STATUTORY PURPOSE

The Commission’s statutory purpose is to:

a. increase public and government understanding of the current and future needs of the state’s aging population and how those needs may be most effectively and efficiently met;

b. study, evaluate, and report on the projected impact that the state’s increasing aging population will have on, and identify and recommend implementation of specific policies, procedures, and programs to respond to the needs and impact of the aging population relating to:
   - government services;
   - health services;
   - social services;
   - the economy;
   and society in general;

d. facilitate coordination of the functions of public and private entities concerned with the aging population;

and

e. accomplish the following duties:
   1. study, evaluate, and report on the status and effectiveness of policies, procedures, and programs that provide services to the aging population;
   2. study and evaluate the policies, procedures, and programs implemented by other states that address the needs of the aging population;
   3. facilitate and conduct the research and study of issues related to aging;
   4. provide a forum for public comment on issues related to aging;
   5. provide public information on the aging population and the services available to the aging population;
   6. facilitate the provision of services to the aging population from the public and private sectors; and
   7. encourage state and local governments to analyze, plan, and prepare for the impacts of the aging population on services and operations.
FOCUS: 2010-2011

Long-Term Care Information and Assistance

Utah’s Aging and Disability Resource Connection — ADRC — is working to assure that individuals with a need for long-term care can get information about long-term services and supports that is neutral, unbiased, and accurate.

facilitate coordination of the functions of public and private entities concerned with the aging population.

The Utah Commission on Aging serves as the State Program Office for Utah’s ADRC. Meeting one of the statutory obligations of the Commission, the ADRC brings together state agencies, Area Agencies on Aging (AAAs), and Independent Living Centers (CILs), and private non-profit agencies to provide

- Information and Referral
- Options Counseling and Assistance
- Streamlined Eligibility Determination for Public Programs
- Person-Centered Transition Support
- Quality Assurance and Continuous Improvement

ADRCs build trust through objectivity and by enhancing individual choice, supporting informed decision-making and streamlining access to services.
**FOCUS: 2010-2011**

**Advance Health Care Directives & ePOLST**

The Commission on Aging has worked to educate members of the public and professionals about Advance Health Care Planning. This past year, the Commission has received funding from HealthInsight as part of the Beacon Community Program to work with the Utah Department of Health to develop a database where Physician Orders for Life Sustaining Treatment (POLST) forms may be stored.

“End-of-life decisions are something the government should not make. This is a personal responsibility.”

Former Governor Michael Leavitt
FOCUS: 2010-2011

Other Aging Issues

The Commission’s activities are funded by grants that dictate, in part, what

Mental Health
The Commission has convened its Mental Health Special Committee to address the needs of older adults with mental health concerns. In early 2012, we will send a survey to nursing homes to attempt to evaluate the need for decision-making support among residents with cognitive impairment.

Exploitation and Abuse
The Commission’s Public Safety committee helped to bring together Adult Protective Services, the Salt Lake County District Attorney’s Office, and the Salt Lake County Sheriff’s Office to begin to address the need to prosecute individuals who victimize older adults. The agencies, along with Salt Lake County Aging Services, are now meeting regularly to assure that cases that should be prosecuted can make their way through the justice system, while families in need of services can be supported to avoid exploitation or abuse.

“Utah’s elders may have suffered losses of nearly $1 million per day last year because of financial abuse”

- Jilene Gunther
Utah Division of Aging and Adult Services
The Governor’s Office of Planning and Budget (2008) projects that Utah’s age 65+ population will increase more than 500% in the 50 years from 2010 to 2060, from 2,559,891 in 2010 to 13,201,115 in 2060, compared to approximately 200% increase in the age 17 and under population and 200% in the age 18 to 64 population. It also compares to a projected increase of 250% in the 65+ population in the U.S. as a whole. The following table shows the percent increase from decade-to-decade in the three age categories, plus the U.S. 65 and older population.
Most older Utahns view themselves as healthy and are satisfied with their lives.

**Utah’s Dependency Ratio**

GOPB population projections suggest that Utah’s dependency ratio, the ratio of the number of people in age groups that are likely to not be in the workforce (under 18 and over 64) to 100 working age (18-64) adults will climb, as will the US dependency ratio. The dependency ratio is a rough measure of the burden of populations that traditionally rely more on government programs that must be supported by the working age population. In concrete terms, in 2010, every 100 working adults in Utah were supporting 65 children and older adults. In 2060, every 100 working adults in Utah will be supporting 82 children and older adults. The bulk of the increase is in the increasing number of older adults; the percentage of the population under age 18 is predicted to remain stable.

