

AGENDA
ADVISORY COMMITTEE ON AGING
FRIDAY, September 18, 2020
11:00 p.m. – 12:40 p.m.
Via Webinar

- 1 11:00 Call to Order and Introductions
- 2 11:05 Public Comment
Up to 45 minutes is allocated now for public comment and each speaker will be limited to 3 minutes. If there are additional requests from the public to address the Committee, time will be allocated at the end of the meeting to complete public comment.
- 3 11:20 Report of the Chair
- 4 11:30 Report of the AAA Director

CONSENT AGENDA

- 5 11:45 Move to Approve Consent Agenda
 - Minutes of June 12, 2020
(Attachment A through D)

INFORMATIONAL BRIEFINGS

- 6 11:50 Update on Budget and Contracts
(Attachment E)
- 7 12:10 County Reports
County updates
County challenges to using COVID funding

Persons in need of auxiliary aids or services, such as interpretation services or assisted listening devices, are asked to contact DRCOG at least 48 hours in advance of the meeting by calling (303) 480-6701.



ADMINISTRATIVE ITEMS

- 8 **Next Meeting – October 16, 2020**
- 9 Other Matters by Members
- 10 12:40 Adjourn



AAA Acronym Quick List

ACL/AOA Administration for Community Living/Administration on Aging
ACO Accountable Care Organization
ADA Americans with Disabilities Act
ADL Activities of Daily Living
ADRC Aging and Disability Resource Center
AHC Accountable Health Communities
CAC Citizens Advisory Committee
CASOA Community Assessment Survey for Older Adults
CCT Colorado Choice Transitions
CMS Centers for Medicare and Medicaid Services
COA Council on Aging
DCOA Denver Commission on Aging
DORA Department of Regulatory Agencies
DOLA Department of Local Affairs
DRMAC Denver Regional Mobility and Access Council
ETS Extended Transitions Services
F&B Finance and Budget Committee
GIS Geographic Information System
HB House Bill
HCPF Health Care Policy and Financing
HIPAA Health Insurance Portability and Accountability Act
I & A Information and Assistance
JBC Joint Budget Committee
LTC Long Term Care
MIPPA Medicare Improvement for Patient and Providers Act
MOU Memorandum of Understanding
NASUAD National Association of States United for Aging and Disabilities
OAA Older Americans Act
PACE Program of All-Inclusive Care for the Elderly
PHI Personal Health Information
RFP Request for Proposal
RFQ Request for Qualifications
ROD Record of Decision
RTC Regional Transitions Committee (Aging)
RTC Regional Transportation Committee*(Transportation)
SAPGA Strategic Action Planning Group on Aging
SHIP State Health Insurance Assistance Program
SMP Senior Medicare Patrol
SRC Seniors' Resource Center
SUA State Unit on Aging
VDC Veterans Directed Care
VOA Volunteers of America

ATTACH A

**ADVISORY COMMITTEE ON AGING
MEETING SUMMARY
Friday, August 21, 2020**

Members Present

Ada Anderson	Douglas County
Anne Gross	Arapahoe County
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
Karie Erickson	Douglas County
Larry Strock	DRCOG Board
Perla Gheiler	City and County of Denver
Sharon Perea	Gilpin County

Guests Present

Chris Lynn, Seniors' Resource Center, Kristine Burrows, Jewish Family Services

Others Present

Amy Pulley ADRC Program Manager, Douglas Rex, Executive Director, Heather Kamper, Veterans and Transitions Program Manager, Jayla Sanchez-Warren, AAA Division Director, Kelly Roberts, Community Resource Specialist, Lisa Houde, Public Engagement Specialist, Mindy Patton, AAA Division Assistant, Rich Mauro, Senior Policy and Legislative Analyst, Ryan McGee, Transitions Counselor, Shannon Gimbel, Ombudsman Program Manager, Sharon Day, Program Manager, AAA Business Operations, Travis Noon, Senior Program Specialist

Cathy Noon, Committee Chair – Called the meeting to order at 11:02 a.m.

Public Comment Period (Non-ACA Members)

There was no Public Comment

Report of the Chair

- Cathy announced that the meetings will be 2 hours instead of the traditional 3 hours until we meet again in an in- person forum.
- Cathy would also like the county reports to address any present challenges the group is having or share any new work around they might have encountered.

Report of the AAA Director

- Health department report
 - Jayla showed the CDPHE report (attached) that came out the day before with COVID statistics.

