utah department of
human services

2015 ANNUAL REPORT and Directory of Services

Division of Aging and Adult Services

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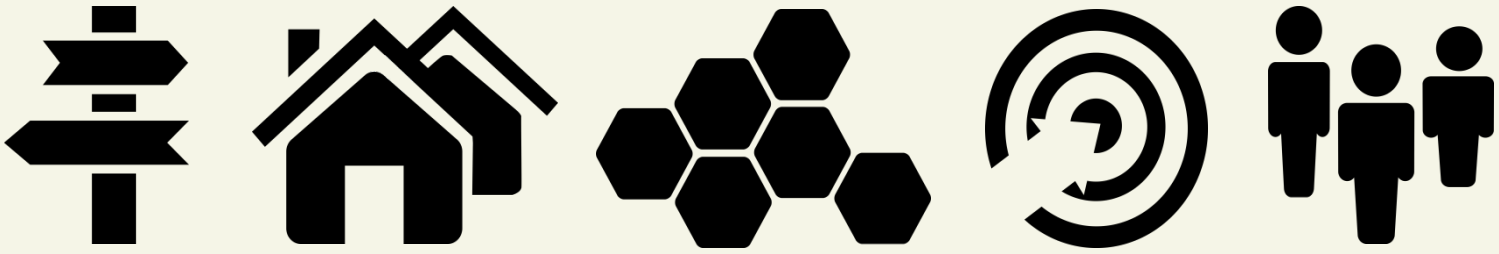

2015 ANNUAL REPORT and Directory of Services

Utah State Division of Aging and Adult Services

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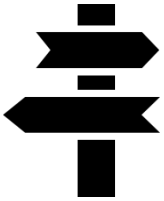
UTAH MODEL OF CARE

A strategic framework to guide our department-wide purpose, which is to strengthen lives by providing children, youth, families and adults individualized services to thrive in their homes, schools and communities.

BIG GOAL | Reduction in overall repeat client engagement in our most restrictive services

Prevention

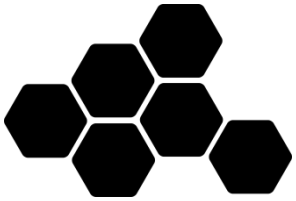


Implement prevention and early intervention strategies to reduce risk, trauma and intergenerational cycles of isolation and poverty

Self-Reliance

Support families and individuals safely in their homes, school and communities for sustainable success

Partnership



Improve outcomes through family accountability, interagency collaboration, public/private alliances and community supports

Operational Excellence

Seek, share, and improve upon best practices and demonstrate effectiveness through data and measurable results

People & Culture

Support employee career development, confidence, professional judgement and cultural competency

MEASUREABLE TARGETS

EVIDENCE

Informed by National System of Care Core Values: *Community Based; Family Driven, Youth Guided; Culturally and Linguistically Competent; and* ***Guiding Principles:*** *Broad Array of Effective Services and Supports; Individualized, Wraparound Practice Approach; Least Restrictive Setting; Family and Youth Partnerships; Service Coordination; Cross-Agency Collaboration; Services for Young Children; Services for Youth and Young Adults in Transition to Adulthood; Linkage with Promotion, Prevention and Early Identification; Accountability.*

utah department of human services

www.hs.utah.gov/model-of-care

DAAS Introduction

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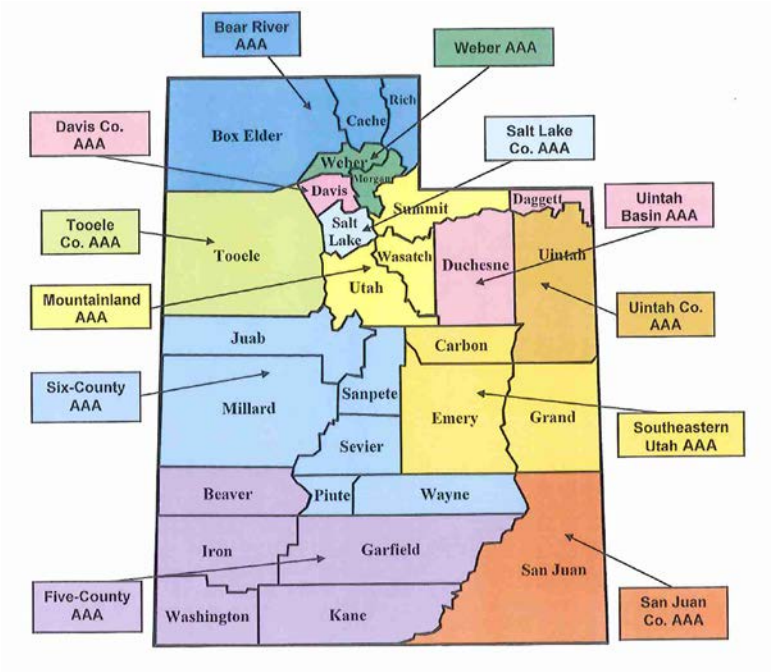
I. *Older Americans Act (OAA)*

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 as well as private providers serving the diverse needs of America's seniors. The OAA can be viewed as a work-in-progress and 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 (HHS)* and provided grants for training, demonstration projects, and research on aging. It also offered financial support to state offices or units on aging and state funding for projects supporting the elderly.

Amendments passed in 1969 established the National Older Americans Volunteer Program, which provided for Retired Senior Volunteers and Foster Grandparents. Because of a series of nutritional research and demonstration projects, the OAA was amended in 1972 to create a permanent nationwide nutrition program for the elderly. Additional amendments to the OAA in 1973, required states to create Planning and Service Areas (PSA) and to designate a public or private non-profit agency to serve as an Area Agency on Aging (AAA) in each location. Today, the current 629 agencies nationwide plan and coordinate services and opportunities for older persons on a regional basis. Utah is proud to support the aging population with twelve agencies devoted to aging. (See list in Appendix II)



Other amendments passed in the 1970s established the Senior Community Service Employment Program (SCSEP), awarded grants for low-income persons age 60 or older to work as senior companions, added a separate age discrimination act, and with assistance from the *U.S. Department of Agriculture*, supplied surplus commodities to the nutrition program. Amendments passed near the end of the decade established the Long-Term Care Ombudsman

program, providing professional and volunteer ombudsmen to assist older persons living in long-term care facilities.

The most recent reauthorization of the OAA occurred in 2006, further enhancing and enriching the act. The amendment requires AAAs to set specific objectives, consistent with state policy, for providing services to older individuals with the greatest economic and social need and those at risk for institutional placement. Older individuals with limited English proficiency and those residing in rural areas must also be included. The bill clarified AAAs' needs 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 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 serving the needs of Utah's seniors. Local AAAs have been designated to cover all geographic regions of the state and are responsible for providing a comprehensive array of services and advocacy for the needs of seniors residing in these PSAs.

In 1986, DAAS was given the administrative authority for Adult Protective Services (APS), a program to protect vulnerable adults from abuse, neglect and exploitation. APS employees assist victims and work to prevent further abuse, neglect, and exploitation. Staff is 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 impacting 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 supporting independent living and protecting quality of life. • Encourage citizen involvement in the planning and delivery of services.

GUIDING PRINCIPLES

The Division of Aging and Adult Services believes:

- 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 or 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.

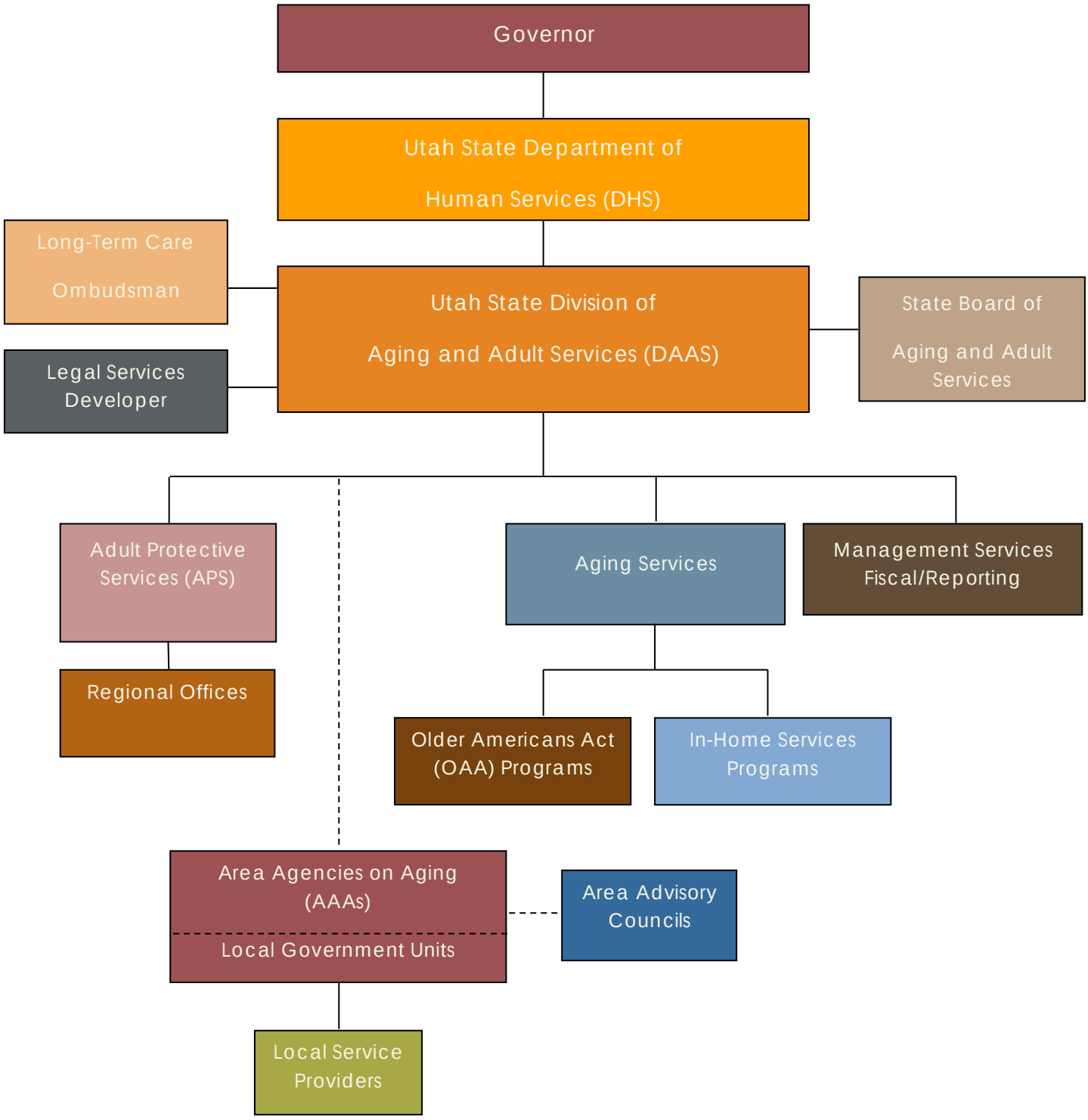
III. Organizational Structure

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 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.

