



## UCOA Quarterly Aging Summit Agenda Thursday – November 04, 2021

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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<br>Welcome and introduction to new first-time attendees  | Andrew Jackson                                  |
| 12:10 | Executive Director Report <ul style="list-style-type: none"><li>• November is National Family Caregivers and Alzheimer's Awareness Month</li><li>• Recent UCOA Appointments</li><li>• Community Engagements</li><li>• Annual Report for UCOA</li><li>• Website Updates</li></ul> | Rob Ence  |
| 12:20 | Partner Presentations (20 min each) <ul style="list-style-type: none"><li>• The Case for a Utah State Plan for Family Caregiving</li><li>• COVID-19 Update from Utah Department of Health</li><li>• UCOA Tech Survey Final Report</li></ul>                                      | Rebecca Utz<br>Michelle Hofmann<br>Alex Schiwal |
| 01:20 | Community Calendar and Partner Events <ul style="list-style-type: none"><li>• HHAU – Homecare and Hospice Assoc of Utah Conference – Nov 8</li><li>• Utah Geriatric/Gerontology Society Annual Meeting – Nov 9</li><li>• Other</li></ul>   | Rob Ence/All                                    |
| 01:30 | Adjourn  |   |



UtahAging.org  
Utah Commission on Aging

Next meeting February 10, 2022, at Noon – via Zoom

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

November 4, 2021

Commission on Aging Community Partners

The Family Caregiving Collaborative (FCC) at the University of Utah seeks to bring together diverse stakeholders from across the state, who are committed to working with and supporting family caregivers/care-partners in Utah. This message provides an update on FCC activities.

- The FCC partnered with the Kem Gardner Policy Institute to produce a **Fact Sheet** called ***Family Caregiving in Utah***. This report is based upon the state's Behavioral Risk Factor Surveillance System data to provide a demographic snapshot of the caregivers in our state. **See attached.**
- Over the summer, with your help, we conducted a state-wide survey to gather input from stakeholders about policy initiatives they see as priorities for Utah. A report of the results of that survey has just been completed, **Policy Priorities for Supporting Family Caregivers in Utah**. **See attached.**
- November is national Family Caregiving Month. This is a great time for all of us to start increasing public awareness about the needs and challenges of family caregivers in our state. The FCC has requested that Governor Cox sign a declaration making November Utah Family Caregiving Month. When available we encourage you to disseminate the proclamation widely. The FCC is developing some social media resources/language and is planning a month-long social media push. Please let us know if your organization is planning anything, so that we can collectively support your efforts.
- FCC is helping to convene a multi-stakeholder collaborative that has been working on a strategic plan for developing a Utah State Plan for Family Caregiving. This group has set out objectives to be achieved over the next year so that we can present this Plan to the legislature for consideration by next fall. The plan would create a task force to address family caregiving support needs and required infrastructure for those caring for loved ones across the life course in Utah. The goal is a unified and comprehensive "state plan" that outlines shared policy priorities that support the many kinds of caregivers and care-partners in Utah.
- Utah has been selected to participate as one of five states in the National Alliance for Caregiving's (NAC) 2021 Unified Caregiving Strategy cohort. We attend monthly webinars and receive mentorship that will help us develop and implement policies and practices to support family caregivers/care partners in our state.

Contact Becky Utz ([rebecca.utz@utah.edu](mailto:rebecca.utz@utah.edu)) or Debbie Scammon ([debra.scammon@eccles.utah.edu](mailto:debra.scammon@eccles.utah.edu)) for more information about the community engagement and policy work that the FCC is currently engaged in, or if you have any information or initiatives that you would like us to help disseminate to this larger group.

## Family Caregivers in Utah

A growing body of family caregivers in Utah provide unpaid care to family members or friends with health problems or disabilities. The purpose of this fact sheet is to provide key information about Utah's caregivers, their challenges, and the economic value they provide.

*"I cannot imagine not doing this, caring for my husband. I am ashamed when I admit how hard it is. I am tired, exhausted. I haven't been able to figure out how to work, be at home for him. Forget about any time for myself. It is unsustainable. I just do not think there is any other option. So, I do it."*

- A Utah Caregiver

Over  
**450,000**  
adults in Utah provide unpaid caregiving services to their family and friends.

Nearly  
**1 in 4 women  
and 1 in 6 men**  
over age 18 in Utah are family caregivers.

**About 35,000**  
of Utah's caregivers provide more than **40 hours of caregiving a week** and have been doing so for **more than 60 months**.

The share of Utah's **retirement-age population** is projected to double over the next 50 years, indicating an **increasing need for both caregiving and caregivers**.

### The economic value of caregiving in Utah was \$4.6 billion in 2019.<sup>1</sup>

The economic value of caregiving is the assessed monetary value of time spent caregiving. This is well beyond lost wages since the majority of caregiving is on top of time spent working.

### Who Are Utah's Family Caregivers?

- A family caregiver is defined as someone who has provided care to a family member or friend with a health problem or disability in the last 30 days.<sup>2</sup>
- At least 1 in 10 family caregivers provide care for someone with Alzheimer's or other cognitive impairments (Table 1).
- About 30% of Utah's caregivers provide care for a parent; 16% provide for their spouse; 12% for their child; and almost half for another relative or family friend (Figure 1).
- The majority of caregivers are located along the Wasatch Front; however, Utah's rural areas have a higher percentage of caregivers due to having an older population (Figure 2).
- Close to 1 in 3 adults age 55-64 are family caregivers (Figure 3). This age group is likely juggling both work and caregiving responsibilities.

### Challenges of Family Caregiving

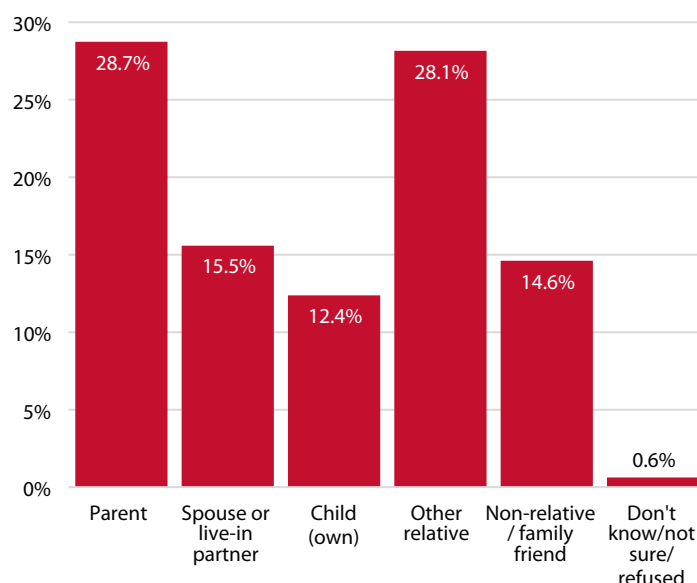
- Utah's caregiving, working-age adults are **6 percentage points less likely to be employed** than noncaregiving working-aged adults. This equates to **\$1 billion in lost wages annually**, which is roughly equivalent to the wages paid in Utah's nursing and residential care facilities statewide in 2019.<sup>3</sup>
- Working-age caregivers are more likely to report challenges with their mental or physical health. **Caregivers are about 10 percentage points more likely to report at least one day during the past month in which their health was not good.**<sup>4</sup>

**Table 1: Prevalence of Caregivers by Major Health Problem of Care Recipient, 2019**

| Health Problem                 | Percent |
|--------------------------------|---------|
| Old age/infirmity              | 14.9%   |
| Alzheimer's or other cognitive | 9.8%    |
| Developmental disabilities     | 7.3%    |
| Cancer                         | 6.1%    |
| Heart disease                  | 5.4%    |
| Mental illness                 | 5.2%    |
| Injuries                       | 4.5%    |
| Diabetes                       | 4.1%    |
| Chronic respiratory            | 2.7%    |
| Arthritis / rheumatism         | 2.4%    |
| Other organ failure            | 1.7%    |
| Asthma                         | 0.2%    |
| Substance abuse                | 0.2%    |
| Other / don't know / refused   | 35.2%   |

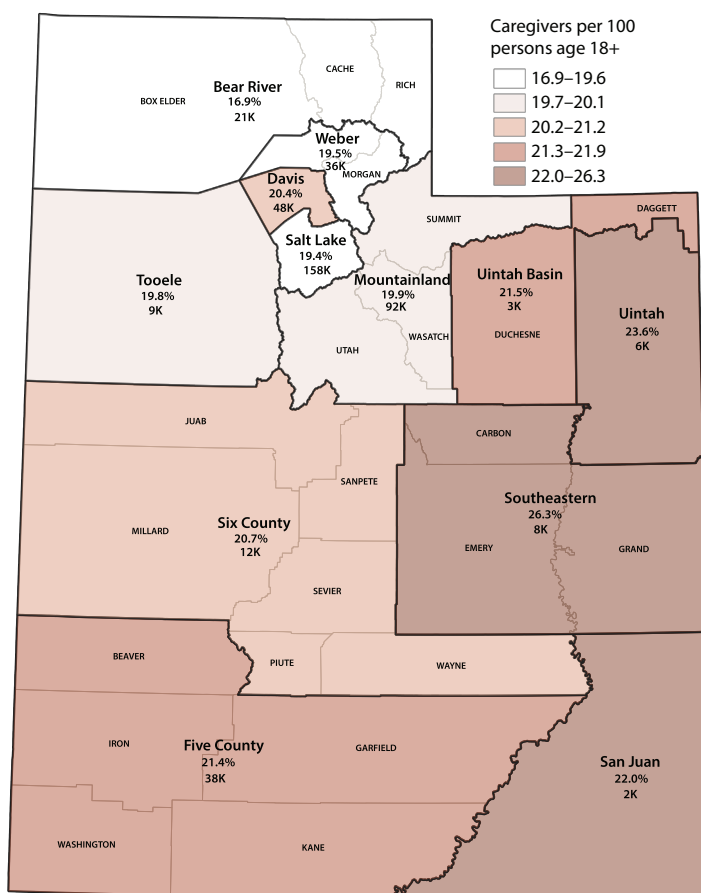
Source: Behavioral Risk Factor Surveillance System and Kem C. Gardner Policy Institute

**Figure 1: Relationship of Recipient to Caregiver, 2019**



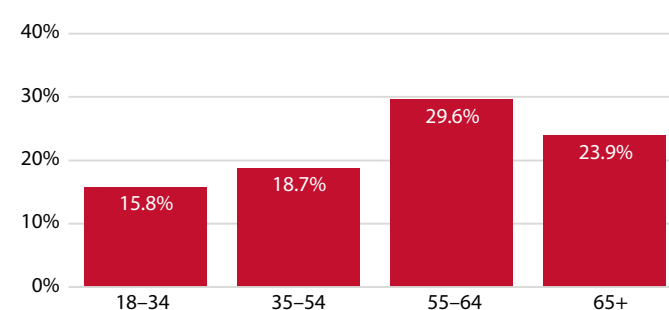
Source: Behavioral Risk Factor Surveillance System and Kem C. Gardner Policy Institute

**Figure 2: Prevalence and Counts of Caregivers by Utah's Area Agencies on Aging (AAAs), 2015–2019**



Source: Utah Department of Health and Kem C. Gardner Policy Institute

**Figure 3: Family Caregiver Prevalence by Age, 2019**



Source: Behavioral Risk Factor Surveillance System and Kem C. Gardner Policy Institute

The **Family Caregiving Collaborative** is a University of Utah College of Nursing led-interdisciplinary initiative whose mission is to create a future where caregivers of all ages, races, ethnicities, and gender are seen, heard, understood, valued, connected, and supported. Collaborative work focuses in 4 key areas: research, education, clinical practice, and community engagement/policy. To learn more, visit [nursing.utah.edu/FCC](http://nursing.utah.edu/FCC).

1. The AARP estimates the economic value of family caregiving in Utah at \$4.1 billion in 2017. We have approximated the value in 2019 by adjusting AARP's estimate for the increase in Utah's caregivers between 2017 and 2019. Reinhard et al. (2019). Valuing the Invaluable: 2019 Update: Charting a Path Forward. AARP Public Policy Institute.
2. Unless otherwise noted, the data presented in this fact sheet come from CDC's Behavioral Risk Factor Surveillance System (BRFSS) survey.
3. Wage data come from the Utah Department of Workforce Services.
4. Working-age caregivers were matched to similar working-age noncaregivers to make the comparisons. Our methodology is similar to Mudrazija, S. (2019). Work-Related Opportunity Costs of Providing Unpaid Family Care in 2013 and 2050. Health Affairs, 38(6), 1003–1010.



# POLICY PRIORITIES TO SUPPORT FAMILY CAREGIVERS **IN UTAH**



Family caregivers are an essential, yet often overlooked, part of the care economy in Utah. Supporting family caregivers is a public health priority.

Family caregivers save the state significant money. They provide unpaid care to our most vulnerable populations (i.e., those who are disabled, chronically ill, or injured), allowing them to stay in their homes and community. Given the long hours and challenging work caregivers do everyday and often over many years, family caregivers commonly experience a decline in their financial, physical, social, and emotional health. This short report represents initial efforts by the Family Caregiving Collaborative to identify the needs of Utah family caregivers and the entities that support them.

Source: Family Caregiving in Utah. Fact Sheet, September 2021. Kem C. Gardner Policy Institute and Family Caregiving Collaborative, University of Utah.

**450,000+**

Adults in Utah provide unpaid caregiving services to their family and friends.

**24%**

Women

**17%**

Men

Over age 18 in Utah are family caregivers.

**\$4.6 Billion**

The estimated annual economic value of family caregiving in Utah

Future policy decisions should be guided by data that reflect the needs of family caregivers in our state.

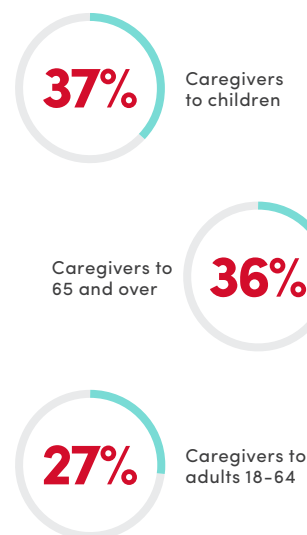
To understand the needs of family caregivers in Utah, the Family Caregiving Collaborative at the University of Utah invited people from across the state to provide input about family caregivers. The survey was fielded in summer of 2021. It asked what Utah is doing well and what could be done better to support family caregivers in Utah.

