

Department of Health

I. Internal Scan

There are a variety of areas that will be impacted by the changing demographics in Utah. The primary areas the Department has identified are listed below:

1. ISSUE/PROGRAM: There will be an impact on our chronic disease programs.

CURRENT PLANS: We are already addressing the possible impacts in a variety of different ways by promoting good nutrition, physical activity, and avoidance of tobacco in all age groups so adults will age healthier. We are providing information and education for seniors on preventing injuries, especially from falls. We encourage seniors to get immunized against influenza and pneumococcal infections. The staff in the Division of Community and Family Health Services (DCFHS) works with a variety of aging programs to help seniors eat well and stay active. The DCFHS also engages in secondary and tertiary prevention efforts, including promoting regular screenings for cancer, high blood pressure and cholesterol; and working with consumers, health plans and providers to improve the quality of care for conditions such as diabetes, stroke and arthritis.

2. ISSUE/PROGRAM: A primary function of Lab and Epidemiology is to rapidly identify and detect communicable disease outbreaks and provide for control measures to contain the disease. Response to such diseases may change with the changing demographics and morbidity not typically associated with a current communicable disease. Individuals who currently need access to treatment for HIV, tuberculosis and leprosy will need assistance in obtaining treatment for longer periods of time. Treatments are allowing people to live longer with their conditions and tuberculosis, for example, a disease historically of those between ages 18 and 64, is becoming a disease of the elderly. Additionally, as vaccine shortages ebb and flow, an increase in influenza may also occur.

CURRENT PLANS: Current policies limit access to treatment to those not eligible for other programs, and medications are limited to those most critical, life saving medications. This will continue to ensure that treatment is provided to those most vulnerable and for those most in need, irrespective of age.

3. ISSUE/PROGRAM: Medicaid long term care programs will likely see an increase in utilization and cost. There will be more demand for care in homes and other non-institutional settings.

CURRENT PLANS: The Division of Health care Financing has been taking steps to address these potential impacts for the last several years and will continue to focus on program changes that better meet the needs of the growing senior population. It works closely with the Division of Aging on providing seniors with community alternatives. It has implemented a moratorium on increasing the number of nursing home beds available to Medicaid patients and utilizes reimbursement methodologies

and quality improvement initiatives to improve the environment and quality of care in nursing homes. In conjunction with these initiatives, the Division has created a long term care waiver to provide alternative living arrangements and care models for those individuals who want to leave nursing homes, the New Choices Waiver. This waiver program will be available statewide beginning July 1, 2008.

4. ISSUE/PROGRAM: The Medicaid acute care programs will see an increase in utilization and costs as the population ages. This may well be exaggerated with advances in medical science and technology, which tend to be a significant cost driver in Medicaid.
5. ISSUE/PROGRAM: EMS certified personnel will receive more calls that will be related to age incidents, such as falls, strokes, heart attacks, etc. More calls will be serviced and more training programs will need to have information on geriatrics. Additionally, EMS personnel are aging and rural areas are having a difficult time getting younger people to become certified.

CURRENT PLANS: EMS has already planned to address some of the issues and is implementing those plans within the next six months. Geriatric training courses during the EMS instructor courses will be offered to help EMS instructors to see the importance of teaching their students how to relate to the aging population. The first class will be offered in March.

6. ISSUE/PROGRAM: The aging of the public health workforce is a particular concern in the public health laboratory and with public health nurses where there currently is a paucity of professionals in the education pipeline and the pay scale for these two professional areas for government employment is not keeping pace with the private sector. In this area, the number of individuals with 20 plus years of service is growing, and with their impending retirements this Division will lose the maturity and historical perspective that long-term employees carry. This issue of an aging workforce and external shortage of medical professions plays out in other areas of the DOH. For example, nursing shortages will increase the pressure on Medicaid rates to help ensure access to quality services. Such shortages can also become a limiting factor on the number of individuals who can be provided services in community based systems rather than institutional settings. With the internal workforce, an inability to recruit and retain trained staff will make it increasingly difficult to properly administer our policy making, quality improvement and oversight responsibilities.
7. ISSUE/PROGRAM: The Health Care Grants Program and the Health Care Workforce Financial Assistance Program may see an increase in funding requests in order to serve an increasing aging population. (See number 6 above.)
8. ISSUE/PROGRAM: The Health Clinics of Utah and the Family Dental Plan will see an impact in an aging patient population, which may have different health care and dental treatment needs. The senior population tends to consume a greater amount of health care resources, and with relatively low Medicare and Medicaid reimbursement

rates, financial viability will be more difficult to maintain in our publicly funded clinics.

9. **ISSUE/PROGRAM:** The increase in the aging population may result in impacting the funding requests for Primary Care Grants for similar reasons as those identified in number 8 above.

