



*Report to the Colorado Citizens*

*October 2005*

*Prepared by  
The Colorado Department of Human Services  
Division of Aging and Adult Services*

*Colorado Governor's White House Conference on Aging  
Solutions Forum:  
"From Strengths & Needs to Action"*

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# STATE OF COLORADO

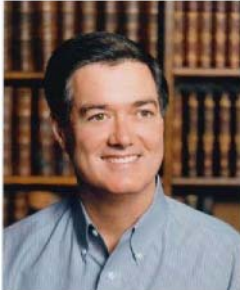
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## EXECUTIVE CHAMBERS

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Bill Owens Governor



October 1, 2005

Greetings:

I am pleased to take this opportunity to express my deep appreciation to the many delegates, planning and steering committee members, sponsors and staff who made the *2005 Colorado Governor's White House Conference on Aging Solution Forum: From Strengths and Needs to Action* one of the best in the nation! We can be proud of the commitment that we share as we move toward implementing the many exciting and challenging solutions that emerged from this year's conference.

In December, 2005, the Colorado delegation to the White House Conference on Aging will carry this report to Washington D.C. where they will meet with national policy makers to advocate for important legislative and policy changes. This report will be shared with elected officials at both the state and local levels.

As Governor of Colorado, I applaud you for your excellent work. I know our challenges are great, but our possibilities are even greater. I look forward to working together to ensure and protect the rights of Colorado's older citizens to age with independence and dignity.

Sincerely,

Bill Owens Governor

# STATE OF COLORADO

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## COLORADO COMMISSION ON AGING

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Denver, Colorado 80203  
Phone 303-866-2663  
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Mary Jane Hangs, Chairman



October 1, 2005

Dear Citizens:

The Colorado Commission on Aging (CCOA) consists of seventeen members appointed by the Governor from each congressional district and one member at large and a representative from the Senate and the House of Representatives. The Commission assists governmental and private agencies by designing surveys that may be used locally to determine needs of older people; by recommending the creation of services; reviewing existing aging programs and make recommendations to the Governor and the General Assembly for improvement in such programs; and to advocate for a better quality of life for all seniors.

The Colorado Commission on Aging is thrilled to provide you with the final report on the Colorado Governor's White House Conference on Aging Solution Forum: *From Strengths and Needs to Action*. The Commission would like to thank the many people who assisted in setting up the regional events, writing the regional reports and most importantly those who attended the events and provided creative suggestions on solutions specific to Colorado. The Commission looks forward to further discussion with you regarding how to implement many of the solutions listed in this report.

You may contact the Colorado Commissioner on Aging at 303-866-2663 or at 1-888-866-4243 (outside of the Denver metro area).

Sincerely,

Mary Jane Hangs, Chair  
Colorado Commission on Aging



## *Background on the White House Conference on Aging (WHCOA)*

Historically, these events have served as national forums to shape and frame public debate on research and policy issues relevant to older Americans. They have also energized advocacy networks to influence legislators at the state and federal levels in setting policy agendas for the ensuing decade and have provided a highly visible, official, and credible grass-roots state and national forum. President Truman directed the Federal Security Administration to hold a national conference in 1950 to assess the challenges posed by aging and in 1958, Congress enacted the WHCOA authorizing the first conference. These decennial events began in 1961 and were held in 1971, 1981, and 1995. Past WHCOAs have contributed to the establishment of many key aging programs such as Medicare and Medicaid, the Older Americans Act, and the Supplemental Security Income Program. WHCOAs have been instrumental in Social Security reforms, the establishment of the National Institute on Aging, the creation of a national nutrition program for older persons, and the establishment of the national aging network.

### **Key Accomplishments**

**1961<sup>1</sup>** The central issue dominating the state conferences and national meeting was support for the Medicare program. 947 recommendations were proposed. During this decade, there was growing concern for forgotten groups including the aged. President Kennedy laid the groundwork for the Presidential Council on Aging and highlighted actions to be taken to implement the recommendations. During the Johnson Administration, Medicare, Medicaid, the Older Americans Act (OAA) and the Age Discrimination Act were implemented.

**1971<sup>1</sup>** Income maintenance was a major focus, however 700 recommendations were generated. President Nixon announced a five-fold increase in the OAA budget and ushered in a positive atmosphere for the decade. Laws were passed to create the National Institute on Aging and the network of Area Agencies on Aging and to enhance Social Security and age discrimination policies. Senior centers, nutrition programs and training programs were the legacies.

**1981<sup>1</sup>** Social Security was the major issue, but 528 recommendations were proposed. This conference spanned two administrations. The Carter Administration did the planning. Forty-two mini conferences were held and their recommendations were forwarded to the National Advisory Committee and 16 Technical Committees. Care was taken to involve greater numbers of laypersons, professionals and business. Steps were taken to ensure participation by women, minorities and persons with disabilities. The Reagan Administration was responsible for implementation but did not feel bound by the prior Administration's agenda and activities. Follow up activity was assigned to an ad hoc group within the federal establishment, but was soon taken over by the private sector.

**1991<sup>1</sup>** No conference was held during the George Bush Senior Administration.

**1995** The OAA reauthorization of 1992 directed the president to hold a conference in 1995. President Clinton appointed the first Assistant Secretary for Aging. There was an emphasis on grass roots mobilization, which led to more than 800 meetings across the nation with background papers generated. There were 60 draft resolutions in four major areas: economic security; comprehensive health care, including long-term care; housing and supportive services and maximizing the quality of life. The guiding principle was to come up with a list of 50 recommendations these included: keeping Social Security safe and sound, preserving the OAA (including the advocacy functions), promoting Alzheimer's research, and promoting a well-trained workforce in geriatrics and gerontology. It was a more pragmatic conference that concentrated on reaffirming support for the existing programs and promoting the need to be more self-reliant and less dependent on government. Grandparent caregivers were included in the National Family Caregiver Support Program, screening benefits were added to Medicare, and the federal support for the Alzheimer's research grew.

**2005** The White House Conference on Aging will be held December 11-14, 2005 in Washington, DC. The theme is *"The Booming Dynamics of Aging-From Awareness to Action."* Colorado delegates will present the prioritized solutions that were formulated at the regional events and are specific to Colorado. These have been compiled into a 5-page federal report (See appendix). Regional reports are available in hard copy at the Department of Human Services, Aging and Adult Services 1575 Sherman Street, 10<sup>th</sup> Floor, Denver, Colorado 80203, (303) 866-2663 or on the website at [www.cdhs.state.co.us/ADRS/AAS/Index1.html](http://www.cdhs.state.co.us/ADRS/AAS/Index1.html).



Attendees of the 2005 Colorado Governor's White House Conference on Aging listen to Keynote speaker Sen. Paula Sandoval during lunch.





## *Background on the Colorado Governor's White House Conference on Aging*

**1980** The Governor's Conference on Aging Colorado's White House Conferences on Aging was held October 9-11, 1980 at the Colorado Women's College in Denver, Colorado. Approximately seven hundred persons including delegates and participants from the public and private sectors attended. The theme was: *"Everybody's Tomorrow—Aging in Colorado."* The issues for the state conference originated from five hundred community forums and thirteen regional conferences. 12,000 Coloradans participated at the local level. Federal, state and local priorities emerged. The number one priority at all three levels pertained to the expansion of in-home health and home support services. The conference produced forty-three recommendations that were adopted by the general assembly in its closing session. In addition the delegates voted on three top state priorities. They were:

1. The expansion of home health care and in-home services.
2. An increase in State funding for elderly transportation programs.
3. The use of the State Old Age Pension fund spillover for senior projects.

Advocates saw to it that at least one-fourth of the conference recommendations were addressed by bills introduced in the 1981 legislative session. These included age discrimination in employment, state support for homemaker services, a tax incentive for families who care for dependent elders, an increase in the personal needs allowance of Medicaid-supported nursing home residents, and several housing bills.

Several bills which responded to the conference recommendations were made into law. A strong compensation bill was enacted. The legislature granted an increase in the personal needs allowance for Medicaid-supported nursing home residents. A tax incentive to encourage volunteers who provide transportation services and a mobile home landlord-tenants right bill were passed.

Many of the conference recommendations called for clear, coordinated approaches in state programs which benefited or affected elders mental health services, state employment practices, social service and income maintenance programs, and public health.

Many advocacy and interest groups incorporated specific portions of the recommendations into their organizational plans and goals. Task forces were established and many groups worked to translate the recommendations into action at the local and state levels.

**1987** The Governor's Conference on Aging was held in Denver, Colorado. Resolutions were passed in the following areas:

- Proposing a national health insurance plan that would be fully/partially subsidized by the federal government including exploration of a state or federal subsidy toward partial payment of premiums for long term health insurance; support of adequate long term care funding; continuation of the Old Age Pension Program.
- Supporting a law that would require equivalent nursing home rates for Medicaid and private pay patients; taking steps to decrease the amount of paperwork required of nursing home and home health care providers for reimbursement;

mandating standards for social service and activity departments, including staffing by qualified professionals in nursing homes and training and certification for aides in homes and home health care organizations; providing a standard pay wage of \$5.00 per hour for certified aides in nursing homes; with apprentice beginning at the minimum wage; and opportunities for advancement and continuing education.

- Encouraging the development of a National Catastrophic Health Insurance Program, which would include provision for long-term care.
- Examining the definition of “homebound” and other administrative practices that made the ability to get home health care too restrictive.
- Urging that the appropriations to the Colorado Old Age Pension Dental Program should be doubled.
- Endorsing efforts to help older adults stay healthy and independent and that increased attention needed to be paid to chronic, long-term health management needs.
- Supporting changes to property taxes e.g. limits, rebates, deferrals and credits for community service.
- Encouraging rent subsidies and the need for provision of social and health services in housing facilities for low and moderate income.
- Encouraging alternative housing options.
- Encouraging employers to offer time off to tend to family-care giving for an older adult family member.
- Recommending additional funding of legal services be given for spousal impoverishment, guardianship and protective relationships, living wills and durable power of attorney, protective services covering adult abuse and financial exploitation and legal education on fraud and consumer issues.
- Urging Colorado to increase its match of federal funds for the Older Americans Act to a level comparable to the needs of Seniors and to be comparable to other states.
- Urging that there be broad representation of minority elderly on all boards and commissions which affect their lives, and urged the state to actively recruit and hire minorities for decision-making positions in programs and services which impact the lives of minority elderly.
- Supporting the maintenance of independent living for the elderly blind and vision impaired by recognizing the need for advocacy, legislative activity, and special services delivery to help forestall excessive long-term nursing home costs and include blind and vision impaired older adults in planning for and representing Colorado at the 1991 White House Conference on Aging.
- Recommending the establishment of a pilot program providing in-home services so people who were not eligible for means tested programs would have access to affordable services.
- Recommending that local and state educational institutions develop and implement curriculum that deals with the aging process.
- Encouraging seniors to join together to advocate for changes through involvement in the political process.



## *Executive Summary*

Every ten years, the White House Conference on Aging is held and sets the stage to shape and frame public debate on issues relevant to older Americans. Throughout the nation and in Colorado this past year, senior citizens, family members, advocates, service providers and elected officials met to discuss issues and develop solutions in six topic areas including financial security, opportunities for older workers, supports necessary to allow seniors to remain in their homes and communities, the rising costs of health care and obtaining quality health care, keeping seniors active and engaged in their respective communities and developing and promoting new products and technology that will assist the older consumer.

In order for the entire state to have an opportunity to provide input, regional forums were held on the western slope, the eastern plains, northern and southern Colorado and in the Metro Denver area. 726 people discussed these issues and brainstormed solutions in their local forums.

On June 23, 2005, 300 delegates attended the Colorado Governor's White House Conference on Aging. Solutions that were developed in each region were presented to the conference delegates and the policy staff from the White House.

This report contains the results of these solution forums and includes information from the 2004 statewide survey that looked at the strengths and needs of older adults in Colorado.

Identifying the challenges that face our older Coloradans and listening to their solutions can guide strategic statewide policy and decision-making. This information sheds light on how our older Coloradans are doing and creative ideas for how they feel their challenges should best be addressed.

**"Art knows no age. The body may change, but the imagination still burns bright." --Jane Alexander, former Chair of the National Endowment for the Arts.**



Conference attendees work diligently during the General Session

## *Colorado Demographics 2005-2015*

The decade 2005-2015 (bracketed by the current *White House Conference on Aging* and the following one) will witness an unprecedented demographic shift. Forecasts from the Colorado Demography Office show a twenty percent increase in total population from the current population of 4.7 million to exceed 5.6 million. ***During the same period, the senior population (those age 60 and over) will increase 49%*** from 651,000 to 970,000. (See Appendices for description of Area Agency on Aging and maps.)

Colorado's "middle-age bulge" reflects past demographic events—both the post-World War II Baby Boom and past migration trends. People born during the Baby Boom—conventionally dated from 1946 to 1964 – will begin turning 60 in 2006. Those born at the peak of the Baby Boom (1954) will not turn 60 until 2014. Thus, the full impact of the aging of the Baby Boom on the size of Colorado's older adult population will not occur for another fifteen or twenty years. More immediate is the impact of past migration trends on the state's age distribution. Many Coloradans who are in their fifties and sixties today were part of the wave of younger adult migrants who moved to Colorado in the 1970s and after. These past in-migrants will contribute to the surge in the numbers of young-old in the next decade.

Older adult migration is expected to have a much smaller impact on the growth of the older adult population. The Demography Office estimates that about 600 more people 60 and over are moving into the state each year than moving out. Certain rural areas of the state are attracting significant numbers of retiree migrants.

These expected trends in Colorado's older adult population have some interesting implications regarding the strengths and needs of older adults. The older adult share of the total population will increase. This growth and their higher voting rates will amplify their voices in the political arena. With older adult growth concentrated in the "young-old" age group, the increased demand for services is likely to be less than it will be after 2020 when the oldest Baby Boomers turn 75. In fact, the young-old are a group with a fairly high concentration of caregivers and persons involved in other volunteer activities. Despite their slower growth rates, it is the increased numbers of old-old that is likely to be responsible for the greatest increase in need for social supports such as those provided by Area Agencies on Aging (AAA).

Across the state change in the size of the older adult population is expected to vary from region to region. The greatest increase is expected in the North Central Mountain Region (79%), while the Southeast Region and the Northeast Region are expected to see small declines in the size of their older adult population. The two largest regions, the DRCOG Denver Metro Area and the Pikes Peak Region are expected to grow slightly more rapidly (30% and 32%, respectively) than the state as a whole (27%).

