

Denver Regional Council of Governments

2011 - 2015 Area Plan on Aging

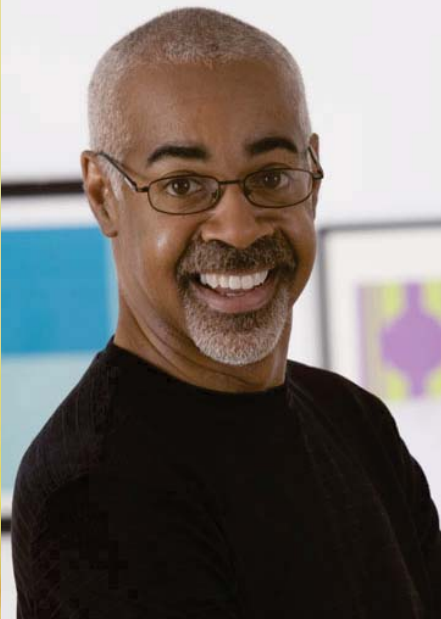




Table of Contents

Section I: Executive Summary	1
Vision	1
Section II: Context, Input, Demography and Trends	4
Planning and Input	4
Demographics	4
Target Populations	11
Employment Status and Economic Contributions	12
Overview of Services	13
Information and Assistance	13
Outreach Services	14
Transportation Services	16
In-Home Services	17
Advocacy	18
Coordination	19
Program Development	20
Home Upkeep	21
Dental Services, Hearing Aids and Eyeglasses	22
Counseling	23
Education/Training	24
Family Care and Services	25
ARCH	27
Vulnerable Elder Rights and Legal Assistance	28
Ombudsman Services	30
Nutrition Services	32
Health Promotion/Screening and Education/Evidenced-Based Programs	34
Livable Communities	35
Strategy – Regional Policy Framework	36
Strategy – Boomer Bond (New Initiative)	37
Strategy – Older Adult Mobility	37
Strategy – Community Design and Support	37
Strategy – Raise Awareness and Develop Local Leaders	37



Section I: Executive Summary

Through regional intergovernmental collaboration and cooperation, the Denver Regional Council of Governments (DRCOG) works to make the Denver metropolitan region a great place to live, work and play for people of all ages, incomes and abilities. In 1973, the state designated the DRCOG Board of Directors as the Area Agency on Aging (AAA). The AAA's planning area covers eight counties in the nine-county Denver region (Boulder County is served by its own AAA).

The focus of the AAA is to help people live independently as long as possible in their own homes and communities and provide support and assistance to those living in care facilities. To accomplish this, the AAA regularly identifies the needs of older adults living in the DRCOG region and then allocates state and federal funds to local agencies providing various community services to meet seniors' needs.

Another responsibility of the AAA is to advocate on behalf of older adults. In coordination with other stakeholders, the AAA helps ensure lawmakers and others are aware of the needs of older adults, the benefits of community-based services, and the taxpayer costs of failing to address needs of seniors in the region.

The AAA provides direct services to seniors including a comprehensive information and assistance program comprised of a designated call line with trained staff to help callers understand and find information and services. The AAA also operates the largest Long-term Care Ombudsman Program in the state which advocates for, supports and protects residents living in nursing homes and assisted living facilities.

More than 47 percent of the state's older adults live in the DRCOG AAA planning area (Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Gilpin and Jefferson counties). Encompassing more than 4,000 square miles, the DRCOG region is made up of urban, suburban and rural communities that many nationalities and ethnic groups call home.

Vision

In 1965 the federal Older Americans Act was established to ensure all older adults have:

- An adequate income in retirement in accordance with the American standard of living.
- The best possible physical and mental health science can make available, without regard to economic status.
- Assistance in obtaining and maintaining suitable housing, independently selected, designed and located with reference to special needs, and available at costs older citizens can afford.
- Full restorative services for those who require institutional care and services and a comprehensive array of community-based, long-term care services adequate to appropriately sustain older people in their communities and in their homes, including support to family members and other persons providing voluntary care to older individuals needing long-term care services.
- Opportunity for employment with no discriminatory practices because of age.
- Retirement in health, honor and dignity after years of contribution to the economy.
- The ability to participate in and contribute to meaningful activity within the widest range of civic, cultural, educational and training, and recreational opportunities.
- Improved health and happiness.
- A choice of community services, offered in a coordinated manner and readily available when needed, including low-cost transportation, supportive housing and social assistance; with an emphasis on maintaining a continuum of care for vulnerable older individuals.

Area Agencies on Aging have worked to achieve the original objectives of the federal Older Americans Act for more than 45 years. Great progress has been made, but more work and resources are necessary if the goals are to be realized for today's older adults and the looming baby boom population.



The DRCOG AAA is:

- establishing a seamless, integrated network of services to help people live and age in their homes and communities for as long as possible,
- providing low-cost services in the community to help older adults avoid or delay need for more expensive public programs,
- ensuring residents in nursing homes and assisted living facilities have choice, quality services and are treated with dignity and respect, and
- creating more opportunities to volunteer, participate in community activities and to engage in civic activity in the region.

To meet its goals, the AAA will continue its core activities (funding transportation, meals, in-home services, ombudsman and caregiver assistance) but will also be expanding outreach in the following ways:

- Attain Aging and Disability Resource Center designation. This new function expands services to adults with disabilities, increases evidence-based programs, and supports a partnership with the Veterans Health Administration to deliver assistance to former military personnel.
- The AAA will initiate work to help seniors transition out of hospitals and staff will continue looking for ways to assist at-risk individuals for nursing home placement.



- The AAA will also help the aging services network transform funding they receive from Older Americans Act and other Medicaid sources into flexible, consumer-directed service dollars that support individuals living at home and in community-based settings.

To assess and modify its program goals, the AAA

conducted a strengths and needs survey and 27 public input sessions to understand the services most needed by Denver-area seniors. This information, combined with service providers' waiting lists, presents a clear picture of the senior population's needs. The greatest requirement is for information and assistance, but there is also significant demand for health care, mental health support, dental assistance, and homemaking services. Legal assistance and financial help are also pressing needs for the region's older adults as are affordable and accessible housing and employment assistance.

Achieving the goals and meeting the demands of older adults will be challenging. The region is facing unprecedented growth in the 60-plus population. The AAA planning area is expected to experience a 29.5 percent increase in persons 60 years and older between 2010 and 2015; increase in all other age categories (persons under 60) will only be 4.3 percent in the same period. This statistic is important since 60 is the age of eligibility for AAA services. The region will also see an increase in the population 75 years and older between 2010 and 2015. Individuals in this age range are even more likely to need the AAA's services.



While the population the AAA serves is increasing rapidly, the financial resources for these programs are not. It is difficult to say what resources will be available through 2015, but state funding for senior services (almost half of the AAA budget) is in serious jeopardy of being reduced or eliminated in 2012. Moreover, there is a federal proposal to freeze all program spending at 2010 levels and another proposal which would take spending back to 2008 funding levels. If reductions occur at this magnitude, the AAA will be forced to dramatically cut services including providing transportation to medical appointments, delivering meals to homebound seniors, in-home assistance, and mental health and dental services. Cuts to the AAA will force people into long-term care facilities and once they exhaust their resources, they become eligible for Medicaid. This is not a viable financial strategy for taxpayers.

Whether funding is decreased, remains stagnant, or slightly increases, the status quo for assisting seniors is unsustainable. That is why the AAA is developing new partnerships and strategies. The AAA is already working with local governments to expand their capacity to create and maintain built environments and social support structures that contribute to independent, healthy aging. The AAA plans to more formally partner with faith-based communities and neighborhood associations to identify, catalog, and support the services they provide. The AAA will continue its work with the Governor's Commission on Community Service to promote civic engagement, community service, and opportunities for volunteerism, and explore new ways the state can help meet the growing needs of older adults and people with disabilities.

The next four years will be challenging, but the AAA will continue its dedication to making the goals of the Older Americans Act a reality for those living in the DRCOG region.



Planning and Input

The AAA initiated its planning process by gathering information for the DRCOG Area Plan on Aging in a variety of ways. To start, National Research Center conducted a Community Assessment Survey for Older Adults (CASOA). This statistically valid survey was sent to 11,262 older adult households in the region; 3,666 surveys were completed. The overall response rate was 34 percent with a margin of error of plus or minus 2 percent. The survey documented community strengths and weaknesses, identified specific current needs and developed projections of future needs. The information is and will continue to be used in planning processes, aiding resource allocation, and strengthening the AAA's advocacy efforts.

The AAA also contracted with National Research Center to conduct focus groups targeting Hispanic, Native American, African American, Asian/Pacific Islander and Lesbian/Gay/Bisexual/Transgender (LGBT) interests.

The AAA contracted with JVA Consulting to conduct seven key informant groups in the areas of caregivers, evidence-based programs, information and assistance, legal services, livable communities, ombudsman program and transportation services.

Additionally, AAA staff held 14 community conversations with older adults and service providers in the region. Participants in these meetings filled out short surveys and took part in open conversations.



Demographics



The DRCOG AAA planning area covers more than 4,000 square miles. It includes more counties than any other AAA in the state and in 2010 was home to nearly 400,000 residents 60 years of age and older. Older adults in the Denver region live in diverse settings ranging from urban and suburban areas to rural and remote communities.

The Denver region has experienced tremendous growth in the older adult population and that growth will continue during the four-year plan period and beyond. For example, one of every eight residents of the Denver region was over the age of 60 in 2003 but by 2019, this figure will be one in five, and by 2032 it will grow to one in four. This explosive growth is largely attributed to Colorado's popularity with members of the baby boom generation (persons born between 1946 and 1965). In 2000, Colorado had the sixth highest percentage of overall population made up of baby boomers. Given that many individuals choose to remain in their communities as they age, cities and counties throughout the state will experience dramatic increases in older adult populations. In fact, Colorado will be home to more than 1 million people over the age of 60 by 2015. This, coupled with



increased longevity, will place additional strain on Colorado’s aging network.

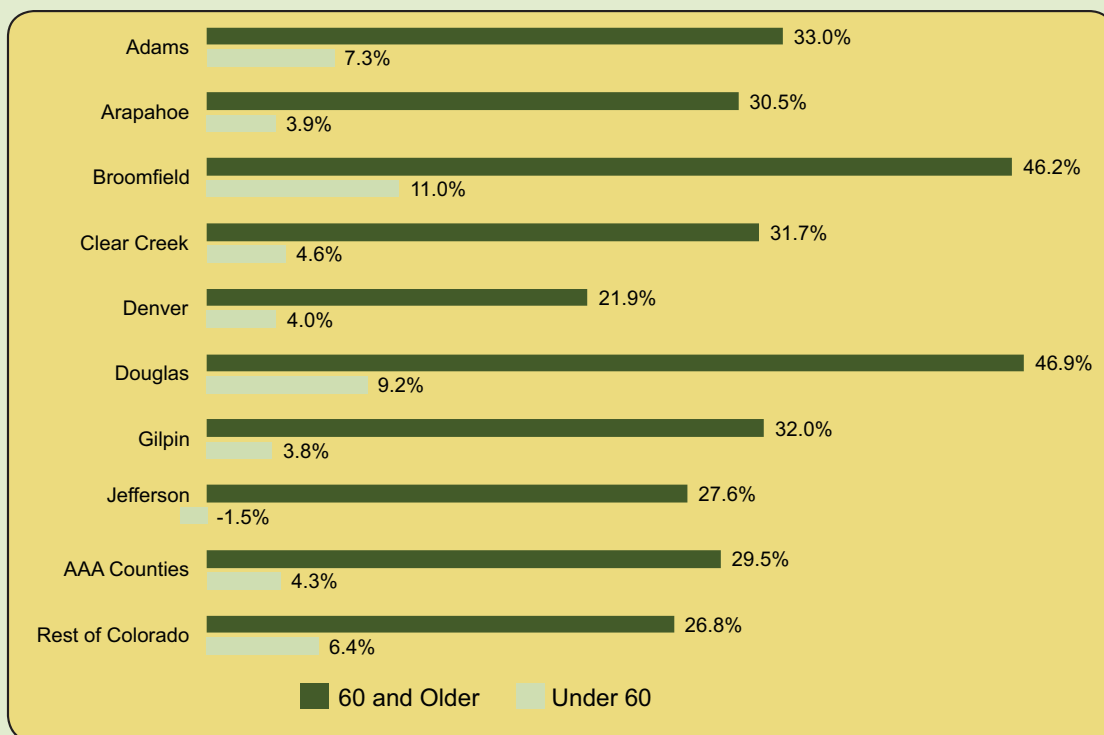
According to the state’s population estimates for 2010, the AAA planning area was home to 389,879 persons aged 60 and over and 113,342 persons age 75 and older. These two age cohorts are significant because at age 60, individuals become eligible for AAA-funded services, and individuals 75 years and older are increasingly likely to need ongoing assistance to live independently.

