

Focus Area	Outcomes	Objectives (continuous improvement)	Objective Commentary	Performance Measures	Targets	Strategic Initiatives
<p>Physical Community</p> <p>➤ Mobility</p>	<p>Mobility</p> <p>1. People can go where they want to go, when they want to get there.</p> <p>2. Support networks exist for transit users so older adults have confidence in using all transit options.</p> <p>3. Infrastructure is adequate and reliable for older adults to remain independent.</p>	<p>Mobility</p> <p>1a. Break down existing barriers to ensure funding sources that support transportation systems.</p> <p>1b. Increase awareness of the special mobility needs of an aging population.</p> <p>1c. Ensure older adults are aware of services, including transit options and different resources, available to them.</p> <p>2a. Develop volunteer systems and training programs for seniors.</p> <p>2b. Improve communications on services and options available to seniors.</p> <p>3a. Communities are walkable and have easy access to public transit.</p> <p>3b. Implement driver's license monitoring programs.</p> <p>3c. Encourage private industry to provide technology for older adults.</p> <p>3d. Provide adequate support in public transportation spaces (lighting, benches, signage, snow removal, etc.).</p>	<p>1b. Increasing awareness to the general public, and towards decision makers more specifically</p>			<p>3c. -mandate driver assist technology in automobiles</p>

<p>➤ Housing</p>	<p>Housing</p> <p>1. Building codes evolve to meet the needs of an aging population; universal design becomes the standard.</p> <p>2. Community design supports senior health, wellness, and mobility.</p> <p>3. The supply of accessible, affordable housing meets the current and future needs of an aging population.</p>	<p>Housing</p> <p>1a. Develop a guide for universal design codes. 1b. Make universal design marketable and create incentives for developers and contractors to use universal design standards.</p> <p>2a. Increase comprehensive development processes at the local level that focus on access to services, mobility, safety and walkability. 2b. Increase inclusion of open spaces in community design. 2c. Ensure air quality, noise pollution, traffic congestion and safety standards are met in communities. 2d. Ensure a variety of inter-generational community models and options are available, including aging in place.</p> <p>3a. Provide options and infrastructure to encourage and help seniors transition into more appropriate housing for their situations. 3b. Increase the affordable housing stock in Colorado. 3c. Ensure local governments have funding for affordable housing. 3d. Encourage a variety of innovative housing opportunities (i.e. co-housing, ADUs, village concept, Naturally Occurring Retirement Communities, etc.)</p>				<p>1b. -Step-free entrances to buildings -Create incentives for affordable housing to use universal design standards -Identify and encourage champions (KB Homes, Richmond Homes, etc.) to incorporate universal design in their homes</p> <p>2a. -snow removal networks -common training standards 2b. -incorporate walking stations along paths</p> <p>3b.-pass legislation to set standards for affordable rentals in Colorado 3c.-encourage local zoning codes that allow for different housing arrangements</p>
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Health and Wellness	<p>Across Colorado older adults achieve better health and wellness through access to, better understanding of, and increased utilization/ engagement related to:</p> <ol style="list-style-type: none"> 1. Quality, affordable, coordinated, patient-centered care.* 2. Resources to support informed decision-making regarding complex treatment, care, and planning options across the care continuum. 3. Ability to participate in health, wellness, and prevention programs. 4. Adoption and maintain attitudes and behaviors known to promote health and well-being. 5. Across the lifespan with changing needs, health services and community programs prevent or 	<p>1a. 100% of older adults have access to a health care provider.</p> <p>1b. Increase the use of case management and professional care coordination</p> <p>1c. Increase incentives and performance measures to encourage better transitions of care.</p> <p>1d. Increase the understanding of older adults and their caregivers about the options available when selecting health care services.</p> <p>2a. Increase the delivery of medical care that is delivered in a way that aligns with patient preferences and values (i.e., the right care, at the right time, for the right person).</p>		<p>1a. Percent of older adults that have one (or more) person(s) they think of as their personal healthcare provider.</p> <p>--Percent of older adults reported eight or more days of limited activity in the past month due to poor physical or mental health. (decrease)</p> <p>--Percent of older adults reported that their mental health was not good for eight or more days in the past month/ Best depression measure for older adults</p> <p>1c. Decrease in 30-day readmission rates</p> <p>2a. Increase in appropriate use of community-based home services, especially after hospitalization (i.e.</p>	<p>Research - creating the baseline, metrics, density revised by age (scope needs to be defined, by county and migration)</p>	<p>An annual report created on the health of aging</p> <p>More Physicians, hospitals and Home Health Agencies are encouraged to utilize Wellness Coaches or Transitional Care Coaches for their senior/ elderly clients.</p> <p>Promote nutrition education programs.</p> <p>Promote advance care planning to ensure that the care and treatment an older adult receives is consistent with their wishes and goals of care.</p> <p>Increase statewide funding for clinical training in palliative care and gerontological social work from X to Y by 2030 statewide, especially in rural and underserved areas.</p> <p>Strengthen the long term care Ombudsman program's</p>