- Statistics show that COVID is affecting the Black and Hispanic population at disproportionately high rates in Colorado, 10% of hospitalized patients were Black making up 4.6% of Colorado's overall population,
- Hispanics accounted for nearly 38% of all hospitalized patients representing about 22% of Colorado's overall population
- 41% of hospitalized patients were White despite representing nearly 68% of Colorado's population.
- Men are 6% more likely to be hospitalized, 53% were male vs. 47% female
- 50% of the affected population were 60 and over
- 40% of hospitalizations were those 50 to 69 years old
- Data was taken between March 1, 2020 through August 15, 2020
- Contractor meeting
 - Early during the COVID outbreak Jayla had provider meetings once a week, then reduced those to bimonthly and will now have them monthly
 - DRCOG has COVID relief funds that are not being used by providers.
 - Jayla asked the providers why they were not using the funds.
 - One reason was sustainability, providers are worried that they cannot maintain a program once the funds are unavailable.
 - Limited staff since the shutdown many laid off staff and are now running programs with less staff.
 - Many leaving Denver due to the high cost of living.
 - Coming up with the required matching of funds especially in the caregiver program.
 - The expense of tracking and reporting required by the state and federal government.
- There have been changes in provider staff, when directors change a lot of time is given to train and familiarize them more time is spent speaking with them and auditing to be sure they are doing things correctly.
 - Jayla thought that this may be why it is taking longer to start services up again.
 - She and Sharon will bring this up to the state and will have internal conversations to see if anything can be simplified.

Cathy said that one thing she heard from the providers on the call was there were so many different requirements from each source of funding. She asked if Jayla could champion a standard of reporting.

Chris agreed with what Jayla said and liked Cathy's suggestion. He felt that for the 2% of those who do not report correctly the rest are punished by stricter reporting. He would also help champion an effort.

Larry Strock asked if some of the COVID funds could be used to minimize the burden of the matching funds. Jayla explained that each pot of COVID fund received had different guidelines on how to spend. The first allotment did not have any matching required. The other funding has the matching stipulation. Jayla said both the state and federal government need to be made aware of the hardship this makes for providers.

Karie Erickson asked if the providers were using volunteer hours to offset the match. She said that can help. Jayla agreed with the sustainability of programs after the funding is gone. She said the bulk of their money goes to pay for staff.

- Adams County report
 - Adams County is still pursuing being their own AAA
 - Jayla has been on the Adams County Core team working on senior services since the beginning of COVID
 - This team consists of, County Commissioners, Human Service staff, local service providers, and advocates.
 - The state has contacted Jayla to let her know they are actively working on a procedure to address the Adams County request.
 - She asked that they keep DRCOG informed of their process and the state agreed
 - Jayla will be keeping Cathy and Karie informed.
 - Adams Commissioners still have to meet about the request

Discussion

Bob Brocker asked what impact this would have on the DRCOG budget. Jayla said approximately \$3M. She said there would be other implications to contracts such as veterans and AHC as DRCOG is required to serve Adams County on those contracts. It does hurt DRCOGs business model when talking to companies such as Anthem about transitions services. Jayla thought that DRCOG could contract back to Adams County if they move forward.

Karie Erickson asked how many people we are serving in Adams County. Jayla has the number, but she did not have it with her.

Karie stated that pursuing this may be a slippery slope for the state as it would open this up for all counties and the state may not want to take that path. Jayla said that there is national conversation and the Administration on Community Living would like to see fewer AAAs. Federally they want to consolidate because they would like more money going into services and less into administration.

Jayla told the group that either side could appeal the decision.

Cary said that not all counties have someone to run a AAA program and that would be a challenge for a lot of counties.

Cathy asked if providers were informed and how it would affect them. As a high-level decision maker, they should know how the outcome will affect their seniors. Along with their current reporting problems providers would also have to work with different reporting from the various funding sources, they would be serving the same number of clients but be doing double reporting.

Chris Lynn, said SRC was aware of this, as a provider it would be much more difficult and as a provider they may have to reevaluate if they would serve Adams County.

Dawn Perez said that the Adams County Aging Network (ACAN), the Adams County council, has reached out to Adams County but never received a response.

Karie asked how the ACA could help. Jayla said there was nothing now but would let the group know if they needed their help.

Bob Brocker asked if the state knew what the cost was to administer the program. Does this add cost to the state? Jayla said the state knows they would have more administrative costs.

Cathy suggested we compile questions to address our frustration to discuss at our next meeting.

Move to approve consent agenda

Cathy asked for approval of the consent agenda. There was a motion from Bob Davis and second from Tex Elam consent agenda passed unanimously.