![Dependency Ratio Chart](chart.png)
Disability rates rise dramatically with age. Utah’s overall disability rate in 2008 for individuals over age 75 was 50.4%, compared with a disability rate for adults aged 18 to 64 of 7.7%. The following table shows how the prevalence of all disabilities among adults living in the community rise dramatically with age.

Utah disability rates by age

“People are living longer, but many are also living sicker”
FINANCIAL STABILITY IN RETIREMENT

Daily headlines state that the vast majority of Americans are not financially prepared for retirement. Since 2007, many people in their 50's and 60's saw already inadequate savings evaporate with job loss and losses to 401K balances.

Only 23% of baby boomers surveyed by AARP in early 2011, down from 30% in 1998, expressed the need for more information to help them prepare for retirement, though most do not know when they can receive full Social Security benefits, many incorrectly think that Medicare will cover the cost of long-term care, and far more report that they will receive a defined benefit pension than the percentage covered by such plans.

While 48% of older workers think they need more than $250,000 for retirement...

What workers over age 55 think they need to save for retirement

![Chart showing retirement savings needs](chart.png)

2011 Retirement Confidence Survey, Employee Benefit Research Institute and Mathew Greenwald & Associates
FINANCIAL STABILITY IN RETIREMENT

...only 19% have saved that much. Nearly a third of older workers have saved less than $10,000, excluding home equity and defined benefit pension plans.

What workers over age 55 have saved for retirement

![Chart showing retirement savings by income group](chart.png)

2011 Retirement Confidence Survey, Employee Benefit Research Institute and Mathew Greenwald & Associates

“Today’s workers are ... less likely to be highly confident about being able to pay for basic expenses, medical expenses, or long-term care in retirement.”

2011 Retirement Confidence Survey, Employee Benefit Research Institute and Mathew Greenwald & Associates
Expected age at retirement has climbed dramatically between 2001 and 2011, reflecting the gap between the savings needed for retirement and actual savings.

“Americans’ confidence in their ability to afford a comfortable retirement has plunged to a new low”

- Employee Benefit Research Institute

2011 Retirement Confidence Survey, Employee Benefit Research Institute and Mathew Greenwald & Associates
Not only does prolonged unemployment affect current well-being, it undermines efforts to ensure a financially secure old age as well."

The Employment Situation, April 2011: Average Duration of Unemployment for Older Jobseekers Exceeds One Year, AARP Public Policy Institute. Sara E. Rix
Health consequences of late-life unemployment

Several studies have linked older worker unemployment with poor health outcomes. In one study, unemployed older workers had three times the risk of heart attack and stroke as other workers, even after accounting for baseline health status. (Gallo, Teng, Falba, Kasl, Krumholz, & Bradley, 2006). An earlier study showed that involuntary job loss was associated with poorer physical and mental health. (Gallo, Bradley, Siegel, & Kasl, 2000).

Financial consequences of late-life unemployment

Decisions to retire do to a weak job market can affect an individual or family’s well-being for a decade or longer. “When the unemployment rate rises, more workers between the ages of 62 and 69 retire, particularly those with less education.” (Coile & Levine, 2009) In a National Bureau of Economic Research (NBER) working paper, researchers concluded that, while middle and upper-income workers may delay retirement due to stock market declines in a recession, more lower-income workers are forced into retirement because they cannot find new jobs after a job loss. When a low-income older adult retires and begins to draw on Social Security benefits before age 65 out of financial necessity, the result will include lower Social Security income throughout retirement, “and an “increased risk of poverty in old age.”

**Increasing need**

The recent recession and continuing high rates of unemployment are likely to adversely affect the wellbeing of older adults for decades. When combined with higher numbers of older adults and increased rates of obesity, increased burdens on state government is very likely. These burdens are likely to come in the form of more older adults relying on Medicaid to fund long-term care and more reliance on aging programs such as Meals on Wheels and other programs delivered by the state’s Area Agencies on Aging (AAAs).

The State of Utah is testing innovative models for managing the skyrocketing cost of the acute care side of Medicaid, but there is less attention being given to projected increased demand for long-term care Medicaid and other programs that support vulnerable older adults. The Commission is working to facilitate discussion about the difficult challenges posed by long-term care and the changing demographics.
UTAH COMMISSION ON AGING: Working to address Utah’s needs

The Utah Commission on Aging is working to address the changing demographics and the potential demand for increased services in the future.

