



# Utah Commission on Aging

## Quarterly Summit Agenda

### Thursday – February 09, 2023

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12:00 PM - 01:30 PM

#### Community Partner and Member Networking Meeting

Join Zoom Meeting <https://zoom.us/j/640416337>

Or Dial 669 900 6833

Meeting ID: 640 416 337

*(Zoom conference information will remain the same for all UCOA quarterly meetings)*

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#### Agenda

- 12:00 Welcome to members and partners Andrew Jackson, Chair  
*First time attendees – please put name and organization in chat*
- 12:05 Legislative and Partner Updates
- Danny Harris/Alan Ormsby – AARP
  - Jeremy Cunningham – Alzheimer’s Association
  - Kristy Russell – ADRD Updated plan highlights
  - Other partner events and updates
- 12:30 Executive Director Report Rob Ence
- UCOA Legislative issues
  - Utah Master Plan for Aging – SB 104
  - State Caregiver Plan next steps
- 12:40 Digital Navigator Model Jaleen Johnson
- 12:55 Health Equity Innovation – UAC Joan Gallegos/Teresa Garrett
- 01:10 Master Plan on Aging Break Out Discussion Rob Ence
- 01:30 Adjourn Andrew Jackson

Next meeting Thursday – May 11, 2023 at Noon – via Zoom



*(Public and partner comment and input welcomed throughout. Session will be recorded.)*

# ALTERNATIVES PROGRAM

Provides in-home services that support independence for older adults as their needs change which prevents premature long-term facility placement.



## Services Include:

- Personal Care
- Chore Services
- Homemaking
- Home Safety
- Transportation
- Adult Day Center



approximately  
**99%**  
of seniors intend to live  
in their own homes

## Legislative Funding Request - FY23 - \$601,920

With recent workforce shortages and inflationary costs, the program is facing major crisis with service providers unable to provide critical services without adequate reimbursement rates. Most AAAs have already increased the reimbursement rates to help address provider shortages resulting in an overall reduction in the number of clients being served.

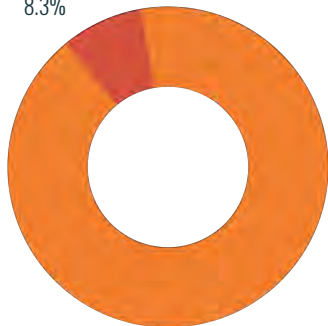
Without adequate funding, fewer vulnerable seniors will be served. This results in more low-income adults needing Assisted Living or Nursing Home care which increases the utilization of Medicaid LTC services at significantly higher cost to the State of Utah.

## Average Cost for Elderly Assisted Living

Alternatives Program:  
\$440 per month

Assisted Living:  
\$5,280 per month

Alternatives Program Cost  
8.3%



Assisted Living Cost  
91.7%

The Alternatives Program costs only 8.3% as compared to placement in an assisted living facility.

# 670

people currently on  
the waiting list

## \$601,920 would:

Reduce waiting list by 21%

Serve an additional 114 individuals



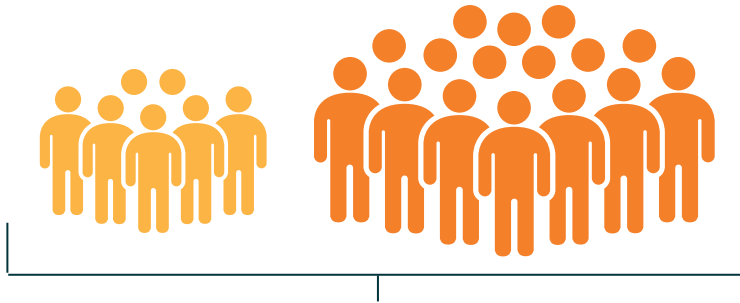
Utah Association of Area Agencies on Aging

# HOME-DELIVERED MEALS



Utah Association of Area Agencies on Aging

Commonly known as Meals on Wheels, the Home-Delivered Meals Program provides healthy meals, a quick safety check and vital human connection to homebound seniors while reducing food insecurity and isolation.

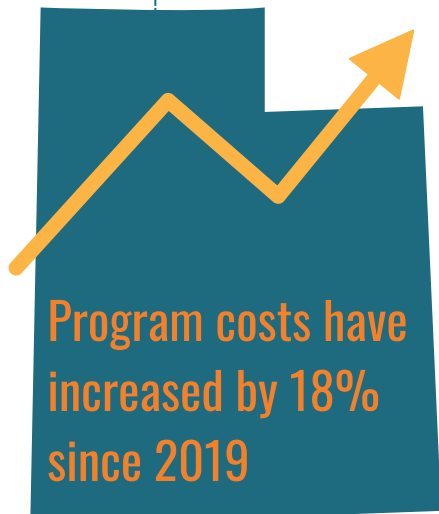


Utah Senior Population is projected to **DOUBLE** by 2060.

## Legislative Funding Request - FY23 - \$2,178,460

Every meal delivered addresses the specific health conditions of the senior, provides a safety check and an assessment of changes that might impact future medical needs. This can mean the difference between independent living at home or transfer to a costly long-term nursing facility.

Continued increasing operational costs and extensive program growth statewide are detrimentally outpacing service need. Hunger and isolation not only jeopardize the health and well-being of Utah's older adults; they also place a significant strain on our state's healthcare system and economy.



58% of HDM recipients live alone, and for many of them, **the person delivering the meal is often the only person they will see that day.**

## Average Cost for Elderly Assisted Living

Home-Delivered Meals:	Assisted Living:
\$173.50 a month	\$5,280 a month



Assisted Living Cost  
96.8%

Home-Delivered Meals Cost  
3.2%

The Home-Delivered Meal Program costs only 3.2% compared to placement in an assisted living facility.

Sources:

1. Kem Gardner Institute. *Utah Population Growth*. Available at <https://gardner.utah.edu/demographics/population-projections> (Accessed: 18 January 2023)
2. Consumer Price Index- all product increase from January 2019 - Nov 2022. Available at <https://www.bls.gov/cpi/>.
3. Meals on Wheels America. *What We Deliver*. Available at <https://www.mealsonwheelsamerica.org/learn-more/what-we-deliver>. (Accessed 18 January 2023)
4. Utah Department of Health and Human Services - *Medicaid for LTC waiver program costs*. Available at <https://medicaid.utah.gov/stplan/longtermcarehra/>. (Accessed 18 January 2023)

1 **MASTER PLAN FOR AGING**

2 2023 GENERAL SESSION

3 STATE OF UTAH

4 **Chief Sponsor: Karen Kwan**

5 House Sponsor: \_\_\_\_\_

6 

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**LONG TITLE**

7 **General Description:**

8 This bill amends provisions governing the Utah Commission on Aging.

9 **Highlighted Provisions:**

10 This bill:

- 11 ▶ amends the duties and powers of the Utah Commission on Aging (commission);
- 12 ▶ directs the commission to prepare and publish a 10-year master plan for aging; and
- 13 ▶ makes technical corrections.

14 **Money Appropriated in this Bill:**

15 None

16 **Other Special Clauses:**

17 None

18 **Utah Code Sections Affected:**

19 AMENDS:

20 **63M-11-203**, as last amended by Laws of Utah 2021, Chapter 196

21 **63M-11-204**, as last amended by Laws of Utah 2010, Chapter 323

22 

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*Be it enacted by the Legislature of the state of Utah:*

23 Section 1. Section **63M-11-203** is amended to read:

24 **63M-11-203. Duties and powers of commission.**

25 (1) The commission shall:



- 28 (a) fulfill the commission's purposes described in Section [63M-11-102](#);
- 29 (b) facilitate the communication and coordination of public and private entities that
- 30 provide services to the aging population, including entities responsible for services related to:
- 31 (i) housing;
- 32 (ii) transportation;
- 33 (iii) caregiver support;
- 34 (iv) preventive health services;
- 35 (v) individuals with physical or developmental disabilities;
- 36 (vi) dementia and Alzheimer's disease; and
- 37 (vii) facility licensing;
- 38 (c) study, evaluate, and report on the status and effectiveness of policies, procedures,
- 39 and programs that provide services to the aging population;
- 40 (d) study and evaluate the policies, procedures, and programs implemented by other
- 41 states that address the needs of the aging population;
- 42 (e) facilitate and conduct the research and study of issues related to aging, including
- 43 emerging public health issues with a significant impact on the aging population;
- 44 (f) provide a forum for public comment on issues related to aging;
- 45 (g) provide public information on the aging population and the services available to the
- 46 aging population;
- 47 (h) facilitate the provision of services to the aging population from the public and
- 48 private sectors; and
- 49 (i) encourage state and local governments to analyze, plan, and prepare for the impacts
- 50 of the aging population on services and operations.
- 51 (2) To accomplish the commission's duties, the commission may:
- 52 (a) request and receive from any state or local governmental agency or institution,
- 53 summary information relating to the aging population, including:
- 54 (i) reports;
- 55 (ii) audits;
- 56 (iii) projections; and
- 57 (iv) statistics;
- 58 (b) apply for and accept grants or donations for uses consistent with the duties of the

59 commission from public or private sources; and

60 (c) appoint special committees to advise and assist the commission.

