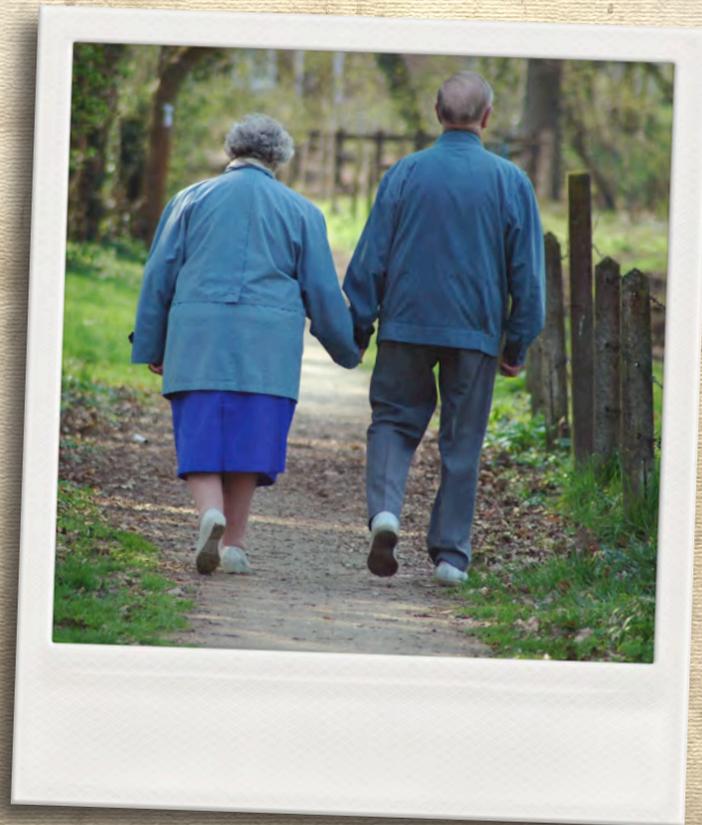


Aging Well

**In Jefferson
County, Colorado**

**Health, Mental Health,
Wellness and Prevention**



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In Jefferson County, Colorado

Health, Mental Health, Wellness and Prevention

Acknowledgements

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Table of Contents

4	Introduction
5	Process
5	Trends
7	Strengths and Assets
9	Gaps
10	Report Wrap-Up
11	Appendices
11	A. Terms and Definitions Used In Report
13	B. Results of Survey of Jefferson County Council on Aging Members Regarding Physical Health, Mental Health, Wellness & Prevention, April and May 2009
14	C. Map of Physical and Mental Health Providers in Jefferson County
15	D.1 Jefferson County Medicare Providers, January 2009
15	D.2 Additional Information About Jefferson County Medicare Providers, January 2009
16	E. Jefferson County Physician Groups
16	F. Jefferson County Physician Demand Estimates – 2008
17	G. Pharmacist/Pharmacy Shortage Factors
18	H.1 Map of Designated Medically Underserved Areas in Jefferson County
19	H.2 Additional Information About Designated Medically Underserved Areas in Jefferson County
20	I. Colorado Nursing Shortage, 2000-2020
21	J. Seniors: Barriers to Medication Compliance
22	K. Pharmacy Statistics for Jefferson County
23	L. Gaps in Senior Services for Vision, Dental, and Auditory in Jefferson County
24	M. Palliative Care Study
24	N. Urgent Care and Mental Illness Report for Jefferson County
25	O. Primary Care Physician Education About Mental Health in Jefferson County
26	P. Mental Health Summary Report Including Jefferson County Council on Aging Focus Group Input, March 2009
27	Q. SilverSneakers Programs in Jefferson County
28	R. Fall Prevention
29	S.1 Wellness and Prevention Issues Highlighted
30	S.2 Wellness & Prevention Chart
31	T. Chronic Illness Support Groups for Jefferson County Residents
32	U. Sources of Information
33	Strategic Plans

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Introduction

The topic of physical health, mental health, wellness and prevention necessitates a lengthy introduction including a discussion of broad trends. A significant increase in both the percent and actual numbers of elderly has substantial implications for the provision of health care, mental health, and wellness and prevention services and goods. The general trend is that people are living longer, and thus will require more services for a longer period of time. The overall demand for these related services and goods will also increase substantially given the significantly greater likelihood of disease and disability in the elderly population. The leading causes of death (heart disease, cancer, and stroke) account for 70% of all deaths in this age group. Hispanics are more likely than Non-Hispanic Whites to die from diabetes and its complications (National Center for Health Statistics, 2008).¹ In general, the elderly population is much more likely to have chronic conditions.

People are living longer with a heightened desire to remain independent during their senior years. They are also placing a greater value on their quality of life. Seniors are better educated with more access to health information on the Internet and are more willing to try alternative treatments. They have become more conscious of the role lifestyle choices play in the incidence of chronic diseases. Many have become more active participants in maintaining good health by adopting healthier lifestyles. The number of elderly that are minority will continue to increase in Jefferson County (Denver Regional Council of Governments, 2006)² which will

influence health care as many beliefs and attitudes are tied to culture. It will be important that services in the future reflect the language, culture, beliefs, and values of all elderly. Also, information will need to be provided in an elder-friendly and consumer-friendly manner and readily available to every senior in the county.

The cost of accessing services is rising both overall and as a percent of income and assets, particularly for the elderly who are on fixed incomes. The ongoing trend towards higher consumption of both pharmaceuticals and medical technology will continue even as these services become increasingly expensive. Medicare, a combination of Medicare and Medicaid, or Medicare managed care plans will remain the primary financing mechanisms of care for the elderly. There are limited resources, such as reduced fee schedules, available to assist persons on a low income to pay for some needed services. Experience with Medicare Part D implementation has indicated that some seniors may need assistance accessing and choosing the most appropriate health plan for their needs.

For physical health, mental health, wellness and prevention services, lack of integrated care for persons with chronic conditions or those on many medications is an identified problem. Some of the ideas that may help to coordinate care in the future are electronic medical records, systems of care that assist persons to navigate between providers, the medical home concept extending to the aging population, and better access to accurate information regarding physical and mental health conditions.

There are a number of programs in Jefferson County that are piloting different types of integrated care and navigation programs to help produce a coordinated approach to persons receiving multiple types of health services. Examples of these are Seniors' Resource Center Information and Referral Department, Jefferson Center for Mental Health with Senior Reach and Navigators, St. Anthony's Hospital Health Passport Program sponsored by Centura Health, Senior Care of Colorado, and Kaiser's Care Coordination model.

The Kaiser Permanente Care Coordination model consists of registered nurses and social workers who specialize in diabetes, chronic diseases, asthma, coronary artery disease, and geriatrics. They work collaboratively with physicians and specialists to provide intervention, prevention, and education in order to keep optimal member health, both mentally and physically.

Short-term and long-term strategic plans will follow the report and were developed in the second year of the project. ♦



Process

The Physical Health, Mental Health, Wellness and Prevention Workgroup began meeting in September, 2008. Workgroup members represented a variety of organizations including Centura Health (St. Anthony's Hospital), Total Longterm Care, Apex Recreation Center, Exempla West Pines, Exempla Lutheran Medical Center – Collier Hospice Center, Jefferson County Human Services, Jefferson County Public Health, Kaiser Permanente, Healthways SilverSneakers, Jefferson Center for Mental Health, and others.

Due to the vast nature of this topic, initial discussions centered on what information to gather and what framework to utilize in developing recommendations. As a result of that extensive discussion, several sub-groups were formed addressing various aspects of physical health, mental health and wellness and prevention. The full workgroup followed the format provided by the project facilitators. Subsequently information related to past and projected trends, strengths and assets and

gaps in services was collected and recommendations were developed. The below report provides information on: 1) Health Care Workers, 2) Health Facilities, 3) Mental Health Services, and 4) Wellness and Health Promotion.

Information was garnered from community organizations, organizational experts, the Internet, subject matter experts, input from members of the Jefferson County Council on Aging (See Appendices B and P) and publications and mapping experts. Much of this information appears in the appendices of this report. The workgroup as a whole continued to meet on a monthly basis, with each sub-group meeting independently. During monthly meetings, findings were shared, brainstorming occurred, and decisions were made. In addition, Elena Gutierrez compiled the gathered information and wrote the first drafts of this report.

Terms and definitions used in this report can be found in Appendix A. ♦

Trends

Health Care Workers

The increased health care usage patterns of older adults will generate a shortage of health care workers with the specialized skills necessary to care for the elderly.

The number of physicians (See Appendix F), nurses (See Appendix I), pharmacists (See Appendix K), mental health providers, social workers, and other health care providers specializing in geriatrics has been falling and will continue to be limited. Based on 2006 data, a total of 9 census tracts (6 in Lakewood East Central & 3 in Arvada South) were designated as Primary Care Health Professional Shortage Areas. Seven census tracts (mostly in Lakewood East Central) were designated as Underserved Areas/Populations (See Appendices H.1 and H.2).

Seniors will find it increasingly difficult to find a Primary Care Physician (PCP) with a specialty in geriatrics. Although Colorado has only 2% fewer physicians per 1000 population as compared to a national average, 90% practice in urban settings which make the shortages disproportionate to rural and frontier areas. Lack of Primary Care Physicians who are the usual source of care is an issue in parts of Jefferson County. A phone survey to determine the number of physicians accepting new Medicare patients in the West Denver Metro Area found very few with openings (St. Anthony's Hospital Health Passport Program, 2009).³ (See Appendices D.1 and D.2 for additional information).

There is a nursing shortage of approximately 11% in Colorado and it is growing (U.S. Department of Health and Human Services, 2002).⁴ A 31% shortage of nurses is projected by the year 2020 in Colorado due to aging of the work force, persons entering this field at a lower rate than the overall population increase, and fewer qualified nursing faculty members (Colorado Center for Nursing Excellence, 2004).⁵ Also, the nursing shortage is currently and will continue to be felt more acutely in rural areas where fewer registered nurses (RNs) are working relative to the population. The region is also experiencing a shortage in hospice nurses (See Appendix I).

A shortfall of pharmacists is projected as the availability of new drugs increases per capita consumption and the number of pharmacists per capita declines. Pharmacists will increasingly find that their skills are needed to counsel and educate patients as drugs become more complex and the number of patients with chronic conditions increases. Compliance with prescription instructions will remain a significant factor; the reasons for lack of compliance are numerous and vary from economic to personal to cultural reasons (See Appendix J). The cost of daily medication for the chronically ill even under Medicare Part D can be overwhelming for low-income seniors that do not qualify for Medicaid. Seniors on multiple medications and without a usual source of care will continue to have an increased risk of illness related to pharmaceutical interactions and adverse drug events. There is

a shortage of pharmacies in rural Jefferson County and the City of Westminster has fewer pharmacies per capita than other cities in Jefferson County (See Appendix K).

The need for dental, hearing and vision services will increase as the population ages. Technological advancements make the use of these services more desirable as they have an even greater impact on quality of life (See Appendix L).

Health Facilities

Older adults are hospitalized more frequently and need longer, more intensive care than a younger cohort. Based on the push to utilize alternative services, hospital days of care will continue to decline on a per capita basis even as they increase due to the sheer numbers of seniors requiring hospitalization. Hospitals will continue offering outpatient and other alternative services.

Utilization of hospice services (end-of-life care that is in reality quality-of-life care for the terminally ill) will continue to increase because it offers a less expensive alternative to hospitalization, is Medicare reimbursable, and meets the desire of many terminally ill patients and their families to be cared for in a non-hospital setting (See Appendix M). Hospice care is very labor intensive and skill specific and the number of trained hospice nurses will be a major factor affecting the accessibility of hospice care. Early intervention is imperative for providing a higher quality of life for the patient and their family. There is a need for physician and community education on this fear-laden subject. Patients and families frequently express that “hospice is so much more than we thought it was” and “why did we wait so long.”

Palliative care (care for the terminally ill who may survive more than six months or who have chosen to continue aggressive/curative treatments without sacrificing comfort) is becoming a more important part of the infrastructure of health care for persons experiencing a life-ending illness. A benefit to providing palliative care would be a decrease in the volume of emergency rooms. Hospice and palliative care provides comprehensive support to patients and their families through physicians, nurses, social workers, and chaplains providing them the care that is more specific to their unique needs.

Other important health facilities/services include urgent care, emergency care, nursing homes, and home health care. The number of urgent care clinics will continue to increase as an alternative to emergency room care. Emergency room capacity appears to be above average for our community. Home health care, including medical treatment at home, physical therapy, and homemaker services, will continue to be increasingly used as an alternative to institutional care for older adults. Jefferson County has enjoyed adequate availability of nursing home beds but as the elderly population rises, those seniors who cannot stay in their homes due to medical conditions will find bed space limited and wait times for admittance longer.

Mental Health Services

The number of Americans experiencing mental disorders late in life will continue to grow as life expectancies increase. Most of the increased spending in mental health has been for psychotropic drugs since much of the care is provided in relatively inexpensive outpatient settings rather than hospitals. Primary Care Physicians (PCPs) or specialty mental health providers are the most likely caretakers and PCPs prescribe the majority of drugs for psychiatric conditions (Mental Health America, 2009).⁶ Recovery is recognized as an achievable objective for the two most common psychiatric disorders - depression and anxiety. Mental illness in the elderly population is under-identified in spite of increased identification by families and PCPs. Stigma felt by older people regarding use of mental health care continues to be a barrier for accessing these services. Psychiatry is increasingly focused on identifying the biological processes that affect mental health and pharmaceuticals that address chemical imbalances. The number of practicing psychiatrists has dwindled and is projected to fall even farther.

There is more legal assurance that mental health services will be provided at the same level and cost as physical health concerns through parity legislation at the national and state level. Also in 2008, Medicare co-payments began a 6-year incremental change for mental health services from 50% of cost to 20% of cost.



Wellness and Health Promotion

Numerous scientific studies have verified that older adults who maintain their physical and emotional health have less likelihood of chronic conditions and/or early death as they continue to age. A study published in January 2008 by the Centers for Disease Control and Prevention found that regular use of Medicare-sponsored health club benefits was associated with lower long-term health care costs. Scientific data has shown unequivocally that many chronic diseases such as arthritis, heart disease, some cancers, stroke, and diabetes can be prevented, delayed or managed through lifestyle changes. As such, there is no denying that health promotion and wellness activities that have positive effects on lifestyle choices are a low cost/high benefit option (See Appendices Q, R, S.1 and S.2). Seniors who are involved in wellness activities experience better

health status and also a perceived better quality of life. It is becoming increasingly obvious that the loss of physical, mental or social functioning is not an inevitable consequence of aging, but in many cases the result of disuse or social isolation (Ory, Resnick, Chodzko-Zajko, Buchner, Bazzarre, 2005).⁷ Wellness and health promotion programs for the elderly include, but are not limited to fall prevention, injury prevention, nutrition, physical fitness and exercise, social support, health screening and smoking cessation programs (See Appendices S.1, S.2 and T). Creating and implementing effective health promotion and wellness initiatives will become increasingly important as the population ages and the need to control health care costs becomes increasingly imperative. According to the Centers for Disease Control and Prevention, the average 75-year-old has three chronic conditions and uses five prescription drugs. ♦

Strengths and Assets

Health Care Workers

A significant asset is that there are a number of group practice organizations in Jefferson County that specialize in physical care for seniors (See Appendix E). These include Senior Care of Colorado, Wheat Ridge Internal Medicine, Total Longterm Care (PACE Program), and Kaiser Permanente. Metro Community Provider Network (MCPN) offers services to seniors as well as the entire low-income population on a sliding fee scale.

