



# 2020 Strategic Action Plan on Aging

November 2020



**Strategic Action**  
Planning Group on Aging

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Rose Community Foundation and NextFifty Initiative designed to combat ageism by portraying older adults with  
positive imagery.

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Colorado is one of the healthiest states in the nation and a wonderful place for adults to engage in encore careers, volunteerism, and various forms of value-driven engagement as they age. Colorado's success in supporting active, healthy lives coupled with advances in public health and medical care means that more Coloradans are living into later life than ever before. This is good news — current and future generations of older Coloradans will provide economic, social, and civic value to our communities for decades to come.

At the same time, this dynamic demographic shift, coupled with ongoing inequities, requires an assessment of how our state, communities, and businesses address a multitude of issues associated with later life. From 2020 to 2050, the Colorado State Demography Office estimates that adults aged 65-plus will nearly double in population from roughly 876,000 to more than 1.6 million. The Governor's Office of State Planning and Budgeting's FY 2020-2021 budget request indicates, "a growing aging population impacts every department in the state, from Transportation to Natural Resources."

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 Planning Group was created to develop a comprehensive Strategic Action Plan on Aging in Colorado, examining both the positive and negative effects of Colorado's shifting demographics. 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

## Background and History

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 health-related social needs has been integral to its work and represents 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, economic opportunities in later life, social engagement, and access to health care, improving health outcomes,

supporting wellbeing, and reducing health care costs in later life are unattainable goals. This reality underlies all of the Planning Group's work.

The 2020 Strategic Action Plan on Aging represents the final mandated update to the Colorado General Assembly but does not represent the end of the Planning Group's work efforts. Efforts throughout 2020 focused on workforce development, long-term services and supports, rural transportation, integration of proactive aging efforts into state government, and the effects of COVID-19.





## A Vision for Colorado

The Planning Group embraces the idea that a Colorado well-adapted for aging is one where all individuals can thrive — a Colorado for all. With regard to public and organizational policy, this involves supporting a high quality of life for Coloradans and their families by promoting health and wellbeing, fostering self-sufficiency, creating livable communities, and supporting Coloradans across the life course and into later life.

In order to achieve this vision, the Planning Group developed eight aspirational goals for creating an age-friendly Colorado. Initially laid out in 2016, these goals serve as the infrastructure for the Planning Group's work and should inform policy making at the state, local, and organizational levels:

- 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 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.

Inherent in these goals is an underlying belief that older adults are vital and active members of Colorado and their local communities. The Planning Group encourages policy makers to use these goals as aspirational metrics for their priorities and actions related to older Coloradans. These goals, coupled with the recommendations laid out in 2016 and in subsequent updates, are guiding steps Colorado can take to help older adults remain a vital part of our communities and leverage their experiences, knowledge, and social value. The Planning Group encourages policy makers — from the Governor’s Office to city council — to use these goals as the highest ideals when making decisions related to older Coloradans.



# 4

## Future of Aging Efforts in Colorado

Fundamental to planning and policy efforts at the state and community levels is the need for effective coordination and strategic implementation beyond what Colorado currently has in place. The State of Colorado must consider opportunities for the coordination and implementation of the Strategic Action Plan on Aging, otherwise there is no guarantee that this work becomes structurally integrated and adopted. The Planning Group supports a top-down, bottom-up approach that involves state support and funding priority for aging efforts while allowing local problem solving and community-specific implementation strategies.

### STATE-LEVEL COORDINATION AND IMPLEMENTATION OF THE STRATEGIC ACTION PLAN ON AGING

The first and most centrally important recommendation laid out by the Planning Group in 2016 dealt with the need for a high-level office or position within the Governor's Office to be accountable for and lead the state government's work on aging issues. In fact, the 2016 Strategic Action Plan on Aging goes on to state that, "all of the subsequent recommendations in this plan — as well as the achievability of the Planning Group's vision for Colorado in 2030 — rest on the idea that policymakers will act on this essential idea."



This led to coordination with Next Fifty Initiative to fund a Senior Policy Advisor on Aging position within the Governor's Office. Through ongoing coordination and collaboration with the Senior Policy Advisor on Aging and various stakeholders, it has become clear that an office is needed in order to sufficiently realize the potential of older Coloradans, prepare all Coloradans for later life, coordinate across agencies and departments, support accountability, and implement the recommendations proposed by the Planning Group since 2016 and the boards and commissions that came before and may come afterwards.

Without a coordination and implementation-focused office, the intent of HB15-1033 may never become fully realized. Taking the next step is an imperative for Colorado to build capacity and prepare for its growing aging population.

### **Recommendation #1**

*Relates to Goals 1 through 8*

The State of Colorado must establish an office with the mission to ensure implementation of the recommendations by the Colorado Strategic Action Planning Group on Aging and by previous and existing boards and commissions with relevance to aging and the development and implementation of policies and programs in response to emerging trends in aging. Upon deliberations with key stakeholders including AARP, Colorado Commission on Aging, Denver Regional Council of Governments, Colorado Senior Lobby, Colorado Association of Area Agencies on Aging and the internal membership

of the Planning Group, which includes existing executive department representatives, the office must contain the following elements:

- a) Sufficient autonomy and authority to allow the office to develop, propose and seek support for legislation relevant to existing and new recommendations in both the legislative and executive branches.
- b) An advisory council that is made up of key stakeholders in the area of aging including state government, higher education, private and nonprofit entities, and the community. The body should have a membership that includes expertise reflective of the broad range of aging issues, diverse ethnic and racial make-up, the broad geography of the state, political representation, and most importantly, older Coloradans.
- c) Broad authority to convene meetings of existing state agency executive directors and ensure that state agencies and programs are coordinating and collaborating in implementing the above recommendations and planning and operating with a vision of being Age-Friendly.
- d) Dedicated long-term funding that ensures the office has the capacity to function in an effective and efficient manner, including adequate staffing.

**Potentially Impacted State Department, Offices, and/or Agencies:** *Governor's Office, Department of Human Services, Department of Health Care Policy and Financing, Department of Public Health and Environment, and Department of Local Affairs*



## LIFELONG COLORADO: AGE-FRIENDLY PLANNING AND LOCAL SOLUTIONS

*Age-friendly states and communities* encourage and support planning to address aging trends through a local focus on physical environment, economic implications, and social factors that influence the health and well-being of older adults. These communities engage and empower local leaders and community-based efforts. Age-friendly planning supports individuals of all ages.

*Eight domains of livability for age-friendly states and communities:* 1) Outdoor Spaces and Buildings 2) Transportation 3) Housing 4) Social Participation 5) Respect and Social Inclusion 6) Civic Participation and Employment 7) Communication and Information 8) Community and Health Services.



### COLORADO AGE-FRIENDLY COMMUNITIES AND YEAR JOINED<sup>1</sup>

State of Colorado, 2018	Boulder County, 2016
Carbondale, 2019	Colorado Springs, 2015
Denver, 2014	Eagle County, 2017
Fruita, 2017	Jefferson County, 2019
La Junta, 2019	Larimer County, 2015
Las Animas, 2019	Manitou Springs, 2017
Pitkin County, 2017	Summit County, 2019



A fundamental reality the Planning Group acknowledges is the importance of local leadership and local problem solving. State-level coordination and involvement is a must, but community-based efforts are equally critical to addressing issues at the local-level. Local leaders and community-based organizations have a greater understanding of their community strengths and gaps, and existing, or potential, regional partnerships. Ensuring local involvement in planning processes and implementation must be a priority. Without this top-down, bottom-up approach, regional perspectives, community resiliency, local acceptance, and empowerment become difficult to ensure.

In 2018, the Lifelong Colorado Initiative was announced by Governor Hickenlooper and included in Governor Polis' FY 19-20 budget request through the Department of Local Affairs. The funding for Lifelong Colorado was ultimately cut from the final Long Bill after the March Revenue Forecast and a projected decline in state revenue. Since then, age-friendly efforts involving AARP, Denver Regional Council of Governments, local nonprofit funders, local elected officials, and the Department of Local Affairs have been underway, but these efforts do not have the financial support of the state and, subsequently, have limited capacity. Given the economic effects from COVID-19, it is unlikely that state funding support for Lifelong Colorado will be available. However, age-friendly planning through Lifelong Colorado should be considered a viable pathway to supporting local communities and older Coloradans by state and local leaders.

When communities lack the necessary resources, older Coloradans often leave their communities of choice because barriers to remaining become too great. In some cases this restricts mobility, accelerates isolation

and affects health and wellness. These systemic challenges require creative, community-focused solutions. Lifelong Colorado embraces the diversity of communities across the state, acknowledges their interrelated issues, and encourages decision-making through a local and inclusive strategy. Supporting age-friendly planning in rural and urban communities should be a top priority moving forward for Colorado.

### **Recommendation #2**

*Relates to Goals 1 through 8*

In order to support the expansion of age-friendly communities across Colorado and facilitate local and regional coordination, assess needs, promote efficiencies, identify local leaders, and implement community-based public, private, and nonprofit sector strategies to support Coloradans of all ages, the State of Colorado should prioritize funding opportunities to reenergize the Lifelong Colorado Initiative with support of local funders, community-based organizations, and the private sector. The Department of Local Affairs should receive financial or human resource support for regional manager training on age-friendly practices and outreach to local communities to share information about funding opportunities.

**Potentially Impacted State Department, Offices, and/or Agencies:** *Governor's Office, Department of Local Affairs, Department of Transportation, Department of Health Care Policy and Financing, Department of Public Health and Environment, and Department of Human Services*



# Older Coloradans and the COVID-19 Response

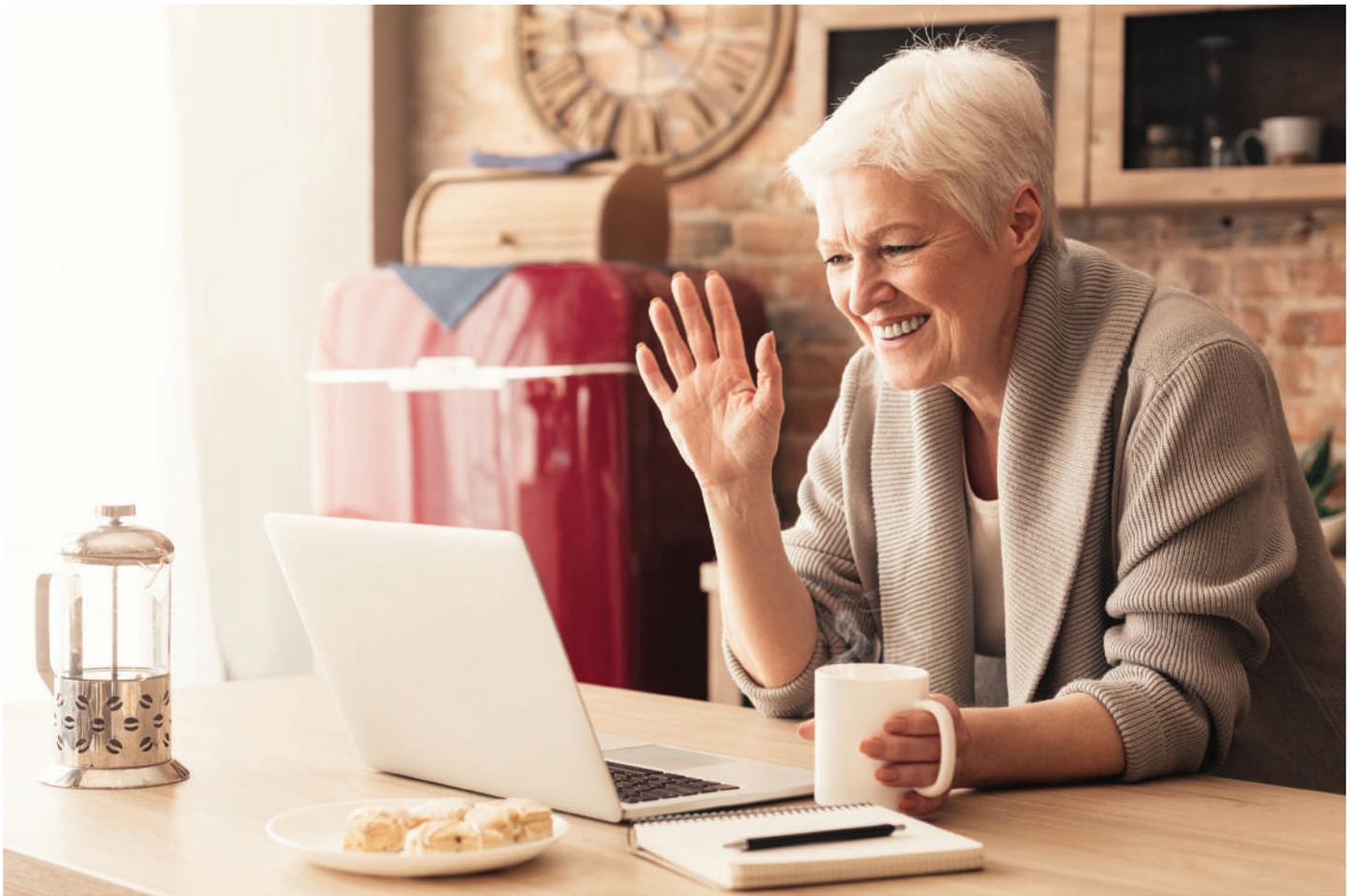
“During the pandemic, an unfortunate narrative has emerged about older adults: We are ‘weak’ and ‘vulnerable’.

*Nothing could be further from the truth. What I’ve seen and heard are older Coloradans demonstrating the resilience developed through life experience.*

*Older entrepreneurs who navigated through the Great Recession giving advice to young business owners who are trying to pivot; health professionals coming out of retirement to help with COVID-19; grandparents stepping up to take care of grandchildren, allowing family members to continue to work. And older people across the state volunteering to make sure that essential nonprofit services continue.*

*This is the enormous contribution that older people bring to our communities every day, and we need to ensure that we provide the supports to allow that to continue, and not let ageism get in the way.”*

– Janine Vanderburg, Director, Changing the Narrative



Resilience is the result of successful adaptation to adversity and the concept of resilience in later life has a long history within academic literature.<sup>2</sup> Resilience among older adults leads to the ability to recover from adversity, thrive with sustained purpose, and continue to learn and grow through stressful experiences. These three “hallmarks” of resilience result in a regenerative capacity that maintains health, wellness, and function in the face of loss or disease.<sup>3</sup> The current pandemic has highlighted the resilience of older Coloradans as well as the negative implicit biases many of our institutions, and the individuals within them, hold with regards to aging. This is not to say that older Coloradans do not need support, but it is an acknowledgement that the coin always has two sides. In order to appropriately address the needs, it is critical to understand the strengths.