61 (3) All funds received under Subsection (2)(b) shall be:

62 (a) accounted for and expended in compliance with the requirements of federal and  
63 state law; and

64 (b) continuously available to the commission to carry out the commission's duties.

65 (4) (a) A member of a special committee described in Subsection (2)(c):

66 (i) shall be appointed by the commission;

67 (ii) may be:

68 (A) a member of the commission; or

69 (B) an individual from the private or public sector; and

70 (iii) notwithstanding Section [63M-11-206](#), shall not receive any reimbursement or pay  
71 for any work done in relation to the special committee.

72 (b) A special committee described in Subsection (2)(c) shall report to the commission  
73 on the progress of the special committee.

74 (5) This chapter does not diminish the planning authority conferred on state, regional,  
75 and local governments by existing law.

76 Section 2. Section [63M-11-204](#) is amended to read:

77 **[63M-11-204. Annual report by the commission.](#)**

78 (1) (a) The commission shall annually prepare and publish a report directed to the:

79 ~~[(a)]~~ (i) governor; and

80 ~~[(b)]~~ (ii) Health and Human Services Interim Committee.

81 ~~[(2)]~~ (b) The report described in Subsection (1)(a) shall:

82 ~~[(a)]~~ (i) describe how the commission fulfilled its statutory purposes and duties during  
83 the year; and

84 ~~[(b)]~~ (ii) contain recommendations on how the state should act to address issues  
85 relating to the aging population.

86 (2) (a) The commission shall:

87 (i) prepare and publish a 10-year master plan with recommendations for services  
88 affecting the aging population; and

89 (ii) no later than November 1 of 2023, submit the master plan and the commission's

90 work plan described in Subsection (2)(b) in writing to:

91 (A) the governor; and

92 (B) the Health and Human Services Interim Committee.

93 (b) For the master plan, the commission shall:

94 (i) identify and prioritize the commission's goals, objectives, performance measures,  
95 and strategies, whether existing or needed, to address demographic factors contributing to the  
96 needs of the state's aging population;

97 (ii) adopt a plan for the commission's work over the next three years to address  
98 priorities described in Subsection (2)(b)(i); and

99 (iii) identify redundancies in aging services across the state, including working groups  
100 or task forces, and local and state executive branch services, and make recommendations for  
101 consolidation.

102 (c) The plan adopted under Subsection (2)(b)(ii) shall describe which state, local, and  
103 private groups the commission has or intends to engage.

104 (3) Before July 1, 2026, the commission shall report to the Health and Human Services  
105 Interim Committee on:

106 (a) proposals for the future review of and updates to the master plan; and

107 (b) any proposed legislation concerning the master plan or the recommendations made  
108 in the master plan.





**UCOA**  
Utah Commission on Aging



**Utah Action Coalition**  
Advocates for Nursing and Health Equity

February 3, 2023

Contact: Joan M. Gallegos at joan.gallegos2@aol.com

## **The Utah Action Coalition/Utah Commission on Aging Receives \$50,000 Award to Advance Health Equity Through Nursing**

The Utah Action Coalition/Utah Commission on Aging is among sixteen organizations to receive a Health Equity Innovation Fund award. The awards from the AARP Center for Health Equity through Nursing<sup>SM</sup> and the Future of Nursing: *Campaign for Action*, an initiative of AARP Foundation, AARP, and the Robert Wood Johnson Foundation (RWJF), are for projects offering promising solutions aimed at eliminating structural inequities, particularly structural racism, within the nursing profession, health systems, or community. These grant projects also support the advancement of one or more of the recommendations in the National Academy of Medicine report, *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*.

Utah's project, *"Hitting the Bullseye on Eliminating Structural Racism in Nursing Education: Utah Action Strategies*, will target four nursing education programs in eliminating barriers commonly experienced by diverse nursing students. The University of Utah College of Nursing, Weber State University Nursing, Westminster College Nursing, and a rural nursing education program, will be the project participants. Actual barriers reported by past diverse nursing students will be the basis for developing future curriculum and a more inclusive classroom and clinical learning environment. As research clearly demonstrates, if the nursing workforce reflects the diversity of the patients cared for, overall health outcomes are improved. This grant is an important effort in bolstering statewide objectives to diversify Utah's nursing workforce.

Rob Ence, Executive Director, Utah Commission on Aging, is the sponsoring organization for this grant. "We are excited to begin this important work with the Utah Action Coalition as meaningful steps and interventions will occur to address health equity barriers in our nursing education system". Dr. Rieneke Homan, Director, Weber State University's Nursing Program, a key partner in this grant stated "this grant will significantly improve our ability to recruit and retain diverse nursing students. This is something so needed for the future of our nursing workforce".

Structural racism is pervasive within the nation's health and health care systems, and despite progress, still poses significant barriers to health and wellbeing for far too many. Additionally, health



**FUTURE OF NURSING™**  
Campaign for Action  
AT THE CENTER TO CHAMPION NURSING IN AMERICA

AARP Foundation Robert Wood Johnson Foundation



and wealth disparities disproportionately affect people of color, as well as older Americans, women, people with low-income, those with disabilities, those from LGBTQ communities, and those who live in isolated rural communities. Westminster College, School of Nursing Dean Sheryl Steadman stated her program “is eager to be a participant in this exciting and timely work. This grant will identify barriers and provide much needed information to improve all educational experiences for diverse students”.

Utah Action Coalition co-leads Teresa Garrett, DNP, RN, and Joan Gallegos, MSW, RN emphasize “Nurses are everywhere in our communities – from the bedside to schools and board rooms. They see firsthand the impact of the structural injustices baked into the systems that impact health”. This grant will provide real-world changes to our current nursing education system, and we are thrilled to work on such an important project for the next two years.

# NAVIGATING THE TELEHEALTH NEIGHBORHOOD: A GUIDE TO TELEHEALTH ACCESS FOR DIGITAL NAVIGATION

**Jaleen  
Johnson**

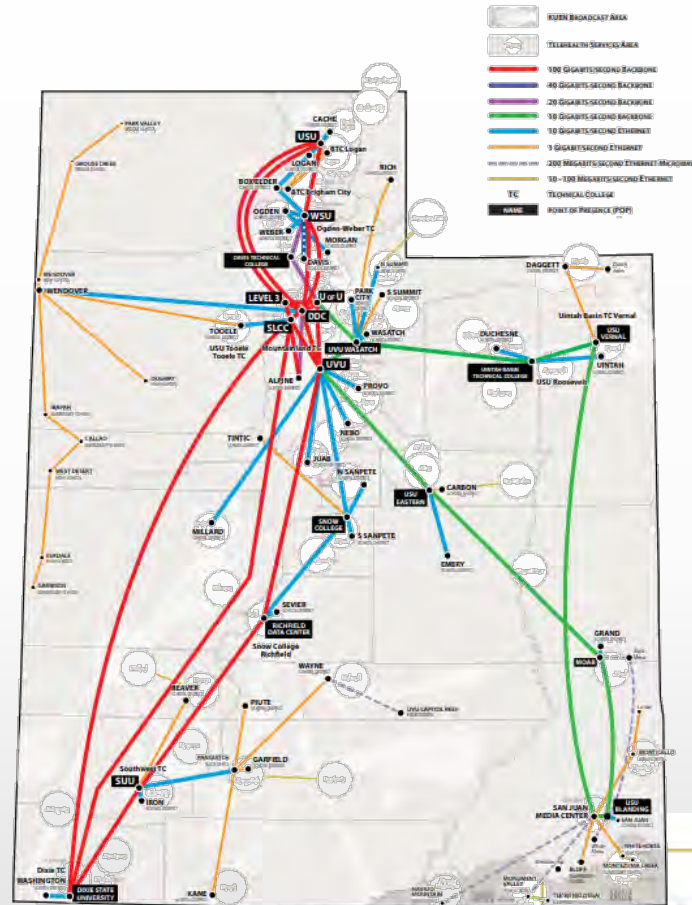
She/Her/Hers  
Programs Manager,  
UETN and NRTRC  
Digital Inclusion Fellow,  
NTEN



