

# UTAH COMMISSION ON AGING

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## Annual Report 2011-2012



# UTAH COMMISSION ON AGING

## *Executive Summary*

Utah's population of older adults continues to grow at a rate that is faster than other age segments (see page 3). The good news is that Utah's unemployment rate is declining while personal income is increasing.<sup>1</sup> The improving economy should directly help some older adults in Utah who were adversely impacted by the recent and deep recession, while others may never recover due to a convergence of factors.

Disability rates are likely to rise as the number of older adults increases (see page 4), but people are not prepared to bear the costs of care as their health declines. Insecurity about retirement financing is increasing. The combination of fewer defined benefit pension plans with the great recession means that many people will lack the funds they need to make it through their retirement years. People plan to stay in the workforce to make up for the lack of retirement resources, but many retirees report that they retired before they planned for reasons they could not control (see page 5).

This year, the Utah Commission on Aging has worked to address the needs of older adults, as well as younger adults with a current or future need for long term services and supports through the Aging and Disability Resource Connection (ADRC) (see page 7). The purpose of the ADRC is to provide individuals with information that will support their ability to effectively use their resources and to live in the setting they choose. In 2011-2012, the ADRC has added two sites, and now provides support for more than 80% of the state's population. New ADRC initiatives will develop models to improve care transitions between hospital and home, and support Veterans who wish to remain in their homes.

The Commission has also been involved in efforts to address rising costs of care for older adults by supporting initiatives to allow Utahns to engage in health care planning (see page 12).

The transition from FY 2012 to 2013 is bringing changes. Norma Matheson, who has generously and graciously served as Chair of the Commission has resigned. We are grateful for all that she has brought to the Commission. Becky Kapp of Intermountain Healthcare will bring energy and expertise in serving seniors to her new role as Chair. And I will be on a leave of absence from the Commission while I serve as an Atlantic Philanthropies Health and Aging Policy Fellow in Washington, DC. We welcome Anne Peterson, who has agreed to serve as Acting Director for the coming year.

I am confident that the new leadership will successfully continue the Commission's efforts to address the needs of Utahns in the coming year.

Maureen Henry  
Executive Director



*Increasing rates of diabetes and other chronic illness, inadequate retirement savings due in part to the deep recession, changing structure for funding retirement, will likely increase the need for older adults to rely on government-funded services in the future.*

- Maureen Henry

<sup>1</sup> October 2012 Economic Summary, Governor's Office of Planning and Budget Demographic and Economic Analysis, <http://governor.utah.gov/dea/econsummaries/EconomicSummary.pdf>.

