

General Comments:

- After careful consideration, I can support only two as they are currently written. These are the first two suggestions – the one from Ben concerning pensions at the local level and the one from Christian concerning data collection on workforce issues. I think we actually discussed both of these at the last meeting.
- Three concerns:
 - We established some clear criteria for recommendations, and it's not evident which of these actually meet those criteria.
 - Most of these are too vague as written - it is not clear who is expected to do what to achieve the goal.
 - There is too much of a laundry list feel to some of this and I think the proponents need to consolidate them or set some priorities for which are most important.
- The recommendations are good but it gets back to how much information we provide at this stage of the game. There is so much here, all incredibly important and I think the legislature should see it, but how to present so that it is not overwhelming is the trick.

Proposed Potential Recommendations:

Ben Moultrie

Family Economic Security

1. 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.

This recommendation acknowledges public pension obligations at the local level and the fact that those obligations are currently being met (at least for the FPPA). It also emphasizes the importance of continuing to meet those obligations.

FES committee did research about how local governments fund employee retirement savings plans – at least seven counties provide defined benefit plans for employees, and only one does so through PERA.

Christian Itin

Workforce Development

2. Develop or task a single entity within state government — which could be an existing group or could be the entity recommended within SAPGA's recommendations — with oversight and coordination of "Workforce Development in Aging." This entity would be responsible for ensuring that data is collected & analyzed that allows the state to understand and monitor the workforce needs related to older adults. The entity will encourage the dissemination and utilization of the data to inform the ongoing efforts to ensure:
 - There is a skilled, educated, and trained workforce sufficient to build the capacity of industries serving older adults (including but not limited to: healthcare, social services, long term care, transportation, housing, caregiving, etc.).
This is important to Alzheimer's Association!
 - Older adults can stay engaged in the labor force as long as they want or need.

- There is coordination and information sharing within the state between governmental, non-profit, educational, volunteer, and for-profit organizations related to information, services, and policy aimed at workforce development in aging.
- Identification of dollars available from philanthropic and governmental programs and grants to enhance workforce development related to aging.

The Health and Wellness Committee advanced some ideas around better data collection and data sharing between various state departments that work on health issues (HCPF, CDHS and CDPHE). One idea was to ask that the existing Colorado Cross-Agency Collaborative (CCAC) produce a periodic report on Older Coloradans, similar to its 2016 report.

Another idea was to have a multi-agency “data dashboard” on health and wellness indicators, versus a report, as it would be interactive and potentially timelier.

The goal with both would be to use existing resources (and potentially new ones) to more comprehensively track health and wellness outcomes for older adults, to identify indicators where we need to improve, and to promote ways to implement evidence-based programs that could make a difference in improving them.

Jean Nofles

Supportive Communities

3. Consider incorporating a tiny home livable community in community/municipal expansion plans.
 - a. I do think we need to expand the recommendations about housing beyond Universal Design. There are so many different options for senior housing and it would be nice to see communities develop all of them not just tiny houses. I do have a pamphlet that we put together when I was working in Jeffco; I was able to get a batch of them and will bring them to the meeting at the end of the month. It can also be found on the Aging Well Jeffco website. It gives definitions of many senior housing options. A recommendation to develop more of these would be terrific, we know baby boomers want choices.
 - b. There has been no discussion by the group about what housing is most appropriate for our senior population. We should have that discussion before recommending any particular housing type as a solution.

Background: Detroit is building a tiny home community primarily for the homeless but includes the elderly as well. See article below from the 9/6/2016 issue of the Detroit Free Press.

The first of 25 new tiny homes made its public debut Thursday in a neighborhood on Detroit’s west side, part of a project that aims to transform two blocks into a community for people previously shut out of homeownership.

Cass Community Social Services is spearheading the \$1.5-million project to build the small homes over the next couple of years. The Rev. Faith Fowler, the group’s executive director, said the houses will be between 250 and 400 square feet and will be reserved for low-income owners.

Aurora and Westminster are planning building/revitalizing their downtown areas and could consider including a tiny home livable community while both cities are still in the planning stages. These homes are considered to be affordable, compact and will provide a degree of independence.

Health and Wellness

Are we asking a government agency to fund the following or just encourage them? If government, what level and agency?

4. Work in collaboration with the Y and other organizations to grant access to existing wellness programs.
5. Decouple physical fitness from the gym by instituting neighborhood/community walks (AARP started a neighborhood walking program)
6. Begin urban hikes to historic places within walking distance of neighborhoods.

Jim Riesberg

Housing

7. The Highland Report made many recommendations. Several were discussed in our deliberations that have not been highlighted in the early drafts. Details are in the Highland Report that I chose not to retype here.
State Strategies (Page 26-27); Numbers 1, 2, 5, 10
Local Government Strategies (page 28); Numbers 2, 5, 8
Before including these recommendations, the group should discuss them.

