

**ADVISORY COMMITTEE ON AGING
MEETING SUMMARY
March 15, 2019**

Members Present

Ada Anderson	Douglas County
Anne Gross	Arapahoe County at Large
Bob Brocker	At Large Denver
Bob Davis	City and County of Broomfield
Cary Johnson	Jefferson County
Cathy Noon	Arapahoe County
Connie Ward	Jefferson County
Dawn Perez	Adams County
Donna Mullins	Jefferson County
Houston "Tex" Elam	At Large Arapahoe County
Joyce Gallagher	Adams County
Karie Erickson	Douglas County
Larry Strock	DRCOG Board
Mary Ellen Makosky	Gilpin County
Phil Cernanec	At Large Arapahoe County
Sharon Perea	Gilpin County

Guests Present

Chandra Matthews – Jewish Family Services, Gretchen Vidergas - Citizen

Others Present

Jayla Sanchez-Warren, Shannon Gimbel, Travis Noon, Sharon Day, Rob Fitzgerald, Lisa Houde, Steve Erickson, Amy Pulley, Heather Kamper,

Call to Order and Introductions

Phil Cernanec – Called the meeting to order at 12:03 p.m.

Public Comment Period (Non-ACA Members)

No Public Comment

Approval of the February 15, 2019 Meeting Summary

Dawn Perez made the motion to accept the summaries, Cathy Noon 2nd the motion, summaries were approved.

Legislative Report – Rich Mauro

Rich provided a handout which is attached with the list of Bills discussed.

There was general discussion. Jayla explained why HB19-1239 was important she told the group that federal funding is based on 60 and older population in our state. Without accurate counting this could dramatically affect our funding. The census will be completed electronically in 2020.

Public Hearing – Draft AAA 2020 4-year Plan

Jayla gave a brief explanation of the 4-year Plan it is attached along with public comments and responses that were submitted to the state.

Approval of FY 2020/2021 RFP Funding – Sharon Day

- The RFP was released in mid-November and closed in mid-January.
- A mandatory training session and a webinar for anyone who wanted to submit an RFP was held by DRCOG.
- 34 organizations provided proposals, the ACA Funding Subcommittee reviewed 84 proposals for services
- RFP review process began in late January and finished in mid-March.
- Subcommittee worked several hours on their own time to read and write comments to prepare for each meeting.
- Each proposal was judged on a formal scoring process consisting of:
 - Need for service in region
 - Experience of those providing service
 - Their budget
 - Clarity and responsiveness
 - Past performance
 - Financial stability
 - How well they described working with populations
 - How to coordinate services
- During the group meetings Sharon provides clarity

Group discussion followed with the following comments:

Question: Phil Cernanec (Committee Chair) asked about Seniors Resource Center.

Response:

Sharon told the group that they were brought in for an interview with the Funding Subcommittee. Where the committee explained displeasure with poor quality of the proposal, change in CEO, CFO and accounting staff. They provide an essential service with approximately \$3M (includes subcontracts with Adams and Arapahoe Counties) of contracted service funds.

Dawn Perez (Chair of Funding Subcommittee) said their amounts were left at level funding. They will be reevaluated in 6 months and DRCOG staff will monitor them.

Bob Davis (Funding Subcommittee member): We let them know concerns with management. They admitted poor quality of proposals. They were clearly aware of our concerns.

Jayla Sanchez-Warren (AAA Director) Noted they serve 1200 people per month it would leave a serious gap in service if they were not providing service.

Question: Phil Cernanec asked what was being looked at if they fail.

Response:

Anne Gross (Funding Subcommittee member): Commented that people were counting on getting funding just because they had received DRCOG funds for many years. One solution was without a strong proposal they received discounted funding.

Jayla responded that the expectation is once funded will always be funded. This cannot be the case, she wants to be a good steward of funds. The other biggest challenge is transportation, she has talked with other transportation vendors and they will not be able fill in the gap if needed

Question: Donna Mullins asked why there was no funding for A Little Help.

Response:

Sharon responded that they did not attend the mandatory training required to submit a proposal. Proposal was for minimal funding \$75K the cost for DRCOG to oversee would be costly for the small amount. The unit rate was much higher than other proposals and was poorly written.

Question: Karie Erickson asked why Benefits in Action was not funded.

Response:

Sharon responded: Unit costs were much higher, there was lack of justification for need of service and it was a duplication of a service that DRCOG already provides.

Question: Heather Kamper asked why DRMAC was not funded.

Response:

Sharon responded: High unit costs of \$45/\$55 per client much more than others and was a duplicative service.

Jayla responded: There was lack of clarity on why they needed to provide the service.

Bob Davis responded: In general, most contractors received same funds as last year. SRC funds are comprised of their funding and sub contracts with Arapahoe and Adams County to total approximately \$3M. SRC also asked for more funds than were available. We must comply with the parameters of the Older Americans Act.

Dawn responded: The Funding Sub Committee has determined that RFP questions were not answered. That the committee will take a more active role in the mandatory proposal training on the content of narrative and how the service will impact the community.

Phil stated that the person who attends training needs to be the person that is writing the proposal. Dawn agreed and that will be the requirement in the future.

Anne explained that they wanted to know more, needed to show how the service works and how they plan to execute the service.

Karie Erickson commented that ill written proposals will get cut.

Cary Johnson (Funding Subcommittee) spoke with Bob Lanky former subcommittee member, Bob expressed that poorly written proposals have been on the increase over the years.

Sharon said proposal approval was based on level funding that there is good expectation of the same funding from OAA funds. May have additional Homestead funds, if so will do another RFP to give an opportunity to those not funded to get funds in the future. Sharon asked for approval by the committee for \$13.9M in pass thru funds as proposed by the Funding Subcommittee.

Question: Karie asked what the difference with assisted transportation vs. regular transportation as outlined in the proposals.

Response:

Sharon explained that assisted transportation is helping client from car through door of home or from the home to the car. Transportation is a normal pickup with vouchers or bus tickets.

Tex Elam motioned to approve the RFP funding based on the Funding Subcommittee's commitment to make the RFP system work better through training and understanding. Phil asked for a second to the motion, Larry Strock second the motion. Funding approval was given to move forward for endorsement from the DRCOG Board.

AAA Director Reports – Jayla Sanchez-Warren

- Two years ago, the people in Aurora contacted Jayla fired up about transportation why couldn't Adams County get the same services as Arapahoe County.
 - Bob Roth DRCOG Board Chair at the time came to a meeting Jayla arranged with Adams and Arapahoe County
 - Bob was able to assist them with getting funding from Aurora for senior transportation
 - The funds were not just a one-time allocation but ongoing.
 - This was contracted through SRC before their recent situation.
 - SRC contracted with Lyft for \$7 per ride, Lyft has 60% of the rides
 - SRC couldn't spend the first \$80K, received approval to spend \$80K carryover and additional funding to increase services.
 - Focus will be for Ward I first, Aurora wants to contract with everyone we can.
 - SRC will always be part of the mix for group transportation for large wheelchairs but we need to have options for service to be delivered quickly and efficiently.

Discussion: SRC charges \$5.25 per ride to schedule with their concierge service. Sharon said that SRC said that it actually costs them more because there is extra handholding to be done on return rides. Sometimes the ride leaves because they won't wait for them or things are left in the vehicle these issues take staff time to resolve.

- VTCLI, Jayla asked for Heather Kamper to provide update.
 - VTCLI will be getting a new name, Ride Alliance
 - This is a technology to exchange trips to include veterans along with others
 - Developing business policy and procedures on how this will work between providers
 - Need a seamless automated system to pass trips back and forth
 - Discussing how billing and invoicing will work, auditing, etc.
 - Have funding through FTA which will allow us to hire a consultant to coordinate

- There will be a planning session next week
- Building the technology through Route Match
- Rout Match is still not quite ready they are dragging their feet a little bit, hope to have working platform ready in a few weeks
- There will be onsite training in April
- Want to see how to keep the program going after initiated with other funding
- Testing will be with Douglas County, Broomfield and VIA
- Doug Rex, Rich Mauro, Mickey Ferrell and Jayla are doing strategic planning to position ourselves in two ways for 2020
 - On federal level to take advantage of new changes that will be coming to healthcare in 2020
 - Reduce healthcare costs with state government initiative
 - We now have statistics and data to give background
 - Can prove Medicaid costs less with AAA assistance
- Meeting with Centura Health Systems
 - AHC have added 2 ERs with Denver Health, 2 with Centura senior clinics and dental clinics
 - Trying to show how we can help and work together
- TLC Meals on Wheels is losing their kitchen
 - Jayla needs help from Littleton people to find a kitchen
 - Cathy is on the TLC board and relocation committee
 - TLC has to be out of the building by December 2019
 - Exploring partnerships, possibly buying their own building or leasing space
 - Looking for a short-term solution if they are not up and ready by the end of December
 - TLC has developed a Go Fund me site to accept donations
 - Jayla has been directed by the state to help
- Talked about a partnership with Castle Rock to find a kitchen in the south part of the area to make sure that food is at correct temperature
 - Previously they did not want to work with us because of the stringent regulations but the state is being more flexible
 - Jayla wants to expand service with possible funding not overseen by the state

Chair Report – Phil Cernanec

Phil thanked the members of the Funding Subcommittee for their work on reviewing the RFPs

Senior Day at the Capital hoped it would be rescheduled. He wants to have the group contact new legislators because many are younger and uninformed about senior issues.

He spoke about implications on the FMLA act being discussed in the legislator again to contact representatives

Information Sharing – (ACA members)

There was no information to share

Adjournment

Adjourned at 2:42 p.m.

DENVER REGIONAL COUNCIL OF GOVERNMENTS

NEW BILLS--2019 SESSION

As of 3-13-19

Bill No.	Short Title/Bill Summary	Sponsors	Status	Recomm. Position	*FN	Staff Comments	Legislative Policy
AGING BILLS							
<u>SB19-172</u>	Protect From Unlawful Abandonment and Confinement - The bill makes it a crime to unlawfully abandon or unlawfully confine an at-risk person. The purposeful desertion of an at-risk person in a manner that endangers the safety of that person constitutes unlawful abandonment. Tying, locking up, caging, chaining, or otherwise unreasonably restricting an at-risk person's freedom of movement constitutes unlawful confinement. The bill reclassifies the at-risk adult crimes that are class 1 misdemeanors into class 6 felonies and makes unlawful abandonment and unlawful confinement class 6 felonies.	Danielson & Ginal/ Singer	Senate Health & Human Services	Support	NA	The existing adult abuse statute lacks a clear definition of the crimes of unlawful abandonment and unlawful confinement, as distinguished from caretaker neglect, which makes it very difficult to prosecute certain cases. DRCOG was a strong supporter of the original "at-risk adult" statute and DRCOG staff has worked closely with the bill sponsors throughout the drafting of this bill.	DRCOG supports increases in the quality of care and consumer protections for older adults and their caregivers.

* FN = Fiscal Note

DENVER REGIONAL COUNCIL OF GOVERNMENTS

NEW BILLS--2019 SESSION

As of 3-13-19

Bill No.	Short Title/Bill Summary	Sponsors	Status	Recomm. Position	*FN	Staff Comments	Legislative Policy
SB 19-173	Colorado Secure Savings Plan Board - The bill establishes the Colorado secure savings plan board (board) to study the feasibility of creating the Colorado secure savings plan and other appropriate approaches to increase the amount of retirement savings by Colorado's private sector workers. If after conducting the analyses, the board finds that there are approaches to increasing retirement savings for private sector employees in a convenient, low-cost, and portable manner that are financially feasible and self-sustaining, the board is required to recommend a plan to implement its findings to the governor and the general assembly.	Donovan & Petterson/ Kraft-Tharp	Senate Finance	Support	<u>FN</u>	Nearly half of Colorado's private sector workers have no retirement savings plan at work. Increasing retirement savings creates more independence for older Coloradans and saves tax dollars. National data shows that people do not save more as they get older and advance in their careers. Without easy access to retirement plans, many young workers put off saving until it's too late, then have little to live on in their retirement years. If you have a retirement savings contribution automatically deducted from your paycheck, you are 15 times more likely to save for your retirement. Ten states have already approved similar retirement programs. Those with the lowest retirement incomes generally receive the largest public assistance payments. Correspondingly, public assistance expenditures decline as retirement income increases. Even small improvements could make a big difference. A 2017 study at the University of Maine found an additional \$1,000 in annual retirement savings for every retiree would save \$3.9 billion nationally. In Maine, a smaller state than Colorado with lower costs of living, the savings would be \$15.6 million.	No specific policy

DENVER REGIONAL COUNCIL OF GOVERNMENTS

NEW BILLS--2019 SESSION

As of 3-13-19

Bill No.	Short Title/Bill Summary	Sponsors	Status	Recomm. Position	*FN	Staff Comments	Legislative Policy
HOUSING BILL							
<p><u>SB 19-180</u></p>	<p>Eviction Legal Defense Fund - The bill creates the eviction legal defense fund (fund). The state court administrator will award up to a total of \$750,000 in grants from the fund to qualifying nonprofit organizations (organizations) that provide legal advice, counseling, and representation for, and on behalf of, indigent clients who are experiencing an eviction or are at immediate risk of an eviction. The bill lists permissible uses of grant money awarded from the fund. Organizations that receive a grant from the fund are required to report to the state court administrator certain information about services provided by the organization. The state court administrator is required to evaluate the use of grants from the fund every 5 years and submit that evaluation to the general assembly. The bill includes a legislative declaration.</p>	<p>Winter/ Mc Cluskie</p>	<p>Senate Judiciary</p>	<p>Support</p>	<p>NA</p>	<p>According to the Legal Services Corporation, low-income Americans received inadequate or no legal help with 86 percent of their civil legal problems. This situation is similar in Colorado. A 2017 study by Colorado Coalition for the Homeless and Colorado Center on Law and Policy, shows that fewer than 1 percent of tenants in Denver County were represented by an attorney during an eviction proceeding, while 90 percent of landlords were represented. The very few tenants able to retain an attorney were much more likely to remain in their residences. Eviction is extremely destabilizing for individuals, families and communities, especially given the affordable housing crisis. Renters who are evicted are often pushed into substandard housing and experience poorer health outcomes and more poverty. In addition, housing instability for older adult tenants can lead to financial and health problems resulting in premature entry into long term care, putting more pressure on the Medicaid budget.</p>	<p>DRCOG supports: the principle that renters and homeowners have appropriate protections from discrimination and displacement; policies should emphasize the rights of residents and minimize disparities in treatment under the law; and policies, programs and services that preserve existing affordable housing stock, promote access to diverse housing options in diverse geographic locations, and provide consumer protections that enable older adults and persons with disabilities to age in place.</p>

* FN = Fiscal Note

DENVER REGIONAL COUNCIL OF GOVERNMENTS

NEW BILLS--2019 SESSION

As of 3-13-19

Bill No.	Short Title/Bill Summary	Sponsors	Status	Recomm. Position	*FN	Staff Comments	Legislative Policy
OTHER BILL							
<p>HB 19-1239</p>	<p>Census Outreach Grant Program - In the division of local government (division) the bill creates the 2020 census outreach grant program (grant program) in the department of local affairs (department) to provide grants to local governments, intergovernmental agencies, councils of government, housing authorities, school districts, and nonprofit organizations (eligible recipients) to support the accurate counting of the population of the state for the 2020 census. For the 2019-20 fiscal year, the bill directs the general assembly to appropriate \$12 million to the department to award grants to eligible recipients for the purposes of the grant program. In addition, the department may solicit, accept, and expend gifts, grants, or donations from private or public sources for the purposes of the grant program. Councils of government and Area Agencies on Aging would be eligible to receive grants.</p>	<p>Tipper/Caraveo</p>	<p>Senate State Affairs</p>	<p>Support</p>		<p>The 2020 Census will impact all of us for a whole decade. Colorado's future prosperity depends on an accurate count, as many federal programs rely on census data for their calculations. The 2020 Census will be the basis for over \$13 billion in federal funds allocated to Colorado annually. It will determine if Colorado gets an eighth Congressional district. There are reasons to be concerned that a complete, accurate count cannot be achieved without Colorado providing resources to ensure a complete count. The 2020 Census has been underfunded, under-tested, and behind schedule. The new internet-based application raises additional concerns. An incomplete census means fewer federal dollars for everything from health care to transportation to services for older adults. If Colorado does not have an accurate count, we give our funding to other states. The Colorado Fiscal Institute found 25% of Coloradans are part of "hard-to-count" groups. The bill provides for grants to local communities for outreach and education. DRCOG staff and lobbyists were successful in getting the sponsors to agree to add references to aging and older adults over 60 in as a hard-to-count group.</p>	<p>No specific policy</p>

* FN = Fiscal Note

Speaker	Date	Comment	Response
Gretchen Vidergar Citizen	March 15, 2019	Worked as occupational therapist for an east coast county and there is a fund available for people to stay in their homes with really simple changes, very rewarding, might be something to explore, these are low tech modifications like lighting and grab bars that can help people stay in their homes as they age.	Jayla: We have funds for fall prevention, but I am interested in talking to you more about this program and will contact you if you sign in on sheet.
Phil Cernanec – Committee Chair, Arapahoe County	March 15, 2019	Importance of aging to the region	
Cathy Noon – Committee Member, Arapahoe County	March 15, 2019	What are next steps for plan? Does it go to the Board?	
Larry Strock – DRCOG Board	March 15, 2019	40 years ago, dealt with parents, it was hard to get any services at all, relied on relatives for help, but when that goes on for year it is very difficult. When I go through the report and see all the services available, it is incredible. But there is a gap of getting this information out to the people – 6 out of 10 don't know this is available and are seeking out help.	
Phil Cernanec – Committee Chair, Arapahoe County	March 15, 2019	Resource Center visitors are mostly adult children asking for help who are more tech savvy. The navigation of services is a big issue and many folks are not aware of the services.	Jayla Sanchez-Warren: This is the bane of my existence for my whole career, it is so hard to get the info out, but also worry about capacity of services if more people knew.
Phil Cernanec – Committee Chair, Arapahoe County	March 15, 2019	People only go to assisted living after crises – our Governor doesn't seem to focus on seniors, but the Lieutenant Governor might be more focused on it.	
Bob Brocker – Committee Member, Denver at Large	March 15, 2019	How many people are receiving services? Versus are on waitlists?	Jayla Sanchez-Warren: Key is data gathering, data collection, challenge of not being able to provide services.
Bob Brocker – Committee Member, Denver at Large	March 15, 2019	But point about not advertising more – if you built up waitlist would that help build up funding?	