**uetn**  
UTAH EDUCATION AND  
TELEHEALTH NETWORK



Connecting 1,900+ Locations Throughout Utah

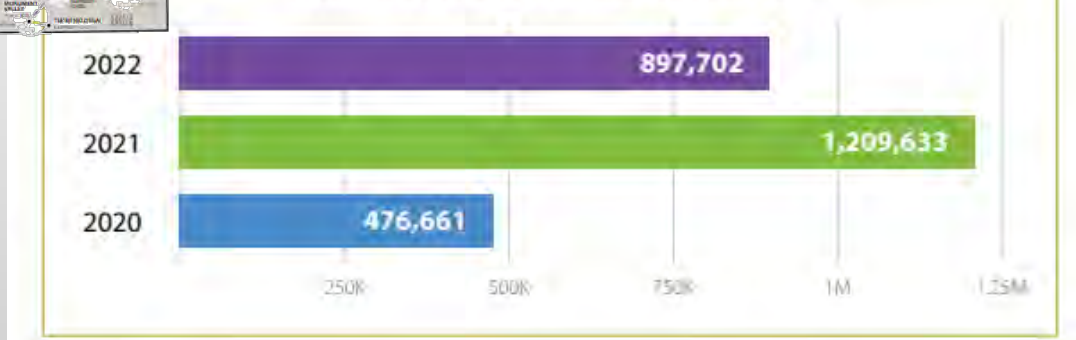


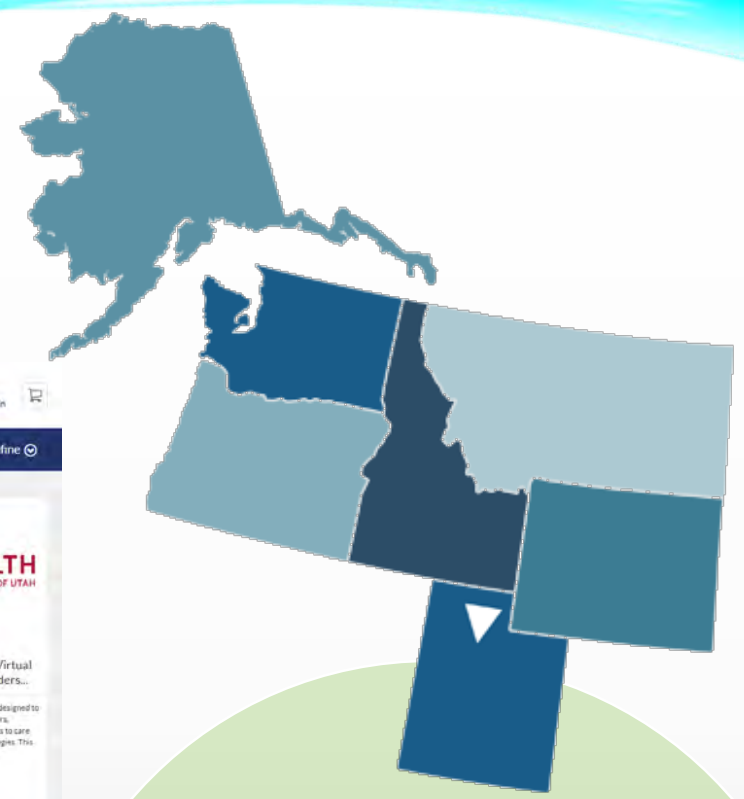
The Utah Education and Telehealth Network (UETN)

In 2022...

712 hours of health and wellness programming on UEN-TV

Total Telehealth Claims Comparison





The Northwest Regional Telehealth Resource Center (NRTRC)



# WHAT IS DIGITAL EQUITY AND INCLUSION(DEI)?

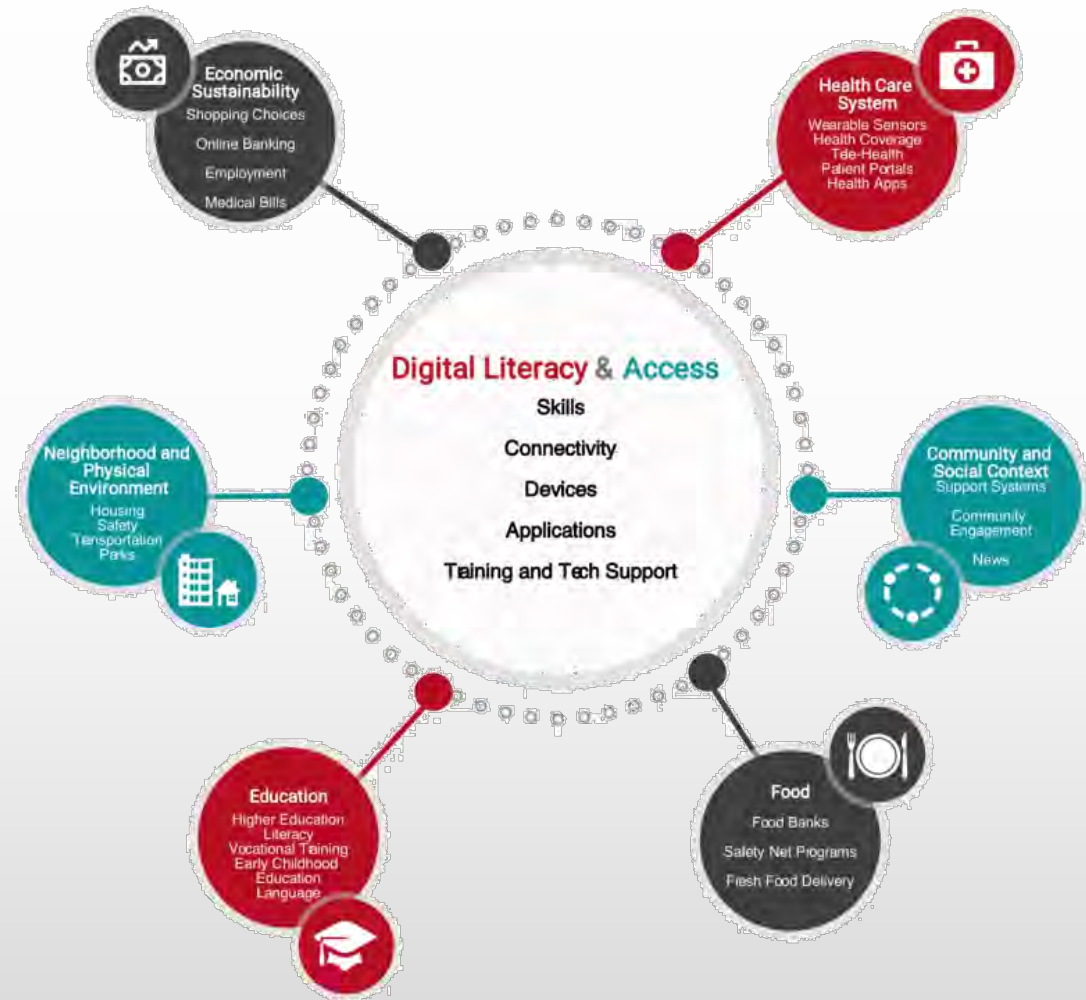
- Digital Inclusion refers to the activities necessary to ensure that all individuals and communities, including the most disadvantaged, have access to and use of Information and Communication Technologies (ICTs).
- Digital Equity is a condition in which all individuals and communities have the information technology capacity needed for full participation in our society, democracy and economy.
- DEI is necessary for civic and cultural participation, employment, lifelong learning, and access to essential services...INCLUDING HEALTHCARE!