II. Prioritization

The Utah Department of Health (DOH) used the process as outlined in our internal scan to determine its priority issues. This involved discussions with the Department's executive staff with follow-up communications with the DOH four division's management staff. Each division then went through an internal process to identify the programs which will see a major impact from the changing demographics. The areas identified by the divisions were compiled by the agency designee and submitted to the Department's full Executive Management Team (EMT) for consideration. On October 16, the EMT discussed the items and reached consensus on the top three, basing the decision on where we will see the greatest impacts on the populations for which we administer programs. The final document was revised as requested by the EMT and submitted for final approval on October 23, 2006.

The three overarching issues identified for the DOH are as follows:

Long-Term Care – Medicaid is the primary payer for most long-term care (LTC) services, resulting in hundreds of millions of dollars per year in public expenditures. There is a need to modernize institutional care while expanding and developing new cost effective alternatives to institutional care as our ability to provide safe, high quality services in different environments improves. At the same time, we need to create ways to meet the above needs without relying on large increases in public funding for these programs.

Chronic disease – There will be an increase in the effects of chronic disease as the population ages. This can be mitigated by promoting good nutrition, physical activity, and avoidance of tobacco in all age groups; increasing immunization rates against influenza and pneumococcal infections; and better education around preventing injuries.

Health Care Workforce – The aging and potential retirement of so much of the health care workforce and, in particular, the public health workforce, may leave our state lacking in its capacity to address the health needs of the state, including the growing numbers in our senior populations. The challenges are both internal in terms of maintaining an adequately experienced DOH professional workforce to administer public health programs as well as external in having an adequate workforce to provide the direct care under programs administered by DOH, such as Medicaid.

III. Action Steps and Results

Priority Issue #1, Long Term Care

Long-term care needs will continue to strain the State's Medicaid budget and administrative resources. There is an increasing emphasis on providing long-term care services in an individual's home or other non-institutional alternatives. Medicaid has been addressing changing service demands in a variety of ways, but two major initiatives in the state include the Aging Waiver, which diverts enrollees from institutional care, and the Long-Term Care Managed Care Program, which provides a way for those in an institution to obtain services in other environments. Both have proven to be cost effective and have provided beneficiaries a range of service delivery options. However, the Division of Health Care Financing has restructured the Long-Term Care Managed Care Program at the request of CMS. The new program is called the New Choices Waiver and will be available on a statewide basis beginning July 1, 2008.

Actions to Improve the Delivery of Long-Term Care Services:

- As of January 1, 2008 – the New Choices Waiver is available in sixteen of Utah's twenty-nine counties: Box Elder, Cache, Rich, Weber, Morgan, Davis, Tooele, Salt Lake, Summit, Wasatch, Utah, Beaver, Iron, Garfield, Washington and Kane. Beginning July 1, 2008 – the New Choices Waiver will be available in all remaining counties.
- As of March 2008, there are 545 recipients participating in the waiver.
- In preparation for statewide roll-out to the remaining 13 counties, the Medicaid agency is providing training to nursing home and hospital discharge planners, potential providers and local community entities about the availability of the program.

Additionally, the Department will provide support to, and work in conjunction with, Legislative committees and the Commission on aging to continue its assessment of Medicaid's most appropriate roles in Utah's system of long-term care.

Priority Issue #2, Chronic Care and Injury

The Department of Health will take actions to mitigate the effects of chronic disease and injuries by promoting good nutrition, physical activity, and avoidance of tobacco in all age groups; increasing immunization rates against influenza and pneumococcal infections; and, working in collaboration with the Division on Aging and Adult Services, better education to prevent injuries.

Actions to Address Heart Disease and Stroke:

- Conduct public awareness campaigns using mass media.

- Develop and distribute posters and brochures that list signs and symptoms of heart attack/stroke and the need to call 911 to at-risk Utahns through health plans and providers.

Result:

Increase the percentage of Utah adults who know the signs and symptoms of heart attack and stroke and would call 911 to 90%.

Actions to Address Physical Activity and Nutrition:

- Identify municipal leaders and provide educational presentations on active community environments to leaders.
- Manage partnerships and operations related to the National Governor's Association Community Gardens Grant.
- Identify and recruit partners to promote fruit and vegetable nutrition messages. Develop and implement a plan to advocate for more messages.
- Identify sources of funding for community recreational facilities. Offer assistance in applying.
- With "Check Your Health," develop and air messages to encourage families to limit screen time.

Result:

Increase the proportion of Utah adults who get adequate physical activity (30 minutes of moderate activity at least five days a week or 20 minutes of vigorous activity at least three days per week) to 58%.

Actions to Increase Diabetes Education:

- The Utah Diabetes Prevention and Control Program (DPCP) will support and assist diabetes programs in the state.
- To address the shortage of American Diabetes Association (ADA) programs in some areas, the DPCP established an alternate system for state certification increase accessibility to programs.
- The DPCP will maintain its partnership with the Association of Diabetes Education of Utah and provide educators technical assistance with reimbursement and other support.

