

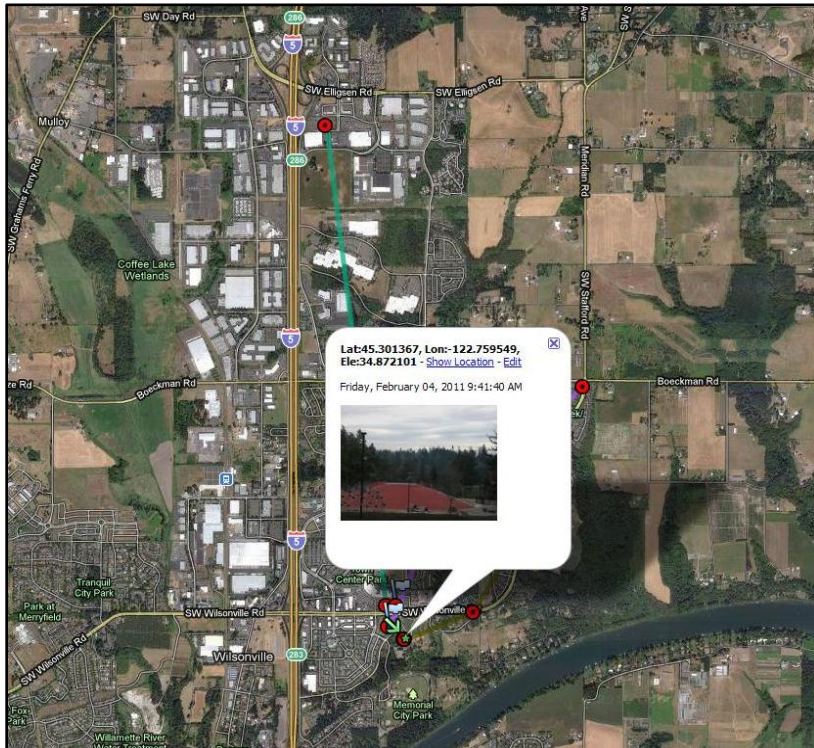


**Integration of +60y Population
Perceptions with Community
engAGE MAPPS Results
Clackamas County, Oregon**

This report was generated by Deborah H. John, Ph.D., Extension Family and Community Health Faculty, OSU Extension Service, Clackamas County, OR. The report includes data collected during the 2010-2011 engAGE in Community MAPPS processes and is provided to Clackamas County Social Services to support the development of the Area Plan.

Clackamas County engAGE MAPPS Report

Clackamas County is located in north central Oregon and is part of the Portland Metropolitan area. There are many geographical features in Clackamas County such as Mt. Hood, Mt. Hood National Forest, the Bull Run Watershed, and multiple rivers such as the Willamette, Sandy, Clackamas, Pudding, Molalla, and Salmon. The county covers 1,879 square miles, with one-eighth of the land being urban and the rest rural. The transportation network in Clackamas County, which includes Interstate 205, Interstate 5, and Highway 26, as well as mass transportation provided by TriMet, four smaller transit systems, and Amtrak, link the county with the greater Portland Metropolitan area and the Pacific Northwest. Oregon City is the county seat for Clackamas County.¹ At the recent census, the population of Clackamas County was 375,992; 191,756 (51%) female and 184,236 (49%) male. The population of residents 65 years and over is 13.6%. Slightly less than 85% of residents are white, with Hispanics (7.7%) as the largest minority group.²



engAGE in Community

Since 2010, Clackamas County Social Services and Extension Family and Community Health, along with AARP Oregon, have partnered with residents and stakeholders from 6 communities to assess assets and residents' perceptions of current and future resources required to improve the livability or 'age-friendliness' of these communities within Clackamas County. Information gathered from and by local people will be used to support the creation of an *Area Plan for Aging*. Within

local communities, the project objectives were to (1) provide data to inform 'age-friendly' multi-sector planning efforts, (2) assess and increase community capacity, resources, and relevance for evidence-based 'age-friendly' practices, (3) provide basis for current and future actions, and (4) share results with community audiences. This report is a summary of *engAGE in Community MAPPS* (Mapping Attributes: Participatory Photographic Surveys) activities conducted in late 2010 and across 2011 with the communities of Hoodland, Canby, Wilsonville, Oregon City, Damascus

¹<http://www.clackamas.us/>

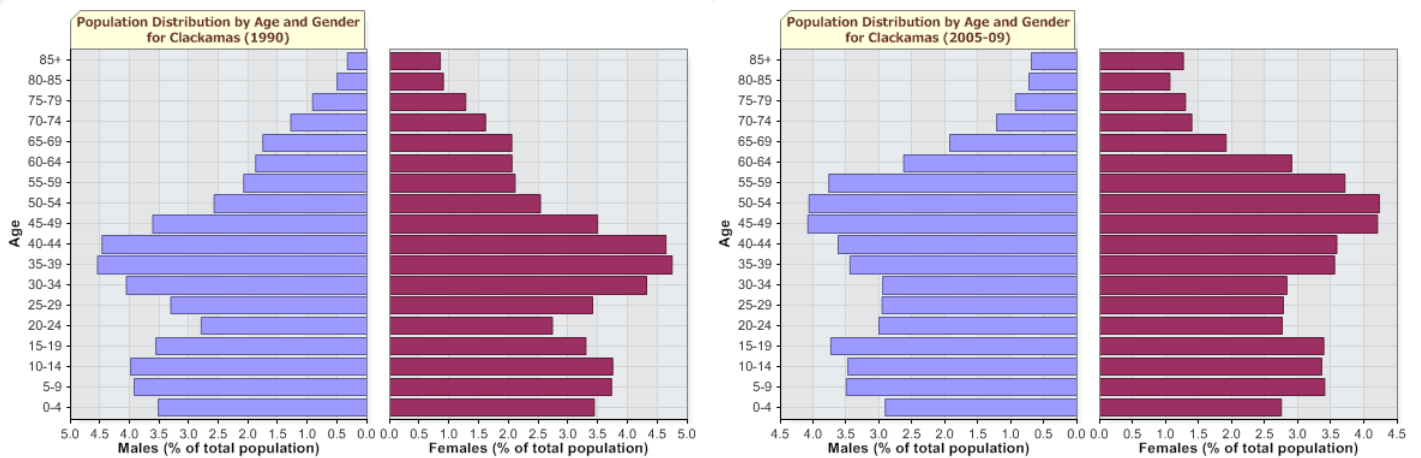
² U.S. Census Bureau, 2005-2009 American Community Survey