County Government and Municipal Government

8. Promote Farmers markets to help residents eat more nutritious meals and improve health
9. Include older adults in all decision making that affects their quality of life
10. Sign-on to the "Stepping-Up" initiative of the National Association to develop new relationships with behavior health providers
11. Provide "Mental Health First Aid" training for all front-line employees and first responders
 - a. **Who does "front-line employees" represent? If we are adding a recommendation to include MHFA training for first responders, we would like it to suggest dementia training for these professionals as well.**
12. Provide specialized training to all Workforce employees to help older clients manage workforce transitions
 - a. **Who does "Workforce employees" represent? I'm not sure what this is asking for – what is meant by "workforce transitions"?**
13. Adopt land-use policies to promote a range of affordable housing options: Accessory dwelling units, micro-units, congregate/group homes, and home sharing
 - a. **we should add mobile homes, a very affordable option for seniors**
 - b. **The group should talk about what housing options are most appropriate for seniors before suggesting a specific type(s).**
14. Establish and expand programs for home modification through property tax credits, grants, and/or favorable loans
15. Integrate health care and supportive services programs with housing
 - a. **I'm not sure what this is specifically referring to**
16. Identify and promote Fall Prevention Programs

17. Expand opportunities for telecommunication, especially Tele-Health
 - a. What other technology besides telehealth?
 - b. Through expanding affordable access to broadband, per CHI Caregiving report recommendations?
18. Schedule periodic meetings to include representative from: Economic Development, Health and Human Services, Housing, Planning and Zoning, Mobility, Workforce, Aging Well, and Parks and Recreation to share ideas and needs in community planning
 - a. The group listed covers most departments in a city/county government – so instead of asking them to meet regularly, can we ask that they take aging issues and the needs of elderly residents of their communities into consideration across all of their activities?
19. Compile a list of all agencies and programs serving seniors in your area Area Agency on Aging or Council on Aging and encourage the creation of a Coordinating Council so they can work together on common goals.
20. Develop a one-call or one-click Information and Referral Service for your region Area Agency on Aging or Council on Aging
 - a. Who would do this? Are we asking municipalities/counties, the State, or some (who?) regional entity?
21. Optimize the ability of seniors to participate in civic life by providing safe, well maintained walking paths, well lit streets, and an abundance of affordable housing close to retail stores, needed services, social activities, healthy food markets, public parks, and recreational facilities.
22. Utilize the skills, knowledge and talent of seniors at all levels of public service

Transportation

23. Help seniors access tool and training to stay safe on the road
 - o AARP Driver Safety Courses
 - o CarFit Program
 - o Colorado “Guide for Aging Drivers and Their Families” Program
24. Utilize CDOT State Coordinating Councils
 - a. To do what for seniors?
25. Utilize Colorado’s “2015 Strategic Highway Safety Plan”
 - a. To do what for seniors?
26. Provide education on transportation options
 - a. This describes (at a higher level) #s 27 & 28
27. Investigate, identify and promote ride-sharing options
28. Expand walking and biking opportunities and support efforts to implement Colorado’s Bicycle and Pedestrian Plan
29. Partner with Regional and Local Coordinating Councils
 - a. To do what and who partners with them?
30. Endorse existing efforts to integrate and coordinate transportation and funding sources
 - a. To do what for seniors?

Caregiving

31. Adopt Minnesota Caregiving Awareness Campaign
 - a. Should we just say adopt a campaign (and not name a specific one)? Or adopt a campaign and specify why the MN campaign is best?
32. Implement Caregiver assessment program
 - a. I’m not sure what this is – can we have more information before approving it as a recommendation?

- 33. Legislate family leave and sick leave policies and paid family leave insurance policies
- 34. Build support for a strong referral program between families and health care systems
- 35. Support the Respite Care Taskforce recommendations
 - a. HB 16-1398 implemented the Respite Care Task Force Recommendations so there is no need for this recommendation
- 36. Promote and expand technology support for caregivers
 - a. I think we need something about technology for all senior services, not just caretaking. Many of the issues we are dealing with today can be taken care of through better use of technology from smart houses to transportation to health care, etc. How can the state, county, etc. help in this manner?
 - b. Can we give some examples? Legislators and others might not know what this is referring to.
- 37. Work with Colorado businesses to understand the cost of informal caregiving to employers
- 38. Develop a resource guide for gerotechnology innovators
 - a. What type of information would be in the guide?