	<p>minimize the impact of acute and chronic disease on one's ability to function.</p> <p><i>*Health Care includes but is not limited to physical (primary and specialty), behavioral, oral, vision, and other services as identified to achieve and maintain health and wellness</i></p>	<p>2b. Identify and increase the understanding of the tools that are available to assist older adults and their caregivers</p> <p>2c. Increase the number of evidence-based programs that support health care decision-making or advance care planning?</p> <p>3a. Increase the number of affordable, evidence-based health, wellness, and prevention programs across Colorado from X number and locations in 2015 to Y by 2030.</p>		<p>home visits, home health, palliative care, hospice)</p> <p>2c. Percentage of older adults that participate in advanced care planning --Percentage of older adults with a surrogate medical decision maker (especially relevant because Colorado is an "any interested party" state)</p> <p>3a. Increase in the percentages of older adults who participate in evidence based health and wellness programs --Rates of fall related hospital / ER visits (decrease) ---Percentage of older adults attempting suicide --Percent of older adults connected to community (related to isolation)</p>		<p>capacity to provide information to older consumers and public to ensure quality of life and quality of care for nursing home, assisted living, and residential hospice care facility residents.</p> <p>Resources and information via clinician, patient representative/ advocate, family members, caregivers and other trusted sources</p> <p>Home Health Agencies and outpatient rehab centers will offer wellness and preventive programs to seniors and the elderly in Colorado.</p> <p>Preventive, health and wellness activities and services are encouraged and integrated into health insurance plans (e.g. Silver Sneakers—social support & exercise program)</p> <p>Prevention Program: incorporating in-home Internet-based technology as well as location-specific activities</p>
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		<p>3b. Increase the awareness of the benefit of prevention programs to the overall health of individuals and their potential financial effect.</p> <p>3c. Increase the participation in prevention and wellness</p> <p>3d. Increase in physical, emotional, and social well-being.</p>		<p>3b. Percent of health care providers referring older adults to community wellness programs --Increases in funding for health and wellness (because a ROI is shown)</p> <p>3c. Percentage of older adults with immunizations --Percentage of older adults who are current smokers (decrease) --Percent of people who have access to nutritious meals</p>		<p>Using wellness visits as a referral source to community programs</p> <p>Develop a ROI for health and wellness investments/ address barriers</p>
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<p>Supportive Community</p> <ul style="list-style-type: none"> ➤ Long Term Care ➤ Services 	<p>1. Availability of and access to resources supports aging in place.</p>	<p>1a. Evaluate the feasibility of the State becoming the primary access point for older adult services statewide</p> <p>1b. Develop a statewide comprehensive outreach program for older adults to lead them to services in order to age in place</p>	<p>3a. Notes:</p> <ul style="list-style-type: none"> · Greg will send data about how this population is increasing · Home Connections program in Grand Junction, Pikes Peak has a voucher program and A Little Help (Village-to-Village Program) in Denver help with this population) <p>--Separate programs to target: 40-55 range, Boomers turning --60-65 today, People currently 80</p> <p>--Services and resources as you need them</p> <p>--Look to Family Economic Security Community for connection</p>			<p>1a. Build on the lessons learned from <i>No Wrong Door</i> pilot and take it Statewide</p> <ul style="list-style-type: none"> --Standardize a statewide database repository that has regional resources to access information --Include services for veterans <p>1b. Need to audit of the resources already available or being developed and build on them</p> <ul style="list-style-type: none"> -- Create a Senior “Blue book” --Conduct public forums to discuss information, services and technologies for older adults --Create an Ambassadors program (would be statewide and include rural communities) --Utilize PSAs and Pamphlets --Measurements could be taken on annual provider surveys (utilize current required surveys to ask specific questions) regarding

