

# 2007 ANNUAL REPORT

## Utah State Division of Aging and Adult Services

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Cover: Governor's Century Club Celebration held July 9, 2007  
Photographs by David Thomas, Utah Department of Human Services

Top: Russell B. Clark, age 106 with his sister, Mrs. LeOra Larsen, age 100  
Middle: Mrs. Rhea Barnett at age 109 (deceased December 17, 2007)  
Bottom: Mrs. Elaine Armstrong, age 102, dances with Mr. Alan Ormsby, Director, Utah  
Division of Aging and Adult Services

# INTRODUCTION

## Older Americans Act

The Older Americans Act (OAA) was passed by Congress in 1965, creating the first federal legislation devoted exclusively to addressing the needs and challenges of older Americans. Since its passage, the Older Americans Act, as amended through 2000, has provided funding and leadership in establishing a unique nationwide network of federal, state and local governments, and private providers serving the diverse needs of America's seniors. The Act can be viewed as a work in progress that has been amended on several occasions to address the changing needs of older Americans, most recently in the fall of 2006.

The first Older Americans Act established the Administration on Aging (AoA) in the federal Department of Health and Human Services, provided grants for demonstration projects and research on aging, training grants, financial support for state offices or units on aging, and funds for states to use in supporting projects for the aging population.

Amendments passed in 1969 established the National Older Americans Volunteer Program which provided for Retired Senior Volunteers and Foster Grandparents. In 1972, the Act was amended as a result of a series of nutritional research and demonstration projects to create a permanent nationwide nutrition program for the elderly. Amendments to the Act in 1973 required states to create planning and service areas and to designate a public or private non-profit agency to serve as the Area Agency on Aging (AAA) in each of these locations. Currently there are 655 such agencies in the United States which plan and coordinate services and opportunities for older persons on a regional basis, 12 of which are found in Utah. (See list in Appendix III, page 69.)

Other amendments passed in the 1970s established the Senior Community Service Employment Program, awarded grants for low-income persons age 60 and over to work as senior companions, supplied surplus commodities to the nutrition program with assistance from the U. S. Department of Agriculture, and added a separate age discrimination act. Amendments passed near the end of the decade established the Long-Term Care Ombudsman program providing professional and volunteer ombudsmen who assist older persons living in long-term care facilities. During the 1980s, enacted amendments required the AAAs to address the needs of older persons with limited ability to speak English, established a federal office for Native American, Alaskan Native, and Native Hawaiian programs and increased an emphasis on services to the low-income minority elderly.

The most recent reauthorization of the OAA occurred in 2006 and further enhanced and enriched the Act. The amendment requires that area agencies on aging set specific objectives, consistent with state policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement. Older individuals with limited English proficiency and those residing in rural areas must be included. The bill clarified the need of AAAs to facilitate area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings. The bill requires information detailing how the area agency on

aging will coordinate with the state agency responsible for mental health services and, in addition, develop long-range emergency preparedness plans.

## Utah's Aging and Adult Services Program

The Division of Aging and Adult Services (DAAS) was created as Utah's State Unit on Aging in accordance with the Older Americans Act. By Utah statute (62A-3-104) the Division was granted the legal authority to establish and monitor programs that serve the needs of Utah's seniors. Local AAAs have been designated to cover all geographic regions of the state and have responsibility for providing a comprehensive array of services and advocacy for the needs of seniors residing in their areas.

In 1986, the Division was given the administrative authority for Adult Protective Services, a program to protect vulnerable adults from abuse, neglect, and exploitation. Adult Protective Services workers provide services designed to assist victims and prevent further abuse, neglect, and exploitation. Staff are located in a statewide system of offices and work in cooperation with local law enforcement to investigate cases involving seniors and disabled adults.

The Division has adopted the following Vision Statement, Mission Statement and Guiding Principles to communicate its purpose.

### VISION STATEMENT

**"OFFERING CHOICES FOR INDEPENDENCE"**

### MISSION STATEMENT

**The mission of the Division of Aging and Adult Services is to:**

- Provide leadership and advocacy in addressing issues that impact older Utahns, and serve elder and disabled adults needing protection from abuse, neglect or exploitation.
- Fulfill our vision of **offering choices for independence** by facilitating the availability of a community-based system of services in both urban and rural areas of the state that support independent living and protect quality of life.
- Encourage citizen involvement in the planning and delivery of services.

## GUIDING PRINCIPLES

The Division of Aging and Adult Services believes that:

- Utah's aging and adult population has many resources and capabilities which need to be recognized and utilized. The Division has an advocacy responsibility for ensuring opportunities for individuals to realize their full potential in the range of employment, volunteer, civic, educational, and recreational activities.
- Individuals are responsible for providing for themselves. When problems arise, the family is the first line of support. When circumstances necessitate assistance beyond the family, other avenues may include friends, neighbors, volunteers, churches, and private and public agencies. The Division and its contractors are responsible to assist individuals when these supportive mechanisms are unable to adequately assist or protect the individual.
- Expenditure of public funds for preventive services heightens the quality of life and serves to delay or prevent the need for institutional care.
- Aging and Adult Services programs should promote the maximum feasible independence for individual decision making in performing everyday activities.
- An individual who requires assistance should be able to obtain services in the least restrictive environment, most cost-effective manner, and most respectful way.

## Organizational Structure

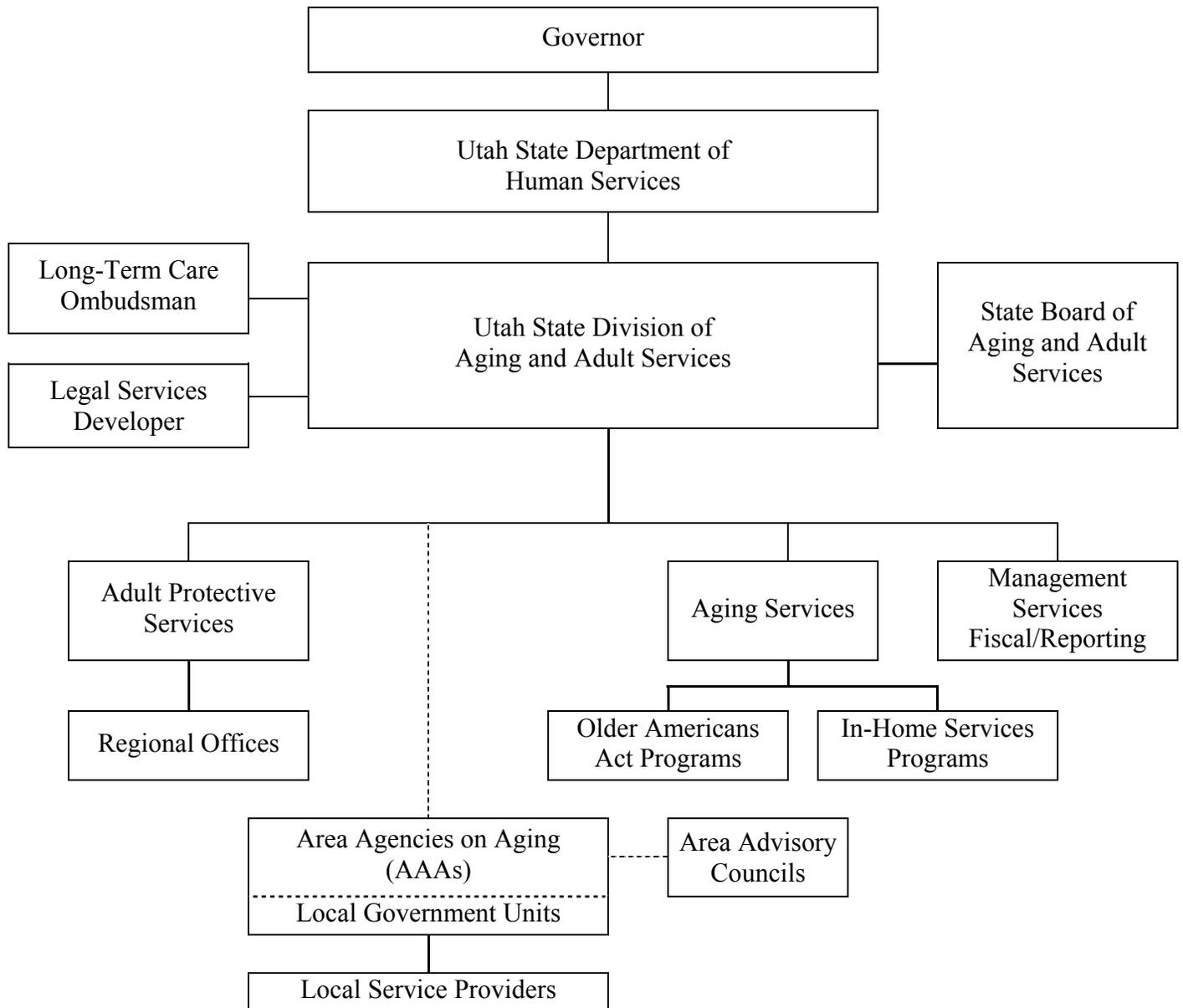
The Division has the responsibility to administer, deliver and monitor services to aging and vulnerable adult residents of Utah. To meet this responsibility, two program areas have been created: 1) Aging Services, and 2) Adult Protective Services.

The Aging Services Program is responsible for the provision of services needed by the elderly as set forth in the Older Americans Act and other enabling legislation funded by federal, state, and local governments. Aging services in Utah are delivered by local AAAs through contracts with DAAS.

The Adult Protective Services Program is mandated by state law to investigate all cases of reported abuse, neglect or exploitation of vulnerable adults. The program also offers services designed to protect abused, neglected, or exploited vulnerable adults from further victimization and assist them in overcoming the physical or emotional effects of such abuse. The following chart depicts the organizational structure of DAAS.

