# Strategic Action Planning Group on Aging

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## Summary of Recommendation Categories and Topics 2016-2019

A. Workforce Development
1. Supporting Older Workers
   i. Encourage CWDC collaboration and aging-related workforce development
   ii. Training and support services required for meaningful employment.
   iii. Education system and infrastructure integration opportunities
   iv. Best practices to attract and retain older workers
   v. CWDC/Talent Pipeline Report focus and inclusion
   vi. Recognize the necessity and plan strategically for decreasing birthrates
2. Developing a Workforce to Support Older Adults
   i. Encourage CWDC collaboration and aging-related workforce development
   ii. Effective talent development strategies to identify workforce needs and develop career pathways
   iii. Education system and infrastructure integration opportunities
   iv. Support career ladders/pathways and formal training certificates
   v. Identify aging-related worker shortages across Colorado
   vi. Support, develop, and expand a formal training process accompanied by stackable certificates
3. A Workforce for All
   i. Engage Office of Future Work to focus on older workers
   ii. Develop criteria for age-friendly workplaces and support practices
B. Transportation and Mobility
1. Built Design Supporting Mobility
   i. Support Universal Design Certification program
2. Programming and Planning
   i. Support CDOT coordination/planning for older adults
   ii. Encourage safe driving programs
   iii. Efficient spending of federal and state dollars
   iv. Identify and document innovative funding and service opportunities
   v. Ensure transportation legislation provides funding for older adults to a level equal to growing needs
   vi. Examine autonomous vehicle technology and applications
   vii. Support funding for mobility projects related to older adults
3. Transit/Paratransit
   i. Multi-sector partnerships to
      a. Develop and implement education programs and adoption of services
      b. Transportation programming to enhance utilization.
      c. Utilize mobility ambassador models
   ii. Identify options to improve dialysis transportation

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C. Governance
   1. State-Level Planning
      i. Establish a permanent, high-level position accountable for state government's work on aging issues and implementing Action Plan – Colorado Legislative Council should create a similar position
      ii. The Colorado Legislative Council should establish a high-level mechanism and process for tracking and coordinating aging issues.
      iii. Create a state budget on aging with support from JBC and OSPB staff
      iv. Coordination and implementation plan beyond SAPGA and 2022
   2. Age-Friendly Planning
      i. Support and encourage city and county planning
      ii. Strategies and solutions that improve the lives of older Coloradans, help them age in place, and contribute to their communities
      iii. Support and fund Lifelong Colorado efforts
D. Family Caregiving
   1. General Assembly and Governor should take these concrete steps
      i. Establish family leave policies
      ii. Public-private partnership developing and promoting training and education for informal caregivers through employers
      iii. Fund Respite Care Task Force recommendations
E. Mistreatment and Abuse of Older Adults
   1. Ensure older adults are free from abuse, neglect, and exploitation
      i. Support and expand Adult Protective Services
      ii. Establish a State Office of Guardianship
      iii. Education and awareness of mistreatment/abuse
F. Retirement Security
   1. The General Assembly should ensure retirement savings by Coloradans of all ages
      i. Encourage minimum retirement standards for employers
      ii. Private-public option for those who lack access to work-based plans
      iii. PERA sustainability
   2. Local governments meeting employee retirement obligations
   3. Ensure state laws and regulations are adequate to protect consumers, including seniors, from predatory financial practices.
      i. Financial literacy programs
      ii. Financial fraud protection
G. Housing
   1. Ensure a supply of affordable, accessible
   2. Enhance access to information on living options for older adults
   3. Assess and analyze existing affordable, accessible, safe, and manageable housing stock
H. Health and Wellness
   1. Health Care
      i. Develop a service database for providers and consumers

