

Webinar slides and recording will be available at <u>wacaresfund.wa.gov/webinars</u>

What we'll cover

Host

Sam Klewicki, Communications and Marketing Manager, WA Cares Fund

WA Cares Presenter

Sebastian Cahe, Outreach and Language Access Lead, WA Cares Fund

Agenda

- Introductions & opening poll
- Panelist remarks
- WA Cares Fund overview
- Audience Q&A

Panel

Dr. AnDré Blanks, DCN, Director of Nutrition Services Department, Western State Hospital, BHA

Emily Carlson, Clinical Nutrition Manager, Western State Hospital, BHA

Aja Bridge, Nutrition Services Division Director, Rural Resources Community Action

Matthew Santelli, Community Outreach & Education Specialist, Pierce County Aging and Disability Resources

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Defining long-term care and caregiving



help with activities of daily living like bathing, eating & dressing



not medical care

like doctor visits & treatment for medical conditions



paid care from a **professional**



help from a family member or friend, often unpaid



services & supports provided in your own home



care provided in a residential setting like a nursing home or assisted living



Why Nutrition is Important as We Age

- Aging Increases Our Need for Proper Nutrition:
 - Age related nutritional changes \rightarrow Evolving nutritional needs
- Balanced Healthy Diet
 - Enhances quality of life & energy, Strengthens the body,
 - Helps prevent chronic disease, Supports independence
 - Supports our physical health, mental & emotional well-being

Our Body Needs

- **Protein:** Muscle repair and immune function
- Calories: Energy for daily activities
- Healthy Fats: (omega 3, olive oil) Brain, Heart, & Vascular health
- Vitamins & Minerals: Immune health, Bone strength, Everyday bodily functions
 - (Vitamin D, B12, Vitamin C, Calcium)

Good Nutrition & Physical Activity

- Helps optimize health as we age
- Increases energy, strength, and resilience
- Supports independence, Mobility, Enhances daily activities & quality of life





Age Related Nutrition Changes

Metabolism

- Slows down with age
- Reduced Muscle mass & Physical activity
- Changes Calorie Needs
 - Too many calories = weight gain (obesity, diabetes, heart disease, joint issues)
 - Too few calories = underweight & nutrition deficiencies
- Focus: Nutrient-dense, balanced diet, adequate calories

Muscle Mass & Strength

- Decreases with age
- Mobility issues, Fall risk increases
- Focus: High quality protein (lean meats, eggs, beans) maintain muscle mass
 - Resistance exercises to help maintain muscle strength

• Bone Health

- Bone density decreases with age
- Fragile bones, Increased risk of fractures, Osteoporosis risk
- Focus: Calcium & vitamin D (dairy, sunlight) essential for strong bones
 - Weight-bearing exercises help maintain bone strength





Age Related Nutrition Changes

• Hydration

- Thirst sensation decreases with age
- Increased risk of dehydration \rightarrow confusion, constipation, infections
- Focus: Stay hydrated with plenty of water & fluids

• Digestion

- Digestion efficiency decreases with age
- Risk of constipation, Reduced nutrient absorption
- Focus: Fiber-rich foods, staying hydrated, nutrient rich diet (vitamin B12, calcium, iron, probiotics)

• Hormonal

- Estrogen (women, post-menopause), low testosterone (men) affect body composition
- Fat increases, Increased risk of osteoporosis, heart disease, & obesity
- Focus: Nutrient rich diets, heart health (calcium, vitamin D, healthy fats, antioxidants)

• Immune System

- Weakens with age, increased susceptibility Infections, Poor wound healing, Poor recovery
- Focus: Nutrient-rich foods with vitamins & minerals (C, D, zinc, protein)





Age Related Nutrition Changes

Chronic Health Conditions

- Aging increases the risk of chronic conditions (heart disease, diabetes, hypertension)
- Focus: Heart-healthy diet (omega-3 fatty acids, potassium, fiber, antioxidants) heart disease prevention
- Regular Physical Activity

• Cognitive Function

- Can decrease with age (cognitive decline, dementia, Alzheimer's disease)
- Focus: Diets rich in antioxidants, omega-3 fatty acids, heart healthy diet support vascular brain health

• Appetite

- Can decrease with age (affecting nutrient intake, malnutrition risk)
- Focus: Use nutrient-dense (eggs, nuts, yogurt), easy-to-eat foods, more frequent meals
 - Staying hydrated

• Sensory

- Taste and smell can decrease with age, making food less appealing
- Focus: Stronger flavors, Varied textures, visually appealing to stimulate appetite

Motor Function

- Swallowing ability can decrease with age (due to weakened muscles)
- Chewing ability can decrease with age (due to poor dentition)
- Focus: Adjust food consistency (softer foods) for easier swallowing and digestion