Colorado has 31 nursing programs and six graduate degree programs. The ability to further increase the number of nurses trained and working in Colorado will be important to senior health care in the coming years.

Historically, there has been only one pharmacy school in Colorado at the University of Colorado, Denver campus. The addition of a second school of pharmacy at Regis University in 2009 and increased use of pharmacy assistants will somewhat reduce the predicted shortage of pharmacists.

Health Facilities

Jefferson County is currently home to Exempla Lutheran Medical Center in Wheat Ridge, which is part of the Exempla hospital system. In 2010, St Anthony Central (part of the Centura hospital system) will move its facility to a newly constructed campus in Lakewood. According to Baumgarten's analysis of hospital cost reports submitted to Medicare, both the Centura and Exempla systems are in good financial condition (Baumgarten, 2008). Both hospitals offer a variety of inpatient and outpatient

services as well as community services to area seniors. The St. Anthony's Hospital Health Passport program provides numerous programs that give support and guidance to area seniors even beyond health issues. Exempla Lutheran Medical Center also offers a number of senior community programs.

There are 13 hospices that serve the greater Denver Metro Area, 4 of which are fully or partially facility-based including the Exempla Lutheran Hospice at the Collier Hospice Center. Given that 85% of hospice care in the greater Metro Denver Area is home-based there is substantial unused capacity.



Another strength is that Jefferson County has five urgent care facilities, substance abuse detoxification, emergency rooms in both hospitals, home health, and more nursing home beds than most counties. Most urgent care facilities in Jefferson County treat mainly physical ailments and refer patients to see their PCP or psychiatrist as soon as they are able to get an appointment (See Appendix N).

Jefferson County is fortunate to have emergency room availability because seniors account for many visits that start in the emergency room and end in admissions for further medical treatment. Home health care is reimbursable by Medicaid and Medicare when prescribed by a physician and Seniors' Resource Center provides home care and respite and adult day care services to Medicaid and non-Medicaid clients on a sliding scale fee. Services are available for families caring for an elderly and/or disabled relative; seniors needing assistance at home; persons living with a chronic illness or debilitation; adults recovering from surgery or hospitalization; and individuals with a dementia such as Alzheimer's disease. Home care and physical therapy is also available through numerous private companies and the hospitals.

Mental Health

The primary providers for outpatient mental health services outside of the PCP's office are Jefferson Center for Mental Health (which has a Senior Services Division), Exempla West Pines, and a few private providers specializing in geriatrics, such as Senior Care of Colorado. In addition there are frequent opportunities for depression and anxiety

Planning efforts are needed to increase the number of health care workers/providers in Jefferson County

screens throughout the county, a number of crisis hotlines, and

mental health, self-help and substance abuse support groups that are all available to seniors. The only inpatient provider for mental health services in Jefferson County is Exempla West Pines which has 38 psychiatric beds.

The Jefferson Center for Mental Health (aka 'Jefferson Center') provides treatment and support services to more than 6,000 people in 40 locations throughout Jefferson, Gilpin and Clear Creek Counties, in addition to extensive education and prevention services. The Senior Services Division supports client independence and recovery through community-based sites (for example, personal residences, nursing homes, and assisted living residences) and services, such as group therapy, individual therapy, case management, co-occurring treatment (substance abuse/mental illness), medication evaluation and monitoring, community education about the needs of older adults, information and referral for related ser-

vices, senior peer counselors, and wellness classes designed specifically for seniors. The continuum of care includes the award winning Senior Reach community program which provides community education to identify older adults who may be in need of support and creates a way to connect these clients to therapeutic mental health services. Senior Reach has provided community education to over 6,000 persons since 2006. Jefferson Center also offers a variety of programs to meet the client's service and payer needs such as Senior Focus for seniors with commercial insurance or Medicare. They work closely with Options for Long Term Care to provide screenings for all persons moving into nursing homes with a mental illness and provide education to community providers about seniors and mental health.

Wellness And Health Promotion

Nationally, reimbursement for wellness, health promotion and prevention has been focused on immunizations, disease screening and monitoring, and services needed to deal with an already identified disease or condition (for example nutrition counseling for diabetics). Numerous community based programs, supported mostly through grants, have been initiated nationwide to provide a more holistic, prevention based approach to health services for the elderly. Many Medicare Advantage Plans offer wellness activities, since they have an incentive to provide wellness and health promotion activities to their senior beneficiaries given the fact that it lowers the cost of care associated with chronic conditions and diseases. Typically, health promotion and wellness services are accessed at personal discretion and may be paid for out of pocket. Throughout the county many wellness programs are offered through parks and recreation centers, senior centers, the mental health center, public health, hospitals and others.

Good dental, hearing and vision care are critical components to wellness and health promotion. Medicare Advantage Plans offer the option for dental, hearing & vision coverage and most commercial suppliers of these services and goods accept Medicare. For Medicare beneficiaries without coverage, there are a variety of programs in the Denver Metro Area that offer low cost dental, vision and hearing services, many on a sliding fee scale or free for qualifying low-income recipients. Dental services in particular have narrow eligibility requirements for services and/or limited services available. Services for very low vision or blind individuals appear to be adequate. ♦

Gaps

Health Care Workers

Planning efforts are needed to increase the number of health care workers/providers in Jefferson County relative to the expanding senior population for most disciplines (See Appendix C). There is a need to explore coordinated efforts across health systems for the elderly with chronic or multiple conditions, coordination of prescriptions including electronic prescription tracking across all health care providers, a deficit of pharmacies in rural areas, the cost of pharmaceuticals compared to income, and a lack of medication counseling. Exams and medical goods (i.e. eye glasses, dentures, hearing aids, etc.) will continue to be a financial burden to that subset of seniors who do not qualify for low-income programs. Although HealthSET, sponsored by Centura Health, www.healthset.org, provides free health care screenings and social services to low-income elderly at Marcella Manor in Arvada, there is a need for additional in-home nursing, vision, dental and hearing exam services. Even when the variety of needed health services is available, accessibility and cost of transportation may be a barrier.

Health Facilities

Jefferson County has many strengths in its community concerning health care facilities; however, the following gaps have been identified. Although there is no shortage in hospital service, an identified gap is the lack of consolidated information and referral sources in the community for discharge planning. Urgent care centers are not available for adequate treatment of mental illness (discussed below). Community understanding about when to visit an emergency room rather than other less intensive and less costly services is lacking. Home health care visits may be limited by an individual's health plan. Hospice care is not utilized to the extent it could be. The median time in hospice care is only 3 weeks, one-third of hospice care is for only a week, and accessibility to palliative care is limited. Because of the sheer numbers of seniors in the future, there will most likely be gaps in home-based and facility-based care for chronic medical conditions, restorative therapies, dementia, hospice, and palliative care.

Mental Health

Although efforts are being made to educate the public about mental health and older adults, more professional and patient education is needed to address the underutilization of mental health services. Primary Care Physicians, who prescribe most of the psychotropic medications for seniors and are a primary referral source, need more education about existing diagnostic tools and local referral sources, such as Senior Reach, to identify mental health problems in their elderly patients in a timely manner. They can benefit from information on the ever changing landscape of pharmaceutical interventions for older adults (See Appendix O). There is a general lack of public knowledge about signs/symptoms of mental distress or illness, available mental health resources, and the potential for recovery. There is still a stigma related to seniors seeking mental health services. Services to seniors are also impacted by low Medicare reimbursement to mental health professionals, reimbursement limits that require services be provided by LCSWs or PhDs, high copays (up to 50%) and lack of transportation to access services. There are also severe shortages of inpatient Geropsychiatric beds and Geropsychiatrists who accept Medicare. Exempla West Pines is limited in the types of medically complex patients it can admit for psychiatric inpatient services due to not being based within a medical hospital. A shortage of psychiatrists and mental health providers specializing in geriatrics is anticipated. Funding for programs like Senior Reach or others providing non-traditional programming is limited (See Appendix P).



Wellness and Health Promotion

Patient participation is key to the success of health promotion and wellness. The four elements crucial to the success of health promotion programs include awareness, motivation, skill building, and opportunity. Motivation to begin and adhere to healthy lifestyle changes is perhaps the biggest challenge. Numerous studies have documented that short-term success does not necessarily become long-term behavior change. It is much more likely to persist in an environment that is supportive and encourages good health practices. Given the increasing diversity of the elderly population, more health promotion interventions will need to be culturally tailored and accessible to seniors with low literacy or visual, hearing, cognitive or physical impairments. The Fall Prevention Network Referral System (See Appendix R) is a coordi-

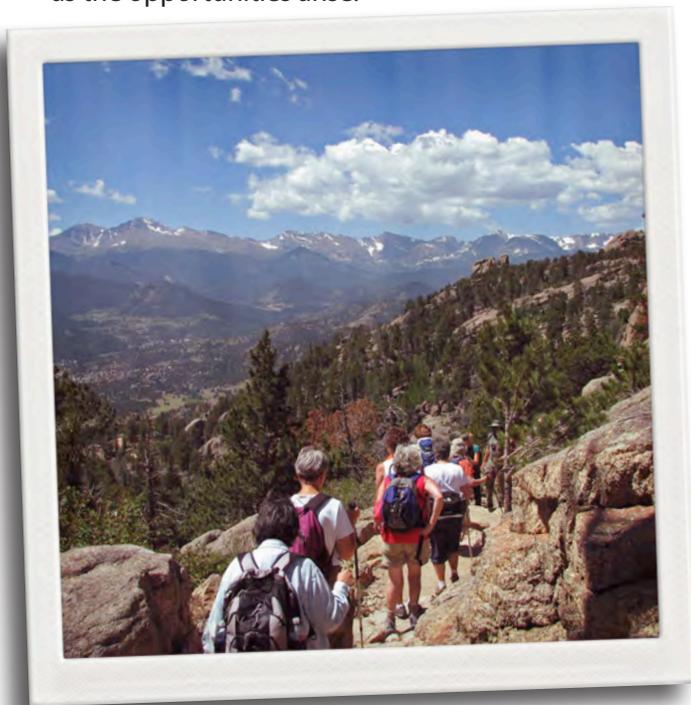
nated community referral system focused on decreasing preventable falls in the older adult population that plans to expand into Jefferson County in the next 3 to 5 years but is a current gap in services. Primary Care Physicians are the usual source of referral or source of information and or intervention for patients that require a lifestyle change. This role may require medical student curriculum that deepens the understanding of total health beyond just the physical realm.

Despite the potential cost savings and a decrease in the incidence and intensity of disease for the elderly, there is no national strategy to provide reimbursement for such care. Wellness and health promotion “perks” may disappear if the payment reimbursement rates to providers do not allow these kinds of incentives for seniors. ♦

Report Wrap-Up

Jefferson County is fortunate to have many organizations, programs, and services dedicated to serving seniors now and planning for the future demographic bulge that will occur. The primary issue is assuring that seniors in Jefferson County receive the health care they need to retain a good quality of life as they age. The recommendations from the Physical Health, Mental Health, Wellness and Prevention Workgroup include:

- Support for the numerous programs in Jefferson County that offer integrated models of care for the provision of all related health care services to the elderly and working with providers to pilot new models as the opportunities arise.



- Support and financing for programs that offer information to professionals and community members regarding the special needs of seniors.
- Support and financing to programs that offer coordinators or navigators for a comprehensive information and referral system that is elder-friendly and well-publicized as the one-stop shop for seniors.
- Support a workforce development study for health care workers of all disciplines and cultures and a plan to attract them to Jefferson County.
- Support more sliding-fee scale services for low-income seniors to make sure access to needed health services is available.
- Support and provide financing to reach people that are underutilizing wellness and prevention services either due to lack of knowledge or lack of motivation through a multi-pronged approach utilizing community partners such as current health related providers, the faith-based community, recreation centers, senior centers, hospitals and other organizations that have contact with seniors.
- Support a study to answer the questions about how to fill gaps in our community such as palliative care, low cost dental/vision, free and low cost care management, urgent care for mental illness instead of emergency room care, and future shortage of nursing home beds.
- Support legislative efforts to provide appropriate and reasonably priced physical health, mental health, wellness and prevention services to seniors.
- Support coordinated efforts to provide information about physical health, mental health, wellness and prevention to seniors via technology. ♦

Appendices

Appendix A: Terms and Definitions Used in Report

Alternative Services and Treatments

Applies to medical or mental health services and treatments other than traditional therapy or medication.

Chronic Conditions

Conditions that have lasted 3 months or more, by the definition of the U.S. National Center for Health Statistics.

Chronic Diseases

Are long-lasting or recurrent. The term chronic describes the course of the disease, or its rate of onset and development.

Consumer-Friendly

Refers to professional service, which is expected to be amiable or congenial.

Elder-Friendly

Implies services that are safe, accessible and attractive to older clientele.

Facility-Based Hospice

Residential and inpatient facilities that play an important role in providing a comprehensive continuum of care to persons with end of life issues.

Geriatricians

Specialists in health care for persons 60 years and older.

Geriatrics

A subspecialty of internal medicine that focuses on the health care of older people.

Group Practice Organizations

The practice of medicine by a group of physicians, each of whom is usually confined to some special field, but all of whom share a common facility.

Health Promotion

Defined by the World Health Organization as “the process of enabling people to increase control over their health and its determinants, and thereby improve their health.”

Home Care

The term home care is used to distinguish non-medical care or custodial care, which is provided by persons who are not nurses, doctors, or other licensed medical personnel, whereas the term home health care refers to care that is provided by licensed personnel.

Home Health Care

Health care or supportive care provided in the patient's home by licensed health care professionals.

Hospice

A type of care and a philosophy of care which focuses on the palliation of a terminally ill patient's symptoms (see palliative care). Hospice Care, although viewed as end-of-life care, is in reality quality-of-life care for the terminally ill. Early intervention is imperative for providing a higher quality of life for the patient and their family.

Infrastructure of Health Care

Refers to the administrative and clinical policies, procedures, staffing, and sites that create the base for a health care operation.

Institutional Care

Care provided that is long-term and provided in a hospital-based or nursing home-based environment.

Integrated Care

Refers to health care addressing multiple areas of medical and mental health in a collaborative fashion.

Integrated Model of Care

Describes a model of health care addressing multiple areas of medical and mental health in a collaborative integrated site.

Managed Care Plans

Systems of financing and delivering health care to enrollees organized around managed care techniques and concepts.

MCPN

Metro Community Provider Network (MCPN) provides primary health care for people who have no other access to health care within the areas of Arapahoe, Jefferson, Adams, and Park Counties.

