UCOA Meeting Agenda
November 11, 2018

12:00 PM – 1:30 PM
Member and Community Partners Quarterly Meeting

AARP Utah State Office
6975 Union Park Center #320, SLC UT 84047
(Free parking north of office building)

Join from Zoom : https://zoom.us/j/380225527
Dial 669 900 6833 or 646 558 8656
Meeting ID: 380 225 527

Lunch Provided by AARP – Thank You Alan and Staff

Agenda

12:00 Welcome and Introduction — A Jackson
- Name – Business – Member or Partner

12:05 Commission Updates and Overview (5) — R Ence
- Community Resources (3) — C Turnquist
- Research & Academia (3) — J Eaton
- Public Policy (9) — A Ormsby, R Daniel, D Harris
- Communications — (see packet)

12:30 Community Partner Conversations
- UDOH Commodity Supplemental Food Program (10) — Arie Van De Graff
- Helpful Village Housing Concept (10) — Manuel Acevedo
- IHC Homespire (15) — Matt Hansen & Paul Astle
- Envision Utah (15) — Ari Bruening & Rachel Swetnam

01:30 UCOA Meeting Adjourned

Next UCOA Meetings:

Feb 6, 2019 – Wednesday, 11:00 – 2:00 PM
State Capitol Board Room
Includes Joint Open House for Legislators co-hosted with the Utah Falls Prevention Alliance

May 9, 2019 – Thursday, 12:00 – 1:30 PM
UHIN Offices – Cottonwood Heights, Utah

(Public and partner comment and input welcomed throughout)

Briefing Packet Contents

Executive Director Report

Engagement Highlights

- Interview on NPR about nursing needs for older adult care
- Participant on Governor's 2020 Census Committee program continues; SLCo workgroups participant
- Supported Alzheimer's Walks
- Met with Utah Geriatric Society board on mutual opportunities
- Interviewed California Task Force on Caregiving co-chair on recent publications ibo PCORI CCPP project at UofU
- Utah POLST Registry Committee – application for funding postponed to 2019; presentation to state digital health commission
- Utah Legal Services/APS/UCOA Dept of Justice Grant – stories currently being vetted by DOJ; interviews and filming to start by EOY - thank you to Janice, Kristy and others for leads and successful connections
- Working to expand emergency preparedness class effort; lead Linda Milne named AARP Andrus Award winner as outstanding volunteer of the year
- Falls prevention awareness day Sept 22 as a result of Sen Iwamoto and the work of the Utah Falls Prevention Alliance
- Music & Memory Utah Coalition/Engage Arts Utah quarterly meeting held Nov 1; supporting E Christensen in practicum effort to expand the scope and reach of the arts in aging coalition.

UCOA Committee Reports

Communications Committee Report

- "The Rap on Aging" – 5 episodes posted; more queuing up
- Website updates monthly; new content sponsored sites coming for advanced care planning and arts in aging
- Wrapping 2017-18 annual report for legislature by December 1 (goal)
- Please submit story ideas to zjanice.evans@gmail.com or rob.ence@utah.edu

(Public and partner comment and input welcomed throughout)

Community Resources Committee

This quarter has been spent clarifying the role of the committee and recruiting new members and community partners.

We have identified the three primary responsibilities of the committee:

- Bring public and private entities together to identify needs and gaps
- Bring awareness about programs and services to the general public
- Identify ways for the Commission to provide support

Our goal over the next few months is to continue to build a diverse committee that can bring expertise from all areas and develop an action plan for 2019 to help strengthen programs that the commission is currently supporting.

Emergency Prep Classes – L Milne

Emergency prepare message to the aging adult community in multiple venues over the last 3 months:

- Both days at the SLCO Prepare Expo the end of September;
- 2 health and hospice organizations;
- 1 company (10 camps) of the Daughters of the Utah Pioneers;
- SLCO Senior Center Program Directors meeting;
- In-service training to SLCO senior volunteers;
- State of Utah conference for regional and senior center directors (as a guest);
- 3 ecclesiastical congregations; and,
- Multiple presentations of my two-part program to various SLCO senior centers.

Multiple speaking engagements between now and the end of the year, primarily at the invitation of senior center program directors throughout SLCO.

Research & Academia Committee

The Research and Academia Committee met on October 24, 2018 and discussed the following:

1. We will add a new committee goal that encompasses promoting the role of gerontologists and developing the next generation of gerontologists through community education and recruitment.
2. Gathering information for the website, including:
    a. Degree and Certificate programs in Gerontology
    b. Facilitate practicum partners/internships
    c. Major ongoing research projects in the state
    d. Job Postings/Professional Development
3. Sub-Committee including educational program directors will meet to share strategies for recruiting and improving enrollment. In addition, this committee will draft ideas for recruitment to Gerontology throughout the state to bring back to the larger committee for feedback.

Public Policy Committee – Upcoming Legislative Priorities

1. U4A Issue Report
2. Alzheimer's Association Report
3. AARP Report
4. Other priorities: Dental coverage in Medicaid

FY20- Legislative Funding Request

$750,000 ongoing funding to provide opportunity for **aging adults to thrive in Utah**

Utah Association of Area Agencies on Aging

ELEVATE AGING ADULTS IN UTAH

Alternatives Program - $322,500

Serves as an alternative for low-income aging adults who are facing, or may soon face, placement in assisted living or long-term care facility, many of whom have multiple chronic diseases and live alone.

Fiscal Year	Federal Funding	State Funding	Total Funding*	Cost/Client	Total Served UT
FY2017	$1,049,700	$2,914,162	$3,963,900	$5,100	779
FY2018	$1,049,700	$2,869,942	$3,919,700	$5,200	765
FY2019*	$1,049,700	$3,260,200	$4,309,900	$5,600	780

* est.

* Some areas utilize other sources of funding to meet growing demand.

Caregiver Program - $165,000

Provides education, community engagement, and limited in-home services for those caring for a loved one at home.

Fiscal Year	Federal Funding	State Funding	Total Funding	Cost/Client	Total Served UT
FY2017	$935,655	$555,815	$1,491,500	3,000	504
FY2018	$1,097,735	$510,668	$1,608,500	3,000	551
FY2019*	$1,237,600	$615,000	$1,852,600	3,000	570

* est.

Aging Medicaid Waiver Program - $97,500

Provides an additional $320,000 in Federal Medicaid dollars to maintain independence at home for aging adults who already meet nursing home level of care.

Fiscal Year	Federal Funding	State Funding	Total Funding	Cost/Client	Total Served UT
FY2017	$6,529,700	$1,089,735	$7,619,500	$10,400	738
FY2018	$4,640,600	$1,076,392	$5,717,000	$10,300	556
FY2019*	$5,003,400	$1,057,100	$6,060,500	$12,200	500

* est.

Services Provided:

- Homemaking
- Personal care
- Adult day services
- Transportation
- Chore services
- Home safety
- Education

These services are critical to supporting the social determinants of health, assuring healthcare consumers overcome obstacles by providing greater engagement and effective health management at home.

Ombudsman Program - $165,000

Provides an independent representative to advocate for residents of Long-Term Care Facilities through coordination with residents, facility administration, and families.

Fiscal Year	Federal Funding	State Funding	Total Funding*	Cost/Bed	# of Beds
FY2017	$168,562	$256,536	$425,100	$400	18,408
FY2018	$167,901	$279,410	$447,400	$500	19,131
FY2019*	$173,800	$529,200	$703,000	$600	TBD

* est.