and North Clackamas in early 2012.

Relevance for Clackamas County

Our nation is aging. The US Census Bureau projects that by 2050 one of 20 people will be 85 years old or older compared to one in 100 today.³ Oregon is no exception. In 2009, Oregon’s Department of Human Services reported that within one generation the population of adults aged 75 years and older will increase by approximately 170 percent. The importance of focusing on aging populations and aging resources is evident. An aging population is driving our demographic transition and the concept of ‘aging in place’ is reported a top priority for older adults across the nation.⁴ Clackamas County is a mostly rural place, and is one of 3 counties that include the Portland metropolitan urban growth boundary. In Clackamas County, between 2005 and 2015 the number of people aged 65 and over will increase by nearly 20,000. Many of those folks live outside of the urban growth boundaries and in small rural communities, which may burden the current individual, family, and community resources. Perceived or real, the quality of the community environment affects the ability of County residents to live and grow older actively and successfully in their residence and community of choice. Estimates are that by 2015 more than 40 percent of adults living Clackamas County and County communities will be over the age of 50 (see chart). Planning for an older population in the future requires local input with an understanding of the current community supports and barriers to place-based aging as well as a commitment to change – increasing supports and removing barriers so that all residents have the choice to live well and age in their community place.

Population Distribution by Age and Gender for Clackamas County for 1990 vs. 2005-2009



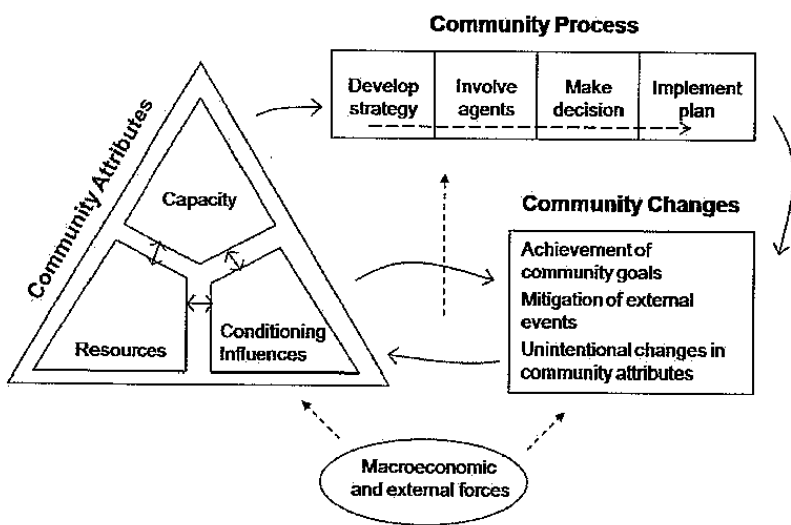
Source: Oregon Communities Reporter

engAGE in Community Methods

³ U.S. Census Bureau, 2005-2009 American Community Survey

⁴ AARP Research and Strategic Analysis, 2010 Report

Research has shown that health promotion and disease prevention actions can help those who are aging well, as well as people with chronic conditions and those who are at risk for serious health problems—even very late in life. And, we increasingly recognize that encouraging communities to create and improve environmental supports will reinforce behavioral choices that enhance health and well-being for people of all ages. *engAGE in Community* is a campus-community partnership for community health engagement with the aim of understanding and creating an age-friendly Clackamas County. To this end, the key partners, Clackamas County Social Services, Oregon State University Extension Family and Community Health-Clackamas County, and AARP Oregon, applied a community-based participatory action research design. Participatory action research relies on methodologies that are used to address research objectives with meaningful participation by community members with a goal of improving areas of concern within the community.⁵ Generally, these approaches target social conditions to facilitate change in a particular domain. These approaches focus on awareness raising and capacity building involving all relevant community stakeholders, followed by community processes involving issue identification, strategy development, decision-making, and implementation to facilitate community change and, in turn, enhance the opportunity for individual level outcomes in targeted areas. The figure presents such a model and provides a visualization of the action areas for *engAGE in Community*.



The goal of *engAGE in Community* is to affect community change through strategies such as increasing community capacity, enabling positive conditioning influences, and increasing/ improving resources to establish Clackamas County as an age-friendly place, an Oregon County where adults can age actively and successfully in their residence or community of choice. For this project, we applied the model with a focus

on identifying County attributes (i.e. resources, capacities, and conditioning influences) across communities (n=6) related to supporting place-based aging. We assessed community capacity (e.g. community readiness for an aging population), community resources (e.g. assets in areas of transportation, housing, etc.), and conditioning influences (e.g. community landscape,

⁵ Israel, Eng, Schultz, & Parker, 2005

economic profile, demographic profile, & residents' perceptions, beliefs & values, interests/needs for aging in place).