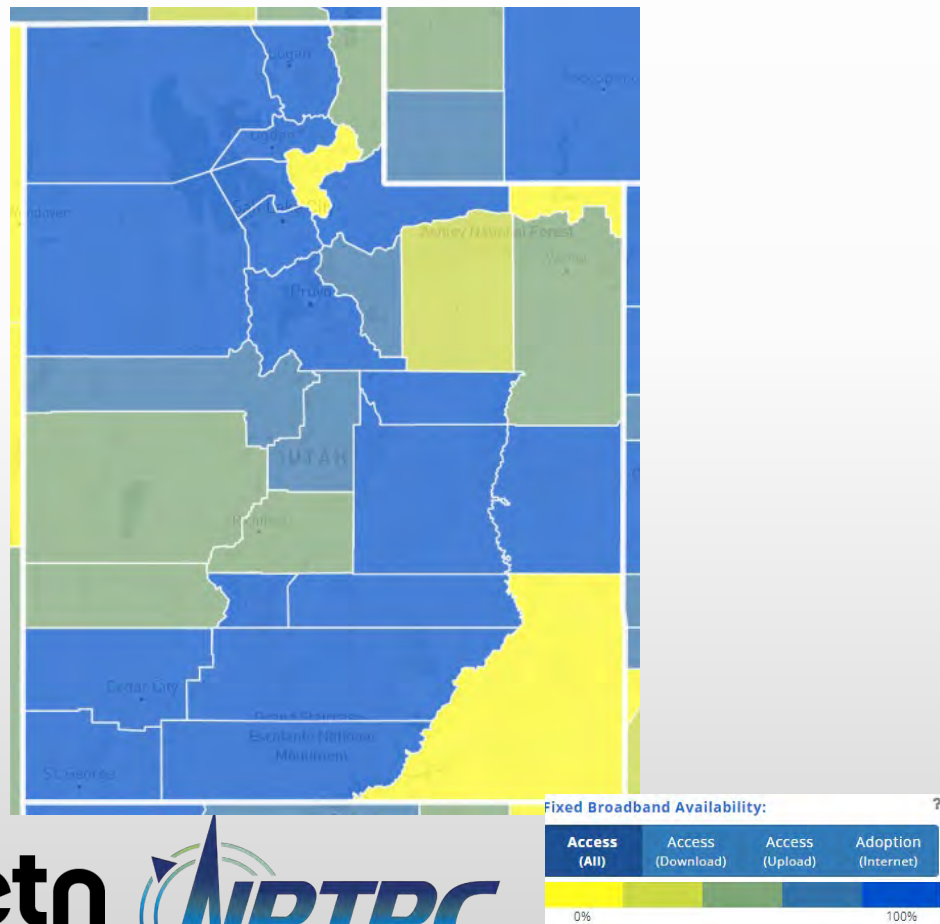
WHY ARE DIGITAL LITERACY AND  
BROADBAND ACCESS IMPORTANT  
FOR HEALTHCARE?

- Applications for employment and social services are increasingly and exclusively online
- Sources of health information and patient portals have been digitized
- Increased use of telehealth widening disparities
- Costs of equipping a person to use the Internet and devices to manage healthcare are more sustainable than treating active conditions

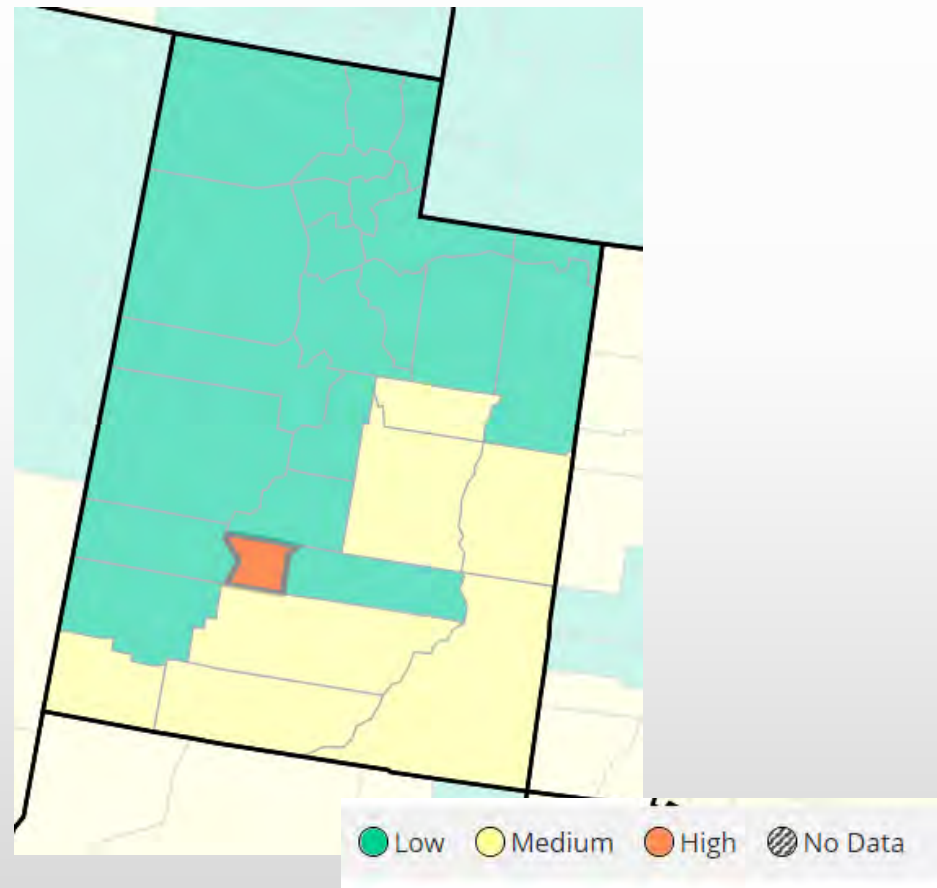




## FCC Fixed Broadband Availability Map



## CDC COVID-19 Infections per county



**uethn**  
UTAH EDUCATION AND  
TELEHEALTH NETWORK





LET'S TALK SOLUTIONS!

Table 1

Patient Demographics and Visit Characteristics by Visit Modality from June 2020 Through April 2021

First primary care visit modality	In-person	Telemedicine	p value
# of observations	4045	2108	
Female (%)	2148 (53.1%)	1277 (60.6%)	
Age (mean, SD)	64.0 (17.3)	62.5 (17.7)	
Race (%)	Black	1488 (36.8%)	1060 (50.3%)
	White	2330 (57.6%)	938 (44.5%)
	Other/unknown	227 (5.6%)	110 (5.2%)
Ethnicity (%)	Hispanic Latino	239 (5.9%)	76 (3.6%)
	Non-Hispanic Latino	3766 (93.1%)	2012 (95.5%)
	Unknown	40 (1.0%)	20 (1.0%)
Payor (%)	Commercial	1023 (25.3%)	573 (27.2%)
	Medicaid	619 (15.3%)	319 (15.2%)
	Medicare	2160 (53.4%)	1166 (55.3%)
	VA/uninsured/unknown	243 (6.0%)	50 (2.4%)
Days from discharge to appointment (mean, SD)	10.3 (7.2)	8.9 (6.4)	p < 0.0001
Scheduled within 7 days of discharge (%)	1857 (45.9%)	1140 (54.1%)	p < 0.0001
Visit scheduled with assigned PCP (%)	2734 (67.6%)	1480 (70.2%)	p = 0.04
Visit completed (%)	2488 (61.5%)	1771 (84.0%)	p < 0.0001

[Open in a separate window](#)

## Digital Biomarkers

Digit Biomark 2020;4(suppl 1):119–135

DOI: 10.1159/000510144  
Received: May 29, 2020  
Accepted: July 14, 2020  
Published online: November 26, 2020

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Published by S. Karger AG, Basel  
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## Next Generation

# The Role of Digital Navigators in Promoting Clinical Care and Technology Integration into Practice

Hannah Wisniewski<sup>a</sup> Tristan Gorrindo<sup>c</sup> Natali Rauseo-Ricupero<sup>a</sup>  
Don Hilty<sup>b</sup> John Torous<sup>a</sup>

<sup>a</sup>Division of Digital Psychiatry, Beth Israel Deaconess Medical Center, Boston, MA, USA; <sup>b</sup>Department of Psychiatry and Behavioral Sciences, Northern California Veterans Administration Health Care System, University of California Davis, Mather, CA, USA; <sup>c</sup>American Psychiatric Association, Washington, DC, USA

# THE DIGITAL NAVIGATOR MODEL

"Adding Digital Equity to Our Social Safety Net"

**WHAT'S THE USE OF A DIGITAL NAVIGATOR?**

Digital equity and inclusion cannot be achieved overnight. They require a regulated process of bringing digital literacy access and digital literacy skills to individuals. A digital navigator is an individual at an organization who works specifically to mediate this process.




**WHO IS A DIGITAL NAVIGATOR?**

Digital navigators can be volunteers or staff who work at community-based institutions, such as libraries, social service agencies, and community-based organizations. They work directly with community members who are familiar with resources that address digital equity.



**HOW DOES IT WORK?**

The digital navigator model focuses first on Access, then Education. The process is highly personalized, customized for each site and individual. A computer-based Navigator assesses the needs of the individual and guides them toward the website resources. The Navigator works one-on-one with each community member, helping to bring connections to high-need-to-connect.



**WHY DOES IT WORK?**

The Digital Navigator Model is a sustainable framework for organizations that already provide digital inclusion services. It is customized according to each organization's capacity and through ongoing, open-line contact, assesses and addresses each individual's needs and interests.



