



Strategic Action Planning Group on Aging

Meeting Minutes – May 11, 2020

Participants: Christian Itin (Chair), John Emerson (Vice Chair), John Zabawa, Ed Leary, Aisha Young, Jim Collins, Kara Harvey, Karin Stewart, Tony Tapia, Jean Nofles, Hayley Gleason, Gabriel Kaplan, Kelly Osthoff, Claire Cruse, Jayla Sanchez-Warren, Sophie Shulman, Jane Barnes, Karen Brown, and Jarett Hughes

Not in Attendance: Steve Child, Sarah Elliot, Andrea Kuwik, and Dave Norman

Public Participants: Gail Meehan, Alva Uhl, Sharon Adams, Janice Blanchard, Erica Reinhardt, Pat Kelly, Kristine Rogers, Ben Moultrie, Teresa Falagraday, Rachael Minore, Bob Murphy, Laura Newman, Kari Degerness, Moira Moon, Laura Kinder, Jodi Waterhouse, Leslie Kalechman, Bob Brocker, Rich Mauro, and Wendy Spencer

Action Items:

- Executive Committee to explore elder rights issues brought about by discussion regarding ombudsman and Adult Protective Services
- Jarett Hughes to follow-up with subcommittee chairs about planning next steps

Meeting Notes

Welcome, Roll Call, and Approval of Minutes and Agenda

- Meeting called to order by Christian Itin at 12:07 pm
- April minutes and May agenda approved

Budget Update

Jarett Hughes provided a brief update on progress related to the state budget. On May 4, the Joint Budget Committee (JBC) began convening to sort through staff recommendations of reduction scenarios. Over the course of that week, the JBC agreed to reductions shy of \$1B. It is expected they will have to make additional cuts to the amount of \$2B to \$3B. To date, no reduction scenarios or JBC documents have mentioned the cash fund associated with the Planning Group. So, for now funding seems safe but everything is still on the table. The legislature was expected to convene May 18 for the introduction of the Long Bill, however, this has been pushed back until May 26.

State Structure and Governance: Breakout Groups

Before splitting off into groups, Christian Itin helped provide a bit of context to the discussion.

The Office of Suicide Prevention within the Colorado Department of Public Health and Environment was also discussed briefly prior to breaking off into groups. It was brought up as



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an example of an office created within statute that exists within a state department and receives an annual appropriation. It was noted that the appropriation is believed to be around \$2M with two or three full-time staff.

Group One: Office model would be best, with a department we run the risk of isolating aging issues; we must ensure accountability across the state departments

Group Two: Create an office in statute that can coordinate across departments; important to have a robust view of aging

Group Three: Important not to silo aging efforts and it must have the authority to impact policy making; important to include the “voice of older adults” and be advocacy focused; should begin to discuss possible merger of Planning Group and Colorado Commission on Aging which may be an opportunity to pool resources

Group Four: Budget concerns and feasibility amid current events; possibly fund an office model through gifts, grants, and donations that is not located within a specific department but is cabinet-level; must have the ability to impact decision making

Group Five: Office model seems best but how do we message this to the legislature? What would short and long-term goals look like? Maybe focus on caregiving issues – be careful not to take on too much

Group Six: Office model under the Governor or Lt. Governor but also explore a quasi-governmental 501c3 model with shared responsibility for funding; we need to look at other state models

Recommendation Area Related to Key Domains: Breakout Groups

Residential and Community-Based Long-Term Services and Supports:

In community-based care: flexibility with funding a must but it is unclear how this would look in statute or as a recommendation; AAA's were able to quickly shift their provider model – folks provided in-home supports shifting to doing reassurance calls, those who were doing transportation began delivering food or medications; important to harness new technologies and advancements around telemedicine; expect that AAA's will be encouraged to expand technology services and acumen; support respite services; need to see flexibility around in-person assessments

In skilled-nursing residences: some have been refusing admits from hospital settings; shortage of PPE for staff and stress have resulting in staffing shortages; infection control and “step



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down” units are important; need “aging response teams” to help fill caregiving gaps; significant concerns over ombudsman and APS not being considered “essential” workers, if child welfare is still operating why is adult protective services not; group suggested drafting a letter to the Governor’s Office about role of ombudsman and APS.

Age-Friendly Health Care and Public Health: Telehealth regulations have shifted under Medicare and Medicaid – maybe they should remain permanent, it is important to acknowledge disparities that are created by a telehealth-only system – broadband, technology (e.g., devices) are a problem for many, which is why there has been a push for audio-only visits to be covered by Medicare; Social determinants of health continue to be important amid COVID-19 and nutrition being a central piece; workforce shortages are a concern, geriatric workforce bill is likely dead for the year; shifting needs as doctor’s appointments are on hold but critical appointments are still necessary.

Workforce Development and Retirement Security: Important to address training/retraining for older adults; opportunities for artificial intelligence and augmented reality; how has planning for the Office of Future Work been impacted; workforce development center staff specific to older adults; maybe a higher education related recommendation related to WF development; how will we encourage future workers to go in the health caregiving field?

Public Comment

Leslie Kalechman thanked the Planning Group and public participants for their efforts and expressed appreciation for being able to participate.

Rich Mauro pointed out that current events around COVID-19 are reinforcing the importance addressing social determinants of health and highlighting clear gaps in the system. Rich suggested the Planning Group put together a “laundry list” of rule/regulation changes that we would like to keep in place post-COVID. He suggested maybe putting a “white paper” prior to the full Action Plan Update in November 2020.

Ben Moultrie encouraged the Planning Group to remain cognizant of rapidly evolving innovations and technologies. Importantly, he noted that we must not allow for aging and longevity to be left behind with these advances.

Alva Uhl pointed out that the primary goal of state-sponsored programs and services is provide basic needs and survival – such as shelter and food. However, if we are to be successful in our efforts Alva insisted that we must create a context where older adults can thrive and be valued in later life.



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John Emerson followed up insisting that he must be clear to identify older Coloradans as resource.

Update on Working Groups

Jarett Hughes provided a brief update on progress related to subcommittee/working groups. Jarett has begun draft recommendations based on meetings and will begin the process of moving those through working groups beginning in June. It was suggested that some recommendations may be ready to bring to the full Planning Group as early as July.

Meeting Adjourned at 3:00 pm