Items on the consent agenda included: Summary of the June 12, 2020 meeting

Informational Briefings

Briefing on Ombudsman Program

- Shannon Gimbel informed the group that the 111 facilities that were active with COVID are now resolved in DRCOG region.
- There were 13 active outbreaks in long-term facilities and assisted living homes.
- This week there were 5 new outbreaks up slightly but not as bad as early months of pandemic.
- There are fewer outbreaks because people are still being lock down in nursing homes.
- Suffering from isolation, still no communal dining, no communal activities, residents not allowed outside of the home unless for a medical appointment for anything else they need to self-quarantine for 2 weeks if they leave the facility.
- Having a hard time getting compassionate care visits in unless someone is actively dying.
 - CDPHE guidelines state if someone is failing to thrive and need a loved one's emotional support and care they should be allowed in.
 - This is not happening, CDPHE will have a conversation with facility but are not doing any other enforcement.
- Shannon is on the taskforce with the state ombudsman program to do outside visitation with ombudsman.
 - The guidance was just rolled out and there will be a lot of training for staff and will have other moving parts.
 - Visitation will be used as a last resort if a call or virtual meeting does not resolve the issue.
- There was an outline provided by the residential strike team and was given to the governor's office to have guidance put out by the governor for visitation.
 - They sent it out a couple weeks ago and is in a vortex that seems to not be moving forward.
 - Shannon has been very vocal with the office to let them know how bad this is needed.

- Ombudsman team is working with the communications and marketing team and IT departments to developing virtual tools for outreach.
 - They are looking to host office hours, family meetings, and resident meetings.

Discussion

Cathy asked if the ACA needs to put pressure on the governor's office to get the guidelines out. Shannon clarified that ombudsman were allowed to go out, but they must wait on the state for guidance. She said the governor's office needs to respond to loved one's visitation. They also need to have him give a directive to nursing homes to provide contact information for all residents and families. Shannon feels they will be more successful if they can talk to family members. It is a requirement by statute. There is no enforcement for them not providing this information.

Cathy also wanted to know if there was an uptick in loved one's contacting the ombudsman. Shannon said it was consistent.

Jayla asked if therapy people were being let into facilities. Shannon said if they are in house already yes. Otherwise no and it is another issue they have been addressing.

Cathy suggested putting out a list of what should be happening in their facility to residents and families. Shannon will put something together and will distribute to the group. Jayla said that they can do Facebook posts and other media to get the word out to family members. Shannon said they are currently working on a YouTube video to put on different media.

Jayla mentioned that DRCOG is in the process of purchasing PPE for staff to do visitations.

Shannon said currently they could do outside visitation, PPE guidance for this would be a mask, bleach wipes, hand sanitizer. They are waiting to find out how many homes they can visit in a day, how long the visit can be. They will not be allowed to visit any home with an outbreak. Staff also need to contact DRCOG and make sure they are in compliance with DRCOG requirements.

Jayla wants staff to feel safe and will provide a variety of PPE. Must follow facility protocol.

Briefing on Funding Workgroup

- Rich Mauro has created a workgroup he invited a variety of partners and stakeholder to participate in discussion regarding stable long-term funding at the state level.
- Participants are from the Governor's office, Human Services, HCPF, advocacy groups, Legislators, Colorado Senior Lobby, SAPGA, AARP, Bells Policy Center. ACA has representation by Cathy Noon, Karie Erickson, Dawn Perez, Ada Anderson, and Bob Brocker.
- Rich stated there was a larger concern now with the economic effects after the pandemic.
- AAAs ended the year with level funding for next year but took a big hit to the Older Coloradans funds that were designated to AAAs which were moved to the state's general fund.
- In their last meeting Christina Vogel AAA Director at Boulder County and Jayla gave an overview of what AAAs do for seniors, how they responded to COVID and how to position AAAs for future funding.
- The group will look at what options they can present to the JBC.

Discussion

Bob Davis asked if the state acknowledge this group and will they accept the recommendations they provide. Rich stated he would not say they acknowledge the group but knows they are doing this. There are people who are in the process of reaching out to the JBC and staff about the group. It will be up to the workgroup to present the options, to lobby and advocate. Mostly this is to take advantage of the awareness they have about aging and aging funding issues.

- The expectation of next year's budget to be worse due to the economy and loss of revenue. Uncertainty of any help coming our way from the federal government.
 - The state still doesn't have the ability to address the shortfalls without making program cuts.
 - There is a chance that the that Senior Property tax will be off the table this next year.
 - We were lucky that they only took 2/3 of the Older Coloradan funds we may have to offer up the remaining balance to avoid budget cuts.

Jayla said it was nice to work with a coalition, this was a good time to educate them on all the AAAs do. Since COVID AAAs have served more people, there is an awareness of services provided and she foresees an increase in participants in the program which will be harder to serve with less funding. She also stated that DRCOG providers need stable funding if we want them to be in existence and provide services in the future.

