

Aging Well In Jefferson County, Colorado

**Aging Well in Jefferson County
Report on the 4th Annual Aging Well Summit
Living on the Edge...A Call to Action
Held June 25, 2013**

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Overview

The 2013 Aging Well Summit focused on the needs of seniors *living on the edge* in Jefferson County. Evaluations from the 2012 Summit reflected stakeholders' interest in exploring the needs of older adults who are challenged by limited incomes, health and medical issues, caregiver burn-out, the shortage of affordable housing and transportation, amongst other topics.

Susan Franklin, Project Manager for the Aging Well Project, and Wheat Ridge Mayor Jerry DiTullio welcomed participants and set the stage for the day's agenda. Tracey Stewart with the Colorado Center on Law and Policy delivered a complimentary keynote presentation citing economic indicators and the need for resources and tools to help people achieve an overall positive quality of life.

Break-out sessions were based on eight of the Aging Well Project's workgroups utilizing a Japanese facilitation model called the Kaizen to explore the *current state* of services in the workgroup's topic area, the *desired future state* of services and ideas were generated for actions to close the gap between the *current and future states*. Each of the workgroups prepared for the Kaizen by compiling their own thoughts on the *current state* of services in their topic areas to share with the participants as a starting point for the facilitated conversations.

Because the Kaizen is a specific model for going from current state to future state to actions, workgroup members facilitating the Kaizen attended training sessions on the model. Each workgroup had a combination of presenters, facilitators and scribes to ensure the conversations were facilitated and recorded. During the wrap-up session at the end of the day, participants were asked to complete a *Call to Action* form pledging their individual actions for closing the gaps in services.

The purpose of this report is to provide a snapshot of the discussions that occurred in each workgroups' session that resulted in identifying the **most actionable ideas** for closing the gaps between *current* and *future states*. Those ideas were shared in the closing session of the Summit in hopes of inspiring participants to respond to a *Call for Action* – with pledge forms recording their action ideas. As a reminder of their commitment, the pledge forms were mailed to participants in August. Some of those individual pledges are listed in the final section of this report.

Workgroup Topics

This section includes the elements that each workgroup addresses on a regular basis, the thinking that occurred on current and future states and the most actionable ideas generated during the break-out session. Additionally, each workgroup provided a quote from the session.

Basic Needs Workgroup

This workgroup addresses what are considered to be basic needs such as:

- Financial or assuring that older adults receive adequate financial resources to meet their basic needs, including increasing enrollment of eligible individuals in existing assistance programs.
- Medical or assuring individuals receive the needed medical benefits to meet their basic health needs.
- Food security or providing adequate nutrition resources by expanding existing programs and participation; and by increasing awareness of the unmet needs of older adults, in hope of increasing financial resources for nutrition.
- Civil and criminal legal matters by providing adequate legal resources for civil legal services and senior-specific services from the criminal justice system.

- Emergency preparedness by strengthening the disaster response capacity of senior and disabled community members by providing disaster support to long-term care and senior living facilities and individuals living independently.
- Access to information and services by partnering with the Denver Regional Council of Governments (DRCOG) to expand the Network of Care as the regional Information & Referral system.

Some of the elements of the *current state* included:

- Congregate meal sites exist throughout the county where an older adult can get a nutritious meal, access to community resources and positive social interaction, and no one is denied service because of inability to contribute the suggested donation amount.
- Some individuals do not attend the sites due to not having proper clothes to wear (these are social occasions to many) and some also feel that the sites are too cliquish and they are not made to feel welcomed.
- At this time, there is no waiting list for Meals on Wheels, subject to change.
- There is new legislation that will take effect on July 1, 2014 for the mandatory reporting of elder abuse in Colorado with victim assistance services.
- The passage of Senate Bill 13-127 increases the older Coloradans cash fund to support programs like Meals on Wheels, in home care, adult day, respite care and transportation.

Elements for the *desired future state* included:

- The overwhelming majority of older adults wish to remain in the place they call home for as long as possible. In home care like homemaker services, home health and personal care, chores services or home modification, repair and maintenance helps make this possible, but is often not affordable.
- If the general public was made aware of the needs of older adults in order to make aging in place possible, along with the decreased costs associated with in home care vs. long-term care or institutional placement, and if the business community was made aware of how caregiver supports like adult day and respite services could combat employee absenteeism, there might be more support for services.
- The increase in State Funding for Senior Services is good news, but is tempered by the threat of sequestration and cuts in the federal budget for services. The Older Americans Act must be reauthorized and strengthened. Providers must be held more accountable for the well being of the clients they serve, this includes clearer conversations about expectations between the provider and the patient and the patient and the provider.
- Duplication of services is inefficient and might be avoided with better collaboration among providers.
- Coordination of care among providers would reduce service duplication and offer continuity to the individual.
- More support for caregivers and healthy aging could reduce costs of aging.
- A culture change to viewing the positive advantages of aging could lead to intergenerational support for older adults.
- Housing for all income levels will be necessary.
- Expanded Home and Community Based Services to include overnight assistance will help keep older adults at home for longer.