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  ii.  Chronic condition prevention/management with support from geriatric practitioners
  iii. Encourage Mild Cognitive Impairment and dementia screening
  iv.  Expand evidence-based practice adoption
  v.   Support age-friendly public health efforts
  vi.  Implement lessons from CAPABLE model – focus on behavior modification and self-care planning
  vii. Implement lessons from Accountable Health Communities pilots – service and referral gaps

2. Behavioral Health
  i.   Impacts of the demographic shift especially as it relates to those currently receiving services
  ii.  Isolation and loneliness
  iii. Depression, in general, but also related to grief and bereavement;
  iv.  Intersection of dementia and behavioral health diagnoses
  v.   Telehealth/telemedicine
  vi.  Suicide

3. Financing/Funding
  i.   Improve the accountability of health care spending and support community-based providers and community-based services
      a. Rate increases for HCBS providers
      b. Develop an accessible database to track services and referrals
      c. Support payments to community-based service providers
  ii.  maintain and increase the provision of a variety of long-term services and supports S
      a. Support State Funding for Senior Services/General Fund increases for Area Agencies on Aging
      b. New funding opportunities for Area Agencies on Aging

**Strategic Action
Planning Group on Aging**

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## All Recommendations from 2016-2019

### A. Workforce Development

1. <u>Supporting Older Workers</u>

    i. The State of Colorado along with its partners in the public and private sectors should further structurally integrate the capacity for workforce development given the state's changing demographics. Existing structures, systems, and entities within the state should be supported to develop the necessary infrastructure to address the needs of older workers needing and wanting to stay in the paid and/or volunteer labor force. Furthermore, the state should support the infrastructure to address the growing need for a workforce to serve older Coloradans.

    ii. The CWDC also should ensure that older workers have access to training and support services required for meaningful employment.

    iii. The State of Colorado along with its partners in the public and private sectors should aid the state educational system in addressing the needs of older Coloradans who want or need additional education and training as a part of remaining in the workforce. Furthermore, the state should work to ensure that the state educational system has the capacity to educate and train a workforce to serve older Coloradans.

    iv. The State of Colorado along with its partners in the public and private sectors should assist the business community in adopting best practices that attract, retain, and protect older workers who want or need to stay in the workforce. Furthermore, the state should work with the business community to develop programs and best practices addressing existing and future workforce shortages in sectors to serve older Coloradans as they age in their communities.

    v. The State of Colorado should ensure that future Talent Pipeline Reports and other related reports/updates include the older worker perspective, examples include:
        a. Address the reality of our states shifting demographics and highlight the important role of older adults in Colorado's labor market, especially within the context of decreased post-1996 birthrates, the decreasing labor pool, and the fact that older adults in Colorado are inclined to work past the traditional retirement age;
        b. Include age-stratified data (e.g. 55-64, 65-74, 75-84, 85+ vs. 55+), as well as data related to community college offerings such as certificates and degrees. Data collected and provided in the Talent Pipeline Report and other related reports/updates should be consistent across all ages in order to capture and identify trends across the life course.

    vi. The State of Colorado should recognize the necessity and plan strategically for decreasing birthrates for those born after 1996 and develop programs, offerings, and supportive services to ensure that middle-aged and older Coloradans have access to the educational resources and training vital to maintaining a well-trained and highly educated workforce.

2.  Developing a Workforce to Support Older Adults

    i.   Colorado must work to ensure its workforce meets the service needs of its aging population, including nursing homes, assisted living communities, home health agencies, caregivers, and other professionals who support the state's aging population. Colorado should address the employment and skill development needs of workers who serve older Coloradans.

    ii.  The state should build on the effective talent development strategies already in place to identify workforce needs and develop career pathways (including those related to aging services), led by the Colorado Workforce Development Council (CWDC). The General Assembly also should identify an entity to advocate for workforce development in industries serving older adults and for services to older workers; that entity should collaborate with the CWDC to utilize existing talent development strategies and infrastructure to ensure Colorado's future workforce meets the needs of older adults.