- In the Workgroups 3rd meeting they will take a deeper dive into a variety of funding options.
- Update on Census

Update on Census

- Kelly wanted to refer the group to the final Census report that was included in the agenda packet for complete details on outreach DRCOG completed.
- Lisa Houde, Public Engagement Specialist for DRCOG presented a PowerPoint with DRCOG outcomes
 - Grant subrecipients reached 1.3 million through various methods.
 - 1500 masks were printed with Census logo and information and were distributed.
 - There were various ad campaigns from March through June with 9.2 million impressions
 - Campaign reached 120,000 people digitally
 - 12,000 flyers were distributed through meals with a message about how their meal funding related to census
 - Social media posts were viewed 35,000 times from DRCOG accounts
- Lisa showed an interactive map which can be located at <https://gis.drcoq.org/maps/censusoutreach>
 - The map created by DRCOG GIS team for the census allows you to zoom in and choose specific community such as population over 60.
 - DRCOG targeted ads using the map with a high population of people over 60.
- Response rate for Colorado is currently 67%, higher than 2010 census.
 - Each person counted means \$10,000 dollars per individual per year.
 - The funding formula for Older Americans Act funds uses the census to distribute funds at the federal and state levels.

- Rural communities show less response in part due to the pandemic
 - Operations were halted for several months, affecting DRCOG regions of Gilpin County, Clear Creek County and eastern plains.
- Largest impact from the pandemic was the inability to do non-response follow up.
 - Which would be the people who go out knocking on doors to speak with people and assist in completing the census.
 - The decision to cut the census short by a month, ending September 30th rather than October 31st also effected the count.
- Kelly shared a flyer with the update on the timeline, included in this summary.
 - The flyer will be sent to providers and ACA members.
 - Kelly commended the providers on their hard work in promoting the census,
- Kelly said that Colorado may receive an additional congressional seat if the census number indicates enough growth.

Cathy shared that Centennial Colorado and Sterling Michigan are in a race to be the number 1 response rate in the U.S. for cities over 100,00 for the census.

County Reports

Gilpin County – Sharon Perea

- Sharon has volunteers in Gilpin County providing over 500 boxes of food to families in the community of 6,000.
- Meals on wheels has expanded service to more seniors.
 - Mary Ellen lost her staff due to layoffs and is using volunteers to deliver meals.
 - One volunteer can go over 90 miles to deliver meals.
 - Volunteers appreciate going out to checkup on those isolated.
- Gilpin conducted their las meeting virtually using Zoom
- Sharon is part of the Ax and Stacks wood cutting group that supplies wood to seniors.

Adams County – Dawn Perez

- Canceled their conference until May 2021
- Working to put together a Zoom meeting for their group.

City and County of Broomfield – Bob Davis

- Biggest problem is transportation and information and assistance.
- Recently contracted with Via to help with transportation in hard pressed areas
- People want reassurance and information and the uptake in assistance has been an issue

Jefferson County – Donna Mullins

- Cancelled Senior Hero's and Legislative event
- During their recent Zoom meeting they had a presentation on technology, pairing younger people with older adults to act as mentors Donna remarked it was very inspiring.

Douglas County – Karie Erickson

- Seeing the effects of social isolation on people as time goes on, definitely seeing failure to thrive.
- Senior centers have been trying to do drive-in movies and concerts helping to lift spirits.
- Karie has ordered video chat boxes, she and her staff are trying them out to see how difficult they are to operate. If they work well, she would like to get them out to people who are really isolated to chat with staff in her office and volunteers. Cost is \$100 for each unit. Must have an internet connection.

Jayla commented that there is a lot of talk about connectivity via the internet she has had meeting with broadband services who were very interested in serving older adults. Issues are how to afford and how to expand.

Arapahoe County – Tex Elam and Cathy Noon

- Tex would like to take the burden from AAA regarding Adams County. He would like ACA to organize a strategy based on loss of revenue and the impact to seniors.
- Cathy said her county meeting also talked about technology, they did research and found 3 tablet type devices that were easy to use.
- She suggested possibly a library for pod casts and other items that are easy to find and add them to Network of Care.

City and County of Denver – Perla Gheiler

- Denver is currently doing food drives
- They are partnering with Voter Registration to pick up ballots for those who are unable to get to a drop box.
- Are working on technology too, trying to work on partnerships with hope to have something by the end of the year.

Next meeting – **September 18, 2020**

Other matters by members

There were no other matters by members

Adjournment

The meeting adjourned at 1:26 p.m.

ATTACH B

Mindy Patton

From: Jayla Sanchez-Warren
Sent: Friday, August 21, 2020 9:33 AM
To: Mindy Patton
Subject: FW: Release 8/20: State health department publishes data on COVID-19 hospital patient trends

I am going to talk about this in the meeting today I will ask you to share the screen

FOR IMMEDIATE RELEASE
CONTACT:
COVID-19 MEDIA LINE: 303-900-2849 (Please leave a message)
Email: media_info@state.co.us

State health department publishes data on COVID-19 hospital patient trends

DENVER, August 20, 2020: The Colorado Department of Public Health and Environment (CDPHE) will publish data from hospitals reporting on the demographics and outcomes of Coloradans who have been hospitalized due to COVID-19.

