Interactive Workshops: Aging Well Whatcom – Chuckanut Health Foundation

Online Workshops: Tuesday, March 29, 2022 and Friday, June 17, 2022

Workshop #1 – Tuesday, March 29, 2022 from 2:00-3:30pm

➢ Lara Welker, Aging Well Whatcom
➢ Chris Comeau, Transportation Planner, City of Bellingham Public Works

Prior to the workshop participants were asked to read/review the Transportation Update Report from the 2019 Blueprint for Aging Well.

The Aging Well Whatcom Blueprint represents a community vision for Whatcom County becoming a place with the culture, physical infrastructure, social supports, and services for all of us to age well. Covering six focus areas (Cultural Shift, Information & Navigation, Housing, Intergenerational Community, Transportation, and Wellness & Healthcare), it includes corresponding community visions, desired outcomes, key challenges, assets and resources, and strategies for collectively moving toward our vision. The Blueprint is not about specific programs and services, but rather about key elements to design and foster a community that meets the diverse needs of people of all ages.

Some communities are better to grow old in than others. With the goal of collaborating to make Whatcom County a great place to age, in December of 2017 the Chuckanut Health Foundation invited 20 partner organizations working on advancing issues for our older adults to have a discussion about the needs and opportunities in Whatcom County. It became clear that creating a shared community vision to support aging well would be a good investment, as this work is complex and will take both nonprofits and businesses, philanthropy and government, community groups and policy change to work together to truly create a community for aging well. There are programs and services that exist for older adults and their families; however, we lack a coordinated approach to supporting them and creating an environment for aging well. Twenty months of research, needs assessments, and listening to the experiences of older adults and caregivers led to the development of the original Blueprint, which was shared with the community at the Aging Well Whatcom Summit in September 2019.

In late 2021 the AWW Steering Committee determined that an update was due, especially given the many ways COVID impacted older adults. The Blueprint update sought to answer two main questions: “What has changed in our communities since the assessment for the original Blueprint?” and “What are the current challenges and opportunities?” Following numerous discussions with partners and community members, an online and paper survey of older adults, a review of other local organizations’ recent assessments and strategic plans, and community work sessions, the updated 2022 Blueprint for Aging Well was released in June of 2022 as a result of the workshops and interactions included on the following pages.

Through the development and updating of this document, it has become evident that Whatcom County has a major opportunity to recognize and leverage the skills and capabilities this population brings, and to better address the needs of older adults through designing a community for people of all ages. Our goal is that the Blueprint will be used throughout the community to guide policy and funding decisions, program and service development, grassroots activism, and business opportunities for the private sector.
AGING WELL WHATCOM BLUEPRINT UPDATE

Transportation Work Session Notes

Compiled from the Work Session Chat and Jamboard

March 29, 2022

Work Session Participants:

- Ashley Buerger, Executive Director, Road2Home
- Barbara Juarez, Director, Northwest Washington Indian Health Board
- Chris Comeau, Transportation Planner, Bellingham Public Works
- Heather Flaherty, Executive Director, Chuckanut Health Foundation
- Holly Pederson, ADA Coordinator, City of Bellingham
- Janet Simpson, Chair, Bellingham At Home
- Jennifer Lautenbach, Executive Director & Manager, Lynden Community/Senior Center
- Josselyn Winslow, Dementia Support Northwest
- Mary Anderson, Transit Planner, Whatcom Transportation Authority
- Sarah Lane, Director, Health Ministries Network
- Therese Kelliher, Co-chair Campaign for Bellingham Transportation Fund + former Transportation Commissioner

Update Report Review – Comments & Additions

1) What has changed since 2018?

