

2015

Healthy Aging Plan



COLORADO
Department of Public
Health & Environment

About this paper

Written by the Keystone Center for the Colorado
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The Keystone Center is an independent, not-for-profit organization that brings together public, private, and civic sector leaders on large-scale policy issues such as health, climate change, sustainable agriculture, and education policy. Keystone has a unique ability to help these leaders move away from singular positions of advocacy and toward collaborative approaches to problem-solving. The results are thoughtful, action-oriented, sustainable solutions to complex issues.

Introduction

Older adults are a vital part of Colorado’s urban, rural and tribal communities. Their experiences, knowledge and continuing contributions are assets to our state and communities alike.

Colorado’s Healthy Aging Plan was developed by the Association of State and Territorial Health Officials 2015 President’s Challenge to promote the health of older adults. This challenge aims to galvanize support to implement evidence-based strategies to increase the number of older adults who are living well.

Living and aging well can mean different things depending on the diversity of individuals and communities, but many agree it is the state of being surrounded by people you value, in a community where you belong, with opportunities to make meaningful contributions. The Centers for Disease Control and Prevention defines aging in place as “the ability to live in one’s own home and community safely, independently and comfortably, regardless of age, income or ability.”

This plan provides five key areas of focus and aims to make measurable improvements for older Coloradans. The plan’s success depends on collaboration and recognizes that a society better for older adults is better for people of all ages. As such, it was developed with input from the Colorado Department of Public Health and the Environment, partner state agencies, nonprofit organizations, local public health agencies, funders and advocates for older adults.



Colorado Context and Need

Current estimates of the older adult population reveal there are more than 585,000 adults age 65 and older living in Colorado. By 2030, this figure is projected to increase to 1,242,000.¹ By 2040, Colorado's 65-and-older population will reach 1,475,836 and represent 19 percent of Colorado's total population.² From 2000 to 2010, the number of Colorado Latinos 55 and older rose 76.9 percent compared to 51.9 percent for all races in the same age group. This proportion of Latinos in the older adult population is expected to continue to grow, and speaks to the need for culturally appropriate and relevant care.³

Social isolation; declines in health, memory and cognitive abilities; and complications associated with fall-related injuries all negatively affect the quality of life for older adults. These factors also threaten their ability to remain independent within their homes and communities. The department recognizes the increased need for partnerships, as well as coordinated and integrated approaches to providing health and aging-related services to older adults. Managing and spending resources more efficiently will help provide for the health care and retirement income security of older adults.



¹ Population Trends and Aging, Elizabeth Garner, State Demography Office, Colorado Department of Local Affairs, 2014, slide 14.

² State Demographer's website: Population by Age and Gender
https://dola.colorado.gov/demog_webapps/pagCategory.jsf;jsessionId=2c56b3c1c0cdf2e eb07cb2fa81e3

³ Colorado Latino Age Wave Caregiving Report. It, Too, Takes a Village.
<https://drive.google.com/file/d/0B46phQ6QHQuecTVyLW1fN3lyalk/view>

Guiding Frameworks

This plan is aligned with efforts within the department and across agencies, as well as efforts across the state.

[Colorado's Winnable Battles](#) were selected in 2011 as priorities for improving public health and the environment. They are: (1) healthier air, (2) clean water, (3) infectious disease prevention, (4) injury prevention, (5) mental health and substance abuse, (6) obesity, (7) oral health, (8) safe food, (9) tobacco and (10) unintended pregnancies.

Colorado's local public health agencies have completed community health assessments and prioritized issues in consideration of the state's Winnable Battles, and many now are implementing their plans for public health improvement with their community partners. This plan is intended to assist local public health efforts related to healthy aging and highlight best practices in communities.

[The State of Health](#) is part of the Governor's administrative commitment to become the healthiest state. It is a plan to create a comprehensive and person-centered statewide system to address a broad range of health needs, deliver the best care at the best value and help Coloradans achieve the best health possible. The plan reflects input from stakeholders including health care providers, advocates, lawmakers, insurance companies and foundations. There are four focus areas identified in the State of Health:

- Promote Prevention & Wellness.
- Expand Coverage, Access & Capacity.
- Improve Health System Integration & Quality.
- Enhance Value & Strengthen Sustainability.

Colorado Aging Framework is a document developed by the Colorado Department of Human Services and the Colorado Commission on Aging to identify the issues affecting older adults. It captures current State and Area Agencies on Aging efforts and findings, and potential strategies for communities to consider.