Ageism, access to health care and secure savings, person-centered care, support services for family caregivers, geriatric workforce shortages and lack of service providers, elder rights, broadband access and digital support

services, social isolation and loneliness, serious illness and palliative care, disparities of care and treatment within our health care systems, and underfunded residential long-term care settings are key issues that have been intensified throughout the pandemic.

### DID YOU KNOW?

In July 2020, the Office of Behavioral Health Evaluation Team conducted a survey to explore the effect of COVID-19 on behavioral health in Colorado. Key takeaways included the increased prevalence of social isolation, stress, and anxiety, with adults aged 65-plus among those most frequently mentioned as significantly affected.<sup>4</sup>

National and state data indicate that older adults are at an increased risk of severe disease and death due to COVID-19. This trend becomes more apparent when focusing on those in residential long-term care settings.

This increased risk has resulted in public health guidance targeting adults 65-plus and encouraging them to stay at home except to perform necessary activities or outdoor recreation. This guidance has had a direct effect on workforce participation, retirement savings and security, food security, housing and living situation, social isolation and loneliness, and overall health and wellness.

Data collected by the Colorado Department of Public Health and Environment in early August indicates that 62% of confirmed cases, 69% of hospitalizations and 35% of deaths were among community dwelling adults 65-plus.<sup>5</sup> Correspondingly, adults 65-plus living in congregate settings accounted for 38% of confirmed cases, 31% of hospitalizations, and 65% of deaths.<sup>6</sup> The overwhelming majority of cases and deaths in congregate settings have occurred in residential long-term care, accounting for 34% of cases and 61% of total deaths in Colorado due to COVID-19.<sup>7</sup> Odds ratio analysis involving mortality indicates that an adult aged 65-74 living in a residential long-term care setting is four times more likely to die than their community-based counterpart.<sup>8</sup> For adults aged 75-84 and 85-plus, the likelihood of mortality as a result of COVID-19 is two times more likely for those in residential long-term care versus living in community.<sup>9</sup>

*Congregate settings* include alcohol and drug treatment, assisted living, correctional facility, facility for developmentally disabled, group home, homeless shelter, hospice, independent living facility, long-term acute care, psychiatric hospital, rehab facility, school or college dorm, and skilled nursing.

*Residential long-term care settings* include assisted living, long-term acute care, rehabilitation facility, and skilled nursing.

Initially, messaging around older Coloradans and their risks associated with COVID-19 were framed through a single lens, but through further data analysis it becomes clear that those who are older and living in congregate care settings are significantly more at-risk than community-dwelling older adults.

For many, the pandemic will be an inflection point where individuals view their personal and professional lives through a pre- and post-COVID-19 lens. What the coming months may hold with regard to COVID-19 remains unclear, but current trends may shed light on what is to come. Coloradans will likely continue to experience a multitude of personal, social, medical,



and economic setbacks due to COVID-19. The work being done at the state and community levels to meet the needs of older Coloradans was critical prior to COVID-19, and it will prove indispensable as the state continues to respond.

The following recommendations from the Planning Group capture the perceived strengths and gaps in Colorado's COVID-19 response. As for the additional recommendations in this Update and past recommendations made in 2016, 2018, and 2019, the pandemic has not changed the intent of that work, but it has affected our social world to the extent that opportunities for action and strategies for implementation have shifted.

### **Recommendation #3**

*Relates to Goals 1 through 8*

In order to continue, and build upon, best-practices implemented through the COVID-19 response, the State of Colorado should take the following steps:

- a) Ensure universal access for the use of technology-based services (e.g., telehealth

and telemedicine) available to older adults and practitioners through increased access to affordable broadband. This includes, but is not limited to:

- i. Incentivize adoption of technology-based services among providers.
- ii. Provide flexible funding for technology purchases for consumers and providers.
- iii. Implement efforts to educate older Coloradans on the use and value of broadband in order to increase adoption of service where available
- iv. Implement means-tested broadband connectivity subsidies supporting deposits, monthly fees, and/or equipment for low-income older adults to ensure free or low-cost access.
- v. Support technology training targeting older adults.
- vi. Ensure technology-based interventions are matched with psychosocial assessments and corresponding needs.
- vii. Ensure that long-term care residences have broadband to facilitate family engagement.
- viii. Assess internet service provider competition in rural regions and implement strategies that increase competition in order to support lower



costs and increase access to broadband service.

- ix. Identify local governments that could more effectively coordinate with state government efforts to connect municipalities with federal broadband funding streams.
- b) Estimate cost savings to the state related to increased use of digital services (e.g., telemedicine) and allocate those savings for innovative programming at the state or local levels.
- c) Collaborate with Colorado's congressional delegation, the National Governors Association, National Association of Area Agencies on Aging, and the National Association of State Units on Aging and Disability to advocate for the continued flexibility of Older Americans Act funding to support innovative and creative local solutions.
- d) Encourage departments and agencies to continue their robust public engagement with service providers, advocates, and consumers in a post-COVID-19 environment. Additionally, state departments and agencies should revisit their stakeholder engagement strategies to ensure that consumers, service providers, and community-based organizations are always involved in the planning and implementation of new directions and policies that impact older Coloradans and local service provision.
- e) Ensure involvement of family members, residents, and resident councils in the ongoing decision-making processes as it relates to visitation within residential long-term care settings. Additionally, the State should establish a statewide advisory council informed by family members of long-term care residents, residents, and the long-term care industry to collaborate with state departments and agencies on policies and procedures such as

those developed by the Residential Care Strike Team.

- f) Develop and implement a strategic investment strategy, in coordination with the Colorado Department of Public Health and Environment and local public health departments, that supports the development of Colorado's public health infrastructure in light of COVID-19 and increases their capacity to respond in similar circumstances or if COVID-19 becomes endemic. Additionally, age-friendly public health strategies and practices should be integral to this planning effort and any resulting implementation.
- g) Develop and implement a purchasing plan led by the State Government for securing personal protective equipment, health and sanitation supplies, rapid and accurate testing, and providing the corresponding training on use of such equipment for non-medical service providers, caregiver support organizations and family caregivers, and medical service providers along the full continuum of care (e.g., in-home care, assisted living, skilled nursing and hospice). This plan should initially target organizations that use local, state and/or federal funding.
- h) Ensure distribution guidelines for a potential COVID-19 vaccine are equitable.

**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, Office of Information Technology, Governor's Broadband Office, State Unit on Aging, and Colorado Association of Area Agencies on Aging



# Long-Term Services and Supports

Coloradans continue to live longer lives and it is important that healthy behaviors continue to be encouraged and supported. Individual health supports overall population health, which places less overall stress on limited federal, state, community, and individual resources. 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 and lung cancer) is in the individual's and state's best interests. Specifically targeting subsets of the population with health-related social needs that correspond to worse health outcomes is critical to addressing costs and outcomes in later life.

### ***Chronic Conditions by the Numbers in the United States***

- 80% of adults aged 65-plus living with a chronic condition<sup>10</sup>*
- 68% of adults aged 65-plus have two or more chronic conditions<sup>11</sup>*
- 86% of overall health care spending<sup>12</sup>*
- 95% of overall health care spending among adults aged 65-plus<sup>13</sup>*
- 1% of overall health care spending on prevention and public health<sup>14</sup>*

Chronic conditions are the largest cost drivers for healthcare in the United States, as the costs associated with long-term services and supports are remarkably expensive and largely unrealized. For the most part, individuals learn about these services and the associated costs when a family member or friend experiences a health-related crisis. Preparing for the economic reality of these health-related costs when in crisis is nearly impossible. Covering these costs in later life is often what leads to the depletion of family retirement savings and results in the utilization of federal- and state-funded services. Protecting retirement security, supporting the intergenerational transfer of assets and preventing the slide into poverty should be a top priority for Colorado.

*Long-term services and supports* refers 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 or more intensive medical care. They may be provided as home and community-based services or in a residential care setting such as assisted living or skilled nursing.

Community-based long-term services and supports, either paid for privately or provided through state or federal funding, already struggle to meet demand for services and programs. Access to community based services is critical to keeping individuals out of higher cost care settings (e.g., assisted living, skilled nursing). Demand will continue to grow as Colorado's population ages. Expanding provider capacity and reducing demand for such services are important goals. The growing demand and associated costs for these services represent one of the most significant issues facing Colorado, and direct action by policy makers should be a top priority among state and local governments.

### MONTHLY MEDIAN COSTS OF CARE IN COLORADO 2020 V. 2035 V. 2050<sup>15</sup>

TYPE OF SERVICE OR CARE SETTING	2020	2035	2050
Non-medical home care (20 hours per week)	\$2,009	\$3,129	\$4,875
Medical home care (20 hours per week)	\$2,053	\$3,198	\$4,983
Assisted living	\$4,173	\$6,501	\$10,128
Skilled nursing	\$8,773	\$13,667	\$21,293



## COMPLEX CASES: DUAL DIAGNOSIS OF BEHAVIORAL AND PHYSICAL HEALTH NEEDS

“The population making up skilled nursing facilities is changing rapidly. No longer are they seeing simple post-operative patients needing physical rehabilitation.

*As healthier aging adults stay in their homes or move into assisted living types of care settings, nursing homes have quickly become an alternative care setting for those living with mental and behavioral health challenges in conjunction with complicated comorbidities.*

*Staff within these homes are taxed with a new level of skill set they have not historically had to have. These residents are often high utilizers of the hospital, criminal justice, and other health systems.”*

– Sarah Elliott, Transitions Care Coordinator,  
Vivage Senior Living

Individuals with significant physical and behavioral health needs represent a small, but growing and costly, subset of the population that requires a complex blend of services. These complex cases are often cared for in expensive acute care hospitals, psychiatric hospitals, or skilled nursing settings. In fact, these complex residents often cycle between residential care settings (e.g., skilled nursing) and emergency department hospital admissions. When a crisis occurs and the residential care setting is unable to safely continue providing care, residents are often transferred to a hospital setting. The resident may end up moving back to the same care setting, being relocated to another, or remaining in the hospital setting long term. This cyclical chain of events is expensive, and Colorado taxpayers often cover the costs.<sup>16</sup> Additionally, regulations limit the percentage of individuals with a mental health diagnosis or intellectual and developmental disability who can live in a nursing home, further complicating care provision.<sup>17</sup>

Recognizing this emerging trend, the General Assembly passed HB19-1160 to pilot a new licensed facility model to provide a variety of services to individuals with dual diagnoses. However, the pilot program authorized by HB19-1160 has yet to materialize for a few key reasons. The residential care setting originally selected for implementation was shut down by the Department of Public Health and Environment in February of 2020 and the state’s pandemic response has since become top priority. In addition to these two roadblocks, funding was not appropriated to support additional staff training, navigate regulations, and other components of implementing this new “hybrid” model that would be resource intensive. It is a goal of the Planning Group that the implementation and evaluation of the pilot program be carried out once it is considered safe, appropriate, and sustainable.



#### **Recommendation #4**

*Relates to Goals 5, 7, and 8*

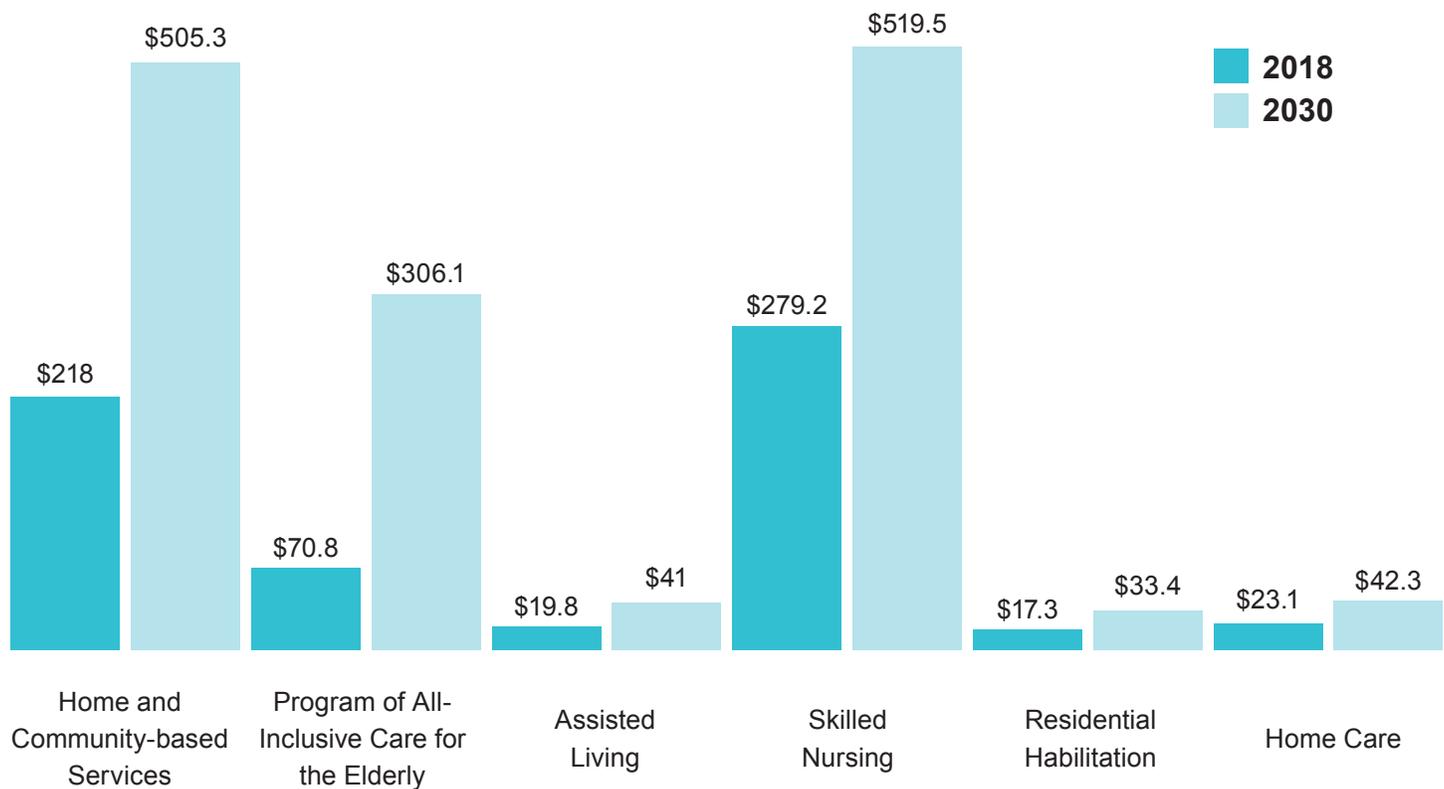
The State of Colorado should coordinate with residential long-term care partners in the private and nonprofit sectors to support these settings with care provision for individuals with both complex behavioral and physical health diagnoses. Further, the yet to be implemented pilot program authorized under HB19-1160 to evaluate an alternate care setting for these individuals should be considered a priority within the Department of Public Health and Environment and the Department of Health Care Policy and Financing, and steps should be taken toward implementation and evaluation.