Medicaid

The United States health program for eligible U.S. citizens and resident aliens, including low-income adults and their children, and people with certain disabilities. All 50 states have different versions of a Medicaid program.

Medical Home

Also known as Patient-Centered Medical Home (PCMH), is defined as an approach to providing comprehensive primary care that facilitates partnerships between individual patients, all of their personal physicians, and when appropriate, the patient's family.

Medically Underserved Area/Populations

Areas or populations designated by the U.S. Health Resources and Services Administration as having too few Primary Care Providers, high infant mortality, high poverty and/or a high elderly population.

Medicare

A social insurance program administered by the United States government, providing health insurance coverage to people who are aged 65 and over, or who meet other special criteria. Medicare operates as a single-payer health care system.

Medicare Advantage Plans

Also known as Part C or Medicare benefits through private health insurance plans, instead of through the original Medicare plan (Parts A and B).

Medicare Part D

A federal program to subsidize the costs of prescription drugs for Medicare beneficiaries in the United States.

Mental Disorder/Illness

Mental disorder or mental illness is a psychological or behavioral pattern that occurs in an individual and is thought to cause distress or disability that is not expected as part of normal development or culture.

Mental Distress

A term used, both by some mental health practitioners and users of mental health services, to describe a range of symptoms and experiences of a person's internal life that are commonly held to be troubling, confusing or out of the ordinary.

Mental Health

A term used to describe either a level of cognitive or emotional well-being or an absence of a mental disorder.

Navigation Programs

Are designed to help and guide clients and staff in accessing services and resources.

Palliative Care

Medical or comfort care that reduces the severity of a disease or slows its progress rather than providing a cure. Palliative Care is for the terminally ill who have chosen to discontinue aggressive/curative treatments without sacrificing comfort. This service provides comprehensive support to patients and their families by physicians, nurses, social workers and chaplains providing care that is more specific to unique needs.

Parity Legislation

Works towards ensuring equal treatment for Americans with mental health and substance use disorders.

Physical Health

Refers to body health, and is the result of regular exercise, proper diet and nutrition, and proper rest for physical recovery.

Prevention

Activities that keeps one's health from deteriorating or needing medical intervention.

Primary Care Health Professional Shortage Areas

Are designated by the U.S. Health Resources and Services Administration as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low-income population) or institutional (comprehensive health center, federally qualified health center or other public facility).

Psychiatric Conditions

A psychological or behavioral pattern that occurs in an individual and is thought to cause distress or disability that is not expected as part of normal development or culture.

Psychotropic Drugs

Any drug capable of affecting the mind, emotions, and behavior.

Restorative Therapies

Activity based therapy in which voluntary muscle movement can be achieved through daily functional stimulation of muscles.

Urgent Care

Care needed to treat an unforeseen condition that requires immediate medical treatment in the outpatient department of a hospital, clinic, or doctor's office for the treatment of acute pain, acute infection, or protection of public health.

Wellness

An approach to health care that emphasizes preventing illness and prolonging life, as opposed to emphasizing treating diseases.

Appendix B: Results of Survey of Jefferson County Council on Aging Members Regarding Physical Health, Mental Health, Wellness & Prevention, April & May 2009

How do you personally define physical and mental health?

- Being able to move about the community and able to assist others in some way to enjoy their lives
- Feeling good inside and out! Being able to be active and engaged
- Able to do what I want to do
- Mental health has to do with the mind and the attitude. Poor mental health can affect the physical health. Physical health is everything else about the body
- Able to do what you want to do, think and share in your world with interest in your neighbor's ability to do the same
- Keeping fit and sharp in both body and mind
- Hmmm
- Having the ability to care for oneself and then knowing when you have reached the stage when you are not capable
- Physical - well being of the body to enable the person to care for their needs and enjoy activities; mental health - a sense of well-being and balance
- Happy and healthy
- Good health with a positive attitude
- The ability to enjoy life and pursue your personal interests
- Absence of illness
- Physical and mental health are present when a person can be independent enough to provide quality of life which includes dignity
- Physical health is your health status and ability to maintain a lifestyle one has been accustomed to without limitations. Mental health is your state of mind and deals with depression and/or clinical diagnosis
- A state of grace - physical well being and peace of mind and heart

What are the barriers, if any, to accessing physical and mental health resources in Jefferson County?

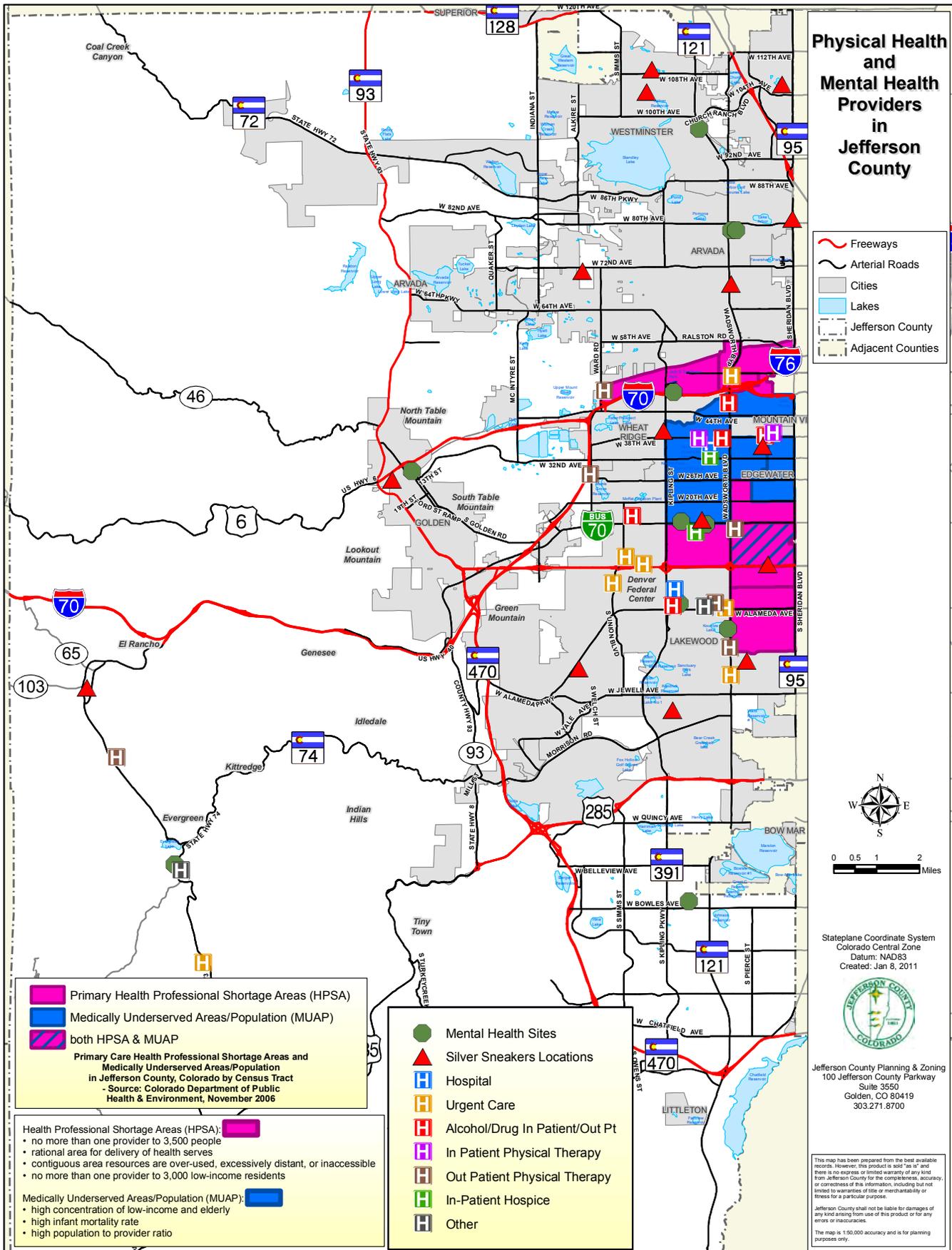
- Not having enough medical insurance - - not enough MDs specializing in senior problems
- Locating the resources, what doctors accept what insurance, how to get to doctors. if don't drive. For mental health still seems to be a fear to acknowledge one may be struggling in this area
- Info
- Transportation and money to pay for medical bills
- Money
- Lack of information

- Not enough money to take care of this population
- Health insurance, or the lack of it, is the deciding factor, regardless of what the patient wants
- Lack of information
- Knowledge, money
- Cost
- Cost and transportation
- Client denial of a problem
- Transportation, ability to pay
- Money, not enough resources
- Lack of a Primary Care Physician and a care coordinator to assist with navigation and patient advocates
- Having one person as a go-to for my care continuum
- Homebound people and not much home delivered service

What could be done to help people learn about and take advantage of the physical and mental health resources that are available?

- More articles in suburban newspapers
- It seems in recent years there have been more marketing efforts, which is good. Senior Reach seems like a gentle way to identify people that may need help
- Get info out
- Seniors seem to watch a lot of TV, so maybe something on TV. Having the medical people more aware of the services a senior needs
- Smaller community focus
- Main Information and Referral central number and web page
- More information through media, presentations, agencies, awareness to the community on an ongoing basis
- We need a clearing house of information that is put together by a non-partisan group
- More communication and education
- Educate referral sources including doctors
- Advertise in local papers and recreation centers
- Advertisement in all medias
- Advertisements on the local news stations and radio announcements
- TV info-mercials
- More access to the information
- Increased community awareness and education and training of health care professionals
- Outreach education at churches and senior centers
- Develop a publicly available palliative care, home based program

Appendix C: Map of Physical Health and Mental Health Providers in Jefferson County



Appendix D.1: Jefferson County Medicare Providers, January 2009

Please note that some of these providers may be on the Medicare list but may not actually be accepting any new clients.

Practice Specialty	Number of Providers
Allergy and Immunology	12
Anesthesiology	136
Cardiology	44
Chiropractic	89
Critical Care	33
Dentistry Maxo-facial surgery	0
Dental oral surgery	5
Dermatology	10
Emergency	191
Endocrinology	10
Family Practice	368
Gastroenterology	19
General Practice	15
Geriatric	30
Hematology	5
Infectious Disease	8
Internal Medicine	411
Nephrology	13

Practice Specialty	Number of Providers
Neurology	31
Obstetrics/Gynecology	105
Oncology	67
Ophthalmology	37
Optometry	135
Orthopedics	58
Otolaryngology	10
Pain Management	18
Pathology	17
Physical Medicine and Rehabilitation (incl. Osteopathy)	38
Podiatry	14
Preventive Medicine	19
Psychiatry (including Addictionology)	40
Pulmonology	32
Radiology	211
Rheumatology	5
Surgery	56
Urology	0

Appendix D.2: Additional Information about Jefferson County Medicare Providers, January 2009

Colorado ranks 20th in the nation in the number of physicians relative to the state's population. In 2004, Colorado had fewer physicians (292 per 100,000 population) or around 2 percent less than the national average (297 per 100,000 population). The Colorado Health Institute recently surveyed physicians for its Colorado Health Professions Database. Of the 16,138 physicians who renewed their 2005 medical license, 7,715 (48%) submitted survey forms. Of the 5,140 survey respondents who indicated a primary practice in Colorado, about 90 percent practiced in urban settings, while nine

percent practiced in rural locations and less than two percent in frontier locations. Of the almost 5,000 respondents who provided a year of birth, 35 percent indicated they were 55 years of age or older and the mean age was more than 50 years. Based on this statistic, coupled with the aging of the general population, Colorado's challenge in maintaining an adequate physician workforce could intensify.

From: Colorado State Health Profile: An Overview of the Health Status of Colorado Residents and the Availability of Primary Care Resources, November 2006. Primary Care Office, Prevention Services, Division Colorado Department of Public Health and Environment. Appendix E: Jefferson County Physician Groups

Appendix E: Jefferson County Physician Groups

Business / Provider / Contact Info	Payor Source	Other Financing	Client Costs / Fees	Availability / Counties	Comments / Other Info
Senior Care of Colorado (SCC), 303-306-4321, senior-careofcolorado.com	Medicare; Medicare with Medicaid as secondary; Colorado Access Advantage; Evercare; Rocky Mountain HMO; Secure Horizons			Private provider group for those 65+ yrs, accepting all insurances but Kaiser; provide office visits, nursing home and senior living residences visits; home visits if justified; average wait for appointment for new client is 0 days; average wait for time for existing client 5 days, extensive service area to Wyoming.	Provider network includes 32 physicians, 30 nurse practitioners and physician assistants, referrals to specialists, referrals to transportation as needed. Client database approx. 13,000 patients in service area, visit approx. 258 facilities; in business for approx 12 years and state they are growing. Estimate 2,485 patients in Jefferson County. Market share estimate of almost 5% of Denver Metro seniors age 65 and up.
Total Longterm Care, 303-869-4664	Medicare; Medicaid		Medicaid and Medicare pay for program; if Medicare eligible but not Medicaid eligible, participant pays Medicaid portion; do not have to be Medicare eligible; flat monthly fee if do not qualify for Medicaid; must un-enroll from HMO.	Must be 55+ yrs of age, nursing home eligible. Provided: primary and specialty medical care, prescriptions, adult day centers, transportation, rehab and restorative therapies, dietary services, in-home support and care, social work, hospitalization.	Based on PACE model, Program of All-inclusive Care for the Elderly (PACE) mode, first in CO. There are five metro area Day/Health Centers with a network of transportation.
Partner Health Initiatives, specialist referral program of Metro Community Provider Network (MCPN), (Federally Qualified Community Health Center or FQHC)	Medicare; Medicaid	Federally funded FQHC Federal scale for self-pay	Colorado Indigent Care discount program (CICP), Colorado Access, private insurance. Varies with specialty and care required.	Must be MCPN client in Jefferson or Arapahoe Counties and medically needy; program uses system of specialist provider referral on rotating basis and provider availability.	In 2007, of 504 patients referred, top needs were cardiology at 47%, orthopedics at 43%, endocrinology at 6%, and oncology at 4%. 185 of 504, or 37% were seen. 85% of denials were of self-pay/federal scale and CICP clients; 15% (7) of denials had Medicaid, 6% (8) had Medicare, 1% (2) had Colorado Access, and < 1% (1) had private insurance.
Kaiser Permanente (KP): HMO	Medicare; Medicaid		Per plan	Total of 29 internists, 21 family practice physicians, and 13 mid-level providers in the 4 clinics in Jefferson County. 2 geriatricians in KP who serve all clinics. One Gero-psych MD. There are 10 Senior Care Coordinators (RNs) and 20 Chronic Care Coordinators (RNs) who manage the elderly.	Kaiser partners with Silver Sneakers and the Alzheimer's Association; offers Bereavement Support Groups and has Centers for Alternative Medicine.