Utah ADRC

The Commission on Aging serves as the state program office of the Utah ADRC. This work is funded by the U.S. Administration on Aging as part of a nationwide systems change initiative. The objective is to assure that individuals in need of long term care can receive information about services and supports available, regardless of the age of the individual in need of long-term care. The approach is to work within existing agencies to assure that they are helping those in need to navigate a complicated web of public and private services and supports available in the community. By April of 2012, approximately 85% of Utah’s population will be served by an ADRC.

Long-Term Care Summit

AARP Utah has provided funding that will support a Long-Term Care Summit in the Spring of 2012. The purpose of this summit is to bring together stakeholders and state agencies to develop a long-term, long-term care plan for the State of Utah. Legislators and cabinet members have expressed support for the Summit.

ePOLST

The Commission on Aging is collaborating with the Utah Department of Health and HealthInsight to establish a database of orders that document patient preferences for end-of-life care treatments. These documents reflect patient choice about treatment, which can range from a strong preference for all available curative care, to a preference to decline care that does not help the patient to achieve goals of care.

Advance Health Care Planning

The Commission on Aging is providing support to a Deseret Media Companies effort to provide information to members of the public about advance health care planning. These efforts will help to assure that individuals can express their wishes about how health care decisions should be made if they are unable to make their own decisions.

Other

The Commission on Aging will continue to seek support to address policy questions and coordination of efforts across departments, between the public and private sectors. The Commission will work with the public and professionals to address the needs of Utah’s older adults — and those who will become older adults — in the future.
The Commission on Aging at the University of Utah

The Commission on Aging has been located at the University of Utah under the Center on Aging since 2008. The Commission benefits from research efforts by faculty and students across departments whose research can inform policy recommendations. The Commission has, in turn, helped the University by serving as a link between state government and University researchers seeking funding from major national foundations and from federal agencies. This link between the researchers and the state has been viewed as positive by the funding sources. The University of Utah College of Social Work has generously provided space for the Commission in its new Wilford W. and Dorothy P. Goodwill Humanitarian Building where the Commission can work with faculty and students in the College of Social Work. The College of Nursing also donates space to the Commission in its newly-renovated building. The Division of Geriatrics in the Department of Internal Medicine provides administrative support and oversight of Commission operations.
### Commission Members

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<tr>
<th>Representing</th>
<th>Name</th>
<th>Organization</th>
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<tr>
<td>Utah Senate</td>
<td>Senator Allen Christensen</td>
<td>Utah Senate</td>
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<tr>
<td>Utah House of Representatives</td>
<td>Representative Jim Bird</td>
<td>Utah House of Representatives</td>
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<td>Executive Director, Health</td>
<td>W. David Patton</td>
<td>Utah Department of Health</td>
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<td>Executive Director, Human Services</td>
<td>Palmer DePaulis</td>
<td>Utah Department of Human Services</td>
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<td>Director, Governor’s Office of Economic Development</td>
<td>Spencer Eccles</td>
<td>Governor’s Office of Economic Development</td>
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<td>Executive Director, Workforce Services</td>
<td>Kristen Cox</td>
<td>Utah Department of Workforce Services</td>
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<td>Utah Association of Counties</td>
<td>Commissioner William Cox</td>
<td>Rich County Commissioner</td>
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<td>Utah League of Cities and Towns</td>
<td>Mayor JoAnn Seghini</td>
<td>City of Midvale</td>
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<td>Business Community</td>
<td>Paul Fairholm</td>
<td>Western States Lodging</td>
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<td>Higher Education</td>
<td>Mark Supiano</td>
<td>University of Utah</td>
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<td>Area Agencies on Aging</td>
<td>Louise Warburton</td>
<td>Uintah Basin Area Agency on Aging</td>
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<td>Charitable Organizations</td>
<td>Fran Wilby</td>
<td>Neighbors Helping Neighbors</td>
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<td>Health Care Providers</td>
<td>Cherie Brunker</td>
<td>Intermountain Healthcare</td>
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<td>Financial Institutions</td>
<td>Diana Kirk</td>
<td>Zion’s Bank</td>
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<td>Legal Profession</td>
<td>Kent Alderman</td>
<td>Parsons Behle &amp; Latimer, Utah State Bar Committee on Law and Aging</td>
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<td>Public Safety</td>
<td>Sheriff Jim Winder</td>
<td>Salt Lake County Sheriff’s Office</td>
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<td>Transportation</td>
<td>Suzanne Allen</td>
<td>St. George City Council</td>
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<td>Ethnic Minorities</td>
<td>Archie Archuleta</td>
<td>Coalition of LaRaza</td>
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<td>Long-Term Care</td>
<td>Gary Kelso</td>
<td>Mission Health Services; Utah Health Care Association</td>
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<td>Advocacy Organizations</td>
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<td>Norma Matheson</td>
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