- Mammogram bus from/to E county HMN
- People walking in their communities more.
- Lots more stores doing home delivery.
- Increased online ordering and delivery services for groceries and other staples
- I don’t know if this is accurate, but I see a greater need for healthcare transportation. There are many requests for appointment transportation.
- Increase in gas prices has people looking at their modes of transportation and number of trips
- Costs have increased, as have the sheer number of transportation improvement projects requested.
- Cost of gas and getting a new vehicle
- More emphasis on electric vehicles
- More virtual events, appts, etc.
- Location-efficient housing needs are increasing
- Transportation BUDGET PROVISO: Nondriver study P. 17 – SECTION 204 (8)
  (separate from Move Ahead WA)

2) What are current challenges and opportunities?

Challenges

- Climate events: flooding, heat/smoke
- Restriction on funding opportunities...small cities have a hard time fully funding projects without state/federal support

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1 Work Session participants reviewed the Transportation Update Report prior to the work session. The additional information and insights shared by participants in the work session will be incorporated into these reports.
Opportunities

- Deliveries and virtual activities also opportunities
- Home delivery services have emerged that may reduce the need for individuals to drive
- The nature of transportation seems to be changing with things like Uber and Lyft and home deliveries. Is this an opportunity to consider for other needs?
- Opportunity: Move Ahead WA has more funding for transportation projects and programs.
- More awareness of seniors in general
- Need for even more walking pathways
- Focus more on non-car transportation
- Opportunities for elder community members to experience non-motorized transport. For example, e-bike and pedi-cab demo days. Hesitation exists when exposure is limited, there is opportunity to close this gap.
- Beyond Whatcom County - is there a way to promote ride shares to medical appointments in Seattle
- Opportunity #3 ADD Note: some people use bike as a mobility aid (Disability Rights WA)
- Opportunity #7 INCLUDE ev bikes with “support” for switching from fossil fuel car (Support = info about what/how to look for, financing/rebates, group buys
- Opportunity to Address stereotypes: “bus riders are scary” and “cyclists are reckless”

Strategy Review & Recommended Revisions

COMMUNITY BASED STRATEGIES

Prioritize

- Both #1 and #2 (x2)
- #1 (x4) And . . . that needs to happen alongside the others.
- #3
- Acknowledge that system doesn’t give people a lot of choice. Encouragement isn’t enough if there are not options.  • Emphasize “social/individualized marketing” and social aspect (covid dependent)  • Community engagement / meet people where they are – physically
- Fund & Implement ADA
- Integrate how to serve the older adult community well in complex and integrated ways. For example, if there were priority times for services (like shopping during pandemic), maybe transportation could align. Healthcare might be the same.

Modify

- INNOVATIVE TRANSPORTATION MODELS  • Need to address limited ADA access and background checks in app-taxis.  • Also, can be costly.
- PRIORITIZE NEEDS OF SENIORS & PWD  • Important to address why: if it works for 80, it works for 8 year old
  • transportation mobility options supports independence  • is physical healthcare / mental ~ socialization / transition time ~ if physical or cognitive changes
- Helpline/concierge to assess needs  • Twist:  • Combine age groups (senior center & child care / walking school bus)  • Support for individual & family when transportation system can’t meet needs – moving/packing up is too big to think about + where to downsize? (+ managing expectations for rural transit service)
- NWRC Medicaid transportation - but if senior is not Medicaid eligible what are alternatives (including non-medical)
- Modify #4 to address transportation to healthcare, not limited to Medicaid.
- Can we combine some of these to create unity--include med transportation in #4
- Are income restrictions on services too limiting?
- Need more info about what is available.
- Overall need more transportation options
- Think of transportation as a key to addressing other social determinants of health.
- More walking paths to stores etc.
Add

- TALK ABOUT CONNECTION BETWEEN TRANSPORTATION CHOICES AND AFFORDABLE HOUSING OPTIONS
  - Advocacy for location-efficient housing / aging in place includes neighborhoods
  - Related costs to individual and transportation system
  - Land use changes
- IDENTIFY MORE SPECIFIC NEEDS & SOLUTIONS
  - BLAINE & LYNDEN (with highest % of older) .nearby services, caregiver travel
  - WOMEN
  - CULTURAL
- Rural areas - are there ways to increase transportation options via non-traditional methods
- Explore options for seniors to register for income/age-qualified reduced parking meter fees. There is no such thing as "free" parking :-(
- CLIMATE OVERLAY in all strategies
  - Especially when considering door-to-door delivery
  - App taxis increase VMT (and collision risk)