**Potentially Impacted State Departments, Offices, and/or Agencies:** *Governor's Office, General Assembly, Department of Health Care Policy and Financing, and the Department of Public Health and Environment*

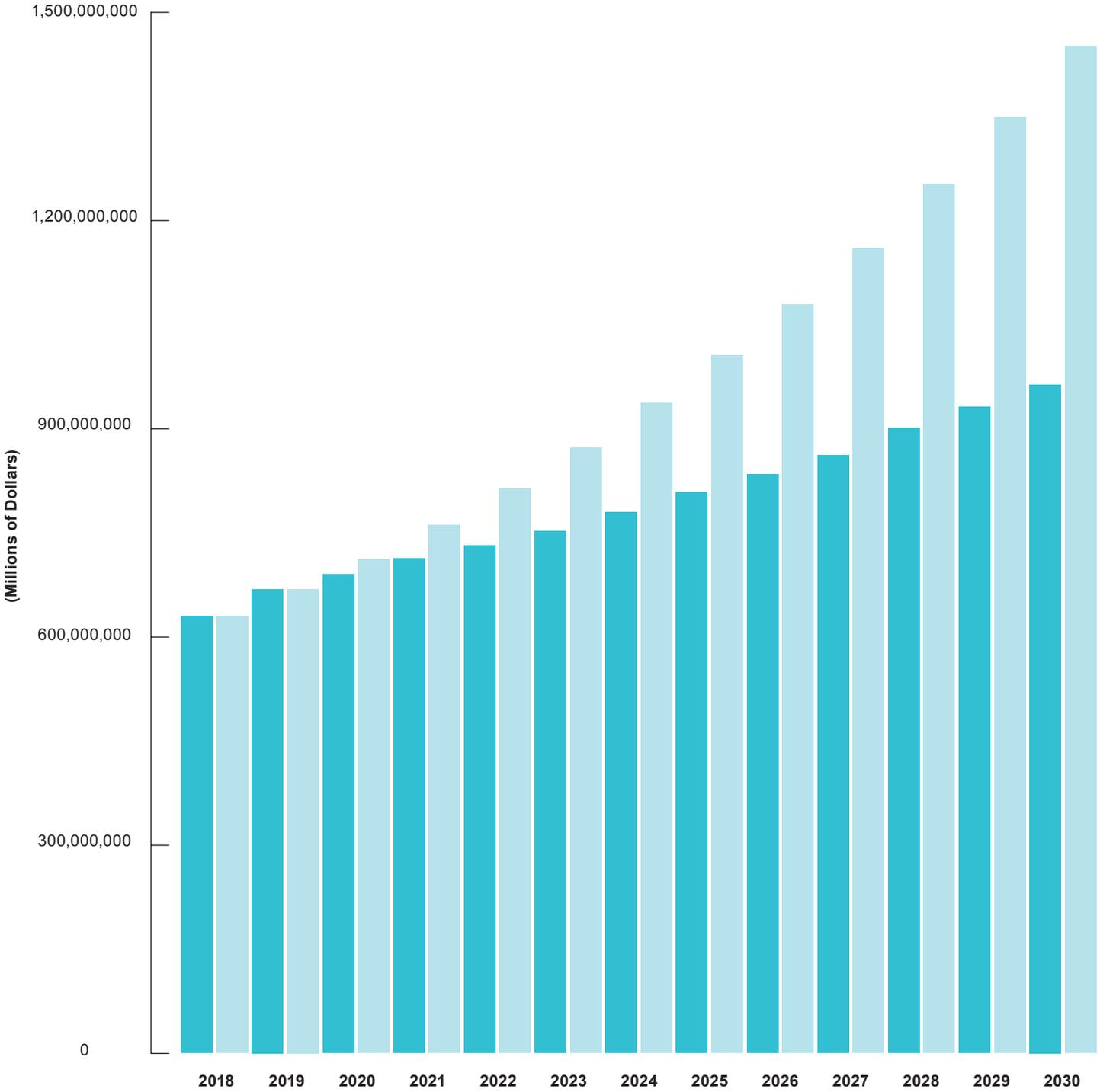
## SUSTAINABLE FUNDING FOR LONG-TERM SERVICES AND SUPPORTS

Funding long-term services and supports as the population of older adults increases is a multi-billion dollar issue. Research conducted in 2018 by the Colorado Health Institute projected that service demand for state-funded long-term services and supports will total \$1.4 billion, outpacing available revenue to fund services by nearly \$500 million in 2030.<sup>18</sup>

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



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



Due to the reality that multiple payers are involved, such as Medicare, Medicaid, private out-of-pocket and private health insurance, addressing long-term services and supports costs involves different touch points. In general, Medicare does not cover the long-term costs associated with in-home care, assisted living or skilled nursing. It will cover some of these costs on a limited basis, and certain plans may provide additional coverage, but the majority of spending on long-term services and supports is Medicaid and private pay (i.e., private insurance and out-of-pocket).<sup>19</sup> The Planning Group explored two emerging long-term services and support funding options throughout 2020: wellness funds and a long-term services and support trust fund.

Wellness funds are an evolution of the Accountable Health Communities work involving a locally controlled and sustainable fund to support population-based health and well-being with a focus on health-related social needs, such as nutrition and transportation. A wellness fund holds the potential to blend resources in a community so that services can be more efficiently targeted to support overall health and health equity.<sup>20</sup> Collaboratives involving state and/or local governments, health insurance providers, health care providers, and community-based organizations (e.g., local Area Agencies on Aging) have the potential to serve as a stable governing body characterized by multi-sector coordination and investment while identifying local and regional goals and priorities ranging from community-level population interventions to addressing health-related social needs and supporting clinical preventative services.<sup>21</sup>

*Accountable Health Communities* address 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 affect health care costs and reduce service utilization.

*Population-based health care* allows the assessment of health status and health needs of a target population, implements and evaluates interventions that are designed to improve the health of that population and efficiently provides care to that population by closing service gaps and addressing health related social needs.

Wellness Funds represent an emerging local solution to funding community-based services, supporting health and wellbeing, and addressing health inequities while cost-sharing across sectors and allowing for strategic community investments. Wellness Fund efforts are currently underway in Vermont, California, Pennsylvania, North Carolina, South Carolina, Ohio, Michigan, Texas, Oregon, and Washington. The Denver Regional Council of Governments Accountable Health Communities team is currently leading Wellness Fund efforts in Colorado and seeking partners to pilot and assess effects.

## WELLNESS FUND EXAMPLE FROM PIERCE COUNTY, WASHINGTON<sup>22</sup>

**Background:** Pierce County accounts for approximately 12% of the state's Medicaid population, or 250,000 beneficiaries, representing one in four of the county's residents. The region has higher rates of unemployment and poverty than the state average, with Medicaid beneficiaries more likely to experience homelessness. Elevate Health is a nonprofit organization focusing on person-centered health care across the life course, which established a community resiliency fund, OnePierce, to serve as a vehicle for planning and making collective investments to improve health and health equity in the community.

**Funding Sources:** OnePierce began with 10% of all earned incentives by Elevate Health as the seed funding to leverage additional investors. This is the first fund of its kind to be established in Washington and integrate blended funding from state contracts, cross sector payers, incentive-based funding, community development financing, community benefits, dedicated taxes and fees, alternative payment and shared savings models, philanthropy, and private investors.

**Uses:** OnePierce leads regional and community-led initiatives focusing on health-related social needs, key policy issues, and system changes for overall equitable community health. It will seed efforts for continual investment to improve and maintain health equity, support integrated clinical care, fund service gaps, make data-informed investments, bolster private-public partnerships, and meet prioritized health needs.

OnePierce may invest along two potential paths, each of which complements the other:

- 1) Support Care Continuum Network — Funds are used to scale, spread and invest or reinvest for strong community-clinical linkages across all ages.
- 2) Aligned Upstream Investments — Funds are directed toward one or more key health related social needs that hamper the effectiveness of community-based services or that represent necessary advancements for the community to achieve its health equity goals. Funds can be targeted to reduce barriers for, or complement, the work of existing programs, aligning the community's upstream and downstream efforts.

**Structure:** OnePierce is a nonprofit subsidiary of Elevate Health with a nine-member board of directors. The CEO of Elevate Health serves as president of OnePierce. OnePierce blends resources from diverse sources to create a flexible fund that allows for collective investments designed to improve community health. Investments are made with an accompanying mechanism for assessing their effect on cross-sector outcomes through integrated community data, allowing for shared savings to be identified and reinvested into the fund.

While wellness funds represent local and regional solutions, a unique statewide cost-sharing approach to funding long-term services and supports is underway in Washington state. In 2019, Washington's Governor signed a bill into law creating a state-run long-term care insurance benefit to help residents cover costs associated with long-term services and supports. The Long-Term Services and Supports Trust Program (referred to as LTSS Trust) is the first of its kind in the United States. The LTSS Trust was established to support costs for a continuum of services with a capped benefit to eligible individuals who have been assessed as needing a certain level of assistance with activities of daily living. The LTSS Trust is not intended to cover the entirety of costs associated with long-term services and supports – it is a piece of the complex funding puzzle.<sup>23</sup>

#### Long-Term Services and Support Trust Timeline:

2019 — Governor Jay Inslee signs bill into law

2022 — Working Washingtonians pay 0.58% premium into Trust

2025 — Benefits begin for qualified individuals

#### The Benefit:

- Creates a \$36,500 lifetime long-term care benefit to be adjusted annually that can be used for a range of services and support. For example:
  - Professional in-home care, assisted living or skilled nursing.
  - Adaptive equipment and technology.
  - Home safety evaluations and modifications.
  - Support family caregivers with lost wages.
  - Home-delivered meals.
  - Transportation.
- Employees pay \$0.58 per \$100 of earning — employers do not pay into Long-Term Services and Support Trust
- Eligible beneficiaries qualify if they:
  - Have paid the premium for either three of the last six years, or a total of ten years with five uninterrupted and worked at least 500 hours during those years.
  - Are 18 years of age and a state resident.
  - Require assistance with at least three activities of daily living.

## PROJECTED TOTAL MEDICAID SAVINGS<sup>24</sup>

YEAR	HOME AND COMMUNITY-BASED SERVICES	SKILLED NURSING	TOTAL
2025	\$21,000,000	\$13,000,000	\$34,000,000
2026	\$26,000,000	\$10,000,000	\$36,000,000
2027	\$10,000,000	\$7,000,000	\$17,000,000
2028	\$11,000,000	\$8,000,000	\$19,000,000
2029	\$13,000,000	\$9,000,000	\$22,000,000
2030	\$15,000,000	\$9,000,000	\$25,000,000



## STATE INITIATIVE SPOTLIGHT: NEW YORK ALZHEIMER'S DISEASE CAREGIVER SUPPORT INITIATIVE<sup>25</sup>

**Background:** Family caregivers are an essential piece of health care provision and often referred to as the backbone of the long-term services and supports system. Without them, the stress on home and community-based care providers and residential care settings would be extreme, and likely unsupportable given current workforce capacity issues. Colorado's shifting demographics demand a greater focus on the role of family caregivers and the supports needed in order to provide high-quality care to loved ones. Individuals living with dementia represent one of the most complex cohorts with regard to care provision and, in most cases, persons living with dementia will eventually require placement in skilled nursing or memory care settings when home and community-based supports are no longer adequate to meet the required level of care. Supporting family caregivers and delaying placement in these expensive care settings is important.

**Program Overview:** The Alzheimer's Disease Caregiver Support Initiative (referred to as the Initiative) was a 5-year, \$25 million grant program funded through

the New York State Department of Health with direct support and involvement with the New York Alzheimer's Association. The Initiative was designed to support caregivers and persons living with dementia living in the community using evidence-based strategies, and it took a two-pronged systems approach — focusing on community supports and preparing the medical system to provide early diagnoses, quality care management and networks to community-based services. Core services provided to family caregivers included educational and training sessions, consultation services, support group sessions, short-term respite care and a 24-hour, 7-day a week helpline. The Initiative also included efforts to raise community awareness through traditional media and social media.

**Outcomes:** The final report from the New York State Department of Health is forthcoming, but feedback regarding effects has been positive. Improved provider communication among health systems and community-based organizations, an enhanced dementia-capable workforce, reduced caregiver burden and delayed nursing home placement are initial takeaways from the Initiative. The cost-benefit analysis and Medicaid savings will be a part of the forthcoming final report.

## PALLIATIVE CARE AND ADVANCE CARE PLANNING

Palliative care and hospice care are often conflated and the tendency to group these types of care together is misleading. While hospice providers may provide palliative care services, the scope of care and intervention timing for both vary. Palliative care is useful at any stage of disease trajectory and best when combined with curative treatment, while hospice care is specialized end-of-life care.

*Palliative care* is specialized medical care for people with serious illnesses. This type of care is focused on providing patients with relief from the symptoms, pain, and stress of serious illness, regardless of the diagnosis. The goal is to improve quality of life for both the patient and the family. Palliative Care is provided by a team of physicians, nurses, or other specialists who work with a patient's other health care providers to provide an extra layer of support. Palliative care is appropriate at any age and at any stage in a serious illness and can be provided together with curative treatment.<sup>26</sup>

*Hospice care* is a comprehensive set of services identified and coordinated by an interdisciplinary group to provide for the physical, psychosocial, spiritual, and emotional needs of a terminally ill patient.<sup>27</sup>

The tendency to group hospice and palliative care is not surprising, as discussions around serious illness and end-of-life are often avoided. Additionally, palliative care has traditionally been provided in hospice care settings or in hospitals, alongside hospice services. With that said, the palliative care landscape in Colorado is shifting to alternative settings. A forthcoming report on palliative care from the Colorado Department of Public Health and Environment suggests that 2019 was the first year in which palliative care services were provided in non-hospital or non-hospice care settings.<sup>28</sup> Nine alternative care settings were identified as providing palliative care. Six of these programs did not provide care in-line with the state definition, two met some of the definition criteria, and only one met the Colorado definition of a palliative care provider. As palliative care settings shift in Colorado, it will be important to track and monitor to ensure that care is consistent across regions.

