



# 2019 Strategic Action Plan on Aging

December 2019



**Strategic Action**  
Planning Group on Aging

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# 1

## Strategic Action Planning Group on Aging Members

### **Jane Barnes of Lakewood**

Executive Director, Benefits in Action and Chair,  
Colorado Commission on Aging

*To serve as the designee of the Colorado  
Commission on Aging*

### **Karen Brown of Arvada**

CEO, iAging, Ambassador, Aging 2.0 Denver Chapter,  
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*To serve as a consumer*

### **Steve Child of Snowmass (Executive Committee Member)**

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*To serve as a county commissioner*

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*To serve as a representative with extensive knowledge  
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Professor, Department of Social Work, Metropolitan State University of Denver

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### **Kelly Osthoff of Greeley**

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## **PLANNING GROUP MEMBERS WHOSE TERMS ENDED DURING 2019**

### **Coral Cosway**

Director of Public Policy, Alzheimer's Association  
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### **Kathleen Hall**

Nurse Practitioner and Assistant Professor of Nursing,  
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### **Joshua Laipply**

Chief Projects Officer, City and County of Denver

### **James Riesberg**

Former State Representative

### **Natalie O'Donnell Wood**

Director, Center for Legislative Strengthening,  
National Conference of State Legislatures

# 2

“A growing aging population impacts every department in the State, from Transportation to Natural Resources.”

- Office of State Planning and Budgeting,  
FY 2020-2021 Budget Request <sup>1</sup>

Colorado is in the midst of a historic demographic shift. Advances in public health and medical care have led to increased lifespans for Coloradans — ranking 8th in the nation.<sup>2</sup> From 2018 to 2050, the Colorado State Demography Office estimates that adults aged 65+ will double in population from 805,950 to more than 1.6 million.<sup>3</sup>

To explore and develop strategies to help prepare Colorado for its growing aging population, the General Assembly passed HB15-1033, creating the Strategic Action Planning Group on Aging, often referred to as SAPGA or the Planning Group. The 23-member Planning Group is comprised of private sector, state department, higher education, and public consumer representatives with considerations for geographic and individual diversity. The General Assembly intends for the Planning Group’s recommendations to lead to the implementation of programs, services, projects, policies, and procedures in both the public and private sectors.

The Planning Group’s focus on social determinants of health has been integral to work efforts and represent a foundation that past, present, and future recommendations are built upon. Without livable, age-friendly communities characterized by access to reliable transportation, safe and affordable housing,

## History and Context

economic opportunities in later life, social engagement, and access to health care, improving health outcomes, supporting well-being, and reducing health care costs in later life are unattainable goals. This reality underlies all of the Planning Group's work.

Planning efforts throughout 2019 focused within the domains of health and wellness. The full Planning Group and subcommittees focused on various topics under this broad umbrella. Kidney dialysis transportation, age-friendly public health, exploring innovative directions

for Colorado's Area Agencies on Aging, and supporting older Coloradans in the workforce were examined along with other issues and topics.

Although 2050 may seem distant, it is steadily approaching, and our demographic shifts are undeniable. Behind the baby boomer generation is a nearly equally sized generation of millennials. If Colorado is to be prepared for this new normal of demographic composition, short-term and long-term strategies must continue to be explored, identified, and implemented.



# 3

The Planning Group embraces the idea that a Colorado well adapted for aging is one where all individuals can thrive – **a Colorado for all**. In terms of public and organizational policy, this means supporting a high quality of life for Coloradans and their families by promoting health and well-being, fostering self-sufficiency, providing livable communities, and supporting populations across the life course and into later life.

Beginning its work in 2015, the Planning Group released the *Initial Action Plan* in 2016, and the *2018 Action Plan Update* became available in January 2019. This 2019 Action Plan Update represents the continued efforts to prepare Colorado for the tremendous opportunities and challenges related to aging and later life.

The following goals provided in 2016 serve as the infrastructure of past, current, and forthcoming Action Plans. They should inform policy makers and community leaders priorities and actions:

*Goal 1:* Older Coloradans will be able to live and fully participate in their communities of choice for as long as possible.

*Goal 2:* Older Coloradans will be able to stay engaged in the labor force and volunteer sector for as long as they want or need.

*Goal 3:* Older Coloradans and their families will be more financially secure and prepared to meet the challenges of aging.

*Goal 4:* Coloradans will be prepared for the challenges of caring for an aging loved one and will be able to do so without endangering their own health or well-being or the health and well-being of the recipient of care.

*Goal 5:* There will be enough skilled, educated, and trained workers, paid commensurate to their

## A Vision for Colorado



abilities and training, to meet the needs of the employers and industries serving Colorado's growing older adult population.

