



Strategic Action Planning Group on Aging

Strategic Action Planning Group on Aging February 8, 2021

Agenda

- 12:00 Noon: Welcome & Roll Call
- Approve Agenda and January Minutes
- 12:05 pm: Jarett Hughes, Governor's Senior Advisor on Aging, Updates
- 12:25 pm: SAPGA Sub-Committee Membership/Chairs/Meeting Schedules/Goals & Priorities
COVID: John Emerson, Chair
Workforce: Tony Tapia, Chair
Caregiving & Long-Term Care: Sarah Elliot, Chair
- 12:45 pm: Disparities & the Older Adult Population – Presentation and Q & A
- Julia Char Gilbert, Research Analyst, Colorado Health Institute (racial and regional health disparities)
- Adrian Miller, Executive Director, Colorado Council of Churches
- 1:35 pm: Rural Disparities and Regional Priorities – Presentation and Q & A
- Sara Blackhurst, President, Action 22 (needs, priorities and disparities within the older adult population in Southern Colorado)
- Christian Reece, Executive Director, Club 20 (needs, priorities and disparities within the older adult population on the Western Slope)
- 2:10 pm: Break
- 2:20 pm: Breakout Groups (3 breakout rooms)
- What is our take-away from the disparities presentations/discussion of the past two meetings?
 - What are our next steps? (re SAPGA plan and recommendations, implications on state departments)
- 2:40 pm: Report back in from small groups
- 2:55 pm: Public Comment, Chair offers closing comments, Adjourn meeting

Next Meeting – March 8th – Virtual Meeting via Zoom

Meeting Minutes 2.8.21

Planning Group Participants: Ed Leary (chair), Christian Itin (vice chair), John Emerson, Dave Norman, Jean Nofles, Haley Gleason, Kara Harvey, Steve Child, Jim Collins, John Zabawa, Tony Tapia, Sarah Elliott, Karin Stewart, Kelly Osthoff, Andrea Kuwik, Claire Cruse, Ed Leary, Aisha Young, Jane Barnes

Planning Group Participants Not in Attendance:, Jayla Sanchez Warren, Gabriel Kaplan,

Public Participants: Jarett Hughes, Leslie Kalechman, Karen Ramsey-Torres, Jodi Waterhouse, Erica Reinhard, Lindsay Parsons Pat Cook, Peggy Stoltenberg, Bob Epstein, Leigh Hull, Amanda Meier, Julia Char Gilbert, Erica Reinhard, Bob Murphy, Eric Heydorn, Rich Mauro, Adrian Miller, Christian Recca, Sara Blackhurst

Meeting Notes

Welcome, Roll Call, and Approval of Minutes and Agenda

- Meeting called to order at 12:05 pm by Ed Leary.
- Ed welcomed planning group member; Andrea Wilkins called roll
- December minutes and January agenda approved (motion to approve February agenda moved by John Zabawa and seconded by Tony Tapia; motion to approve January minutes moved by Jean Nofles and seconded by John Zabawa.)

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

Jarret provided updates on state COVID response and vaccine distribution, and on progress towards his goals:

- Numbers continue to improve across the state and Colorado is currently 12th best in the nation for case transmission;
- ICU usage is dropping as well, sitting close to seasonable averages for bed occupancy;
- Colorado is on track to meet the goal of 70% of people 70+ vaccinated by February 28th;
- Vaccine phases are getting updated with group 1b2 (including adults 65+) eligible on 2/8 to begin receiving vaccines;
- Colorado has already provided over 750k cumulative doses which is about 14k per day. The State has the capacity to serve more however, they are constrained by supply;
- State is making efforts to vaccinate Colorado's Homebound population offering vaccines in their home. They are identifying homebound citizens by county, working with CDHS and HCPF to use data in order to locate, and using technology and IT solutions to map and track vaccine delivery.