The most actionable ideas identified were:

- Connecting people to services and services to people.
- Collective messaging and education regarding the benefits of wellness, including, possibly, social contracts between beneficiaries and providers. If various service providers can begin to offer information about managing and preventing chronic conditions through wellness, perhaps individuals can take these tools to age well and in place.

“Our group was very lively and contributed to make this a great conversation. Many commented that a piece we often don’t discuss is the social contract that should exist between the providers and those they serve. It has to be two-way so the individual in need can grow and find support for themselves. It is also important so that the person receiving services is aware of their responsibilities as well, such as working on eating nutritiously and paying attention to what a doctor is requesting them to do.”

William “Bear” Kistler, EMBA, Centura HealthLinks

Caregiving and Supportive Services

This workgroup addresses topics related to caregiving such as:

- Respite care is care to give family caregivers a break either by having home care aids come in to the home or by placing the care recipient in a long-term care setting for a short-term stay.
- Self-care and stress management are services and techniques to help family caregivers, who might feel overwhelmed by their caregiving responsibilities, take care of themselves.
- Training for caregivers as most people don’t plan on becoming caregivers but when they do, training can help them surmount the challenges of caregiving a loved one.
- Support groups to help caregivers benefit from the opportunity to meet with other caregivers to share their stories and exchange resources.
- How employers and human resource departments are reaching out to support their employees who are involved with caregiving.
- Professional in-home care services run the gamut from medical to non-medical, personal care to homemaker services.
- Care management services that help assess, coordinate or provide crisis intervention can help families make decisions for the short-term and the long-term.
- Adult day programs provide socialization and purpose to elders who have difficulty functioning alone.

Some of the elements of the *current state* included:

- Caregivers are often thrust into caregiving suddenly which makes for a crisis situation.
- Navigating the fragmented systems of health and long term care services can be overwhelming.
- Caregivers are unable to find the time for training because they are needed at home in their caregiver role.
- High levels of physical and emotional stress are experienced by caregivers.
- For the adult children of elders, it can be challenging to find the balance between work and caregiving demands.
- Many families lack financial resources to private pay for professional in-home care.
- It is difficult for families to locate and access respite care services.

Elements of the *desired future state* included:

- Families having the financial resources they need to keep their loved ones at home and the time they need to spend taking care of their loved ones.

- Employer support through education and the Family Medical Leave Act (FMLA) for family caregivers who need flexibility in their work schedules to be able to do what they need for both their loved ones and for themselves.
- Good communication between all the involved care partners which can be family members both near and far, medical professionals, in-home care aids, agency volunteers and members of the care recipient's community.
- Families relying on professional in-home care providers need a sense of security with the aids who are coming into their homes.
- Caregivers can feel isolated in many ways which means access to accurate information about services and funding and support is critical.
- Counseling for caregivers who may be overwhelmed and physically drained is important.
- The care recipient's willingness to accept help is important to the caregiving equation.
- Coordinated plans and a navigator to help families understand the continuum of care play a valuable role in elder care.
- The families and professional in-home service providers are committed to ensuring and enhancing the quality of life for the senior.
- Caregivers need to be protected financially and legally.
- Respite care is available and affordable.
- Pet therapy is an option for people who love animals.
- Support is available for people who are in the donut hole of Medicare and unable to afford their medications.
- Services needed by family caregivers are available regardless of finances.
- Programs in addition to the ones through Medicaid and Veterans Affairs exist that provide monetary reimbursement to family caregivers.

The most actionable ideas identified were:

- Promote family planning that involves all aspects of care from A to Z – financial, legal, medical, short and long-term goals, continuum of care, coordination, support services for care recipients and for caregivers.
- Ensure that quality of life for care recipients and caregivers is the emphasis placed by employer support, counseling and mental health, education and outreach efforts.

“As a result of the Summit session, the caregiving and supportive services workgroup is particularly interested in exploring ways to promote the need for families to prepare for the aging of their loved ones and for how they are going to ensure the quality of life for their loved one and themselves.”

Kelly Blair Roberts, DRCOG's Area Agency on Aging

Gay, Lesbian, Bi-Sexual and Transgender (GLBT)

This workgroup addresses topics affecting GLBT elders such as:

- Creating community that is inclusive of all citizens with positive visibility.
- Looking into health disparities facing GLBT elders due to isolation, lack of family supports, and other factors and how wellness approaches can improve their outcomes.
- Current legal issues regarding property ownerships, marital status, retirement benefits, etc.
- Addressing how changing immigration laws directly impact GLBT older adult minorities.
- The impact of discrimination laws around pensions especially for GLBT couples.

- The disparities in mental health conditions between the general population and GLBT older adults, and bridging the gaps with viable solutions.
- Providing safe and affordable housing and accommodations for GLBT elders.
- Redefining the cultural definition of family- moving from family of origin only, to include family of choice.
- Economic disparities in the community and myths around GLBT wealth.
- Addressing specific needs of GLBT persons of color and GLBT individuals with disabilities.