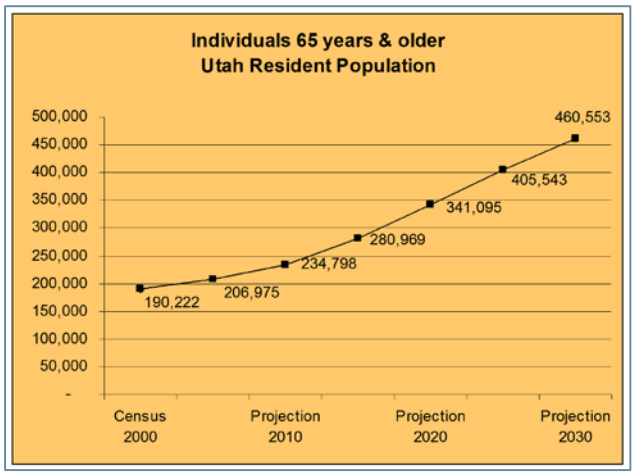
The following chart depicts the organizational structure of DAAS:

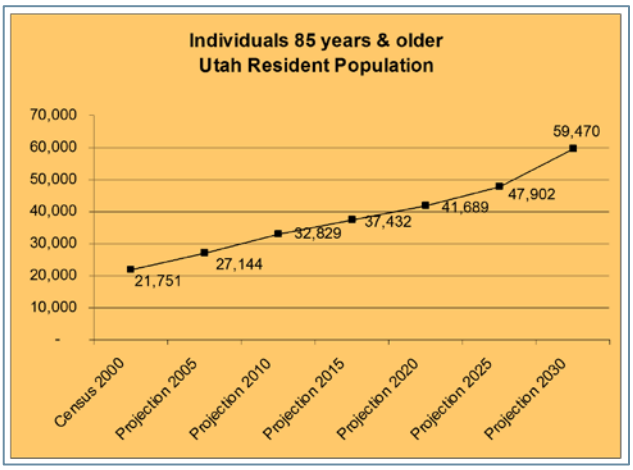


IV. Population Growth of Seniors in Utah

Providing needed services to the senior population of Utah will become more challenging in the future due to the rapid current growth in seniors nationwide. The U.S. Census Bureau predicts the senior population in the United States will increase from approximately 40.2 million in 2010 to 88.5 million by the year 2050. Similarly, Utah's senior population (65 and older) is predicted to grow from current levels of 259,184 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 US median of 36.8. Despite its youthfulness, Utah's population is growing older and living longer. The following charts show Utah's 65 and older population will increase by 145 percent between 2000 and 2030. The 85 and older population in Utah increased by 42.5 percent between 2000 and 2010.





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

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 created by two main factors: 1) the increase in longevity due to better health, sanitation, nutrition and medicine and 2) the baby boomer cohort, those born between 1946 and 1964, reaching retirement age. Beginning in 2006, the baby boomer cohort has dramatically increased the size of the 60 and older population group. Since 2006, the projected annual increase of the 60 and older group has been three times the increase observed between 1993 and 2006. There is concern the predicted growth of those needing services will overwhelm existing programs and services currently provided to Utah's older citizens. There is a need for investment in improved methods to articulate the impact Utah's aging population will have on current service delivery systems, while continuing to provide a solid foundation of current services for existing individuals more than the age of 65. The Division will continue to refine its planning for the growth and trends in Utah's senior population.

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

A. The Century Club of Utah


Grace Simkins, 106 yrs. young

The 29th Annual Century Club of Utah Celebration, hosted by Governor and Mrs. Gary R. Herbert and Lieutenant Governor Greg Bell, honored Utah's oldest citizens who have reached the age of 100 years or more on August 28, 2015 at the Viridian Event Center in West Jordan, Utah.

When a resident of Utah turns 100 years old, 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 2015 Century Club of Utah Yearbook, containing pictures and brief life stories of 64 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 ***http://www.daas.utah.gov/***.

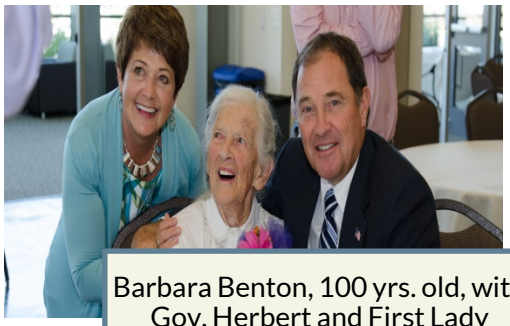
The 2010 census reported 186 Centenarians are living in Utah. As of December 2015, 138 Centenarians are listed on the records kept in DAAS. Their ages and counties of residence are shown on the following charts.

Utah's Centenarians – December 2015 Breakout by Age			
Age	Women	Men	Total
107	1	1	2
106	2	0	2
105	2	1	3
104	8	1	9
103	13	8	21
102	10	4	14
101	25	10	35
100	34	15	49
*99	2	1	3
TOTAL	**97**	**41**	**138**

* Individuals turning 100 by the end of 2015

Utah's Centenarians Counties of Residence – December 2015	
Beaver	1
Box Elder	2
Cache	5
Carbon	1
Daggett	0
Davis	8
Duchesne	0
Emery	0
Garfield	0
Grand	0
Iron	0
Juab	1
Kane	1
Millard	1
Morgan	2
Piute	0
Rich	1
Salt Lake	70
San Juan	1
Sanpete	3
Sevier	0
Summit	1
Tooele	2
Uintah	2
Utah	13
Wasatch	0
Washington	10
Wayne	0
Weber	13
TOTAL:	**138**

August 2015 Centenarian Celebration



Barbara Benton, 100 yrs. old, with Gov. Herbert and First Lady

Milton Christensen, 100 yrs. old, with Gov. Herbert

Olson Blodwen, 100 yrs. old, with Gov. Herbert and Lt. Gov. Cox

Dorothy Jonas, 101 yrs. old, with Gov. Herbert

Claudio Dos Santos, 99 yrs. old, with Gov. Herbert and First Lady

B. State Board of Aging and Adult Services

The State 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 selected 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 representing Utah's twelve AAAs. During all meetings, members of the public are invited, encouraged to participate and present 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 the State needs to address, especially in light of the demographic changes exacerbated as baby boomers continue to reach retirement age. The position papers discuss: 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 an annual basis, the board is called upon to review and approve the plans explaining how AAAs will utilize federal funds allocated to the State in furtherance of the OAA. The format of the plan is developed by the Division and approved by the Board. The Annual Plan for Federal Fiscal Years 2012 to 2016, provided information regarding each agency's accomplishments during the previous year in addition to reporting the number of services provided to eligible seniors.

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 in participating 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.

D. 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.

Aging Services

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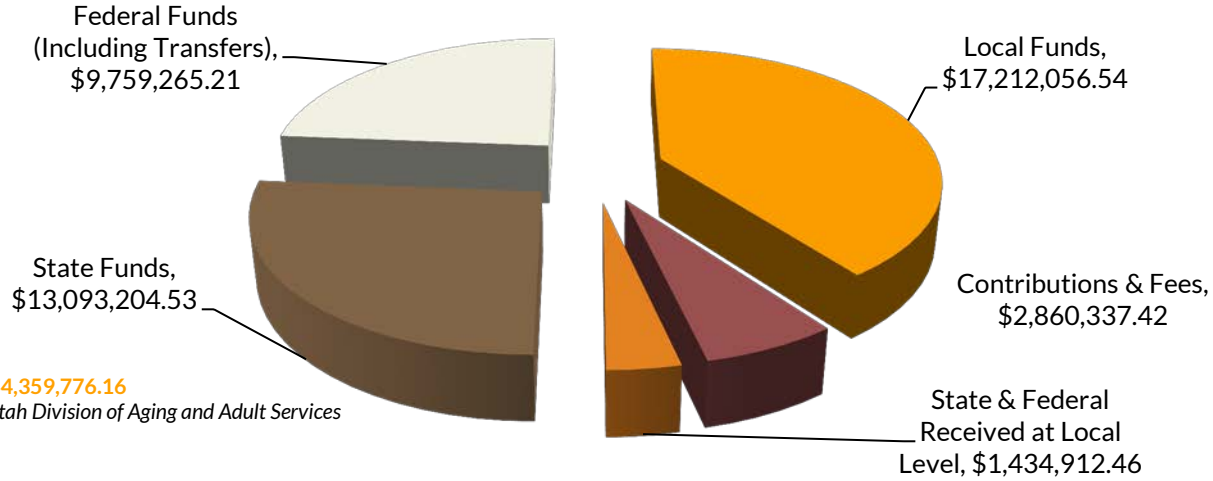
SERVICE DELIVERY

The Division contracts with units of local government or Associations of Governments to operate AAAs. A funding formula is used to allocate funds to Utah's AAAs, which are responsible for 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. 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 each major source 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.