To support **engAGE in Community** outcomes, the World Health Organization's (WHO) age-friendly community model was adopted as the project's theoretical framework.⁶ The WHO model categorizes the topical features of age-friendly places into 8 observable focus areas, including transportation, housing, outdoor spaces and buildings, social participation, respect and inclusion, civic engagement and employment, health care and services, and communications and information. These eight aspects of community life overlap and interact. Respect and social inclusion are reflected in the accessibility of the buildings and public spaces; range of opportunities that the community offers to older people for social participation, entertainment or civic engagement. Social participation, in turn, influences respect and social



inclusion, as well as communications and access to information. Quantity and quality of housing options affect the nature and necessity for community support services, while social, civic and economic participation partly depend on the accessibility and safety of outdoor spaces and public buildings. Transportation as well as communication and information particularly interact with the other areas: without transportation to support mobility or adequate means of obtaining information to allow people to meet and connect, other community facilities and services that could support active, place-based aging are

simply inaccessible. The figure depicts the WHO age-friendly topic areas. We organized those focus areas within 3 environmental categories – physical, social, and service – and gathered information from County residents about the environmental attributes of their local communities that support or hinder older adults' lifestyle choices and participation in all aspects of community life.

Information was collected using multiple methods – face-to-face interviewing older residents who rely on aging supports such as adult and senior centers and Latino elders and families, telephone surveying a representative sample of Clackamas County adults, and community attribute mapping using our MAPPS tool. A key objective of attribute mapping was to engage

⁶ WHO Global age-friendly cities: a guide, 2007

local residents and partner with communities to develop collaborations and design projects to improve healthy aging options for ALL Clackamas County people and every community. Community-engaged participatory methods empower people in communities to determine what supports residents need and want in order to age healthfully, actively and successfully in their place of choice, and to use their voices to encourage and enact change.

Telephone Survey

In response to a random digit dialed telephone survey conducted by Portland State University's Survey Research Lab for *engAGE in Community*, respondents voluntarily rated a series of statements depicting community characteristics. They were first asked to rate how strongly they agreed or disagreed with a statement depicting a characteristic of their community using a four-point scale, with response options including "strongly disagree", "disagree", "agree", and "strongly agree." Respondents were then asked how important each community characteristic was to them using a four-point scale, with response options including "not important", "somewhat important", "important", and "very important."

Demographic Characteristics of engAGE Telephone Survey Sample of Adults +60 Years and Older

Of the 210 respondents ranging in age from 60 to 93 years (78.1% were 65 or older), more were female (60.0%) than male (40.0%), most were in "excellent" or "good" health (78.6%), lived in "one" or "two" person households (87.6%), white (91.4%) and non-Hispanic (98.1%). Of +60y respondents, 17.6% reported yearly total household income before taxes of less than \$25,000.

Community Characteristics of engAGE Telephone Survey Sample of Adults +60 Years and Older

Of the 210 respondents, 51.5% reported living in a suburban or urban area in the County, 18.1% in a small town (2500 to less than 10000), and 30.4% in a remote area or small rural town (less than 2500). The most frequently reported city or town in which one lived or closest to one's residence was: Milwaukie (13.8%), Lake Oswego (13.3%), and Oregon City (11.9%).

Mapping Attributes: Participatory Photographic Surveys (MAPPS)

To collect information about the actual community features, we recruited, trained, and deployed local residents as members of our community-engaged participatory action research teams. The local *engAGE MAPPS* teams were trained to map attributes of their community using participatory photographic surveys. The MAPPS method integrates photography, participatory community mapping using global positioning system (GPS) technology, and residents' voiced experiences of their community place to explore, understand, and improve community livability. MAPPS *engages people* in participatory processes that are grounded in *their lived experience of*

place in order to *generate and transfer knowledge* about how the attributes of people interact with attributes of place to determine people's health and lifestyle behaviors and affect health and quality of life outcomes.

The purpose for using MAPPS was to help people explore and strengthen their healthy aging environments and policies, and communicate diverse perspectives and experiences among community members and with local, county, and state decision-makers. MAPPS helped to uncover the supports and barriers that people encounter as they navigate their community place - the physical, social, and service environments where they enact their activities of daily living. MAPPS mobilized and involved local people where they live, work, and play to assess physical, social, and service environment supports or hindrances to aging actively and successfully in their residence and community of choice. The resident-engaged activity raised awareness of people's different perceptions of their local community as a place to live for all ages and identified environmental factors that affect neighborhood livability - community supports and barriers to aging actively and successfully in place. MAPPS makes public people's disparate personal experiences of navigating the social and physical community environment, includes an integrated set of tools through which people can explore and communicate their experience in a collective voice to local decision-makers. *engAGE MAPPS* was employed as an engagement, assessment, planning, and action tool.

engAGE MAPPS Methods

Between November 2010 and November 2011, 5 Clackamas County communities participated in *engAGE MAPPS* projects. One additional community region (i.e. North Clackamas Parks & Recreation District) completed MAPPS in March 2012. From the 6 MAPPS communities, 62 volunteers contributed to our MAPPS assessments by individually photographing and mapping (i.e. geocoding) the features of the area that they perceived as either supportive or hindering place-based aging for community residents; over 630 community features were photographed and mapped; over 220 County residents and stakeholders participated in community conversations and contributed to the narrative commenting on the physical, social and service attributes of their community places within Clackamas County.

