2011 ANNUAL REPORT

Utah State Division of Aging and Adult Services

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INTRODUCTION

I. Older Americans Act (OAA)

Congress passed the OAA in 1965, creating the first federal legislation devoted exclusively to addressing the needs and challenges of older Americans. Since its passage, the OAA, as amended through 2000, has provided funding and leadership in establishing a unique nationwide network of federal, state and local governments and private providers serving the diverse needs of America's seniors. The OAA can be viewed as a work-in-progress, which has been amended on several occasions to address the changing needs of older Americans, most recently in the fall of 2006.

The first OAA established the Administration on Aging (AoA) in the US Department of Health and Human Services, provided grants for demonstration projects and research on aging, training grants, financial support for state offices or units on aging, and funds for states to use in supporting projects for the aging population.

Amendments passed in 1969 established the National Older Americans Volunteer Program, which provided for Retired Senior Volunteers and Foster Grandparents. In 1972, the OAA was amended as a result of a series of nutritional research and demonstration projects to create a permanent nationwide nutrition program for the elderly. Amendments to the OAA in 1973 required states to create planning and service areas and to designate a public or private non-profit agency to serve as the Area Agency on Aging (AAA) in each of these locations. Currently, there are 655 such agencies in the United States, which plan and coordinate services and opportunities for older persons on a regional basis, twelve of which are found in Utah. (See list in Appendix II, page 36.)

Other amendments passed in the 1970s established the Senior Community Service Employment Program, awarded grants for low-income persons age 60 and over to work as senior companions, supplied surplus commodities to the nutrition program with assistance from the US Department of Agriculture, and added a separate age discrimination act. Amendments passed near the end of the decade established the Long-Term Care Ombudsman program providing professional and volunteer ombudsmen who assist older persons living in long-term care facilities.

During the 1980s, enacted amendments required the AAAs to address the needs of older persons with limited ability to speak English, established a federal office for Native American, Alaskan Native, and Native Hawaiian programs, and increased an emphasis on services to the low-income minority elderly.

The most recent reauthorization of the OAA occurred in 2006, further enhancing and enriching the Act. The amendment requires that AAAs set specific objectives, consistent with state policy, for providing services to older individuals with greatest economic need, greatest social need, and those at risk for institutional placement. Older individuals with limited English proficiency and those residing in rural areas must be included. The bill clarified the need of AAAs to facilitate area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings. The bill requires information detailing how the AAAs will coordinate with the state agency responsible for mental health services and, in addition, develop long-range emergency preparedness plans.

II. Utah's Aging and Adult Services Program

The Division of Aging and Adult Services (DAAS) was created as Utah's State Unit on Aging in accordance with the OAA. By Utah statute (62A-3-104), DAAS was granted the legal authority to establish and monitor programs that serve the needs of Utah's seniors. Local AAAs have been designated to cover all geographic

regions of the state and have responsibility for providing a comprehensive array of services and advocacy for the needs of seniors residing in these Planning and Service Areas.

In 1986, the DAAS was given the administrative authority for Adult Protective Services (APS), a program to protect vulnerable adults from abuse, neglect, and exploitation. APS workers provide services designed to assist victims and prevent further abuse, neglect, and exploitation. Staff are located in a statewide system of offices and work in cooperation with local law enforcement to investigate cases involving seniors and disabled adults.

DAAS has adopted the following Vision Statement, Mission Statement, and Guiding Principles to communicate its purpose.

VISION STATEMENT
"**OFFERING CHOICES FOR INDEPENDENCE"**

MISSION STATEMENT

The mission of the Division of Aging and Adult Services is to:

- Provide leadership and advocacy in addressing issues that impact older Utahns, and serve elder and disabled adults needing protection from abuse, neglect or exploitation.
- Fulfill our vision of **offering choices for independence** by facilitating the availability of a community-based system of services in both urban and rural areas of the state that support independent living and protect quality of life.
- Encourage citizen involvement in the planning and delivery of services.

GUIDING PRINCIPLES

The Division of Aging and Adult Services believes that:

- Utah's aging and adult population has many resources and capabilities, which need to be recognized and utilized. The Division has an advocacy responsibility for ensuring opportunities for individuals to realize their full potential in the range of employment, volunteer, civic, educational, and recreational activities.

- Individuals are responsible for providing for themselves. When problems arise, the family is the first line of support. When circumstances necessitate assistance beyond the family, other avenues may include friends, neighbors, volunteers, churches, and private and public agencies. The Division and its contractors are responsible to assist individuals when these supportive mechanisms are unable to adequately assist or protect the individual.

- Expenditure of public funds for preventive services heightens the quality of life and serves to delay or prevent the need for institutional care.

- Aging and Adult Services programs should promote the maximum feasible independence for individual decision making in performing everyday activities.

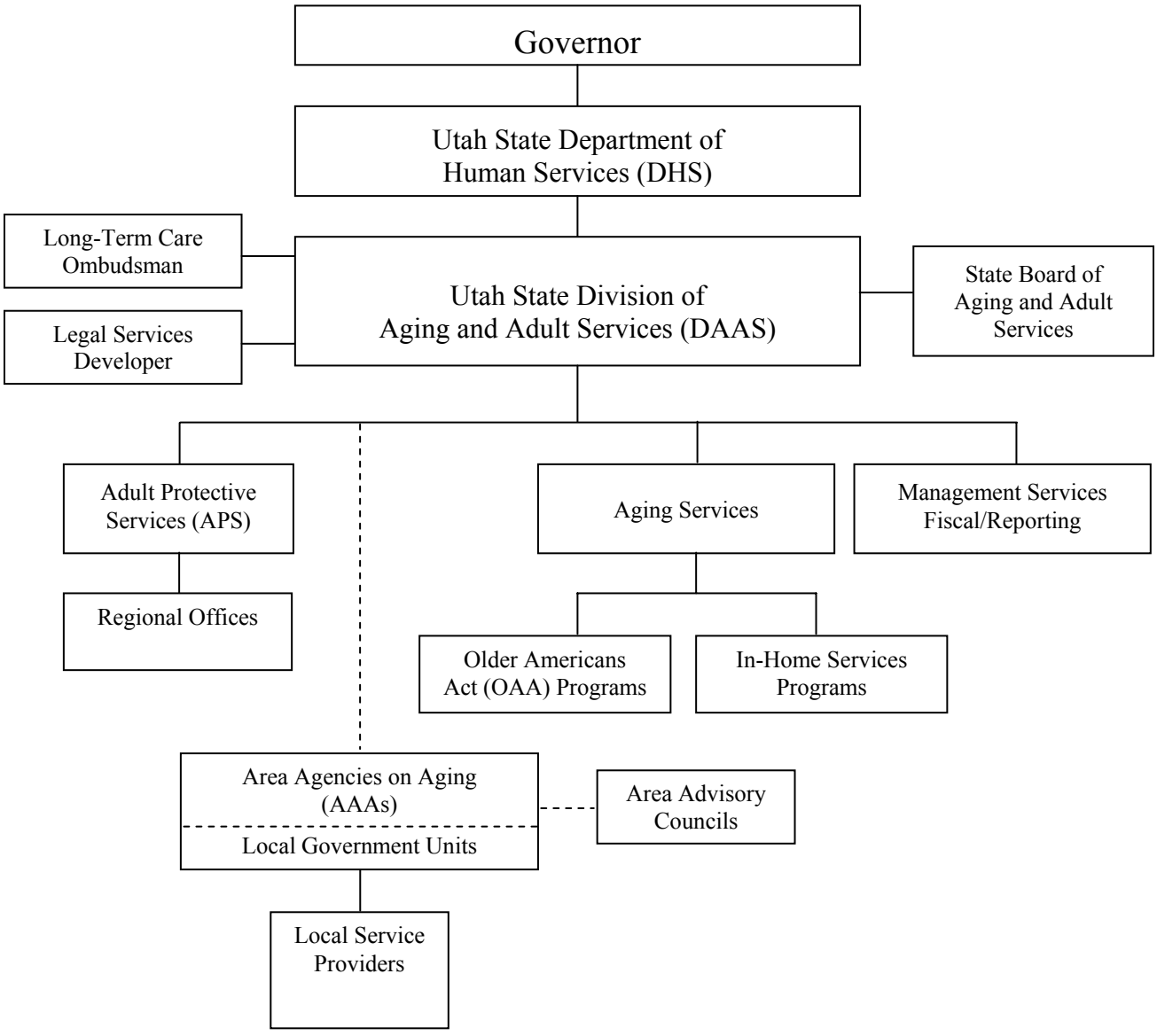
- An individual who requires assistance should be able to obtain services in the least restrictive environment, most cost-effective manner, and most respectful way.

III. Organizational Structure

DAAS has the responsibility to administer, deliver, and monitor services to aging and vulnerable adults in Utah. To meet this responsibility, two program areas have been created: 1) Aging Services and 2) Adult Protective Services.

The Aging Services Program is responsible for the provision of services needed by the elderly as set forth in the OAA and other enabling legislation funded by federal, state, and local governments. Aging services in Utah are delivered by local AAAs through contracts with DAAS.

State Law mandates APS to investigate all cases involving allegations of reported abuse, neglect, or exploitation of vulnerable adults. Investigators collaborate with law enforcement and community partners to offer services designed to protect abused, neglected, or exploited vulnerable adults from further victimization and assist them in overcoming the physical or emotional effects of such abuse. The following chart depicts the organizational structure of DAAS:



IV. Population Growth of Seniors in Utah

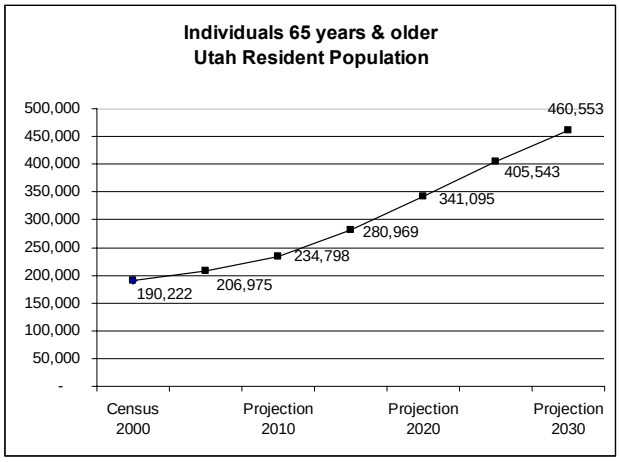
Providing needed services to the senior population of Utah will become more challenging in the future due to increasing growth of this population. The US Census Bureau predicts that the senior population in the United States will increase to 70.2 million by the year 2030, and that Utah's senior population (65 and older) will grow to 460,553 by the year 2030.