**Goal 6:** Older Coloradans will stay healthier longer through access to quality and affordable person-centered care that aligns with their preferences and values.

**Goal 7:** All levels of government will meet their commitments to support older Coloradans and their families.

**Goal 8:** Colorado will empower and protect older adults from abuse, neglect, and exploitation.

Fundamental to impacting planning and policy efforts at the state and community levels is the need for effective and strategic implementation beyond what Colorado currently has in place. Moving forward, the lack of coordinated implementation is a significant hurdle to these goals and recommendations becoming a reality. The State of Colorado must consider opportunities for the

appropriate coordination and implementation of current planning efforts, otherwise there is no guarantee that this work becomes structurally integrated and adopted.

As the Planning Group sets goals for 2020, exploring and identifying avenues for the implementation of all aging-related work will be central. With the Planning Group's potential sunset in 2022 and uncertainty around funding for the Senior Advisor on Aging within the Governor's Office, it is important to begin thinking about how the governance and coordination of aging issues should look in Colorado ten, twenty, and thirty years from now.

*Many of the following recommendations will be accompanied by a "Potentially Impacted State Departments, Offices, and/or Agencies" headings. It may be that some departments, offices, or agencies are already engaged in the specified efforts outlined in a recommendation and only need additional support*

or collaboration. In other cases, some of these recommendations will need an initiator to take the first steps. This list is not meant to be exhaustive but is meant to serve as a starting point for further exploration and potential implementation.

### **Recommendation #1**

*Relates to Goals 1 through 8*

Designees from the Governor's Office, General Assembly, Colorado Commission on Aging, all Colorado departments listed in HB15-1033, and other select stakeholders should convene a working group chaired by the Strategic Action Planning Group on Aging to explore innovative directions to structurally integrate and crystallize past, current,

and forthcoming aging efforts in order to support implementation, coordination, and collaboration in Colorado. In turn, promoting effective and responsive governance of aging issues with specific consideration to fiscal impacts on state, local, and family resources. Initial recommendations shall be provided in the forthcoming 2020 Action Plan Update.

**Potentially Impacted State Departments, Offices, and/or Agencies:** *Governor's Office, General Assembly, Department of Transportation, Department of Health Care Policy and Financing, Department of Human Services, Department of Public Health and Environment, Colorado Association of Area Agencies on Aging, and the Colorado Commission on Aging*



# 4

## Health and Wellness in Later Life

Topics related to health and wellness are expansive, dynamic, and interdependent. The following set of recommendations is by no means exhaustive, but it is meant to serve as a starting point for addressing health care costs and improving health outcomes in later life.

As generations of Coloradans continue to live longer lives, it is important our state, communities, families, and individuals take steps to encourage and support healthy behaviors and address social determinants of health. Individual health supports overall population health which places less overall stress on limited federal, state, community, and individual resources. The Deloitte Center for Health Solutions suggests the gap between health span and life span is roughly 15 years.<sup>4</sup> Taking steps to close this gap will reduce personal and family health care costs in later life, support retirement security, and may delay, or in some cases eliminate, the use of federal, state, and locally funded programs and services.

### CHRONIC CONDITIONS BY THE NUMBERS IN THE UNITED STATES

**80%** of adults aged 65+ are living with a chronic condition<sup>5</sup>

**68%** of adults aged 65+ have two or more chronic conditions<sup>6</sup>

**75%** of overall health care spending<sup>7</sup>

**95%** of overall health care spending among adults aged 65+<sup>8</sup>

**1%** of overall health care spending on prevention and public health<sup>9</sup>

Colorado is already one of the healthiest states in the country, but keeping Coloradans healthier in the hopes of preventing, or delaying, the onset of chronic conditions (e.g., diabetes, heart disease, lung cancer)

is in the individuals, families, and state's best interests. Specifically targeting subsets of the population which are exposed to social determinants of health that correspond to worse health outcomes is critical to addressing costs and outcomes in later life. Long-term services and supports (LTSS) are remarkably expensive. Covering these costs in later life is often what leads to the depletion of family retirement savings and results in the utilization of publicly funded services. Protecting retirement security and preventing this slide into poverty should be a top priority for the state.

*Long-term services and supports* refer to the programs often used by individuals with functional limitations and chronic conditions. These may include assistance with routine activities of daily living such as bathing, dressing, preparing meals, and administering medications. They may be provided as home and community-based services or in a formal care setting such as assisted living or skilled nursing.

Community-based LTSS, either paid for privately or provided through state or federal funding, already struggle to meet demand for services and programs. Demand will only continue to grow. Expanding provider capacity while also aiming to control the demand for such services are important goals. The reality is that most individuals will require a variety of services as they age and near end-of-life, but closing the gap between health span and life span while aligning medical care with individual preferences must be a priority all the way from the Governor's Office down to local communities.