PHYSICAL ENVIRONMENT

The physical environment is an important determinant of physical and mental health for everyone. The three physical environment topic areas are outdoor spaces and buildings, transportation, and housing. As key features of a community's physical environment, they have a strong influence on personal mobility, safety from injury, security from crime, health behavior and social participation.

General Themes

The physical environment in Clackamas County is rich with natural and built amenities providing supports for and challenges to age-friendliness. Some of the obvious features of the physical environment, Mount Hood, the Willamette River and Interstate 5 (I-5), Portland metropolitan/urban built environment vs. rural/remote landscape features, and industrial vs. agricultural vs. tourist economies divide and segment the County affecting the experiences of residents across all physical environment topic areas (i.e. transportation, housing, and outdoor spaces and buildings). Attributes of the physical environment were the most frequently mentioned topics during community conversations, particularly transportation (most frequently discussed barrier) and housing supports and concerns.⁷ Walkability, including pedestrian safety, and accessibility were the most frequently discussed conditions related to outdoor spaces and buildings.

TRANSPORTATION

Regardless of the mode, access to transportation allows people to participate in social, cultural, civic, and recreational activities, as well as enabling activities of daily life such as working, shopping or going to appointments.

Survey Results

Public transportation

Slightly over half of the respondents (53.8%) believed that there is adequate public transportation available in their community. However, there were also quite a few respondents (41.9%) who did not think public transportation was adequate. The ratings of importance were fairly evenly distributed, with 51.5% reporting that having adequate public transportation is “important” or “very important” and 48.1% reporting that it is “somewhat important” or “not important.”

Special Needs Transportation

Respondents were asked their opinion about the adequacy of special needs transportation in their community. Special needs transportation is defined as any type of transportation for people with cognitive or physical disabilities, the elderly, or anyone who is unable to drive. Examples include Tri-met Lift or Senior Center vans. Over half (60.5%) of the respondents “agree” that special needs transportation is adequate in their community. It is important to

⁷ Photographed environmental features prompted dialogue, which often centered on the physical feature before any discussions about the intersection of the physical environment with the social and/or service environmental aspects.

note that approximately one-fifth (18.1%) of the respondents could not rate this item. Importance rating revealed slightly more respondents rating the special needs transportation as “important” or “very important” (57.1%) and slightly fewer rating it as “somewhat important” or “not important” (41.9%).

Driver Network

Respondents were asked about the availability of a driver network. A driver network is defined as either a formal or informal network, which will provide a ride for people who cannot drive themselves. Over half (52.8%) of the respondents “agreed” that such a service is available; however, approximately one-quarter (23.3%) were not sure if such a service is available in their community. Ratings of importance of having a driver network available were fairly evenly distributed across the range of response options, with slightly more residents reporting that it is “important” or “very important” (57.6%) than those reporting that it is only “somewhat important” or “not important” (39.5%).

Roads

Respondents were asked if roads in their community are clearly marked with visible signs. The majority of respondents either “agree” or “strongly agree” (88.1%) the roads are clearly marked with visible signs. Additionally, this was important to the majority of respondents, with most (88.1%) reporting that having clearly marked roads is “very important” or “important.”

PERSONAL USAGE OF PUBLIC TRANSPORTATION IN CLACKAMAS COUNTY

Respondents were asked how often they use Clackamas County public transportation. Almost all respondents (97.7%) either “never” or “seldom” use Clackamas County public transportation. Only 2.4% of the respondents reported using public transportation more consistently.

If respondents stated that they “seldom” or “never” use Clackamas County public transportation, they were asked to provide their reasons. The most common reason was “preferring to use a car” (37.6%), followed by public transportation being generally “not convenient” (12.7%), “stops not close” (12.2%), or no public transit (9.5%).

PERSONAL USAGE OF ASSISTED OR SPECIAL NEEDS TRANSPORTATION

Respondents were asked how often they use assisted or special needs transportation, such as Tri-met Lift or senior center vans. Almost all +60y respondents (98.5%) “never” or “seldom” use assisted or special needs transportation. By far, the most common reason was “not having the need for it” (76.2%).

PERSONAL DRIVING HABITS

When asked about driving habits, +60y respondents reported “always” driving (55.2% vs. 57.4%) in comparison to all respondents; another third (31.0% vs. 31.3%) of respondents reported that they “frequently” drive. Very few +60 respondents or all respondents reported “never” (9.5% vs. 5.9%) or “seldom” (4.3% vs. 5.4%) driving. Respondents were asked follow-up questions to determine why they “seldom” or “never drive” and how they usually get around town. The most commonly stated reasons for +60y respondents were “not being [physically] able to drive” (41.4%), “don’t have vehicle” (13.8%), “gave up driving; age; don’t have license” (10.3%) and “not having the need; someone else drives” (6.9%).

MAPPS Thematic Findings

Across Clackamas County communities, the route maps reflected a strong dependence on a personal automobile to access the resources within the community and across the County. Some community environments provided active transportation (i.e. walking/bicycling) and/or public transit supports but with gaps in connectivity and/or low use. When faced with the inability to drive one self, older residents (and others) encounter less than optimal or no viable transportation choices, which makes aging in place more difficult in Clackamas County.