The state is also forecasting Broomfield and Douglas counties will each experience increases exceeding 45 percent in the older adult cohort. Currently Jefferson County is the only county in the AAA planning area

with more than 100,000 older adults, but over the next five years two more counties will pass that significant mark. In 2015, 20 percent of the total population in Clear Creek, Gilpin and Jefferson counties will be 60 years old or older.

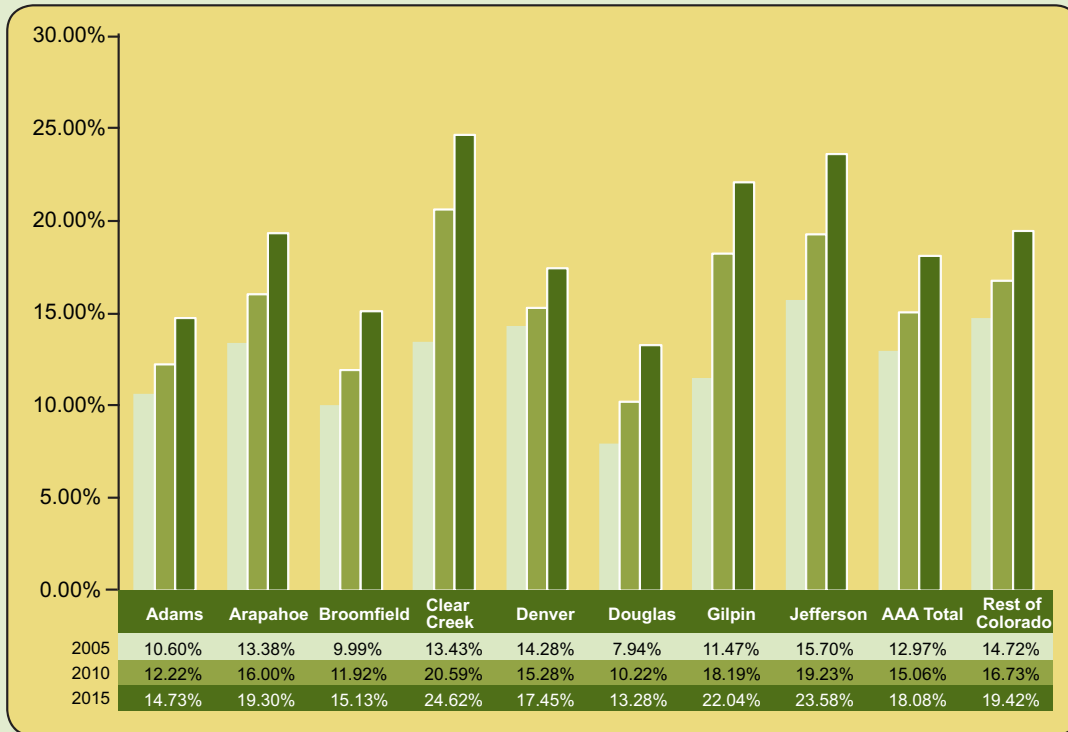
The following charts illustrate increases in population in the 60 and over cohort for the AAA planning area and the counties within the DRCOG region. The first graphic compares growth in the over-60 demographic to growth in the under-60 demographic between 2010 and 2015. The second chart shows the percent of population that is 60 years and older by county from 2005 to 2015 and, moreover, points to the major demographic transition constituted by older adults.

Percent Increase in Population (2010 - 2015) by Age Group





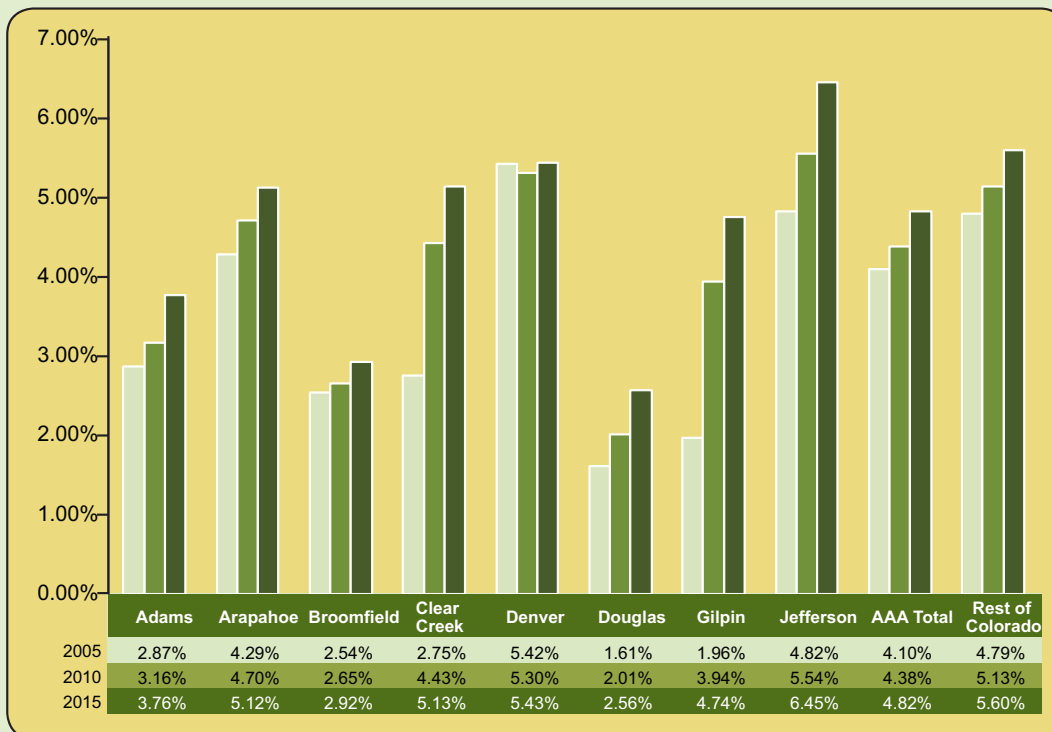
Percent of Total Population 60 Years and Older



As shown in the following graphic, in 2015, nearly 5 percent of the population will be 75 years and older. This demographic is more likely to need services

administered and funded through the AAA. Jefferson County in particular will have a high share of county population over the age of 75 (6.5 percent).

Percent of Total Population 75 Years and Older





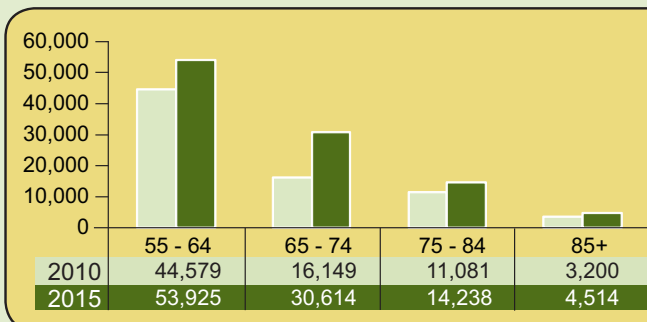
The following charts show growth trends (2010 – 2015) for several cohorts of older adults.

- In all counties, the two fastest-growing age cohorts in terms of percentage change were populations between the ages of 65–74 and 85 and older.
- In Clear Creek and Gilpin counties, the 85+ segment is the fastest-growing in terms of percent increase, while the other counties will each experience the fastest percent growth in the 65-74 age group.

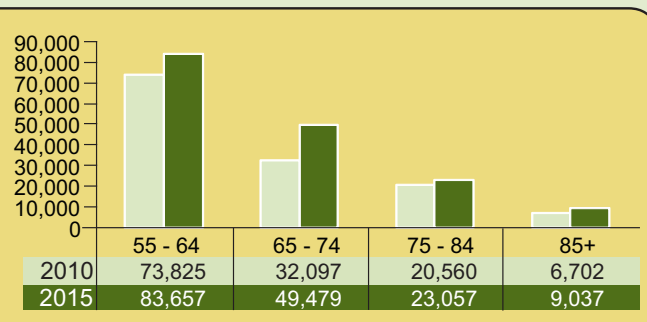
- The largest percent increase of any cohort when compared to all other population segments is projected to be the 65-74 cohort in Adams County (an 89.6 percent increase between 2010 and 2015).
- Douglas County is the only jurisdiction projected to have two of the top five fastest-growing cohorts relative to all other counties (65-74 and 85+).

Older Adult Population by Age for Each County

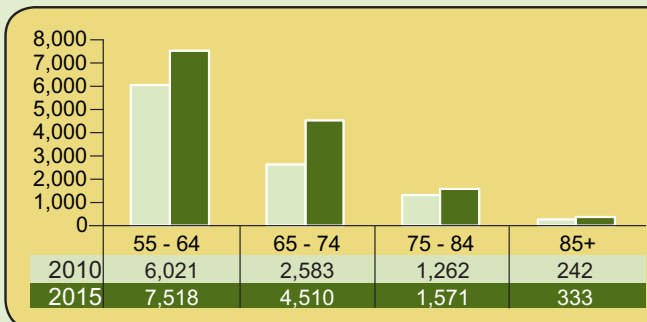
Older Adult Population by Age
Adams County



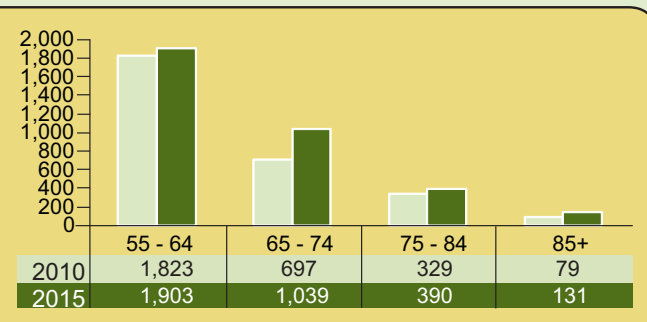
Older Adult Population by Age
Arapahoe County



Older Adult Population by Age
Broomfield County

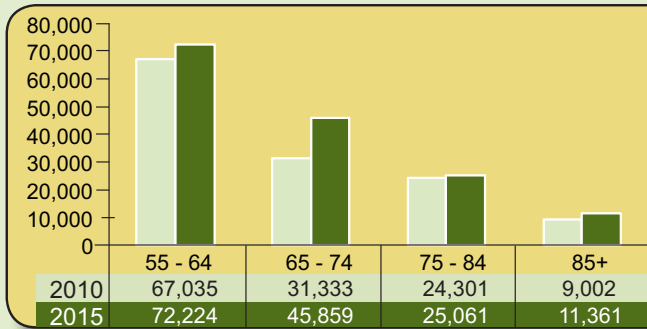


Older Adult Population by Age
Clear Creek County

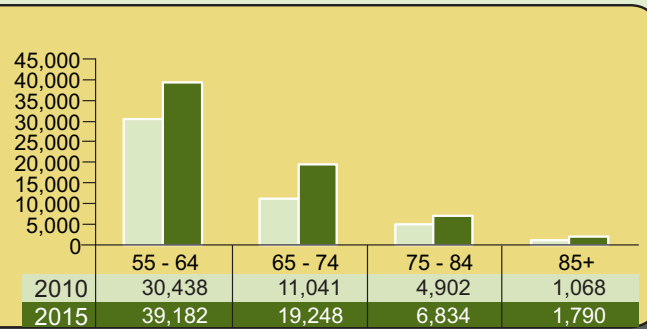




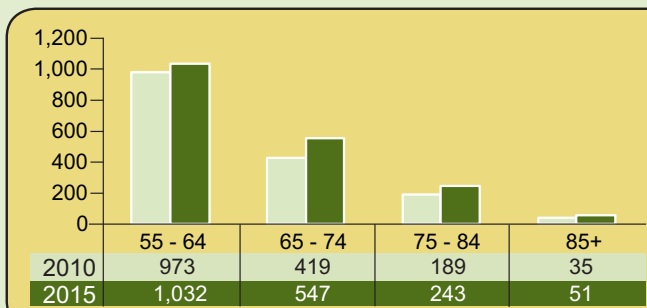
**Older Adult Population by Age
Denver County**



