MEMORANDUM

To: Strategic Action Planning Group on Aging
From: Natalie Triedman, Policy Analyst and Sara Schmitt, Director of Community Health Policy
Re: Draft Findings for Supportive Community Research
Date: August 17, 2016

Introduction

Nearly 90 percent of adults 65 and older say that they hope to age in their own communities.[1] A strong network of support is essential for meeting older adults' needs as they age in place. Communities across the state will be challenged with meeting the service needs of older adults as more people opt to age in place rather than move into institutional settings and Colorado's demographic makeup skews older.

Some communities are asking — and others will be soon — what they can do to support older residents who want to stay at home.

The Colorado Health Institute (CHI) developed a strategic framework for community leaders — both within and outside of the aging field — to use for developing and implementing programs to help meet the service needs of older adults who wish to age in place. The SAPGA can share this framework with communities that are looking for guidance around how to do this.

Simply put, successful initiatives, at minimum, should: strategically assess the needs of older adults, include older adults and their families in planning, be thoughtfully selected based on community assets, involve robust partnerships, evaluate impact on an ongoing basis and obtain diverse funding streams.

Research Approach

CHI was initially charged with responding to the following research question: What evidenced-based programs offer services and supports that help residents to independently age in place? During the June 13 SAPGA meeting, members decided that research was needed to understand what makes aging programs successful rather than to identify evidence-based programs.

CHI modified its research question based on this feedback to the following:

What critical success factors contribute to successful community-based programs that support aging in place?

This research draws from the literature and highlights lessons from various programs in Colorado. It is not intended to advocate one approach or program over another. Identifying ingredients of the "secret sauce" for effective implementation will help community leaders throughout the state as they create aging-friendly environments for their residents.

CHI used a three step research process:

- Step 1: Identify the Needs of Older Adults in Colorado who Want to Age in Place
  CHI first identified needs for aging in place in order to understand the types of programs that communities may want to launch.

  CHI looked at the Community Assessment Survey of Older Adults (CASOA), an in-depth survey of adults ages 60 and over living in the community, to gather data on gaps in services and supports. Data from the Colorado Health Access Survey and Behavioral Risk Factor Surveillance System were also used. To complement the quantitative data, CHI identified recurring themes expressed in reports and recommendations produced by aging-focused commissions and groups in Colorado. These included the Colorado Aging Framework, Colorado's State Plan on Aging, the 2015 Healthy Aging Plan and the Colorado Alzheimer's Disease Plan.

- Step 2: Select Promising Programs that Address Colorado Older Adults' Needs
  CHI researched programs that address needs identified in Step One. CHI conducted six key informant interviews to understand barriers to implementation, lessons learned and best practices. Web-based research yielded additional insights about programmatic accomplishments as well as broader insights on what makes for effective rollout of aging programs.

- Step 3: Develop a Framework for Successful Implementation of Programs that Support Aging in Place
  After the first two phases of research, CHI developed a framework for successfully implementing programs that support aging in the community. CHI synthesized findings from its key informant interviews with a scan of implementation models published in the literature.[23]

  The framework highlights successful components of programs that specifically serve older adults as well as those aimed at a broader population. It also includes strategies for local communities and state decision-makers to smooth barriers to implementation and create environments that support aging in place.

Greatest Needs for Aging in Place Among Colorado's Older Adults

CHI identified four categories of needs among Colorado's older adults seeking to age in place: health care, personal wellness, financial wellness and home services and community engagement. Housing, transportation and informal caregiving also surfaced as recurring needs but were excluded from Step Two due to overlap with other research projects for the SAPGA.

Health Care: The ability to access to health care is essential for elders to age in the community of their choice. The inability to easily access health care services is frequently a reason why some older adults move to nursing facilities where 24 hour skilled care is available.