Jarret also highlighted the following activities he has been working on in his office:
State budget on aging - Recommendation from 2016

1. FY18-19 - need to update with OSPB
2. Sorted by total funds, state/federal split, and means-test

Area Agency on Aging regional provider capacity - Recommendation from 2019

1. Coordinating with CDHS on identifying providers across the network
2. Includes AAA overview, region demographics, provider and service overview, and provider counts

Long-term services and supports trust - Recommendation from 2020

1. Met with representatives from LTSS Trust and CDHS
2. Concerns over Prop 117 and new enterprises bringing in \$100M in first five fiscal years - next steps to be determined

Lifelong Colorado and livable communities - Recommendations from 2016-2020

1. Lifelong Colorado State Plan - relies heavily on Action Plans, Jarrett has developed a matrix of the plans to track progress on all goals and action steps
2. Submit to AARP National Office in March

Age-friendly public health - Recommendation from 2019

1. Received go ahead to join Trust for America's Health Age-Friendly Public Health Recognition Program
2. Include ten steps/criteria to work towards - we are actively engaged in some, need to initiate others
3. Aligns with livable community efforts

SAPGA Sub-Committees

There will be 3 subcommittees for the year (1) COVID (2) Workforce Development (2) Caregiving and LTC/LTSS

COVID — John Emerson will chair this committee and is looking for a co-chair, preferably somebody in public health who can help round out the expertise on state and local COVID response. Vaccinations and longer-term impacts of COVID on the health care system are John's top two priorities for the COVID subcommittee. Accepting recommendations on good candidates for him to reach out to. Steve Child expressed interest in serving on this committee.

Workforce Development — Tony Tapia will chair this committee. He has worked with Karen Brown to develop goals, objectives and a work plan for the year and they welcome all who are interested to join when they can. The following meetings reflect the overview for this year's plan:

1. March 16th: Jean Doherty to present on the *Talent Pipeline* report that highlights workforce trends. Patrick Holwell, a workforce economist with Arapahoe Douglas Works will provide information on his work.
2. May 18th: Build on past recommendations and look at administrative and legislative policy changes that can help move those recommendations forward.
3. July 20th: Building on the workforce to help older adults. Looking at programs and professions that support older adults.
4. Fall: Potentially co-convene meeting with Caregiving and Long-Term Care

Caregiving — Sarah Elliott will chair the committee and she is looking for a co-chair to help lead the committee's efforts. The subcommittee's initial meeting will take place in March. This is a new subcommittee and she is hoping to synthesize past SAPGA efforts around caregiving and long-term care and develop that into a strategy and recommendations. She recognizes there will be cross-over with other committee work and looks forward to working with those committees as necessary to develop strategy. Kelly Osthoff and Leslie Kalechman expressed interest in serving on the committee.

Disparities & the Older Adult Population — Presentations and Q & A

Julia Char Gilbert, research analyst with Colorado Health Institute [presented](#) on racial and regional health disparities. Julia started her presentation describing CHI's process for understanding disparities in context, noting the importance of understanding and naming the "why" for when disparities are seen in the data. They do this to help ensure that disparities are not normalized; that blame is placed on the system creating disparities rather than the people who experience them; and that they can identify areas for intervention. CHI collects data through their Colorado Health Access Survey (CHAS), a biannual survey of 10,000 households that covers topics including healthcare access, insurance, behavioral health, social factors, health status, and more. The CHAS data is a public survey and the data is available for public use. The 2021 CHAS survey is occurring now and should capture information on impacts of COVID-19. Julia presented on some of the 2019 survey findings about older adults and reported the following:

- 22.2% of adults 65+ reported 'poor' or 'fair' general health, however when that number is broken down by race, only 18.9% of white responders report that feeling compared to 33.8% of Latinx responders, and 32.8% of responders identifying as 'other'. Some reasons that may point to this difference include disparities for BIPOC in the percentage of people who use health care, who have not filled a prescription due to cost, and who report that their insurance type is not accepted by a provider.
- BIPOC are more likely to have reported experiencing food insecurity with 15.5% of POC reporting experiencing it in the last 12 months, as compared to their white counterparts (4.8%).
- When looking regionally, disparities are seen in a geographical pattern that divides the state into quarters with the southeast portion of the state having

- the most reports of individuals who feel 'poor' or 'fair' (31.8%), while those from the southwest had the fewest reports (20.8%).
- Differences are seen between urban and rural with more people in rural areas reporting that they had not visited a health care provider in the last year, but with more people in urban settings saying they had forgone health visits due to a lack of transportation.
 - Income disparities exist in the state with reports of people who live just above the poverty line having the most difficulties with poor health.
 - Finally, there are stark genders differences in some negative markers for health including more females reporting food insecurity, issues with prescription affordability, and housing insecurity.
 - The four areas of disparity hold true when looking at mental health issues too. More POC, women, rural citizens, and people living just above the poverty line report having more mental health issues than their white counterparts.

