



# Strategic Action Planning Group on Aging

Meeting Minutes – April 13, 2020

**Participants:** Christian Itin (Chair), John Emerson (Vice Chair), Tony Tapia, John Zabawa, Ed Leary, Andrea Kuwik, Claire Cruse, Dave Norman, Kara Harvey, Hayley Gleason, Sarah Elliot, Gabriel Kaplan, Sophie Shulman, Karen Brown, Aisha Young, Kelly Osthoff, Steve Child, Karin Stewart, Jean Nofles, Claire Cruse, and Jane Barnes

**Not in Attendance:** Jim Collins and Jayla Sanchez-Warren

**Public Participants:** Brodie Ayers, Rachael Minore, Rachel Cohen, Ellen Taxman, Janice Blanchard, Sharon Adams, Bob Murphy, Jodi Waterhouse, Pat Cook, Janine Vanderburg, Kari Degerness, Leigh Hull, Leslie Kalechman, Bob Brocker, Erica Reinhardt, Jodie McCann, Cynthia Mills, and Sharon Courtney

## Action Items:

- Executive Committee to establish next steps regarding a public statement regarding the Colorado Crisis Standards of Care

## Meeting Notes

*Welcome, Roll Call, and Approval of Minutes*

- Meeting called to order by Christian Itin at 12:08 pm
- March minutes and April agenda approved

## *Budget Update*

There was no formal budget update in April. See link to [Budget Overview](#) shared with members.

## *Environmental Scan of Planning Group Members Related to COVID-19*

Members were asked to provide updates from their respective organizations related to COVID-19.

Sophie Shulman and Brodie Ayers offered an update from the Colorado Department of Transportation (CDOT). The Department is tracking transit agencies across the state, coordinating efforts, and providing support where appropriate. Transit services around Colorado have been significantly reduced and the primary purposes right now are food and medication delivery. Critical care needs are a significant gap left by reduced public transportation and, for the most part, this responsibility is falling on family members or friends. See link to [CDOT Transit Map](#) shared during their update.

Kara Harvey from the Colorado Department of Human Services (CDHS) provided an update on their current work efforts. Kara and the State Unit on Aging have been holding bi-weekly phone calls with Area Agency on Aging directors to share local efforts and updates. They are primarily focused on maintaining current service levels and are concerned about some service providers' sustainability. Currently, CDHS is exploring rollover authority for funding tied to the current fiscal year - fiscal year 19-20 ends June 30.

Hayley Gleason offered an update from the Colorado Department of Health Care Policy and Financing (HCPF). The Department has been implementing numerous rule changes and reforms – many of these



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changes have revolved around where and how services can be provided. HCPF, similar to CDHS and the Area Agencies on Aging, is working to support providers to ensure their sustainability in the short-term and long-term. See [link](#) to 2020 memos from the Department.

Gabriel Kaplan from the Colorado Department of Public Health and Environment provided an update on their work efforts. Currently, they have essential staff operating out of their Lone Tree center and are working on establishing alternate care facilities in case hospital capacity is reached. Comparatively, Colorado seems to be better off than many other states in terms of securing personal protective equipment and testing kits. CDPHE was working on a survey to evaluate the needs of individuals with chronic conditions but ran into issues using the online platform. CDPHE is also going to be seeking a Core Capacity grant opportunity through the Center for Disease Control to update the state Alzheimer's Plan.

Sarah Elliott reported that Vivage Senior Living currently has ten residences with individuals who have test positive for COVID-19. Vivage operates more than 30 assisted living and skilled nursing residences in the state. They are working on infection control protocol with CDPHE. There has clearly been a significant impact on caregiving staff and residents. Hospice care has become increasingly difficult and for those nearing end-of-life, family have been allowed to visit. Assisted living residences have had a tougher time adapting as they are less used to strict state regulations. Food and grocery donations for staff has been a helpful support service.