CDPHE began collecting the data in May as per Public Health Order 20-27, which outlines demographic data for hospitals to submit to the state. About 55% of hospitals in the state have submitted the data to CDPHE, collectively accounting for 91% of the COVID-19 patients who have been treated in hospitals.

The data illustrate how serious the effects of the disease can be, and confirm that this disease is disproportionately affecting certain members of our population.

“This hospitalization data is another example of how **historical inequities negatively impact health outcomes**. That fact is especially apparent during emergencies like the pandemic,” said CDPHE Executive Director Jill Hunsaker-Ryan. “CDPHE, the state of Colorado, and our local partners are dedicated to eradicating these longstanding inequities. It’s why we are investing in community-based testing sites and multilingual communications, as well as fostering robust stakeholder engagement.”

From March 1 through Aug. 15 (the period for which we currently have data):

- **Black and Hispanic people have been hospitalized at disproportionately high rates compared to their representation in Colorado’s population.**
 - **Hispanic people have accounted for nearly 38% of all hospitalized patients; although they represent about 22% of Colorado’s overall population. At one point in May, more than 50% of the patients in hospitals were Hispanic.**
 - **Nearly 10% of hospitalized patients were Black; although Black people make up only 4.6% of Colorado’s overall population.** The trend appears to have improved over time. In late March, more than 14% of hospitalized patients were Black; by late July, this decreased to fewer than 4% of hospitalized patients and has hovered between 6% and 8% in August.
 - **White people were disproportionately less likely to be hospitalized due to COVID-19,** accounting for 41% of hospitalized patients despite representing nearly 68% of Colorado’s population.
- **Men were 6% more likely to be hospitalized than women:** 53% of hospital patients were male vs. 47% female.
- Although COVID-19 tends to have worse outcomes for older adults, people of all ages suffer severe enough symptoms to be hospitalized.
 - **About half of hospitalized patients were 60 or older.**

- The **greatest number of people hospitalized** due to COVID-19 were **50-69** years old, accounting for nearly **40%** of all hospitalizations.
- Nearly one-third of hospitalized patients (**31%**) were **younger than 50 years old**.
- **Children and teens** were the least likely to be hospitalized, accounting for fewer than **3% of hospitalizations**.
- Of the people who were hospitalized due to COVID-19-related symptoms:
 - 94% tested positive for COVID-19.
 - **33% spent time in the ICU**.
 - **17% of ICU patients died**.
 - 8% of patients who did not need ICU treatment died. (*Note: it is not accurate to add these two death figures together, as they each represent a percentage of two different hospital populations.*)
 - **20% required a ventilator**.
 - Those who survived spent an average of **9 days** in the hospital.

CDPHE will publish the data in an interactive dashboard on the COVID-19 website **on Friday at 4 p.m.** In the meantime, you can [download a snapshot of the current data here](#) and a [few graphs displaying the data here](#).

CDPHE is committed to correcting health inequities, when possible, during the pandemic. To that end, the agency has moved to community testing sites. The sites are open to anyone, regardless of immigration status or insurance coverage. In addition, translations are a priority in the response. The agency provides robust resources consistently in six different languages. There is also a statewide informational campaign in development that will leverage research that studied historically marginalized populations. Additional examples involve specific populations, such as the agriculture community. The agency is always seeking additional ways to provide equitable service to all Coloradans-- and plans evolve to meet that goal.

About the Data

Hospitals report the data to CDPHE on a daily basis through a new system called COPHS (COVID Patient Hospitalization Surveillance), which functions independently from other data collection systems (CEDRS and EMResource).

The data collection began on May 1 with hospitals submitting demographics of currently hospitalized patients. Hospitals backfilled data to March 1. It took until May 29 to achieve high enough participation from large hospital systems to provide statistically sufficient data for analysis. The mandate for hospitals to report this data was extended in Public Health Order 20-30 when PHO 20-27 expired.

In addition to providing demographic data on hospitalized patients, COPHS provides valuable information about hospital resource usage to disease modeling experts and additional contact information (including preferred language) for contact tracers.

Continue to stay up to date by visiting covid19.colorado.gov.

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El departamento de salud estatal publica datos de las tendencias de hospitalizaciones de pacientes de COVID-19

DENVER, 20 de agosto de 2020: El Departamento de Salud Pública y Medio Ambiente de Colorado (CDPHE, por sus siglas en inglés) publicará datos de los hospitales que reportan la información demográfica y los resultados de los habitantes de Colorado que han sido hospitalizados debido al COVID-19.

El CDPHE empezó a recabar los datos en mayo, conforme a la Orden de Salud Pública 20-27, la cual establece los datos demográficos que los hospitales deben presentar al estado. Alrededor del 55% de los hospitales del estado han presentado datos al CDPHE, lo cual representa el 91% de los pacientes de COVID-19 que han recibido tratamiento en un hospital.

Los datos ilustran lo grave que pueden ser los efectos de la enfermedad y, asimismo, confirma que la enfermedad afecta de manera desproporcionada ciertos miembros de la población.