Areas of Need Among Colorado's Older Adults

Personal Wellness

Health Care

Financial Wellness

Home Services and Community Engagement

- Nearly 60 percent of adults ages 60 and older in Colorado say they have had recent problems with their physical health and about one of four reports problems getting health care.[4] Among the 156,000 older adults who reported an emergency department visit in the past year, 30 percent said it was for a condition that could have been treated by a regular doctor.[5]

- Access to affordable and quality mental health care also surfaces as a priority need, with only 40 percent of older adults in Colorado reporting good or excellent access to those services and 37 percent experiencing depression.[6]

- When it comes to oral health, 41 percent of older adults say they have problems with tooth or mouth problems and more than one third aren't able to get the oral health care they need.[7] About 15 percent said they didn't get needed dental care due to cost.[8]

Personal Wellness: Staying physically active and eating nutritious foods are important ingredients for warding off complications to healthy aging such as falls and chronic diseases. But many older adults living in the community struggle with accessing to fresh foods and finding opportunities for being active.

- Despite Colorado's reputation for its physically active citizenry, more than half of Colorado seniors (57 percent) say that they have problems staying physically fit[9] and only three of four say that they participated in any physical activity in the past month.[10] Forty percent have trouble finding interesting recreational or cultural activities.[11]

- One of three older adults in the state do not have good access to affordable quality food and 10 percent say that they have problems obtaining enough to eat. [12]

Financial Wellness: Financial wellness is a critical factor that can help or hurt an individual's ability to age in place. A financial plan provides security for older adults and peace-of-mind for their families and caregivers.

- More than one of three older Coloradans say they struggle to pay their daily expenses. A similar percentage says that they do not have good access to financial or legal planning services.[13]
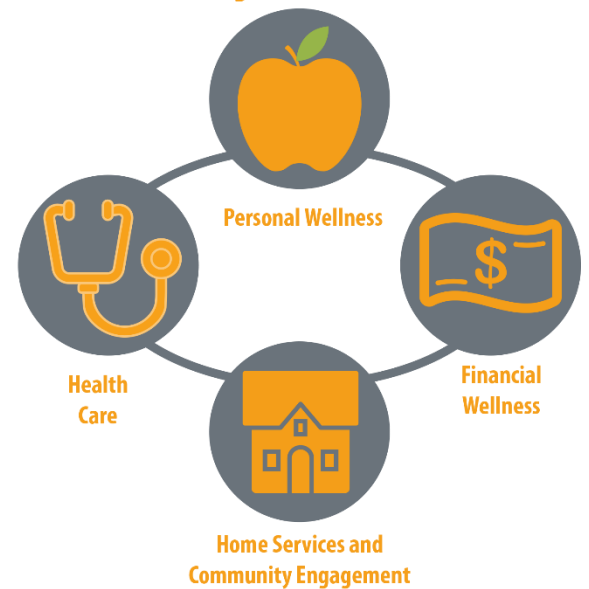
- When it comes to paying for health care needs specifically, nearly one of five Colorado older adults (18.4 percent) does not feel financially well-protected. More than 10 percent had trouble paying their medical bills in the past year. Among older adults who reported problems paying in the past year, more than half (59,000 people) saved less or took funds out of savings, 42 percent (49,000 people) took on credit card debt, 27 percent (31,000 people) cut back on basic necessities like food, heat or rent and 5 percent declared bankruptcy (6,000 people).[14]

- More than one in ten older adults in Colorado, 15 percent, say that they have been the victim of fraud or a scam in the past year. According to a representative from AARP Foundation's ElderWatch program, financial exploitation of seniors is often treated as a blame-the-victim crime, which discourages seniors to report issues.

<u>Home Services and Community Engagement</u>: Home services such as electrical repairs or mowing the lawn can quickly become formidable barriers as adults age in place. .

- Among adults age 60 and over, 45 percent report problems maintaining their yard and just over 40 percent struggle to care for their home. Only one of four older adults in Colorado say they have friends and family to rely on.[15]

- Just over 40 percent of older adults describe opportunities for skill-building or personal enrichment classes as fair or poor. However, 65 percent report having ample opportunities for attending social events or activities.[16]

<u>Honing in on High-Need Populations</u>
Certain groups of older adults have greater barriers to aging in place in these four areas. Meeting their needs may require customized services and strategies.