## **Recommendation #2**

*Relates to Goals 1, 4, 6, and 7*

The Office of Saving People Money on Health Care, in coordination with Senate Health and Human Services Committee, House Health and Insurance Committee, and House Public Health Care and Human Services Committee should take the following steps in order to improve health outcomes and reduce health care expenditures across the life course and in later life:

- a) Identify opportunities for the investment and expansion of a single, integrated, and statewide information and referral database accessible to community-based, medical, and health insurance providers as well as individual consumers, in doing so, increasing awareness and access to community resources, services, and information;
- b) Prioritize efforts related to the prevention and management of chronic conditions with direct involvement and guidance from geriatric practitioners leading to the widespread implementation of appropriate evidence-based practices;
- c) Identify opportunities for the widespread adoption of mild cognitive impairment and dementia screening in community and medical settings in an effort to support early detection and intervention along with destigmatization;
- d) Identify and support the widespread implementation of emerging evidence-based programs, technologies, assessments, and interventions related to, but not limited to, falls prevention, caregiver support, respite care, remote monitoring, and telehealth.

- e) Collaborate with the Colorado Department of Public Health and Environment and local health departments to identify state and national funding opportunities to develop, implement, and maintain an age-friendly public health system in coordination with existing community-based organizations;

*Age-friendly public health (AFPH)* identifies opportunities and roles for public health departments, officials, and community health workers to connect, convene, and coordinate existing community supports and services to promote healthy aging, while taking steps to prevent and effectively manage chronic conditions. AFPH compliments the planning and implementation of livable community efforts and can impact health outcomes across the life course.

- f) Identify best-practices and implement appropriate strategies learned from the Community Aging in Place – Advancing Better Living for Elders (CAPABLE) in-home care program developed by the John Hopkins University School of Nursing and currently operated through the Colorado Visiting Nurse Association related to self-care planning, behavior modification, and keeping older Coloradans in their homes and communities;

### DID YOU KNOW?

Naturally occurring retirement communities (NORCs), the Village Model, and Colorado-based organization A Little Help are effective, low cost, scalable, community-based models that encourage aging in place through community supports often provided through intergenerational volunteerism or peers.

- g) Identify best practices and implement appropriate strategies learned from the Accountable Health Communities pilot projects currently operating in the Denver metro area by the Denver Regional Council of Governments and in Western Colorado by Rocky Mountain Health Plans related to the importance of social determinants of health and service gaps related to increasing the capacity of community-based providers for Medicare and Medicaid beneficiaries.

*The Accountable Health Communities Model* addresses the gap between clinical care and community services by evaluating whether systemically identifying and addressing social determinants of health of Medicare and Medicaid beneficiaries will impact health care costs and reduce service utilization.<sup>10</sup>

**Potentially Impacted State Departments, Offices, and/or Agencies:** Governor's Office, General Assembly, Department of Health Care Policy and Financing, Department of Human Services, Department of Public Health and Environment, Department of Regulatory Agencies, Office of eHealth Innovation, State Unit on Aging, and Colorado Association of Area Agencies on Aging

### Recommendation #3

*Relates to Goals 1, 4, and 6*

The Behavioral Health Task Force, operating through the Colorado Department of Human Services, should consider and explore the following issues as it relates to older Coloradans:

- a) Impacts of the demographic shift on the type and nature of behavioral health care services, especially as it relates to those currently receiving services (e.g., substance use disorders);

## MONTHLY MEDIAN COSTS OF CARE IN COLORADO 2019 VS. 2035<sup>11</sup>

TYPE OF SERVICE OR CARE SETTING	2019	2035
Homemaker Services (non-medical) 20 hours/week	\$1,950	\$3,129
Home Health Care (medical) 20 hours/week	\$1,993	\$3,198
Assisted Living	\$4,051	\$6,501
Skilled Nursing - Private Room	\$8,517	\$13,667

## STATE FUNDING FOR LONG-TERM SERVICES AND SUPPORTS BY PROGRAM (IN MILLIONS), FISCAL YEARS 2018 AND 2030





- c) Social isolation, loneliness, and strategies to support social inclusion;
- d) Depression, in general, but also related to grief and bereavement;
- e) Intersection of dementia and behavioral health care diagnosis, including dementia diagnoses among those currently receiving services;
- f) Opportunities for telehealth and telemedicine to serve both rural and homebound older Coloradans;
- g) Suicide.