# Utah State Division of Aging And Adult Services

## Organizational Chart



## Population Growth of Seniors in Utah

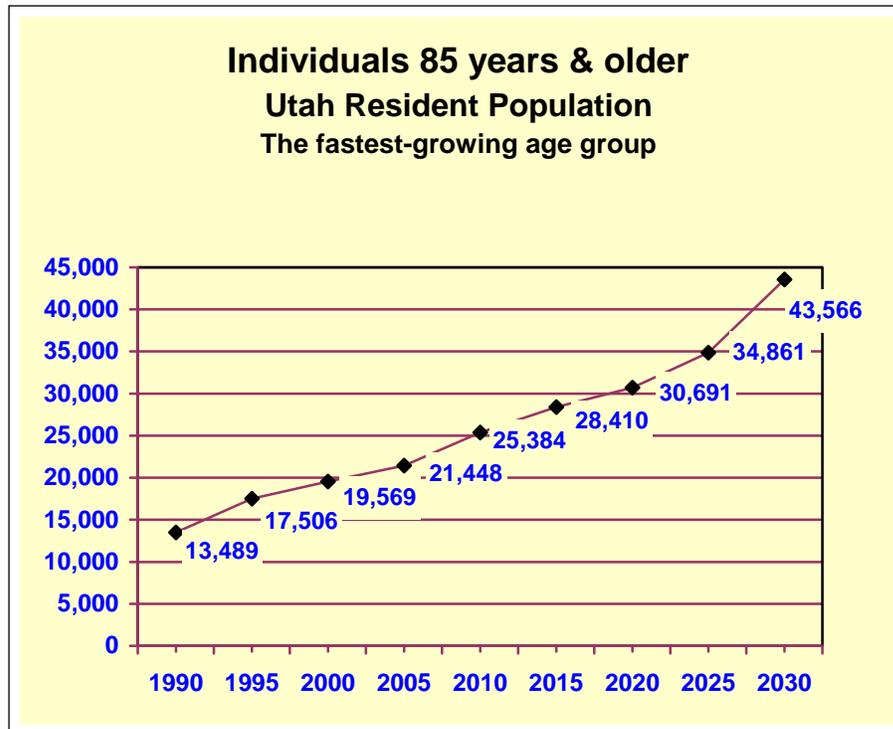
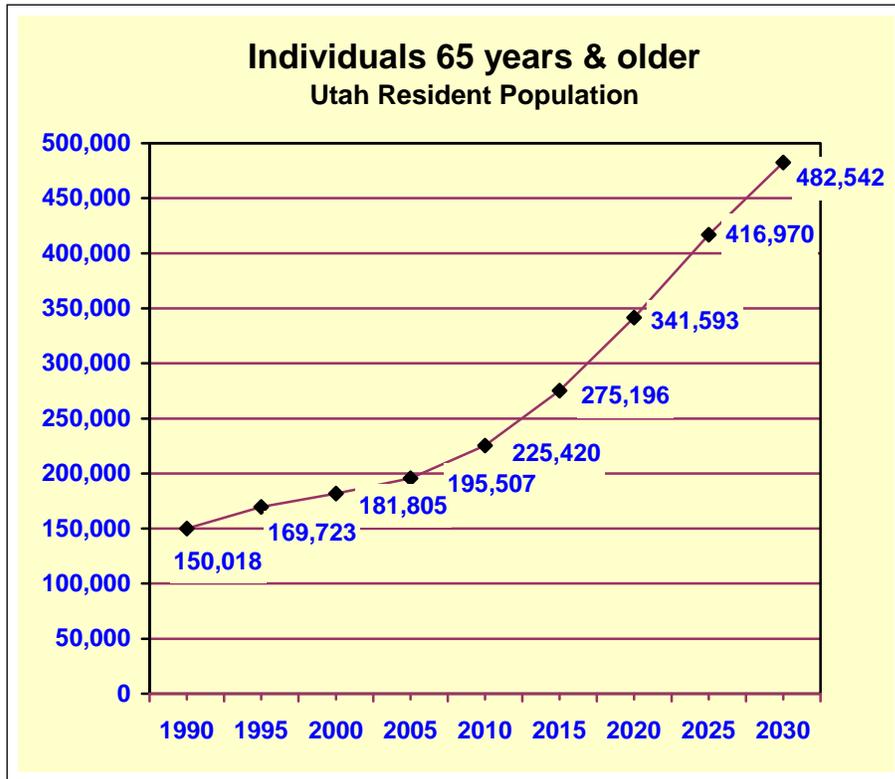
Providing needed services to the senior population of Utah will become more challenging in the future due to increasing growth of this population. The U. S. Census Bureau predicts that the senior population in the U. S. will increase to 70.2 million by the year 2030, and that Utah's senior population (65 and older) will grow to 482,542 by the year 2030.

Utah continues as the nation's "youngest state." Its median age of 27 years is eight years younger than the U. S. median of 35. Despite its youthfulness, Utah's population is growing older and living longer. The following charts show that Utah's 65+ population will increase by **165 percent** between 2000 and 2030. In addition, the 85+ population in Utah will increase by **123 percent** between 2000 and 2030. The actual population number of those 85+ was 19,569 in 2000 and is estimated to be 43,566 in 2030.

The "baby boomer" cohort, those born between 1946 and 1964, will dramatically increase the 60+ population group beginning in 2006. The projected annual increase of the 60+ group starting in 2006 will be three times the increase observed between 1993 and 2006.

According to the 2000 census, Utah has the sixth most rapidly increasing population age 65 and older in the nation. The predicted aging of the state is a situation that has been created by two main factors: 1) the increase in longevity due to better health, sanitation, nutrition, and medicine and, 2) the "baby boomer" cohort reaching retirement age. There is concern that the predicted growth of those needing services will overwhelm the existing programs and services currently provided to Utah's older citizens. There is a need to invest in planning and designing better ways to articulate the impact that the aging of Utah's population will have upon the current service delivery systems, while at the same time maintaining a solid foundation of current services for existing individuals over the age of 65.

## Population Projections of 65+ and 85+ Year Old Individuals in Utah



Source: Demographic & Economic Analysis, Governor's Office of Planning & Budget, 2000

## Recent Activities of the Division of Aging and Adult Services

### Century Club Celebration

The Twenty-first Annual Century Club of Utah Celebration, hosted by Governor and Mrs. Jon M. Huntsman, Jr., and Lieutenant Governor and Mrs. Gary R. Herbert, honored 47 of Utah's oldest citizens, those who have reached the age of 100 years. The celebration was held at the Utah State Fair Park, and attendees were invited to the Governor's Mansion afterward for a special tour.

When a Utahn turns 100, the Governor sends a letter welcoming the centenarian to the Century Club, along with a framed certificate of membership and a specially-made lapel pin engraved with "100 - Centenarian".

The census reported that 155 centenarians were living in Utah in the year 2000. However, because it is difficult to gather information on all of them, only 127 centenarians are listed on the records kept in DAAS. Their ages and counties of residence are shown on the following charts.

<b>Utah's Centenarians</b>			
<b>Breakout by Age:</b>			
<u>Age</u>	<u>Women</u>	<u>Men</u>	<u>Total</u>
113	0	0	0
112	0	0	0
111	0	0	0
110	0	0	0
109	0	0	0
108	0	0	0
107	1	1	2
106	2	1	3
105	3	1	4
104	4	3	7
103	7	3	10
102	17	4	21
101	36	2	38
100	33	9	42
<b>Totals:</b>	<b>103</b>	<b>24</b>	<b>127</b>
<b>Counties of Residence:</b>			
Beaver	<b>1</b>		
Box Elder	<b>3</b>		
Cache	<b>4</b>		
Davis	<b>15</b>		
Emery	<b>1</b>		
Iron	<b>1</b>		
Juab	<b>2</b>		
Morgan	<b>1</b>		
Salt Lake	<b>53</b>		
San Juan	<b>2</b>		
Sanpete	<b>2</b>		
Sevier	<b>1</b>		
Uintah	<b>2</b>		
Utah	<b>18</b>		
Wasatch	<b>1</b>		
Washington	<b>6</b>		
Weber	<b>14</b>		
<b>TOTALS:</b>	<b>127</b>		

## **State Board of Aging and Adult Services**

The Board of Aging and Adult Services is the program policymaking body for DAAS. The seven-member Board is appointed by the governor and confirmed by the State Senate. Members are chosen from both rural and urban areas of the state and the Board is nonpartisan in its composition. The Board meets on a monthly basis and regularly hears from Division staff and the Chair of the Utah Association of Area Agencies on Aging (U4A), a group that represents Utah's 12 AAAs. While most of the meetings are held in Salt Lake City, the Board conducts several of its monthly meetings in rural Utah. During all meetings members of the public are invited and encouraged to participate and present their concerns to the Board.

Responding to the challenges facing Utah as its population ages, the Board commissioned the development of four one-page position papers reflecting its opinion on issues that the state needs to attend to, especially in light of the demographic changes that will be exacerbated when the "baby boomers" reach retirement age in 2011.

The position papers included: 1) Transportation issues, 2) In-home and Community-Based Services, 3), Improving Preventive Health Services for the Senior Population, and 4) Caregiver Support Services. A copy of the papers can be found in Appendix I on Page 27.

On an annual basis, the Board is called upon to review and approve the plans that explain how the AAAs will utilize the federal funds allocated to the state in furtherance of the Older Americans Act. The actual format of the plan is developed by the Division and approved by the Board. The Annual Plan for 2007, in addition to reporting the number of services provided to eligible seniors, provided information regarding each agency's accomplishments during the previous year. Appendix II on Page 33 contains a report on the numeric and programmatic accomplishments of each area agency as reported to the Board.

## **Urban, Rural and Specialized Transportation Association**

During 2007, the Division continued its active participation in the Urban, Rural and Specialized Transportation Association (URSTA), in order to stay informed of statewide transportation issues. Additionally, the Division joined the Department of Transportation, Department of Health, and other agencies in forming the United We Ride Task Force, which is reviewing interagency transportation issues statewide through a federal grant co-sponsored by the Federal Transportation Administration and the Administration on Aging.

# ADMINISTRATION

The Division receives policy direction from a seven-member Board of Aging and Adult Services appointed by the governor and confirmed by the State Senate.