	<p>2. Caregivers have access to resources that reduce their time and cost burden.</p> <p>3.Older adults have access to needed services within their community.</p>	<p>2a.The State should create a multi-agency leadership team to coordinate the efforts recommended in the reports of CLAG, CO Aging Framework, CDPHE Healthy Aging Plan, and the CO Alz. Disease Plan.</p> <p>3a. Link “care gap” population programs (limited fixed incomes but are not eligible) with each other and identify additional resources needed</p> <p>3b. Establish a online resources including a database that can be shared with different agencies (CIVHC?) so clients do not have to retell the story</p>	<p>(Support the 2 FTE recommended by SB 109) State and Counties to work together. Can track the trainings</p>			<p>awareness of outreach strategies</p> <p>2a. The State should coordinate activities, target resources, share database information. --Manpower training and state cost-sharing with local areas and startup funds here are elements of a network to help address these outcomes: AAA,SEP,ADRC,CIL, CCBs.</p> <p>3a. Establish a model (toolkit) for those communities that do not have these programs (Colorado Health Foundation may be interested in this)</p> <p>3b. Need to make sure we have a navigator/ambassador (e.g. Village to Village) to ensure</p>
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	<p>4. Community services for older adults are available throughout their life cycle.</p> <p>5. Older adults are free from abuse and neglect.</p>	<p>3c. Develop an ombudsman program to help with any problems (community-wide that could help with all agencies, homecare, and facilities)</p> <p>4a. Develop an education and planning program for people as they age throughout their</p> <p>4b. Develop innovative models to provide more services in rural and underserved communities</p> <p>5a. Increase in funding for Adult Protective Services to ensure quality, effective work in the community</p> <p>5b. Establish a State Office for Guardianship</p> <p>5c. Expand training for Law enforcement to work with</p>				<p>4a. · Starting at 18, we need a lifetime of education and planning</p> <p>4b. Develop specific transportation plans --Develop homecare models (connect with Workforce Committee) training family members so they can provide for them, etc.—provide oversight.</p> <p>5a. Provide funding for County Caseload ratio of 25 to 1 (best practices) --Expand training opportunities that APS already provide</p> <p>5b. Develop a process recruiting and training guardians</p>
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		<p>human service agencies on abuse and neglect</p> <p>5d. Raise awareness of elder abuse and what people can do to prevent it, or report it when they suspect it.</p> <p>5e. Provide funding for expanding role of the Long Term Care Guardianship Program (including assisted living)</p> <p>5f. Conduct a needs assessment for older adults on what community supports are needed (particularly in rural communities)</p> <p>5g. Develop a program to address redetermination of Medicaid by providing <i>Long-term Care Liaisons</i></p>				
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<p>Family Economic Security</p>	<p>1. Conditions exist that allow workers of all ages to save to be economically secure* as they age. <i>*Economically Secure: A situation of having a stable source of financial income and/or savings that allows for the ongoing maintenance of one's standard of living currently and in the future.</i></p>	<p>1a. Provide practical opportunities for workers to save for retirement <i>and opportunities for employers to participate</i></p> <p>1b. Ensure protection from financial abuses and exploitation (predatory practices?)</p>	<p>Individuals and families have adequate savings and resources to be economically secure throughout their life, including reasonable cushion for unexpected events.</p> <p>Employers include self-employed</p> <p>Savings for retirement includes provisions for "old age frailty."</p> <p><i>Look for connections with Supportive Community and Public Finance Committees on Medicare/Medicaid transition, social security and other supportive programs and how higher maintenance costs affect families</i></p>	<p>1a. X percent of employers are offering access to retirement savings plans --X percent of employees are participating in retirement savings at work --X percent of individuals are on track to accumulate 10x annual income by the time they reach normal retirement age --X percent of employers are contributing to retirement savings for employees</p> <p>1b. Each county in Colorado has some type of elder abuse protection/prevention program --Incidents of financial elder abuse are collected at the state level and decline by X percent over time</p>	<p>Comments from 3/22: Are the performance metrics easily measureable?</p>	
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	<p>2. People understand the importance of planning and are motivated to plan to be economically secure as they age.</p>	<p>2a. Coloradans are provided skills in personal financial management by the time they enter the workforce 2b. Coloradans are provided opportunities to continue improving skills in financial management throughout their lifetime 2c. Coloradans increase their savings for provisions as they age</p>		<p>2a. Percentage of youth organizations that include financial education as part of their programming --X percent of K-16 schools include basic financial management in improvement plans and accountability 2b. Percent of employers providing opportunities for employees to improve personal financial management and planning skills --Percent of public institutions (e.g., libraries, community centers) offering free or low-cost training on personal finances --Percent of faith-based organizations and private organizations offering free or low-cost training on personal finances</p>		