Provider Database 2/09

Appendix F: Jefferson County Physician Demand Estimates – 2008

Specialty	Number of Physicians Needed by Age			
	00-17	18-44	45-64	65+
Allergy/Immunology	2.2	3.5	4.5	0.9
Cardiology	0.1	2.1	10.7	14.8
Dermatology	1.6	4.7	7.0	4.5
Gastroenterology	0.2	5.2	12.4	7.0
General & Family Practice	14.9	40.5	60.9	23.5
General Surgery	0.7	6.9	12.8	5.9
Hematology/Oncology	0.0	1.3	5.2	3.9
Internal Medicine	1.9	23.4	48.5	33.9
Medical Subspecialties	0.2	5.2	6.0	2.7
Nephrology	0.0	0.8	2.1	3.0
Neurology	0.4	3.2	6.2	3.4
Obstetrics and Gynecology	1.1	31.6	13.3	2.7
Ophthalmology	1.6	3.4	10.3	13.5
Orthopedic Surgery	4.0	10.9	17.2	6.5

Specialty	Number of Physicians Needed by Age			
	00-17	18-44	45-64	65+
Other	0.5	4.5	6.6	0.8
Other Pediatric Subspecialty	2.8	0.0		
Otolaryngology	2.2	3.8	5.7	2.8
Pediatric Cardiology	0.5	0.0		
Pediatric Neurology	0.6	0.1		
Pediatric Psychiatry	2.0	1.0		
Pediatrics	55.6	0.9		
Physical Medicine and Rehab.	0.2	2.5	4.3	0.7
Plastic Surgery	0.3	3.8	4.8	1.6
Psychiatry	2.6	10.6	14.9	1.9
Pulmonary	0.1	0.8	2.1	2.7
Rheumatology	0.1	1.8	4.3	1.8
Surgical Subspecialties	0.2	5.4	10.8	5.5
Urology	0.4	2.2	5.8	6.2

Source: Thomson Reuters

Appendix G: Pharmacist/Pharmacy Shortage Factors

Reasons for shortage:³

- Increase in older population
- Increase in number of chain pharmacies and extension of hours
- Leveling off of pharmacy graduates
- Fewer pharmacists working full time
- Transition of schools to 4-year programs
- Rapid growth in number and type of alternate site practice opportunities and postgraduate education options
- Job satisfaction
- Legal requirements governing use of technical personnel and technology

Maximum recommended number of prescriptions filled by pharmacist: 14/hr = 112/day

Other factors:⁴

- Survey: more likely to leave because of:
 - Burnout 36.7%
 - High stress level 35%
 - Excessive workload 31.1%
 - Understaffing or poor salary 25%
 - Insufficient or unqualified staff, scheduling, salary, workload, poor management, relocation, and location of workplace
- Not doing what they want (i.e. patient counseling)
- Personal/individual factors: More likely to leave are younger, those in staff positions, have more education/training, practice settings other than independent community pharmacy, and women. Men leave because of salary; women leave due to relocation
- Survey: intended to stay with current employer because of:
 - Good salary 50.1%
 - Relationship with coworkers 46.6%
 - Good benefits 42%
 - Geographic location 40.7%
 - Not desiring a change 40.4%
- Primary reasons: flexible schedule, enjoying work, being close to home, good management, salary/benefits, good relationship with coworkers, ability to use skills.

Turnover stats: Estimated loss to employer \$20k to 88k.⁴

From 1990 to 2000, there was a 16% decline in number of pharmacists per 100,000 population in Colorado.¹

- Population increased from 3.29 million to 4.3 million
- Number of pharmacists 2598 to 2863

Near three billion outpatient prescriptions were dispensed in 2001 in the U.S. by 101,400 FTE pharmacists (30,000 orders per pharmacist). At an annual growth rate of 5% for outpatient prescriptions, the estimated prescription volume would equal 7.2 billion in 2020.²

Primary care pharmacy services (community pharmacy, ambulatory care): 2001–30,000 FTEs. Estimated need in 2020–130,000 FTEs. Higher need patients may require one FTE pharmacist per 1000 patients.

Estimate of secondary and tertiary pharmacist care in the U.S.²

	2001 FTEs ^a	2020 FTEs ^b
Drug use safety and policy	5,000	10,000
Acute care	10,000	100,000
Nursing facilities	1,800	2,700
Intermediate care/mentally impaired/psych	300	400
Hospice	200	3,200
Home health	200	9,000
Assisted living	100	2,500
Continuing care retirement	100	200
Correctional facilities	50	150
Nuclear Pharmacy	300	600
Total	18,050	128,750

^a Estimated deployment of pharmacists in 2001

^b Estimated needs

Additional estimate for non-patient care pharmacy needs:²

2001–24,600 2020–47,500

Total FTE pharmacists needed in the U.S. in:²

2001–196,700 2020–417,000

Solutions? Re-deploy pharmacists from medication order fulfillment to patient care by using information technology, automation and robotics, utilize supportive personnel, increase in mail service pharmacy and Internet-based pharmacy services, and increase pharmacy schools and enrollment.^{2,3}

Employers need to work to retain current employees, persuade retired pharmacists to return to workforce, recruit replacements.⁴

Pharmacy Schools:

- University of Colorado: 2008 graduates: 108 traditional, 46 non-traditional
- Regis University (starting a program in the fall of 2009)

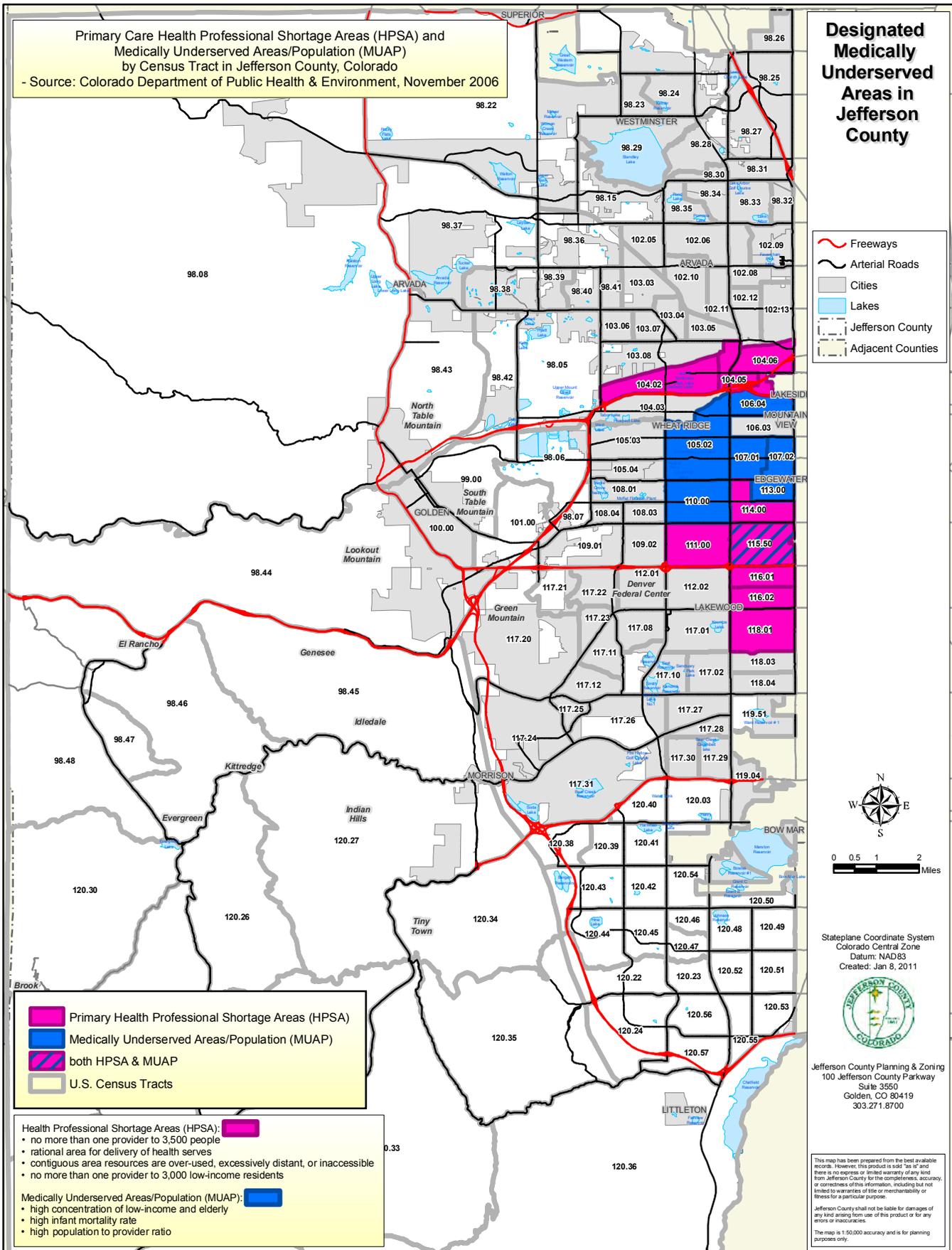
Pharmacy Issues:

- “An economic impact study of the Deficit Reduction Act (DRA) of 2005 finds that 11,105 pharmacies across the country could close due to reductions in the Medicaid reimbursement rate which is well below their cost to fill prescriptions.”⁵
- Independent pharmacies: in the 1990s more than 11,000 independent pharmacies closed.
- Medicare D has decreased the gross margin for pharmacies which places a burden on independents.

References:

- ¹Walton SM, et al. Examination of State-level Changes in the Pharmacist Labor Market Using Census Data. Accessed 1/26/09 at http://www.medscape.com/viewarticle/557159_print.
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- ⁴Gaither CA, et al. Should I Stay or Should I Go? The Influence of Individual and Organizational Factors on Pharmacists’ Future Work Plans. Accessed 1/26/09 at http://www.medscape.com/viewarticle/557156_print.
- ⁵National Association of Chain Drug Stores. Medicaid Pharmacy Cuts Could Force More Than 11,000 Pharmacies to Close, Affecting 300,000 Jobs and \$31.1 Billion in Output. Accessed 1/26/09 at <http://www.nacds.org/wmspage.cfm?parm1=5806>.

Appendix H.1: Map of Designated Medically Underserved Areas in Jefferson County



Appendix H.2: Additional Information about Designated Medically Underserved Areas in Jefferson County

“Access to primary health care in Colorado is influenced by a wide spectrum of factors such as the location of health care facilities, the cost of health insurance, the availability of employer-sponsored health insurance and the geographic concentration of healthcare providers. Access for Coloradans receiving health care via public programs is also affected by providers’ willingness to accept clients in these programs and to agree to reimbursement rates provided by the government.

Shortage designations:

In order to mitigate shortages of health care providers and address geographic health disparities, the Primary Care Office applies federal shortage designation criteria to determine if geographic areas or population groups qualify as Health Professional Shortage Areas (HPSAs), Medically Underserved Areas (MUAs) or Medically Underserved Populations (MUPs).

For a geographic area to receive a HPSA designation it must have no more than one provider to 3,500 people, be a rational area for the delivery of health services, and demonstrate that health care resources in the contiguous areas are over-utilized, excessively distant or inaccessible. A low-income HPSA must have no more than one provider to 3,000 low-income residents.

For a geographic area to receive a MUA designation or for a population in a particular area to receive a MUP designation, the Primary Care Office determines if the concentration of low-income and elderly individuals, high infant mortality rate and high population to provider ratios meet the designation criteria.”

Source: “Colorado State Health Profile: An Overview of the Health Status of Colorado Residents and the Availability of Primary Care Resources,” November 2006, Primary Care Office, Prevention Services Division, Colorado Department of Public Health and Environment. Kitty Stevens, RN, MSN, Director Primary Care Office, CDPHE, and Amy Downs, MPP, Senior Health Researcher, Colorado Health Institute

These are the census tracts designated in Jefferson County as Primary Care Health Professional Shortage Areas:

Arvada South

C.T. 0104.02

C.T. 0104.05

C.T. 0104.06

Federal Correctional Institution - Englewood

Lakewood East Central

C.T. 0111.00

C.T. 0114.00

C.T. 0115.50

C.T. 0116.01

C.T. 0116.02

C.T. 0118.01

These are the census tracts designated as a Medically Underserved Area/Population

Jefferson Governor Service Area

CT 0105.02

CT 0106.04

CT 0107.01

CT 0107.02

CT 0110.00

CT 0113.00

CT 0115.50

From: Colorado Department of Public Health and Environment, February 3, 2009

Appendix I: Colorado Nursing Shortage, 2000 – 2020

In 2000 the supply of nurses in Colorado was 26,556 while the demand was 29,735 or a shortage of 3,179 (10.7%). The current Colorado nursing shortage is about twice the national average. Based on current trends, Colorado’s shortage is expected to nearly triple by 2020. Part of the state’s challenge is to increase its capacity for nursing students in the face of the shortage of qualified nursing faculty, which is three times the national average at Colorado’s two-year nursing schools and double the national average at four-year schools. Not surprisingly, in 2003, more than 2,600 applicants were turned away from nursing programs in Colorado due to capacity constraints. As of 2005, Colorado had 31 Licensed Practical Nurse, Associate Degree Nurse, and Bachelors Degree Nursing programs plus six graduate degree nursing programs. ¹

¹ Colorado State Health Profile: An Overview of the Health Status of Colorado Residents and the Availability of Primary Care Resources, November 2006.
Primary Care Office
Prevention Services Division
Colorado Department of Public Health and Environment

When considering nursing shortages, it is important to note that registered nurses care for people in numerous settings. Besides in institutions such as hospitals, nursing homes, and prisons, nurses provide care in many and varied community settings including but not limited to public health departments, outpatient clinics, homes, schools, churches, mental health clinics, and hospices. Nurses serve in many roles including case management, education, administration, and research to name a few. Advanced practice nurses provide primary care, and specialty care such as midwifery, geriatric, psychiatry, and anesthesia care.

Colorado Supply and Demand for Nurses: 2000-2020 ²

Year	Supply	Demand	Excess or Shortage (Supply Less Demand, = shortage)	Percent Shortage
2000	26,556	29,735	-3,179	-11%
2005	29,676	33,911	-4,235	-12%
2010	31,432	37,860	-6,428	-17%
2015	32,135	42,159	-10,024	-24%
2020	32,310	47,028	-14,718	-31.3%

² Projected Supply, Demand, and Shortages of Registered Nurses: 2000-2020, July 2002
U.S. Department of Health and Human Services
Health Resources and Services Administration (HRSA)
Bureau of Health Professions, National Center for WorkForce Analysis

Appendix J: Seniors: Barriers to Medication Compliance

Statistics: ^{1,2,4}

- Almost 29 percent of Americans stop taking their medicine before it runs out.
- 22 percent of Americans take less of the medication than is prescribed on the label.
- 12 percent of Americans don't fill their prescription at all.
- 12 percent of Americans don't take medication at all after they buy the prescription.
- The number one problem in treating illness today is patients' failure to take prescription medications correctly, regardless of patient age.
- 10 percent of all hospital admissions are the result of patients failing to take prescription medications correctly.
- 23 percent of all nursing home admissions are due to patients failing to take prescription medications accurately.
- 36 percent of Americans have basic or lower literacy levels.
- At any given time, up to 59 percent of those on five or more medications are taking them improperly.
- The average length of stay in hospitals due to medication noncompliance is 4.2 days.
- More than half of all Americans with chronic diseases don't follow their physician's medication and lifestyle guidance.
- Two-thirds of all Americans fail to take any or all of their prescription medicines.
- Depressed patients are 3 times more likely to be non-compliant.
- Each increase in frequency of daily dose led to 22 percent decrease in compliance.
- In 2003, 10.1 percent of elderly with at least one chronic condition did not purchase at least one prescription drug because of cost. Non-Hispanic whites: 9 percent, Non-Hispanic blacks: 17 percent.
- Among low-income elderly Medicare beneficiaries, 17 percent reported being unable to fill at least one prescription drug.