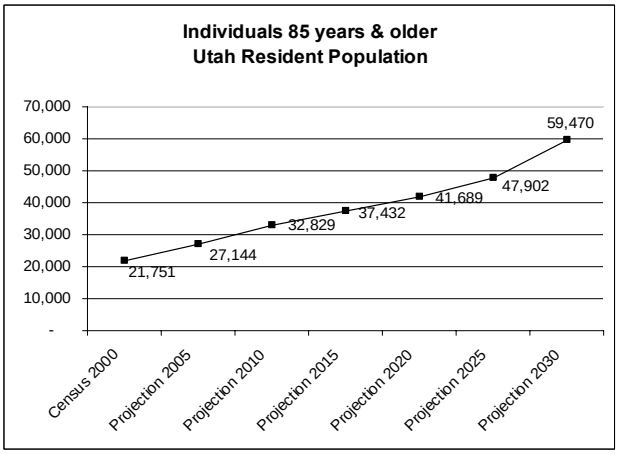
Utah continues as the nation's "youngest state" according to the 2010 census. Its median age of 29.2 years is eight years younger than the U. S. median of 36.8. Despite its youthfulness, Utah's population is growing older and living longer. The following charts show that Utah's 65+ population will increase by 145 percent between 2000 and 2030. The 85+ population in Utah increased by 42.5 percent between 2000 and 2010.

The "baby boomer" cohort, those born between 1946 and 1964, dramatically increased the 60+ population group which began in 2006. The projected annual increase of the 60+ group starting in 2006 was three times the increase observed between 1993 and 2006.

According to the 2010 census, Utah had the seventh most rapidly increasing population in the nation of those aged 65 and older. The predicted aging of the state is a situation that has been created by two main factors: 1) the increase in longevity due to better health, sanitation, nutrition, and medicine and, 2) the "baby boomer" cohort reaching retirement age. There is concern that the predicted growth of those needing services will overwhelm the existing programs and services currently provided to Utah's older citizens. There is a need to invest in planning and designing better ways to articulate the impact that the aging of Utah's population will have upon the current service delivery systems, while at the same time maintaining a solid foundation of current services for existing individuals over the age of 65.

According to the 2010 census, Utah has the second smallest percentage of people 65 and over (9%).
As more 2010 Census data analysis becomes available, the Division will continue to refine its planning for the growth and trends in Utah's senior population. The Division looks forward to updating its trend information when the additional data becomes available.





Data Source: US Census Bureau, Population Division, Interim State Population Projections, 2005. Compiled by the US Administration on Aging

V. Recent Activities of the Division of Aging and Adult Services

A. Century Club Celebration

The Twenty-fifth Annual Century Club of Utah Celebration, hosted by Governor and Mrs. Gary R. Herbert and Lieutenant Governor and Mrs. Greg Bell, honored Utah's oldest citizens who have reached the age of 100 years or more. The celebration was held at the Multi Agency State Office Building.

When a Utahn turns 100, DAAS staff assist the Governor in sending a letter welcoming the Centenarian to the Century Club, along with a framed certificate of membership and a specially-made lapel pin engraved with "100-Centenarian".

DAAS published the Governor's Century Club of Utah Yearbook 2011, containing pictures and brief life stories of ninty-eight of Utah's Centenarians. The Yearbook is a useful historical resource as well as a valuable tool for family history research and is available at www.hsdaas.utah.gov.

The 2010 census reported 186 Centenarians are living in Utah. However, because it is difficult to gather information on all of them, only 122 Centenarians are listed on the records kept in DAAS. Their ages and counties of residence are shown on the following chart.

Utah's Centenarians

Breakout by Age				Counties of Residence	
Age	Women	Men	Total	Beaver	1
110	1	0	1	Box Elder	4
109	0	0	0	Cache	6
108	3	0	3	Carbon	3
107	3	0	3	Davis	4
106	8	0	8	Duchesne	2
105	2	0	2	Iron	3
104	7	3	10	Juab	2
103	20	3	23	Kanab	1
102	30	4	34	Kane	1
101	27	9	36	Morgan	1
100	1	1	2	Salt Lake	48
Total:	102	20	122	Sanpete	1
				Sevier	1
				Tooele	2
				Uintah	1
				Utah	24
				Washington	10
				Weber	7
				Total:	122

B. State Board of Aging and Adult Services

The Board of Aging and Adult Services is the program policymaking body for DAAS. The seven-member Board is appointed by the Governor and confirmed by the State Senate. Members are chosen from both rural and urban areas of the state and the Board is nonpartisan in its composition. The Board meets six times a year and regularly hears from Division staff and the Chair of the Utah Association of Area Agencies on Aging (U4A), a group that represents Utah's 12 AAAs. During all meetings, members of the public are invited and encouraged to participate and present their concerns to the Board.

Responding to the challenges facing Utah as its population ages, the Board maintains four one-page position papers reflecting its opinion on issues that the state needs to attend to, especially in light of the demographic changes exacerbated as "baby boomers" continue to reach retirement age.

The position papers included: 1) Transportation issues, 2) Improving In-home and Community-based Services, 3), Improving Preventive Health Services, and 4) Caregiver Support Services. A copy of the papers can be found in Appendix I on Page 30.

On an annual basis, the Board is called upon to review and approve the plans explaining how the AAAs will utilize the federal funds allocated to the state in furtherance of the OAA. The actual format of the plan is developed by the DAAS and approved by the Board. The Annual Plan for Federal Fiscal Years 12-16, in addition to reporting the number of services provided to eligible seniors, provided information regarding each agency's accomplishments during the previous year.

C. Urban, Rural, and Specialized Transportation Association

DAAS continues its active participation in the Utah Urban, Rural, and Specialized Transportation Association (URSTA), in order to stay informed of statewide transportation issues. Additionally, DAAS joined the Utah Department of Transportation, Utah Department of Health, and other agencies participate in the United We Ride Task Force, which reviews and promotes interagency transportation issues statewide through a federal grant co-sponsored by the Federal Transportation Administration and the AoA.

ADMINISTRATION

The Division receives policy direction from a seven-member Board of Aging and Adult Services appointed by the governor and confirmed by the state Senate.

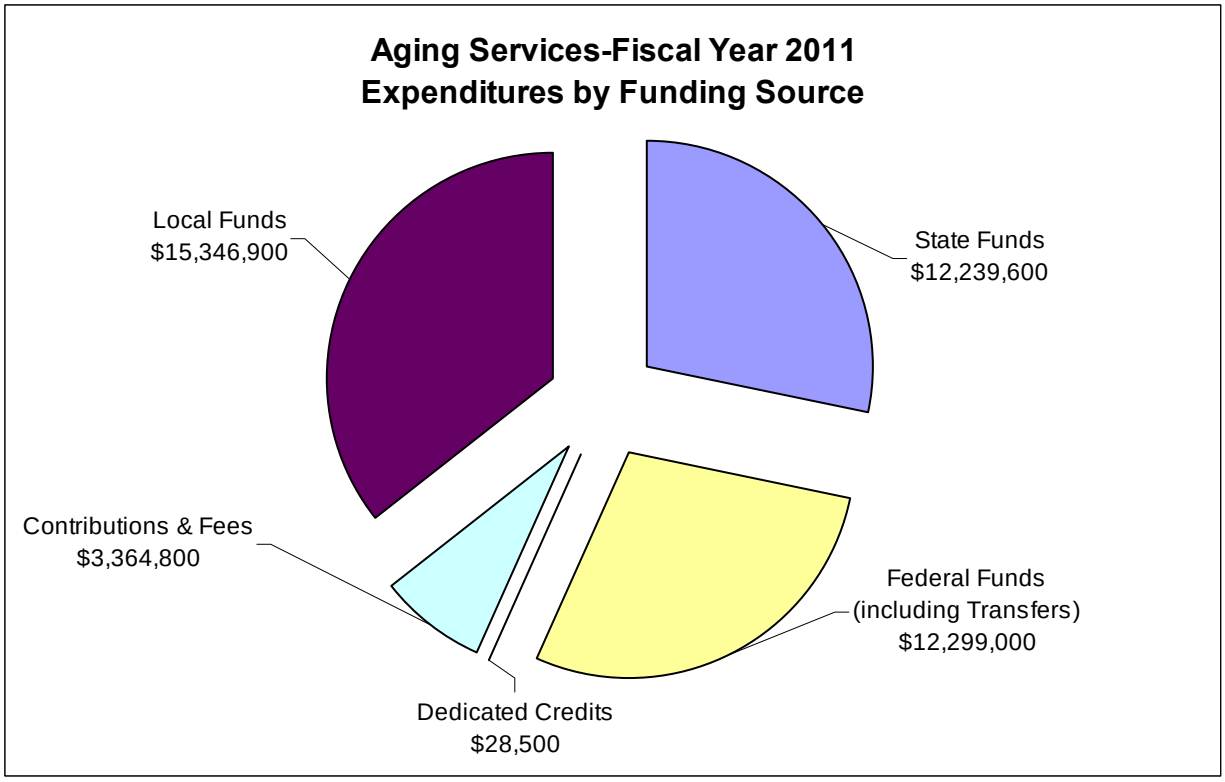
SERVICE DELIVERY

I. AGING SERVICES

The Division contracts with units of local government or Associations of Governments to operate AAAs. A funding formula is used to allocate funds to the AAAs, who are responsible for the planning, development, and delivery of aging services throughout their geographic areas. The AAAs, in turn, contract with local service providers and/or provide services directly to meet the identified needs of their elderly population. The services available within a service area may include, but are not limited to, congregate and home-delivered meals, information and referral, volunteer opportunities, transportation, family caregiver support, and a variety of in-home services including Homemaker, Personal Care, Home Health Care, and Medicaid Home and Community-based Aging Waiver Services. Several other services are available as set by local priorities. A list of AAAs is located on page 36.

A. Funding Aging Services Programs

There are a variety of funding sources for the programs administered by the Division's Aging Services, including federal, state, and local governments. The following figure shows the percentage and amount of the total aging services budget that each of the major sources contributes. The federal share is received through allocations authorized by the OAA. The Utah Legislature appropriates state funds, with local funding coming from counties, private contributions, and the collection of fees.



Total: $43,278,800
Source: *Utah Division of Aging and Adult Services, February 2012*

B. Review of Aging Program Fiscal Year 2011 Activities

DAAS was created as Utah's State Unit on Aging in compliance with the OAA. By State Statute 62A-3-104, the Division is granted the legal authority to establish and monitor programs that serve the needs of Utah's seniors.