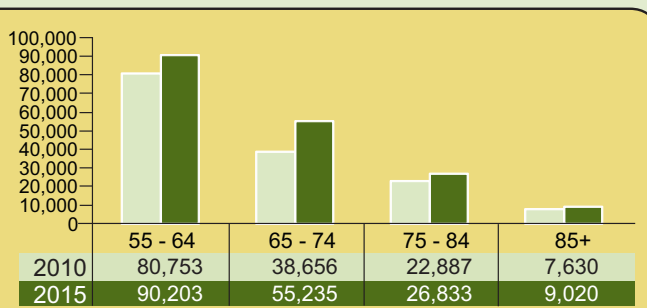
**Older Adult Population by Age
Douglas County**



**Older Adult Population by Age
Gilpin County**



**Older Adult Population by Age
Jefferson County**



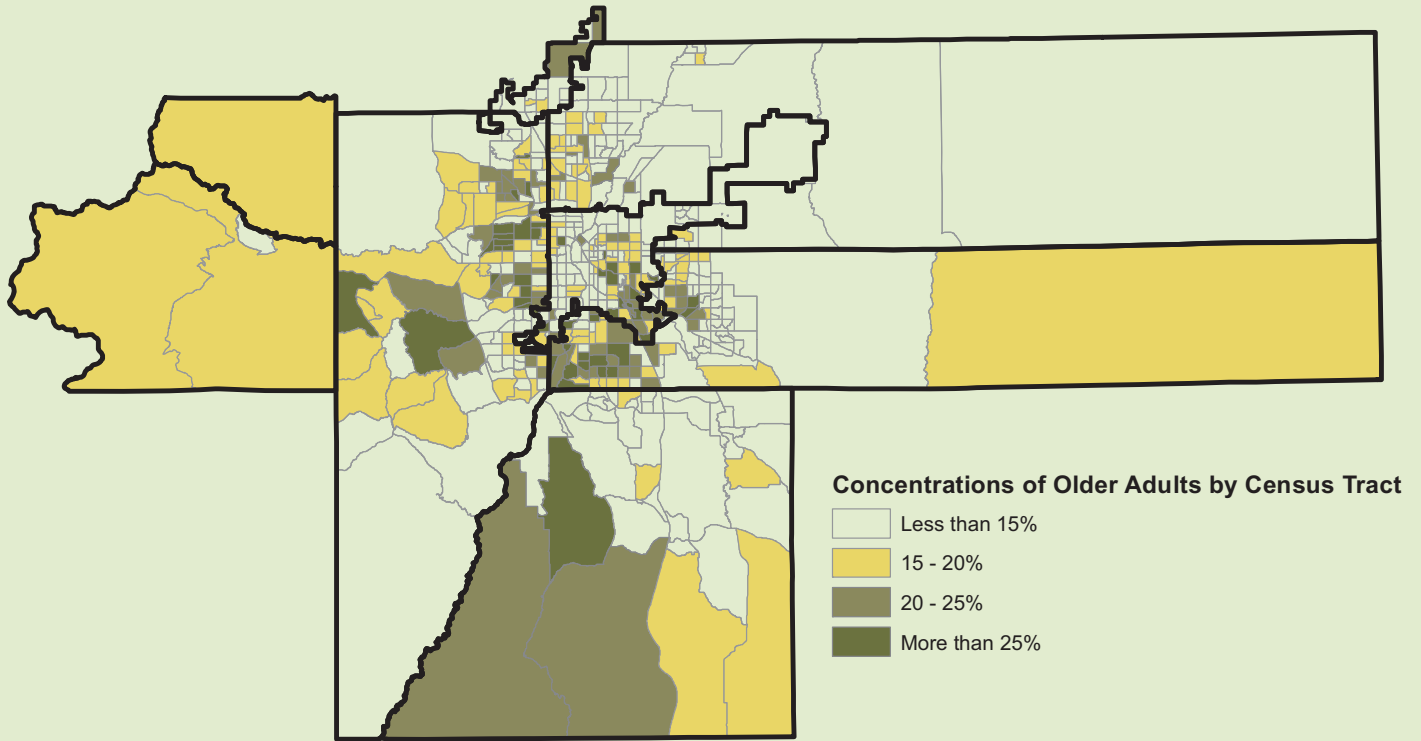
The map on page 9 shows areas in the AAA planning region having particularly high concentrations of older adults relative to the region as a whole. Currently, approximately 15 percent of the region's overall population is over the age of 60. The map illustrates census tracts having more than 15 percent population 60 years old and older. These areas may represent "hot spots" where senior-related services may be in great demand in future years.

- Clear Creek and Gilpin counties have census tracts with high concentrations of older adults, with only one tract around Idaho Springs falling below the 15 percent threshold.
- Western-central Jefferson County has significant concentrations of older adults including several tracts in excess of 20 percent.

- The cities of Arvada, Lakewood and Wheat Ridge have extensive pockets of older adults. In fact, nearly every census tract in Wheat Ridge has a population that is at least one-quarter over the age of 60.
- In southwestern Arapahoe County, the City of Littleton and the western portion of the City of Centennial have significant concentrations of older adults, as do smaller communities such as Sheridan and Cherry Hills Village.
- Southeastern Denver and western Aurora show several tracts with a high percentage of older adults.



Concentrations of Older Adults



- All of southern Douglas County includes tracts with high percentages of older adults, with particularly high percentages to the west and southwest of Castle Rock.
- Far western Adams County includes several tracts that exceeded 15 percent, including portions of the cities of Westminster, Northglenn, Federal Heights and Thornton.

In most counties, the older adult population tends to skew more female than male, but that is not the case in Clear Creek and Gilpin counties where there are

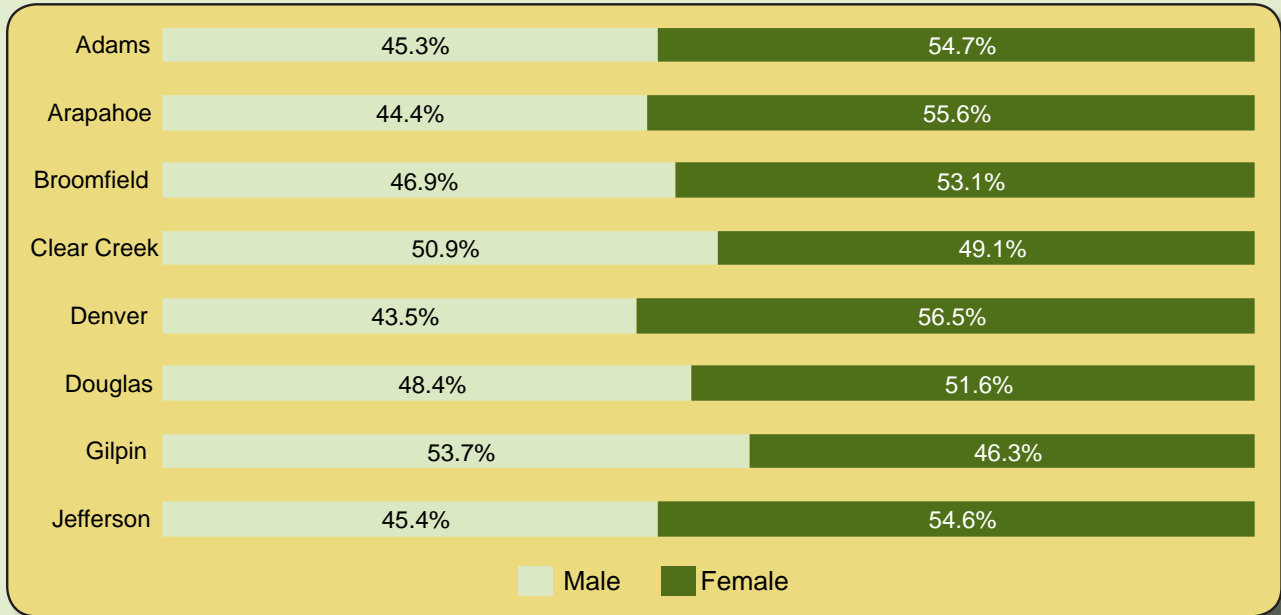
more male residents over the age of 60 than female. In the 75 and over cohort, many counties have female population shares over 60 percent, but Gilpin is the only county having a majority male population in the 75 and over age group. The large share of the older adult population that is female is particularly striking when considering the living arrangements of older adults. The American Community Survey (2005-2009 ACS 5-year Estimates) estimated there are roughly 2.6 women over the age of 65 living alone for every man in that age group living alone. The survey estimates that nearly 50,000 women over the age of 65 currently live alone in the Denver region.



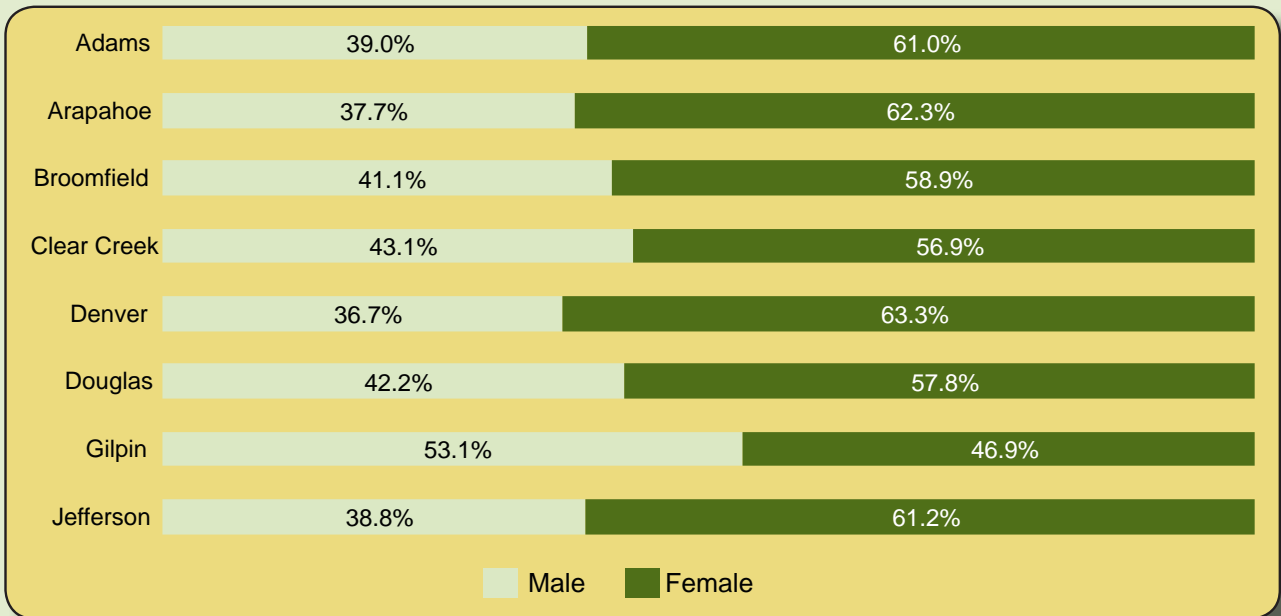
The graphics that follow show the male and female share of each county's older adult population. The first

graphic is for the population that is 60 years old and older and the second figure is for those 75 and older.

Persons 60 and Older by Gender (2010)



Persons 75 and Older by Gender (2010)





Target Populations

The federal Older Americans Act requires the AAA to target the following types of populations:

- Greatest economic need,
- Greatest social need,
- Minority status,
- Frail, and
- Rural.

