



*Assistance. Advocacy. Answers on Aging.*

# **Boulder County Aging Services Region 3B Area Agency on Aging**

## **AREA PLAN**

**For the Period  
July 1, 2011 – June 30, 2015**



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## SECTION I: EXECUTIVE SUMMARY

Boulder County is aging. It is aging faster than many other areas of Colorado, partly because it has had a somewhat younger population. People are choosing to remain in the community and others are moving to the region to retire. Over nine in 10 of respondents to the CASOA™ survey rated their community as an excellent or good place to live and 77% rated their community as an excellent or good place to retire. At the community conversations, we heard that, “There is a strong sense of appreciation among older adults in Boulder County that the access they have to a wide array of services far exceeds that available in other communities.”

When asked where we'd like to be in 2015, the Aging Advisory Council (AAC) said they would like Boulder County to be a leader and innovator in the state. Promoting the Liveable Communities concept through the *Boulder County Age Well* plan was also cited as an opportunity. The AAC would like to have a role in successfully reducing ageism. In 2015 Boulder County will be a place where core services for older adults are secure, there is a high degree of collaboration among service providers, information and access to services is well-known and easy to use, and consumers have direction over their own services.

When Boulder County Aging Services Division staff were asked what the agency should provide/do in next four years, their responses included: continue our existing programs because they are effective in keeping people in their homes, more health promotion/disease prevention, more nursing home diversion programs (in addition to and modeled on Project HOPE), increased use of the strengths perspective in service delivery, better identification of the level of case management, more client-directed services, use more volunteers, and provide more multilingual services.

The strategies for aging well in Boulder County include a multi-prong, collaborative approach. BCASD will continue to fund core services through Older Americans Act (OAA) funds and State Funds for Senior Services (SFSS) with an added emphasis on information and assistance (I&A) and evidence-based programs. The core services of the OAA are key to providing supportive services that will help older adults remain safely in their communities--a safety net if you will. These services will be targeted to those most in need due to economic conditions, language barriers, frailty, and cultural and physical isolation. These services will also help recipients receive services in the least restrictive manner and environments, for example, a homemaker service, a meal, or a ride may be the variable that allows a person to remain in the community.

Services will be offered in a strengths-based manner. Older adults will be active participants in making decisions about their goals and services. Service provision will build on the strengths of the older adult, family, and community rather than dwell on

the deficits. This concept is reinforced with the evidence-based health promotion programs with the participants taking control of their health conditions and setting their own goals. Boulder County Aging Services Division incorporated the strengths perspective into its work with older adults and caregivers in the 1990s. BCASD's mission reflects our commitment to the strengths perspective – *To promote the health and well-being of older adults by building on individual, family, and community strengths.*

As numbers of older adults grow, but funding remains relatively flat, it is important that services not only target those in most need, but also have a wide impact. One way to do achieve this is to expand access to information and assistance. With adequate information, many people can make selections from what's available on their own

As part of the Community Services Department in Boulder County, BCASD also strives to follow the overarching goals set in the Countywide Human Services Strategic Blueprint, *Building Caring and Liveable Communities for All*. A main theme that directs our work is integrated and coordinated delivery of human services.

We will continue to strengthen our collaborative relationships with the local senior services and other CONNECT! partners. (CONNECT! is the ADRC-like organization in Boulder County and described in detail later.) We have developed an information and assistance structure that includes a centralized call-center, referrals among partners, and a web-based resource database. In the next four years CONNECT! will further refine this I&A system, define and actualize the continuum of services from referral to case management, and work on data sharing, and collection of common data for outcome studies.

Boulder County Aging Services Division (BCASD), the AAC, and community partners have set goals and action steps for the next four years through the updated strategic plan, *Age Well Boulder County*. Staff, AAC, and local advisory councils will use the *Age Well Boulder County* strategic plan as a guide in planning and prioritizing their work during the next four years. For example, the AAC will address issues through advocacy efforts and will also plan and host an annual Age Well Conference (called for in the plan) beginning in 2012.