The following sections are a review of the services available through the Division and the AAAs to help the elderly and their families deal with the changes and challenges that are inherent with the aging process. A constant theme in both the Utah Departments of Health and Human Services is the belief in collaborations between older adults and public/private partners to improve the quality of life and health for Utah's aging population.

1. Health Promotion and Disease Prevention Program

"When Health is absent;
wisdom cannot reveal itself,
art cannot become manifest,
strength cannot be exerted,
wealth is useless and
reason powerless"
Herophiles-300 B.C.

The definition of healthy aging according to the National Council on Aging (NCOA) is:
"A broad concept that is more than just physical health status or absence of disease: it encompasses many other important aspects of health, including intellectual, emotional, social, vocational, and spiritual health. If any of these critical areas are out of balance, optimal healthy aging may be impaired.

Behavior and lifestyle choices impact each of these aspects of health: therefore, any program designed to facilitate optimal health in aging must address these areas of optimal health through education, behavior modification, and supportive environments." Health promotion and disease prevention programs are necessary to reduce medical costs, to prevent premature institutionalization, and to save taxpayers' dollars. These programs can also help prevent depression among the elderly, reduce limitations of daily living activities caused by chronic diseases and lack of exercise, and increase the quality of life among the older adults. According to a report from Washington, DC, an investment in Strategic Disease Prevention Programs in Communities would have the potential Annual Net Savings and Return on Investment (ROI) of $3.70 to $1.00 within five years. That would mean that if Utah invests $10 per person per year (a total of $89 million), the potential ROI would be $3.70 to $1.00, or $329,300,000.

Currently, DAAS, in partnership with the Utah Department of Health and the Utah Department of Medicaid has received one grant from the AoA. This grant enables the State of Utah, through the Alzheimer's Association, Utah Chapter (AAUC) and other partners, to provide education, training, advocacy, and services to Alzheimer's patients and their caregivers.

AoA Recovery Act – Communities Putting Prevention to Work – Chronic Disease Self-Management Program Grant - $298,660

Purpose:

a. Project Description

The American Recovery and Reinvestment Act of 2009 (Recovery Act), signed into law February 17, 2009, is designed to stimulate economic recovery in various ways: to preserve and create jobs; to promote economic recovery; to assist those most impacted by the recession; to stabilize state, territorial, and local government budgets; to minimize and avoid reductions in essential services and counterproductive state, territorial, and local tax increases; to strengthen the Nation's healthcare infrastructure; and to reduce healthcare costs through prevention activities. The Recovery Act includes $650 million for evidence-based clinical and community-based prevention and wellness strategies delivering specific, measurable health outcomes. The legislation provides an important opportunity for communities, states, territories, cities, rural areas, and tribes to advance public health across the lifespan and to eliminate health disparities. Of the $650 million appropriated for this initiative (Communities Putting Prevention to Work), $27 million is being used to provide grant support to states and territories to deploy evidence-based chronic disease self-management programs targeted at older adults with chronic conditions.

The number of older adults living in our society with chronic conditions will increase dramatically in the coming years with the aging of the Baby Boomer generation. The first Boomers will turn 65 in 2011 and of these, more than thirty-seven million–or six out of ten–will be managing more than one chronic condition by 2030.[1] In addition, fourteen million Boomers will be living with diabetes while almost half of the Boomers will live with arthritis (that number peaks to just over 26 million in 2020).[2] Chronic diseases not only kill but also can negatively affect quality of life as well as threaten

[1] First Consulting Group & American Hospital Association. (2007). *When I'm 64: How boomers will change health care.* Chicago, IL

[2] First Consulting Group & American Hospital Association. (2007). When *I'm 64: How boomers will change health care.* Chicago, IL

[3] Anderson, Gerard, (2008) Analysis of the Medical Expenditure Panel Survey, 2004, Johns Hopkins University

the ability of older adults to remain independent within their own homes and communities. The more chronic illnesses an individual has, the more likely that individual will become hospitalized. Two-thirds of Medicare spending is for beneficiaries with five or more chronic conditions. [3]

Many of the nation's leading healthcare experts are recommending our systems of care include a combination of health and community-based interventions, including community-based chronic disease self-management programs, to address the growing prevalence of chronic conditions. One example of such a program is The Stanford University Chronic Disease Self-Management Program developed with funding from the Agency for Healthcare Research and Quality. The Stanford program emphasizes the patients' role in managing their illness and building self-confidence so they can be successful in adopting healthy behaviors. The program consists of workshops conducted once a week for two and a half hours over six weeks in community-based settings such as senior centers, congregate meal programs, faith-based organizations, libraries, YMCAs, YWCAs, and senior housing programs. People with different chronic health conditions attend together, and trained and certified leaders facilitate the workshops, at least one of who has a chronic illness. Topics covered include:

1) Techniques for dealing with problems such as frustration, fatigue, pain, and isolation
2) Exercise for maintaining and improving strength, flexibility, and endurance
3) Nutrition
4) Appropriate use of medications
5) Communicating effectively with health professionals

The program has been shown to be effective in helping people with chronic conditions change behaviors, improve their health status, and reduce the use of hospital care.

Since 2003, AoA, in collaboration with the Centers for Disease Control and Prevention (CDC), the Agency for Healthcare Research and Quality (AHRQ), the Centers for Medicare and Medicaid Services (CMS), other Department of Health and Human Services (HHS), and private sector partners has funded collaborations between the aging and public health networks at the state and community level to deploy evidence-based prevention programs, including chronic-disease self-management programs, targeted at older adults. To date, this AoA led effort has resulted in the delivery of chronic disease self-management programs in over 1,200 community-based sites across twenty-four states, which have served over 12,000 seniors. CDC has also supported the implementation of chronic disease self-management programs through grants to state health departments. The current Recovery Act funding opportunity is designed to build on and expand these efforts nationwide.

AoA, in collaboration with CDC, is providing Recovery Act funding under this announcement to support state efforts to deploy evidence-based chronic disease self-management programs (CDSMP) that empower older people with chronic diseases to maintain and improve their health status. In the process of delivering these programs, States will strengthen and significantly expand their existing capacity to deliver CDSMP and other evidence-based prevention programs statewide. Working together, state units on aging and state health departments will support community-level collaborations involving their aging and public health networks to serve as vehicles for delivering CDSMP programs at the local level. These community-based collaborative networks will provide the foundation for an infrastructure and statewide distribution system that states can use for

delivering CDSMP and other evidence-based prevention programs to older adults. These statewide distribution systems will include a quality assurance component to ensure that the evidence-based prevention programs are being delivered with fidelity and achieving results comparable to those produced in the original research. The ultimate goal is to have states and communities statewide embed these structures into their systems providing community-based services and supports to older adults to help them maintain their health and independence in the community.

The CDSMP Recovery Act funds complement the other Recovery Act prevention funds being made available to communities and states under the Communities Putting Prevention to Work (CPPW) program, and states should coordinate their CDSMP activities with other relevant CPPW activities in their states. For example, every CPPW grant program component, including these CDSMP grants, is designed to strengthen the capacity of communities to deploy evidence-based prevention programs addressing chronic conditions, improving population health, and reducing health care costs. The CDSMP grants focus on developing statewide systems for deploying evidence-based self-management programs that improve health status and reduce the use of hospital care and health care costs. The other CPPW grant programs emphasize system-wide changes as well, but they also support environmental and policy strategies for improving individual health behaviors and population health. In their grant applications, states applying for CDSMP ARRA funds, should describe how their CDSMP programs would coordinate with and/or complement other components of the ARRA CPPW program which may take place within the state.

The key objectives of this CDSMP Recovery Act funding opportunity are to:

- Deliver CDSMP to 50,000 individuals
- Document the impact of CDSMP on participant health behavior, health status (e.g. self-rated health status, improved energy levels, etc.), and self-reported health care utilization (e.g., reduced hospital use)
- Develop and test an approach for using Medicare claims data to track the impact of CDSMP on participant health care utilization and Medicare costs
- Strengthen the capacity of states and communities to systematically deploy CDSMP and other evidence-based prevention programs that benefit older adults.

Of the 50,000 individuals who complete a CDSMP program as a result of this initiative, it is expected that:

- 15% will report improvements in self-rated health
- 40% will experience increased energy levels
- 40% will report decreased health distress
- 30% will report increased stretching and strengthening exercise
- 25% will increase the minutes they can do endurance exercise
- 5% will report fewer hospitalizations

Attainment of these outcomes will be measured and tracked using program milestones. The Administration on Aging will use a two-tiered approach to measuring and tracking outcomes. Each state will be required to report on a standard set of indicators (specified in the reporting section below) related to the profile and number of CDSMP programs being conducted and the participants being reached. Two federal-level evaluation activities will complement the state-level reporting: 1) a nationally administered survey of the individuals participating in selected CDSMP programs at "base-line", and 2) six-month and twelve-month follow-up to assess the impact of CDSMP on participant health behaviors, health status, and self-reported health care utilization. Additionally,

AoA will collaborate with CMS to develop and pilot test in one state a quality assurance process that will track Medicare claims data of CDSMP participants and compare their health care utilization and costs to a comparable group of Medicare beneficiaries not participating in CDSMP. Data from all three of these sources will be used to assess the impact of this ARRA CDSMP program on participant health behaviors, health status, health care utilization, and health care costs.

Utah was awarded $298,660 for this grant which will be completed from March 31, 2010 to March 31, 2012. The AAA and Health Department that are implementing the CDSMP will receive $250,000 (83.7 percent) of the funding to actually implement the program throughout the state.

Utah objectives include reaching at least 1,200 older adults with chronic conditions; implementing the approved CDSMP models in English and in Spanish; developing and expanding partnerships with six area agencies on aging and local public health networks; increasing the number of trained leaders and master trainers; addressing the special needs of seniors; and developing a sustainable plan for systems-based CDSMP delivery.

Since March 31, 2010, there have been 1,749 participants in the CDSMP with 1,286 completed (attended four out of six sessions) which is 73.5 percent. The goal of reaching 1200 older adults with chronic conditions by March 31, 2012 has been 100 percent as of Dec. 31, 2010.

See the following Table 1-Living Well with Chronic Conditions by County, Utah, 2011 for the actual number of participants and workshops presented in the state for 2011.