Aging Services - State FY2015
Expenditures by Funding Source

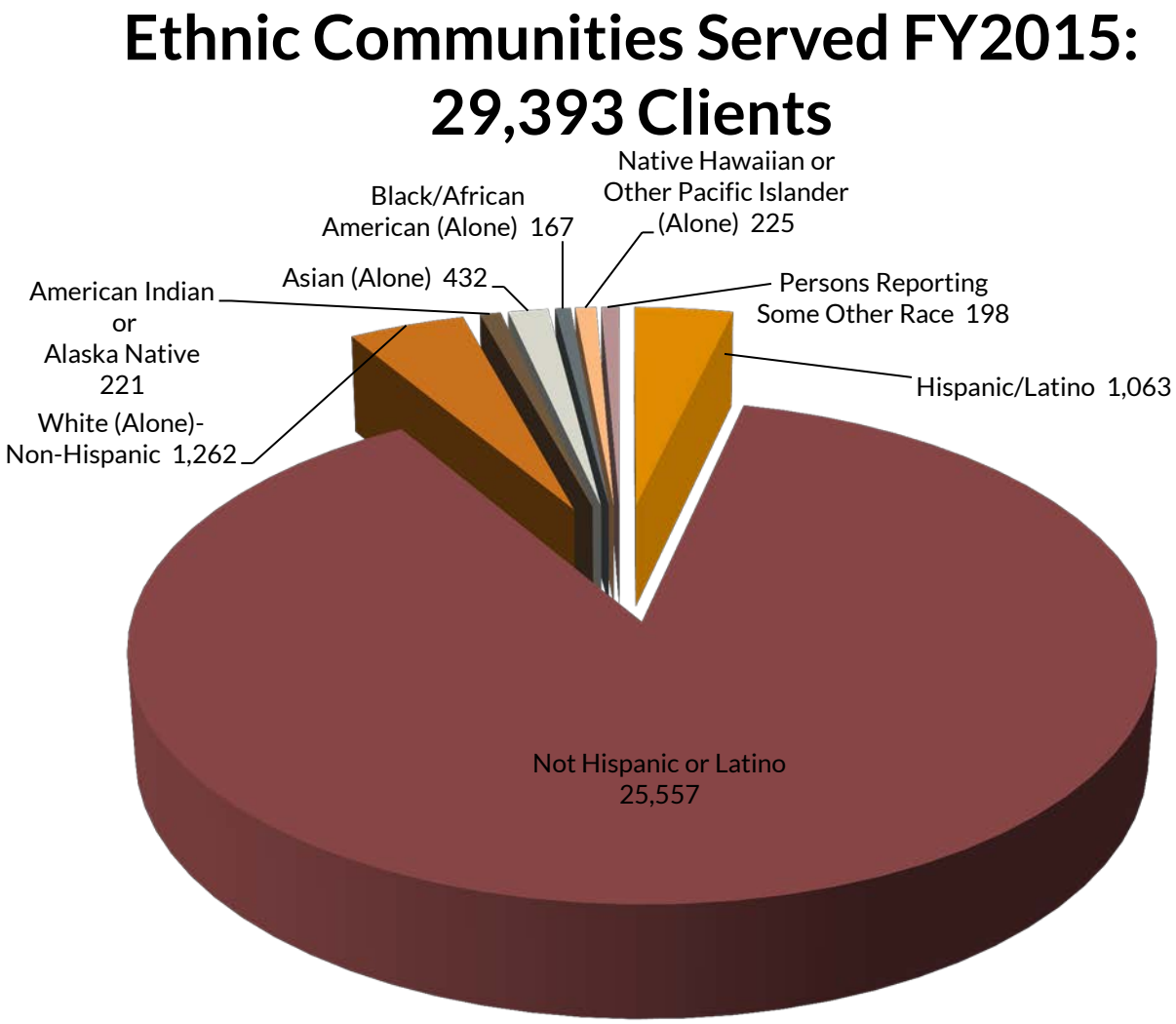


Total: $44,359,776.16
Source: Utah Division of Aging and Adult Services

B. Review of Aging Program Fiscal Year 2015 Activities

The following sections are a review of the services available through the Division and AAAs to help the elderly and their families deal with the changes and challenges 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.

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



Nutrition and Health Program

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Health Promotion and Disease Prevention Program

The definition of healthy aging according to the ***National Council on Aging*** (NCOA) is *"A broad concept which 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."* [1]

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 older adults. According to a report released by Trust for America's Health in July 2008, 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. Which would mean 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.

Until August 31, 2015, DHS in partnership with the ***Utah Department of Health***, the Utah Department of Medicaid and the ***Aging Disability Resource Center*** received two grants from AoA. These grants enabled the State of Utah, with the ***Utah Arthritis Foundation*** and other partners to provide education and training, advocacy and services to individuals with chronic disease(s).

Grant One: AoA Recovery Act-Communities Putting Prevention to Work-Chronic Disease Self-Management Program Grant- (April 1, 2010 to March 31, 2011 = $7,500 and April 1, 2011 to March 31, 2012 = $7,500)

[1] *http://www.ncoa.org/improve-health/center-for-healthy-aging/content-library/HA_CommunityPartnerships.pdf*

Purpose: Project Description

The number of older adults living in our society with chronic conditions has and will increase dramatically in the coming years with the aging of the baby boomer generation. The first boomers turned 60 in 2011 and of these, more than 37 million – or six out of ten – have managed more than one chronic condition by 2030. In addition, 14 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 the ability of older adults to remain independent within their own homes and communities. The more chronic illnesses an individual has, the more likely an 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 recommend 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 patients' role in managing their illnesses 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 varying chronic health conditions attend workshops led by trained and certified facilitators. Program facilitators often struggle with chronic illness themselves, making it easier for them to relate to program participants.

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 key objectives of this CDSMP Recovery Act funding opportunity were to:

- Deliver CDSMP to 50,000 individuals
- Document the impact of CDSMP on participant health behavior, health status (self-rated health status, improved energy levels, etc.), and self-reported health care utilization (e.g. reduced hospital use)

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[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

- 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, which benefit older adults

Of the 67,757 individuals who complete a CDSMP program because of this initiative, it was expected there were improvements in self-rated health, increased energy levels, stretching, strengthening, and endurance exercises and fewer hospitalizations. Utah was awarded a $298,660 grant, which was completed from March 31, 2010 to March 31, 2012.

Utah objectives included 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 AAAs 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.

Findings

Many participants said they would recommend the workshop to friends. They repeatedly described the workshop as a great opportunity to learn new coping skills and socialize while enjoying a supportive environment. The primary benefits reported by participants included: recognizing the need to manage condition(s); enjoying a sense of camaraderie; developing and following through with individual action plans; integrating program components into daily routines (e.g. exercise, healthy eating, communication); increasing confidence to engage in activities previously perceived as overwhelming and finding opportunities for socializing created by the group format. Grant Two became available and with these findings, it was an easy decision to apply for it.

Grant Two: Empowering Older Adults and Adults with Disabilities through Chronic Disease, Self-Management Education Programs financed by Prevention and Public Health Funds, from September 1, 2012 to August 31, 2013 DAAS received $19,000, from September 1, 2013 to August 31, 2014 DAAS received $19, 000, and from September 1, 2014 to August 31, 2015 DAAS received $19,000.

Purpose

The overall purpose of this funding opportunity is to help ensure evidence-based self-management education programs are embedded into the nation's health and long-term services and supports systems. This effort will help preserve and expand the prevention program distribution and delivery systems, which were developed through previous AoA Evidence-Based Disease and Disability Prevention Program and Recovery Act CDSMP grants.

This grant is supportive of the HHS Strategic Framework on Multiple Chronic Conditions in bringing to scale and enhancing sustainability of evidence-based, self-management programs. It also helps to address the Healthy People 2020 objectives to increase the proportion of older adults with one or more chronic health conditions who report confidence in managing their conditions and to increase the proportion of older adults who receive Medicare benefits for Diabetes Self-Management Training.

In 2013, the program name was changed to Chronic Disease, Self-Management Education (CDSME). This grant is designed to achieve the following two major goals:

- Goal 1: Significantly increase the number of older and/or disabled adults with chronic conditions who complete evidence-based CDSME programs to maintain or improve their health status.

- Goal 2: Strengthen and expand integrated, sustainable service systems within States to provide evidence-based CDSME programs.

Utah, one of twenty-two states awarded this grant, received $300,000 for one year; in FY 2012 received $300,000, in FY 2013 received $210,000 for year two, and in FY 2014 received $229,000. Utah Arthritis Program (UAP), within the Utah Department of Health (UDOH), and DAAS' goals were to substantially increase the number of Utahns who complete CDSME programs to maintain or improve their health status and to strengthen, expand and sustain our integrated service system to provide CDSME programs to 3,460 older, disabled and minority adults (completers) with chronic conditions in the next three years.

This was the final year of receiving Federal funding for the Arthritis Program. This grant was for a period of three years with receiving a total of $57,000. See the following table for the actual number of participants and workshops presented in the state for 2015.

Chronic Disease Self-Management Workshops by County Utah, January 1 – August 31, 2015				
County	**Number of Workshops**	**Number of Initial Participants**	**Number of Completers**	**Completion Rate**
Box Elder	2	17	12	70.6%
Cache	7	69	44	63.8%
Davis	7	46	38	82.6%
Garfield	1	10	6	60.0%
Iron	4	22	17	77.3%
Juab	1	14	10	71.4%
Morgan	1	15	4	26.7%
Salt Lake	48	581	389	67.0%
Summit	2	40	20	50.0%
Tooele	3	14	3	21.4%
Utah	7	59	33	55.9%
Wasatch	1	8	8	100%
Washington	4	35	26	74.3%
Weber	4	38	24	63.2%
14 Counties	**92**	**968**	**634**	**65.5%**

Chronic Disease Self-Management Workshops by County Utah, Year-to-Date 2015 (12/7/2015)				
County	**Number of Workshops**	**Number of Initial Participants**	**Number of Completers**	**Completion Rate**
Box Elder	3	26	20	76.9%
Cache	7	69	44	63.8%
Davis	11	82	67	81.7%
Garfield	2	13	8	61.5%
Iron	4	22	17	77.3%
Juab	1	14	10	71.4%
Morgan	1	15	4	26.7%
Salt Lake	55	688	455	66.1%
Summit	2	40	20	50.0%
Tooele	3	14	3	21.4%
Utah	7	86	51	59.3%
Wasatch	1	8	8	100%
Washington	4	51	40	78.4%
Weber	4	47	30	63.8%
14 Counties	**115**	**1,175**	**777**	**66.1%**

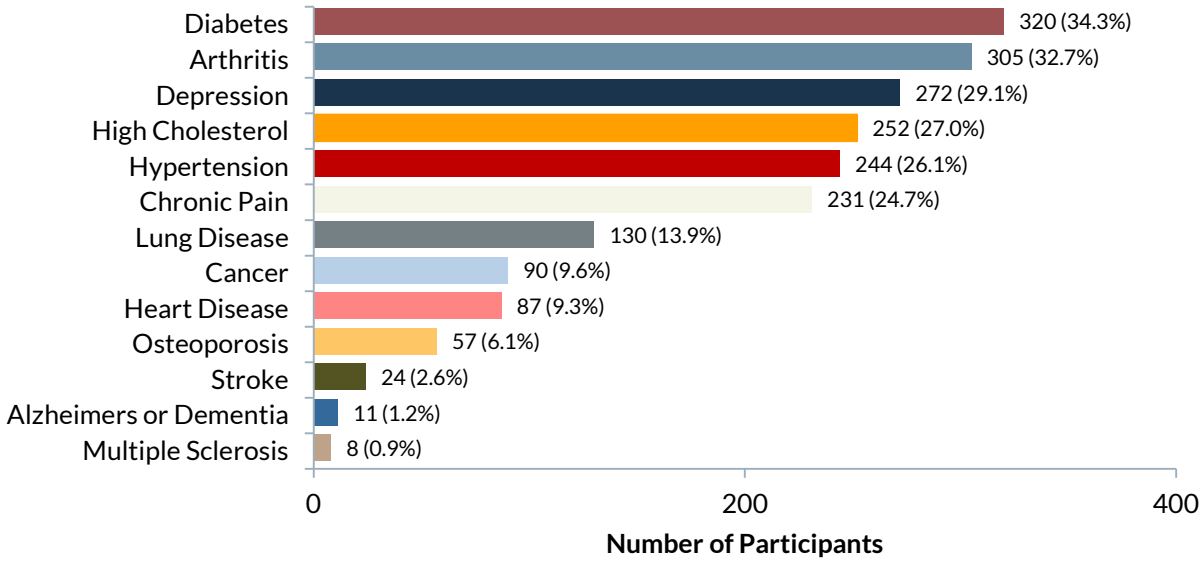
Since April 1, 2010, there have been 6,417 participants in the CDSME Programs and 4,549 attended four of the six sessions for a completion rate of 70.9 percent. There were 5,688 individuals who attended both English and Spanish CDSMP classes and 729 attended DSMP (English and Spanish). The average initial class size was 10.2 and the average number of completers per workshop was 7.2.