    iii. The State of Colorado along with its partners in the public and private sectors should assist the business community in adopting best practices that attract, retain, and protect older workers who want or need to stay in the workforce. Furthermore, the state should work with the business community to develop programs and best practices addressing existing and future workforce shortages in sectors to serve older Coloradans as they age in their communities.

    iv.  The State of Colorado should prioritize the development of feasible career ladders from direct care worker positions (e.g., certified nursing assistant) to the allied health professions (e.g., paramedic, occupational therapist) and more traditional healthcare professions (e.g., registered nurse, pharmacist) – linking emerging technologies, training, education, and career support services.

    v.   The State of Colorado should identify aging-related worker shortages across the state (e.g., in-home care workers, private/public guardians, geriatricians, paratransit drivers). Based on this analysis, the Governor's Office and General Assembly should assess the feasibility of incentivizing the development or expansion of workers in areas with shortages. This may include, but is not limited to, increased provider reimbursement rates, the development of grants and scholarships, loan forgiveness, and tax incentives.

    vi.  The State of Colorado should continue to support, develop, and expand a formal training process accompanied by stackable certificates (e.g., dementia-specific training) for direct care workers which corresponds to increased reimbursement for the provider and a wage increase for the employee.

1.  Workforce for All

    i.   The State of Colorado along with non-profit and private sector partners should define, develop, and implement a program to help employers create age-friendly workplaces. Furthermore, employers who receive government contracts should be required to implement age-friendly workplace practices.

    ii.  The Office of Future Work, within the Colorado Department of Labor and Employment, should focus its work across the life course, clearly exploring the following important topics as it relates to older Coloradans and later life:
        a.  Shifting demographics, declining birth rates, and the aging of the labor market;

b. Proactive efforts to provide access to employer-based retirement savings and health care plans, including Medicare Supplement Insurance (Medigap);
c. Providing flexible schedules, flexible place, and other flexible employment arrangements.

**B. Transportation and Mobility**

1. Built Design Supporting Mobility

   i. Support efforts to create a Universal Design Certification program to encourage the inclusion of universal design elements in new and remodeled housing for seniors, such as the one within the Colorado State University Institute for the Built Environment. This should include adequate resources for piloting this Universal Design Certification process with the Partnership for Age Friendly Communities in Larimer County and to share and promote the lessons of that pilot program with communities throughout Colorado.

2. Programming and Planning

   I. Support the Colorado Department of Transportation's (CDOT) State Coordinating Council in coordinating among the wide range of programs that help serve the transportation needs of Colorado's aging population. The Council should be charged with making specific regulatory, legislative and funding recommendations to improve the reach, effectiveness and efficiency of existing programs.

   II. Utilize the CDOT State Coordinating Council and regional councils to help seniors access tools and training to remain safe on the road, such as AARP Driver Safety Courses, the Manual on Uniform Traffic Control Devices, the Car Fit Program, the Colorado Guide for Aging Drivers and Their Families, and the 2015 Strategic Highway Safety Program.

   III. The State of Colorado, in collaboration with partners delivering transportation services to older adults, should ensure that existing state and federal dollars for transportation for the older population are maximized and used most effectively and efficiently.

   IV. The State of Colorado, along with its aging-related transportation partners and work groups, local governments and the private sector should pursue and publicly document innovative partnerships to expand funding streams and ridership opportunities for older adults (leveraging existing funding streams and mechanisms).

   V. The State of Colorado, along with its aging-related transportation partners and work groups, as well as aging-related stakeholders should ensure that any new transportation legislation will provide additional funding to enhance transportation funding for older adults to a level equal to growing needs with an emphasis toward focusing on mobility as a service.

   VI. The State of Colorado, along with its aging-related transportation partners and work groups, as well as aging-related stakeholders should research the challenges and opportunities for autonomous and connected driving vehicles for Colorado's aging population. Assess whether there are "requirements" to meet the

needs of the aging population for ADA compliance.  Such research would yield guidelines and parameters to improve the experience, ensure safety, and promote adoption for older Coloradans.