Elements of the *current state* included:

- Due to the stigmatizing effects that our culture placed on the GLBT cohort during their early development, many GLBT elders don't publicly identify their gender identity or sexual orientation, making real-time data impossible to collect.
- GLBT agencies don't know the "safe places" for their clients to seek, live and engage. Many places of business or service do not publicly identify their support toward the GLBT population.
- Colorado has extensive laws to protect GLBT seniors in housing and accommodation, hate crimes, discrimination, adoption and designated beneficiary arenas.
- Project Visibility is a training tool that addresses the sensitivities and needs of GLBT elders in particular around medical care and treatment in medical and nursing facilities.

Elements of the *desired future state* included:

- More welcoming agencies visible to the GLBT community- this may be done by posting the Safe Zone sign on the door, displaying magazines and artwork that are GLBT friendly, re-designing forms, brochures, and marketing material that refrains from heterosexist and other gendered assumptions.
- Provide on-going training such as Project Visibility training for care community staff in assisted living and nursing homes.
- Increase the number of trained staff sensitive to the needs of GLBT elders and increase the number of trainers providing this information.
- Create a culture in which labeling individuals by their sexual-orientation or gender identity would hold as much importance as labeling someone as blue-eyed vs. brown, or left-handed vs. right. In other words, a state where labels hold no significance because equality is already present.
- Increase in public awareness around laws protecting GLBT citizens to deter potential violence, discrimination, and hate.
- Educate the public that GLBT equality is not just a social issue but one that impacts the community regarding financial prosperity as well.
- Develop programs that reach out to underserved GLBT seniors who are afraid to access services on their own.
- Create public awareness of the GLBT Center and other agencies as referral sources.
- Increase the ongoing accreditation in GLBT training- making GLBT and older adult issues a vital part of the education process for professional practitioners.
- Corporate training around GLBT issues and rights at the national and state levels to bridge the gaps regarding current discrimination and treatment of GLBT individuals.

The most actionable ideas identified were:

- Establish a Citizen’s Advisory Committee of Jefferson County GLBT seniors and allies to guide a process of assessing the needs of GLBT seniors and the readiness factor of the agencies that serve them.
- Provide training and education on GLBT issues for agencies, organizations, faith communities and the community at large.

“It is the goal of the GLBT workgroup, as a young and developing extension of this fabulous project, to be active and visible in our efforts to bring aliveness and visibility to the older GLBT adults in Jefferson County.”

Mark Peterson, JCMH Senior Service Clinician, Project Visibility Trainer

Health, Mental Health, Wellness & Prevention

This workgroup addresses topics such as:

- Medical and mental health services for seniors such as increasing access, availability, and affordability for all seniors regardless of income, who are in need of medical and mental health services.
- Increasing healthy behaviors by increasing access and opportunity for older adults to engage in healthy behaviors.
- Increasing access to senior resource centers/activity centers throughout Jefferson County.
- The need for more medical personnel focused on seniors and schools, colleges, universities offering medical certifications and degrees in the medical profession as there is a shortage of health care providers trained to work with older adults. Our community and training centers (colleges, schools) are in need of more health care providers who are trained to work with the senior population.
- Vision, dental and auditory services for seniors as there is a current shortage regarding access to appropriate dental, vision and auditory services for older adults.

Elements for the *current state* included:

- 54% of seniors living in Colorado have at least one chronic health condition such as diabetes, high blood pressure, and high cholesterol.
- One in eight older adults in Colorado, report having less than good mental health.
- By 2018, Colorado is projected to need 8,500 more nursing and home care aides (28% more than we currently have).
- Older adults are at increased risk for depression, suicide, and at risk alcohol and prescription drug misuse.
- Jefferson County offers behavioral health and wellness services to low income seniors through the Senior Reach program and additional programs at Jefferson Center for Mental Health.
- Metro Community Providers Network (MCPN) offers physical health care services to low income seniors residing in Jefferson County. A new “Senior Unit” specializing in health care for seniors has opened at the new clinic in Lakewood.
- Lutheran Hospital has opened a new twenty bed inpatient behavioral health unit for seniors.
- The Consortium for Older Adult Wellness offers numerous programs to address fall prevention for older adults.

Elements for the *desired future state* included:

- Offering incentives to be healthy for our older adult population who have more health related behaviors.
- Decreasing negative aspects of mental health as it still carries a stigma for the older adult population creating barriers to accessing care.
- Creative housing options for those with mental illness.
- Neighborhoods will create their own volunteer networks/banks to provide help for one another.
- Better transportation to access services.
- Better screening by medical professionals as older adults are in need of screenings for depression, mild cognitive impairment, and at risk for alcohol and prescription drug misuse.
- Our community will have additional psychiatric providers and specialists serving older adults.
- Jefferson County will have better access to services with less confusion on how to qualify for specific programs.
- Payment reform to address the provision of integrated care will take place in Jefferson County.
- More affordable and accessible dental and vision care.
- The prevalence of fraudulent activities targeting the older adult population will be addressed through proactive planning and community trainings.
- More options for clinical research for seniors.
- Older adults will have access to medication reconciliation services to insure that drug interactions are not causing harm.
- Jefferson County will have an increased coordination of care within providers.
- Seniors and providers will know the nutrition/food security resources.
- Increased access to open spaces and exercise outdoors for all older adults.
- Healthy foods at food banks.
- Increased socialization/meaningful activities.
- Affordable access to animal care.