In 2015, 115 CDSME workshops have been completed by 16 host organizations at 74 sites.

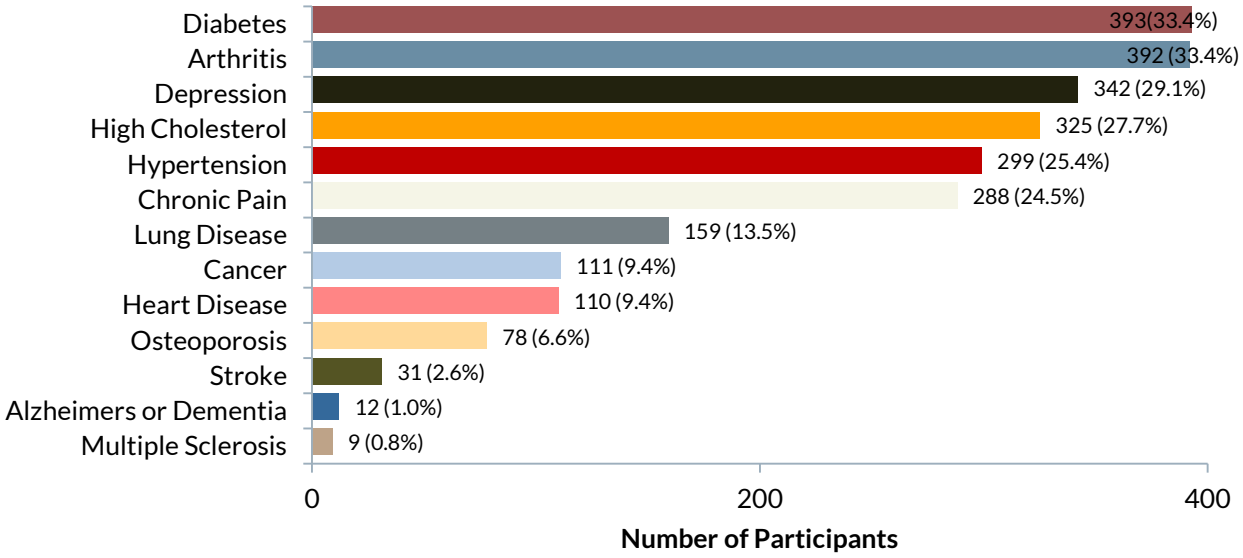
A total of 69 Pacific Islanders have been taught in six workshops and everyone attended four or more classes and 190 Hispanic/Latinos (19.3 percent) attended a CDSME workshop through December 7, 2015. Of those Hispanic/Latinos, 161 were taught in 13 Tomando Control de Su Salud courses and 104 attended four or more classes in 12 different locations for a completion rate of 64.6 percent.

Chronic Conditions Reported by CDSME Workshop Participants

Utah, January 1 – August 31, 2015



Chronic Conditions Reported by CDSME Workshop Participants
Utah, Year-to-Date 2015 (12/7/2015)



Throughout 2015, Utah continued to have a 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, current evidence-based programs for chronic conditions include:

- Arthritis Foundation Self-Management Program
- Arthritis Foundation Exercise Program
- Arthritis Foundation Aquatics Program
- Arthritis Foundation Walk with Ease
- 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 a local HMO system, which is available to the members of the HMOs.

Why Nutrition is Important

Eighty-seven percent of older adults have one or more of the three 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 reduces chronic disease risk and addresses problems, which 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 require care in a hospital or other facility.

According to the ***National Council on Aging, Fact Sheet: The Unseen U.S. Health Crisis of Malnutrition***, people over 60 are also affected by malnutrition. Many people think malnutrition refers only to people who are undernourished and appear emaciated. However, malnutrition is actually a broad term defined as the insufficient, excessive or imbalanced consumption of nutrients – and yes, many people in the U.S. are malnourished. People who are malnourished can appear to be overweight, underweight or perfectly "healthy". Being malnourished places Americans at risk for serious health consequences and creates significant costs to the U.S. healthcare system. A misperception is that malnutrition only impacts third world countries. However, many Americans are malnourished due to contributing causes such as poor diet and/or chronic disease.

Impact and Consequences of Malnutrition

Poor nutrition or malnutrition can result in the loss of lean body mass, leading to complications that negatively impact a broad range of health outcomes and increase healthcare costs, including:

- Reduced recovery from surgery/disease
- Impaired wound healing
- Increased susceptibility to illness/infection
- Risk of fall
- Longer hospital stays
- Increased hospital readmissions
- Prolonged stays in rehabilitation facilities
- Earlier admission to long-term care residential facilities, such as nursing homes

The ***Administration for Community Living Research Brief*** published October 2015, states the OAA Nutrition Program (NP) is not simply focused on meal provision or nutrition outcomes, but on how to maintain the health and functionality of older adults in the community. To maintain health and functionality, the OAA indicates that the OAA NP has specific purposes in addition to the overall OAA purposes. These specific purposes focus on how the role of nutrition contributes to:

1) Reducing hunger and food insecurity
2) Promoting socialization
3) Promoting health and well-being
4) Delaying adverse health conditions

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

In the past twenty years, Senior Centers have undergone major changes. The National Council on Aging and National Institute of Senior Centers reports centers now need to work with many community partners, human service agencies, volunteer organizations, citizen groups, various city departments, government agencies, AAAs and other community-wide planning and policy-making groups to support growth while continuing existing services. While service-delivery systems are growing more sophisticated, Senior Centers now must also play a critical role as the community focal point for older adults within the system. In addition, a wide range of needs exists due to the large amount of diversity in age, income and ethnic backgrounds as well as physical and mental conditions of older Americans. This growing diversity of the older population impacts program planning and scheduling, needs of families and caregivers and intergenerational interests groups. With an array of public and private funding sources available it is imperative centers strive to become proficient in pursuing funding and resources to meet the growing needs of seniors. Senior Centers must also clearly define relationships and

channels of communication in the community's aging network and establish ethical guidelines for their operations.

NCOA's National Institute of Senior Centers (NISC) offers the nation's only ***National Senior Center Accreditation Program***. To advance the quality of senior centers nationwide, NISC developed the program with nine standards of excellence for senior center operations. These standards serve as a guide for all senior centers to improve their operations today—and position themselves for the future. Fourteen of Salt Lake County's Senior Centers have completed accreditation status.

CONGREGATE MEALS	HOME-DELIVERED MEALS (HDM)
The Congregate Meal program provides one meal a day that meets one-third of the dietary reference intake for elderly persons at approximately 105 meal sites across the state (and eight sites which 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 20 percent of the total expenditures in FY 2015 and are used to enhance the Congregate Meals program.	The HDM program provides one meal a day for elderly persons who are age 60 or over, home bound and have limited capacity to provide nutritionally balanced meals for themselves. These meals provide one-third of the dietary reference intake required. 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 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 2015, contributions to the program covered 19.4 percent of the total expenditures. Due to funding limitations, there are still unserved and underserved areas of the state.

The following profile of Home-Delivered Meals (HDM) recipients describes the typical participant and what may be expected in future years:

- Seventy percent are seventy-five years of age or older; forty percent are 85 years of age or older
- Seventy-five percent are female; twenty-five percent male
- Ninety-five percent live alone but one-third need assistance with and have more than three ADLs (Activities of Daily Living) and more than three IADLs (Instrumental Activities of Daily Living)
- One-third of recipients require special diets (low sodium, high protein, diabetic, etc.)
- All receive some nutrition education at least twice per year. Most receive at least five meals per week

According the ***Mathematica Policy Research Report for AOA***, the average cost of a congregate meal was $10.69 and home-delivered was $11.06 meal (weighted) in the United States. The average cost of a congregate meal was $12.13 and home-delivered meal (weighted) was $14.32 by the Western geographic region. Statistics for Utah are shown in the tables below:

CONGREGATE MEALS – FY2015	
Unduplicated Persons served	23,249
Meals served	719,445
Total expenditures	$5,938,405
Contributions by seniors	$1,189425
Average cost per meal*	$8.25

HOME-DELIVERED MEALS – FY2015	
Unduplicated Persons served	9,515
Meals served	1,174,95
Total expenditures	$8,260,720
Contributions by seniors	$1,603,871
Average cost per meal*	$7.03

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

As medical advances allow people to live longer, seniors are experiencing increased chronic illness, which limits their ability to adequately care for themselves. The HDM Program helps meet the needs of these individuals. With the growing elderly population it is expected there will be an increase in demand for this service.

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 costs about the same as 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 January 16, 2013.)