Table 1 – Living Well with Chronic Conditions Characteristics by County, Utah, 2011

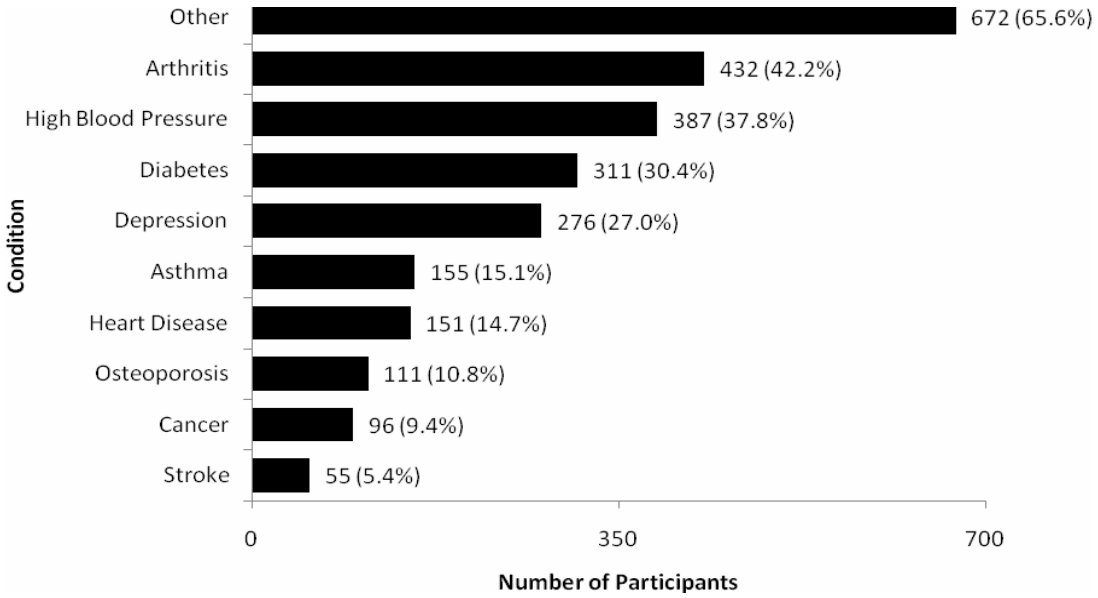
County	Number of Workshops	Initial Number of Participants	Number of Completers	Completion Rate
Box Elder	2	14	9	64.3%
Cache	4	40	22	55.0%
Davis	6	55	42	76.4%
Iron	5	38	25	65.8%
Kane	1	7	6	85.7%
Morgan	1	10	10	100.0%
Salt Lake	40	512	413	80.7%
San Juan	5	35	24	68.6%
Sevier	2	22	12	54.5%
Summit	2	22	19	86.4%
Tooele	3	34	26	76.5%
Utah	9	83	55	66.3%
Wasatch	8	48	32	66.7%
Washington	8	52	36	69.2%
Weber	6	52	35	67.3%
Totals	102	1,024	766	74.8%

In 2011, 102 workshops were taught, which is an increase of nineteen (22.9 %) from 2010. Seventeen workshops were taught to 232 Pacific Islanders. There were seven workshops taught in Spanish (Tomando Control de su Salud) with eighty participants. There were 120 Hispanic/Latinos took the course in 2011.

Through months of collaborating and meeting with the Four Corners CDSMP Partnership (composed of the following states: Arizona, Colorado, New Mexico, and Utah), coordinated and held the first *Four Corners CDSMP Leader Training*, in Farmington, New Mexico on November 14-17, 2011. Reaching the tribal population in Utah has been an objective and in this training, we were able to work with the AAA's and the Utah Navajo Health System (UNHS) to send three individuals from Utah. The training had twelve Native Americans trained as CDSMP leaders from the Four Corners area. Leaders represented these tribes in the region: Navajo, Ute, Hopi, Zuni, and others. Strong collaboration and great resource sharing occurred throughout the planning and implementation of the training. A decision to continue to work in the partnership was discussed and agreed upon among the states, after the training.

The most commonly reported health conditions reported by the participants that participated in the workshop were arthritis (42.2%), high blood pressure (37.8%), and diabetes (30.4%) (See Figure 1).

Figure 1. Conditions Reported by the 1,024 Workshop Participants Utah, 2011



Findings

After taking the workshop, the most frequently mentioned benefits were:

- Increased awareness about themselves and empathy for others
- Increased knowledge base
- Learning how to develop and use an action plan to solve a problem

Many participants said they would or had re commended the workshop to their friends. T hey repeatedly described the workshop as:

- Fun
- An opportunity to learn new coping skills
- A way to socialize and to be in a supportive environment

In summary, the primary benefits reported by participants included:

- Recognizing the need to manage their condition(s)
- Enjoying a sense of camaraderie
- Developing and following through with individual action plans
- Integrating program components into their daily routines (e.g., exercise, healthy eating, communication)
- Increasing their confidence to engage in activities previously perceived as overwhelming
- Finding opportunities for socializing created by the group format

Throughout 2011, Utah continued to have great need for more widespread use of evidence-based interventions. Currently, evidence-based programs are available on a limited basis for individuals living with the effects of arthritis, diabetes, falls, and heart disease.

In Utah, the following evidence-based programs for chronic conditions include:

- Arthritis Foundation Self Management Program
- Arthritis Foundation Exercise Program
- Arthritis Foundation Aquatics Program
- Chronic Disease Self-Management Program
- Diabetes Self-Management Program
- Enhanced Fitness
- Functional Analysis Screening for Falls
- "Matter of Balance, A Falls Program"
- "Stepping-On, A Falls Program"
- Home Health Diabetes Case Management Program

The Department of Health also has a Heart Disease and Stroke Prevention Program located within local a HMO system, which is available to the members of the HMOs.

c. Why Nutrition is Important

Eighty-seven percent of older adults have one or more of the most common chronic diseases - hypertension, diabetes, and coronary heart disease, all of which are preventable or treatable in part with appropriate nutrition services.

Proper nutrition makes it possible to maintain health and functionality positively impacting the quality of life in older adults.

As primary prevention and health promotion, nutrition counseling lessens chronic disease risk and addresses problems that can lead to more serious conditions. As a component of chronic disease management, medical nutrition therapy (MNT) slows disease progression and reduces symptoms.

Older adults who routinely eat nutritious food and drink adequate amounts of fluids are less likely to have complications from chronic disease and to require care in a hospital or other facility.

The key to improving the quality of life for all of us is acknowledging that "our body" is the "house" we live in. If we want to be healthy and free of pain, we have to take care of our body. It will only support us to the degree to which we care for it.

2. Community Senior Centers

As part of a comprehensive community strategy, senior centers can offer services and activities both within and outside the Senior Center, as well as link participants with resources offered by other agencies. Senior Center programs consist of a variety of individual and group services/activities including but are not limited to the following:

- Health and wellness
- Arts and humanities programs
- Intergenerational activities
- Employment assistance
- Information and referral services
- Social and community action opportunities
- Transportation services
- Volunteer opportunities
- Educational opportunities
- Financial and benefits assistance
- Meal programs

Senior Centers also serve as a resource for the entire community for developing innovative approaches to addressing aging issues, for information on aging, support and training for family caregivers, professionals, lay leaders, and students.

The National Council on Aging and National Institute of Senior Centers share the following Senior Center trends for now and into the future:

- In the past twenty years, Senior Centers have undergone major changes.
- Centers now need to work with many community partners, other human service agencies, volunteer organizations, citizen groups, various city departments, government agencies, AAAs, and other community-wide planning and policy-making groups to continue existing services and create new ones.
- While service-delivery systems are growing more sophisticated, Senior Centers must play a critical role as the community focal point for older adults within the system.
- Wide ranges characterize a diversity of needs in the older population in age, income, and ethnic backgrounds as well as physical and mental conditions and capacity.
- The growing diversity of the older population impacts program planning and scheduling, needs of families and caregivers, and intergenerational interests groups.
- There are public and private funding sources and it is imperative that centers understand the importance of and become proficient at pursuing funding and resources to meet the growing needs of seniors.
- There is a growing need for Senior Centers to clearly define relationships and channels of communication in the community's aging network.
- It is crucial to establish ethical guidelines for a center's operations.
- ADA legislation has greatly impacted the function and design of Senior Centers.
- People are living longer and stages in the cycle of life are increasing.
- Marketing strategies must be utilized to respond to participants' needs.

Congregate Meals	Home-Delivered Meals (HDM)
The Congregate Meal program provides one meal a day that meets 33 1/3 percent of the dietary reference intake for elderly persons at approximately 105 meal sites across the state (plus eight sites that are not state-funded). These meals are made available to individuals age 60 and over. Nutrition education is provided to all participants and good health habits are continually encouraged. Those who receive these meals are encouraged to give a confidential financial contribution. The local AAA establishes the suggested contribution amount. These contributions covered twenty-one percent of the total expenditures in FY 2011 and are used to enhance the Congregate Meals program.	The HDM program provides one meal a day that meets 33 1/3 percent of the dietary reference intake for elderly persons who are age 60 or over, home bound, and have limited capacity to provide nutritionally-balanced meals for themselves. Other in-home services are provided when identified through assessment. Home-delivered meals are delivered to the participants' homes five days a week, except in some rural areas where funding may limit delivery to only three or four days a week with a waiver approval. Through the assessment process, an effort is made to assure that those with severity of need receive meals. Contributions are encouraged in an amount set by the local AAAs and go directly to the HDM Program. In FY 2011, contributions to the program covered twenty-two percent of the total expenditures. Due to funding limitations, there are still unserved and underserved areas of the state.

CONGREGATE MEALS – FY 2010	
Unduplicated Persons served	19,822
Meals served	838,238
Total expenditures	$5,288,122
Contributions by seniors	$1,029,457
Average cost per meal*	$6.31

HOME-DELIVERED MEALS – FY 2010	
Unduplicated Persons served	10,401
Meals served	1,225,366
Total expenditures	$7,752,070
Contributions by seniors	$1,534,213
Average cost per meal*	$6.33

**Cost includes direct costs (food, labor, transportation), indirect costs (screenings, education), and administration costs.*

The following profile of HDM recipients describes the typical participant and what may be expected in future years:

- **Age** 70% are 75 years of age or older
  40% are 85 years of age or older
- **Female** 75%
- **Lives alone** 95% but requires assistance with ADLs (Activities of Daily Living)
- Receives at least five meals per week
- One third of recipients require special diets (low sodium, high protein, diabetic, etc.)
- Receives nutrition education

As medical advances allow people to live longer, seniors are experiencing increased chronic illness, which limits the ability to adequately care for themselves. The HDM Program helps meet the needs of these individuals. An increased demand for this service is expected.