Speaker	Date	Comment	Response
Tex (Houston) Elam – Committee Member, Arapahoe County at Large	March 15, 2019	What Jayla said is crucial and mind-boggling, but I don't think that's the message to send out. The message is that we're here to help. There is a niche marker for example, sixty percent of bling people don't know what talking books are – we always hoped and worked at getting people involved. I think what worked and when people got more aware, we added a question about did they know anybody else who could use this service? That increased services.	
Bob Brocker – Committee Member, Denver at Large	March 15, 2019	On page 6 of the report, the bullets, are these in any particular order of importance?	Jayla Sanchez-Warren: The top 5 are the top 5 that came out, most common
Cathy Noon – Committee Member, Arapahoe County	March 15, 2019	Maybe add language that this is listed in order of importance/frequency of comments. Worth having because you may see trends, helps to give the reader an idea of biggest issues.	
Bob Brocker – Committee Member, Denver at Large	March 15, 2019	Saying something like the "Top 5 are these..." would help me.	
Permalink submitted by Janet Herman via DRCOG email	March 11, 2019	PERMALINK SUBMITTED BY JANET HERMAN (NOT VERIFIED) ON MARCH 11, 2019 - 3:45PM There is a desperate need for single floor housing for the older members of our county, Something like patio homes and that need to be near shopping centers. Other amenities like pools and senior center are available now so are not needed in senior housing areas.	

DENVER REGIONAL COUNCIL OF GOVERNMENTS

AREA PLAN ON AGING

**OLDER AMERICANS ACT AND STATE FUNDING FOR SENIOR SERVICES
SUA POLICY DIRECTIVE - 18-XX**

**STATE FISCAL YEARS 2020-2023
(JULY 1, 2019 TO JUNE 30, 2023)**

PUBLIC HEARING DRAFT – MARCH 2019

TABLE OF CONTENTS

Section I: Executive Summary	1
Section II: Public Input	3
Community Conversations Responses	3
Key Informant Sessions	5
Section III: Demographics	8
Key Demographic Characteristics.....	8
Detailed Demographic Data	12
Population Change.....	14
Section IV: Community Assessment Survey of Older Adults (CASOA)	17
Results of CASOA 2018.....	17
Section V: Volunteers and Current and Future Programs	24
Volunteers	24
Current and Future Programs	24
Section VI: Questions	32
Core Services.....	32
Ombudsman and Legal Assistance	34
Other Services	35
Targeting and Outreach	35
Innovation and Expansion of Services	36
Section VII: Title III / VI Coordination	38
Section VIII: Forms	38
Appendix: Maps	

SECTION I: EXECUTIVE SUMMARY

This is an exciting time in Colorado for aging, as AARP recently identified our state as just the nation's third "Age-Friendly State". The Governor appointed a committee to work on aging issues called the Strategic Action Planning Group on Aging, and Colorado has its first ever Senior Policy Advisor on Aging in the Governor's cabinet. The academic communities in our state have joined together in a collaboration called CoCare to advance research and education in aging. It is becoming big business in the state, and individuals, academic institutions and private businesses understand that there are needs and a market in the aging population. There are many innovative ideas and technological solutions being developed to help people as they age. New companies are emerging, and more products and services are being offered in the state. All this attention on aging has been helpful to the network of Area Agencies on Aging (AAA) in Colorado and in the nation. More people understand and value the service AAAs provide.

Established in 1974, the Denver Regional Council of Governments (DRCOG) Area Agency on Aging has been helping people age better and live as independently as possible by funding community services, providing direct services, advocating for older adults and their caregivers, and planning and preparing for an aging population.

The DRCOG Area Agency on Aging is the largest in the state of Colorado. It serves older adults and people with disabilities in the counties of Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Gilpin and Jefferson. This region includes 47 percent of the state's older population, encompasses over 4,000 square miles, and is a unique blend of urban, suburban and rural communities that many nationalities and ethnic groups call home.

The DRCOG AAA makes it possible for older adults and people living with disabilities to "age in place" with dignity by providing a range of services that allow them to live independently in their homes and communities. The AAA also serves people living in the more than 490 nursing homes and assisted living residences in the region. A key role of the AAA is also advocacy, as the AAA helps ensure that lawmakers and others are aware of the needs of older adults and their caregivers, the benefits of community-based services and the taxpayer cost of failing to address the needs in the region. As the regional planning entity on aging, the AAA is responsible for identifying the needs of older adults, identifying gaps in services, and working with community partners to address the service gaps in the region.

The *Area Plan on Aging* guides the work of the DRCOG Area Agency on Aging for the next four years. It reflects the needs of our region, highlights our service goals and demonstrates outcomes, strategies and measures that will be used to evaluate progress and the success of our work.

The goals of the DRCOG Area Agency on Aging are to:

- Administer the programs of the Older Americans Act
- Provide and fund community-based services that promote independence
- Advocate for legislative and regulatory changes that improve the lives of older adults, people living with disabilities, and their caregivers
- Gather data, analyze trends, and share information to help local governments and community partners plan and serve an aging population

The *Area Plan on Aging* also highlights key trends in the region, including:

- Demographic changes in our region
- Need for more transportation, housing options, food security and in-home services
- Workforce challenges and the effects
- Underserved areas in the region and service gaps

During the next four years, DRCOG will focus on the following:

- Increase availability and access to supports and services for older adults
- Expand and diversify the AAA revenue base
- Improve transportation services and access to older adults in the region
- Increase support to caregivers
- Work with and support population health efforts in the region
- Increase access to food and nutrition services
- Support people with advanced illness
- Continue to educate and advocate for the needs of older adults and their caregivers at the legislative and regulatory level.

SECTION II: PUBLIC INPUT

Public input is essential in understanding how the AAA services are being used, how effective they are, and what services are needed in the region to help people age better. To obtain public input on these topics, in 2018 DRCOG conducted a Community Assessment Survey of Older Adults (CASOA), held 10 Community Conversations and 10 Key Informant Sessions. Below are summaries of responses from the Community Conversations and Key Informant Sessions. Results from the CASOA survey can be found in Section IV of this document.

Community Conversations Responses

The following questions were asked at the 10 Community Conversations held throughout the region that were attended by seniors living in the community. Responses to the questions are summarized below.

What three things help you age successfully?

- Friends and family
- Good nutrition
- Access to good health care including doctors and health insurance
- Positive attitude
- Purpose
- Aging in place
- Pets
- Transportation
- Home maintenance
- Exercise
- Having enough money
- Social activities
- Affordable and accessible housing
- Chore services
- Doing what you want when you want
- Getting snow plowed
- Dependable low-cost services in community
- Low-cost car repair

“I depend so much on my kids, I don’t know what I would do without them”

- *Community Conversation participant, Littleton*

What are your biggest challenges now?

- Transportation
- Good health care
- Good nutrition
- Places to live independently and assisted living
- Food service
- In-home assistance
- Home and yard work (shoveling snow)
- Larger home maintenance (painting, plumbing, repairs)
- No Medicaid assisted living available
- Housing
- No family around
- Understanding resources
- Cost of daily needs
- Phone fraud
- Water bills

“I eat at McDonald’s off the dollar menu but my doctor says I need to eat more healthy, it is expensive to eat healthy and you have to cook.”

- *Community Conversation participant, Southwest Improvement Center*

What are three services that you think you will need in the future to age successfully?

- Transportation
- Health care
- Financial security/assistance
- Quality housing
- Affordable housing
- Hearing aids and batteries
- Vision care and glasses
- Dentures and dental care
- In-home services
- Advocates and navigators
- Education opportunities
- Social activities
- Technology and training
- Help finding available services
- House cleaning/yard service
- Access to good doctors
- Good insurance
- Increase in Social Security benefits
- Nutrition/meals/help preparing meals
- Support when family is gone
- Trustworthy people to work for me

How do older adults get where they need to go in your area?

- Drive
- Family and friends
- Bus
- Van
- Walk
- Paid driver
- Bike
- Hitchhike

What happens to people that you know when they stop driving?

- Don't see family
- Really have to scramble to find transportation when needed
- Less activity
- Become lonely
- Become isolated
- Sometimes depressed
- Rely on family
- Need more in-home resources
- Loss of independence
- No social life
- Experience anxiety
- No one reaches out

“You lose your independence and your dignity when you can’t drive anymore – your whole life changes.”

-Community Conversation participant, Idaho Springs

What other services are needed in this area for older adults?

- Good health care
- More doctors (Adams, eastern plains, Douglas, Gilpin, Jefferson)
- Affordable trustworthy home maintenance (particularly prominent in Clear Creek, the eastern plains, Englewood, Gilpin, and Denver)
- Affordable chore service (yard work, snow shoveling, heavy house work)
- Mobile veterinary service
- Dementia care (in-home and adult day)
- Caregiver support, training and education
- Financial services
- Place to exercise
- Podiatry service

What is the best thing about aging?

- Do what you want to when you want to
- Don't have to work
- More time
- I'm happier
- I know how to deal with stress better, I'm less stressed
- I have a lot of experience in life
- I am proud that I have survived so much and I'm not afraid to die

“I have been a caregiver most of my life My mom was sick when I was young, I took care of her and my siblings, then my dad, my kids, my husband, my aunt, two of my closest friends. I miss them but I'm glad that part of my life is over.”

- *Community Conversation participant, Clear Creek County*

Key Informant Sessions

The following questions were asked at the 10 Key Informant Sessions. Key informants were comprised of professionals in aging, members of county councils on aging, and older adults that are leaders in their communities. Responses to the questions are summarized below.

General Questions

WHAT DOES SUCCESSFUL AGING LOOK LIKE?

- Healthy
- Activities
- Independent
- Available services
- Financially solvent
- Appropriate level of health care coverage
- Transportation
- Access to medical care
- Being engaged
- Navigating information
- Mental health
- Social engagement
- To be valued
- Safety in community
- Planning (financial, medical, advanced directive)
- Fraud prevention and help
- Hearing and visual aids
- Support for caregivers
- Dementia-inclusive communities
- Ability to utilize resources
- Self determination

WHAT SERVICES ARE CRITICAL TO HELPING PEOPLE AGE SUCCESSFULLY IN YOUR COMMUNITY?

- Better access to health care services
- More mental health services
- More community services that come into home
- Transportation
- More services outside of the metro area
- A way to identify, reach and serve those who are shut in
- More senior centers
- Walkable communities
- Outreach and regular check ins with those who are isolated or shut in
- Technology that promotes independence and affordable
- Employment opportunities
- Scam and fraud prevention
- Affordable, appropriate housing
- Affordable home modification
- Therapy service in general especially in home is needed

- Assistance in getting medications
- Chore services (snow removal, yard work)
- Better cell phone service – so can use telemedicine
- More affordable services like handyman, plumbers, home modifications

WHAT DOES YOUR COMMUNITY DO TO HELP PEOPLE AGE SUCCESSFULLY?

- The Douglas H. Buck Center – classes, health clinics, place to exercise and socialization
- Light rail
- Transportation – community circular bus
- Services for older adults at libraries
- Free legal clinic on Fridays at Bemis Library in Littleton
- Subsidize senior transportation in county (Adams, Broomfield, Clear Creek, Douglas, Jefferson)
- Aurora Center for Active Adults
- Elder abuse task force
- Home delivery services
- Volunteers (A Little Help, Seniors' Resource Center, Volunteers of America were mentioned)
- Free medical alerts
- Gilpin County Human Services and recreation center offer classes, exercise, outings, transportation, in-home meal delivery.
- Neighbor Network provides services, support, transportation
- Counties fund services of older adults

Age-specific Questions

The DRCOG Area Agency on Aging provides services to older adults starting at age 60 and our older clients are 100-plus. Participants of the Key Informant Sessions were asked about the needs of older adults in different age ranges. Responses are listed below.

WHAT DO PEOPLE BETWEEN 60 AND 70 NEED MOST TO AGE SUCCESSFULLY?

- Access good health care
- Prevention service
- Community health fairs (like Channel 9 Health Fair)
- Information
- Caregiver support (parents, grandkids)
- Employment opportunities
- Volunteer opportunities
- Benefit information and support
- Financial planning
- Life planning
- Home maintenance
- Retirement transition services
- Pay equity
- Housing transitions

WHAT DO PEOPLE BETWEEN 70 TO 80 NEED TO AGE SUCCESSFULLY?

- Affordable housing options
- Resource management and counseling
- Benefits counseling
- Caregiver support (spouse, parents, kids, grandchildren)
- Transportation (especially at night)
- Activities
- Increase in Social Security
- In-home services
- Chore services (yard work, snow shoveling, house work)
- Telehealth
- In-home tech support

WHAT DO PEOPLE BETWEEN 80 AND 90 NEED MOST TO AGE SUCCESSFULLY?

- Nutrition services
- In-home health care
- In-home services
- Chore services
- Transportation
- Quality long-term care facilities (especially assisted living that accepts Medicaid)
- Advance directives
- Support for caregivers

- Social connection
- Sense of value
- Isolation prevention
- Mental health

- Companionship
- In-home monitoring

**“People don’t notice you when you are old, they look right through you.
It makes me feel like I don’t matter.”**

- *Community Conversation participant, Englewood*

WHAT DO PEOPLE OVER 90 NEED TO AGE SUCCESSFULLY?

- Quality professional caregivers
- In-home care and services
- Good nutrition and meal assistance
- Quality long-term care options
- Coordinated medical and mental health
- Transportation
- Advanced directives and end-of-life planning
- Not to be forgotten
- Pain management
- Palliative care
- Support for family
- Benefits counseling

SECTION III: DEMOGRAPHICS

The DRCOG AAA planning area covers more than 4,000 square miles. The following demographic information describes the important features of our region that influence the work of the AAA. Note that the “Denver region” refers to Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Gilpin and Jefferson counties. All data is from the 2017 ACS Five-Year Estimates and Department of Local Affairs estimates and forecasts (December 2018).

Key Demographic Characteristics

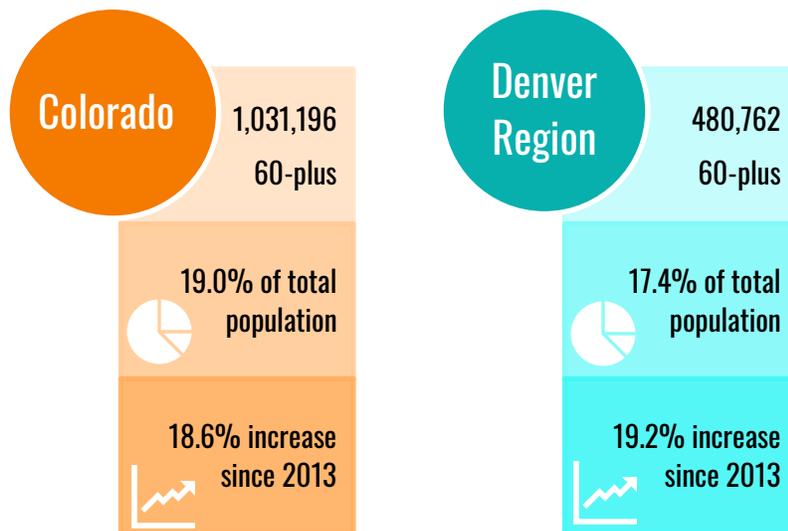
Total Population

The regional population of 2.75 million accounts for just over half of the state’s population. The region is growing at a faster rate than the rest of the state. Since 2013, the region’s population has increased at a rate of 7.6 percent compared to a 6.2 percent population increase for the entire state.