### PRIMARY CHALLENGES FOR PALLIATIVE CARE PROVIDERS IN COLORADO<sup>29</sup>

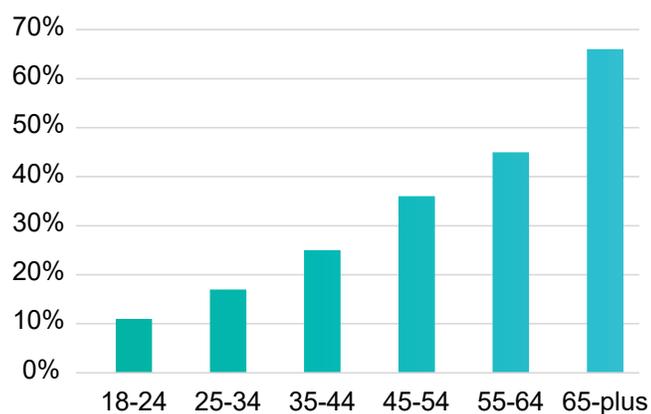
Widespread financial challenges and workforce shortages.

- Financial reimbursements target physician and nurse visits, but little to no reimbursement for social workers, chaplains, pharmacists or other members of the interdisciplinary team.
- Lack of education among medical providers and community about the role of palliative care and resulting late referrals for individuals who could have benefitted from services.
- Growing caseloads, but new program growth is not keeping pace around the state.
- Regional variability and significant lack of services outside of the Front Range region.

Advance care planning documents, often referred to as advance directives, are most effective when used as a part of broader care planning efforts, such as in-depth and ongoing discussions with family members and health care providers. Advance care planning is a process that should not be viewed as a one-time task; as medical conditions, life goals and treatment preferences change, so too should advance care planning. It is also useful across the life course, being valuable for younger adults just as for older adults.

Advance care planning is associated with fewer hospitalizations, a lower likelihood of dying in the hospital and increased use of hospice care.<sup>31</sup> A cross comparison of multiple research studies by the Colorado Health Institute indicated that advance care planning has the potential to reduce health care spending anywhere from 5% to 68%.<sup>32</sup> Nearly two-thirds of Coloradans aged 65-plus have completed an advance directive; this is markedly higher than the national average of 46%.<sup>33</sup> Yet this still indicates that about 34% of Coloradans aged 65-plus lack any sort of advance care planning, and this completion percentage drops for younger age cohorts.

### COMPLETION OF ADVANCE DIRECTIVE BY AGE COHORTS IN COLORADO<sup>34</sup>



*Advance care planning* refers to making decisions about the level of care you would want to receive when you face a medical crisis. This planning is particularly important if an individual lacks decision making capacity and is unable to indicate their preferred level of care. These are decisions that should be based on personal preferences, values, and goals. They may include: a living will, medical durable power of attorney, CPR directive, medical orders for scope of treatment form, do not resuscitate order, or any legal form that has been properly executed.<sup>30</sup>

Strategies under consideration to support advance care planning:

- Integrate into standard human resources practices.
- Include advance care planning documents during onboarding processes for new city, county and state employees and distribute materials to individuals enrolled in Colorado Public Employees' Retirement Association.
- Coordinate with health systems and medical providers to ensure knowledge of billing codes for reimbursable advance care planning.
- Encourage medical providers to integrate discussions into everyday practice and make relevant information available during annual wellness visits and physical examinations.
- Identify opportunities to use Division of Motor Vehicles as a touch point to share relevant advance care planning documents and driver's licenses to indicate documentation.

## DID YOU KNOW?

In Colorado, no one can automatically make medical decisions for you. Not your spouse or your adult children. Visit [ColoradoCarePlanning.org](http://ColoradoCarePlanning.org) for additional resources and information about advance care planning.

### **Recommendation #5**

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

In order to improve health outcomes, reduce health care expenditures, and support the provision of long-term services and supports across the life course and in later life, the State of Colorado should take the following steps:

- a) Support the delivery and reimbursement of digitally delivered long-term services and supports and caregiver supports with additional funding and flexible policy. This includes, COVID-19-specific approaches such as the use of digital assistance, devices, and technology supports.
- b) Coordinate with private sector and community-based organizations to identify funding to blend with state dollars for an actuarial study examining the feasibility of a public long-term care insurance benefit funded through a payroll deduction that provides a dollar-limited benefit to assist with the costs associated with the full continuum of long-term services and supports.
- c) Collaborate with health insurance companies,

health care providers and health systems, and community-based organizations to blend state, private sector and grant funding to implement and evaluate a wellness fund demonstration in an urban and rural community.

- d) Prioritize funding for family caregiver support programs and strategic investments in high-use populations (e.g., persons living with dementia) in order to reduce caregiver burden and delay nursing home placement.
- e) Identify new, and support existing, non-traditional, proactive opportunities for advance care planning in order to ensure that individuals receive a level of medical care consistent with their personal wishes in case they lack decision making capacity. This effort should consider and evaluate the inclusion of the following forms: Medical Durable Power of Attorney, CPR Directive, Medical Orders for Scope of Treatment, and Five Wishes. Additional steps should be taken to improve the accessibility of these documents and increase utilization of the Advance Directive Database authorized by SB19-073.
- f) Coordinate with health insurance and medical providers to address barriers to reimbursement and identify opportunities that support and incentivize early referrals to palliative care interdisciplinary teams.

**Potentially Impacted State Departments, Offices, and/or Agencies:** *Governor's Office, General Assembly, Department of Health Care Policy and Financing, Department of Public Health and Environment, Department of Human Services, Department of Local Affairs, Department of Regulatory Agencies Broadband Deployment Board, Colorado Broadband Office, and Colorado Hospital Association*



# Aging and the Workforce

“ I think the world in which more than half the population is over sixty means it’s impossible to have a society that works, an economy that works, without more intergenerational collaboration”

— Marco Guillen,  
Professor, Wharton School of Business,  
University of Pennsylvania<sup>35</sup>

## OLDER COLORADANS IN THE WORKFORCE

As Colorado’s demographics shift, so too does the composition of its workforce. Healthier and longer lives, increased educational attainment, and changes to Social Security benefits and employee retirement plans mean that many older Coloradans will want to, or need to, remain engaged in the workforce. Older Coloradans are a significant economic driver and play a critical role in the state’s economy. This was true before COVID-19 and remains true moving forward.



## THE LONGEVITY ECONOMY: ECONOMIC CONTRIBUTIONS OF COLORADANS AGED 50-PLUS

The below forecasts are prepared by AARP and informed by data from the Centers for Disease Control and Prevention, the Bureau of Economic Analyses, Bureau of Labor Statistics, and The Economist Intelligence Unit's macroeconomic forecast.<sup>36</sup> In 2018, adults 50-plus made up 33% of Colorado's population. By 2050, this figure is expected to rise to 41%.

Policy makers, elected officials, and business leaders should ensure programs and policies are in place to support the growth of this economic engine. Older Coloradans represent a tremendous resource and tapping into their potential would pay dividends for the state. Doing so will likely require ongoing education and training to support retooling related to emerging technologies and other forms of support to assist with career transitions and identify avenues to new work opportunities. As emerging technologies continue to develop and displace workers, it is important to consider the uniquely human skills gained through lived experiences that older Coloradans can contribute.

### COLORADO'S LONGEVITY ECONOMY

	2018		2050	
	IMPACT IN DOLLARS	PERCENTAGE OF TOTAL	IMPACT IN DOLLARS	PERCENTAGE OF TOTAL
<b>State GDP</b>	\$153 billion	40%	\$513 billion	42%
<b>Jobs supported</b>	1.7 million	44%	2 million	44%
<b>Wages and salaries</b>	\$106 billion	46%	\$336 billion	46%
<b>State and local taxes</b>	\$10 billion	36%	\$44 billion	41%

## COLORADO WORKFORCE DEVELOPMENT COUNCIL: TALENT PIPELINE REPORT AND THE TALENT EQUITY AGENDA

Colorado's Workforce Development Council publishes the Talent Pipeline Report annually. Top jobs and growing occupations are only a part of this robust work, but are useful indicators for discussions around the future of work. Top jobs meet three criteria: projected high net annual openings, above average growth rate over 10 years and a living wage. Examples include management analysts, web developers, database administrators, paralegals and legal assistants and regional planners. Colorado's fast-growing occupations identified by the Talent Pipeline report are health care practitioners, construction and extraction, management, education and training, transportation and moving material and business and financial operations.<sup>37</sup>

In September 2020, the Colorado Workforce Development Council published the Colorado Talent Equity Agenda. The Colorado Workforce Development Council adopted equity as a key value in creating an economy that works for all Coloradans and our state continues to experience gaps in credential attainment, unemployment, digital skill development and fair hiring, compensation and advancement practices. The current social landscape highlighting racial disparities is recognized as an urgent concern by the Colorado Workforce Development Council and many others. These disparities become more pronounced in later life when the cumulative effects of life experiences are realized.<sup>38</sup>

### **Recommendation #6**

*Relates to Goals 1, 2, 3, and 7*

In order to support older Coloradans that want to, or need to, remain engaged in the workforce, the State of Colorado, along with partners from business chambers, local governments, and nonprofit and private sector organizations should take the following steps:

- a) Create a public awareness campaign around the value and importance of older adults in the workplace as a necessity for current and future generations of older workers and Colorado's economy.
- b) Develop "job profiles" for Colorado in-demand industries with corresponding duties, work history, lived experience, educational attainment and required skills for entry-level to high-level positions.
- c) Create and expand current programs for matching positions, or liaison positions, through workforce centers to connect businesses and nonprofit organizations with older workers of relevant skill sets.
- d) Incentivize the adoption of diversity, equity and inclusion policies that include the hiring of persons aged 50-plus in the private and nonprofit sectors, building on the diversity, equity and inclusion framework that addresses racial, ethnic and economic disparities. Additionally, state government, local governments and employers with government contracts should be required to adopt age-inclusive DEI policies.
- e) Incentivize (e.g., tax benefits) business owners to hire, train and retain older workers in Colorado in-demand industries identified within the Talent Pipeline Report and the 2020 Colorado Talent Equity Agenda.



- f) Coordinate with Colorado Workforce Development Council, workforce centers, Office of the Future of Work and other key partners to define digital literacy competencies for employability and identify educational opportunities (e.g., certificate programs and online classes) for older adults across the state.
- g) Identify employment opportunities for older adults to move from in-person job responsibilities to remote options and provide training as needed.

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

## DEVELOPING A WORKFORCE TO SUPPORT OLDER COLORADANS

While older Coloradans represent an integral component of the state's economic success, shifting demographics will result in the demand for a growing field of workers prepared to meet the needs of older Coloradans. Non-medical and medical service providers are already in high demand around the state, and this demand will become more pronounced over the coming decades. 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 persist, geriatric-trained health care workers will continue to be difficult to find. This is especially true in rural Colorado.

### DID YOU KNOW?

Since 1976, the Peer Counseling Program at North Front Range Behavioral Health has provided outreach counseling services to those aged 60-plus in Weld County. Peer counselors are at least 55 and provide supportive counseling to individuals in their homes or in residential care settings. These services are provided at no cost and supported in part by the Area Agency on Aging.<sup>39</sup>

In 2008, the State of Pennsylvania launched the Certified Older Adult Peer Specialist (COAPS) Program in partnership with the Center for Mental Health Policy at the University of Pennsylvania, Office of Mental Health and Substance Abuse Services and the Pennsylvania Department of Aging. Since then, more than 130 certified older adult peer specialists have been trained and serve 30 counties across the state. The program is designed to address issues related to physical and mental health in older adults including anxiety, depression, trauma, grief and bereavement, substance use and issues associated with normal aging changes.<sup>40</sup>

As care options and settings continue to shift toward community-based care and away from residential care settings (e.g., assisted living), additional steps must be taken to intentionally recruit, develop, and retain a direct care workforce. COVID-19 will accelerate the rebalancing toward community-based care as congregate residential care settings have been deeply, and likely permanently, affected during the pandemic. Identifying opportunities and implementing strategies to support and expand the workforce capacity of community-based providers is paramount if services are to match demand.

## DID YOU KNOW?

In June of 2020, the Colorado Health Institute (CHI) published *Closing the Care Gap: Opportunities for Employers to Support and Grow Colorado's Direct Care Workforce*, which highlights the demand that Colorado's aging population will create for direct care workers, estimates the supply of those workers by county and identifies organizational best practices for the retainment of these vital healthcare job. In their analysis, Colorado Health Institute specifically looked at certified nursing assistants, home health aides and personal care aides.<sup>41</sup>

### **Recommendation #7**

*Relates to Goals 1, 5, 6, and 7*

In order to support a well-trained and skilled workforce to build and maintain the capacity of a wide range of industries serving older Coloradans, the State of Colorado, along with partners from business chambers, local governments, and nonprofit and private sector organizations should take the following steps:

- a) Implement paid or volunteer peer support counseling programs.
- b) Identify best practices related to support services (e.g., family caregiving support and continuing education) for medical and non-medical direct care workers. Further, the State should facilitate and incentivize the adoption of identified best-practices in order to recruit and retain both medical and non-medical direct care workers.
- c) Implement wage increases for state-funded medical and non-medical direct care workers in order to address income inequality and economic equity for paid caregivers and service providers, in turn supporting recruitment, retainment and continuity of care.
- d) Develop and implement financial incentives (e.g., student loan forgiveness, stipends and housing vouchers) to encourage geriatric and gerontological specializations for in-demand clinical and non-clinical graduate programs.

***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 the Future of Work

## OLDER COLORADANS AND THE VOLUNTEER WORKFORCE

Volunteerism among older adults is an important component to the future of Colorado's workforce. The growing number of retirees and part-time workers presents an unprecedented opportunity to tap into a large base potential of volunteers. Intergenerational programs would allow for valuable engagement opportunities across the life course, and peer-to-peer programs would create the context for connectedness and mutual understanding of various issues relevant to later life.

### DID YOU KNOW?

In 2018, Coloradans aged 50-plus contributed roughly \$367 million in volunteering activities and \$15 billion in unpaid caregiving.<sup>42</sup>

A vibrant older adult volunteer workforce creates an opportunity where much needed professional skills can be harnessed and allows for the transfer of experiential knowledge to younger generations; this is particularly valuable in the nonprofit sector. At the same time, volunteerism is associated with positive physical and mental health outcomes for older adults.<sup>43</sup> These positive health outcomes are correlated to decreased social isolation, increased sense of purpose, increased physical activity, lower rates of depression, and lower levels of chronic pain.<sup>44</sup>

### **Recommendation #8**

*Relates to Goals 1, 2, 5, and 7*

In order to ensure a well-trained and robust volunteer workforce that both supports and includes older adults, the State of Colorado, along with partners from business chambers, local governments, and nonprofit and private sector organizations, should take the following steps:

- a) Identify existing opportunities for remote volunteerism and remote engagement and market those opportunities within organizational networks to address social isolation of older Coloradans.
- b) Develop and implement COVID-19 specific protocols to protect and support volunteers and to expand volunteer opportunities throughout Colorado.