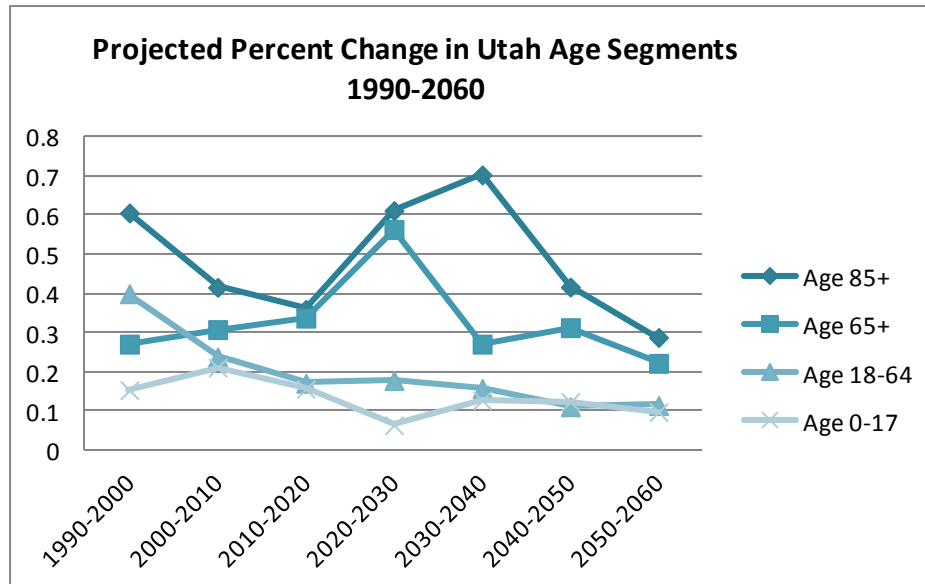
## STATUTORY PURPOSE

### The Commission's statutory purpose is to:

- a. increase public and government **understanding** of the current and future needs of the state's aging population and how those needs may be most effectively and efficiently met;
- b. **study**, evaluate, and report on the projected impact that the state's increasing aging population will have on, and identify and recommend implementation of specific policies, procedures, and programs to **respond** to the needs and impact of the aging population relating to **government** services, **health** services, **social** services, the **economy**, and **society** in general;
- c. **facilitate coordination** of the functions of public and private entities concerned with the **aging** population; and
- d. **accomplish** the following duties:
  1. study, evaluate, and report on the status and **effectiveness** of policies, procedures, and programs that provide services to the aging population;
  2. study and **evaluate** the policies, procedures, and programs implemented by other states that address the needs of the aging population;
  3. **facilitate** and conduct the research and study of issues related to aging;
  4. provide a **forum** for public comment on issues related to aging;
  5. provide public **information** on the aging population and the services available to the aging population;
  6. facilitate the provision of **services** to the aging population from the public and private sectors; and
  7. **encourage** state and local governments to analyze, plan, and prepare for the impacts of the aging population on services and operations.

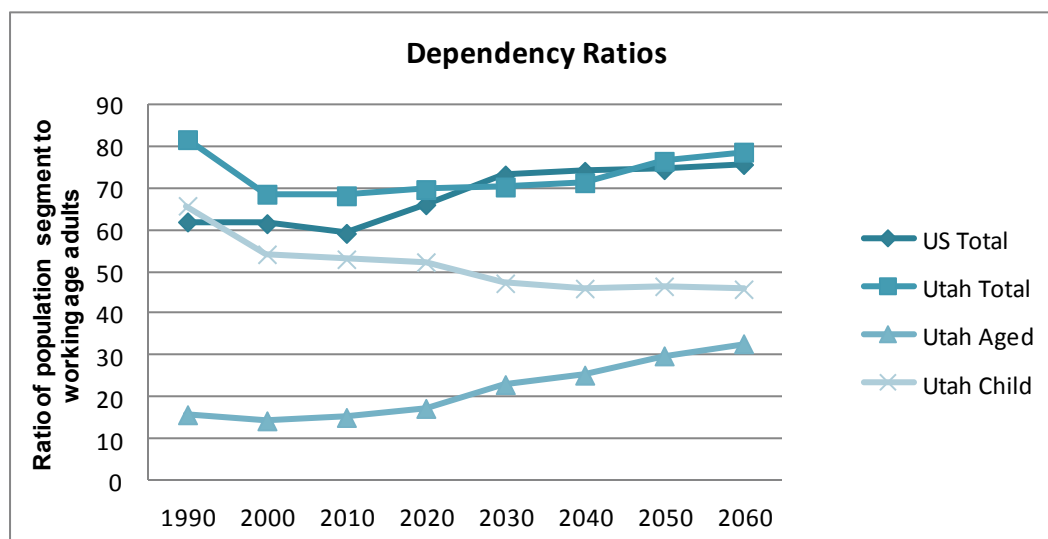
## DEMOGRAPHICS

Older adults are predicted to be the fastest-growing segment of Utah's population. The increase is likely to cause an increase in demand in government-funded services to older adults, including Medicaid long-term care.



*Utah will see tremendous growth in the older adult segment of the population. The growth in children and working-age adults will not keep up.*

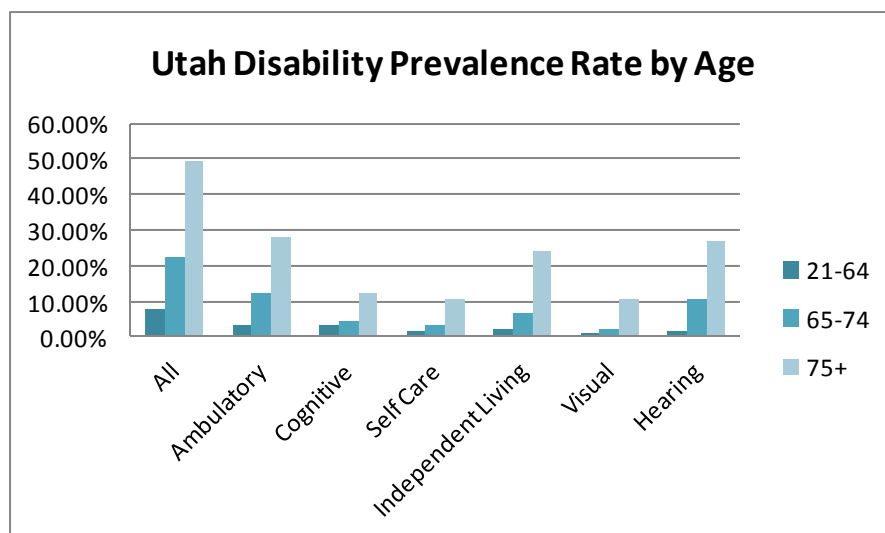
Utah's total dependency ratio, the number of children and older adults to the total working-age population, is high and will remain high. The dependency ratio roughly reflects the burden on working age adults and the overall economy of supporting older adults and children.



