

Utah Commission on Aging Strategic Planning Meeting October 14, 2015

1. Welcome, Introductions, Minutes Approval – Becky Kapp
2. Initiating the Strategic Planning Discussion – Anne Palmer
 - a. It has been 3 years since the last commission strategic planning meeting.
 - i. Ethics, Areas of Focus for the Commission will be the bulk of the meeting.
 - ii. The activities we have been engaged in have been divided into 4 categories.
 - iii. Shall we update “The Utah Aging Initiative”? This frames our works topically.
 - iv. Vision: we have a budget from the legislature of \$100,000. We utilize research activities, gifts and grants, and member’s in-kind services to help extend the work of the commission.
 - v. We have not adequately emphasized a focus on the most vulnerable seniors: financial, mental status, chronic health conditions, location of the residents, lack of long term services and supports.
 1. We no longer have an Aging and Disability Resource Connection; it was not renewed.
 - vi. Also need to update the organizations we are most closely aligned with as reflected on our relational chart. Please make changes and return, and the commission will update it for our annual report.
3. Facilitating Strategic Planning Discussion and Input – Lori Giovannoni
 - a. Lori’s experience: commission work on the 80%/20% rule: 20% of people do 80% of the work. Expertise, time, and relationships are part of what you bring to the table as members of the commission.
 - b. 4 Areas of Focus: will each member label each column A, B, C, D. What is the strongest priority given the work the commission does? (aside: Age Friendly City SLC has joined. Metrics of livability indicators, etc. This will give focus in planning to the older adult population.)
 - i. Preparing for Retirement
 - ii. Health & Lifestyle: Dignity, independence and quality of life. It is a foundation for preparing for retirement. Foundation for aging in place.
 - iii. Workforce of the Future: Workforce is getting more difficult across all spectrums. Need more people applying for certain jobs – they must have interest in the profession.
 - iv. Building Life-Style Communities
 1. Affordable housing, homeless seniors have only one place to go which is the shelter. Supporting infrastructure to accomplish aging in place.
 - c. Is a piece missing? a possible E: The CAREGIVER issue. It is in everything, but not its own focus.
 - d. 30% of the money that supports the commission is to fund “activities in intra-professional activities in **long term care** and promoting excellence in **end of life care**”
 - e. Also a great deal of time on the Music and Memory program collecting iPods.
 - f. Should Healthcare be its own category, separate from life-style type health?
 - g. State Alzheimer’s care plan is a new project we have yet to determine the Commission’s input on the project. Demand for dementia assistance and respite care. This plan also includes caregivers.

- h. Aging in place will cut costs, but getting Medicare and Medicaid to reimburse for this is a struggle.
- i. SUGGESTION: Commission should have a retreat for a more focused Strategic Planning Meeting. We do not want to Over Commit and Under Deliver.
- j. Commission needs to go back to the mission statement: Dignity and Quality of Life. (1) Advocacy; (2) Information: we learn information and teach what we learn; (3) Coordination of Public and private.
- k. Ralph:
 - i. Inter-professional Training in Care
 - ii. Promoting excellence in end of life care
 - iii. State Alzheimer's Care Plan
 - iv. Livability index and senior housing guide
 - v. **Investigating abuse**
 - 1. The fraud, financial exploitation is the fastest growing method of senior abuse. The legal community has a very difficult time getting state assistance for the funding to investigate. The state doesn't want to throw more money to try and prosecute for money that is already lost. These are incredibly complex issues. Involves more police power. If across state lines, people cannot find a way to prosecute.
 - 2. Commission possibly create a higher level of importance/enforcement policy advocacy for this issue. Bring together a group in how to prosecute these cases successfully.
 - 3. Also investigate physical abuse: often shows up in the form of neglect. These get the attention, while the financial abuse gets less results in terms of going after it.
 - 4. Commission will set up a Workgroup for this topic. Look at other states and see how they work through this; whistleblower, etc.? Can bankers be involved in this somehow, to keep an eye of the accounts of seniors?
 - 5. Two gaps: systems in place to address issues, and making sure the aging population knows the systems that are available for them.
 - a. Some seniors are losing the capacity to notice these things.
- l. Communities that are aging friendly may have services that are also provided by the private sector. These things do not necessarily have to be government formed; they can be community outreach centered. Example: active adult communities.
- m. **Are there committees to address specific issues on the Commission?** Maybe this is something the commission can look at.
- n. Future meetings with more in depth discussion and strategy.
- o. Aging
- p. Health and Safety: abuse, finances, etc.
- q. Food and Housing
- r. Quality of Life: until senior shave meals and feel safe in their homes, quality of life drops down on the list.
- s. **POSSIBLE RECOMMENDATION:** Adjust the Mission Statement of the Commission.