- **Socially isolated older adults.** Social isolation – being disconnected from family, friends and social supports – can result in poor general and behavioral health and invite financial abuse. While these adults often have the most to benefit from supportive services, they tend to be the hardest to reach.
- **Low-income older adults.** Many lower-income older adults could benefit from community-based supports but may not meet eligibility requirements for Medicaid home services. Some individuals are just above the financial eligibility threshold while others may not qualify because their physical and/or cognitive needs aren't great enough.
- **Older adult residents of rural communities.** In rural parts of the state, the variety and abundance of programs can be limited. Individuals may have to travel a good distance to attend educational events or programs, a deterrent for many older adults.
- **Older adults with unique health care needs.** Older adults with multiple and/or complex health care needs who are independent enough to live within the community may require a more robust support system. This group may include older adults with multiple chronic conditions, disabilities, dementia or Alzheimer's.

This scan highlights some of the greatest areas of need among Colorado's older adults and identifies populations that could benefit the most from community-based aging programs. The following implementation framework can be applied to aging programs across those four domains.

A Framework for Implementing Healthy Aging Programs in Colorado Communities

The framework is CHI's synthesis of guiding principles, best practices, lessons learned and strategies for implementing aging programs. It can be a tool for local leaders, professionals, service providers, foundations and state policymakers. It can guide communities seeking to implement cost-effective and high-impact programs as demand for services grows.

This framework identifies the following key elements for implementing programs to promote independence for older adults aging in place:

1. Understand the Needs of Older Adults in the Community
2. Choose the Right Program
3. Develop Community Partnerships
4. Measure Impact
5. Create Financial Sustainability

1. Understand the Needs of Older Adults in the Community

The four areas of need and specific high-need populations that CHI identified serve as a starting place for communities interested in exploring new ways to support those who wish to age in place. The next step is for communities to narrow the focus by honing in on the specific needs of older adults in their community.

Before launching an aging program, communities can benefit from a thorough assessment of the existing needs of older adults. Needs assessments can be informed by both quantitative and qualitative data; the two approaches complement one another and provide a holistic perspective on a community's needs.

The expense and rigor of administering a survey or conducting interviews can deter communities. Fortunately, Colorado has several existing resources to answer many questions. Some of these resources are specific to older adults. Others have responses from populations of all ages that can be narrowed down to older adults.

Table 1 lists several helpful resources for assessing the needs of older adults in Colorado.

Table 1. Data Sources with Older Adult Information

	Topics	Geography	Most Recent Year	Administrator
Community Assessment Survey for Older Adults (CASOA)	Community engagement, health care, financial wellness and affordability, home services, transportation, housing	State, 14 Area Agencies on Aging regions and some municipalities and counties.	2011 (statewide). Some AAA regions and localities have more current data.	Colorado Department of Human Services and Colorado's Area Agencies on Aging
American Community Survey (ACS)	Demographics (income, education, race, ethnicity), housing, employment, social isolation	State, county, city and census tract	2014. Some county, city and census tract data require pooling multiple years.	U.S. Census Bureau
Colorado Health Access Survey (CHAS)	Health care (access and use of care, affordability, self-reported health status, oral health, behavioral health)	State, 21 Health Statistics Regions	2015	Colorado Health Institute
Behavioral Risk Factor Surveillance System (BRFSS)	Health behaviors and chronic disease prevalence	State, 21 Health Statistics Regions; Census Tract estimates.	2014	Colorado Department of Public Health and Environment
National Core Indicators— Aging and Disabilities (NCI-AD)	Health and wellness, inclusion and employment of older adults and individuals with disabilities who are on public programs	Statewide	2015-16	Colorado Department of Health Care Policy and Financing, Colorado Department of Human Services, National Association of States United for Aging and Disabilities

Communities can also consult existing assessments for additional insights on older adults' needs. These include the four-year Area Plans on Aging that each AAA completes, local public health

agencies' Community Health Assessments and Community Health Improvement Plans and non-profit hospitals' Community Health Needs Assessments.