Guiding Frameworks

The aging network in Colorado comprises multiple agencies working in partnership to keep older Coloradans (60 and older) and their family caregivers independent, in the community of their choice and with a good quality of life. The agencies provide services in every county of the state and deliver services locally through nonprofits, councils of governments and counties. The State Unit on Aging contracts with the 16Area Agencies on Aging that in turn subcontract with local service providers to deliver various services, including transportation, congregate meals, home-delivered meals (Meals on Wheels), evidence-based programming, family caregiver services, legal services, etc. The agencies provide a continuum of care that enables older adults and their caregivers to receive services they need when they are needed.

This Healthy Aging Plan is intended to be an additional tool to inform the work of the Strategic Action Planning Group created by [HB15-1033](#) to study issues related to the increasing number of older adults and to issue a comprehensive strategic action plan on aging. It also aligns with federal efforts regarding a National Prevention Strategy.



Goals and Strategies

Helping older adults live well in their communities remains a top priority for the state. This means eliminating health disparities and implementing evidence-based strategies for older adults. Older adults and their families and communities need to understand and be aware of available resources.

The conditions in which people live, work and play have an enormous impact on health. These influences, known as the social determinants of health, are important to consider when thinking about improving population health. Health equity is achieving the highest level of health for all people. Efforts must take into account the diversity of older adults and ensure they are informed by data and outcomes.

The following five areas of focus are identified as priority areas offering opportunities for improvement related to healthy aging. Improvements are not achieved by the department alone, but through partnerships. Healthy aging must be a multi-pronged effort. It requires collaboration across a range of sectors, including agencies, nonprofits, private sector and providers. This is a starting place to improve the health and lives of a vital part of our communities – our older adults.

Goals and Strategies

Addressing Dementia

Need

The large and growing human and financial cost of dementia creates an imperative for action. It already is the second-leading cause of disability for those over age 70.⁴ This growth creates a greater demand for treatment and care; without a plan there will not be the access to services and supports required.

Dementia is not classified as a specific disease. It is a term that describes a wide range of symptoms associated with a decline in memory or other thinking skills, severe enough to reduce a person's ability to perform normal, everyday activities. Memory decline affects nearly 25 percent of seniors living at home.⁵



⁴ OECD (2015), Addressing Dementia: The OECD Response, OECD Health Policy Studies, OECD Publishing, Paris. DOI: <http://dx.doi.org/10.1787/9789264231726-en>

⁵ United Health Foundation. America's Health Rankings® Senior Report. May 2015. http://cdnfiles.americashealthrankings.org/SiteFiles/SeniorDownloads/2015_Am_Health_Ranking.pdf.

Goals and Strategies

Addressing Dementia

Department Goals and Program

Population-based information about the nature and extent of dementia provides a basis for building public awareness and understanding that can be used to engage individuals and their families in maintaining health.

Public health data collection is essential to understand the scope and extent of the impact of dementia on Coloradans. There is an opportunity to use the Behavioral Risk Factor Surveillance System (BRFSS) to collect health outcomes data for people with Alzheimer's disease and dementia in Colorado.

Despite the current demographic predictions, there is little available training for care providers across all disciplines, professions and licensure levels regarding detection, diagnosis, care, treatment and general best practices in dementia. This gap leaves patients and families at risk. Dementia-specific training is essential to ensure quality across the continuum of care.

In 2012, Centers for Medicare and Medicaid Services (CMS) launched the Partnership for the Improvement of Dementia Care in Nursing Homes to promote comprehensive dementia care and therapeutic interventions for residents with dementia-related behaviors. Colorado is following the lead of CMS in its efforts to promote best practices and person-centered care. This includes music and memory as an approach to combat memory loss and restore a sense of self.

The efforts of the department also include educating providers and consumers regarding the regulations related to person-centered methodology, and the importance of ensuring the highest level of care is being provided to people with dementia residing in long-term care settings.

Measures/Impact

The Colorado Health Care Association, the trade association for long-term care and assisted living, is in the process of submitting an application for a grant to implement and study music and memory.

Other states, including Wisconsin, have developed a nursing home music and memory initiative, with expected outcomes including a reduction in the use of antipsychotic and anti-anxiety medications, less agitation, giving pleasure to the residents and less resistance to care (Wisconsin Nursing Home Music and Memory Initiative submitted 3/26/13). The outcomes for Colorado's initiative currently are being developed.