Supportive Communities

- 39. Study and utilize the World Health Organization (WHO) model for an age-friendly community and the AARP Network of Age-Friendly Communities
 - a. To what end – we should state why these are important and/or how they would help seniors in Colorado.
- 40. Support and maintain the AARP ElderWatch program
 - a. Can we talk about doing what the program does in general without specifying a specific one?
- 41. Support data collection at both state and local levels and create a specialized technical assistance system
 - a. To assist with what?

Health and Wellness

- 42. Engage seniors in personal wellness through Better Balance, Tai Chi, fall-prevention and Stepping On programs
 - a. Can we say something more general like increase efforts to provide preventive and wellness services to seniors? This seems pretty specific and falls prevention is mentioned in another bullet point.

Under the State Czar section

- 43. Compile, evaluate, and analyze the information regularly provided by the Area Agencies on Aging
 - a. State Unit on Aging at CDHS is already doing this (charged with oversight of AAAs) so there is no need for this duplicated effort
 - b. What specific information and to what end? What would be information be used for?
- 44. Identify and consult with all State-wide organizations providing research and services for the senior population.
 - a. To what end for seniors? To do what and for whom?
- 45. Utilize national organizations and research groups for information on best practices, statistics, grants, and pilot programs, such as:
 - o Stanford Social Innovation Review

- The Asset-Based Community Development Institute
- GAO Report to Congressional Regulators, May, 2015
- Frameworks Institute
- AARP Public Policy Institute
- Bipartisan Center, Senior Health and Housing Task Force
- Techstars Mobility
- Ford Smart Mobility, LLC
- AARP Caregiving in America, 2015
- National Alliance for Caregiving, 2015
- The Blue Zones Project
- n4a and NCOA “You Gave-Now Save: Guide to Benefits for Seniors”
- others you may know about

To what end for seniors? It seems like all of our recommendations should include best practices and good information. I’m not sure this is needed.

46. We should make some reference to the complete listing of current projects in Colorado government that the TAC Committee developed. Few people in state government and various state departments have any idea of the scope and breadth of the work that is already being done and there is probably little coordination.
 - a. Transportation Advisory Committee? If any of their recommendations are things the group can agree to, we should discuss them, then include them – not just refer to all their recommendations when most of them probably don’t specifically apply to seniors.

Sharron Williams

Health and Wellness

47. All Coloradans will have a access to lower cost prescription medications, prescriptions assistance programs, and referrals to pharmaceutical companies that offer “free” or medications assistance from their MD. A comprehensive data base shall be update and provided to Physicians, Case Managers, NP, and PAs.
 - a. The Colorado Commission on Affordable Health Care have a draft November 2016 report available online which includes three potential recommendations around pricing and transparency of pharmaceutical drugs (page 22).

Rich Mauro

Mobility

48. Include in any statewide or local transportation funding proposals, funding for transportation services for older adults to be allocated using existing aging and mobility networks.

Built Environment

49. Promote age friendly/accessible/affordable housing in connection with transit oriented developments.
50. Preserve mobile home communities as viable options for affordable housing.
51. Enable “stacked vouchers” – provide gap funding to make up the difference between the value of a housing voucher and the rent charged for a qualifying unit.
52. Local governments should include provisions in their ordinances and planning regulations specifically directed at senior housing needs. This could include allowing multiple unrelated people to live in the same residence under certain circumstances.

Supportive Community

53. Implement a “No Wrong Door” information and assistance/case management system utilizing the existing ADRC (Aging & Disability Resources for Colorado) system.
54. Create a dedicated funding source for community-based services that grows with unmet need.
55. Expand and adequately fund HCPF’s CCT (Community Choice transitions) nursing home diversion program.
56. Create and fund a hospital transitions program to improve patient success when they return home and reduce hospital readmissions.

County Government and Municipal Government

57. Colorado’s counties and municipalities, in collaboration with the Colorado Department of Local Affairs, should develop and implement comprehensive individual 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. Best practices/models to follow could include DRCOG’s Boomer Bond process and the various Aging Well initiatives implemented by a number of counties.

Natalie Wood

Supportive Community

58. Policy suggestion from CHI Supportive Community research: “A comprehensive database of community-based services, as proposed in the states No Wrong Door plan” saying it would be an “invaluable tool for communities.” The pilot sites for the NWD implementation grant are supposed to be selected by the end of 2016; perhaps SAPGA could try to flush out this recommendation more once the pilots are underway? Another idea for SAPGA, per CHI research, is to support the ongoing work of NWD through supporting funding.
59. Policy suggestion from CHI Supportive Community research: “An ongoing, consistent data resource that measures older adults needs and experiences.” SAPGA could recommend consistent and standard data collection at the state and local levels – or, finding a way to capitalize on what is already being done.