Remove

No suggestions for removals

POLICY STRATEGIES

Prioritize

- Promote and Prioritize ADA Transition Plan Projects
- Accessibility, in general.
- Pedestrian Plan input to assist senior needs.
- PRIORITYIZE NEEDS OF SENIORS & PWD
  - Important to address why: if it works for 80, it works for 8 year old
  - Transportation mobility options supports independence
  - is physical healthcare / mental ~ socialization / transition time ~ if physical or cognitive changes
- Make policy changes for location-efficient housing / aging in place includes neighborhoods
  - Related costs to individual and transportation system
  - Land use changes

Modify

- OUTREACH & EDUCATION can be more than giving out info. community engagement is meeting people where they are
- Beyond Whatcom County - is there a way to promote ride shares to medical appointments in Seattle
- MaaS Support for individual & family when transportation system can’t meet needs – moving/packing up is too big to think about + where to downsize? (+ managing expectations for rural transit service)
- In addition to updating Bham Ped & Bike Master Plans, educate the public about the high cost of infrastructure and the need to prioritize limited resources
- #4 - need to reach out to other cities to ask about this process
- A way to let people report unsafe areas.
- Peer outreach, education, support and mentorship. Involve as many community members as possible.
- Prioritize needs other than mobility that may be part of these policies -- hearing, visibility, speed, kind of parking, ....
- Street policies should not be "one size" fits all areas. Identify different neighborhoods or kinds of streets that have different needs. Prioritize those differently perhaps.
- Encourage the Neighborhood associations, business districts, etc. to be part of #1 and to have input in 2 & 4.
- Pedestrian infrastructure also includes sidewalk lighting and easy to cross intersections (shorter crossings)

Add

- Interagency collaboration (I can elaborate) Mary
- Coordinate & expand all groups offering transportation

Remove

- #3 - modify to implement projects
- #4 (this is happening in 2022)
<table>
<thead>
<tr>
<th>Proposed Revisions</th>
<th>Comments/explanation regarding revisions</th>
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</table>
| **1.** Increase outreach, education and community engagement about existing transportation options to older adults, their family members, and in-home caregivers (bus rider education and training, easier-to-read materials, maps of ADA accessible features such sidewalks, crosswalks, bus stops, and the impact of transportation decisions on climate change.) | Star = High Priority. Numerous people recommended prioritizing this strategy.  
Suggestion to highlight environmental/climate aspects of transportation.                                                                 |
| **2.** Implement Mobility as a Service (MaaS), web-based Create an online platform that centralizes information about existing Whatcom County transportation options for knowing all transportation services available, planning trips, and paying for transportation. | The core importance of this strategy is the need for "one place to go" regarding transportation information and options.  
Remove reference to MaaS altogether. MaaS is a specialized app for planning and paying for trips that is most well-suited for larger cities with multiple transit agencies. |
| **3.** Explore innovative transportation models such as shared mobility (coordinated car-sharing and ride-sourcing), partnerships with Transportation Network Companies such as Lyft and Uber (both have programs to facilitate transportation to healthcare appointments), volunteer assisted transportation, scheduled shuttle trips from key locations such as apartment buildings to grocery stores, medical centers, or theaters, and other best practices. | Remove reference to programs related to healthcare appointments, as transportation needs are broader.  
This idea about coordinated shuttle service to a variety of amenities came up multiple times. |
| **4.** **NEW STRATEGY** Develop more service models that go to where older adults are, reducing the need for transportation to access programs and services. | Builds on outreach/community engagement work already happening.  
One person making a trip “out” to serve 20 people makes more sense than 20 people making 20 trips “in” to receive services. |
| **5.** Explore NW Regional Council’s Non-Emergency Medicaid Transportation program. | Remove this strategy. The meaning/intent it unclear and no longer relevant. |
## Policy Strategies