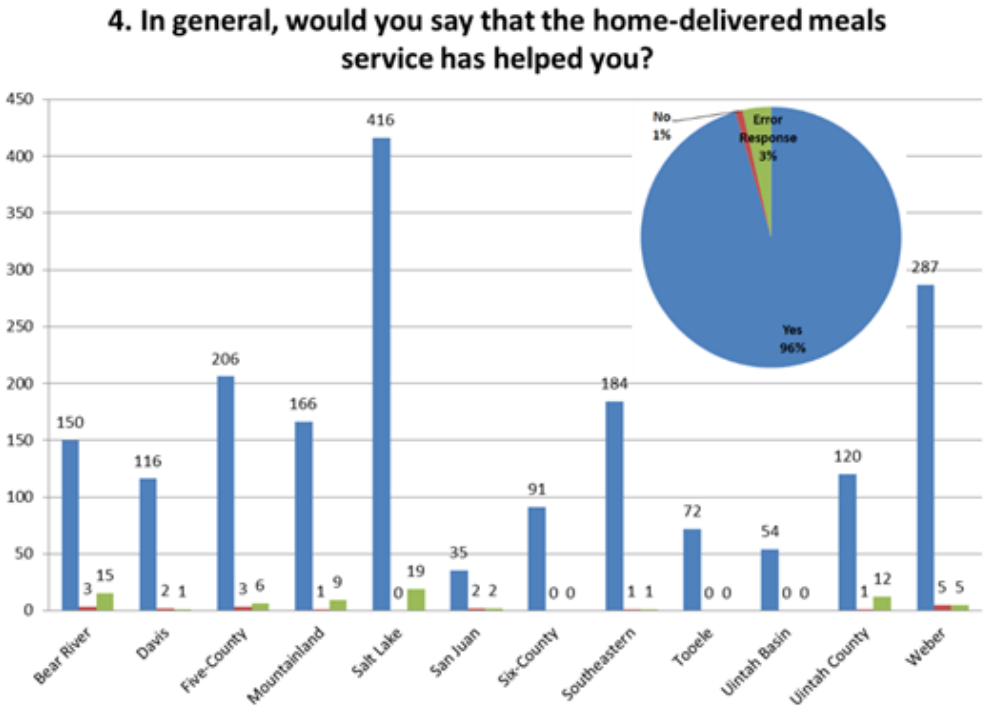
POMP Home Delivered Meals Survey

The Administration for Community Living (ACL, formerly known as the Administration on Aging) developed the Performance Outcome Measurement Project (POMP). This was a multi-agency collaboration involving ACL along with state and local Agencies on Aging. The intent was to assist in assessing program performance of State Units on Aging (SUA), Area Agencies on Aging (AAA), along with helping ACL to meet both the accountability provisions of the Government Performance and Results Act (GPRA) and the Office of Management and Budget's (OMB) Program assessment requirements.

The Utah Division of Aging and Adult Services (DAAS)/SUA along with its twelve AAAs collaborated to utilize the POMP survey tool to assess the adequacy and benefits of Home Delivered Meals (HDM) throughout the State of Utah.

UTAH IS THE FIRST STATE IN THE NATION TO COMPLETE THE POMP HOME DELIVERED MEALS SURVEY COLLECTING VALUABLE DATA AND SETTING THE BAR FOR OTHER STATES TO FOLLOW.

A questionnaire was distributed to every participant of the Meals on Wheels Program. A total of 4,648 surveys were distributed with a return of 2,009. After deleting the surveys with recognition errors, the total number of surveys used in the study was 1,972. This represents a forty-two percent return rate.



National Family Caregiver Support Program

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The National Family Caregiver Support Program (NFCSP) established in 2000, 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 working within the 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, 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 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 60.

The updated OAA will modernize community-based long-term care systems by empowering consumers to make informed decisions about their care options, giving people greater control over the types of services received, creating more opportunities for high-risk individuals to avoid institutional care, and enabling 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 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. Many studies report caregivers who receive services to support their caregiving efforts from NFCSP experience a decrease in the negative effects of caregiving, including decreases in stress, anxiety, and depression, enabling them to provide care longer.

The NFCSP has no financial eligibility requirements in order to receive services and 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 by contacting these agencies.

Utah Caregiver Support Program

In the State of Utah during the 2015 fiscal year, a focus for Case Managers within the AAA to place an increased emphasis to empower clients during their time on the UCSP was begun. Case Managers have been instructed to provide specific documentation of efforts to provide information, education, and training to each client with the goal of increasing self-reliance and reduce the recidivism rate of those clients staying on the program for multiple years.

As a significant amount of clients on UCSP care for loved ones with dementing diseases, on the state level a resource notebook was assembled with dementia resources and distributed to all AAAs.

A great work is continuing to move forward in each of the twelve AAAs. Numerous family caregivers participated in caregiver conferences throughout the state on the local level, attended caregiver support groups and educational opportunities, and were provided with options counseling. It is very evident agency Directors and Case Managers are very dedicated, know their clients and communities very well, and are serving them in an exceptional manner.

AAA highlights throughout the state include:

- A Care Partners program was launched at Mountainland Department of Aging and Family Services. Volunteers are actively being recruited through local universities as well as from the general public to provide a break for family caregivers.

- In rural San Juan County, iPads have been obtained and are being checked out to clients with aging and caregiving information on them as well as music and other forms of respite caregivers can access without leaving their loved ones.

- Bear River AAA has a very active caregiver coalition, which has partnered with local Home Health Agencies. Every year, this group provides two health fairs and education for family caregivers. These also include some caregiver pampering experiences.

- Five-County AAA is actively educating physicians with their "Make a Link" program. Physicians are supplied with an educational packet on aging and dementia resources in the community as well as several patient packets to pass out to caregivers and their loved ones who are diagnosed with dementing diseases.

- Southeastern AAA has partnered with Active ReEntry to provide a dementia Music and Memory program.

- Weber AAA provides a very successful caregiver education program which is offered every fall and spring. Approximately thirty to fifty caregivers attend each week the series is offered.

- Salt Lake County Aging Services sends out a wonderful caregiver newsletter via email each month to a large mailing list. Their Caregiver Academy runs year-round.

- Tooele AAA has developed a partnership with the Alzheimer's Association as well as a local medical center, which provides caregiver support groups through their "Senior Circle" group.

- Davis County AAA collaborated with students at the University of Utah for a full-scale research effort to determine community needs.

- Uintah County, Uintah Basin, and Six-County AAAs are working on increasing outreach efforts to obtain new caregiver clients as well as utilizing creative strategies in sharing resources with their communities due to the difficulty holding support groups in their large geographical service areas.

2015 State of Utah Caregiver Survey

The Utah Division of Aging and Adult Services (DAAS)/SUA along with its twelve AAAs collaborated to utilize an adaptation of the Performance Outcome Measurement Project (POMP) survey tool to assess the adequacy and benefits of the Caregiver Support Program throughout the State of Utah.

The Administration for Community Living (ACL, formerly known as the Administration on Aging) developed the POMP survey. This was a multi-agency collaboration involving ACL along with state and local Agencies on Aging. The intent was to assist in assessing program performance of State Units on Aging (SUA) and AAAs along with helping ACL to meet both the accountability provisions of the Government Performance and Results Act (GPRA) and the Office of Management and Budget's (OMB) Program assessment requirements.

The purpose of the 2015 Caregiver Survey was to assess if the program is having a positive impact on family caregivers and their ability to care for their care receivers. A questionnaire was distributed to every client receiving respite services in the Utah Caregiver Support Program during FY 2015. A total of 478 surveys were distributed in September 2015 with a return of 192 responses. This represents a forty percent return rate.

Significant findings include:

a. Eighty-two percent of caregivers report the UCSP is delaying the placement of the senior they are caring for into institutional care.

b. Eighty percent of caregivers report they are able to remain in their role as a caregiver for a longer period.

c. Fifty-three percent of caregivers state they are in a better position to continue being a caregiver without government-supported assistance.

Rosalyn Carter Institute for Caregiving

The Rosalyn Carter Institute for Caregiving has a goal to increase the use of "science that works" to support both professional and family caregivers. The Institute provides a structured training program and certification process for an *evidence-based intervention designed to provide* the greatest chance of improving the health and well-being of caregivers. This includes a newly-launched toolkit on evidence-based programming for seniors.

On June 23, 2015, a representative from the Rosalyn Carter Institute for Caregiving came to Utah for the purpose of training Case Managers in this evidence-based intervention. Several individuals attended the training and some Case Managers from Mountainland and Five-County AAAs were certified. The program has been implemented in these two AAAs for FY 2016. Results of this intervention will be forthcoming in the annual report for 2016.

Hartford Change AGEnts Initiative

On May 21, 2015, the Gerontological Society of America (GSA) approved a small Hartford Change AGEnts Initiative Action Award for Dr. Jacqueline Eaton at the University of Utah. She is one of seven awardees nationally who has been selected for funding to implement a meaningful one year practice change project. The start date for this project is June 1, 2015 and the end date is May 31, 2016. DAAS has agreed to provide interprofessional collaboration and supportive partnership through time, expertise, and networking abilities to this unique arts-based Action Award.

This project has two specific aims: 1) collaborate with early and experienced caregivers to create an ethnodrama targeting early caregiver intervention, and 2) disseminate caregiving resources while increasing publicity and support through professional performances of the resulting ethnodrama to the wider community. Three professional performances of the ethnodrama will be given targeting policymakers, aging professionals, and the community at large. The overarching goal of this project is that early caregivers in Utah will have a heightened awareness and greater understanding of available resources, the Utah Caregiver Support program will be more accessible to early caregivers, and Utah legislators will be more aware of caregiving needs in the state.

Utah Coalition for Caregiver Support

Formed in March 2002, The Utah Coalition for Caregiver Support is a statewide partnership of approximately thirty organizations. UCCS meets regularly on a monthly basis to discuss the issues impacting caregivers throughout the state. Their vision is providing Utah caregivers with knowledge and access to resources, which support them. Their mission statement includes creating awareness of caregiving issues and improving the quality of life for caregiver and care recipients through advocacy, information, support, and access to resources.

Accomplishments this fiscal year include a new and informative website (*www.utahcares.org*) which is continuing to evolve in content. In addition, twelve diverse caregiver training modules were created in collaboration with Utah State University gerontological researchers. These can be easily accessed by consumers visiting the coalition website.

Home and Community-based Programs

The Home and Community-based Alternatives Program

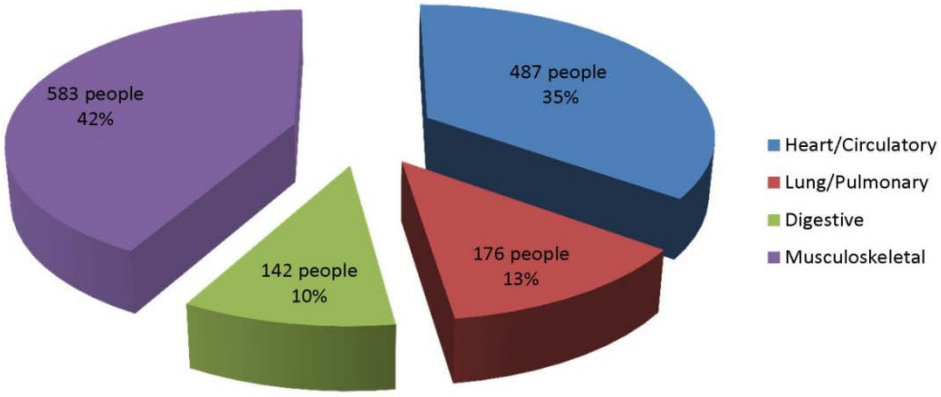
Developed and funded by the State of Utah, the Home and Community-based Alternatives Program provides in-home services, allowing people to remain in their homes and communities as they age, with cost-effective functional supports, thus reducing the need for nursing home placement.