Goals and Strategies

Addressing Dementia

Partners

In an effort to further best practices as they relate to person-centered care, the department is partnering with the Colorado Medical Directors Association, the Colorado Health Care Association, LeadingAge Colorado, senior support services, and the Colorado chapter of the Alzheimer's Association, as well as long-term care and assisted living providers.

Goals and Strategies

Fall Prevention

Need

Annually, 27.5 percent of adults age 65 and older fall in Colorado; 20 to 30 percent of those incidents result in injuries that affect the ability to engage in daily activities.⁶ Falls remain the leading cause of injury for older Coloradans. Falls and fall-related injuries have enormous personal and economic consequences to individuals, society and the state health care system. In Colorado, the average length of stay for older adults hospitalized due to falling was 4.4 days, with a cost of more than \$32,000.⁷ Interventions that reduce falls are key strategies to ensure older adults can live safe, healthy and independent lives.

Department Goals and Program

The Colorado Falls Prevention Program within the department has a long-term goal of decreasing fall-related hospitalizations among adults age 65 and older by increasing the number of community-based organizations and providers that offer evidence-based fall prevention programs.

The department has focused on bringing several evidence-based programs to the state (*Stepping On, Tai Chi: Moving for Better Balance, and the Otago Exercise Programme*) and embedding those programs with partner organizations including hospital systems, parks and recreation departments, and community organizations. The department also is working with health care providers to support the assessment and treatment of patients for falls risks and linkages to community-based fall prevention programs.

Measures/Impact

The Colorado Falls Prevention Program is monitoring the following health impact measures to assess progress on improved health for older adults:

- Decrease the rate of fall-related hospitalizations among adults aged 65 and older.
- Decrease the rate of fall-related emergency department visits among adults aged 65 and older.
- Decrease the rate of fall-related EMS lift and assist calls among adults aged 65 and older.
- Increase the number of organizations that offer evidence-based fall prevention programs and increase the number of providers who make successful referrals to those programs.

⁶ United Health Foundation. America's Health Rankings® Senior Report. May 2015. http://cdnfiles.americashealthrankings.org/SiteFiles/SeniorDownloads/2015_Am_Health_Ranking.pdf.

⁷ CDPHE. Injury in Colorado. https://www.colorado.gov/pacific/sites/default/files/ISVP_MVS_Injury-in-Colorado-2013-Overview.pdf

Goals and Strategies

Fall Prevention

Partners

The department is partnering with the Colorado Department of Human Services State Unit on Aging, Colorado Department of Health Care Policy and Financing, HealthONE Hospital System, Centura Hospital System, individual hospital trauma systems, YMCAs, senior centers, Regional Emergency Medical Advisory Councils, local public health agencies, and parks and recreation departments to implement and sustain these fall prevention programs.



Goals and Strategies

Diabetes

Need

The risk of diabetes increases with age; 25.9 percent of adults aged 65 and older have diagnosed or undiagnosed diabetes, compared with 16.2 percent of adults aged 45 to 64.⁸ According to the America's Health Rankings® Senior Report, Colorado ranks 38th in terms of diabetes management. Eighteen percent of people aged 65 and older are obese, and 25 percent have no leisure time physical activity.⁹ The problem of obesity and its increasing prevalence is particularly acute in minority populations in Colorado. Colorado Latinos have a more than 150 percent higher rate of mortality from diabetes than white, non-Hispanics, while African-Americans have a 100 percent higher rate of mortality from diabetes than white, non-Hispanics.

Department Goals and Programs

The overall goal of this work is to decrease obesity, improve health outcomes, increase community clinical linkages and decrease health disparities. Many Coloradans confront a built environment that challenges their ability to make healthy lifestyle choices.

Healthy living encompasses the behaviors that support good nutrition and physical activity. By encouraging the use of preventive services and healthy lifestyles, many chronic illnesses are preventable. The department seeks to support this advantage by coordinating resources, tools and data.

Additionally, the department's Office of Health Equity (OHE) is creating a Health Disparities Profile, which will highlight critical challenges and opportunities within a selected area of high need in Colorado. OHE also will coordinate the delivery of clinical and community-based services, with a particular focus on delivery of the Diabetes Prevention Program, and concentrate additional resources drawn from other partners.

Important pieces of this focus on diabetes are data and evaluation. It is important to the department to identify the effects of these prevention efforts including measures, findings, outcomes and impacts.

