

Understanding the Challenges of Aging Well in a Remote Location

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[Editor's NOTE: Lynnette Wood is an internationally-known remote sensing scientist who has helped developing countries assess their resources and their needs in order to plan effectively for the future. She and husband, Dr. Kenneth Gibbs- a retired astronomer- now live on Orcas Island in Puget Sound.]

It all started innocently enough. I was sitting on the inter-island ferry, chatting casually with someone from the Orcas Island Senior Center. She mentioned that they were planning to conduct a survey about "Aging on Orcas," and I mentioned that I had previous survey research experience. That was almost one year ago, and what a learning experience it has turned out to be!



LOCATION OF ORCAS ISLAND IN WASHINGTON STATE

Orcas Island is located in the northern Puget Sound of Washington State. With a land area of just over 57 square miles, the island is home to some 5,400 people. The majority live in, or near, the small town of Eastsound (population about 3,750). The rest of the population is scattered about the island, including several ill-defined "hamlets" with populations of only a few hundred each. During the height of the summer tourist season, the population of Orcas Island can easily double.

Our island is rural, with pastoral fields nestled among heavily forested hills and low mountains, and nary a stop light to be found. We have limited health care services, and consider ourselves lucky to have two medical clinics. Other islands in the archipelago may have just one clinic, or more likely none. The largest island, San Juan Island, has a small hospital but is a 45-minute ferry ride away. On Orcas Island, we have no hospital or, with the exception of physical therapy, no specialized medical facilities, no assisted living facility, no hospice care facility, no respite care facility. Nor, with the exception of a tourist shuttle that runs during the summer months, is there any public transportation on the island. The only ways to get off or on the island are by ferry, boat, or plane. Thus, we are an isolated, rural community with limited options for either public or private medical services.



THE FERRY LANDING AT ORCAS ISLAND

It may seem surprising to learn that the median age is 56.5, meaning that half the population is older than 56.5 years. In fact, the only sub-group projected to still be increasing in size over the next two decades are people over the age of 75. Since moving to the island eight years ago, I have met more people in their 90s than I had met during my entire previous 60+ years of life! Past census data record a number of Orcas Islanders aged 104 or older.

So, is Orcas Island really Ponce de Leon's Fountain of Youth? Hardly. To start with, those who choose to live on an island are probably people who are relatively healthy to begin with. People who face chronic disease

probably would not move to an island to live, and any islander succumbing to a debilitating disease will almost always be forced to move back to the mainland for want of care on our island. In addition, it is well known that education is correlated with healthy living habits, and Orcas Islanders have the third highest level of educational attainment in the state, only three percentage points behind Seattle's King County. This is particularly impressive when you consider that King County is home to Microsoft, Amazon and Boeing, as well as many other high tech companies, not to mention the University of Washington and numerous other colleges and universities.

The "Aging on Orcas" survey was intended to gather information about the needs of those who chose, and who are able, to remain on Orcas Island as they age. It was designed to reflect the needs of our inter-dependent rural community, a place where community investment is critical to maintaining the island's way of life. Because the demographic trends islanders are facing will impact the entire community, the survey was open to everyone, not just senior citizens.

The survey was implemented both in paper form and using Survey Monkey (an on-line survey tool). A total of 272 individuals completed the survey, ranging in age from 27 to 92, with an average age of 69 years.

Respondents were asked to rate issues according to their level of concern. The two top-rated concerns among all respondents were: 1) Reduced ability to do the things they have always done, or used to do;

2) Reduced ability to maintain home and property. Also highly-rated were concerns about medical care, options for home health care, deterioration in physical health or in mental health, loss of mobility, and inability to carry out day-to-day activities.



A RURAL SCENE ON ORCAS ISLAND

Respondents were also asked to rate how much they valued some possible "solutions." The highest-rated solution was to have an assisted living or similar facility on the island. Interestingly, the younger the group, the more highly they rated this solution. In fact, the older the age group, the more they rated this as having little or no value. This may be because people who actually need to move into an assisted living facility have already done so, leaving the island and leaving their relatively healthier compatriots behind.

Other highly-rated "solutions" were availability of additional home care services or home health providers; assistance in accessing medical care and physicians, specialists, referrals, and/or insurers; and more transportation options.