Eating Right for Aging Well

- Nutrient dense foods
- Eat the rainbow
- Stay hydrated





Nutrient Density

Protein & healthy fats

- Nuts, seeds, nut butters
- Beans
- Eggs
- Greek yogurt
- Fish

Fiber, vitamins & minerals

- Fruits & vegetables
- Whole grains
- Fortified foods



Vitamins & Minerals



Calcium

Milk, yogurt, cheese, dark green veggies, sardines, fortified foods (non-dairy milk, cereals)

Vitamin D

Sunlight: consider weather, age, skin pigmentation, risk of skin cancer

Food sources: trout, salmon, mushrooms, fortified foods, supplements

Vitamin B12

Meat, eggs, dairy, clams, oysters, fortified foods (cereals, nutritional yeast), supplements

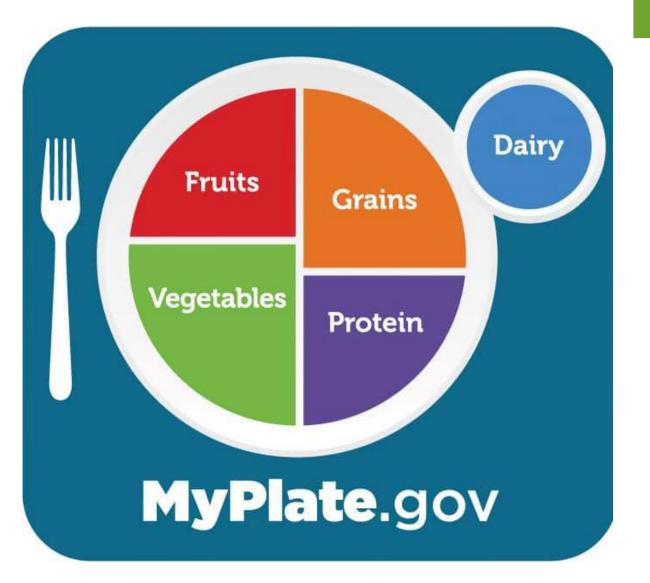


Put it all together!

- 1/2 fruits and vegetables
- 1/4 whole grains
- ¼ protein
- Calcium option

Tips

- Small frequent meals
- Minimum 6 cups water / day



FOOD INSECURITY IN SENIORS



Aja Bridge Director, Nutrition Services Rural Resources Community Action



FOOD INSECURE SENIORS

Reasons why seniors are at a higher risk for hunger:

- Health conditions
- Transportation problems
- Fixed Income
- Social Isolation



FOOD INSECURE SENIORS

From the Hunger in Older Adults Report, food insecure seniors are:

- 50% more likely to have diabetes
- 3 times more likely to suffer from depression
- 60% more likely to have congestive heart failure or a heart attack
- 30% more likely to have at least one ADL impairment



WAFOOD 5 SURVEY

- More than half of respondents very concerned about future price increases
- Fresh produce and animal proteins identified as the groceries hardest to afford
- To cope with price increases, food insecure households restricted food quantity and quality
- More than half of food insecure respondents were depressed or anxious, and almost all reported high stress



- USDA program available in WA through Dept of Agriculture
- Eligibility: 60+ years old, income less than 150% FPL
- Cheese and shelf-stable items, focusing on lowsodium and low-sugar



COMMODITY SUPPLEMENTAL FOOD PROGRAM





FOOD IS MEDICINE

- We Feed Washington
- Produce Rx
- Medically Tailored Meals



Senior Nutrition: Education/Resources

Matt Santelli Community Outreach and Education Specialist <u>matthew.santelli@piercecountywa.gov</u> 253-348-1065

Pierce County Aging and Disability Resources www.pierceadrc.org adrc@piercecountywa.gov 253-798-4600

Webinar for WA Cares



How Great Is The Need?

Poverty among Washington seniors has increased sharply since 2020.

Poverty rate among Washington seniors now the highest rate in the past decade, with nearly 1 in 10 seniors in poverty.

The USDA's recently released food insecurity data for 2023 shows 9.3% of households with a person over age 65 were food insecure.

Seniors are the most likely to qualify for only the minimum SNAP benefit: just \$23 per month to buy groceries.





Human Services

What Programs Can Meet The Need?

Senior Nutrition Assistance Program (SNAP)

• Simple to apply through <u>www.washingtonconnection.org</u>

Local food banks (eligibility and frequency of visits can vary among locations)

• Call 211 or visit <u>www.hungerfreewa.org/foodbanks</u>

Senior Farmer's Market Voucher Program (SFMVP) (no cost for 60+ income-eligible)

• Find your local Area Agency On Aging at <u>www.dshs.wa.gov/ALTSA/resources</u>



What Programs Can Meet The Need?