Population 60 and Over

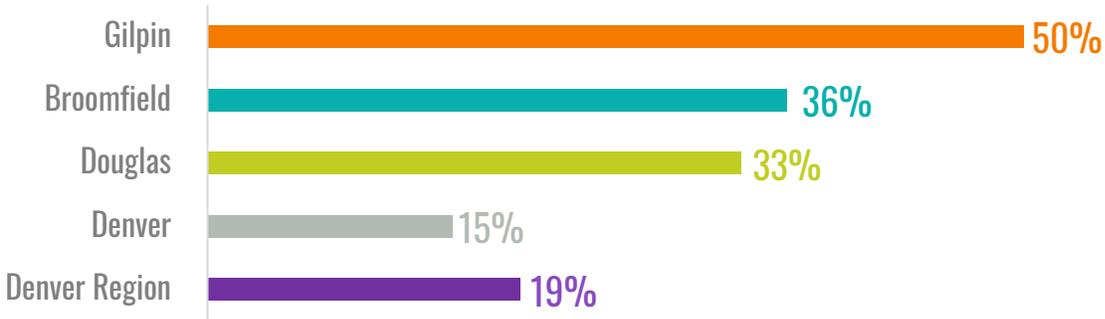
Forty-seven percent of the state’s population age 60 and older live in the Denver region. The proportion of older adults varies by county; for example, while 17.4 percent of the Denver region are older adults, larger proportions of county populations, such as 26.5 percent in Clear Creek County and 27.3 percent in Gilpin County, are older. The number of people also varies by gender. While 17.4 percent of the population in the Denver region are older, among men 15.9 percent are older and among women 19.0 percent are older. (See Map 1 in the appendix.)

60-plus Population



The percentage of older adults is increasing more rapidly in some counties than others. For example, see the comparison chart on the next page.

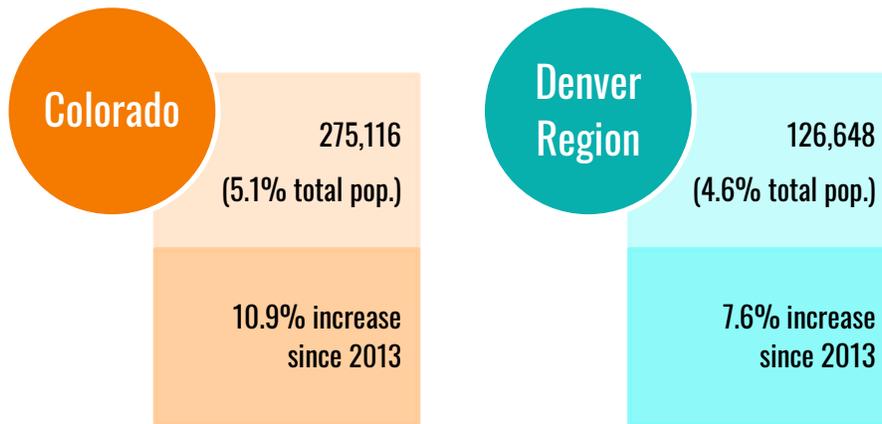
Percent Change in 60-plus Population Since 2013



Population 75 and Over

The 75 or older population is increasing in both the Denver region and the state. In the Denver region, 4.6 percent of the population is 75 or older. Among men in the Denver region, 3.7 percent are 75-plus while among women 5.4 percent are 75 or older. (See Map 2 in the appendix.)

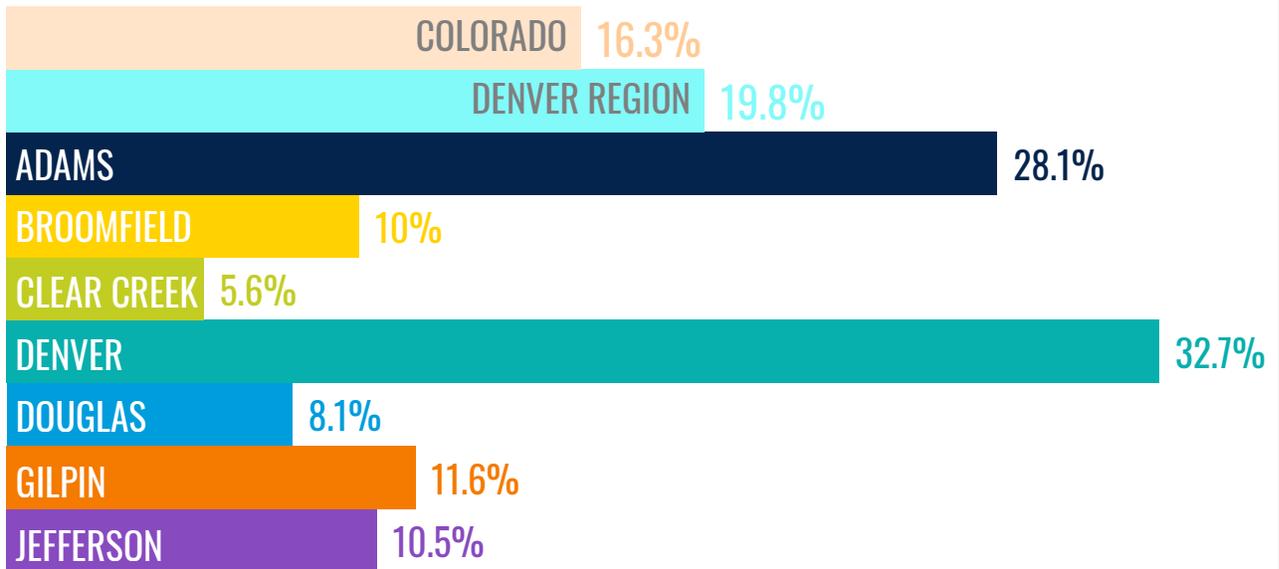
75-plus Population



Population 65 and Over, by Race:

Over the Denver region, 19.8 percent of the older population (65 and over) are minority (not White Alone, Non-Hispanic/Latino), compared to 16.3 percent of the older population in Colorado. (See Maps 3, 3A, and 4 in the appendix.)

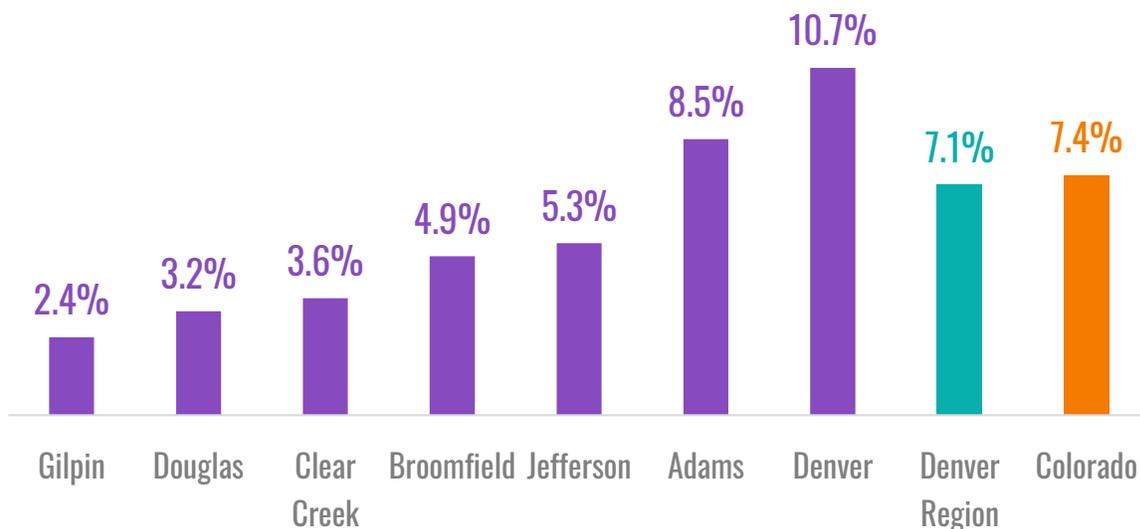
Adults 65-plus Not White Alone, Non Hispanic/Latino



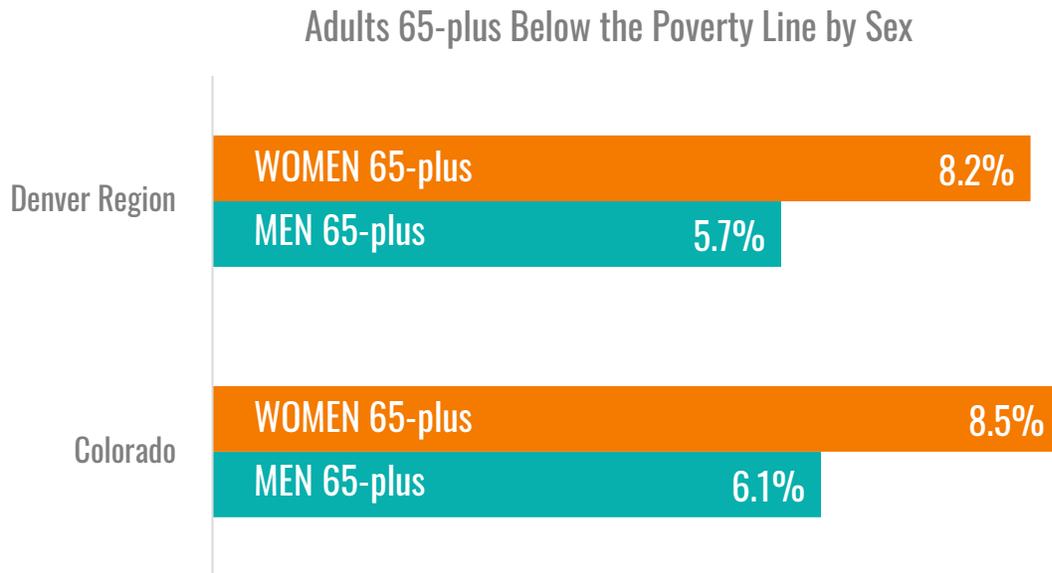
Population 65 and Over, by Poverty Status

Over the Denver region, 7.1 percent of the older population (65 and over) have income below the poverty line. This differs by county, with Denver and Adams having the highest percentages, 10.7 percent and 8.5 percent respectively, of adults 65 or older below the poverty line. Of the older population, in Broomfield County, 4.9 percent are below the poverty line; in Clear Creek County, 3.6 percent; in Douglas County, 3.2 percent; in Gilpin County, 2.4 percent; and in Jefferson County, 5.3 percent. (See Maps 5 and 5A in the appendix.)

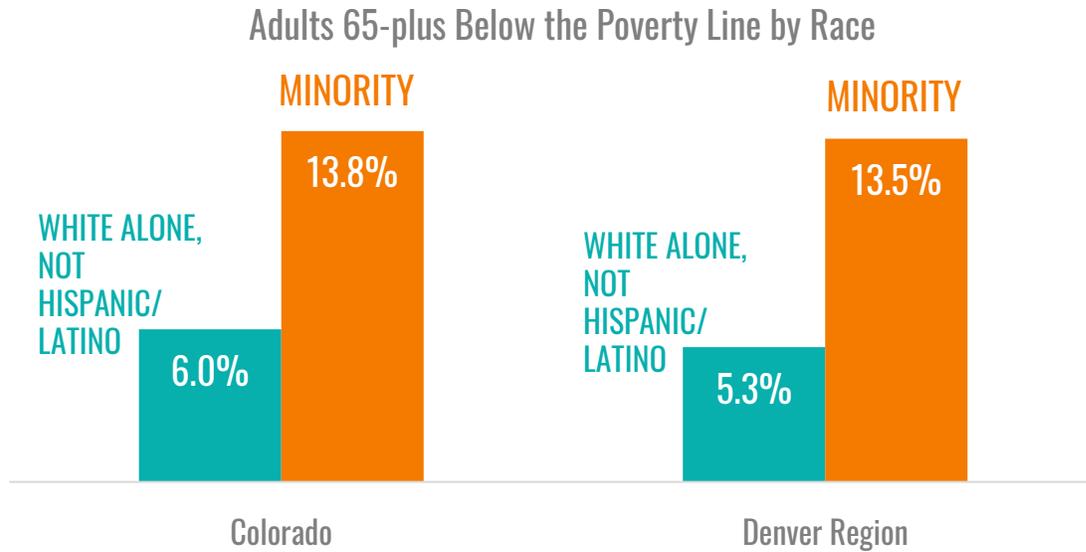
Adults 65-plus Below the Poverty Line



Population 65 and Over, by Poverty Status and Sex



Population 65 and Over, by Poverty Status and Race

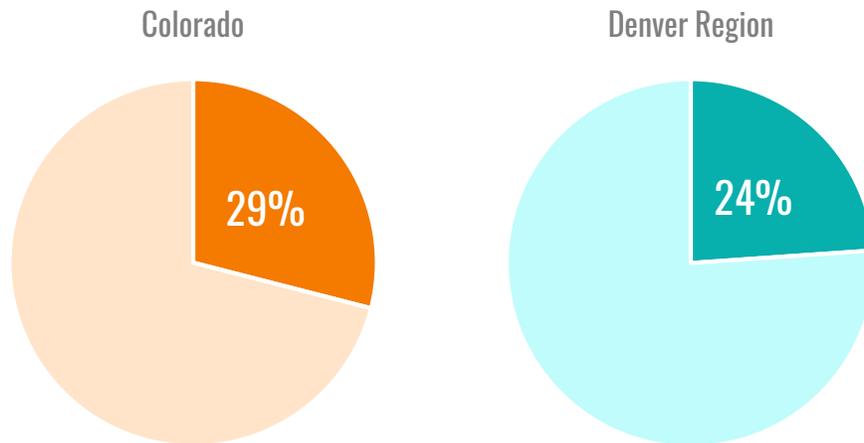


Detailed Demographic Data

Population 60 and Over, by Responsible for Grandchild Under 18

A smaller proportion of adults 60 or older in the Denver region are responsible for a grandchild under the age of 18 compared to the state overall.

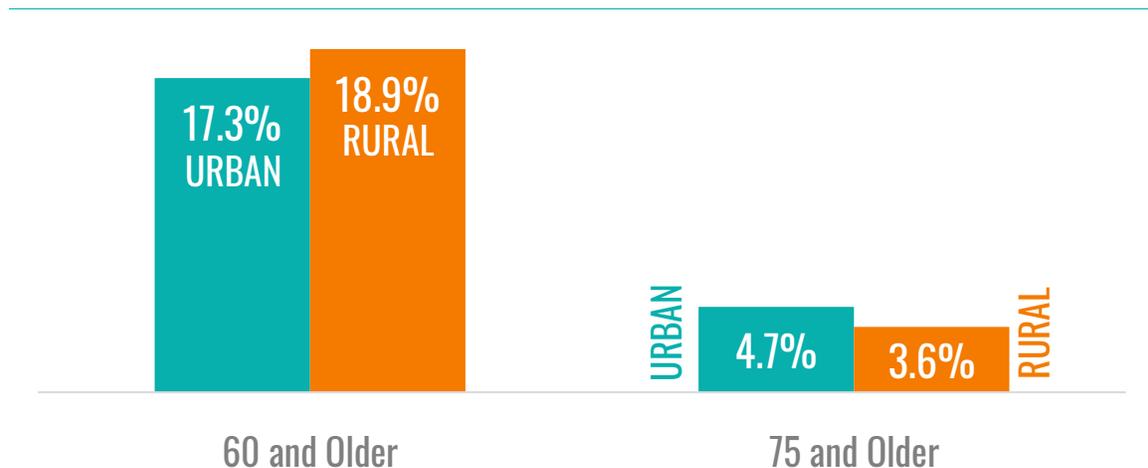
Adults 60-plus Responsible for Grandchild Under 18



Urban/Rural Population

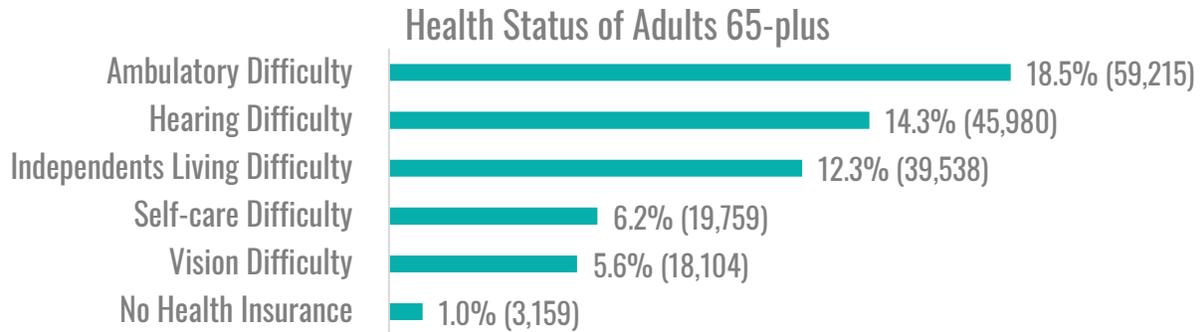
In the Denver region, a larger percent of the population is 60 or over in rural areas while a larger percent of the population is 75 or over in urban areas.