Responses were received from a diverse set of stakeholders, including **healthcare professionals, community-service providers, researchers, policy advocates as well as caregivers and care recipients.** Over 80% of respondents had personal experience as a current or past family caregiver. Nearly half (47%) were currently providing care to a family member or friend.

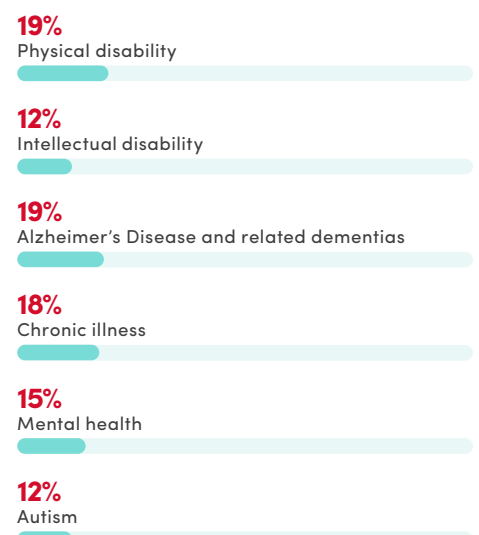
Data come from 138 stakeholders, representing 13 counties.

## Respondents Have Diverse Caregiving Experience

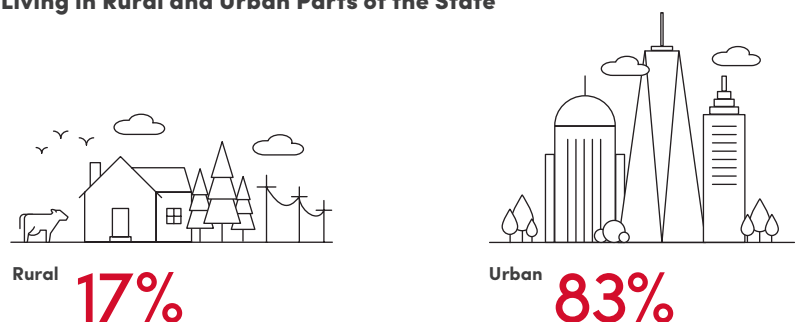
### Caring for Persons of All Ages



### Addressing Needs of Those with Disabilities and Chronic Conditions



### Living in Rural and Urban Parts of the State



Approximately 10% of Utah's total population lives in rural areas.

As of Fall 2021, more than 14 states, including Idaho and New Mexico, have created a formal “state plan” that prioritizes specific policy initiatives that support family caregivers in their states.

Listed in the table below are examples of the policy initiatives and actions adopted by other states. The highest priorities nationally include:

- Expanding awareness and access to existing supports and services for caregivers
- Enhancing services that allow for long-term caregiving in the home and community
- Protecting the financial security of caregivers

Respondents were asked to choose which of the policy priorities and actions they felt were “high priorities” for Utah. The top ten are listed in the Table. **These data provide a blueprint for the types of policy initiatives and actions that Utah should consider as it develops its own state plan.**



**Utahns are united in their goals and suggestions for supporting family caregivers in the state.** Responses were similar among rural versus urban respondents, researchers versus policy advocates, across one’s connection to caregiving (family caregiver vs. formal care provider vs. non-caregiver) and across the age-group they were working with.

| POLICY INITIATIVES & ACTIONS   | % HIGH PRIORITY |
|--|-----------------|
| Increase <b>awareness of existing resources and programs</b> to support family caregivers  | <b>78%</b>      |
| Provide <b>access to information, education, and training</b> for family caregivers  | <b>75%</b>      |
| Provide affordable and competent <b>respite services</b> for family caregivers   | <b>75%</b>      |
| Address <b>financial well-being of family caregivers</b>   | <b>73%</b>      |
| Recognize and address <b>abuse and neglect</b> that may occur in caregiving situations   | <b>68%</b>      |
| Include family caregivers in <b>hospital discharge planning</b> so they can provide continued patient care in homes and community  | <b>61%</b>      |
| Improve collaboration and <b>minimize siloed approach to services and supports;</b> enhance care coordination across life course and across conditions.                                  | <b>60%</b>      |
| Work with insurers and healthcare providers to <b>prioritize and assess the needs, health, and well-being of family caregivers</b> when they accompany patients to healthcare encounters | <b>57%</b>      |
| Ensure that information/education is <b>culturally competent</b> and <b>accessible</b> to all communities  | <b>56%</b>      |
| Improve <b>training for the formal healthcare workforce</b> to work with family members in the healthcare setting  | <b>44%</b>      |

There is much to do! While Utah has a solid foundation upon which to build and support family caregivers, there remains significant need.

This report draws on the collective experience of representatives from state agencies and non-profit organizations serving families, from healthcare professionals, from university faculty and researchers, and from family caregivers and care recipients. These stakeholders -- all of whom have vast experience with caregiving and/or are caregivers -- shared their insights about unmet needs and suggested possible policy solutions that could support the caregivers in our state.

Many commented on the collaborative spirit among the community-partners in Utah to support family caregivers. Respondents also noted the importance of policy work being grounded in evidence and data. The most common policy suggestions are outlined below.

**There was strong consensus that Utah ought to establish a commission or task-force to assess, recommend, and implement policies that support family caregivers.**

**Family Caregiver**  
*noun*

A person who provides unpaid care and support to address the needs or concerns of a person with short- or long-term limitations due to illness, injury or disability.

*Synonym:* Informal Caregiver, Care-Partner.

| PRIORITY  | EXAMPLE POLICIES   |
|---|--|
| Protect Financial Well-Being of Caregivers                        | <ul style="list-style-type: none"><li>• Provide direct financial compensation to family caregivers</li><li>• Allow workplace flexibility and paid time off</li><li>• Enact tax credits for in-home caregivers</li><li>• Expand eligibility criteria to include non-familial caregivers</li></ul>   |
| Expand Services to Help Keep People in their Homes                | <ul style="list-style-type: none"><li>• Increase access to formal respite care for all family caregivers (Respite is defined as time away from caregiving).</li><li>• More support services and resources for long-term caregiving, such as insurance coverage for home health aides</li><li>• Virtual delivery of education, support, and information</li></ul> |
| Increase Awareness and Availability of Caregiver Support Services | <ul style="list-style-type: none"><li>• Enhance outreach efforts to educate caregivers</li><li>• Provide a centralized service for ease of access to information, education, resources</li><li>• Ensure that residents in rural areas are aware of the resources available to them, including via the Internet and telemedicine</li></ul>                        |



This report was produced and authored by Debra Scammon & Rebecca Utz, Senior Faculty Associates, and Amber Thompson, Caregiving Scholar, with the Family Caregiving Collaborative and graphics/design by YUMI Creative. For more information, [rebecca.utz@utah.edu](mailto:rebecca.utz@utah.edu)

The Family Caregiving Collaborative at the University of Utah is a College of Nursing led interdisciplinary initiative whose mission is to create a future where caregivers of all ages, races, ethnicities, and gender are seen, heard, understood, valued, connected, and supported. Collaborative work focuses in 4 key areas: research, education, clinical practice, and community engagement/policy. To learn more about the Collaborative and access additional caregiving reports, visit [nursing.utah.edu/FCC](https://nursing.utah.edu/FCC).



# STATE OPPORTUNITIES TO SUPPORT FAMILY CAREGIVERS

Family caregivers represent an overlooked — but vital — source of care for older adults. Approximately **40 million Americans provide unpaid care** to an adult aged 50 and older. In 2013, unpaid caregivers provided **\$470 billion worth of care**.



## FAMILY CAREGIVERS' ROLES ARE BROAD

Providing **care management, emotional support,** and help with **activities of daily living**, such as:



MOBILITY



HYGIENE



DRESSING



FEEDING

Managing **medical and nursing tasks** — for which they receive little or no training — such as:



MEDICATION MANAGEMENT



URINARY CATHETERIZATION



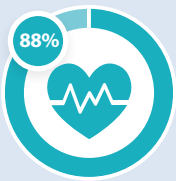
TUBE FEEDING



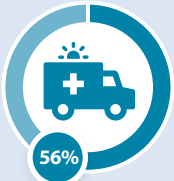
WOUND CARE

## FAMILY CAREGIVERS CAN IMPROVE HEALTH CARE QUALITY & REDUCE COSTS

Primary care providers have cited the benefits of working with family caregivers, reporting:



BETTER PATIENT OUTCOMES



LOWER HOSPITAL READMISSION RATES

Family caregivers help older adults remain at home and avoid the cost of hospitals and long-term care facilities:



NURSING HOME CARE ESTIMATED ANNUAL COST



HOME HEALTH AIDE ESTIMATED ANNUAL COST

## WITHOUT SUPPORT, CAREGIVING TAKES A MAJOR PERSONAL & ECONOMIC TOLL

6 in 10



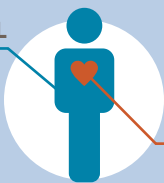
Family caregivers report cutting work hours, taking leaves of absence, or receiving performance warnings

\$300,000



Approximate value of lost wages and benefits resulting from retiring early to become a family caregiver

20% PHYSICAL



40% EMOTIONAL

Individuals who report negative impacts from the stress of family caregiving on their physical and emotional health

## STATES CAN ENACT POLICIES TO INCREASE SUPPORT FOR FAMILY CAREGIVERS



**Create uniform policies** across agencies to streamline caregiver information and access to services



**Inventory community services** and caregiver resources



**Establish data sources** to identify and track family caregivers, and assess their needs



**Provide trainings to family caregivers** on key care topics



**Expand access to respite and adult day care services** to reduce caregiver stress and prevent burnout



**Invest in programs that help keep family members in their homes** for as long as possible





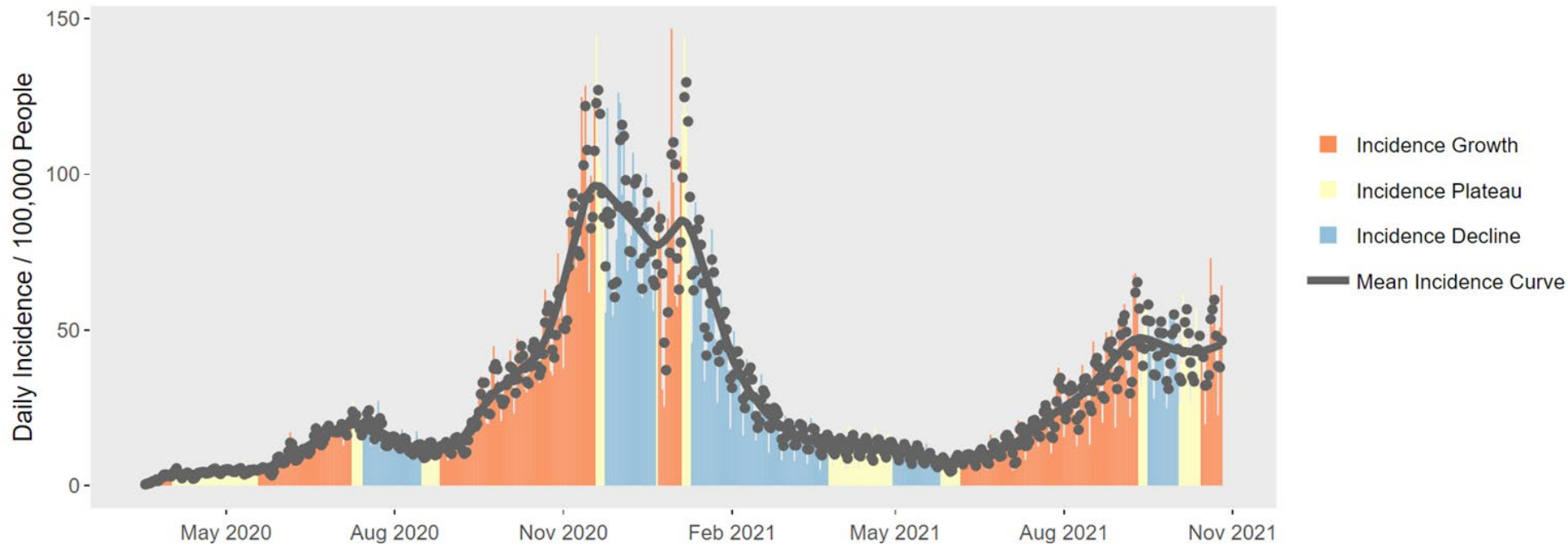
COVID-19 Update  
Utah Commission on Aging  
October 28, 2021



# Situation Report

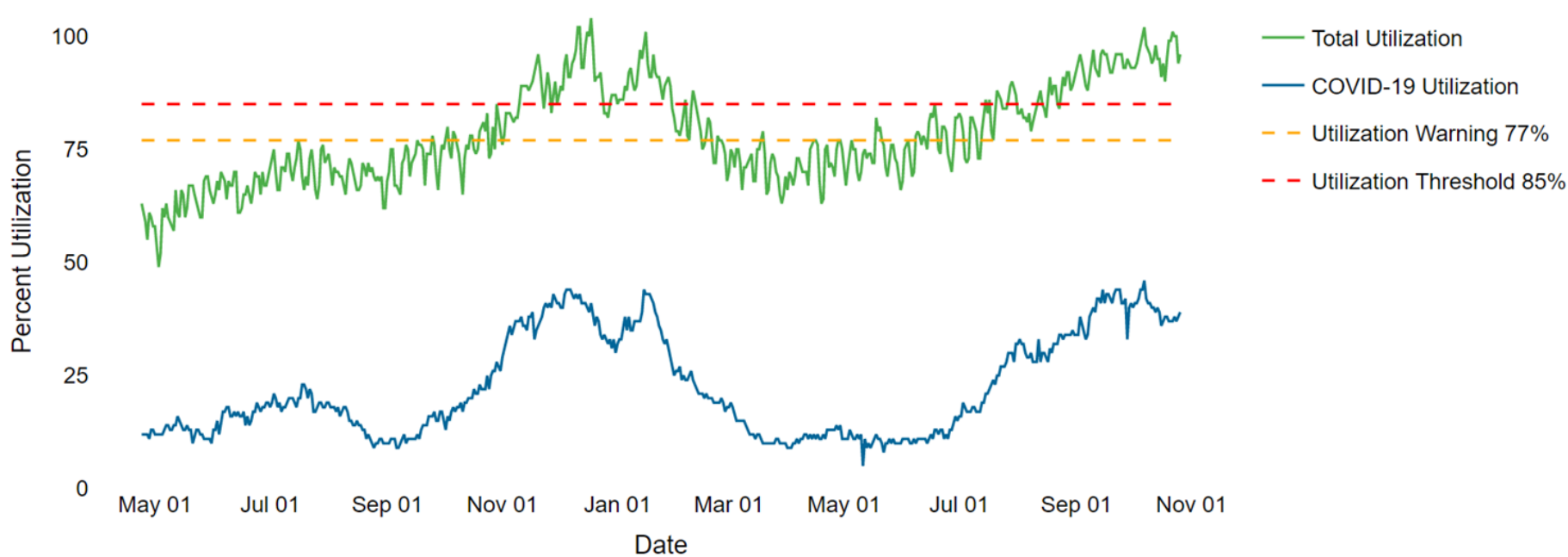


# Ongoing Delta Variant Surge





# ICU Utilization at Sustained Crisis Levels



**Referral Centers** are the 16 hospitals in Utah with the capability to provide the best care for patients with COVID-19. Because most patients are transferred to these facilities, their utilization is the best reflection of the true hospital capacity in Utah when looking at ICU beds.



