0 0.5 Miles

N

This data is compiled from many sources and scales. Clark County makes this information available as a service, and accepts no responsibility for any inaccuracy, actual or implied.

CLARK COUNTY, WASHINGTON
Geographic Information System