Urban and Rural Population



Population 65 and Over, Health Status

Estimates of those 65 and over reporting the above health difficulties are generally higher for Adams and Denver counties.

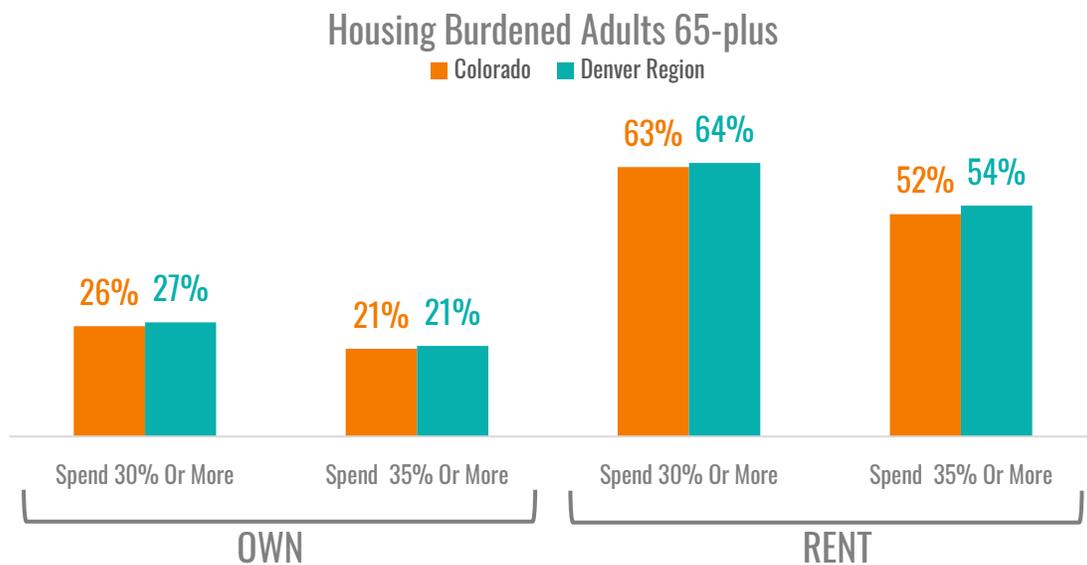


Total Population Veterans/Non-Veterans

In the Denver region, 3.3 percent of the population are veterans 65 or over, compared to 3.9 percent of the state population. However, of veteran population in the Denver region, 44.1 percent are 65 or over.

Population 65 and Over, Housing Burden

Housing burdens vary based on whether older adults rent or own their homes, but generally older adults are more likely to be housing burdened than the total population. Older adults who rent are more likely to spend 30 percent or more of their income on housing compared to older adults who own and compared to the total population. In addition, older adults who own are more likely to spend 30 percent or more of their income on housing compared to the total population.

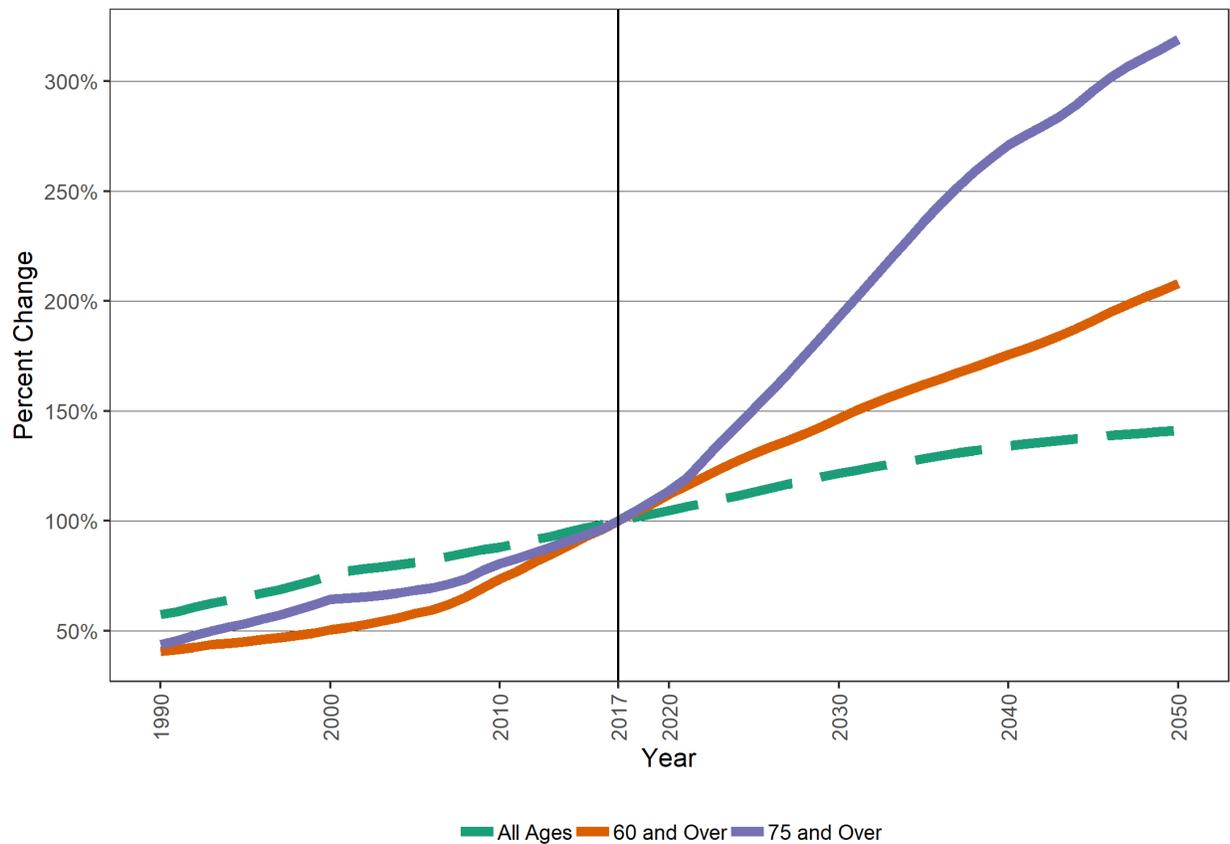


Population Change

Regional Aging Population Change

In 1990, it took 16 years to add 100,000 60-plus adults to the Denver region population. By 2010, it took five years to add 100,000 60-plus adults to the Denver region population. In 1990, it took 31 years to add 100,000 75-plus adults to the Denver region population. By 2010, it took 15 years to add 100,000 75-plus adults to the Denver region population. By 2020, it will take nine years to add 100,000 75-plus adults to the Denver region population.

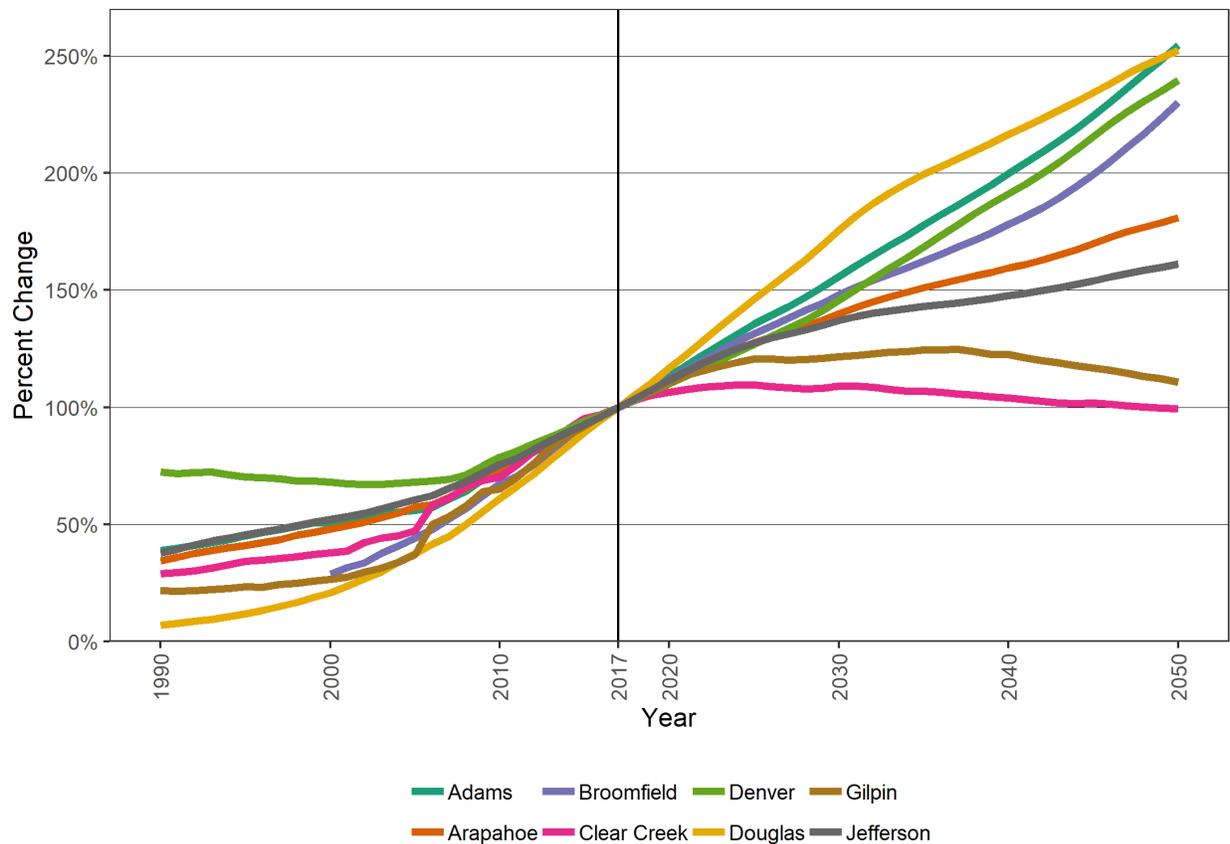
Percent Change in Population from 2017: Denver Region



Change in Population: Denver Region			
	All Ages	60 and Over	75 and Over
1990	1,638,991	212,252	60,669
2017	2,856,700	521,742	138,102
2050	4,035,163	1,085,440	440,701

60-plus Population Change by County

Percent Change in 60 and Over Population from 2017

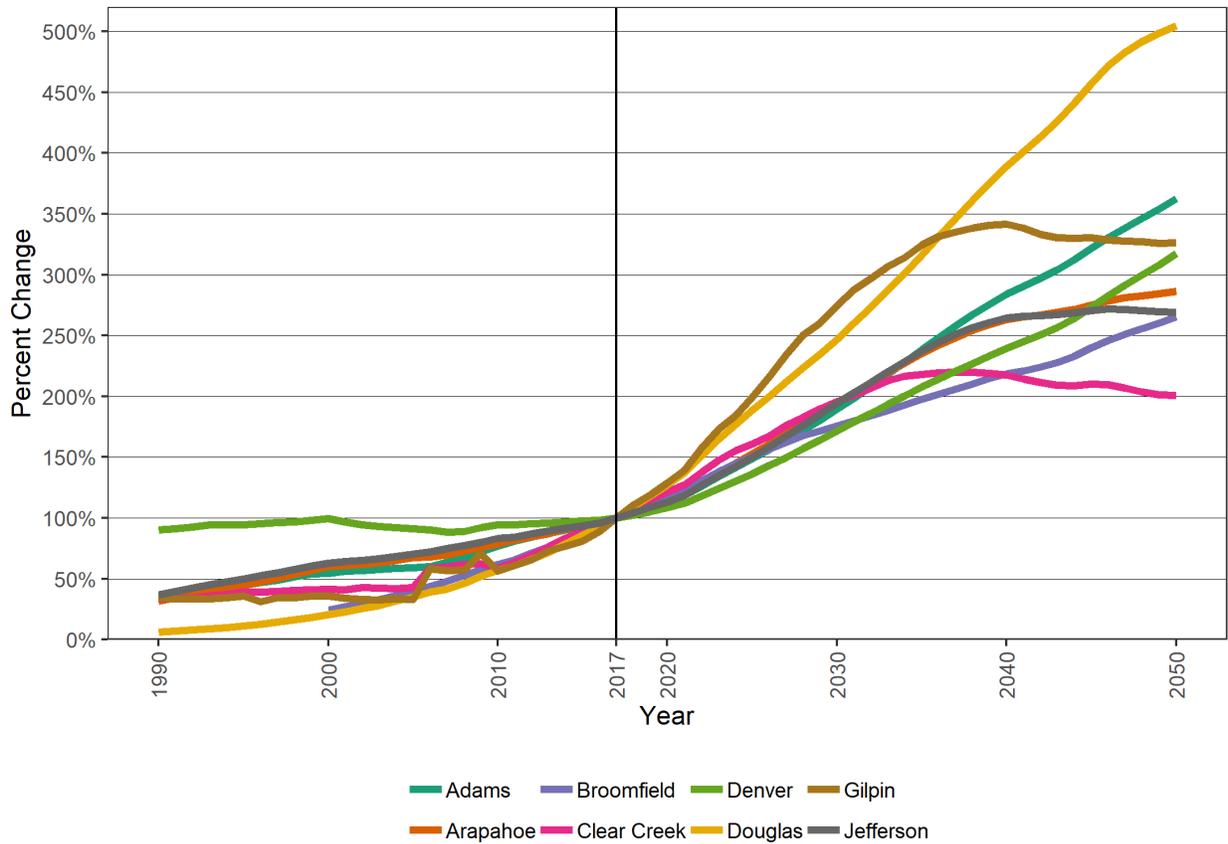


Population 60 and Over by County								
Year	Adams	Arapahoe	Broomfield	Clear Creek	Denver	Douglas	Gilpin	Jefferson
1990	29,778	41,816	0*	808	84,404	4,037	337	51,072
2017	73,124	116,289	11,801	2,698	112,699	53,816	1,484	129,393
2050	194,366	218,864	28,301	2,767	279,088	143,180	1,706	271,168

*Consolidation of the City and County of Broomfield did not occur until 2001.

75-plus Population Change by County

Percent Change in 75 and Over Population from 2017



Population 75 and Over by County								
Year	Adams	Arapahoe	Broomfield	Clear Creek	Denver	Douglas	Gilpin	Jefferson
1990	7,122	10,268	0*	196	28,937	803	80	13,263
2017	19,487	31,303	3,708	544	31,379	11,594	208	34,581
2050	73,617	93,222	10,383	1,170	101,441	63,317	764	96,787

*Consolidation of the City and County of Broomfield did not occur until 2001.

SECTION IV: COMMUNITY ASSESSMENT SURVEY OF OLDER ADULTS (CASOA)

The DRCOG Area Agency on Aging contracts with the National Research Center, Inc. to administer the **Community Assessment Survey for Older Adults (CASOA)**. The CASOA provides a statistically valid survey of the strengths and needs of older adults as reported by older adults themselves in communities across America and in the DRCOG region.

The survey was mailed out to a random selection of 10,400 older adult households in the DRCOG service area. A total of 1,246 completed were returned for an overall response rate of 12 percent providing an overall margin of error rate of plus or minus 3 percent around any given percent and two points around any given average rating for the entire sample.

Information from CASOA is a tool used to identify strengths, needs and trends in DRCOG's planning and service area. It is used to prioritize funding and service priorities in the next four years. It also helps our local governments, service providers and other partners understand more about the older adults living in their region, including what is going well and the areas that still need work.

DRCOG conducted county reports for Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Gilpin and Jefferson counties and for the City of Aurora. The regional report and each county report are located on the DRCOG website and the DRCOG Network of Care Site. In addition, DRCOG Area Agency on Aging staff provide presentations on the results of CASOA 2018 all over the region. To date we have provided 15 presentations in various communities and will continue to provide many more. The results have also been shared with county councils on aging and DRCOG contractors, the DRCOG staff and DRCOG Board of Directors.