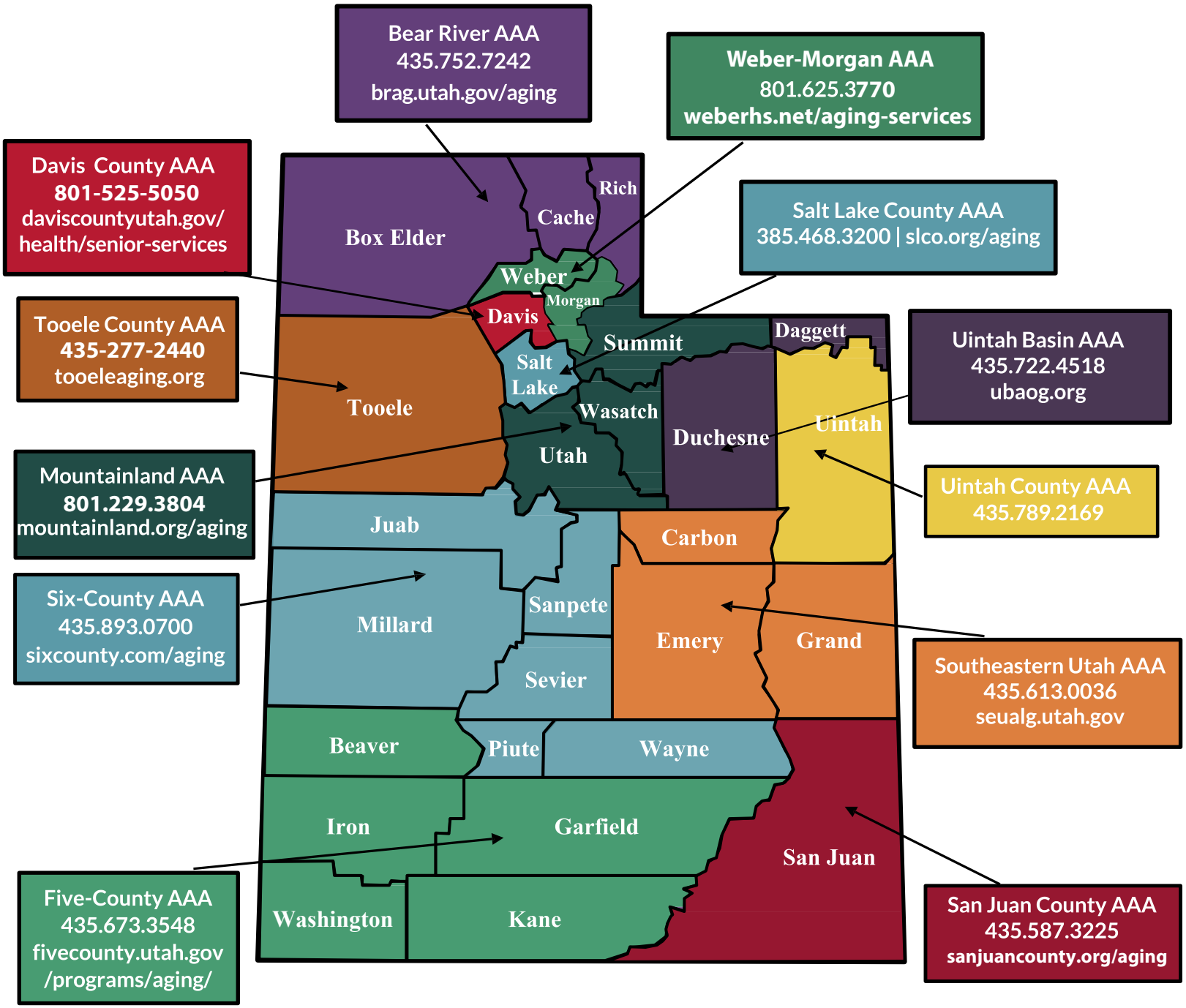
* Some areas utilize other sources of funding to meet growing demand.

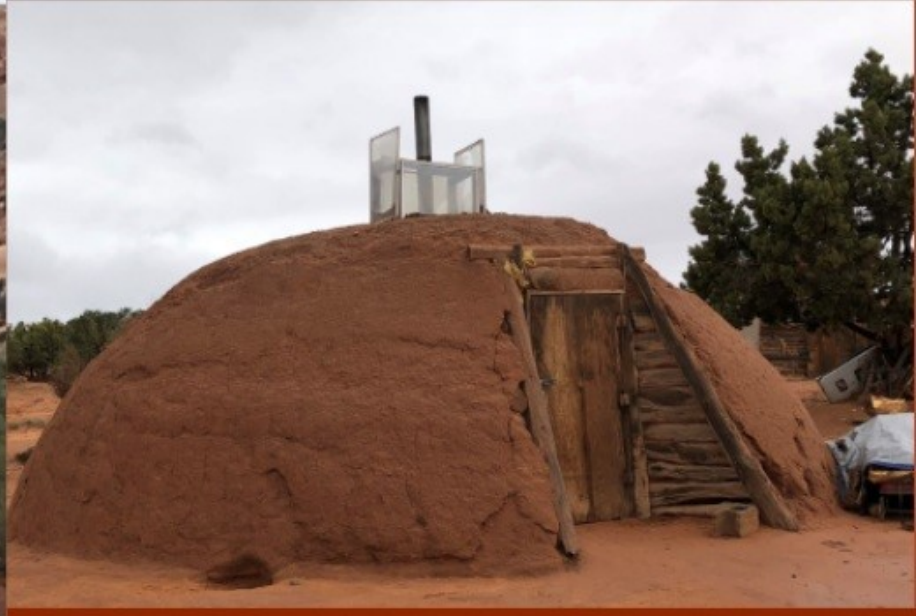
Services Provided:

- Advocacy
- Education
- Consultations
- Problem solving
- Health and safety

Program serves residents of skilled nursing and assited living facilities and works to ensure the care and quality of life for residents regardless of age.

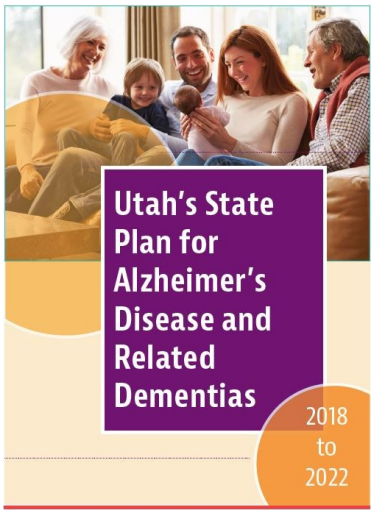
Utah Area Agencies on Aging





October 2018
Area Agencies on Aging Serving Utah's Navajo Mountain
29 representatives
VA, Medicaid Aging Waiver, Senator Lee's office, State Aging, Local AAA Directors, Alzheimer's Association, & U of U

17 Hours Home Visits Road Washout - Teamwork & Tools



Alzheimer's Association

2019 Utah State Legislative Priorities

Based upon goals outlined in the document:

Utah's State Plan for Alzheimer's Disease and Related Dementias

1. **Create a dementia-aware Utah**
2. **Support and empower family and other informal caregivers**
3. **Create a dementia-competent workforce**
4. **Expand dementia related research in Utah**

- **Increase or renew $750,000 appropriation to the Division of Aging and Adult Services for:**
  - ⇒ Medicaid Aging Waiver (In-home services) —Goal #2
  - ⇒ Alternatives Waiver (In-home services)—Goal #2
  - ⇒ Caregiver Services—Goal #2
  - ⇒ Ombudsman Services—Goal #2
- **Increase or renew $250,000 appropriation to Utah Department of Health for:**
  - ⇒ Healthcare provider education—Goal #3
  - ⇒ Informal Caregiver training—Goal #2
  - ⇒ BRFSS Survey—Goal #4
  - ⇒ Community Care Consultation—Goal #2
  - ⇒ Alzheimer's and dementia public awareness—Goal #1
- **Implement a "Silver Alert" program focused on the following:**
  - ⇒ State-wide alert system to quickly recover people who have wandered—Goals #1 and 2
  - ⇒ Train first responders and law enforcement on dementia behaviors—Goal #3
- **Appropriation for research in Utah focused on the following:**
  - ⇒ Build infrastructure to qualify for NIH funding opportunities—Goal #4
  - ⇒ Fund pilot grants to enable qualification for NIH funding opportunities—Goal #4
  - ⇒ Educate public on research opportunities—Goal #1

alzheimer's association®

THE BRAINS BEHIND SAVING YOURS.®

Good Oral Health is Essential to Healthy Aging

DENTAL CARE SHOULDN'T END AT 65

Comprehensive dental care for the Medicaid-enrolled older adults at no additional cost to Utah

WHERE WE ARE

Medicare does not cover comprehensive dental services

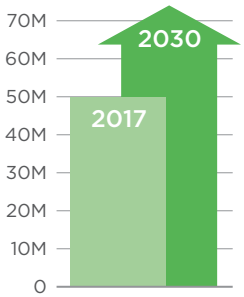
1 in 5 adults aged 65+ have untreated tooth decay

1/2 (46%) of Americans 65+ do not have dental insurance[1]

By 2030, there will be an expected

72.1 million

older adults living in the US (20% of population)[2]



In 2017, around

12 thousand

older adults were enrolled in Medicaid in Utah

BARRIERS

1 in 5

Americans 65+ are unable to afford needed dental care[3]

27.3%

of adults over 65 in Utah reported they had not had a dental visit in the past year

42%

of older adults believe tooth loss is a natural part of aging[5]

IMPACT

Poor oral health contributes to poor general health

ER Dental visits cost

2x as much for older adults than younger groups[7]

Legislative Action

Because the University of Utah School of Dentistry will pay the state portion for the Medicaid dental care costs, there is no fiscal ask for this bill

Comprehensive dental care for the Medicaid-enrolled older adults at no additional cost to Utah

UNIVERSITY OF UTAH SCHOOL OF DENTISTRY

1. National Association of Dental Plans 2016 Consumer Survey
2. https://www.census.gov/prod/2014pubs/p25-1140.pdf
3. http://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_1014_2.ashx
4. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3463419/
5. Oral Health America 2015 Public Opinion Poll
6. https://www.uhc.com/content/dam/uhcdotcom/en/Employers/PDF/B2H_Study.pdf
7. http://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0415_2.ashx
8. OHA 2015 Public Opinion Poll

Oral Health America 2015 Public Opinion Poll conducted by Harris Interactive.