Source: Governor's Office of Planning and Budget, Preliminary 2012 Baseline Projections, [governor.utah.gov/dea/projections.html](http://governor.utah.gov/dea/projections.html).

## DISABILITY RATES

Disability rates increase dramatically with age, with nearly 50% of Utahns age 75 and older report a disability, with ambulatory disabilities the most common at just under 30%. As older adults become disabled, they may become unable to pay for the care they need.



**Ambulatory Disability**  
Does this person have serious difficulty walking or climbing stairs?

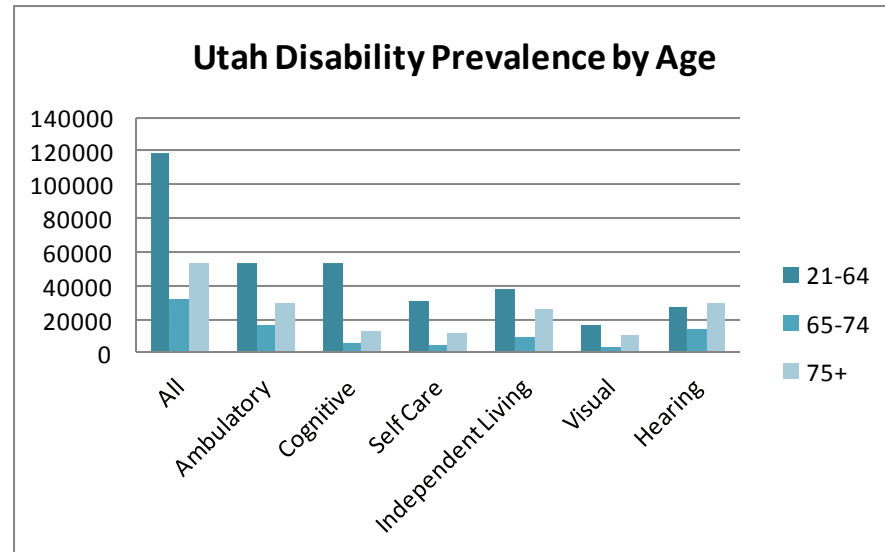
**Cognitive Disability**  
Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?

**Self Care Disability**  
Does this person have difficulty dressing or bathing?

**Independent Living Disability**  
Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?

**Visual Disability**  
Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?

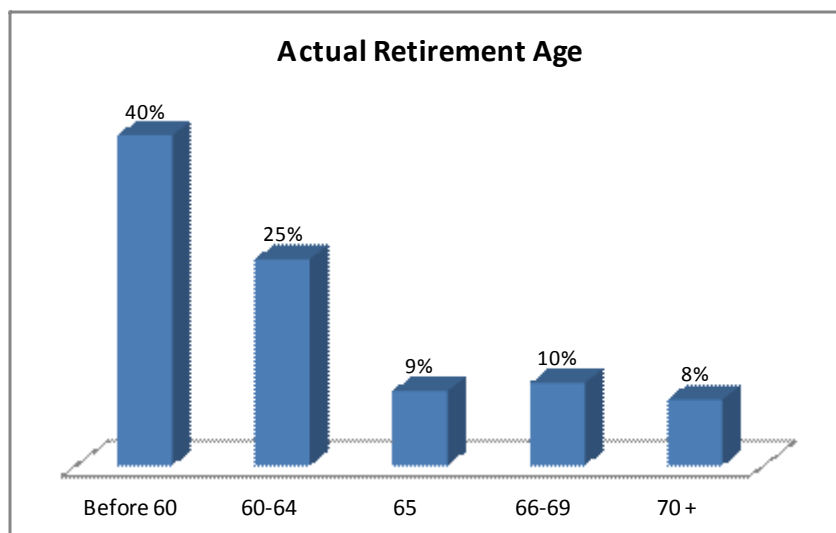
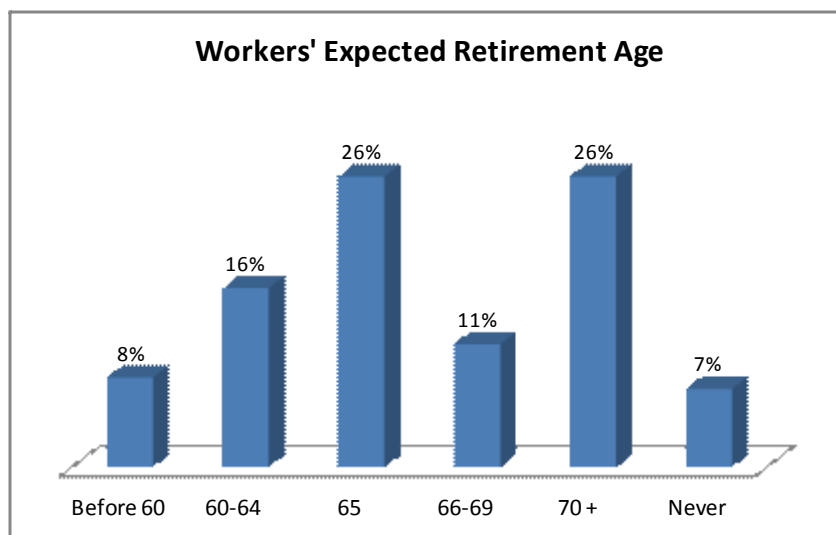
**Hearing Disability**  
Is this person deaf or does he/she have serious difficulty hearing?