1. **Advocate for jurisdictions in Whatcom County City and County to Prioritize the mobility needs of seniors and people with disabilities by advocating for funding and implementing the Complete Whatcom County and City of Bellingham ADA Transition Plans for the Public Right-of-Way. Ensure that needs such as hearing, vision, speed area considered in addition to mobility.**

   Combined strategy #1 with #3: #1 was the “why” (prioritize the mobility needs of seniors and people with disabilities), #3 is the “how” (ADA plans).

   Since the plans are now complete, advocacy is needed to ensure funding and implementation.

2. **All jurisdictions within Whatcom County adopt a Complete Streets policy for all Whatcom County to improve accessibility and safety for people of all ages and abilities.**

   Revised wording to clarify that individual jurisdictions can adopt a Complete Streets policy. Original wording suggested it had to be all of Whatcom County.

3. **Complete ADA Transition Plans for the Public Right-of-Way, a planning process that identifies barriers in pedestrian facilities and develops a plan to address them, and implement these plans.**

   Combined strategy #3 with #1: #1 was the “why” (prioritize the mobility needs of seniors and people with disabilities), #3 is the “how” (ADA plans).

   Since the plans are now complete, funding and implementation are key.

4. **Ensure that all local jurisdictions’ transportation plans (including the transportation chapters of comprehensive plans, and bicycle and pedestrian plans) Update the City of Bellingham Pedestrian Master Plan, and highlight policies and projects that prioritize mobility needs of older adults and people with disabilities.**

   Broadening out to all kinds of transportation plans for all jurisdictions.

   The City of Bellingham Pedestrian Master Plan is being updated in 2022, so is an immediate opportunity to engage with this strategy!

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**Other things to call out and incorporate into the updated Blueprint:**

- Transportation-Housing interconnections (location-efficient housing/aging in place includes neighborhoods).
- “If it works for 80, it works for 8 year old” -- (changes benefit the entire community)
- Transportation as a key to addressing other social determinants of health.
Workshop #2 – Friday, June 17, 2022 from 9:00-10:30am

➢ Lara Welker, Aging Well Whatcom
➢ Chris Comeau, Transportation Planner, City of Bellingham Public Works

Here is the meeting format:

• Main room: welcome, opening remarks, and Blueprint overview (25 minutes)
• Blueprint focus area breakout rooms (six rooms since there are six focus areas) (45 minutes)
  o For each focus area, the sessions will include two brief presentations, Q and A/discussion.
  o Each room will have a designated facilitator who is an AWW Steering Committee member.
  o Presentations will be 4-5 minutes each; sessions will be 15 minutes total.
  o Participants will rotate every 15 minutes, choosing a total of three rooms.
• Main room: reflection/wrap up (20 minutes)

Some points you may want to cover (each program is different, so share what makes sense for you):

• What is the program’s goal – what community need does it address, and/or what strength/opportunity does it enhance?
• What services or supports does the program provide?
• How many people are served or involved?
• What are some of the important partnerships that are part of the program?

A point we ask that all presentations include:

**How does the program align with the Blueprint and/or what strategy(ies) is it contributing to? This is important because we want participants to think about how their work aligns with, or could align with, the Blueprint. Your presentations are modeling a variety of ways this alignment can happen. Reviewing the Blueprint may be helpful.**

If you wish, you may present up to 5 slides, keeping in mind that the presentations need to be only 4-5 minutes.