#### **DID YOU KNOW?**

According to United Health Foundation, in 2018 the top three age ranges for highest rates of suicide in Colorado were adults aged 45-54, 55-64, and 75-84, respectively. Colorado's suicide rates are also above the national average.<sup>12</sup>

#### **Recommendation #4**

*Relates to Goals 1, 4, 6, and 7*

In order to improve the accountability of health care spending and support community-based providers

as care settings continue to shift towards home and community-based services, the Governor's Office, Office of Saving People Money on Health Care, and General Assembly should take the following steps:

- a) Continue to support rate increases for home and community-based service providers to enhance capacity and ensure continued quality, enabling older adults to age in their local communities;
- b) Encourage and support the development of a secure and bi-directional service referral database accessible and mutually beneficial to community-based, medical, and health insurance providers to determine whether or not individuals are receiving referred services, evaluate community-based provider capacity, and identify referral trends;
- c) Identify and implement strategies that support reimbursement to community-based organizations for services in order to expand community-based provider capacity to meet demand for referrals from medical and health insurance providers.

**Potentially Impacted State Departments, Offices, and/or Agencies:** *Department of Health Care Policy and Financing, Department of Human Services, Department of Public Health and Environment, Department of Regulatory Agencies, and the Office of eHealth Innovation*

### **Recommendation #5**

*Relates to Goals 1, 4, and 6*

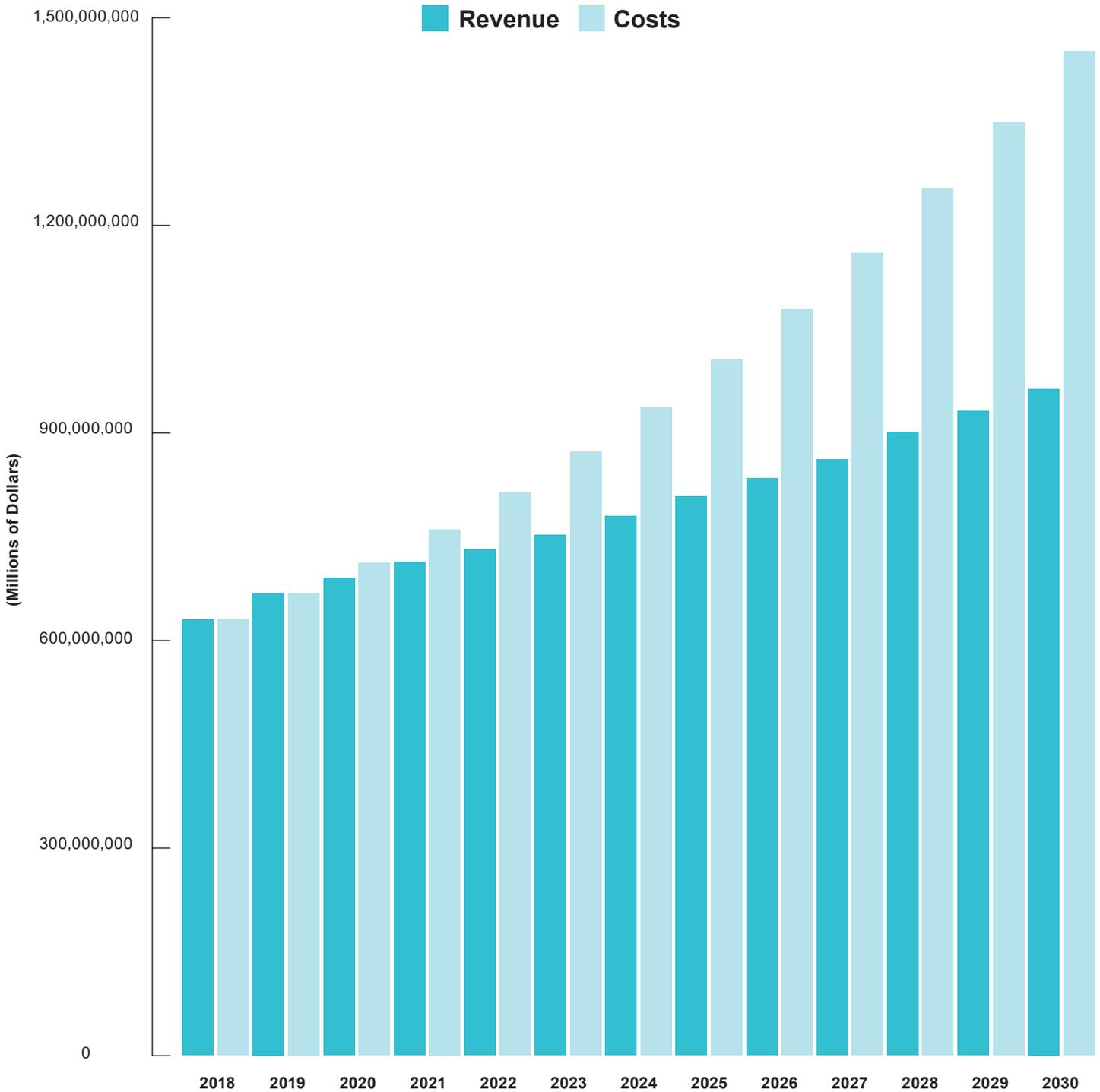
In order to maintain and increase the provision of a variety of long-term services and supports, encourage aging in community, and delay utilization of Medicaid services, the following steps should be

taken to bolster regional Area Agencies on Aging and other community-based provider organizations:

- a) The Governor's Office and the General Assembly should prioritize funding through State Funding for Senior Services and identify additional state-level funding opportunities beyond General Fund revenue;
- b) The Colorado Department of Human Services, State Unit on Aging, regional Area Agencies on Aging, local governments, and service providers, should evaluate innovative opportunities (e.g., Medicare Advantage expansion, State Innovation Waivers) and additional funding streams (e.g., private insurance, fee-for-service options) in response to shifting demographics, growing demand for services, and limited availability of state and federal resources to address funding gaps.

**Potentially Impacted State Departments, Offices, and/or Agencies:** *Department of Health Care Policy and Financing, Department of Public Health and Environment, Department of Regulatory Agencies, and the Colorado Association of Area Agencies on Aging*

## STATE COSTS VS. STATE REVENUE FOR LONG-TERM SERVICES AND SUPPORTS FOR OLDER ADULTS, FISCAL YEARS 2018-2030



# 5

“Colorado’s economy is the envy of the nation, but to ensure that success touches everyone in our state we must prepare workers for the jobs of the future.”

– Governor Jared Polis<sup>13</sup>

Over the past four years the Planning Group has approached workforce issues for older adults as two-pronged – developing a workforce to support older Coloradans as they age and supporting opportunities for older Coloradans to continue to work and remain engaged in their communities. These focal points remain with the addition of a new category – supporting workers across the life course with an eye towards later life.

## OLDER COLORADANS IN THE WORKFORCE

Increased longevity and decreasing birth rates mean more older Coloradans are participating in the labor market.<sup>14</sup> Some Coloradans will continue to work in order to increase assets for lifestyle maintenance and boost retirement savings. Others will need to continue to work to make ends meet. As the cost of living outpaces income gains for lower and middle-income Coloradans, working into later life will be a necessity. Some older Coloradans will seek opportunities for value-driven engagement through volunteerism, mentorship, or lifelong learning.

Coloradans seeking to remain in the workforce may require ongoing education, training, and other forms of

# Aging and the Workforce



support to transition careers, add additional skills, and discover new employment avenues. Older Coloradans may seek or value different forms of compensation from employment. Compensation may include paid time off, flexible work schedules and locations, paid health benefits, and/or part-time employment.

### **Recommendation #6**

*Relates to Goal 7*

The State of Colorado should ensure that future Talent Pipeline Reports and other related reports/updates include the older worker perspective, examples include:

- a) Address the reality of our state's shifting demographics and highlight the important role of older adults in Colorado's labor market, especially within the context of decreased post-1996

- b) Include age-stratified data (e.g. 55-64, 65-74, 75-84, 85+ vs. 55+), as well as data related to community college offerings such as certificates and degrees. Data collected and provided in the Talent Pipeline Report and other related reports/updates should be consistent across all ages in order to capture and identify trends across the life course.

**Potentially Impacted State Departments, Offices, and/or Agencies:** Governor's Office, Colorado Workforce Development Council, Department of Labor and Employment, Department of Higher Education, Department of Education, and the Office of Economic Development and International Trade



### **Recommendation #7**

*Relates to Goals 2 and 3*

The State of Colorado should recognize the necessity and plan strategically for decreasing birthrates for those born after 1996 and develop programs, offerings, and supportive services to ensure that middle-aged and older Coloradans have access to the educational resources and training vital to maintaining a well-trained and highly educated workforce.

**Potentially Impacted State Department, Offices, and/or Agencies:** *Governor's Office, Department of Labor and Employment, Department of Higher Education, Department of Education, Colorado's State Colleges and Universities, Colorado Community College System, and the Office of Future Work*

### **WORKFORCE EFFORTS TO SUPPORT OLDER COLORADANS**

Projected job growth in the social services and health care sectors does not provide the entire picture when it comes to staffing concerns for aging-related services.<sup>15</sup> While a variety of health care professions are expected to grow significantly, it is difficult to anticipate how many will focus on and specialize in geriatrics. If current trends hold true, geriatric-trained health care workers will continue to be difficult to find. This is especially true in rural Colorado. With a statewide unemployment rate below 3%, there is a shortage of workers for entry-level positions ranging from transportation services to certified nursing assistants to hospice workers.<sup>16</sup> Low pay and lack of access to benefits continue to be barriers to recruiting and retaining these workers.