**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, Department of Public Health and Environment, Colorado's State Colleges and Universities, Colorado Community College System, and the Office of Future Work*

## A WORKFORCE FOR ALL: SUPPORTING INTERGENERATIONAL WORKPLACES

Much of the social world is age-segregated, but workplaces create the unique opportunity for intergenerational engagement. Generational stereotypes are commonly perpetuated through mainstream and social media, but multigenerational workplaces allow younger and older adults to collaborate, share experiences, and learn from one another. This is not to say that generational cohesion is an inherently simple task, but the potential for valuable intergenerational workplaces exists when communication barriers are overcome, and common interests are realized.

The reality is that 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. Supporting workers across the life course fosters intergenerational problem solving, increases retirement security and savings, and supports wellbeing for all Coloradans.

### **Recommendation #9**

*Relates to Goals 1, 2, 3, and 7*

In order to facilitate intergenerational workplaces and create a workforce for all Coloradans, the State of Colorado, along with partners from business chambers, municipal agencies, and nonprofit and private sector organizations should take the following steps:

- a) Identify best practices and opportunities for implementing mentorships, including the older adult as mentor or mentee, thereby taking advantage of the multigenerational workforce.
- b) Partner with existing community-based organizations, including the private sector, to develop and implement lifelong intergenerational learning opportunities that promote participation and encourage engagement across age groups.

**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, Colorado's State Colleges and Universities, Colorado Community College System, and the Office of the Future of Work*



# Rural Transportation: Mobility Management and Local Coordination

“Mobility management in rural Colorado is all about coordination and collaboration.”

*Mobility managers seek out, and at times unearth or even establish community and regional resources in order to fill gaps and establish connections for older adults, persons with disabilities, and the general public.*

*These solutions often involve multiple entities or connections and can span hundreds of miles.*

*The ability to age in place in rural Colorado is often greatly aided by the accomplishments of a successful mobility manager. Without connections and access to services or even an understanding of who to seek out for help, rural Coloradans often have to move to larger communities that can provide higher levels of care.”*

— TJ Burr, Project Coordinator,  
Division of Transit and Rail,  
Colorado Department of Transportation



Rural transportation is more cost prohibitive and logistically restrictive when compared to urban transportation systems. A scattered population often rules out the possibility of fixed-route transit, and limited city and county budgets for transit serve as a barrier to matching dollars for Federal Transit Administration dollars. For our purposes, rural is defined as all regions outside Colorado's five metropolitan planning organizations, which are North Front Range, Denver Regional Council of Governments, Pikes Peak Area Council of Governments, Pueblo Area Council of Governments, and Grand Valley.

## AN OVERVIEW OF LOCAL TRANSPORTATION COORDINATION TERMS

*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. These services supplement existing fixed transit routes.

*Mobility management:* An approach to designing and delivering transportation services that starts and ends with the rider. It begins with a community vision in which the entire transportation network works together with customers, planners and stakeholders to deliver the transportation options that best meet the community's needs. Mobility managers are often funded by local governments or through FTA 5310 grants.<sup>45</sup>

*Regional coordinating councils:* Planning and advisory bodies, often volunteer-based, that provide a forum for open discussion, information and best practice exchanges, and coordination of local and regional transportation priorities. Regional coordinating councils are made up of local coordinating councils, which represent specific counties.

*Local coordinating councils:* Similar to regional coordinating councils, these planning and advisory bodies work within counties to promote and provide accessible, affordable, and equitable transportation options.

*Human service transportation plan:* Federal law requires that projects selected for funding under the Enhanced Mobility for Seniors and People with Disabilities program (i.e., FTA 5310 grant program) be included in a locally developed and coordinated public transit-human services transportation plan. These plans must be developed and approved through a process that includes participation from older adults, persons with disabilities, and representatives from human service transportation providers and aim to identify transportation needs, develop strategies to meet these needs, and prioritize transportation services for funding and implementation.<sup>46</sup>

There is significant diversity and variability among Colorado's rural regions and within counties. Current transportation services in rural Colorado are widely variable as well. According to data from 2016, Colorado provided 14 million rural trips, more than any other state in the country. However, many of these trips were provided within a recreational context (e.g., skiing) versus errands or medical trips. In general, Colorado Department of Transportation's Division of Transit and rail divides rural Colorado into two types — the distinction being recreational versus non-recreational regions.<sup>47</sup> Rural recreation regions are characterized by ridership that is roughly half older adults or persons with a disability and the other half being service industry or recreation specific. Non-recreational regions are more remote areas without the tax base of recreational towns where about half of riders are older adults, persons with a disability, or individuals with other medical needs, and the other half are trips to an urban center for groceries, work, and other errands. Both types can be found within a small geographic area (e.g., Steamboat Springs and Craig).

#### *Snapshot of transit in northeastern Colorado*

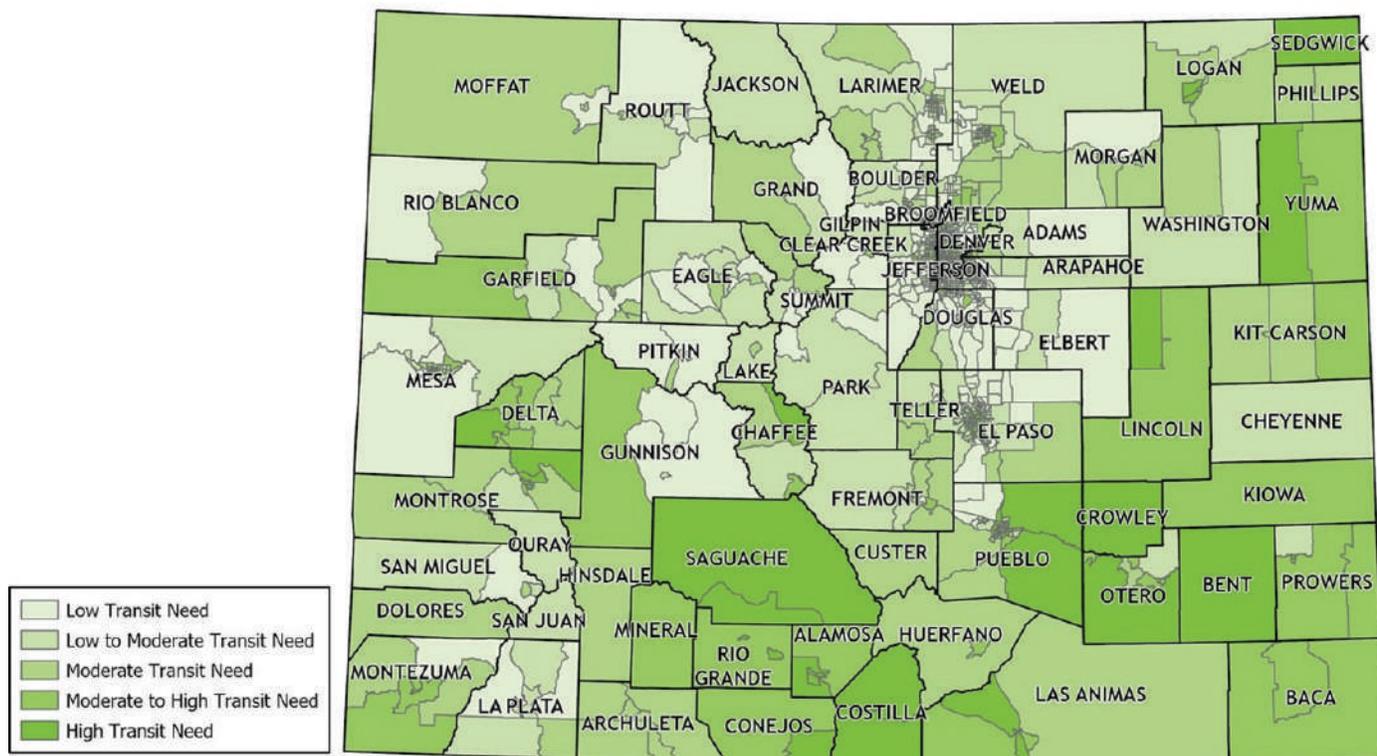
In May 2018, County Express — which covers 9,000 square miles — provided 78 trips in Washington County for a total of 2,790 miles traveled, or an average of 36 miles per trip. During the same timeframe, Morgan County reported 1,489 trips with 1,534 riders who traveled a total of 16,019 miles, or 11 miles per trip. The United States is 2,680 miles across.<sup>48</sup>



The Identified Transit Needs Map pulled from the Colorado Department of Transportation’s Statewide Transportation Plan indicates low to high transit needs across the state and within counties. Services across rural regions are needed in moderate to high demand across Colorado. The provision of these services is largely left up to nonprofit or county providers who rely on diverse revenue streams to cover the high costs of providing trips across rural parts of the state. State-level focus on transportation tends to focus more on infrastructure (e.g., roads and bridges) than on human service transportation. Improved transportation coordination must happen at the local level, but there is a support role the state can play in the process.

Local transportation coordination involves collaborative partnerships and coalition building among local leaders and community-based providers. Mobility management supports local transportation coordination by leveraging resources and improving efficiencies across a transportation network with a rider-focused, or person-centered, lens. Regional coordinating councils and local coordinating councils play an important role in local transportation coordination as they represent the community-based organizational venue for collaborative problem solving, planning, and advocacy.

### IDENTIFIED TRANSIT NEEDS IN COLORADO<sup>49</sup>



## STATE INITIATIVE SPOTLIGHT: MONTANA RURAL TRANSPORTATION VOUCHER PROGRAM<sup>50</sup>

**Background:** Lack of available, affordable and accessible transportation is one of the most significant and persistent problems faced by older adults and persons with disabilities. This is especially true in rural regions. Historically, Federal Transit Administration funding has been inequitably distributed between rural and urban areas — 25% of the US population lives in rural America, but only 6% of transit funding is directed to rural regions. Voucher models use tickets, coupons or reimbursements that eligible riders can offer to transportation providers or informal caregivers in exchange for rides. Voucher programs allow for increased flexibility for consumers and often come in two forms: consumer-directed vouchers allow for riders to reimburse anyone, such as a family caregiver or a community provider; consumer-choice vouchers allow riders to pick from a pre-approved list of community providers.

**Program overview:** The Rural Institute on Disabilities at the University of Montana implemented a voucher model to support transportation in seven rural counties in Montana. This relatively low-cost approach expanded the transportation options available to people with a broad range of disabilities. Vouchers were used for employment, non-emergency medical, daily errand, and social activity trips. Eligible riders received a “checkbook” with an allocation of miles from a sponsoring provider agency.

**Outcomes:** The voucher pilot program was considered a success with the following advantages:

- Supports social engagement and overall mobility.
- Directs resources to riders and agencies.
- Focuses on rider needs versus agency considerations.
- Promotes volunteerism.
- Promotes cost-sharing among service agencies, riders, and transit providers.

It is critical that local transportation providers are involved in stakeholder engagement strategies and resulting policy making; without them the local perspective is lost, and unintended consequences may be unrealized. The recent statewide non-emergency medical transportation brokerage expansion beyond the original 9-county metro-Denver and North Front Range region involving the Department of Health Care Policy and Financing is a clear example of policy making at the state level that lacked local provider input. This non-emergency medical transportation expansion caught many local providers off-guard due to lack of communication and will have direct effects on the individuals who rely on these trips and the local transit providers. State policy makers can play a role in supporting local transportation and coordination through collaborative planning and problem-solving with local providers, local governments, Colorado Association of Transit Agencies, and Colorado Department of Transportation.

### ***Recommendation #10***

*Relates to Goals 1 and 7*

In order to support current transportation provider capacity, increase trip frequency, and expand services areas across rural regions, the State of Colorado, along with local and regional planning agencies, local elected officials, and aging-related transportation providers should take the following steps:

- a) Analyze potential impacts of directing Community Services Block Grant and/or Social Services Block Grant funding to support the adoption or expansion of services across rural regions of the state.

- b) Identify opportunities to incentivize collaborative partnerships between Colorado's five Metropolitan Planning Organizations with surrounding rural counties to support regionally interconnected transportation systems.
- c) Evaluate regional feasibility and, if appropriate, identify funding opportunities for the implementation of consumer-directed and/or consumer-choice transportation voucher programs.
- d) Identify opportunities for counties and municipalities to coordinate with transportation network companies (e.g., Lyft) to fill existing gaps in service provision.
- e) Coordinate with county and municipal leaders to depoliticize transportation services and encourage the adoption or expansion of services across rural regions of the state.
- f) Identify sustainable opportunities to establish Regional Coordinating Councils and corresponding Local Coordinating Councils to support local transportation coordination. Additionally, explore various funding opportunities (e.g., FTA 5310 grants and vehicle registration fees) for mobility managers to coordinate and sustain long-term regional and local efforts.

***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, Department of Regulatory Agencies, Department of Local Affairs, Colorado Association of Area Agencies on Aging, and the Colorado Association of Transit Agencies*

**Recommendation #11**

*Relates to Goals 1 and 8*

In order to identify and evaluate barriers, strengths, and fiscal issues for rural transit providers as a result of COVID-19, the General Assembly's House and Senate Transportation Committees should coordinate with the Colorado Association of Transit Agencies (CASTA) and, in particular, rural transportation providers to provide annual updates, beginning with the 2021 legislative session.

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

**Recommendation #12**

*Relates to Goals 1, 6, and 7*

In order to evaluate the implementation of the statewide non-emergency medical transportation brokerage expansion and its impacts on local transportation providers and riders, the Governor's Office and General Assembly, led by the House and Senate Transportation Committees, should coordinate with the Legislative Audit Committee and the Office of the State Auditor to conduct a performance review of the non-emergency medical transportation benefit available through Health First Colorado.

**Potentially Impacted State Departments, Offices, and/or Agencies:** *Governor's Office, General Assembly, Department of Health Care Policy and Financing, Department of Transportation, Office of the State Auditor, and the Colorado Association of State Transit Agencies*





Colorado's growing aging population creates the opportunity to reimagine later life, retool communities, and reexamine policy approaches at the state and local levels. Proactive planning and policy making is needed in order for Colorado to build the capacity and resiliency needed to adapt to its shifting demographics. Historically, the foresight needed for effective proactive policy making has been hard to come by. The good news is that Colorado is well-positioned to take the work done by the Planning Group, and many others, and move it forward through strategic implementation. Whether or not this opportunity will be seized upon is a primary question moving forward. The importance of state-level support and local implementation has been realized by the Planning Group since 2016 and remains fundamental to work efforts.