Cost-Benefit Support: The cost of one day in a hospital roughly equals the cost of one year of OAA Nutrition program meals. One month in a nursing home equals that of providing mid-day meals five days a week for about seven years. *(2007 State program report. US Administration on Aging Web site http://www.aoa.gov/AoARoot/Program_Results/SPR/2007/Index.aspx#national. Last modified July 16, 2009. Accessed February 7, 2012.)*

3. The Home and Community-based Alternatives Program

Developed and funded by the State of Utah, the Home and Community-based Alternatives Program provides in-home services, allowing people to remain in their homes as they age, with cost-effective functional supports, thus reducing the need for nursing home placement.

Since its inception three decades ago, the stated goal of the program has been to prevent premature placement in nursing facilities, as well as to provide additional benefits to individuals including enhancement of the quality of life, promotion of independence in one's own home, and general well-being. Since then, the extreme escalating costs of long-term care facilities, which is commonly accepted to be $27,000, have contrasted sharply with the average annual costs of $5,076.

In the array of services offered, the first is always case management. Every AAA in Utah has professional case managers specializing in the issues of aging, understand local community resources, and are committed to providing excellent service. Although clients must meet age and financial eligibility guidelines to receive services under the Home and Community-based Alternatives Program, it is the most flexible of all in-home programs. This core flexibility allows case managers to design a service package that meets a client's unique needs once eligibility is established. Demand for Alternatives services continues to be high; currently more than five hundred people around the state are waiting for services.

Throughout Utah, case managers remain committed to client-directed care. This in-home services model emphasizes the client's involvement with care planning whenever possible. The Alternatives Program supports even those clients who wish to hire their own care providers. In addition to case management, typical services provided by the AAA include a broad spectrum of client assistance including personal care, homemaker services, transportation, respite to caregivers, and chore services, always building on the individual's strengths and resources.

Another feature of the Alternatives Program is cost sharing. People who receive services from this program are required to pay a fee based on their financial eligibility. Monthly fees are generally low, between $8 to $35 per person. Asking clients to pay a fee for services provides consumer involvement, which keeps the program from feeling like an entitlement. These fees offset about 1.5 percent of the annual program costs.

A new idea for finding more funding for this program has come from AAAs in Utah who have been holding local fun-raising activities. One such example is the Uintah Basin where a total of $36,000 has been raised at a shooting event and a Christmas tree decorating auction. About one third of the total funds raised has been promised to the Alternatives Program and home-delivered meals; a real success story. Other AAAs are looking for ways to follow this example. The following chart profiles the use of services in this program during FY 2010:

The Alternatives Program: FY 2010	
• Homemaker • Personal Care and Home Health Aide • Other Services - Emergency Response Buttons - Home-Delivered Meals - Respite/Adult Day Care - Transportation	• Individuals Served 1,085 • Expenditures: Federal SSBG $1,053,860 State Funds $2,875,892 Fees $90,804 Local Funds $610,593 Average Annual Cost per Client $5,076

The AoA has looked at state-funded home and community-based programs to learn what policies and practices seem to be most effective in providing services at the lowest costs. Utah was one of several states included in these discussions and has received very positive feedback on the model of service delivery and cost containment in Home and Community-based Alternatives Program.

4. National Family Caregiver Support Program

The National Family Caregiver Support Program (NFCSP) enabled Utah to expand services to those providing care to an aging family member, friend, or neighbor. From 1996-2000, Utah administered a state-funded respite program for caregivers. During that period a little over 1,000 caregivers received respite care services. Today, Utah's caregivers have a much wider array of support services available to them including the traditional respite care. In addition, caregivers receive information about programs and resources along with guidance on how to access those resources. Education, training, and support are also available to help caregivers learn more about their caregiving role and the ensuing system. Other services such as financial and legal counseling, assistance with transportation, and more are offered on a limited basis. Since the reauthorization of the OAA and the enactment of the NFCSP in 2000, thousands of caregivers have received respite services and thousands more have been able to access critical services to protect their well-being and help them provide care to a loved one.

With the most recent reauthorization of the OAA in 2006, there is a commitment to provide outreach and services to a broader audience of family caregivers under the NFCSP. The reauthorization includes providing caregiver services to a non-parent adult who cares for a child of any age with a disability; allowing participation of a grandparent or relative caregiver beginning at age fifty-five and clarifying that an older individual may receive services if providing care for a child related through blood, marriage, or adoption; and authorizing caregiver support for relatives responsible for the care of an individual of any age who is diagnosed with Alzheimer's disease or a related neurological disorder. Priority is given to caregivers of relatives with Alzheimer's disease who are over age sixty. In addition, the current changes authorize all Title III programs for fiscal years 2007-2011 with an increased appropriation level to $187 million over five years for the NFCSP.

The updated OAA will modernize community-based long-term care systems by empowering consumers to make informed decisions about their care options, give people greater control over the types of services received, create more opportunities for high-risk individuals to avoid institutional care, and enable more seniors to live healthy lives in their communities. Changes in the OAA support and complement ongoing changes in the Medicare and Medicaid programs to provide increased options for, and greater integration of, home and community-based care and services for older and disabled individuals and to help rebalance health and long-term care for the twenty-first century.

Supporting family caregivers is of the utmost importance due to their key role in upholding American family values and honoring the desire of many older adults to live at home and stay close to their families for as long as appropriate. Utah could not meet its long-term care obligations without contributions from family caregivers. It is widely known that the vast majority of older people prefer to live in their current residences. By providing informal care, family members honor their relative's wishes to remain at home, and save the nation over $450 billion each year in uncompensated care-preventing premature institutionalization.

The NFCSP has no financial eligibility requirements in order to receive services, but focuses on identifying and serving families who are the most economically or socially isolated. The usual access

point for these services is the local AAA. Caregivers across the state can learn about the resources and services available through these agencies.

Currently, DAAS, in partnership with the AAUC has received Alzheimer's Disease Supportive Services Program grants from the AoA. These grants, funds are awarded to the DAAS on behalf of the Alzheimer's Association and then passed through to the Association for administration of the grant activities. Grant funds enable the State of Utah, through the AAUC and other partners, to provide education, training, advocacy, and services to Alzheimer's patients and their caregivers.

Alzheimer's Disease Evidence-Based Grant: FY 2011 amount $180,890
Purpose: Replicate the tools and strategies of the New York University Caregiver Intervention (NYUCI) to employ the counseling and supportive intervention in a coordinated community-based program to improve caregiver well-being among minority culturally diverse and rural-based populations.

Alzheimer's Disease Innovations Grant: FY2011 amount $144,070
Purpose: Creating Care Champions, to provide caregivers with access to non-pharmacologic treatment and support services and to study the effects of such interventions.

The Utah Coalition for Caregiver Support (UCCS), formed in March 2002, is a statewide partnership of approximately thirty organizations. It meets regularly to discuss the issues impacting caregivers throughout the state. In addition, UCCS continues to distribute The Family Caregiving in Utah booklet, which they developed in 2003. This booklet contains helpful information about services related to caregiving issues and is available by going to http://utcaregiver.org/ and clicking on "Family Caregiving in Utah" on the right side of the screen. There are plans to update the booklet this year in order to provide Caregiving information reaching individuals across the lifespan. The UCCS has co-sponsored the reprinting of Respite Services–Enhancing the Quality of Daily Life for Caregivers and Care Receivers, a booklet to assist caregivers in learning how to have a more quality respite experience. Copies of this booklet are available at http://aging.utah.edu/gerontology/.

Lifespan Respite Care Program Grant: The UCCS has received a three-year Lifespan Respite Care Program Grant from the AoA. This grant award has enabled the UCCS to actively expand its focus from providing services for caregivers of the elderly to all caregivers, across the lifespan. The Lifespan Respite Care Program grant is also an opportunity for the UCCS to collaborate and coordinate respite care activities in the state with other related services and programs. What this means is that UCCS is re-forming itself around the idea of working on respite issues for all who need it-from birth to death. This action not only creates the opportunity to increase membership in the UCCS, but also enables the UCCS to improve its reach with additional focus and resources to support other populations in need of respite care, information, and services.

The Lifespan Respite Care Program Grant afforded the UCCS an opportunity to partner with the Utah Hospice and Palliative Care Organization (UHPCO) to offer a statewide Caregiver Conference on November 9, 2011. There were 154 people in attendance, which was comprised of both family and professional caregivers, and seventeen vendors offered information and resources to conference attendees. The conference provided eleven sessions covering issues faced by caregivers across the lifespan. There are plans to offer this conference in 2012.

Town Hall Meetings: Four Town Hall meetings were planned and executed. Participation was excellent with meaningful input from lifespan caregivers. These Town Halls occurred in June 2011, at Five

County Area Agency office, Ogden Human Services Complex, Orem Mountainland Area Agency Office, and Salt Lake Multi-Agency Complex. At these locations, caregivers had the opportunity to come, tell their stories, and provide their input on the caregiver experience. These evening sessions were ninety minutes in length and were chaired and facilitated by members of the Coalition from each of the mentioned areas. Community stakeholders, agency and public officials, and the media were invited to attend. The agenda for each Town Hall was to introduce caregivers and listen to their stories. Each Town Hall chair worked with their respective community to contact caregivers and invite them to come and share input and stories. In all, over thirty families shared their stories. The majority of families cared for aging parents and spouses, with many caring for those with Alzheimer's disease and related dementias. Other families were caring for children and adults with other disabilities. These families were informed of services and supported in their efforts.

Alzheimer's State Task Force: In working with the AAUC, DAAS has formed a task force and met six times beginning April 2011. The task force has addressed the growing issue Utahans' face regarding Alzheimer's and related dementias. The work of the task force is to meet, study, listen to citizen input, and write a plan, which can be adopted and legislated. Task force workgroups were formed to develop strategies, goals, and recommendations to propose a plan of action to the legislature.

Following are the proposed over-arching goals:

- Create a dementia-aware Utah
- Ensure health and dignity for all with dementia and those at risk
- Support and empower family caregivers
- Develop a dementia-competent workforce
- Expand research in Utah

Dementia Care Conference: On October 28, 2011, Utah held a full-day conference devoted to dementia care in our state. The conference had one track for professionals and one for caregivers in the area of dementia care. Presenters provided valuable information for the audience, and the conference was also an opportunity for professionals and family caregivers to network with others. There were 275 conference attendees and twelve vendors to provide information and resources.

Professional sessions included information on best practices: combining pharmacology and person-centered care; eliminating the stigma of Alzheimer's and related dementias; how to use specific screening tools; how to manage problematic behaviors; validation and redirection techniques for long-term care settings; and how to improve business performance through quality dementia care. Sessions for family caregivers included: living well with mild cognitive impairment; caregiver resources to guide decision-making and care options; how to become an advocate for the State Plan for Alzheimer's; compassion fatigue and Caregiving; and a panel of physicians to answer caregiver questions.