Causes: ^{1,4}

- Can't afford medication, mobility/transportation issues.
- Too many medications; adverse effects.
- Dementia/confusion: can't remember to take medication.
- Diversion by family members or caregiver.
- Multiple daily dosing regimens.
- Complicated instructions (i.e. inhalers, Fosamax).
- Mental health patients often are not compliant with meds (i.e. prefer mania over mood stabilizer).
- Poor communication between physician and patient.

- Anger/retaliation, lack of counseling, lack of education.
- Inability of patient to understand complex medical issues.
- Other issues: too many prescribers, too many meds, duplication of meds.
- Cultural attitudes (i.e. prefer to spend money on family instead of medications).
- Religious beliefs (i.e. take meds during time of fasting?).
- Family dynamics.
- Emotional or psychological concerns (i.e. if I take an antidepressant that means I'm crazy, denial, control issues).
- Think they don't need medications if they're not having any symptoms.
- Depression

Solutions: ⁴

- Health care practitioner should work with patient in making medical decisions.
- Improve education through layperson terms including management of the disease, treatment options, emphasizing patient's responsibility.
- Write out treatment plan/create written reminders.
- Simplify therapy: discontinue unnecessary medications.
- Don't treat side effects with medications. Instead, explore alternatives with fewer or more tolerable side effects.
- Telephone reminders or other medication reminders.
- Computer systems that alert pharmacy to gaps in fill history or overfilling of medications.
- Master database that allows pharmacists to check across multiple systems.
- Frequent compliance and pill checks.
- Keep instructions to sixth-grade reading level.
- Investigate if patient has low literacy level.
- Ask patient if there are financial issues.
- Instructions should be available in multiple languages.
- Educate, educate, educate (both health care professionals, patients, and family members).
- Discuss issues with patient.
- Use memory aids or tools (i.e. set an alarm, reminder cards, pill boxes, computerized caps, medisets, computered).
- Emphasize importance of asking for help.

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¹ Burley P. 10 Barriers To Compliance And How To Overcome Them. RN Web. Avail at <http://m.modernmedicine.com/rnweb/article/articleDetail.jsp?id=409542>. Accessed February 23, 2009.

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³ Dezil CM. Medication Compliance: What Is the Problem? Managed Care 2000. 9(9). Available online at http://www.managedcaremag.com/supplements/0009_compliance_suppl/0009_compliance.pdf. Accessed February 23, 2009.

⁴ Reed MC. An Update on Americans' Access to Prescription Drugs. Center for studying health system change. 2005. 95. Available at <http://www.hschange.com/CONTENT/738/738.pdf>. Accessed February 23, 2009.

Appendix K: Pharmacy Statistics for Jefferson County

City	Unincorp	Pop	% over age 65	RX's	24-hr RX	# persons per pharmacy
Arvada	No	103459 ^d	12.1% ^d	19	0	5445
Conifer/285	Yes	13970 ^b	6.2% ^c	2	0	6985
Edgewater	No	5351 ^a	19.1%	2	0	2676
Evergreen	Yes	22750 ^b	9.5%	5	0	4550
Genesee	Yes	3699 ^c	7.8% ^c	0	0	No RX
Golden	No	17731 ^a	12.4%	4	0	4433
Indian Hills	Yes	1400 ^b	8.1% ^c	0	0	No RX
Kittredge	Yes	959	4.2% ^c	0	0	No RX
Lakewood (includes W Pleasant View)	No	148419 ^a	12.1% ^c	21	0	7068
Littleton, MCP (includes Bow Mar, Columbine, Ken Caryl)	No	57089 ^a	17.1%	19	1	3004
Morrison (includes Idledale)	No	418 ^a	47.7%	0	0	No RX
Mt View	No	549 ^a	23.3%	0	0	No RX
Pine (includes Buffalo Creek)	Yes	2010		0	0	No RX
Westminster, MCP	No	45620 ^a	7.4%	3	0	15207
Wheat Ridge (also includes Lakeside)	No	31889 ^a	24.1%	7	1	4556

^aJeffco Municipality Population 2004

^bJeffco Population 2005

^cUS Census Bureau, 2000

^dUS Census Bureau, 2005-07

MCP = multi-county places

Appendix L: Gaps in Senior Services for Vision, Dental, and Auditory in Jefferson County

Vision:

- 10 providers researched; they provide services for people in any county.
- 5 providers deal specifically with very low vision or blind and provide in-home training, training for employment &/or adaptive devices. No cost. Not financially based.
- 1 provider is a HMO.
- 1 provider provides information on resources in an individual's area. Accepts Medicare Part B. If uninsured, no cost to client. Full vision resources.
- 1 provider accepts Medicare, private insurance. No self pay.
- 1 provider accepts Medicare or Medicaid; comprehensive vision.
- 1 provider: financially qualify; free vision care & eye wear. By referral only.

Summary: Based on the above information, the following deductions can be made:

- There appears to be a lack of services for those people who do not qualify financially for low-income services, have no vision benefits or minimal Medicare coverage and cannot afford exams or treatments.
- There seems to be adequate services for very low vision or blind individuals. The question remains, are seniors aware of how to access these resources?

All vision providers who accept Medicare/Medicaid were not explored.

Auditory:

- 6 providers researched; they provide services for people in any county.
- 1 organization only deals w/ hearing aids; application fee; aids free.
- 1 organization provides sign language services to businesses, schools; fee for service.
- 1 organization provides services for all types of hearing loss (testing, fitting done); deep discounts or free of charge.
- 1 organization is a HMO.
- 1 organization provides visits in 17 rent-subsidized housing in Denver area (limited resource).

Summary: There appears to be a gap for general auditory exams for seniors who may not be able to afford the associated costs and are not covered by a Medicare Advantage plan that covers auditory services.

Dental:

- 13 providers researched; they serve people in any county.
- 3 providers service only the homeless.
- 4 providers: must qualify financially; one has a one-time visit only; some do only basic dental care; one has a 2-3 month wait.
- 2 providers provide discounted dental care (dental schools).
- VA: provides care to veterans of a specific class.
- 1 provider provides services for working adults only.
- 1 provider sees seniors in specific subsidized housing units.
- 1 provider is sliding scale and accepts Medicaid.

Summary: As is evident by above information, most senior dental services offer very defined dental care for a very specific population.

The average senior with no Medicare Advantage coverage or Medicaid would have to pay out of pocket for dental services. This may exclude many low-income seniors.

NOTES:

It is possible that Medicare Advantage plans will offer options for dental, hearing and vision coverage. Basic Medicare does not cover these areas.

Medicaid provides very little for adults for routine screenings for vision, hearing and dental. Old Age Pension/Medicaid provides some dental assistance.

Most of the providers listed are not in Jefferson County, so accessibility may be a barrier. Prevention is very important in keeping health care costs down so gaps in these areas may lead to more expensive and extensive interventions.

4/15/09
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Senior Care Coordinator
Kaiser Permanente

Appendix M: Palliative Care Study

Study Finds Palliative Care Effective, But Availability Varies

A recent study indicates that in states where there is greater access to hospital palliative care programs, patients are less likely to die in the hospital.

“America’s Care of Serious Illness: A State-By-State Report Card on Access to Palliative Care in our Nation’s Hospitals” was conducted by the Center to Advance Palliative Care and the National Palliative Care Research Center.

This study evaluated several aspects that affect patients in their last months of life. Findings showed that patients experienced fewer ICU/CCU (Intensive Care Unit/Critical Care Unit) admissions in their last six months of life, had fewer ICU/CCU admissions during terminal hospitalizations, and spent less time in an ICU/CCU in their last six months of life.

One-third of all Medicare spending is devoted to end-of-life issues. The study followed patients and their decisions regarding medical treatments and focused on quality of life. The study’s goal was to identify the prevalence of, and hence access to, hospital palliative care programs in the United States.

The Center to Advance Palliative Care has created an interactive tool for users to access data from the study <http://www.capc.org/reportcard/> by different groupings, including by state, hospital size, and for-profit and non-profit hospitals.

The study found that hospitals located in the Northeast and South are significantly less likely to report a palliative care program. State prevalence of palliative care programs in hospitals in the report ranged from 10 percent in Mississippi to 100 percent in Vermont.

Other tools on the Web site include the entire report in PDF format.

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Appendix N: Urgent Care and Mental Illness Report for Jefferson County

According to Rocky Mountain Urgent Care in Lakewood, CO, mentally ill patients are not given a mental health assessment when they come into urgent care facilities reporting psychological and/or emotional concerns. Vanessa Willmore, a triage nurse at Rocky Mountain Urgent Care in Lakewood, reported that they typically re-route patients to the ER if they solely report mental health related symptoms.

Out of the 20 urgent care facilities in the Jefferson County area that were contacted, only 3 had a system in place for assessing mentally ill incoming patients. A clinical specialist at the North Lakewood Rocky Mountain Urgent Care reported that most of the time they identify a mental illness in a patient through a family member who has transported the patient to the urgent care office and has notified the staff of the patient’s mental health diagnosis and/or symptoms. Additionally, they have patients self-identify their mental illness upon arrival to the urgent care facility. Otherwise, most urgent care facilities in Jefferson County treat mainly physical ailments and refer mentally ill patients to see their Primary Care Doctor or psychiatrist as soon as they are able to get an appointment.

If it is pressing, mentally ill patients are encouraged to take an ambulance from urgent care to a local hospital, typically Lutheran in Jefferson County, or have someone (typically a family member) transport the patient directly to the ER for a psych evaluation. The North Evergreen Urgent Care Center head nurse reported that it is quite rare for older adults to access urgent care for mental health concerns. She reported that most of the senior population that utilizes urgent care does so for fall related injuries. She said, “Typically older adults report mental health concerns or questions to their Primary Care Physician. We only see 1-2 patients a year for strictly mental health related concerns.”

Overall, the general consensus was that there is a lack of treating mentally ill patients at urgent care centers in Jefferson County, as few older adults utilize urgent care for mental health services.

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Appendix O: Primary Care Physician Education about Mental Health in Jefferson County

As the population of older adults in Jefferson County begins to swell, it will be important for Primary Care Physicians to understand the needs and concerns about mental health and older adults. According to Trudy Persky, MSW, ACSW, in the past 10 years we have become increasingly aware of the high prevalence of psychiatric disorders in the nation's elderly population. "Although adults 60 years of age and older constitute 13 percent, their use of inpatient and outpatient mental health services falls far below expectations."

Several factors have been attributed to older adults who are in need not accessing mental health resources. Resistance to treatment for mental health disorders due to stigma within this older generation is a barrier. Also, there are myths about mental health and older adults, such as, feeling depressed as an older adult is normal. It is not normal and, in fact, older adults generally feel quite satisfied with their lives. Finally, it is known that when many older adults present with mental health concerns, this could first be expressed to their Primary Care Physician through somatic or emotional concerns. In fact, a substantial number of elderly people who die by suicide contact their Primary Care Physicians (PCPs) within a month before their death and about 60% of older adults receive their psychotropic medications through this source. We also understand that fragmented service delivery systems create confusion for both the older adult and referring PCPs.

Programs are beginning to evolve that are designed to address these issues. In order to effectively move ahead in Jefferson County we suggest a professional education approach to PCPs about mental health. It is known that many PCPs feel they lack adequate training and knowledge in this area and may too often attribute symptoms of mental illness to the aging process.

Examples of programs that help to address professional education for PCPs about older adults and mental health include:

- IMPACT - Onsite depression screening by PCPs
- Integrated physical and mental health care
- Online education for PCPs such as provided in Oregon
- Webinars from professional associations

Examples of local programs that help to address the fragmentation of systems that better support PCPs and potential referral sources about mental health include:

- Senior Reach
- Proposed DRCOG "Profile" campaign

In order to most effectively address the timely and accurate recognition of symptoms and referrals by PCPs, a combined professional education and defined, user-friendly, referral process would create a best practice model in Jefferson County to allow our seniors to "age well."

Appendix P: Mental Health Summary Report including Jefferson County Council on Aging Focus Group Input, March 2009

Feedback was solicited from the Jefferson County Council on Aging (JCCOA) at a focus group session on March 12, 2009. Questions were developed by the project consultant in conjunction with the workgroup members. Below are the results from the focus group session that are applicable to this particular report along with other mental health related information.

According to the 2009 Surgeon General's Report, "... mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people and the ability to adapt to change and to cope with adversity."

Older adults attending the Focus Group in March, 2009, tend to be in agreement with the above definition as some of the definitions of mental health were:

1. You're able to adapt....learn more skills of adapting so you can be as functional as possible."
2. Having "the self-motivation to take care of yourself"
3. To do what you want to, when you want to do it.
4. You do things to promote your own health.

The Surgeon General's Report also notes that disability due to mental illness in people over age 65 will become a major public health problem especially with those having dementia, depression and schizophrenia. The report also states that "Primary Care Practitioners are a critical link in identifying and addressing mental disorders in older adults."

Furthermore, untreated mental health problems increase, by as much as 50%, the risk of physical problems, hospitalization, medical costs (unrelated to specialty mental health services) and nursing home placement.

Mental health services of Jefferson County were summarized by focus group participants as:

Strengths:

1. The Senior Reach model throughout Jefferson County.
2. Frequent opportunities for depression screens throughout the county.
3. Various crisis hotlines exist.
4. Mental health, self-help and substance abuse support groups are available.
5. Efforts are being made to educate the public about mental health and older adults.

Gaps:

1. Lack of counseling services for older adults.
2. Poor Medicare reimbursement.
3. Medicare reimbursement requires services to be provided by LCSWs (Licensed Clinical Social Workers) and PhDs.
4. Clinicians have difficulty getting on some of the larger insurance provider panels.
5. Inability for consumers to afford co-pays for services. This can be as high as 50% according to the National Institute of Mental Health (NIMH, 2009).
6. Reluctance of current cohort of seniors to seek mental health services.
7. Lack of transportation to access services.
8. Seniors unaware of available mental health resources.
9. Professional care providers unaware of available mental health services.
10. General lack of public knowledge about signs/symptoms of mental distress or illness.
11. Inpatient psychiatric beds where medical needs of seniors can be met.
12. Clinicians well trained in geriatric mental health.
13. Primary Care Physicians, who prescribe most psychotropic medications for seniors, not well-educated in geriatric mental health.
14. Depression often overlooked by PCPs due to sub-clinical or other manifestations.