**NDIA** **Library** **NORTHSTAR DIGITAL LITERACY**

# WHAT IS A DIGITAL NAVIGATOR?

- Digital navigators are trusted guides who assist community members in internet adoption and the use of computing devices. Digital navigation services include ongoing assistance with affordable internet access, device acquisition, technical skills, and application support.



# OUR SOLUTION: THE NTEN DIGITAL INCLUSION FELLOWSHIP



**uetn**  
UTAH EDUCATION AND  
TELEHEALTH NETWORK



Non-Profit Technology  
Enterprise Network  
(NTEN) Digital Inclusion  
Fellowship

**nten**



**uetn**  
UTAH EDUCATION AND  
TELEHEALTH NETWORK



The Utah  
Education and  
Telehealth  
Network (UETN)

The Northwest  
Regional  
Telehealth  
Resource  
Center (NRTRC)

Non-Profit  
Technology  
Enterprise  
Network (NTEN)  
Digital Inclusion  
Fellowship



# NAVIGATING the TELEHEALTH NEIGHBORHOOD

A Guide to Telehealth Access for Digital Navigators



NRTRC Find Telehealth

My location Centerville, UT 84014, USA

Distance in miles to search  
5 10 25 50 100 250 500

Type of visit  
Telehealth

Service  
Family Medicine

730 facilities found

HOW TO USE THIS FINDER  
DISCLAIMER

**NRTRC** NORTHWEST REGIONAL TELEHEALTH RESOURCE CENTER

FREE

# NAVIGATING the TELEHEALTH NEIGHBORHOOD

A Guide to Telehealth Access for Digital Navigators

uetn UTAH EDUCATION AND TELEHEALTH NETWORK

## Navigating the Telehealth Neighborhood: A Guide to Telehealth Access for Digital Navigators

Self-paced

Enroll Now

Welcome to "Navigating the Telehealth Neighborhood: A Guide to Telehealth Access for Digital Navigators"! This course was created with digital navigators in mind, but is a great introduction to telehealth for anyone assisting a learner, patient or loved one in accessing telehealth. From the basics of telehealth, to helping others find resources for their telehealth appointment, the hope is that this training will "navigate" you in the right direction!

The course is divided into 3 main sections. To begin, we will take you through the basics of telehealth, when, where, why and how for telehealth, as well as provide you with some basic background information on telehealth and digital navigation. Next, you will find a multitude of resources from properly vetted partners that will assist you with navigating a participant through the telehealth process. Last, we will take you through a series of process maps with key questions and answers for the participant you are assisting with telehealth, which will help you guide them to and through receiving care through telehealth.

- Uses the terms "navigator" and "participant" to promote adaptability of the course
- 3 Main Sections:
  - Intro to Telehealth for Navigators
  - Telehealth Navigator and Participant Resources
  - Process maps and Participant Considerations for Telehealth Navigation
- Partnered and connected the training to a course being developed by the NNLM for Telehealth Access Points



# WHAT IS A TAP?

A Telehealth Access Point, or TAP, is a dedicated public space for individuals to access a telehealth appointment. These spaces consist of an adequate internet connection, a device with working camera, speaker and microphone, as well as privacy considerations in the form of a dedicated room or kiosk where the telehealth visit can be conducted. TAPs may also have support staff to assist an individual through a telehealth appointment if needed.



Coming Soon March 2023

NRTRC Find Telehealth

My location: Centerville, UT 84014, USA

Distance in miles to search: 500

Type of visit: Telehealth

Service: Family Medicine

730 facilities found

HOW TO USE THIS FINDER

DISCLAIMER

[HTTPS://FINDTELEHEALTH.NRTRC.ORG](https://findtelehealth.nrtrc.org)



The background features a light gray gradient. At the bottom, there are abstract, flowing shapes in red and blue. The red shapes are on the left, and the blue shapes are on the right, with a teal-colored wave-like shape in the center. The text is positioned in the upper right area of the slide.

# THE END

Any Questions?

# Progress Update

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Joan Gallegos

Dr Teresa Garrett

*Co-Leads*



**Utah Action Coalition**

**Advocates for Nursing and Health Equity**

# What is the Utah Action Coalition?

- A group of stakeholders from the health care community interested in the well-being of the nursing workforce and its direct impact on the future health of Utahns
- Focus of work has been on implementing recommendations from the past two National Academy of Medicine's (NAM) report on the future of nursing in America
- We are a coalition, not an incorporated organization
- Founded in 2012
- Utah Commission on Aging (UCON) is the Utah Action Coalition's fiscal agent. Thank you to Rob Ence for being such a valuable partner!



**Utah Action Coalition**

**Advocates for Nursing and Health Equity**

# Accomplishments

- Instituted Nurse Residency programs in all acute care hospital chains and in long term care settings
- Developed seamless education pathways to achieving a bachelor's degree in nursing (NAM goal was 80% of the nation's nursing workforce to be BSN prepared by 2020)
- Removed barriers to practice for APRNs in the Medicaid program
- Exceeded national goal to place nurses on boards in Utah (reached goal with over 200 nurses serving, or 245% of our state goal as of 12/31/2022)
- Worked with high schools to help prepare diverse prospective students for a career in nursing



**Utah Action Coalition**  
Partners for Nursing and Health



# Accomplishments

- Created Unidos en Utah/National Hispanic Nurses Association Chapter
- Instrumental in creating Nurse Data Center/Utah Medical Education Council
- Assisted in creation of APRN Fellowship programs
- Included health equity and social determinants of health care information in the statewide certified nursing assistant (CNA) curriculum
- And more!



**Health Action Coalition**

Advocates for Nursing and Health



# Present Work and Priorities

- Received a grant *“Hitting the Bullseye on Eliminating Structural Racism in Nursing: Utah Action Strategies”* from the AARP Foundation and the Center to Champion Nursing in America, effective 1/1/2023 for two years. \$50K base funding and \$35+K in matching funds contributed from partners.
- Working on three priority areas from the NAM 2020-2030 Future of Nursing report centered on health equity.



**Utah Action Coalition**

**Advocates for Nursing and Health Equity**



## ***Grant Highlights: “Hitting the Bullseye on Eliminating Structural Racism in Nursing: Utah Action Strategies”***

- Four pilot sites: University of Utah College of Nursing, Weber State University, Westminster College, and a rural nursing education program (in progress).
- ECHO Platform to be used: We are now beginning to develop curriculum to address eliminating structural racism in nursing education with a launch date of October 2023 (6-9 ECHO sessions planned).
- Curriculum to be based on findings from focus groups of approximately 75 diverse nurses (all programs) from the U of Utah College of Nursing.
  - Themes from these focus groups were biases in grading, testing methods, classroom inclusivity, microaggressions from students, faculty, and preceptors, lack of diverse role models, biases in approving school projects and lack of course content application to diverse communities, etc.



**Utah Action Coalition**

Advocates for Nursing and Health Equity

## ***Grant Highlights: “Hitting the Bullseye on Eliminating Structural Racism in Nursing: Utah Action Strategies”***

- Nurse consultant skilled in diversity, equity and inclusion will be hired to develop the curriculum for the ECHO sessions.
- Monthly ECHO sessions will include representatives from the four pilot sites. Discussion of how to remove these barriers will be planned in the 1 ½ ECHO sessions. Follow-up meetings with each site will be held to determine how to individualize session recommendations to the specific education site.
- Diverse student advisory councils will be formed at each pilot site that report directly to the Dean or Program Head.
- Criteria will be developed and used to monitor the evaluation of the program.
- Best practices will be developed to advance nursing education practices for diverse students.



**Utah Action Coalition**

Advocates for Nursing and Health Equity

# Utah Action Coalition Work: Top 3 Priorities from the Future of Nursing Report 2020-2030

- Recommendation 2: Nurse Well-Being and Resiliency
- Recommendation 3: Integrating Social Determinants of Health and Equity/Inclusion Concepts into the Nursing Curriculum
- Recommendation 7: Assuring the Current Nursing Workforce is Trained in Social Determinants of Health and Equity/Inclusion Concepts



**Utah Action Coalition**

**Advocates for Nursing and Health Equity**



## **Utah Action Coalition**

**Advocates for Nursing and Health Equity**

# Strategic Process

- Conduct Environmental Scans to gain a baseline assessment of major current and ongoing activities by Utah's health systems and nursing education programs.

## ***What are health systems doing to encourage health equity and social determinants of health awareness into nursing practice?***

- Major themes
  - A broad focus on SDOH across the systems
  - Lots of education about DEI, SDOH, equity/inclusion across leadership
  - System level approaches
- Best Practices
  - DEI Teams, leadership education, assessing how the EHR can help in providing equitable care, using patient safety events as a focus point – is there an equity issue here?