Supports

- Free or low cost public transit provided locally or regionally, including bus and light rail
- Amtrak platform (Oregon City), which is accessible
- Adequate parking
- Neighborhood improvements that support walking and bicycling, such as signage, crosswalks, sidewalks, and bike lanes

Barriers

- Limited transit routes and low ridership likely due to restricted time and destination options for older residents and others who do not/cannot drive themselves
- Lack of seats or shelters at transit stops
- Lack of active transportation supports, such as sidewalks, trails, and paths, and/or signage; lack of neighborhood connectivity across active transportation supports; “Many residents walk on the roads because there is nowhere else to walk in the community.”
- Pedestrian and bicyclist safety concerns, including automobile traffic congestion, speed, and absence of traffic calming features; pedestrian safety issues at crosswalk and intersections, specifically the amount of time pedestrians are allotted to cross busy roadways
- No local taxi cab service

- No or limited transportation options beyond senior center bus and/or medical cab, which restricted time and destination options for older residents and others who do not/cannot drive themselves
- Business and commercial services inaccessibility due to traffic congestion, parking, and transit routing

OUTDOOR SPACES AND BUILDINGS

Creating supportive and accessible built environments, including age-friendly outdoor spaces and building design, can enhance physical well-being and quality of life, accommodate individuality and independence, foster social interaction and enable people to conduct their daily activities.

Survey Results

Public Buildings

Residents were asked their level of agreement with how accessible public buildings are to people with different abilities. Public buildings were defined as any building that is accessible to the general public. This could include privately-owned buildings such as stores. The majority of respondents reported that they “agree” or “strongly agree” (86.7%) that public buildings in their community are accessible to people with different abilities. Additionally, the majority of respondents (65.3%) felt that providing access to public buildings for people with different abilities was either “important” or “very important”.

Walkability

Respondents were first asked their level of agreement with how walkable their community is. Walkability was defined as having well-maintained sidewalks and paths. Respondents +60 years were almost evenly split, with 46.2% disagreeing and 50.9% agreeing that their community is walkable. Ratings of importance of having a walkable community were fairly evenly distributed across the range of response options with 52.8% reporting “not” or “somewhat important” and 47.2% rating walkability as “important” or “very important.”

PERSONAL WALKING AROUND NEIGHBORHOOD

Respondents were asked how often they walk around their neighborhood. In comparison to a majority (58.6%) of all respondents, less than half (48.1%) of +60y respondents reported that they “frequently” or “always” walk around their neighborhood. A larger proportion (51.0%) of +60y respondents reported that they “seldom” or “never” walk around their neighborhood. The most common reasons for “seldom” or “never” walking were “no sidewalks” (12.1%) and “I physically can’t walk or have a hard time walking” (23.4%).

MAPPS Thematic Findings

Community discussions revealed a shared desire improved accessibility of outdoor spaces and walkability to promote active aging and personal mobility, social and cultural participation, and community vitality. As one participant stated “We always have to use a motorcar, which is not always what older people prefer doing. It is not [our] big pleasure in life to drive around alone from place to place and never see anybody...”

Supports

- Community aesthetics, including historic old town and buildings, city-supported parks, downtown improvements and shops, art and cultural installations, and cemeteries
- Libraries, community centers, including adult and senior services
- Community environmental policies (e.g. improvements to outdoor environments and natural landscapes supported by local and regional public and private industry resources, improving availability, accessibility, and affordability of nature, active recreation and play spaces for all residents)
- Community gardens, rural and open space, shared land-use policies and practices
- Accessibility of public services, such as fire department, police, and city hall
- Public and privately supported walking paths and trails, and accessible pedestrian and mobility supports (e.g. elevator, ramps, disability/senior parking)

Barriers

- Outdoor spaces and building accessibility and pedestrian safety
- Discontinuous, disconnected, and/or non-destination roadways, sidewalks, and paths that limit use for non-vehicular transportation
- Parking lots and commercial centers that are difficult and unsafe to navigate; more accessible parking at farm stands and other rural sites (e.g. grange halls, churches)
- Absence of public meeting places, policies supporting shared use of public buildings (e.g. schools, public lands), and/or community or recreational centers
- Neighborhood isolation and land-use planning and policies
- Resourcing new/improvements to outdoor spaces and buildings, like continuous sidewalks and pedestrian safety supports, community gardens and farmers’ markets, and community/adult centers
- Commercial vacancies
- Walkability of commercial districts, described as having few or unmaintained sidewalks and/or recreational walking/biking supports that don’t require driving; lack of crosswalks, signage and pedestrian safety supports
- Sidewalks that need maintenance and are inaccessible for people with mobility differences or disabilities

- Lack of seats and shelters at transit stops
- Parks and outdoor spaces that are inaccessible for older adults and others who use mobility assistance devices, such as walkers, strollers, and/or chairs/scooters

HOUSING

A range of affordable housing options and supports for living independently for as long as possible contribute to the ability of community members to age in place. Community conversations centered on housing underscored the importance of enabling older people to remain independent and having a range of options for residing in their community.

Survey Results

Housing Options

Respondents were asked how much they agreed that there are housing options available that meets the needs of a variety of abilities and lifestyles. The majority of respondents reported that they “agree” or “strongly agree” (66.7%) that these type of housing options are available in their community. A small group of respondents (7.6%) was not sure about this item. Again, ratings of importance of having a variety of housing options available were fairly evenly distributed across the range of response options, with slightly more residents reporting that it is “important” or “very important” (59.0%) than those reporting that it is only “somewhat important” or “not important” (39.7%).