Community Presentations

UDOH Commodity Supplemental Food Program
Arie Van De Graff

Arie will discuss the importance Utah Department of Health program to provide nutritional foods in the diet plan for low-income individuals

Helpful Village Housing Concept
Manuel Acevedo

Manuel will discuss innovative concept growing throughout the nation for older adult living and mutual support

IHC Homespire
Matt Hansen & Paul Astle

Matt Hansen is the General Manager for Homespire, an Intermountain Healthcare Company, and President of the Utah Association for Homecare (UAHC). He will be addressing the Commission on the need for a whole person model for senior care and discussing how life care services provide an innovative approach to filling the gaps that exist in community- and home-based services. His presentation will include a brief introduction to Homespire's model of Life Care Management as an example of a population health solution that works within, or independent of, any healthcare provider's or payer's continuum; to increase seniors' independence, spark their purpose and passion, and reduce healthcare costs.

Envision Utah
Ari Bruening & Rachel Swetnam

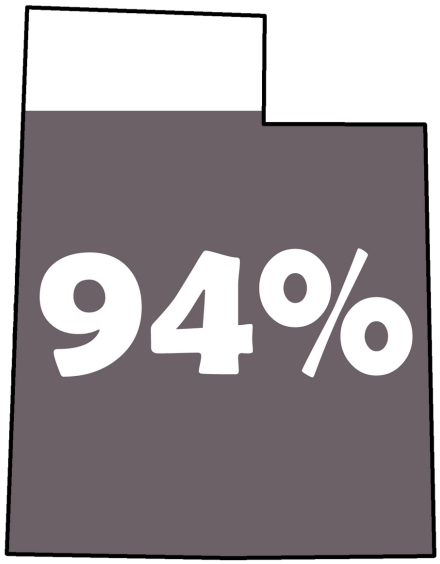
Ari and Rachel will discuss Envision Utah's current projects and seek input from the older adult community on the Quality Communities toolkit and the Valley Visioning event in Utah County next week.

UTAH CSFP
Commodity Supplemental Food Program

Impact Report

2018

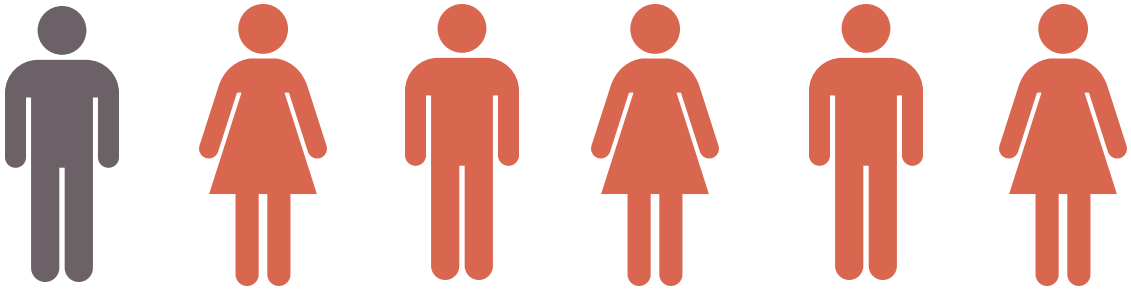
Administered by the Utah Food Bank, the Commodity Supplemental Food Program (CSFP) was created by the U.S. Department of Agriculture to improve the health of low-income individuals at least 60 years of age, by supplementing their diets with nutritious foods.



With coverage in 18 of Utah's 29 counties, the Utah CSFP is available for 94% of Utah's citizens.

> "Getting this food box helps so much! And I think you are doing something great!"

> "Thank you, you are all angels. I do not know what I would do without our monthly box."



Nationally, 1 in 6 seniors struggle with hunger. Utah CSFP provides a monthly food box including a variety of healthy food such as canned fruits and vegetables, whole grains, beans, milk, cheese, and packaged meat.

33,773 Boxes Distributed in 2017

1,114,509 Pounds Distributed in 2017

3,169 Seniors Served Each Month

93 Distribution Partners Statewide

222,934 Boxes Distributed Since 2010

This institution is an equal opportunity provider.

State Data

Participating Counties

County	Population	Population over 65	Seniors in Poverty	CSFP Caseload	% Covered by CSFP	State Rank
Beaver	6,461	840	105	29	27.6	5
Box Elder	50,991	6,170	327	7	2.1	18
Cache	117,449	9,631	462	29	6.3	15
Carbon	20,927	3,055	202	124	61.5	2
Davis	323,374	28,780	1,439	55	3.8	17
Emery	10,728	1,480	73	40	55.1	3
Garfield	5,069	928	102	10	9.8	13
Grand	9,388	1,361	167	37	22.1	8
Iron	47,139	5,232	335	52	15.5	11
Juab	10,400	1,186	71	54	75.9	1
Piute	1,865	436	69	13	18.9	9
Salt Lake	1,078,958	100,343	6,823	2,016	29.5	4
Sanpete	28,261	3,561	157	16	10.2	12
Sevier	20,871	3,172	335	84	23.6	7
Tooele	60,893	4,932	345	64	18.5	10
Utah	551,957	38,637	2,125	131	6.2	16
Washington	148,244	28,018	1,569	133	8.5	14
Weber	238,682	25,778	2,036	490	24.1	6

Other Counties

County	Population	Population over 65	Seniors in Poverty
Daggett	776	157	14
Duchesne	19,817	2,140	154
Kane	7,202	1,484	59
Millard	12,582	1,950	133
Morgan	10,276	1,141	76
Rich	2,292	387	6
San Juan	15,152	1,758	359
Summit	38,521	3,582	265
Uintah	35,721	3,251	260
Wasatch	26,661	2,426	114
Wayne	2,722	490	125

*All data from the Community Action Partnership of Utah 2017/2018 Annual Report on Poverty in Utah.

**Please note that these figures are for seniors 65+ at poverty level and may not capture the total need within each county.