Incorporating qualitative data through focus groups or key informant interviews can capture perspectives that may be underrepresented in quantitative data and fill in gaps in understanding community need when data falls short.

Lessons from the Field: Boomer Bond Initiative Helps to Identify Needs of Local Seniors

When it comes to assessing need, Denver Regional Council of Governments' (DRCOG) has developed a nationally-recognized resource. Launched in 2013, the Boomer Bond Initiative includes an assessment tool, a survey used by city employees to gauge their community's existing how well their community's resources, programs and physical design serves older residents and provides municipalities with strategies to support healthy and independent aging.

The initiative highlights best practices and promotes regional cooperation and commitment to creating age-friendly physical and social environments that help older adults stay in their homes.

The outcome of the assessment, paired with findings from other data sources, can yield actionable results. For example, one city identified a lack of call boxes on its public trails through the Boomer Bond, a finding that was consistent with the results from its CASOA. Pairing these complimentary data points created a potential solution.

Several Colorado communities have already used the assessment and others have expressed strong interest. The Boomer Bond program recently won an Aging Innovations Award from the national Association of Area Agencies on Aging.

Critical Success Factors

➢ Assess needs through multiple sources, including standard surveys, existing assessments and community members, service providers and older adults.
➢ Seek out grants that provide funding and support for program planning.

2. Choose the Right Program

Data can inform the direction of a new community-based program, but success hinges on its contextual fit – whether the initiative matches the values and preferences of the community.[17] Surveys aren't always able to capture all of a community's unique characteristics, dynamics or preferences.

An important aspect of contextual fit has to do with whether a program fits into the existing network of aging services. It is likely there are already programs addressing some needs in a community. So, having a thorough understanding of the landscape can help advocates assess whether a new program is needed. That said, the existence of similar programs does not necessarily preclude a new effort that serves a slightly different, complementary need. Often there may be a spectrum of programs, each customized for a specific need or population.

Another consideration is whether or not to choose an evidence-based program. There is a tension between wanting to implement evidence-based programs and trying to develop innovative and local solutions to meet seniors' needs which may not yet have an established evidence basis.

Implementing an evidence-based program can increase funding opportunities, as many public and private funders require this approach. But guidelines are typically rigid for evidence-based programs and offer little room for innovation or experimentation. Additionally, the criteria for an evidence-based program can differ across agencies. [18, 19]

For programs that are still being refined and are not yet considered to have an evidence-basis, detailed evaluation metrics are critically important (see #4). These measures and lessons learned can inform changes and guide other communities that are replicating the program.

⁜ *Lessons from the Field: A Spectrum of Fall Prevention Programs in Cañon City*

A single program focused on the personal wellness needs of older adults usually isn't enough due to the wide range of needs and preferences. Health care providers in Cañon City have implemented nearly 10 workshops and classes to meet the fall prevention needs of all seniors in their community.

The big idea in Cañon City is that a continuum of programs keeps older adults engaged in personal wellness. Fall prevention is a significant challenge for people as they age. "Stepping On," offered by the local public health agency and hospital, teaches individuals the fundamentals of fall prevention, including key risk factors, safe footwear and how to practice strength and balance exercises.

Many participants are eager to stay informed and continue building on these skills after completion. "Tai Chi: Moving for Better Balance" picks up where "Stepping On" left off, offering additional opportunities for improving strength, balance and mobility for Stepping On 'graduates'.

In considering a new program, it is critical to determine if it would meet an outstanding need and fits with existing services. Overlap can be beneficial as long as various programs develop a symbiotic relationship and, in the example of Cañon City, create a continuum of opportunities.