# ***What are health systems doing to promote nurse wellbeing?***

- Major themes
  - Leader Rounding is critical
  - Leadership training – leaders who can support followers have stronger engagement and resilience scores
  - Shared Governance structures
- Best Practices
  - Strategic plans that include ‘Exceptional Team Experience’
  - Magnet Journey
  - Listening Tour



# ***What are nursing programs doing to teach health equity?***

- UONL/Academic Leadership Committee assisted in the completion of the scan
- 25 programs responded (68% response rate), 100% of programs have some SDOH built into their curriculum
- Best Practices:
  - Adopt standard set of definitions in population health and SDOH,
  - Assure 5 key categories of SDH are addressed across all nursing curriculum,
  - Update school mission statements to include diversity, equity, and SDOH.



# What Can You Do To Help?

- Let us know if you are aware of a consultant, local or national, that is skilled in diversity, equity, and inclusion and has experience in developing higher education curriculum.
- Help us spread the grant findings as our work may be applicable to many other health care disciplines.



**Utah Action Coalition**  
Advocates for Nursing and Health Equity



# What's Next?

- Policy Priorities
- Refreshed strategic map for 2023-24
- Grant implementation



**Utah Action Coalition**

Advocates for Nursing and Health Equity

Questions,  
Discussion, and  
Thank you!

---

Teresa Garrett, RN, DNP, PHNA-BC  
[teresa.garrett@nurs.utah.edu](mailto:teresa.garrett@nurs.utah.edu)

Joan Gallegos, MSW, RN  
[joan.gallegos2@aol.com](mailto:joan.gallegos2@aol.com)



**Utah Action Coalition**

**Advocates for Nursing and Health Equity**



**OLDER ADULTS  
WHO ENGAGE IN CREATIVITY  
FEEL HAPPIER,  
HAVE LESS COGNITIVE DECLINE,  
HAVE MORE SOCIAL CONNECTIONS AND  
EXPERIENCE MEASURABLE HEALTH BENEFITS**

## **The Utah Creative Aging Coalition aims to:**

- Support existing programs through the increased exposure of our collective networks
- Promote the expansion of creative aging programs
- Increase funding potential for future programs
- Assist teaching artists and creative arts therapists in program development
- Partner with researchers
- Influence public policy to support person-centered care for older adult populations
- Most importantly, work together to connect older adults to arts-based experiences



Contact [emily@jfsutah.org](mailto:emily@jfsutah.org) for more information





# Memory Grove: a Summer of Fitness

August 21st, 2023: 11 am-6 pm

## Bringing Hope, Health, Wellness, and Fitness

*Integrating genres of Pop, R&B, Country, & Jazz Orchestral*

August 21st is “National Seniors Day”. When it comes to the quality of life for seniors, we must consider the important role that socialization plays. That is why we are commemorating this day August 21st as a healthy fitness day for older adults. Music and Medicine coming together to heal and bring our community together. Enabling social activity is linked to a number of health benefits - remaining in good health is important for the quality of life of all seniors, many of whom are struggling with loneliness or looking to improve their social life. Music not only brings people together but has many proven health and cognitive benefits.. In many cases, music can broaden seniors’ social networks. as well as joining in with others to make and/or listen to music sparking discussions that improve connections with both friends and family members.

**Our principal sponsors will receive, presenting sponsor mention, in all media and branding opportunities. Which will include TV, social media, radio, print, banners, and an exhibit booth located on the property during the event. The participant sponsors’ booths will represent organizations from the healthcare, fitness, and wellness industries, and will be located and accessible to all of our event audiences.**

We are connecting various channels of the community to help facilitate this beneficial event. Thank you for your interest and look forward to working with you to make this a success!

Note: Bottiroli, Sara et al. (2014). The cognitive effects of listening to background music on older adults: processing speed improves with upbeat music, while memory seems to benefit from both upbeat and downbeat music. *Frontiers in Aging Neuroscience*. Oct. 15. doi: 10.3389/fnagi.2014.00284.

# Memory Grove: a Summer of Fitness

Monday, August 21<sup>st</sup>, 2023: 11 am-6 pm



August 21<sup>st</sup> is “**National Senior Citizens Day**”. When it comes to the quality of life for seniors, we must consider the important role that socialization plays. That is why we are commemorating this day August 21<sup>st</sup> as a healthy fitness day for older adults. Music and Medicine coming together to heal and bring our community together. Enabling social activity is linked to a number of health benefits - remaining in good health is important for the quality of life of all seniors, many of whom are struggling with loneliness or looking to improve their social life. In many cases, music can broaden seniors’ social networks as well as joining in with others to make and/or listen to music sparking discussions that improve connections with both friends and family members.

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# LIVING & AGING WITH PRIDE



## Who We Are

Living with Pride ([www.livingwithpride.org](http://www.livingwithpride.org)) is an organization that provides a voice for a robust aging population and their families via multimedia broadcast/podcast and social media platforms. We strive to ensure our aging population is not forgotten and has the right tools, resources, and information to thrive in the latter years of their lives. Hosted by James Brown, who inspires, with a passionate call to action and leaves no solution unnoticed.

## Why We are Needed

Today's senior population faces a multitude of challenges from navigating medical care, affordable housing, assisted living to XY&Z. Families of our aging population need reliable information and understanding of available resources, and ways they can make life more manageable or everyone involved.

## What Can We Do To Help

In 2021 Living with Pride, has launched Living and Aging with Pride as a weekly Podcast Broadcast series on Multiple broadcast and social media platforms including YouTube, Facebook Watch, Instagram, and on the Living with Pride website.

## The Show

Featured conversations with experts in the respective issue related industries. The interviews will be relative, irreverent, and informative, providing insights on selected topics.

## Who is our Audience?

Every older adult or family that has an aging loved one, people over and those approaching age 65. Baby Boomers make up 24.3% of the total U.S. population. Over 10,000 people are turning 65 every day. Secondary audience those age 50 plus. Peripheral Audience: younger generations.

## Why Sponsorship with us work;

AARP reported that 50-plus population outspent under-50s and tech-related products and services in excess of \$140 billion.

## Levels of Support Available:

We have 3 levels of weekly sponsorship available; Gold, Silver, Bronze. This includes 13 weeks, 13 reruns, 26 weeks, total.

Let our account executive help custom design a package just for your business or organization. If you are a Non-Profit Organization, Government/Community Resource Liaisons, ask about our Community Builder Level.

**Contact: James Brown 801-608-3066**  
**[James@livingwithpride.org](mailto:James@livingwithpride.org)**



# Motivational Interviewing to Improve Health Coaching Skills and Support Behavior Change

Motivational Interviewing (MI) is an evidence-based communication approach that has been adapted for the brief healthcare setting to address lifestyle management and treatment adherence issues, including chronic pain. MI has particular utility with individuals who are less motivated, less ready for change, and more angry or oppositional. Therefore, in addition to better clinical outcomes, the MI approach improves patient engagement by reducing resistance and defensiveness when a difficult discussion ensues, such as a recommendation to taper or discontinue opioid use.



In order to access the College of Nursing Catalog where the Motivational Interviewing module is stored, you will need to create an account with the University of Utah Canvas program. If you've never enrolled in a course before, **create your free account**. If you've already registered, enroll through your current account. When you click the link above to the module, you will be redirected to a Canvas page that will ask you to either log in or create a new account. To access the course later, go to your **Dashboard**. For more information on using your Dashboard, see **this tutorial**.

For more information about the Utah GWEP, visit our website at <https://utahgwep.org>

The UGEC is funded by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$3,750,000 with zero percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

# When Enough is Enough: Deprescribing and Ceasing Preventive Testing/Screening



**Shaun Chatelain, DO**

**Thursday, February 16, 2023**

**2:00 - 3:15 PM (MT)**

Shaun Chatelain, DO, is a geriatrician in the Stansbury Health Center and the Madsen Health Center Geriatrics Clinics. As a geriatrician he enjoys caring for and learning from older adults. Dr. Chatelain's clinical interests include: bone health and preventing/treating osteoporosis; geriatric behavioral health; and deprescribing to reduce polypharmacy. He received his Bachelor of Science in Biological Engineering from Utah State University 2009, and a Doctor of Osteopathic Medicine at the Arizona College of Osteopathic Medicine in 2014. Dr. Chatelain completed an Internal Medicine Residency at the University of Arizona, followed by a Fellowship in Geriatrics at the University of Utah. In his spare time, he enjoys hiking, skiing, fly fishing and spending time with his wife and their Pomeranian.