Long-Term Care

Respondents were asked their level of agreement regarding the availability of long-term care options in their community. Examples of long-term care include assisted living facilities and foster care. Over three-quarters of the respondents either “agree” or “strongly agree” (77.6%) that long-term care is available in their community. A small group of respondents (7.6%) was not sure about this item. The majority (71.4%) of respondents believe that having long-term care available in their community is “very important” or “important.”

MAPPS Thematic Findings

While a large majority of Clackamas County older residents live in their own homes, all participants agreed that adequate, accessible and affordable housing and assisted living options are important community attributes. An absence of housing options that meet a variety of needs and lifestyles results in disturbed family and social networks for the community member with evolving housing requirements. Participants often expressed an additional need for energy efficient housing improvements to make housing utilities more cost effective.

Supports

- Affordable 55+ housing and assisted living facilities
- Planned residential communities identified as “model[s] of what there should be more of” because of features such as garden space, nature trails, neighborhood safety, walking/public transit access to community resources, green and sustainable design, and other features supporting independence and community

Barriers

- Absence of enough affordable and accessible housing to support the current and future needs of an aging society
- Absence of safe and clean rental options
- Primarily single-family and owner occupied homes; need for multi-family and mixed-use residential neighborhoods
- Transient nature of seasonal workers affects availability of affordable year-round housing
- Differing opinions as to the desirability of manufactured homes as affordable, accessible housing options and regarding policies regarding long-term living, particularly in more affluent and/or resort communities
- Negative perceptions of seasonal workers’ long-term investment in local community
- Land use plans and policies that affect residential development (i.e. hinder development of modular/mobile home communities, smaller single occupancy residences, low density multi-family residences, and universal design)
- Lack of connectivity between neighborhoods because of environmental attributes like the river and major roadways.
- Isolated, low-income neighborhoods; real and perceived crime and safety concerns

SOCIAL ENVIRONMENT

The social environment is about the interactions between and among people in communities. Social participation and social support are strongly connected to good health and well-being throughout life. Three topics reflect different aspects of the social environment and of culture that affect participation and mental wellbeing. Respect and social inclusion deals with the attitudes, behavior and messages of other people and of the community as a whole towards older people. Social participation refers to the engagement of older people in recreation, socialization, and cultural, educational and spiritual activities. Civic participation and employment addresses opportunities for citizenship, unpaid work and paid work; it is related to both the social environment and to the economic determinants of active, successful aging.

General Themes

Though community members desire to see more social opportunities, they perceive the County to be well-resourced with community and adult centers, faith groups, theatres, and music venues. Residents are proud of Clackamas County history and the many historical sites. While the social environment emerged a strong supporting attribute for the age-friendliness of Clackamas County communities, respectful, inclusive, and intergenerational social and cultural participation and civic engagement opportunities were frequently discussed within the context of areas for improvement. Volunteerism and opportunities for civic engagement were cited as valued and necessary resources.

RESPECT AND INCLUSION

Older persons want to do more than simply continue to reside in their communities—they want to be able to contribute to, and benefit from, community life. Communities that promote social participation and inclusion are better able protect the health of their citizens, including those who are older and alone.

Survey Results

Respect, Kindness, and Courtesy

Respondents were asked their opinion on whether or not they thought people in their community show respect, kindness, and courtesy towards each other. The vast majority of respondents either “agree” (64.3%) or “strongly agree” (23.3%) that there is respect, kindness, and courtesy shown in their community. The importance ratings for this item were strikingly different than most of the other items in the survey. The vast majority of respondents thought that this aspect of their community is “very important” (58.6%) or “important” (31.4%). Less than 10% of respondents said that respect, kindness, and courtesy shown in the community is either “not important” (4.3%) or “somewhat important” (4.3%) to them.

Inclusion in Community Life

Respondents were asked whether or not everyone, regardless of age, is valued and included in community life. The majority of respondents either “agreed” (64.8%) or “strongly agreed” (11.4%) that everyone is valued and included in community life. Again, respondents were clear about this being important, with the majority rating this item as either “very important” (46.2%) or “important” (33.8%).

Input on Public Issues

Respondents provided their opinions on whether seniors are asked for their input on public issues. The majority of respondents (65.7%) either “agreed” or “strongly agreed.” It is important to note that 10.0% of residents did not know or have an opinion about senior input on public issues. Most of the respondents believed that receiving input from seniors on public issues is either “very important” (45.2%) or “important” (32.4%).

MAPPS Thematic Findings

Supports

- A community center, as oppose to a senior center, in order to include all age groups and support intergenerational socialization
- Community residents commented on the value of community centers and libraries as a place for members to congregate, recreate, eat meals together, and attend classes. “I strongly believe that if we have a community center that is accessible for everyone, that will bring our community together.”
- Land that is shared by community members; members perceive community as a family
- Large increase in elder residents in Clackamas County should encourage discussion as to how to plan for an aging population

Barriers

- Difficulty of supporting inclusion for all individuals, regardless of age and ability difference, in every situation
- Not enough outreach opportunities and supports for seniors, people with ability and/or sensory differences
- Many of the community features and social, cultural, and civic participation attributes that support and enrich the social environment require a critical mass in order to be sustainable
- Economic costs of some social and/or cultural activities
- Cost of living and physical environment accessibility emerged as key factors that excluded some community members from full participation/high quality of community life.
- School districting creates separation across people, families, and neighborhoods, and discourages integration in the community.
- Some areas are not as easily accessible for older adults and others with mobility differences, specifically parks and walking paths, which may exclude or discourage participation in some outdoor social activities.