Senior Meal Sites (no cost for 60+ but donations taken)

• Find your local Area Agency On Aging at <u>www.dshs.wa.gov/ALTSA/resources</u>

Senior Meal Sites for ethnic groups (no cost for 60+ but donations taken)

• Find your local Area Agency On Aging at <u>www.dshs.wa.gov/ALTSA/resources</u>

Meals delivered to homes (no cost for 60+ if recipient is not driving and has no paid caregiver in their home)

• Locate home-delivered meals at <u>www.mealsonwheelsamerica.org/find-meals</u>



Education About These Nutrition Programs

- Meal programs promote health for seniors and people with disabilities. Healthy, regular meals prevent hospitalization, delay residential care, and protect against frailty and damaging falls.
- Group meal programs combat loneliness, an epidemic among our seniors. Loneliness
 and isolation have far-reaching impacts, with health consequences as bad as smoking
 15 cigarettes a day. Too many clients say their hot meal is the only time they socialize
 during the week.



Education About These Nutrition Programs

- Meal programs help seniors prevent food insecurity and manage related illnesses: seniors who are food insecure are 65% more likely to be diabetic, and more likely to suffer from conditions such as congestive heart failure, high blood pressure, asthma, and obesity.
- Meal programs sustain and connect seniors with community safety nets. Senior centers serve as hubs, with volunteers delivering meals as well as other services, like haircuts or foot care. AAA nutrition funding enhances clients' independence and dignity. If seniors are in trouble, meal providers connect them to essential social services to avert a crisis.



Education About These Nutrition Programs

- Ethnic meal sites provide fellowship, community spirit, and education about programs and services available to underserved populations.
- Both paid and volunteer work opportunities are often available for seniors who want to participate as food bank workers, senior center staff, and delivery drivers.
- Senior Farmer's Market Vouchers promote healthier food choices, provide socialization in outdoor settings, support local food producers, and teach seniors concepts about "farm to table" and "local sourcing" for their meal preparation.



Where Can Seniors Learn More?

In 2025, Pierce County Aging and Disability Resources (PC ADR) partnered with Pierce County TV to produce a 30-minute video featuring many of the Nutrition Programs available to seniors in Pierce County.

This video is freely available for any person or group to view and/or show to a wider audience. Visit the Pierce County TV Aging Wisely Channel on YouTube at this link to watch this video and others like it:

Aging Wisely | Pierce County Television, WA - Official Website



Promoting Senior Nutrition Programs

- Public presentations to seniors targeting healthy eating for Diabetes Prevention, Memory Wellness, Cancer Prevention, Cardiac Care
- Teaching seniors to read and understand nutrition labels on food packaging, to maximize their view of "food as medicine"
- Encouraging seniors to "stack" nutrition programs to take the broader view of "how many programs can benefit me?"
- Reminding seniors that healthy eating along with physical activity and medication management contributes to successful "aging in place".



Resources For Senior Nutrition

Finding Local Resources:

- Washington State Community Living Connections
- 22-297 HOW TO APPLY FOR AND USE BASIC FOOD BENEFITS

Nutrition and Aging Resource Center (Senior Nutrition Program through Older Americans Act):

- Finding Food for Older Adults
- <u>Basics of Congregate</u> | <u>ACL Administration for Community Living</u>
- Basics of Home-Delivered Meals | ACL Administration for Community Living

Dietary Guidelines for Americans resources:

- o Healthy Eating for Older Adults, Spanish: Alimentación Saludable para Adultos Mayores
- <u>Build a Healthy Eating Routine as You Get Older</u>, Spanish: <u>Desarrolla una rutina de alimentación</u> <u>saludable a medida que envejeces</u>
- <u>USDA MyPlate Nutrition Information for Older Adults</u>
- o Kitchen Time-Savers

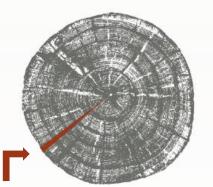


How the WA Cares Fund works

- Earned benefit
- Self-funded by worker contributions
- Works like an insurance program
- Only contribute while you're working
- Everyone covered at same rate regardless of pre-existing conditions
- No copays, no deductibles, and you never have to file a claim

Typical Income: \$50,091

Typical Contribution: \$291/year



Contributions

0.58%

Amount workers contribute from wages

JULY 1,

2023

Contributions began

Benefits

\$36,500

Lifetime maximum benefit (adjusted annually up to inflation)



Benefits available

0.58%

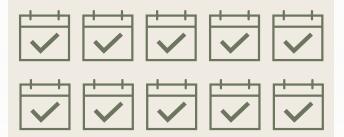
Affordable contributions across your career

| \$35,000 annual salary | | \$50,000 annual salary | | \$75,000 annual salary | |
|---------------------------|---------|---------------------------|---------|---------------------------|----------|
| Each year | \$203 | Each year | \$290 | Each year | \$435 |
| Over 10 years | \$2,030 | Over 10 years | \$2,900 | Over 10 years | \$4,350 |
| Over 20 years | \$4,060 | Over 20 years | \$5,800 | Over 20 years | \$8,700 |
| Over 30 years | \$6,090 | Over 30 years | \$8,700 | Over 30 years | \$13,050 |

\$36,500 benefit amount will be adjusted annually up to inflation.

