Utah Master Plan for Aging

Three-Year Update Report, 2023–2026

Utah Commission on Aging | August 15, 2026

To: Health and Human Services Interim Committee
From: Utah Commission on Aging
RE: Implementation progress and priorities for the next three years

Executive Summary

During its first three fiscal years, Utah's Master Plan for Aging (MPA) moved from legislative direction to a statewide implementation framework. The Utah Commission on Aging (UCOA) convened public, private, nonprofit, health care, academic, and community partners; organized the work around six interconnected sectors; gathered public and stakeholder input; published an updated plan in January 2025; and began building a results-based dashboard to measure social impact.

Early accomplishments include Utah's first Age-Friendly Community designation, established Age-Friendly Health System and University designations, coordinated falls-prevention and creative-aging efforts, modernization of advance care planning law, stronger caregiver collaboration, expanded veterans-benefit navigation, increased attention to fraud and fiduciary safeguards, and development of digital-inclusion strategies. The principal achievement is durable infrastructure: shared priorities, statewide partnerships, emerging indicators, and a common accountability framework.

The next three years should convert that infrastructure into measurable outcomes. UCOA recommends completing the MPA dashboard, assigning lead partners to a focused set of indicators, strengthening legislative engagement, addressing rural disparities, and concentrating resources on aging in place, falls, nutrition, caregiver support, housing, financial protection, advance care planning, and digital inclusion.

How the Plan Began

In 2023, the Utah Legislature added development of a Master Plan for Aging to UCOA's statutory responsibilities, calling for short- and long-term priorities and

measurable outcomes. The Governor's Office endorsed the initiative, positioning Utah among the early states adopting a multisector plan for aging.

UCOA treated the MPA as a statewide partnership rather than a single-agency plan. The drafting team included Commission members, legislators, state and local agencies, Area Agencies on Aging, health systems, universities, service providers, nonprofit and advocacy organizations, caregivers, and older adults. Work groups reviewed demographic and service trends, existing initiatives, policy opportunities, gaps, and potential measures. The resulting six-sector structure connects the systems that shape health, independence, financial security, caregiving, planning, community life, and technology access.

Accomplishments of the First Three Fiscal Years

FY 2023–2024: Build the Framework

- Organized a broad statewide drafting and stakeholder team in response to the new statutory charge.
- Reviewed trends in health, caregiving, housing, transportation, employment, financial security, technology, and aging services.
- Established six MPA sectors with short-term actions, longer-term objectives, and an initial set of measurable outcomes.
- Presented the emerging framework through UCOA summits, agency and partner meetings, community discussions, and legislative briefings.

FY 2024–2025: Refine and Publish

- Collected public and stakeholder input to validate the framework and identify practical first-cycle priorities.
- Published the updated Master Plan for Aging in January 2025 and made it available through UtahAging.org.
- Sharpened the plan's outcome focus, including age-friendly designations and 4Ms adoption; falls and nutrition; rural and geriatric workforce; housing and homelessness; abuse and exploitation; advance care planning; caregiver support; and digital inclusion.
- Secured implementation support and began organizing sector leadership and shared accountability.

FY 2025–2026: Educate, Implement, and Measure

- Embedded the MPA in conferences, quarterly summits, legislative discussions, community presentations, and partner initiatives, including the Governor's W.I.S.E. Initiative.
- Advanced sector projects in falls prevention, age-friendly systems, creative aging, caregiver resources, benefits navigation, life planning, financial safeguards, and digital access.
- Began a Results-Based Accountability dashboard to shift reporting from activities completed to changes in population and program outcomes.
- Partnered with University of Utah College of Nursing PhD candidates to review objectives, interview stakeholders, locate data sources, establish feasible baselines, and recommend meaningful indicators.

Progress and Priorities by Sector

1. Age-Friendly Ecosystems — Staging Successful Aging

Current status: Age-friendly practice is gaining a foothold across Utah's communities, health care, higher education, and municipal planning, but adoption remains uneven.

Progress made: Salt Lake County became Utah's first community admitted to the AARP/WHO age-friendly network. University of Utah Health is recognized for applying the 4Ms—What Matters, Medication, Mentation, and Mobility—and the University of Utah holds Age-Friendly University designation. A May 2026 Utah Foundation review found actionable aging strategies in nearly one-third of county plans and about 20% of municipal plans; smaller communities are also adopting livability commitments.