It is helpful to understand that the majority of older adults falls in age groups that might be classified as the "young-old," where the ability to live independently is common. A minority, most of whom are "old-old," are more likely to require some form of assistance to continue to live independently. Those seniors whose age is 60 to 74 are considered the young-old and those age 75 and over are considered to be the old-old. Using this distinction, the young-old currently comprise nearly two-thirds (66%) of the older adult population of Colorado.

## *Demographic Profile and Projections of Older Adults*

### **Size and Growth**

- ♦ In the year 2000, there were over half a million older adults (persons 60 and over) living in Colorado. These 558,918 individuals accounted for 13.0% of the state's total population.
- ♦ This represents an increase of 108,115 or 24.0% from the older adult population in 1990. The younger population swelled by an influx of migrants from elsewhere in the U.S. and abroad, grew more rapidly (31.6%). As a result, Colorado has a somewhat lower concentration of older adults than the nation as a whole (13.0% vs. 16.3%).

### **Geographic Distribution within the State by AAA Region**

- ♦ The DRCOG Denver Metro Area accounts for the largest proportion of older adults in the state with nearly half of the state's older adults (46.7%). The Pikes Peak Region is the second largest proportion of older adults with 11.6%. The shares of the other 14 regions range from approximately 1% to 5% of all older adults in the state. The distribution of older adults across regions generally mirrors the distribution of the total population except that Pueblo County and the regions representing the rural parts of the state (except the North Central Mountain Region) have somewhat higher proportions of the older adult population.

### **Urban/Rural**

- ♦ The Census Bureau defines a rural area as, essentially, any territory that is not "urban." While most of the land area in Colorado is rural, the vast majority of the population (85%) lives in "urbanized areas," with a concentration of 1,000 or more persons per square mile, or "urban clusters," with a density of at least 500 persons per square mile.
- ♦ The Census classified nearly 100,000, or 17%, of Colorado's older adults as "rural" in 2000. The proportion of rural older adult residents ranged from 87% in the East Central Region to 4% in the DRCOG Denver Metro Area.
- ♦ Using the Census definition of rural, the proportion of older adults living in rural areas declined with age, from 20% of those 60 to 64 years old to 12% of those 85 years old and over. It is unclear how many of the young-old who live in rural areas will remain there as they age.

### **Age and Gender**

- ♦ In assessing the strengths and needs of the older adult population it is helpful to understand that the majority of older adults falls in age groups that might be classified as the "young-old," where the ability to live independently is common, while a minority, most of whom are "old-old," are more likely to require some form of assistance to continue to live independently. For the purposes of this report, those age 60 to 74 were considered the young-old and those age 75 and over were the old-old. Using this distinction, the young-old comprised nearly two-thirds (66%) of the older adult population of Colorado.
- ♦ Colorado's older adults ranged from the 140,000 in their early sixties to the nearly 50,000 who are 85 or over. (The 2000 Census counted 528 centenarians in Colorado.)
- ♦ Because women outlive men, older age groups have higher proportions of women. For all older adults in Colorado, women outnumbered men by 56% to 44%. In the 60 to 64 age group, women constituted a small majority of 51%; this majority grew to 70% for those age 85 and over.

### ***Race and Origin***

- ♦ In the year 2000, there were 49,907 Hispanic or Latino, 14,584 Black or African American, 8,755 Asian American and 2,862 American Indian and Alaskan Native older adults. These minority older adults accounted for 14% of the older adult population in Colorado.
- ♦ The proportion of persons identifying themselves as Hispanic or Latino, African American only, Asian only or American Indian/Alaskan Native only was higher among persons aged 0-59 compared to those 60 and older. This is a reflection of the more rapid growth, partly through in-migration, of Colorado's minority population.

### ***Language Spoken at Home and Ability to Speak English***

- ♦ The ability to speak and understand English can affect how easy or difficult it is for an older adult to access services. Thirteen percent or about 52,000 of Colorado's older adults reported speaking a language other than English at home.
- ♦ However, of these, about 82% indicated that they spoke English either "very well" or "well." Nearly 10,000 indicated that they spoke English either "not well" or "not at all," representing 2.4% of all older adults.
- ♦ Of those who did not speak English well or at all, about half spoke Spanish, about a quarter spoke another Indo-European language (e.g., Russian) and a similar portion spoke an Asian language.
- ♦ About two-thirds of older adults that did not speak English well or at all lived in the DRCOG Denver Metro Area.

### ***Living Arrangements***

- ♦ The ability to live independently in the community as older people age often depends on whether or not they live alone. Nearly two-thirds (63.8%) of Colorado older adults lived in family households with either a spouse or some other relative.
- ♦ Nearly 120,000, however, lived alone, with older women about three times more likely to live alone than older men. Slightly more than half of older adults living alone were age 75 and older.
- ♦ In addition, about five percent of older adults lived in what the Census Bureau classifies as "group quarters," which, for older adults, are mostly nursing facilities.

According to the Demography Office of the Colorado Department of Local Affairs, the state's older adult population is projected to grow from 564,000 in 2000 to 852,000 in 2012, an increase of 288,000, or 51% in just 12 years. By contrast, the remainder of the population (age 0 to 59) is expected to grow by 19%. Much of the growth of the total older adult population will be due to a surge in the number of young-old (60-74). Their numbers are expected to increase by 71% during this period while the old-old (75 and over) are expected to increase by a much smaller 13%.

(Information taken from the 2004 Strengths and Needs Assessment of Older Adults in the State of Colorado)

***"Every 7.7 seconds, someone is turning 65."***

*Dorcas Hardy, Chair, White House Conference on Aging Policy Committee*

# *Colorado Governor's White House Conference on Aging*

## *Prioritized Statewide Solutions*

*The following information has been collected from stakeholders around the State of Colorado and the information is a summary of comments/suggestions from varied sub-groups and individuals participating in those sub-groups. This is purely a reflection of Colorado stakeholder statements at the conference as part of the input process. This information does not necessarily reflect the views of the Governor or his office.*

### *First Priority: Planning Along the Life Span*

*According to Colorado Demographic information, regarding the economic well being of older adults in Colorado 7.5% of seniors (65 years and older) are below the federal poverty level. Seventeen percent of persons 65 and over had incomes below 150% of poverty and about one in four (26%) had incomes less than 200% of poverty. The proportions were higher for those 75 and over than for those 65 to 74.*

*Poverty rates are substantially higher for minority adults 65 and over. Whether using the official poverty level, or some multiple of it, poverty was substantially more prevalent among Hispanic, Black and American Indian older adults than for all older adults in Colorado. Poverty is only slightly more prevalent among Asian older adults than all older adults combined.*

*For all age groups, median household income increased with age until it peaked at over \$60,000 for the 45 to 54 age group. It then dropped markedly for each subsequent age group – \$52,768 for the 55 to 64 age group; \$34,520 for the 65 to 74 age group and only \$24,729 for the 75 and over age group.*

*There was substantial regional variation in median household income for households with the householder 65 or over. The median income was highest in the Central Mountain Region at \$44,042 and lowest in the San Luis Valley Region at \$18,564.*

**Barriers** It is very difficult to meet the rising costs of living on social security and fixed incomes. Society has not done a good job helping people develop retirement plans at an early age. Due to unscrupulous practices and inadequate laws, many older citizens lose their retirement plans after working many years. Crimes of identity theft and crimes against the elderly are increasing. Con artists prey on older adults scamming them. Abuse, fraud, and exploitation are difficult to prove and prosecutors are inconsistent with taking on such cases. There is no standardization as to definitions of crimes, punishments and procedures for prosecution. There is no coordination between District Attorneys, Department of Human Services and state regulatory entities that oversee banking. Banking oversight is very fragmented.

### *Solutions*

#### **Education**

- Promote taking individual responsibility for oneself and developing a retirement plan.

- Teach elementary and middle school students how to plan for retirement; include curriculum about planning early for retirement, personal retirement account options, social security and the importance of economic life planning and learning to save.
- Involve the community, (including churches) in continuing adult education classes and encourage outreach to the underserved and working poor and present information in clear and simple terms.
- Promote a senior specific educational TV station in each community.
- Begin transition planning when a new employee is initially hired at orientation and continue throughout an employee's career.

### **Employer based Pension Programs**

- Ensure that all corporate pension plans are protected and make pension fund protection a priority in corporate bankruptcies.
- Encourage individual investment in private accounts to augment Social Security.
- Simplify the IRA program-roll over and increase limits of contributions.
- Create universal, portable ("traveling") employer/employee pensions.
- Provide incentives to employers to provide retirement plans for employees.
- Ensure that all retirement saving programs are funded by pretax dollars.
- Provide tax credits to businesses that hire low-income workers and assist them with developing private retirement plans.

### **Protection of Financial Assets**

- Convene a statewide task force to include Department of Human Services, Attorney General's Office, Division of Banking to coordinate and strengthen efforts to prevent and prosecute fraud by standardizing statewide definitions, crimes and punishments.
- Use media to educate the community about elder abuse, exploitation and identity theft.
- Work with Division of Banking to identify and prevent fraud/abuse/exploitation including developing an identity theft alert system with banks and retail businesses.
- Encourage companies to provide fraud insurance and create a fraud ombudsman.
- Create a "Senior No-Call/No-Mail list" and provide stronger enforcement of "no-call" policy.

## **Second Priority: Health Care**

*In the 2004 Statewide Strengths and Needs Assessment, physical health was cited as the most problematic category for survey respondents, with 45% saying that their physical health had been at least a "minor" problem in the previous 12-month period. Next most commonly cited were affording necessary medications (28% of respondents). For both men and women, problems with physical health and everyday activities increased with age.*

*Residents of the East Central Region and the Huerfano-Las Animas Region had the lowest ratings for quality of health (54 on the 100-point scale) and the North Central Mountain Region residents rated their quality of health higher than the overall (72 versus 62). The highest average rating was given by men age 60 to 74 (65) and the lowest by women age 85 and older (56).*

*Residents who were Hispanic or not white reported lower quality of health (53 and 54, respectively), as did renters (52) and those with less education (55).*

*Those living alone reported health ratings slightly lower than the state as a whole (59).*

*The lowest quality of health ratings were given by older adults in the lowest income range (47) and those with a condition that limited them physically (41).*



Only 3% of respondents did not identify being covered by at least one of four types of insurance. Private insurance and Medicare were the most commonly identified sources of insurance coverage, with each being cited by 72% of respondents. Thirty percent said they were covered by another type of insurance, and 14% were covered by Medicaid.

Respondents were asked whether they had recently needed, but could not afford seven health-related items. Prescription medications and eyeglasses were the most commonly cited, with 8% and 7% saying that they recently had needed those items, but were not able to afford them. Five percent of respondents had been unable to afford dentures and 3% had needed a hearing aid which they could not afford. Canes, walkers and wheelchairs were each mentioned by 1% of respondents.

Limited availability of services, lack of transportation and a general lack of understanding the healthcare system were among the multiple barriers key informants noted. In addition, key informants expounded on the issues older adults faced regarding health insurance and prescription costs.

A recent survey (2002) conducted by the American Association of Retired Persons (AARP) of its Colorado membership found that 88% felt it was "very" or "somewhat important" to be able to stay at home if they were to become ill or disabled. This finding is consistent with most studies about the preferences of older adults. Almost all (95%) of the chronically disabled elderly living at home in 1982 said they would prefer to stay out of a nursing home as long as possible.

An analysis was performed to compare the costs of institutionalization to the costs of providing services to help keep older adults in their homes. Several assumptions were made for this analysis. The critical services viewed as necessary to keep a frail older adult in the community were: 1) personal care, 2) home-delivered meals, 3) homemaker services and 4) a life-line service (medical emergency alert). The last of these may not be reimbursed by AAAs, but the average monthly cost was included in the cost estimates. Three scenarios were created:

- ♦ Minimal support network: The older adult was assumed to live alone with little or no support from family or friends. The services assumed to be needed were: a medical alert system, one home-delivered meal per day, one personal care visit per day and two homemaker visits per month. The monthly cost for this scenario was \$2,570.
- ♦ Moderate support network: The older adult was assumed to live alone, but to have some practical support from family or friends. The services assumed to be needed were: a medical alert system, a home-delivered meal every other day, a personal care visit every other day and a homemaker visit one time per month. The monthly cost for this scenario was \$1,300.
- ♦ Heavy family involvement: The older adult was assumed to live with family members who provided support to the older adult. It was assumed respite care would be needed by the care giving family members. The services assumed to be needed were: respite care once a week and other caregiver support twice a month. The monthly cost for this scenario was \$284.

These costs compared to an average monthly cost of a nursing home stay in Colorado of \$4,375 and the average monthly Medicaid per diem reimbursement of \$3,770.

Thus, even if AAA services serve only to delay entry into a nursing home for several months, cost savings may be accumulated. However, if AAAs want to make keeping frail elders out of institutions one of their key goals, they should consider expanding personal care and homemaker services. Presently, about 8,418 homebound clients received home-delivered meals. At most, only about one in six of these individuals received either personal care or homemaker services through the AAAs.

**Barriers** The cost of health care is too high. Health care terminology and information is complicated and confusing. Community supports and home health care is inadequate to keep older citizens in their homes and communities. Health care workers are underpaid and it is difficult to attract them into the field of gerontology. The emphasis has been on treatment and not prevention and wellness. People have not been encouraged or able to afford long-term care insurance. There is disparity for people of color and non-English speakers. Rural communities lack access to needed specialists.

## *Solutions*

### **General Health Care**

Standardized insurance and change the model from treatment to prevention and wellness by:

- Using and emphasizing multidisciplinary teams of both traditional and alternative care and vitamins.
- Encouraging insurance to reimburse for alternative care.
- Educating older adults about nutrition and healthy eating.
- Making healthy options (walking trails, wellness and senior centers) and healthy food (including vitamin supplements) more available, accessible and affordable.
- Encouraging the purchase of healthy foods from local growers/providers.
- Taxing unhealthy “junk” foods at a higher rate.
- Providing tax incentives to those who exercise regularly (e.g. belong to a gym or recreation center).
- Cap malpractice suits and keep lawsuits to a minimum.
- Focus on and fund services that promote independence, and remaining in the home.

### **Reduce Pharmaceutical Costs/Prescription drug costs.**

- Create standards for pharmaceutical lobbyists to follow when working with legislators and policy makers.
- Educate prescribing physicians about the cost of drugs for the consumer.
- Eliminate drug waste in institutional settings and re-evaluate the dispensation restrictions for the general public.
- Require drug manufacturers to provide drugs (at no cost) to treat side effects and problems due to drug interactions.