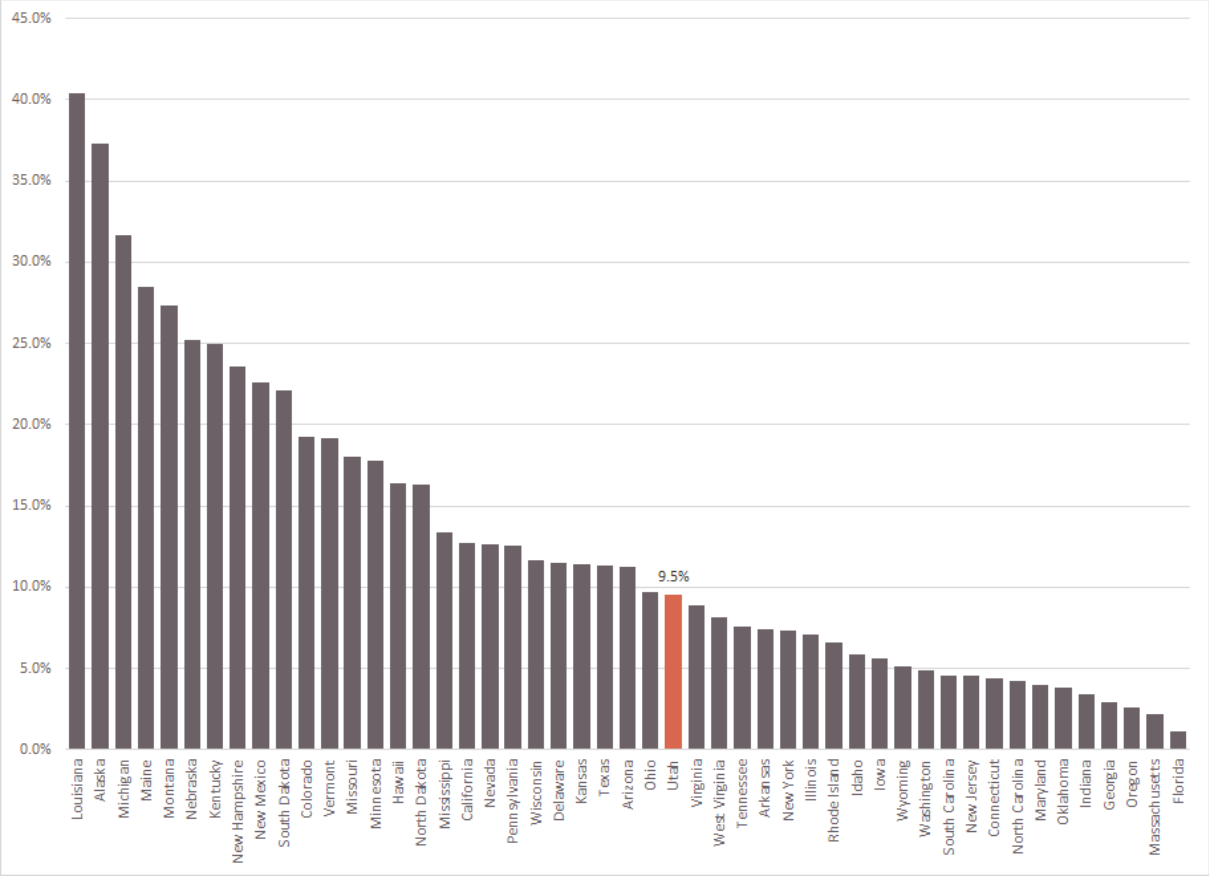
Program Overview

The Commodity Supplemental Food Program (CSFP) serves just over 3,000 low-income seniors throughout Utah each month. The program is designed to meet the unique nutritional needs of participants, supplementing diets with a monthly package of healthy, nutritious USDA commodities. With one in six seniors struggling with hunger nationwide, CSFP prevents vulnerable seniors from having to choose between food and other basic needs.

Who Qualifies
CSFP has eligibility requirements for both income and age. CSFP services individuals age 60 and over with incomes of less than 130% of the Federal Poverty Guideline ($15,782 for a senior living alone in 2018).

Targets Vulnerable Seniors
Unlike home-delivered meals and congregate feeding programs in senior centers, CSFP is focused specifically on the low-income senior population.

Nationwide Reach
CSFP is available in 49 of 50 states (Alabama is the lone holdout). Utah ranks 27th out of 49 states in providing service to at-need seniors.



Nutritional Benefits

While CSFP is not expected to provide a complete diet, it is designed to provide nutrients typically lacking in senior's diets. A 2012 USDA study rates CSFP's senior food package at 76.6 on the Healthy Eating Index (HEI), significantly higher than the average American diet (at 57.5 HEI).

Food Package Contents
The CSFP food package includes commodities from each of the five recommended USDA food categories:

- Canned fruits - unsweetened or lightly sweetened
- Canned vegetables - low sodium or no salt added
- Low fat dairy - cheese and shelf stable milk
- Whole grains - oats, whole grain noodles, and cereals
- Variety of proteins - dry beans, lean meats, poultry, and fish

And with over 50 food items available to choose from, participants are promised a new combination of food items every month.

Purchased not Donated Food
CSFP commodities are 100% American-grown USDA Foods purchased from U.S. farmers and ranchers. Since all products contained in the food box are purchased fresh by the U.S. Government, participants can rest assured that each product goes through strict monitoring at the State and Federal level to keep them free of risk. Participants also appreciate the fact that CSFP commodities are delivered to them well before any expiration date.

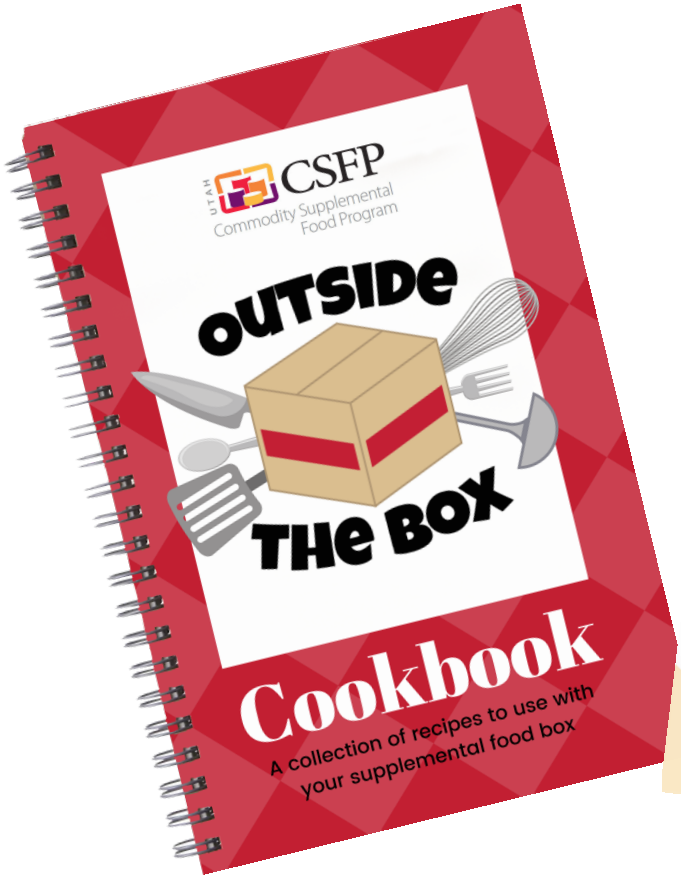
Education Component

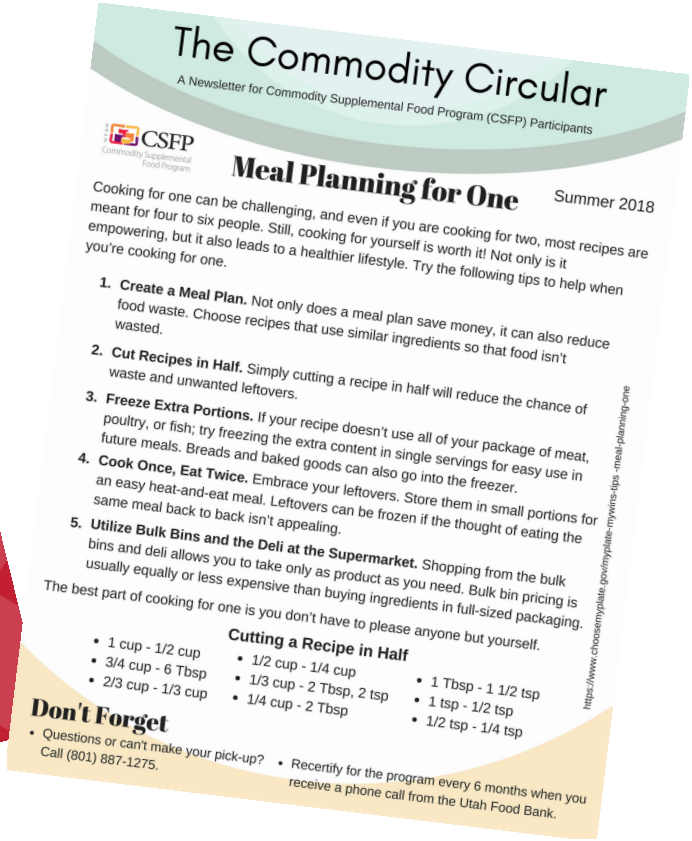
Utah CSFP takes the USDA charge to offer nutrition education to our clients seriously. Through handouts, special projects, and social media; we are working to improve the habits of the seniors on the program.

Every month a nutrition education handout is included in each and every food box that is distributed throughout the state. Six of those handouts are USDA fact sheets on specific CSFP foods, while the other six are prepared locally and focus on issues identified in a comprehensive client survey administered every other year.

Once a year, Utah CSFP undertakes a special educational project. In 2017, that project was a large calendar that not only included pickup dates throughout the state, but also a CSFP-specific recipe on each page. In 2018, Utah CSFP is producing a cookbook that includes dozens or recipes with commodities included in the program's food box.

Additionally, Utah CSFP continues to educate through social media. Included in this effort is a recent initiative to produce short explainer videos on senior health issues, include a video on how to avoid food poisoning.





The Commodity Circular

A Newsletter for Commodity Supplemental Food Program (CSFP) Participants

CSFP

Meal Planning for One Summer 2018

Cooking for one can be challenging, and even if you are cooking for two, most recipes are meant for four to six people. Still, cooking for yourself is worth it! Not only is it empowering, but it also leads to a healthier lifestyle. Try the following tips to help when you're cooking for one.