The most actionable ideas identified were:

- Policy action network. Jefferson County will create a network of people who will advocate for the needs of older adults via letter writing campaigns to local and state legislators.
- Increase the availability of health coaches available to older adults in Jefferson County.
- Increase the availability of comprehensive physical and behavioral health screenings for seniors in Jefferson County.
- Provide more education to the older adult population re: healthy behaviors and the importance of wellness activities.

"The health, mental health, wellness and prevention group was very engaged. Participants seemed to grasp the intention of the session and were very vocal about the kind of community they hope to create in Jefferson County as it relates to health care for older adults. We are taking action on expanding the use of volunteer health coaches in our community which was one important recommendation that came from the group."

Liz Smith, Jefferson Center for Mental Health

Housing

This workgroup addresses topics related to housing such as:

- Affordable housing is housing that is for low to moderate income residents but is not necessarily financed by government loans, but often involves a variety of funding sources including tax credits.
- Accessory dwelling units are extra living units on a property, complete with kitchen, bathroom and sleeping facilities. Subject to local regulations, ADUs may be located either inside, attached to or detached from the primary home on the property.
- Co-housing models are a type of collaborative housing in which residents actively participate in the design and operation of their own neighborhoods.
- Retrofitting a home means to modernize or expand with new or modified parts to an older dwelling.
- Assisted Living/Nursing Homes are residential facilities for persons who need help with their daily living activities.
- A Village model is uses a membership fee in order for members to access volunteer services; social and educational activities; health and wellness programs, and; trustworthy vendors for outside services. It is an inter-generational community of neighbors helping neighbors with transportation, home maintenance, safety, security, social connection, and more.
- The culture change movement is a grassroots movement going away from the traditional medical model for nursing homes toward a social model giving residents control and decision making thereby assuring dignity and quality of life.

Some of the elements of the *current state* included:

- Jefferson County is, in general, very supportive of affordable senior housing and looks for ways to further encourage its development. Demand for more options is very high. Jefferson County's Comprehensive Master Plan and several community plans include the need for senior housing.
- Many options are currently available in Jefferson County including multi-family independent and/or age restricted, with or without services, assisted living both in larger homes and small personal board and care homes including memory care units, long-term care (both traditional and embodying culture change), ADUs (accessory dwelling units such as the model ordinances Arvada, Golden and others in the Denver Metro area have), co-housing and house sharing, retrofitting to make a home accessible including adding space for a caregiver, Villages, Naturally Occurring Retirement Communities (NORCs) and pocket neighborhoods.
- A Senior Housing Matrix to analyze costs and benefits of a potential site for senior housing for use by Jefferson County's Planning and Zoning Department and others is being developed.
- The goal of most adults, nationally, internationally and in Jefferson County, is to remain in one's own home, whether it is single family, multi-family, owned or rented, with or without services. Low income older adults are challenged to do so.
- The need for in-home supportive services is increasing. Services range from light housekeeping, laundry, shopping, medication monitoring, bathing. These services are provided with both private pay, Older American funds and Medicaid Home and Community Based Services.

- Columbine Community Village (CCV) in Littleton has been created in South Jefferson County. It is a membership organization that helps people stay in their own homes and is neighborhood based. One call gives people access to volunteer services for rides to the doctor or a store, assistance with household chores, etc. Interest is growing throughout the region and country for Villages.
- Universal Design Standards to allow seniors to remain safely at home will be addressed for expanded use; Visitability is mandated in some jurisdictions to provide basic accessibility.
- Smaller, accessible ranch style homes are in limited supply in Jefferson County.
- Affordable homes for aging persons with Intellectual and Developmental Disabilities are in very short supply. For the first time ever, many people with Intellectual and Developmental Disabilities are outliving their parents who have been their primary caretakers.
- Funding for affordable senior housing is dwindling nationally and in Jeffco; 2 year wait lists are common at the lower income levels.

Elements of the *desired future state* included:

- All community plans in Jefferson County will address the need for senior housing with a percentage of buildings dedicated to seniors. This is true especially for affordable senior housing.
- More development of a multitude of senior housing options that is both affordable and accessible to include Villages, Accessory Dwelling Units, Co-Housing, smaller accessible ranch-style homes. This will require an environment that is conducive to development and more private-public collaborations.
- More enforceable codes to require accessibility standards in all new construction to enable older adults and those with intellectual and development disabilities to remain in their own homes.
- More public funding for affordable housing, particularly for those at the lowest income levels.
- More public funding for home and community based services to allow older Jefferson County residents to age in place.

The most *actionable ideas* identified were:

- Complete Housing Matrix.
- Identify the current and future demand for affordable senior housing.
- Identify and remove impediments to private development of affordable senior housing.
- Identify government initiatives and incentives to develop affordable senior housing.
- Establish standards for building and renovating homes for seniors with intellectual and developmental disabilities. Create building and renovation opportunities and incentives to meet standards.
- Identify financial resources both locally and nationally to develop more affordable senior housing.
- Attract developers for affordable housing by creating development-friendly ordinances, rules and regulations that encourage developers to come to Jefferson County.
- Educate/advocate policy makers about the need for more senior housing options that are affordable and accessible.

