



Strategic Action Planning Group on Aging

Planning Group Participants: Ed Leary (chair), Christian Itin (vice chair), Hayley Gleason, Karin Stewart, Jean Nofles, Dave Norman, Jim Collins, Kara Harvey, Jayla Sanchez-Warren, Tony Tapia, Ed Leary, Andrea Kuwik, John Emerson, Karen Brown, John Zabawa, Gabriel Kaplan, Aisha Young, Steve Child, and Kelly Osthoff

Planning Group Participants Not in Attendance: Sarah Elliott, Jane Barnes, and Claire Cruse

Public Participants: Jarett Hughes, Leslie Kalechman, Karen Ramsey-Torres, Diana McFail, Coral Cosway, Teresa Falagraday, Jodi Waterhouse, Andrea Suhaka, Erica Reinhard, Gaye Woods, Lindsay Parsons Pat Cook, Peggy Stoltenberg, Phil Cernanec, Robert Brocker, Sharon Courtney, Bob Brocker, Adam Fox, Nisha Alden, Bob Epstein

Meeting Notes

Welcome, Roll Call, and Approval of Minutes and Agenda

- Meeting called to order at 12:06 pm by Christian Itin.
- Christian welcomed and passed meeting duties to incoming chair, Ed Leary
- December minutes and January agenda approved (motion to approve January agenda moved by Tony Tapia and seconded by Karin Stewart; motion to approve December minutes moved by John Zabawa and seconded by Karen Brown.)
- Introduction of new SAPGA administrators — Allied Agenda, LLC (Andrea Wilkins, Amber Minogue, & Karen Brown, iAging)

Update: Jarret Hughes, Governor's Senior Advising on Aging — [presentation](#)

Jarret reported on the goals he has prioritized in his new strategic plan:

- Re-energize Lifelong Colorado and Livable Communities — Support the recruitment of five municipal or county jurisdictions in-line with Lifelong Colorado initiative
- Building Our Largest Dementia Infrastructure Act through support and collaboration on efforts to further develop Colorado's dementia infrastructure with a public health approach
- Encourage improved data collection and support the increased adoption of evidence-based programs among the Area Agency on Aging Network
- Support the development of paid family medical leave program and establish process with Secure Savings program for unused benefit transfer that does not compromise solvency

Jarret also highlighted some immediate areas of focus including vaccine distribution and homebound older Coloradans. He discussed current efforts he is discussing around behavioral health, high acuity correctional care settings, funding for long-term services

and supports state expenditures on aging services and programs and an update on Federal government grants and forthcoming policy shifts and implications for Colorado.

CoVid-19 Vaccine Distribution

Gaye Woods, System Director of Community Benefit with SCL Health discussed the work they are doing to coordinate communities, especially communities of color and geographically diverse communities – all over 70 years of age, to provide access to the COVID-19 vaccination. She acknowledged that there remains confusion about distribution and how people can obtain a vaccine, as well as difficulties providing access. She reported that new facilities committed to vaccine distribution will be opened by the end of the month and will remain open indefinitely. She is looking to increase participation and has made herself available to improve access across Colorado. She can be contacted at gaye.woods@sclhealth.org or by phone at 303.813.5027.

Disparities & the Older Adult Population — Panels Discussion

Kelly Mitchell, education consultant with the Colorado Workforce Development Committee (CWDC) presented on their recently completed [Talent Equity Agenda](#). The report makes the case for targeting resources to support people of color (POC) because of the racial disparities that exist in the Colorado workforce. Currently, Colorado ranks 37th out of 50 on the existence of racial disparities that inhibit POC on their pathway to self-sufficiency. The *Talent Equity Agenda* has identified priorities and areas of focus to target resources to mitigate the existing disparities. Their areas of focus include the following:

- Career navigation and advancement
- Closing the digital divide
- Post-secondary credential attainment
- Unemployment
- Equitable hiring, compensation, & promotion

Kelly completed her presentation with a “Call to Action”, encouraging SAPGA and other groups to identify an area of focus where they can move the needle and then partner with the CWDC to elevate the issue on their platform. Presentation slides are available – see attached.

Nisha Alden, epidemiologist with CDPHE shared data about the impacts of COVID-19 on the Colorado population especially as it concerns race, ethnicity and age. Disparities among those who are infected with CoVID-19 are greatest among the Hispanic/Latino populations in Colorado, with other race and ethnicity being relatively proportionate to the larger population. In addition, death rates among Native Americans are high though numbers are small compared to Latinx and African American populations due to the smaller population of Native Americans as a component of the entire population. Disparities increase however, when looking at hospitalizations with the majority

hospitalized represented across race/ethnicity among the 65 and older population. Alden discussed some of the racial inequity that is contributing to the disparities including access to and utilization of health care; occupation; household characteristics; educational, income and wealth gaps; and discrimination. She also raised the difficulties of tracking race and ethnicity data related to COVID-19 because it is reported from lab results where often race/ethnicity is not collected at the time of testing. Historically, the best data is gathered from interviews; however that is difficult to implement with the scale of the pandemic and because POC often distrust or are reluctant to speak with public health officials. More information about all Colorado COVID data can be found on the [CDPHE tracking site](#), updated daily. See attached presentation.