“Los datos de hospitalizaciones son otro ejemplo de cómo las inequidades históricas impactan negativamente los resultados de la salud. Este hecho es especialmente evidente durante emergencias como esta pandemia”, aseveró la directora ejecutiva del CDPHE, Jill Hunsaker-Ryan. “El CDPHE, el estado de Colorado y nuestros socios locales están dedicados a erradicar estas inequidades arraigadas, por lo que estamos invirtiendo en centros de detección comunitarios y comunicaciones multilingües, además de fomentar una participación robusta de las partes interesadas”.

Del 1 de marzo al 15 de agosto (el periodo por el cual disponemos de datos):

- Las personas de raza negra e hispanas han sido hospitalizadas a una tasa desproporcionada en comparación con su representación poblacional en Colorado.
 - Los hispanos representan casi el 38% de los pacientes hospitalizados, aunque solo sean alrededor del 22% de la población total del estado. En algún momento de mayo, más del 50% de los pacientes hospitalizados eran hispanos.
 - Casi el 10% de los pacientes hospitalizados eran de raza negra, aunque solo representen un 4.6% de la población total de Colorado. La tendencia parece haber mejorado con el tiempo. A finales de marzo, más del 14% de los pacientes hospitalizados eran de raza negra, pero para finales de julio, esta cifra había disminuido a menos del 4% de los pacientes hospitalizados y en agosto ha variado entre el 6% y el 8%.
 - Las personas blancas tenían una probabilidad desproporcionadamente baja de ser hospitalizadas debido al COVID-19, representando el 41% de los pacientes hospitalizados, mientras son casi el 68% de la población de Colorado.
- Los hombres eran el 6% más probables de ser hospitalizados que las mujeres: el 53% de los pacientes hospitalizados eran hombres en comparación con el 47% que eran mujeres.
- Aunque los resultados para pacientes mayores del COVID-19 suelen ser peores, las personas de todas las edades sufren síntomas suficientemente graves como para tener que hospitalizarse.
 - Alrededor de la mitad de los pacientes hospitalizados tenían más de 60 años.
 - Casi el 40% de todas las hospitalizaciones era de adultos entre la edad de 50 a 69 años.
 - Casi un tercio de los pacientes hospitalizados (el 31%) tenían menos de 50 años.
 - Los niños y adolescentes eran los menos probables de ser hospitalizados, con menos del 3% de las hospitalizaciones.
- De las personas que fueron hospitalizadas debido a síntomas del COVID-19:
 - 94% dieron positivo en la prueba de detección del COVID-19.
 - 33% pasó tiempo en la UCI.
 - 17% de los pacientes de la UCI fallecieron.
 - 8% de los pacientes que no requirieron tratamiento en la UCI fallecieron. *(Nota: No es preciso sumar las dos cifras de fallecimientos, ya que representan un porcentaje de dos poblaciones hospitalarias diferentes.)*
 - 20% requirieron el uso de un ventilador.
 - Las personas que sobrevivieron pasaron un promedio de 9 días en el hospital.

El CDPHE publicará los datos en un tablero interactivo en la página web de COVID-19 el **viernes a las 4 p.m.** Mientras tanto, puede descargar [los datos actuales](#) y [algunas gráficas mostrando la información](#) aquí.

El CDPHE está comprometido con corregir las inequidades de salud, cuando sea posible, durante la pandemia. A tal fin, la agencia se ha desplegado a los centros de detección comunitarios, los cuales están abiertos a todas las personas, independientemente de su estatus migratorio o si tienen seguro médico. Adicionalmente, se ha priorizado las traducciones como parte de la respuesta. La agencia proporciona

recursos robustos de manera continua en 6 diferentes idiomas. El estado, además, está desarrollando una campaña informativa que aprovechará la investigación en la que se estudiaron las poblaciones históricamente marginadas. Siempre está buscando maneras adicionales para brindar un servicio equitativo a todos los habitantes de Colorado y, como tal, los planes evolucionan para alcanzar esta meta.

Acerca de los datos

Los hospitales reportan los datos al CDPHE cada día mediante un nuevo sistema llamado Vigilancia de Hospitalizaciones de Pacientes por COVID-19 (COPHS, por sus siglas en inglés), el cual funciona de manera independiente de otros sistemas de recolección de datos (CEDRS y EMResource).

A partir del 1 de mayo empezaron a recabar datos, mediante la presentación por parte de los hospitales de los datos demográficos de los pacientes hospitalizados. Los hospitales proveyeron los datos de manera retroactiva hasta el 1 de marzo. Se demoró hasta el 29 de mayo para lograr una participación suficiente de los grandes sistemas hospitalarios para proporcionar datos suficientes en términos estadísticos como para ser analizados. La orden para los hospitales de reportar los datos se extendió en la Orden de Salud Pública 20-30 luego de que la Orden de Salud Pública 20-27 expiró.