## RETIREMENT SECURITY

### *Snapshot of 2012*

Those facing inadequate savings and income as they near retirement plan to stay in the workforce longer. Often, however, the age at which workers expect to retire does not align with actual retirement age. Fifty percent of current retirees left the work force earlier than planned, with workers citing health problems or disability (51%), changes at company such as downsizing or closure (21%), care giving obligations (19%), and changes in skills required to do the job (11%). Only 8% report positive reasons for retiring earlier than planned.



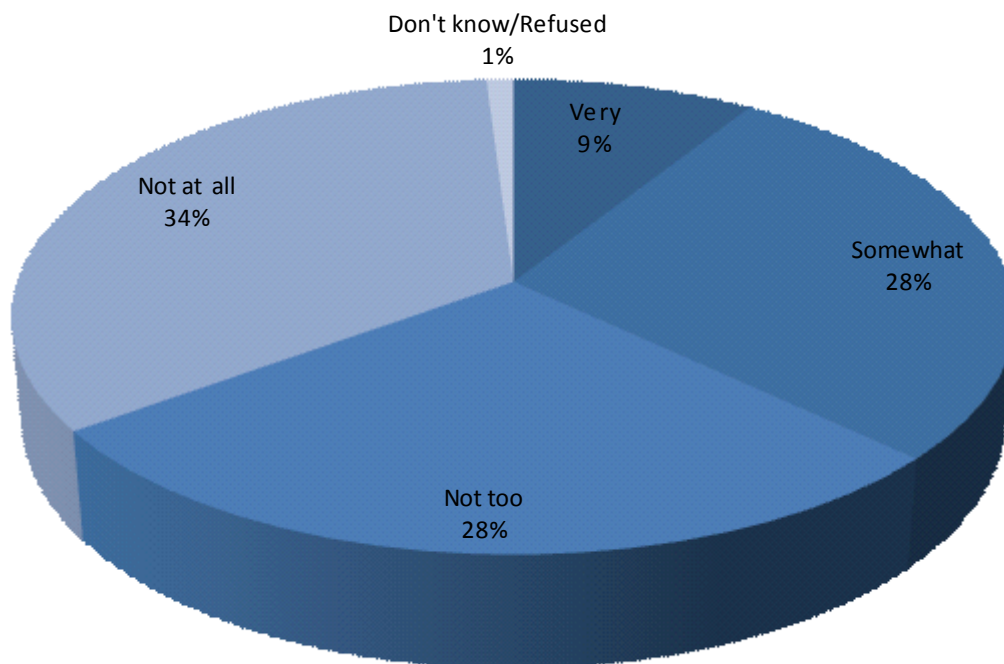
**Source:** Employee Benefit Research Institute and Mathew Greenwald & Associates, Inc., 2012 Retirement Confidence Survey.

## RETIREMENT SECURITY

### *Snapshot of 2012*

Sixty-two percent of workers are not confident about having enough money to pay for long-term care expenses in retirement. Even those who think they have enough to pay for long-term care may have this view because they erroneously think that Medicare pays for long-term care.

**Worker confidence in having enough money to pay for long-term care expenses in retirement**



**Source:** Employee Benefit Research Institute and Mathew Greenwald & Associates, Inc., 2012 Retirement Confidence Survey.



## UTAH AGING AND DISABILITY RESOURCE CONNECTION

### Assisting Utahns in need of long term services and supports

Utah's Aging and Disability Resource Connection, which is administered by the Utah Commission on Aging, has been working to provide a one-stop location where individuals with a current or future need for long-term services and supports can explore options, develop a plan, and receive referrals and support.