# Pressure on Hospitals

## Patients needing a transfer\*



**55**  
patients

July 28-Aug. 3 (baseline)

**vs**



**87**  
patients

October 15-21

*\*People who needed to be transferred to another hospital for higher levels of care. Not all patients who need to be transferred have COVID-19.*

## Wait time to find an ICU bed\*\*



July 28-Aug. 3 (baseline)

**vs**



October 15-21

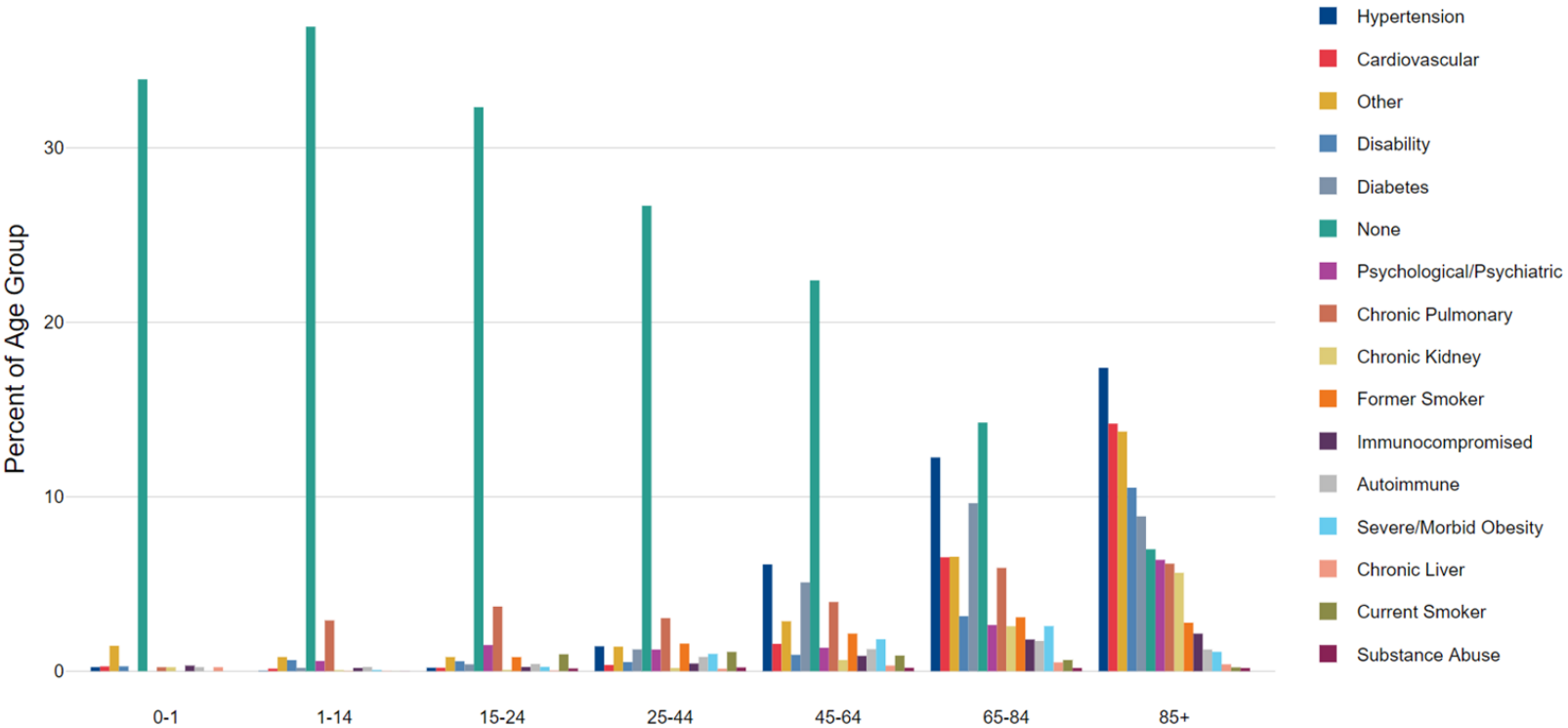
*\*\*The time for hospital staff to locate an available ICU bed. Does not include transfer or transportation time.*

The chart displays the 7-day rate per 100,000 people for various age groups. The 85+ age group (brown line) shows a significant peak in late 2020, reaching approximately 140. The 65-84 age group (yellow line) also shows a notable peak around the same time, reaching about 20. The other age groups (1-14, 15-24, 25-44, 45-64) maintain very low rates throughout the period, generally below 10.

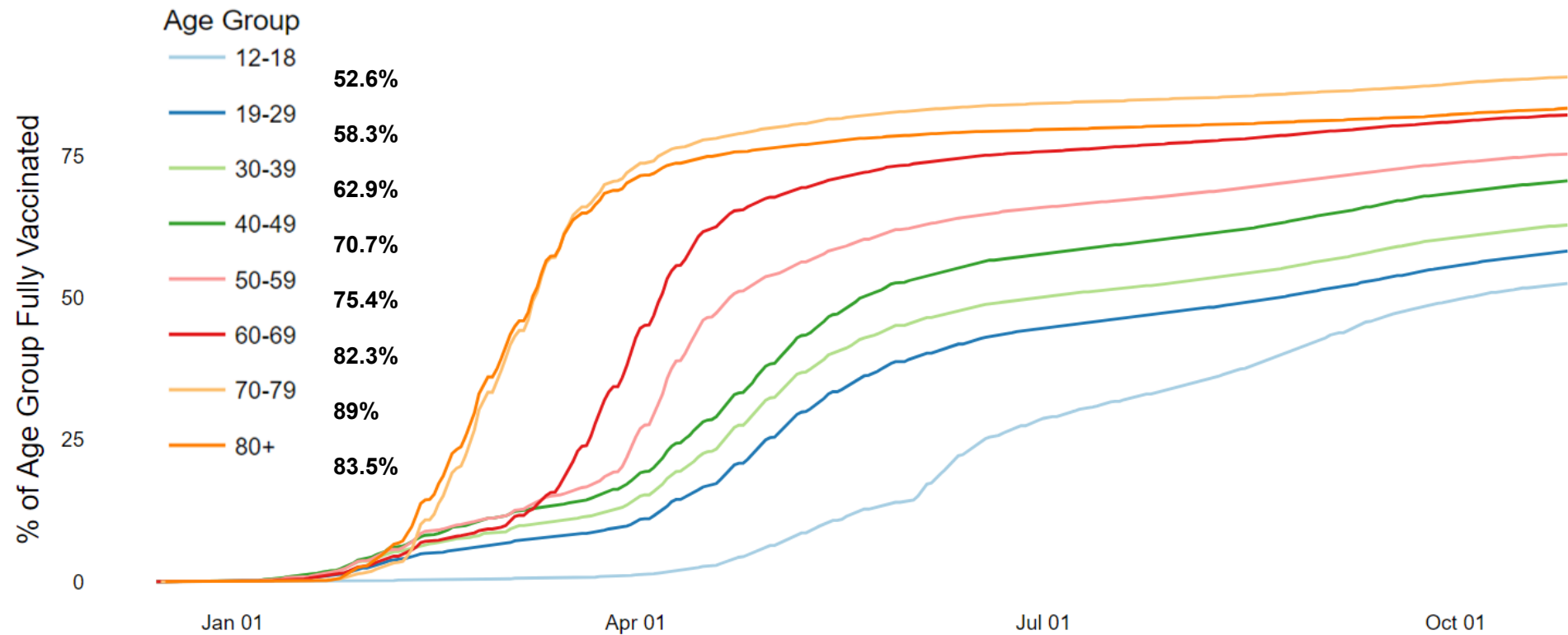
# Pre-Existing Conditions Disproportionately Impact Elderly