While the 2020 Strategic Action Plan on Aging is the final statutorily mandated update, the Planning Group's statutory authority runs through 2022 and it intends on releasing another update in 2021. Behind the generation of baby boomers, Colorado has an even larger population of millennials that are projected to experience similar, or greater, life expectancies. This demographic reality, coupled with decreasing birth rates post-1996, will result in a new normal of demographic composition that demands the integration of an aging perspective across all levels of government, cross-agency coordination of existing programs and services, and the effective implementation of emerging strategies.

## Next Steps on the Path Forward





The following recommendations are categorized by topic and listed in chronological order with the year published in parentheses at the end of the recommendation. This section captures the entirety of Planning Group recommendations made in the 2016, 2018, and 2019 Action Plans. The bulleted numbers below correspond to strategies listed in each section's Update on Progress matrix.

The Update on Progress matrices capture progress on aging related efforts around Colorado that relate to Planning Group recommendations. The efforts may be driven by the nonprofit sector, higher education, the private sector, or the state government. It is important to note that the Planning Group, as a state-level advisory committee, does not have implementation authority or lobbying power to move its work forward. Community stakeholders and organizations around the state are leading the implementation of aging efforts.

## STATE STRUCTURE AND AGE-FRIENDLY PLANNING

- 1) The Governor should create a permanent, high-level office or position within the executive branch to be accountable for and lead the state government's work on aging issues. The Governor should propose and the General Assembly should consider legislation to grant this new office or position the authority and capacity to:
  - a) Set consistent statewide policy priorities.
  - b) Coordinate the aging-related work of state agencies and workgroups.
  - c) Help the state coordinate effectively and consistently with federal and local partners — and learn from the experiences of other states, commissions, planning groups, and other research entities, including the work conducted

# Appendix

## STRATEGIC ACTION PLANNING GROUP ON AGING RECOMMENDATIONS FROM 2016-2020 BY TOPIC

- by and on behalf of SAPGA.
- d) Maximize efficiency and cost-effectiveness and identify potential savings.
- e) Identify gaps and unmet needs.
- f) Identify and help develop innovative new financing mechanisms, including utilizing opportunities for matching funding.
- g) Collect, analyze, and share data across agencies to improve decision-making related to workforce development and participation, health and wellness, and other key areas related to aging policy.
- h) Help drive public education efforts concerning the effects of aging in Colorado.
- i) And oversee the implementation of the state's Strategic Action Plan on Aging as well as appropriate recommendations from other efforts such as the Community Living Advisory Group (CLAG), Colorado Aging Framework, Colorado Department of Public Health and Environment Healthy Aging Plan, and the Colorado Alzheimer's Disease Plan.

The Colorado Legislative Council should consider establishing a similar and parallel high-level mechanism and process for tracking and coordinating aging issues as well as educating individual lawmakers. (2016)

- 2) The Governor's Office of State Planning and Budgeting, the Colorado Legislative Council, and the Joint Budget Committee staffs should work together to compile a comprehensive state budget on aging to identify all state expenditures related to aging issues (including revenue expenditures such as tax credits) as a tool to help policymakers plan and prioritize at the state level. These efforts should also include identification of major long-term trends

in state expenditures with special attention given to resolving the state's structural imbalance and its impact on funding aging-related programs. (2016)

- 3) Colorado's counties and municipalities, in collaboration with the Area Agencies on Aging and state agencies, should develop and implement comprehensive local and, where appropriate, regional plans for aging that prioritize services and expenditures, promote efficiencies, and identify public and private strategies to ensure adequate long-term funding. These plans should include strategies and solutions that have been demonstrated to help improve the lives of older Coloradans, help them age in place, and contribute to their communities. (2016)
- 4) As key first steps in helping communities reinvent themselves so that Colorado seniors have more opportunities to age in place and remain active, the General Assembly should take the following steps to build on promising existing efforts:
  - a) Support efforts to create a Universal Design Certification program to encourage the inclusion of universal design elements in new and remodeled housing for seniors, such as the one within the Colorado State University Institute for the Built Environment. This should include adequate resources for piloting this Universal Design Certification process with the Partnership for Age Friendly Communities in Larimer County and to share and promote the lessons of that pilot program with communities throughout Colorado.
  - b) Support the Colorado Department of Transportation's (CDOT) State Coordinating

Council in coordinating among the wide range of programs that help serve the transportation needs of Colorado's aging population. The Council should be charged with making specific regulatory, legislative and funding recommendations to improve the reach, effectiveness and efficiency of existing programs.

- c) Utilize the CDOT State Coordinating Council and regional councils to help seniors access tools and training to remain safe on the road, such as AARP Driver Safety Courses, the Manual on Uniform Traffic Control Devices, the Car Fit Program, the Colorado Guide for Aging Drivers and Their Families, and the 2015 Strategic Highway Safety Program. (2016)
- 5) The State of Colorado, along with local governments and the private sector, should support partnerships to promote and develop the expansion of community-wide efforts to make all of Colorado an age-friendly state in-line with the Lifelong Colorado initiative. (2018)
- 6) 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. (2019)
- 7) The State of Colorado must establish an office with the mission to ensure implementation of the recommendations by the Colorado Strategic Action Planning Group on Aging and by previous and existing boards and commissions with relevance to aging and the development and implementation of policies and programs in response to emerging trends in aging. Upon deliberations with key stakeholders including AARP, Colorado Commission on Aging, Denver Regional Council of Governments, Colorado Senior Lobby, Colorado Association of Area Agencies on Aging and the internal membership of the Planning Group, which includes existing executive department representatives, the office must contain the following elements:
  - a) Sufficient autonomy and authority to allow the office to develop, propose, and seek support for legislation relevant to existing and new recommendations in both the legislative and executive branches.
  - b) An advisory council that is made up of key stakeholders in the area of aging including state government, higher education, private and non-profit entities, and the community. The body should have a membership that includes expertise reflective of the broad range of aging issues, diverse ethnic and racial make-up, the broad geography of the state, political representation, and most importantly, older Coloradans.
  - c) Broad authority to convene meetings of existing state agency executive directors and ensure that state agencies and programs are coordinating

and collaborating in implementing the above recommendations and planning and operating with a vision of being Age-Friendly.

- d) Dedicated long-term funding that ensures the office has the capacity to function in an effective and efficient manner, including adequate staffing. (2020)
- 
- 8) In order to support the expansion of age-friendly communities across Colorado and facilitate local and regional coordination, assess needs, promote efficiencies, identify local leaders, and implement community-based public, private, and nonprofit sector strategies to support Coloradans of all ages, the State of Colorado should prioritize funding opportunities to reenergize the Lifelong Colorado Initiative with support of local funders, community-based organizations, and the private sector. The Department of Local Affairs should receive financial or human resource support for regional manager training on age-friendly practices and outreach to local communities to share information about funding opportunities. (2020)

## STATE STRUCTURE AND PLANNING UPDATE ON PROGRESS MATRIX

RECOMMENDATION GOAL	STRATEGIES
<p>Create mechanisms for improved state-level coordination and implementation of aging efforts</p>	<p>Establish a high-level position or office within the Governors Office.</p>
	<p>Identify state spending with support from Joint Budget Committee and Office of State Planning and Budgeting (OSPB).</p>
	<p>Create age-friendly communities and fund Lifelong Colorado initiative.</p>



## INITIATIVES

Senior Advisor on Aging position created in 2018 with funding from Next Fifty Initiative. Relates to recommendation 1.

Former OSPB staff and Aging Advisor led efforts to create a State Budget on Aging in 2018. Relates to recommendation 2.

Colorado was designated "age-friendly" by AARP in 2018 and the Lifelong Colorado Initiative was launched within the Department of Local Affairs (DOLA). Relates to recommendations 3, 5, and 8.

## PROGRESS AND OUTCOMES

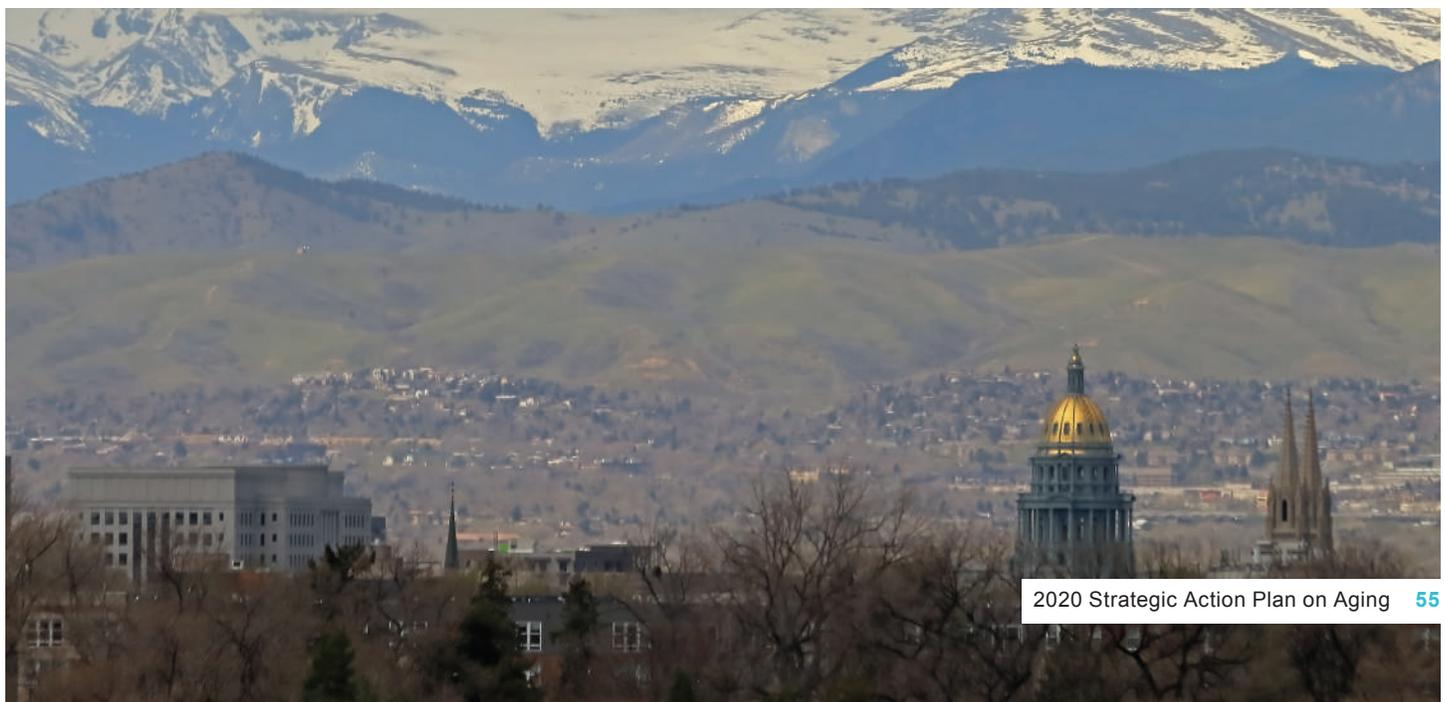
Aging Advisor position has led to increased coordination with the Governor's Office and has laid the groundwork to build upon current state structure. The Financial Security Coalition and Lifelong Colorado are efforts developed by the Aging Advisor, although they remain unfunded.

Total spending and General Fund spending was identified for the top-8 aging-related expenses in the state. Efforts to update this were underway but current status is unknown.

Lifelong Colorado remains unfunded as grants were intended to be made available to local communities to implement age-friendly efforts. Age-friendly planning efforts persist around the state but are led by local leaders with little state support. DOLA remains interested in age-friendly planning efforts.

## ADDITIONAL RECOMMENDED STRATEGIES TO PURSUE

Sustainable funding for a high-level office with authority to implement and coordinate with legislature and Governor's Office on aging issues; update State budget on Aging work; create high-level mechanism within Legislative Council Staff.



## SUPPORTING OLDER COLORADANS IN THE PAID AND VOLUNTEER WORKFORCE

- 9) The CWDC also should ensure that older workers have access to training and support services required for meaningful employment. (2016)
- 10) The State of Colorado along with its partners in the public and private sectors should further structurally integrate the capacity for workforce development given the state's changing demographics. Existing structures, systems, and entities within the state should be supported to develop the necessary infrastructure to address the needs of older workers needing and wanting to stay in the paid and/or volunteer labor force.
- 11) The State of Colorado along with its partners in the public and private sectors should aid the state educational system in addressing the needs of older Coloradans who want or need additional education and training as a part of remaining in the workforce. Furthermore, the state should work to ensure that the state educational system has the capacity to educate and train a workforce to serve older Coloradans. (2018)
- 12) The State of Colorado along with its partners in the public and private sectors should assist the business community in adopting best practices that attract, retain, and protect older workers who want or need to stay in the workforce. Furthermore, the state should work with the business community to develop programs and best practices addressing existing and future workforce shortages in sectors to serve older Coloradans as they age in their communities. (2018)
- 13) 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 states shifting demographics and highlight the important role of older adults in Colorado's labor market, especially within the context of decreased post-1996 birthrates, the decreasing labor pool, and the fact that older adults in Colorado are inclined to work past the traditional retirement age;
  - 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. (2019)
- 14) 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. (2019)
- 15) In order to support older Coloradans that want to, or need to, remain engaged in the workforce, the State of Colorado, along with partners from business chambers, local governments, and non-profit and private sector organizations should take the following steps:

- a) Create a public awareness campaign around the value and importance of older adults in the workplace as a necessity for current and future generations of older workers and Colorado's economy.
- b) Develop "job profiles" for Colorado in-demand industries with corresponding duties, work history, lived experience, educational attainment, and required skills for entry-level to high-level positions.
- c) Create and expand current programs for matching positions, or liaison positions, through workforce centers to connect businesses and non-profit organizations with older workers of relevant skill sets.
- d) Incentivize the adoption of diversity, equity, and inclusion (DEI) policies that include the hiring of persons aged 50+ in the private and non-profit sectors, building on the DEI framework that addresses racial, ethnic, and economic disparities. Additionally, state government, local governments, and employers with government contracts should be required to adopt age-inclusive DEI policies.
- e) Incentivize (e.g., tax benefits) business owners to hire, train, and retain older workers in Colorado in-demand industries identified within the Talent Pipeline Report and the 2020 Colorado Talent Equity Agenda.
- f) Coordinate with Colorado Workforce Development Council, workforce centers, Office of the Future of Work, and other key partners to define digital literacy competencies for employability and identify educational opportunities (e.g., certificate programs, online classes) for older adults across the state.
- g) Identify employment opportunities for

older adults to move from in-person job responsibilities to remote options and provide training as needed. (2020)

- 16) In order to ensure a well-trained and robust volunteer workforce that both supports and includes older adults, the State of Colorado, along with partners from business chambers, local governments, and non-profit and private sector organizations should take the following steps:
  - a) Identify existing opportunities for remote volunteerism and remote engagement and market those opportunities within organizational networks to address social isolation of older Coloradans.
  - b) Develop and implement COVID-19 specific protocols to protect and support volunteers and to expand volunteer opportunities throughout Colorado. (2020)

## A WORKFORCE FOR ALL: CREATING INTERGENERATIONAL WORKPLACES

- 17) The State of Colorado along with non-profit 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. (2019)
- 18) 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. (2019)
- 19) In order to facilitate intergenerational workplaces and create a workforce for all Coloradans, the State of Colorado, along with partners from business chambers, municipal agencies, and non-profit and private sector organizations should take the following steps:
  - a) Identify best-practices and opportunities for implementing mentorships, including the older adult as mentor or mentee, thereby taking advantage of the multigenerational workforce.