Results of CASOA 2018

The report is based around the following six community dimensions:

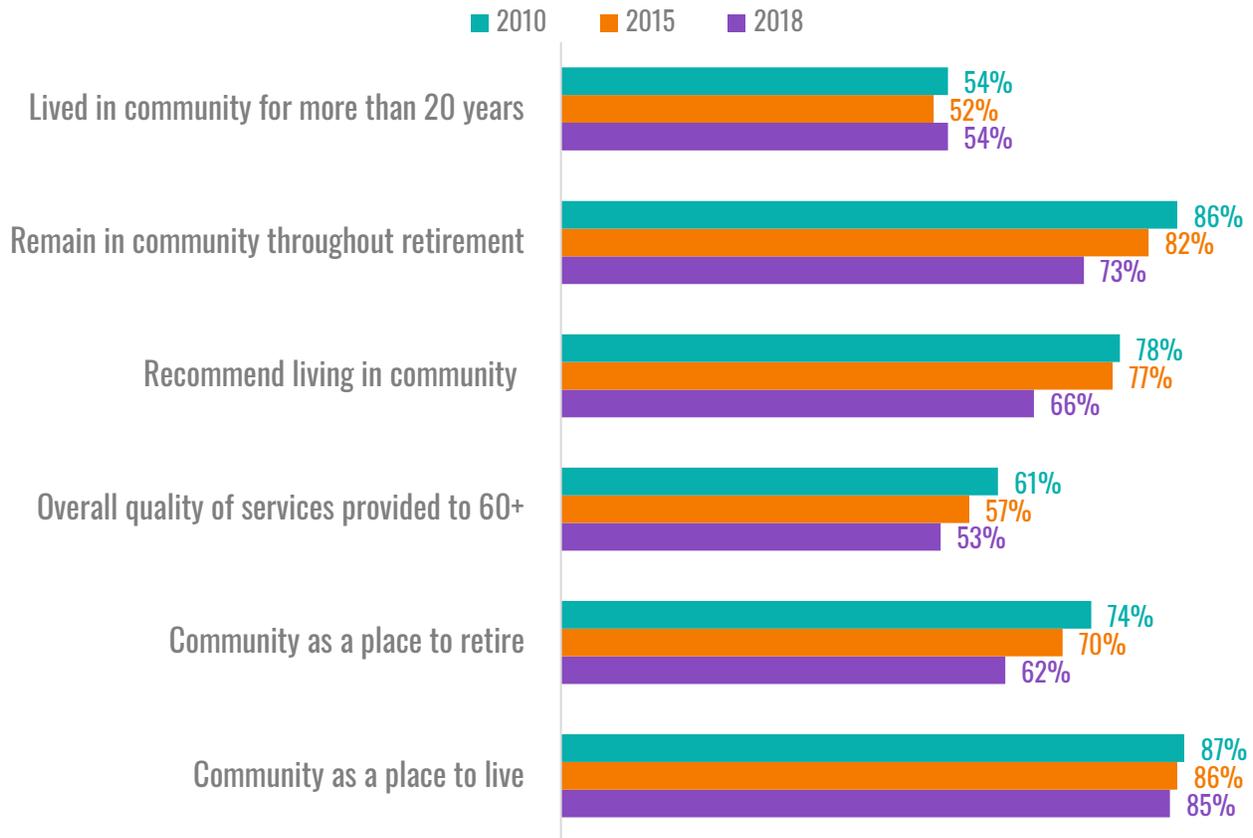
- Overall community quality
- Community and belonging
- Community information
- Productive activities
- Health and wellness
- Community design and land use

Overall Community Quality

SUMMARY

Most of the region's older residents gave high ratings to the community as a place to live, and about two-thirds of older adults would recommend the Denver metro area to others. Just over half of respondents lived in the community for more than 20 years and almost three-quarters planned to stay in the community throughout their retirement.

Community Quality



Community and Belonging

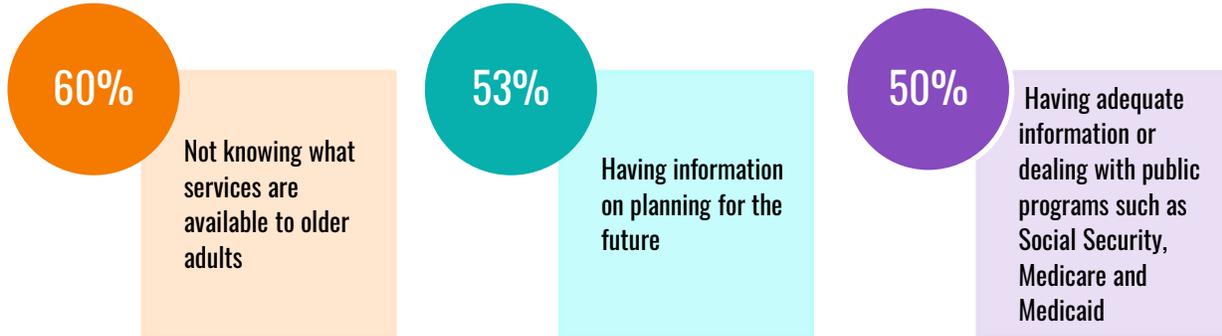
A sense of community is having a sense of membership and belonging, but it also includes feeling safe, having a shared history and trusting the others in your community. About half of older adults felt accepted and valued in their community. A moderate proportion of older residents reported problems with crime or abuse. Results include:

- 52 percent have a positive sense of community
- 71 percent feel safe in their community
- 52 percent feel valued in their community
- 30 percent feel they were discriminated against because of age
- 16 percent report being a victim of crime
- 19 percent a victim of a scam or fraud

Community Information

Approximately half of the older adult population report that they will not have the information they need when they need it. The education of a large community of older adults is not simple, but when residents are made aware of available programs and activities, more people can benefit. DRCOG's information and referral specialists, Medicare counselors, and Network of Care website assisted more than 20,000 people in fiscal year 2018. However, survey results indicate that there is still a significant need for information.

The following percentages of people reported at least a minor problem:



Older adults need to know where to find information about all available services, but specific areas of higher demand include information about public benefits, financial planning, and legal services. The information needs to be readily accessible, reliable, and from trusted sources.

While the need for information is well recognized, it is compounded by the cost to provide it. Service providers often must make difficult decisions how to prioritize funds to provide services and market their services to potential consumers.

DRCOG is rising to the challenge by:

- Improving our Network of Care website by adding more resources, increasing access to services and ensuring that the data is accurate and relevant
- Increasing the number of Community Information specialists to include Spanish speakers
- Working with community providers to ensure better referrals and reduce waitlists
- Partnering with 9News Senior Source and No Copay Radio on 1430 AM to inform people about the Area Agency on Aging. The shows provide education, talks about available resources and highlights the work of community service providers and innovative solutions to challenges facing older adults and their families.
- Continuing to operate and expand service in the State Health Insurance Assistance Program (SHIP) by providing more educational sessions, offering more services in Spanish, and increasing outreach by partnering with community service providers to offer direct services in the region.

Productive Activities

In communities where residents feel engaged and effective, there is greater social and economic prosperity. Being involved in community activities or decisions provides benefit for the community and it also benefits the individuals themselves. Older adults that participate are less likely to become injured or to die prematurely.

VOLUNTEERING

While 75 percent of the CASOA respondents rated volunteer opportunities favorably, only 37 percent participated in some kind of volunteer work. DRCOG's work with communities has shown that volunteer opportunities exceed the number of people who are actively volunteering.

CIVIC ENGAGEMENT

Individuals living in the DRCOG region rated higher than the national average for attending public meeting. Other results related to civic engagement include:



SOCIAL ENGAGEMENT

About two-thirds of older residents rated their opportunities to attend social activities as “excellent” or “good.” Five in ten reported going to religious or spiritual activities while three in 10 participated in clubs and two in 10 used a senior center.

OPPORTUNITIES TO ATTEND SOCIAL ACTIVITIES ARE “EXCELLENT” OR “GOOD”



PARTICIPATED IN CLUBS



ATTENDED RELIGIOUS OR SPIRITUAL ACTIVITIES



USED A SENIOR CENTER



THE SURVEY IDENTIFIED SOME POTENTIAL PROBLEMS:

- Fewer people than in previous surveys used community centers, participated in social activities like book club, dances, game groups and other social groups
- Fewer people reported visiting/communicating with family or friends
- Fewer people participated in religious or spiritual activities with others

Social activities	Visiting with family or friends	Religious or spiritual activities
• 2018 - 31%	• 2018 - 93%	• 2018 - 46%
• 2015 - 36%	• 2015 - 96%	• 2015 - 54%
• 2010 - 33%	• 2010 - 96%	• 2010 - 58%

There was also a decline in recreation facility use. The survey showed that most older adults visited a park in the past year, but only 42 percent used a recreation center. Fifty-two percent reported going to the library at least once in the year which was lower than in 2015 and lower than the national average.

Less than half of those interviewed said that they had a least a “minor” problem finding interesting recreational or cultural activities.

Health and Wellness

INDEPENDENT LIVING

Having care options available in the community could be the difference between remaining in your own home and community or leaving for a place that offers more assistance.

RATED AVAILABILITY OF CARE OPTIONS FAVORABLY



SPENT ONE DAY IN THE HOSPITAL



PROBLEMS WITH ASPECTS OF INDEPENDENT LIVING



SPENT TIME IN A NURSING HOME



PROBLEMS PERFORMING DAILY ACTIVITIES



CAN NO LONGER DRIVE

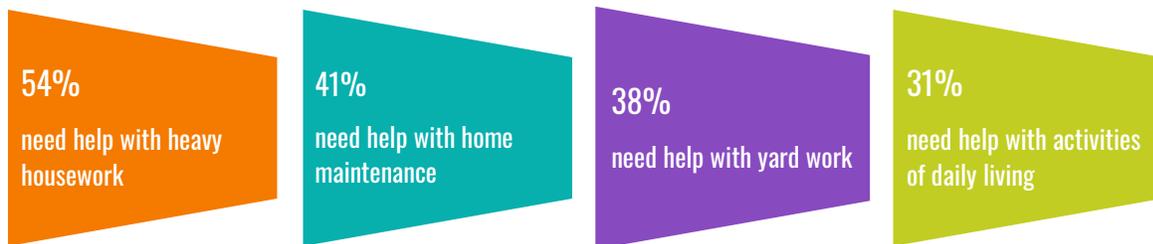


FALLEN IN THE LAST YEAR



PHYSICAL HEALTH

Home maintenance and chore services are critical to helping people remain in their homes as they age.



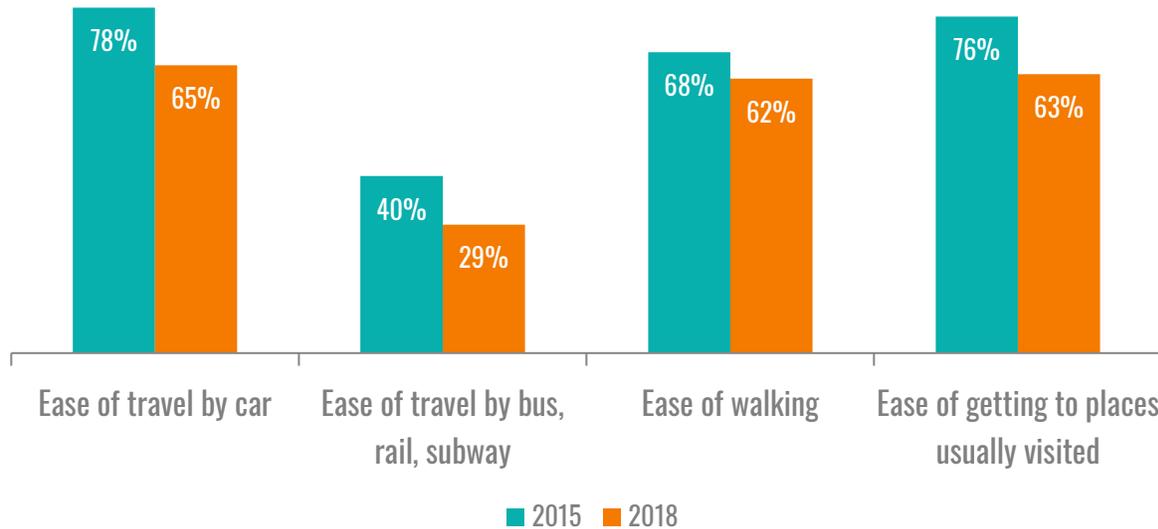
Community Design and Land Use

TRANSPORTATION

It is becoming increasingly more difficult for older adults to get to the destinations they need or desire.

The ease of transportation is trending downward for the Denver metro area. Older residents are finding it harder to get to the places usually visited in their community. Ease of travel by car, ease of public transportation, and ease of walking have declined significantly since 2015. Considering that nearly three in four older residents wish to remain in their community throughout retirement, this downward trend signals an important need for successful aging in place.

Percent Viewing Transportation as Good or Excellent



Generally, a community designed to be a more “livable” emphasizes accessibility to services, facilitates movement to those services, and provides convenient and safe transportation alternatives. Addressing problems with the ease of transportation requires changes to the transportation system within the context of the community design, involving multiple transportation industry partners and city leadership.

In the coming years, DRCOG will continue its focus on improving transportation for older adults in the region by:

- Establishing a voucher program that will allow older adults to choose from several transportation providers that have been vetted in our consumer choice program or pay a family or friend in our consumer-directed program.
- The AAA will continue to diversify funding for transportation services in the region, by working with DRCOG’s transportation division and the Colorado Department of Transportation to combine AAA funding with Transportation Improvement Program funds to expand the service areas number, and types of trips in the region.
- DRCOG’s Veterans Transportation Community Living Initiative (VTCLI) will make it easier for veterans, military members, their families and others to learn about and arrange transportation services through a coordinated trip exchange. Through a secure, web-based platform, transportation providers will work together to provide trips to veterans and other vulnerable populations. DRCOG hopes to create a “no wrong door” approach to transportation and provide more efficiencies to the transportation system.

AFFORDABILITY

Although the Denver region has consistently been rated highly as a place to live, it is becoming a less favorable place to retire due in part to affordability issues. In recent years, older adults have rated it less positively as a place to retire and to remain throughout retirement.

While there may be several contributing factors, one that stands above the rest is the rising cost of living in the Denver metro area. Many older adults are facing challenges for having enough money for daily expenses. The financial pressure spans all aspects of living from housing and health care to food and medications.

The survey showed low ratings for affordability, with the following percent of older residents reporting “excellent” or “good”:



National Research Center, Inc. has developed a database that collates responses to CASOA and related surveys administered in 175-plus communities across the nation. In this benchmarking comparison, the Denver Metro Region was rated **much lower** than benchmark for **affordable quality housing** and the **variety of housing options**. Similarly, the Denver region was **lower** than benchmark for **cost of living** and **affordable quality health care** (both physical and mental).

INNOVATIVE PROGRAMS WORKING TO ADDRESS THESE ISSUES

Innovative programs to help people stay and thrive in their communities are emerging throughout Colorado.

Thanks to multiple community-led initiatives, AARP designated Colorado an age-friendly state – only the third state in the country to receive this designation. Lifelong Colorado, a partnership launched between the State of Colorado, local governments and service organizations has a goal of helping 100 more communities become age-friendly by 2023.

Some counties and municipalities have joined the AARP Network of Age-Friendly States and Communities, and other communities have used DRCOG’s comprehensive assessment tool called Boomer Bond to assist with developing age-friendly plans. Both initiatives provide a framework for assessing and planning for changes that make communities more “livable”. With these and other community-led initiatives, Lifelong Colorado can help make Colorado an exceptional place to age successfully.

SECTION V: VOLUNTEERS AND CURRENT AND FUTURE PROGRAMS

Volunteers

DRCOG currently utilizes the services of four volunteers in the State Health Insurance Assistance Program (SHIP). The volunteers are trained and certified to provide counseling services on the phone and help with outreach and education. DRCOG's Area Agency on Aging intends to bring at least five to 10 more volunteers on board to work mainly in the SHIP. We are also hoping to recruit a volunteer to help us manage the resources on the Network of Care website. DRCOG AAA has had volunteer programs for more than 25 years. The key to operating an effective volunteer team is to have good training, excellent supervision and provide them with the tools and information it takes for them to be successful. This requires investment at DRCOG. We provide in-house training and certification, individual supervision and support, personal office space, computers, headsets, in-building parking and formal recognition.

The DRCOG Advisory Committee on Aging (this is the Older Americans Act Regional Advisory Committee) is made up of volunteers from each county served by the DRCOG AAA and elected by their county council on aging. We also have community leaders and DRCOG Board members on the committee. All are very knowledgeable and passionate advocates for older adults. The funding advisory committee comprises eight members of the Advisory Committee on Aging. These dedicated volunteers spend countless hours reviewing, scoring and evaluating requests for funds and make funding recommendations to the DRCOG Board of Directors.

Current and Future Programs

One of the primary responsibilities of the DRCOG AAA is to administer the programs of the Older Americans Act. Contracts with various community-based organizations allow us to provide a range of services in the community, including transportation, nutrition, information and assistance, adult day, counseling and health promotion services. Providers are listed below.