Barriers that remain: Utah was the last state to gain an Age-Friendly Community designation, many local plans still lack implementation measures, and smaller or rural communities often have limited staff and resources. Statewide data and consistent measures of age-friendly impact are not yet established.

Priorities for 2026–2029:

- Recruit additional communities and support them from designation through measurable implementation.
- Expand reliable use of the 4Ms across hospitals, clinics, emergency care, long-term care, and rural settings.

- Promote age-inclusive employment, education, planning, and civic engagement.
- Create a bipartisan legislative workgroup focused on older-adult policy and MPA outcomes.

2. Live Well Everyday — Sustaining Health and Wellness

Current status: Falls, nutrition, social connection, creative engagement, and access to geriatric and rural health professionals remain central to healthy aging.

Progress made: UCOA and partners elevated falls prevention as a coordinated statewide priority through education, balance and exercise programs, clinical practices, and analysis of emergency and hospital use. Utah's workforce assistance program supports qualifying geriatric professionals serving shortage and rural areas. UCOA helped launch the Utah Creative Arts Coalition and its 2025 Kaleidoscope statewide creative-aging festival. Utah also established an annual Social and Community Health Day (SCR 4 – 2025). Older-adult food insecurity remains slightly below the national rate.

Barriers that remain: Falls remain a leading and growing cause of injury death and hospitalization, with more than $1.9 billion in inpatient charges across all ages from 2016–2022. Rural workforce shortages persist. Loneliness is above the national average, and inflation continues to threaten nutrition for renters, people living alone, grandparents raising children, and those with limited income.

Priorities for 2026–2029:

- Establish a falls-utilization baseline and reduce repeat EMS calls, emergency visits, admissions, deaths, and avoidable costs.
- Expand evidence-based balance, strength, nutrition, and social-connection programs, with rural participation measures.
- Protect and expand geriatric and rural workforce incentives and training pipelines.
- Track food insecurity and malnutrition outcomes and coordinate screening, referral, and benefit enrollment.
- Promote lifelong learning opportunities and engagement with arts in aging programs.

3. Affordable Aging — Financial Sufficiency, Housing, Employment, and Protection

Current status: Rising housing, health care, food, utility, and long-term care costs are outpacing many fixed incomes. Older Utahns want to work and age in place, yet affordable options and protections are insufficient.

Progress made: Utah offers strong workforce participation, SCSEP training for eligible adults age 55+, and varied flexible employment opportunities. State and local policies increasingly support accessory dwelling units, housing choice, and age-friendly planning. Financial-crime prevention has expanded through education, cryptocurrency safeguards, and the state Financial Crimes Intelligence Center. The COVER-to-COVER model trains aging-network professionals to connect veterans with VA health care and benefits, bringing federal resources into Utah communities and reducing pressure on state programs.

Barriers that remain: Nearly 60% of renters age 65+ spend more than 35% of income on housing; accessible downsizing options and home-modification funds are limited, subsidized units may be lost, and older-adult homelessness is increasing. Utah lacks a statewide inventory of age-friendly jobs. Age bias is difficult to prove. Family/trusted-person exploitation, affinity fraud, and rapidly evolving online scams continue to generate large losses.

Priorities for 2026–2029:

- Preserve affordable older adult housing; expand accessible, smaller, and moderate-density options; support home modifications and Universal Design.
- Measure and reduce older-adult homelessness and strengthen transitions from hospitals and care settings.
- Build an older-worker inventory covering employers, geography, wages, training, placements, and age-inclusive practices.
- Strengthen fraud prevention, reporting, fiduciary safeguards, financial-industry coordination, enforcement, and access to accredited veterans-benefit assistance.

4. Plan for Life — Preparing for Life Transitions

Current status: Utah is moving from document-centered advance care planning toward broader life planning that addresses health decisions, incapacity, fiduciary responsibility, and emergency readiness.

Progress made: UCOA and partners expanded education on advance directives, health care agents, and Orders for Life-Sustaining Treatment (OLST). Utah adopted

the Uniform Health Care Decisions Act effective January 1, 2026, and HB 181 authorized electronic execution beginning May 6, 2026; valid documents completed under prior law remain effective. Parallel work advanced professional fiduciary standards, guardian and conservator background disclosures, and protections against exploitation. UCOA also promotes preparedness guidance for medications, medical equipment, evacuation, records, and trusted support networks.