Pre-Existing Conditions of All Cases by Age



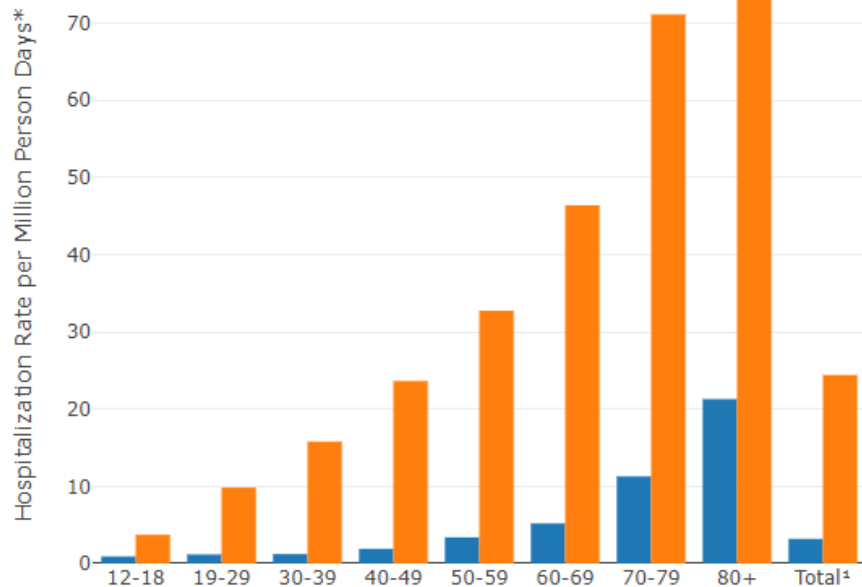
# The Good News



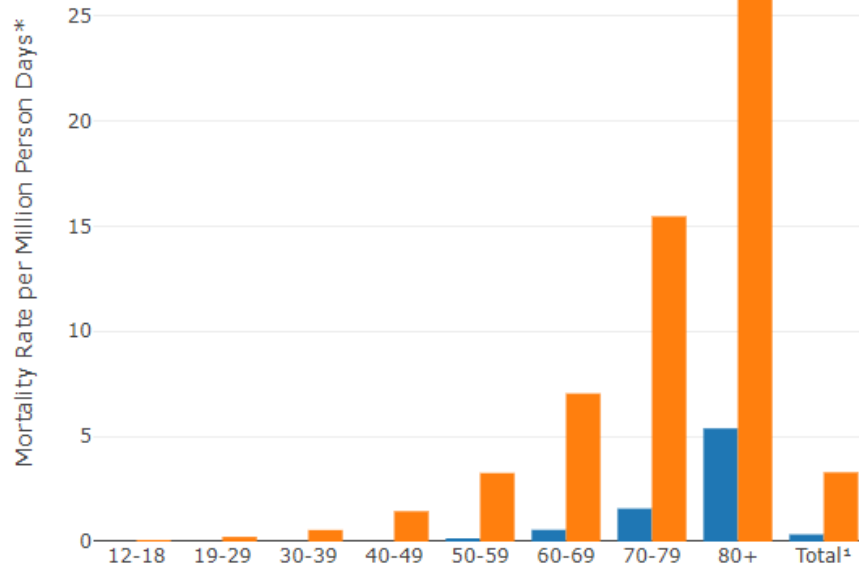


# Vaccine Breakthroughs Disproportionately Impact Elderly

Hospitalizations



Deaths



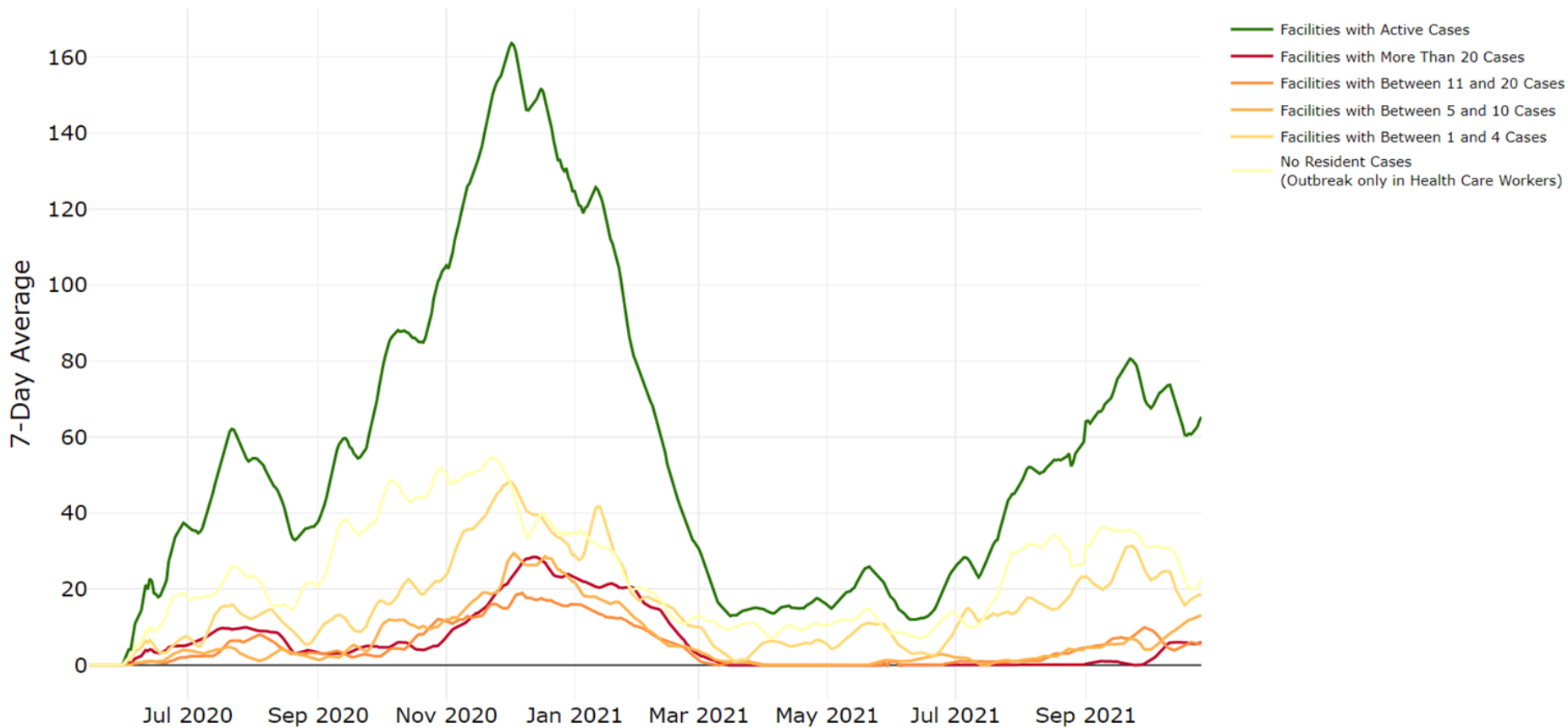
**Vaccinated** and **Unvaccinated**





# Long-Term Care Facilities

# Delta Surge Increased Long-Term Care Facility Outbreaks



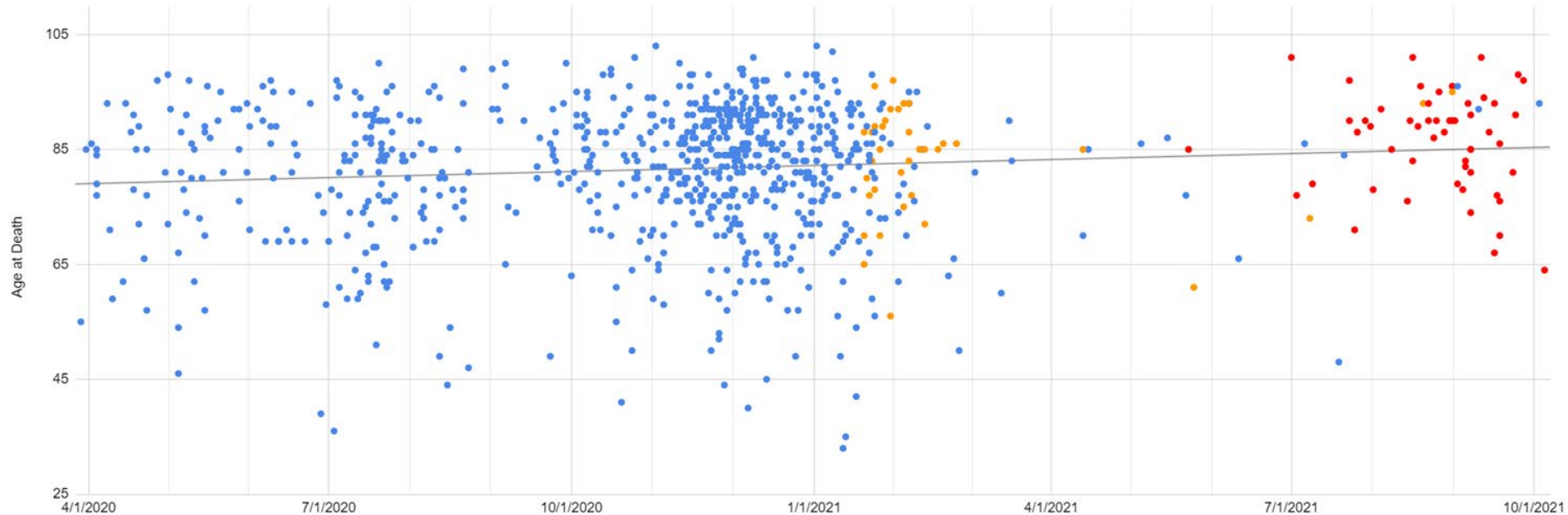
# Large Outbreaks Occur Even with High Vaccination Rates



| Facility Name                                    | Facility Type   | Date of Last Positive Resident | Outbreak Impact                         |
|--|-----------------|--------------------------------|---|
| All  | All             | All                            | All                                     |
| William E Christofferson Salt Lake Veterans Home | Nursing Home    | 2021-10-12                     | Facilities with More Than 20 Cases      |
| Avamere at Mountain Ridge                        | Assisted Living | 2021-10-14                     | Facilities with More Than 20 Cases      |
| Cedar Health and Rehabilitation                  | Nursing Home    | 2021-10-16                     | Facilities with More Than 20 Cases      |
| Cascades at Riverwalk                            | Nursing Home    | 2021-10-18                     | Facilities with More Than 20 Cases      |
| Rocky Mountain Care - Willow Springs             | Nursing Home    | 2021-10-19                     | Facilities with More Than 20 Cases      |
| Copper Ridge Health Care                         | Nursing Home    | 2021-10-25                     | Facilities with More Than 20 Cases      |
| Legacy House of Spanish Fork                     | Assisted Living | 2021-10-25                     | Facilities with More Than 20 Cases      |
| St Joseph Villa                                  | Nursing Home    | 2021-09-08                     | Facilities with Between 11 and 20 Cases |
| Truewood by Merrill, Cottonwood Heights          | Assisted Living | 2021-10-12                     | Facilities with Between 11 and 20 Cases |
| Lotus Park Care Centers                          | Assisted Living | 2021-10-14                     | Facilities with Between 11 and 20 Cases |



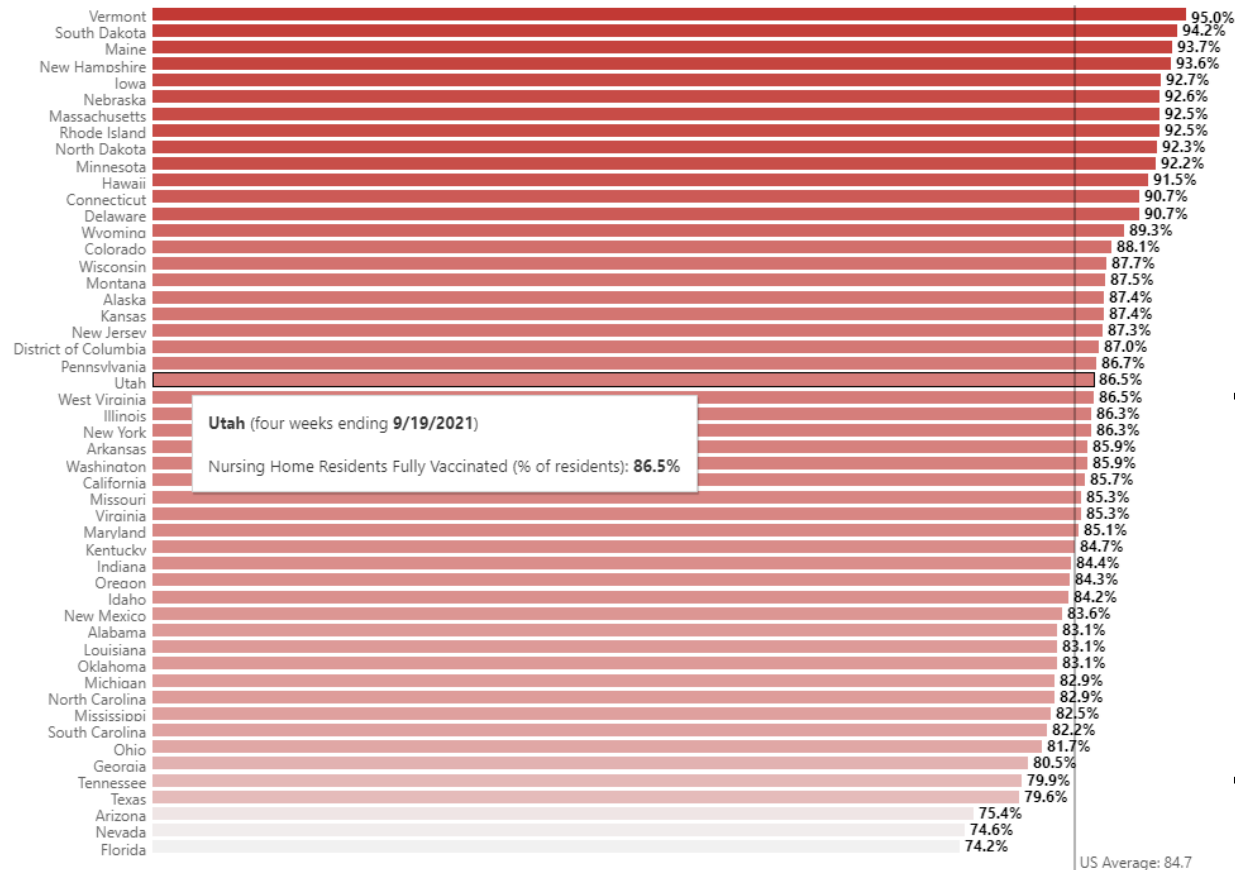
# Resident Deaths Dramatically Decreased with Vaccinations



Unvaccinated, Partially vaccinated and Fully Vaccinated



# 23rd for SNF Resident Vaccination Rates



For the week ending  
9/19/2021:

Utah 86.5% vs.

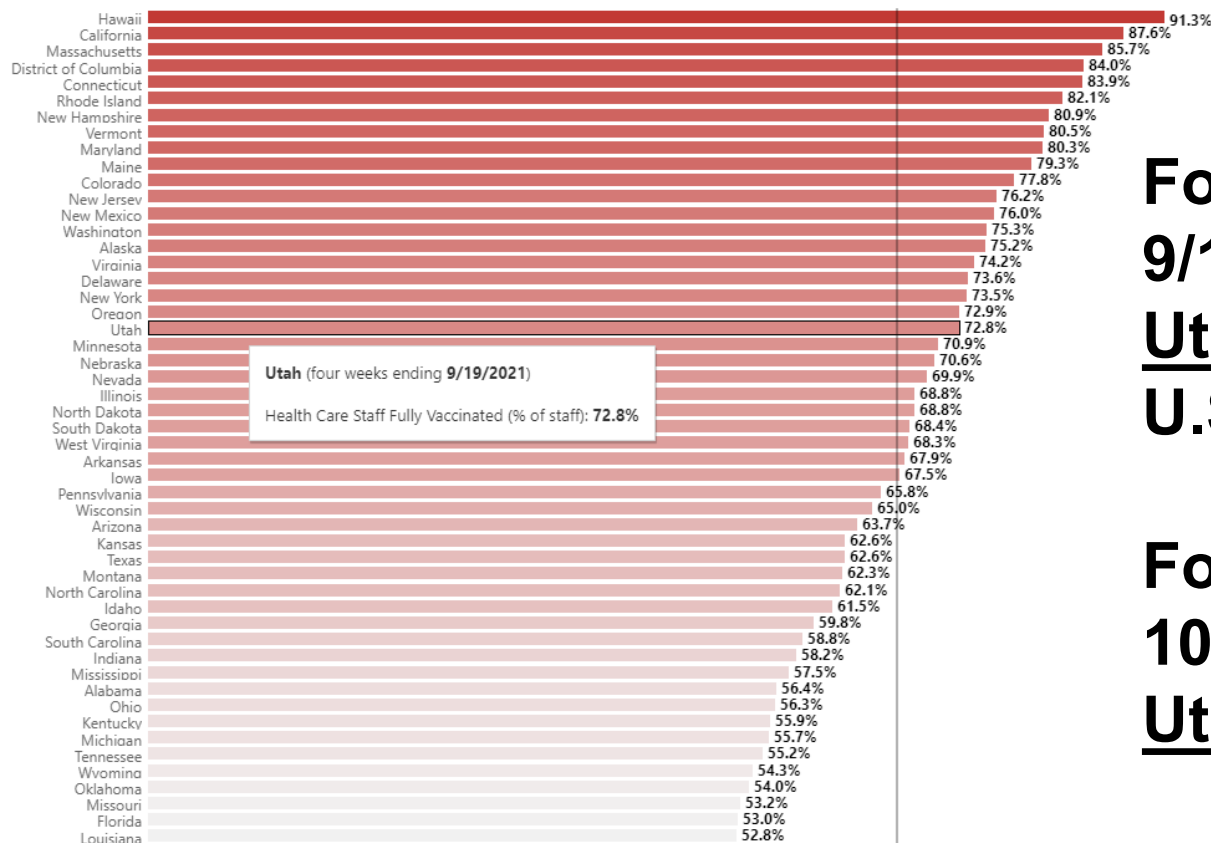
U.S. Average 84.7%

For the week ending  
10/25/2021:

Utah 88.1%



# 20th for SNF Staff Vaccination Rates

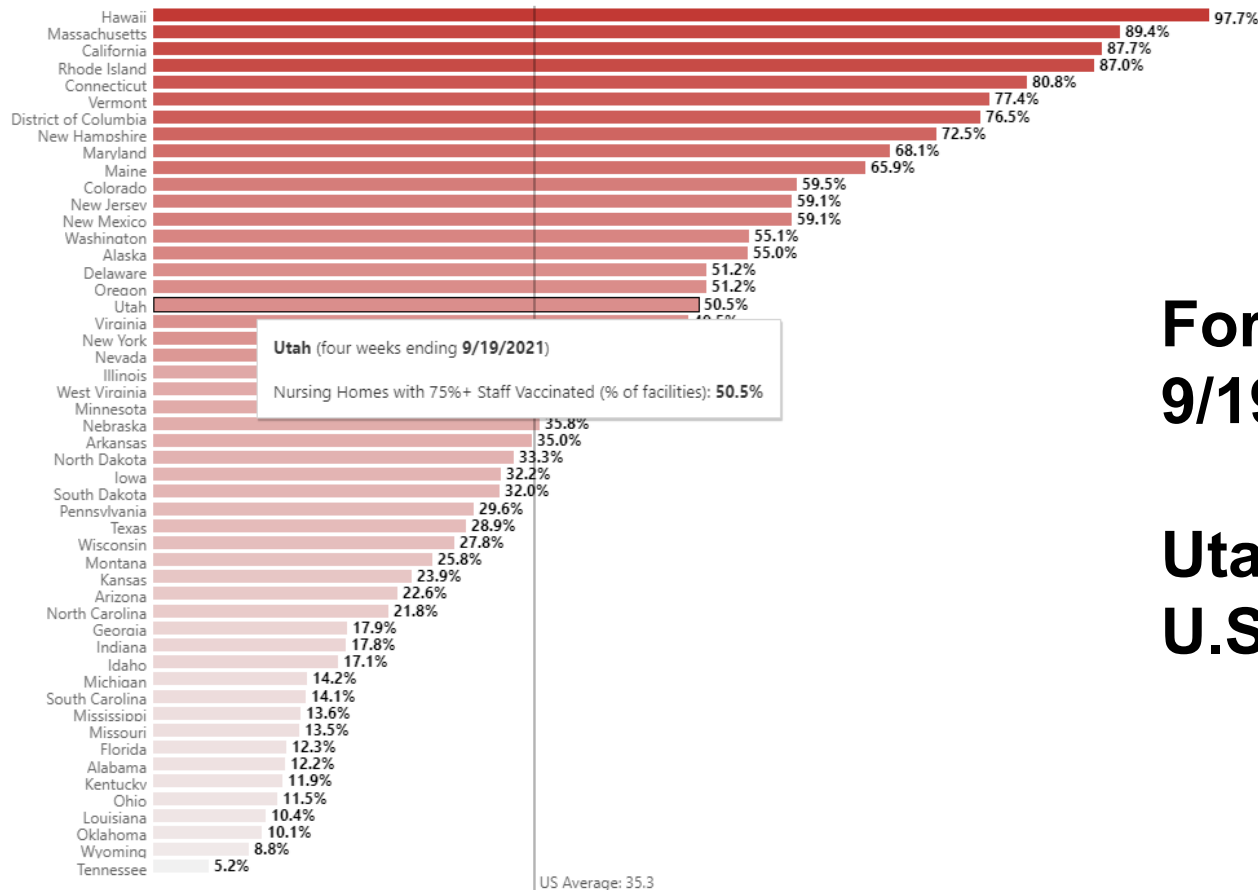


**For the week ending  
9/19/2021:  
Utah 72.8% vs.  
U.S. Average 67.3%**

**For the week ending  
10/25/2021:  
Utah 74.3%**



# 18th for Percent SNFs with Staff Vaccination Rates $\geq 75\%$



**For the week ending  
9/19/2021:**

**Utah 50.5% vs.  
U.S. Average 35.3%**



# Long-Term Care Facility Workforce Crisis

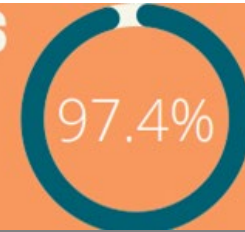


**91% OF UTAH LONG TERM CARE FACILITIES**

say their workforce situation has grown MUCH WORSE since 2020.

**97% OF UTAH LONG TERM CARE FACILITIES**

are reporting a shortage of staff members to fill a shift. All facilities are asking staff to work overtime or take extra shifts.



## IN THE PAST 60 DAYS

- 100% have asked staff to work overtime or take extra shifts
- 89% do not have sufficient staff to fill shifts
- 59% have turned to agency staff to fill shifts
- 10 shifts a week (average) are unable to be filled by staff or agency



**WORKFORCE SHORTAGE  
CRISIS & THE IMPACT OF  
COVID-19 IN LONG TERM  
CARE FACILITIES**



## 94% ranked it "concerning to crisis"

### WHEN ASKED ABOUT THEIR CURRENT STAFFING SITUATION, LONG TERM CARE RESPONDED:

94% ranked it "concerning to crisis"  
32% concerning, beginning to have numerous open shifts  
35% disconcerting, few applicants and we need more staff  
26% CRISIS, numerous open shifts and few qualified applicants or no applicants



### UHCA MEMBERS HAVE INDICATED THE FOLLOWING POSITIONS THAT ARE VACANT OR ARE RECRUITING TO FILL:

98% CNA or direct caregiver  
75% LPN  
81% RN  
73% Dietary Staff  
65% Housekeeping  
28% Other support staff  
12% Rehab Staff  
27% Activities  
11% Social Workers  
8% Director of Nursing  
6% Infection Preventionist



IN THE PAST SIX MONTHS,  
MULTIPLE FACILITY  
ADMINISTRATORS HAVE  
CALLED STATE CONTACTS TO  
REPORT IMMEDIATE  
STAFFING CRISES

# State Response to Workforce Issues



## Clinical Staffing Support Options for Hospitals & Licensed Long Term Care Facilities



CORONAVIRUS  
UTAH.GOV

01

### Student Apprenticeship Programs and Training

- Established a nurse apprenticeship program
- Established a respiratory therapist apprenticeship
- Core competency training

02

### Workforce Recruitment Efforts

- Ongoing pushes in partnership with Department of Workforce Services
- Recruiting apps and preferred staffing agencies

03

### Clinical and Personal Aide Volunteer Resources

- Medical Reserve Corps
- Utah Responds
- Volunteer practitioners

04

### Licensure Flexibilities and Exemptions

- Nurses
- CNAs
- Additional exemptions such as MAs, PTs, pharmacy and more

05

### State-contracted LTCs and grants

- State issued close to \$2m in grants to LTCFs in December
- State has contracted recently with 5 facilities throughout Utah, from Logan to St. George available for COVID + transfers (combined with previous efforts the investment is ~ \$14m)





# COVID-19 Dedicated Long-Term Care Facilities

**Rocky Mountain Care – Logan**  
1480 N 400 E,  
Logan, UT 84321

Telephone: 435-750-5501  
Fax: 435-750-7031

Certification: Medicare and Medicaid  
COVID Unit Capacity: 15 beds

- Chae Liljenquist, Administrator  
[chae.liljenquist@rmcare.com](mailto:chae.liljenquist@rmcare.com)  
Mobile: 435-230-4801
- Michael Nelson, Internal Marketer  
Mobile: 435-890-9745
- Rocky Mountain Care Central Intake  
Phone: 801-397-4600  
Fax: 801-397-4606

**Woodland Park Care & Rehabilitation**  
3855 South 700 East  
Salt Lake City, UT 84106  
Telephone: 801-268-4766  
Fax: 801-262-2145

Certification: Medicare and Medicaid  
COVID Unit Capacity: 35 beds

- Peyton Disbrow, Admissions Director  
[peyton.disbrow@avalonhealthcare.com](mailto:peyton.disbrow@avalonhealthcare.com)  
Mobile: 925-980-4335
- Kinzy Sturdivant, Administrator  
[kinzy.sturdivant@avalonhealthcare.com](mailto:kinzy.sturdivant@avalonhealthcare.com)  
Mobile: 801-209-1552
- Brandon Caldwell, Director of Nursing  
[brandon.caldwell@avalonhealthcare.com](mailto:brandon.caldwell@avalonhealthcare.com)  
Mobile: 801-726-3459
- Avalon Central Intake  
801-702-4715

**Heritage Care Center**  
350 East 300 North  
American Fork, UT 84003  
Telephone: 801-756-5293  
Fax: 801-756-8705

Certification: Medicare and Medicaid  
COVID Unit Capacity: 30 beds

- Steven Fraser, Administrator  
[steven.fraser@avalonhealthcare.com](mailto:steven.fraser@avalonhealthcare.com)  
Mobile: 801-319-8288
- Ryan Walker, DON  
[ryan.walker@avalonhealthcare.com](mailto:ryan.walker@avalonhealthcare.com)  
Mobile: 801-602-1529
- Avalon Central Intake  
801-702-4715

**St. George Rehabilitation**  
1032 East 100 South  
St. George, UT 84770  
Telephone: 435-628-0488

Fax: 435-656-7878  
Certification: Medicare and Medicaid  
COVID Unit Capacity: 33 beds

- Stan Horlacher, Admissions Coordinator  
[shorlacher@ensignservices.net](mailto:shorlacher@ensignservices.net)  
Mobile: 435-817-7121
- Travis Hoopes, Administrator  
[trahoopes@ensignservices.net](mailto:trahoopes@ensignservices.net)  
Mobile: 435-862-8270

**South Ogden Post Acute**  
5540 South 1050 East  
South Ogden, UT 84405  
Telephone: 801-479-8455  
Fax: 801-479-1606  
Certification: Medicare and Medicaid  
COVID Unit Capacity: 25 beds

- Richard Taylor, Administrator  
[rtaylor@southogdenrehab.com](mailto:rtaylor@southogdenrehab.com)  
Mobile: 801-793-3002



Protecting the Elderly



# Protecting Those at Higher Risk

## Protecting Individuals who are at Higher Risk



**Individuals who are at higher risk should take extra precautions because they are more likely to suffer severe illness from COVID-19.**

You should take extra precautions if you are at higher risk for severe illness from COVID-19, including if you are immunocompromised. You should also take extra precautions if you live or work with someone who is at higher risk.

**The best thing to do to protect yourself and others who are at higher risk is to wear a mask around higher-risk individuals and get the vaccine. Learn more [here](#).**



# Monoclonal Antibody Therapy



**CORONAVIRUS**  
UTAH.GOV

HOME PAGE

HEALTH GUIDANCE LEVELS

UPDATES ▼

INFORMATION FOR... ▼

EN ESPAÑOL ▼



## COVID-19 Monoclonal Antibody Therapy

[For high risk individuals](#) | [For medical providers](#)

### For high risk individuals

You may qualify for monoclonal antibody treatment (mAb) if you've tested positive for COVID-19, are at high risk for severe illness, and it has been 10 days or less since your symptoms first started. Monoclonal antibody treatment is most effective when given early and the sooner it is given the better.

Getting vaccinated is the best way to prevent COVID-19. Monoclonal antibody treatment should NOT be used to prevent COVID-19. People who might benefit the most from this treatment are those who are most likely to be hospitalized or die from COVID-19.

Where can I get vaccinated?

Where can I get tested?

Will mAb therapy benefit me?

### Do I qualify for monoclonal antibody therapy?

People who are older or have underlying medical conditions are the most likely to benefit from mAb. Talk to your doctor or use our risk score calculator to find out if you would qualify for mAb. The risk score calculator will tell you if you qualify for mAb treatment and how to schedule an appointment at an infusion site near you.

[Risk score calculator](#)



<https://coronavirus.utah.gov/noveltherapeutics/>



# Improving Access to Monoclonal Antibody Therapy



**CORONAVIRUS**  
UTAH.GOV

## Do I qualify for monoclonal antibody therapy?

English

Take the survey below to see if you or someone else qualifies for monoclonal antibody treatment.

You will be asked a series of questions to see if you qualify for monoclonal antibody treatment. This treatment is only for people at the highest risk of hospitalization from COVID-19. At the end of the survey, you'll be told if you qualify for this treatment and what to do next.

The information you provide will be saved in a confidential and secure database. It is considered private health information and will not be made public. Only the state or local health department in the county where you live will have access to this information.

### Selection Criteria Criterios de selección

Are you taking this survey for yourself, someone else (like your parents), or helping someone take the survey (like a friend, neighbor, someone you work with, or a long-term care resident)?