VII.    The forthcoming 2020 Colorado Department of Transportation's Statewide Transportation Plan and ongoing planning processes should clearly reference our state's shifting demographics and focus on improving and supporting mobility for older Coloradans through programming and project funding.

3.  Transit/Paratransit

i.      In order to support mobility for older Coloradans, local governments, regional transit/paratransit providers, ride sharing organizations, and their private and public sectors partners should take the following steps:
   a.   Identify funding opportunities and implement a targeted outreach and education campaign focused on older Coloradans in an effort to increase awareness of available services;
   b.   Create and support programming, either through employment or volunteerism, at established public centers (e.g., libraries, recreation centers, community colleges) focusing on available transit/paratransit options and ridesharing to support adoption and utilization of services;
   c.   Recruit and train mobility ambassadors, either through employment or volunteerism, to support navigation assistance, increase familiarity, and support adoption of available services among older Coloradans.

ii.     The State of Colorado, along with transit/paratransit providers, health insurance providers, and medical providers, should take the following steps to the address impacts and costs associated with end state renal disease and kidney dialysis treatment:
   a.   Explore the feasibility and, if needed, statutory and/or rule changes related to cost sharing between transportation, medical services, and health insurance providers;
   b.   Evaluate and consider best practices around the country related to utilizing mobility managers and nephrology social workers coordinating trips for patients;
   c.   Examine the feasibility, and if needed, statutory and/or rule changes related to supporting and expanding home-based options when deemed safe by medical providers.

C.  **Governance**

   1.  State Planning

i.      The Governor should create a permanent, high-level office or position within the executive branch to be accountable for and lead the state government's work on aging issues. The Governor should propose and the General Assembly should consider legislation to grant this new office or position the authority and capacity to:
   a.   Set consistent statewide policy priorities;
   b.   Coordinate the aging-related work of state agencies and workgroups;
   c.   Help the state coordinate effectively and consistently with federal and local partners — and learn from the experiences of other states, commissions, planning groups, and other research entities, including the work conducted by and on behalf of SAPGA;
   d.   Maximize efficiency and cost-effectiveness and identify potential savings;
   e.   Identify gaps and unmet needs;

f.   Identify and help develop innovative new financing mechanisms, including utilizing opportunities for matching funding;

g.   Collect, analyze, and share data across agencies to improve decision-making related to workforce development and participation, health and wellness, and other key areas related to aging policy;

h.   Help drive public education efforts concerning the effects of aging in Colorado;

i.   And oversee the implementation of the state's Strategic Action Plan on Aging as well as appropriate recommendations from other efforts such as the Community Living Advisory Group (CLAG), Colorado Aging Framework, Colorado Department of Public Health and Environment Healthy Aging Plan, and the Colorado Alzheimer's Disease Plan.

ii.   The Colorado Legislative Council should consider establishing a similar and parallel high-level mechanism and process for tracking and coordinating aging issues as well as educating individual lawmakers.

iii.   The Governor's Office of State Planning and Budgeting, the Colorado Legislative Council, and the Joint Budget Committee staffs should work together to compile a comprehensive state budget on aging to identify all state expenditures related to aging issues (including revenue expenditures such as tax credits) as a tool to help policymakers plan and prioritize at the state level. These efforts should also include identification of major long-term trends in state expenditures with special attention given to resolving the state's structural imbalance and its impact on funding aging-related programs.

iv.   Designees from the Governor's Office, General Assembly, Colorado Commission on Aging, all Colorado departments listed in HB15-1033, and other select stakeholders should convene a working group chaired by the Strategic Action Planning Group on Aging to explore innovative directions to structurally integrate and crystallize past, current, and forthcoming aging efforts in order to support implementation, coordination, and collaboration in Colorado. In turn, promoting effective and responsive governance of aging issues with specific consideration to fiscal impacts on state, local, and family resources. Initial recommendations shall be provided in the forthcoming 2020 Action Plan Update.