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	<p>3. Without endangering earning potential or family resources, families are able to provide adequate care to loved ones based on patient and family choice.</p>	<p>3a. Resources needed to support individuals and couples have been evaluated and action is taken to save and insure for contingencies so there is no financial burden placed upon relatives to extend independent living and provide for elevated care of choice, when needed.</p> <p>3b. Estimates are made for future health and care costs considering family history, personal health history and status, and anticipated retirement lifestyle.</p>		<p>--Financial management skills training is available in every <i>county</i> (or an increase of X)</p>		
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Outreach & Communication	<p>Older adults and caregivers are aware of the services available to them.</p> <p>Community leaders prepare for the changing demographics.</p> <p>Community leaders recognize the impact of the increasing percentage of older adults.</p> <p>Community leaders advocate for older adults.</p> <p>Community leaders recognize aging is a universal issue.</p>	<p>Change the perception of aging</p>				

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Public Finance FEDERAL	1. Social Security, Medicare, Medicaid and other aging related federal programs remain viable as long run cornerstones to family economic security.	1a. Ensure full knowledge by all state leaders of the importance of this issue. 1b. Colorado’s leaders make it a priority to support efforts that ensure the sustainability of these federal programs. 1c. Improve the general public’s understanding of the importance of these programs and options for making them sustainable.	1. Are we missing more direct or aggressive opportunities? Show how these three programs contribute to the state’s economy. I heard once that \$1 of Medicaid money multiplies in the economy by a factor of six	1a. % of state leaders briefed on the Strategic Action Plan on Aging 1b. # State of state/ federal addresses speak to the needs of older adults in Colorado as a priority 1c. % Public support for Social security, Medicare and Medicaid 1d. # public positive (prioritize) mentions of issues related to older adults	Positive statement of support of programs increases by X% for the general public (prioritize these programs in terms of sustainability and viability)	1a. Baseline assessment to understand where we are 1b. Take a stand campaign as an example to focus state leaders/public on the issues of social security and its viability 1c. Efforts to show value and role (programs to support older adults) so turn the negative frame to a positive one. 1d. Create/ participate in a scorecard to evaluate leaders efforts to prioritize the sustainability of the federal programs. (Need to identify target audiences for efforts)
FEDERAL/STATE	2. Colorado leverages all appropriate aging related federal programs, demonstration projects,	2a. Create awareness of and maximize participation in all appropriate potential federal leveraging opportunities		2a. # coordinated agency applications that align with the Planning Group on Aging’s Strategic Plan		2b. Create a department of elder affairs to coordinate agency efforts around older adults and implement the

<p>STATE</p>	<p>etc to enhance Colorado communities.</p> <p>3. Medicaid financing in Colorado is structured and resourced to fully meet the needs of an aging population without undermining the state's or Medicaid's other obligations.</p>	<p>(public and private), including demonstration projects.</p> <p>3a. State leaders recognize the importance of Medicaid to the state's increasing aging population and how it fits within the state's limited budget.</p> <p>3b. Colorado maximizes federal matching funds for Medicaid.</p> <p>3c. Increase state support for Medicaid to ensure that needs are met for older adults.</p>	<p>Benefit in the participation of federal programs Think about a way to engage</p> <p>3. Is another group looking at alternatives to long-term care, insurance? 3c. Intent is to look at optimal placement between long-term care in facilities and in the community/ one's own home to promote cost effectiveness. --Make sure collaboration/ ensure plans incorporate other statewide demonstration plans being created - need to be mentioned</p>	<p>3a. % of state leaders briefed on Medicaid 3b. # State of state/ federal addresses speak to the needs of older adults and Medicaid in Colorado as a priority 3c. % Public support for Medicaid 3d. # public positive (prioritize) mentions of issues related to older adults and Medicaid 3e. What opportunities for program matches has the state foregone due to... 3f. % increase in state funding for Medicaid specific to aging issues.</p>	<p>3a. Medicaid is not decreased in succeeding state budgets. --Medicaid is fully funded in succeeding state budgets.</p>	<p>strategic plan to ensure ongoing and sustainable efforts</p> <p>3a. Concerted annual strategy to keep legislators educated on Medicaid (in conjunction with HCPF) 3b. Form a Legislative Caucus related to aging in Colorado Broader public education?</p> <p>3c. A comprehensive analysis of options for maximizing federal match for Medicaid. 3d. Specific strategy to increase funding in Long Bill for Medicaid (need to fill in detail) in line with increasing needs (to be defined).</p>