For myself

For someone else

or null

Submit

<https://c19.health.utah.gov/surveys/?s=CEPXJM9HT8>

# Post-Exposure Prophylaxis Now Available in LTCFs



“Because of the ongoing limited capacity to deliver monoclonal antibodies, we recommend that postexposure prophylaxis under the EUA should be prioritized to patients most likely to benefit including:

1. Severely immunocompromised patients who are unlikely to mount an adequate immune response to vaccination
2. Individuals with relative or absolute contraindications to vaccination
3. Unvaccinated patients at very high risk for hospitalization and death (e.g. Utah COVID Risk of >8)
4. **Patients in congregate living facilities with active COVID-19 outbreaks**

- Only authorized for casirivimab-imdevimab
- Must be given within 4 days of exposure
- Access through UDOH Monoclonal Antibody Infusion Strike Team (MIST)
- Training available to self-administer with drug through state allocation or Omnicare

## Utah Crisis Standards of Care Monoclonal Antibody Allocation Guidelines

October 22, 2021



Produced in cooperation with



UTAH DEPARTMENT OF  
HEALTH



# Mix and Match Boosters

- Use of Moderna, Janssen, and Pfizer-BioNTech COVID-19 vaccines as boosters led to strong serologic responses in groups primed by all three vaccines
- For a given primary COVID-19 vaccine, heterologous boosts elicited similar or higher serologic responses as compared to their respective homologous booster responses
- mRNA vaccines resulted in higher antibody titers in the first 28 days after the boost
- The study arms were small (n=49-53), but no safety concerns were identified

***Any of the authorized COVID-19 vaccine boosters (Pfizer, Moderna, J&J) can be used following any of the primary series vaccination “Heterologous boosting” a.k.a “Mix and Match”***



# Booster vs. Third Doses

|             | mRNA booster -<br><i>should</i> receive  | mRNA booster -<br><i>may</i> receive   | mRNA third dose  | J&J booster                                       |
|-------------|--|--|--|---|
| <b>WHO</b>  | <ul style="list-style-type: none"><li>• <math>\geq 65</math> years</li><li>• <math>\geq 18</math> years and reside in LTCF</li><li>• 50-64 years with medical conditions</li></ul> | <ul style="list-style-type: none"><li>• 18-49 years with medical conditions</li><li>• 18-64 years with high risk exposures</li></ul> | Moderately to severely immunocompromised   | $\geq 18$ years                                   |
| <b>WHAT</b> | <ul style="list-style-type: none"><li>• Full dose Pfizer</li><li>• <u>Half dose Moderna</u></li></ul>  | <ul style="list-style-type: none"><li>• Full dose Pfizer</li><li>• <u>Half dose Moderna</u></li></ul>                                | <ul style="list-style-type: none"><li>• Full dose Pfizer</li><li>• Full dose Moderna</li></ul> | Full dose J&J, Pfizer<br><u>Half dose Moderna</u> |
| <b>WHEN</b> | $\geq 6$ months after completing primary series  | $\geq 6$ months after completing primary series  | $\geq 28$ days after 2nd dose  | $\geq 2$ months after initial dose                |
| <b>HOW</b>  | Mix and match  | Mix and match  | <u>No mix and match</u>  | Mix and match                                     |

# Thank You



# UCOA Tech Survey

Alex Schiwal, PhD - IDRPP



Emma Eccles Jones College of Education & Human Services  
**Institute for Disability Research, Policy & Practice**  
**UtahStateUniversity®**

# Overview and Purpose

- At the start of the pandemic, the shift to online platforms left a gap in aging services
- UCOA started the development of the new website and virtual senior center
- There was a lack of data about tech use and internet access across the state, especially among Utahns 55 and older
- We developed a short survey to assess internet access and interest and use of technology in this population

# The Survey

- The survey was open from May 20<sup>th</sup>, 2021 – August 30<sup>th</sup>, 2021
- Surveys could be taken online, on a smartphone, computer, or tablet, or over the phone with the help of a volunteer through our partnership with Mon Ami
- The survey and recruitment materials were translated into Spanish
- We distributed the recruitment materials widely via mailing lists, flyers, through Meals on Wheels volunteers, newsletters, social media, and sponsored ads on the KSL news app



# Survey Results – Participant Characteristics

**A total of 662 individuals responded to this survey.**

- Most (n=608) opted to take the survey independently while 54 used the volunteer hotline to complete the survey
- *Age.* While the survey was targeted to those 55 and older, we did not block those younger from taking it, so as not to exclude caregivers from participating. The age ranged from 33 to 98, with an average of 68.13 years.
- *Income.* Approximately 43% (n=283) reported their income below \$50,00 per year and 56% reported their income above \$50,000 per year.

# Survey Results – Participant Characteristics

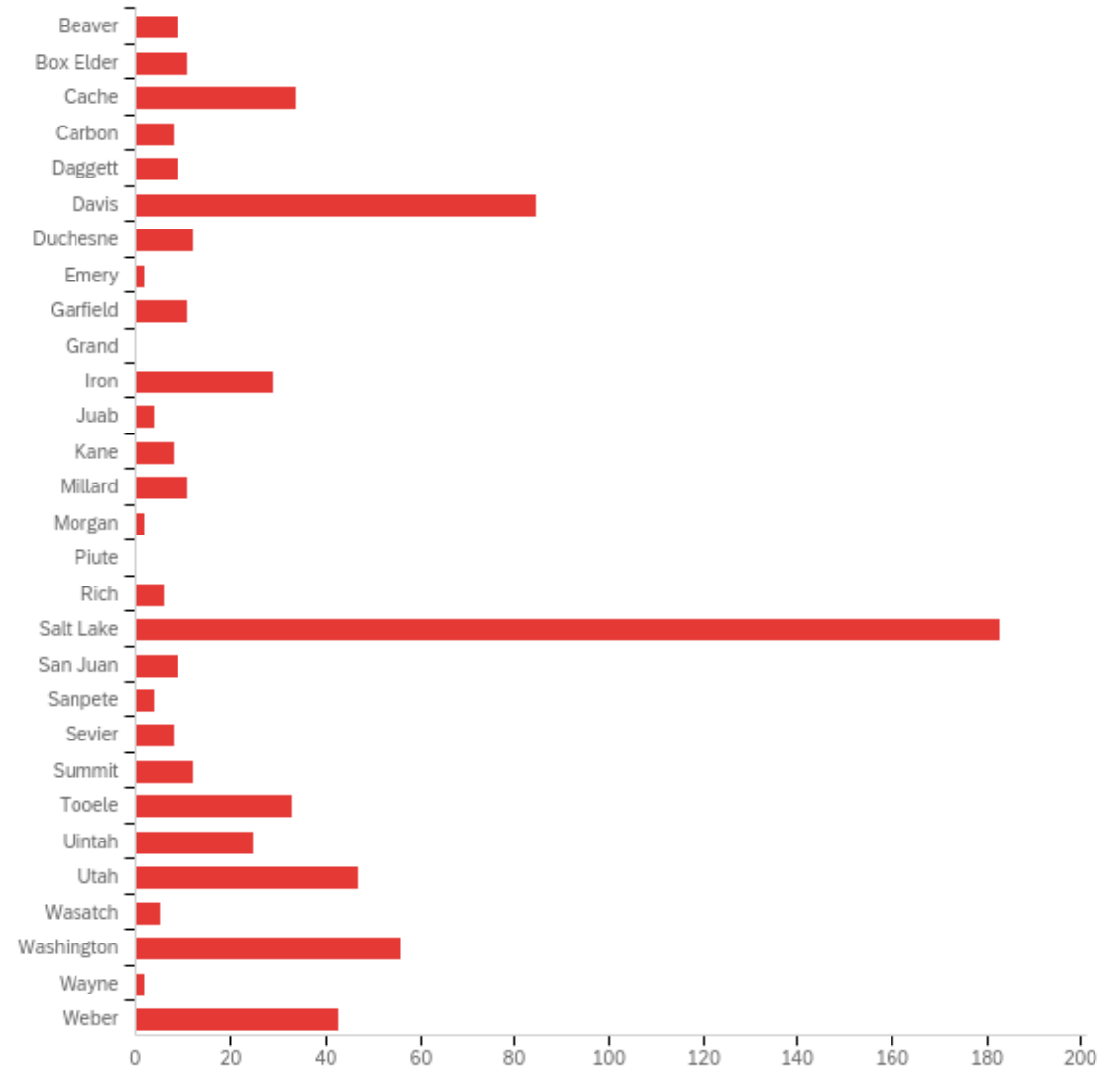
## *Race and Ethnicity.*

- The participants in this survey do not reflect the diversity of the state, and were mostly white (95%, n=645). Very few Hispanic/Latino individuals and members of the various Native American tribes in Utah are represented by these survey results.

| Race                                | %      | Count |
|-------------------------------------|--------|-------|
| White                               | 95.13% | 645   |
| Black or African American           | 0.88%  | 6     |
| American Indian or Alaska Native    | 0.59%  | 4     |
| Asian                               | 0.74%  | 5     |
| Native Hawaiian or Pacific Islander | 0.44%  | 3     |
| Other                               | 2.21%  | 15    |
| <b>Ethnicity</b>                    |        |       |
| Hispanic/Latino                     | 1.89%  | 12    |
| Not Hispanic/Latino                 | 98.11% | 623   |

# Survey Results – Geography

- We tried to get at least one response from every county in the state, and almost achieved this! We were able to increase rural responses by geotargeting ads to rural areas.
- The results are reflective of the population centers of the state, although rural areas and areas that typically have less internet access are less represented.



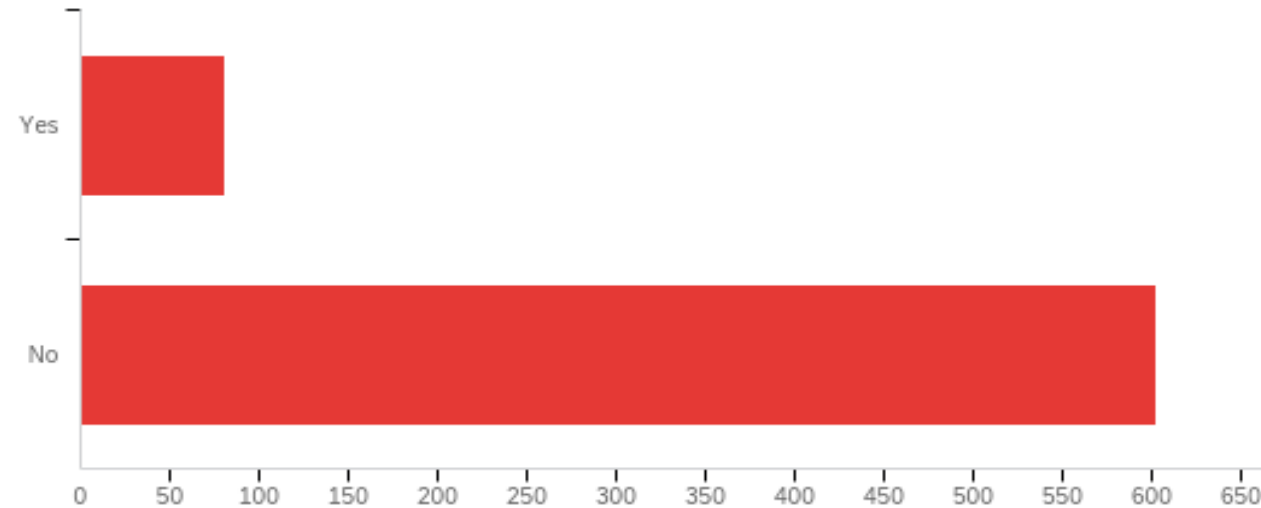
# Survey Results – Geography

- We grouped some responses by county to represent Area Agency on Aging regions.
- The total responses by AAA regions are shown in this table.

| AAA Region       | Percent | Count |
|------------------|---------|-------|
| Bear River       | 7.6%    | 51.0  |
| Davis            | 12.7%   | 85.0  |
| Five County      | 16.9%   | 113.0 |
| Mountainland     | 9.6%    | 64.0  |
| Salt Lake County | 27.4%   | 183.0 |
| San Juan         | 1.3%    | 9.0   |
| Six County       | 4.3%    | 29.0  |
| Southeastern     | 1.5%    | 10.0  |
| Tooele           | 4.9%    | 33.0  |
| Uintah Basin     | 3.1%    | 21.0  |
| Uintah County    | 3.7%    | 25.0  |
| Weber            | 6.7%    | 45.0  |

# Survey Results – Participant Characteristics

**“Do you give or receive help with daily activities (bathing, dressing, preparing meals, managing medications)?” - ~15% give or receive help with ADLS**



- 30% of all participants reported that they live alone, and 40% of those 65 and older reported that they lived alone

# Survey Results – Internet Access

- 93% of participants reported that they had internet access
  - of those that did not have access: 80% had annual household incomes less than \$50,000, and 90% were 65 or older
- By AAA region, Davis, Five County, and Uintah proportionally had the most individuals reporting no internet access.
- For those with no home internet, they reported:

|                                    |    |
|------------------------------------|----|
| I do not access the internet       | 12 |
| Family or friends outside the home | 11 |
| Cellular data/smartphone/hotspots  | 10 |
| Library                            | 4  |
| Other (explain)                    | 4  |
| Senior or community center         | 3  |

# Survey Results – Internet Use

- 95% of participants reported that they use email
- The table below shows that over 70% of participants have smartphone and at least half, have a computer

| Answer  | %      | Count |
|---|--------|-------|
| Smart Phone   | 71.75% | 475   |
| Desktop Computer  | 56.19% | 372   |
| Tablet computer (e.g. iPad, Samsung Galaxy)                 | 53.02% | 351   |
| Streaming Media Device (e.g., Roku, AppleTV, integrated TV) | 44.86% | 297   |
| Laptop Computer with Camera                                 | 43.05% | 285   |
| Cell Phone  | 37.46% | 248   |
| Laptop Computer   | 36.25% | 240   |
| E-book Reader (e.g., Kindle, Nook)                          | 28.25% | 187   |
| I don't own any of these electronic devices                 | 1.36%  | 9     |

# Survey Results – Comfort with Technology

- On a scale of 1-10 of being comfortable using technology, including the internet and electronic devices, to access information, resources and/or participate in online activities, the average self-rating among the total sample was 7.37
- On a scale of 1-10, the average level of interest in training to improve knowledge of technology use was 4.65



# Survey Results – Online Activities

- A majority of the participants are active on social media and have been utilizing Zoom and other video conferencing tools since the pandemic

| Answer                 | %      | Count |
|------------------------|--------|-------|
| Facebook               | 77.64% | 514   |
| YouTube                | 69.94% | 463   |
| Pinterest              | 42.90% | 284   |
| Instagram              | 38.52% | 255   |
| Twitter                | 23.41% | 155   |
| None                   | 9.82%  | 65    |
| Other (please specify) | 4.53%  | 30    |

| Answer                 | %      | Count |
|------------------------|--------|-------|
| Zoom                   | 75.38% | 499   |
| Facetime               | 53.63% | 355   |
| Facebook Messenger     | 45.92% | 304   |
| Skype                  | 45.17% | 299   |
| Other (please specify) | 17.82% | 118   |
| None                   | 11.33% | 75    |

# Survey Results – Interest in Online Activities

- The participants have a wide range of interests in the offerings of the new UCOA website and virtual senior center services

| Answer   | %      | Count |
|--|--------|-------|
| Technology   | 41.09% | 272   |
| Exercise & Wellness  | 38.67% | 256   |
| Conferences & Educational Events   | 35.35% | 234   |
| Arts & Culture   | 33.38% | 221   |
| Aging Issues (housing, fall prevention, fraud prevention, isolation, mobility) | 29.46% | 195   |
| Public Policy  | 18.88% | 125   |
| Caregiving   | 13.90% | 92    |
| Other (please list)  | 5.74%  | 38    |