Kelly Osthoff from the Alzheimer's Association shared some information related to family caregiver supports. They have focused on online tools for caregivers and other virtual education opportunities. Helpline calls are significantly down but use of online resources are up. Kelly shared the following links: [Community Resource Finder](#) and [Alzheimer's Association Training and Education Center](#).

Rich Mauro offered an update from the metro-Area Agency on Aging operated through the Denver Regional Council of Governments. Service providers for community-based organizations are stretched thin and overwhelmed. Difficulty maintaining operations and keeping providers afloat is a top priority. Overall, the network for Area Agencies on Aging across Colorado have done an exceptional job of adapting and retooling services with increased flexibility of funding.

Dave Norman shared an update on what he is seeing in Mesa County and hearing about on the Western Slope. He highlighted the working begin done by county Adult Protective Services and long-term care ombudsman in the area. Caseloads for service providers may be smaller in the region but there is still plenty of stress on the overall provider system.

Steve Child provided an update from his perspective as Pitkin County Commissioner. He noted that there were not enough tests to provide a clear picture of spread in the region. County commissioners in the Roaring Fork Valley have been working together to coordinate regional problem solving. There are significant concerns about the economic impact of lost tourism in the valley.

John Emerson provided insight related to technology and various rule changes. Rule changes related to telehealth and telemedicine have been widespread with new billing and coding options available to providers. One of the difficult parts is that providers have to know what their tele-options are and how to reimburse. There is also a significant amount of money being set aside for innovative pilot programs – Prime Health was listed as an example. He also noted that there are many groups and committees



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forming to problem solve given the current events and it is critical that the older adult perspective is integrated into these processes. John also mentioned a pilot project taking place in La Plata county related to loss of health insurance.

Karen Brown and Janine Vanderburg gave an update on their work related to older Coloradans, the workforce, and ageism. They noted the resurgence and reframing of generational conflict given COVID-19. With unemployment skyrocketing, the workforce argument for older adults will need to be retooled. They raised concerns over the critical standards of care put forth in Colorado and their lack of protections based on age.

Ed Leary provided some comments related to workforce development. He highlighted that many of the folks volunteering and support community-based efforts are older adults themselves. He also suggested that the current events may provide a pathway for the development of a more intergenerational workforce.

### *Opportunities to Advance Older Adult Issues Amid COVID-19 – Small Groups*

Planning Group members and public participants separated off into small groups to talk about focus areas. Notes and takeaways from breakout are as follows:

Group One: Lack of long-term perspective amid rapid, crisis response – the Planning Group can provide this long-term planning; important to rethink long-term care and residential settings; opportunity to make the case for age-friendly public health; highlights the need for paid leave and secure savings/retirement security; opportunity for intergenerational/multigenerational solutions in the workforce and impacting hiring practices; cannot return to “business as usual”

Group Two: CU-Anschutz senior clinics triage patients using multi-specialty clinicians and tele-options – this could be a model to retain moving forward; social isolation and loneliness stigmas may be reduced which may lead to more dialogue and action – opportunity to advance intergenerational solutions; advance transportation needs for medical but also basic needs; opportunity to highlight the needs of professional and family caregivers

Group Three: Telehealth and other forms of digital support; rethinking long-term services and supports networks – critical to incorporate dementia care; communication methods may shift to be more effective and reduce geographic barrier; move towards remote work and increasing telehealth from providers; creative policies and new directions that support LTSS workforce should remain in place; remote working should be available for family caregivers, may reduce placement in a residential facility

Group Four: Telehealth is the biggest opportunity – has reduced stress on transportation networks – empower people to use these technologies and focus on their necessity – beyond CMS, other payers should expand telehealth coverage; change to promote older adult health and age-friendly public health; continue to focus on the needs and capacity of the geriatric workforce – continue to push SB20-022; concerns over what will happen with state budget and impacts on providers – should JBC set new target for cash reserves given current events; must prepare for the second wave; all state agencies and departments should track rule changes share publicly