Result:

The proportion of persons with diabetes who receive formal diabetes education will increase from 63.7 to 70%.

Actions to Increase Immunization Rates for Seniors with Diabetes:

- The DPCP will maintain its participation in the Utah Immunization Coalition.
- The DPCP will maintain links to the flu finder website and distribute flu brochures.
- The DPCP will disseminate materials on the importance of flu shots for person with diabetes and health care professionals.

Result:

The percentage of seniors who have influenza vaccination will increase from 73.8% to 81.2%.

Actions to Increase Awareness of the Problem of Fall Related Inquiries and Decrease the Rate of Injury:

- Collect and monitor fall related mortality and morbidity data.
- Produce and disseminate fact sheets and reports of data to raise awareness through the Division of Aging and Senior Centers.
- Collaborate with the Division of Aging and local health departments to distribute 3000 copies of the Center for Disease Control (CDC) “Toolkit to Prevent Falls” to senior centers and the public.
- Collaborate with the Division of Aging and others to seek funding for fall prevention campaign through grants and other sources.

Result:

There will be an increased awareness of the problem of fall related injuries with a 4% decrease in the rate of injury.

Actions to Increase Immunization Rates in Long Term Care Facilities:

- Improve enforcement of compliance with the licensing rule requiring long term care facilities to keep vaccine records, have standing orders for resident immunizations, offer influenza and pneumococcal immunizations to residents and influenza immunizations to residents and influenza immunizations to employees, and complete an annual immunization report.
- Produce and distribute via mail and website an immunization handbook to be provided to all long-term care facilities.

- Provide handbooks to the Bureau of Licensing to distribute to new facilities.
- Contact non-compliant facilities to discuss the issues of non-compliance.
- Work with the Utah Adult Immunization Coalition (UAIC) and HealthInsight to target facilities with low rates for education or onsite vaccination clinics.
- Perform annual evaluations of immunization rates on long term facilities with comparisons to Behavioral Risk Factor Survey System (BRFSS) rates and share the results with facilities, UAIC, HealthInsight, applicable associations and the Bureau of Licensing.

Result:

Raise the influenza and pneumococcal immunization rates to 80% or greater for residents and the influenza immunization rates for employees to 80%.

Actions to Reduce the Burden of Arthritis:

- Promote and expand evidence based arthritis programs by increasing the number of evidence based course leaders.
- Implement media campaign “Physical Activity: the Arthritis Pain Reliever”.

Result:

Increase participation in evidenced based programs as measured by “REACH” data and an increased awareness of the importance of physical activity for those with arthritis.

Priority Issue #3, Aging of the Public Health and Health Care Workforce

Discussions of health care work force shortages are not new. Many research projects and initiatives have been undertaken to address the concerns, and work is ongoing within the state to address critical shortages. This is particularly true in the nursing profession and other medically related career paths. The Department should assess the current work in this area and join with present collaborative efforts to strengthen the response and determine appropriate action steps.

However, there has been little emphasis placed on the aging of the public health work force in Utah. There are three key actions that can be taken to begin a thorough examination of the aging of the public health work force: 1) A public health work force enumeration study should be completed to understand the size of the public health workforce and to identify the current and anticipated gaps in public health capacity. 2) A needs assessment should also be conducted to identify education and training needs. 3) A collaboration between state and local governments, community based organizations with a public health focus and academic institutions should be created to review this information and establish a plan of action.

Action to Address Potential Workforce Shortages:

Conduct a review of current efforts to affect the actual and/or projected shortage of health care professionals in Utah, including activities conducted within the Department.

Results:

- Comprehensive information is gathered on statewide activities addressing health care work force shortages.
- A document or website is established to disseminate this information.

Action:

Assess current levels of UDOH participation in these efforts.

Results:

- A comprehensive review of current UDOH activities related to workforce shortages is completed.
- A document or website is established to disseminate this information.

Action:

- Increase participation efforts where needed.

Results:

- As a result of the review above, staff participation increases as appropriate.
- Staff from across the department is involved in multiple efforts.

Action

Pursue funding for and conduct a comprehensive work force enumeration.

Result:

A contract or other funding mechanism has been secured with an appropriate source to complete the enumeration.

Action

Complete a needs assessment of state and local health departments.

Result:

A steering committee or other mechanism has been established to assure Comprehensive, targeted review of needs is completed.

Action:

Establish a Public Health Work Force Development Task Force/Collaboration

Results:

- Internal and external partners have been identified and asked to participate.
- The Task Force charter has been written and approved.
- Goals and objectives for the Task Force have been determined and approved.

Action

Provide education to policy makers/legislators regarding the issues.

Result:

As appropriate, staff and partners have participated in public hearings, publications and other venues to provide education and information.