### **Medicaid Changes**

- Crack down on fraud.
- Increase reimbursement rates for caregivers, Home and Community Based Services (HCBS), hospice, home health care.
- Allow the government to negotiate drug price.
- Thoroughly evaluate and change long-term care policies.
- Increase the reimbursement rate for Medicaid beds in Assisted Living.
- Lift restrictions for caregivers under waiver/Home and Community Based Services (HCBS) Programs.
- Increase the Program for the All Inclusive Care for the Elderly.
- Eliminate the prospective pay system for home health care.
- Support the role of Independent Living Centers to return older persons to their homes.
- Create an Ombudsman for older adults living in independent living environments.
- Analyze Medicaid rules to eliminate barriers to the development of resources.

- Encourage providers to spend more time diagnosing and treating patients and increase the reimbursement rate.
- Make health care information less confusing and more understandable.
- Increase Medicaid reimbursement for Mental Health services and reduce regulations for counseling and in-patient programs.

### **Quality**

- Simplify and standardize health insurance information into lay terms.
- Require that prescriptions and medical orders be printed.
- Create a statewide database to link pharmacies and providers to monitor medications and treatment.
- Require state health care curriculums to include gerontology, mental health and assessment of drug/alcohol usage in seniors.
- Increase the pay of health care workers.

### **Change tax laws and provide incentives to:**

- Those who want to remain in their homes longer.
- Those who purchase long-term care insurance.
- Caregivers, family, volunteers who provide home-based care.
- Forgive student loans for those who specialize in gerontology especially in rural areas.
- Decrease liability by evaluating liability laws that negatively impact volunteers.
- Encourage the purchase of long-term care insurance.

### **Rural Issues**

- Increase technology which will promote the use of tele-health and tele-med.
- Provide state grant money to provide mobile clinics, health fairs and other health services and information (including end of life information).

### **End of Life**

- Allow people to have the right to die with dignity, without pain and without government interference.
- Provide more community education on end of life decisions including Medical Durable Power of Attorney, advanced directives, living will, etc.

### **Mental Health**

- Provide more funding to help indigent adults who do not qualify for Medicaid.
- Discourage marketing that glorifies and promotes alcohol usage.



## *Third Priority: Our Community*

*According to the 2004 Statewide Strengths and Needs Assessment, in response to a question about how they traveled for most of their local trips, 95% of respondents reported driving or riding in a car. Though utilized by no more than 2% of respondents, the next most common modes reported were public transportation (2%) and a senior van, shuttle or minibus (2%).*

*Older adults were asked to give unprompted responses regarding the reasons they had trouble getting necessary transportation. About four in ten said that car trouble was the source of their transportation problems, 17% said that having to rely on others made getting transportation difficult and another 13% said that transportation was not available when they needed it.*

*Transportation for older adults was seen as the greatest area of need according to key informants. Barriers to getting transportation needs met included availability, affordability and accessibility. Reliance on family and friends to provide transportation, as well as limited funding to support transportation services, were mentioned.*

**Barriers** Information about community resources is fragmented and difficult to find. It is especially hard for family members to arrange for services out of state. Lack of universal design, community housing, transportation barriers, support services and housing options force older adults to move from their homes and communities into more restrictive settings. Transportation becomes a problem as people are no longer able to drive and public transit options are limited. Insurance liability and cost of gasoline compound transportation. There is a stigma with aging that needs to be addressed in the media and through intergenerational programs.

### *Solutions*

#### **Sharing client information**

- Amend laws and ease restrictions that promote sharing.
- Pattern models for coordination between health/aging networks after rural models.
- Promote usage of 5 wishes and “Files of Life”.

#### **Shortage of paid workers for elderly services**

- Analyze liability laws to assure protection.

#### **Alternative Modes of Transportation**

Support a variety of transit options by:

- Creating incentives for transit companies to assist the elderly and persons with disabilities to hire transit aids/companions/drivers with extra skills to help these populations.
- Developing more night routes and stops.
- Encourage schools and private organizations to allow seniors to use buses for transportation (especially in the rural areas).
- Establish “mini bus” transportation in smaller communities to increase independence and freedom to make choices around shopping, and other appointments.
- Encourage Department of Transportation to move traffic signs back, create larger lettering and implement universal pictures on signs instead of printed words.
- Assess and reduce liability risks, limit lawsuits and provide protection for people who provide private/volunteer transportation.

### **“One-Stop-Shops”**

- Promote usage of 2-1-1.
- Utilize electronic media (TV and late night radio) for informational/educational announcements.
- Fund centers to provide information on guardianship, living wills, community resources, disease management, grief, volunteer resources, social opportunities, employment, etc.

### **Housing**

- Fund/develop more subsidized housing that is accessible (ramps elevators, doorways etc.
- Encourage maintenance free, universal design and promote accessible housing in communities.
- Establish a diverse statewide taskforce to explore and create Naturally Occurring Retirement Communities (NORCs) and fund programs, mandates and initiatives that support senior-friendly and affordable housing communities.

### **Caregiver support**

Fund senior needs with additional monies from Referendum C and D.

### **Intergenerational Programs**

- Address barriers that prevent intergenerational activities i.e. transportation.
- Create and fund more intergenerational activities like story telling, living history programs in schools, partnerships between schools and Senior groups (substitute teachers and transportation using the school buses) and send students to institutional settings for history lessons, etc.

## ***Fourth Priority: The Workplace***

*According to the 2004 Statewide Strengths and Needs Assessment, many older adults continue to work for pay. At the time of the 2000 Census, 131,338 (24%) older adults in Colorado were employed.*

*However, the proportion employed dropped sharply with age. Roughly half of young older adults (those 60 to 64) were employed – 57% of men and 42% of women.*

*In each age group a higher proportion of men than women were employed.*

*Due to their lower levels of employment, women may experience more financial difficulties than men as they have a lower probability of having a salary or a pension from their own employment. The amount earned by older adults in the state of Colorado annually through paid wages was estimated to be about \$2.9 billion.*

**Barriers** Ageism and discrimination are difficult to prove. Seniors are devalued and often underpaid for what their skills and employment history warrant. Some categories of older workers may lack technology skills to re-enter the workforce. Aging often requires flexibility in working conditions, hours, etc. There are many myths about older workers, and there has been no campaign to dispel myths and create incentives to hire older workers.

## *Solutions*

### **Opportunities for Older Workers**

- Identify, clarify and verify barriers to workplace entry.
- Ensure that private pension provisions do not prevent older persons from working.
- Assess transportation barriers; provide incentives for employers to provide transportation.
- Reduce cost of auto insurance for senior citizens.
- Encourage flexible hours, benefits, training, tele-commuting, work at home, job sharing.
- Assure that companies pay the older worker what their skills and experience demand.
- Simplify and encourage reentry into the workplace.

### **Employer incentives: training, retraining, retaining**

- Promote a statewide marketing campaign that promotes hiring older workers and dispels myths; spotlighting companies that hire older and intergenerational programs.
- Create a barter system where hours could be exchanged for other goods, services, utilities, prescriptions, rent, etc. instead of wages.
- Provide incentives (e.g. tax) for companies that employ older workers especially as consultants/trainers for transitional teams
- Encourage retiring later.
- Promote wellness in companies to maintain a healthy workforce and improve longevity/productivity of older workers.
- Provide incentives for intergenerational cross training.
- Create an employment center that assesses older workers skills, provides job placement and provides a clearinghouse where employers can get information about senior candidates.

### **Use of Technology**

- Train older workers to develop skills with technology and computers.
- Provide free slots in college classes for seniors.
- Mandate that college/high school graduation requirements include volunteer time to train/mentor older workers on computer applications, software and programs.

### **Ageism/Age Discrimination**

- Enact tougher laws against discrimination (Age Discrimination is hard to prove).
- Mandate ageism in all educational curriculum kindergarten through college.
- Develop a program to use older adults as substitute teachers/teachers during teacher shortage.



**Lynn Dyatt  
Dave Norman &  
Guy Stocking,  
panelists for  
the Workplace  
Session**



## ***Fifth Priority: Social Engagement***

*According to Colorado demographics, in addition to their paid work, older adults contributed to the community in a variety of other ways. Just over 40% participate in some kind of volunteer work; of these, the average number of hours per week volunteered was three hours. Almost two-thirds provide help to their friends or relatives, on average giving about 2.5 hours per week. Others provide care to members of their family or to friends or neighbors. Of these caregivers, the average number of hours per week spent providing care ranged from 9 to 16 hours per week. The value of these unpaid contributions by older adults in the state of Colorado is over \$1.6 billion in a 12-month period.*

**Barriers** Elderly people can be isolated. Society needs to promote integrating elderly and non-elderly and reaching out to seniors to involve them in the community and utilize their skills. Lack of transportation options compounds the isolation. Limited vision, the aging process and other affects of aging make it difficult for seniors to drive their own cars and navigate traffic.

### ***Solutions***

#### **Integration of the elderly with the non-elderly community**

- Promote granny housing/co-op housing/accessible/intergenerational community/shared housing.
- Promote intergenerational social events and mentoring programs.
- Provide tax relief to seniors who own their own homes.
- Provide more home help/care to allow older citizens to remain in the community.
- Provide cost-effective (e.g. school buses) on demand transportation that meets the needs of older citizens to work, be involved in recreation and the community, not just medical transportation; expand routes.
- Initiate a statewide print and electronic campaign to target the image of Elderly/Aging and depict the population as strong, intelligent, engaged; encourage newspapers to run columns written by people over 50; use seniors as models in ads.
- Examine and change insurance regulations to cover volunteer drivers, expand volunteer driver/volunteer escort insurance coverage.
- Expand the senior companion program to serve those who are largely confined to their homes or who lack support from family and friends.
- Require more advocates for seniors in social and medical settings.
- Require that boards, state funded grants and programs utilize the services of older citizens.
- Provide senior citizens with a break on the price of gasoline.

#### **Effective individual adaptation to the conditions of aging**

- Promote a statewide fitness campaign to emphasize the importance of exercise.
- Emphasize the importance of long-term care insurance.
- Provide incentives for older people to enroll in driver-safety courses (e.g. AARP's 55 Alive course).
- Create public/private partnerships between employers and community organizations that serve the older population.
- Fund social support programs.
- Make changes to highways/streets/traffic flow to include:
  - Mandating larger letters on street and highway signs with universal symbols in addition to word.

- Improving lighting to assist with reading road/street signs at night.
- Creating more protected left-turn lanes at intersections.
- Creating advanced information and consistently placed signs for streets and public buildings.
- Maintaining roads and highways with clear delineation by making sure paint lines can be seen and directional arrows.
- Increasing classes that are available educate individuals about sharing roadways.
- Encourage universities to educate senior citizens by:
- Developing and tailoring a curriculum and degree programs for older citizens.
- Integrating college classes with seniors and youth, especially computer classes.
- Providing free and reduced costs for computer skills training/classes.
- Conducting a campaign for computers to be fixed and donated to seniors.

### *Sixth Priority: The Marketplace*

*Today's older adults lived through what many have thought were America's most desperate and challenging times: The Great Depression, World War II and the Korean War. In contrast though to these dark days, were years of great prosperity and advancement. As young adults, these men and women experienced the Roaring Twenties, the invention of antibiotics and the benefits of a country that became the world's dominant economic force. Mass production brought automobiles, televisions and telephones to most U.S. households; jet planes flew across the earth and satellites orbited it. New laws brought greater equity and assurances including citizenship, voting rights, racial integration, income for the elderly, care for the disabled and better working conditions for all (Kingwood College Library, 2004).*

*And now, as these generations grow older, agencies scramble to meet their needs while enhancing the strengths they have gained over the years. And on the coattails of these generations comes an "age wave" of Baby Boomers that will create a great shift in national priorities (Dychtwald, 1999).*

In the next few years, the Baby Boom generation will begin entering older adulthood, creating a new disruption in social institutions akin to what they did when they were younger: crowding hospitals, schools, and colleges, transforming markets, trends and the workplace (Dychtwald, 1999). In their later years, Boomers likely will have a similar impact on retirement, health, housing, transportation, education, community and family life (Generations Policy Initiative and the Harvard Institute for Learning in Retirement, 2004)

**Barriers** Product development has not included senior input in product design and manufacture. Consequently, many new products are not easy to use due to size, small print, tight fitting lids, etc. Technology can be intimidating for older adults to use.

### *Solutions*

#### **Developing/Promoting New Products**

- Advertise that adaptive equipment and assistive devices are available and create a central repository for assistive devices and information.
- Simplify written and spoken language in financial, health, legal and insurance industries.
- Encourage business to provide age appropriate goods and services, e.g. people to talk to instead of recorded messages and complicated phone menus.

- Encourage multidisciplinary design approach for all new technologies and products to ensure that older citizens can use and benefit; use older citizens for test market and focus groups.
- Bring services to the community in a mobile van.
- Develop day care centers that mix elderly and children.
- Require universal design codes to build more life-span housing.
- Provide on-call technology navigators and conduct an outreach campaign to promote navigators in health facilities, churches, catalogues, in utility companies and the media.
- Improve communication resources-e.g. Yellow book, AAA, Silver Key.
- Provide pre-paid cell phones for seniors for emergencies with pre-programmed emergency numbers.
- Use technology to remind seniors when to take medication.

### *Concluding Remarks*

Colorado White House Conference on Aging

Sara Honn Qualls, University of Colorado at Colorado Springs

“As we close this conference, I’m going to repeat the opening lines in David Collier’s documentary film on long term marriages entitled *For Better or For Worse*. The opening words are spoken by a frustrated husband who describes his anniversary party as the “culmination of a 60 year endurance contest”. For those who have labored to create a meaningful grass roots process for examining policy related to aging in the U.S., the preparations for Colorado’s contributions to the 2005 White House Conference on Aging may seem a bit like a long endurance contest. Throughout this long planning period, those of you who have contributed to the findings that were presented today have developed expertise in the policy issues facing our society because of a remarkable international trend: the aging demographic revolution.

The aging revolution is impacting every aspect of our lives. After listening to the findings of Colorado’s input to the WHCOA, we are clearer than ever that conversations about aging clarify that we are *them*, and they are *us*. Aging is truly a universal process. The demographic changes affect Americans across generation lines, across all social positions created by race, income, ethnicity, gender, and all other variables that influence social structures.

The WHCOA process requires us to tell the truth to ourselves about aging and society. Aging affects all of us, not only in our personal futures, but NOW in every fabric of our society. The aging of society affects our work, our play, our services, our faith, our homes, our families, and our health.