- Advocate with grass-root citizens.
- Complete a land use study.
- Repurpose properties.

“You have opened my eyes to the need for a wide variety of housing options for older residents that is both affordable and accessible”.

Participant in workshop

Intellectual and Developmental Disabilities (I/DD)

This workgroup addresses topics related to services for people with Intellectual and Developmental Disabilities (I/DD) such as:

- People with I/DD are living longer but aging faster than their peers.
- The impact of Alzheimer’s Disease on people with Down syndrome.
- Aging issues for parents and siblings of people with I/DD.
- Giving support to caregivers whose challenges continue their whole lives.
- Understanding services, options and waiting lists.
- Ensuring providers have enough well-trained staff.

Elements of the current state included:

- People with I/DD are living longer but aging faster than their peers without disabilities.
- Most people have very limited incomes with no option for retirement or savings.
- People are isolated because of their disability.
- The number of providers is shrinking.
- Siblings are increasingly involved as parents age.
- Service options are often confusing.
- People with I/DD are outliving their parents and then no longer have family involved.
- Parents take care of people with I/DD for a lifetime – not years as families taking care of parents.
- Caregiver burnout is a reality – parents age faster because of ongoing stress.
- Planning and discussing legal issues like guardianship, POAs, end of life wishes and death are difficult.
- A lack of education on aging issues of people with I/DD and parents themselves.
- People with I/DD need people in their lives who are available and not paid.
- Transportation resources are decreasing.

Elements of the desired future state included:

- Developing a more integrated service system.
- Providing better access to information and resources for family and caregivers.
- Reducing isolation thus allowing more independence and providing people-centered care.
- Involving more people who are not paid in a person’s life.
- Increasing options for respite for caregivers.
- Looking for networking opportunities and natural supports.
- Developing more providers through more funding.
- Improving medical care and care coordination.
- Helping employers understand the capabilities of people with I/DD and the challenges their I/DD family members face.

- Increasing public awareness.

The most actionable ideas identified were:

- Look for more opportunities to get to know people with I/DD—then empower and train people with I/DD for community involvement including input on boards, committees, policy development and social engagement.
- Repackage resources by collaboration and coordination of services using person-centered values and philosophies.

“Older people seldom knew people with I/DD years ago but they are much more like the general population than they are different and by working together we can create more acceptance in our communities for people with I/DD.”

Dianne Hitchingham, Developmental Disabilities Resource Center

Social and Civic Engagement

This workgroup addresses topics such as:

- Meaningful volunteer opportunities
- Retraining opportunities for the older worker
- Lifelong learning, phased retirement
- Staying connected to community through faith
- Retirement preparation through human resource departments

Elements for the *current state* included:

- A need for meaningful volunteer experiences.
- Volunteer Coordinators have a growing understanding of senior volunteering needs.
- Volunteer positions are used to supplement underfunded programs.
- New volunteer programs such as Boomers Leading Change In Health are emerging.
- More web based exploration of volunteer opportunities are available.
- A lack of flexibility in job sharing, telecommuting, part time work in one’s current position.
- Ageism in employment and hiring.
- Part time jobs at only minimum wage and no benefits.
- On-line applications that may be difficult for older persons to access.
- Workforce Centers and libraries offer senior focused programs.
- Marketing a product vs. providing information.
- A lack of understanding of Adult Learning Principles.
- A lack of transportation.
- Seniors needing to build new social networks due to moving, work status, or outliving their friends.
- Surveys that show that people reach out to faith based communities for connectivity.
- The *Community Assessment Survey for Older Adults (CASOA)* was administered in Jefferson County in 2010. Following are some of the questions and responses from participants over the age of 60:
 1. Thinking back over the past 12 months, how much of a problem, if at all, has each of the following been to you?
 - Finding productive or meaningful activities to do: 29%
 - Finding meaningful volunteer work: 24%

2. Thinking back over the past 12 months, how much of a problem, if at all, has each of the following been to you?
 - Finding work in retirement: 33%
 - Building skills for paid or unpaid work: 31%
3. Thinking back over the past 12 months, how much of a problem, if at all, has each of the following been to you?
 - Having interesting recreational or cultural activities to attend: 36%
4. Thinking back over the past 12 months, how much of a problem, if at all, has each of the following been to you?
 - Feeling depressed: 36%
 - Feeling bored: 35%
 - Feeling lonely or isolated: 27%

Elements of the desired future state included:

- An increasing desire to use professional backgrounds and skills.
- A need for increased professionalism of Volunteer Coordinator positions.
- Volunteer positions used as job retraining or educational opportunity.
- A need for seniors to work longer or retire later.
- The difficulties of re-entering the workforce after retirement.
- A need for more intensive job search assistance to find next job.
- Career transition training.
- An increased awareness of the need for and benefits of education for seniors.
- Education expanding beyond earning a degree to life enrichment opportunities.
- Assisting seniors who tend to be either overly committed or isolated, lonely, or bored.
- Social opportunities that offer a sense of community and keep people connected.
- Building multi-generational communities.
- A growing awareness of the need for senior and multigenerational programs.
- A need for an umbrella organization that focuses on Jefferson County, posts volunteer positions and can match volunteers to positions.
- Transportation to volunteer sites.
- A variety of volunteer positions that match needs and abilities.
- An ability to remote or tele-volunteer.
- A variety of incentives for volunteering such as skill building, discounts at stores, tax credits.
- A need for a pre-retirement assessment to ascertain interests.
- A study of the return on investment of volunteering especially when it comes to helping the community.

