Utah Commission on Aging

Annual Report
2015-16
Commission year 2015-16 concluded with a transition of leadership. In April 2016, the Commission said goodbye to Anne Palmer, who resigned as Executive Director to take a post at Stanford University in Palo Alto. I was appointed as the new Executive Director in May 2016 after completing a 14-year career at AARP as Utah State Director and West Regional Vice President.

This report reflects the ongoing work of the Commission during fiscal year 2015-16 under Dr. Palmer’s direction.

I was honored to accept this position and my first order of business was to secure the support of the Health and Human Services Interim Committee to renew the Utah Commission on Aging during the 2017 legislative session. The committee was unanimous in its support of a ten-year renewal period.

At the first Commission meeting in June 2016, I presented my vision and the strategic priorities for the Commission on Aging.

Commission Members

Stewart Barlow, M.D.  
Ron Bigelow  
Barry Burton  
Michael Cupello  
David Gessel  
Val Hale  
Andrew Jackson  
Becky Kapp, Chair  
Gary Kelso  
Tracey Larsen  
Joseph Miner, M.D.

Alan K. Ormsby, J.D.  
Jon Pierpont  
Deepthi Rajeev  
Brian Shiozawa, M.D.  
Lewis Singer  
Mark Supiano, M.D.  
Ann Silverberg Williamson  
Cindy Turnquist  
Troy Wilson, J.D.  
Bette Vierra  
Anne Palmer, Executive Director
When the Commission on Aging was created in 2005, data were presented to illustrate the future impact of aging on our state, communities, and families. The Commission was charged by Governor Jon Huntsman, Jr. with assessing and helping plan for the eventual challenges in the Utah 2030 project. We are now approaching the half-way mark of that 25-year projection and find even greater challenges ahead as we shift our focus beyond 2050.

By 2030, the number of Utahns age 65 and over will have doubled. And for the next twenty years the fastest growing segment of our population will be 85 years or older. This dramatic statistic represents an estimated 8-fold increase in the 85+ population.

Another critical indicator is known as the “dependency” ratio. It measures those working to those not working: under-18, elderly, frail, and retired. Higher ratios create economic challenges. Utah has one of the highest dependency ratios in the country right now, and that will mirror the national trend for the next 20 years. After that, it will explode above the national average. By 2050, the dependency ratio will approach one working adult to one non-working person.
The ADRC (Aging and Disability Resource Center) is a federal grants program that funded an effective state outreach program for the Area Agencies on Aging, the VA Office of Rural Health, and the Utah Department of Veterans & Military Affairs. Utah’s COVER to COVER Program (Connecting Older Veterans – Especially Rural) trained specialists to assist veterans, caregivers, and surviving spouses with information on VA benefits. Counseling sites now exist in 20 counties. It has served as a model for other states.

Before COVER to COVER, an astonishing 70% of eligible veterans had not connected with the VA resources they had earned. In 2014 alone, this program brought $80 million dollars from the Veterans’ Administration into Utah. The state benefits as these dollars are re-invested in the community and saves Medicaid millions in spending as veterans shift to VA benefits. The Commission on Aging assisted in grant acquisition, administrative support, and educational collaboration of the ADRC program.

The Music & Memory Coalition creates personalized music playlists to assist caregivers managing individuals with dementia. Music has the effect of calming them with the music of their youth. The program has been introduced to dozens of nursing homes and four community-based service providers. It was a pilot program initiated by Jewish Family Services with support of a grant from the Utah Health Care Association and funding from business partners Zions Bank and Skullcandy. The Commission on Aging provides leadership and website presence.

Utah faces severe shortages in providers that serve both our rural communities and geriatric patients statewide. The Commission on Aging led effort to create the Utah Health Care Workforce Assessment Program in 2007. This student loan repayment program has attracted needed geriatric and rural health care providers. The program’s funding was reinstated this year. Two examples of the programs’ payoff include a University of Utah Geriatric Medicine fellow now practicing in Provo, and a Geriatric PharmD graduate now working in the University of Utah Geriatric Clinic. The program continues to be a critical source for recruiting and retaining needed providers now and in the future across the state.

Other continuing collaborations include the study of Age Friendly Cities models with Salt Lake City/County, Financial Exploitation and Fraud policy support for Adult Protective Services (APS), Advanced Care Planning education and outreach to assist professionals and families with End of Life conversations, and promoting the use of POLST (Provider Order Life-Sustaining Treatment) and Utah’s Advance Health Care Directives (http://aging.utah.edu/_documents/utah-coa/directives/toolkit-2012.pdf).
Mission Statement

To promote the dignity, independence, and quality of life of older persons through advocacy, information, and the coordination of public and private programs and services benefitting them.

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