You have been honored to be part of a remarkable process in a remarkable country that seeks input from members of every community toward the goal of improving the quality of life for the oldest members of our society. All of us have loved many individuals who have aged, so we appreciate deeply the varied images of aging we witnessed in this process. And we are all thinking about our own trajectories of aging in our own personal futures. We anticipate that we will live with vitality as we transition from midlife into later life; that we will experience the onset of chronic illnesses that will later lead to frailty, and likely a short period of severe disability. Ultimately we will all die and experience the grief that is part of loss in later life. So

what do we personally take away from this remarkable process of examining closely the policies within which we will age personally?

In these WHCOA conversations YOU generated many, significant, revolutionary solutions to some of our most persistent challenges related to aging. You created solutions out of frustration, creativity, and/or vision. The experience of this process illustrates that the “someone” who needs to fix society’s approaches to aging is US.

The solutions that were developed in Colorado require respect for *both* the universality of aging and the diversity of aging. We offer them now to our government which sets policy and funds programs. Now, our job is to stay focused on how solutions can be implemented to improve the quality of life of real Americans as they age.

The overarching themes I hear in the solutions presented by Coloradoans reflect basic polarities and paradoxes. Most of the big issues in life require us to stay present with mixed truths, such as the fact that humans are simultaneously dependent and independent; we want intimacy and separateness; we are stable yet changing. Similarly, the solutions we present to the WHCOA reflect the challenges of structuring policies to reflect overlapping and conflicting experiences of older Americans.

1. Our solutions must foster well-being in those with great vitality **and** those with great vulnerability. We can neither idealize nor patronize older citizens by losing site of the range of functioning experienced during the last decades of life.
2. Our solutions focus on streamlining service delivery systems **and** providing multiple points of entry. Individuals who lack familiarity with our complex service systems will NOT always be able to find the single point of entry. We must distribute point of entry and integrate services so that regardless of the point of entry, one can move through systems to meet one’s own needs.
3. Our solutions must balance support for independence **and** for safety. You generated many solutions that use technology to support independence and safety. You suggested ways to use older adults as resources, not just as service recipients. You suggested evaluating strategies that define more precisely the capacities needed to maintain independence in areas as powerful as driving and voting.

As we draw this Colorado conference to a close, I invite you to close your eyes and reflect on some images of aging that are familiar to you. Imagine,

- Joe, an 80-year-old man caring for his 82 year old wife with long-term stroke-related deficits while also overseeing his 50-year-old daughter with schizophrenia who lives with them. How will he survive the daily demands and find the joy in his last years of marriage with a gentle, determined wife?
- Gina, a 63 year old grandmother who is rearing her 6, 8, and 11 year old grandchild while caring for her 87 year old mother-in-law who lives two counties away. What will help her care effectively for the 4 generations in her oversight as well as herself?
- Linda, a 72 year old widow who fears needing to move in with her daughter in order to make financial ends meet, yet dreads watching the sun rise each morning because it is so very hard to do the daily tasks of caring for home and body now that she suffers from diabetes and arthritis. Imagine the integrated systems of care that would provide for her

physical and mental health needs while fostering engagement in meaningful roles within society and family.

Drawing on the compelling needs present in those images; I'm going to take the audacity of leaving you with a charge today as we close this process in Colorado for the 2005 White House Conference on Aging. Your policy solutions are on record. What should you focus on now? As you leave this conference, I charge you to:

- 1) Stay connected with the policy process nationally, statewide, and locally. Monitor what happens to your policy solutions. Help your policy makers choose good ones. Help shape their implementation. Keep policy makers focused on aging issues.
- 2) Engage with older adults – loving, learning, anticipating, caring and receiving care, creating options that improve quality of life. The current cohort of older adults warrants our best engagement, and the payoff for teaching us about our own aging will be huge.
- 3) Creatively find ways to implement the solutions YOU generated. Policy makers cannot and will not do all of the great ideas you created. You must find creative, realistic ways to try out some of these solutions without waiting for policy changes to demand, finance, or foster them.

The joy and excitement of this process has been transforming. Maintain it. Carpe Diem.”



Dr. Sara Qualls delivers the closing remarks.

**“We keep talking about ‘Seniors’ and ‘Boomers’ don’t want to be ‘Seniors’...so, we are trying to come up with some more verbiage...they should be called ‘Zoomers’. What’s the difference between a ‘Boomer’ and a ‘Zoomer’? A ‘Zoomer’ is one who is really passionate about healthy aging, who has a lot of energy, who is kind of an Energizer Bunny. So, maybe we should all call ourselves ‘Zoomers’! How do we identify the excitement that there can be in the future?”**

*Dorcas Hardy, Chair, White House Conference on Aging Policy Committee*

# STATE OF COLORADO



**Colorado Department of Human Services**

*people who help people*

**OFFICE OF ADULT, DISABILITY, AND REHABILITATION SERVICES**  
**John P. Daurio, Manager**

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Jeanette Hensley  
Director



Bill Owens  
Governor

Marva Livingston Hammons  
Executive Director

October 1, 2005

Dear Citizens,

The Department of Human Services, Division of Aging and Adult Services, is excited to be sharing with you the Colorado solutions to the six areas to be discussed at the White House Conference on Aging which include financial security, opportunities for older workers and product development, independence to remain in the community, the cost of health care, and how to engage older adults to keep them active in their communities. The Colorado Governor's White House Conference on Aging Solution Forum: *From Strengths and Needs to Action* which was held on June 23, 2005 in Denver, was a result of a compilation of the solutions from over 700 citizens attending the various regional forums. The input and dedication from involved citizens will assist in shaping the public policies in the coming years.

The 2004 Strengths and Needs Assessment of Older Adults in Colorado is a result of a telephone survey to almost 9,000 seniors in Colorado to determine the strengths they have and the need for services to keep them active and comfortable to remain in their own home. Colorado is fortunate to be able to use the data from the Strengths and Needs Assessment and the creative input from the Solutions Forum to guide statewide policy and decision – making.

Colorado will begin to explore how we can implement the proposed solutions at the state level through changes to policies and how the local community can make changes based upon the solutions. It is through this exercise that change and growth occur to better serve the increasing need of Colorado's older adults. I thank you for your participation and look forward to future conversations with you to see how we need to continue to change service delivery to best serve Colorado's older adults. You may reach me at 303-866-2800 or by email at [jeanette.hensley@state.co.us](mailto:jeanette.hensley@state.co.us).

Sincerely,

*Jeanette Hensley*

Jeanette Hensley, Director  
Aging and Adult Services





# **APPENDICES**

## Appendix 1

February 8, 2005

### 2005 White House Conference on Aging Annotated Agenda\*

#### Planning along the Lifespan

##### Economic Incentives to Increase Retirement Savings

- Individual savings; employer based pension programs Social Security Programs Now and for the Future

- Solvency, optimal policy mix

##### Protection of Financial Assets

- Long term care expenses, and ways to assist in meeting the need to finance long-term care, like insurance and other options in an aging society

##### Financial fraud, abuse, exploitation

- Preventing financial fraud, abuse and exploitation as an integral part of elder financial security

##### Financial Literacy throughout the Life Cycle

- Financial literacy to assist Americans in learning to start saving early and to manage assets to last through longer and longer retirements

##### Planning for long-term living (retirement, housing, end-of-life)

#### The Workplace of the Future

##### Opportunities for Older Workers

- Incentives for retaining older workers and for knocking down barriers under current law that prevent employers from retaining older workers
- Phased retirement as an opportunity for the employee who wants to retire gradually and for the employer who wants to retain older workers
- Incentives for older workers to remain in the workforce and adjustment of policies that provide disincentives to working longer
- Assistive technology to help workers remain in the workforce
- Strategies to prevent ageism/age discrimination from affecting opportunities for older workers

#### Our Community

##### Coordinated social and health services that give the elderly the maximum opportunity to age in place

- Availability of community referral resources
- Configuration of Senior Centers to appeal to the next generation of senior citizens
- Home and community-based care following hospital stays

- Sharing client information across multiple management systems
- Alcoholism, substance abuse, depression and medication Management
- Coordination between health and aging networks
- Learning about and making use of best practices (U.S., international)
- Accommodation of the differences between the Baby Boomer aging population and previous generations of the elderly

Promote support for both family and non-family caregivers that enables adequate quality and supply of services

- Caregiver support: training, respite, information, referral, needs assessment and financial support for family caregivers. Training and financial support for paid caregivers

Safe communities/protection from abuse and neglect

### Health and Long Term Living

Access to Affordable, High Quality Services

- National long-term care policy
- Connection of evidence-based research and comparative-effectiveness studies with the delivery of health, mental health and social services
- Strategies to align payment policies with the continuum of care necessary for the aging, with appropriate emphasis on chronic care, care for individuals with disabilities, and access to comprehensive and culturally competent geriatric care that addresses both physical and mental health

Healthy Lifestyles, Prevention, and Disease Management

- Strategies for individual healthy behaviors
- "Prevention:" a primary focus
- Disease management programs
- Public education about risk factors for chronic conditions
- Education of the public and profession about the impact of mental health on the individual's overall health and quality of life

Delivery of Quality Care by Caregivers

- Education of providers about prevention, mental health issues impacting older adults, effective disease management strategies, caring for the disabled, and coordination of care strategies
- Support of caregivers
- Incentives to encourage family members to care for their aging relatives
- Shortage of paid workers for elderly services
- Appropriate end-of-life care in all settings
- Incentives to ensure a reliable, adequately trained workforce exists to care for an aging society
- Options to provide maximum independence and non-institutional care for individuals with complex, chronic, disabling disease

Use of Information to Improve the Delivery, Administration, and Quality of Physical and Mental Health Care Services

- Available resources for aging consumers and their families to make informed health care decisions

- Medical research that focuses on healthy aging, medical intervention, disabilities, healthy lifestyles and public health
  - Use of health information technology to improve delivery and administration of care
- Affordable, defined health benefits, including mental health, through Medicare, Medicaid, and other Federal and State health care programs
- Adequate access to state and federal health care programs

## Social Engagement

Integration of the elderly with the non-elderly community

- Strategies for changing attitudes toward aging
- Increasing opportunities for volunteerism and other forms of civic engagement
- Promoting expanded opportunities for companionship and leisure to reduce isolation and loneliness
- Exploring the roles of religious institutions
- Intergenerational: (a) educating younger people regarding social security policy and, (b) seniors who tutor young people regarding the workplace

Effective individual adaptation to the conditions of aging

- Increasing physical activity among the elderly
- Continuing higher education for the older learner
- Computer training for entertainment, sociability
- Keeping older drivers on the road safely

~ Honoring preference and autonomy

## Marketplace

Promoting new products, technology and new ways of marketing that will be helpful /useful to the older consumer. Examples:

pharmaceuticals, medical devices and rehabilitation; financial, insurance and legal; safety; consumer electronics and telecommunications: creative products to support independence

Determine how best to develop and disseminate assistive devices

Determining how to address the shortage of paid workers for elderly services (service industry)

Housing

- Planning and developing the built environment
- Housing affordability and availability
- Residential design

Transportation

- Alternative modes of transportation
- Expanded use of public transportation

Issue development should include consideration of differences among the following variables: socio-economic, disability/non-disability, rural/urban, minority, cultural, linguistic competencies/literacy, and age cohort (e.g., 55-65, 65-75, 75-85, 85+). It should also include consideration of strategies for changing attitudes toward aging. Research intending to increase the ability to cope with the conditions of aging should be identified.

## Appendix 2

You can access reports from regional forums and statewide needs assessment, federal report and statewide report on line at [www.coloradoaging.com](http://www.coloradoaging.com).

<i>Name of Event</i>	Colorado Governor's White House Conference on Aging
Date of Event	June 23, 2005
Location of Event	Adam's Mark Hotel, Denver, Colorado
Number of Persons Attending	300
Sponsoring Organizations	The Colorado Commission on Aging; Colorado Department of Human Services-Aging and Adult Services Division; The Colorado Trust; Kaiser Permanente; Rose Community Foundation; Senior Care of Colorado, P.C.; Home Instead Senior Care; Life Care Centers of America; AARP; Centura Health—St. Anthony Hospital; Colorado Health Care Association; Daniels Fund; Evercare; Piñon Management; Quality Life Management; Sunrise Assisted Living; Colorado Association of Homes and Services for the Aging (CAHSA); Colorado Senior Lobby; Hospice of Metro Denver; Wells Fargo; Denver Regional Council of Governments; Seniors! Inc.; Seniors Resource Center
Contact Name	Jeanette Hensley, Division Director, Aging and Adult Services
Telephone Number	303.866.2636
Email	<a href="mailto:Jeanette.Hensley@state.co.us">Jeanette.Hensley@state.co.us</a>

*The following information has been collected from stakeholders around the State of Colorado and the information is a summary of comments/suggestions from varied sub-groups and individuals participating in those sub-groups. This is purely a reflection of Colorado stakeholder statements at the conference as part of the input process. This information does not reflect the views of the Governor or his office.*

### First Priority Planning Along the Lifespan

#### Barriers

It is very difficult to meet the rising costs of living on Social Security and fixed incomes. Society has not done a good job helping people develop retirement plans at an early age. Due to unscrupulous practices and inadequate laws, many older citizens lose their retirement plans after working many years. Crimes of identity theft and crimes against the elderly are increasing. Con artists prey on older adults scamming them. Abuse, fraud, and exploitation are difficult to prove and prosecutors are inconsistent with taking on such cases. There is no standardization throughout the nation and in communities as to definitions of crimes, punishments and procedures for prosecution. There is no coordination between Department of Justice, Health and Human Services and federal organizations that oversee banking. Banking oversight is very fragmented.

#### Solutions

##### Education

- Promote taking individual responsibility for oneself and developing a retirement plan. Teach elementary and middle school students how to plan for retirement. Include curriculum about planning early for retirement, personal retirement account options, Social Security and the importance of economic life planning and learning to save.
- Involve the community, (including churches) in continuing education classes. Encourage outreach to the underserved and working poor and present information in clear and simple terms.
- Promote a senior specific educational TV station in each community.
- Begin transition planning when a new employee is initially hired at orientation and continue throughout an employee's career.

#### Social Security

- Solvency issue should be resolved but not through privatization.
  1. Pay back monies borrowed from the Social Security account and pass legislation to prohibit borrowing from the fund.
  2. Invest Social Security funds in US Bonds to leverage additional funds.
  3. Require all workers to pay into Social Security.
  4. Overturn tax cuts for upper 1%.
  5. Postpone cost of living adjustment.
- Fund Social Security at the level people can live on.
  1. Re-evaluate the cost of living adjustment formula to adequately reflect the true cost of living and adjust to keep up with increased costs including health care.
  2. Raise the cap on wage base from \$90,000.
  3. Retain the wage index in calculating Social Security benefits.
  4. Remove the limits on Social Security earnings after age 62.