The wider community (through agencies, faith communities, neighborhood associations, etc.) will be invited to continue to take a role in implementing the *Age Well Boulder County* plan at levels and with population groups most relevant and effective to them. BCASD will provide an information clearinghouse for Age Well activities and annual gatherings and celebrations of accomplishments.

The broad goals set in the *Age Well Boulder County* plan include:

1. *Housing is affordable, appropriate, and accessible.*
2. *Personal, financial, and environmental safety is a community priority.*
3. *Everyone has enough to eat.*
4. *Access to essential services is seamless, barrier-free, affordable, and welcoming.*
5. *Individuals have the financial resources to meet their basic needs.*
6. *Everyone in the community feels connected to others.*
7. *People of all ages participate in social, civic, cultural, educational, and recreational activities.*
8. *Opportunities exist for meaningful volunteer work.*
9. *Positive images of aging are promoted.*
10. *Wellness is a personal priority.*
11. *Wellness is a community priority.*
12. *Health and wellness services are affordable, accessible, and readily available.*
13. *Wellness includes end of life and dying as a natural part of life.*
14. *A welcoming environment fosters physical activity and participation.*
15. *People are informed and motivated to rely on each other and existing systems.*
16. *Transportation is affordable, accessible, flexible, reliable, safe, and easy to arrange.*
17. *Caregivers are informed, educated, acknowledged, and supported.*

To see a copy of the *Age Well Boulder County* plan,  
go to <http://www.allagewell.com>.

The work of the community in implementing the *Age Well* plan coupled with the ongoing work of the aging network will continue to make Boulder County a good place in which to grow old. The services provided and funded by the Older Americans Act and State Funds for Senior Services will help ensure that older adults in most need have the supports they need to age well.

## SECTION II: CONTEXT: DEMOGRAPHY, TRENDS, AND INPUT

### DEMOGRAPHY

Older adults represent the fastest growing segment of the population. By 2030, the 65+ population is expected to grow to 72 million people, or 20% of our nation's population. At the state level, the 60+ population will account for 24% of Colorado's population by 2030. Boulder County is aging faster than Colorado as a whole. In 2000, the age 60 and over population accounted for a little over 10% of the total county population; by 2030, that number will almost triple. The rapid growth in the number of older people in Boulder County will present new challenges and opportunities to communities.

#### Boulder County Adults 60+

Year	Number	% of total population
Census 2000	28,661	10.6%
Projected 2010	44,515	14.5%
Projected 2020	77,427	22.5%
Projected 2030	100,807	26.7%

Source: Colorado State Demography Office, July 2009 Population Estimates

The impact of the baby boom really begins to be felt in the 2011-14 period. The older boomers begin to turn 65 in 2011. As noted in the chart below, that pulls the growth rate for the 65-69 year olds over this period to almost 60%! Then we see an additional 10% growth due to those continuing to turn 60 during this time frame. This has implications for future need for services, especially in ten to fifteen years. For this four-year period, the leading edge baby boomers will probably be modest users of services. They will be most likely to need services such as information about Medicare benefits and accessing information for planning purposes. Many are still working and will continue to work.

Age Group	Rate of Growth 2011-2014
60 to 64	10.42%
65 to 69	59.89%
70 to 74	11.60%
75 to 79	6.50%
80 to 84	8.33%
85 +	12.90%

Source: Colorado State Demography Office

The next fastest growth rate is among those 85 and older, the people most likely to use our services. This means that there will be more people needing services such as homemaker support, transportation, and chore services. There will also be more family members engaged in caregiving, thus increasing the need for caregiver support services.

Overall, the increased population of people 60 and over will result in more demand for all services and will put specific pressure on the network's ability to offer information and assistance in finding and accessing services.

## TRENDS

The obvious major trend, as noted above is that the population is aging. Further, Boulder County is seen as a good place to grow old—it keeps and attracts older adults. The increased numbers will place demands on the aging network to help people find services and to provide services. Service delivery from many sectors will also be impacted by the aging population, for example in the CASOA™ survey, 84% of the respondents reported using neighborhood parks. Perhaps there will be need for more accessible parking, facilities, etc.