1. **Create a Meal Plan.** Not only does a meal plan save money, it can also reduce food waste. Choose recipes that use similar ingredients so that food isn't wasted.
2. **Cut Recipes in Half.** Simply cutting a recipe in half will reduce the chance of waste and unwanted leftovers.
3. **Freeze Extra Portions.** If your recipe doesn't use all of your package of meat, poultry, or fish; try freezing the extra content in single servings for easy use in future meals. Breads and baked goods can also go into the freezer.
4. **Cook Once, Eat Twice.** Embrace your leftovers. Store them in small portions for an easy heat-and-eat meal. Leftovers can be frozen if the thought of eating the same meal back to back isn't appealing.
5. **Utilize Bulk Bins and the Deli at the Supermarket.** Shopping from the bulk bins and deli allows you to take only as product as you need. Bulk bin pricing is usually equally or less expensive than buying ingredients in full-sized packaging.

The best part of cooking for one is you don't have to please anyone but yourself.

Cutting a Recipe in Half

- 1 cup - 1/2 cup
- 3/4 cup - 6 Tbsp
- 2/3 cup - 1/3 cup
- 1/2 cup - 1/4 cup
- 1/3 cup - 2 Tbsp, 2 tsp
- 1/4 cup - 2 Tbsp
- 1 Tbsp - 1 1/2 tsp
- 1 tsp - 1/2 tsp
- 1/2 tsp - 1/4 tsp

Don't Forget

- Questions or can't make your pick-up? Call (801) 887-1275.
- Recertify for the program every 6 months when you receive a phone call from the Utah Food Bank.

https://www.choosemyplate.gov/myplate-mywins-tips -meal-planning-one

Utah CSFP Performance

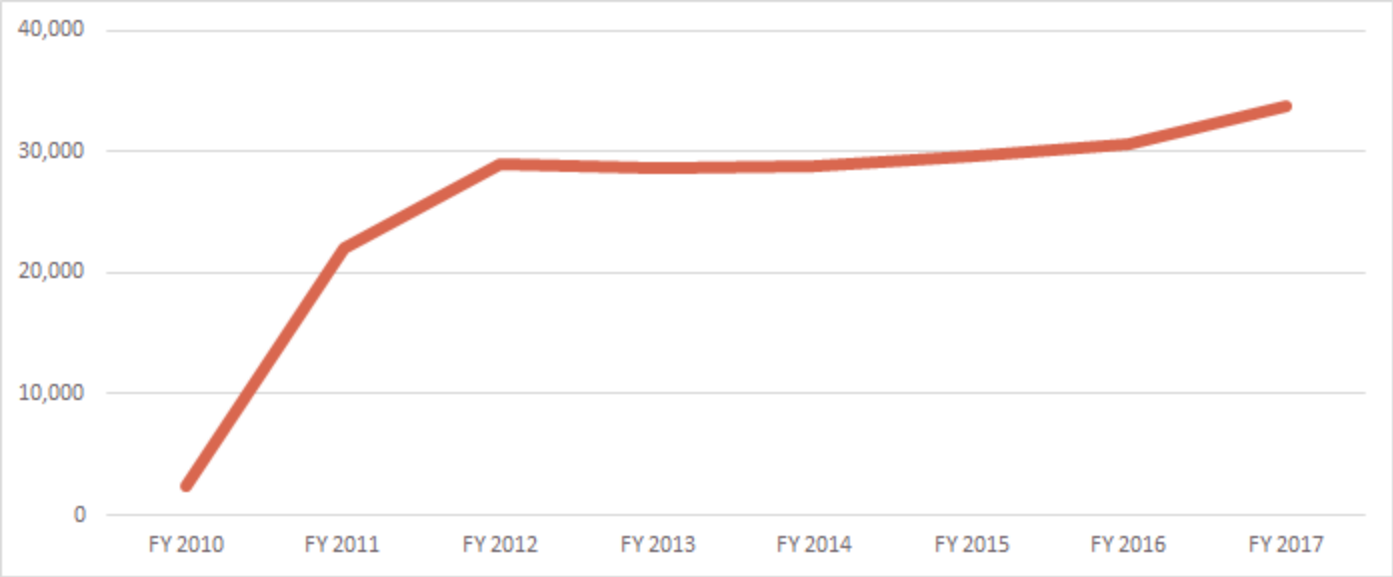
Since its introduction into Utah in 2010, CSFP has continually grown both in caseload and in its reach into counties throughout Utah.

Today Utah CSFP is available in 18 of Utah's 29 counties--capturing 94 percent of Utah's population. Our federally assigned caseload for FY 2018 is 3,169 clients.

In order to qualify for additional caseload, a state must reach the threshold of 95 percent distribution of caseload. Outside some growing pains in the initial years of the program, Utah CSFP has consistently reached that threshold and has thus seen caseload grow steadily over time.

Thanks to the incredible efforts of the Utah Food Bank, the Utah CSFP is in a strong position to continue to grow. Together we can reach more at-risk seniors throughout all 29 counties in the state.

Yearly Number of Boxes Delivered in Utah



The Utah Food Bank stores, packages, and delivers over 30,000 boxes each year. Our goal is to continue to grow to the point were we are able to meet the needs of seniors in each of Utah's 29 counties.

Program Marketing

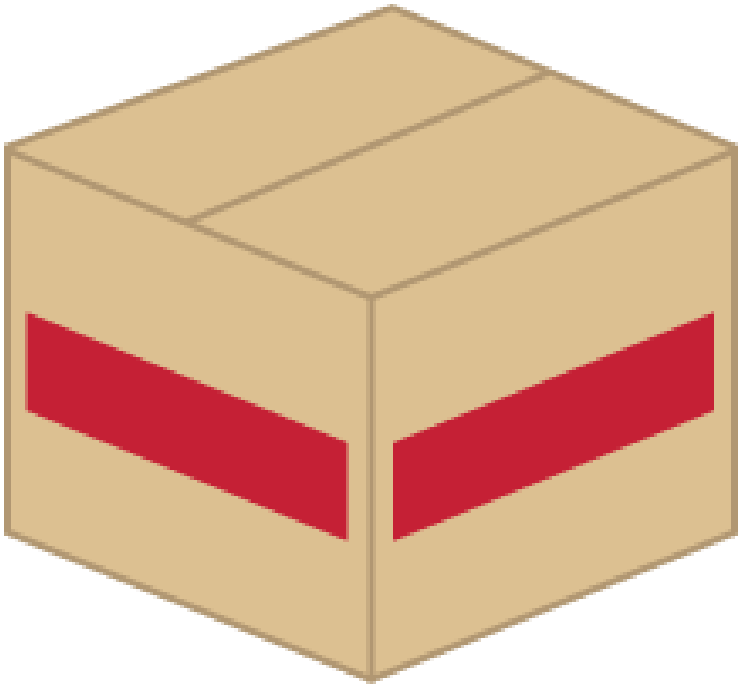
With a limited budget, Utah CSFP needs to be strategic in its marketing. In 2018, we have partnered with direct mailing newspapers in Salt Lake and Utah Counties in an effort to share our message with the public. We've also partnered with the County Seat public access television show to market the program.

In Salt Lake County, we are advertising with City Journals throughout the county over the course of three months. The City Journal is delivered to nearly 200,000 homes and businesses each month.

In Utah County, Serve Daily is publishing an ad monthly from March 2018 to February 2019. Serve Daily has a overall reach of 13,000 households.

In 2018, the Utah CSFP also arranged with the County Seat to film and air a segment outlining the program. The County Seat is broadcast on ABC 4 every Saturday night at 11:00 PM and Sunday morning at 8:30 AM.

Finally, Utah CSFP maintains a Facebook page that is regularly updated with both educational and marketing content.



Contact Utah CSFP for more information:

Denise Nielson, Outreach - 801 887-1224
Hillary Sorensen, Inventory - 801 887-1280
Arie Van De Graaff, State Representative - 801 245-0087

This institution is an equal opportunity provider.

UTAH CSFP
Commodity Supplemental Food Program

UTAH FOOD BANK

SENIORS HELPING SENIORS

AGING AT HOME WITH A LITTLE HELP

PRESENTING IN DC 12/18

6 Villages Signed in DC since this summer

12 Villages in California

40 Villages across the Nation

www.helpfulvillage.com

HOMECARE IRONMAN

In May 2018, Intermountain Healthcare announced a new joint venture with Lifesprk, called Homespire. The idea behind the Life Care Program of Lifesprk is to provide and prove an innovative care model—one that bridges the gaps in care that cause problems for individuals, providers and payers.

"By working from a person's point of view, looking at the holistic, looking at the long term, making sure they can get the resources they need… is really the answer to the future, and it's what will get us from a fee-for-service to a value-based model of care."—Joel Theisen of Lifesprk and Homespire (Ironman triathlete in training, too)

Theisen is pictured in front of "The Horn," on Medtronic Plaza outside U.S. Bank Stadium, home to the Minnesota Vikings. The Horn represents the spirit of progress and partnership.