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<p>STATE</p>	<p>4. State programs that support the health and wellbeing of the aging population are structured and resourced to meet those needs without undermining other obligations.</p>	<p>4a. Increase the knowledge of state leaders of state programs that support aging and understand growth and future needs. 4b. Develop different state financial planning scenarios on programs for aging across state agencies and departments to ensure programs are prioritized and adequately funded.</p>	<p>Need identify which state agencies are involved in senior issues. Comprehensive list. Recognize implications of state budget on implementing SAPGA recommendations/ impacts of income structure to implement Don't we already have this kind of performance measure in the office of the demographer and other agencies that track taxes and revenue?</p>	<p>4a. Similar measures to #1 and #3 re: legislative leaders' support. 4b. How do we plan for the long term/ get to coordination across agencies (how and when do we bring broader issues) Some measure of coordination among departments and programs (JBC process?)</p>		<p>4a. A comprehensive analysis of current state structures/ expenditures that support aging to look for improvements that help prioritize given limited resources. Fact sheet -- created and updated annually (or even more often) Coordinated longer term budget forecasting by affected departments and programs.</p>
<p>STATE</p>	<p>5. The state has adapted its revenue and tax system to the realities of its new age distribution.</p>	<p>5a. Educate state decisionmakers (state leaders and voters) on the impact that the aging demographic will have on revenue for the state</p>		<p>5a. Is the state funding at the level that is needed? Can we maintain current service levels? Can we meet expanded need?</p>		<p>5a. Education effort, data generation, and development of options to address</p>

<p>LOCAL</p>	<p>6. Local governments have adapted to how the aging of Colorado will impact revenues and expenditures in the future.</p>	<p>5b. Adapt tax and revenue systems to ensure sufficient revenues</p> <p>6a. Understand the impact the aging demographic will have on revenue and expenditures for local communities.</p> <p>6b. Local governments develop and implement public finance plans addressing the aging demographics.</p>		<p>-- State has evaluated how aging in Colorado will impact revenues and expenditures</p> <p>5b. The State has updated budgeting process to address the impact of aging on revenues and costs.</p> <p>6a X percent of Local governments have evaluated how aging in Colorado will impact both their revenues and expenditures</p> <p>6b. X percent of local governments have updated their budgeting process to address the impact of aging on revenues and costs.</p>	<p>6a. Local governments have an aging plan that works seamlessly with the state plan on aging (that we are developing). --X percent of local governments have evaluated the revenue and cost impact of aging to their community. (using annual survey from Dola)</p> <p>6b. X percent of local governments</p>	<p>5b. Evaluating different revenue taxing structures and options to ensure sufficient revenue</p> <p>6. Age composition and economic impact of aging tools will be included in Dola's Fiscal Health Initiative Program</p>
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<p>STATE/LOCAL</p>	<p>7. State and local governments adopt collaborative and diverse revenue models, including non-public funds, to enhance services and supports for people living in their communities.</p>	<p>7a. Obtain adequate and sustainable revenues and creative financing mechanisms to supplement traditional public funding. 7b. Ensure optimum performance of existing programs (cost effective use of local, state and federal funds; includes improved coordination, best practices and prevention).</p>		<p># of creative financing structures Amount of non-public money invested in these activities Greater coordination between and among funding sources</p> <p>7a. State and local governments establish funding mechanisms for programs and services that grow to meet identified need (as contrasted with just fighting for annual appropriations). This includes pursuing “nontraditional” funding/financing options beyond traditional general fund appropriations. 7b. State and local governments review existing programs and services to assess</p>	<p>have updated their budgeting process based on impacts from aging on revenues and expenditures. (Using annual survey from DOLA)</p>	
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				options for reorganization, consolidation and opportunities to leverage outside funding sources.		