⁜ *Lessons from the Field: Evolution of the Old North End Neighborhood (ONEN) iVillage*

A few years ago, Innovations in Aging, a collaborative of leaders in aging in Colorado Springs, set out to bring the iVillage model to their city. The iVillage model provides discounted services and supports, such as snow removal or grocery delivery, to older adults in a specific neighborhood through intergenerational partnerships and collaboration.

Advocates for older adults living in Colorado Springs wanted to adopt the best of existing iVillages while tailoring the model to meet the needs and preferences of seniors in the Old North End Neighborhood (ONEN). Modeling after existing program is often the most efficient approach, but what works in one community may not be as successful in another.

After in-depth conversations with iVillage programs, the Colorado Springs team realized they had been so set on customizing the ONEN program that they had begun to reinvent the wheel. So they

changed course. They discovered that the iVillage in Denver, A Little Help,[20] was closely aligned with the goals for the ONEN program, so they decided to work within the Denver model.

Critical Success Factors

- ➢ Assess assets, such as existing resources and programs that can be modified, leveraged or expanded to meet emerging or evolving needs.
- ➢ Ensure that key players in the community — particularly older adults, their families and caregivers who are potential users of the program — are invited to contribute to the program selection process.

3. Develop Community Partnerships

Don't go it alone. Partnering with existing programs, organizations serving older adults and community leaders will help a new initiative get off the ground and stay there. Programs, groups or individuals with a long history in a community or strong ties to a target population can be an invaluable resource and expand the reach of a new initiative. Without the support of these important players implementation is an uphill battle.

Several key informants shared that engaging partners early on lays a foundation for collaboration, rather than existing organizations hearing about a new initiative secondhand. It's equally important to reach out to organizations beyond the usual suspects; they may provide a unique connection or perspective to the issue at hand.

Feedback from partners can help refine the program approach and result in a more effective effort.

Relationship-building should be viewed as a dynamic process rather than a checkbox during implementation. Successful organizations keep lines of communication open long after a program begins.

It's equally important to generate buy-in among potential users. Older adults should be invited to the planning process to keep goals and strategies aligned with their needs and interests. Recruiting familiar faces to get the word out about new programs can foster acceptance.

Lessons from the Field: ElderWatch Leveraging Partnerships for Effective and Efficient Outreach

In 1999, the office of then-Attorney General Ken Salazar was flooded with reports of financial abuse schemes targeting Colorado's older adults. Salazar convened stakeholders, who decided to create ElderWatch, a program of the AARP Foundation.

ElderWatch helps older adults avoid being targets of financial abuse or fraud. Amy Nofziger, director of Regional Operations at AARP, said that a key to the program's success is its efficient approach to reaching its target audience. Whenever possible, ElderWatch works with events and organizations that already serve older adult populations. "I can't think of the last time we alone sponsored an event without a partner," she said.

ElderWatch also engages companies and organizations with a stake in the fight against financial fraud: delivery services like the U.S. Post Office, UPS and FedEx; banks and money transfer companies like Western Union; and home health agencies whose workers are often the first to notice suspicious mailings or voicemails. These organizations refer individuals to ElderWatch and also call AARP Foundation for guidance if they sense suspicious activity.

Critical Success Factors

- ➢ Consider organizing a task force of organizations and stakeholders to contribute to the planning, selection and implementation of a new aging initiative.
- ➢ Allow adequate time to identify and engage key players in the community. Communities could develop a resource map to better understand the network of existing organizations and programs in order to identify key partners. The process of creating a resource map could be a relationship-building process in itself through collaboration with local entities.
- ➢ Track service or program referrals across organizations and programs. This will strengthen existing partnerships and illuminate some relationships that may be undervalued.

4. Measure impact

Measuring the impact of community-based aging programs begins on day one.

Data collected in the needs assessment phase can contribute to the evaluation framework for a new program. A set of core metrics, preferably measures that abide by the SMART criteria — Specific, Measurable, Achievable, Relevant and Time-bound — will help to assess impact and highlight needed course corrections.