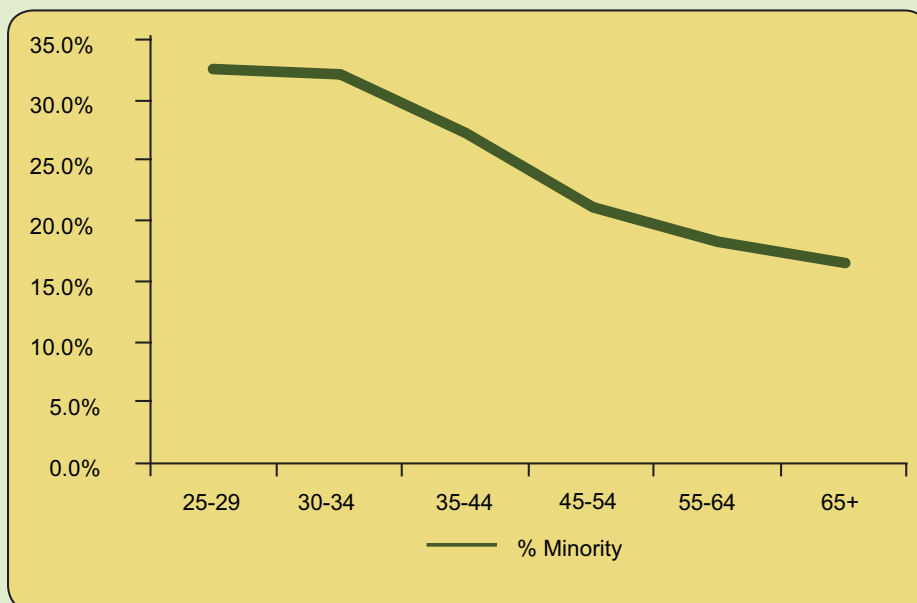
Using 2005-2009 American Community Survey (ACS) data and industry methods to classify rural areas, DRCOG estimates more than 13,000 persons 60 years old and older live in the region's rural and remote areas. These rural places are generally the mountainous areas of the region and the eastern plains of Adams and Arapahoe counties. While the number of older adults living in the mountain and plains communities is relatively small, these areas can be very difficult and costly to serve. Aging adults in these communities may face additional barriers to remaining in their homes, staying active, and engaging in the local community, all resulting in increased risk of becoming isolated.

The 2005-2009 ACS estimates 83.5 percent of the AAA planning area's population 65 years and older is Caucasian (non-Hispanic). The remaining 16.5 percent of the population is considered minority

populations (e.g. black, Native American, Hispanic, etc.). In 2000, minority populations accounted for approximately 15 percent of the total older adult population. In the future, however, the region's older adult population is likely to become more diverse because younger cohorts have a higher share of minority population than the current cohort of older adults. The chart on this page illustrates the growing minority (non-white) population as a percentage of total population within each cohort. Each successive younger age group has a higher percentage of non-white population.

The 2005-2009 ACS estimates that 8.9 percent of persons over the age of 65 in the AAA planning area have incomes below the federally designated poverty level. Approximately 11.3 percent of the *total* regional population is estimated to have incomes below poverty. Poverty rates for non-white persons in the Denver region over the age of 65 have historically been higher than their white counterparts. Statistical margins of error with the ACS data do not allow for quantifying the exact poverty rates for older minority residents, but an analysis of white-only seniors indicates their poverty rate as a group is slightly lower than the regional rate. This suggests older minorities continue to have poverty rates higher than white-only residents.

Percent of Non-White Population by Age Cohort

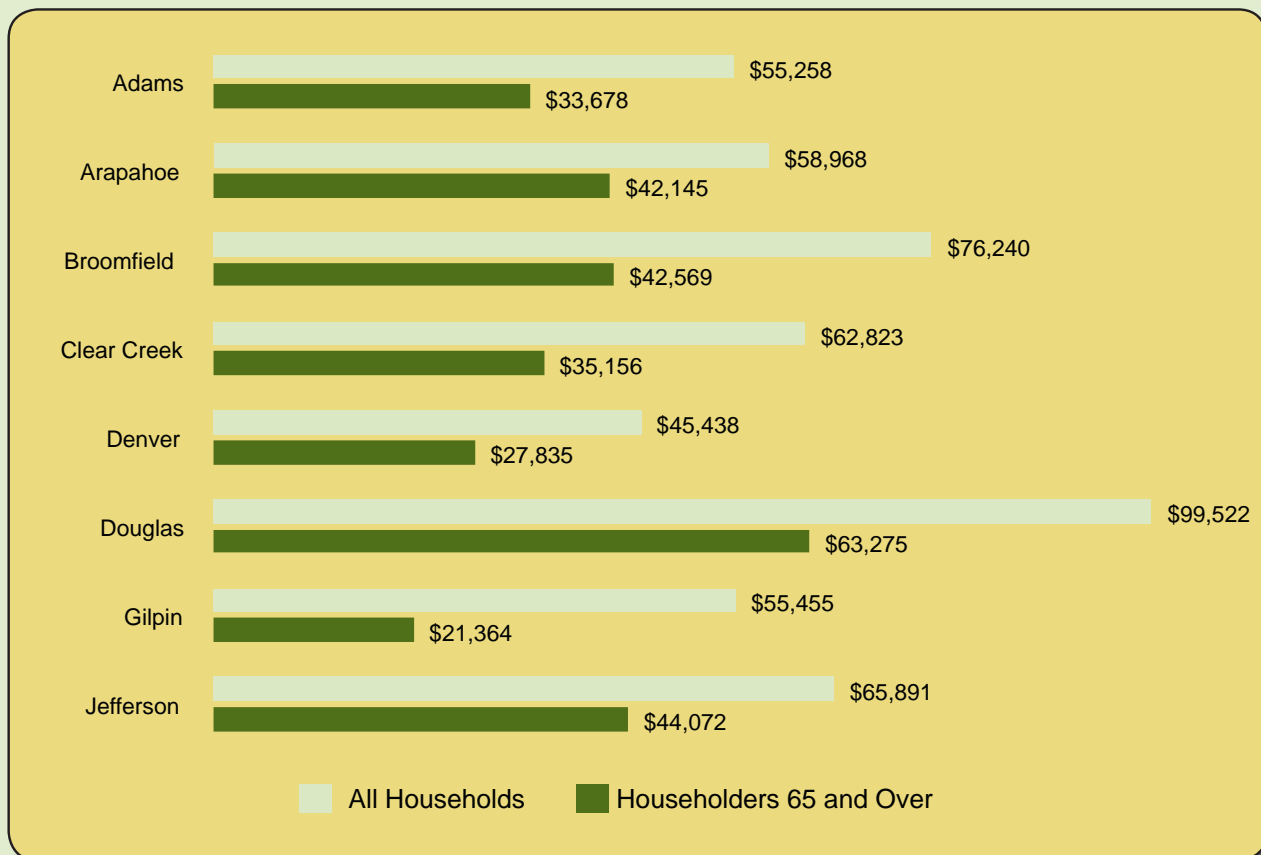




While poverty rates for older adults are slightly lower than the population as a whole, older adult households do tend to have lower household incomes overall. Older adult households in Douglas County have the highest median household income (approximately \$63,000 per year), while older adult house-

holds in Gilpin County have the lowest (approximately \$21,000). The following chart compares the median household incomes of older adult households to the median income for all households within each county in the AAA planning area.

Median Household Income (2009)



Employment Status and Economic Contributions

Recent surveys show 68 percent of older adults in the AAA planning area are fully retired, while 28 percent continue to work in some capacity and another 4 percent are actively seeking employment. Due to recent economic conditions, many retired older adults may be considering rejoining the workforce in some capacity. Thirty-seven percent of survey respondents indicated they have had trouble or anticipate difficulty finding work during retirement. For those

individuals not yet retired, the average age at which they expected to retire was 71.

Even with limited participation in the workforce, older adults make significant contributions to their communities. In addition to the nearly \$2.5 billion in paid contributions by older adults, the AAA planning area benefits from an additional \$2.9 billion in unpaid contributions from older adults through activities such as volunteering, providing informal help or more extensive caregiving to friends, family or neighbors.

Overview of Services



This section provides overview information on AAA services offered in the region and describes what is being done, what the needs are and what the AAA

will do during the four-year plan cycle in each category.

Information & Assistance

Community Assessment Survey for Older Adults

Not knowing what services are available to older adults in your community	Not a Problem	Minor Problem	Moderate Problem	Major Problem	Total
Adams County	37%	26%	22%	15%	100%
Arapahoe County	39%	5%	19%	18%	100%
Broomfield County	51%	27%	16%	6%	100%
Clear Creek County	48%	23%	17%	12%	100%
Denver County	38%	23%	17%	22%	100%
Douglas County	36%	34%	19%	10%	100%
Gilpin County	48%	24%	22%	6%	100%
Jefferson County	42%	27%	19%	11%	100%

FINDING – Older adults and caregivers are unfamiliar with available services.

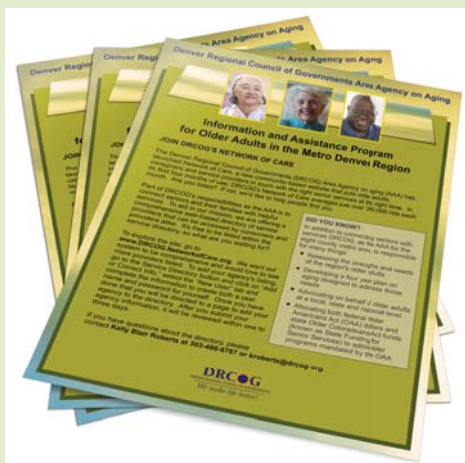
The Need – Knowing what services are available and how to access them is one of the greatest needs in the region. The Community Assessment Survey for Older Adults (CASOA) reported 61 percent of older adults in the Denver region said finding information about services is a problem.

They expressed a high need for general information about services like Social Security and Medicare as well as legal and financial planning. The same need was heard all across the region in the community conversations. The focus groups with minority participants clearly articulated the need for increased

understanding of available services, information and assistance. The participants had some knowledge of federal and state programs, but very little awareness of the services offered within the community.

Currently – Just over a year ago, the AAA expanded its Information and Assistance program to include one-on-one personal service and a comprehensive website. People contacting the AAA are dealing with complex issues, are often in crisis and need individualized assistance to address the challenges they face. The AAA's Information and Assistance program includes a designated information and assistance telephone line staffed by highly skilled information specialists who carefully assess caller needs, connect them with resources and provide critical follow-up. To assure the program continues to meet client needs, the AAA collects and analyzes call data regularly.

To expand access to information, the AAA began providing a comprehensive website called Network of Care. The site contains a substantial directory of services available in the area, a medical library, information about assistive devices, and links to other





organizations and service providers. The AAA performed extensive outreach to service providers to populate the site and continues to add and update provider information. Network of Care makes it simple for service providers to upload their information for listing, and make changes to their listings. Network of Care can track legislation affecting older adults and those living with disabilities and gives users the ability to communicate directly with lawmakers through email. Another feature of the website lets people securely store medical and healthcare-related information. This service is proving valuable for older adults, caregivers, family members, case managers and other professionals.

In the Next Four Years –

- The AAA will continue offering one-on-one personal assistance and will work to expand this service as funding permits.
- Maintaining the Network of Care website will be a priority.
- The AAA will work to increase awareness of services such as health screenings and physical and social activities, and will continue partnering with other information assistance organizations and specialists to identify and implement efficient and effective ways to meet information needs.
- Supporting educational events on financial planning, legal issues and abuse prevention will be a part of the effort to reach more people.

- AAA staff will continue participating in community events and providing educational presentations.
- The AAA will also convene a subcommittee of its policy committee and outside stakeholders to further evaluate needs in this area with the intent to develop and implement a plan to further improve services to meet demands.
- The AAA will develop a marketing plan to raise awareness of the AAA’s Information and Assistance program.

Outreach Services

FINDING – More aggressive outreach is needed to reach minority populations.

The Need – Giving minority elders information about nutrition, transportation services, health care and financial assistance is critical to helping them age successfully in the community; this was identified in the focus groups as one of the AAA planning area’s biggest needs. Elders suggested 1) establishing a central location where they could go to get information, 2) an annual publication of services and, 3) a place where a “real person” would help callers find the information and resources they need. The fact that participants did not know many of their recommendations already exist in the community shows outreach efforts need improvement.

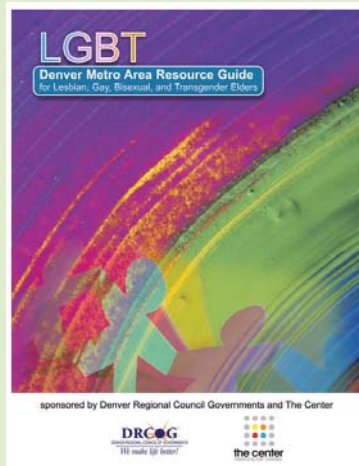
Currently – The AAA requires its contractors to have an outreach plan and conduct outreach activities to identify older adults and their caregivers, Native American elders, and those whose primary language is not English. The AAA conducts a number of outreach activities as well; the community information specialists attend information, health and senior fairs throughout the region. Equipped with a computer, the AAA staff meet with participants individually and show them how to use the Network of Care website, discuss benefits they may be able to access and the services available in the community.