- t. The purpose of the commission was to plan for the 2030...**we may want to revisit for the 2040**. Originally in 2005 when this was drafted, there were things we did not understand, or things that are now not high priority issues.
 - u. Vial of Life: follow up? League of Cities and Towns.
 - v. E-POLST: The UDOH piloted the project. UDOH does not want to be the repository for the e-POLST. The Clinical Health Information Exchange is a possibility. USIM grant money is focused on the long-term care portion of this.
 - w. Need to understand the housing needs of seniors.
 - x. Need to understand the employment needs of aging adults: this is a huge trend right now. 65+ people are staying in the workforce, and coming back into the workforce.
 - y. Senior Companion program: home visitation program for seniors, by other seniors. Socialized, grocery store, doctor's appointments. Helping them stay in their homes. Fits in with Aging in Place, watching for abuse and neglect, etc. Volunteers are actively engaged (have to be low income to qualify). Each senior had around 8 seniors in their caseload.
 - z. We need to reach out and see who is the expert of various programs regarding seniors. As we identify these programs, see if we need to bring in additional organizations to the commission organization chart.
 - aa. We are seeing a shift from quantity to QUALITY of services. There are many tools and resources available now to find out who their providers are, they could see quality of outcome related to the provider, hospital, etc. When aging people need to access health benefits, they can use the metrics. These are public sector: CMS. So many analytics to justify spending in healthcare. ACO's: exchange information about patients. These are things people want and need to know.
 - bb. Unemployed veterans, this is a focus of the Utah Department of Workforce Services.
 - cc. Safety: families that are stuck in the middle; families that cannot afford to send the senior anywhere, but the family has to work. Huge gap when it comes to the safety of the people at home.
 - dd. Lack of programs to help seniors feel like there is still a purpose for their life.
 - ee. Possible focus on rural elderly. Transportation is a huge issue for seniors in rural areas, including getting transportation to healthcare.
 - ff. Bedridden people may have someone there during the day, but not at night.
 - gg. "Promote" in the mission statement: the aging population needs to know about the services that are available. Websites may not be the most applicable way for seniors.
 - hh. Agencies need to include seniors in the process: we talk **about** seniors, but we don't talk **with** them. Everything should have the question: "How does this work for seniors."
4. DISCUSS APPOINTMENTS/NOMINATIONS
- a. Barry Expired Utah Association of Counties
 - b. Michael Expired Public Safety
 - c. Becky – Expired
 - d. Gary – up this month Long term care: appointed position
 - e. Tracy – up this month
 - f. Allen – up one year ago
 - g. Ethnic Minority member: seeking

- h. Mary: business community expired
 - i. Troy – legal: expired January
 - j. Bette – reapplied
5. What to Expect from Us – Becky Kapp
- a. Develop Ongoing Committees, 2030 Plan push to 2040, Rural Communities, Revisit the Mission Statement. Investigate fraud and abuse.
 - b. Becky will reach out regarding reappointments.
6. Additional Comments:
- a. Wait to hear regarding legislative report in November
 - b. FTC event October 22: Outreach to Older Adults, outreach relating to fraud.
 - c. State Alzheimer’s Coordinating Council has been formed.
 - d. Reminder: U of U has a grant on geriatric workforce development in skilled nursing facilities.
 - e. Vial of Life effort: contact Bette.
 - f. The Commission is scheduled to sunset in 2017.
 - g. Senator Shiozawa will look into the possibility of annual report being given to Health and Human Services Interim Committee