2.   Age-Friendly Planning

i.   Colorado's counties and municipalities, in collaboration with the Area Agencies on Aging and state agencies, should develop and implement comprehensive local 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.

ii.   These plans should include strategies and solutions that have been demonstrated to help improve the lives of older Coloradans, help them age in place, and contribute to their communities.

iii.   The State of Colorado, along with local governments and the private sector, should support partnerships to promote and develop the expansion of community-wide efforts to make all of Colorado an age-friendly state in-line with the Lifelong Colorado initiative.

**D.  Family Caregiving**

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1. To provide support to the growing number of Colorado workers who are also caregivers for aging loved ones, the General Assembly and Governor should take these concrete steps:
    i. Establish family leave policies that set standards for compensating employees who are caring for aging family members. This might include a Temporary Caregiver Insurance Program through employee payroll deductions, such as those in California, New Jersey, and Rhode Island.
    ii. Create and promote a partnership among state and local governments, employer groups and educational institutions to identify and promote best practices for educating and supporting employees who are also caregivers.
    iii. Fully fund the recommendations made by the Respite Care Task Force in their January 2016 report.

## E. Mistreatment and Abuse of Older Adults

1. To ensure older adults are free from abuse, neglect, and exploitation, Colorado should take the following steps:
    i. Ensure quality, effective Adult Protective Services (APS) are available and provided to all vulnerable adults in Colorado.
    ii. Implement key recommendations from the Office of Public Guardianship Advisory Committee (PGAC), including establishing a State Office of Guardianship.
    iii. Support programs to raise awareness and train law enforcement personnel, district attorneys, service providers, caregivers, and other key audiences in how to identify and prevent elder abuse.

## F. Retirement Security

1. The General Assembly should take the following steps to increase retirement savings by Coloradans of all ages:
    i. Encourage minimum standards for employers who offer defined contribution retirement plans (such as 401K plans). These standards should emphasize the essential ingredients of vesting, automatic enrollment, automatic investment, and automatic escalation.
    ii. Create a public-private partnership to design and offer a workplace retirement saving plan for employees who currently do not have access to one. This plan should be portable and should emphasize the essential ingredients of availability, automatic enrollment, automatic investment, and automatic escalation.
    iii. Fully meet the state's obligations to fund the retirement plans of its own employees and to ensure that the Colorado Public Employees' Retirement Association (PERA) remains sustainable over the long term.
    iv. Work with the Governor's Office to identify or create a statewide commission or entity with the authority and capacity to develop and support aggressive financial literacy programs relevant to Coloradans of all ages, locations, and circumstances.

2. Local government entities should 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.

3. The General Assembly should work with the appropriate regulatory agencies to ensure state laws and regulations are adequate to protect consumers, including seniors, from predatory financial practices. In particular, the General Assembly and the Governor should:
    i. Support the U.S. Department of Labor fiduciary rule to protect workers from business practices that cost American families excess fees and charges; and,

ii. Support the Colorado Senior$afe Program developed by the Colorado Division of Securities and Division of Banking and Financial Services

## G. Housing

1. The State of Colorado, in partnership with the private sector and local governments, should ensure a supply of affordable, accessible, and manageable housing to meet the needs of older Coloradans.

2. To improve the understanding of options that exist for senior living, the State of Colorado, along with the private and non-profit sectors, should create/and or enhance access to information on living options for older adults.

3. The State of Colorado, along with other senior housing experts, should further assess and analyze existing affordable, accessible, safe, and manageable housing stock for older adults.