The AAA planning area has a large population of elders who identify as lesbian, gay, bisexual, or transgender (LGBT). As a result, the AAA increased its outreach efforts to these elders by partnering with the Gay, Lesbian, Bisexual and Transgender Center of Colorado (The Center) to produce and publish a resource guide to help identify agencies and businesses that are welcoming to the LGBT elder community.

In the Next Four Years –

- The AAA will continue its outreach efforts and look for new ways to reach those who are isolated and most in need. Staff will meet with other agencies in the AAA planning area who serve these populations to make them aware of the services the AAA provides, and Network of Care and its translation capabilities.
- The AAA will look for educational opportunities and more ways to partner with agencies and community groups serving low-income, isolated, minority and homeless older adults



and people with disabilities. The AAA will identify population-specific media outlets including radio, senior centers, various publications, newspapers and websites and develop articles and ads to provide information about the AAA and Network of Care.

- Staff will continue to attend health fairs and community events and provide community presentations.
- The AAA will continue to serve the older LGBT community by partnering with The Center to conduct regular sensitivity trainings called Project Visibility, continuing to support the LGBT Resource Guide, and supporting regional conferences on LGBT aging issues.





Transportation Services

Community Assessment Survey for Older Adults

Having safe and affordable transportation available	Not a Problem	Minor Problem	Moderate Problem	Major Problem	Total
Adams County	72%	16%	9%	2%	100%
Arapahoe County	71%	16%	6%	6%	100%
Broomfield County	74%	12%	10%	3%	100%
Clear Creek County	61%	15%	9%	15%	100%
Denver County	74%	14%	8%	4%	100%
Douglas County	78%	8%	7%	7%	100%
Gilpin County	63%	23%	8%	6%	100%
Jefferson County	74%	15%	8%	4%	100%



FINDING – Older adults need safe and affordable transportation options.

The Need – People have difficulty imagining a time when they will not be able to drive. Several people interviewed during our community conversations said “I never thought about it,” when asked what they will do when they can’t drive. Transportation services are vital to helping people age successfully in the community. The CASOA survey showed 26 percent of older adults said they had problems finding safe and affordable transportation. Participants in the AAA’s community conversations consistently ranked trans-

portation in the top three when asked to prioritize services most critical to helping them age at home and many low-income and homeless seniors said public transportation and special transit services were the only ways they could access medical services and food banks. The need for transportation options will grow along with the expanding senior population. The region’s ability to help people stay in their own homes as they age will be directly correlated to the transportation services available to them.

Currently – The AAA contracts with seven transportation providers. Individuals use these services to go to medical and dental appointments, grocery stores, adult day services, dining centers, food banks, and also for some personal trips, if space and funding are available, like visiting a loved one in a nursing home or cemetery or for pet care. The AAA recently commissioned a study of its transportation program with the goal of identifying inconsistencies and inefficiencies, increasing regional coordination, improving service, and preparing for growing demand.

In the Next Four Years –

- The AAA transportation study, *Evaluation of the DRCOG Area Agency on Aging Transportation Service Support Program*, states transportation services for older adults will be in



“crisis by 2020 if the funding and status quo persists.” As such, the AAA will continue prioritizing transportation services and working to improve the current system by coordinating service delivery systems to all areas of the region.

- The AAA will continue working with the Denver Regional Mobility and Access Council (DRMAC), the local regional coordinating councils, transportation providers and other community partners to implement the recommendations found in the transportation study including:

- creating transparency in average cost calculations;
- developing a senior transportation advocacy strategy;
- fostering regional coordination and cooperation;
- strengthening county partnerships;
- exploring new sources of funding with a focus on long-term sustainable funding; and
- exploring a single call center for scheduling and dispatching in the metro area.

The goal is to better ensure that older adults receive safe, predictable, transportation services.

In-Home Services

Community Assessment Survey for Older Adults

Maintaining your home	Not a Problem	Minor Problem	Moderate Problem	Major Problem	Total
Adams County	57%	30%	10%	3%	100%
Arapahoe County	55%	31%	9%	4%	100%
Broomfield County	62%	26%	9%	3%	100%
Clear Creek County	59%	29%	10%	3%	100%
Denver County	58%	26%	10%	5%	100%
Douglas County	70%	22%	5%	3%	100%
Gilpin County	58%	24%	14%	4%	100%
Jefferson County	61%	27%	10%	3%	100%

FINDING – Seniors need assistance in maintaining their homes.

The Need – The CASOA found the greatest core life need was in the area of physical health, with 49 percent of the region’s elders reporting it as their main need. It is not surprising that 34 percent, or an estimated 106,796 people, said they needed help with home maintenance and housework. In the community conversations, participants were asked to choose four service categories they thought were most important to older adults: in-home services ranked in

the top four in 12 of the 14 meetings. Older adults consistently said in-home services were essential to keeping them living independently.

Currently – The AAA contracts with five local agencies to provide homemaker services to non-Medicaid eligible individuals. These services include light housekeeping, laundry, meal preparation, grocery shopping and other errands. Services also include personal care such as bathing, grooming and dressing. Socialization, companionship and conversation are other important benefits of in-home services.



In the Next Four Years –

- Services in this category were identified as a need in many parts of the AAA planning area, particularly in the rural areas of the region.
- The AAA will work with contractors to expand service to these areas.

- The AAA will communicate the need for this service to churches and community groups to encourage them to offer these services as well.

Advocacy



FINDING – The realities of the demographic shift impact all levels of government.

The Need – Advocacy is a primary function of the AAA and is mandated under the federal Older Americans Act. Understanding the realities of the region’s aging population is critical for lawmakers and elected officials, including the changes and services needed to help people age well, the opportunities and benefits of an older population, and the problems and costs of doing nothing.

Currently – The AAA works collaboratively with the Older Americans Coalition, the Senior Lobby, the Alliance of Retired Federal Workers, AARP, the Colorado Association of Area Agencies on Aging and others to protect and increase state funding for senior services. By partnering with community service providers, the AAA has demonstrated how cuts to the Older Coloradans Fund impact individuals directly and negatively. The AAA is expanding its outreach

and advocacy efforts to include people with disabilities and organizations advocating for them. Additionally, the AAA’s Ombudsman Program advocates for individuals and provides systemic advocacy on behalf of residents living in long-term care facilities.

In the Next Four Years –

- The AAA will continue this critical work, partnering with other advocacy groups, service providers, older adults, and national organizations to protect and increase funding for senior services at the state and federal level.
- In 2011 the AAA will actively work on the reauthorization of the federal Older Americans Act and with the State of Colorado on the Money Follows the Person Program.
- Staff will continue monitoring legislation and regulations impacting people living in nursing homes and assisted living residences and will work with Colorado’s State Ombudsman to advocate for systemic changes that improve the lives of residents living in facilities.





Coordination



FINDING – Service providers must coordinate with one another to achieve better results through economies of scale.

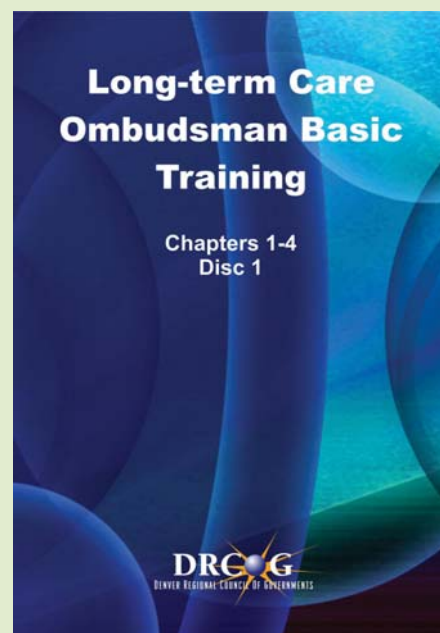
The Need – Given the significant growth in numbers of older adults currently on waiting lists for many of the services the AAA funds, the need for increased collaboration is essential. Governments, community-based organizations, educational institutions and the private sector must come together to help develop planning capacity, increase regional problem-solving and promote cooperation.

Currently – Through the AAA’s quarterly contractor trainings, service providers have gained a better understanding of the specific services offered in the region and can now make more appropriate referrals to clients. Providers have also identified ways to work together and avoid duplication of services. The AAA also regularly convenes meetings of information and assistance specialists. This group provides support, identifies regional needs and trends, and allows for group problem-solving, which reduces duplication and improves knowledge of services, and ultimately, improves service to clients. The AAA Ombudsman Program also provides certification training. Recently this training was professionally recorded and produced as a six-DVD package and distributed to all the AAAs in the state. This enables AAAs with fewer

resources to recruit volunteer ombudsmen in their area and more easily provide the required training. The AAA Livable Communities subcommittee is an excellent example of the power of coordination. In this committee, architects, planners, developers, health care specialists, community organizers, advocates, designers, older people and people with disabilities come together to understand how the built environment impacts people’s lives. The subcommittee has developed information, tools, and concrete examples communities can use to help people to age in place and support the aging population.

In the Next Four Years –

- Livable communities, transportation services, advocacy and information and assistance are all areas where more coordination is essential to meet the older population’s growing needs.
- The AAA will continue the work it has begun and look for ways to further coordinate efforts to expand and improve services and avoid duplication.
- If funding permits, the AAA hopes to partner with faith-based organizations to build capacity, add more services, and improve current activities.



Program Development



FINDING – The AAA must capitalize on changing rules, regulations, and programs.

The Need – The increase in the older population alone will make program development important, but there are other factors demanding this area be a priority for the AAA: changes in regulations associated with the reauthorization of the federal Older Americans Act; new funding opportunities resulting from the federal Affordable Care Act; new programs through the federal Administration on Aging; changes within the Veterans Health Administration and in Medicaid's Money Follows the Person Program in Colorado. The changes are occurring rapidly and some come with new funding streams. The AAA must be flexible to capitalize on these opportunities and expand its services to meet the growing needs of the region's older population.

Currently – Program development activities typically include establishing new services, and improving, expanding, or integrating current services. Unfortunately, cuts in state funding and stagnant federal financial support have made progress in this area difficult. Despite these challenges, in the past four years the AAA has expanded its information and assistance and livable communities programs. The AAA also worked with Volunteers of America to

expand the region's nutrition program to eliminate a 500+ person waiting list. Evidence-based programs were funded for the first time and the AAA's community service contracting process was significantly improved.

In The Next Four Years –

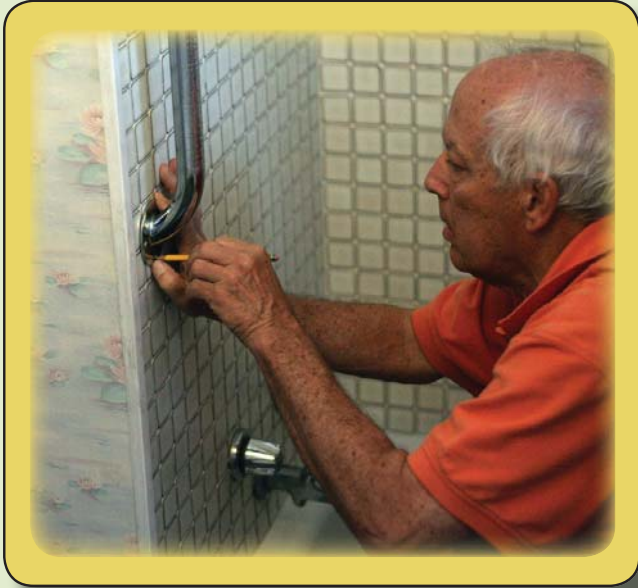
- The AAA will expand its services to include adults with disabilities and anticipates it will become a designated Aging and Disability Resource Center.
- The AAA will explore the possibility of expanding its services to help with hospital transitions and work to increase evidence-based programs.
- The AAA will also pursue partnering opportunities with the Veterans Health Administration to deliver the Veterans-Directed Home and Community-Based Services Programs (VDHCBS).
- The AAA will continue assisting individuals who are at risk for nursing home placement and working to transform the funds they receive into flexible dollars that support living at home and in community-based settings.
- The AAA will work with the State Unit on Aging and the Colorado Department of Human Services to plan and implement a transitional and integrated service model benefiting older adults and people with disabilities.
- The AAA will also continue identifying gaps in services and changing needs and will work with community partners, advocacy groups and lawmakers to address those challenges.