(Photo credit: Nancy Kuehn)

NEW DIRECTIONS in Care Management

Using only a medical management approach to health care misses the mark

By Liz Carey

Efforts to better manage and enhance population health and care coordination are not new. What is new is the demand for value-based care and reimbursement patterns that run counter to the traditional fee-for-service model. As hospitals face more pressure of pay for performance, health and medical care, product and service providers are expanding the care horizon. There's more to the story.

Meet Joel Theisen of Minnesota-based Lifesprk and newly created Homespire, a community-based care coordination service and new joint venture with Intermountain Healthcare, a not-for-profit health, hospital and payer system in Utah. Some 1,235 miles stretch between Lifesprk's headquarters in Edina, Minnesota, and Intermountain's home of Salt Lake City. The idea behind the joint venture, announced in May 2018, is to provide and prove an innovative care model—one that bridges gaps in care that cause problems for individuals, providers and payers.

That a hospital's reimbursement will be negatively affected by poor outcomes is fuel for Theisen's fire in proving his business model, which is an outgrowth of more than 20 years of learning how different vertical businesses integrate. Theisen leads Lifesprk (he's the founder, too). The company provides skilled homecare under Medicare, Medicaid and third-party insurance benefits, as well as private pay services.

A person's care through Lifesprk's Life Plan Program is coordinated by a registered nurse. And what may come of this new care model is a potential shift in the role of nurses toward developing an outcomes-based health care system.

"I was a young nurse who didn't really know what to do with my nursing degree, and what I really liked was community care; I liked working with older people," Theisen said. "Homecare means a lot of things to a lot of people." A home health agency can provide a wide

Coming out of Joel Theisen's homecare model is the ELR, or electronic life record, which allows a greater understanding of the usage patterns of consumers, their health care ecosystem and the types of social network systems that can, will and do lend care support to each client. The model supports today's emphasis on social determinants of health. "This tracking and recording to help serve clients of today can be used to help serve the clients of tomorrow," said Theisen, founder and CEO of Lifesprk in Minnesota and president and CEO for Homespire.

range of services from skilled homecare to private pay homecare to palliative care, hospice care and durable medical equipment services. "I worked through those different divisions and learned how the different vertical businesses integrated into a better experience for people."

Theisen's drive to provide long-term support for people sparked about 20 years ago—he was unhappy about the tendency toward acute, reactive care rather than a longitudinal value proposition more focused on a person's long-term success and experience at home.

Venture capital helped build Theisen's first company, AdvoLife, on the West Coast—$8.5 million to build "a dream company" where care was based on a blend of a person's medical and psychosocial needs. "The core of that was to bring trusted relationships back to working with seniors and their families in their homes." From AdvoLife, Theisen and his family eventually moved back home to Minnesota, where he further developed his value proposition and fine-tuned the care model.

Lifesprk started with five employees and friends-and-family capital, Theisen said, combined to "build a new model to change the world." With most of the company's exposure in Minnesota, Theisen's organization today employs more than 600 people, and the program is gaining momentum, he said, with the addition of skilled nursing and physician services.

Described as a whole-person senior care model, the Lifesprk program has grown out of insights gained from client preferences, Theisen said, as well as the geriatric care management model, medical social work, equipment needs and physician services, all with regard for the seven elements of well-being, which include health care, thinking and memory, social supports, purpose and passion, safety and home, and financial considerations such as Medicare and insurance coverage.

"That care management point of view of discovering what's right and building life plans for people—and then delivering on whatever is in those life plans as far as services and equipment—is the focus," Theisen said. "We have data and analytics that show that by working from a person's point of view, looking at the holistic, looking at the long term, making sure they can get the resources they need—including the equipment and everything else necessary to make sure they're supported at home or in independent living or assisted living—is really the answer to the future, and it's what will get us from a fee-for-service to a value-based model of care."

WHAT IS SOCIAL DETERMINANT SCREENING?

The Centers for Medicare & Medicaid Services (CMS) initiated the Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool to use in the AHC model. The initiative suggests incorporating social determinants, such as family and community support, mental health, financial strain, safety, transportation and more, as part of routine medical care. The HRSN screening is a test to see if systematically finding and dealing with the health-related social needs of Medicare and Medicaid beneficiaries has any effect on their total health care costs and makes their health outcomes better. Screening for HRSNs isn't standard clinical practice yet.

> We can take some of the acute care spend that's wasted and not helpful, and put that into the community...into things that people can really use to be healthy...and make sure we get outcomes for these people long term."

The New Opportunity for Scale and Population Health

With Lifesprk 14 years in the making, about a year ago Intermountain Healthcare started a national search for an innovative care management and private pay homecare company to bring to their market. In May 2018, Lifesprk's joint venture with Intermountain was launched as Homespire.

In addition to a better quality of life for people who choose to participate, appropriate health care utilization (preventing avoidable emergency room trips, hospitalizations and readmissions) is intended to be a natural byproduct of the Homespire program. Intermountain, the first to roll it out, is an example of an integrated payer-provider network, a unique health care ecosystem combining payer, health care provider types and a variety of health care service sites into one entity serving the state of Utah.

Working beyond private pay, "We wanted to work with them strategically to build an entirely new senior strategy that incorporates durable medical equipment, homecare, hospice...we wanted to work from the client level and bring in the businesses at the right time for people to be successful long term," Theisen said.

Intermountain operates 22 hospitals, a medical group with about 1,500 employed physicians, the SelectHealth health plan division and other health services. The Homespire joint venture with Intermountain is just one way the hospital and health system has been thinking outside the box from traditional health care delivery models.

"Ultimately, what makes this attractive to us is, we take on risk with the integrated system," said Adam Treadwell, executive finance director for the Homecare and Hospice business of Intermountain Healthcare. "When we speak of risk, we're talking about innovative approaches where a health care provider is on the hook for the outcome, and we're willing to receive a fixed payment—which could be a capitated payment or a bundled payment—and it's up to us to manage it efficiently, to produce the best-quality results we can."

This risk-based approach represents a small portion of Intermountain's overall strategy, and Treadwell said the fee-for-service approach is still well-anchored nationwide. While Medicare ACOs (accountable care organizations) are being set up with various providers and systems, the risk-based approach is yet to take hold and become mainstream.

"It's very hard to transition from a fee-for-service mindset to a risk-based mindset; it's really tough to turn the ship, and that's why the industry is really struggling right now. Luckily, things are starting to move in the right direction. We're starting early," Treadwell said.

Complex Issues and Looking Forward

While policy factors favor innovative care and alternative payment models, these programs may still serve relatively few people in different areas of the U.S. Traditional Medicare beneficiaries, in contrast to Medicare Advantage enrollees, for example, can get left behind. People generally have to spend down their resources to go into a nursing home (Medicaid pays), Theisen said, or they can buy into assisted living or pay for private duty homecare (self-pay), where the monthly tab can run $7,000 or more. A long-term payment option for senior care in the home is a dream that Theisen hopes to see become a reality.

"I believe strongly that we can take some of the acute care spend that's wasted and not helpful, and put that into the community into wellness, well-being and planning, social engagement, resources and durable medical equipment and supplies—things that people can really use to be healthy," Theisen said. "I want to take that money before the catastrophic event—go at risk and be accountable—before the acute care spend and make sure we get outcomes for these people long term." And he adds, "Maintain relationships through light-touch, medium-touch and high-touch technology to make sure we have a real trusting relationship going into the long-term future of folks. Just a medical management approach misses the mark." **HC**

Liz Carey is editor of HomeCare magazine.

Company Report | 2017

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fewer
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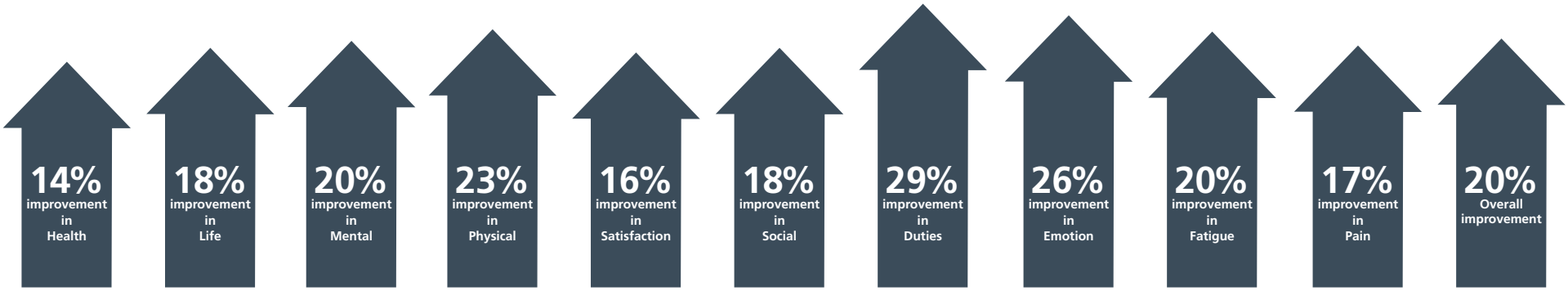


Learn more at HomespireHealth.com | 801-503-3210

THE IMPACT OF ENVISION UTAH

CHANGING THE GAME

In 1997, the Envision Utah process created a new way to bring people together to tackle long-term challenges of the future.