Geropsychiatric prescribers: Of the 112 psychiatrists in Jefferson County listed on the Medicare.gov website, 22 (19.6%) work for Kaiser Permanente, 12 (10.7%) work for Jefferson Center for Mental Health and 3 (2.6%) are private psychiatrists who accept Medicare. Only 1 (0.8%) of the private psychiatrists was accepting new patients as of this study. The majority (66.9%) of the psychiatrists on the list did not accept Medicare in their practice though they were listed on the Medicare website as resources for Medicare recipients.

According to the 12/2007 Journal of American Geriatrics Society, "Primary Care Physicians spend very little time discussing mental health issues with older adults and do not often refer for mental health services even in the event of severe depression."

Appendix P: Mental Health Summary Report including Jefferson County Council on Aging Focus Group Input, March 2009 *continued*

Trends:

1. Slow increase in Medicare reimbursement which will continue until parity with physical health reached.
2. Non-physician prescribers.
3. Mental health stigma slowly decreasing.
4. More Medicare mental health services slowly expanding.
5. New programs now accepting Medicare such as:
 - Senior Focus (Jefferson Center for Mental Health)
 - New West Physicians (3 therapists located in offices near Denver West)
 - Senior Care (Evergreen, Arvada)
6. Primary Care Physicians having LCSWs join their staff (New West Physicians, Senior Care).
7. Inpatient psychiatric beds have been decreasing (Denver Post, 1/25/2009).
8. Increased use of technology in mental health e.g. Internet counseling, electronic records, available educational and self-help resources, etc.

9. Increase in number of people experiencing chronic illness/pain as population ages resulting in more folks with depression, anxiety and other mental health issues.
10. Primary Care Physicians prescribing most of psychotropic meds for older adults.

Potential consequences of no or inadequate mental health treatment:

1. Depression is linked to death from suicide, heart attack or other causes (Zisook and Shuchter as noted in the Surgeon General's Report, 2009).
2. People are less likely to follow Primary Care Physician's recommendations and advice, thus have decreased ability to care for themselves (2009 Surgeon General's Report).
3. Significantly higher health costs but not for specialty mental health services (National Institute of Mental Health, 2009).
4. Failure to thrive significantly impairs quality of life.

Appendix Q: SilverSneakers Programs in Jefferson County

Name of Organization	Street Address	City	Zip Code
24 Hour Fitness-Arvada Sport	8105 Sheridan St.	Arvada, CO	80005
Apex Center	13150 W. 72nd Ave.	Arvada, CO	80004
Buchanan Park Recreation Center	32003 Ellingwood Trail	Evergreen, CO	80439
Carmody Recreation Center	2200 S. Old Kipling St.	Lakewood, CO	80227
Charles Whitlock Recreation Center	1555 Dover St.	Lakewood, CO	80215
City Park Fitness Center	10475 Sheridan Blvd.	Westminster, CO	80020
The Community Center	6842 Wadsworth Blvd.	Arvada, CO	80003
Countyside Pool	10470 Oak St.	Westminster, CO	80021
Golden Community Center	1470 10th St.	Golden, CO	80401
Green Mountain Recreation Center	13198 Green Mountain Dr.	Lakewood, CO	80228
The Link Recreation Center	1295 S. Reed St.	Lakewood, CO	80232
Meadow Creek Tennis Center	6305 W. 6th Ave.	Lakewood, CO	80214
West View Recreation Center	10747 West 108th Ave.	Westminster, CO	80021
Wheat Ridge Recreation Center	4005 Kipling St.	Wheat Ridge, CO	80033
Wheat Ridge Senior Center	6363 W. 35th Ave.	Wheat Ridge, CO	80033

Appendix R: Fall Prevention

Risk and Prevention of Falls

Falls are the leading cause of death among adults 65 plus, and contribute to hospitalizations for injuries. In 2004, the Colorado Action Plan for Older Adult Wellness reported that 283 Coloradans 55 plus died from fall-related injuries, with slightly more than half being women. However, men's death rates were higher for those under 75. In a study conducted by DRCOG in 2004, 11% of respondents reported they had fallen and injured themselves seriously enough to need medical attention. Falls in people over the age 65 has risen 39% from 1999 to 2005; this data was taken from the Alliance for Aging Research in the summer of 2008.

In a 2007 survey, the Community Assessment Survey for Older Adults from Arvada, Colorado, 24% of respondents had fallen and were injured at least once in a 12 month period, 21% had spent at least 1 day in the hospital and 1% spent at least 1 day in a nursing/home/rehabilitation facility. Questions for this survey were compiled from Needs Summary scores which assessed physical, mental and cognitive health issues common to the aging adult. Respondents were asked to rate their overall health, mental health and quality of life as well as events such as falls and institutionalization.

According to the Centers for Medicare and Medicaid Services, by 2020, the estimated annual cost for fall-related injuries for people aged 65 and older is expected to reach \$43 billion for the United States. This makes for a strong argument to increase measures to prevent falls among aging adults.

Gaps:

While there are some excellent programs in Jefferson County that offer classes that aid in increasing balance and strength, hopefully preventing falls, such as: N' Balance, Fall Proof , SilverSneakers and Tai Chi, there are gaps in any kind of formal plan to prevent falls in the aging population. Following is a short description of the Fall Prevention Network. Jefferson County does not have such a program nor are there any similar programs in the county.

Fall Prevention Network

The Fall Prevention Network Referral System is a coordinated community referral system focused on decreasing preventable falls in the older adult population. The referral system enhances access to effective, multi-faceted interventions that can help keep Aurora and Westminster older adults from experiencing a fall. Clients who contact the Fall Prevention Network can receive a fall risk assessment, fall prevention education, home safety assessment, basic home modifications, skilled home modifications, vision assessment, vision correction, medication review, medication modifications and services to improve physical agility, mobility, and balance. The Fall Prevention Network has access to a provider database that is able to provide the above services for no fee or a small fee depending on the service. Clients who contact the Fall Prevention Network receive a follow up evaluation at 3 months and 6 months after the initial contact. The annual operating budget for an education and referral site is \$74,000. The Fall Prevention Network plans on extending into Jefferson County in the next 3-5 years.

Appendix S.1: Wellness and Prevention Issues Highlighted

Poor health is not an inevitable consequence of aging. Many chronic diseases can be prevented, delayed or managed through lifestyle changes. Health promotion and wellness activities that have a positive effect on lifestyle choices provide seniors with better health status and a perceived better quality of life. Lifestyle changes also reduce health care claims cost.

In January 2008, the Centers for Disease Control did a study and found that participants who were involved in exercise two or more times a week had significantly fewer inpatient admissions and lower health care costs.¹ This study also showed there has been an increase in the older adult participating in exercise of some form. There are numerous free or affordable programs in Jefferson County that offer prevention and wellness classes. These include, but are not limited to, injury prevention, nutrition, physical fitness and exercise, social support, health screening and smoking cessation programs. Lutheran Exempla Hospital, St. Anthony's Hospital and Kaiser Permanente medical centers offer extensive classes for the elderly as do the cities and special district recreation centers in Jefferson County. Healthways SilverSneakers provides free access to 19 exercise centers and clubs for seniors enrolled in the Medicare Advantage program. The annual 9 Health Fair also provides seniors the opportunity to avail themselves of low cost diagnostic testing as a means of identifying and preventing potential health care issues. In a 2007 study done by the City of Arvada, 57% of older adults in the community said their physical, mental and cognitive health was good and 32% felt their health was excellent overall. Physical health (50%) and staying fit (48%) were the highest needs and food to eat and falls were reported by the fewest respondents.⁶

There is a lack of reward programs for Jefferson County companies, businesses and facilities to help defray the costs of fitness and wellness programs. Creating and implementing effective health promotion and wellness initiatives will become important as the population ages. Keeping people healthy and addressing lifestyle behaviors that put people at risk are important. Emphasis is needed on recreation and senior centers as recognized sources for prevention programs and wellness promotion and a vital link for chronic disease prevention programming.

Another issue related to wellness and prevention is falls. Falls are not inevitable for the older adult, but are one of the leading causes of death. Falls in people over 65 has risen 39% from 1999 to 2005.¹ One in three adults 65+ will fall each year.² Of those that fall, 20% to 30% suffer moderate to severe injuries that make it hard for them

to get around or live independently and increase their chances for early death.³ Older adults are hospitalized five times more from falls than any other cause of injuries, according to a DRCOG 2004 study and the Alliance for Aging Research, summer, 2008.⁴

Evidence-based classes offered at recreation and senior centers are: N' Balance, Fall Proof, SilverSneakers® and Tai Chi just to name a few. Lutheran Exempla has programs like Sure Step, Stepping On, Matter of Balance and Tai Chi.

Fall related injuries are estimated to cost \$43 billion by the year 2020, according to the Centers of Medicare and Medicaid Services.⁵ This makes for a strong argument to increase measures to prevent falls among aging adults. While there are some programs that address balance, physical agility and medication reviews, there is no formal fall prevention program in Jefferson County. Some areas that recreation programs do not address are the vision assessment and corrections and home safety and modification assessments.

Education on how to prevent falls and increasing exercise programs to enhance balance and demonstrate what to do if someone should fall are needed. Services related to falls are: 1. Home safety assessments and modifications, 2. Medication review, 3. Physical activity programs that concentrate on physical agility and improve balance, and 4. Vision screenings.

Jefferson County does not at this time have a Fall Prevention Program like the Fall Prevention Network that Adams and Arapahoe Counties have implemented. The Fall Prevention Network takes a more thorough approach to preventing falls by using a hotline number that seniors and caregivers can use to get help. Jefferson County should join forces with Tri-County Health to implement a Matter of Balance and St. Anthony's Hospital in their initiatives to prevent falls in the aging adult. Advocacy is also needed to make fall prevention a state-wide program.

¹ Centers for Disease Control and Prevention; January 2008, presented in the Miami Herald, July 2008, pg 1C, 6C.

² Hornbrook MC, Stevens VJ, Wingfield DJ, Hollis JF, Greenlick MR, Ory MG. Preventing falls among community-dwellers older persons results from randomized trial. *The Gerontologist* 1994;34 (1)16-23.

³ Alexander BH, Rivara FP, Wolf ME. The cost and frequency of hospitalization for fall-related injuries in older adults. *American Journal of Public Health* 1992; 82 (7): 1020-3.

⁴ Alexander BH, Rivara FP, Wolf ME. The cost and frequency of hospitalization for fall-related injuries in older adults. *American Journal of Public Health* 1992; 82 (7): 1020-3.

⁵ www.cdc.gov/ncipc/factsheets/falls.htm2004.

⁶ Community Assessment Survey for Older Adults, 2007 National Research Center, Inc.

Appendix S.2: Wellness & Prevention Chart

Trends	Needs	Resources Available in Jefferson County	Gaps and Recommendations in Jefferson County
Chronic Conditions Three quarters of people over 65 have multiple chronic conditions-those with five or more conditions account for 68% of Medicare spending.	Support groups, websites, health fairs, education, senior programming	Colorado-Directories.Net, 211, Channel 9 HealthFair, SilverSneakers, Medicare Advantage plans	See Physician spreadsheet (Appendix E and F)
Obesity	Weight loss programs, senior exercise classes, nutritional education	Division of Aging and Adult Services (Nutrition Screening, Education, and Counseling), CDHS 303-866-3056 to receive Meals on Wheels or senior center lunch, Colorado WIC 303-239-4119 (Farmers Market Nutrition Program), Share Colorado 303-428-0400, Seniors' Resource Center 303-238-8151. Nineteen SilverSneakers sites in Jefferson County with 134 classes a week as well as senior centers, churches and fitness centers offer senior fitness, www.RightHealth.com/Nutrition EverydayHealth.com, www.shapeupamerica.org, www.thewalking site.com, www.eatright.com, Weight Watchers, emergency funds - Seniors' Resource Center Phone Number: (303) 235-6923	Nutrition services - Boulder County Aging Services Division (BCASD) provides nutrition counseling and education, facilitates diabetic support groups and coordinates the county-wide Nutrition Provider Council. Nutrition counseling is a one-on-one session with a registered dietician. There is no charge for this.
Arthritis	Education, support groups, physicians	Senior Health Center (Jefferson County), (St. Anthony) - Centura Health, Centura Senior Life Center Phone Number: (303) 426-1400, Fit-Physical Therapy Services - Foothills Park and Recreation Dist Phone Number: (303) 987-3602	No Alzheimer support group or auto immune support groups in Jefferson County.
Heart Disease	Physicians, cardiac rehab, exercise, nutrition, support groups	See attachments for support groups (Appendix T)	
Diabetes	Physicians, medical supplies, education, support groups, Medicare/Medicaid		There are no diabetes support groups in Jefferson County.
Osteoporosis	Medication, education, scanners, weight bearing exercises		
Rewards-Health care and private disease management companies rewarding through discounts for healthy behavior and wellness	Jefferson County companies, businesses and facilities willing to participate in those rewards programs	Healthways, achieving powerful cost and risk reduction for mature populations. Cigna-financial discounts with monthly premium if you can prove the wellness goals that were set have been achieved. Shifting health care costs to individuals-More employers as well as Medicare Advantage Plans are shifting health care costs and burdens to individuals. They can save money by adopting healthy behaviors.	
Aging Population-Expected Medicare and Medicaid Growth in the United States	Keep the healthy staying healthy by addressing lifestyle behaviors that put people at risk. Address the physical, emotional and social health of seniors and mitigate health related risk from lifestyle behaviors.	The Federal government is talking about wellness programs in the health care reform plans.	
Fall Prevention-falls are the leading cause of death among adults 65 +, according to a DRCOG 2004 study and the Alliance for Aging Research summer 2008.	Provide education on how to prevent falls, exercise programs to enhance balance and demonstrate what to do if someone does fall, and make the home safe from falls. Estimated costs for fall-related injuries is \$43 billion by 2020, according to the Centers of Medicare and Medicaid Services.	Classes offered in some recreation centers. N' Balance, Fall Proof, SilverSneakers and T'ai Chi exercise programs.	Jefferson County does not at this time have a Fall Prevention Program like the fall Prevention Network that Adams and Arapahoe Counties have developed. Emphasize that recreation and senior centers serve as recognized sources for prevention programs and wellness promotion and be a vital link for chronic disease prevention programming.

Empty cells indicate unavailable information.