<table>
<thead>
<tr>
<th>Focus Area Room</th>
<th>Presenters</th>
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<tbody>
<tr>
<td>Cultural Shift</td>
<td>• Art of Aging Portraits – Richard Scholtz</td>
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<tr>
<td></td>
<td>• Academy for Lifelong Learning – Susan Reece</td>
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<tr>
<td>Info &amp; Navigation</td>
<td>• Whatcom Information Resource Collaborative – Kristi Slette</td>
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<td></td>
<td>• Bellingham Library Tech Basics Coaching – Suzanne Carlson-Prandini</td>
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<tr>
<td>Housing</td>
<td>• YWCA Senior Women Housing Program – Karen Burke</td>
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<td></td>
<td>• OppCo Laurel-Forest apartments – Adrienne Solenberger? Wendy Lawrence?</td>
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<tr>
<td>Intergenerational</td>
<td>• Intergenerational Highschool – Diana Childs</td>
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<tr>
<td>Community</td>
<td>• Animals as Natural Therapy intergenerational program – Lindsey Witus</td>
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<tr>
<td>Transportation</td>
<td>• WTA Lynden Hop/on-demand shuttle goals – Mary Anderson</td>
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<td></td>
<td>• COB Pedestrian Plan Update – Chris Comeau, COB</td>
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<tr>
<td>Wellness &amp; Healthcare</td>
<td>• Health Ministries Network Ask a Nurse + YMCA Blood Pressure Self</td>
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<td></td>
<td>Monitoring – Sarah Lane, Tammy Bennett</td>
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<td></td>
<td>• NWRC Dementia Support Program – Kate Massey, Kelsey Wood NWRC</td>
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Chris Comeau presented the slides below to four individual focus groups during the workshop.
Bellingham Pedestrian & Bicycle Master Plan Updates
Pedestrian & Bicycle Master Plan Updates

- **Citywide = 25 Neighborhoods + Urban Growth Areas**
  (outer edges of City)

- Identify and prioritize needs to improve walking and biking all around Bellingham

- Consider safety, access, and connectivity from home to your desired walking or biking destination

- Enhance the existing 2012 Pedestrian Master Plan and the 2014 Bicycle Master Plan

- Are designed to help achieve the goals of the **“Aging Well Whatcom Blueprint”**
Aging Well Whatcom 2021 Older Adult Survey
Findings Published March 2022

Question #4:
If you could add or change one thing that is available for older adults and their families in Whatcom County, what would that be?

Responses
1) Transportation (13%)
7) Physical Activity (4%)
19) Walkability (2%)
24) Parks, Trails, Open Space (1%)
27) Shopping Access (1%)