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. The extreme escalating costs, of long-term care facilities, now an average of $68,561 per year for aging Utahns according to ***www.aarp.com***, using their long-term care calculator, contrast sharply with the average annual service costs of $3,816 for program participants.

Case management is the primary service offered through the Home and Community-based Alternatives Program. Every AAA in Utah has professional case managers trained in the issues of aging and understanding local community resources. Utah's communities are varied and unique, and by understanding the local resources the case managers are able to provide excellent service. Clients must meet age, frailty, 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 500 people around the state are waiting for services.

Current Client Diagnoses for Home & Community-Based Alternatives Program: November 2014

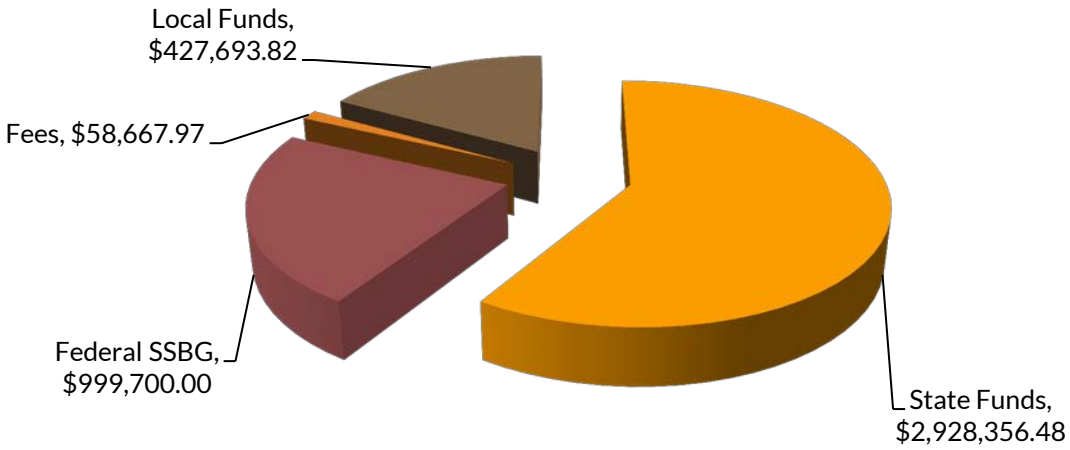
(Four categories from Health Insight which are related to risk for re-admissions within 30 days)



Throughout Utah, case managers remain committed to client-directed care. This in-home services model emphasizes the client's involvement with care planning and their families, 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, ranging from $8 to $38 per person. Asking clients to pay a small fee for services promotes consumer involvement, preventing the program from feeling like an entitlement. These fees offset about 1.5 percent of the annual program costs.

FY2014 Alternatives Program Expenditures: *(Total $4,414,418.27)*



The following chart profiles the use of services in this program during FY2015:

The Alternatives Program: FY2015		
• Homemaker - Personal Care and Home Health Aide		
• Other Services - Emergency Response Buttons - Home-Delivered Meals	- Respite/Adult Day Care - Transportation	
• Individuals Served		816
Average Annual Cost per Client		$4,801

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, receiving positive feedback on the model of service delivery and cost containment in Home and Community-based Alternatives Program. The clients on this program meet physical frailty criteria, mostly by their loss of function due to medical conditions and chronic disease diagnoses.

Home and Community-based Medicaid Aging Waiver Program

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For the past twenty 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, thousands of frail elderly have been served. In FY2012, Utah's Home and Community-based Medicaid Aging Waiver Program served 619 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. There are a total of eighteen services available.

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.

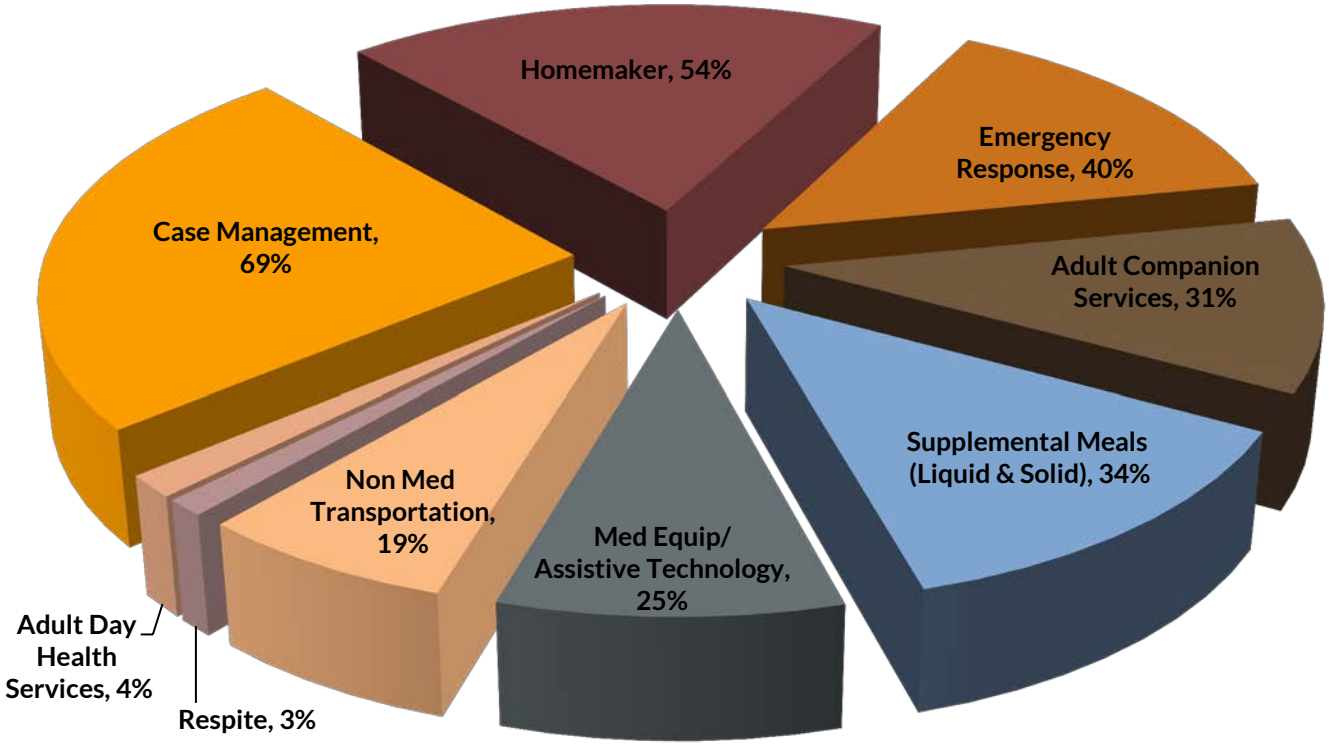
Other Waiver Facts

• Total individuals served	616
• Total expenditures	$4,245,520.00
Annual average cost per client	$9,833.28

HOME AND COMMUNITY-BASED MEDICAID AGING WAIVER COST DATA

FY 2015 Services Provided

(Most clients receive several services; therefore the total exceeds 100%)



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.

The Long-Term Care Ombudsman Program

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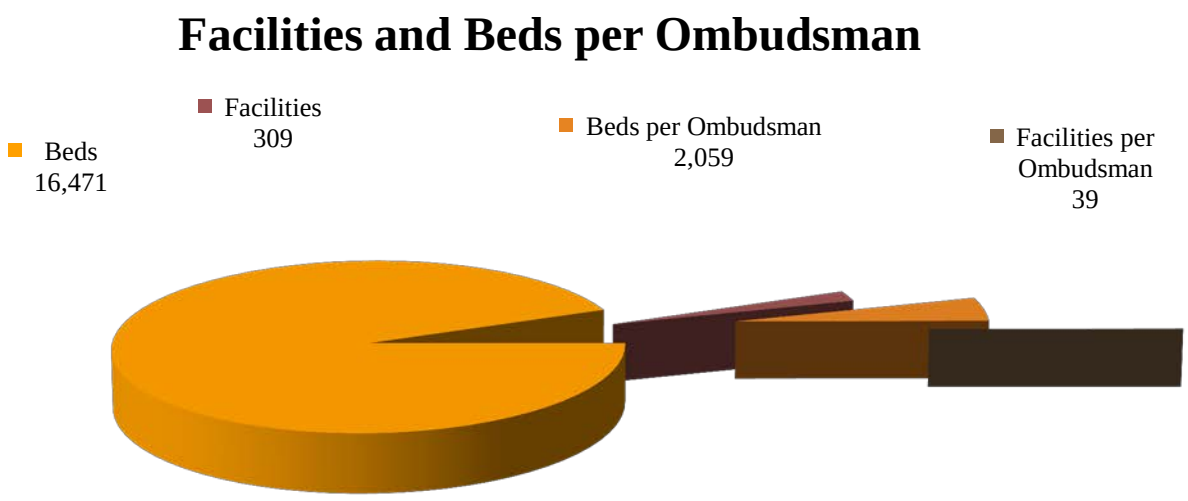
The mission of the Utah Long-Term Care Ombudsman Program is to seek resolution of problems and advocate for the rights of residents of long-term care facilities with the goal of enhancing the quality of life and care of residents.

The Long-Term Care Ombudsman Program is authorized by the federal Older Americans Act (42 U.S.C. SS 3058g) and Utah law (62A-3-201). The Office of the State Long-Term Care Ombudsman operates within DAAS under the Department of Human Services. DAAS contracts with twelve AAAs to provide ombudsman services throughout the state. AAA Ombudsman Programs utilize paid staff and volunteers, enhancing ombudsman services to residents.