5. Loosen the restrictions to prevent penalties for later marriages.
6. Do not tax Social Security benefits.
7. Adjust retirement age.
- Employer based Pension Programs
  1. Ensure that all corporate pension plans are protected and make pension fund protection a priority in corporate bankruptcies.
  2. Encourage individual investment in private accounts to augment Social Security.
  3. Simplify the IRA program-roll over and increase limits of contributions.
  4. Create universal, portable ("traveling") employer/employee pensions.
  5. Provide incentives to employers to provide retirement plans for employees.
  6. Ensure that all retirement saving programs are funded by pretax dollars.
  7. Provide tax credits to businesses that hire low-income workers and assist them with developing private retirement plans.
- Protection of Financial Assets
  1. Convene a federal interdepartmental task force to include Health and Human Services, Department of Justice, and the Office of the Comptroller of the Currency to coordinate and strengthen efforts to prevent and prosecute fraud by standardizing definitions, crimes and punishments.
  2. Use media to educate the community about elder abuse, exploitation and identity theft.
  3. Work with national banking institutions to identify and prevent fraud/abuse/exploitation including developing an identity theft alert system with banks and retail businesses.
  4. Encourage companies to provide fraud insurance and create a fraud ombudsman.
  5. Create a "Senior No-Call/No-Mail list" and provide stronger enforcement of "no-call" policy.

## **Second Priority Health Care**

### **Barriers**

The cost of health care is too high. Health care terminology and information is complicated and confusing. Community supports and home health care are inadequate in keeping older citizens in their homes and communities. Health care workers are underpaid and it is difficult to attract them into the field of gerontology. The emphasis has been on treatment and not prevention and wellness. People have not been encouraged or able to afford long-term care insurance. There is disparity for people of color and non-English speakers. Rural communities lack access to needed specialists.

### **Solutions**

#### **General Health Care**

- Establish a universal health care: single payer or standardized national health insurance that promotes wellness care.
  1. Place emphasis on wellness and prevention based models by:
    - Using and emphasizing multidisciplinary teams of both traditional and alternative care. Insurance should reimburse for alternative care.
    - Educating older adults about nutrition and healthy eating.
    - Making healthy options (walking trails, wellness and senior centers) and healthy food (including vitamin supplements) more available, accessible and affordable.
    - Encouraging the purchase of healthy foods from local growers/providers.
    - Taxing unhealthy "junk" foods at a higher rate.
    - Providing tax incentives to those who exercise regularly (belong to a gym or recreation center).
    - Giving advertisements promoting exercise and healthy eating equal airtime to those advertisements for the latest prescription drug.
- Cap malpractice suits and keep lawsuits to a minimum.
- Create an "Elder Issues" Peace Corps to provide education and other services to the aging community.
- Focus on and fund services that promote independence and remaining in the home.
- Reduce Pharmaceutical Costs
  1. Reorganize/Revamp the FDA.
    - Increase monitoring of pharmaceutical companies.
    - Add testing and education of supplements.
    - Create simplified consumer guides on research results.
    - Decrease the required time for drug testing and shorten the duration of drug patents.
  2. Reduce prescription drug costs.
    - Allow for importation of pharmaceuticals from other countries and evaluate what other countries do to keep the cost down.
    - Ban pharmaceutical advertising on TV.
    - Reinstate competitive bidding for pharmaceutical providers to encourage competition.

- Create standards for pharmaceutical lobbyists to follow when working with legislators and policy makers.
- Educate prescribing physicians about the cost of drugs for the consumer.
- Reduce copyright costs.
- Eliminate drug waste in institutional settings and re-evaluate the dispensation restrictions for the general public.
- Require drug manufacturers to provide drugs (at no cost) to treat side effects and problems due to drug interactions.

#### Medicare/Medicaid Changes

- Raise the age limit for Medicare eligibility.
- Crack down on fraud.
- Increase reimbursement rates for caregivers, HCBS, hospice, home health care.
- Require that private insurers pay 80% and Medicare 20%.
- Eliminate the “donut hole” with Medicare.
- Allow the government to negotiate drug prices.
- Thoroughly evaluate and change long-term care policies.
- Increase the reimbursement rate for Medicaid beds in Assisted Living.
- Lift restrictions for caregivers under waiver (HCBS) Programs.
- Increase the Program for the All Inclusive Care for the Elderly.
- Eliminate the prospective pay system for home health care.
- Support the role of Independent Living Centers to return older persons to their homes.
- Create an Ombudsman for older adults living in independent living environments.
- Analyze Medicare/Medicaid rules to eliminate barriers to the development of resources.
- Provide services based on “needs testing” rather than “means testing”.
- Encourage providers to spend more time diagnosing and treating patients and increase the reimbursement rate.
- Investigate using a percentage of the Medicare budget to fund geriatric research and education.
- Include alternative treatment in Medicare Part B.
- Make health care information less confusing and more understandable.
- Increase Medicare reimbursement for Mental Health services and reduce regulations for counseling and in-patient programs.

#### Quality

- Simplify and standardize health insurance information into lay terms.
- Require that prescriptions and medical orders be printed.
- Create a national database to link pharmacies and providers nationwide to monitor medications and treatment.
- Require all health care curriculums to include gerontology, mental health and assessment of drug/alcohol usage in seniors.
- Increase the pay of health care workers.

#### Change tax laws and provide incentives to:

- Those who want to remain in their homes longer.
- Those who purchase long-term care insurance.
- Caregivers, family, volunteers who provide home-based care.
- Forgive student loans for those who specialize in gerontology especially in rural areas.
- Decrease liability by evaluating liability laws that negatively impact volunteers.
- Encourage the purchase of long-term care insurance.

#### Rural Issues

- Increase technology which will promote the use of telehealth and telemedicine.
- Provide federal grant money to provide mobile clinics, health fairs and other health services and information (including end of life information).

#### End of Life

- Allow people to have the right to die with dignity, without pain and without government interference.
- Provide more community education on end of life decisions including Medical Durable Power of Attorney, advanced directives, living will, etc.

#### Mental Health

- Provide more funding to help indigent adults who do not qualify for Medicaid.
- Discourage marketing that glorifies and promotes alcohol usage.

### Third Priority Our Community

#### Barriers

Information about community resources is fragmented and difficult to find. It is especially hard for family members to arrange for services out of state. Lack of universal design, community housing, transportation barriers, support services and housing options force older adults to move from their homes and communities into more restrictive settings. HIPAA regulations are too restrictive. Transportation becomes a problem as people are no longer able to drive and public transit options are limited. Insurance liability and cost of gasoline compound transportation. There is a stigma with aging that needs to be addressed in the media and through intergenerational programs.

#### Solutions

##### Sharing client information

- Amend Health Insurance Portability and Accountability Act (HIPAA) to ease restrictions and promote sharing by:
  1. Allowing providers to advocate for seniors who can't advocate for themselves.
  2. Allowing "companions" of elderly widows and widowers access to information.
  3. streamlining HIPAA paperwork and application process.
- Pattern models for coordination between health/aging networks after rural models.
- Promote usage of 5 wishes and "Files of Life".

##### Shortage of paid workers for elderly services

- Increase wages for health care workers and raise minimum wage.
- Analyze liability laws to assure protection.
- Recruit from schools, churches and organizations.

##### Alternative Modes of Transportation

- Assess and reduce liability risks, limit lawsuits and provide protection for people who provide private/volunteer transportation
- Support a variety of transit options by:
  1. Creating a national, uniform transit system that accommodates needs of all including aging and persons with disabilities to include transit aids/companions/drivers with extra skills to assist these populations.
  2. Developing more night routes and stops.
  3. Revamping and reviving passenger rail and Greyhound Bus, to include better scheduling, and provide incentives to transport these populations.
- Encourage schools and private organizations (long-term care facilities) to allow seniors to use buses for transportation (especially in the rural areas).
- Simplify federal funding for transit.
- Establish "mini bus" transportation in smaller communities to increase independence and freedom to make choices around shopping, and other appointments.
- Move traffic signs back, create larger lettering and implement universal pictures on signs instead of print words.

##### "One-Stop-Shops"

- Create a National Gray Pages to provide nationwide reliable information on community resources, health care and other resources available to older citizens.
- Hire a national spokesperson for education and advocacy of older issues (i.e. Oprah Winfrey.)
- Create a national website for senior information (e.g. Senior Education Alliance).
- Create and fund national entities such as 2-1-1.
- Utilize electronic media (TV and late night radio) for informational/educational announcements.
- Fund centers to provide information on guardianship, living wills, community resources, disease management, grief, volunteer resources, social opportunities, employment, etc.

##### Housing

- Fund/develop more subsidized housing that is accessible (ramps elevators, doorways etc).
- Encourage maintenance free, universal design and promote accessible housing in communities.
- Establish a diverse national taskforce to explore and create Naturally Occurring Retirement Communities (NORCs) and fund programs, mandates and initiatives that support senior-friendly and affordable housing communities.

##### Caregiver Support

- Change Older Americans Act to mandate funding for community and family focused care coordination, create flex accounts for adult care, and expand Family Leave Act to cover unrelated adults living together.
- Create affordable or federally funded respite care and other in-home services.
- Fund senior needs by doing away with tax cuts.

##### Intergenerational Programs

- Address barriers that prevent intergenerational activities i.e. transportation.
- Create and fund more intergenerational activities like story telling, living history programs in schools, partnerships between schools and Senior groups (substitute teachers and transportation using the school buses) and send students to institutional settings for history lessons, etc.
- Evaluate barriers that keep older citizens from joining the Peace Corps.

## **Fourth Priority The Workplace**

### **Barriers**

Ageism and discrimination are difficult to prove. Seniors are devalued and often underpaid for what their skills and employment history warrant. Social Security and other pensions create barriers to the return of older workers to employment. Some categories of older workers may lack technology skills to re-enter the workforce. Aging often requires flexibility in working conditions, hours, etc. There are many myths about older workers, and there has been no national campaign to dispel myths and create incentives to hire older workers.

### **Solutions**

#### **Opportunities for Older Workers**

- Identify, clarify and verify barriers to workplace entry.
- Assess Social Security penalties, remove cap on earnings, eliminate disincentive to drawing Social Security.
- Ensure that private pension provisions do not prevent older persons from working.
- Assess transportation barriers; provide incentives for employers to provide transportation.
- Reduce cost of auto insurance for senior citizens.
- Eliminate mandatory retirement age requirements.
- Encourage flexible hours, benefits, training, tele-commuting, work at home, job sharing.
- Encourage employer contributions toward Medicare supplements of Part B premiums in lieu of wages or health insurance.
- Assure that companies pay the older worker what their skills and experience demand.
- Simplify and encourage reentry into the workplace.

#### **Employer incentives: training, retraining, retaining**

- Hire national spokesperson to conduct a national marketing campaign that promotes hiring older workers and dispels myths; spotlight companies that hire older and intergenerational programs.
- Create a barter system where hours could be exchanged for other goods, services, Social Security credits, utilities, prescriptions, rent, etc. instead of wages.
- Provide incentives (e.g. tax) for companies that employ older workers especially as consultants/trainers for transitional teams.
- Encourage retiring later.
- Promote wellness in companies to maintain a healthy workforce and improve longevity/productivity of older workers.
- Provide incentives for intergenerational cross training.
- Create an employment center that assesses older workers skills, provides job placement and provides a clearinghouse where employers can get information about senior candidates.
- Provide federal grants to retrain older workers.

#### **Use of Technology**

- Train older workers to develop skills with technology and computers.
- Provide free slots in college classes for seniors.
- Mandate that college/high school graduation requirements include volunteer time to train/mentor older workers on computer applications, software and programs.

#### **Ageism/Age Discrimination**

- Enact tougher laws against discrimination (Age Discrimination is hard to prove.)
- Enact legislation that mandates a quota for companies to hire senior workers at comparable wages to other employees and commensurate with older employee's skill level.
- Mandate ageism in all educational curriculum kindergarten through college.
- Develop a program to use older adults as substitute teachers/teachers during teacher shortage.

## **Fifth Priority Social Engagement**

### **Barriers**

Elderly people can be isolated. Society needs to promote integrating elderly and non-elderly and reaching out to seniors to involve them in the community and utilize their skills. Lack of transportation options compounds the isolation. Limited vision, the aging process and other effects of aging make it difficult for seniors to drive their own cars and navigate traffic.

### **Solutions**

#### **Integration of the elderly with the non-elderly community**

- Promote granny housing/co-op housing/accessible/intergenerational community/shared housing.
- Promote intergenerational social events and mentoring programs.
- Provide tax relief to seniors who own their own homes.
- Support and recognize relationships outside the traditional marriage so benefits are not impacted.
- Provide more home help/care to allow older citizens to remain in the community.
- Provide cost-effective (e.g. school buses) on demand transportation that meets the needs of older citizens to work, be involved in recreation and the community, not just medical transportation; expand routes.

- Analyze the benefits/replicability of Sweden's elder care.
- Initiate a national print and electronic campaign to target the image of Elderly/Aging and depict the population as strong, intelligent, engaged; encourage newspapers to run columns written by people over 50; use seniors as models in ads.
- Produce a reality TV show targeting aging issues.
- Change the language describing this population e.g. find a more positive word to replace "Senior."
- Develop, fund and integrate creative aging opportunities throughout communities using the National Center for Creative Aging Model.
- Examine and change insurance regulations to cover volunteer drivers, expand volunteer driver/volunteer escort insurance coverage.
- Expand the senior companion program to serve those who are largely confined to their homes or who lack support from family and friends.
- Require more advocates for seniors in social and medical settings.
- Require that boards, federally funded grants and programs utilize the services of older citizens.
- Provide senior citizens with a break on the price of gasoline.