An increasing variety of care options and settings provide more choices for older adults and their families, but it also stretches the workforce. With an increased focus on home and community-based care and a shortage of workers, steps must be taken to further develop and support these workers in order to meet the resulting demand. Identifying and evaluating how innovative technologies can facilitate and support aging-related services and supports is an important step to increasing the bandwidth of service providers. Supporting and expanding capacity for providers is critical if services are to match current and future demand.

Intentional approaches to recruiting, developing, and retaining a workforce — whether medical or non-medical — are needed in order to keep older Coloradans in their communities. While certain career advancement opportunities, or career ladders, are underway within both private and public sectors, it is important to continue to prioritize and expand these programs in order to recruit and support a workforce to support adults in later life.

### **Recommendation #8**

*Relates to Goal 5*

The State of Colorado should prioritize the development of feasible career ladders from direct care worker positions (e.g., certified nursing assistant, home health aide) to the allied health professions (e.g., social worker, paramedic, occupational therapist) and more traditional health care professions (e.g., registered nurse, pharmacist) — linking emerging technologies, training, education, and career support services.

**Potentially Impacted State Departments, Offices, and/or Agencies:** *Governor’s Office, General Assembly, Colorado Workforce Development Council, Department of Labor and Employment, Department of Higher Education, Department of Education, Office of Economic Development and International Trade, Department of Health Care Policy and Financing, Department of Regulatory Agencies, Department of Public Health and Environment, Colorado’s State Colleges and Universities, Colorado Community College System, and the Office of eHealth Innovation*

### **Recommendation #9**

*Relates to Goal 5*

The State of Colorado should identify aging-related worker shortages across the state (e.g., in-home care workers, private/public guardians, geriatricians, paratransit drivers). Based on this analysis, the Governor’s Office and General Assembly should assess the feasibility of incentivizing the development or expansion of workers in areas with shortages. This may include, but is not limited to, increased provider reimbursement rates, the development of grants and scholarships, loan forgiveness, and tax incentives.

**Potentially Impacted State Departments, Offices, and Agencies:** *Governor’s Office, Department of Human Services, Department of Health Care Policy and Financing, Department of Department of Labor and Employment, Department of Local Affairs/Rural Economic Development Initiative, Colorado Rural Workforce Consortium, Association of State Transit Agencies, State Unit on Aging, Colorado’s State Colleges and Universities, Colorado Community College System, and the Colorado Association of Area Agencies on Aging*

## **Recommendation #10**

*Relates to Goal 5*

The State of Colorado should continue to support, develop, and expand a formal training process accompanied by stackable certificates (e.g., dementia-specific training) for direct care workers which corresponds to increased reimbursement for the provider and a wage increase for the employee.

**Potentially Impacted State Departments, Offices, and Agencies:** *Governor's Office, General Assembly, Department of Human Services, Department of Health Care Policy and Financing, Department of Regulatory Agencies, Department of Personnel and Administration, Department of Higher Education, Department of Education, Colorado's State Colleges*

*and Universities, and the Colorado Community College System*

## **A WORKFORCE FOR ALL COLORADANS**

Demographic drivers will impact workforce composition, but it is the inherent, fluid nature of economics that impacts the types of skills and training necessary to fill emerging jobs in everchanging workforce sectors. The intersection of an aging workforce, increased longevity in later life, and the need for specific, emerging skills and training is historically unique. Job training and age discrimination are relevant here, along with retirement security and life expectancy. Planning for current and future generations of all Coloradans, which takes into consideration issues of later life should be a priority for the private and public sectors.



*Age-friendly workplaces* reflect and support the reality that today's workforce is increasingly diverse, particularly in terms of age. An age-friendly workplace recognizes the value of an intergenerational workforce which draws on the talents and institutional knowledge of older workers while developing and shaping younger generations of workers.

Older adults and younger adults often have similar professional and personal goals. Flexible workplaces, competitive wages, access to health care, and opportunities to save for retirement are favorable across age cohorts. Family-friendly policies that support the balance of family and work are important. This is true within the context of child care, but also caring for aging parents, a spouse, or yourself. Age-friendly workplace efforts inherently include family-friendly policies. Supporting workers across the life course and into later life encourages intergenerational problem-solving, increases retirement security and savings, and supports well-being for all Coloradans and their families.