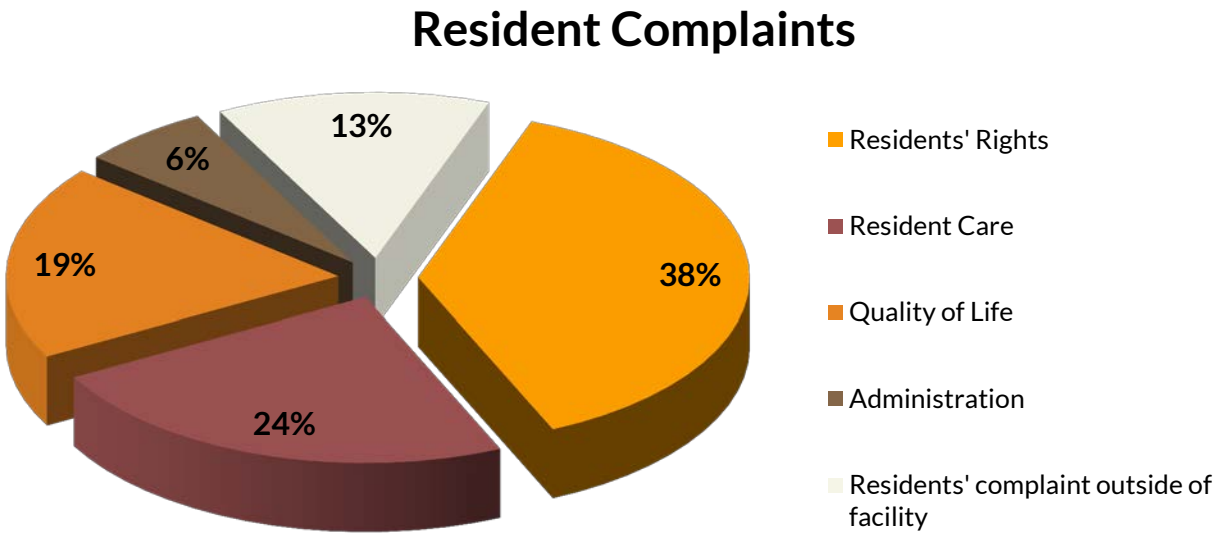
The State of Utah has 309 licensed facilities containing 16,471 beds. Ombudsmen regularly visit long-term care facilities to be accessible to residents and monitor conditions. The State Ombudsman Program consists of one paid full-time State Long Term Care Ombudsman, eight AAA full-time employees, and ten Certified Ombudsman Volunteers. These individuals investigate and work to resolve complaints made by or on behalf of residents within Utah's facilities. Licensed facilities include long-term care facilities: nursing homes, assisted living facilities, swing bed hospitals, intermediate care facilities for the intellectually disabled, transitional care units, and small health care facilities.



Utah's five Certified Volunteers donated 447 hours of service during July 1, 2014 – June 30, 2015.

Utah Ombudsmen received

1,523 complaints, opened 1,012 cases, and closed 1,003 cases



TYPES OF COMPLAINTS	NUMBER	PERCENT
Residents' Rights	**492**	**32%**
Abuse, Gross Neglect, Exploitation	62	32%
Access to Information by Resident or Resident's Representative	59	23%
Admission, Transfer, Discharge, Eviction	151	24%
Autonomy, Choice, Preference, Exercise of Rights, Privacy	176	7%
Financial, Property (Except for Financial Exploitation)	44	13%
Resident Care	**354**	**23%**
Care	299	84%
Rehabilitation or Maintenance of Function	45	13%
Restraints - Chemical and Physical	10	3%
Quality of Life	**374**	**24%**
Activities and Social Services	81	22%
Dietary	125	33%
Environment	168	45%
Administration	**112**	**7%**
Policies, Procedures, Attitudes, Resources	31	28%
Staffing	81	72%
Not Against Facility	**201**	**13%**
Certification/Licensing Agency	2	1%
State Medicaid Agency	11	5%
System/Others	168	84%
Services in Settings Other Than Long-Term Care Facilities	20	10%

In addition to investigating complaints, ombudsmen provide public education regarding long-term care issues, identify long-term care concerns, and advocate for needed change. Ombudsman may also coordinate with other agencies to ensure the residents' wants and needs are advocated for appropriately. The program has been increasing trainings within long-term care facilities on resident rights, resident advocacy, and ombudsman services. There are upcoming pending changes to the Federal Older Americans Act, which would require the

ombudsman program to provide assistance to all individuals who reside in long-term care facilities. Currently, our program only assists individuals 60 years of age and older. The Ombudsman Program continues to see a rise in the baby boomer population within long-term care facilities. In order to meet these individuals' needs, increased program funding will have to be addressed in the future.

DAAS Non-Formula Funds

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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 2014-STATE DATA https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/PDP-State-County-Penetration-Items/PDP-State-County-Penetration-2015-11.html?DLPage=1&DLEntries=10&DLSort=1&DLSortDir=descending	
347,036	Total Medicare Beneficiaries in Utah
228,429	Total Medicare Beneficiaries with Original Medicare
23,560	Beneficiaries with Medicare and Medicaid Coverage
123,387	Beneficiaries with Medicare Stand Alone Drug Plans
118,607	Beneficiaries with Medicare Advantage Plans with Drug Coverage

Performance Data: For PY2014 (ending September 30, 2014), the Utah SHIP had the following performance indicators:

- PM1: 17,982 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: 34,200 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: 17,061 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: 2,385 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: 12,213 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: 15,227 contacts
  - Number of unduplicated enrollment contacts (contacts with one or more qualifying enrollment topics) discussed per 1,000 Medicare beneficiaries in the State.
- PM7: 8,670 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: 9,082 hours
  - Total counselor hours (from client contact form) per 1,000 Medicare beneficiaries in the State.

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 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. This grant will start September 2013 through September 2014.

Performance Data: For FY2015 (ending September 30, 2015), the Utah SHIP had the following performance indicators:

- **Low Income Subsidy Applications: 247**
- **Medicare Saving Program Applications (Utah Medicaid): 191**
- **Outreach Activities: 695**

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 more than the age of fifty-five with income less than 125 percent of the poverty level. SCSEP enhances employment opportunities for unemployed older Americans and promotes them as a solution for businesses seeking trained, qualified, and reliable employees. Older workers are a valuable resource for the twenty-first century workforce and SCSEP is committed to providing high-quality job training and employment assistance to participants. We have an extensive network of service providers in every county in the United States. During fiscal year 2014, Utah finished the year with a job placement rate of 71.0 percent. The Utah SCSEP program goal for the upcoming year is to properly place seniors into appropriate job placement so seniors can succeed in the workforce.

THE AVERAGE TITLE V ENROLLEE		
	• Age: 55-59	24%
	• Age 60+	76%
	• Female	67%
	• High school graduate	29%
	• Annual income below poverty level	93 %
	• Minimum Title V wage per hour	$7.25 per hour
	• Limited English proficiency	24 %

MEASURE	DESCRIPTION	GOAL	YTD RATE
1.Community Service	The number of hours of community service in the reporting period divided by the number of hours of community service funded by the grant minus the number of paid training hours in the reporting period	87.2%	82.7% N = 53,679D = 64,878
2. Common Measure Entered Employment	Of those not employed at the time of participation, the number of participants employed in the first quarter after the exit quarter divided by the number of participants who exit during the quarter	41.8%	71.0% N = 22 D = 31
3. Common Measures Employment Retention	Of those participants who are employed in the first quarter after the exit quarter, the number employed in both the second and third quarter after the exit quarter divided by the number of participants who exit during the quarter	69.7%	88.9% N = 16 D = 18
4. Common Measures Average Earnings	Of those participants who are employed in the first, second, and third quarter after the quarter of program exit, total earnings in the second and third quarter after the exit quarter, divided by the number of exiters during the period.	7,342	5559 N = 83,384D = 15
5. Service Level	The number of participants who are active on the last day of the reporting period or who exited during the reporting period divided by the number of modified community service positions	151.6%	136.7% N = 82 D = 60
6. Service to Most in Need	Average number of barriers per participant. The total number of the following characteristics: severe disability, frail, age 75 or older, old enough for but not receiving SS Title II, severely limited employment prospects and living in an area of persistent unemployment, limited English proficiency, low literacy skills, disability, rural, veterans, low employment prospects, failed to find employment after using WIA Title I, and homeless or at risk of homelessness divided by the number of participants who are active on the last day of the reporting period or who exited during the reporting period	2.49	2.00 N = 164 D = 82

MEASURE	DESCRIPTION	YTD RATE
1. Retention at One Year	Of those participants who are employed in the first quarter after the exit quarter: the number of participants who are employed in the fourth quarter after the exit quarter divided by the number of participants who exit during the quarter	88.9% N = 16D = 18
2. Customer Satisfaction	Average ACSI for employers	
	Average annual ACSI for participants	84.6
	Annual average ACSI for host agencies	84.8
3. Volunteerism	Of those who have not volunteered prior to enrollment, the number of participants engaged in volunteer activities in the first quarter after exit quarter divided by the number of participants who exit during the quarter	18.5% N = 5D = 27

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 which 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, which 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 HHS Office of the Inspector General (OIG), and CMS.

Weber AAA SMP Shred Events drew 80-100 people filling the truck to 90-100 percent capacity. Photo: Nobu Iizuka

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 make better financial and healthcare choices.

Outputs and Outcomes: The 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 FY2015 (*http://www.smpresource.org/Content/Resources-for-SMPs/OIG-Report.aspx*):

Utah – Utah Division of Aging and Adult Services, Salt Lake City		
PERFORMANCE MEASURES		
1	Total number of active volunteers	124
2	Total number of volunteer training hours	804
3	Total number of volunteer work hours	2,659
4	Number of media airings	229
5	Number of community outreach education events conducted	282
6	Estimated number of people reached by community outreach education events	17,876
7	Number of group education sessions for beneficiaries	420
8	Number of beneficiaries who attended group education sessions	11,227
9	Number of one-on-one counseling sessions held with or on behalf of a beneficiary	7,973
10	Total number of simple inquiries received	5,432
11	Total number of simple inquiries resolved	5,432
12	Number of inquiries involving complex issues received	20
13A	Number of inquiries involving complex issues referred for further action	21
13B	Total dollar amount referred for further action	$22,298
14	Number of complex issues resolved	20

15	Number of complex issues pending further action	0
16	Cost avoidance on behalf of Medicare, Medicaid, beneficiaries, or others	$48,739
17A	Expected Medicare recoveries attributable to the project	$178
17B	Expected Medicaid recoveries attributable to the project	$0
17C	Actual savings to beneficiaries attributable to the project	$668
17D	Other savings attributable to the project (e.g. Supplemental Insurance)	$0
17A-17D	Total savings attributable to the project	$846
Grant Total: $217,550		

Legal Assistance Services and Statistical Legal Analysis

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Under the Older Americans Act, senior legal assistance is one of the three priority services. 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, 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.