5. Home and Community-based Medicaid Aging Waiver Program

For the past 18 years, DAAS has administered the Utah Home and Community-based Medicaid Aging Waiver Program. The Aging Waiver program provides home and community-based services to individuals who are in the home setting, but require the types of services provided by nursing facilities and would be expected to enter a nursing facility through the Medicaid program within a very short period of time if they could not obtain in-home services from the Aging Waiver Program. During the Division's administration of the waiver, 5,598 frail elderly have been served. In FY 2010, Utah's Home and Community-based Medicaid Aging Waiver Program served 537 elderly Utahns, enabling them to continue residing in their own homes rather than being placed in nursing facilities.

Aging Waiver services are available statewide to seniors age 65 and over who meet criteria for nursing home admission and Medicaid financial eligibility. Services provided to eligible seniors include homemaker, adult day health services, home health aide, home-delivered meals, non-medical transportation, etc.

In 2010, the Aging Waiver was approved for an additional five years. Two new services were added. These services are Personal Budget Assistance and a Community Meal Option.

HOME AND COMMUNITY-BASED MEDICAID AGING WAIVER	
Services Provided*	**% of clients**
• Homemaker	78%
• Emergency Response	69%
• Home-Delivered Meals	39%
• Med Equip/Assistive Technology	34%
• Adult Day Health Services	15%
• Respite and Transportation	27%
* Most clients receive several services; therefore, the total exceeds 100%.	

Cost Data on the Waiver	
Other Waiver Facts	
• Total individuals served	558
• Total expenditures	$3,506,591.60
• Annual average cost per client	$8,443.87

6. Other Older Americans Act Services

Older Americans Act Title III-B funds are used to provide a wide variety of services enabling Utah's seniors to maintain independence. Remaining at home in a familiar community is a high priority for Utah's seniors. When illness or disability limits seniors' ability to perform tasks necessary to live independently, outside assistance is requested. With funds made available from the OAA in the categories of access, legal, in-home, and optional services, the AAAs provide services to families and caregivers who assist seniors living in their own homes and communities. The agencies also provide information and presentations on a wide range of topics of interest to seniors, such as health and medical issues, taxes, budgeting and personal finance, insurance, Medicare, estate planning, consumer fraud, etc.

The AAAs also assist many seniors with chores which are difficult or impossible to do for themselves, such as lawn work, snow removal, and minor house repairs. Friendly visitors, telephone reassurance, and volunteer services do much to alleviate problems homebound seniors face if they are alone and isolated. Transportation is critical for seniors whose frailty prevents them from driving or who have limited access to public transportation services.

7. Senior Health Insurance Information Program (SHIP)

Program Description: The State Health Insurance Assistance Program, or SHIP, is a national program offering one-on-one counseling and assistance to people with Medicare and their families. Through

federal grants directed to states, SHIPs provide free counseling and assistance via telephone and face-to-face interactive sessions, public education presentations and programs, and media activities.

Primary Objectives:

- Objective 1-The Utah SHIP will provide personalized counseling to an increasing number and diversity of individual beneficiaries unable to access other channels of information or needing and preferring locally-based individual counseling services.
- Objective 2-The Utah SHIP will conduct targeted community outreach to beneficiaries in public forums under their sponsorship or with community-based partners or coalitions to increase understanding of Medicare program benefits and raise awareness of the opportunities for assistance with benefit and plan selection.
- Objective 3-The Utah SHIP will increase and enhance beneficiary access to a counselor workforce that is trained, fully equipped and proficient in providing the full range of services including enrollment assistance in appropriate benefit plans, and prescription drug coverage.
- Objective 4-The Utah SHIP will participate in CMS education and communication activities, thus enhancing communication between CMS and the Utah SHIP to assure that SHIP counselors are equipped to respond to both Medicare program updates and a rapidly changing counseling environment and to provide CMS with information about the support and resources that the Utah SHIP need to provide accurate and reliable counseling services.

Utah 2011–State Data http://www.cms.gov/PrescriptionDrugCovGenIn/	
277,162	Total Medicare Beneficiaries in Utah
233,950	Total Medicare Beneficiaries with Prescription Drug Coverage
84%	Total Percentage with Drug Coverage in Utah
78,527	Beneficiaries with Drug Coverage from Medicare or Former Employers
80,839	Beneficiaries with Medicare Stand Alone Drug Plans
74,584	Beneficiaries with Medicare Advantage Plans with Drug Coverage

Performance Data: For PY 2011(ending September 30, 2011), the Utah SHIP had the following performance indicators:

- PM1: 12,082 contacts
  - Number of total client contacts (in-person office, in-person home, telephone [all durations], and contacts by e-mail, postal, or fax) per 1,000 Medicare beneficiaries in the State.
- PM2: 27,475 reached
  - Number of persons reached through presentations, plus reached through booths/exhibits at health/senior fairs, plus enrolled at enrollment events per 1,000 Medicare beneficiaries in the State.
- PM3: 11,474 contacts
  - Number of substantial, personal, direct client contacts (telephone calls of duration 10 minutes or more, in-person office, in-person home) per 1,000 Medicare beneficiaries in the State.
- PM4: 1,099 contacts
  - Number of contacts with Medicare beneficiaries coded as in the CMS-defined Disabled program (under age 65 rule enforced during data entry) per 1,000 Medicare beneficiaries in the CMS-defined Disabled program.
- PM5: 5,130 contacts

    - Number of unduplicated low-income (below 150% FPL, regardless of Asset coding) Medicare beneficiary contacts and/or contacts that discussed low-income subsidy (LIS) per 1,000 low-income Medicare beneficiaries in the State.
- PM6: 9,590 contacts
    - Number of unduplicated enrollment contacts (contacts with one or more qualifying enrollment topics) discussed per 1,000 Medicare beneficiaries in the State.
- PM7: 6,399 contacts
    - Number of unduplicated Part D enrollment contacts (contacts with one or more qualifying Part D enrollment topics) discussed per 1,000 Medicare beneficiaries in the State.
- PM8: 6,163 hours
    - Total counselor hours (from client contact form) per 1,000 Medicare beneficiaries in the State.
- **SHIP National Ranking:** 24th

The Medicare Improvements for Patients and Providers Act (MIPPA) Grant: Anyone who has Medicare can get Medicare prescription drug coverage. Some people with limited resources and income also are eligible for Extra Help to pay for the costs - monthly premiums, annual deductibles, and prescription co-payments - related to a Medicare prescription drug plan. The Extra Help is estimated to be worth about $4,000 per year. Many people qualify for these big savings and don't even know it.

Primary Objectives:

- The Utah SHIP program will use 2010 MIPPA funds to enhance those efforts through statewide and local coalition building focused on intensified outreach activities to help beneficiaries understand and apply for their Medicare benefits.
- The Utah SHIP program will be involved in reaching people likely to be eligible for the Low Income Subsidy program (LIS), Medicare Savings Program (MSP), Medicare Part D and in assisting beneficiaries in applying for benefits.

Performance Data: For PY 2011(ending June 30, 2011), the Utah SHIP had the following performance indicators:

- **Low Income Subsidy Applications:** 99
- **Medicare Saving Program Applications (Utah Medicaid):** 82
- **Value of Benefits help to the applicants:** $525,128

8. The State Long-Term Care Ombudsman Program

The Utah Ombudsman Program responds to concerns and complaints about the quality of care and quality of life of residents living in long-term care facilities: nursing homes, assisted living facilities, swing bed hospitals, transitional care units, and small health care facilities. In Utah, there are 260 facilities with 13,654 licensed beds. The statewide program currently has 9.7 FTEs responding to the complaints and doing investigative and advocacy work for the entire State of Utah. Ombudsmen have responded to 1,823 cases and 2,524 complaints this last year. Due to ongoing updates from a national consistency-reporting program, the methods in which cases and complaints are counted has continued to change. Altercations between residents were not counted for a portion of last year and this year there has been a change in the definition of consultations. Some cases handled by the Ombudsman will now be counted as consultations rather than complaints, thus reducing the number of complaints from previous years. However, the workload for local ombudsmen continues to grow with more visits to assisted living facilities and an increase in the seriousness of cases. Along the Wasatch Front, volunteers continue to give the program a needed boost.

9. Title V: Senior Community Service Employment Program (SCSEP)

The Senior Community Service Employment Program (SCSEP), also known as Title V of the OAA is a job-training program for seniors over the age of 55 with income less than 125 percent of the poverty level. The program places seniors in a community service setting to obtain work skills necessary for job placement in the regular work community. During fiscal year 2010, Utah finished the year with a job placement rate of 51.2 percent. The Utah SCSEP program goal for the upcoming year is to proper place seniors into appropriate job placement so that seniors can succeed in the workforce.

THE AVERAGE TITLE V ENROLLEE	
• Age: 55–59	41 %
• Age 60+	59 %
• Female	52 %
• High school graduate	28 %
• Annual income below poverty level	98 %
• Minimum Title V wage	$7.25 per hr.
• Limited English proficiency	43 %

10. Legal Assistance Services and Statistical Legal Analysis

The Older Americans Act deems senior legal assistance a priority service. Accordingly, the Act requires each state to employ a Legal Services Developer to ensure priority for senior legal assistance programs. The Act requires the establishment of legal services related to income assistance, health care, long-term care, nutrition, housing and utilities, protective services, defense of guardianship, abuse, neglect, exploitation, and age discrimination. The Legal Services Developer's role is to (1) provide state leadership in securing and maintaining the legal rights of older persons; (2) coordinate the provision of legal assistance programs; and (3) improve the quality and quantity of services by developing a comprehensive system of legal services targeting older persons in greatest social and economic need while providing an array of legal services to all older Utahns.

In 2011, the Legal Services Developer conducted a cost analysis of financial exploitation. The Utah Cost of Financial Exploitation Study is an in-depth analysis of the cost of financial exploitation to Utah seniors. Utah is the first state to conduct a cost analysis. Other states are now following in Utah's steps. The purpose of the study is not only to calculate the financial loss to Utah seniors, businesses, and government entities, but also to identify patterns perpetrators are using to exploit seniors so that we can develop mechanisms to stop exploiters. This assessment led to the first time collaboration between the Bank of American Fork and the Legal Assistance Program to develop the nation's first ever bank monitoring tool. This simple monitoring tool helps seniors prevent financial exploitation with regards to their bank account. In addition, the Legal Services Developer helped develop a model bank-training program that helps identify, report, and prevent financial exploitation at banks. The model has been praised nationally. The model trains all bank employees on financial exploitation, trains employees on safer banking account structures for seniors who need help with their finances, and helps Banks sets up procedures and policies of reporting financial exploitation with regardless to federal confidential laws.