Values
We start looking to the future by looking at what matters most in the hearts and minds of everyone involved.

Stakeholders
Bringing together the right decision makers and experts helps us examine challenges and solutions.

Scenarios
Looking at the possible choices and their outcomes helps everyone learn together and make well-informed decisions.

Public Input
Bringing the scenarios to the public for broad input creates real understanding and support for solutions.

Vision
The result is a vision —a roadmap—for the future that has support from key stakeholders and the public.

THE NEW STANDARD FOR VISIONING

Envision Utah's collaborative visioning process has become a national model for future planning and for solving complex regional problems. It's been taught to more than 100 regions across the country and changed the way people look at population growth and work together to create a brighter future.

ACHIEVEMENTS

Envision Utah engages people to create and sustain communities that are beautiful, prosperous, healthy and neighborly for current and future residents.

In Utah, Envision Utah's work has helped create:

Unmatched cooperation between the transit authority, department of transportation, and developers.

The only statewide vision for the future.

The only state with a unified transportation plan for the whole state.

An integrated systems approach to land-use planning and transportation planning.

Unmatched public participation in creating a vision for the future.

Two decades of inclusive growth benefiting Utahns in all socio-economic levels.

As a result of conversations Envision Utah helped lead:

Utahns use 25% less water today than they did in 1998.

Utah's air emissions have been cut in half since 2002.

Utah has built 140 miles of rail for public transportation faster than anywhere else in America.

The average lot size for a single family home has decreased by 22%.

We've preserved more than 200 square miles of land that we would otherwise have developed.

ENVISION UTAH'S HISTORY

Envision Utah was founded to make sure that as the population in Utah grew, residents could maintain the quality of life they wanted. We accomplish this through informed collaborative involvement of residents, stakeholders, experts, leaders, and others. With the help of Utahns, the Quality Growth Strategy was born—a strategy developed by the people of Utah to make our lives better and provide more choices for how we, and the next generation, would like to live. In 2015 the Your Utah, Your Future statewide vision engaged over 50,000 Utahns to forge a path forward across 11 topics.

HELPING UTAHNS CREATE THE FUTURE THEY WANT FOR 20 YEARS

1997 The Coalition for Utah's Future launched the public–private partnership for quality growth that would become Envision Utah.

1999 Envision Utah finished and released the Quality Growth Strategy—a vision for the future growth of the Wasatch Front.

2002 Envision Utah produced the Urban Planning Tools for Quality Growth supplement, a guide for quality growth building off the original Quality Growth Strategy.

2004 The Mountain View Corridor Study was an unprecedented effort to integrate local land-use planning and a transportation corridor across jurisdictional boundaries. Construction began in 2010, years ahead of schedule.

2007 "Vision Dixie" resulted in 10 guiding principles to preserve the quality of life and natural beauty of the rapidly growing communities in Washington County.

2008 Envision Utah led "Blueprint Jordan River", which brought together thousands of residents and resulted in the creation of the Jordan River Commission and a vision to create a 50-mile-long, connected area for recreation and natural beauty.

2009 "Envision Morgan" was completed with a plan to preserve Morgan County's agricultural heritage in the midst of rapid growth.

2009 "Envision Cache Valley" was completed with a publicly supported vision to balance the growth in cities and towns with aggressive preservation of rural, agricultural, and natural lands.

2010 Envision Utah facilitated the Bear Lake Valley Blueprint & Toolkit, helping to create a vision to preserve the legacy of the Bear Lake Valley.

2013 At the request of Governor Gary Herbert, Envision Utah began the Your Utah, Your Future visioning process to create a statewide vision for Utah in 2050.

THE LARGEST PUBLIC VISIONING PROCESS IN HISTORY

2015 Envision Utah finished and released the Your Utah, Your Future vision for 2050. This vision took a deep look at 11 of the most critical topics to Utah's future, gathered input from more than 52,000 Utahns, and created the first-ever statewide vision for the future.

2016 "The Future of Education in Utah" effort was launched to address some of Utah's toughest education-related growth challenges.

2016 The Point of the Mountain development project was awarded to Envision Utah. This project will help to ensure the Point of the Mountain area will thrive as it becomes a major high-tech center.

2017 The first Quality Communities Academy was held to help community leaders across the state understand and create the kind of communities Utahns asked for in the Your Utah, Your Future vision.

THE Quality Communities TOOLKIT

Utah faces incredible population growth in the coming decades. Constrained by geographic factors and with many cities already almost completely built out, where will this new population live? Where will they work? Where will they be able to access services, recreation, and amenities? How will they get around? How can we afford the needed infrastructure? Will people of a variety of life stages and incomes be able to access opportunity and afford a decent lifestyle? As our population grows, it will become increasingly difficult to find affordable housing in good neighborhoods with elements that make up a good quality of life. Additionally, traffic congestion will become an ever-increasing challenge. However, we have the opportunity to think ahead about our patterns of growth and plan for a future that can meet that challenge.

Envision Utah is creating a Quality Communities Toolkit as part of the implementation tools for the Wasatch Choice vision. The toolkit, by putting resources and tools at the fingertips of those who will decide how Utah's communities will look long into the future, will have a lasting impact on the inclusion of quality, mixed-use centers in Utah's communities and cities.

The toolkit will include concrete, quantitative guidance regarding the elements of a quality community, including a variety of types of mixed-use centers, the ideal mix of uses in those centers, and other design and market information needed to support a center.

THE TOOLKIT

The Quality Communities Toolkit will help communities create centers that will benefit walkability, housing affordability, and overall quality of life across the state. The toolkit will cover the following topics:

- The **market forces** that shape what is built and where development is located, making it easier to understand how centers can be planned for and created. The toolkit will provide guidance regarding the components of a center that are most market feasible and have proven planning benefits. Market guidance may include retail capture areas, other retail location requirements, constraints on mixed-use development, lender restrictions, and other topics.
- The **key planning characteristics of centers** that have proven benefits for walkability, air quality, and other metrics. These characteristics could include mix of uses, parking strategies, human-scale design, and a connected street network.
- **Metrics** to help evaluate success in creating centers. These metrics will be informed by independent work being done by the Metropolitan Research Center.

- **Strategies** for implementing centers in both infill/redevelopment settings and in greenfield centers. These strategies will be based in market reality and suggest ways to, for example, ensure retail centers can evolved into mixed-use areas.

Ultimately, the toolkit will provide guidance that will provide the desired planning outcomes while also meeting market constraints. The guidance could include spacing, components, and design characteristics for different types and sizes of centers, as well as implementation strategies for both infill/redevelopment and greenfield centers.

Additional topics will also be covered as Envision Utah identifies through stakeholder outreach which topics will have the greatest impact on cities and communities.

THE PROCESS

Envision Utah will involve stakeholders from organizations that provide many of the amenities that are sometimes overlooked in community development, including churches, schools, and hospitals. Envision Utah will engage its current relationships and form new relationships with many representatives and stakeholders from the following groups:

- Regional transportation agencies
- City and County agencies, planners, and staff members
- State agencies
- Real estate brokers and market experts
- Housing and community developers
- School districts and officials
- Local churches and church planning managers
- Healthcare providers
- Other relevant and influential stakeholders and individuals

THE TIMELINE

The Quality Communities Toolkit process will begin in early 2018. Envision Utah staff will begin background research into existing knowledge about the development of centers in Utah and elsewhere, including how market forces shape our communities. We will also explore case studies that have seen success both in Utah and in other comparable regions. Stakeholder outreach will begin in early 2018 as well, to identify additional topics and needs as the toolkit begins to take shape. Throughout the process, Envision Utah will use a variety of channels to share educational materials and toolkits with cities.

Envision Utah will work alongside WFRC and MAG as they generate the Wasatch Choice 2050 scenarios and vision to ensure synergies between the Quality Communities Toolkit and the Wasatch Choice 2050 project.

Stakeholder outreach will continue through Summer/Fall 2018, providing stakeholders with drafts of the toolkit to continue to solicit feedback and engage and excite stakeholders who have the power to develop centers. The completed toolkit is expected to launch in early 2019, followed with additional promotion and outreach, possibly through presentations across the region.