Adrian Miller, Executive Director of the Colorado Council of Churches [presented](#) on disparities through the lens of his community which includes churches representing 13 denominations, 800 chapters, and thousands of parishioners. Beginning with a look at Colorado's changing demographics, he pointed out the growth of both the aging population and the Latino population over the next 25 years, compared to all other races. He highlighted counties that will see growth, primarily front range, and counties that will experience decrease in population, primarily rural. After looking at population, Adrian highlighted the prevalence of income disparity and how the wealth gap has negatively impacted BIPOC Coloradans over time. He further described how those disparities continue into retirement and impact retirement savings. Adrian completed his presentation by providing extensive geographic data that highlights the technology gaps that exist across the state and discussed the disparities with COVID vaccine distribution.

Rural and Regional Disparities — Presentations and Q & A

Sara Blackhurst, President, Action 22, provided insight into their priorities and highlighted some areas of interest for older rural adult residents and how those may differ from urban interests. In particular, she raised infrastructure issues, such as increased broadband access in rural areas, as being key to addressing rural disparities. Also raised concerns about energy affordability for older adults in Southern Colorado communities, specifically concern about their ability to shift away from fossil fuels (propane or natural gas) to renewable (electric) energy sources and the affordability of this shift for seniors on their home heating costs. Also raised concerns about retirement security for public employees who pay into PERA but not social security, noting that large portions of the Southern Colorado workforce are public employees (teachers, prison system employees, etc.)

Christian Reece, Executive Director, Club 20, kicked off her presentation reminding the group about Club 20's integral role in helping to pass the legislation creating SAPGA. She discussed many of the issues that they are prioritizing right now including:

- Housing affordability, especially during COVID and rent and eviction moratoriums. Use of tax credits to support more low income senior housing;
- Government run option for health care;
- Prescription drug policy that will flag the top 50 most expensive prescriptions, monitor price changes and investigate when there is a sharp increase;
- Mental health issues;
- Technology access issues, broadband;
- Socialization and keeping aging adults active;
- Energy and policies related to aggressive implementation of new energy initiatives;
- Transportation and transit, long term sustainability of transportation infrastructure; and
- Use of tele-health.

Report Out from Small Group Discussion

4 Questions for consideration:

5. What is our take-away from the disparities presentations/discussions of the past two meetings?
6. What are our next steps? (re SAPGA plan and recommendations, implications on state departments, etc.)
7. Do we need a 4th subcommittee addressing disparities? Or address in the context of the larger group/existing subcommittees?

Group 1 Report Out:

- The Committee felt that SAPGA needs both a Special Committee focused on disparities as well as integrating the disparity discussion in each committee. The Special Committee should be time limited.
- Disparities committee needs to define its objectives and have limited scope and then look at specific recommendations using information/findings of group.
- Currently, information is fragmented and scattered—committee could look at aggregating and presenting resources and information.
- Committee could access other departments for the information they have on disparities.

Group 2 Report Out:

- Disparities should be woven into all subcommittee work, looking at both the disparities and the intersectionality of the different marginalized groups.
- SAPGA should develop an accountability tool (template, outline) for each committee to use that can guide work and help ensure an intersectional, inclusive lens is applied to all sub-committee work.
- Mental health issues are important, as is access to technology
- Next steps:

- ✓ Develop accountability tool;
- ✓ Continue to work with Jarett and get message out to state agencies
- ✓ Aging is a commonality we will all have, we need to broaden how we look at it and leverage the commonality to get message out.

Group 3 Report Out:

- We need to include disparities in our work however, we have limited resources so we need to be strategic and efficient in how we address disparities. Concern that there are not enough resources to form a 4th disparities subcommittee.
- Noted the difference between rural disparities and racial disparities (immutable characteristics vs a choice of residence (in most cases). Racial disparities exist in all communities and SAPGA must address them in our recommendations and work. As we take an intersectional approach, we need to make efforts keep focus on issues that have the most significant impact on the older adult population, regardless of which lens we view the disparities through.
- Focusing on disparities at the Planning Group level ensures all members are getting the same information.

Public Comment

- Leigh Hull — Thanked the committed for the presentations and dialogue on diversity and equity.
- Ed Leary — Invited the public to participate in the sub committees noting the need for their expertise, experience and participation.
- Andrea Wilkins — Pro 15 was invited to participate at today's meeting but could not make it, they will be invited to future meetings.

Next meeting, March 8th

Meeting adjourned at 3:00 PM