A funding source may specify an evaluation approach or criteria. In other cases, it's important to strike a balance between accurately tracking and measuring what matters with what is feasible given budget and staffing.

It is also prudent to recruit community partners and potential users of a new program in developing the evaluation. Disseminate findings early and often among community partners as well as celebrate successes along the way.

Rigorous evaluation is important for the financial sustainability of a program. Long-term funding is typically contingent upon a program's ability to demonstrate its value.

⬥ *Lessons From the Field: The Value of Qualitative Data*

When it comes to measuring issues relating to aging, qualitative and anecdotal information can complement hard data. ElderWatch learned this firsthand.

Program staff were collecting data including the number of complaints they received and the prevalence of emerging scams. But some of the most valuable data were the stories shared by victims of fraud and financial abuse.

Program volunteers and staff, trained to engage older adults in conversations about what happened noticed patterns in the reports that were coming in. The stories all had a strong connection between financial abuse and health. Victims were often in a poor physical or mental health state when they were approached or were undergoing a transition, like moving out of the hospital and back into the community, grieving for a loved one who recently passed or moving residences. ElderWatch now hopes to disseminate information about its programs and these key factors that make older adults vulnerable to discharge nurses, social workers and other professionals on the front lines who can be proactive during times of heightened risk.

Critical Success Factors

> ➢ Develop evaluation metrics that reflect programmatic goals and participant experiences.
> ➢ Look to community partners for input on and support with data collection and evaluation.
> ➢ Qualitative metrics can be equally important as quantitative data for making mid-course corrections and measuring success. This is particularly true for programs still building an evidence-basis.

5. Create Financial Sustainability

Communities may develop programs in response to new funding opportunities. But in today's environment of uncertain funding, communities must establish a plan for becoming financially sustainable from the start.

Developing a financially sustainable program requires having a clear understanding of costs – not just for the actual services but staffing and administration. It's common for new programs to consider using volunteers to reduce costs. However, it is important to factor in expenses associated with operating and managing volunteer program.

Communities may consider alternative financing strategies, including charging a fee for services. This can feel unfamiliar and uncomfortable for charitable organizations but this approach recognizes that some older adults or their families are willing and able to pay for support.

Some programs, especially those that address health care, personal wellness and home service needs, may save money by keeping older adults at home and out of hospitals or nursing homes. At the same time, new health care financing and delivery options introduced in the Affordable Care Act incentivize providers to avoid hospital readmissions and keep costs in check by provide person-centered, coordinated health services. Identifying and measuring the value that programs may provide to other partners opens up additional pathways for funding to sustain programs in the long run.

🌼 *Lessons from the Field: Building Business Acumen in Community-Based Organizations*
A cohort of community-based aging organizations in Colorado are more than halfway through a two-year boot camp that promotes linkages between the health care sector — hospitals, providers and insurers — and long-term services and supports (LTSS) providers. The Colorado Linkage Lab, sponsored by the Colorado Health Foundation, provides training and technical assistance to program

participants on how to grow their internal business capacity for measuring and pricing the value of their services and explore new funding partnerships to sustain these services.

🔸 *Lessons from the Field: Community Paramedicine Taps into Insurance Market*

Community paramedicine is an emerging best practice in the emergency medicine field — especially when it comes to keeping older adults healthy and safe at home.

Community paramedics are specially-trained emergency medical technicians who make house calls. A 911 operator asks questions to determine the nature of the emergency. Callers with low-need, non-acute concerns will be offered a visit by community paramedics, who are equipped, trained and authorized to tend to a variety of medical needs and run tests without an expensive trip to the hospital.