Además de proveer datos demográficos de los pacientes hospitalizados, el COPHS ofrece información valiosa acerca de la utilización de los recursos hospitalarios a los expertos de modelos de enfermedades, además de proporcionar información de contacto adicional (incluyendo el idioma de preferencia) para los rastreadores de contactos.

Manténgase informado en: covid19.colorado.gov.

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Colorado State Joint Information Center
Hours of Operation: Monday through Friday 8AM-5PM



ATTACH C

2020 Census Update

Advisory Committee on Aging

Aug. 21, 2020

Grant Outcomes



Grant subrecipients reached **1.3 million people**

- mailings
- newsletters
- phone calls
- emails
- webinars
- trainings
- interviews
- press releases
- social media



1,500 masks were distributed to AAA staff, small assisted living facilities and senior housing units



Advertising had **9.2 million impressions**

Digital ads reached **120,000 people**



Flyers were distributed with **12,000 meals**



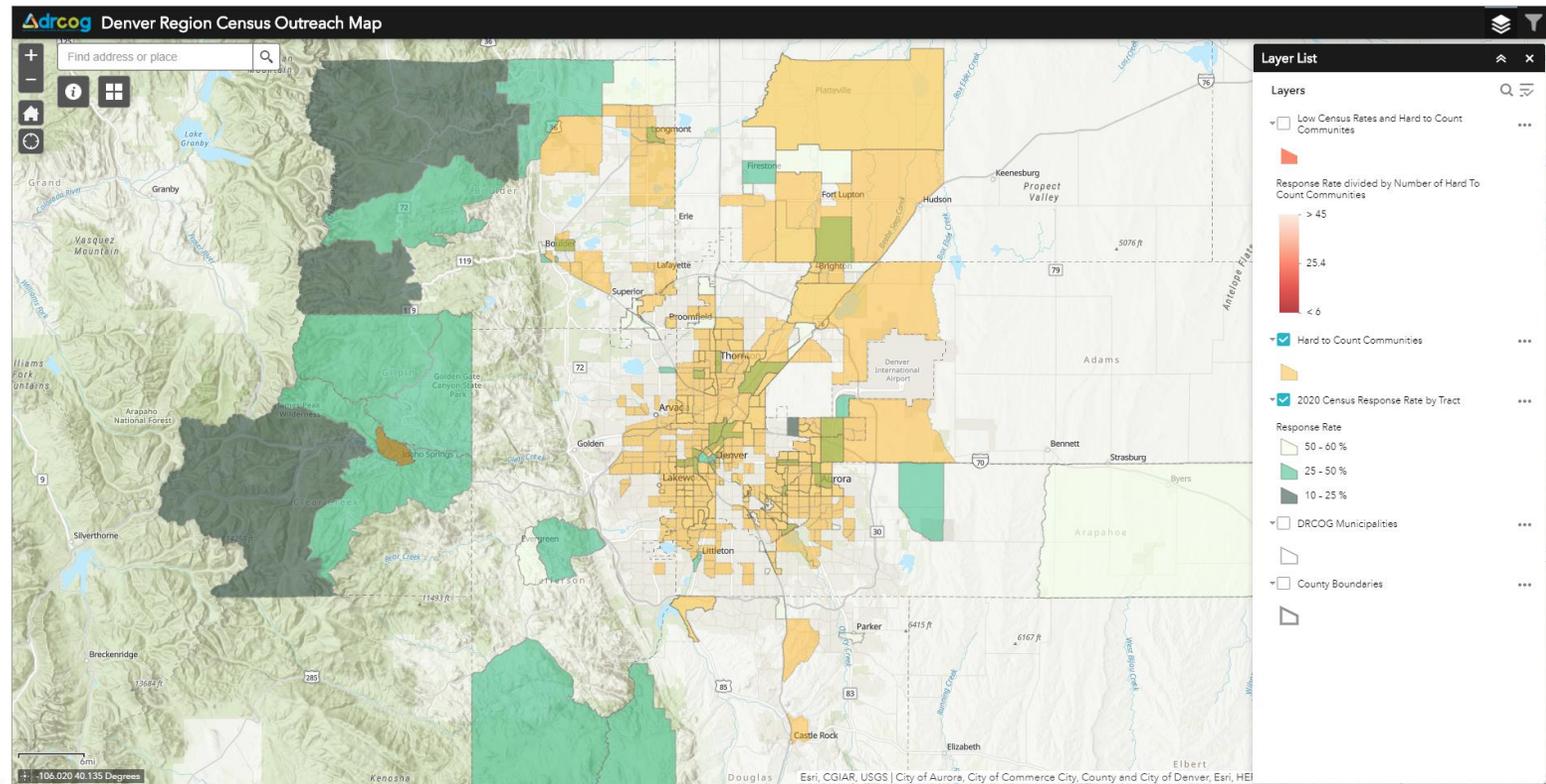
Social media posts were viewed **35,000 times**