#### Effective individual adaptation to the conditions of aging

- Promote a national fitness campaign to emphasize the importance of exercise.
- Emphasize the importance of long-term care insurance.
- Provide incentives for older people to enroll in driver-safety courses e.g. AARP's 55 Alive course.
- Create public/private partnerships between employers and community organizations that serve the older population.
- Fund social support programs.
- Make changes to highways/streets/traffic flow to include:
  1. Mandating larger letters on street and highway signs with universal symbols in addition to words.
  2. Improving lighting to assist with reading road/street signs at night.
  3. Creating more protected left-turn lanes at intersections.
  4. Creating advanced information and consistently placed signs for streets and public buildings.
  5. Maintaining roads and highways with clear delineation by making sure paint lines can be seen and directional arrows.
  6. Increasing classes that are available to educate individuals about sharing roadways.
- Encourage universities to educate senior citizens by:
  1. Developing and tailoring a curriculum and degree programs for older citizens.
  2. Integrating college classes with seniors and youth, especially computer classes.
  3. Providing free and reduced costs for computer skills training/classes.
  4. Conducting a campaign for computers to be fixed and donated to seniors.

### **Sixth Priority The Marketplace**

#### Barriers

Product development has not included senior input in product design and manufacture. Consequently, many new products are not easy to use due to size, small print, tight fitting lids, etc. Technology can be intimidating for older adults to use.

#### Solutions

##### Developing/Promoting New Products

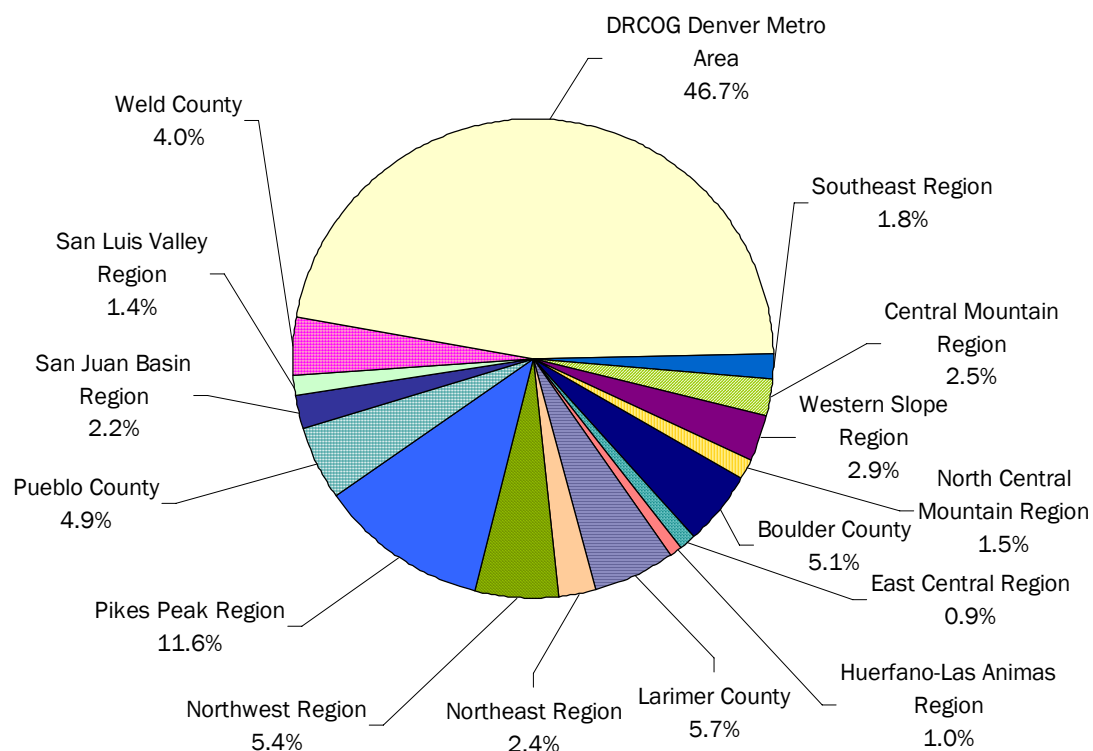
- Consult with disability groups that serve persons who have hearing and visual losses to determine what contrast is easier to read, etc.
- Advertise with larger print.
- Advertise that adaptive equipment is available and centralize a repository for assistive devices and information about resources and provide a guide.
- Require large print on medications and use un-childproof caps that are available for over-the-counter drugs so older citizens can open more easily (for public safety have them available behind the pharmacy).
- Simplify written and spoken language in financial, health, legal and insurance industries.
- Train customer service agents to speak clearly, distinctively, and slowly to older citizens and encourage business to provide age appropriate goods and services, e.g. people to talk to instead of recorded messages and complicated phone menus.
- Simplify remote controls and technological devices.
- Encourage multidisciplinary design approach for all new technologies and products to ensure that older citizens can use and benefit; use older citizens for test market and focus groups.
- Continue to produce cell phones that are larger and have larger numbers for older citizens.
- Bring services to the community in a mobile van.
- Develop day care centers that mix elderly and children.
- Encourage private businesses/media to market low-cost, affordable technology to seniors.
- Require universal design codes to build more life-span housing.

- Provide on-call technology navigators and conduct an outreach campaign to promote navigators in health facilities, churches, catalogues, utility companies and the media.
- Improve communication resources-Yellow book, AAA, Silver Key.
- Develop more computers that are voice-activated.
- Provide pre-paid cell phones for seniors for emergencies with pre-programmed emergency numbers.
- Use technology to remind seniors when to take medication.

## Appendix 3

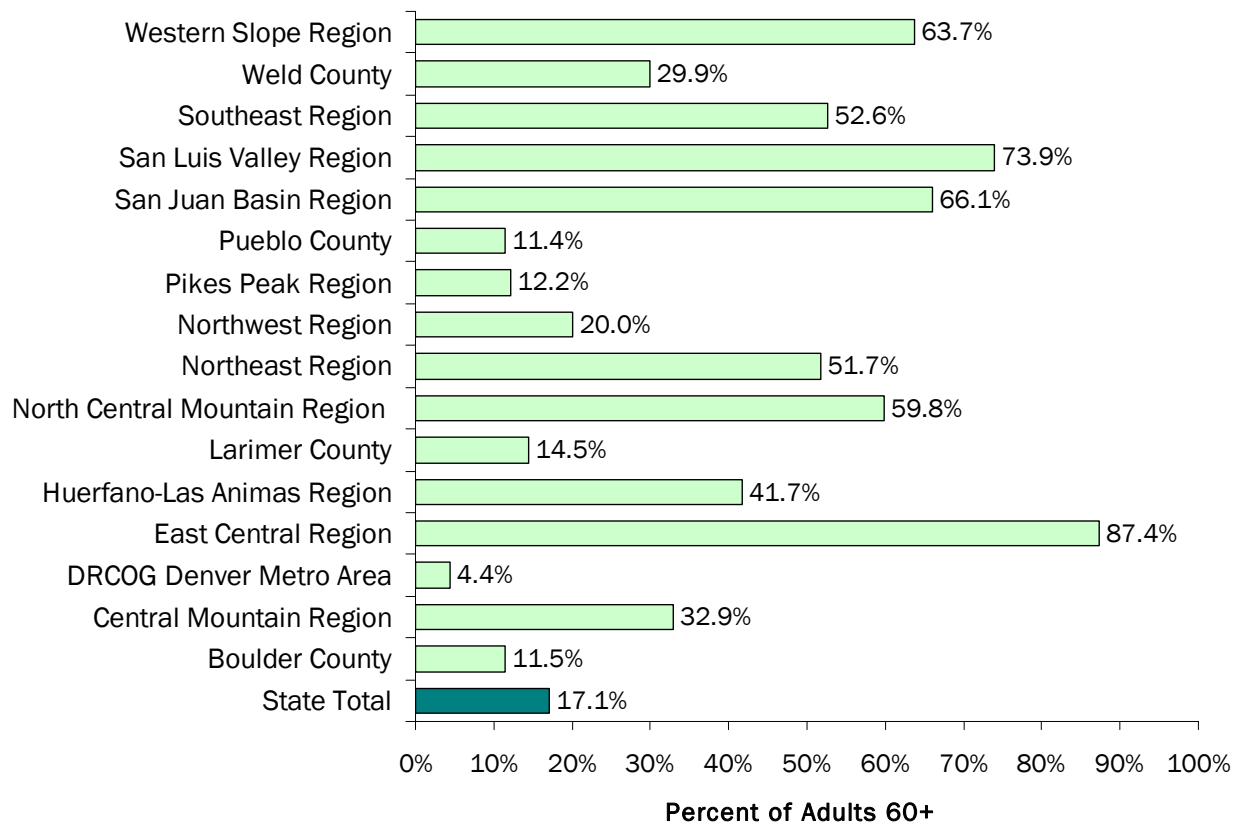
Demographic data from the 2004 Strengths and Needs Assessment of Older Adults in the State of Colorado

Figure 1: Older Adults (60+) by AAA Region





**Figure 2: Proportion of Older Adults (60+) Living in Rural Areas, by AAA Region**



The population of Colorado is ethnically diverse. This is true for older adults, though not to the same extent as for younger persons. Using Census data to identify distinct ethnic groups is challenging because Americans identify with many different and sometimes overlapping groups, and Census tabulations do not lend themselves readily to classifying people into a small number of mutually exclusive groups. The approach taken in this report was to focus on four broad groups that accounted for most of Colorado's minority population – Hispanics, Blacks, Asians and American Indians. The remainder was mostly people who reported their origin as not Hispanic and their race as white, though it also included a small number of people who identified with more than one race group or who were Native Hawaiian or other Pacific Islander. In 2000 there were 49,907 Hispanic or Latino, 14,584 Black or African American, 8,755 Asian American and 2,862 American Indian and Alaskan Native older adults. These minority older adults accounted for 13.6% of the older adult population in Colorado.

Figure 3: Race and Origin Groups of Older Adults (60+)

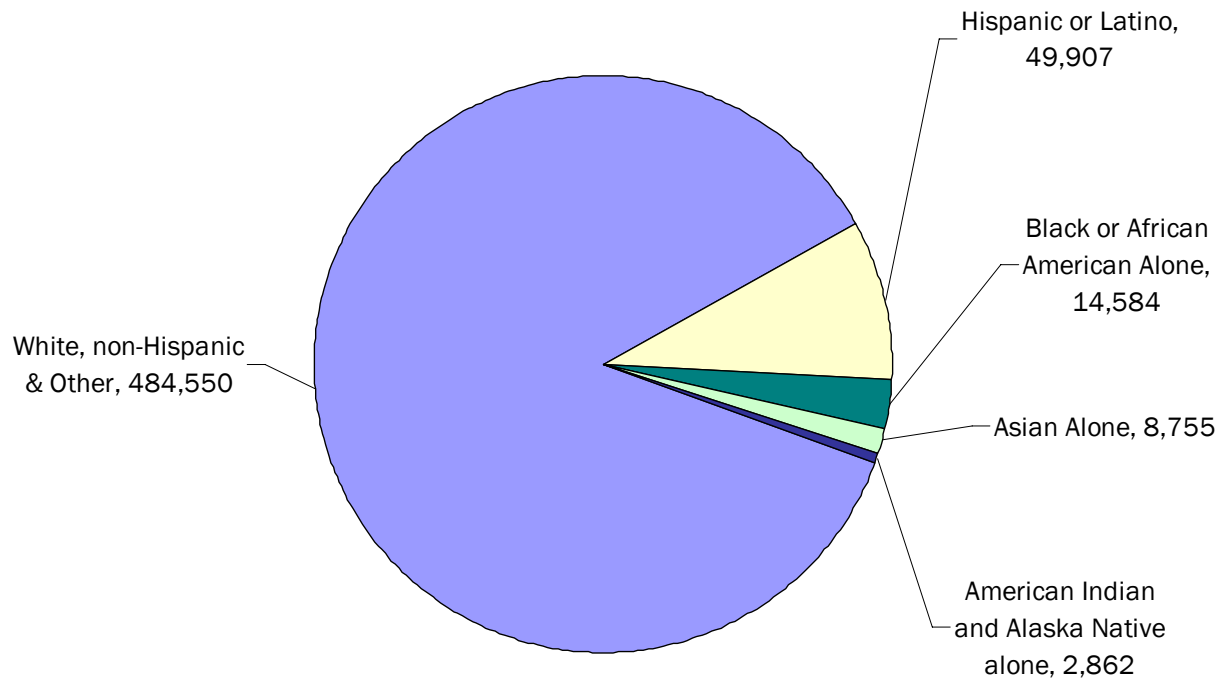
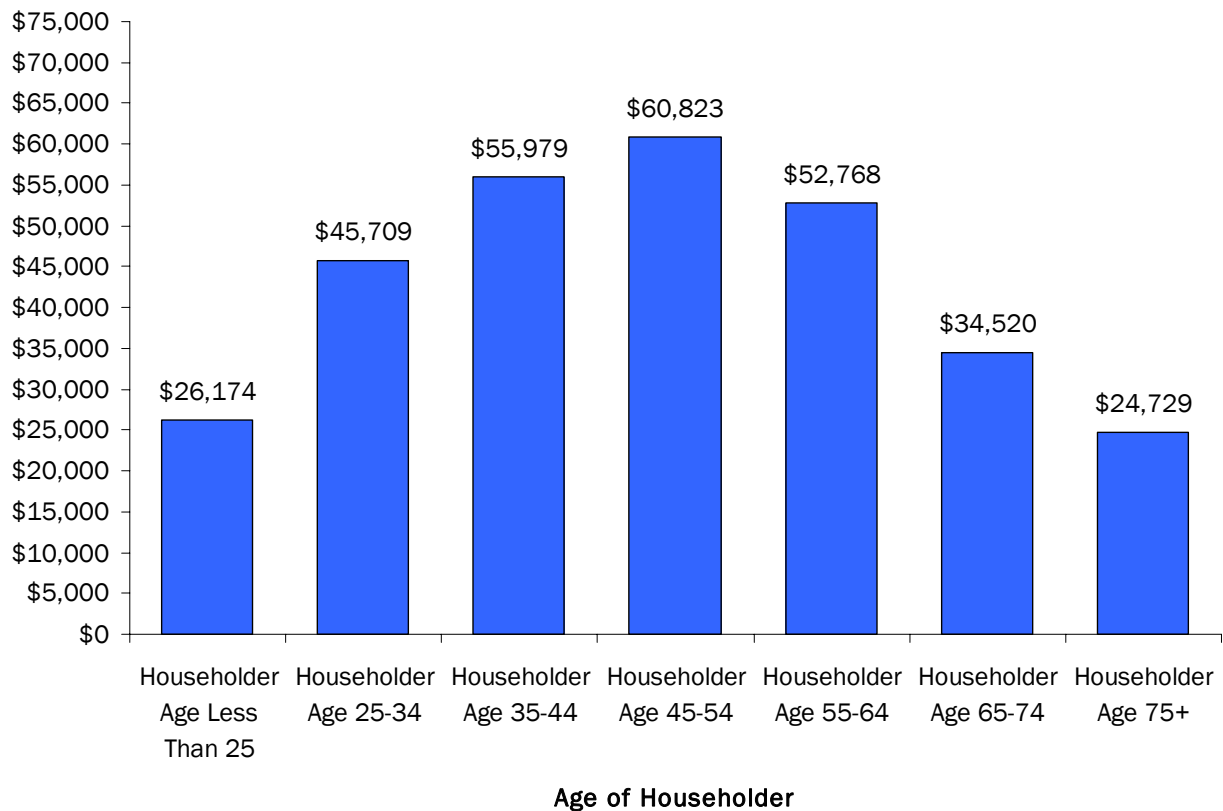