Appendix T: Chronic Illness Support Groups for Jefferson County Residents

Agency	City, Zip Code	Phone
Exempla Lutheran Medical Center	Wheat Ridge 80033	303-425-8295
St. Anthony's Hospital Health Passport	Denver 80204	303-629-3511
Aids/HIV -Angels Unaware	Arvada 80004	303-420-6370
Mount Evans Hospice & Health Care	Evergreen 80439	303-674-6400
Disability-The ARC of Jefferson County	Lakewood 80215	303-232-1338
Seniors' Resource Center/Evergreen	Evergreen 80439	303-674-2843
Seniors' Resource Center/Wheat Ridge	Denver 80212	303-238-8151
Mountain Resource Center/Conifer	Conifer 80433	
Alzheimer's Support Group/Denver Metro	Denver 80203	303-813-1669
Native American Cancer Survivor Network	Pine 80470	303-838-9359
Prostate Cancer Support Group	Wheat Ridge 80033	303-425-8391
Stroke Support Groups		
Easter Seals/Stroke Day Program	Lakewood 80226	303-233-1666
Rocky Mountain Village-Easter Seals	Empire 80436	
Stroke Day Program-Church of the Nazarene	Lakewood 80226	
Rocky Mountain Stroke Association	Littleton 80120	303-730-8800
Brain Aneurysm Support Group		303-779-1821
Parkinson's		
Applewood Baptist Church, Anne Kotch	Wheat Ridge 80033	303-278-3297
Firstchoice Health Care Services	Lakewood 80226	303-722-0857

Agency	Address	City, Zip Code
Low-Vision Support Groups		
	Debra Johnson 303-442-8662 X 125	
Springwood Retirement Campus	6550 Yank Way	Arvada
Columbine Village	5310 Allison St.	Arvada
Exempla Colorado Lutheran	8001 W. 71st Ave.	Arvada
Community Recreation Center (Apex)	6842 Wadsworth Blvd.	Arvada 80003
Eaton Terrace	333 S. Eaton St.	Lakewood
Lakewood Clements Community Center	1580 Yarrow St.	Lakewood
Foothills PRD/Peak Community & Wellness Center	6612 S. Ward St.	Littleton
Wheat Ridge Senior Center	6363 W. 35th Ave.	Wheat Ridge
Fibromyalgia		
City Hall Community Room	2380 W. 90th Ave.	Federal Heights 80260
Health Fairs		
Arvada Covenant Church	5555 Ward Rd.	Arvada 80002
Exempla Lutheran Southwest	13402 W. Coal Mine Ave.	Littleton 80127
Healing Waters Family Center	6475 W. 29th Ave.	Wheat Ridge 80214
Highland Rescue Team-Mount Vernon Country Club	24933 Club House Rd.	Golden 80401
Horan & McConaty	3101 S. Wadsworth Blvd.	Lakewood 80227
King of Glory Lutheran Church	10001 W. 58th Ave.	Arvada 80002
Miller Coors North Building	311 10th St.	Golden 80401
Mount Evans Hospice -Elks Lodge	27972 Iris Dr.	Evergreen 80439
Apex Recreation Center	13150 W. 72nd Ave.	Arvada 80005
Red Rocks Community College	13300 W. 6th Ave.	Lakewood 80228
Spirit of Christ Catholic Church @ Arvada Center	6901 Wadsworth Blvd.	Arvada 80003
St. Paul Episcopal Church	9200 W. 10th St.	Lakewood 80215
The Barn @ Evergreen Memorial Park	27054 N. Turkey Creek Rd.	Evergreen 80439

Appendix U: Sources of Information

(Endnotes)

- 1 National Center for Health Statistics. Health, United States, 2008 with Chartbook on Trends on the Health of Americans, Hyattsville, MD: 2008.
- 2 Four Year Plan on Aging. Denver Regional Council of Governments, Area Agency on Aging, Planning and Service Area 3A, July 1, 2007 through June 30, 2011. Denver Regional Council of Governments: 2006.
- 3 Database of Physicians. St. Anthony's Hospital Health Passport Program: 2009.
- 4 U.S. Department of Health and Human Services. Projected Supply, Demand, and Shortages of Registered Nurses: 2000-2020. Health Resources Administration: 2002.
- 5 Summary of Findings. The 2004 Colorado Nursing Faculty Supply and Demand Study. Colorado Center for Nursing Excellence: 2004.
www.coloradonursingcenter.org/Downloads/PDF/SummaryOfFindings.pdf.
- 6 General Fact Sheet. Mental Health America: 2009. www.nmha.org/infoctr/factsheets/22.cfm.
- 7 Ory MG, Resnick B, Chadzko-Zajko W, Buchner D, and Bazzarre T. "New Ways of Thinking about Preactivity Screening for Older Adults." Medscape Public Health and Prevention, 3(1), online, 2005.
- 8 Allan Baumgarten's Managed Care Reviews, Reports-Colorado. Health insurers and hospitals alike enjoy strong profits but face risks. Colorado Health Market Review: 2008. www.allanbaumgarten.com/index.cfm?usection=dspreport&state=co.

Strategic Plan For 2011 Through 2015

GOAL 1 - Increase appropriate, reasonably-priced, and timely care to seniors by establishing one or more sliding fee senior medical/mental health clinics

OBJECTIVE 1 Increase knowledge of and acquire applicable information to determine the feasibility of establishing a sliding fee senior medical/mental health clinic

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Determine need for senior mental health/medical clinic	Metro Community Provider Network (MCPN), Jefferson County Aging Well Physical Health, Mental Health, Wellness & Prevention Workgroup (Physical/Mental Health Workgroup)	Exempla Lutheran Medical Center Hospital (ELMC), St. Anthony's Hospital (St. A), Jefferson Center for Mental Health (JCMH)	Volunteers, Clear Creek Medical Society, county officials	Project explanation	June 2011
2. Write vision and mission statements	MCPN, Jefferson County Aging Well Physical/Mental Health Workgroup	ELMC, St. A, JCMH	Volunteers, Clear Creek Medical Society, county officials	Project vision and mission created for guiding documents	September 2011
3. Consider collaboration possibilities with MCPN	MCPN, Jefferson County Aging Well Physical/Mental Health Workgroup	ELMC, St. A, JCMH	Volunteers, Clear Creek Medical Society, county officials	Collaboration ideas with MCPN are identified	September 2011
4. Explore legalities, liability, insurance needs, etc. related to (501)(c)(3) status, location, clinic, and services	MCPN, Jefferson County Aging Well Physical/Mental Health Workgroup	ELMC, St. A, JCMH	Volunteers, Clear Creek Medical Society, county officials	Initial document created to guide business planning	December 2011
5. Contact providers to determine willingness to provide pro bono services	MCPN, Jefferson County Aging Well Physical/Mental Health Workgroup	ELMC, St. A, JCMH	Volunteers, Clear Creek Medical Society, county officials	Initial list of potential volunteers to donate time created	June 2012
6. Expand volunteer pool by checking websites	MCPN, Jefferson County Aging Well Physical/Mental Health Workgroup	ELMC, St. A, JCMH	Volunteers, Clear Creek Medical Society, county officials	List of potential volunteers expanded	June 2012
7. Determine possibility of forming a core group and finding someone capable of writing grants, from the volunteer pool	MCPN, Jefferson County Aging Well Physical/Mental Health Workgroup	ELMC, St. A, JCMH	Volunteers, Clear Creek Medical Society, county officials	Core group is established with expertise to coordinate business planning and budgeting	September 2012
8. Perform a strategic analysis of all information gathered	MCPN, Jefferson County Aging Well Physical/Mental Health Workgroup	ELMC, St. A, JCMH	Volunteers, Clear Creek Medical Society, county officials	Draft business plan developed	December 2012
9. Review innovative models of MCPN, Stout Street Clinic, and Kaiser Permanente to determine specific components to include in this project	MCPN, Jefferson County Aging Well Physical/Mental Health Workgroup	ELMC, St. A, JCMH	Volunteers, Clear Creek Medical Society, county officials	Draft business plan compared to other best practice models to include specific components in the project. Use best practice/innovative models researched	December 2012

OBJECTIVE 2 Develop a strategy for implementation of the clinic

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Contact county officials to determine willingness to promote program and provide public recognition for volunteers	MCPN, Jefferson County Aging Well Physical/Mental Health Workgroup	Seniors' Resource Center (SRC), Jefferson County Human Services (HS), JCMH, ELMC, St. A	Kaiser Permanente, Stout St. Clinic, Health One, Colorado Trust, Colorado Health Foundation	Draft business plan crafted and ready for implementation. Ready to move into operational status	December 2012
2. Meet with executives of successful endeavors for advice	MCPN, Jefferson County Aging Well Physical/Mental Health Workgroup	SRC, Jefferson County HS, JCMH, ELMC, St. A	Kaiser Permanente, Stout St. Clinic, Health One, MCPN, others identified	Draft business plan modified, if needed, with input from experts in this area	December 2012
3. Determine necessary funding and methods of acquisition	MCPN, Jefferson County Aging Well Physical/Mental Health Workgroup	SRC, Jefferson County HS, JCMH, ELMC, St. A	Kaiser Permanente, Stout St. Clinic, Health One, Colorado Trust, Colorado Health Foundation	Draft funding plan crafted	March 2013
4. Explore grant possibilities, identify volunteer grant writers	MCPN, Jefferson County Aging Well Physical/Mental Health Workgroup	SRC, Jefferson County HS, JCMH, ELMC, St. A	Kaiser Permanente, Stout St. Clinic, Health One, Colorado Trust, Colorado Health Foundation	Draft development plan crafted	December 2012
5. Explore co-location possibilities with mental health and medical agencies	MCPN, Jefferson County Aging Well Physical/Mental Health Workgroup	SRC, Jefferson County HS, JCMH, ELMC, St. A	Kaiser Permanente, Stout St. Clinic, Health One, Colorado Trust, Colorado Health Foundation	Draft facilities plan crafted	December 2012
6. Develop a business plan including identification of location, specific positions and hours for staff, volunteer professionals and hours of donated time, equipment needed and how to obtain, organizational structure/policies/procedures, and budget	MCPN, Jefferson County Aging Well Physical/Mental Health Workgroup	SRC, Jefferson County HS, JCMH, ELMC, St. A	Kaiser Permanente, Stout St. Clinic, Health One, Colorado Trust, Colorado Health Foundation	Final business plan developed and ready for implementation and operations to begin	September 2012
7. Establish sliding-fee scale senior clinic for medical and mental health using MCPN and Stout Street Clinic as best practice models	MCPN, Jefferson County Aging Well Physical/Mental Health Workgroup	SRC, Jefferson County HS, JCMH, ELMC, St. A	Kaiser Permanente, Stout St. Clinic, Health One, Colorado Trust, Colorado Health Foundation	Final business plan developed and ready for implementation and operations to begin	December 2014

GOAL 2 - Increase healthy behaviors among older residents in Jefferson County

OBJECTIVE 1 Increase seniors' knowledge and utilization of physical health, mental health, and wellness & prevention activities

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Conduct and evaluate information from focus groups/surveys with seniors to identify barriers to using physical health, mental health, and wellness & prevention activities to inform future planning	St. Anthony's Hospital (St. A)	Seniors' Resource Center (SRC), local senior centers, faith communities, Coalition for Older Adult Wellness (COAW)	2010 CASOA (Community Assessment Survey for Older Adults) for Jefferson County and Municipalities	Determine the seniors' knowledge and needs for health, mental health, and wellness/ prevention programs to use for future planning	December 2011
2. Promote good overall health practices through local events	Jefferson County Public Health (JCPH)	Health fairs, health screenings, immunization sites, SRC, local senior centers, faith communities, COAW	9News, local newspapers, local websites	Increased participation in these programs over four years	December 2014
3. Develop marketing, public relations, advertising materials for county television, newspapers, websites, senior newspapers and mail piece to senior homes to promote wellness and prevention activities. These activities will be used to "promote" activities in the following objectives	JCPH	Prime Time for Seniors Newspaper, Channel 8, retirement villages, and communities, 50 plus marketplace news and Senior Focus	Jefferson County Aging Well Physical/Mental Health Workgroup, Jefferson County HS, JCPH, JCMH, local senior centers, local recreation centers, Red Rocks Community College, Marketing volunteers	Jefferson County fitness and wellness programs will be marketed in 10 new areas each year	December 2014

OBJECTIVE 2 Increase physical activity for seniors living in Jefferson County by promoting and establishing prevention and wellness health activities

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Promote to seniors existing best practice programs, such as Silver Sneakers, N'Balance - A Matter of Balance, Healthier Living of Colorado, LiveWell Wheat Ridge, and chronic disease specific group wellness programs and other wellness/prevention programs emphasizing physical activity	JCPH	Local senior and community centers, churches, senior housing, nursing homes, fitness centers, COAW	Best practice guidelines for: SilverSneakers, N'Balance, Healthier Living of Colorado, A Matter of Balance, best practice/innovative models researched	Increased participation in these programs for 2011 - 2014	December 2011
2. Develop business, funding, implementation, recruitment of coaches, promotion, and evaluation plan for new best practice of Active for Life	JCPH, Jefferson County Aging Well Physical/Mental Health Workgroup	SRC, local senior centers, faith communities, COAW, recreation centers	Robert Wood Johnson Foundation Best Practice guide, Texas A&M University	Business plan developed and operational resources are obtained to implement Active for Life. Program will be evaluated in 2015	December 2011
3. Identify Active for Life volunteer coaches to work with seniors to develop and track physical health goals	JCPH, Jefferson County Aging Well Physical/Mental Health Workgroup	SRC, local senior centers, faith communities, COAW	Retired Senior Volunteer Program (RSVP), AmeriCorps, best practice/innovative models researched	Coaches identified and trained for at least 40 seniors to participate in the program during the evaluation period	June 2012
4. Evaluate Active for Life program outcomes to inform future planning	JCPH, Jefferson County Aging Well Physical/Mental Health Workgroup	Red Rocks Community College, Metropolitan College of Denver, Denver University Graduate School of Social Work	Robert Wood Johnson Foundation Best Practice guide, Texas A&M University	Program outcomes evaluated quarterly and compared to best practice outcomes and reviewed for quality improvement	June 2015
5. Work with wellness and prevention activity providers to maximize these types of benefits for seniors available through the Federal Health Care Reform bill initiatives	JCPH	JCMH, St. A, Kaiser Permanente	Kaiser Family Foundation Website	Programs will be maintained or developed that maximize benefits for seniors	December 2014

OBJECTIVE 3 Increase opportunities for mental illness prevention and early intervention activities

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Promote existing best practice programs of Senior Reach Wellness and free depression and anxiety screenings with seniors	Jefferson Center for Mental Health (JCMH), Colorado Health Foundation, Denver Regional Council of Governments (DRCOG)	Senior and community centers, faith communities, senior housing, primary care offices, Senior Reach community partners and nursing homes	Senior Reach Implementation Manual, Screening Protocols for Depression and Anxiety, best practice/innovative model information researched	100 more older adults per year will access Senior Reach Wellness or free depression and anxiety screenings from 2011 - 2014	December 2011 and ongoing

OBJECTIVE 4 Increase health care professionals' knowledge about best practices in health care, mental health, wellness and prevention programs that can effect and help chronic and acute conditions