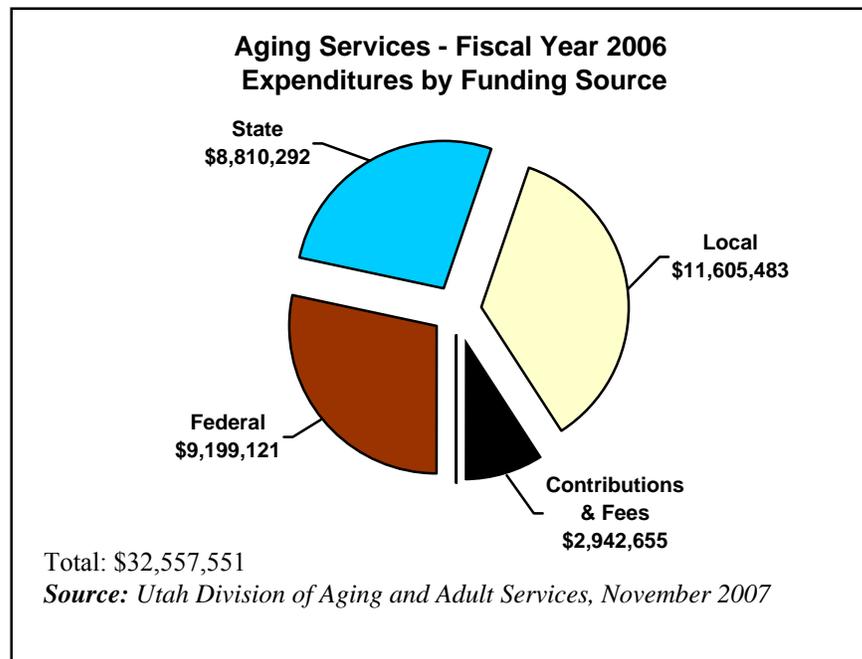
## SERVICE DELIVERY

### I. AGING SERVICES

The Division contracts with units of local government or Associations of Governments to operate AAAs. A funding formula is used to allocate funds to the AAAs, who are responsible for the planning, development and delivery of aging services throughout their geographic areas. The AAAs, in turn, contract with local service providers and/or provide services directly to meet the identified needs of their elderly population. The services available within a service area may include, but are not limited to, congregate and home-delivered meals, information and referral, volunteer opportunities, transportation, and a variety of in-home services including Homemaker, Personal Care, Home Health Care, and Medicaid Home and Community-Based Aging Waiver Services. Several other services are available as set by local priorities. A list of AAAs is located on page 69.

#### A. Funding Aging Services Programs

There is a variety of funding sources for the programs administered by the Division's Aging Services, including federal, state and local governments. The following figure shows the percentage and amount of the total aging services budget that each of the major sources contributes. The federal share is received through allocations authorized by the Older Americans Act. The Utah Legislature appropriates state funds, with local funding coming from counties, private contributions, and the collection of fees.



## **B. Review of Aging Program Fiscal Year 2007 Activities**

The Division of Aging and Adult Services (DAAS) was created as Utah's State Unit on Aging in compliance with the Older Americans Act. By State Statute 62A-3-104, the Division is granted the legal authority to establish and monitor programs that serve the needs of Utah's seniors.

The following is a review of the services available through the Division and the AAAs to help the elderly and their families deal with the changes and challenges that follow the aging process. A constant theme in the Utah Departments of Health and Human Services is the belief in collaborations between the older adults and the public and private partners to improve their quality of life and health.

### **1. Health Promotion and Disease Prevention Program**

#### Quote:

“When Health is absent;  
Wisdom cannot reveal itself,  
Art cannot become manifest,  
Strength cannot be exerted,  
Wealth is useless and  
Reason powerless”  
*Herophiles-300 B.C.*

Evidence-Based Health Promotion Programming is the operating principle implemented by both departments for improving health and preventing disease among our expanding older adult population. In 2006, DAAS began to focus on training programs that exemplify proven outcomes for better health. In 2007, Utah has a great need for more widespread use of evidence-based interventions. Currently, evidence-based programs are available on a limited basis for individuals with arthritis, diabetes and heart disease. At this time there are no available evidence-based programs for adults with asthma or hypertension in Utah, although, nationally an asthma management program has been developed. Additionally, the Heart Disease and Stroke Prevention Program at the Utah Department of Health does have an educational program within a local HMO system. This program, however, is not available to the general public at this time.

In Utah the following evidence-based programs for the four chronic conditions include:

- Chronic Disease Self Management Program
- Arthritis Foundation Self Management Program
- Arthritis Foundation Exercise Program
- Arthritis Foundation Aquatics Program
- Diabetes Self Management Program
- Home Health Diabetes Case Management Program

## **2. Community Senior Centers**

Many physiologic and social factors contribute to poor nutrition in older adults. Nutrition education is an important part of improving good eating habits. Educational materials need to be simple, practical and memorable. The “Reshape Your Plate Program” was developed to address different levels of health/nutrition literacy and stages of change in eating for older adults. (See Appendix IV on Page 73.)

It is important that seniors know what foods they can chose from in order to create a nutritionally balanced meal. The “Reshape Your Plate Program” focuses on visualizing individual meals so the person can easily estimate portion size and prompt identification of food choices. These materials and teaching manuals were made available to all senior centers.

### Congregate Meals

The congregate meal program provides one meal a day that meets 33 1/3 percent of the recommended dietary requirements for elderly persons at approximately 104 meal sites across the state (plus eight sites that are not state-funded). These meals are made available to individuals age 60 and over. Nutrition education is provided to all participants and good health habits are continually encouraged.

A confidential contribution is encouraged by those who receive these meals. The suggested contribution amount is established by the local AAAs. These contributions covered 24 percent of the total expenditures in FY 2007 and are used to enhance the congregate meals program.

### Home-Delivered Meals (HDM)

The HDM program provides one meal a day that meets 33 1/3 percent of the recommended dietary requirements for elderly persons who are age 60 or over, home-bound, and have limited capacity to provide nutritionally-balanced meals for themselves. Other in-home services are provided when identified through assessment.

Home-delivered meals are delivered to the participants' homes five days a week, except in some rural areas where funding may limit delivery to only four days a week with a waiver approval. Through the assessment process, an effort is made to assure that those with severity of need receive meals. Contributions are encouraged in an amount set by the local AAAs and go directly to the HDM Program. In FY 2007, contributions to the program covered 21 percent of the total expenditures. Due to funding limitations, there are still unserved and underserved areas of the state.

#### CONGREGATE MEALS FISCAL YEAR 2007

• Unduplicated Persons served:	24,405
• Meals served:	958,726
• Total expenditures:	\$5,384,091
• Contributions by seniors:	\$1,269,665
• Average cost per meal*:	\$5.62

#### HOME-DELIVERED MEALS FISCAL YEAR 2007

• Unduplicated Persons served:	10,057
• Meals served:	1,151,847
• Total expenditures:	\$6,767,190
• Contributions by seniors:	\$1,401,523
• Average cost per meal*:	\$5.88

\*Cost includes direct costs (food, labor, transportation), indirect costs (screenings, education), and administration costs.

The following profile of HDM recipients describes the typical participant and what may be expected in future years. As medical advances allow people to live longer, seniors are experiencing increased chronic illness, which limits their ability to

adequately care for themselves. The HDM Program helps meet the needs of these individuals. An increased demand for this service is expected.

- Age: 70% are 75 years of age or older.  
40% are 85 years of age or older.
  - Female: 75%
  - Lives alone: 95%; Requires assistance with ADLs\*
  - Receives at least five meals per week
  - One third of recipients require special diets (low sodium, high protein, diabetic, etc.)
  - Receives nutrition education
- \* *ADL = Activities of Daily Living*

### **3. The Home and Community-Based Alternatives Program**

Developed and fully funded by the state of Utah, the Home and Community-Based Alternatives Program provides in-home services which allow people to cost effectively remain in their homes as long as possible as they age, thus reducing the need for nursing home placement.

Since its inception three decades ago, the stated goal of the program has been to prevent pre-mature placement in nursing facilities, as well as to provide additional benefits to individuals including enhancement of their quality of life, promotion of independence in one's own home and general well-being. In the ensuing years the extreme cost benefit of keeping people at home versus any kind of institutional care has become more pronounced due to the escalating costs of long-term care facilities.

In the array of services offered, the first is always case management. Every Area Agency on Aging (AAA) in Utah has professional case managers who specialize in the issues of aging, understand local community resources, and are committed to providing excellent service. Although clients must meet age and financial eligibility guidelines to receive services under the Home and Community-Based Alternatives Program, it is the most flexible of all in-home programs. This core flexibility allows a service package to be designed that meets a client's unique needs once eligibility has been established.

Throughout Utah, case managers remain committed to client directed care. This in-home services model emphasizes the client's involvement with care planning whenever possible. The Alternatives Program supports even those clients who wish to hire their own care providers. In addition to case management, typical services provided by the AAA include a broad spectrum of client assistance including personal care, homemaker services, transportation, respite to caregivers, and chore services.

Uniquely, Utah's Home & Community-Based Alternatives Program charges clients a fee for services, based upon their ability to pay. While the fees are generally low, in

the neighborhood of \$11-30 per month, asking clients to pay a fee for their services provides consumer involvement which keeps the program from feeling like an entitlement. These fees offset about 25 percent of the annual program costs.

The following chart profiles the use of services in this program during FY 2007:

<b>The Alternatives Program: FY 2007</b>	
<ul style="list-style-type: none"> <li>• Homemaker</li> <li>• Personal Care and Home Health Aide</li> <li>• Other Services               <ul style="list-style-type: none"> <li>- Home-Delivered Meals</li> <li>- Respite/Adult Day Care</li> <li>- Transportation</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Individuals Served <span style="float: right;">1,049</span></li> <li>• Expenditures: State Funds <span style="float: right;">\$3,945,226</span></li> <li>• Fees <span style="float: right;">\$53,870</span></li> <li style="padding-left: 40px;">Local Funds <span style="float: right;">\$209,979</span></li> <li>• Average Annual Cost per Client <span style="float: right;">\$3,624</span></li> <li>• Age of Clients: Under 60 <span style="float: right;">15%</span></li> <li style="padding-left: 40px;">60 &amp; older <span style="float: right;">85%</span></li> </ul>

The AoA is looking at state-funded home and community-based programs to learn what policies and practices seem to be most effective in providing services at the lowest costs. Utah was one of the states invited to a roundtable discussion in the autumn of 2006 and has received very positive feedback from the AoA on our Home and Community-Based Alternatives Program

#### **4. National Family Caregiver Support Program**

For five years (1996-2000) Utah administered a state-funded respite program for caregivers. During that period of time a little a little over 1,000 caregivers received respite care services. Today Utah's caregivers have a much wider array of support services available to them including the traditional respite care. Since the reauthorization of the Older Americans Act and the enactment of the National Family Caregiver Support Program (NFCSP) in 2000, over 2,300 caregivers have received respite services and thousands more caregivers have been able to access critical services to protect their well being and help them provide care to a loved one.