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Focus Area	Outcomes	Objectives	Measures	Targets	Tactics	Comments
Workforce Development	1. Older adults are able to stay engaged in the labor force as long as they want.	<p>1a. Older adults have access to the education and training necessary to actively participate in the workforce and help strengthen their financial security until they retire.</p> <p>1b. Workplaces are prepared and open to harnessing the skills and abilities of older workers and volunteers.</p> <p>1c. Older adults are able to establish their own independently owned businesses.</p>	<ul style="list-style-type: none"> • Reduction in the number of Adults 50+ reporting ageist biases in the workplace and/ or the interview process (where does this get reported?) • Increase in the number of Adults 50+ receiving education/training to prepare them to pursue an encore career (where does this get reported?) • Improvement in workplace perceptions re: engaging Adults 50+ as employees and/or volunteers (how measured) • Increase in the number of small businesses (or entrepreneurs?) owned by adults over the age of 50 (does this information exist to measure?) 	<ul style="list-style-type: none"> • Adults 50+ • Prospective entrepreneurs • Workforce development offices • Community colleges • Universities • Continuing Ed programs • Chambers of Commerce • HR professionals • Economic development professionals/offices • Non-profits • Public institutions (schools, libraries, municipalities, etc.) • Small Business Development Center <p>I think targets are intended to be numbers or levels or percent. For example. The measure could be “reduce the number of EEOC complaints regarding ageism” and the Target would be – Reduce EEOC complaints by 10%.</p>	<ul style="list-style-type: none"> • Identify barriers to engagement for Adults 50+ • Identify workplace biases re: engaging Adults 50+ • Identify if there is a need for additional retraining opportunities for adults over 50. • Engage institutions of higher learning to offer re-training and skill-building for older workers, entrepreneurs and volunteers • Create a fact sheet with information illustrating the value of older workers. • Educate workplace advocacy groups (i.e. Chambers of Commerce) about the value older workers/volunteers bring and encourage them to engage older adults as appropriate and/or whenever possible • Develop a media campaign that highlights the similarities between older workers and millennials re: the need for flexibility, importance of social purpose, desire for greater work-life balance, caregiving responsibilities, etc. 	<ul style="list-style-type: none"> • Need to define “financial security” • Education and media campaigns should be culturally responsive to the growing diverse 50+ populations • Include small businesses • Retraining of HR professionals in working with Adults 50+

					<ul style="list-style-type: none"> • I would be careful targeting “generations” because they age over time. Also, the GenX generation (between the Boomers and Millennials) also want all of these things as well. • 	
	<p>2. Older adults are able to meaningfully contribute to the economic vitality of their community and build the capacity of non-profits and public institutions by participating in the volunteer workforce</p> <p>I think 1 and 2 should be combined since the objectives are similar as well. The measures and tactics could be different. (EG)</p>	<p>2a. Older adults have access to the education and training necessary to actively participate in their community as volunteers.</p> <p>2b. Workplaces are prepared and open to harnessing the skills and abilities of older workers as volunteers.</p>	<ul style="list-style-type: none"> • There is an increase in the number of Adults 50+ engaged in volunteer opportunities. • There are an increased number of organizations engaging Adults 50+ as volunteers. • There are an increased number of organizations providing volunteer matching and/or better coordination between existing organizations. 	<ul style="list-style-type: none"> • Non-profit and not-for-profit agencies, including but not limited to: <ul style="list-style-type: none"> a) Schools b) Human Service Organizations c) Religious organizations d) Cultural Organizations • Volunteer-matching organizations and resources (for instance, web-based matching services) • Grant-making organizations 	<ul style="list-style-type: none"> • Support and encourage all sectors of the economy to consider Adults 50+ as a valuable and valued volunteer workforce • Conduct an environmental scan to identify those organizations providing volunteer matching between Adults 50+ seeking volunteer opportunities and organizations seeking to tap those skills • Assess the internal efficacy of volunteer matching organizations, as well as their ability and desire to collaborate with other, like-minded organizations • Support and encourage coordination among and within volunteer databases and matching services 	<ul style="list-style-type: none"> •