# Conclusions

- The stereotype that “older adults don’t use technology” doesn’t hold up, this sample with an average age of 68, was made up of active internet users who are mostly comfortable doing activities online
- Rural areas still have trouble accessing reliable internet, rural partners should continue to do outreach and offer services that don’t require stable internet connections; cost of internet is the biggest barrier when access isn’t the issue
- Technology training and equipment is an area of interest, as well as cyber security, consider integrating resources on these topics
- Accessibility of website was listed as a concern



Homecare & Hospice  
Association of Utah

## HHAU FALL VIRTUAL HOME HEALTH & HOSPICE CONFERENCE

ON-DEMAND BEGINNING  
NOVEMBER 8, 2021



EDO BANACH  
NHPCO CEO

### LET'S GET DOWN TO BUSINESS!

- *HEAR FROM NATIONAL LEADERS*
- *DIVE INTO SPECIALTY TRACKS*
- *FULL AGENCY ACCESS OPTION*
- *DISCOUNTED HH OASIS TRAINING*



BILL DOMBI  
NAHC PRESIDENT

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FOR EARLY BIRD & GROUP DISCOUNTS  
OR CONTACT US WITH QUESTIONS AT  
[INFO@HHAU.ORG](mailto:INFO@HHAU.ORG) OR 801-312-9110





# Homecare & Hospice Association of Utah

# Schedule

*Subject to Change*

| TRACK                       | TITLE  | SPEAKER                          |
|-----------------------------|--|----------------------------------|
| Keynote                     | National Regulatory Update and Industry Outlook (Home Care & Hospice)          | Bill Dombi - NAHC                |
| Keynote                     | Hospice Industry Outlook & Pending Legislation/Regulatory Overview             | Edo Banach - NHPCO               |
| Keynote                     | CGS Provider Outreach & Education Hospice Updates                              | Cari Atkinson                    |
| Keynote                     | CGS Provider Outreach & Education Home Health Updates                          | Nykesha Scales                   |
| Multisectional              | Recognizing Compassion Fatigue, Preventing Burnout and Promotion of Resilience | Perry Gee                        |
| Multisectional              | Establishing and Respecting Patient Boundaries in Homecare & Hospice           | Terra Somers                     |
| Multisectional              | The Long-Term Health Effects of COVID-19                                       | Dr. L. Bateman<br>& Lisa O'Brien |
| Multisectional              | Social Determinants of Health: All Path's Meet Here                            | Sherri Parson                    |
| Multisectional              | Working with Patients with Dementia & Challenging Behaviors                    | Laura Wall                       |
| Multisectional              | Challenges & Resources for Transition into Adulthood                           | Gina Pola-Money                  |
| Multisectional              | Music Therapeutic Caregiving (Serving Patients with Dementia)                  | Emily Christensen                |
| Nursing & Medical Directors | Hospice Eligibility Guidelines and Decline - Common Misperceptions             | Scott Jolley                     |
| Nursing & Medical Directors | What to Expect When You are Expecting the End-of-Life of a Loved One           | Dr. Renee Scheidell              |
| Nursing & Medical Directors | Medication Management of the COPD Hospice Patient                              | Corina Reyna                     |
| Nursing & Medical Directors | Ostomy in Health Care - An In-Depth Review of the Basics                       | Ellie Hicken                     |





# Homecare & Hospice Association of Utah

# Schedule

*Subject to Change*

| TRACK                           | TITLE  | SPEAKER                  |
|---------------------------------|--|--------------------------|
| Therapy                         | Assistive Technology for Safe Home Access                              | Jay Wheeler & Ed Whiting |
| Therapy                         | Pediatric Homecare Primer for Therapy                                  | Alia Cazier              |
| Therapy                         | Motivational Interviewing: What, How, and Why?                         | Lance Cotton             |
| Admin & QA                      | Rolling With the FY 2022 Hospice Final Rule Updates                    | Beth Noyce               |
| Admin & QA                      | Home Health & Hospice Survey and Certification Data and Current Issues | Jessica Fiedel           |
| Admin & QA                      | Public Health and Medical Preparedness and Response                    | Kevin McCulley           |
| Admin & QA                      | The Anatomy of a HIPPS Code and Its Utilization in Case Management     | Richard Goates           |
| Admin & QA                      | Competing in a Value Based Purchasing World                            | Michael McGowan          |
| Admin & QA                      | Anatomy of a Medicare Appeal   | Ed Dieringer             |
| Social Work & Hospice Chaplains | The Role of Social Work in Home Health and Hospice                     | Jenn Cornett             |
| Social Work & Hospice Chaplains | Chaplains and Social Workers - "Interdisciplinary Teamwork"            | Roy Olson                |
| Social Work & Hospice Chaplains | What to Do When you Have a Critically Ill Child                        | Amy Lou Muller           |



September 21, 2021

Hello Utah Geriatrics Society (UGS) members-past, present, and future and to all of you caring for older adults in Utah. We are making it through COVID and want you to know that we are still here!

We are revitalizing UGS and want you to join us. We have reconstituted our board of directors and officers (please see attached list and bios) and redesigned our website [www.utahggs.org](http://www.utahggs.org) which is now hosted and managed by the Utah Commission on Aging (UCOA). Please visit and explore the offerings at this virtual resource center.

We invite all individuals and organizations involved in geriatric health care and the study and application of gerontology to a virtual general membership meeting on **Tuesday - November 9, 2021, from 6 to 8 PM.**

The **first hour** will be a business meeting to confirm board members and officers, report on activities, financial status, review proposed amendments to the articles of incorporation and a proposed name change to **Utah Geriatrics and Gerontology Society.**

The **second hour** will be keynote address, “**Key Principles of Geriatric Medicine and Other Pearls**” given by Dr. Lassere.

You can join or renew your membership at the website and confirm your attendance at this meeting. Current fee structure for membership is:

|                                  |         |
|----------------------------------|---------|
| General Annual Membership Fee    | \$50.00 |
| Students, Residents, and Fellows | No fee  |

If you have suggestions, input, or questions, please contact us at [utahaging@gmail.com](mailto:utahaging@gmail.com) or by mail to:

Utah Geriatrics and Gerontology Society  
Spencer Fox Eccles SOM  
30N 1900E, AB193  
Salt Lake City, Utah 84132-0001

Thank you,

Richard “John” Lassere, M.D.  
UGS Board President



# Supporting Residents' Right To Vote

The Disability Law Center is committed to helping individuals of all ages engage in the electoral process. This document is provided to support staff as they help residents exercise their voting rights. We encourage you to make voting and voter registration a priority and to adopt it as a regular aspect of your admissions and activities routines.

Voting is fairly simple. Here are a few things to note as you assist with voter registration or voting.

## How You Can Help

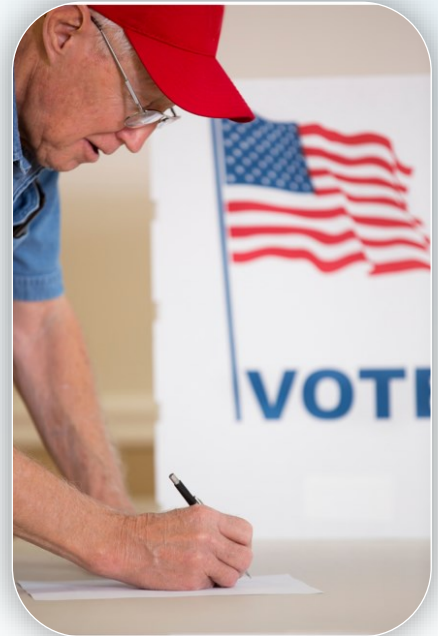
### KEEP REGISTRATION RECORDS CURRENT

When a resident moves into your facility, help them update their voter registration information by completing a new Voter Registration or a Voter Alternate Address Request form.

Options for submitting forms:

- **Online:** To register online, a voter must have a Utah driver license or state issued ID. The address on the ID must match the one on the voter's registration form or the voter must have informed the Driver License Division (DLD) of the new address. You may register to vote online at: [voter.utah.gov](http://voter.utah.gov).
- **By Mail:** Registration forms can be printed at [vote.utah.gov](http://vote.utah.gov). Submit a registration application to the county clerk or:

Office of the Lt. Governor  
Elections Division  
P.O. Box 142325  
Salt Lake City, UT 84111



### Registered to Vote?



- Register to Vote
- View a Sample Ballot
- Request Absentee Ballot
- Voting Information

Offering voter registration assistance ensures that your care facility complies with the National Voter Registration Act and Utah State Code 20A-2-205.

Visit: [disabilitylawcenter.org/voting-rights/](http://disabilitylawcenter.org/voting-rights/) for more information.

## Accepted Identification

**ONE** of these:

- Driver License
- State ID Card
- US Government issued ID
- Utah Conceal Carry Permit
- US Passport
- Tribal ID card

**OR**

**TWO** forms that when combined prove your name and current residence such as:

- Utility bill dated within 90 days of election
- Bank or financial account statement
- Birth certificate
- Social Security card
- Check issued by state or federal government
- Medicaid, Medicare or Electronic Benefits Transfer card
- Bureau of Indian Affairs card
- ID card issued by local government within Utah

For a complete list of ID options visit: [vote.utah.gov](https://vote.utah.gov)

**NOTE:** Many county election officials will accept a letter from a care facility as proof of ID and residence. A sample letter may be obtained from the DLC.

## ENSURE THAT RESIDENTS GET THEIR BALLOT

Utah's primary method of voting is by-mail. All registered voters should receive their ballot two weeks before Election Day. When a person moves to a care facility, some may vote as a resident of the precinct where the facility is located and some may vote as a resident of their former home.

**To vote as a resident of the care facility:** Submit a new voter registration form listing the resident's address at the care facility.

**To have a ballot mailed from the voter's former home:** If a voter still owns a home at the address where they are registered to vote, he/she may have their ballot mailed to the care facility by submitting a change of address form. The change can be made online at: [voter.utah.gov](https://voter.utah.gov) or by a paper form submitted to the county clerk.

Note: Accessible ballot formats are available.





## We're Here to Help

The Disability Law Center's Voting Team wants to help you support residents with voting.

We can answer your questions, meet with you in-person or virtually, provide you with forms, etc.

Please reach out to us at:  
[voting@disabilitylawcenter.org](mailto:voting@disabilitylawcenter.org)

## REMIND VOTERS OF OPTIONS AND DEADLINES

- Ballots must be postmarked the day before Election Day. To avoid a postal delay, plan to send the ballot early.
- If returning the ballot close to Election Day, consider using a ballot drop box.
- You can find drop box locations at [vote.utah.gov](https://vote.utah.gov) or by checking the county clerk's website.
- Ballots may also be dropped off at a vote center during early voting or on Election Day.
- Because printed ballots are not accessible for everyone, vote centers are equipped with electronic ballot marking devices. They are designed to meet the needs of voters with disabilities and have accessible features such as: large print, adjustable contrast, touch screens, an audio ballot, etc.
- The county clerk can provide alternative ballot formats such as large print or an electronic ballot.
- NO STAMP, NO PROBLEM. Most voters don't know that if a ballot is mailed without postage, the postal service will deliver it. The county clerk's office will then pay for the postage on their end.





## VOTING RIGHTS



### Voting laws support the right to:

- ♦ vote if 18 years old and a citizen of the United States.
- ♦ vote without passing any kind of test.
- ♦ retain voting rights unless removed by a judge. A guardian can only deny the ward's opportunity to vote when the guardianship order specifically lists voting decisions.
- ♦ in Utah, vote even if you have a criminal record. A person convicted of a crime cannot vote while they are incarcerated. Once released, they can register and vote.
- ♦ vote privately and independently.
- ♦ receive an accessible ballot. Voters who cannot complete the mailed ballot, can request a ballot in a format that meets their needs.
- ♦ get assistance from a person the voter chooses (except a boss, union representative or candidate).
- ♦ get help from a poll worker when voting at a polling place or vote center.

## OFFERING ASSISTANCE

The law allows a voter to get assistance from anyone of their choice, (except an employer, union representative or candidate). Here are some things to keep in mind if you are asked to help:

1. Clarify with the resident what assistance they are specifically requesting (marking, reading, seeing, folding or handling paper, transportation to a vote center).
2. Limit your assistance to ONLY what the voter requests.
3. Provide assistance in a private area, to protect voter privacy.
4. Never ask the voter to discuss their vote or share their reasoning. Simply provide the assistance requested.
5. If the voter doesn't indicate how to mark a ballot choice, do not mark it for them.

### Don't

- Withhold a ballot, even if you strongly believe that the resident is not competent.
- Give the ballot to a child or relative. The ballot is for the voter and the voter only.
- Vote on behalf of a resident.
- Help with decision making, even if requested.





PARTICIPATE IN  
UNIVERSITY OF  
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FOR AS LITTLE AS  
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### **ARE YOU 62+ AND A RESIDENT OF UTAH?**

Take as many online or in person University of Utah courses as you want for as little as \$25/semester!

### **HOW TO REGISTER**

Call (801) 581-7155 or visit 540 Arapeen Drive

Registration open Jan 4, '22 – Jan 21, '22 | Classes begin Jan 10, '22



The first 39 individuals to mention code “1234” when registering will receive a \$25 tuition waiver.

Questions about the tuition waiver?  
Call Katarina at (801) 585-7438.

You may take courses listed as 001-4999 | Auditing only  
Restrictions apply | Some courses have additional fees

### **QUESTIONS? NEED MORE INFO?**

[continue.utah.edu/hb60](https://continue.utah.edu/hb60) | (801) 581-7155



# Equitable and Inclusive Care in Geriatrics



**Valerie Flattes, PH.D., APRN, MS,  
ANP-BC**

**Thursday, November 18, 2021  
2:00 PM - 3:15 PM (MT)**

**Valerie Flattes** has been a faculty member at the University Of Utah College Of Nursing since 2001. Her background in nursing includes medical surgical nursing, obstetrics, long term care, emergency nursing, and home health care. Since 2003, she has practiced as an adult nurse practitioner. Valerie has a strong commitment to community engagement and equity, diversity, and inclusion. She has served as a member or officer in several community organizations over the last 20+ years. Valerie has shown a passion for teaching and geriatrics. She has been a champion of enhancing gerontology content in the nursing curriculum in the undergraduate and graduate programs. She was appointed the inaugural associate dean of equity, diversity, and inclusion on July 1, 2021.