⁸ United Health Foundation. America's Health Rankings® Senior Report. May 2015.
http://cdnfiles.americashealthrankings.org/SiteFiles/SeniorDownloads/2015_Am_Health_Ranking.pdf.

⁹ Eagle County Community Health Improvement Plan 2017.
<http://www.eaglecounty.us/publichealth>

Goals and Strategies

Diabetes

Measures/Impact

- Provide technical assistance and resources to at least 20 local communities and local public health agencies.
- Adopt and implement policies in at least 20 communities that increase access to physical activity in the built environment.
- Expand access and reimbursement for Chronic Disease Self-Management Education, the National Diabetes Prevention Program, and Diabetes Self-Management Education throughout Colorado communities.
- Increase use of evidence-based preventive community services that meet community needs to address existing health disparities.
- Expand culturally relevant and patient-centered health education campaigns and outreach programs.
- Increase reporting on National Quality Forum Measures, especially 0059 as a measure of diabetes control.
- Increase use of electronic records and information exchange to improve performance on diabetes measures.
- Establish provider education forums about best practices through partnerships.
- Increase engagement of non-physician practitioners (including pharmacists, dentists, dental hygienist, community health workers, patient navigators and other health extenders) to increase awareness, access and use of early detection, screening and self-management.

Goals and Strategies

Diabetes

Partners

Developing teams of care will require partnerships with health plans, Medicaid and Regional Care Collaborative Organizations, the Patient Navigation/Community Health Work Collaborative, and the provider community including but not limited to physicians, nurses, pharmacists, patient navigators and older adult service providers.

On the data side, this will require partnerships with Medicaid, CORHIO, Quality Health Network (QHN), Colorado Community Health Network, Colorado Rural Health Centers and other providers.

To create the right community linkages, the OHE will coordinate work with CREAndo Bienestar (CREAndo); American Diabetes Association (ADA);

the YMCA of Metro Denver (YMCA); local public health agencies including Denver Public Health, Denver Environmental Health and Tri-County Public Health; and two neighborhood alliances: Northeast Health Alliance and Partners for Health 2040.



Goals and Strategies

Suicide Prevention

Need

Suicide is the 10th-leading cause of death in the United States, and older adults are disproportionately at risk.¹⁰ The suicide rate increases with age, and is highest for those 65 and older.¹¹ Older men die by suicide at a rate that is more than seven times higher than that of older women. The rate of suicide in the oldest group of white males (ages 85+) is more than four times higher than the nation's overall rate of suicide.¹² According to America's Health Rankings® Senior Report, Colorado ranks in the top for states with deaths due to suicide in the 65 and older population.

Department Goals and Program

Prevention of suicide in older adults requires many strategies. Aging services, behavioral health and primary care providers play an important role in preventing suicide. The Office of Suicide Prevention (OSP) serves as the lead entity for statewide suicide prevention and intervention efforts, collaborating with Colorado communities to reduce the number of suicide deaths and attempts in the state.

OSP approaches are inclusive of the older adult population and include:

- Funding of community grants to implement data-driven, suicide prevention initiatives focused on high-risk populations. The OSP currently funds 11 to 15 grantee organizations for three years serving counties with the state's highest suicide death and attempt rates.
- Expanding evidenced-based Counseling on Access to Lethal Means (CALM) training to teach emergency department staff to counsel families and patients on restricting access to deadly substances and weapons during suicidal crises. OSP will reach 50 short-term, licensed general and critical access hospitals in Colorado with CALM training.
- Supporting evidence-based programs such as Question, Persuade, Refer (QPR) and gatekeeper training to first responders and community members.

¹⁰ United Health Foundation. America's Health Rankings® Senior Report. May 2015. http://cdnfiles.americashealthrankings.org/SiteFiles/SeniorDownloads/2015_Am_Health_Ranking.pdf.

¹¹ CDPHE. Suicide in Colorado. <http://www.chd.dphe.state.co.us/Resources/pubs/suicidefactweb.pdf>

¹² OLDER AMERICANS BEHAVIORAL HEALTH Issue Brief 4: Preventing Suicide in Older Adults. http://www.ncoa.org/improve-health/center-for-healthy-aging/content-library/Older-Americans-Issue-Brief-4_Preventing-Suicide_508.pdf

Goals and Strategies

Suicide Prevention

Department Goals and Program

Depression, social isolation and loss of independence are important risk factors for suicide in older adults. This speaks to the importance of depression screenings for older adults, as well as the need to address social isolation and focus services on reducing disability and enhancing independent functioning. A Colorado focus is to increase provider awareness of the losses that are important to older people.