## Registration:

- Register for the UGEC Age-Friendly ECHO series [HERE](#). Passcode: **968680**

## Continuing Education Credits (1.25):

- This ECHO series offers: CMEs\*, Social Work Ethics CEUs and Nursing Contact Hours
- \*CME code for this ECHO session: **47254**
- For more information on how to claim credits, please visit the [UGEC website](#).

## Questions:

- Contact [Jacqueline.Telonidis@hsc.utah.edu](mailto:Jacqueline.Telonidis@hsc.utah.edu)

**NURSING CONTACT HOURS ACCREDITATION:** The University of Utah Health is approved as a provider of nursing continuing professional development by the Arizona Nurses Association Approver Unit, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

**DISCLOSURE:** Neither planners, speakers, or anyone in control of content have any relevant financial relationships with an ACCME-defined ineligible company to disclose or mitigate.

**ACCREDITATION:** The University of Utah School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The University of Utah Health is approved as a provider of nursing continuing professional development by the Arizona Nurses Association Approver Unit, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

**AMA Credit:** The University of Utah School of Medicine designates this live activity for a maximum of 1.25 AMA PRA Category 1 Credit(s) TM.



Physicians should claim only the credit commensurate with the extent of their participation in the activity. All attendees are encouraged to use the CME system to claim their attendance.

Physicians will be awarded AMA PRA Category 1 Credit(s)™; all other professions will be awarded attendance at a CME event credit that they may use for their re-credentialing purposes.

All users will be able to print or save certificates. For questions regarding the CME system, please contact the UUCME Office. For questions regarding re-credentialing process or requirements, please contact your re-credentialing organization.

**NONDISCRIMINATION AND DISABILITY ACCOMMODATION STATEMENT:** The University of Utah does not exclude, deny benefits to or otherwise discriminate against any person on the basis of race, color, national origin, sex, disability, age, veteran's status, religion, gender identity, gender expression, genetic information, or sexual orientation in admission to or participation in its programs and activities. Reasonable accommodations will be provided to qualified individuals with disabilities upon request, with reasonable notice. Requests for accommodations or inquiries or complaints about University nondiscrimination and disability/access policies may be directed to the Director, OEO/AA, Title IX/Section 504/ADA Coordinator, 201 S President's Circle, RM 135, Salt Lake City, UT 84112, 801-581-8365 (Voice/TTY), 801-585-5746 (Fax).

Visit us at  
[utahgwebp.org](http://utahgwebp.org)



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@UofUUGEC



# Utah Geriatric Education Consortium Caregiver Conference

## Resources and Support for Caregivers: Including Those Caring for Veterans & Persons with Dementia

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**WHEN:** Wednesday, February 22nd  
9:30am to 3:30pm (Check-in at 9:00am)

**WHERE:** Dixie Convention Center  
1835 Convention Center Dr. St George, UT

**WHAT:** Free event for caregivers to learn more about resources and support in the community. Lunch included.

**HOW:** Register by February 15th in one of these ways:



1. Call Jacquie at 801-581-6507\*  
*(If no answer, please leave a message)*
2. Click [HERE](#).
3. Scan the QR Code

*\*Let us know if you would like to join virtually due to care or other needs*

# UTAH GERIATRIC EDUCATION CONSORTIUM CAREGIVER CONFERENCE SCHEDULE

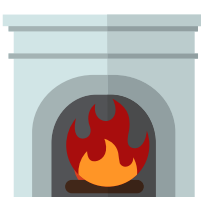
WEDNESDAY, FEBRUARY 22ND  
DIXIE CONVENTION CENTER, ST GEORGE, UT

9:00 – 9:30	Conference Registrants Check-In	
9:30 – 9:45	Welcome & UGEC Programs	Linda Edelman, UGEC Program Director
9:45 – 10:30	Five County Community Resources	Carrie Schonlaw & Sheri Reber, Area Agency on Aging - Five County
10:30 – 10:45	Break	
10:45 – 11:30	Understanding and Responding to Dementia-Related Behaviors	Raven Albertson, Utah Chapter of the Alzheimer's Association
11:30 – 12:15	Building Support Networks and Utilizing Technology	Kate Nederostek Utah State Caregiver Support and ADRD Programs
12:15 – 1:15	Lunch & Resources and Supports Stroll	
1:15 – 2:00	Screening for the 3D's: Dementia, Depression and Delirium	Randall Rupper, Interim Director, Clinical, GRECC,
2:00 – 2:30	VA Caregiver Support Programs	Andrew Wittwer, General Caregiver Support Services
2:30 – 2:45	Break	
2:45 – 3:30	VA Healthcare Enrollment	Janeil Esplin, Veterans Service Officer, Five County AOG
3:30 – 4:00	Questions & Answers	Conference Presenters



Utah Department of  
**Health & Human Services**  
Aging & Adult Services





THE UTAH GERIATRIC EDUCATION CONSORTIUM

# FIRESIDE CHAT PRESENTATION

Elder Abuse, Resident's Rights, and the  
Ombudsman Program

Alianne Sipes, BA, MBA

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**THURSDAY, MARCH 2, 2023**

**10:00 AM - 11:00 AM MT**

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Zoom Meeting Link:

[HTTPS://UTAH.ZOOM.US/J/99070528802](https://utah.zoom.us/j/99070528802)

**Can't make it at this time?** A recording will be posted on our website, [utahgwep.org](http://utahgwep.org).

## Meet the speaker:

Alianne Sipes has worked as a Long-Term Care (LTC) Ombudsman for the past nine years. She began her career as a LTC Ombudsman first for Salt Lake County, and later for Davis County. In March of 2022, Alianne was promoted to the State Long-Term Care Ombudsman. Originally from Arizona, she earned her undergraduate degree in child development from Brigham Young University (BYU). In 2021, Alianne completed a Master of Business Administration (MBA) at Utah State University (USU). While working for Salt Lake County, she served as a community representative on the University of Utah's Gerontology Interdisciplinary Program's Advisory Committee. Alianne lives in Hooper, UT and enjoys spending time with her two black labs (Padfoot and Blackie) as well as her four young nieces and nephews.



# UTAH GERIATRIC EDUCATION CONSORTIUM

## PROGRAMS & OFFERINGS



**Visit our website**  
[www.utahgwep.org](http://www.utahgwep.org)  
 or scan the QR code



### ADDITIONAL UGEC PROGRAMS FOR STUDENTS, AMBULATORY CARE AND LTSS PROVIDERS AND CAREGIVERS IN THE COMMUNITY

- Age-Friendly ECHO for primary care and LTSS providers
- Age-Friendly Care Training Modules
  - Geriatric Core Competencies
  - Communication, Care Transitions and End-of-Life Conversations
  - Fundamentals of Quality Assurance and Performance Improvement (QAPI)
- Alzheimer's Disease and Related Dementia Online Training Modules
- Interprofessional Education Courses about Long-Term Care and Communicating with Older Adults
- Gerontology Interdisciplinary Program Graduate Certificates with an Emphasis in LTSS
- Serious Illness Conversation Guide Training
- Fireside Chats promoting Age-Friendly Health Care and Dementia-Friendly Communities
- Managing Opioid Use in Long-Term Care Training Modules
- Implementing the 4M's Framework in Ambulatory Care settings
- Connecting Care Through Telehealth for Long-Term Services and Supports
- Motivational Interviewing to Improve Health Coaching Skills and Support Behavior Change
- Student Projects to Build Intergenerational Communication Skills
- Medical Student Training in the Foundations of Gerontology
- Goals of Care Conversation (GOCC) Training Modules **COMING SOON**

## Fireside Chats

The UGEC Fireside Chats promote age-friendly health care and dementia-friendly communities through monthly, online educational presentations. These "chats" are open to the community and are offered virtually via the video-conferencing platform, Zoom. The Fireside Chats are held on the first Thursday of each month at 10 am MT. Please check our events calendar to see when the next Fireside Chat will be held. The event on the calendar will also contain the link to join the Fireside Chat remotely.



**Find all our programs & offerings at**  
<https://utahgwep.org/trainings>

### Questions about UGEC?

Email us at [ugecgwep@utah.edu](mailto:ugecgwep@utah.edu)

### Follow us on social media:



@UofU\_UGEC



@UofUUGEC



@UofU\_UGEC

## ABOUT UGEC

The Utah Geriatrics Education Consortium (UGEC) programs focus on the 4Ms of the Age-Friendly Health Systems (Mobility, Medications, Mentation, and What Matters), including the UGEC Age-Friendly Long-Term Services and Support (LTSS) ECHO series.

