Increasing rates of diabetes and other chronic illness, inadequate retirement savings due in part to the deep recession, changing structure for funding retirement, will likely increase the need for older adults to rely on government-funded services in the future.

- Maureen Henry
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;

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

d. *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.
DEMOGRAPHICS

Older adults are predicted to be the fastest-growing segment of Utah’s population. The increase is likely to cause an increase in demand in government-funded services to older adults, including Medicaid long-term care.

Utah’s total dependency ratio, the number of children and older adults to the total working-age population, is high and will remain high. The dependency ratio roughly reflects the burden on working age adults and the overall economy of supporting older adults and children.

Source: Governor’s Office of Planning and Budget, Preliminary 2012 Baseline Projections, governor.utah.gov/dea/projections.html.
DISABILITY RATES

Disability rates increase dramatically with age, with nearly 50% of Utahns age 75 and older report a disability, with ambulatory disabilities the most common at just under 30%. As older adults become disabled, they may become unable to pay for the care they need.

RETIREMENT SECURITY

Snapshot of 2012

Those facing inadequate savings and income as they near retirement plan to stay in the workforce longer. Often, however, the age at which workers expect to retire does not align with actual retirement age. Fifty percent of current retirees left the work force earlier than planned, with workers citing health problems or disability (51%), changes at company such as downsizing or closure (21%), care giving obligations (19%), and changes in skills required to do the job (11%). Only 8% report positive reasons for retiring earlier than planned.

Sixty-two percent of workers are not confident about having enough money to pay for long-term care expenses in retirement. Even those who think they have enough to pay for long-term care may have this view because they erroneously think that Medicare pays for long-term care.
Assisting Utahns in need of long term services and supports

Utah’s Aging and Disability Resource Connection, which is administered by the Utah Commission on Aging, has been working to provide a one-stop location where individuals with a current or future need for long-term services and supports can explore options, develop a plan, and receive referrals and support.

History

Utah’s ADRC was launched in 2009, when the Utah Commission on Aging entered into a cooperative agreement with the U.S. Administration on Aging. The first four sites began operation in April 2010. To launch the ADRC, the Steering Committee identified the key elements in ADRCs and the key elements of Options Counseling. Four sites agreed to serve as pilot sites. In 2011, two additional sites were funded as ADRC sites.

ADRC Coverage in Utah

Utah’s ADRC sites serve more than 80% of the state’s population, with sites covering all of the Wasatch Front. The following Utah counties are served by at least one ADRC.

- Box Elder
- Cache
- Rich
- Weber
- Morgan
- Davis
- Salt Lake
- Utah
- Wasatch
- Summit
- Juab
- Sanpete
- Grand
- San Juan

“My mother felt that she had a friend that knew what she needed.”

- Family caregiver describing her mother’s interaction with Utah’s ADRC
UTAH’S ADRC

Agencies providing ADRC services in Utah

Bear River Association of Governments
AREA AGENCY ON AGING

Tri-County Center
For Independent Living

Helping Individuals with Disabilities
Achieve their Goals and
Lead a More Independent Life

MOUNTAINLAND
ASSOCIATION OF GOVERNMENTS
AGING & FAMILY SERVICES DEPARTMENT

ACTIVE RE-ENTRY
Independent Living Programs

Ability First
Providing Services for Persons with Disabilities
ADRC Services

- Information and referral to public and non-public programs
- Options Counseling
- Assistance in enrolling in public programs
- Assistance in reaching non-public programs

Goals of Options Counseling

- To help individuals in need of long term services and support to find the resources they need to live in the setting they choose
- To help caregivers in need of support

The Options Counseling Process

```
Intake identifies the caller as appropriate for options counseling

Determine where options counseling will take place

Schedule options counseling

Assess need for short-term case management

Options Counseling Begins

Explain the nature and goals of options counseling

Discuss inclusion of individual if call is from a caregiver

Assess individual's goals and motivations

Collect information needed to identify options

Summarize current needs and supports available to the individual

Consider discrepancies between current needs and supports and goals

Educate about and discuss pros and cons of options

Weigh and summarize the options

Assess need for assistance with applications for benefits/services

Document the plan

Determine level of follow-up

Make referrals, provide necessary support and follow-up
```
**UTAH’S ADRC**

Utahns Served by their Community ADRC  
(reporting period October 1, 2011-September 30, 2012)