Home Upkeep

Community Assessment Survey for Older Adults					
Doing heavy, intense housework	Not a Problem	Minor Problem	Moderate Problem	Major Problem	Total
Adams County	37%	35%	17%	10%	100%
Arapahoe County	45%	26%	17%	12%	100%
Broomfield County	45%	29%	19%	8%	100%
Clear Creek County	57%	3%	14%	6%	100%
Denver County	37%	30%	20%	13%	100%
Douglas County	57%	26%	12%	4%	100%
Gilpin County	46%	29%	17%	15%	100%
Jefferson County	44%	29%	16%	11%	100%



Currently – The AAA contracts with community agencies to provide a variety of services that help people maintain and remain safe in their homes, including heavy-duty chore services, yard work, window washing, intensive housework, and home modification and safety improvements such as installation of hand rails and shower benches or carbon monoxide and smoke detectors.

In the Next Four Years –

- Lack of resources is the biggest barrier and dramatically impacts the AAA’s ability to fund services.
- DRCOG will continue to educate and advocate for additional funds and resources in this area.
- DRCOG will continue to look for partners in the community and encourage regional coordination and collaboration to meet these growing needs.

FINDING – Seniors need a variety of services to help them maintain and remain safe in their homes.

The Need – Among the problems identified by older adults, 58 percent said that doing heavy housework was a problem. Many people (44 percent) reported yard work as a challenge, and 41 percent said home maintenance was at least a minor problem. In conversations with older adults throughout the region, people reported health issues, medical problems, lack of strength and fear of injury as reasons household chores caused problems.



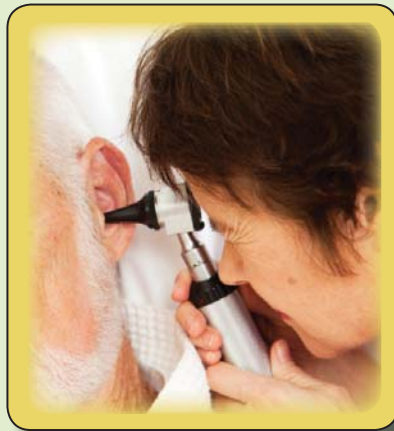
Dental Services, Hearing Aids and Eyeglasses

Community Assessment Survey for Older Adults

Getting the oral health care you need	Not a Problem	Minor Problem	Moderate Problem	Major Problem	Total
Adams County	65%	17%	8%	10%	100%
Arapahoe County	67%	19%	4%	10%	100%
Broomfield County	70%	16%	6%	8%	100%
Clear Creek County	68%	14%	12%	6%	100%
Denver County	64%	13%	11%	13%	100%
Douglas County	77%	11%	4%	9%	100%
Gilpin County	63%	16%	12%	10%	100%
Jefferson County	71%	15%	7%	7%	100%

FINDING – Seniors are unable to pay for some essential medical and dental services.

The Need – In the community conversations and focus groups, people talked about how they had the same pair of glasses for 10 years, or how the inability to hear kept them from doing things with other people or that they enjoyed. Many could not afford to pay for hearing aids. Another identified need was in the area of dental, hearing and vision. Hearing aids, eyeglasses and many dental services including dentures are not covered by Medicare or Medicaid so it can be challenging for older adults on fixed incomes to afford these products and the associated medical costs. The most common and serious needs were in the area of dental services. Many people talked about not being able to afford dental services including tooth extractions denied by Medicaid, dentures or realignments of dentures, and routine dental services. Several reported their dental problems prevented



them from eating and caused weight loss. The CA-SOA survey shows that 40 percent, or an estimated 125,437 older adults, are dealing with tooth or mouth problems as at least a minor problem. This problem is amplified by the defunding and closure of the Old Age Pension Dental Program in Colorado. Many clients who would have been served on this program are on the waiting list of the programs funded by AAA dollars.

Currently – DRCOG contracts with the Colorado Gerontological Society to provide partial grants for hearing, vision and dental services. There is a waiting list of more than 1000 people for these services, meaning services are prioritized to target populations including those in most economic or social need, and those who are geographically isolated.

In the Next Four Years –

- The need for these services is great and resources are very limited.
- DRCOG will convene a regional meeting of the service providers, state and local health departments and universities to promote regional understanding, coordination of service, increased advocacy and funding opportunities.



Counseling

Community Assessment Survey for Older Adults

Feeling depressed	Not a Problem	Minor Problem	Moderate Problem	Major Problem	Total
Adams County	61%	23%	12%	2%	100%
Arapahoe County	65%	25%	7%	3%	100%
Broomfield County	66%	23%	9%	2%	100%
Clear Creek County	67%	22%	7%	3%	100%
Denver County	58%	24%	10%	7%	100%
Douglas County	77%	18%	4%	1%	100%
Gilpin County	60%	25%	12%	4%	100%
Jefferson County	64%	24%	10%	2%	100%



FINDING – Additional focus is needed on mental health.

The Need – Mental health needs often go unrecognized and untreated in older populations. The CASOA results showed 36 percent of the region’s older population deals with mental health concerns including cognitive health issues, depression and anxiety. Accessing affordable, quality services was

identified as a problem and 59 percent of the respondents reported this as at least a minor problem. The same types of issues were heard in conversations with older adults and were more pronounced in the low-income and minority groups. They cited language and cultural barriers, a lack of providers and affordable services, and limited VA and reduced Medicaid benefits as other problems in this area.

Currently – The AAA contracts with two community service providers for mental health assessments, depression screenings, grief counseling, individual counseling, support groups, and education. The goal is to reach isolated and frail adults who are not accessing services and need mental health assistance.

In the Next Four Years –

- The AAA will work to improve access to screening and programs for depression, anxiety, Alzheimer’s and dementia.
- It will work with the network of service providers to increase partnerships with other agencies and community groups with a focus on reducing the stigma of mental health problems by sponsoring educational programs and increasing access to information on the AAA’s Network of Care website.



Education/Training

Community Assessment Survey for Older Adults

Having adequate information or dealing with public programs such as Social Security, Medicare and Medicaid	Not a Problem	Minor Problem	Moderate Problem	Major Problem	Total
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Adams County	53%	28%	10%	9%	100%
Arapahoe County	71%	16%	6%	6%	100%
Broomfield County	58%	26%	12%	5%	100%
Clear Creek County	58%	19%	13%	9%	100%
Denver County	62%	18%	9%	8%	100%
Douglas County	58%	23%	13%	6%	100%
Gilpin County	59%	21%	13%	7%	100%
Jefferson County	60%	22%	11%	6%	100%



FINDING – Access to information and help dealing with public programs such as Social Security, Medicare and Medicaid is needed.

The Need – Education and training is an extension of information and assistance and is identified as a high need in the region. Older adults in every part of the region and in the CASOA survey talked about a need for information on a variety of issues. They want education on changes in Medicare, the impacts of health care reform on their benefits, information on

Social Security, Medicaid, financial issues, health issues, how to maintain and manage their health, and free training on how to use a computer. Several older adults commented on how fast things are changing and how difficult it is to keep up.

Currently – DRCOG ombudsmen provide extensive education and training. They provide training to residents and families on Resident’s Rights, the Ombudsman Program and Choosing a Good Care Facility. Ombudsmen train facility staff on a variety of topics including: Resident’s Rights, Managing Difficult Behavior, Elder Abuse Prevention, Conflict Management, Sexuality in Facilities and End of Life Issues. They also provide training for administrators of assisted living residences and for the Nursing Home Administration Supplementary Program. DRCOG ombudsmen provide the 24-hour ombudsman certification training and the 12-hour advanced ombudsman training for staff and volunteers. DRCOG community information specialists provide regular community trainings across the region on a range of topics including: Understanding and Accessing Resources, Using Network of Care, Caregiving and the role of the Area Agency on Aging. AAA staff



also provided information to local elected officials and local government staff on the Impact of an Aging Population, Making Communities More Livable for Older Adults and Strengths and Needs of Seniors in the region. The AAA sponsors events like the Senior Day at the Capitol, Senior Law Day and Senior Fairs in every county. The service providers contracted with DRCOG offer a wide variety of education and training in the region on topics including nutrition, health, wellness, legal issues, and safety.

- DRCOG will work to identify educational needs in the area and work with community partners to meet those needs, as well as promoting the Learning Library function of Network of Care that allows consumers to view videotaped trainings on a variety of topics.



In the Next Four Years –

- DRCOG staff will continue to provide education and training in the region. The AAA will continue to sponsor educational events as resources permit.

Family Care and Services

Community Assessment Survey for Older Adults						
During a week how many hours do you spend providing care for one or more individuals over 60	Never / No hours	1 to 3 hours	4 to 5 hours	6 to 10 hours	11 to 20 hours	More than 20
Adams County	58%	15%	6%	6%	3%	13%
Arapahoe County	67%	14%	5%	6%	2%	7%
Broomfield County	59%	15%	5%	5%	2%	13%
Clear Creek County	60%	16%	5%	7%	2%	9%
Denver County	58%	21%	5%	5%	2%	10%
Douglas County	64%	13%	6%	5%	2%	11%
Gilpin County	62%	11%	10%	6%	1%	10%
Jefferson County	57%	17%	6%	6%	2%	11%

FINDING – In the DRCOG region about 60 percent of older residents are caregivers and provide care for others an average of 17 hours per week.

The Need – Senior caregivers most commonly care for older adults in the DRCOG region and 26 percent reported that the responsibility of caregiving as problematic. In the caregiver focus group conducted

for this planning process, it was learned that one of the most valuable services DRCOG provides is information and assistance and Network of Care. DRCOG learned caregivers are assisting individuals with multiple chronic conditions and that reductions in funding and additional regulations have resulted in fewer services available to caregivers. Service providers encouraged DRCOG to continue education and



advocacy at a legislative level. The service provided by caregivers is highly valuable: it allows people to live in their homes and communities longer and delays or prevents costly institutionalization. It allows older adults the ability to be cared for in comfortable and familiar surroundings, reduces waitlists and saves the aging services network a great deal of money. The national economic value of caregiver services is estimated to be \$350 billion annually.

Currently – DRCOG recognizes the value of caregivers in the region and understands the enormous contribution they make toward keeping older adults living in the community and in their own homes. Caregiving is not easy and the AAA works to provide support, assistance, education and relief to caregivers throughout the region. The AAA provides funding for loved ones dealing with the challenges of helping someone who has dementia or Alzheimer’s disease. There is a Kinship program for elders raising grandchildren. DRCOG funds a caregiver program that provides support groups, education, counseling and training to the African American caregiver community. Respite care is an essential service is provided under this funding category and the AAA provides trained caregivers and vouchers to give caregivers that needed break. The AAA funds adult day care services to help keep people in their own homes and communities. A variety of services are offered to help remain

active and engaged, including recreational, social, artistic and daily exercise. Nutritious meals and snacks are served; medication is administered and daily care needs receive appropriate attention.

In addition, adult day care services help achieve many goals of the AAA. These services allow people to live in their own homes longer, delaying and sometimes preventing institutionalization. It is a cost-effective service and helps reduce caregiver burden. It also provides support, socialization, cognitive stimulation, good nutrition and medical assistance to participants.

In the Next Four Years –

DRCOG will continue to fund services that support caregivers.

- The AAA will continue to maintain the Network of Care website and advocate for increased resources in this area.
- It will continue to support counseling, support groups, caregiver training and respite care. Service providers in this area reported they are no longer able to afford training for their staff, so DRCOG will explore the possibility of conducting regional trainings to help meet this need.
- The AAA will have an active role in helping people advocate for themselves and navigate the system. It will continue to hold quarterly provider trainings to help support staff, identify opportunities for collaboration and learn about resources available in the community.
- Staff will continue to look for ways to ease the administrative burden of the service providers DRCOG contracts with so more dollars can go toward assisting caregivers and less into regulatory compliance.
- It will work to ensure the services DRCOG and its contractors offer work in conjunction with other state and community-based services to provide a coordinated set of supports for caregivers in the region.



- The AAA will encourage, support and advocate for the Adult Services Act which would allow adult day services to be paid by Medicare. We will partner with other organizations and advocate for grant funding that would provide adult day services for people with multiple sclerosis and other diseases.
- Adult day services are essential community services and the AAA will advocate for its inclusion when the State of Colorado begins the Money Follows the Person Program.
- The AAA is very interested in partnering with community service providers to offer the same services found in adult day care at night because some people with Alzheimer's and dementia sleep in the day and are up all night. These people are at high risk for institutionalization and this service could prevent that as well as reduce caregiver stress and burden.