Qualifying for benefits

Lifetime access to full benefit Contributed for a total of 10 years without a break of 5+ consecutive years



Early access to full benefit

Contributed at least 3 of the last 6 years at the time you apply for benefits





Lifetime access to partial benefit

FOR NEAR-RETIREES

People born before 1968 earn **10% of benefit amount** for each year worked





To earn benefits, must work at least 500 hours per year (about 10 hours per week)

The benefit is flexible

Up to \$36,500 for any combination of services and supports, including:



Professional care at home or in a facility



Adaptive equipment & technology like hearing or medication reminder devices



Training & paying family member or friend to be your caregiver



Home-delivered meals





Home safety evaluations & environmental modifications like wheelchair ramps



Support & respite for family caregivers



Transportation

Must need help with 3 activities of daily living like bathing, dressing, eating, medication management

How far will the benefit go?



Family caregiver

| Paying a family caregiver | \$31,300 |
|---------------------------|----------|
| 10 hours/week for 2 years | |
| Care supplies | \$2,200 |
| 2 years of incontinence | |
| supplies | |
| | |

Total

\$33,500



Home accessibility

| Home safety renovations | \$15,000 |
|-----------------------------|--------------|
| Electric wheelchair or scoo | oter \$2,600 |
| Weekly meal delivery | \$9,200 |
| 7 meals/week for 3 years | |
| | |
| Total | \$26,800 |



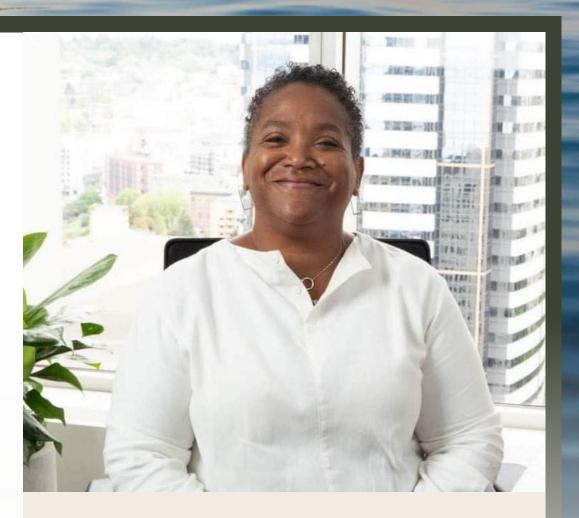
Temporary support & services

| Total \$34 | \$34,600 | |
|--------------------------------|----------|--|
| Crutches | \$50 | |
| for 1 year | | |
| Transportation to appointments | \$3,200 | |
| 20 hours/week for 1 year | | |
| Part-time caregiver | \$31,300 | |

Note: These are estimates and do not guarantee the cost of any services, which may vary based on your area and other factors.

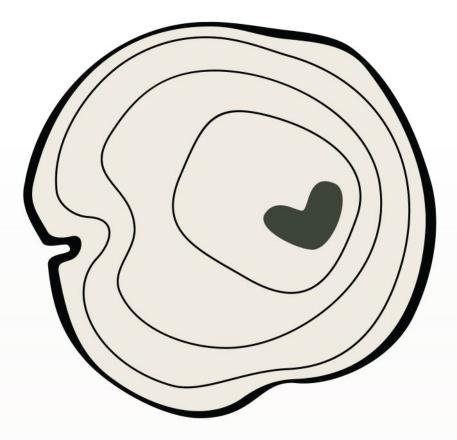
Taking WA Cares benefits out of state

- New law passed this year to allow workers to use their benefit outside Washington
- Starting in July 2026, workers can choose to continue participating in WA Cares if they move out of state
- Must have contributed to WA Cares for at least 3 years (working 500+ hours per year) and must opt in within a year of leaving WA
- Like other workers, out-of-state participants keep contributing during working years
- Benefits available starting July 2030



- If my family had WA Cares, I would've had a different reality. WA Cares and your ability to take it to another state is huge.
 - Kendall, family caregiver (Seattle, WA)

Audience Q&A





Thank you

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Contact us by email

wacaresfund.wa.gov/ contact-us Contact us by phone (employers & exemptions)

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