<table>
<thead>
<tr>
<th></th>
<th>Ability First</th>
<th>Active Re-Entry</th>
<th>Bear River</th>
<th>Mountainland</th>
<th>Salt Lake County</th>
<th>Tri-County</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients</td>
<td>625</td>
<td>87</td>
<td>730</td>
<td>889</td>
<td>330</td>
<td>1008</td>
<td>3669</td>
</tr>
<tr>
<td>Age Under 60</td>
<td>388</td>
<td>15</td>
<td>88</td>
<td>51</td>
<td>40</td>
<td>513</td>
<td>1095</td>
</tr>
<tr>
<td>Age 60 and Over</td>
<td>33</td>
<td>69</td>
<td>468</td>
<td>748</td>
<td>250</td>
<td>495</td>
<td>2063</td>
</tr>
<tr>
<td>Age Unknown</td>
<td>33</td>
<td>3</td>
<td>174</td>
<td>90</td>
<td>40</td>
<td>340</td>
<td></td>
</tr>
<tr>
<td>Physical Disability</td>
<td>339</td>
<td>43</td>
<td>245</td>
<td>117</td>
<td>101</td>
<td>892</td>
<td>1737</td>
</tr>
<tr>
<td>DD/ID</td>
<td>80</td>
<td>18</td>
<td>4</td>
<td>24</td>
<td>36</td>
<td>162</td>
<td></td>
</tr>
<tr>
<td>Mental Illness</td>
<td>44</td>
<td>1</td>
<td>11</td>
<td>23</td>
<td>6</td>
<td>28</td>
<td>113</td>
</tr>
<tr>
<td>TBI</td>
<td>7</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>13</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>Dementia</td>
<td>1</td>
<td>36</td>
<td>51</td>
<td>25</td>
<td>10</td>
<td>123</td>
<td></td>
</tr>
<tr>
<td>Multiple Disabilities</td>
<td>136</td>
<td>41</td>
<td>178</td>
<td>109</td>
<td>107</td>
<td>22</td>
<td>593</td>
</tr>
<tr>
<td>Unspecified/Unknown</td>
<td>28</td>
<td>209</td>
<td>581</td>
<td>58</td>
<td>7</td>
<td>883</td>
<td></td>
</tr>
<tr>
<td>Options Counseling</td>
<td>164</td>
<td>65</td>
<td>281</td>
<td>320</td>
<td>326</td>
<td>126</td>
<td>1282</td>
</tr>
<tr>
<td>Referrals to public programs</td>
<td>185</td>
<td>72</td>
<td>673</td>
<td>503</td>
<td>271</td>
<td>983</td>
<td>2687</td>
</tr>
<tr>
<td>Referrals to other services</td>
<td>6</td>
<td>7</td>
<td>63</td>
<td>158</td>
<td>146</td>
<td>25</td>
<td>405</td>
</tr>
<tr>
<td>Transition from nursing home</td>
<td>18</td>
<td>1</td>
<td>10</td>
<td>34</td>
<td>31</td>
<td>94</td>
<td></td>
</tr>
<tr>
<td>Transition from ICF/ID</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transition from other setting</td>
<td>15</td>
<td></td>
<td>37</td>
<td>5</td>
<td></td>
<td>57</td>
<td></td>
</tr>
</tbody>
</table>

The Utah ADRC sites continue to increase options counseling for long term service and support to older adults and people with disabilities of all income levels. ADRC sites currently cover 85% of Utah and by June 2013 plan to expand to 100% statewide coverage.

“[She] really knew her stuff. I would ask about services and she would know where I could get them.”
Hospital to Home Care Transitions

In 2012, two ADRC sites, Salt Lake County Aging Services and Mountainland Area Agency on Aging, launched a pilot project to evaluate the ways to decrease unnecessary hospital readmissions. The sites obtained training in the Care Transitions Intervention, and have worked with local hospitals to address the needs of older adults with multiple chronic conditions who are being discharged to the community.

A grant application was submitted in September 2012 that would support a dramatic expansion of this program in the coming years.

Future Directions

In 2012-2013 the ADRC will:
- Continue to offer options counseling and information and referral at the six Utah sites
- Explore ways to support individuals seeking to apply for Medicaid who are unable to navigate the process without assistance
- Explore opportunities to expand the care transition program
- Submit applications for ADRC sites wishing to become providers for the Veteran’s Directed Home and Community Based Services program

“She would call back and see how we were doing and to make sure we were okay. She did this a few times. We couldn’t have asked for better help. We would adopt her if we could.”