The most actionable ideas identified were:

- Research unified county wide volunteer models around the country to replicate. Research the wellness/ medical component of volunteerism to promote.
- Utilize current resources/ lead volunteer agencies to advocate and promote what was found in research. Promote the benefits of volunteering through key areas (doctor offices, ministries, senior centers, large employers in pre-retirement, PERA, AARP) and utilize a centralized bank of information on volunteer opportunities which should include standardized assessments, background checks, etc.

“It was so nice to see the community so engaged in this subject. They truly see the need to keep our seniors involved in their communities.”

Transportation

This workgroup addresses topics such as:

- Public transportation or a system set up for conveying people from one place to another. It can involve private payment or publicly funded payment and it also includes assisted transportation.
- Assisted transportation or a type of public transportation that meets special needs of individuals, for example, a person with a physical or cognitive disability.
- Non-emergent medical transportation or medical transportation provided for Medicaid recipients for non-emergency purposes, such as doctors' appointments as distinct from emergency purposes, such as an ambulance.
- Environmental barriers or a natural or manmade feature that would hinder a person from reaching a certain point.
- Transportation infrastructure or the entire system of roads and bridges that supports the transportation system.
- Various models of transportation and mobility including walking, bicycling, private vehicle, public transportation, etc.

Elements for the *current state* included:

- National organizations such as AAA & AARP have been and are continuing to develop information regarding the aging driver.
- Jeffco, with the exception of the Northwest corridor, has an adequate roadway system in place for drivers.
- Jeffco, the state and municipalities are updating signals and signage to comply with the federal guidelines outlined by the MUTCD-this begins to address an aging county population.
- There is a growing system of trails and bike paths.
- Light Rail opened the West Line providing options to move West to East and East to West.
- Service changes by RTD due to light rail has created difficulties for some transit dependent populations due to reduction in fixed routes which resulted in reduction in Access-a-Ride services.
- RTD public transportation is generally adequate east of the hogback, but has areas of no or poor coverage (South and North Jeffco as well as many mountain communities).
- ADA mandated coverage (access-a-Ride) does not include some urban or rural areas within Jeffco.
- Funding for services outside of RTD for the transit dependent is flat or decreasing at a time when systems should grow capacity to address an increase in need.
- Human Service type transportation in Jeffco is better than surrounding counties due to SRC and Lakewood Rides, but is limited to populations served by available funding.
- DDRC cannot provide all the needs of their clientele, again funding is the primary issue.
- There is a network of NEMT providers that primarily focus on Medicaid authorized trips; however the reimbursement is so low, providers often last only one year.
- Public schools now charge for bus service.
- If you don't drive or connect with someone who does, getting around in the evenings or weekends is a challenge that can restrict an individual's quality of life.
- Homeless do not have the same level of transportation available.

- Funding streams are for specific populations and there is very little cooperation and blending between.

Elements of the desired future state included:

- Extensive cross communication between all organizations; more interagency cooperation for more efficient utilization of resources.
- Public schools and RTD cooperation is needed to use buses for senior transportation needs on weekends, down times.
- Training and education about using public transportation is needed for seniors.
- Creating or modifying programs to create greater utilization of available services.
- Greater marketing of existing resources.
- Need for service for those in the recesses and hollows in the mountains to have a more extensive network.
- Education so people understand limits to resources and services that are contingent on geography.
- Increasing the volunteer and non-profit network.
- Ability to use appropriate vehicles in appropriate circumstances.
- Creating neighborhoods designed to accommodate pedestrians.

The most actionable ideas identified were:

- Educate and involve the community for greater and more sophisticated awareness of transportation and mobility issues, which will encourage more efficient utilization of public monies.
- Encourage the community to show up at transportation meetings, get transportation needs into Jefferson County and municipal plans, update the plans to be inclusive of older adults, persons with disabilities and low-income. Involve the younger generations who have modern sensibility in the plan making.

“ People are aging in the mountain rural areas as well and cannot get transit services since they may live 5-10 miles down a dirt road or have driveways that can’t be accessed by the vehicles currently in use. The time to build needed infrastructure for the entire county is now.”
 Hank Braaksma, Seniors’ Resource Center

Wrap-Up Session

A wrap-up session was facilitated at the end of the day to encourage participants to comment on their experiences and insights related to the breakout sessions. Following are the comments that were captured.

Basic Needs

- Connecting services to people means connecting people to services as well.
- Providers need to speak the same language when communicating about services.

Caregiving

- Quality of life for both the care recipient and caregiver needs to be addressed.
- Services are needed for both the care recipient and caregiver to maintain quality of life.

- Hub/care coordination that achieves buy-in from recipient and caregiver is needed.

GLBT

- Don't know how many individuals fall into this group.
- Don't know which providers are safe.
- Do an assessment of seniors in this group.
- Determine how open agencies and communities are to this group.