Adult Day Services

DOUGLAS COUNTY DEPARTMENT OF COMMUNITY DEVELOPMENT

Community and Resource Services

100 Third St.

Castle Rock, CO 80104

douglas.co.us/community/senior-adult-services

303-660-7519

Counties served: Douglas

SENIORS' RESOURCE CENTER

3227 Chase St.

Denver, CO 80212

srcaging.org

303-238-8151

Counties served: Adams, Broomfield, Clear Creek, Denver and Jefferson

THE SENIOR HUB

2360 West 90th Ave.

Federal Heights, CO 80260

seniorhub.org

303-426-4408

Counties served: Adams, Arapahoe, Broomfield, Denver and Jefferson

Case Management

DRCOG AREA AGENCY ON AGING

1001 17th St, Suite 700

Denver, CO 80202

drcog.org

303-480-6704

Counties served: Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Gilpin and Jefferson

Counseling Services

ASIAN PACIFIC DEVELOPMENT CENTER

1537 Alton St.

Aurora, CO 80010

apdc.org

303-923-2920

Counties served: Adams and Denver

JEFFERSON CENTER FOR MENTAL HEALTH (SENIOR REACH PROGRAM)

70 Executive Center

4851 Independence St.

Wheat Ridge, CO 80033-6715

jcmh.org/services/senior-services/

1-866-217-5808

Counties served: Broomfield, Clear Creek, Gilpin and Jefferson

MOUNT EVANS HOME HEALTH CARE AND HOSPICE

3081 Bergen Peak Drive

Evergreen, CO 80439

mtevens.org

303-674-6400

Counties served: Clear Creek, Gilpin and Jefferson

SENIOR SUPPORT SERVICES

846 East 18th Ave.

Denver, CO 80218

seniorsupportservices.org

303-832-1622

Counties served: Denver

Hearing Aids and Eyeglasses

COLORADO GERONTOLOGICAL SOCIETY

1330 Leyden St. #148

Denver, CO 80220

senioranswers.org

303-333-3482

Counties served: Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Gilpin and Jefferson

Handyman/Chore Services

ARAPAHOE COUNTY COMMUNITY RESOURCES

1690 West Littleton Blvd., Suite 300

Littleton, CO 80120

co.arapahoe.co.us/326/Community-Resources

303-738-8080

Counties served: Arapahoe

DOUGLAS COUNTY DEPARTMENT OF COMMUNITY DEVELOPMENT: COMMUNITY AND RESOURCE SERVICES

100 Third St.

Castle Rock, CO 80104

douglas.co.us/community/senior-adult-services

303-660-7519

Counties served: Douglas

SENIORS' RESOURCE CENTER

3227 Chase St.

Denver, CO 80212

srcaging.org

303-238-8151

Counties served: Adams, Broomfield, Clear Creek, Denver, and Jefferson

VOLUNTEERS OF AMERICA

2660 Larimer St.

Denver, CO 80205

voacolorado.org

303-297-0408

Counties served: Adams, Arapahoe, Clear Creek, Denver, Douglas, Gilpin and Jefferson

Health Promotion: Disease Prevention/Education/Wellness Programs

ASIAN PACIFIC DEVELOPMENT CENTER

1537 Alton St.

Aurora, CO 80010

apdc.org

303-923-2920

Counties served: Adams and Denver

HEALTHSET

2420 W. 26th Ave., Suite D-460

Denver, CO 80211

healthset.org

720-321-9320

Counties served: Adams, Denver and Jefferson

MOUNT EVANS HOME HEALTH CARE AND HOSPICE

3081 Bergen Peak Drive
Evergreen, CO 80439
mtevens.org
303-674-6400
Counties served: Clear Creek, Gilpin and Jefferson

TRI-COUNTY HEALTH DEPARTMENT

6162 South Willow Drive, Suite 100
Greenwood Village, CO 80111
tchd.org/550/Healthy-Aging-Programs
720-200-1572
Counties served: Adams, Arapahoe, Denver, Douglas and Jefferson

VOLUNTEERS OF AMERICA

2660 Larimer St.
Denver, Colorado 80205
voacolorado.org
303-297-0408
Counties served: Adams, Arapahoe, Denver, Douglas and Jefferson

In-Home Services

DOUGLAS COUNTY DEPARTMENT OF COMMUNITY DEVELOPMENT: COMMUNITY AND RESOURCE SERVICES

100 Third St.
Castle Rock, CO 80104
douglas.co.us/community/senior-adult-services
303-660-7519
Counties served: Douglas

JEWISH FAMILY SERVICE OF COLORADO

3201 South Tamarac Drive
Denver, CO 80231
jewishfamilyservice.org
303-597-5000
Counties served: Arapahoe, Denver and Jefferson

SENIORS' RESOURCE CENTER

3227 Chase St.
Denver, CO 80212
srcaging.org
303-238-8151
Counties served: Adams, Arapahoe, Clear Creek, Denver, Gilpin and Jefferson

COLORADO VISITING NURSE ASSOCIATION

6750 W. 52nd Ave.
Arvada, CO 80002
vnacolorado.org
303-698-2121
Counties served: Adams, Arapahoe, Broomfield, Denver, Douglas and Jefferson (including rural areas)

Information, Referral and Assistance Services

DRCOG AREA AGENCY ON AGING

1001 17th St, Suite 700

Denver, CO 80202

drcog.org drcog.networkofcare.org

303-480-6700

1-866-959-3017 outside the metro area

Counties served: Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Gilpin and Jefferson

BROTHERS REDEVELOPMENT

2250 Eaton St.

Denver, CO 80214

coloradohousingconnects.org

844-926-6632

Counties served: Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Gilpin and Jefferson

HEALTHSET

2420 W. 26th Ave., Suite D-460

Denver, CO 80211

healthset.org

720-321-9320

Counties served: Adams, Denver, and Jefferson

Legal Services

COLORADO LEGAL SERVICES

1905 Sherman St., Suite 400

Denver, CO 80203-1181

coloradolegalservices.org

303-837-1321

Counties served: Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Gilpin and Jefferson

Long-Term Care Ombudsman Services

DRCOG AREA AGENCY ON AGING

1001 17th Street, Suite 700

Denver, CO 80202

drcog.org

drcog.networkofcare.org 303-480-6734

Counties served: Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Gilpin and Jefferson

Nutrition Services

VOLUNTEERS OF AMERICA

Nutrition Program

2660 Larimer St.

Denver, CO 80205

voacolorado.org

303-297-0408

Counties served: Adams, Arapahoe, Clear Creek, Denver, Douglas, Gilpin and Jefferson

Respite and Caregiver Support Services

ALZHEIMER'S ASSOCIATION

455 Sherman St., Suite 500

Denver, CO 80203

alz.org/co

303-813-1669

Counties served: Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Gilpin and Jefferson

CATHOLIC CHARITIES AND COMMUNITY SERVICES

4045 Pecos St.

Denver, CO 80211

ccdenvver.org

303-742-0823

Counties served: Adams, Arapahoe, Denver, Douglas and Jefferson

CITY AND COUNTY OF BROOMFIELD: SENIOR SERVICES

280 Spader Way

Broomfield, CO 80020

broomfield.org/367/Senior-Services 303-464-5526

Counties served: Broomfield

LUTHERAN FAMILY SERVICES ROCKY MOUNTAINS

363 South Harlan St., Suite 200

Denver, CO 80226

lfsrm.org/

303-217-5864

Counties served: Adams, Arapahoe, Denver and Jefferson

THE SENIOR HUB

2360 West 90th Ave.

Federal Heights, CO 80260-6700

seniorhub.org

303-426-4408

Counties served: Adams, Arapahoe, Broomfield, Denver and Jefferson

Screening/Evaluation Services

ASIAN PACIFIC DEVELOPMENT CENTER

1537 Alton St.

Aurora, CO 80010

apdc.org

303-923-2920

Counties served: Adams and Denver

MOUNT EVANS HOME HEALTH CARE AND HOSPICE

3081 Bergen Peak Dr.

Evergreen, CO 80439

mtevans.org

303-674-6400

Counties served: Clear Creek, Gilpin and Jefferson

SENIOR SUPPORT SERVICES

846 East 18th Ave.
Denver, CO 80218
seniorsupportservices.org
303-832-1622
Counties served: Denver

SOUTHWEST IMPROVEMENT COUNCIL (SWIC)

1000 South Lowell Blvd.
Denver, CO 80219-3339
swic-denver.org
303-934-2181
Counties served: Adams, Arapahoe, Broomfield, Denver and Jefferson

Transportation Services

ADAMS COUNTY DEPARTMENT OF REGIONAL AFFAIRS

4430 South Adams County Pkwy., Suite 5309
Brighton, CO 80601
co.adams.co.us
720-523-6991
Counties served: Adams, Arapahoe and Broomfield

ARAPAHOE COUNTY COMMUNITY RESOURCES

1690 West Littleton Blvd.
Littleton, CO 80120
co.arapahoe.co.us/community resources
303-235-6972
Counties served: Adams, Arapahoe, Douglas and Jefferson

CITY AND COUNTY OF BROOMFIELD

280 Spader Way
Broomfield, CO 80020
broomfieldseniors.com
303-464-5534
Counties served: Adams, Broomfield, and Jefferson

DOUGLAS COUNTY DEPARTMENT OF COMMUNITY DEVELOPMENT: COMMUNITY AND RESOURCE SERVICES

100 Third St.
Castle Rock, CO 80104
douglas.co.us/community/senior-adult-services
303-660-7519
Counties served: Douglas

SENIORS' RESOURCE CENTER

3227 Chase St.
Denver, CO 80212
srcaging.org
303-235-6972
Counties served: Adams, Arapahoe, Broomfield, Clear Creek, Denver and Jefferson

VOLUNTEERS OF AMERICA

2660 Larimer St.

Denver, CO 80205 voacolorado.org

Clear Creek Services: 303-567-2382 Gilpin Services: 303-582-5444

Visually Impaired Services**A3**

910 16th St., Suite 1240

Denver, CO 80202

a3colorado.org

303-831-0117

Counties served: Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Gilpin and Jefferson

AUDIO INFORMATION NETWORK OF COLORADO

1700 55th St., Suite A

Boulder, CO 80301-2702

aincolorado.org

303-786-7777

1-877-443-2001 outside the metro area

Counties served: Adams, Arapahoe, Broomfield, Denver, Douglas, Gilpin and Jefferson

COLORADO CENTER FOR THE BLIND

2233 West Shepperd Ave.

Littleton, CO 80120

cocenter.org

303-778-1130

Counties served: Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Gilpin and Jefferson

SENIORS' RESOURCE CENTER

3227 Chase St.

Denver, CO 80212

srcaging.org

303-238-8151

Counties served: Adams, Arapahoe, Clear Creek, Gilpin and Jefferson

SECTION VI: QUESTIONS

Core Services

1. Which of the following services is funded by the AAA?

- a. Congregate meals;
- b. Home-delivered meals;
- c. Transportation services; and/or
- d. In-home services.

Response:

DRCOG funds all the services listed above. More details listed below:

- *Congregate meals* – DRCOG funds 30 meal sites and provided funding for 191,185 meals in the planning and service area. Meal sites include:
 - two in Adams County
 - two in Arapahoe County
 - two in Clear Creek County
 - 18 in Denver County
 - one in Douglas County
 - one in Gilpin County
 - four in Jefferson County
- *Home-delivered meals* – DRCOG funded 592,586 meals and delivered to all eight counties in the planning and service area including the eastern plains of Adams and Arapahoe counties and mountain homes in Gilpin and Clear Creek.
- *Transportation services* – DRCOG provided 112,595 trips in the DRCOG region
- *In-home services* – DRCOG provided funding for 54,161 hours of in-home services

2. In your region, are there any situations, not including funding, that are barriers to innovation within the core Older Americans Act programs? If yes, please elaborate and be as specific as possible.

Response:

Affordable, accessible housing is a huge need in the Denver region. If people don't have housing, it is hard to provide them with other services.

There are food deserts in our region and food insecurity continues to be a top problem in the region. The AAA has tried to expand partnerships in the region, but community providers state that the regulations of the Older Americans Act are too cumbersome. Therefore, we have been unable to expand nutrition services in the region.

The region's low unemployment rate is proving challenging for community service providers and long-term care communities. This combined with low wages and high cost of living in our area are making it very difficult to find and keep qualified staff. The Older Americans Act programs most affected are in-home services and transportation.

Complaints related to low staffing in nursing homes and assisted-living facilities continue to be common among those received by the Long-Term Care Ombudsman Program.

Transportation is a huge challenge in our region. Older adults tell us that there are not enough options, that private pay options are too expensive for many, and while some like ride-hailing services

like Uber and Lyft, most have not tried them. Congestion on the roads was mentioned many times in community conversations as a reason that people don't go out and do things they would like to.

3. What is your current process for monitoring providers and what plans do you have to update it and improve over the next 4 years?

Response:

Providers are routinely monitored. Monitoring is performed no less than monthly to ensure contract requirements are being met with regards to service delivery (units, clients) and contract performance (funding draw down, match provision). Additionally, on-site provider assessments are conducted no less than annually by DRCOG's contracted auditor. For the assessments, DRCOG uses a standard evaluation tool that is periodically updated based on changes in state or DRCOG policies and procedures. The introduction of new provider agencies or new key program staff also triggers early and frequent monitoring to ensure compliance and to identify any training issues. DRCOG also requires providers to submit a cost analysis report no less than annually to verify the underlying program costs for which they received reimbursement. Plans for improving overall monitoring include conducting more random compliance checks, particularly in areas commonly subject to compliance citations. The areas that will be more frequently reviewed include, but are not limited to, consumer assessments, program income procedures and documentation, staff background checks, food safety procedures and documentation, and vehicle and driver records. There will also be more provider on-site visits to observe service quality and evaluate other areas for program compliance. The contractor evaluation tool will also be expanded with additional compliance checklists for nutrition, transportation and in-home services.

4. What services currently have a waitlist? What is the process for monitoring the waitlist and how are individuals prioritized to receive services?

Response:

The services currently with waitlists include the following:

- Assisted transportation
- Caregiver respite
- Case management/ screening
- Chore
- Mental health counseling
- Home delivered meals
- In-home services (homemaker and personal care)
- Legal assistance
- Material aid (hearing aids and eyeglasses)

Providers are trained at least annually on DRCOG's waitlist requirements, which include having documented waitlist procedures, a tracking log, and a service prioritization tool. They are given a log template to track for each month the services having a waitlist, the number of individuals and reasons for the waitlist, consumers new to and removed from the waitlist, the average days consumers were waitlisted, and the number of consumers that were not waitlisted but could not be served. Providers are required to report this data with each monthly submission of their cost reimbursement requests. Providers also receive a sample service prioritization tool as approved by the State Unit on Aging. Providers use the tool to factor the degree to which a consumer falls under the categories of greatest social and economic need as well as level of frailty and helps providers rank these consumers in

order of service priority. Providers are also trained to consider other factors such as emergency risk, length of time on the waitlist and, in the case of nutrition programs, the level of nutritional risk.

Ombudsman and Legal Assistance

5. What long-term care issues will your AAA's local Ombudsman Program give priority to as a systems advocate during the next four years?

Response:

- One of the goals of the DRCOG Long-Term Care Ombudsman Program is to identify those residents who are the most frail and vulnerable with no other supports or the ability to advocate for themselves. These individuals often get lost in facilities as they don't have a voice and there is no one to check in on them.
- Tackle long standing issues with the larger corporations by continuing regular dialogue with the upper management of these organizations to bring awareness to care and quality of life concerns as well as involvement with Colorado Department of Public Health and Environment to address systemic issues.
- Monitor and make recommendations for the Chapter II regulations. A rewrite will occur over the next two years.
- Continue monitoring of the assisted-living residence regulation implementation.
- Work with legislators to increase Long-Term Care Ombudsman Program funding to help better address the rapid growth and complex cases in long-term care.

6. In addition to resident council meetings, family council meetings, and trainings to facility staff, what other activities will the local Ombudsman participate in during the next four years to educate the community regarding ombudsman services

Response:

Ombudsmen will conduct community trainings, including but not limited to – adult protective services case review teams, single entry points, hospital organizations, private case management agencies, Program of All-Inclusive Care for the Elderly organizations, family support groups, county councils on aging, 40-hour assisted-living residence administrator training, Colorado Health Care Association certification trainings, church groups, various universities/colleges.

7. Specifically, what legal issues will be given priority for receiving representation from the Legal Assistance Program during the next four years?

Response:

The legal issues that will be given priority include services related to:

- Access to public benefits including Medicaid, Medicare, Colorado's Old Age Pension, Social Security, Supplemental Security Income, Aid to the Needy Disabled and food stamps.
- Help with domestic violence including restraining orders, financial protection and representation in court.
- Help obtaining identification, military records and citizenship information for benefits which includes: birth certificates, military records, driver's license and identification cards.
- Services related to threats to homeownership including: predatory lending, foreclosures, reverse mortgages, debt relief, collections, bankruptcy, homeowner associations, mobile home concerns and other real estate matters.
- Services also include representation in court and at administrative hearings, in formal negotiations with adverse parties and attorneys, advice and counseling, assistance in completing forms and applications and preparation of legal documents.

How will the AAA ensure that the local Legal Assistance provider is able and willing to provide representation for these issues?

Response:

DRCOG has a contract with our legal assistance provider, we meet with our providers quarterly and we contract with an outside auditing firm to evaluate the financial compliance of the service they are contracted provide. The growing need for legal services and the limited funding available to provide services are the biggest challenges to the program.

Other Services

8. What evidence-based health promotion or disease prevention programs does the AAA currently provide and plan to provide during the period of the Area Plan?

Response:

DRCOG provides “Matter of Balance” a fall prevention program we contract to provide with Tri-County Health Department to Adams, Arapahoe, Denver, Douglas, Jefferson counties. DRCOG staff are certified trainers and provide services to older adults living in Broomfield, the eastern plains of Adams and Arapahoe, and Clear Creek and Gilpin counties. DRCOG also funds Volunteers of America to provide the evidence-based service “Healthy Moves to Aging Well.”