Measures/Impact

- Reduce the suicide death rate among those ages 65+.
- Increase diagnosed cases of depression and treatment for those 65+, particularly men.
- Decrease social isolation, or increase connectedness among those 65+, particularly men.

Partners

Suicide Prevention Commission, the Suicide Prevention Coalition of Colorado, local public health and community grantees.

Goals and Strategies

Community-Based and Family-Centered Care

Need

According to the AARP, person- and family-centered care is “an orientation to the delivery of health and supportive services that addresses an individual’s needs, culture, preferences and values.”¹³ Family-centered care recognizes and supports the vital role of family caregivers. Family involvement can improve outcomes for older adults needing care and supportive services. This involvement can reduce risk factors related to social isolation. Most Latino families embrace the cultural tradition of keeping their older loved ones within their homes and their communities while tending to their needs for as long as possible.¹⁴

Our current health care system is dependent on family care. Yet, many caregivers fulfill this role with no preparation. They often do these tasks on top of other work and family responsibilities. Most family members who assume a caregiving role for an older relative or friend have no idea what to do, how to do it or where to get help. Caregivers would benefit from education, training and access to other supports such as respite care. Studies have shown these services can reduce caregiver stress and enable them to provide care longer, thereby avoiding or delaying the need for costly institutional care.¹⁵

Data from Administration on Aging’s national surveys of caregivers of elderly clients shows:

- Seventy-seven percent of caregivers of program clients report that services definitely enabled them to provide care longer than otherwise would have been possible.
- Eighty-nine percent of caregivers reported that services helped them be a better caregiver.¹⁶

It is important to remember that in many communities and cultures, family is broadly defined and refers to any relative, partner, friend or neighbor who has a significant relationship with, and who provides a broad range of assistance for, an older adult.

¹³ Feinberg, Lynn. Moving Toward Person- and Family-Centered Care. AARP Policy Institute.

¹⁴ Colorado Latino Age Wave Caregiving Report. It, Too, Takes a Village. <https://drive.google.com/file/d/0B46phQ6QHQeucTVyLW1fN3lyalk/view>

¹⁵ Administration for Community Living. http://www.aoa.acl.gov/AoA_Programs/HCLTC/Caregiver/.

¹⁶ Administration for Community Living. http://www.aoa.acl.gov/AoA_Programs/HCLTC/Caregiver/.

Goals and Strategies

Community-Based and Family-Centered Care

Department Goals and Program

The challenge ahead is to better recognize and ease the burden on family caregivers, as well as embracing a family-centered perspective. This means recognizing, respecting and better understanding family care needs, problems, resources and strengths, and then taking action to help address their needs.

The department recognizes the importance of programs that provide a combination of education and skills training, coping techniques, counseling and assistance in gaining access to services and supports. More support is needed for health providers to recognize caregivers as part of the health team and develop better communication, coordination and collaboration with family caregivers. Additionally, as the Colorado older adult population becomes more diverse, we need to ensure that evidence-based interventions are refined or adapted to reflect the diversity of caregiving experiences and needs.

Partners

Latino Age Wave, Area Agencies on Aging (AAAs).

Conclusion

Through these efforts, the department seeks to preserve health in older adults by promoting healthy aging, broadening the use of preventive services, facilitating healthy lifestyles, encouraging social interaction and supporting efforts to allow older Americans to remain independent and age in place.

The department supports the creation of communities that support aging in place, where older adults:

- Live in environments that are safe, affordable, walkable, healthy and inclusive.
- Are included in decision-making.
- Are connected and have a sense of belonging.
- Are recognized for their past as well as their present contributions.

This cannot be done by the department alone, but in partnership with other state agencies, local public health agencies, nonprofits, advocates and the private sector.

Advisory Committee and stakeholder **input**

The Healthy Aging Initiative Advisory Committee comprised leadership, division and program staff members who worked with programs related to older adults. The advisory committee reviewed relevant data, projects and funding to identify the areas of collective work that would allow older adults to age in place.

Stakeholder input was received from The Colorado Health Foundation (TCHF), Rose Community Foundation, AARP, HCPF, NWCOG, DRCOG, CDHS, Eagle County, CALPHO, Boomers Leading Change, Latino Age Wave, Bell Policy Center and Colorado Commission on Aging.