<table>
<thead>
<tr>
<th>Theme</th>
<th>Number of respondents who mentioned this theme</th>
<th>Percent of respondents who mentioned this theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Transportation</td>
<td>64</td>
<td>13%</td>
</tr>
<tr>
<td>2. Housing</td>
<td>63</td>
<td>12%</td>
</tr>
<tr>
<td>3. Healthcare</td>
<td>57</td>
<td>11%</td>
</tr>
<tr>
<td>4. No response</td>
<td>42</td>
<td>8%</td>
</tr>
<tr>
<td>5. Social &amp; recreational activities</td>
<td>40</td>
<td>8%</td>
</tr>
<tr>
<td>6. Nothing, don’t know</td>
<td>31</td>
<td>6%</td>
</tr>
<tr>
<td>7. Physical activity</td>
<td>21</td>
<td>4%</td>
</tr>
<tr>
<td>8. Have what I/we need</td>
<td>20</td>
<td>4%</td>
</tr>
<tr>
<td>9. Information, navigation of services</td>
<td>18</td>
<td>4%</td>
</tr>
<tr>
<td>10. In-home caregivers, caregiving</td>
<td>17</td>
<td>3%</td>
</tr>
<tr>
<td>11. Food, nutrition</td>
<td>17</td>
<td>3%</td>
</tr>
<tr>
<td>12. Interaction, relationships, connection</td>
<td>17</td>
<td>3%</td>
</tr>
<tr>
<td>13. Sr Center improvements</td>
<td>17</td>
<td>3%</td>
</tr>
<tr>
<td>14. COVID response</td>
<td>16</td>
<td>3%</td>
</tr>
<tr>
<td>15. Long term care</td>
<td>11</td>
<td>2%</td>
</tr>
<tr>
<td>16. Other, unclear</td>
<td>11</td>
<td>2%</td>
</tr>
<tr>
<td>17. Outreach</td>
<td>11</td>
<td>2%</td>
</tr>
<tr>
<td>18. Technology assistance</td>
<td>11</td>
<td>2%</td>
</tr>
<tr>
<td>19. Walkability</td>
<td>10</td>
<td>2%</td>
</tr>
<tr>
<td>20. Social, political change</td>
<td>9</td>
<td>2%</td>
</tr>
<tr>
<td>21. Home maintenance assistance</td>
<td>8</td>
<td>2%</td>
</tr>
<tr>
<td>22. Finances</td>
<td>7</td>
<td>1%</td>
</tr>
<tr>
<td>23. Intergenerational interactions</td>
<td>7</td>
<td>1%</td>
</tr>
<tr>
<td>24. Parks, trails, open space</td>
<td>7</td>
<td>1%</td>
</tr>
<tr>
<td>25. Educational, learning opportunities</td>
<td>6</td>
<td>1%</td>
</tr>
<tr>
<td>26. Purpose, service, contribution</td>
<td>6</td>
<td>1%</td>
</tr>
<tr>
<td>27. Shopping access</td>
<td>6</td>
<td>1%</td>
</tr>
<tr>
<td>28. Adult day care, adult day health</td>
<td>5</td>
<td>1%</td>
</tr>
<tr>
<td>29. Safety</td>
<td>5</td>
<td>1%</td>
</tr>
<tr>
<td>30. Awareness, appreciation for older adults</td>
<td>4</td>
<td>1%</td>
</tr>
<tr>
<td>31. Dementia awareness, support</td>
<td>4</td>
<td>1%</td>
</tr>
<tr>
<td>32. Employment</td>
<td>4</td>
<td>1%</td>
</tr>
<tr>
<td>33. Legal assistance</td>
<td>3</td>
<td>1%</td>
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Primary Pedestrian Network

- 260-mile **Primary Pedestrian Network** defined
  - Does NOT include all streets in City
- Did NOT include surrounding Bellingham Urban Growth Area (*blue shading*)
- ~ 162 miles (63%) network completion in 2022
- **354** sidewalks + **58** crossings = **412** projects
- Estimated cost to complete pedestrian network
  - 2012 = $256,534,375 → 2020 = $333,494,688
    - Does not include recent increased inflation
    - Does not include costs for ROW or mitigation
  - **127** (36%) sidewalk projects exceed $1,000,000
    - Several projects cost more than $3,000,000
  - Many projects in PMP are not good grant candidates
Primary Bicycle Network

* Almost 60 miles of bikeways constructed from 2014 thru 2021, increasing bicycle network from 38.7 to 98.0 miles = (60%) complete

All bicycle facility types listed above are defined and have local photos in Bellingham Bikeways Illustrated on City web site.
All Projects 2010 - 2021

Bike / Ped Facility

Grant / TBD / Other Funded

2021
Get Involved and Help Us Make Bellingham a Great Place to Walk and Bike

- Visit the [Engage Bellingham](#) project web page
- [Sign up for email updates](#) to stay informed
- [Ask City staff a question](#) or post a comment
- Answer questions in an online [Community Survey](#)
- Show us your suggestions and request sidewalk and crossing improvements on an [interactive web map](#)
- Attend a [community event](#)
- Participate in a [neighborhood association meeting](#)
- Submit a [public comment](#) to the [Transportation Commission](#) or to the [City Council](#)
Learn more and participate at:

EngageBellingham.org

If you have questions, please contact:

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Phone: (360) 778-7946  Email: ccomeau@cob.org