In addition to funding received through the Older Americans Act (OAA) and State Funding for Senior Services (SFSS), what other funds are received by the AAA to provide services for older adults (e.g. Senior Health Insurance Assistance, Colorado Choice Transitions, etc.)?

Response:

In 2018 DRCOG has the following contracts:

- State Health Insurance Assistance Program (SHIP)
- Colorado Choice Transitions
- Program of All-Inclusive Care for the Elderly Ombudsman funds
- Centers for Medicare and Medicaid Services for the Accountable Health Communities demonstration project
- Denver County mill levy - information and assistance for people living with disabilities
- TCA infrastructure development
- NextFifty Initiative – services associated with Accountable Health Communities
- City and County of Aurora for expanded senior transportation

Targeting and Outreach

9. What are some successes the AAA has used that improved access and utilization of services by individuals who are at greatest social and or economic need?

Response:

- In the past four years DRCOG has established a Latino case management program and expanded our service to Spanish speakers in our Information and assistance, Veteran-Directed Care and State Health Insurance Assistance programs.
- We have expanded the DRCOG Network of Care website and promote it as a resource via 9News Senior Source.
- DRCOG AAA started a State Health Insurance Assistance Program and the Veteran-Directed Care program. Both programs are supported and encouraged by the Administration for Community Living.

10. What strategies will the AAA use to raise awareness of the services provided and increase the number of services provided and the number of unduplicated clients over the four years of the Area Plan?

Response:

Latino services: We will expand outreach to Spanish speaking elders and work to increase services to this community including but not limited to: expanding the case management program, State Health Insurance Assistance Program services, and information and assistance.

Outreach: We will continue to partner with 9News Senior Source, No Copay Radio, in 2019 we will have seven pages dedicated to the services of the DRCOG AAA in the Seniors BlueBook. We will continue to operate and expand the DRCOG Network of Care website to include new modules and a new more readable platform. The Aging and Disability Resource Center team has identified ways to expand their outreach that includes visiting meal sites, low income housing properties, and partnering with our contractors to offer presentations and services at their sites.

Transportation: Options in the region will be expanded by contracting with more providers, offering voucher services, implementing the Veterans Transportation and Community Living Initiative (VTCLI) program, and providing more funding for rides in the region.

Nutrition: We will work with our current provider to offer more service including expanding meal sites, offering more choice at current meal sites including light breakfast options at some sites and expanding the market meals program. We will attempt to develop new partnerships to serve underserved parts of the region including the Eastern Plains, Gilpin, Clear Creek counties, Commerce City and eastern Denver with local restaurants and school districts.

Service to Veterans: We will work to resolve current payment issues with Veterans Affairs and then expand the Veteran-Directed Care program in the region.

Refugee elders: We will continue to work with the Colorado Refugee Services Program to expand services to elder refugees in the region. We will seek additional funds and partnerships to duplicate the successful program we have with the Aurora Center for Active Adults in another part of the region.

Innovation and Expansion of Services

11. What type of innovations is the AAA planning to try during the next four years to improve the quality and availability of services provided or funded by the AAA?

Response:

DRCOG has been awarded funding from the Centers for Medicare and Medicaid Services to track the effect of community-based services on health care cost and quality outcomes for its beneficiaries. The funding is for the Accountable Health Communities model and requires data to be developed and tracked from both clinical providers that screen people for five health-related social needs and refer those with a need to a community service to address it. As an Area Agency on Aging DRCOG has relied heavily on its network of contractors to fulfill the requirements of this funding.

12. What plans, if anything, do you have to measure the effectiveness, efficiency, outcomes of your programs and services?

Response:

Through a partnership with Health First Colorado (the state's Medicaid program) the Denver Regional Accountable Health Community will collect Medical claims data on the people served. Through collaboration with seven clinical and seven community-based partners, the Area Agency on Aging will collect data on social needs as well as on community-based service use. These data sets will be matched and analyzed to determine the impact of addressing social needs on health care cost and use patterns.

SECTION VII: TITLE III / VI COORDINATION

N/A

SECTION VIII: FORMS

Worksheet A: Direct Service Waiver Request

N/A

Worksheet B: Meal Sites

Attached

Worksheet C: Community Focal Points and Senior Centers

Attached

Worksheet D: Regional Advisory Council Membership

Attached

Worksheet E: Statement of Intent/Signature Page

Attached

STATEMENT OF INTENT

The Area Plan

Is hereby submitted for

AREA AGENCY ON AGING (AAA) NAME

REGION

For the period July 1, 2019 through June 30, 2023

This Area Plan includes all assurances plans under provisions of the Older Americans Act during the period identified. The Area Agency on Aging identified above shall assume full responsibility to develop and administer the Area Plan in accordance with the requirements of the Older Americans Act and related State regulations and policy. In accepting this authority, the Area Agency on Aging assumes responsibility to promote the development of a comprehensive and coordinated system of community services and to serve as the advocate and focal point for older persons in the planning and service area.

The Area Plan has been developed in accordance with the rules and regulations specified under the Older American's Act and Staff Manual Volume 10, and is hereby submitted to the Colorado Department of Human Services, Division of Aging and Adult Services for review and approval.

SIGNATURES:

Director,
Area Agency on Aging

DATE

Chairperson,
Area Agency on Aging
Advisory Council

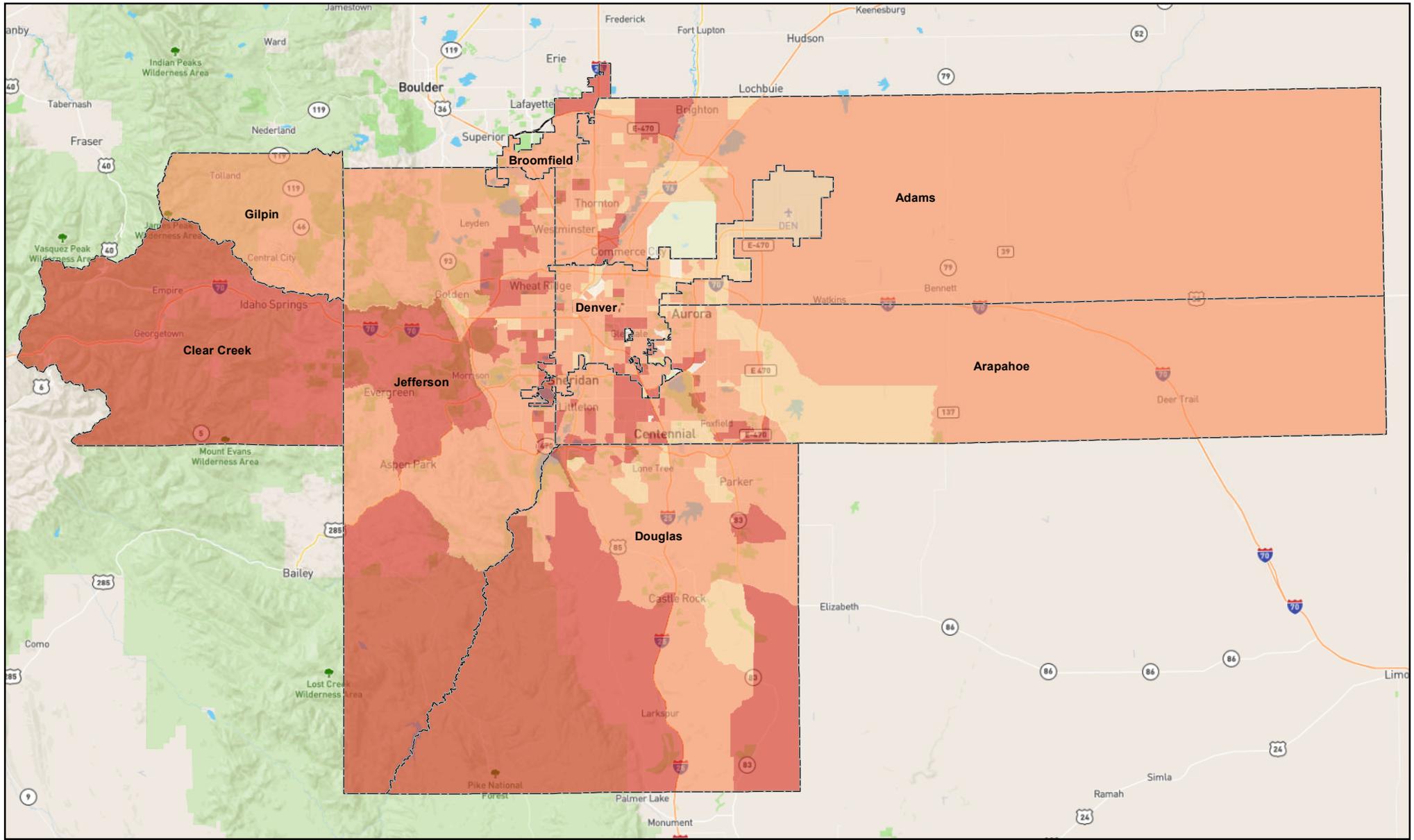
DATE

Chairperson,
Governing Board of the
Area Agency on Aging

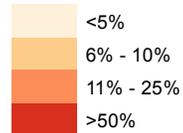
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APPENDIX: MAPS

MAP 1 AAA 4 Year Data Plan: 60+ Years Old



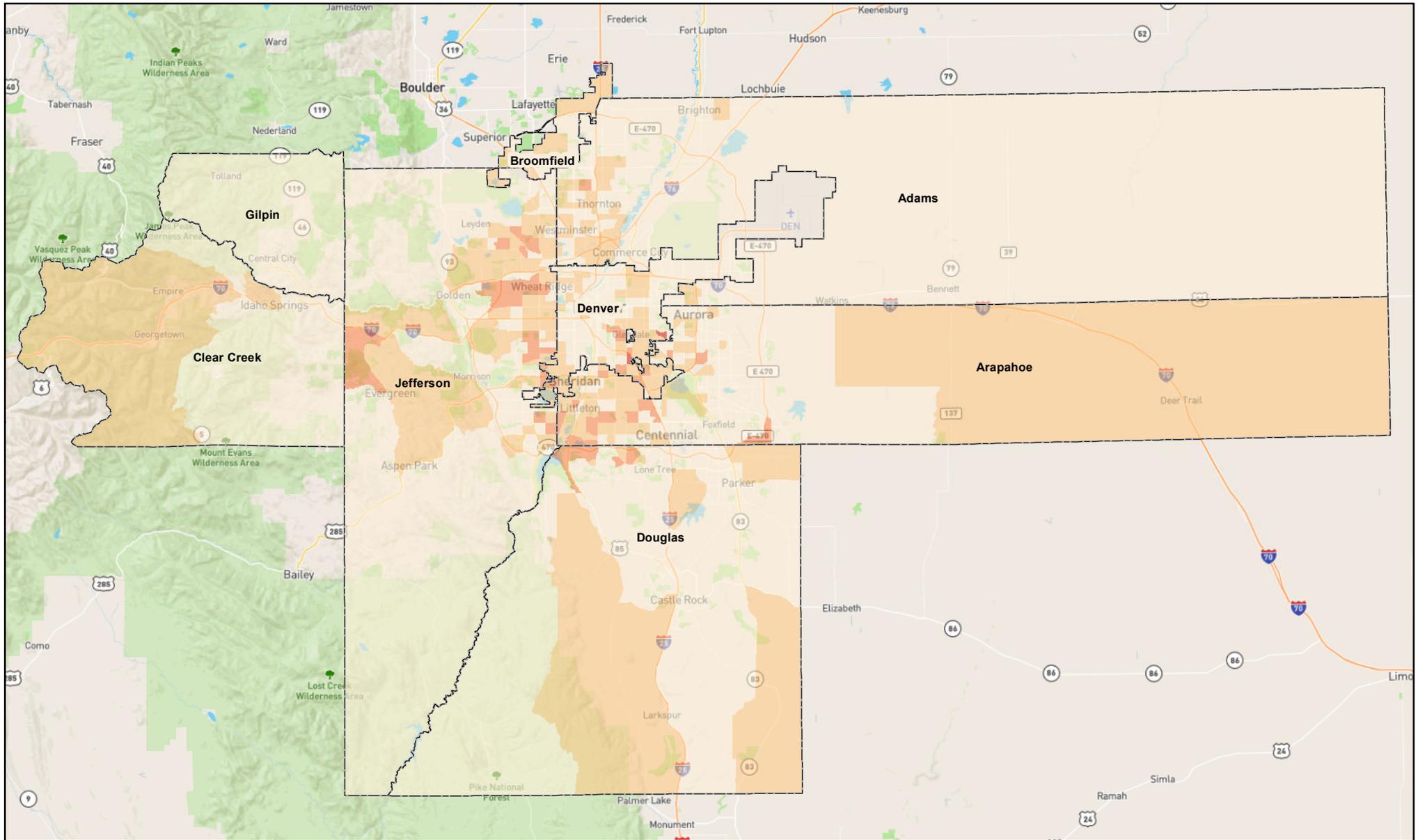
Percent of the Population 60+ Years Old



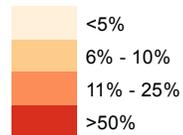
SOURCE DATA: DRCOG, 2017 5 Year ACS, ESRI, MapBox Basemap
 Projection: State Plane Colorado Central, NAD 83 (feet)

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MAP 2 AAA 4 Year Data Plan: 75+ Years Old



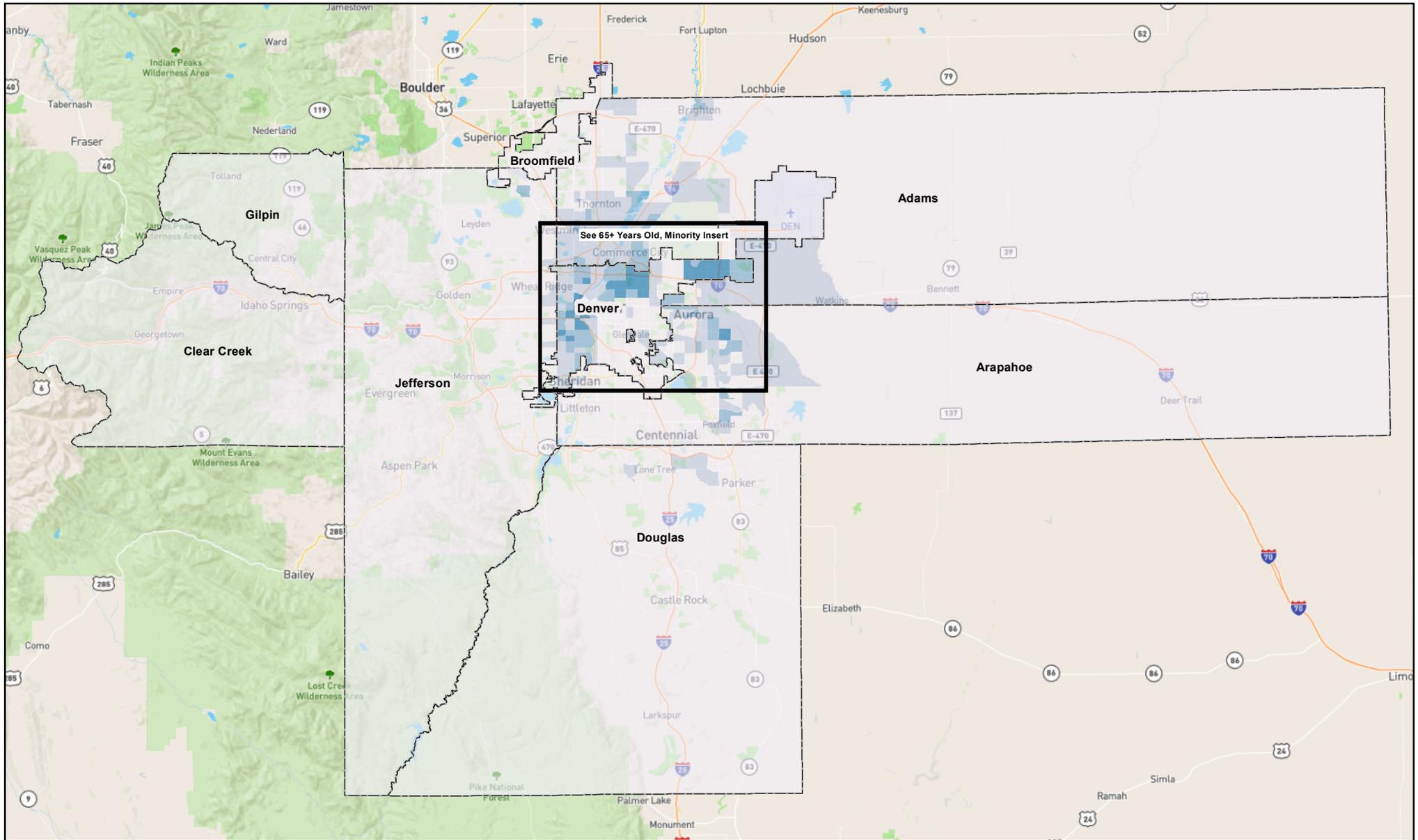
Percent of the Population 75+ Years Old



SOURCE DATA: DRCOG, 2017 5 Year ACS, ESRI, MapBox Basemap
 Projection: State Plane Colorado Central, NAD 83 (feet)