Older adults make an economic contribution to Boulder County. Older adults volunteer, provide informal help to friends and neighbors, and are engaged in caregiving. National Research Center, in the Boulder County CASOA™ Full Report, estimates the value of unpaid contributions to be \$400 million in a 12-month period. This volunteer contribution and the potential additional volunteer time that Baby Boomers will be able to give as they become older adults is a positive trend and a great resource for the community.

Another trend is ever-changing technology. At the beginning of the last four-year plan period, very few older adults were engaged in social networking. Anecdotally older adults now tell us that they use Twitter and are on Facebook. Furthermore, most Baby Boomers use technology frequently—as part of their work, to gather information, and for social contact. Information is delivered in new ways—quicker and more easily broadcast to wide groups. At the same time that we respond to the changing and exciting possibilities offered by technology, the aging network needs to remain cognizant of those who are not “connected” to technology and be certain that we also offer information in a way that is accessible to those without computers, with limited technological skills, with limited English skills, etc.

Another trend in the area of technology is evolving assistive technology. This technology can enhance an individual's self-sufficiency and ability to remain in the community.

Sadly, another trend is societal ageism. This is often manifested in underestimating the ability of older adults and therefore disempowering them. Some older adults feel that their communities lack appreciation for their contributions to the fabric of life; that a stigma even exists toward those who need and receive services to help them age well. Just over half of the CASOA™ survey respondents felt that their voice is not heard in the community. Our charge is to combat ageism and help point out the strengths of older adults and positive impacts of an aging population. The CASOA™ report states that, a



community with a significant number of older adults has lower crime statistics, less money invested in crime fighting, and smaller landfills for unrecoverable resources. And, this doesn't count the volunteer work, the caregiving, the paid work, knowledge, and wisdom that older adults bring to the community.

The state of the economy has an overall impact on older adults. Financial issues were a main concern voiced by conversation participants. Many feel a need to return to work in retirement and about a third of survey respondents reported problems finding employment. Of those still working, 36% indicated that they expected to retire completely at age 75 or older.

The uncertainty of funding impacts planning for the next four years. The need for the legislature to balance the state budget may result in cuts in Older Coloradans Program funds. Other services that older adults receive may be cut thereby increasing the number of people that may need Older Americans Act services.

Another trend will be the changes that come about due to the passage and implementation of the Affordable Care Act—health care reform. The long-range prospects appear to be positive for the aging population. Immediate relief came for Medicare beneficiaries who had reached the “donut hole” in their prescription coverage. Hospital discharge and transition are addressed in the act. This is an area where the aging network could play a role. Oversight for the CLASS Act has been placed in the Administration on Aging. As that plan for long-term care insurance rolls out, the aging network could be involved in providing case management and other services.

## PUBLIC INPUT

Public input was gathered from a variety of sources during the spring and summer of 2010. Methods of gathering the input included the Community Assessment Survey for Older Adults™ (hereinafter referred to as CASOA™), community conversations, key informant input, nutrition listening sessions, and quadrant goals setting sessions.

CASOA™ Survey: Boulder County Aging Services authorized National Research Center to conduct the CASOA™ survey to provide statistically valid data based on a random sample of the region's population of adults age 60 and over. Our objectives with the survey were to: identify specific needs of older adults in the community and to identify the strengths and needs of the respondents and the community (and to compare responses with strengths and needs surveys previously conducted in 1998 and 2004). The mail-out/mail-back survey was conducted in May and June of 2010.

### **CASOA™ surveys in Boulder County**

2,949 surveys were sent out to older adults (60+) in Boulder County. 1,252 were returned, for a 43% return rate		
Region of County	Number Responding	Percent of Total
Boulder:	276	22%
Lafayette	228	18%
Longmont	258	21%
Louisville	243	19%
Other	247	20%

Community Conversations: It was decided that in conjunction with the Area Plan for the Area Agency on Aging, it was time to update the community strategic plan, *Creating Vibrant Communities in Which We All Age Well*. The Strategic Planning Leadership Team that had coordinated the process in 2005-06 was reconstituted for the review and update of the plan. The leadership team worked with the consulting firm of Kezziah Watkins to design and facilitate the strategic plan update process. The first part of the process was to conduct focus groups, called community conversations, to gather qualitative input that would enrich and provide depth to the information garnered through the CASOA™ survey. The consultants trained aging and senior services staff and volunteers from the Aging Advisory Council and local aging councils to help facilitate and record notes at the conversations to ensure consistency. Participants were told that input was being gathered for both the strategic plan and for the AAA Area Plan.