The Legal Services program has a variety of resources available such as legal services booklet and list of attorneys that hold themselves out to practice elder law in Utah.

In addition, the Legal Services program published a book this year called, Navigating Your Rights. This book is a reference guide discussing over twenty areas of elder law and written in question-and-answer format. It provides general information on various legal issues and programs including estate planning, guardianships, housing options, social security consumer rights, grandparents' visitation rights, and much more. So that consumers know where to go for help, at the end of each chapter of the book there is a section titled "More Information" that lists organizations to contact for additional information.

Many attorneys, social workers, graphics designers, editors, and proofreaders have made in-kind donations valued at over $98,000. (The Legal Services Developer has met her goal of running the program on more in-kind dollars than state dollars.) The goal of this book, which is being distributed throughout the state of Utah, is to educate older Utahns about various law and aging issues. As a result, it is hoped that more Utahns will be comfortable with the law, avoid ill-informed decisions and pitfalls, and prevent costly legal problems.

The Legal Services Developer is in the process of conducting a book tour and media campaign to spread awareness about this new resource, Navigating Your Rights. This campaign has been written about in all major newspapers in Utah as well as been picked up by the Associated Press. In addition, the book has been discussed on four radio programs. The book is available in print version as well as for download to a computer, tablet, or phone by visiting legalguide55.utah.gov.

The Legal Services Developer is working as the head of the Elder Law Coalition to put more information about legal services and legal information on the web, in podcasts, and slidecasts.

11. Senior Medicare Patrol Program (SMP)

Program Description: The SMP programs, also known as Senior Medicare Patrol programs, help Medicare and Medicaid beneficiaries avoid, detect, and prevent health care fraud. In doing so, they not only protect older persons, they also help preserve the integrity of the Medicare and Medicaid programs. Because this work often requires face-to-face contact to be most effective, SMPs nationwide recruit and teach nearly 4,500 volunteers every year to help in this effort. Most SMP volunteers are both retired and Medicare beneficiaries and thus well positioned to assist their peers.

SMP staff and their highly trained volunteers conduct outreach to Medicare beneficiaries in their communities through group presentations, exhibiting at community events, answering calls to the SMP help lines and one-on-one counseling. Their primary goal is to teach Medicare beneficiaries how to protect their personal identity, identify and report errors on their health care bills and identify deceptive health care practices, such as illegal marketing, providing unnecessary or inappropriate services and charging for services that were never provided. In some cases, SMPs do more than educate. When Medicare and Medicaid beneficiaries are unable to act on their own behalf to address these problems, the SMPs work with family caregivers and others to address the problems, and if necessary, make referrals to outside organizations who are able to intervene.

The Utah SMP program empowers seniors through increased awareness and understanding of healthcare programs. This knowledge helps seniors to protect themselves from the economic and health-related consequences of Medicare and Medicaid fraud, error and abuse. SMP projects also work to resolve beneficiary complaints of potential fraud in partnership with state and national fraud control/consumer protection entities, including Medicare contractors, state Medicaid fraud control units, state attorneys general, the OIG and CMS.

These activities support AoA's goals of promoting increased choice and greater independence among older adults. The activities of the SMP program also serve to enhance the financial, emotional, physical and mental well-being of older adults — thereby increasing their capacity to maintain security and independence in retirement, and to make better financial and healthcare choices.

Outputs and Outcomes: The HHS Office of the Inspector General (OIG) collects performance data from the SMP projects semiannually. SMART FACTS-the SMP web-based management, tracking, and reporting system-enables consistent measurement of activities and results, and seamless semiannual reporting of performance outcomes to the OIG. The most recent OIG Utah SMP report, dated May 6, 2011, documents the following program outputs and outcomes from the inception of the program in 1997 through December 2010:

- **Active Volunteers:** 99
- **Volunteer Training Hours:** 1,005
- **Volunteer Work Hours:** 6,601
- **Education Events:** Over 5 thousand Medicare beneficiaries have been educated during close to 221 group education sessions led by SMP staff or SMP projects.
- **Counseling:** More than 3,982 one-on-one counseling sessions were held with or on behalf of a beneficiary.
- **Events:** Over 10 thousand people are estimated to have been reached by Utah's 96 SMP community education events.
- **Media Outreach:** 87 media outreach events have been conducted.
- **Resolution of Complaints:** Over 80 complaints received from beneficiaries, their families or caregivers as a result of educational efforts were resolved or referred for further investigation.
- **Savings:** About $14,380 in savings, including Medicare and Medicaid funds recovered, beneficiary savings and other savings have been attributed to the project as a result of documented complaints.

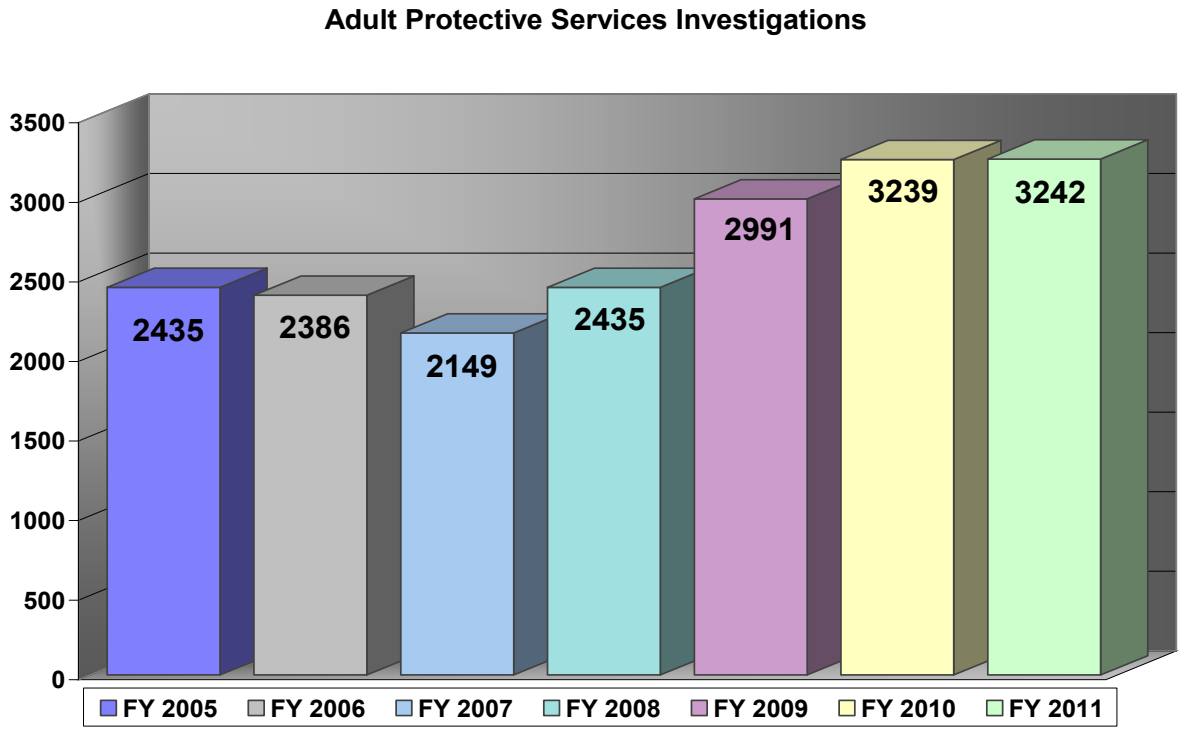
II. ADULT PROTECTIVE SERVICES

DAAS is responsible for the administration of Adult Protective Services Programs (APS). Within the division, the director of Adult Protective Services has statewide administrative responsibility for the program. APS Regional Offices are located throughout the state and assume investigation responsibilities.

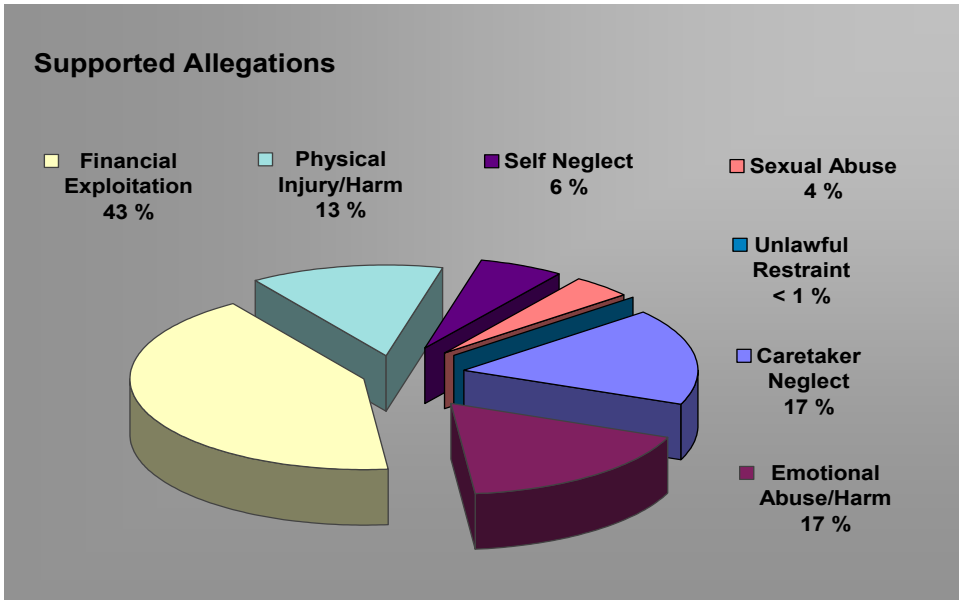
Federal and state statutes define "Vulnerable Adult" as an elder adult over 65 years of age or an adult 18 years or older who has a mental or physical impairment which substantially affects that person's ability to care for or protect themselves. APS is the agency mandated by these laws to investigate allegations of abuse, neglect, and exploitation of vulnerable adults. APS investigators partner with local law enforcement as required, to investigate allegations of abuse, neglect and exploitation, and also coordinate with community partners to provide services for vulnerable adults or their families to stop the abuse and protect them from further harm.

Participation/involvement with APS is voluntary for vulnerable adults. Most clients are referred to community programs for assistance; however, short-term limited services may be provided in emergency situations through APS. Adult Protective Services encourages the vulnerable adult, families and community resources to assume as much responsibility as possible for the care and protection of these individuals.

Abuse, neglect, and exploitation of vulnerable adults continues to rise and be both troubling and costly for Utah's citizens. The following chart reflects the number of investigations completed by the Adult Protective Services Program:



The following chart shows the results of investigations by type of supported allegation during FY 2010:



A. Investigation

Utah has a mandatory reporting law requiring anyone who suspects abuse, neglect, or exploitation of a vulnerable adult to report to law enforcement or APS Intake (800-371-7897). APS investigators conduct an investigation to determine if abuse, neglect or exploitation has occurred, and if so, will recommend a course of action to protect the individual from further abuse.