SOCIAL PARTICIPATION

Social networks, social participation and feelings of belonging are important to healthy living, disease prevention and the prevention of isolation among all people. Older people who remain active in society and socially connected are happier, physically and mentally healthier, and better able to cope with life's ups and downs.

Survey Results

Events and Activities

Respondents were asked whether a range of outdoor and indoor events and activities are available for people of all ages in their community. The majority of respondents (72.9%) either “agreed” or “strongly agreed” these events and activities are available in their community. Additionally, most respondents (65.7%) reported that having these events and activities available to everyone in their community was either “very important” or “important” to them.

Educational Classes

Respondents were asked about the range of courses and educational classes offered in community locations. The vast majority of respondents either “agreed” (63.8%) or “strongly agreed” (18.1%) that there is a range of courses and educational classes offered. In addition, the majority of respondents (70.0%) reported that these were “very important” or “important” offerings in their community.

PERSONAL PARTICIPATION IN SOCIAL ACTIVITIES

Respondents were asked how often they participate in social activities. For the purpose of this survey, *social activities* included any type of socializing or activities done with other people. The majority of respondents (63.3%) reported “frequently” or “always” participating in social activities. However, over one-third of the respondents reported “seldom” (27.6%) or “never” (9.0%) participating. The most common reasons were “not being interested” (36.4%) and “having no time” (15.6%).

MAPPS Thematic Findings

Supports

- The social relationships emerged as the most important asset within one small, rural community, connecting people in community to place despite the absence of physical and service environment supports.
- A strong emphasis on people, place, and community with social networks that are described as “great” and a sense of belonging that is as “good as family.”

- Pride in the community and its history; sense of “home town pride”
- Organizations, natural and built environment features that support social and cultural activities, such as parks, playgrounds, and camp grounds; visual and performing arts; adult community and swim centers, library, movie theater, commercial gathering places (i.e. restaurants, coffee shops)
- Adult centers offer intergenerational events and activities, senior/community meal support, and outings
- Many areas are readily accessible and inclusive for older adults and others with ability differences.
- Strong sense of traditional community supported through historic features and acts, such as grocery delivery, postal drop boxes, murals, aesthetically pleasing historic preservation, and downtown improvement plan
- Culture of gardens, gardening, and community garden
- Community events hosted by event centers, local churches, Granges, continuing education and lifelong learning centers, public parks, “probably something happening every weekend”
- Small, locally owned businesses support community life

Barriers

- In-commuting, “people who come here come to work and they have lunch and then they go home.”
- Transient nature of tourist and tourism workers
- Shortage of social participation opportunities specifically targeted toward older adults, including “night life”
- Absence of supports for Hispanic/Latino residents
- Commercial vacancies and “at times, the downtown streets are like a ghost town”
- Some policies, rules, and costs that limit inclusion and/or create barriers to volunteerism, like fishing license requirements for pond fishing preventing intergenerational participation and paperwork required for volunteering
- Slow pace of rural progress
- Perceived community safety/criminal activity in public places, “there has been trouble at this park but it seems to be under control”
- Accessibility of facility hosting the event
- Costs associated with fee-based recreational programs and facilities
- Policies and regulations, such as lighting restrictions
- Instability of social venues and businesses, which come and go because they are not economically viable.

CIVIC PARTICIPATION, VOLUNTEER AND EMPLOYMENT OPPORTUNITIES

Older adults have a great variety of skills, knowledge and time to contribute to their communities in a range of areas, including civic participation, volunteer activities and paid employment. Their participation is linked not only to the economic prosperity and viability of their communities, but also to maintaining their own mental and physical health, and social connectedness.

Survey Results

Volunteer Opportunities

The majority of respondents either “agreed” (64.8%) or “strongly agreed” (17.6%) that there is a wide range of volunteer opportunities available in their community. A small group of respondents (8.6%) did not know how to answer this item. The majority (67.6%) of respondents felt that having volunteer opportunities available in their community was “very important” or “important.”

MAPPS Thematic Findings

Supports

- Volunteer organizations and opportunities for civic engagement through volunteerism were referenced as a necessary resource.
- Various civic engagement supports, such as committees, volunteer (e.g. Elders in Action), and faith groups
- Certain businesses in the community support local charities.

Barriers

- Tourist economy and summer seasonal workers limit year round employment opportunities and employer stability.
- Much of the ‘work’ is done by volunteers via community organizations, such as faith groups, clubs, local sponsorships, and individuals.
- Need for more and easier access to volunteer opportunities for older people who are not working in order for them to stay active and engaged in community life.
- Volunteerism was mentioned in the context of food and school-based needs, specifically the difficulty getting credentials (i.e. paperwork) and volunteering in schools.
- Volunteer training and support were identified as areas for improvement.
- Feeling their voices are not being heard in the community regarding city planning and finding resources for desired community improvements and public centers

SERVICE ENVIRONMENT

Health and support services, including communication and information systems, are vital to maintaining health, independence, and connectivity in the community. These two topic areas, communication and information and community support and health services, involve both social environments and health and social service determinants.

General Themes

Clackamas County is perceived to be well resourced in the area of community supports and health services as well as communication and information services. However, barriers within communities were identified in both health and medical services and communications that affected perceptions of the ability of residents to age-in-place differently among communities.