Please Join Us for a Valley Vision Kick-Off Event!

Utah County is projected to add approximately one million people by 2065, nearly tripling its population. In fact, every year more people move to Utah County than Salt Lake County. The implications of this growth for the economy and our quality of life depend on us taking proactive action to create the future Utah County residents want. Sitting back and seeing where growth will take us is not an acceptable option. Rather, the Chambers of Utah County launched Valley Visioning, a business-led effort to identify key priorities for Utah County in the areas of housing, transportation, and education. At the same time, Envision Utah has been providing support to the legislatively created Point of the Mountain Development Commission to create a 2050 Vision for the 20,000 undeveloped acres from Sandy to Lehi.

As an outgrowth of these efforts, the Chambers of Utah County and Envision Utah are reaching out to engage stakeholders in a process that will establish a vision and implementation plan to help Utah County grow in a way that results in something much greater than what might happen with everyone working separately. Please join us, your voice is important to this process.

Time and Date: November 14th, 2018 from 1:00-3:00p.m.
Location: UVU Clarke Building, 815 College Drive, Orem, UT 84058

Below is a map of the campus. Please park on the 4th and 5th levels of the parking garage that is highlighted. Ambassadors and signage will be along the route to the Labor & Honor room in the Clarke Building.

Tentative agenda:

- Introduce Valley Vision Co-chairs
- Valley Vision Process Presentation
- Workshop (mapping, keypad polling)

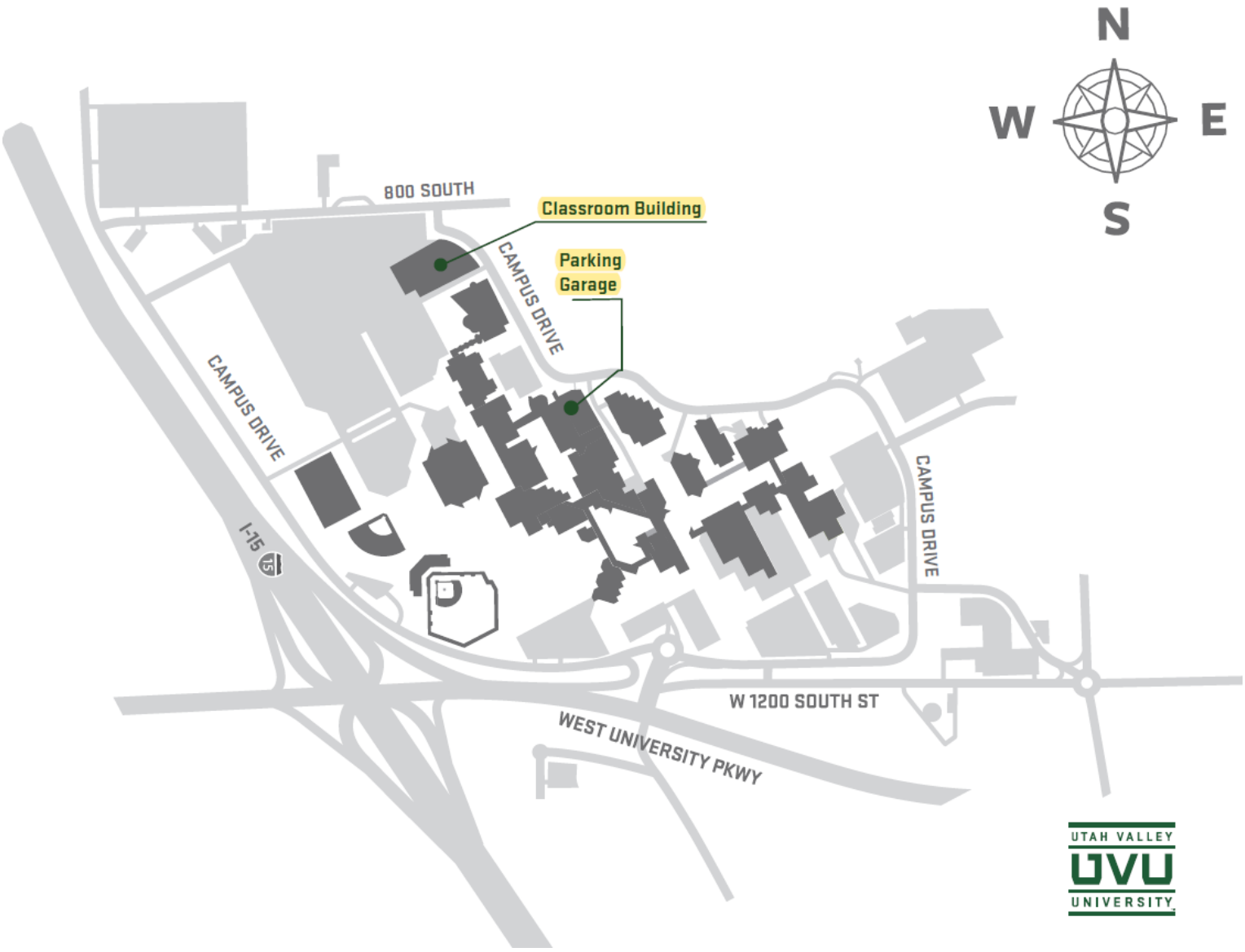
Please RSVP to Stacy Bergener at sbergener@envisionutah.org or 801-303-1462

If you have any questions about the event or Valley Vision process, please feel free to contact Ryan Beck at rbeck@envisionutah.org or 801-303-1458

VALLEY VISIONING

ASSOCIATION OF UTAH COUNTY CHAMBERS

American Fork Chamber of Commerce · Lehi Area · Payson Santaquin Area · Pleasant Grove Chamber of Commerce · Spanish Fork & Salem Chamber of Commerce · Springville Mapleton · Utah Valley Chamber



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Creating Caregiver Provider Partnerships; Building the Case

Second in a Series of Stakeholder Conferences

November 2, 2018

David Eccles School of Business

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Consortium for Families and Health Research
THE UNIVERSITY OF UTAH

HealthInsight

WHY CREATE CAREGIVER-PROVIDER PARTNERSHIPS?

Both caregiver/patient dyads and providers/care teams are feeling the strains of living in and dealing with our health care system. Both groups bemoan their frustrations to others like themselves– caregivers to caregivers; providers to providers. We believe that by better understanding one another's perspectives, both caregivers and providers will come to recognize the challenges each face and to realize they ALL ultimately are striving for the same outcome – better care and higher quality of life for everyone: patients, caregivers and providers.

Although family caregivers provide the largest share of long-term supports and services for elderly persons, they are seldom included in the formalized care processes in primary care practices. Providers face challenges in including family caregivers and need solid understanding of the benefits and guidance to develop welcoming and effective processes. Patients/caregivers are often unaware, unsure or confused about care plans, and unprepared for the tasks involved in caring for their loved one and themselves. Strategies to improve communication and training are needed.

Overarching Goal:
By engaging stakeholders in Utah, we will work towards solutions that can be adopted within primary care clinics including:

- Work flows to facilitate family caregiver integration into care processes, emphasizing a partnership approach that fosters transparency, honesty and trust
- Effective and inclusive means of communication, stressing the value of co-learning for all care team members

Our Specific Project Aims are:

Aim 1: Develop shared learning within a community of family caregiver/patient dyads, provider care teams, advocacy agencies, and other stakeholders through a series of collaboratives to learn about, share, and refine best practices for family caregiver integration into care for the elderly.

Aim 2: Identify key elements of successful integration and determine implementation challenges. Drawing upon the expertise of caregiver/patient dyads and provider teams, we will refine work flows and clinic processes so that they might lead to outcomes valued by caregiver/patient dyads and that are feasible for providers in busy clinical settings.

Aim 3: Develop strategies for implementation of the most promising practices identified and refined in our workshops. Through a process of consensus decision-making we will articulate implementation strategies. We will create User Guides for providers and caregiver/patient dyads that will prepare both for productive partnerships.

Specific Goals for Phase 1/Conference 1:

- Gain greater understanding of the family caregiver perspective on challenges, needs for, and benefits of their integration into primary care practice.

Specific Goals for Phase 1/Conference 2:

- Gain greater understanding of the provider perspective of caregiver inclusion and the challenges that brings.
- Prepare provider teams to empower family caregivers to be fully engaged in the care of their loved one.

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We rely on donations to keep this program running. We are in need of working iPods (especially the shuffle), charging cords and plugs, Tunes gift cards.

Thank you for your generous support!

Contact Rosemary at 801.746.4334 or rosemary@jfsutah.org for more information.

Jewish Family Service
www.jfsutah.org

Rosemary Quatrale
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