With the expansion of services caregivers can receive information about programs and services and access information about the available resources. Case managers now help them access those resources. Education/training/support is available for caregivers to learn more about their role and the system. Other services such as financial and legal counseling, assistance with transportation and more are offered on a limited basis.

With the most recent reauthorization of the OAA 2006, there is a commitment to provide outreach and services to a broader audience of family caregivers under the NFCSP. The reauthorization includes providing caregiver services to an older adult who cares for a child of any age with a disability; allowing participation of a

grandparent or relative caregiver beginning at age 55 and clarifying that an older individual may receive services if providing care for a child related through blood, marriage, or adoption; and authorizing caregiver support for relatives responsible for the care of an individual of any age who is diagnosed with Alzheimer's disease or a related neurological disorder. Priority is given to caregivers of relatives with Alzheimer's disease who are over age 60. Also, the current changes authorize all Title III programs for fiscal years 2007-2011 with an increased appropriation level to \$187 million over five years for the NFCSP.

The updated OAA will modernize community-based long-term care systems by empowering consumers to make informed decisions about their care options, give people greater control over the types of services they receive, create more opportunities for high-risk individuals to avoid institutional care, and enable more seniors to live healthy lives in their communities. Changes in the OAA support and complement ongoing changes in the Medicare and Medicaid programs to provide increased options for and greater integration of home and community-based care and services for older and disabled individuals and to help rebalance health and long-term care for the 21st Century.

Supporting family caregivers is of the utmost importance due to their key role in upholding American family values and honoring the desire of many older adults to live at home and stay close to their families for as long as possible. Utah could not meet its long-term care obligations without contributions from family caregivers. It is widely known that the vast majority of older people prefer to live in their current residences. By giving informal care, family members honor their relative's wishes to remain at home.

The NFCSP will continue to focus on identifying and serving families who are the most economically or socially isolated, although it is not necessary to be in a low-income category to receive services. There are no financial eligibility requirements to receive services through this program.

The usual access point for these services is the local Area Agency on Aging. Caregivers across the state can learn about the resources and services available to them through these agencies.

Work continues with the Utah Commission on Aging, where caregiver issues are being examined, including issues that impact employed caregivers. Discussions with employers of several Utah companies include caregiver-specific topics such as the need for developing a caregiver support network at the workplace, and addressing the needs of the "sandwich" generation of workers caring for parents as well as children.

The Utah Coalition for Caregiver Support (UCCS), formed in March 2002, is a statewide partnership of approximately 30 organizations. It meets regularly to discuss the issues that impact caregivers throughout the state. In addition to the ongoing distribution of The Family Caregiving in Utah booklet, which was developed by the coalition, and contains helpful information about services related to caregiving issues and is available by contacting [syudell@utah.gov](mailto:syudell@utah.gov) the coalition has co-sponsored the reprinting of Respite Services – Enhancing the Quality of Daily Life for Caregivers

and Care Receivers, a booklet to assist caregivers in learning how to have a more quality respite experience. Copies of this booklet are available at <http://aging.utah.edu/gerontology/>.

This past year, the UCCS received a grant from the National Alliance on Caregiving to enable them to develop and implement statewide activities for November, National Caregiver Awareness Month. The UCCS had a declaration signed by Governor Huntsman declaring November Caregiver Awareness Month in Utah. Also, the UCCS has planned for statewide activities that will bring awareness about the work caregivers do and provide recognition for this work through regional rejuvenation activities to honor them.

## **5. Home and Community-Based Medicaid Aging Waiver Program**

For the past 15 years, the Division has administered the Utah Home and Community-Based Medicaid Aging Waiver Program. The Aging Waiver program provides home and community-based services to individuals who are in the home setting, but require the types of services provided by nursing facilities and would be expected to enter a nursing facility through the Medicaid program within a very short period of time if they could not obtain in-home services from the waiver program. During the Program's 15 years in operation, 4,219 frail elderly have been served. In FY 2007, Utah's Home and Community-Based Medicaid Aging Waiver Program served 774 elderly Utahns, enabling them to continue residing in their own homes rather than being placed in nursing facilities.

Aging Waiver services are available statewide to seniors age 65 and over who meet criteria for nursing home admission and Medicaid financial eligibility. Services provided to eligible seniors include homemaker, adult day health services, home health aide, home-delivered meals, non-medical transportation, etc.

In 2005, a new waiver was granted for the next five years.

## HOME AND COMMUNITY-BASED MEDICAID AGING WAIVER

Services Provided:*	% of clients
•Homemaker:	78%
•Emergency Response:	69%
•Home-Delivered Meals:	39%
•Med Equip/assistive technology	34%
•Adult Day Health Services:	15%
•Respite and Transportation:	27%

\* Most clients receive several services, therefore the total exceeds 100%.

### Cost Data on the Waiver

Other Waiver Facts:	
•Total individuals served:	774
•Total expenditures:	\$3,922,632
•Annual average cost per client:	\$5,068

## 6. Other Older Americans Act Services

Older Americans Act Title III-B funds are used to provide a wide variety of services that enable Utah's seniors to maintain their independence. Remaining at home in a community with which they are familiar is a high priority for Utah's seniors. When illness or disability limits seniors' ability to perform tasks necessary to live independently, outside assistance is requested. With funds made available from the Older Americans Act in the categories of access, legal, in-home and optional services, the AAAs provide services to help families and caregivers maintain seniors in their own homes and communities. The agencies also provide information and presentations on a wide range of topics of interest to seniors, such as health and medical issues, taxes, budgeting and personal finance, insurance, Medicare, estate planning, consumer fraud, etc.

The AAAs also assist many seniors with chores that are difficult or impossible to do themselves, such as lawn work, snow removal, and minor house repairs. Friendly visitors, telephone reassurance, and volunteer services do much to alleviate problems that homebound seniors face if they are alone and isolated. Transportation is critical for seniors whose frailty prevents them from driving or who have limited access to public transportation services.

## 7. Senior Health Insurance Information Program (SHIP)

The Centers for Medicare and Medicaid Services (CMS) contracts with DAAS to educate the Medicare beneficiaries about Medicare and its benefits. Division staff trained approximately 100 SHIP volunteers for this program. The volunteers are educated in all aspects of senior health insurance issues. The topics covered include Medicare, Medicaid, Social Security, Medicare Supplement, and Long-term Care. The Division partners with many state, federal and other agencies that participate in the

delivery of the training across the state. The focus for the year was on the Preventive Health benefits available under Medicare and the MyMedicare.gov website. The educational process was handled through group presentations, public media methods, and one-on-one counseling.

### **Utah – State Data**

Total Medicare Beneficiaries in Utah	242,104
Total Medicare Beneficiaries with Prescription Drug Coverage	215,563
Total Percentage with Drug Coverage in Utah	89%
Beneficiaries with Drug Coverage from Medicare or Former Employers*	193,395
Beneficiaries with Medicare Stand Alone Drug Plans	72,082
Beneficiaries with Medicare Advantage Plans with Drug Coverage	31,775

### **8. The State Long-Term Care Ombudsman Program**

The Utah Ombudsman Program responds to concerns and complaints about the quality of care and quality of life of residents living in long-term care facilities: nursing homes, assisted living facilities, swing bed hospitals, transitional care units and small health care facilities. In Utah, there are 280 facilities with 15,365 licensed beds. The statewide program currently has 9.7 FTEs responding to the complaints and doing investigative and advocacy work for the entire state of Utah. Ombudsmen have responded to 1,707 cases and 1,788 complaints this last year. Due to ongoing updates from a national consistency-reporting program, the methods in which cases and complaints are counted has continued to change. Altercations between residents were not counted for a portion of last year, and this year there has been a change in the definition of consultations. Some cases handled by the Ombudsman will now be counted as consultations rather than complaints, thus reducing the number of complaints from previous years. However, the workload for local ombudsmen continues to grow with more visits to assisted living facilities and an increase in the seriousness of cases. Along the Wasatch Front, volunteers continue to give the program a needed boost.

### **9. Title V: Senior Community Service Employment Program (SCSEP)**

The Senior Community Service Employment Program (SCSEP), also known as Title V of the OAA is a job training program for seniors over the age of 55. The program places seniors in a community service setting to obtain work skills necessary for job placement in the regular work community. During fiscal year 2006, Utah finished the year with a job placement rate of 45 percent. SCSEP had major legislative changes during the last year, requiring the Division to implement new state rules to reflect the changes in the federal SCSEP program. The Division also directed the development of the Coordinated Services State Plan for the Department of Labor.

### THE AVERAGE TITLE V ENROLLEE

• Age: 55–59	38 %
• Age 60+	62%
• Female	60 %
• High school graduate	30 %
• Annual income below poverty level	95 %
• Minimum Title V wage	\$5.85 per hr.

#### 10. Legal Assistance Services: The Role of the Legal Services Developer

The Older Americans Act deems senior legal assistance a priority service. Accordingly, the Act requires that each state employ a Legal Services Developer to ensure that priority is given to senior legal assistance programs. The Act requires the establishment of legal services related to income assistance, health care, long-term care, nutrition, housing and utilities, protective services, defense of guardianship, abuse, neglect, exploitation, and age discrimination. The Legal Services Developer's role is to (1) provide state leadership in securing and maintaining the legal rights of older persons; (2) coordinate the provision of legal assistance programs; and (3) improve the quality and quantity of services by developing a comprehensive system of legal services targeting older persons in greatest social and economic need while providing an array of legal services to all older Utahns.

In 2004, the Developer and the Division Director, conducted a groundbreaking project of surveying the types of legal problems that seniors encounter, as well as determining what legal service is most needed by seniors. Since that time the Developer has worked to implement the findings of the survey. According to the legal needs study, a guidebook is the second most requested service among Utah's seniors. Given that the last guidebook was published over a decade ago, it needed to be rewritten entirely. This year the Developer has been writing and editing the book. The book will cover many elder law topics including financial exploitation, estate planning, consumer law, and advance directives among other topics. The book will be disbursed throughout Utah. The Developer has raised all the necessary funds to print the book.

The Developer also conducted a groundbreaking study and evaluation of Utah's Adult Protective Services (APS) program. The study looked at a stratified random sample of APS cases. The results of the study showed the areas that APS was doing well in and areas that needed improvement.