Figure 4: Median Household Income by Age of Householder



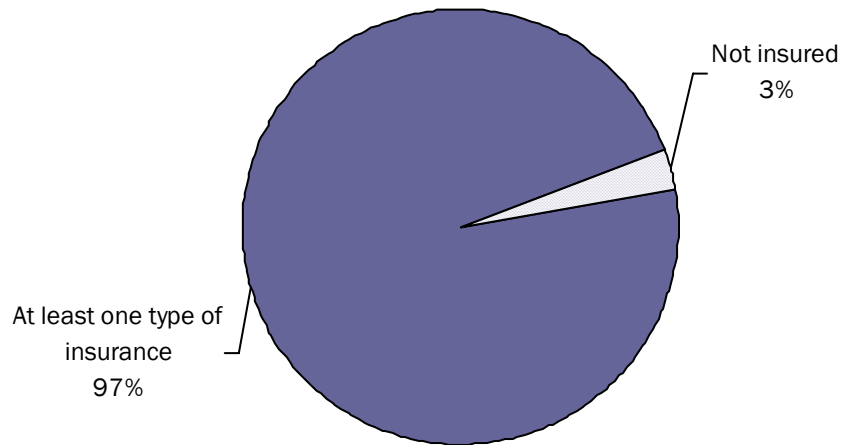
**Table 1: Problems Faced: Estimated Numbers of Older Residents in the State**

	Percent of population affected*	Number of residents affected (N=619,973)**
Your physical health	45%	278,604
Affording the medications you need	28%	172,136
Having financial problems	24%	150,753
Feeling depressed	22%	134,601
Performing everyday activities such as walking, bathing or getting in and out of a chair	19%	117,293
Feeling lonely, sad or isolated	18%	111,390
Having too few activities or feeling bored	17%	107,492
Getting the health care you need	16%	101,529
Providing care for another person	14%	86,918
Being financially exploited	12%	73,553
Dealing with legal issues	12%	71,859
Having inadequate transportation	10%	59,571
Having housing suited to your needs	6%	36,284
Being a victim of crime	5%	32,796
Having enough food to eat	5%	29,952
Being physically or emotionally abused	3%	19,254

*\*Respondents were determined to have a problem if they reported a "minor" or "major" problem with this issue in the last 12 months.*

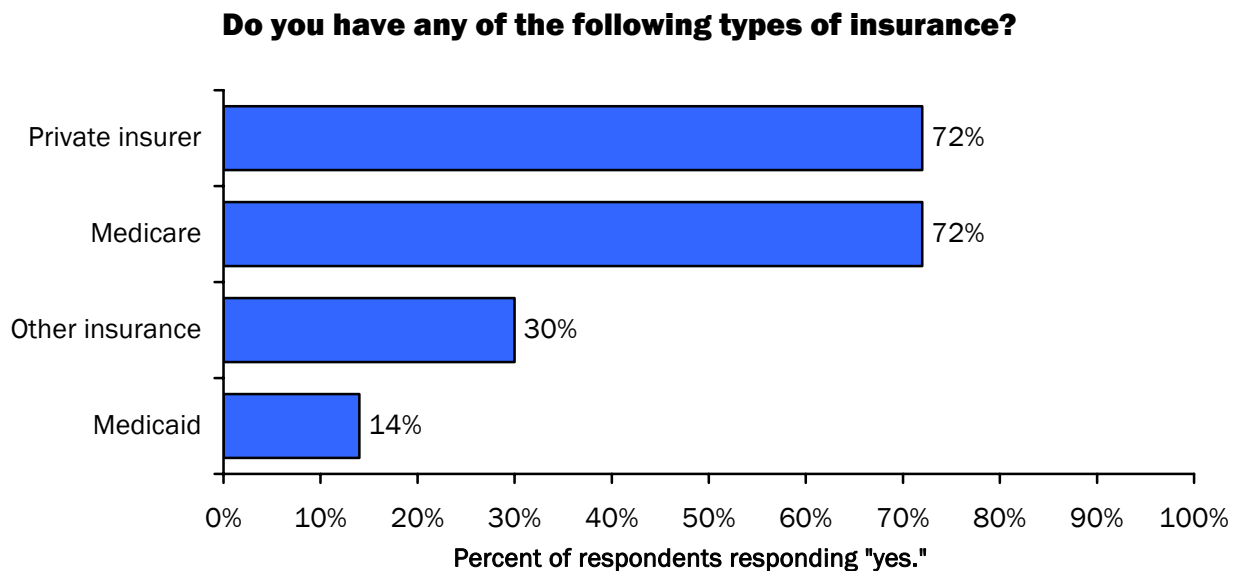
*\*\*The total number of older adults living in the state is based on the Colorado State Department of Local Affairs' population estimates.*

Figure 5: Insurance Coverage



A set of questions was included to learn about the types of insurance by which older adults were covered. Only 3% of respondents did not identify being covered by at least one of four types of insurance. Private insurance and Medicare were the most commonly identified sources of insurance coverage, with each being cited by 72% of respondents. Thirty percent said they were covered by another type of insurance, and 14% were covered by Medicaid.

Figure 6: Types of Insurance



## Appendix 4

### *The State Unit on Aging and Area Agencies on Aging*

In Colorado and throughout the nation, there is a network of State Units on Aging and Area Agencies on Aging (AAA) that provides support services to older adults “with one goal in mind - to enrich the lives of older persons and to help them maintain independent lifestyles” (State of Colorado Department of Human Services: Division of Aging and Adult Services, 2003, para. 4).

Colorado’s State Unit on Aging is housed within the Department of Human Services, Division of Aging and Adult Services. The State Unit works with a statewide network of 16 Area Agencies on Aging which provides community-based services designated through the Older Americans Act and Older Coloradoans Act. The types of services provided by each Area Agency on Aging are “determined by the needs of the people aged 60 and older who reside in that area” Services may include food and nutritional programs, health and mental health promotion, transportation, in-home services, care giving services, long-term care ombudsman and others.

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Durango, CO 81301  
Phone: 970.259.1967  
Fax: 970.259.1968  
Email: [aregion9@fone.net](mailto:aregion9@fone.net)  
Website: No website  
Western Region  
Counties: Archuleta, Dolores, LaPlata, Montezuma, San Juan  
SUA Contact: Heather Driscoll 303.866.3056  
Field Contact: Jim Snyder 970.245.4772

**10 Leslie Jones, AAA Director**

Region 10 League for Economic Assistance & Planning  
Drawer 849 (300 N. Cascade Ave.)  
Montrose, CO 81402  
Phone: 970.249.2436  
Fax: 970.249.2488  
Email: [leslie@region10.net](mailto:leslie@region10.net)  
Website: [www.region10.net](http://www.region10.net)  
Western Region  
Counties: Delta, Gunnison, Hinsdale, Montrose, Ouray, San Miguel  
SUA Contact: Heather Driscoll 303.866.3056  
Field Contact: Jim Snyder 970.245.4772

**11 Dave Norman, AAA Director**

Associated Governments of Northwest Colorado  
P.O. Box 20000-5035 (510 29 1/2 Road)  
Grand Junction, CO 81502  
Phone: 970.248.2717  
Fax: 970.248.2702 or 970.248.2849/2883  
Email: [norda@mcdss.co.gov](mailto:norda@mcdss.co.gov)  
Website: [www.mesacounty.info/adult.cfm](http://www.mesacounty.info/adult.cfm)  
Western Region  
Counties: Garfield, Mesa, Moffat, Rio Blanco, Routt  
SUA Contact: Todd Coffey 303.866.2750  
Field Contact: Jim Snyder 970.245.4772



**Donna Rohde,  
AAA Director  
Region 6**

**12 Jean Hammes, AAA Director**

Alpine Area Agency on Aging  
P.O. Box 2308 (249 Warren Ave.)  
Silverthorne, CO 80498  
Phone: 970.468.0295 ext. 107  
Fax: 970.468.1208  
Email: [jhammes@nwc.cog.co.us](mailto:jhammes@nwc.cog.co.us)  
Website: [www.nwc.cog.co.us](http://www.nwc.cog.co.us)  
Western Region  
Counties: Eagle, Grand, Jackson, Pitkin, Summit  
SUA Contact: Todd Coffey 303.866.2750  
Field Contact: Herb Covey 303.466.6813

**13 Steve Holland, AAA Director**

Upper Arkansas AAA – Southern Region  
139 East 3rd Street  
Salida, CO 81201-2612  
Phone: 719.539.3341  
Fax: 719.539.7431  
Email: [smh@amigo.net](mailto:smh@amigo.net)  
Website:  
[www.upperarkansasareaagencyonaging.org](http://www.upperarkansasareaagencyonaging.org)  
Southern Region  
Counties: Chaffee, Custer, Fremont, Lake  
SUA Contact: Clarence White 303.866.2867  
Field Contact: Tom Perkins 719.547.9266



**Sue Bozinovski,  
AAA Director  
Region 3A**

**14 Michael Espinosa, AAA Director**

South Central Council of Governments AAA  
300 Bonaventure Avenue  
Trinidad, CO 81082  
Phone: 719.845.1133 ext. 204 & 719.738.2205  
Fax: 719.845.1130  
Email: [cogespinoso@adelphia.net](mailto:cogespinoso@adelphia.net)  
Website: [www.southcentralcog.com](http://www.southcentralcog.com)  
Southern Region  
Counties: Huerfano, Las Animas  
SUA Contact: Audrey Krebs 303.866.2846  
Field Contact: Tom Perkins 719.547.9266



**Eva Jewell,  
AAA Director  
Region 2B**



## Appendix 5

### *Colorado Governor's White House Conference on Aging Delegate Selection Process Guidelines*

1. The number of delegates from each region is determined by dividing the percent of seniors (60+) residing in the region--divided by the statewide population. (see attached demographic information).
2. Regions are encouraged to select delegates that reflect the ethnic/cultural makeup of the region, so that the conference has a diverse and representative mix. (see attached demographic information).
3. Regions are encouraged to select delegates that reflect the different socioeconomic groups since each group may have different needs. (see attached demographic information that indicates the % at or below the Federal Poverty Level).
4. It is assumed that all AAA Directors will want to attend the conference so, AAA Directors have all been allocated slots and should not take up one of these delegate slots.
5. It is at the discretion of the AAA Director as to whether or not delegates will be all seniors, a mix of seniors and providers or all providers.
6. Delegates chosen to attend the statewide conference should be individuals who have attended one of the regional forums and/or are individuals who will be activists for public policy change.