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Develop health care physician education and resources to promote evidence based programs such as Care Transitions Interventions, Hospital at Home, Program of All-inclusive Care for the Elderly (PACE), Kaiser's electronic medical records, collaborative cardiac care services, chronic care coordination, mammogram testing, and pharmacy accuracy	Jefferson County Human Services (HS)	St. A, Exempla Lutheran Medical Center (ELMC), JCPH, JCMH, Kaiser Permanente	Jefferson County Aging Well Physical/Mental Health Workgroup, best practice materials on various programs	More physicians will understand the relationship between their referral and patient participation in physical health best practice programs	December 2013
2. Develop health care physician education and resources about wellness and prevention programs available to effect and help with chronic physical conditions	Jefferson County HS	St. A, Exempla Lutheran Medical Center (ELMC), JCPH, JCMH, Kaiser, senior centers, recreation centers	Jefferson County Aging Well Physical/Mental Health Workgroup	More physicians will understand the relationship between their referral and patient participation in wellness and prevention activities	December 2013
3. Promote mental health education and suicide prevention activities through Primary Care Physicians (PCPs)	JCMH	JCMH's Senior Focus and Senior Reach, local Primary Care Physicians, JCPH, SRC	Best practice literature on Integrated Physical and Mental Health Care and IMPACT models	Mental health education and suicide prevention program will be developed for Primary Care Physicians	December 2014
4. Implement and provide education through workshops, conferences, web-based materials, literature, and lunch-n-learns	Jefferson County HS	St. A, Exempla Lutheran Medical Center (ELMC), JCPH, JCMH	Jefferson County Aging Well Physical/Mental Health Workgroup, vendors willing to make donations for materials, develop resources, and provide funding/donations for project, Silverprint Colorado	More seniors in Jefferson County will use prevention programs since they are recommended by their health care professional	December 2014

GOAL 3 - Increase access and utilization of mental health services for seniors

OBJECTIVE 1 Increase seniors' and community's knowledge about the signs and symptoms of mental health distress and how to refer to a professional

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Promote existing best practice of Senior Reach for community education, elder-friendly outreach, and knowledge of access to care management and mental health treatment services in Jefferson County	JCMH and SRC	JCPH, Jefferson County HS	Senior Reach Implementation Manual	1000 community members a year will be trained in the unique mental health needs of older adults and how to refer to a professional from 2011 – 2014	December 2014 and ongoing
2. Participate in well-recognized events like National Depression Screening Day and 9 Health Fairs by mental health professionals for free onsite consultation and screening	JCMH	SRC, JCPH, Jefferson County HS, private providers	Volunteer recruitment materials	Free mental health onsite consultation and screening will be available at 7 sites per year from 2011 - 2014	December 2014 and ongoing

GOAL 4 - Support the addition of a Geropsychiatric inpatient services unit within Jefferson County

OBJECTIVE 1 Support Exempla Lutheran Medical Center (ELMC) in expanding psychiatric inpatient services for the older adult community in a medical hospital-based setting

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Provide input and information to ELMC's workgroup examining the feasibility of a medically-based psychiatric inpatient services unit	ELMC	St. Anthony's Hospital (St. A), JCMH, JCPH, Jefferson County HS	Jefferson County Aging Well Physical/Mental Health Workgroup	ELMC will have community input and information needed for deciding the feasibility of this unit	December 2011
2. Provide letters of support to ELMC, if needed, to determine community support or funding opportunities	ELMC	St. A, JCMH, JCPH, Jefferson County HS	Foundations	ELMC will be able to demonstrate community support of this unit	December 2011
3. Recruit volunteers from Aging Well Physical/Mental Health Workgroup, if needed, for implementation workgroup	ELMC	Jefferson County Aging Well Physical/Mental Health Workgroup	Jefferson County Aging Well Physical/Mental Health Workgroup	ELMC will have the professionals from various disciplines and agencies available for implementation of workgroup activities	March 2012
4. Support unit with referrals and promotion through Aging Well Leadership Committee	ELMC	Jefferson County Aging Well Leadership Committee	Jefferson County Aging Well Physical/Mental Health Workgroup	ELMC will have the referral base to sustain the unit	December 2013

GOAL 5 - Jefferson County will have adequate medical personnel to meet the needs of seniors

OBJECTIVE 1 Research and compare results of number of medical personnel needed in this community with other similar communities and needs assessment studies

Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Examine data on number of medical personnel by each discipline in Jefferson County	Jefferson County Human Services, Jefferson County Workforce Center	Red Rocks Community College (RRCC), Metropolitan College of Denver (Metro), Colorado Department of Labor and Employment, Labor Market Information (LMI), Jefferson County Aging Well Physical/Mental Health Workgroup, Jefferson Economic Council	Jefferson County IT Department, US Census 2010 results	Survey completed by health care providers	December 2011
2. Compare data results to determine projected overage/shortage by discipline	Jefferson County Human Services, Jefferson County Workforce Center	RRCC, Metro, Jefferson County Aging Well Physical/Mental Health Workgroup, Jefferson Economic Council	U.S. Health Resources and Service Administration website for comparative data	Results of survey compared to recognized data set	June 2012
3. Report any identified senior-specific health care workforce concerns	Jefferson County Workforce Center	RRCC, Metro, Jefferson County Aging Well Physical/Mental Health Workgroup, Jefferson Economic Council	Jefferson County Aging Well Physical/Mental Health Workgroup	Health care workforce development concerns are reviewed by Jefferson County Aging Well Physical/Mental Health Workgroup and Jefferson County Workforce Division for next steps	December 2012

OBJECTIVE 2 Increase knowledge about student loan repayment programs and other funding opportunities for medical personnel					
Strategies	Potential Lead Agency	Potential Partners	Resources Needed	Key Outcomes	Target Completion Date
1. Identify areas in Jefferson County that could be considered a Medically Underserved Area (MUA) or a Health Professional Shortage Area (HPSA)	Jefferson County Workforce Center	RRCC, Metro, Jefferson County Aging Well Physical/Mental Health Workgroup, Jefferson Economic Council	Most current information on MUAs and HPSAs	Areas that could be included as a MUA or HPSA will be identified and targeted	January 2012
2. Explore the requirements of student loan repayment programs and other funding opportunities for MUA and HPSA areas	Affected disciplines or agencies	Affected disciplines or agencies, Jefferson Economic Council	Jefferson County Human Services (HS)	Application for any MUA or HPSA area completed	March 2012
3. Market the availability of such repayment and funding programs to medical personnel working in those areas that qualify	Jefferson County Aging Well Physical/Mental Health Workgroup	Affected disciplines or agencies, Jefferson Economic Council	Access to medical personnel to provide them information	More medical personnel will know of such programs and utilize them in Jefferson County	December 2012
4. Hold focus groups with businesses to find out what medical personnel they need	Jefferson County Workforce Center	Affected disciplines or agencies, Jefferson Economic Council	Staff time to create questions and hold the focus groups	More information will be gathered on a local level for the extent of the need	December 2013
5. Develop a plan on how JCDHS's Workforce Division can meet the needs of the business community	Jefferson County Workforce Center	Affected disciplines or agencies, Jefferson Economic Council	Staff time	A plan will be developed, implemented and there will be adequate medical personnel in the county	December 2014
6. Develop assessment and training programs to attract medical personnel	Jefferson County Workforce Center	Affected disciplines or agencies, Jefferson Economic Council	Staff time	People will be placed into jobs with career paths	June 2015
7. Develop recruiting plan as appropriate for health care professionals to meet gaps in the workforce for seniors	Jefferson County Aging Well Physical/Mental Health Workgroup, Jefferson Economic Council	Jefferson County Human Services	State of Colorado Human Services	Recruitment plan developed	December 2015

Strategic Plan for 2016 through 2030

GOAL 1 - Increase knowledge of access and availability of low cost, elder-friendly, culturally-appropriate dental, vision, palliative, hospice, care management, urgent care, emergency care, inpatient care, physical health, mental health, and nursing home beds by conducting a needs assessment for 2016 through 2030

OBJECTIVE 1 Develop and conduct a survey to accurately describe the access and availability of the described services					
Strategies	Potential Lead Agency	Potential Partners	Start Year	End Year	Comments
1. Develop a workgroup to design the survey instrument	Jefferson County Human Services	Jefferson County Public Health (JCPH), Jefferson Center for Mental Health (JCMH), dentists, Exempla Lutheran Medical Center (ELMC) and other hospice and palliative care providers, nursing homes, optometrists, home health agencies, care management providers, St. Anthony's Hospital (St. A)	2015	2016	
2. Conduct the survey of the described services	Volunteer or professional evaluation team	Jefferson County Human Services	2017	2017	May need resources to hire a firm for conducting and evaluating the survey if volunteers with this experience cannot do this work
OBJECTIVE 1 Evaluate and communicate survey results that accurately describe the access and availability of the described services					
Strategies	Potential Lead Agency	Potential Partners	Start Year	End Year	Comments
1. Evaluate the results	Jefferson County Human Services	Volunteer or professional evaluation team	2017	2018	May need resources to hire a firm for conducting and evaluating the survey if volunteers with this experience cannot do this work
2. Convene the workgroup to determine how to communicate results and next steps	Jefferson County Human Services	Jefferson County Aging Well Physical Health, Mental Health, Wellness & Prevention Workgroup (Physical/Mental Health Workgroup), JCPH, JCMH, ELMC, St. A, dentists, optometrists, home health agencies, care management providers	2018	2020	

GOAL 2 - Increase knowledge and advocacy of federal and state legislation related to physical health, mental health, wellness and prevention services for seniors

OBJECTIVE 1 Monitor federal and state legislation that will affect the benefits related to physical health, mental health, wellness and prevention services for seniors

Strategies	Potential Lead Agency	Potential Partners	Start Year	End Year	Comments
1. Develop workgroup to monitor legislation as reported out by various senior advocacy groups	Colorado Gerontological Society	Jefferson County Aging Well Physical/Mental Health Workgroup, Jefferson County Council on Aging (JCCOA), Denver Regional Council of Governments (DRCOG), Colorado Senior Lobby (CSL), Colorado Commission on Aging (CCOA), AARP	2015	Ongoing	
2. Develop plan for grassroots advocacy and partnering with other senior advocacy groups to respond to important legislation that could positively or adversely affect senior citizens in Jefferson County	Seniors' Resource Center (SRC)	Jefferson County Aging Well Physical/Mental Health Workgroup, JCCOA, DRCOG, CSL, CCOA, AARP	2015	Ongoing	
3. Evaluate annual results and steps for coming year to strengthen results	SRC	Jefferson County Aging Well Physical/Mental Health Workgroup, JCCOA, DRCOG, CSL, CCOA, AARP	2016	Ongoing	

OBJECTIVE 2 Report on impact of federal and state legislation that will affect the benefits related to physical health, mental health, wellness and prevention services so area service providers can take advantage of legislative benefit changes

Strategies	Potential Lead Agency	Potential Partners	Start Year	End Year	Comments
1. Use workgroup to report out to stakeholders	SRC, JCMH, Clear Creek Medical Society	Jefferson County Aging Well Physical/Mental Health Workgroup, JCCOA, DRCOG, CSL, CCOA, AARP	2015	Ongoing	

GOAL 3 - Increase acceptance, community support, and long-term sustainability and business planning of the Jefferson County Strategic Plan for Aging Well for physical health, mental health, wellness and prevention services

OBJECTIVE 1 Develop grassroots stakeholder and professional workgroup for advocacy, evaluation, reporting, and communication

Strategies	Potential Lead Agency	Potential Partners	Start Year	End Year	Comments
1. Develop strategy to bring in senior, community, and stakeholders interested in physical health, mental health, wellness and prevention services into workgroups to discuss, improve, evaluate the work of this subcommittee and the overall Jefferson County Strategic Plan for Aging Well and future planning	Jefferson County Physical Health, Mental Health, Wellness and Prevention (Physical/Mental Health) Workgroup	Seniors, physicians, family members	2015	Ongoing	
2. Recruit volunteers to work on the above stakeholders group	Jefferson County Physical/Mental Health Workgroup	Seniors, physicians, family members	2015	Ongoing	
3. Produce annual stakeholder group report to communicate results and next steps	Jefferson County Physical/Mental Health Workgroup	Seniors, physicians, family members	2015	Ongoing	

GOAL 4 - Review and evaluate best practices in physical health, mental health, wellness and prevention services that were introduced, supported, or the community was educated on during 2011 – 2015 in the short-term goals

OBJECTIVE 1 Evaluate the outcomes of the best practices (i.e. Active for Life and Sliding Fee Clinic) introduced from the short-term goals

Strategies	Potential Lead Agency	Potential Partners	Start Year	End Year	Comments
1. Develop strategy to bring in senior, community, and stakeholders interested in physical health, mental health, wellness and prevention services into a workgroup to discuss, improve, evaluate the best practices introduced in the short-term goals	Jefferson County Physical/Mental Health Workgroup	Seniors, physicians, family members, recreation centers, senior centers	2015	Ongoing	Includes the promotion of these evidence-based practices to physicians and the community
2. Recruit volunteers to work on the above stakeholders group	Jefferson County Physical/Mental Health Workgroup	Seniors, physicians, family members, recreation centers, senior centers	2015	Ongoing	
3. Produce evaluation report to communicate results and next steps	Jefferson County Physical/Mental Health Workgroup	Seniors, physicians, family members, recreation centers, senior centers	2016	Ongoing	

OBJECTIVE 2 Evaluate the supported best practices from the short-term goals (i.e. SilverSneakers, N’Balance, A Matter of Balance, Healthier Living of Colorado, LiveWell Wheat Ridge, Senior Reach, Program of All-inclusive Care for the Elderly-PACE, electronic medical records, collaborative cardiac care services, chronic care coordination, mammogram testing, and pharmacy accuracy)

Strategies	Potential Lead Agency	Potential Partners	Start Year	End Year	Comments
1. Develop strategy to bring in senior, community, and stakeholders interested in physical health, mental health, wellness and prevention services into a workgroup to discuss, improve, evaluate the best practices supported for ongoing use from the short-term goals	Jefferson County Physical/Mental Health Workgroup	Seniors, physicians, family members, recreation centers, senior centers	2015	Ongoing	Includes the promotion of evidence-based practices to physicians and the community
2. Recruit volunteers to work on the above stakeholders group	Jefferson County Physical/Mental Health Workgroup	Seniors, physicians, family members, recreation centers, senior centers	2015	Ongoing	
3. Produce evaluation report to communicate results and next steps	Jefferson County Physical/Mental Health Workgroup	Seniors, physicians, family members, recreation centers, senior centers	2016	Ongoing	

OBJECTIVE 3 Increase knowledge of current best practices by review and evaluation of new models since the short-term goals were developed

Strategies	Potential Lead Agency	Potential Partners	Start Year	End Year	Comments
1. Develop strategy to bring in senior, community, and stakeholders interested in physical health, mental health, wellness and prevention services into a workgroup to discuss new models since the short-term goals were developed	Jefferson County Physical/Mental Health Workgroup	Seniors, physicians, family members, recreation centers, senior centers	2015	Ongoing	Includes the model of physician education on mental health and suicide prevention for seniors developed for our community between 2011 and 2015
2. Recruit volunteers to work on the above stakeholders group	Jefferson County Physical/Mental Health Workgroup	Seniors, physicians, family members, recreation centers, senior centers	2015	Ongoing	
3. Produce evaluation report to communicate results and next steps	Jefferson County Physical/Mental Health Workgroup	Seniors, physicians, family members, recreation centers, senior centers	2016	Ongoing	
4. Bring all workgroups together to evaluate and communicate next steps for introduction, maintenance, support, and education about best practices for physical health, mental health, wellness and prevention services in Jefferson County	Jefferson County Physical/Mental Health Workgroup	Seniors, physicians, family members, recreation centers, senior centers	2016	Ongoing	