This year the State of Utah, with assistance from the Center for Social Gerontology, will develop an Elder Rights Plan.

The Developer continues to act as a statewide leader in elder law by giving presentations on a national and state level to attorneys and seniors about elder law

topics, writing articles for publication, giving advice to attorneys and seniors, and ensuring that seniors are able to find legal resources they need.

The Developer's important initiatives and programs include on-going work with several legal services providers and elder law stakeholders, such as Utah Legal Services, the AAAs, the Center for Social Gerontology, and Utah Bar Association's Needs of the Elderly Committee.

## **II. ADULT PROTECTIVE SERVICES**

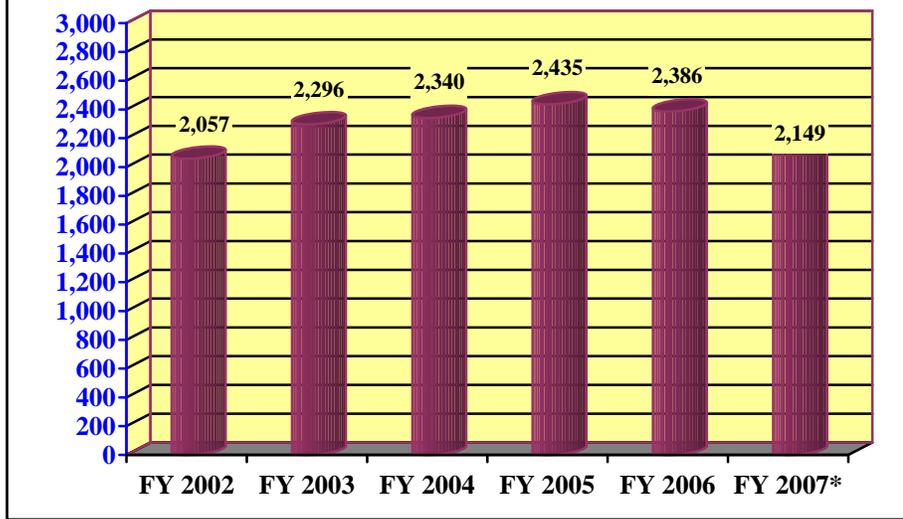
DAAS is responsible for the administration of Adult Protective Service Programs (APS). Within the administrative structure of the Division, the director of Adult Protective Services has statewide administrative responsibility for the program. Adult Protective Services are delivered by Division staff through APS Regional Offices. A complete list of the APS Regional Offices is located on Page 71.

Federal and state statutes require that vulnerable adults, including elderly and mentally or physically impaired adults, be protected from abuse, neglect and exploitation. APS is mandated to investigate allegations of abuse, neglect and exploitation of any vulnerable adult. APS investigators are located throughout the state and intervene, with law enforcement as necessary, to stop the abuse, neglect and exploitation, and provide services or referrals to vulnerable adults or their families for services which will protect them from further harm.

Participation in services provided by APS is voluntary for vulnerable adult, unless mandated by a court order. Any services provided to the vulnerable adult are to be paid by the recipient whenever possible. Most clients are referred to community programs for assistance. If community services are not available, short-term limited services may be provided by Adult Protective Services. Adult Protective Services encourages the vulnerable adult, families and other agencies to assume as much responsibility as possible for the care and protection of these individuals.

Abuse, neglect and exploitation of vulnerable adults continues to be one of society's most alarming problems. The following chart reflects the number of investigations completed by Adult Protective Services.

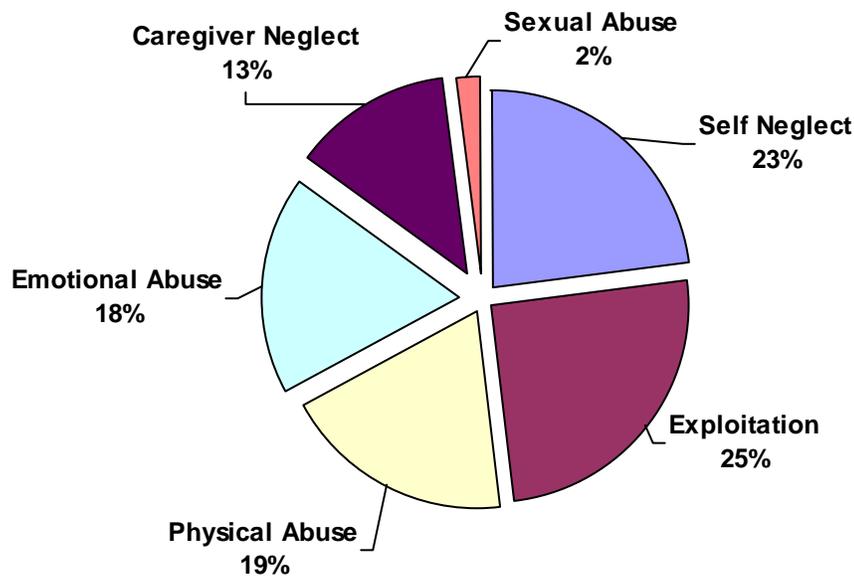
## Adult Protective Services Investigations



\*The reduction in overall investigations reflects a statutory change in 2007 which shifted certain investigations in long-term care facilities from the APS program to the Ombudsman program.

The following chart shows the results of investigations by type of substantiated allegation during FY 2007.

## Adult Protective Services Investigation Results



## A. Investigation

Utah has a mandatory reporting law requiring anyone who suspects the abuse, neglect or exploitation of a vulnerable adult to report the situation to either law enforcement or the local Adult Protective Services Intake (800-371-7897). Upon receiving a report of suspected abuse, neglect or exploitation of a vulnerable adult, statute requires that APS conduct an investigation to determine the validity of the allegations. If it is determined that abuse, neglect or exploitation has occurred, the Adult Protective Service worker will assess the situation and recommend a course of action to protect the individual from further abuse. State statute requires law enforcement to conduct an investigation of identified perpetrators and to file criminal charges when the evidence supports that action.

The following charts illustrate a profile of the Adult Protective Services clients and perpetrators.

<b>Typical Client</b>	
Age: 60 – 89	62%
Female	57%
Self-Neglect/Exploitation	48%
Lives In Own Home	76%

<b>Perpetrators</b>	
<b>Age:</b>	
40-59	50%
<b>Relationship To Victim:</b>	
Family Member/Relative	67%

## B. Training

It is estimated that only a small percentage of cases of abuse, neglect, or exploitation of vulnerable adults is ever reported to the proper authority. Low reporting may be a result of lack of awareness/education regarding the program. During FY 2007, the state continued efforts to enhance awareness of vulnerable adult abuse and revisions made recently to the Civil and Criminal Law (U.C.A. § 62A-3-301 and U.C.A. § 76-5-111). The program has provided 478 hours of training to approximately 8,253 individuals throughout the state, including, but not limited to, law enforcement officials, first responders, long-term care professionals, home health professionals, medical professionals, financial institutions, and senior citizens. Education, collaboration, and cooperation continue to be effective tools in recognizing and preventing vulnerable adult abuse.

## C. Emergency Protective Payments

Emergency Protective Payments are issued to eligible individuals in emergency situations to meet essential life-sustaining needs. Payments are intended to assist the client in avoiding a situation that could lead to a protective need or premature institutionalization. Payments assist with services such as emergency shelter, utilities, and clothing. When feasible, the client repays the funds received.



# APPENDICES



**Appendix I**

**BOARD POSITION PAPERS**



## **Transportation Issues Among the Aging Population (Priority 1)**

As the “boomer” generation (birth years 1946-1964) ages, the increase in the senior citizen population will intensify demands on an already inadequate transportation system.

- Transportation is critical to remaining independent in one’s home, which is a strong desire among the senior population. Access to transportation helps seniors avoid becoming dependent on others for shopping, recreation, and medical care.
- The most common means of transportation for seniors is still their own automobile. Drivers over age 40 represent 46 percent of all licensed drivers in Utah. The 40- to 59-year-old population (baby boomers) makes up 65 percent of this group. Thus, a large number of Utah’s drivers will be aging in the next two decades.
- Aging drivers are perceived by some to be less safe. Aging drivers may be forced to continue to drive their own vehicle beyond a time when they may do so safely because no alternative transportation exists.
- The rare but highly publicized accidents involving older drivers may result in efforts by some individuals for more stringent licensing requirements, further reducing elderly mobility if no alternative public transportation is made available.
- For urban areas, services such as those provided by the Utah Transit Authority continue to expand, but will not be able to keep pace with the aging population’s transportation needs without substantial increases in funding.
- Rural seniors face additional roadblocks to remaining independent due to lack of public transportation.

The Board of Aging and Adult Services believes that Utah needs to do more to ensure that Utah’s transportation system will meet the challenge of the aging population. The Board urges the Legislature to support the following initiatives.

- Increase funding for senior transportation programs to address the increase in fuel costs
- Add funding to the Meals on Wheels program to address the increase in fuel costs.
- Improve local capacity by supporting the one-time funding request for transportation equipment such as vans and ADA equipped busses.

## **Improving Home and Community-Based Services for Utah's Seniors (Priority 2)**

Utah has traditionally emphasized meeting the needs of our children, but we actually rank sixth nationally in population growth for individuals over the age of 65. Between the years 2000 and 2030, the 65 plus population is projected to grow 123 percent, a rate faster than our elementary school aged population. There is a clear need to focus on senior needs as well as children.

Longer life spans often mean an increase in chronic conditions. For example, 39 percent of individuals over 70 require one or more assistive devices to meet their needs. Additionally, 50 percent of people 85 and older will develop Alzheimer's disease.

Most people say that they do not want to "end up" in a nursing facility. Fortunately, there are many options for long-term care in our state. Where, not long ago, the choices were living with one's children or going to the "rest home," many Utahns today can age at home with the assistance of in-home service providers.

Family caregivers provide much of the in-home care needed by their loved one to remain at home. Care through public and private in-home service providers is not meant to replace the family, but to supplement family care, thus allowing the individual's health and safety to remain intact while they age at home.

In-home services programs provide benefits in at least three important ways:

- Improved quality of life. Individuals can age in the place of their choosing, with the dignity and respect they desire.
- Empowerment and control for consumers and their families for as long as possible. With professional case assistance, clients are able to choose the types of services needed and whom they want to provide the services.
- Diversion from early nursing home placement saves public funds. The state's cost for nursing home placement in Utah averages \$23,944 annually. In-home services programs cost average \$3,200 annually.