Eagle County Paramedics in Colorado launched the first rural community paramedic program in the U.S. in 2009. A 2013 study estimated that the program had demonstrated $500,000 in net healthcare savings during its first three years of operation.[21] Dispatch Health, a community paramedic agency in the Denver metro area, estimated most of their visits are one-sixth of the cost of a typical ambulance ride.[22]

One of the biggest challenges for community paramedic programs involved reimbursement for services. Initially all of their operations were funded by grants. Establishing the models' potential for health savings was good news, but just one step toward financial sustainability. In the 2016 legislative session, state policymakers demonstrated their support for this emerging model by passing SB 16-069, which establishes community paramedics as a regulated, licensed health profession.

Critical Success Factors

➢ New aging programs should consider the long-term benefits of building in options for setting up sliding-fee scales or accepting payments for services. As the older adult population grows at unprecedented rates, this funding source opens up possibilities for collecting some resources from those who are able to pay.

➢ Building business acumen can help community-based aging organization understand the value proposition of the services that they offer. These skills can help organizations effectively market their services to potential partners who may have resources to support the programs.

Opportunities for the Strategic Action Planning Group on Aging

While the framework is targeted to communities, there are several opportunities at the state-level for supporting local implementation of aging programs. The SAPGA can consider some of those opportunities, outlined below, as it develops recommendations.

➢ Understanding and monitoring elders' needs as they age in place is the first step to developing and supporting programming to help them achieve these goals. However, Colorado lacks an ongoing, consistent data resource that measures older adults' needs and experiences. The CASOA is a vital resource, but the 2011 findings are becoming dated and there is no indication that the

state survey will be updated in the near future (though some communities have fielded it more recently). The SAPGA could consider supporting standard and consistent data collection at the state and local levels.

➢ Gathering information and measuring impact is critical for effective program implementation, but community-based aging organizations may not have the expertise or software to interpret and analyze new data. The SAPGA could consider recommending the creation of a specialized technical assistance resource to support aging groups. The technical assistance resource could be provided through a state agency or through partnerships with private funders or other community partners.

➢ Investigating community needs and forging meaningful partnerships takes time and resources. Both may be in short supply for communities or aging organizations, inhibiting the development of new programs and discouraging rigorous planning processes. The SAPGA could consider recommending the creation of planning grants for community-based aging initiatives.

➢ Many Colorado communities have years of experience developing and implementing programs for seniors living in the community. For others, this is unfamiliar territory. Sharing best practices and disseminating lessons learned across communities could be a powerful way to ignite innovative ideas, create opportunities for collaboration and help to ensure that new programs are being set up for success. The SAPGA could consider recommending that Colorado offer a statewide conference or smaller-scale convening that allows for collaboration and sharing.

➢ Including older adults in planning and evaluation will help ensure that program goals meet the needs of older adults. The SAPGA could consider recommending that state agencies prioritize funding for programs that demonstrated meaningful participation of prospective program participants during program development.

➢ Many opportunities identified in the framework are closely aligned with the work underway to implement a No Wrong Door system in Colorado. For example, a comprehensive database of community-based services for older adults, something proposed in the No Wrong Door plan, would also be an invaluable tool for communities as they assess their assets and needs, identify partners and measure the impact of new programs. Such a database could require a large time and financial commitment, so there may be opportunities to support the work of No Wrong Door in order to achieve this goal at minimal additional cost. Because the No Wrong Door pilot program is still in a nascent stage and long-term funding is not certain, the SAPGA may choose to proactively support this work through its recommendations.

CHI looks forward to discussing this research with the SAPGA on August 22. We encourage the SAPGA to send any questions or suggestions to Natalie Triedman prior to the meeting so that we can use those ideas as a launching pad for the facilitated discussion. You can reach her at triedmann@coloradohealthinstitute.org or 720-382-7077.

Endnotes

[1] Rodney Harrell, Jana Lynott, Shannon Guzman and Cheryl Lampkin. What is Livable? Community Preferences of Older Adults. AARO Public Policy Institute. 2014. http://www.aarp.org/content/dam/aarp/research/public_policy_institute/liv_com/2014/what-is-livable-report-AARP-ppi-liv-com.pdf

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