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Group Five: Address ageism in critical care guidelines – important to have ethical governance boards; need to be addressing health disparities and promoting health equity; advance policies that support older adult emergency preparedness; opportunities related to block grants from federal government; focus on the future of public health and also on how to integrate public health components into other arenas; support flexible department/agency spending as budgets shrink – must support necessary community-based organizations and provider networks amid budget concerns/cuts; address ageist views related to frailty and age – critical care guidelines are long-term, not short-term item; state needs to set-up mass testing, disease tracking and containment; ask older adults how they want the new normal to look – what do they want to happen

Group Six: Ageism is rulemaking and the crisis of care standards; assess and put forth new direction for long-term care settings – workforce issues and overcrowding – current events will reinforce trend towards community-based care and in-home care – we need new, innovative care settings for new generations of older adults; reversal of service provision – instead of older adults going to receive meals or medical services, the services are coming to them – what does this mean for the workforce; opportunity to promote the value and usefulness of older adults in the paid and volunteer workforce; telehealth and digital support of socialization – loneliness is a significant concern – inadequate broadband access around the state – digital support for both caregivers and care recipients; make a recommendation around safe-guard food and other necessary supplies

### *State Structure and Governance – Small Groups*

Planning Group members and public participants separated off into small groups to discuss the handout provided – see [link](#) to document. Notes and takeaways from breakout are as follows:

Group One: Any agency, office, or department should be structured to have the appropriate amount of authority to implement changes and coordinate across state departments; it is important that the positions associated with this “office” are both autonomous and interconnected – we do not want to silo aging issues; there was significant concern over the feasibility of moving something like this forward given funding concerns.

Group Two: Recommends a cabinet-level position that works across agencies and departments; other directors from state departments should alongside the “office of aging” director ensure coordinated efforts and impact on planning; current state departments and agencies would continue operating their current programs but would work with the office of aging as collective committee with joint efforts versus a siloed approach; the position should work closely with private sector, academia, and community-based organizations; the office should be comprised of an Executive Director, Assistant Director (maybe more policy focused), and an administrative assistant; the Planning Group and Colorado Commission on Aging would report to this office and the Executive Director.

Group Three: Preferred structure should ensure continuity between administrations and be formally integrated into state structure versus being at the “whim” of a new Governor; should have the power/influence in decision making and also directly coordinate and provide input on various planning processes and decision-making across departments and agencies; would be helpful to look across structures in other states and countries; engage with private sector; use lessons from the Colorado Commission on Aging – they make recommendations to the Department of Human Services which have



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to move up the ladder at the Department – this is not viewed as an effective way to impact changes by commission members; it was suggested that a middle path between the two models proposed may be the most feasible approach.

Group Four: Most members felt that an office is more feasible than department focus given current funding issues; it was noted by one other member that a full department is needed and nothing short of that.

Group Five: Perceived differences between department versus agency: a department would address some challenges but it also presents its own – there is concern about a silo-effect of having an aging department; Massachusetts had a department but ended up moving back to a model similar to Colorado due to the silo-effect and not having influence in other state departments; an office model lifts up the individuals in each department so that the older adult perspective is integrated into each department's efforts; creating a new department would be a massive undertaking; the office model could focus on creating Older Adult Policy Advisor's within departments – similar to Hayley Gleason at the Department of Health Care Policy and Financing – this would allow each department to have a specific resource with knowledge of aging issues, this position could then have specialized experience and knowledge relevant to the department; removing funding from existing departments to create a new aging-specific department will likely have negative impacts; the office-model needs to be institutionalized into existing state structure and not Governor by Governor – likely means that this office needs to be created in statute; overall proposal: create an office in statute and report to Governor, not Lt. Governor, and consolidate the Planning Group and Colorado Commission on Aging.

**Meeting adjourned at 3:07 pm**