- b) Partner with existing community-based organizations, including the private sector, to develop and implement lifelong intergenerational learning opportunities that promote participation and encourage engagement across age groups. (2020)

## DEVELOPING A WORKFORCE TO SUPPORT OLDER COLORADANS

- 20) Colorado must work to ensure its workforce meets the service needs of its aging population, including nursing homes, assisted living communities, home health agencies, caregivers, and other professionals who support the state's aging population. Colorado should address the employment and skill development needs of workers who serve older Coloradans. (2016)
- 21) The state should build on the effective talent development strategies already in place to identify workforce needs and develop career pathways (including those related to aging services), led by the Colorado Workforce Development Council (CWDC). The General Assembly also should identify an entity to advocate for workforce development in industries serving older adults and for services to older workers; that entity should collaborate with the CWDC to utilize existing talent development strategies and infrastructure to ensure Colorado's future workforce meets the needs of older adults.
- 22) The State of Colorado along with its partners in the public and private sectors should assist the business community in adopting best practices that attract, retain, and protect older workers who want or need to stay in the workforce. Furthermore, the

state should work with the business community to develop programs and best practices addressing existing and future workforce shortages in sectors to serve older Coloradans as they age in their communities. (2016)

23) The State of Colorado should prioritize the development of feasible career ladders from direct care worker positions (e.g., certified nursing assistant) to the allied health professions (e.g., paramedic, occupational therapist) and more traditional healthcare professions (e.g., registered nurse, pharmacist) – linking emerging technologies, training, education, and career support services. (2018)

24) 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. (2019)

25) 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. (2019)

26) In order to support a well-trained and skilled workforce to build and maintain the capacity of a wide range of industries serving older Coloradans, the State of Colorado, along with partners from business chambers, local governments, and non-profit and private sector organizations should take the following steps:

- a) Implement paid or volunteer peer support counseling programs.
- b) Identify best-practices related to support services (e.g., family caregiving support, continuing education) for medical and non-medical direct care workers. Further, the State should facilitate and incentivize the adoption of identified best-practices in order to recruit and retain both medical and non-medical direct care workers.
- c) Implement wage increases for state-funded medical and non-medical direct care workers in order to address income inequality and economic equity for paid caregivers and service providers, in turn supporting recruitment, retainment, and continuity of care.
- d) Develop and implement financial incentives (e.g., student loan forgiveness, stipends, housing vouchers) to encourage geriatric and gerontological specializations for in-demand clinical and non-clinical graduate programs. (2020)

## WORKFORCE DEVELOPMENT UPDATE ON PROGRESS MATRIX

RECOMMENDATION GOAL	STRATEGIES
<p><b>Support older Coloradans in the workforce</b></p>	<p>Develop a talent pipeline that includes older adults and increases workforce opportunities through appropriate access to education and training</p>
	<p>Increase the value of older workers as perceived by employers by addressing ageist views in order to support recruitment, hiring, and retention</p>
<p><b>Develop a workforce to support older Coloradans.</b></p>	<p>Support career ladders/pathways related to formal training and education for direct care workers.</p>
	<p>Identify aging-related workforce shortages across Colorado and implement strategies to attract and retain direct care workers</p>

## INITIATIVES

## PROGRESS AND OUTCOMES

Phil Nash, formerly of Boomers Leading Change (BLC), appointed to Colorado Workforce Development Council (CWDC) in 2018. Relates to recommendation 9 and 21.

CWDC has submitted a joint grant proposal with BLC and Changing the Narrative to fund a paid position on aging-related workforce issues.

CWDC created an Aging Workforce Task Force to focus on older Coloradans. Relates to recommendations 9, 10, 14, and 21.

Work efforts are early on in process and are ongoing

The Planning Group has coordinated closely with Katherine Keegan, Director of the Office of the Future of Work, since September 2019. Katherine is a regular participant in the Workforce Development Subcommittee and Colorado's shifting demographics are a key component of her work efforts through the Department of Labor and Employment. Relates to recommendation 10, 14, and 18.

Office of Future Work has provided direct input on Planning Group work efforts, recommendations, and collaborates with individual subcommittee members on issues of importance (e.g., digital literacy)

Denver Economic Development and Opportunity Office, Arapahoe Douglas Works, Mesa County, and Jewish Family Services have coordinated with AARP Foundation to offer Back to Work 50+ program for eligible job seekers. Relates to recommendations 10 and 12.

Increases job seeker confidence, skills, and facilitates access to in-demand jobs. Support with resume writing, interview practices, targeted job search, and upskilling.

AARP launched a contest (closed at the end of September) for entrepreneurs to use towards starting a small business. Relates to recommendations 10 and 12.

Winner was awarded \$5,000 of seed money

Changing the Narrative's Age-Friendly Workplaces Initiative was started in 2019 and convenes with business chambers, other private sector groups, and the CWDC to highlight the value that older Coloradans bring to the workplace. In 2020, they began an effort to certify Colorado businesses as age friendly. Relates to recommendations 17 and 19.

Addressing misperceptions and gaining support from private sector about how to recruit and retain older workers.

The Planning Group has coordinated directly with researchers from the University of Iowa's School of Public Health on Colorado's Above Fifty Employment Strategies initiative. Relates to recommendations 10, 12, and 15.

Identifies best practices among Colorado employers for a multi-generational workforce. Colorado's Age-Friendly Workplaces Conference was held in Denver in February 2020 with support from the Governor's Office, Department of Labor and Employment, and the Office of Future Work. The Planning Group participated in this conference.

SB19-238 signed into law by Governor Polis in 2019. Relates to recommendations 20, 23, 25, and 26.

Department of Health Care Policy and Financing and the Department of Public Health and Environment directed to establish a process for reviewing and enforcing initial and ongoing training requirements for home care workers and rate reimbursement increases.

Colorado Healthcare Experiential Learning Pathways to Success (CO-HELPS). Relates to recommendations 20, 21, 23, 25, and 26.

Department of Higher Education, in coordination with the Colorado Community College System and private industry, received a \$12M grant from the US Department of Labor to establish and scale healthcare apprenticeships across Colorado. Apprentices receive a living wage, college credits for training, and a career pathway into a growing industry

In July 2020, Colorado Health Institute published research identifying the personal care aides, home health aides, and certified nursing assistants at the county-level. Relates to recommendations 24 and 26.

This county-level data will be included in the 2020 Action Plan and can be used for strategic efforts at further develop direct care workforces in specific counties. Additionally, this work captures best-practices for recruiting and retaining direct care workers

## RETIREMENT SECURITY

27) The General Assembly should take the following steps to increase retirement savings by Coloradans of all ages:

- a) Encourage minimum standards for employers who offer defined contribution retirement plans (such as 401K plans). These standards should emphasize the essential ingredients of vesting, automatic enrollment, automatic investment, and automatic escalation.
- b) Create a public-private partnership to design and offer a workplace retirement saving plan for employees who currently do not have access to one. This plan should be portable and should emphasize the essential ingredients of availability, automatic enrollment, automatic investment, and automatic escalation.
- c) Fully meet the state's obligations to fund the retirement plans of its own employees and to ensure that the Colorado Public Employees' Retirement Association (PERA) remains sustainable over the long term.
- d) Work with the Governor's Office to identify or create a statewide commission or entity with the authority and capacity to develop and support aggressive financial literacy programs relevant to Coloradans of all ages, locations, and circumstances.
- e) Local government entities should continue to fully meet funding obligations to county, municipal and other public employee retirement plans (e.g., the Fire and Police Pension Association) to ensure that plans remain solvent over the long-term. (2016)

28) The General Assembly should work with the appropriate regulatory agencies to ensure state laws and regulations are adequate to protect consumers, including seniors, from predatory financial practices. In particular, the General Assembly and the Governor should:

- a) Support the U.S. Department of Labor fiduciary rule to protect workers from business practices that cost American families excess fees and charges; and,
- b) Support the Colorado SeniorSafe Program developed by the Colorado Division of Securities and Division of Banking and Financial Services. (2016)



## RETIREMENT SECURITY UPDATE ON PROGRESS MATRIX

RECOMMENDATION GOAL	STRATEGIES
<b>Increase retirement savings by Coloradans of all ages</b>	<b>Create a public-private partnership to offer workplace retirement savings plans to private sector employees who lack access to an employed-based plan.</b>
	<b>Fully fund Colorado Public Employees' Retirement Association.</b>
	<b>Identify or create a state commission to develop and support aggressive financial literacy programs for all Coloradans.</b>

## INITIATIVES

## PROGRESS AND OUTCOMES

## ADDITIONAL RECOMMENDED STRATEGIES TO PURSUE

SB20-200 was signed into law by Governor Polis creating the Colorado Secure Savings Program. Relates to recommendation 27(b).

Implementation of SB20-200 is underway

Encourage minimum standards for employers who offer defined contribution retirement plans.

SB18-200 was signed into law by Governor Hickenlooper with the intent of closing PERA's funding gap over the next 30 years. Relates to recommendation 27(c).

Implementation of SB18-200 is underway

Governor's Office, Treasury Department, and Attorney General's Office formed the Financial Security Coalition to focus on financial literacy and financial fraud. Relates to recommendation 27(d).

Financial Security Coalition remains unfunded.

## HEALTH CARE AND WELLNESS

29) 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 de-stigmatization.
- 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.

- 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.
- 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. (2019)

30) 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).
- b) Social isolation, loneliness, and strategies to support social inclusion.
- c) Depression, in general, but also related to grief and bereavement.
- d) Intersection of dementia and behavioral health care diagnosis, including dementia diagnoses among those currently receiving services.
- e) Opportunities for telehealth and telemedicine to serve both rural and homebound older Coloradans.
- f) Suicide. (2019)

31) 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. (2019)

32) 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. (2019)

- 33) The State of Colorado should coordinate with residential long-term care partners in the private and nonprofit sectors to support these settings with care provision for individuals with both complex behavioral and physical health diagnoses. Further, the yet to be implemented pilot program authorized under HB19-1160 to evaluate an alternate care setting for these individuals should be considered a priority within the Department of Public Health and Environment and the Department of Health Care Policy and Financing and steps should be taken towards implementation and evaluation. (2020)
- 34) In order to improve health outcomes, reduce health care expenditures, and support the provision of long-term services and supports across the life course and in later life, the State of Colorado should take the following steps:
- a) Support the delivery and reimbursement of digitally delivered long-term services and supports and caregiver supports with additional funding and flexible policy. This includes, COVID-19-specific approaches such as the use of digital assistance, devices, and technology supports.
  - b) Coordinate with private sector and community-based organizations to identify funding to blend with state dollars for an actuarial study examining the feasibility of a public long-term care insurance benefit funded through a payroll deduction that provides a dollar-limited benefit to assist with the costs associated with the full continuum of long-term services and supports.
  - c) Collaborate with health insurance companies, health care providers/health systems, and community-based organizations to blend state, private sector, and/or grant funding to implement and evaluate a Wellness Fund demonstration in an urban and rural community.
  - d) Prioritize funding for family caregiver support programs and strategic investments in high-use populations (e.g., persons living with dementia) in order to reduce caregiver burden and delay nursing home placement.
  - e) Identify new, and support existing, non-traditional, proactive opportunities for advance care planning in order to ensure that individuals receive a level of medical care consistent with their personal wishes in case they lack decision making capacity. This effort should consider and evaluate the inclusion of the following forms: Medical Durable Power of Attorney, CPR Directive, Medical Orders for Scope of Treatment, and Five Wishes. Additional steps should be taken to improve the accessibility of these documents and increase utilization of the Advance Directive Database authorized by SB19-073.
  - f) Coordinate with health insurance and medical providers to address barriers to reimbursement and identify opportunities that support and incentivize early referrals to palliative care interdisciplinary teams. (2020)



## HEALTH CARE AND WELLNESS UPDATE ON PROGRESS MATRIX

RECOMMENDATION GOAL	STRATEGIES
<p><b>Improve health outcomes and lower health care costs across the life course.</b></p>	<p>Develop and implement age-friendly public health efforts.</p>
	<p>Expand and build upon Accountable Health Communities work efforts (AHC).</p>
<p><b>Improve behavioral health planning and access for older Coloradans.</b></p>	<p>Encourage the Behavior Health Task Force (BHTF) and other state-level groups to focus on aging and older adult issues.</p>
<p><b>Improve accountability of health care spending and support community-based providers.</b></p>	<p>Support rate reimbursements and wage increases for direct care workers.</p>
	<p>Support additional State Funding for Senior Services and identify funding opportunities beyond General Fund.</p>
	<p>Support service/referral models that incentivize providing services and help community-based organizations meet referral demand.</p>

## INITIATIVES

## PROGRESS AND OUTCOMES

## ADDITIONAL RECOMMENDED STRATEGIES TO PURSUE

Governor's Aging Advisor coordinated with Department of Public Health and Environment and Trust for America's Health to move forward with age-friendly public health initiative. Relates to recommendation 29(e).

Current status of effort is unclear.

Develop a unified information and referral database accessible to providers and consumers; include geriatricians in state and community-level efforts to address chronic disease prevention and management; identify opportunities for early, or mild cognitive impairment screening; implement and pilot emerging evidence based programs.

AHC work in Denver and on the Western Slope has evolved to pursue efforts related to strategic funding for community-based organizations through Wellness Funds. Relates to recommendations 27(g) and 34(c).

Wellness Fund efforts are early on in process and the work efforts remain in place by AHC managers at the Denver Regional Council of Governments and Rocky Mountain Health Plans.

Planning Group representatives presented to the BHTF on their recommendation and desire to see the group focus on older adults. Relates to recommendation 30.

Older adults are included as a marginalized population in the final report released in September of 2020.