Housing

- Not enough people are collaborating.
- Too many different languages are being spoken.
- Grass roots advocacy and voter commitment are needed to drive action.

Health, Mental Health, Wellness and Prevention

- Create policy action network starting with letter writing campaign.
- Focus on prevention, early education, and create a toolkit for aging well.
- Health coaches needed to engage seniors on resources available to them.

I/DD

- More collaboration needed among agencies.
- Get specific types of communities more involved in advocating for this group and for people with I/DDs' abilities to contribute.
- Make people more aware of what people with I/DD are able to offer.
- Better understanding of what recipients really need in the way of services.
- Promote people with I/DD as active participants on boards and committees.
- Promote people-centered community involvement including individual values and philosophy.

Social and Civic Engagement

- Volunteer agencies need to collaborate more.
- Need to improve communication among agencies.
- Promote mental and physical health through volunteerism.
- Share the health and mental health benefits of volunteering with community leaders.

Transportation

- Remove silos for planning, funding, law, regulations.
- Address the fact that resources can't be used outside of specific hours.
- Develop more efficient use of what is available.
- Current transportation plan barely includes transit – needs to be incorporated.
- Nudge plans into 21st century vision of mobility and services including accessible sidewalks and curbs.

Finally, participants were asked to share their **take aways** from the Summit:

- The value of promoting business growth by supporting caregivers.
- The importance of sharing Summit results with our own agency staff.
- Having Summit results put on our web pages.
- Researching agencies that are doing well.

- Given the support for caregivers in Jefferson County, using this to talk to employers and how that makes Jefferson County an attractive place to live and work.
- Finding sources of funding in the private sector to campaign for how Jefferson County is a good place to live.
- “Steal” from Jefferson County’s Aging Well program for other initiatives.
- Jefferson County Human Services working to make Jefferson County safe for GLBT elders.
- The importance of everyone taking 1 or 2 actions and the importance of volunteering.

Call to Action...Individual Actions for Closing the Gaps

The final part of the day consisted of asking participants to write their individual ideas for actions to take on the heels of the conference on a *Call to Action pledge form*. Participants took one copy of their pledge form with them that day and were mailed another copy in August as a reminder of their pledge. Listed below are the actions that were pledged by 52 Summit participants. A review of the list of actions reveals a wide spectrum of initiatives from personal to organizational to community-based. It is easy to surmise that if the participants acted on these ideas, gaps between current and future states in the lives of older adults living on the edge would be decreased.

- Take better care of myself.
- Preventative education.
- Senior health assessments
- Encourage home care management.
- Work to connect resources to provide patient-centered health care.
- Network to organizations that affect the quality of life of people with I/DD.
- Provide resources to clients as applicable to their needs.
- Take survey on clients’ opinions of light rail and transportation issues.
- Encourage application of services to people who would qualify.
- Find volunteer position serving seniors.
- Continue attending workgroup meetings and take a more active role.
- Extend/expand time I spend volunteering with older adults.
- Take time to share what I’ve learned with my social circles to increase public awareness of the needs of vulnerable populations.
- Make people aware of the available resources and get information for them and encourage people to use the resources.
- Be more aware of resources to aging population to be able to transfer this knowledge to those in the community.
- Start process to become a facilitator and deliver services to support families through strength building workshop and wrap around techniques.
- Push government to build more homes.
- Volunteer more.
- Work with GLBT group – take Project Visibility training and volunteer for advisory group.
- Work to establish GLBT advisory committee and gather survey questions (tough ones) from previous surveys to use in Jefferson County to seniors and providers.
- Volunteer with GLBT community to address the need for safety and GLBT friendly facilities.
- Educate myself about gaps in basic needs for seniors.
- Join housing workgroup.
- Be more involved in GLBT workgroup.
- Engage in Social and Civic workgroup.

- Complete research on companies and find new activities based on action items generated by this Summit.
- Contact corporate volunteer person.
- Look into joining Housing and Transportation workgroups.
- Think about how I interact in the lives of aging adults in my community and make a difference where I can.
- Increase awareness of disability issues around aging including their caregivers.
- Village – sponsor a senior in every closing.
- Talk to developers about the benefits of a study of Jefferson County ranch style homes.
- Get involved on personal and professional level.
- Expand my network of support services.
- Conduct needs assessment – generational and individual.
- Ask our listeners what other services they might need.
- Contact Erica re: corporate engagement.
- Create pamphlet describing LPS's senior outreach.
- Have roundtable with providers coordinating what we do and should do.
- Expand SHA and make it something others are also doing.
- Conduct proactive workshops to educate elders on services in Jefferson County.
- Add volunteer opportunities to workforce center.
- Talk to seniors in my community regarding their challenges.
- Contact our 2 large corporations about partnering.
- Network with civic organizations about our message.
- Strive to keep GLBT and person-centered language and person-centered language and thoughts in mind.
- Train the trainer for fall prevention for unit.
- Explain volunteering as a driver for transportation resource center.
- Share information with staff specialists.
- Education/Communication/Network.
- Contact politicians on the importance of senior programs and funding/maintaining senior services.
- Educate those politicians I am in contact with on senior needs.
- Connect with Thornton representative who spoke at the Summit.
- Clarify my part in changing the attitude about aging and fear of aging and perceived loss of value and worth.
- Proactive help and pre-plan for Boomers.
- Talk to Van about corporate fundraising through volunteer activities.
- Corporate groups to work on Saturday for seniors.
- Standing calls that volunteers can make weekly to donors.
- Ensure transit is part of comprehensive corporate plan.
- Research and be ready and comfortable to connect people to services for basic needs.
- Transportation is a basic need.
- Improve quality of life for caregivers by providing them with education and resources.
- Get to know a person with DD.
- Work with developing system for coordinated care.
- Help streamline building regulations to encourage universal design concepts in new construction.