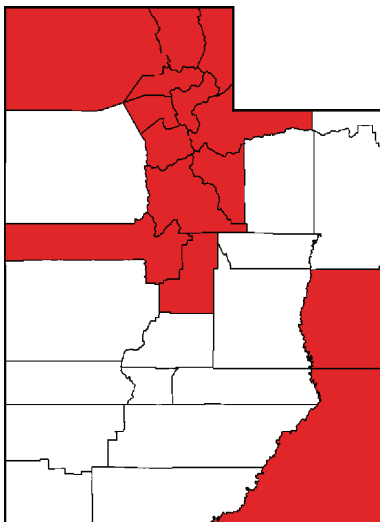
***"My mother  
felt that she  
had a friend  
that knew  
what she  
needed."***

- Family caregiver  
describing her  
mother's  
interaction with  
Utah's ADRC

### History

Utah's ADRC was launched in 2009, when the Utah Commission on Aging entered into a cooperative agreement with the U.S. Administration on Aging. The first four sites began operation in April 2010. To launch the ADRC, the Steering Committee identified the key elements in ADRCs and the key elements of Options Counseling. Four sites agreed to serve as pilot sites. In 2011, two additional sites were funded as ADRC sites.

### ADRC Coverage in Utah



Utah's ADRC sites serve more than 80% of the state's population, with sites covering all of the Wasatch Front. The following Utah counties are served by at least one ADRC.

- |             |            |
|-------------|------------|
| ♦ Box Elder | ♦ Utah     |
| ♦ Cache     | ♦ Wasatch  |
| ♦ Rich      | ♦ Summit   |
| ♦ Weber     | ♦ Juab     |
| ♦ Morgan    | ♦ Sanpete  |
| ♦ Davis     | ♦ Grand    |
| ♦ Salt Lake | ♦ San Juan |

## UTAH'S ADRC

### Agencies providing ADRC services in Utah

Bear River Association of Governments  
**AREA AGENCY ON AGING**



**Tri-County Center  
For Independent Living**

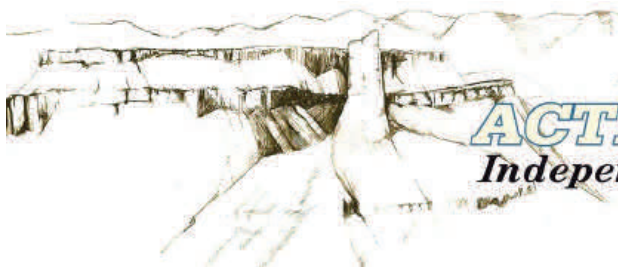
Helping Individuals with Disabilities  
Achieve their Goals and  
Lead a More Independent Life



**MOUNTAINLAND**

ASSOCIATION OF GOVERNMENTS

AGING & FAMILY SERVICES DEPARTMENT



**ACTIVE RE-ENTRY**  
*Independent Living Programs*



*Ability First*

Providing Services for Persons with Disabilities

# UTAH'S ADRC

## ADRC Services

- Information and referral to public and non-public programs
- Options Counseling
- Assistance in enrolling in public programs
- Assistance in reaching non-public programs

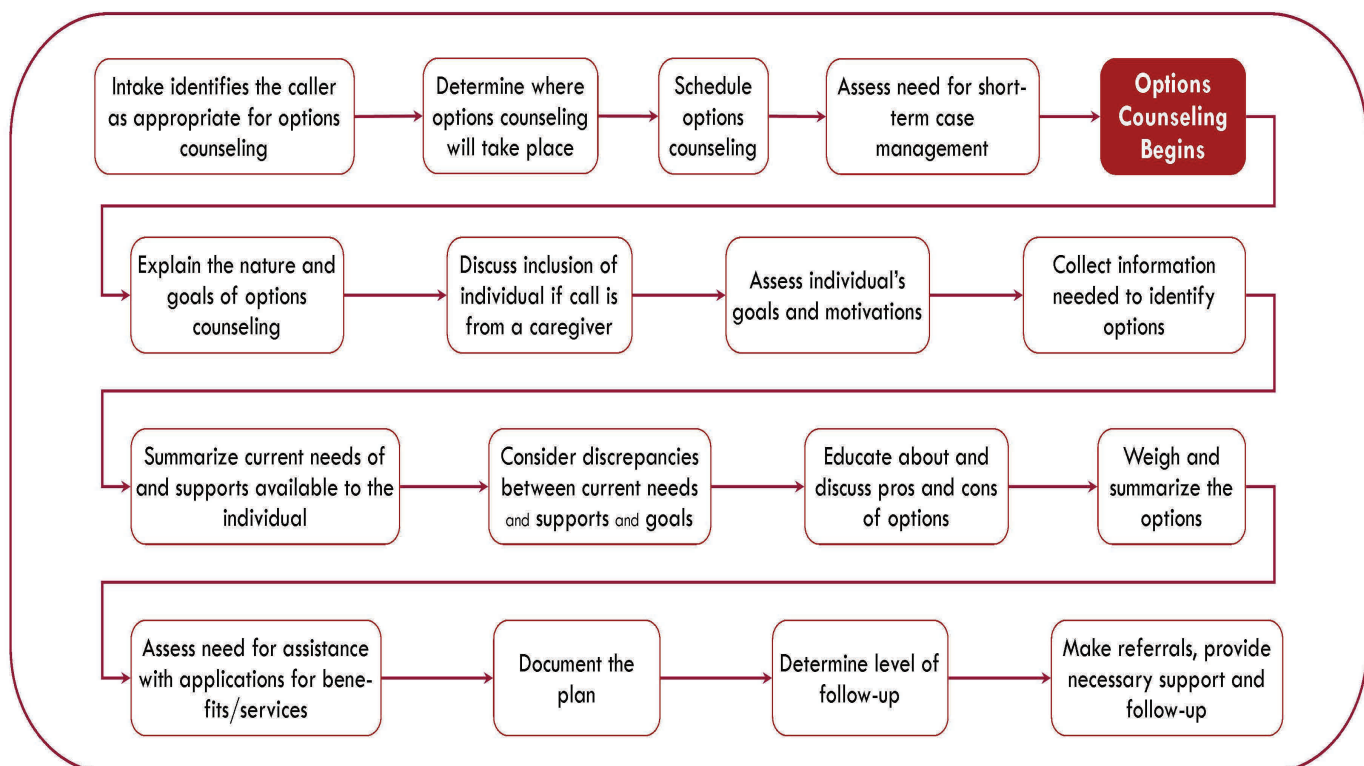
***"I know it is her job to follow up but the concern that she had just seemed different, more personal."***