Twenty-one community conversations were held in July of 2010. Eleven were in varied geographic areas of the County and ten with targeted groups of people. The discussion with participants in each group was carried out through a structured but comfortable and informal conversation. In addition to the discussion, a written response form was

completed by most participants, allowing them to add to the session record with a greater degree of anonymity. More than 150 people participated in these conversations.

**Community Conversation Schedule - 2010**

TARGET POPULATION	LOCATION	TIME	DATE
People who are Homeless	Carriage House	12:30-2:30 pm	7/7
Longmont Residents	Longmont Library	6-8 p.m.	7/7
Latino	Longmont Library	9-11 a.m.	7/8
Family Caregivers	Calvary Bible Church – Boulder	2-4 pm	7/8
Senior Housing Residents	Canyon Pointe - Boulder	1-3 pm	7/9
Latino	Immaculate Conception – Lafayette	6-8 pm	7/13
Boulder Residents	Houston Room	9-11 am	7/14
Boulder Residents	EBSC – Eldorado Room	6-8 pm	7/14
Erie Residents	Erie Community Center	12:45 - 2 pm	7/15
Niwot Residents	Left Hand Grange	9-11 am	7/16
Allenspark Residents	Fire Station – Allenspark	2-4 pm	7/19
Men	Louisville Senior Center	9-11 am	7/20
Faith Community Leaders	Calvary Bible Church – Boulder	2-4 pm	7/20
Veterans	VHVnow! Boulder	5:30-7:30 pm	7/20
Louisville Residents	Louisville Senior Center	10-noon	7/21
Longmont Residents	Longmont Senior Center	9-11 am	7/22
Nederland	Presbyterian Church – Nederland	9-11 am	7/22
Louisville Residents	Louisville Senior Center	6:30-8:30 pm	7/22
Lafayette Residents	Lafayette Senior Center	6-8 pm	7/26
Lafayette Residents	Lafayette Library	9-11 am	7/29
LGBT	Lafayette Library	10:30-noon	7/28

Key Informant Input

The BCASD staff engaged in a discussion of the area plan at their June 2010 quarterly all-staff meeting.

Nutrition Listening Sessions

The countywide Nutrition Providers’ Council hosted seven listening sessions around the County in May, June, and July to gather input about food and nutrition services. Two sessions were conducted in Spanish. Over 150 people participated.

Strategic Plan Quadrant Goal Setting Sessions

The strategic plan is based on the four quadrants of an elder friendly community (originally conceptualized by the Visiting Nurses’ Association of New York). In August of 2010, four sessions were held to set goals and action steps—one for each quadrant area. The quadrant areas are: basic needs, individual and community involvement, health and wellness, and independence and caregiving. The goals are referenced in the Executive Summary. The community conversations and quadrant sessions provided important information and guidance for this area plan.

### **SECTION III: TARGETING, PREFERENCE AND PRIORITY**

BCASD acknowledges and will follow the following specifications: All adults age 60 and older shall be eligible for services. If resources are not available to serve all eligible older adults who request the services, preference and priority in the delivery of services shall be given to older adults as defined below. The *Older Americans Act* (Section 306 (4) (A) (i) (I)) specifies that Area Agencies on Aging will:

- *(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;*
- *(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and*
- *(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);*

*(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;*

*(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and*

*(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and*

*(B) provide assurances that the area agency on aging will use outreach efforts that will—*

*(i) identify individuals eligible for assistance under this Act, with special emphasis on—*

*(I) older individuals residing in rural areas;*

*(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);*

*(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);*

*(IV) older individuals with severe disabilities;*

*(V) older individuals with limited English proficiency;*

*(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and*

*(VII) older individuals at risk for institutional placement; and*

*(ii) inform the older individuals referred to in subclauses (I) through (VI) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and*

*(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas;*

*(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities;*

*(6) provide that the area agency on aging will—*

*(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;*