In-home and community programs allow older people to avoid premature institutionalization. A limited number of services are available to individuals 18 and older; the majority of public funding serves those 60 years and older.

Funding these programs is unique in that it draws on federal, state, and in some places, county dollars. The demands for in-home services will continue to increase as our aging population increases.

The current systems are barely adequate to meet today's needs and our systems of service delivery, housing and medical care for seniors will certainly be overwhelmed by the upcoming surge of aging baby boomers. It is essential to begin planning now.

## **Improving Preventive Health Services for the Senior Population (Priority 3)**

Poor health is not an inevitable consequence of aging. But four out of five seniors have at least one chronic condition and at least half of all seniors have two or more chronic ailments that undermine their mental and physical health, limit their ability to care for themselves, and erode their quality of life.

If we don't do more to prevent chronic health conditions, the costs will simply overwhelm the present system. For instance:

- In FY 2000, U.S. spending on health care for the elderly totaled \$615 billion - more than a third of the federal budget. By FY 2010, it is projected that this will be \$1,050 billion, the year before the baby boomers turn 65.
- During the next decade, there will be a 25 percent increase in the number of people over the age of 65, with an even greater increase in the number over the age of 85.

Focusing on health promotion and prevention can significantly improve overall health and save costs. There is an ever-growing body of research that demonstrates that health promotion and prevention can improve health status, reduce the impact of disease, delay disability and the need for long-term care.

The challenge is to apply what we already know more broadly so we can reach all of Utah's older adults. Utah's Board of Aging and Adult Services has identified three key areas to significantly improve health for older adults:

- Physical Activity At least 30 minutes several days a week can prevent or reduce heart disease, hypertension, diabetes, arthritis, and improve mental health. Only 16 percent of adults 65-74 report participating in regular physical activity.
- Immunization Vaccination against pneumonia and influenza is 80 percent effective. In 1999, less than 40 percent of older adults report being immunized against influenza and 33 percent against pneumonia. In the U.S., over 50,000 adults 65 years and older die each year of pneumonia and influenza.
- Fall Prevention Improving strength and balance can reduce falling. More than \$20 billion is spent annually on fall related injuries.

The emphasis of public health officials must shift from focusing only on the younger population to include the increasing numbers of seniors. This can be accomplished by:

- Promoting increased collaboration between public health and aging services network.
- Improving capacity of aging network to introduce evidenced-based programs that can improve health status of seniors, lessen the impact of disease, and delay disability and the need for long-term care.

## **Caregivers: Supporting Those Who Care for Utah’s “Greatest Generation” (Priority 4)**

Government and businesses must prepare to provide resources for caregivers who face the responsibility of caring for an older parent, relative or friend.

### **The Facts Clearly Show a Compelling Need for Caregiver Support.**

- One in four American adults are long-term caregivers.
- Nearly two-thirds of adults under 60 believe they will have to care for an older relative in the next ten years.
- Total lost productivity due to caregiving exceeds \$11.4 billion per year.
- The replacement cost for an experienced employee is 93 percent of the employee’s salary.

### **The Government and Employers can Support Caregivers in the Workplace.**

Clearly, caregivers need support in the workplace. Employers should make needed elder care information, such as accessing assistance, home care, respite, bill paying and other services available to employees.

But information is only the beginning. On-site care management for employees through human resource agencies could include benefits such as community referral assistance, in-house caregiver support seminars, group legal services, and flexible work schedules. These benefits may help employees maintain a healthier balance between work and other responsibilities, and in turn, employers enjoy a healthier, more productive workforce.

### **Supporting Caregivers Provides an Immediate and Tangible Benefit.**

Employees who receive on-site care management services may be less likely to quit due to the stress of caregiving. Employers can help employees identify and access resources thereby decreasing their burden and allowing them to focus on their work.

Employers can retain valuable, experienced employees by creating flexible work schedules, including part-time options. Flexibility can allow employees to assist care receivers with their needs while maintaining positive work habits.

### **Making the Right Moves to Support Caregivers**

Working together, the state and the business community should:

- Provide information regarding caregiver support programs.
- Develop tax-incentives for employers who support caregiver support programs.
- Provide tax credits for family caregivers.
- Establish on-site care management services for employees.
- Develop and maintain a web-based caregiver assistance resource site.

## **Appendix II**

# **AREA AGENCY ON AGING REPORTS**



## BEAR RIVER AREA AGENCY ON AGING – FY 2007

### Counties

Box Elder  
Cache  
Rich

### Populations

		<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>
<b><u>60+</u></b>	Box Elder					
	Cache					
	Rich					
	<b><u>Total</u></b>	6,491	6,615	6,739	6,885	7,067
		10,010	10,324	10,666	11,057	11,518
	444	457	474	488	496	
		<b><u>16,945</u></b>	<b><u>17,396</u></b>	<b><u>17,879</u></b>	<b><u>18,430</u></b>	<b><u>19,081</u></b>
<b><u>65+</u></b>		<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>
	Box Elder	4,833	4,900	4,977	5,051	5,122
	Cache	7,293	7,494	7,708	7,863	8,061
	Rich	323	341	360	372	384
	<b><u>Total</u></b>	<b><u>12,449</u></b>	<b><u>12,735</u></b>	<b><u>13,045</u></b>	<b><u>13,286</u></b>	<b><u>13,567</u></b>
<b><u>75+</u></b>		<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>
	Box Elder	2,156	2,187	2,229	2,272	2,303
	Cache	3,502	3,510	3,544	3,586	3,650
	Rich	152	163	178	189	192
	<b><u>Total</u></b>	<b><u>5,810</u></b>	<b><u>5,860</u></b>	<b><u>5,951</u></b>	<b><u>6,047</u></b>	<b><u>6,145</u></b>
<b><u>85+</u></b>		<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>
	Box Elder	542	559	566	566	544
	Cache	1,109	1,113	1,111	1,117	1,130
	Rich	42	42	50	45	46
	<b><u>Total</u></b>	<b><u>1,693</u></b>	<b><u>1,714</u></b>	<b><u>1,727</u></b>	<b><u>1,728</u></b>	<b><u>1,720</u></b>

**The following accomplishments were listed by the Bear River AAA in its annual plan update, May 2007.**

- The Long-term Care Ombudsman successfully advocated in a court proceeding against a proposed guardianship sought by a family member of an assisted living resident. The case demonstrated effective partnering with Adult Protective Services and effective advocacy with the guardian ad litem, attorneys, and the judge for the least restrictive amount of assistance to be ordered for the resident.
- Accessibility issues at the BRAG building have been addressed. The entrances to the main level and bathrooms on the main level have been renovated to become accessible. An elevator was also recently completed which makes the entire building accessible to all patrons.
- A billing reconciliation program for the Aging Medicaid Waiver program has been created and implemented. The program allows workers to more accurately reconcile provider payments and resolve any identified problems.
- BRAG has obtained 501c(3) status which will allow the Senior Companion Program to increase its fundraising activities.
- The Caregiver Family Support Program continues to make an impact in our community through a variety of support groups, training classes, and public education efforts.
- Semi-annual Caregiver Workshops in Cache County addressed the stages of Alzheimer's disease, setting boundaries, and sexuality issues.
- The first Caregiver Workshop in Box Elder County addressed setting boundaries, caring for the caregiver, community resources, and music therapy.
- Served as the site coordinator for the UCare Training Program. Eleven caregiver classes were taught by three volunteer instructors to 99 participants.
- Provided a series of caregiver training classes at the Hyrum Senior Center. Four classes were held. Eleven caregivers participated in the series.
- Supported and/or sponsored three caregiver support groups in Cache and Box Elder counties.
- Provided caregiver training videos for use through the Rich County Library.
- Partnered with USU to conduct a survey of employers related to caregiving issues facing their workers.
- Provided a monthly newsletter to 200 caregivers.
- Health Insurance Counseling continues to be a significant service offered by our Area Agency on Aging. From July 1, 2006 – March 31, 2007, the following services were provided: 678 client contacts, 760 client sessions related to Medicare Part D enrollment, complaints, low income assistance, and plan comparisons, 27,855 minutes (464.25 hours) spent in client services, client contacts have increased 646% from FY2005 (pre-Medicare Part D). funding has not.

- Provided training for all in-home services providers interested in completing the RFP process resulting in 17 approved contracts.
- Recruited and trained one ombudsman volunteer.
- Renovations in all of the senior centers have improved services to seniors. Completed projects include: exterior painting and repair at Rich County Senior Center; office renovation at the Brigham City Senior Center; addition of laundry facilities and a conversation area at the Bear River Valley Senior Center; and new kitchen equipment at the Cache County Senior Center. Rich County did receive \$6000 in renovation funds for their project; however, the remaining expense of their project and the complete cost of the other projects came through fundraising and local government funding.
- The Brigham City Senior Center held their First Annual Senior Health and Fitness Day in conjunction with Brigham City Leisure Services Department. More than 300 seniors from Box Elder, Cache, Weber, and Davis counties participated.
- The Brigham City Senior Center began a pilot transportation program to assist rural seniors and those unable to access UTA services. Funding for the project came from Brigham City Corporation and fundraising efforts.
- The Brigham City Senior Center partnered with Weber Human Services to enroll eligible seniors in the RSVP program. The Brigham Senior Center honored more than 300 volunteers for their service this year.
- Fundraising events sponsored by the Brigham City Senior Center yielded \$23,000 including a sell out Murder Mystery Dinner.
- The Bear River Valley Senior Center has added several educational and recreational classes. They completed 26 quilts; started a card stamping class; started a newsletter; offered commodity distribution; and improved the exercise facilities.
- The Cache Senior Center has added five new classes including leatherworking, watercolor, Japanese dance, and a book club. The Bear River Valley Senior Center has received permission to build a new center if funds can be raised to do so. The current building will be destroyed, as it cannot be renovated to meet new safety standards.