## Goals of Options Counseling

- To help individuals in need of long term services and support to find the resources they need to live in the setting they choose
- To help caregivers in need of support

- ADRC Client

## The Options Counseling Process



# UTAH'S ADRC

## Utahns Served by their Community ADRC (reporting period October 1, 2011-September 30, 2012)

|                               | Ability First | Active Re-Entry | Bear River | Mountainland | Salt Lake County | Tri-County | Totals |
|-------------------------------|---------------|-----------------|------------|--------------|------------------|------------|--------|
| Clients                       | 625           | 87              | 730        | 889          | 330              | 1008       | 3669   |
| Age Under 60                  | 388           | 15              | 88         | 51           | 40               | 513        | 1095   |
| Age 60 and Over               | 33            | 69              | 468        | 748          | 250              | 495        | 2063   |
| Age Unknown                   | 33            | 3               | 174        | 90           | 40               |            | 340    |
| Physical Disability           | 339           | 43              | 245        | 117          | 101              | 892        | 1737   |
| DD/ID                         | 80            |                 | 18         | 4            | 24               | 36         | 162    |
| Mental Illness                | 44            | 1               | 11         | 23           | 6                | 28         | 113    |
| TBI                           | 7             |                 | 1          | 2            | 4                | 13         | 27     |
| Dementia                      | 1             |                 | 36         | 51           | 25               | 10         | 123    |
| Multiple Disabilities         | 136           | 41              | 178        | 109          | 107              | 22         | 593    |
| Unspecified/<br>Unknown       | 28            |                 | 209        | 581          | 58               | 7          | 883    |
| Options Counseling            | 164           | 65              | 281        | 320          | 326              | 126        | 1282   |
| Referrals to public programs  | 185           | 72              | 673        | 503          | 271              | 983        | 2687   |
| Referrals to other services   | 6             | 7               | 63         | 158          | 146              | 25         | 405    |
| Transition from nursing home  | 18            | 1               | 10         | 34           | 31               |            | 94     |
| Transition from ICF/ID        |               |                 |            | 14           | 3                |            | 17     |
| Transition from other setting | 15            |                 |            | 37           | 5                |            | 57     |

The Utah ADRC sites continue to increase options counseling for long term service and support to older adults and people with disabilities of all income levels. ADRC sites currently cover 85% of Utah and by June 2013 plan to expand to 100% statewide coverage.

***“[She] really knew her stuff. I would ask about services and she would know where I could get them.”***

## UTAH'S ADRC

### A philosophy

**Person-Centered  
&  
Person-Directed**

### A process

*A comprehensive and  
streamlined process by which  
people learn about and are  
connected to support as  
needed or requested*

UTAH ADRC

***"She would  
call back and  
see how we  
were doing  
and to make  
sure we were  
okay. She did  
this a few  
times. We  
couldn't have  
asked for  
better help.  
We would  
adopt her if  
we could."***

- ADRC Client

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### Hospital to Home Care Transitions

In 2012, two ADRC sites, Salt Lake County Aging Services and Mountainland Area Agency on Aging, launched a pilot project to evaluate the ways to decrease unnecessary hospital readmissions. The sites obtained training in the Care Transitions Intervention, and have worked with local hospitals to address the needs of older adults with multiple chronic conditions who are being discharged to the community.