Interest in "lectures and other educational opportunities" was tied for fifth in terms of value overall. This probably reflects the high average level of education of island residents and their desire to remain intellectually engaged. While rated highly over all respondents, the rating decreased with age. Perhaps this is due to the fact that, as people age, they find it more difficult to leave their homes, especially in the evenings. So, attending lectures simply becomes less relevant to them.

The survey will be followed up with three focus group discussions. We wanted to use the focus groups to "pilot test" some solution "packages" derived from our survey results. To select focus group topics, we used a number of criteria. One criterion was that the concern was ranked highly in the survey; however, this was not the only criteria. Other criteria were that the concerns, and possible solutions to address those concerns, were in areas which the Senior Center has the mandate and capacity to address; and that solutions would impact the

largest number of people (as opposed to, say, the most vulnerable people). Using these criteria we were able to winnow down a long list of 18 possible topic areas to just three: Home Safety, Emergency Preparedness, and a Coordinator to help people navigate a range of services. At the time of this writing, planning for the focus groups is well underway. We hope to complete them by the end of April 2018.

So, what worked well, and what do we wish we had done differently? First, our study benefited from a small grant from the Orcas Island Community Foundation. This ensured that we had the necessary resources to undertake the survey. Second, the effort was spearheaded by a small, but very strong, team consisting of a handful of people, half of whom had previous experience with survey design and execution and half of whom had specific “subject matter” expertise. (One team member had experience with both.) The subject matter experts had experience providing services to the aging population on Orcas, so they already had a good idea about the kinds of challenges that people are facing. Having both subject matter and technical expertise was critical to developing a comprehensively robust, yet scientifically valid, survey. An experienced facilitator coordinated the process and ensured that steady progress was made during the course of the study.

The survey questionnaire was designed with three main components: Concerns, solutions and demographics. We conducted two pre-tests. During each pre-test, roughly a dozen individuals took the survey in a “mock” setting. The pre-tests helped us identify problems in how some of the questions and their answer categories were structured and let us know approximately how long the survey would take to complete. The pre-tests also helped us to identify some concerns and solutions that we had missed.

The final questionnaire presented a list of 20 concerns and asked respondents to rate them into five categories, from “highly concerned” to “not at all concerned.” This worked well. Respondents were offered an opportunity to raise additional concerns not included in the survey. We judged that our list was already fairly comprehensive when the types of concerns that were added were ones that were very specific to the individual responding, such as “Concern about my ability to continue to travel to my family home in Asia on an annual basis.”

Similarly, respondents were asked to rate 18 “solutions” from “high value to me” to “no value at all to me.” This also worked quite well. And, as with the concerns, those that were added tended to be very specific to the individual.

However, when people were asked separately to list their three highest priority concerns, and their three highest priority solutions, this did not work well at all. This confused a lot of people, and the results very often disagreed with the previously rated responses (with, for example, people listing as having high priority solutions that they had rated as having little or no value in the previous section). In hindsight, we should have left this out. At best, it provided a validation of the ratings, but no new information. However, it worked so poorly that the data from these two questions were not used in our analysis.

Most of the demographic questions were those one would expect in any survey (age, gender, and so forth). In the demographic section, we also asked respondents to rate their health as compared to others of a similar age. We had hoped to find a relationship between people’s self-reported health and their concerns about health care, but in fact we found none. This might have been different if we had had a much larger sample size.

As intended, the results of the “Aging on Orcas” survey, along with the results of the focus group discussions, will help the Senior Center define options for investment decisions — decisions that can now be justified with scientific data. In fact, these data are already being used to lobby other entities for program and policy changes and new investments in areas outside the mandate of the Orcas Island Senior Center. The data may also be used in the future to seek additional State or Federal grants. Finally, the survey will be used as a baseline against

which future progress can be measured as the Senior Center employs new and existing resources to address the island's needs.

For me personally, being involved in this effort has brought a new awareness of the challenges that I myself may face in the future and has prompted me to start thinking about how I can prepare ahead of time to address them. One thing that became very clear is that the majority of people do not think of themselves as aging at all (although they may think about the aging of another person). Whether this is denial or whether it is simply that we have a hard time imagining ourselves as being "old" or "aged" is less important than the fact that we do not always plan as we could for the decline that we will almost inevitably face if we are fortunate enough to live, as do many Orcas Islanders, well into our 90s and beyond.

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