## DID YOU KNOW?

Colorado Respite Coalition, a program of Easterseals Colorado, released a Caregiving-Friendly Workplace Toolkit in Summer of 2019. The toolkit provides information about the impacts of caregiving on workers and companies, as well as strategies for Colorado employers to create workplaces that support family caregivers.

### **Recommendation #11**

*Relates to Goals 2 and 3*

The State of Colorado along with nonprofit and private sector partners should define, develop, and

implement a program to help employers create age-friendly workplaces. Furthermore, employers who receive government contracts should be required to implement age-friendly workplace practices.

**Potentially Impacted State Departments, Offices, and Agencies:** *Governor's Office, General Assembly, Society for Human Resource Management, Department of Labor and Employment, and the Office of Future Work*

### **Recommendation #12**

*Relates to Goals 2, 3, and 7*

The Office of Future Work, within the Colorado Department of Labor and Employment, should focus its work across the life course, clearly exploring the following important topics as it relates to older Coloradans and later life:

- a) Shifting demographics, declining birth rates, and the aging of the labor market;
- b) Proactive efforts to provide access to employer-based retirement savings and health care plans, including Medicare Supplement Insurance (Medigap);
- c) Providing flexible schedules, flexible place, and other flexible employment arrangements.

# 6

## Mobility Options in Later Life

Mobility may be impacted during the aging process due to physical, cognitive, and sensory changes. Interventions enhancing or maintaining these functions are significant because they may have a positive impact on mobility outcomes and quality of life. Interventions come in a variety of forms and may be person-centered (e.g., balance and strength training) or systemic (e.g., intentional community design, adoption of existing services, and modes of transportation). Transit and paratransit services were a central focus throughout 2019 for the Planning Group's Transportation committee.

Fundamental to supporting mobility through transit and paratransit for older Coloradans is appropriate planning and programming at the state and local levels. It is critical that the Colorado Department of Transportation,

### TRANSIT AND PARATRANSIT FOR OLDER COLORADANS

*Transit:* A mode of shared transportation for moving passengers (e.g., bus, light rail). Transit may be provided publicly or privately. Transit programs may be large urban systems, nonprofit providers, or smaller rural systems.

*Paratransit:* Transportation services for people with disabilities that require certain access and assistive components. Supplements existing fixed transit routes.

*Mobility ambassador:* Volunteers or paid employees who help individuals with transportation-related issues. May include assistance in planning public transit use, finding driver safety courses, and exploring new modes of transportation.



the Colorado Association of Transit Agencies (CASTA), and local providers plan with an aging lens and support programming for older adults. All state, regional, and community transit and paratransit planning and programming should take Colorado's shifting demographics and growing older adult population into consideration.

Transit, paratransit, and ridesharing can support mobility for older Coloradans, however, access to and adoption of services remain barriers. An individual's social and health circumstances impact the types and severity of barriers to access and adoption they may experience. Mobility ambassadors – who may be paid employees or volunteers – can play a supportive role in expanding familiarity with various technologies, ride-sharing, and transit/paratransit navigation assistance. Education regarding available community-based programs and adoption of those services go hand-in-hand.

### DID YOU KNOW?

All Points Transit, a 501(c)3 based in Montrose, operates transit and paratransit services for residents in Montrose, Delta, and San Miguel counties. In addition to door-to-door and nonemergency medical trips, All Points Transit operates the Montrose Public Bus and the Olathe Shuttle. As a 501(c)3, All Points Transit is a unique example of a nonprofit transit/paratransit service provider connecting multiple regions in western Colorado creating collaborative partnerships with organizations such as Colorado Department of Transportation, Region 10 Area Agency on Aging, Tri-County Health Network, Veterans Affairs, local county and city governments, multiple foundations across Colorado, and others.

### **Recommendation #13**

*Relates to Goals 1 and 7*

The forthcoming 2020 Colorado Department of Transportation's Statewide Transportation Plan and ongoing planning processes should clearly reference our state's shifting demographics and focus on improving and supporting mobility for older Coloradans through programming and project funding.

**Potentially Impacted State Departments, Offices, and/or Agencies:** *Governor's Office, Department of Transportation, Department of Public Safety, Department of Regulatory Agencies, and the Colorado Association of Transit Agencies*

### **Recommendation #14**

*Relates to Goals 1 and 7*

In order to support mobility for older Coloradans, local governments, regional transit/paratransit providers, ride-sharing organizations, and their private and public sector partners should take the following steps:

- a) Identify funding opportunities and implement a targeted outreach and education campaign focused on older Coloradans in an effort to increase awareness of available services;
- b) Create and support programming, either through employment or volunteerism, at established public centers (e.g., libraries, recreation centers,



- community colleges) focusing on available transit/paratransit options and ride-sharing to support adoption and utilization of services;
- c) Recruit and train mobility ambassadors, either through employment or volunteerism, to support navigation assistance, increase familiarity, and support adoption of available services among older Coloradans.