The following chart illustrates a profile of the APS clients and perpetrators:

2011 Victim Demographics	
Age	
Over 60	62 %
Gender	
Female	60 %
Location of abuse	
Own home	83 %
2011 Perpetrator Demographics	
Age	
Under 60	63 %
Gender	
Male	55 %
Relationship to victim	
Family Member or Relative	46 %
Family member = Child	51 %

B. Training

It is estimated that only a small percentage of cases of abuse, neglect, or exploitation of vulnerable adults are ever reported to the proper authority. Low reporting may be a result of lack of awareness/education regarding the program. During FY 2011, the state continued efforts to enhance awareness of vulnerable adult abuse and revisions were made recently to the Civil and Criminal Law (U.C.A. § 62A-3-301 and U.C.A. § 76-5-111). The program has provided 306 hours of training to approximately 7,100 individuals throughout the state, including, but not limited to, law enforcement officials, first responders, long-term care professionals, home health professionals, medical professionals, financial institutions, and senior citizens. Education, collaboration, and cooperation continue to be effective tools in recognizing and preventing vulnerable adult abuse.

C. Emergency Protective Payments

Adult Protective Services has sustained budgetary cuts in the last several years that have resulted in fewer resources for investigation and resolution of cases, therefore emergency protective payments are only issued in extreme situations.

BE A PART OF THE SOLUTION!

Report Abuse, Neglect & Exploitation of Vulnerable Adults

What Are The Signs?

Abuse

- Unexplained bruises or welts
- Multiple bruises in various stages of healing
- Unexplained fractures, abrasions, and lacerations
- Multiple injuries
- Low self-esteem or loss of self-determination
- Withdrawn, passive, fearful
- Reports or suspicions of sexual abuse

Neglect

- Dehydration
- Lack of glasses, dentures or other aides if usually worn
- Malnourishment
- Inappropriate or soiled clothes
- Over or under medicated
- Deserted or abandoned
- Unattended

Self-Neglect

- Over or under medicated
- Social isolation
- Malnourishment or dehydration
- Unkempt appearance
- Lack of glasses, dentures, or hearing aides, if needed
- Failure to keep medical appointments

Exploitation

- Disappearance of possessions
- Forced to sell house or change one's will
- Overcharged for home repairs
- Inadequate living environment
- Unable to afford social activities
- Forced to sign over control of finances
- No money for food or clothes

Utah law mandates any person who has reason to believe that a vulnerable adult is being abused, neglected, or exploited must immediately notify Adult Protective Services intake or the nearest law enforcement office.

To Report Elder & Vulnerable Adult Abuse Please Call:

State of Utah
Adult Protective Services

Salt Lake 801-538-3567

Statewide 800-371-7897

Web www.hsdaas.utah.gov/ap_referral.htm

Appendix I
BOARD POSITION PAPERS

Transportation Issues Among the Aging Population
(Priority 1)

As the "boomer" generation ages (birth years 1946-1964), the increase in the senior citizen population will intensify demands on an already inadequate transportation system.

- Transportation is critical to remaining independent in one's home, which is a strong desire among the senior population. Access to transportation helps seniors avoid becoming dependent on others for shopping, recreation, and medical care.
- The most common means of transportation for seniors is still their own automobile. Drivers over age 40 represent 46 percent of all licensed drivers in Utah. The 40- to 59-year-old population (baby boomers) makes up 65 percent of drivers. Thus, a large number of Utah's drivers will be aging in the next two decades.
- Aging drivers are perceived by some to be less safe. Aging drivers may be forced to continue to drive their own vehicle beyond a time when they may do so safely because no alternative transportation exists.
- The rare but highly publicized accidents involving older drivers may result in efforts by some individuals for more stringent licensing requirements, further reducing elderly mobility if no alternative public transportation is made available.
- For urban areas, services such as those provided by the Utah Transit Authority continue to expand, but will not be able to keep pace with the aging population's transportation needs without substantial increases in funding.
- Rural seniors face additional roadblocks to remaining independent due to lack of public transportation.

The Board of Aging and Adult Services believes that Utah needs to do more to ensure that Utah's transportation system will meet the challenge of the aging population. The Board urges the Legislature to support the following initiatives:

- Increase funding for senior transportation programs to address the increase in fuel costs.
- Add funding to the Meals on Wheels program to address the increase in fuel costs.
- Improve local capacity by supporting the one-time funding request for transportation equipment such as vans and ADA-equipped busses.

Improving Home and Community-based Services for Utah's Seniors
(Priority 2)

Utah has traditionally emphasized meeting the needs of our children, but we actually rank sixth nationally in population growth for individuals over the age of 65. Between the years 2000 and 2030, the 65 plus population is projected to grow 123 percent, a rate faster than our elementary school-aged population. There is a clear need to focus on seniors as well as children.

Longer life spans often mean an increase in chronic conditions. For example, 39 percent of individuals over 70 require one or more assistive devices to meet their needs. Additionally, 50 percent of people 85 and older will develop Alzheimer's disease.

Most people say that they do not want to "end up" in a nursing facility. Fortunately, there are many options for long-term care in our state. While not long ago, choices involved living with one's children or going to the "rest home," many Utahns today can age at home with the assistance of in-home service providers.

For seniors to remain at home, family caregivers provide many hours of in-home care needed by their loved ones. Care through public and private in-home service providers is not meant to replace the family, but to supplement family care, thus allowing the individual's health and safety to remain intact while aging at home.

In-home services programs provide benefits in at least three important ways:

- Improved quality of life. Individuals can age in the place of their choosing, with the dignity and respect they desire.
- Empowerment and control for consumers and their families for as long as possible. With professional case assistance, clients are able to choose the types of services needed and whom they want to provide the services.
- Diversion from early nursing home placement saves public funds. The state's cost for nursing home placement in Utah averages $23,944 annually. In-home services programs cost an average of $3,200 annually.

In-home and community programs allow older people to avoid premature institutionalization. A limited number of services are available to individuals 18 and older; the majority of public funding serves those 60 years and older.

Funding these programs is unique in that it draws on federal, state, and in some areas, county dollars. The demands for in-home services will continue to grow as our aging population increases.

The current systems are barely adequate to meet today's needs and our systems of service delivery, housing and medical care for seniors will certainly be overwhelmed by the upcoming surge of aging baby boomers. It is essential to begin planning now.

Improving Preventive Health Services for the Senior Population
(Priority 3)

Poor health is not an inevitable consequence of aging. But four out of five seniors have at least one chronic condition and at least half of all seniors have two or more chronic ailments that undermine their mental and physical health, limit their ability to care for themselves, and erode their quality of life.
If we don't do more to prevent chronic health conditions, the costs will simply overwhelm the present system.

For instance:

- In FY 2000, U.S. spending on health care for the elderly totaled $615 billion - more than a third of the federal budget. By FY 2010, the year before the baby boomers turn 65, it is projected that spending will amount to $1,050 billion.
- During the next decade, there will be a 25 percent increase in the number of people over the age of 65, with an even greater increase in the number over the age of 85.

Focusing on health promotion and prevention can significantly improve overall health and reduce costs. There is an ever-growing body of research that demonstrates that health promotion and prevention can improve health status, reduce the impact of disease, delay disability and the need for long-term care.

The challenge is applying what we already know more broadly so we can reach all of Utah's older adults. Utah's Board of Aging and Adult Services has identified three key areas to significantly improve health for older adults:

- Physical Activity: At least 30 minutes several days a week can prevent or reduce heart disease, hypertension, diabetes, arthritis, and improve mental health. Only 16 percent of adults 65-74 report participating in regular physical activity.
- Immunization: Vaccination against pneumonia and influenza is 80 percent effective. In 1999, less than 40 percent of older adults reported being immunized against influenza and 33 percent against pneumonia. In the U.S., over 50,000 adults 65 years and older die each year of pneumonia and influenza.

- Fall Prevention: Improving strength and balance can reduce falling. More than $20 billion is spent annually on fall-related injuries.

The emphasis of public health officials must shift from focusing only on the younger population to including the increasing numbers of seniors. This can be accomplished by:

- Promoting increased collaboration between public health and aging services network.
- Improving capacity of aging network to introduce evidenced-based programs that can improve heath status of seniors, lessen the impact of disease, and delay disability and the need for long-term care.

Caregivers: Supporting Those Who Care for Utah's "Greatest Generation" (Priority 4)

Government and businesses must prepare to provide resources for caregivers who face the responsibility of caring for an older parent, relative or friend.

The Facts Clearly Show a Compelling Need for Caregiver Support

- One in four American adults are long-term caregivers.
- Nearly two-thirds of adults under age 60 believe they will care for an older relative in the next ten years.
- Total lost productivity due to caregiving exceeds $11.4 billion per year.
- The replacement cost for an experienced employee is 93 percent of the employee's salary.

The Government and Employers can Support Caregivers in the Workplace

Clearly, caregivers need support in the workplace. Employers should make needed elder care information, such as accessing assistance, home care, respite, bill paying and other services available to employees.
But information is only the beginning. On-site care management for employees through human resource agencies could include benefits such as community referral assistance, in-house caregiver support seminars, group legal services, and flexible work schedules. These benefits may help employees maintain a healthier balance between work and other responsibilities, and in turn, employers enjoy a healthier, more productive workforce.

Supporting Caregivers Provides an Immediate and Tangible Benefit

Employees who receive on-site care management services may be less likely to quit due to the stress of caregiving. Employers can help employees identify and access resources, thereby decreasing the burden and allowing employees to focus on their work.
Employers can retain valuable, experienced employees by creating flexible work schedules, including part-time options. Flexibility can allow employees to assist care receivers with their needs while maintaining positive work habits.

Making the Right Moves to Support Caregivers

Working together, the state and the business community should:

- Provide information regarding caregiver support programs.
- Develop tax-incentives for employers who support caregiver support programs.
- Provide tax credits for family caregivers.
- Establish on-site care management services for employees.
- Develop and maintain a web-based caregiver assistance resource site.

Appendix II

DIVISION OF AGING AND ADULT SERVICES
UTAH DEPARTMENT OF HUMAN SERVICES

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FAX: 801-538-4395
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Director: DAAS	Assistant Director: OAA	Assistant Director: APS
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Website: www.aging.slco.org

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Six-County Area Agency on Aging
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Maughan Guymon, Director
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Fax: 435-637-5448
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