COMMUNICATION AND INFORMATION

Keeping people informed—not only about community events, but about broader community information—allows older persons to be better connected to their community and supports them in their daily activities.

Survey Results

Information

Respondents were also asked if they thought that information about local events, programs and services is easily available. The majority of respondents either “agreed” (62.9%) or “strongly agreed” (19.0%) that this information is easily available. Comparably, the majority of respondents (69.0%) viewed having access to information about local events, programs, and services as being “very important” or “important.”

MAPPS Thematic Findings

Supports

- An informal network of bulletin boards, email lists, newsletters, and the local newspaper supported community communications.
- Informal communications supported by community organizations and volunteer networks seem to work effectively in times of distress, such as extended power outage
- Community communication plans
- Various communication supports, including traditional (postal drop boxes, post office, newspaper/newsletters, bulletin boards, library) and new information technologies (WIFI, computer stations, email/listserv)
- Community education

- Communication networks are supported via traditional and new information technologies

Barriers

- Community residents had a hard time articulating how information was communicated and received among local folks.
- Formal communication plan/network is needed (i.e. hotline) to support information sharing.
- Finding current information about community resources or events can be difficult and is influenced by increasing costs and changes in information technologies that require specialized equipment and skills
- Communications often require people to “know where it is or who to ask to try and find it”
- Limited/targeted community input on important issues/decisions “people should attend these meetings and give their input”
- Inadequate attention to research, planning, informed decision-making, and implementation of plans - “Plan! Learn from other cities. Address in the planning meeting– research what other communities have done so that after 3 or 4 years we don’t regret what money and time was spent.”
- Absence of formal and informal bi-directional communications between residents and key public/private decision-makers/stakeholders
- Advances in technologies that require acquisition of new skills
- Signs are outdated and certain traffic advisory signs are difficult to see and/or read.
- Bus schedules posted at bus stops are difficult to read because the print is small and lighting is poor or non-existent.

COMMUNITY SUPPORT AND HEALTH SERVICES

Whether or not older people are able to age in place depends upon a number of factors, including the availability of support and services that meet a variety of needs. These include professional services, such as health and personal care, lifestyle supports, such as exercise, respite, food, and money, and emergency or contingency plans.

Survey Results

Health Care

Respondents were asked about the availability of health care, including mental health services, in their community. Although over half of respondents either “agreed” (52.4%) or “strongly agreed” (9.0%) that health care is available in their community, about one-quarter (22.8%) either “disagreed” or “strongly disagreed” about the availability of health care, including mental health services. More clearly, three-quarters (75.8%) of respondents said that having access to health care in their community is “very important” or “important.”

In-Home Visitor Program

To conclude this series of questions about their community perceptions, respondents were asked about the importance of having an in-home visitor program available in their community for people who cannot leave their homes. The majority of +60y respondents (vs. all respondents) said having an in-home visitor program in their community was either “very important” (50.5% vs. 48.6%) or “important” (31.0% vs. 29.2).

MAPPS Thematic Findings

Supports

- Local health care and health-related services, like medical, dental, health therapy, vision, pharmacy, ambulance, and alternative health services are available but reported to be under-utilized by local residents.
- Service districts (property tax base) provide resources for some desired services, such as library and parks
- Health care facilities providing urgent care and health care services
- Local health care providers, allied health services, and pharmacies
- Emergency response system (fire department/EMT) with good response record
- Long term/Alzheimer care facilities, including adult day care
- Meals on Wheels, emergency food and community meals programs, local ODHS office

Barriers

- Absence of home health care and medical supply vendors within communities for those who need these services, which would improve the ability of residents to age-in-place
- Location at the “end of the county service area” provides a challenge for many community residents across most service areas.
- Absence of local health care and health-related services, like medical, dental, health therapy, vision, pharmacy, ambulance, and alternative health services
- Limited and less convenient transportation to health care and necessary services from community to locations providing necessary services (e.g., Sandy, Oregon City)
- Support services other than health services that are necessary for high quality community life, such as postal service, utilities, county services, food assistance programs, emergency shelters, structured exercise/therapy programs, grocery stores, police, and automobile maintenance are sparse, limited in availability, or provided at (perceived) higher cost in some Clackamas County communities in comparison to others
- Increasing costs of necessary goods and services amidst economic hardship, “seventy people in line for food yesterday”

Survey Results

PERSONAL HEALTH HABITS OF +60 ADULTS

STRENGTH AND BALANCE ACTIVITIES

Respondents were asked how often they engage in physical activities/exercises to improve strength and balance. A majority (71.0%) of +60y respondents reported that they “frequently” or “always” engage in strength and balance activities. Of the 28.5% of +60y respondents who reported that they “seldom” or “never” engage in strength and balance activities, the most common reasons were “physical inability” (31.7%), “engage but not for those reasons” (15.0%) and “don’t have time” (13.3%).

FRUIT AND VEGETABLE CONSUMPTION

Respondents were asked how often they eat fruit and vegetables. Most all (96.6%) of +60y respondents reported that they “frequently” or “always” eat fruits and vegetables.

CAREGIVING

Of the 210 +60y respondents, 27 (12.9%) reported being a caregiver for an adult family member or friend. Of the 27 caregivers, one-third (33.3%) reported “never” or “seldom” getting needed support, including breaks from caregiver responsibilities.

EMERGENCY PLAN AND MONEY TO MEET BASIC NEEDS

Most +60y respondents “agreed” or “strongly agreed” that they have an emergency plan (77.6%) and enough money to meet their basic needs (91.0%).