**Potentially Impacted State Departments, Offices, and/or Agencies:** *Colorado Department of Transportation, Colorado Association of Transit Agencies, Colorado Public Libraries, and Colorado Association of Area Agencies on Aging*

### DID YOU KNOW?

Mobility for All, through Boulder County, is operating a multi-phase Mobility On-Demand pilot project targeting the Aspinwall and Josephine Commons affordable housing developments. Volunteer mobility ambassadors work with older adults to familiarize and promote the adoption of ride-sharing in order to increase mobility. This community-based pilot project is a great example of promoting the adoption of available services using peer support and volunteerism.

### NONEMERGENCY MEDICAL TRANSPORTATION: KIDNEY DIALYSIS TRIPS

Chronic conditions in later life not only contribute to the majority of health care spending in the United States but also impact transit and paratransit services.<sup>17</sup> Virtually all nonemergency medical transportation (NEMT) consists of two trips – the trip to and the trip from the medical appointment. Specifically, the Planning Group

focused on end-stage renal disease (ESRD) and the impact that kidney dialysis treatment has on paratransit services. Dialysis treatment is unique from most NEMT in that patients generally require trips to three appointments a week which may last three to five hours. Missed appointments can be life threatening and may lead to hospitalizations or emergency department visits.

### DID YOU KNOW?

The federal government spends nearly \$114 billion a year related to end-stage renal disease. The Centers for Medicare and Medicaid Services (CMS) will pilot a prospective payment system that would favor in-home dialysis over clinic-based treatment.<sup>18</sup> Medicare spends roughly seven times more on individuals with ESRD than the average beneficiary.<sup>19</sup>

“The way we currently pay for chronic kidney disease and kidney failure isn’t working well for patients,” said CMS Administrator Seema Verma. Health and Human Services Secretary Alex Azar went on to say, “few areas need reform more than the way we treat kidney disease.”<sup>20</sup>

The Planning Group recently held a meeting in Craig and it was mentioned that dialysis patients travel roughly 300 miles and five hours round-trip to Grand Junction multiple times a week for treatment. This is not uncommon for individuals with ESRD in rural Colorado. This is inefficient and expensive. Addressing issues associated with dialysis trips can make a significant impact on local and state paratransit providers and support their ability to expand mobility for all Coloradans.

“The percentage of subscription dialysis trips has gone down from prior years simply due to not adding any new trips into our scheduling matrix. Dialysis currently represents 19% of our medical trips. In the past it had been over 27%. All dialysis trips, by their inflexible nature of fixed days and times, block out vehicle time, preventing other needed trips. This reduces efficiencies in the overall system.”

– Hank Braaksma, Director of Transportation, Seniors’ Resource Center, Wheat Ridge, Colorado

### **Recommendation #13**

*Relates to Goals 1, 4, 6, and 7*

The State of Colorado, along with transit/paratransit providers, health insurance providers, and medical providers, should take the following steps to the address impacts and costs associated with end-state renal disease and kidney dialysis treatment:

- a) Explore the feasibility and, if needed, statutory and/or rule changes related to cost-sharing between transportation, medical services, and health insurance providers;
- b) Evaluate and consider best practices around the country related to utilizing mobility managers and nephrology social workers coordinating trips for patients;
- c) Examine the feasibility, and if needed, statutory and/or rule changes related to supporting and expanding home-based options when deemed safe by medical providers.

*Assembly, Department of Transportation, Department of Health Care Policy and Financing, Department of Human Services, Department of Public Health and Environment, Department of Regulatory Agencies, and the Colorado Association of Transit Agencies*



**Potentially Impacted State Departments, Offices, and/or Agencies:** *Governor’s Office, General*



## Next Steps

The Planning Group will continue to explore and identify short-term and long-term strategies for Colorado. Focus on financing long-term services and supports, advanced illness and end-of-life issues, and supporting community-based providers are a few areas that will be examined throughout 2020.

What comes next for the coordination of aging efforts in Colorado is a question that must be explored. There is no singular solution or stopping point for the complex issues associated with later life. A problem-solving and planning perspective characterized by careful thought and consideration with an aging lens is critical if all levels of government, the private sector, and our communities are to support older Coloradans and their families. Coordination of existing programs and services must be coupled with effective implementation of emerging strategies.

The intersection of governance, aging issues, and implementation strategies will be of primary importance as the Planning Group approaches its 2022 sunset review. Effectively developing an implementation strategy for these recommendations through an entity with the authority to also coordinate and ensure collaboration of aging efforts is a critical, logical next step for Colorado.

# Endnotes

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