- Work with businesses for partnership of events and involving volunteers.
- Evaluate older adult needs and service holes that we can help fill – put into action.
- Evaluate how to more effectively utilize staff.
- Take community education training for GLBT and the volunteer to provide this in Jefferson County.
- Volunteer with emergency shelter group.
- More medication collection sites accessible to neighborhoods.
- Contact VOA about private companies who might be interested in funding medication boxes.
- Make consistent donations of nutritious food to my local food bank.
- Ensure I am offering my clients services to assist with food/housing/mental health.
- Make contact with isolated seniors in my neighborhood.
- Put together resource guide to put in our packets for our clients.
- Introduce to our company employees a one- time per month volunteer opportunity.
- Become more knowledgeable about services and spread the word.
- Emphasize health/diet/wellness and fitness to seniors, adult children and grandchildren – coach them.
- Link to Aging Well website.
- Work with partners to help older adults (and the community) to live healthier lives and make better choices.
- Collaborate with other organizations to provide more cohesive messaging.
- Create collective impact by strengthening and developing partnerships that focus on particular issues using evidence-based strategies.
- Get the name of the agency that has created a volunteer bank to assist people aging in their homes and pass it on.
- Put on 4 presentations to groups by January 2014.
- Advocate more mental health needs of seniors and caregivers.
- Take to nutritional roundtable – the need to discuss how to get information on food resources.
- Be point of contact for senior resources.
- Actively seek information for seniors to work with.
- Continue to chair needs assessment committee.
- Secure job serving older adults with my background, skills and knowledge.
- Collaborate with adjunct health professionals to provide wrap around services at my organization.
- Get involved in health, mental health and wellness workgroup.
- Get more people with I/DD on committees, boards, etc.
- Get transportation services better coordinated.
- Work with SAGE to define safe areas for LGBT individuals in Jefferson County.
- Work to develop health coalitions.
- Research comprehensive toolkit to prepare those in their 50s to prepare/practice what it means to age well.
- Research MN volunteer bank.
- Link our web page to Aging Well's website.
- Coordinate better with Jefferson County and Denver volunteer coordinators.
- Begin corporate volunteering with SRC.
- Join more committees on aging issues.
- Work through new contacts to procure expanded client availability in Jefferson County.

- Continue to serve Jefferson County residents regardless of my obstacles.

Next Steps

As was discussed at the Summit, making Jefferson County the best place in the country to age is going to take everyone including the government, businesses, the faith community, non-profits and the general public. Members of the Aging Well workgroups meet regularly to discuss and develop ways to make our community a more vibrant community for older people. However, it will take more than the Aging Well workgroups to make it happen.

The Aging Well workgroups will review the information generated by the Summit and will ascertain what their workgroups are able to implement or move forward. They will continue to advocate on behalf of seniors and to reach out to members of the community who have the ability to bridge the gap between the current and future states. Members of Aging Well hope that those who attended the Summit will take a serious look at their Call to Action Pledges and make a sincere effort to implement what they wrote down. It is also hoped that more people will join the Aging Well workgroups in order to provide a more powerful voice regarding the needs of seniors.

Only by banding together can we create a community where seniors are respected, cared for and provided opportunities to age well and be loved. It will take everyone to create this type of environment for older people now, for ourselves in the future and for future generations to come.

Conclusion

Jefferson County's 4th Annual Summit on Aging brought together over 175 people from all areas of senior issues. Experts in housing, transportation, caregiving, medical and finances, elected officials, the faith community, businesses and many others came together to discuss the current state of affairs in Jefferson County and the desired future state. This was the easy part.

It is critical that the community take action **now** to create services and opportunities for older adults. Ten thousand people a day in this country are turning 65 years old. Many are seeking volunteer opportunities and want to give back to their community. Are there volunteer programs available to embrace the skills and knowledge of this group and put those skills and knowledge to work?

Other questions we should be asking are:

- Is there enough affordable ranch style homes available for the aging population?
- What about transportation for people who are no longer able to drive -- is there enough assisted transportation to aid seniors in getting their basic needs met?
- How will we provide for those with disabilities who for the first time are outliving their parents?
- How will we embrace our GLBT elders and others who don't have children to assist them in their twilight years?

These questions and more will need careful consideration before the *silver tsunami* hits. We have the perfect opportunity to be proactive now instead of reactive later. Let's take this opportunity and run with it. Let's make Jefferson County, Colorado the best place in the nation to age!