## H. Health and Wellness

1. <u>Health Care</u>

   The Office of Saving People Money on Health Care, in coordination with Senate Health and Human Services Committee, House Health and Insurance Committee, and House Public Health Care and Human Services Committee should take the following steps in order to improve health outcomes and reduce health care expenditures across the life course and in later life:
   i. Identify opportunities for the investment and expansion of a single, integrated, and statewide information and referral database accessible to community-based, medical, and health insurance providers as well as individual consumers, in doing so, increasing awareness and access to community resources, services, and information;
   ii. Prioritize efforts related to the prevention and management of chronic conditions with direct involvement and guidance from geriatric practitioners leading to the widespread implementation of appropriate evidence-based practices;
   iii. Identify opportunities for the widespread adoption of Mild Cognitive Impairment and dementia screening in community and medical settings in an effort to support early detection and intervention along with de-stigmatization;
   iv. Identify and support the widespread implementation of emerging evidence-based programs, technologies, assessments, and interventions related to, but not limited to, falls prevention, caregiver support, respite care, remote monitoring, and telehealth.
   v. Collaborate with the Colorado Department of Public Health and Environment and local health departments to identify state and national funding opportunities to develop, implement, and maintain an age-friendly public health system in coordination with existing community-based organizations;
   vi. Identify best-practices and implement appropriate strategies learned from the Community Aging in Place – Advancing Better Living for Elders (CAPABLE) in-home care program developed by the John Hopkins University School of Nursing and currently operated through the Colorado Visiting Nurse Association related to self-care planning, behavior modification, and keeping older Coloradans in their homes and communities;
   vii. Identify best-practices and implement appropriate strategies learned from the Accountable Health Communities pilot projects currently operating in the Denver-metro area by the Denver Regional Council

of Governments and in Western Colorado by Rocky Mountain Health Plans related to the importance of social determinants of health and service gaps related to increasing the capacity of community-based providers for Medicare and Medicaid beneficiaries.

2. Behavioral Health

The Behavioral Health Task Force, operating through the Colorado Department of Human Services, should consider and explore the following issues as it relates to older Coloradans:
   I.    Impacts of the demographic shift on the type and nature of behavioral health care services, especially as it relates to those currently receiving services (e.g., substance use disorders);
   II.   Social isolation, loneliness, and strategies to support social inclusion;
   III.  Depression, in general, but also related to grief and bereavement;
   IV.   Intersection of dementia and behavioral health care diagnosis, including dementia diagnoses among those currently receiving services;
   V.    Opportunities for telehealth and telemedicine to serve both rural and homebound older Coloradans;
   VI.   Suicide.

3. Financing/Funding

   i.    In order to improve the accountability of health care spending and support community-based providers as care settings continue to shift towards home and community-based services, the Governor's Office, Office of Saving People Money on Health Care, and General Assembly should take the following steps:
         a.  Continue to support rate increases for home and community-based service providers to enhance capacity and ensure continued quality, enabling older adults to age in their local communities;
         b.  Encourage and support the development of a secure and bi-directional service referral database accessible and mutually beneficial to community-based, medical, and health insurance providers to determine whether or not individuals are receiving referred services, evaluate community-based provider capacity, and identify referral trends;
         c.  Identify and implement strategies that support reimbursement to community-based organizations for services in order to expand community-based provider capacity to meet demand for referrals from medical and health insurance providers.

   ii.   In order to maintain and increase the provision of a variety of long-term services and supports, encourage aging in community, and delay utilization of Medicaid services, the following steps should be taken to bolster regional Area Agencies on Aging and other community-based provider organizations:
         a.  The Governor's Office and the General Assembly should prioritize funding through State Funding for Senior Services and identify additional state-level funding opportunities beyond General Fund revenue;
         b.  The Colorado Department of Human Services, State Unit on Aging, regional Area Agencies on Aging, local governments, and service providers, should evaluate innovative opportunities (e.g., Medicare Advantage expansion, State Innovation Waivers) and additional funding streams (e.g., private insurance, fee-for-service options) in response to shifting demographics, growing demand for services, and limited availability of state and federal resources to address funding gaps.