ARCH

FINDING – Using Medicaid alone to support long-term care is unsustainable.

The Need – An intent of the changes to the national long-term care system is to slow the growth of Medicaid growth and spending. As a result, the aging network is working to deliver services more efficiently, increase community-based resources and develop self-directed programs that help individuals make informed choices and maintain their independence. Many new grant dollars available to Area Agencies on Aging require recipients be designated as an Aging and Disability Resource Center (ADRC) before applying. Consumers want choice; they want to live in their own homes and communities for as long as possible and they don't want to spend down their resources to qualify for Medicaid. AAAs and their partners can provide options for these consumers.

Currently – ARCH (Adult Resources for Care and Help) is the name of Colorado's ADRC. The program's primary goal is to streamline information and services that help people remain as independent as possible. Through integration or coordination of existing aging and disabilities service systems, consumers can access the full range of community services and receive objective information, advice, counseling and assistance to make decisions for themselves about their long-term care services. The DRCOG AAA is not yet an ADRC but has taken

significant steps toward this designation. DRCOG has developed a comprehensive information and assistance program, is building understanding and relationships with the disability community and forging important partnerships to help expand services in the near future.

In the Next Four Years –

- The AAA will become a designated ADRC and expand its services to people with disabilities.
- It will implement all of the requirements of the ADRC including developing an ADRC advisory committee; partnering with independent living centers and 211 call centers; and, developing and implementing the five operational components of the service: information and awareness, options counseling, streamlined access, person-centered hospital discharge planning, and quality assurance.





Vulnerable Elder Rights And Legal Assistance

Community Assessment Survey for Older Adults

Being a victim of crime	Not a Problem	Minor Problem	Moderate Problem	Major Problem	Total
Adams County	84%	9%	3%	4%	100%
Arapahoe County	88%	5%	4%	3%	100%
Broomfield County	88%	6%	3%	3%	100%
Clear Creek County	92%	5%	2%	2%	100%
Denver County	77%	13%	6%	4%	100%
Douglas County	89%	6%	1%	5%	100%
Gilpin County	89%	6%	4%	1%	100%
Jefferson County	88%	2%	1%	3%	100%



FINDING – Older adults are afraid of becoming victims of crime, and need legal aid.

The Need – The information gathered in the CASOA survey estimates nearly 24,000 older adults in the AAA planning area were physically or emotionally abused in the last 12 months. More than 48,000 were victims of a fraud or scam and more than 50,500 were victims of other crimes, such as theft or assault. Professionals who participated in the legal key informant session and community conversation with providers reported elder abuse cases including physical and sexual abuse and neglect were up in the last two years and that financial exploitation cases have significantly increased in the region. In addition, the

CASOA reported that 32 percent of the population reported dealing with legal issues as at least a minor problem in their lives. The key informant group confirmed the results of the survey. Legal experts who participated said the rate of elder abuse, particularly by family members, is increasing and financial exploitation of older adults is becoming a bigger problem. This group also reported the following: legal resources for low-income people are very limited and the demand is growing; there are not enough guardians or conservators to serve all the older adults who need them; debt collectors employ illegal tactics that can cause serious damage to older adults' credit; and more education programs are needed to inform older adults about available resources.

Currently – Abuse has been among the top 10 complaint categories investigated by the AAA Ombudsman Program in the past five years. The AAA works with adult protection, the state health department, law enforcement agencies, attorneys and district attorneys on these cases to ensure residents who have been abused are supported and protected. The AAA also provides elder abuse prevention training to nursing home and assisted living residence staff. The AAA sits on all of the adult protection review teams



Community Assessment Survey for Older Adults

Provisions For Legal Assistance	Not a Problem	Minor Problem	Moderate Problem	Major Problem	Total
Adams County	66%	18%	10%	6%	100%
Arapahoe County	69%	18%	6%	7%	100%
Broomfield County	70%	18%	8%	3%	100%
Clear Creek County	71%	13%	11%	5%	100%
Denver County	64%	22%	8%	6%	100%
Douglas County	72%	16%	9%	3%	100%
Gilpin County	66%	12%	15%	7%	100%
Jefferson County	71%	17%	7%	5%	100%

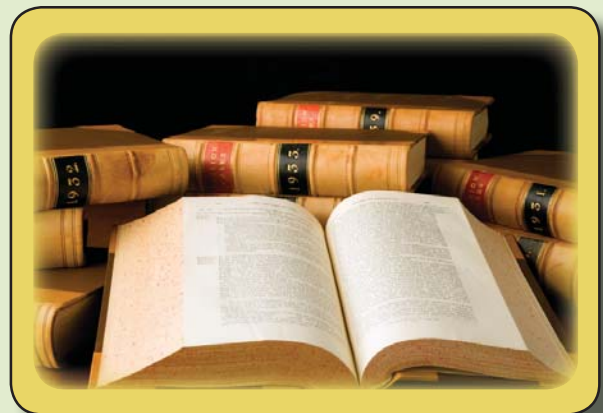
in each of the counties DRCOG serves and attends the Colorado Coalition of Elder Rights and Adult Protection monthly meetings. In addition to this work, the AAA sponsors safety seminars and trainings to teach older adults how to avoid scams and report concerns.

In the Next Four Years –

- The AAA will continue working with state and local agencies to investigate complaints of abuse and exploitation.
- It will continue providing education and training and participating on review teams and committees to ensure the rights of residents living in facilities are protected and quality services and follow up are provided.
- The AAA will also continue sponsoring educational events as resources permit and will look for ways to expand regional coordination and improve access to information and resources, specifically on the Network of Care website.
- The AAA has funded legal services well beyond the required 3 percent for more than 10 years and will continue this practice if resources are available.
- Elder abuse and exploitation is a serious issue in the region and the AAA will work with law enforcement, adult protection and the legal community to address these issues. It will work

with these partners to increase the visibility of elder abuse and exploitation and increase access to information and resources in this area through the DRCOG Network of Care website.

- DRCOG will support regional training and education and continue to work with the Legal Center for the Elderly and People with Disabilities on legal issues affecting residents living in long-term care facilities.
- Staff will continue to maintain effective working relationships with the legal community and continue to use these contacts to benefit the people they serve.





Ombudsman Services



FINDING – Many of the most vulnerable older adults live in care facilities.

The Need – People living in nursing homes and assisted living facilities need support, protection and advocacy more than ever. Improvements in and access to community services mean residents in these care facilities are generally more frail, suffer from more cognitive issues like Alzheimer’s and dementia, and are very ill. The increase in community services is reducing the number of residents in many nursing homes but this combined with reimbursement changes, has forced some facilities to cut services and do more with less, sometimes putting residents at in-



creased risk. Most of the growth in facilities in the AAA planning area is in new and big corporate assisted living residences. This has given consumers more choices and caused challenges for small personal care boarding home (PCBH) providers.

Several small PCBH providers are accepting clients with mental illness, behavioral problems or very heavy care needs to sustain their businesses. And while some facilities manage these challenges well, others do not have the knowledge or training needed, nor do they hire sufficient staff to meet the residents’ needs.

Currently – The DRCOG AAA serves more than 17,000 residents living in more than 350 nursing homes and assisted living facilities. AAA staff visit facilities regularly to see and talk to residents and monitor conditions. They investigate complaints on behalf of residents and work to resolve problems. AAA staff provide extensive information and assistance and education to residents, families and professionals in the field. They also advocate on behalf of residents at the state and federal level for systemic improvements in long-term care facilities. In addition to paid staff, the AAA uses certified, trained volunteers to improve the visibility of the program and increase access to ombudsman services for residents and their families. The AAA recently professionally recorded the certification training to assure training consistency within the AAA and reduce training costs for DRCOG and other AAAs in the state.





In the Next Four Years –

- DRCOG will continue operating the Ombudsman Program in accordance with state and federal requirements.
- Currently staff is able to meet requirements for visitation, complaint investigation, and consultation; community education; and, participation in resident council meetings, facility survey, documentation, and certification training. If resources are available, staff will be added to the program.
- The AAA would like to increase its presence in assisted living facilities and anticipates the need for the number of ombudsmen to grow as the number of assisted living facilities in the region increases.
- The AAA will continue supporting and promoting culture change in facilities and participating in systems advocacy.
- The AAA will inform the community about the Ombudsman Program in a variety of ways, including publication of brochures on the Ombudsman Program, the Volunteer Ombudsman Program, and choosing a good nursing home or an assisted living residence.
- Staff will perform community trainings on choosing good community care and attend senior fairs.
- Information about the Ombudsman Program is on the DRCOG website and Network of Care site. The AAA will also continue looking for opportunities to publicize the program on radio, television and in the newspaper.





Nutrition Services

Community Assessment Survey for Older Adults

Availability of affordable quality food in your county

	Excellent	Good	Fair	Poor	Total
Adams County	14%	47%	25%	13%	100%
Arapahoe County	22%	48%	23%	7%	100%
Broomfield County	29%	50%	17%	3%	100%
Clear Creek County	13%	35%	36%	16%	100%
Denver County	22%	46%	22%	11%	100%
Douglas County	25%	55%	17%	3%	100%
Gilpin County	8%	19%	32%	42%	100%
Jefferson County	23%	52%	20%	5%	100%



FINDING – Seniors need access to affordable, quality food.

The Need – Eating well is important at any age and nutrition plays an important role in the healing process and in maintaining health. Health issues, physical limitations or financial hardship can make it difficult for many older adults to get the nutrition they need. The CASOA survey reported 10 percent of older adults in the region, or about 32,473 people, said having enough to eat was at least a minor prob-

lem. Forty percent said maintaining a healthy diet was a problem. Having enough food to eat was more problematic for low-income seniors. Several people talked about needing to go to more than one food bank a week to have enough food, and access to fresh fruits, vegetables, and meat was very limited for these individuals. Several low-income people interviewed also had diabetes and struggled to maintain a low-carbohydrate diet, reporting that the foods available at food banks are high in carbohydrates and salt.

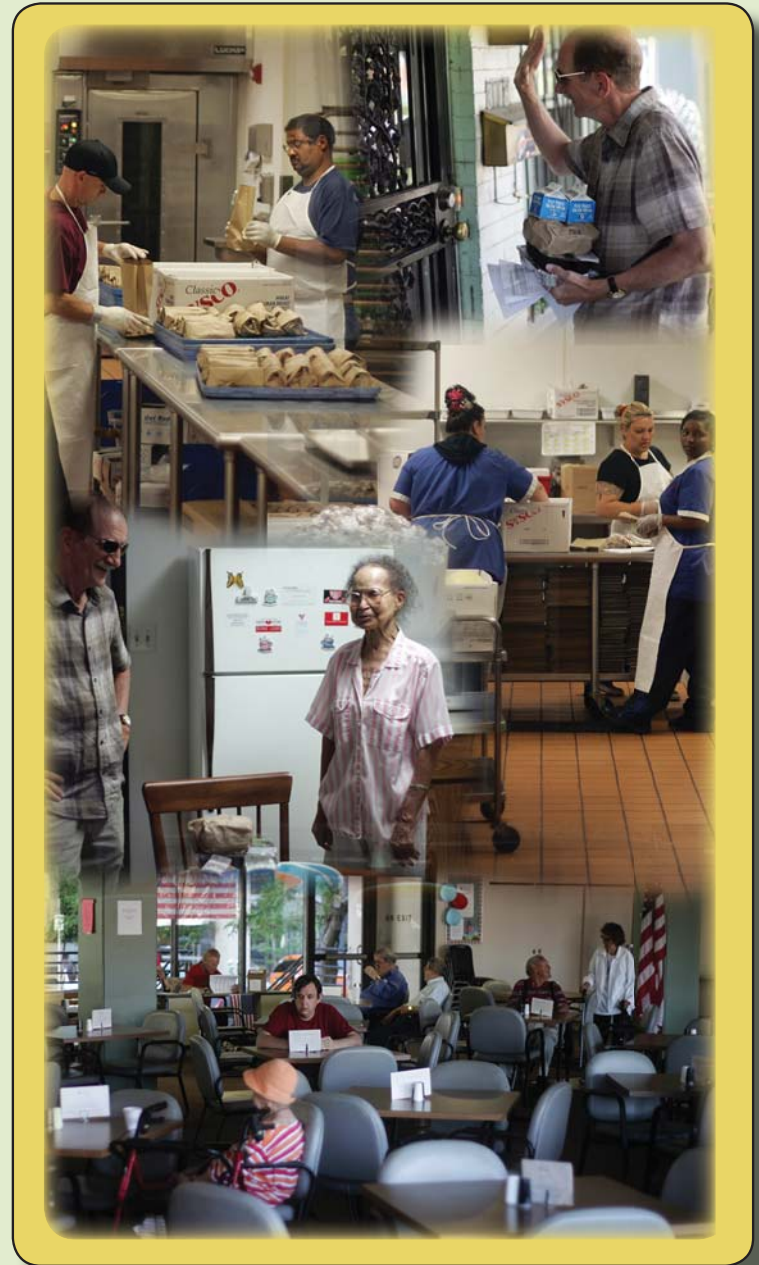
Currently – The AAA contracts with Volunteers of America (VOA) to provide nutrition services in the Denver region. There are 31 congregate meal sites in the area providing hot, nutritious food, nutrition education, health and wellness programs and assistance in accessing other services. In fiscal year 2010, 193,533 meals were served by this program. Home-delivered meals are also a part of the nutrition services offered in the AAA planning region. This program targets homebound, frail, isolated and low-income individuals and provides daily hot meals or a weekly delivery of frozen meals. These participants also receive information about nutrition, health and wellness, and how to access other services. The home-delivered meal program served 545,092 meals in fiscal year 2009. To address the growing need for food and a waiting list of more than 500 people for



home-delivered meals, the AAA and VOA partnered to develop a new program called Market Meals. Market Meals are a combination of frozen meals, shelf-stable and fresh foods, bread and milk. Menus and preparation instructions are provided and help recipients make nutritious meals for a month. Another component of the AAA meal program is preparation and distribution of boxes of shelf-stable food that can be used in an emergency.