## DAVIS COUNTY AREA AGENCY ON AGING – FY 2007

**County:** Davis

### Populations

	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>
<u>60+</u>	31,709	33,219	34,664	36,146	37,719
<u>65+</u>	22,076	23,006	23,940	24,725	25,602
<u>75+</u>	9,583	9,899	10,204	10,542	10,888
<u>85+</u>	2,434	2,519	2,656	2,764	2,870

**The following accomplishments were listed by the Davis County AAA in its annual plan update, May 2007.**

- Davis County Senior Services is proud of our accomplishments and the many projects we have completed during 2006. This was done despite the chaotic reorganization of the division and exodus of many key staff in December 2005. The staff and administration are commended for exceptional performance and dedication to maintaining quality services to Davis County Seniors. These accomplishments could not have been achieved without the support of other departments in Davis County, such as County Personnel, the Auditor's Office, and the Davis County Commissioners.
- In May 2006, Senior Services was combined with Family Health Services and became one of two divisions in the Davis County Health Department. The divisions report to the Health Director, Lewis Garrett. The financial and contractual responsibilities were assigned to Diana Reich, Health Services Administration Manager. Sally Kershnik, RN MPA was appointed the Director of Senior Services in June 2006. As part of the restructuring, the Weatherization Program was transferred to the Division of Environmental Health.
- Members for the Advisory Board were recruited and appointed by the County Commissioners. The members are from diverse backgrounds and have expertise and interest in senior issues. Members of the Board include: Dwight Adams, Lorna Koci, Fawn Jensen, Carole Taylor, Ron Garrison, Larry Milward, Ann Benson, Commissioner Carol Page, and Dr. Larry Jung. The first meeting of the Davis County Advisory Board occurred in August 2006. Carol Page left the board in December 2006 and was replaced by Commissioner Brett Milburn.
- The three senior centers provided meals, education, classes, and recreation opportunities for seniors during 2006. Seniors could also receive legal advice, information on Medicaid D, and other services. Many improvements were made in the facilities. Golden Years received a new roof. Autumn Glow's tile and carpet were replaced. Ovens, air conditioning, furnaces and drinking fountains were replaced. Autumn Glow replaced the long banquet tables with conversation-friendly round tables. This helped to create a warm, inviting atmosphere.
- The Health Department Immunization Program provided immunizations for influenza and pneumonia at each center. Almost 1,400 vaccines were given to seniors. Last season immunization clinics were done in January to assure that seniors were adequately covered.
- Julie Parker, RN was a welcome addition to the Ombudsman Program as the program coordinator. Julie is a 24-hour employee. Jim Thomas retired in December 2006. We have been actively working

with the State Regional Ombudsman to increase services to residents in long-term care and assisted-living facilities. The number of ombudsman increased from three to four in 2006. This year there were a total of 117 routine visits and 115 contacts made.

- Services were provided to 98 total clients on the Alternatives Program and 37 clients on Medicaid Aging Waiver. The County Commission passed a tax increase to assist in providing services to 30 clients on a waiting list for the Alternatives Program.
- The Home-Based Staff/Case Managers had another successful year of assisting enrollees with the Medicare D program. Although calls were significantly fewer than last year, we still were able to help many people with comparisons and enrollment. We held three successful enrollment events at our three senior activity centers throughout December. Staff was on hand to meet appointments and counsel “walk-ins” as needed. Several media queries and interviews were also done with local newspapers to educate the counties senior population on enrollment details as well as the low-income assistance that is available.
- In-Home Services staff attended trainings sponsored by the DAAS. The staff also attended in-service presentations on emergency preparedness and completed the “Road Map to Preparedness.” Aaron Hadley, case manager, received his Paramedic Instructor's Certificate. He installed AEDs and first-aid kits in all centers and in administration. Aaron provided training on use of the device. The AEDs were purchased with Health Department Bioterrorism Grant funding. Due to his efforts, staff in Senior Services is prepared to assist clients in all office locations in the event of a cardiac emergency.
- The Seniors Health Fair was held at the Davis Conference Center. It was a huge success. Many companies who deal with seniors had displays and provided information. There were activities and a lunch was provided.
- The caregiver program successfully held a series of 16 caregiver classes through the UCARE training module. All classes were well attended. The classes were held at the Bountiful Library and covered many topics from home safety to personal care. The Caregiver coordinator position was vacant through most of the year. Classes and case management services were provided by staff. The Caregiver coordinator position was filled in January 2007.
- A Food Committee was formed to assess the quality of food in congregate and home-Delivered meals. The committee was composed of Administration, Center Managers, Nutrition Coordinators and seniors. The group visited several different establishments, sampled food, and rated the companies. The decision was made to go with Canteen Food Services. This is a national company based out of Arizona that also provided meals to the jail. This company was chosen due to the high quality of food, cost, and cleanliness. Bonnie Athas, Utah State Division of Aging and Adult Services, consulted with the dietitian from Canteen Food Services to create popular and nutritionally sound menus. Plans were developed to update kitchens at each Center and to improve the presentation of the food. Soup and salad bars were added at each location. Syracuse City Senior Center began providing meals and activities to residents in January 2007. The new food service was scheduled to begin in early 2007.

#### **Barriers/Disappointments/Challenges:**

- Transportation is one of the main barriers and challenges in Davis County. Many of the vehicles are old and in need of repair or replacement. It is difficult to recruit drivers with CDL licenses. The size and

configuration of Davis County make it difficult to develop driving schedules, while allowing the seniors the flexibility to come and go as they desire. Transportation to medical appointments must be made in advance and scheduled around meals and activities. This is a complex issue to address. Davis County Senior Services has convened a committee to assess vehicles in need of replacement and develop a replacement plan. In addition, the Division will apply for state funding as it becomes available. Other creative solutions need to be explored and include the private sector in the resolution of this problem.

- Facilities in need of renovation are a barrier to enhancing the experience of seniors. There is a lack of suitable space at most centers that will allow expansion of classes. Heritage Center is not conducive to serving seniors. The classrooms are upstairs and shared with other Clearfield programs. As a result, there is very little that can be done to make the environment more attractive. There is limited space in the dining room, so serving more seniors will be difficult. The dining room often appears crowded, and it is difficult for the disabled to navigate. Davis County Senior Services is working intensely with Clearfield City and the County Commission to acquire new updated facilities.
- With the acquisition of Senior Services, the organization of the Health Department took on a new complexion. Issues of seniors became more important in the public health arena. Public health issues surrounding the aging population have taken on an importance that has not been seen in prior years. The integration of the programs has been an excellent and rewarding experience for everyone involved. With this brings the challenge of functioning unlike any other health departments in the state. Advocating for funding and services to seniors in traditional child-centered programs, such as Injury Prevention, is a challenge. The Emergency Preparedness Programs are open, but need gentle reminders to remember the needs of seniors. There has been a steep learning curve for the administrators on aging issues, advocacy, funding, and legislation. It has been a fantastic experience, and without exception, we have enjoyed it immensely.

## FIVE-COUNTY AREA AGENCY ON AGING – FY 2007

### Counties

Beaver  
Garfield  
Iron  
Kane  
Washington

### Populations

		<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>
<b><u>60+</u></b>	Beaver	998	994	1,001	1,015	1,033
	Garfield	920	942	964	983	1,004
	Iron	4,830	5,027	5,234	5,469	5,711
	Kane	1,510	1,547	1,575	1,611	1,649
	Washington	28,098	29,439	30,878	32,335	33,791
	<b><u>Total</u></b>		<b><u>36,356</u></b>	<b><u>37,949</u></b>	<b><u>39,652</u></b>	<b><u>41,413</u></b>
<b><u>65+</u></b>	Beaver	755	735	713	686	656
	Garfield	687	680	675	674	682
	Iron	3,496	3,637	3,782	3,911	4,036
	Kane	1,148	1,169	1,192	1,208	1,228
	Washington	22,430	23,410	24,425	25,406	26,420
	<b><u>Total</u></b>		<b><u>28,516</u></b>	<b><u>29,631</u></b>	<b><u>30,787</u></b>	<b><u>31,885</u></b>
<b><u>75+</u></b>	Beaver	353	336	318	292	266
	Garfield	310	299	290	297	286
	Iron	1,607	1,666	1,709	1,771	1,829
	Kane	550	560	571	588	599
	Washington	12,027	12,642	13,213	13,831	14,364
	<b><u>Total</u></b>		<b><u>14,847</u></b>	<b><u>15,503</u></b>	<b><u>16,101</u></b>	<b><u>16,779</u></b>
<b><u>85+</u></b>	Beaver	102	87	77	55	36
	Garfield	57	56	59	55	52
	Iron	392	394	409	424	438
	Kane	147	152	162	165	167
	Washington	3,398	3,718	4,065	4,365	4,666
	<b><u>Total</u></b>		<b><u>4,096</u></b>	<b><u>4,407</u></b>	<b><u>4,772</u></b>	<b><u>5,064</u></b>

**The following accomplishments were listed by the Five-County AAA in its annual plan update, May 2007.**

- Case Management In-Home Programs: The "Making the Link" program, which connects caregivers to resources through physician offices, continues to be a success with expansion of the project into Iron County. Outreach efforts to physician offices have continued through distribution of physician and caregiver packets. The success of this project is due to good coordination and collaborative efforts by members from the agency's advisory council who are already working in the community with these offices. One barrier to the program is the difficulty speaking directly to the physicians regarding the needs of caregivers. Most of the contacts are with the physicians' office staff. Though follow-up visits to the physicians' offices and requests for additional packets they know that caregivers are being provided with the materials. However, it is difficult to assess the exact impact this has on the caregiver's accessing services and resources.
- This past year, the AAA participated in the UCARE Project. A staff member attended a statewide train-the-trainer session where information and resources were provided on the UCARE Caregiver Classes. In addition, the staff person became a site coordinator in the area for the UCARE Project. During the project, the agency provided successful caregiver classes in Washington and Iron County at several different sites. In addition, some classes were offered in Kane and Beaver Counties. After the project ended, classes continued in Washington County, but the AAA has been unsuccessful in continuing classes in other counties. As a result of this project, the Caregiver Advisory Council recently developed a sub-committee to work on enhancing and increasing opportunities for caregivers to participate in classes and trainings to help them in their role as a caregiver. Six additional trainers from several agencies were trained and provided with UCARE materials. The agency's goal is to make caregiver classes available in all five counties, increase the number of trainers available in each of the counties and coordinate efforts among the trainers.
- A Client Satisfaction Survey for all in-home and community-based programs was conducted. The agency is getting ready to distribute the survey again this year with a successful response rate of return of 65-71 percent among the different programs, which showed very positive feedback regarding client services. Clients were very pleased with the support they received from the case management staff and the program service providers. Overall the survey did a good job of providing feedback to the agency and its providers regarding the programs. However, some of the questions and format of the survey may have been confusing and will need to be changed for future surveys. Even though the AAA feels the rate of return was successful for this type of survey, it would like to increase its response rate for this coming year.
- With the first year of the new Medicare Part D prescription drug coverage coming to an end, the agency's efforts in this area decreased. However, it continues to assist clients as needed as they make changes in their plans as well as coordinating efforts with the SHIP Program administered through the Volunteer Center. The Caregiver Advisory Council developed talking points and information for seniors to use when speaking to their legislators regarding the prescription drug program and advocating for Medicare Part D reform. This information was distributed to the Advisory Council members and the senior center coordinators. However, plans to set up calling trees and group discussions at senior centers did not occur as originally planned. With other issues coming to the forefront, the Caregiver Advisory Council has not made any additional efforts in this area.
- The AAA continues to enhance and increase community awareness of resources and services available to seniors and caregivers in the community. They will again co-sponsor the Seniors Conference, which

is in its fifth year. The collaborative effort with the Alzheimer's Association, the senior centers and the Volunteer Center as well as the good attendance from the seniors, providers and the community from all five counties has made this conference a success. Staff continues to participate in presentations to community agencies including the social worker luncheons, assisted living facilities, nursing homes, home health providers, senior centers, RRCI and others. They also continue to participate in a presentation to the St. George Police Department regarding senior issues with APS and the Alzheimer's Association.

