



# Strategic Action Planning Group on Aging

Meeting Minutes – July 8, 2019

**Participants:** Christian Itin (Chair), Maureen McDonald (Vice-Chair), Karen Brown, Karin Stewart, Jim Riesberg, Hayley Gleason, Jim Collins, Tony Tapia, John Emerson, Coral Cosway, Chris Lee, Gabriel Kaplan, Sarah Elliott, Dave Norman, Steve Child, and Jean Nofles

**Not in Attendance:** Mindy Gates, Jayla Sanchez Warren, Kathleen Hall, Josh Laipply, and John Zabawa

**Public Participants:** Rich Mauro (DRCOG), Bob Murphy (AARP), Laura Miller (State Unit on Aging), Greg Smith (State Unit on Aging), Doug Krug (Institute for Unlearning), Anne Gross (DRCOG AAA Advisory Council), Sue Ballou (Partnership for Age-Friendly Communities), Ed Leary (Osher Lifelong Learning), AJ Diamontopoulos (DRCOG), Andrea Kuwik (Bell Policy Center), Abby Mercier (HCPF), Rena Soller (Colorado School of Public Health), Janice Blanchard (Governor's Office), and Lindsay Parsons (Boulder County AAA)

## Action Items:

- Jarett Hughes to follow-up with Jane Carmody, John A. Hartford Foundation, and Anne DiBiasi, Trust for America's Health, to better understand the necessary steps for state departments to pursue age-friendly public health systems and what this looks like at the local level
- Executive Committee and Jarett Hughes to follow-up with Lifelong Colorado Steering Committee about working relationship between SAPGA and Lifelong Colorado revisiting SAPGA recommendations into actionable steps

## Meeting Notes

### *Welcome, Roll Call, and Approval of Minutes*

- Meeting called to order at 12:10 p.m.
- June minutes approved with a motion by Tony Tapia and a second from Karin Stewart
- July agenda approved

### *Public Comment*

Jane Carmody, John A. Hartford Foundation (JHF), and Anne DiBiasi, Trust for America's Health (TFAH), participated by phone and offered comments related to their work efforts. TFAH, with funding support from the JHF, is working to promote age-friendly public health systems at the state level. By working with state public health departments, the goal is to target efforts towards improving the health and well-being of older adults.

So far, Florida is the only state to formally take this step, however, Michigan has recently submitted a proposal to the Michigan Health Endowment Fund to develop an age-friendly public system. This focus on the health and well-being of older adults is an emergent direction within public health in both academia and government. The Strategic Action Planning Group on Aging is exploring options related to the Colorado Department of Public Health and Environment pursuing this age-friendly public health approach.

### *Update on Lifelong Colorado*

Bob Murphy, AARP Colorado State Director, offered an update on the Lifelong Colorado initiative. Lifelong Colorado represents an effort to promote the planning and adoption of age-friendly strategies at the city and



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county levels. Former Governor Hickenlooper's administration, with support from AARP and the Department of Local Affairs (DOLA), launched the Lifelong Colorado initiative and sought roughly \$500,000 for implementation of the project. This money was included in Governor Polis' budget as well as DOLA's. However, during the 2019 legislation the funding request was withdrawn in the face of a lower than expected March 2019 revenue forecast.

AARP and the Governor's Office, through the Senior Policy Advisor on Aging, Janice Blanchard, have been working with local funders and non-profits to garner funding support for local planning and the implementation of those plans. The steering committee responsible for planning these efforts involves AARP, the Governor's Office, DOLA, various state departments, SAPGA, and representatives from regional Area Agencies on Aging. AARP will also be getting an AmeriCorps volunteer to assist with work efforts.

### *Partnership for Age-Friendly Communities in Larimer County – Jim Becker, Executive Director*

Jim joined SAPGA as a part of a panel to talk about age-friendly efforts and work at the local levels. The Partnership for Age-Friendly Communities in Larimer County seeks to plan, design, and implement sustainable strategies to enhance quality of life for older adults in Larimer County. Larimer County joined the AARP network of Age-Friendly Communities in 2016. They utilize Self-Directed Volunteer Teams which consist mostly of older adults who share a responsibility for addressing a challenge or opportunity in their community. The top four priority areas are mobility/access, the culture of aging, housing, and health/wellness. [Full Presentation](#)

### *Accountable Health Communities – AJ Diamontopoulos, Project Manager, Denver Regional Council of Governments*

AJ is the Project Manager for DRCOG's Accountable Health Communities (AHC) pilot project. In May of 2017, the Center's for Medicaid and Medicare Innovation Center (CMMI) awarded DRCOG with a \$4.51 million grant over five years. The project is designed to identify and address the health-related social needs of Medicaid and Medicare beneficiaries to improve quality of care and reduce health care costs. DRCOG serves as the bridge organization to further improve health care quality and reduce costs by engaging partner to identify and address community-level gaps.

The primary goal is to integrate and align the screening and referral of Medicare and Medicaid beneficiaries from clinical care to community care. The secondary goal is to reduce total health costs and improve outcomes for community-dwelling beneficiaries by addressing unmet health-related social needs through April 30, 2022. Critical health-related social needs that have risen to the top include housing stability and quality, food security, utility needs, interpersonal safety (i.e. elder abuse, child abuse, and domestic violence), and transportation/mobility. [Full Presentation](#)

### *Age-Friendly Public Health – Gabriel Kaplan, Chief Health Promotion and Chronic Disease Prevention Branch, Colorado Department of Public Health and Environment*

Gabriel led a discussion related to the emerging age-friendly public health systems approach. The public health model focuses heavily on biology, environment, and individual decision making as it relates to the "triple aim" – population health, cost per capita, and experience of care. Research suggests that lifestyle decisions, biology, and environment account for 90% of health outcomes. While chronic disease – much of which is considered



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avoidable through healthy behaviors – accounts for 75% of health care costs, only about 3% of health care spending does towards public health promotion.

A key component of public health logic is that more care providers does not equate to healthier populations. Health involves, according to Frieden's Health Impact Pyramid, socioeconomic factors, behavior modifications, protective interventions, clinical interventions, and counseling and education. Gabriel suggested that public health, as a discipline, is moving into its third "version". Initially, public health focused on infection control, clinical preventative measures, and immunizations. Then, the direction moved towards policy and environment change (e.g. seatbelt laws, tobacco tax), and systems building (e.g. diabetes prevention program). Now, public health is moving to focusing on social determinants such as food, housing, and transportation along with partnerships among those who specialize in these social determinants (e.g. human service and transportation providers, education, housing/built design).

Components of an age-friendly public health system include: 1) promoting health, preventing injury, and managing chronic conditions; 2) optimizing physical, cognitive, and mental health; and, 3) facilitating social engagement. [Full Presentation](#)

### *State Unit on Aging 4-Year Plan*

The Colorado Department of Human Service's State Unit on Aging is required by federal law under the Older Americans Act. The purpose of this plan is to provide tangible outcomes; translate activities, data, and outcomes into best practices; provide a blue print for coordination and advocacy activities; and build capacity for the future of Older Americans Act programs.

Each of the sixteen regional Area Agencies on Aging perform public input meetings along with the State Unit on Aging. Here are the issues they heard about: transportation, health care access, workforce shortages, nutrition/food security, service gaps in rural areas, in-home services, caregiver support, in-home modifications, and mental/behavioral health. Specific goals and objectives are outlined in the full report and presentation. [Full Presentation](#)

**Meeting Adjourned at 3:00 pm**