A grant application was submitted in September 2012 that would support a dramatic expansion of this program in the coming years.

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### Future Directions

In 2012-2013 the ADRC will:

- Continue to offer options counseling and information and referral at the six Utah sites
- Explore ways to support individuals seeking to apply for Medicaid who are unable to navigate the process without assistance
- Explore opportunities to expand the care transition program
- Submit applications for ADRC sites wishing to become providers for the Veteran's Directed Home and Community Based Services program

# HEALTH CARE PLANNING

## Advance Care Planning in Utah

The Utah Commission on Aging was the lead facilitator in drafting the Advance Health Care Directive Act in 2007. Since that time, the Commission has provided information and education about advance care planning in the community and for professionals.

Although the law has been in place since 2008, the Commission continues to work with legislators, the Governor's Office, and public and private agencies to evaluate and strengthen the advance care planning system.

Utah has participated in a national task force seeking to assure quality in the POLST (Physician Order for Life-Sustaining Treatment) system as new states adopt the form.



Governor Gary Herbert and Senator Pat Jones after signing a bill encouraging advance care planning

- Photo compliments of Deseret Media

**"I think that's the best gift my dad gave me ... knowing what his wishes were."**  
-Senator Pat Jones, March 4, 2012



# HEALTH CARE PLANNING

## Senate Concurrent Resolution 2

Senator Pat Jones was the sponsor of Senate Concurrent Resolution 2 (SCR2), which asked Utahns to participate in advance care planning. The resolution passed, and was signed by Governor Herbert during a press conference on March 2, 2012. KSL TV made advance care planning tools available on its web site, including an instructional video.

## Life's Final Journey

In association with SCR 2, Deseret Media's KSL TV covered the press conference on the evening news, aired stories on advance care planning, and provided information about advance care planning on its web site. The Deseret News published a series of stories on advance care planning by Lois M. Collins called "How will I die?"

### Deseret News

#### How will I die: Preparing your family, directing your care

By Lois M. Collins, Deseret News  
Published: Saturday, Feb. 25 2012 1:00 p.m. MST



Joleen Sloan took care of her husband as long as she could but then turned to hospice care when Richard became bedridden. Hospice for Utah has been helping Richard and Joleen since August. Photo taken in their Clinton home on Thursday, Feb. 16, 2012. Richard had Alzheimer's and died peacefully last weekend. (Laura Seitz, Deseret News)

communication is gone: What hurts? What's he saying? What does he want? What can I do to make him more comfortable? Richard's communication skills went first, and his grandson, Chandler, now 7, wondered what he'd done to make Grandpa stop talking to him.

Richard died peacefully last weekend. Until that moment, his wife of 53 years was his voice.

Most people will have a period of time when they are unable to make their own decisions about health care. They'll need someone else to do it. First, they need to figure out what they want and pick an agent, then tell that person and others who are near and dear.

"I believe people should have control over their own life, including decisions made at the end of their life," says Sen. Pat Jones, D-Salt Lake City, whose joint resolution encouraging all Utahns to fill out documents containing their end-of-life decisions will be signed by the governor Friday. "It's not just the aging. There are all kinds of stories of people who were younger and had a catastrophic accident or illness. They weren't prepared, and it was left up to family members who try to project what the wishes of the person would be."

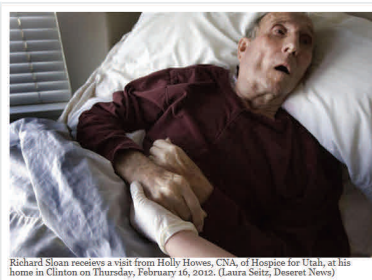


### life's final Journey

The first article in a five-part series.

SALT LAKE CITY — When Richard Sloan first showed signs of confusion, his wife Joleen and their nine adult kids tried to think of excuses that didn't involve the word Alzheimer's. When it became undeniable, their focus shifted to bolstering each other on his final journey. Not once did Joleen consider sending him away.

But one of Alzheimer's challenges — it's a condition fraught with them — is figuring out the whats once



Richard Sloan receives a visit from Holly Howes, CNA, of Hospice for Utah, at his home in Clinton on Thursday, February 16, 2012. (Laura Seitz, Deseret News)

**"It was hard for us to let him go. We thought he would linger with us a lot longer than he did, but we were comforted to know that he made the decision."**

- Governor Herbert, describing the loss of his brother



## POLST (Physician Order for Life Sustaining Treatment) Study

Maureen Henry received a grant from the Borchard Foundation Center for Law and Aging to study the POLST, a physician order directing end-of-life care treatment. The study is designed to evaluate whether current patient preferences are the same as the preferences documented on the form in the patient's medical record. Results are expected in 2013.

