

**Minutes**  
**Utah Commission on Aging**  
**February 16, 2010**  
**12:00 – 2:00 p.m.**

**Commission Member Attendees:**

Norma Matheson  
Mark Supiano  
Paul Fairholm  
Kim Soper for Diana Kirk  
Shauna O’Neil  
David Sundwall/Michael Deily  
Michael Styles for Lisa-Michelle Church  
Rob Ence  
William Cox

**Representing:**

Chair  
Higher Education  
Business Community  
Financial Institutions  
Utah Association of Area Agencies on Aging  
Executive Director, Utah Department of Health  
Executive Director, Utah Department of Human Services  
Advocacy Organizations  
Utah Association of Counties

**Others:**

Shannon Alvey  
Steven Coleman

Office of Public Guardian  
Governor’s Office of Planning and Budget

**Staff:**

Maureen Henry  
Brooke Plumlee

Executive Director  
Administrative Assistant

The meeting was called to order by Norma Matheson.

**1. Welcome, Approval of Minutes, and Lunch**

The minutes from December 8 were not approved due to lack of quorum of members.

**2. Special Committees Report and Recommendations**

Four committee meetings were convened to determine whether to continue meeting regularly, on an ad/hoc basis, or to discontinue.

**End-of-Life:** Would like to support the implementation of the POLST once the public comment period is complete and the POLST is approved. There will be a large educational push. There is money available for disseminating the updated form to ethnic and minority populations, and we will look for funding for more broad educational efforts. The committee will also complete the survey of health care providers regarding advance directives. Maureen has gotten some response, but is waiting for more. Also needing to be done is to revitalize and further develop the [careforaging.org](http://careforaging.org) web site. Nothing has been done on it for about 5 years, but there is interest in keeping it alive, as well as possibly using sponsorship opportunities. Providing a forum where providers from different settings can work together was a top reason for continuing, particularly because there are not any other groups like it. The group decided to meet quarterly.

**Public Safety:** Indicated interest in continuing to look at research to develop an understanding of elder abuse and financial exploitation in Utah. The committee has worked closely with the County Sheriff’s

Office, trying to use information already in place; more importantly, because of the Commission's work with the sheriff's office, programs on elder abuse have been implemented, and now data is being generated under an "elder abuse" code. A survey was conducted with law enforcement officers on their attitudes about the elderly and elder abuse; two students are working on that data, and it was suggested that we may want to repeat the survey in a while to see if those attitudes have changed since the education programming was implemented. It was agreed that the committee has been important in building relationships between law enforcement, APS and other support programs, so the committee should continue to meet on a quarterly basis. A suggestion was made that within CDC injury / fall prevention is a priority that may be of interest for a future committee.

**Mental Health:** A survey to assess the need for surrogate decision makers for "unbefriended elderly," those who lack both capacity and a decision-maker, is being developed. If the statute does not make it through the legislature, the committee will continue to work on it to evaluate why it doesn't have the support it needs to get passed. The Mental Health committee provides a forum where providers from different settings with an interest in aging can work together; which is not available elsewhere, so the consensus is to meet quarterly.

**Health Care:** The issues addressed by this committee have been delegated primarily to the Utah Geriatric Society, an affiliate of the American Geriatric Society, which will address issues such as the loan repayment program for health care providers who practice in geriatric specialties. Through this committee, the Commission was able to get an amendment passed on the Utah Healthcare Workforce Financial Assistance Program to include geriatric healthcare providers, which offers a financial incentive for providers to work in geriatrics. The funding for this program has been temporarily suspended, but will resume when the economic crisis has improved. Regarding the promotion of care management, financial incentives are in place for using Computerized Physician Order Entry processes that are quality-based; which is a model for improved outcomes and cost savings and on which various grants, such as the Division of Geriatrics' Reynolds Grant are being used. Because other entities are working on the same projects as this committee, it was decided that the committee would meet annually; generally concurrent with the Utah Geriatric Society meeting or on an ad hoc basis. Membership in UGS is free for its first year.

### 3. Strategic Plan

The Mission is primarily statutory with the four key areas including increased understanding of aging needs and how to best meet those, projected impacts of an aging populous on society and government, identify and recommend policies, procedures and programs for the aging, and facilitate coordination of functions of public and private aging entities. Goals for public safety include understanding elder abuse and financial exploitation; end-of-life aims to support implementation of POLST, surveying professionals regarding the Advance Directive, develop and revitalize the careforaging.org web site and provide a forum for collaboration of providers; the mental health goals include assessing the need for surrogate decision-makers for "unbefriended elderly," follow/reconsider guardianship statutes, provide a forum for collaboration of providers; and for financial security, the goal is to improve older adult's understanding of financial security in retirement.

#### 4. Environmental Scan

Strengths include: administrative funding through June 2011, \$30,000 Commission funds, support from the Center on Aging at the University of Utah and Commission members, statutory mandate from the Governor's Office expiring 2012, student research and support, relationships between government and private sector, and a strong focus. Weaknesses include: no ongoing Commission funding, exploring better ways to synergize with other aging-related groups, educational outreach / combating poor or unfair messages, director's activities focused on ADRC, so only 10% to the Commission. Opportunities-external are: ADRC projects and various outside funding opportunities such as a \$20 million BEACON health information technology grant [at the time of the meeting it was thought this had been awarded, but an email was circulated after the meeting stating that a different grant had been received]; CDC injury prevention programs, modeling success in other states, healthcare reform, POLST form registry, Geriatric Education Center, livable communities and updated census. Threats include: budget deficit, misinformation, apathy, ageism, broad need that dilutes efforts, policy issues, and competition for money and focus.

**Action Plan:** Conduct quarterly meetings of Special Committees establishing SMART (specific, measurable, attainable, realistic and timely) goals, solicit grants and funding opportunities, and explore opportunities for collaboration.

**Evaluation / Course Corrections:** Annual Report, annual strategic planning sessions, meeting with the Governor.

#### 5. Administrative

A suggestion was made for an executive committee to hold meetings in lieu of bi-monthly meetings. After discussion, it was agreed that Commission meetings should continue as they are. Terms of appointment were brought up as terms of 2 years and confusion on 2 years total, or two terms of two years. This will be clarified and discussed with the Governor at the upcoming annual reporting meeting, as well as structuring terms so that the entire Commission's appointments do not expire at the same time. Attendance and quorums were discussed, with mention of compelling agendas and difficulty with scheduling conflicts.

The meeting adjourned at 2:04 p.m. The date for the next meeting is yet to be determined.