## Appendix 6

### List of delegates invited to attend the Colorado Governors White House Conference on Aging

Kris Abbott	Paula DeSalvo	Roice Horning	Kathy Nelson	Ratu Solanki
Marti Ages	Percy Devine	Keli Horton	Beverly Newbanks	Rep. Judy Solano
Vickie Akers	Bob Dey	Courtney Hoskins	Dave Norman	JoAnn Sorenson
Doug Allen	Gary Dickey	Ernest House, Sr.	Pam Nunez	Sidney Spiegel
Nora Andrews	Jo Ann Doherty	Velveta Howell	Joe Nunez	Marilyn Spiegel
Aljandro Aparicio, M.D.	Eileen Doherty	Jean Hubbs	Barbara Nuss	Ruth Spinale
Lena Archuleta	Ed Douglas	Bror Hultgren	Sam Ordonez	Joe Sprague
Mary Beth Arnold	Mike Drake	Joyce Humiston-Berger	Fern Osborne	Paulette St James
Sandy Baker	Heather Driscoll	Deb Isner	Caroline Parra	Pat Stanis
Jane Barnes	Joann Duffy	Mark Jacoby	Heidi Pederson	Frank Steiner
Lee Bartlett	Laura Duke	Eva Jewell	Dawn Perez	Sheldon Steinhauser
Heidi Baumert	Catherine Dunlap	Sally Johnson	Shelly Peterson	Earl Stevens
Jo Bausch-Hammergren	Lynne Dyatt	Susan Johnson	Pam Peterson-Hohs	Karin Stewart
Terry Baylie	Harriet Edelstein	Hillary Johnson	Linda Piper	Debra Stewart
Electa Beckner	Bruce A. Eller	Leslie Jones	Carol Poore	Diane Stobnicke
Sara Beery	Therese Ellery	Eric Jones	Eileen Porubsky	Vivian Stovall
Bill Belz	Barbara Ellis	Lewis Kallas	Barb Prehmus	Faye Strauss
Janet Benavente	Michael Espinosa	Bonnie Kelly	Dianne Primavera	Barbara Stuart
Steve Bender	Dorothy Estep	Sue Kern	Doris Puga	Ellen Stuart-Roberts
Diana Benton	Steve Evans	Rosalyn Kirkel	Sara Qualls, Ph.D	Todd Swanson
Daphne Bernstein	James Everett	Diana Kline	Dolores Quinlisk	Betty Sweeney
Cecil Bethea	Marian Fairbank	Nolan Knox	Peggy Quinn	Diane Temple
Genie Black	F. Neil Folks	Audrey Krebs	Debbie Ray	Greg Terry
Steve Blacksher	Stephanie Foote	June Kuehn	Susan Raymond	Winnie Thompson
Harold Bober	Gail Foreman	Bob Lanky	Elise Redd	Lisa Thompson
Henry Bohne	Heather Fox	Rich Larsen	Danette Reitz	Murlene Threet
Antinette Boling	Margaret French	Sharon Larson	Richard Reuter	Rep. Nancy Todd
Eileen Bond	Ruth French	Rep. Mark Larson	Melissa Reyes	Liz Tredennick
Sarah Bonnell	Clement C. Frost	Delia Lasanta	Diann Rice	John Treinen
Sue Bozinovski	Jan Fuller	Michelle Lawonn	Marilyn Richardson	Cindy Trevithick
Susan Bromley	Kerry Gabrielson	Sherry Leach	John Riggle	Alex Trujillo
RB Brown	Mary Pat Gale	Patti Lee	Bonnie JW Riley	Kathleen Turley
Roy Byers	Nino Gallo	Adi Lissauer	Barb Riley-Cunningham	Sparkey Turner
Betty Calvin	Dorothy Gannon	Jon Looney	Dave Rivera	Michele Tusi
Dave Cardinali	Sherry Gansert	Mary Jane Lopez	Ann Roadarmel	Linda Twaddle
Virgie Carr	Ruth Gartrell	Kay Lorenz-Love	Freida Roberts	Carol Tyson
Sheila Casey	Don Gaymon	Stacey Love	Robbie Robinson	Alfred Ulibarri
Maureen Cassulo	Vivian Giesler	Rob MacDonald	Bob Robinson	Stan Ulrich
Wendy Chanden	Tom Gillogly	Elke Maestas	Valerie Robson	Joe Urban
Surinder Chopra	Jean Gilmore	Barbara Malaby	Peggy Rogers	John Vigil
Lester Clark	Bobbi Gore	Jamie Malone	Donna Rohde	Bonnie Wacker
Mal Cleland	Val Graf	Vickie Manley	Rosemarie Romano	Terri Wager
Todd Coffey	Maxine Griffin	Barb Martig	Teri Romero	Sandra Wagner
Vickie Collins	Jack Griffin	Robin Martin	Karen Ruiz	Elaine Wahlquist
Susan Cornejo	Cathy Grimm	Robert Martinez	Zach Sahker	Dr. Michael Wasserman
Louise E. Courtright	Dan Gutierrez	Dick Martley	Manny Salzman	Jerry Wathen
Lawrence Courtright	Angel Gutierrez	Carol McCormick	Anne Sample	Ruth Waukau
Enid Cox	Barbara Hall	Lynette McGowan	Josie Sanchez	Lois Weaver
Dick Cozza	Jean Hammes	P McKee	Linda Sanden	Ed Weaver
Valerie Crider	Mary Jane Hangs	Kathy Meckelburg	Priscilla Sanders	Rufina Weeks
David Crownover	Dorcas Hardy	Betty Mergl	Sen. Paula Sandoval	Allison Weimar
Nancy Csuti	Ginger Harrell	Carolyn Mickey	Kathy Sawyer-Snow	Jane Weinberger
Kathryn Curry	Don Harvey	Arlene Miles	Nancy Schwalm	Irene Wessel
Dolores Cuthbertson	Melba Hastings	Dean Miller	Catherine Seal	Clarence White
William Dahlquist	Martha Sanford Hawkes	Ramona Moffat	Guillermo Serna	Selwny Whiteskunk
Kelly Danzi	Rochelle Hayes	Bridget Monahan	Mark Shelton	Linda Whittington
Gene Darrow	Lynne Heinekamp	Elmer Montoya	Dustin Sherer	Vickie Wickhorst
John Daurio	Lonnie Heir	Catherine Montoya	Corinne Sherrick	Michelle Williams
NancyAnn Davidson	Thordis Helland	Annell Mook	Mary L. Shultz	Sen. Suzanne Williams
Jean Davidson	Jeanette Hensley	John Moran, Jr.	Catherine Silburn	Melvin Woods
Robert Davis	George Hernandez	Nora Morgenstern	Joe Sims	Larry Worth
Eugene Dawson	Timothy Heronimus	Harold Morrison	David Skipper	Carol Wright
Michael Decker	Steve Herrera	John Morse	Nancy Smalley	Lucien Wulsin
Oress Deherrera	Hugh Hilleary	Marty Mosman	Ardis Smith	J.D. Wykstra
Ramona Dekrey	Phyllis Hirschfeld	Lisa Motz-Storey	Marian Smith	Howard Yeoman
Margaret Delaney	George Hirschfield	Frank Muniz	Michele Smith	John Zabawa
Lydia Dell	George Hoerter	Carol Murphy	Dan Smith	Art Zamora
Bob Dell	Stephen M. Holland	Dr. Donald Murphy	Wilbur Snelling	Jan Zavislan
Katie DeLong	Herbert Homan	Bernice Neben	Janet Snipes	

## Appendix 7

### *Colorado's Delegates to the Federal WHCOA*

The list represents delegates named by the Governor and members of Congress and At-Large Delegates selected by the WHCOA Policy Committee.

#### Gubernatorial Delegates:

Governor Bill Owens:	Jane Norton	Denver
	Janet Snipes	Aurora
	Kathleen Turley	Centennial

#### Congressional Delegates:

Senator Wayne Allard:	Cathy Grimm	Denver
Senator Ken Salazar:	Carole Wright	Denver
Rep. Bob Beaupre:	John Zabawa	Denver
Rep. Diana DeGette:	Eileen Doherty	Denver
Rep. Joel Hefley:	Stephen Bender	Colorado Springs
Rep. Marilyn Musgrave:	Mark Shelton	Fort Collins
Rep. John Salazar:	Joyce Humiston-Berger	Mancos
Rep. Tom Tancredo:	Michael Wasserman, M.D	Englewood
Rep. Mark Udall:	Barb Martig	Lafayette
At-Large:	Jeanette Hensley	Arvada
	Janice Blanchard	Denver
	Brent Green	Denver
	Edward Pittock	Denver

## Appendix 8

### *Statewide Regional Discussion Groups, Forums and Planning Committees*

*The Steering Committee for the Colorado Governor's White House Conference on Aging would like to thank the members of the Planning Committees from each region and for all who attended and contributed their time, energy and creativity to formulate the excellent solutions which will be presented by the Colorado delegates to the White House Conference on Aging in December 2005.*

*Eastern Region-Round table discussions held in Otis and Wray on February 7, 2005 and April 4, 2005; Cheyenne Wells on March 10, 2005; Las Animas on March 11, 2005; Legislative Task Force in Stratton on April 28, 2005*

\*\*Sandra Baker  
\*\*Terry Baylie  
\*\* Donna Rohde  
\* Jerry Wathen  
Angela Brandau

Angela Brinkhoff  
Dene Carter  
Debby Conrads  
Penni Fox  
Barb Griggs

Marlene Miller  
Linda Schilling  
Tina Schollmeyer  
Bonnie Smith-Moore  
Shannon Wallace



Delegates from the Eastern Plains discuss solutions.

*Larimer County-Discussion Groups held in Fort Collins on April 13, 2005;  
Wellington on April 20, 2005; Loveland on May 4, 2005; Estes Park on  
May 10, 2005; Berthoud on May 12, 2005*

Berthoud Senior Center  
Estes Park Senior Center  
Ft. Collins Senior Center  
Larimer County Office on Aging Advisory Council  
Larimer County Senior Centers  
Loveland Senior Advisory Board  
Lynette McGowan  
Wellington Senior Center

*Metro Denver/Boulder Region-Forum held in Denver on May 13, 2005*

**Sue Bozinovski	Keli Horton	Marilyn Spiegel
*Barb Martig	Ernest Lowey	Murlene Threet
*Danette Reitz	Annell Mook	Patti Wampach
*Zach Sahker	Ed Neuberg	Jane Weinberger
*Kathy Turley	Palmer Pekarek	Linda Whittington
Janice Blanchard	Anne Sample	John Zabawa
Bob Epstein	Jayla Sanchez Warren	
Phyllis Hirschfeld	Marian Smith	

*Southern Region- Forum held in Colorado Springs on April 28, 2005*

\*\*Mike Decker  
\*Steve Bender  
\*Rich Larsen  
Eileen Porubsky  
Dr. Sara Qualls

*Weld County-Forum held in Greeley on April 14, 2005*

**Eva Jewell	Sandra Hasch
Joyce Ackerman	Marcia Jorgensen
Geri Arndt	Raegan Maldonado
Janelle Aspromonte	Nancy Meek
Susan Bromley	Beverly Reid
Helen Clark	Marian Ruge
Beverly Daniel	Phil Shovar
Dorothy Escamilla	Shelley Steele
Priscilla Faulkner	Amy Thygesen
Ruth Gartrell	
Patricia Hanson	

*Western Slope Forum held in Grand Junction on May 17, 2005*

\*\*Dave Norman  
\*\*Lee Bartlett  
\*\*Jean Hammes  
\*\*Sally Johnson  
\*Sheila Casey  
Todd Coffey  
Julie Cordova

Gene Dawson  
Robert Dey  
Sue Fletcher  
Laura Lewis  
Pat Paiz  
Nita Purket  
Jim Snyder

Musetta Wollenweber  
Members of the Regional  
Council on Aging  
Senior Program Advisory  
Committee

\*\* We would like to give a special thanks to the Area Agency Directors and their staff for the hard work and effort they put forth to host these regional conferences and forums.

\* We would like to give a special thanks to the Colorado Commission on Aging members that gave their time and support assisting with the regional conferences and forums.



**Delegates working hard at the Western Slope Regional Event held in Grand Junction**

**"We will have spoken to or with probably about 100,000 people by the time the conference occurs (referring to the White House Conference and the grassroots movement)"**

*Dorcas Hardy, Chair, White House Conference on Aging Policy Committee*

## Appendix 9

### *2005 Colorado Governor's White House Conference on Aging Steering Committee*

**Kathy Turley**

Kaiser Permanente

**Jeanette Hensley**

Colorado Department of Human Services, Aging and Adult Services

**Jamie Malone**

Colorado Department of Human Services, Aging and Adult Services

**Dianne Primavera**

Colorado Department of Human Services, Aging and Adult Services

**Steve Bender**

Veterans Administration, Medical Social Work Services

**Sue Bozinovski**

Denver Regional Council of Governments, Area Agency on Aging

**Courtney Hoskins**

United States Administration on Aging, Region VIII

**Barb Martig**

Boulder County Aging Services Division

**Dave Rivera**

Colorado Governor's Office

**Bob Robinson**

Colorado Senior Lobby

**Karen Thorne**

Seniors! Inc.

## Appendix 10

### *Colorado Governor's White House Conference on Aging Sponsors*

The Colorado Governor's White House Conference on Aging Steering Committee is pleased to recognize and thank the following sponsors who helped make the 2005 Solutions Forum an outstanding success:

#### *Platinum Partners*

- Colorado Department of Human Services, Aging and Adult Services Division
- Colorado Trust
- Kaiser Permanente
- Rose Community Foundation
- Senior Care of Colorado

#### *Gold Partners*

- Home Instead Senior Care
- Life Care Centers of America

#### *Silver Partners*

- American Association of Retired Persons (AARP)
- Centura Health-St. Anthony Hospitals
- Colorado Health Care Association (CHCA)
- Daniels Fund
- EverCare
- Pinon Management
- Quality Life Management
- Sunrise Assisted Living

#### *Supporting Partners*

- Colorado Association of Homes and Services for the Aging
- Colorado Senior Lobby
- Hospice of Metro Denver
- Wells Fargo

#### *Partners*

- Denver Regional Council of Governments
- Seniors! Inc.
- Senior's Resource Center



Power Point Presentation  
June 23, 2005

*Federal Solutions*

Planning Along the Lifespan

Barbara Stuart

Consumer

Sue Bozinovski

AAA Director, Denver-Metro Region

Kelli Fritts

AARP

- Loosen Social Security restrictions that penalize later marriages
- Raise the cap-index on Social Security wages
- Retain the wage index when calculating Social Security benefits
- Invest Social Security funds to increase funds available
- Leave Social Security funds alone

The Workplace of the Future

Guy Stocking

Consumer

Dave Norman

AAA Director for the Western Region

Lynn Dyatt

Rocky Mountain SERS

- Remove barriers preventing older persons from making a living
- Provide portability of long-term care insurance
- Allow for mobility of pension plans
- Campaign to promote hiring of older workers
- Make Senior Community Service Employment Program (SCSEP) more appealing to use
- Establish an “Elder Peace Corps”
- Pass/enforce more stringent laws on ageism and discrimination
- Provide training to employers
- Redesign Office of Civil Rights
- Provide subsidies for employers to provide training for older workers
- Create federal campaigns to hire older workers

## Our Community

Ramona DeKrey

Consumer

Dr. Mike Wasserman

Geriatrician Senior Care of Colorado

Eva Jewell

AAA Director for Weld County

- Create a national database
- Create “Gray Pages”
- Develop a federal-level task force to explore housing options
- Create a tax break for older adults to stay in their own home
- Improve the family medical leave option for long-term caregivers
- Offer tax credits for full-time caregivers
- Revise HIPAA to allow non-family members to be advocates and receive information
- Improve traffic signs
- Allow public access to buildings without additional payments
- Increase resources to accommodate housing for elderly; increase tax cuts for accessible housing communities

# Health and Long-Term Living

Lucien Wulsin

Consumer

Richard Allen

Center for Medicare and Medicare Services

Michael Decker

AAA Director, Pikes Peak Region

- Key information in “layman’s terms”
- Make medications more affordable
- Establish universal health care
- Educate physicians and provide incentives
- Encourage multidisciplinary teams to offer traditional and alternative providers
- Provide incentives for preventative care and wellness-based care
- Establish a nationwide database with access to medical information
- Create incentives for long-term care insurance

## Social Engagement

Harriet Edelstein

Consumer

Dianne Primavera

Retired State Employee

Donna Rohde

AAA Director, Lower Arkansas Valley

- Provide incentives for volunteering
- Change insurance regulations to cover volunteer drivers
- Develop job fairs for older adults
- Provide incentives to non-elderly to volunteer with older adults
- Respect and support non-marriage relationships
- Increase ability of volunteers to assist older consumers
- Require senior-issue-related internships for graduates
- Create new degree programs at colleges to encourage lifelong learning
- Prepare bilingual booklets to help families negotiate resource systems

# Marketplace

Katie DeLong

Consumer

Jeanette Hensley

Aging and Adult Services

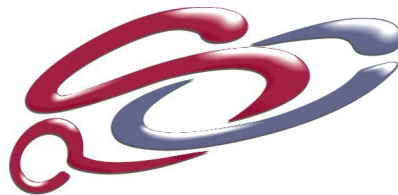
Barb Martig

Boulder County Aging Services Division

- Require universal designs for homes; educate builders; update building codes
- Give incentives to companies that involve seniors in designs for technology and information flow
- Create a central resource and information directory
- Change wording of "senior" to "active adult" in national aging publications
- Ads for services/products should be in large print
- Broad public marketing campaign to promote benefits of knowledge
- Cell phone improvements



Barb Martig, Katie DeLong, and Jeanette Hensley, panelists for the Marketplace Session.



*Senior Care of Colorado, P.C.*