In the Next Four Years –

- Nutrition services are essential in helping people continue living at home and in the community. Given adequate resources, the AAA will continue prioritizing nutrition services and supporting all the nutrition services currently offered.
- The AAA will also work with Volunteers of America to identify older adults who are at nutritional risk and are socially or economically in need, and work to increase services if resources are available.
- The AAA will continue supporting the Eastern Plains home-delivered meal program which serves geographically isolated populations without reasonable access to congregate meal sites.
- If resources are available, the AAA will serve homebound, disabled dependents under 60 years of age, residing with a homebound or geographically isolated older adult or to individuals providing volunteer services in the home-delivered meal program.
- The AAA will continue looking for ways to expand access to nutrition programs such as working with local schools that may want to offer meals to older adults, food banks in the region and community gardens. DRCOG will pursue opportunities to increase access to fresh fruits, vegetables and whole grains.





Health Promotion/Screening and Education/Evidence-Based Programs

Community Assessment Survey for Older Adults

Getting the health care you need	Not a Problem	Minor Problem	Moderate Problem	Major Problem	Total
Adams County	73%	16%	10%	9%	100%
Arapahoe County	73%	15%	6%	6%	100%
Broomfield County	78%	14%	6%	2%	100%
Clear Creek County	63%	15%	16%	6%	100%
Denver County	73%	17%	4%	6%	100%
Douglas County	78%	12%	6%	3%	100%
Gilpin County	64%	15%	13%	8%	100%
Jefferson County	78%	12%	8%	2%	100%



FINDING – Seniors need better access to health care.

The Need – Fifty-nine percent of older adults rated physical health issues as at least a minor problem in the community assessment survey. The survey also revealed 31 percent of people had fallen in the past year. Participants in the focus groups and community conversations stated increasing co-payments are a deterrent to going to the doctor and they only went if they were really sick or had serious issues. Respondents said they depended on community events for health screenings, education and health management. Blood pressure screening and foot care clinics were very popular and programs for diabetes management, heart health, and stroke prevention were the most requested services in the minority community.

Currently – The AAA offers a variety of services related to health promotion. One program serves low-income older adults living in rent-subsidized residences. In these settings, monthly clinics offer health screenings and education and assistance in obtaining needed resources. Nurses help participants manage illness, understand their medicines and maneuver the complexities of the health care system.

Another program funded by DRCOG provides similar services to older adults living in the mountain areas of the region and another program provides these same services to Native American elders in the region. The AAA also funds a medication management program, benefits counseling and Part D enrollment assistance. Service providers contracted with the AAA also provide community health seminars, a number of educational presentations and attend a variety of health care fairs in the region.





The AAA currently contracts with and directly provides the fall prevention program Matter of Balance. This program helps older people maintain mobility and independence by reducing the fear and risk of falling. The AAA partners with Volunteers of America to provide the evidenced-based program, Healthy Moves for Aging Well, to homebound seniors receiving home-delivered meals

In the Next Four Years

- The AAA will continue funding health, prevention and wellness programs with the goal of helping older adults get the tools needed to

maintain their health, reduce risk of developing chronic disease and managing their health to live as independently as possible.

- As resources permit, the AAA will continue providing currently funded services and expanding and integrating services to include more chronic disease self-management and evidence-based disease and disability programs.
- The AAA will also work with the State Unit on Aging and other community partners to capture discretionary grant dollars to expand these services in the Denver region.

Livable Communities

FINDING –Demographic changes necessitate the built environment and future investments change as well.

The Need – Opportunities for recreation, transportation, culture, education, communication, social



connection, spiritual enrichment and health care are all critical components in the overall satisfaction of older adults. Communities that perform well in these attributes are more likely to support healthy, active aging in place. A recent survey of older adults in the Denver region found overall the metro area was rated favorably.

Eighty-seven percent of respondents indicated that as a place to live, their community was either “good” or “excellent.” Unfortunately, these same communities may not be able to fully support successful aging.

The ability to age in place is linked to land use planning that locates services proximal to residences,



diverse transportation choices and communities that welcome and value the contributions of older adults. For many older adults, the most lasting symbol of their independence is their automobile, and many continue to drive when it is no longer advisable to

do so. It is critical communities provide and support attractive and pervasive transportation alternatives that can provide the mobility paramount to healthy aging.

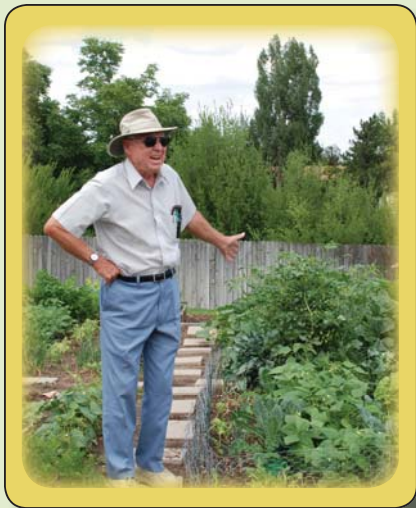
Communities need to offer a variety of affordable housing opportunities and support the construction of houses that can be easily modified to accommodate diminishing strength and balance in order to assist an aging population. Based on Department of Housing and Urban Development (HUD) guidelines, 32 percent of older residents in the DRCOG region are spending too much of their monthly income on housing.

Recreation, culture and the arts often replace work as the primary activity that brings older residents in contact with the outside world. Extensive opportunities for



recreation and the arts can create the social interaction needed for healthy aging. A sizable percent of older residents rated the opportunities to attend social activities in the DRCOG region as “excellent” or “good” and reported frequent participation in social activities such as communicating/visiting with friends and family. Approximately one-third of survey respondents indicated at least minor issues with feeling lonely or isolated and 26 percent also noted that they sometimes struggle with having friends or family that they can depend on.

Currently – It has become increasingly clear in the Denver region, as well as in other parts of the country, community design may be hindering the ability of older adults to age successfully. As an integral component of the DRCOG family of services, the AAA has significant input into Metro Vision, the DRCOG 20-year growth and development plan. Inputs include developing regional policies and programs that support a built environment to meet the housing, transportation, social, health, recreational and service needs of a growing population



of older adults. The DRCOG Board of Directors has also championed implementation strategies aimed at encouraging member governments to create livable communities that meet the needs of their citizens *throughout* their lifetimes. The Livable Communities Subcommittee of the DRCOG Advisory Committee on Aging provided direction to DRCOG’s regional planning staff on regional policy and local implementation strategies and most recently, the subcommittee was expanded to become a task force of the Board of Directors to help implement the 2035 Metro Vision Plan.



In addition to efforts focused on regional policy and local implementation, the Livable Communities Program is a regional leader on providing educational opportunities highlighting existing and future challenges of building communities that can meet the needs of all ages, incomes and abilities. Over the last few years, DRCOG convened workshops, planning sessions and tours that targeted local elected officials, local planning staff, home builders, Realtors and the development community – all important players in the region’s efforts to create more livable communities. The DRCOG AAA has emerged as a national leader in collaborative planning and is frequently asked to share its experiences with peer agencies from across the country.

In the Next Four Years –

- The AAA will continue allocating federal and state monies to community agencies providing direct services to older adults. But in order to meet the needs of the growing older adult population, other creative solutions are necessary. Focusing not just on individual older adults, but also the communities in which they live, will further seniors’ ability to live independently and contribute to their communities. The AAA will continue building on the progress to date with strategies geared toward developing and maintaining a regional policy framework that reinforces the need for and benefits of livable communities and creating a supportive structure that encourages and assists local implementation.



Strategy – Regional Policy Framework

The AAA will continue to identify and support efforts to create and implement regional policies in the region's 20-year growth and development plan (Metro Vision) that can contribute to successful aging.

Strategy – Boomer Bond (New Initiative)

DRCOG will facilitate and aid its member governments' initiatives to create age-friendly physical and social environments. How local governments in the Denver region support aging in community will vary as widely as the nature and composition of communities. The Boomer Bond program will support and recognize the ongoing and continuing efforts of the region's governments to implement measures to overcome barriers, become more livable, and improve the quality of life for older adults in metro Denver.

Strategy – Older Adult Mobility

The AAA funds community-based transportation programs across the Denver region. These programs enable older adults to more effectively manage their health, take care of their personal needs and participate in social activities. In addition to services funded through the AAA, DRCOG serves as the Metropolitan Planning Organization (MPO) for the Denver region. As the MPO it is DRCOG's responsibility to plan, program and coordinate federal transportation funds.



DRCOG, regional stakeholders and service providers will continue to strategize on meeting future demand

while continuing to provide quality services and maximizing efficiencies and minimizing barriers to providing accessible, high-quality and dependable transportation to older adults.

Strategy - Community Design and Support

In addition to the Boomer Bond initiative DRCOG will continue identifying and pursuing opportunities to provide guidance, information and resources to member governments so they can make informed decisions about elder-friendly alternatives in their communities. DRCOG will target issues that increase a community's capacity to meet the needs of older adults, particularly issues related to the built environment and supportive community features.



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Strategy – Raise Awareness and Develop Local Leaders

The unprecedented demographic transition underway in the region will require that organizations and individuals take action to support independent, healthy aging for older adults throughout the metro area. There are many potential stakeholders who are either unaware of the dramatic increases in older adult population or do not fully understand the magnitude of the impact. Ensuring a region that can support healthy aging will be built on local responses that recognize changing conditions and implement appropriate solutions in many unique settings. DRCOG will nurture a network of local leaders who carry the message of livable communities throughout the region.



STATE OF COLORADO



Colorado Department of Human Services
people who help people

OFFICE OF SELF SUFFICIENCY AND INDEPENDENCE
Pauline Burton, Deputy Executive Director

DIVISION OF AGING AND ADULT SERVICES
1575 Sherman Street, 10th Floor
Denver, Colorado 80203-1714
Phone: 303-866-2800
TDD: 303-866-2850
FAX: 303-866-2696
www.cdhs.state.co.us

Dan Daly, Director

Jayla Sanchez-Warren, AAA Director
DRCOG Area Agency on Aging
1290 Broadway, Suite 700
Denver, CO 80203
March 24, 2011



John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

Dear Jayla:

Congratulations! Your excellent Area Plan is approved! We appreciate the effort that you have put into the Area Plan to map out a strategy to deliver services to older adults in your area. No additional information is necessary.

Sincerely,

(Todd Swanson for) Todd Coffey
Manager, State Unit on Aging



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(Membership as of April 2011)

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(Membership as of January 2011)

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DRCOG
DENVER REGIONAL COUNCIL OF GOVERNMENTS
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2011 - 2015 Area Plan on Aging

Denver Regional Council of Governments
1290 Broadway, Suite 700
Denver, CO 80203-5606

www.drcog.org - 303-455-1000