Barriers that remain: Many Utahns still lack directives or cannot access them during a crisis. Understanding of directives, agents, and medical orders remains uneven. Interoperability among EMS, hospitals, long-term care, and hospice is incomplete, while rural access, health literacy, cultural differences, and reluctance to discuss serious illness limit participation. Individual emergency plans may not address power, mobility, transportation, or caregiver disruption.

Priorities for 2026–2029:

- Promote earlier, culturally responsive planning conversations across adulthood and train health and community professionals.
- Develop secure electronic access and interoperability so valid wishes are available and honored across care settings.
- Measure directive completion, document availability, and concordance between stated preferences and care delivered.
- Integrate health, financial, fiduciary, guardianship, and emergency planning into a practical statewide resource guidance.

5. Networks for Care — Supporting Caregivers and Systems of Care

Current status: Family caregivers are indispensable to Utah's long-term care system: nearly 700,000 adults provide an estimated 490 million unpaid hours each year, valued at roughly $5–$10 billion.

Progress made: Utah strengthened caregiver coalitions, roundtables, educational resources, and online information. State programs provide education, support, and respite, while some Medicaid and disability programs compensate eligible family caregivers. Partnerships are improving connections to training, mentoring, community services, and benefits.

Barriers that remain: Caregivers frequently absorb health, employment, and financial costs. About 40% of employed caregivers adjust work, contributing to an estimated $1 billion in lost wages; many provide care for five years or longer. More than half are age 55+, and burnout, isolation, complicated eligibility rules, limited respite, rural service gaps, and fragmented navigation persist.

Priorities for 2026–2029:

- Expand respite, practical training, peer support, and timely navigation through a coordinated statewide caregiver resource system.
- Measure caregiver reach, unmet need, respite use, stress, health, financial impact, and successful referrals.
- Improve access to compensation and benefits and encourage caregiver-friendly workplace policies.
- Align health care, home- and community-based services, Area Agencies on Aging, disability programs, and community partners around caregiver-inclusive care.

6. Embrace Technology — Improving Access and Digital Inclusion

Current status: Connectivity among Utah households age 65+ is comparatively strong, but meaningful digital participation increasingly depends on skills, confidence, accessibility, security, and trusted ongoing support.

Progress made: UCOA and partners promoted devices, digital literacy, technology training, and a digital-navigation model. Technology is increasingly recognized as infrastructure for telehealth, patient portals, benefits, transportation, groceries, financial management, social connection, and smart-home safety.

Barriers that remain: Rural and lower-income older adults face unreliable broadband, device and service costs, and limited local assistance. Constant changes in devices, passwords, applications, and security requirements create frustration and dependence on informal help. Online migration of essential services also increases exclusion and exposure to scams.

Priorities for 2026–2029:

- Implement a statewide digital navigator model with trusted one-on-one assistance, remote support, expert mentors, and local service partners.
- Prioritize rural and underserved communities while coordinating broadband, affordable devices, training, accessibility, and technical support.
- Embed fraud, privacy, password, and cybersecurity education in all digital-literacy services.
- Measure effective use—not only access—including successful telehealth, benefits, service, safety, and social-connection outcomes.

Cross-Sector Priorities for 2026–2029

- **Complete the MPA dashboard.** Confirm baselines, data sources, reporting cycles, responsible partners, and public-facing measures using Results-Based Accountability.
- **Narrow the outcome set.** Focus statewide attention on a manageable group of high-impact indicators rather than an expanding list of activities.
- **Strengthen governance and legislative engagement.** Convene a bipartisan legislative workgroup and formalize sector leads responsible for implementation and reporting.
- **Apply a rural lens.** Address the combined effects of workforce shortages, transportation, behavioral health, veterans' access, caregiving, broadband, telehealth, and long-term services in rural Utah.
- **Build aging-in-place infrastructure.** Coordinate housing, transportation, health care, nutrition, caregivers, technology, social connection, emergency readiness, and home- and community-based services.
- **Report results regularly.** Provide concise annual updates to policymakers, partners, and the public showing trends, contributions, barriers, and corrective actions.

Conclusion

From 2023–2026, Utah transformed aging policy from a collection of programs into a shared statewide strategy. The plan, partnerships, public engagement, sector structure, and emerging dashboard now provide the foundation for accountability. The next phase must demonstrate whether combined public and private investments are improving the ability of Utahns to age with health, independence, security, choice, and connection.

UCOA recommends continuing the MPA as a living framework, reporting regularly to the Health and Human Services Interim Committee, and collaborating with the Governor's Office, state agencies, local communities, and public and private partners to achieve measurable results over the next three years.

Respectfully submitted,

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