- ADRC Client
HEALTH CARE PLANNING

Advance Care Planning in Utah

The Utah Commission on Aging was the lead facilitator in drafting the Advance Health Care Directive Act in 2007. Since that time, the Commission has provided information and education about advance care planning in the community and for professionals.

Although the law has been in place since 2008, the Commission continues to work with legislators, the Governor’s Office, and public and private agencies to evaluate and strengthen the advance care planning system.

Utah has participated in a national task force seeking to assure quality in the POLST (Physician Order for Life-Sustaining Treatment) system as new states adopt the form.

Governor Gary Herbert and Senator Pat Jones after signing a bill encouraging advance care planning

- Photo compliments of Deseret Media

“I think that’s the best gift my dad gave me ... knowing what his wishes were.”

-Senator Pat Jones, March 4, 2012
HEALTH CARE PLANNING

Senate Concurrent Resolution 2

Senator Pat Jones was the sponsor of Senate Concurrent Resolution 2 (SCR2), which asked Utahns to participate in advance care planning. The resolution passed, and was signed by Governor Herbert during a press conference on March 2, 2012. KSL TV made advance care planning tools available on its web site, including an instructional video.

Life’s Final Journey

In association with SCR 2, Deseret Media's KSL TV covered the press conference on the evening news, aired stories on advance care planning, and provided information about advance care planning on its web site. The Deseret News published a series of stories on advance care planning by Lois M. Collins called “How will I die?”

“It was hard for us to let him go. We thought he would linger with us a lot longer than he did, but we were comforted to know that he made the decision.”

- Governor Herbert, describing the loss of his brother
ADVANCE CARE PLANNING

POLST (Physician Order for Life Sustaining Treatment) Study

Maureen Henry received a grant from the Borchard Foundation Center for Law and Aging to study the POLST, a physician order directing end-of-life care treatment. The study is designed to evaluate whether current patient preferences are the same as the preferences documented on the form in the patient’s medical record. Results are expected in 2013.

ePOLST

An ongoing problem with POLST forms is assuring that it is available when needed, particularly in an emergency. The Commission has worked with the Utah Department of Health and HealthInsight to develop a web site where POLST forms can be created, stored, and retrieved by health care providers. The new web site is being piloted as we enter 2013.
HEALTH CARE PLANNING

First Annual Advance Care Planning Facilitator and POLST Best Practices Conference

The Commission lead the effort to convene a conference to launch a statewide coalition to address health care planning issues. 90 individuals attended from around the state.

- 96% of attendees reported that their objectives in attending the conference were met
- 95% reported that the conference was useful in enhancing understanding of and ability to apply advance care planning and POLST principles
- 90% reported that the conference was better than expected
- 98% reported that they were satisfied with the conference

UtahDirectives.org Web Site

The Commission created the web site, www.utahdirectives.org, as an easily accessible place for members of the public and professionals to get direction and information about advance care planning.
## 2011 - 2012 MEMBERS

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

The Commission at the University of Utah

The Commission is administered by the University of Utah Center on Aging, under the direction of Mark Supiano, MD, the Director of the Center. The Executive Director of the Commission is Maureen Henry. Maureen will be on leave for FY 2012-2013; Anne Peterson, Ed.D, will serve as Acting Executive Director for the coming year.

Physical space for the Commission was provided by the University of Utah College of Social Work through April of this year. We are now housed at the University of Utah College of Nursing. The Commission work supports partial tuition scholarships for three College of Nursing graduate students.

Chair

After serving as Chair of the Commission since 2005, Norma Matheson has resigned. Commission members and staff will miss her wisdom and lovely presence. She will continue to advise the Commission on an ad hoc basis.

Becky Kapp, BSN, MBA, FACHE, System Continuum of Care Director at Intermountain Healthcare has generously agreed to serve as Chair.

Contact Us

Anne Palmer Peterson, Ed.D.
Interim Executive Director
Utah Commission on Aging
10 S. 2000 East Room 3525
Salt Lake City, Utah 84112

Office 801-587-3058
aging@utah.edu
www.aging.utah.edu/utah_coa