Adam Fox, Deputy Director with the Colorado Consumer Health Initiative (CCHI) provided an overview presentation on the intersections of race and health laying the ground work for better understanding how race, white supremacy and structural racism contribute to the racial disparities seen across racial minorities in the United States. See attached presentation. Adam can be reached at afox@cohealthinitiative.org.

SAPGA Member Panel Racism Discussion:

Panel members shared about their personal and professional experience and perspective on racial disparities, white supremacy, and structural and institutional racism.

Panelists:

Jean Nofles, Jean shared her experience growing up in Kansas City and her memories of her father, who was a doctor, caring for men who had been subjected to the [Tuskegee Syphilis Study](#). Referencing this study, among other atrocities committed on black people through the age of Jim Crow and beyond, Jean echoed the sentiments brought up by Adam during his presentation and identified how they are just one of many reasons that communities of color remain skeptical to the COVID-19 vaccine program and to the broader health care system. Jean called for SAPGA to create a recommendation that is specific to racial disparity, attitudes and racist ideology and how to systemically address that issue for the aging population.

Aisha Young, Aisha also concurred with the issues raised by Adam during his presentation and stressed the importance of SAPGA members understanding systematic oppression and the long-term impacts of racism, oppression and micro-aggression on the African American community. Aisha talked about the importance of language, specifically pointing to the use of terms like eldercide to illustrate the poor treatment of older adults, and overall disregard for their health and safety, in relation to the COVID-19 pandemic.

Tony Tapia spoke about the history of his own family and how the “borders moved on my father”, a sentiment that demonstrates how his family has lived in southern Colorado for generations but the borders and resulting consequences of colonization have

impacted the Latinx community. He reiterated Nisha's point about the devastating effects of COVID-19 on the Latinx community. He also called for the disaggregation of data so that we can look at issues by race and ethnicity and we can apply a lens that considers things like social determinants of health when considering impacts on communities. He provided examples of successful work in the Montebello community, highlighting the Promotura model as an access point for reaching Latinx families. (The Promotura model refers to members of the target population who share many of the same social, cultural, and economic characteristics with the intended service population and who are trusted members of their community. Promotoras provide culturally appropriate services and act as patient advocates, educators, mentors, outreach workers and translators.)

He emphasized the importance of multiple approaches in reaching marginalized communities with a need to pay attention to both language and literacy barriers. He provided some resources for more understanding:

[Latino Decisions](#) — Latino political opinion research who [released a report](#) on Colorado in August, 2020. The report covers opinions about CoVID-19 among other issues.

Latino Community Foundation of Colorado — launched [Ayuda Colorado](#), a three-tiered response designed specifically to support and stabilize Latino led and Latino serving (LLS) nonprofit organizations and immigrant and refugee serving organizations (IRS) through grantmaking and investments, data and resources, and capacity building opportunities.

Jayla Sanchez-Warren, Jayla shared an overview of the disparities that she has witnessed in her work within the Asian, Latinx, and refugee populations served through the AAA, noting particular issues with housing, employment, and food insecurity, and a rise in scams targeted at the aging population around vaccines. She also highlighted how technology is a barrier, not just access, but literacy as well. She closed her comments with some examples from her own experience that highlight a lifelong internalizing of racist encounters eloquently summarized when she said: *"I don't know where my distrust comes from, but it has always been there"*.

Report Out from Small Group Discussion

Group 1 Report Out:

- Discussed importance of having the discussion now.
- We do believe recommendation(s) should be considered for 2021 report.
- Racism and the ties to social determinants of health.
- Ageism and racism and how it is hard to become older and be discriminated and how for Black and Latino older adults it is compounded.
- Racism is tied to education and the importance of improving education for all.

Group 2 Report Out:

- Need to expand the ability to capture more and better data, earlier data—much is 65 and older, can we expand to younger end?
- How to improve data collection by providers, especially personal data (income, race, ethnicity) among people who may not want to answer those questions to capture areas of disparity.
- Discussed good mechanisms for disseminating information that covers the state well so all people are getting good and trusted information. Utility of reverse 911 for example but then the reluctance people have because of scams, etc.
- Exploring media outlets, radio, etc to cover entire state for message delivery. Difficult because there is no single outlet that covers entire state.

Group 3 Report Out:

- Bigger forces that must be molded or changed; we cannot continue to have health care wither away in our disadvantaged communities.
- What are the anxieties that make people [providers, people working in health care] respond in a racist way?.
- There are places in every community where discrimination is accepted.
- Where do we go from here and how does that impact our willingness to make a recommendation?

Group 4 Report Out:

- Address racism as a public health issue across the life span.
 - Look at it as a health issue.
 - Senior issues are exacerbated by the other issues we carry with us into our senior years. That history represents some missed opportunities. How do we prioritize the missed opportunities? The following 3 issues contribute and are access points that may interact much like a venn diagram:
 - o Health care
 - o Education
 - o Unemployment
 - To access good healthcare —where is information coming from? Funding?
 - How do we provide employment opportunities to improve the system and as a contribution to the community?
 - There is so much distrust of health care. Need policies at state level to deal with undocumented workers that are essential workers but who don't qualify for stimulus payments. What can state do at a policy level to help these communities? Can we provide funding to support efforts to address disparities? We are not providing support at community level to those that are actually doing the on-the-ground work.
 - Limits to state funding, what other opportunities do we have?
 - What information is required to receive formal and informal services—that may be why there are holes in the provision of services.

Public Comment

Meeting adjourned at 3:00 PM