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AAA 4 Year Data Plan: 65+ Years Old, Minority



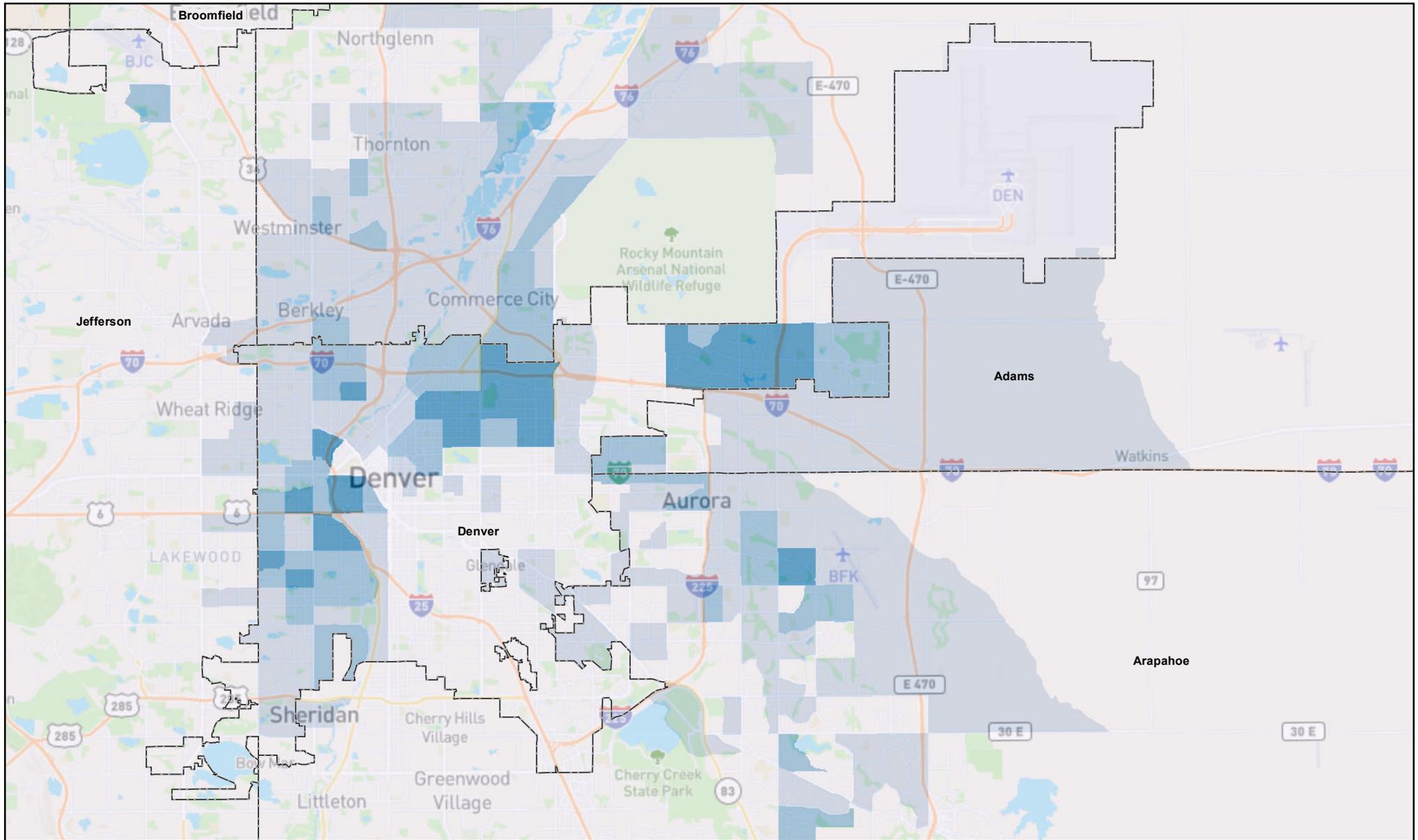
Percent of the Population 65+ Years Old, Minority



SOURCE DATA: DRCOG, 2017 5 Year ACS, ESRI, MapBox Basemap
 Projection: State Plane Colorado Central, NAD 83 (feet)

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65+ Years Old, Minority: Insert



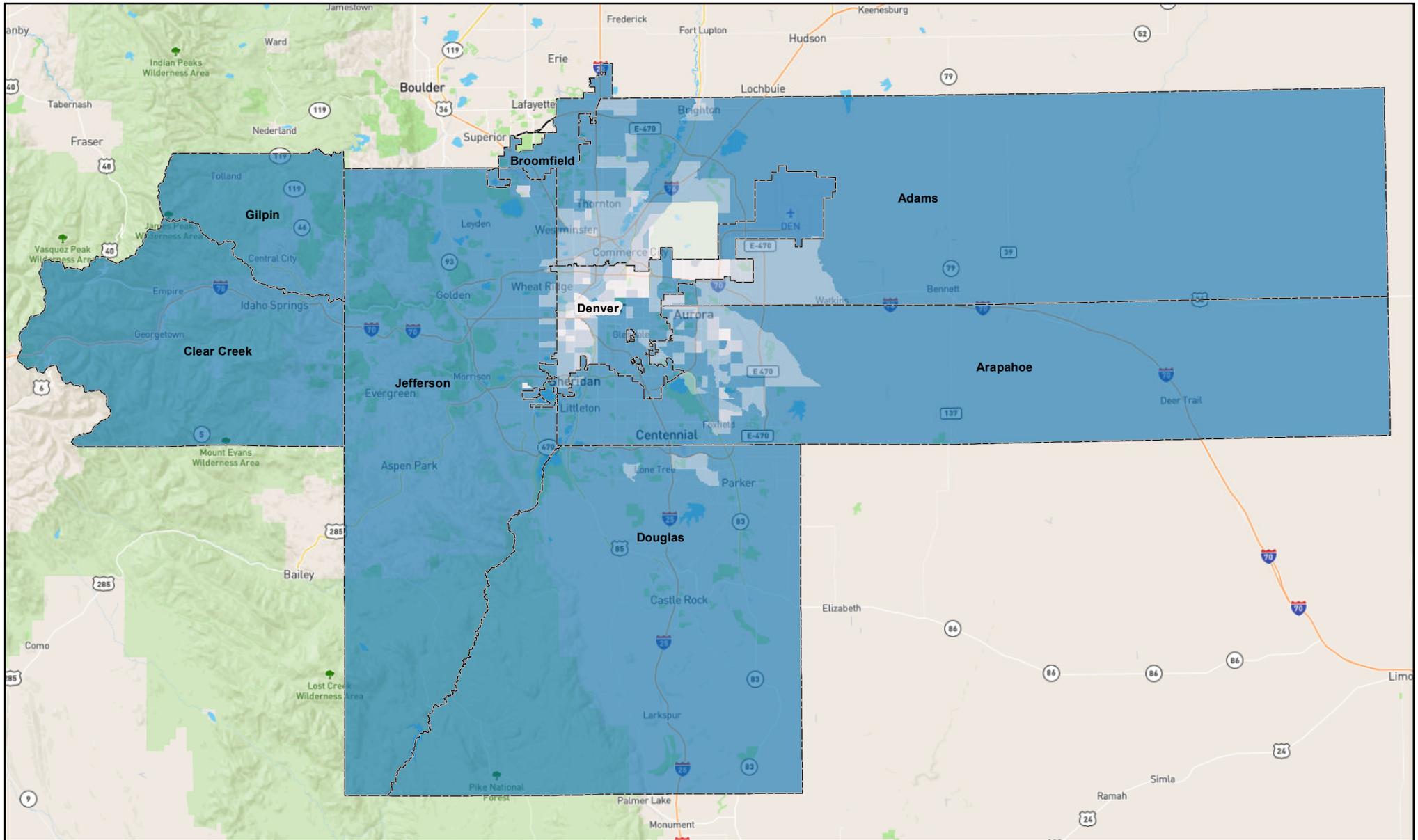
Percent of the Population 65+ Years Old, Minority



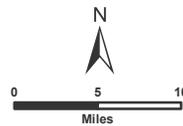
SOURCE DATA: DRCOG, 2017 5 Year ACS, ESRI, MapBox Basemap
 Projection: State Plane Colorado Central, NAD 83 (feet)

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MAP 4 AAA 4 Year Data Plan: 65+ Years Old, White



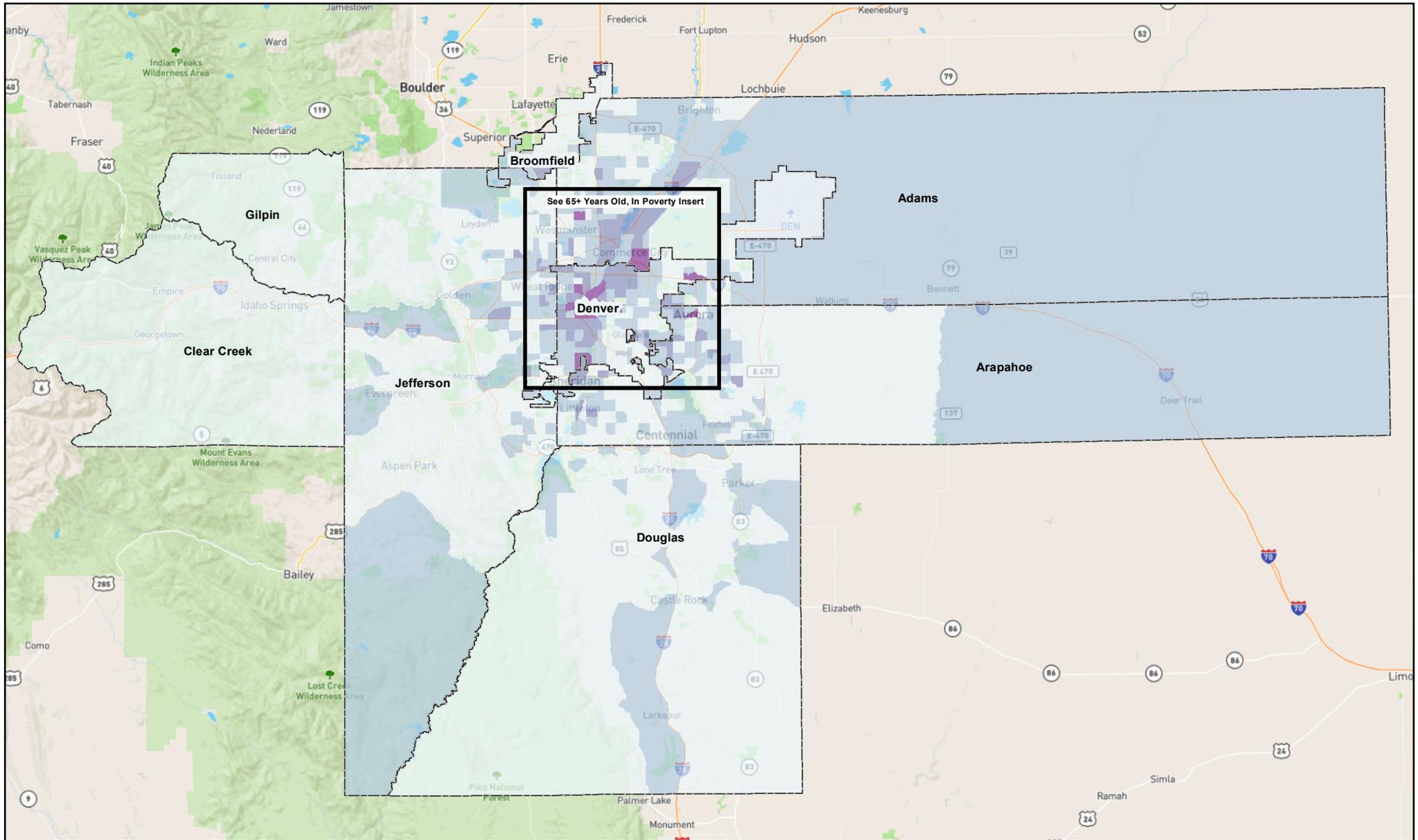
Percent of the Population 65+ Years Old, White



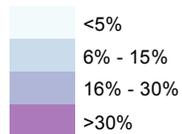
SOURCE DATA: DRCOG, 2017 5 Year ACS, ESRI, MapBox Basemap
 Projection: State Plane Colorado Central, NAD 83 (feet)

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MAP 5 AAA 4 Year Data Plan: 65+ Years Old, In Poverty

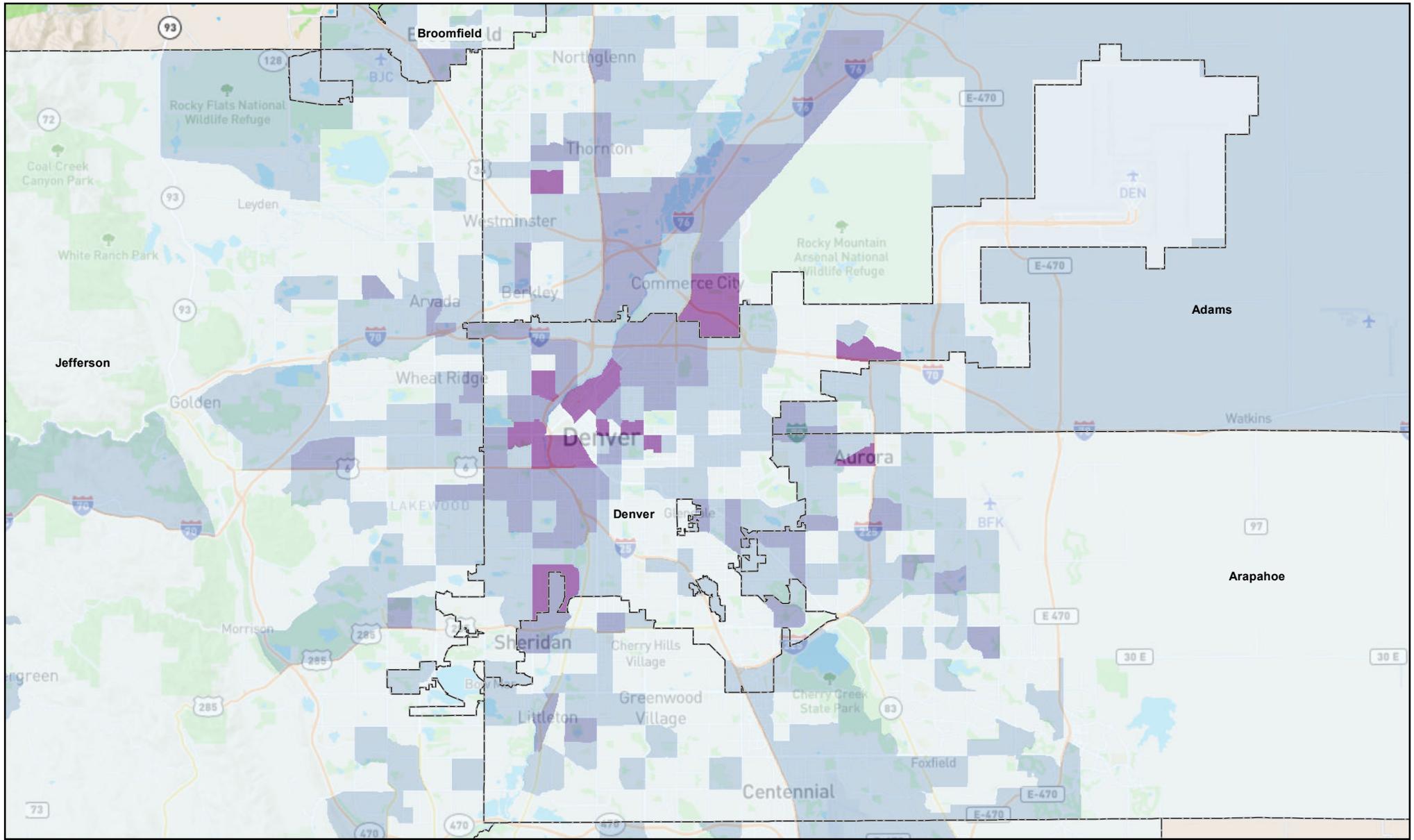


Percent of the Population 65+ Years Old, Income Below Federal Poverty Line

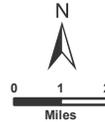
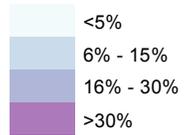


SOURCE DATA: DRCOG, 2017 5 Year ACS, ESRI, MapBox Basemap
Projection: State Plane Colorado Central, NAD 83 (feet)

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Percent of the Population 65+ Years Old, Income Below Federal Poverty Line



SOURCE DATA: DRCOG, 2017 5 Year ACS, ESRI, MapBox Basemap
 Projection: State Plane Colorado Central, NAD 83 (feet)
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 cogshare/GIS/Aging/AAA_4YearDataPlanGIS
 CC 12/10/2018