## WHAT WE OFFER:

### ECHO Series

The Utah Geriatrics Education Consortium (UGEC) Age-Friendly ECHO series focuses on the 4Ms of the Age-Friendly Health Systems (Mobility, Medications, Mentation, and What Matters). This ECHO series utilizes case-based learning and mentorship to ensure ambulatory care and long-term services and supports (LTSS) providers successfully integrated the 4M's framework into patient care. The UGEC Age-Friendly ECHO series is free and open to the public, and is shared with ambulatory care and LTSS providers throughout the state of Utah.

Registration is required for this ECHO series.

Register at

<https://utahgwep.org/trainings/age-friendly-ltss-echo>

### Questions about the ECHO?

Contact Jacqueline Telonidis at  
[Jacqueline.Telonidis@hsc.utah.edu](mailto:Jacqueline.Telonidis@hsc.utah.edu)

## Connecting Care Through Telehealth for Long-Term Services and Supports

An online course designed using the Age-Friendly Health Systems 4Ms framework to inform and improve best practices about telehealth and virtual services for providers and care-teams, patients/residents, and families and caregivers in long-term services and supports (LTSS) settings through the following modules:

- Telehealth and Virtual Services in LTSS
- Connecting and Setting up a Telehealth Visit
- Facilitating a Successful Telehealth Visit
- Tele-Visit Tutorials for Patients, Families, and Caregivers
- Monitoring and Quality Improvement of Telehealth Programs

This course also includes checklists, technology troubleshooting tips, and communication guidelines that can be modified for your LTSS setting.



## Roles in Long-Term Services and Supports

Learn more about the long-term care and end-of-life industries from those who work in them. Presenters describe typical work responsibilities, discuss important qualifications and characteristics of successful employees, and give tips on where to learn more or get started. Workers share what they love about their jobs as well as its challenges, while care beneficiaries share why their care team means so much to them!

## Alzheimer's Disease and Related Dementias (ADRD) Training

Expert faculty and clinicians at the University of Utah have created a series of free online training modules to help increase knowledge about Alzheimer's Disease and Related Dementias (ADRD) and improve care of residents with dementia. These trainings are designed for patients, family members, and direct care employed in post-acute or long-term care settings.

The online educational program is divided into four modules that, in total, will take 2-3 hours to complete. The topics covered in each module include:

- Dementia: Causes, Symptoms, & Progression
- Treatment Options for Challenging Behaviors
- Effective Interprofessional Care Teams
- Dementia-Focused Communication Techniques

## Managing Opioid Use in Long-Term Services and Supports

These interprofessional modules for students, health care providers and LTSS staff are centered around opioid use, including topics such as:

- Reasons for prescribing opioids to treat acute and chronic pain
- Pharmacology of opioid use in older adults with multiple chronic conditions including dementia
- Appropriate prescribing of opioids in nursing home residents
- Opioid misuse in nursing home residents including assessment and treatment
- Non-opioid pharmacologic and non-pharmacologic pain management regimens



**Family  
Caregiving  
Collaborative**

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**INVITATION TO PARTICIPATE  
RESEARCH SCHOLAR PRESENTATION  
FEB 22, 2023, 10-11AM MST  
FAWN COTHRAN, PHD, RN  
NATIONAL ALLIANCE FOR CAREGIVING**

PLEASE RSVP TO:  
EMAIL [CHRISTINE.MOUA@NURS.UTAH.EDU](mailto:CHRISTINE.MOUA@NURS.UTAH.EDU)



**Family  
Caregiving  
Collaborative**

**FCC Presents:**

**CONVERSATIONS  
WITH CAREGIVING  
RESEARCHERS  
SERIES**



**22  
FEB**

**Fawn Cothran, PhD, RN, GCNS-BC, FGSA**  
National Alliance for Caregiving (NAC)

Caregiving Research at the National Alliance for  
Caregiving: Priorities and Opportunities

February 22, 2023  
10:00 AM - 11:00 AM MST

Virtual Event

# Utah Master Plan for Aging

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Briefing for  
Legislative Committees

Updated  
January 23, 2023



**UCCOA**  
Utah Commission on Aging

Updated  
January 23, 2023



**Independence**

Food Insecurity

Social Isolation

**Ageism**

Abuse & Fraud

Emergency Preparedness

Fitness

Falls Prevention

Affordable Health & Long-Term Care

Caregiving

**Mobility**

Financial Adequacy

Housing &  
Aging In Place

Mental Acuity

End of Life

# Elements for Success

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**State Leadership**

**Rational Data-Driven**

**Comprehensive Issues**

**Stakeholder Inclusiveness**

**Measurable Outcomes**

# Master Plan Core Issues

Ageism and Social Isolation

Age-Friendly Communities

Financial Security

Health and Wellness

Caregiving and Care  
Coordination

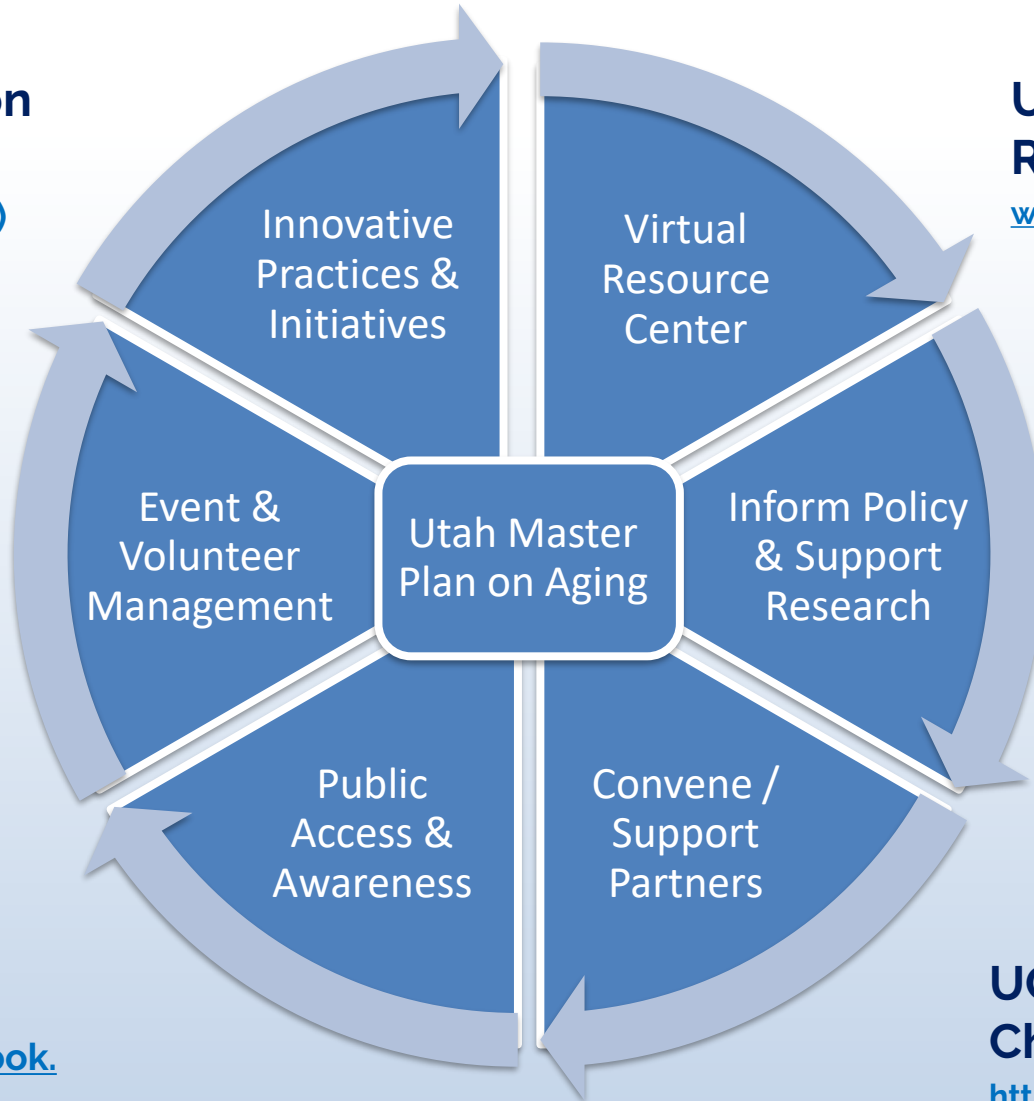
Advance Care Planning

Technology and Innovation



**UCOA Navigation  
Hotline**

**888-985-6866 (2023)**



**UCOA Virtual  
Resource Center**

[www.utahaging.org](http://www.utahaging.org)

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<https://www.facebook.com/utahaging/>

**UCOA YouTube  
Channel**

<https://www.youtube.com/channel/UCfSJREf73GpswhCGhFeHZCg/videos>