An ongoing problem with POLST forms is assuring that it is available when needed, particularly in an emergency. The Commission has worked with the Utah Department of Health and HealthInsight to develop a web site where POLST forms can be created, stored, and retrieved by health care providers. The new web site is being piloted as we enter 2013.

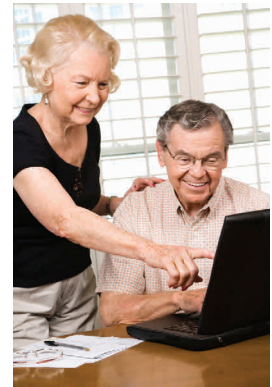


## HEALTH CARE PLANNING

### First Annual Advance Care Planning Facilitator and POLST Best Practices Conference

The Commission lead the effort to convene a conference to launch a statewide coalition to address health care planning issues. 90 individuals attended from around the state.

- ♦ 96% of attendees reported that their objectives in attending the conference were met
- ♦ 95% reported that the conference was useful in enhancing understanding of and ability to apply advance care planning and POLST principles
- ♦ 90% reported that the conference was better than expected
- ♦ 98% reported that they were satisfied with the conference



***"I came into the conference with a number of questions and all of them were answered along the way. The conference was very thorough and comprehensive"***

**-Conference attendee**

#### Utah's First Annual POLST Conference

#### Advance Care Planning Facilitator and POLST Best Practices

The who, what, when, why, and how



### UtahDirectives.org Web Site

The Commission created the web site, [www.utahdirectives.org](http://www.utahdirectives.org), as an easily accessible place for members of the public and professionals to get direction and information about advance care planning.



## 2011 - 2012 MEMBERS

| Representing  | Name                      | Organization   |
|---|---------------------------|--|
| Utah Senate   | Senator Allen Christensen | Utah Senate  |
| Utah House of Representatives                       | Representative Jim Bird   | Utah House of Representatives                                      |
| Executive Director, Health                          | W. David Patton           | Utah Department of Health  |
| Executive Director, Human Services                  | Palmer DePaulis           | Utah Department of Human Services                                  |
| Director, Governor's Office of Economic Development | Spencer Eccles            | Governor's Office of Economic Development                          |
| Executive Director, Workforce Services              | Kristen Cox               | Utah Department of Workforce Services                              |
| Utah Association of Counties                        | Commissioner William Cox  | Rich County Commissioner   |
| Utah League of Cities and Towns                     | Mayor JoAnn Seghini       | City of Midvale  |
| Business Community                                  | Paul Fairholm             | Western States Lodging   |
| Higher Education                                    | Mark Supiano              | University of Utah   |
| Area Agencies on Aging                              | Louise Warburton          | Uintah Basin Area Agency on Aging                                  |
| Charitable Organizations                            | Fran Wilby                | Neighbors Helping Neighbors  |
| Health Care Providers                               | Cherie Brunker            | Intermountain Healthcare   |
| Financial Institutions                              | Diana Kirk                | Zion's Bank  |
| Legal Profession                                    | Kent Alderman             | Parsons Behle & Latimer, Utah State Bar Committee on Law and Aging |
| Public Safety                                       | Sheriff Jim Winder        | Salt Lake County Sheriff's Office                                  |
| Transportation                                      | Suzanne Allen             |  |
| Ethnic Minorities                                   | Archie Archuleta          | Coalition of LaRaza  |
| Long-Term Care                                      | Gary Kelso                | Mission Health Services; Utah Health Care Association              |
| Advocacy Organizations                              | Rob Ence                  | AARP   |
| General Public                                      | Norma Matheson            |  |

## MANAGEMENT & LEADERSHIP

### The Commission at the University of Utah

The Commission is administered by the University of Utah Center on Aging, under the direction of Mark Supiano, MD, the Director of the Center. The Executive Director of the Commission is Maureen Henry. Maureen will be on leave for FY 2012-2013; Anne Peterson, Ed.D, will serve as Acting Executive Director for the coming year.

Physical space for the Commission was provided by the University of Utah College of Social Work through April of this year. We are now housed at the University of Utah College of Nursing. The Commission work supports partial tuition scholarships for three College of Nursing graduate students.

### Chair

After serving as Chair of the Commission since 2005, Norma Matheson has resigned. Commission members and staff will miss her wisdom and lovely presence. She will continue to advise the Commission on an ad hoc basis.

Becky Kapp, BSN, MBA, FACHE, System Continuum of Care Director at Intermountain Healthcare has generously agreed to serve as Chair.

### Contact Us

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