## Registration:

- Register for the UGEC Age-Friendly LTSS ECHO series through this link:  
<https://utah.zoom.us/meeting/register/tJEvG-GsrjwuHdPZyXyZ3dUPxhmGy7j3b8lr>
- After registering, click on "Add to Calendar" to add the meeting series to your calendar

## CME Credit:

Before midnight, call 801-478-5852 and submit today's code: **322254**

For more information on how to claim CME credit, please visit the [UGEC website](#).

## Questions:

- Contact Jacquie Telonidis at [jacqueline.telonidis@hsc.utah.edu](mailto:jacqueline.telonidis@hsc.utah.edu)

**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.

**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  
[utahgwep.org](http://utahgwep.org)



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UTAH GERIATRIC  
EDUCATION  
CONSORTIUM



The Utah Geriatric Education Consortium (UGEC) is a Health Resources and Services Agency (HRSA) funded Geriatric Workforce Enhancement Program. First funded in 2015, the goal of the UGEC is to expand educational and training programs on the 4 M's of Age-Friendly Health Systems – mobility, medications, mentation and what matters across health profession training programs, Long-Term Services and Supports (LTSS) and ambulatory care settings.

UGEC programs for students, LTSS health care providers and staff, and the community include:

- Age-Friendly LTSS ECHO
- LTSS Nurse Residency Program
- 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
- Community Fireside Chats promote Age-Friendly Health Care and Dementia-Friendly Communities
- 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
- Serious illness Conversation Guide Training
- Motivational Interviewing
- GOC Training

We are honored to include the following LTSS and ambulatory care partners in our work: Mission Health Services, Avalon Health Care, Cascades Healthcare, Legacy Retirement Communities, Community Nursing Services, Aspire Home Health, Homecare & Hospice Association of Utah, Envision Home Health and Solstice Home Health, Hospice and Palliative Care and the University of Utah Ambulatory Care Clinics.

Our community partners include Comagine Health, the University of Utah, the Salt Lake Veterans Affairs Geriatric Research Education and Clinical Center, the Utah Commission on Aging, Utah Department of Health, the Utah Chapter of the Alzheimer's Association, and the Utah Health Care Association.



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.



# ROLES IN LONG-TERM SERVICES AND SUPPORTS

Free Video Modules Available



The following video modules were produced by Utah's homecare and hospice, skilled nursing, and assisted living associations with the support of the Utah Geriatric Education Consortium.

**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!**

**Working in Hospice** - <https://vimeo.com/576512191>

**Working in Home Health as a Licensed Professional** - <https://vimeo.com/576561070>

**Working in Home Health as a CNA** - <https://vimeo.com/576554155>

**Working in Personal Care** - <https://vimeo.com/576566297>

**Working in Skilled Nursing as a Licensed Professional** - <https://vimeo.com/576529589>

**Working in Skilled Nursing as a CNA** - <https://vimeo.com/576525420>

**Working in Assisted Living** - <https://vimeo.com/576519406>



Homecare & Hospice  
Association of Utah



UTAH GERIATRIC  
EDUCATION  
CONSORTIUM

# 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.

**TO ENROLL IN THIS COURSE, CLICK [HERE](#)**

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

This course is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number T1MHP39052 as part of an award totaling \$90,625 with 0 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



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# Managing Opioid Use in Long-Term Services and Supports

The purpose of these online modules is to provide long-term care staff and health care providers with education about opioid use in long-term care for the treatment of chronic pain.

Topics include:

**Module 1:** Opioid use in long-term care

**Module 2:** Opioids and risks in older adults

**Module 3:** Opioid use in older adults with dementia

**Module 4:** Recommendations and strategies for opioid use in older adults

**Module 5:** Applying Opioid wisdom to long-term care

**Module 6:** SBIRT - A hammer or screwdriver? Choosing the right tool

**Module 7:** Non-opioid pharmacological & non-pharmacological pain management techniques

**Module 8:** Motivational interviewing



Modules can be taken in any order, although we encourage you to start with module 1 to become familiar with the case presentation that is included in many of the modules. Each module takes about 20 minutes to complete and can be taken individually or in group settings

**TO BEGIN MODULES, CLICK [HERE](https://utahgwep.org)**

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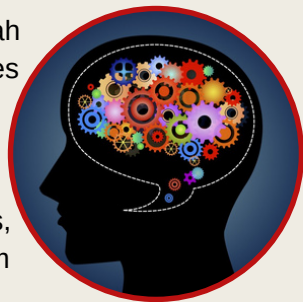
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# Alzheimer's Disease and Related Dementias (ARD) Training

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 (ARD) 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:

- Overview of Dementia
- Understanding Behaviors and Your Approach
- Effective Communication within Long-Term Care
- Communication and Understanding Behaviors

Below is the link to the modules. Further instructions on completing the course will be listed on the home page of the modules. Thank you for taking the time to learn more about Alzheimer's Disease and Related Dementias!

**TO BEGIN MODULES, CLICK [HERE](https://utahgwep.org)**

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

This course is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number T1MHP39052 as part of an award totaling \$90,625 with 0 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



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Register today at [alz.org/walk](https://alz.org/walk).

**Thank You for Your  
Support!!**

# 8 Walk Locations

**August 28**

**Park City (Basin Recreation)**

**September 18**

**Logan (Merlin Olsen Park)  
Cedar City (Cedar City Motor Company)**

**September 25**

**Salt Lake County (Rio Tinto Stadium)  
Provo (Riverwoods Mall)**

**October 9**

**Tooele (Skyline Park)  
Ogden (Ogden Amphitheater)**

**October 23**

**St. George (Ovation Community)**





# THE LONGEST DAY®

alzheimer's  association®

On June 20, thousands of participants across the world come together on The Longest Day® to fight the darkness of Alzheimer's through an activity of their choice. Together, they use their creativity and passion to raise funds and awareness for the Association's care, support and research efforts.

Sign up your team today at [www.alz.org/thelongestday](http://www.alz.org/thelongestday)

# FREE On-line Education Programs

- Effective Communication Strategies
  - COVID-19 and Caregiving
  - Understanding and Responding to Dementia-Related Behavior
  - Healthy Living for Your Brain and Body: Tips From the Latest Research
  - Dementia Conversations
  - Advancing the Science: Alzheimer's and Dementia Research
  - Legal and Financial Planning for Alzheimer's
- The 10 Warning Signs of Alzheimer's Disease
  - Understanding Alzheimer's and Dementia
  - Living with Alzheimer's: For Caregivers-Late Stage-Part 1 of 2
  - Living with Alzheimer's: For Caregivers-Late Stage-Part 2 of 2
  - Living with Alzheimer's: For Younger-Onset Alzheimer's-Part 1 of 2
  - Living with Alzheimer's: For Younger-Onset Alzheimer's-Part 2 of 2

**To register call free 800-272-3900**

# 2021 Virtual Support Groups

# alz.org/helping\_you/support\_groups

## Support Groups

### Other Pages in Helping You

[24/7 Helpline](#)

[Care Consultation](#)

[COVID-19: Tips for Caregivers](#)

[Health Care Provider Outreach](#)

[Online Tools](#)

► [Support Groups](#)

Get the emotional support you need.

Support groups create a safe, confidential and supportive environment and a chance for participants to develop informal mutual support and social relationships. They also educate and inform participants about dementia and help to them develop methods and skills to solve problems.

We have many support groups at various times and locations. [Check here](#) to see if there is a group close to you that fits your needs. For any questions regarding Caregiver Support Groups or Early Stage Groups, please contact our Helpline at 800.272.3900.

If you have Alzheimer's

There is an early stage Alzheimer's Support Group that meets in the Salt Lake area. Please contact Julia at [jbentley@alz.org](mailto:jbentley@alz.org) if you are interested in attending this group.

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# 2022 State Policy Priorities

1. Increasing Medicaid reimbursement rates for in-home services and potentially long-term care
2. Adult Protective Service funding increase
3. Care Partner State Plan in conjunction with University of Utah
4. Research Funding

# Community Partnership Focus

- Grow in our outreach and increase our impact
- Strengthen relationships with existing community partners
- Identify and foster relationships with new community partners
- Work cooperatively to maximize outreach and impact

Contact: Raven Albertson, Program Director  
(801) 494-4771 or [rsalbertson@alz.org](mailto:rsalbertson@alz.org)

FOR IMMEDIATE RELEASE

### **Understanding & responding to dementia-related behaviors at the holidays – a free webinar**

When families gather over the holidays, one thing that frequently becomes apparent is any change in the cognitive health of older relatives. Over the course of months or a year apart, the changes that occur for those who may be in the earlier stages of Alzheimer's disease or other forms of dementia become more noticeable and startling for loved ones.

The holiday season sees the most calls to the Alzheimer's Association's free Helpline (800-272-3900), which is staffed 24/7 by trained professionals. What those professionals frequently offer are tips on available programs and services, including information on how to communicate with and respond to dementia-related behavior.

The Alzheimer's Association will offer a free webinar: *Understanding & Responding to Dementia-Related Behaviors at the Holidays*, on Wednesday, Dec. 8, as one in a series of live webinars that will be offered at no charge during November and December. The full schedule for the months includes:

- **Understanding Alzheimer's and Dementia** (Learn about the impact of Alzheimer's, the differences between Alzheimer's and other forms of dementia, risk factors, current research, treatments to address some symptoms and more.) – 3 to 4:30 p.m. Tuesday, Nov. 2; noon to 1:30 p.m. Monday, Nov. 8; and 5:30 to 7 p.m. Tuesday, Dec. 7.
- **The 10 Signs of Alzheimer's Disease** (Learn about the 10 common warning signs, what to watch for in yourself and others, typical age-related changes, the benefits of a diagnosis, early detection and more.) – 1 to 2:30 p.m. Wednesday, Nov. 3; noon to 1:30 p.m. Monday, Nov. 15; and 5:30 to 7 p.m. Tuesday, Dec. 14.
  - **10 Señales de Advertencia de Alzheimer's (español)** – 5:30 to 7 p.m. Wednesday, Dec. 15.
- **Living with Alzheimer's: for Caregivers – Middle Stages – Part 1** – (In the middle stage of Alzheimer's disease, those who were care partners now become hands-on caregivers. Join us for this 3-part series and hear caregivers and professionals discuss helpful strategies to provide safe, effective and comfortable care in the middle stage of Alzheimer's.) – 7 to 8:30 p.m. Thursday, Nov. 4.
- **Living with Alzheimer's: for Caregivers – Middle Stages – Part 2** – (In the middle stage of Alzheimer's disease, those who were care partners now become hands-on caregivers. Join us for this 3-part series and hear caregivers and professionals discuss helpful strategies to provide safe, effective and comfortable care in the middle stage of Alzheimer's.) – 7 to 8:30 p.m. Thursday, Nov. 11.

- **Living with Alzheimer's: for Caregivers – Middle Stages – Part 3** – (In the middle stage of Alzheimer's disease, those who were care partners now become hands-on caregivers. Join us for this 3-part series and hear caregivers and professionals discuss helpful strategies to provide safe, effective and comfortable care in the middle stage of Alzheimer's.) – 7 to 8:30 p.m. Thursday, Nov. 18.
- **Healthy Living for Your Brain and Body: Tips from the Latest Research** (We've always known that the health of the brain and body are linked, but now science is able to provide insights into how we can optimize our physical and cognitive health as we age. Learn about research in the areas of diet and nutrition, exercise, cognitive activity and social engagement, and use hands-on tools to help you incorporate these recommendations into a plan for healthy aging.) – 11 a.m. to noon Tuesday, Nov. 9.
- **New Advances in Alzheimer's Treatment** (Learn about Aducanumab, a new advancement in Alzheimer's treatment. This program will provide an overview of how Aducanumab works, who are the intended candidates to receive the treatment, availability, and more.) – 1 to 2:30 p.m. Wednesday, Nov. 10.
- **Effective Communication Strategies** (This workshop teaches caregivers to decode verbal and behavioral communication from someone with Alzheimer's and other dementias. Develop strategies for having meaningful connection with people in differing stages of dementia.) – 5 to 6:30 p.m. Tuesday, Nov. 30; and 5:30 to 7 p.m. Tuesday, Dec. 21.
- **Living with Alzheimer's: for Caregivers – Late Stages – Part 1** – (In the late stage of Alzheimer's disease, caregiving typically involves new ways of connecting and interacting with the person with the disease. In this 2-part series, you'll hear from caregivers and professionals about resources, monitoring care and providing meaningful connection for the person with late-stage Alzheimer's and their families.) – 7 to 8:30 p.m. Thursday, Dec. 2.
- **Living with Alzheimer's: for Caregivers – Late Stages – Part 2** – (In the late stage of Alzheimer's disease, caregiving typically involves new ways of connecting and interacting with the person with the disease. In this 2-part series, you'll hear from caregivers and professionals about resources, monitoring care and providing meaningful connection for the person with late-stage Alzheimer's and their families.) – 7 to 8:30 p.m. Thursday, Dec. 9.
- **Understanding & Responding to Dementia-Related Behaviors at the Holidays** – (Behavior is a powerful form of communication and is one of the primary ways for people with dementia to communicate their needs and feelings as the ability to use language is lost. However, some behaviors can present real challenges for caregivers to manage. Join us to learn to decode behavioral messages, identify common behavior triggers, and learn strategies to help intervene with some of the most common behavioral challenges of Alzheimer's disease.) – 3 to 4:30 p.m. Wednesday, Dec. 8.

Like all programs and services of the Alzheimer's Association, the webinars are offered at no charge, but registration is required. To register, click [here](#) or call the free Alzheimer's Association 24/7 Helpline at 800-272-3900. To learn more about Alzheimer's Association programs and services, go to [www.alz.org](http://www.alz.org).

# # #