	<p>3. There is a skilled, educated, and trained workforce for industries that serve older adults</p>	<p>3a. Awareness of the career opportunities available in the industries forecasted to grow due to aging in Colorado is increased.</p>	<ul style="list-style-type: none"> • There are an increased number of workers in areas serving older 	<ul style="list-style-type: none"> • Prospective employees, including students, the unemployed, and Adults 50+ seeking encore careers 	<ul style="list-style-type: none"> • Identify workforce development dollars including programs that may provide stipend 	<ul style="list-style-type: none"> •

	<p>(including but not limited to: healthcare, social services, long term care, transportation, housing, etc.).</p>	<p>3b. Older adults are seen as a desirable population to work with and care for, particularly given its diverse needs and endless opportunities to achieve career advancement and long-term financial security.</p> <p>3c. Training and educational opportunities are available to prepare workers in all industries serving older adults.</p> <p>3d. Financial incentives to encourage younger workers to pursue careers in industries with the highest need (e.g. nursing, social work, LTC administrators) are developed (may be an initiative or tactic but probably not an objective)</p>	<p>adults.(this will happen naturally)</p> <ul style="list-style-type: none"> • Agencies (Industries)serving older adults report less difficulty in recruiting workers. (Do not report shortages) • There is an increase in gerontology trained workers in organizations serving older adults • There is an increase in the number of people receiving gerontology certificates. • Increase in potential workers inquiring about opportunities in industries that serve older adults. • Employment increases in industries that serve older adults. • Reductions in gaps between demand and supply of workers in industries that serve older adults. • Increase in the number of businesses that serve older adults. 	<ul style="list-style-type: none"> • Community colleges • Universities • Continuing Ed programs • HR professionals • Job placement services • Workforce development offices • General population • Professional Associations (e.g. membership of associations that represent the professions that will need to expand to serve older adults including but not limited to: nursing, social work, LTC administrators, etc.) 	<p>dollars and/or loan forgiveness (especially as it relates to rural workforce development)</p> <ul style="list-style-type: none"> • Encourage universities and colleges to develop majors, minors and certificates in the areas demographics indicate growth in need/demand • Develop media campaigns that highlight career opportunities, training, and the benefits of working in industries that serve older adults • Identify grant and scholarship sources for for training in industries that serve older adults • Encourage as needed the development of grant/ scholarship sources for training in industries that serve older adults • Create career track-pipelines that encourage and prepare middle and high school students to pursue further training and certification in these industries following high school graduation 	
	<p>4. Every industry sector is prepared to address aging transitions in the labor force.</p>	<p>4a. The awareness of the impact Colorado’s aging labor force will have on each industry sector is increased.</p>	<ul style="list-style-type: none"> • Using existing state and local workforce and economic development offices, targeted industries 	<p>X number of presentations are given to industry informing them on the impact of the aging labor force.Workforce development offices</p>	<ul style="list-style-type: none"> • Advocate that the impacts of labor force aging be included as a standard element of all industry sector business forecasts. 	<ul style="list-style-type: none"> •

		<p>4b. Each industry sector has a plan to address the aging transitions that will impact them.</p>	<p>are informed of the aging labor force.</p> <ul style="list-style-type: none"> • Industries are informed on best practices for managing an aging labor force • Industries report a greater awareness of the impacts of the aging transitions. • Industries report having a plan to address aging in their sector. • Industry sectors report increases in succession planning. • Industry sectors report increased use of mentor, internship and apprenticeship programs. 	<ul style="list-style-type: none"> • Economic development offices • Chambers of Commerce • HR professionals • Institutions of higher learning • Professional affinity groups and associations • Unions 		
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