- Created map to help with targeting census outreach to hard to count communities with low response rates

<https://gis.drcog.org/maps/censusoutreach>

Response rates in hard-to-count communities



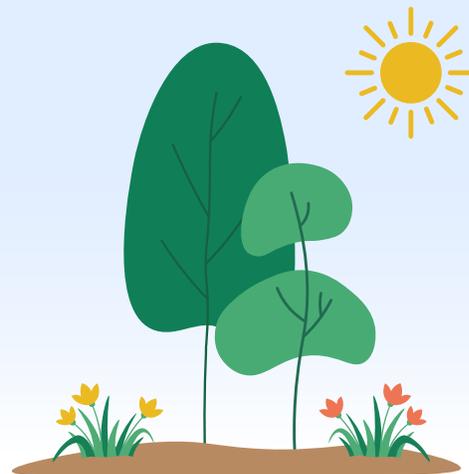
Census operations update

Thank you!

Kelly Roberts,
kroberts@drcog.org
303-480-6827

Lisa Houde,
lhoude@drcog.org
303-480-5658

ATTACH D



be counted.

Every 10 years, people who live in the United States are invited to participate in a national census. Responding accurately to the questions in the census ensures that your **community** and its **residents** get the **resources they need**. Respond to your invitation to take the **2020 census**.

Since mid-March, most households have received a **mailed invitation** to respond to the census. The invitation included information on how to respond by **mail** or **phone**, or **online**. If you use a P.O. Box or have not yet responded to the census, a census taker will deliver your form to your home. From August through September, census takers will **follow up** in person at households that did not complete the census online or by phone or mail.



August – September

Census takers will visit households that have not responded online, or by phone or mail.



By Dec. 31, 2020

After collection activities are completed in September, Census Bureau experts finalize the count for the statutory deadline for apportionment counts. The final count must be delivered to the president.



By March 31, 2021

Census Bureau experts use computer programs to account for missing data and ensure the information stays confidential. The data is used for redistricting, and Colorado could gain a congressional seat.

ATTACHE

To: Chair and Members of the Advisory Committee on Aging

From: Sharon Day, Program Manager, AAA Business Operations
(303) 480-6705 or sday@drcog.org

Meeting Date	Agenda Category	Agenda Item #
September 18, 2020	Information	6

SUBJECT

This item is regarding the status of AAA budgets and contracts in SFY 2020-2021.

PROPOSED ACTION/RECOMMENDATIONS

N/A

ACTION BY OTHERS

N/A

SUMMARY

In August 2020, DRCOG signed an agreement with the Colorado Department of Human Services for Older Americans Act/State Funding for Senior Services (OAA/SFSS) for the next state fiscal year (SFY2021). The grant is valid for ten months, September 1, 2020 through June 30, 2021, and includes options for up to four one-year extensions. The State deferred the start of the grant year by two months beginning in September due partly to the delayed notification of SFSS by the state legislature, and because earlier it had allocated federal COVID-19 stimulus funds to the state AAAs, of which DRCOG received \$6.7 million.

The contract with CDHS authorizes approximately \$18.3 million for OAA programs. Included in that amount is \$1.2 million from the State Homestead Act, which represents the first of five years of Homestead funding. Combined with the estimated balance of COVID-19 stimulus funds mainly from the CARES Act, the total budget for OAA services as of September 1, 2020 is approximately \$23.4 million. DRCOG has allocated \$16.5 million of that total. It has completed close to 50 contracts with 35 different service providers for SFY2021.

Approximately \$6.9 million is currently unallocated. To allocate excess funds, DRCOG recently released an intra-year Request for Proposals solicitation for new programs. Grant awards would be issued for a period of six months ending June 30, 2021. In addition, current providers were given the opportunity to request additional funds valid for the same period.

The COVID-19 stimulus funds, though available through September 30, 2021, are projected to be largely expended before the end of SFY2021. SFSS funds are likewise expected to be fully allocated and expended prior to the end of SFY2021. Any unallocated or unexpended funds as of the end of SFY2021 are expected to be federal OAA that the State is allowing to be carried over in full to SFY2022. DRCOG staff projects that such carryover will provide a financial cushion for a probable shortfall in funding in SFY2022.

PREVIOUS DISCUSSIONS/ACTIONS

N/A

PROPOSED MOTION

N/A

ATTACHMENT

N/A

ADDITIONAL INFORMATION

If you need additional information, please contact Jayla Sanchez-Warren, Director, Area Agency on Aging, at 303-480-6735 or jswarren@drcog.org, or Sharon Day, Program Manager, AAA Business Operations, at 303-480-6705 or sday@drcog.org.