The Legal Services Program has a variety of resources available such as a reference guide, brochure, and a list of attorneys who hold themselves out to practice elder law in Utah. The Legal Services Program published a second edition of the book, *Navigating Your Rights, the Legal Guide to those 55 and Over*. This book is a reference guide discussing over twenty areas of elder law written in a 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 consumers know where to go for help, the book acts as a one-stop resource guide. At the end of each chapter of the book, there is a section titled "More Information", which lists organizations to contact for additional information as well as the help, which can be provided. 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*. Recently, an iPad tablet version was created, which allows a senior to increase the font size beyond 14 points. The book received praise from the Utah Attorney General, Lt. Governor Greg Bell, Skip Humphreys of the Consumer Protection Financial Bureau and was cited as a best practice at the financial exploitation summit at the White House this year.

Many attorneys, social workers, graphics designers, editors and proofreaders made in-kind donations valued at over $98,000. (The Legal Services Developer has met the 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 more Utahns will be comfortable with the law, avoid ill-informed decisions and pitfalls and prevent costly legal problems. The demand has increased for this publication as many Utahns seek to take care of their aging parents. We are in the process of working on a second edition and are soliciting input from government sister agencies and the public on subject matters to add to make the book even more helpful. The Legal Services Developer is currently working on distributing the book. Distribution has reached 100 percent of the average distribution for a book.

Adult Protective Services

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DAAS is responsible for the administration and operation of Adult Protective Services Programs (APS). Within the Division, the Director of APS 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 more than 65 years of age or an adult eighteen 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, exploitation and also coordinate with community partners to provide

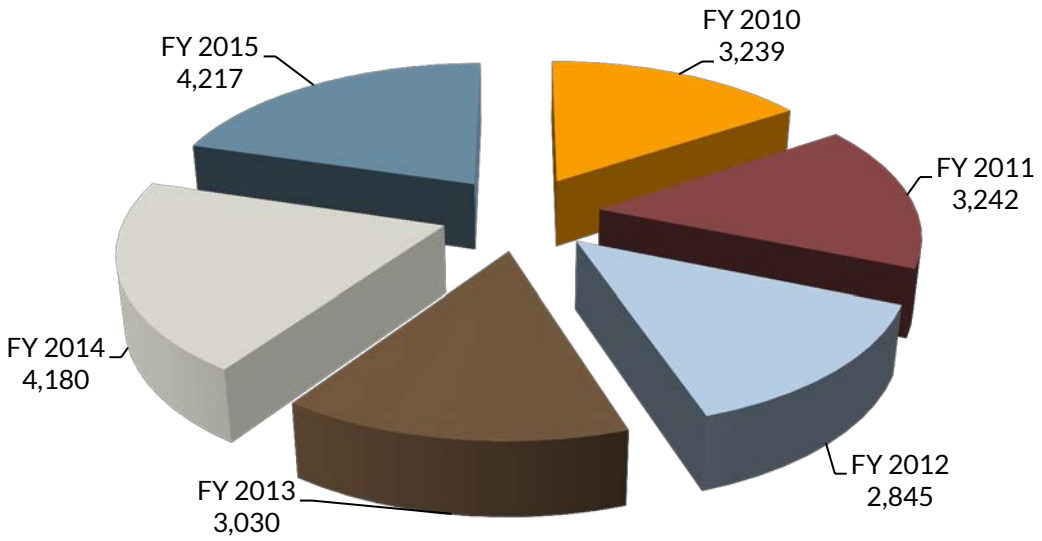
services for vulnerable adults or their families to stop the abuse and protect them from further harm.

Participation/involvement with APS is voluntary for vulnerable adults who have capacity to make decisions on their own behalf, while individuals without capacity involve other agencies. 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 continue to rise and be both troubling and costly for Utah's citizens.

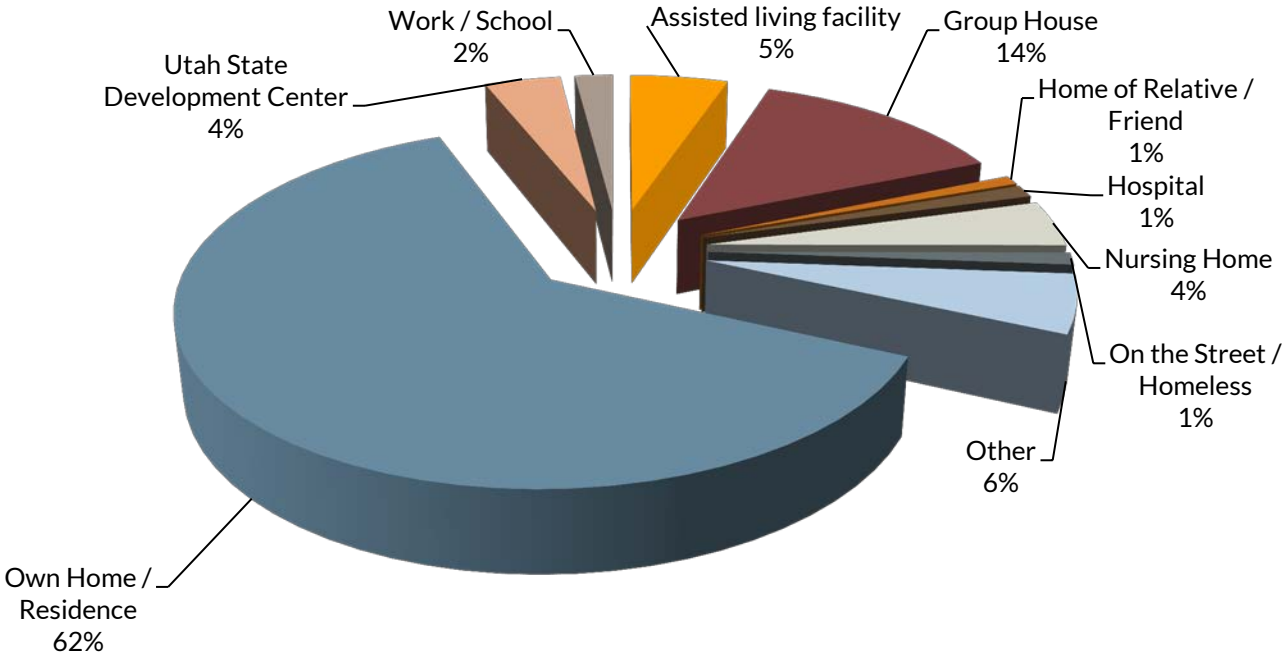
The following chart reflects the number of investigations completed by the Adult Protective Services Program:

Adult Protective Services Investigations



The following chart shows the results of investigations by location of abuse in supported allegation during FY2015:

Location of Abuse in Supported Allegations



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 table illustrates a profile of the APS clients and perpetrators:

2015 Perpetrator Demographics	
Age	
Under 60	81.2%
Gender	
Male	56.5%
2015 Victim Demographics	
Age	
Over 60	67.5%
Gender	
Female	49.5%
Location of Abuse	
Own Home	62.2%

B. Training

It is estimated only a small percentage of cases of abuse, neglect, or exploitation of vulnerable adults are ever reported to the proper authority. One of the reasons for low reporting may be a lack of awareness/education regarding the program. (Additional reasons are listed in the table below.)

During FY2015, the state continued efforts to enhance awareness of vulnerable adult abuse and revisions were made recently to the Civil and Criminal Law (UCA § 62A-3-301 and UCA § 76-5-111). The program has provided 1,127 hours of training to approximately 13,259 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.

Reasons for Victim Reluctance to Report Crimes or Cooperate in Investigations
• Abusers are Family Members • Shame • Feelings of Helplessness • Belief the Abuser will Change • Love for the Abuser • Threats by the Abuser • Fear-Loss of Home or Independence • Lack Awareness of Available Help and Resources

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, and 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 aids 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 aids, 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 a vulnerable adult is being abused, neglected or exploited must immediately notify Adult Protective Services intake or the nearest law enforcement office.

State of Utah
Adult Protective Services

To Report Elder & Vulnerable Adult Abuse Please Call:

Salt Lake 801-538-3567

Statewide 800-371-7897

Web *www.daas.utah.gov/ap_referral.htm*

Appendix I

BOARD MEMBERS AND POSITION PAPERS

Member	Date Term Expires
Richard Jolley	April 1, 2019
Kelly VanNoy	April 1, 2016
Neil G. Anderton	April 1, 2017
Martha Autrey	April 1, 2017
Christy Achziger	April 1, 2017
Sharon Lea Ott	April 1, 2017

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 the age of 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 independence due to lack of public transportation.

The Board of Aging and Adult Services believes Utah needs to do more to ensure 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 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 eighteen 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 do not 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 twenty-five 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 demonstrating 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 thirty minutes several days a week can prevent or reduce heart disease, hypertension, diabetes, arthritis, and improve mental health. Only sixteen percent of adults ages 65 to seventy-four report participating in regular physical activity.
- **Immunization:** Vaccination against pneumonia and influenza is eighty percent effective. In 1999, less than forty percent of older adults reported being immunized against influenza and thirty-three percent against pneumonia. In the U.S., over 50,000 adults age 65 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 health 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 is a long-term caregiver.
- 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 ninety-three 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

LISTS

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Assistant Director: APS
Nan Mendenhall
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Fax: 435-752-6962
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Website: *www.brag.utah.gov*
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Mountainland Dept. of Aging and Family Services
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Fax: 801-229-3671
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Email: *smcbeth@mountainland.org*
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Salt Lake County Aging Services
Salt Lake (PSA 2B)
Rebecca Kapp, Director
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Website: *www.aging.slco.org*
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San Juan County Area Agency on Aging
San Juan (PSA 7B)
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Six-County Area Agency on Aging
Juab, Millard, Piute, Sanpete, Sevier, Wayne (PSA 04)
Scott Christensen, Director
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SHIP: 435-893-0736

Southeastern Utah AAA
Carbon, Emery, Grand (PSA 7A)
Shawna Horrocks, Director
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Technical Assistance Center
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Price, UT 84501
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Fax: 435-637-5448
Email: *shorrocks@seualg.utah.gov*
SHIP: 435-259-6623 –Grand only
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Tooele County Aging Services
Tooele (PSA 2T)
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Uintah Basin Area Agency on Aging
Daggett, Duchesne (PSA 6A)
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Uintah County (PSA 6C)
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