Explore the intersection of dementia and behavioral health needs.

Behavioral Health Unit within the State Emergency Operations (EOC) identified older adults as significantly at-risk amid COVID-19. Relates to recommendation 30.

State EOC Applied for Crisis Counseling Program grant through FEMA in coordination local providers, many of which include Senior Care Specialists.

SB19-238 signed into law by Governor Polis in 2019. Relates to recommendation 31(a).

Department of Health Care Policy and Financing and the Department of Public Health and Environment directed to establish a process for reviewing and enforcing initial and ongoing training requirements for home care workers and rate reimbursement increases.

Additional rate and wage increases for medical and non-medical service providers; develop an accessible database that tracks referrals and received, or not received, services; identify new funding sources for Area Agencies on Aging.

Denver Regional Council of Governments has begun convening stakeholders, legislators, and legislative staff to explore funding increases for Area Agencies on Aging through the State Funding for Senior Services line item. Relates to recommendation 32(a)

Effort is ongoing and progress is likely tied to forthcoming revenue forecasts.

Denver Regional Council of Governments led discussions with the Governor's Office over concerns about increased referrals to community-based providers and lacking funding to provide services and/or increase service capacity. Relates to recommendations 31(c) and 32(b).

Effort is ongoing.

## ELDER ABUSE AND MISTREATMENT

35) To ensure older adults are free from abuse, neglect, and exploitation, Colorado should take the following steps:

- a) Ensure quality, effective Adult Protective Services (APS) are available and provided to all vulnerable adults in Colorado.
- b) Implement key recommendations from the Office of Public Guardianship Advisory Committee (PGAC), including establishing a State Office of Guardianship.
- c) Support programs to raise awareness and train law enforcement personnel, district attorneys, service providers, caregivers, and other key audiences in how to identify and prevent elder abuse. (2016)



## ELDER ABUSE UPDATE ON PROGRESS MATRIX

RECOMMENDATION GOAL	STRATEGIES
<p>Protect older Coloradans will from mistreatment, abuse, neglect, and exploitation.</p>	<p>Ensure Adult Protective Services (APS) are available and provided to at-risk older adults.</p>
	<p>Implement recommendations from the Office of Public Guardianship Advisory Committee.</p>
	<p>Raise awareness and train law enforcement, district attorneys, service providers, and caregivers in how to identify and prevent elder abuse.</p> <p>Prevent financial fraud and financial exploitation.</p>

## INITIATIVES

## PROGRESS AND OUTCOMES

## ADDITIONAL RECOMMENDED STRATEGIES TO PURSUE

Efforts are underway within the Department of Human Services to increase the prevention of mistreatment and take a more proactive approach. Relates to recommendation 35(a).

Efforts are early on in the process and still in the planning stages.

Establish a State Office for Guardianship; provide Long-Term Care liaisons to address redetermination of Medicaid

HB17-1087, authorizing Office of Public Guardianship pilot program, was passed in 2017. Relates to recommendation 35(b).

Pilot program was unfunded and directed to secure gifts, grants, and donations. The Commission responsible for oversight was unable to secure enough fund to implement.

HB19-1045, revised the statutory requirements in HB17-1087 and made an appropriation to being implementation of the Office of Public Guardianship pilot program. Relates to recommendation 35(b).

Appropriation was sufficient to implement pilot program in the 2nd Judicial District (i.e., Denver County). Addition funding for further implementation in the 7th and 16th Judicial District's is not currently available.

Colorado Attorney General's Office has increased efforts to train law enforcement about how to handle elder abuse and exploitation. Relates to recommendation 35(c).

The Governor's Office, Attorney General's Office, and the Treasury Department have collaborated on these issues under AG Coffman and Governor Hickenlooper as well as AG Weiser and Governor Polis.

Governor's Office, Treasury Department, and Attorney General's Office formed the Financial Security Coalition. Relates to recommendations 35(a,c)

Financial Security Coalition remains unfunded and current efforts unclear.

## FAMILY CAREGIVING

- 36) To provide support to the growing number of Colorado workers who are also caregivers for aging loved ones, the General Assembly and Governor should take these concrete steps:
- a) Establish family leave policies that set standards for compensating employees who are caring for aging family members. This might include a Temporary Caregiver Insurance Program through employee payroll deductions, such as those in California, New Jersey, and Rhode Island.
  - b) Create and promote a partnership among state and local governments, employer groups and educational institutions to identify and promote best practices for educating and supporting employees who are also caregivers.
  - c) Fully fund the recommendations made by the Respite Care Task Force in their January 2016 report. (2016)



## FAMILY CAREGIVING UPDATE ON PROGRESS MATRIX

RECOMMENDATION GOAL	STRATEGIES
<p>Support family caregivers with expanded access to services and resources that reduce stress, support wellness, and allow for them to provide care for aging Coloradans.</p>	<p>Develop statewide family caregiver support policies.</p>



## INITIATIVES

## PROGRESS AND OUTCOMES

## ADDITIONAL RECOMMENDED STRATEGIES TO PURSUE

Legislative family medical leave insurance efforts have been underway since 2017. Relates to recommendation 36(a).

Legislative efforts continue to come up short at the General Assembly. On the 2020 ballot, Prop 118 will give Colorado voters the opportunity to approve a family medical leave insurance program.

Create a partnership among state and local governments, employer groups, and educational institutions to identify and promote best practices for education and support employees who are caregivers; fully fund Respite Care Taskforce recommendations; expand funding for family caregiver support programs.

The Governor's Office has made efforts to extend 8 weeks of paid family leave to state employees. Relates to recommendations 36(a).

Executive-level efforts have been voted down by the Joint Budget Committee due to General Fund impact and the desire to work on a statewide benefit available to private sector employees.

The State Unit on Aging coordinated with Easterseals and University of Denver to pilot the TCARE program in Colorado. Relates to recommendation 29(d) and 34(d)

The program was found too difficult to use and did not end up with enough data to analyze impacts.



## MOBILITY, TRANSPORTATION, AND BUILT DESIGN

- 37) Support efforts to create a Universal Design Certification program to encourage the inclusion of universal design elements in new and remodeled housing for seniors, such as the one within the Colorado State University Institute for the Built Environment. This should include adequate resources for piloting this Universal Design Certification process with the Partnership for Age Friendly Communities in Larimer County and to share and promote the lessons of that pilot program with communities throughout Colorado. (2016)
- 38) Support the Colorado Department of Transportation's (CDOT) State Coordinating Council in coordinating among the wide range of programs that help serve the transportation needs of Colorado's aging population. The Council should be charged with making specific regulatory, legislative and funding recommendations to improve the reach, effectiveness and efficiency of existing programs. (2016)
- 39) Utilize the CDOT State Coordinating Council and regional councils to help seniors access tools and training to remain safe on the road, such as AARP Driver Safety Courses, the Manual on Uniform Traffic Control Devices, the Car Fit Program, the Colorado Guide for Aging Drivers and Their Families, and the 2015 Strategic Highway Safety Program. (2016)
- 40) The State of Colorado, in collaboration with partners delivering transportation services to older adults, should ensure that existing state and federal dollars for transportation for the older population are maximized and used most effectively and efficiently. (2018)
- 41) The State of Colorado, along with its aging-related transportation partners and work groups, local governments and the private sector should pursue and publicly document innovative partnerships to expand funding streams and ridership opportunities for older adults (leveraging existing funding streams and mechanisms). (2018)
- 42) The State of Colorado, along with its aging-related transportation partners and work groups, as well as aging-related stakeholders should ensure that any new transportation legislation will provide additional funding to enhance transportation funding for older adults to a level equal to growing needs with an emphasis toward focusing on mobility as a service. (2018)
- 43) The State of Colorado, along with its aging-related transportation partners and work groups, as well as aging-related stakeholders should research the challenges and opportunities for autonomous and connected driving vehicles for Colorado's aging population. Assess whether there are "requirements" to meet the needs of the aging population for ADA compliance. Such research would yield guidelines and parameters to improve the experience, ensure safety, and promote adoption for older Coloradans. (2018)
- 44) 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. (2019)

45) In order to support mobility for older Coloradans, local governments, regional transit/paratransit providers, ride sharing organizations, and their private and public sectors 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 ridesharing 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. (2019)

46) 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 stage 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. (2019)

47) In order to support current transportation provider capacity, increase trip frequency, and expand services areas across rural regions, the State of Colorado, along with local/regional planning agencies, local elected officials, and aging-related transportation providers should take the following steps:

- a) Analyze potential impacts of directing Community Services Block Grant and/or Social Services Block Grant funding to support the adoption or expansion of services across rural regions of the state.
- b) Identify opportunities to incentivize collaborative partnerships between Colorado's five Metropolitan Planning Organization's with surrounding rural counties to support regionally interconnected transportation systems.
- c) Evaluate regional feasibility and, if appropriate, identify funding opportunities for the implementation of consumer-directed and/or consumer-choice transportation voucher programs.
- d) Identify opportunities for counties and municipalities to coordinate with transportation network companies (e.g., Lyft) to fill existing gaps in service provision.
- e) Coordinate with county and municipal leaders to depoliticize transportation services and encourage the adoption or expansion of services across rural regions of the state.

f) Identify sustainable opportunities to establish Regional Coordinating Councils and corresponding Local Coordinating Councils to support local transportation coordination. Additionally, explore various funding opportunities (e.g., FTA 5310 grants, vehicle registration fees) for mobility managers to coordinate and sustain long-term regional and local efforts. (2020)

48) In order to identify and evaluate barriers, strengths, and fiscal issues for rural transit providers as a result of COVID-19, the General Assembly's House and Senate Transportation Committee's should coordinate with the Colorado Association of Transit Agencies (CASTA) and, in particular, rural transportation providers to provide annual updates, beginning with the 2021 legislative session. (2020)

49) In order to evaluate the implementation of the statewide non-emergency medical transportation (NEMT) brokerage expansion and its impacts on local transportation providers and riders, the Governor's Office and General Assembly, led by the House and Senate Transportation Committees, should coordinate with the Legislative Audit Committee and the Office of the State Auditor to conduct a performance review of the NEMT benefit available through Health First Colorado. (2020)



## TRANSPORTATION AND MOBILITY UPDATE ON PROGRESS MATRIX

RECOMMENDATION GOAL	STRATEGIES
<b>Support mobility and access to transportation for older Coloradans.</b>	Encourage intentional state-level programming and planning.
	Ensure efficient and effective spending of state and federal dollars for improved coordination and access to services.

## INITIATIVES

## PROGRESS AND OUTCOMES

## ADDITIONAL RECOMMENDED STRATEGIES TO PURSUE

Ensure demographic change integrated into Department of Transportation (CDOT) strategic planning. Relates to recommendation 44.

Forthcoming 2045 Statewide Transportation Plan and Regional Transportation Plan's contain clear reference to shifting demographics at the state and county levels. CDOT continues to conduct the Older Adults and Adults with Disabilities Survey to inform statewide and local planning.

Expand safe driving programs; identify, document, and distribute innovative funding and service opportunities; identify opportunities for the integration and adoption of autonomous vehicle technologies.

Transportation Improvement Program partnership with CDOT and Denver Regional Council of Governments (DRCOG). Relates to recommendations 40 and 41.

CDOT and DRCOG collaboration around Transportation Improvement Program dollars supports local transit providers with matching funds for Federal Transit Administration (FTA) grants.

CDOT continues to effectively administer FTA 5310 grants. Relates to recommendations 40, 41, and 44.

Supports local transit agencies with administrative support and provides funding dedicated to improving mobility for older adults and persons with disabilities

Colorado Mobility Action Coalition (CMAC) is a partnership of staff from CDOT, local providers, and the Colorado Association of Transit Agencies. Relates to recommendations 40, 41, and 45.

CMAC provides an effective support network for Coloradans who work in transportation coordination and mobility management. CMAC is partnering with federal leaders to identify mobility management cost sharing examples across the US.

Expand and increase supports for local transportation coordination through mobility management. Relates to recommendations 40, 41, 45, and 47(f).

Mobility management and rural mobility management efforts allow for local governments, transit providers, and other community-based organizations (e.g., Area Agency on Aging) to coordinate and collaborate on service provision.

Consumer-directed and consumer-choice voucher programs. Relates to recommendations 40, 41, and 47(c).

Successful voucher programs around the state have led to additional support by Department of Human Services for implementation by regional Area Agencies on Aging.



## HOUSING

- 50) The State of Colorado, in partnership with the private sector and local governments, should ensure a supply of affordable, accessible, and manageable housing to meet the needs of older Coloradans. (2016)
  
- 51) To improve the understanding of options that exist for senior living, the State of Colorado, along with the private and non-profit sectors, should create/and or enhance access to information on living options for older adults. (2016)
  
- 52) The State of Colorado, along with other senior housing experts, should further assess and analyze existing affordable, accessible, safe, and manageable housing stock for older adults. (2016)



## HOUSING UPDATE ON PROGRESS MATRIX

RECOMMENDATION GOAL	STRATEGIES
<b>Ensure older Coloradans will have access to safe, affordable, and accessible housing</b>	Expand funding for in-home modifications.
	Support zoning that allows for Accessory Dwelling Units.
	Support funding for accessible housing stock.

## INITIATIVES

## PROGRESS AND OUTCOMES

## ADDITIONAL RECOMMENDED STRATEGIES TO PURSUE

HB18-1267 signed into law by Governor Hickenlooper. Relates to recommendation 50 and 52.

Creates a state income state credit up to \$5,000 for in-home modifications for eligible individuals.

Housing options and availability for older Coloradans should be made available at a regional/county-level; tiered rates for assisted living; convert empty building spaces into intergenerational living spaces; support Universal Design implementation for new residential building.

An increasing number of cities/towns in Colorado allows for ADUs such as: Montrose, Colorado Springs, Golden, Boulder, Denver, and Trinidad. Relates to recommendation 50 and 51.

Allows for the building of Accessory Dwelling Units within the defined area and after the application has been approved.

City of La Junta voted to create a special health district to fund the construction of a new skilled nursing residence in 2016 through a one percent sales tax increase. Relates to recommendation 50.

An architect has been chosen and efforts continue to move forward towards construction.

HB19-1245 signed into law by Governor Polis. Relates to recommendation 50.

While not specific to older adults, the bill directs sales taxes attributable to vendor fee changes to the housing development grant fund.



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# Faucet Innovation

Innovaciones en grifos

KOHLER  
DON'T SCRUB.  
SWEEP.

THE HISTORY OF  
KOHLER  
Barossa  
Touchless

THE HISTORY OF  
KOHLER  
Misto  
Launch

Exceptional  
cleaning power

HUSKY  
50  
HUSKY  
50  
HUSKY  
50



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