- The AAA continues to participate in health fairs and other community events where they discuss the services available for the aging population. As part of this participation, they continue to provide a variety of information and resources, including handbooks and guides regarding senior issues. The Caregiver Handbook continues to be a valuable asset for caregivers. In addition, the agency continues to increase the amount of materials and information available in its resource libraries and distributes over 200 monthly Caregiver Newsletters.
- The Caregiver Advisory Council is active and has successfully fulfilled many program goals including improving community awareness, enhancing resources and respite options, enhancing communication among healthcare providers, training with local law enforcement, increasing resources and informational materials and many more. In addition, a caregiver needs assessment was completed, which will be used in helping the Council direct services, resources and planning efforts.
- The case managers continue to work closely with other service providers. The local senior centers and the County Council on Aging Coordinators are a valuable resource for our clients especially in the rural areas. The AAA continues to work closely with Red Rock Center for Independence to access services including equipment and home modifications. The agency works closely with the Alzheimer's Association in coordinating support groups, trainings, respite care and other resources for people with Alzheimer's or related dementia. Also, it continues to work closely with the Volunteer Centers and their Senior Companion Program. Case managers have worked with the Community Health Center and the doctor's free clinic. In addition, Adult Protective Services (APS) has recently put together a multi-disciplinary team (M-Team) in Washington County in which a representative from the agency participates. In addition, AAA staff recently met with a member from mental health, APS, Alzheimer's Association and the police department to discuss ways to deal with emergency/crisis situations. As a result of this meeting, additional follow-up issues will take place through the M-Team meetings. Regular meetings will also be set up with the case management and mental health staffs to better coordinate mental health issues for seniors.
- Seniors Day Out: In cooperation with the local County Councils on Aging and Adult Protective Services, the Area Agency on Aging sponsored a very informative senior abuse prevention conference entitled, "Seniors Day Out". It was held at Ruby's Inn near Bryce Canyon in Garfield County. Over 80 seniors attended and were trained by law enforcement, social workers, an attorney and a bank officer.
- At the conference, Kolob Care and Rehab provided hand, neck, and back massages to participants and discussed healthy lifestyle choices. Horizon Home Health offered blood pressure, sugar and cholesterol screenings. The participants enjoyed a great lunch as well as breaks which included veggies, fruit and a special "popcorn bar".
- Seniors received information on living wills, advance directives, exploitation of vulnerable adults, meth problems in Southern Utah, senior Medicare, Medicare fraud prevention and reporting and how to

avoid being scammed. There were plenty of handouts and written information regarding support resources and topics covered by presenters.

- **Staffing:** This past year the region experienced some significant staff changes. Bob Rasmussen accepted the Chief Financial Officer position at the Five-County AOG and therefore, vacated his role as Director of the Area Agency on Aging. His work and dedication will continue to be appreciated by the new director (Beth Cottam) and all those he worked with through the years.
- **Senior Centers:** Senior centers that have been improved and remodeled this year and include the Milford Senior Center in Beaver County, the kitchen in the Kanab Senior Center in Kane County, and the Hurricane and Enterprise Seniors Centers in Washington County.
- **Regional Aging and Nutrition Council Survey:** In an effort to begin additional planning in the area, the Five-County Aging and Nutrition Council participated in a special survey to generate opinions, information, and feedback regarding the regional aging program.
- Attachment F, a graph in the Annual Plan, indicated council member perceptions of need regarding service areas addressed in the Plan. This information will be used as a baseline of opinion and help in determining how to utilize additional resources or redirecting existing resources.
- The question, "If additional MEAL money became available, how would you prioritize the use of the funds in your county?" was asked of the council members. The survey responses were varied, but will assist the AAA in program development and also help them identify where additional training and support is needed. The agency has a very active Council and they appreciate its great support to programming.
- Almost everything is working extremely well. Direct services provided through case management and the Area Agency on Aging are solid and remain focused and professional. The agency has great relationships with providers, local elected officials, and seniors throughout the region.
- Subcontracting for the purchase of aging services is well managed and remains purposeful. The County Council on Aging Coordinators and local aging program staff are wonderful and care about the aging populations they serve and are dedicated to stabilizing and improving lives. New coordinators with the Council on Aging in Garfield and Beaver County were trained this year.
- For the most part, the NAPIS is being used correctly. The agency has identified the need to improve the reporting of volunteer hours.
- The case management staffs remain very professional and are of great value to the agency. The coordinator of the Home and Community-Based Care Management Unit, case managers, and the director of the Area Agency on Aging are all licensed social workers. A nurse was hired to work out of the AAA office as well. In addition, the accounting tech/intake worker is extremely efficient and helps keep things operating well.
- All state staff and program specialists are great to work with and provide good support. Appreciation was extended to Alan Ormsby and Kathleen Bailey for assisting in transitioning the administration of the Ombudsman Program from the region to the state office.

- The Regional Aging and Nutrition Council responded to questions regarding programs that were working well. Their responses included 1) outreach program; 2) good center meals; 3) centers offering a larger variety of programs to bring seniors out; 4) Meals on Wheels; 5) bus use and transportation services; 6) health screenings at centers; 7) improvements and remodeling of the Milford, Kanab, Hurricane, and Enterprise Senior Centers.

### **Disappointments / Barriers**

- Due to a decrease of enrollment in Medicaid waiver services, the AAA had to decrease case management staff this year. It has been a real challenge to enroll new consumers eligible for this program. At the same time, there is a constant increase in numbers of more affluent seniors moving into the area or using the area as a second home location. These seniors are not all staying healthy and well. Many become debilitated and in need of supports to remain in their homes, but do not meet financial eligibility guidelines for Medicaid.
- The Beaver County Council on Aging Coordinator position has been changed two times this year. The newest Coordinator is now on board and is being trained.
- In a survey completed by the Regional Aging and Nutrition Council, members expressed a need for increased recreational activities; expanded hours the senior centers are open; and new centers in Washington, Iron, and Kane counties. They also commented on the challenge of getting younger seniors to attend center activities.
- With the increase in the aging population, the AAA is not keeping up with the service and support needs of the Alternatives Program because funding does not reflect levels of need and population increases. Additional Alternatives funding is needed.
- The AAA is grateful for the good support they receive from the Utah Department of Transportation in securing new and replacement vehicles for local senior programs. However, the lack of adequate operational funding limits its ability to meet transportation needs.
- Health care barriers include 1) too few physicians accepting Medicaid and/or Medicare patients and 2) the lack of adequate Veterans' Administration health care resources in the region. The only VA clinic in the whole region is located in St. George and it is reported as having a waiting list of 500 people. Plans need to be made to establish a VA hospital in this end of the state.
- Five-County Aging and Nutrition Council member survey responses mentioned 1) challenges getting enough volunteers; 2) generating enough funding from local resources; and 3) the lack of available federal dollars.
- The Five-County AAA continues to need additional funding to support the establishment of additional serving days at existing centers; establishing new congregate meal sites in unserved areas; and expanding additional Home-Delivered Meals in locations not being served.

## MOUNTAINLAND AREA AGENCY ON AGING – FY 2007

### Counties

Summit  
Utah  
Wasatch

### Populations

<u>60+</u>		<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>
	Summit	4,318	4,759	5,241	5,782	6,275
	Utah	39,857	41,469	43,162	44,954	46,664
	Wasatch	2,332	2,453	2,574	2,715	2,849
	<b><u>Total</u></b>	<b><u>46,507</u></b>	<b><u>48,681</u></b>	<b><u>50,977</u></b>	<b><u>53,451</u></b>	<b><u>55,788</u></b>
<u>65+</u>	Summit	2,649	2,941	3,260	3,574	3,898
	Utah	28,012	29,037	30,066	31,009	32,013
	Wasatch	1,622	1,685	1,746	1,817	1,881
	<b><u>Total</u></b>	<b><u>32,283</u></b>	<b><u>33,663</u></b>	<b><u>35,072</u></b>	<b><u>36,400</u></b>	<b><u>37,792</u></b>
<u>75+</u>	Summit	943	1,033	1,134	1,270	1,391
	Utah	12,843	13,015	13,231	13,537	13,783
	Wasatch	652	661	681	704	718
	<b><u>Total</u></b>	<b><u>14,438</u></b>	<b><u>14,709</u></b>	<b><u>15,046</u></b>	<b><u>15,511</u></b>	<b><u>15,892</u></b>
<u>85+</u>	Summit	201	229	265	298	342
	Utah	3,484	3,531	3,599	3,710	3,718
	Wasatch	133	131	132	137	138
	<b><u>Total</u></b>	<b><u>3,818</u></b>	<b><u>3,891</u></b>	<b><u>3,996</u></b>	<b><u>4,145</u></b>	<b><u>4,198</u></b>

**The following accomplishments were listed by the Mountainland AAA in its annual plan update, May 2007.**

- As the result of a review and report prepared by MAG's Advisory Council on Aging and the support of the Executive Council, the annual Social Services Block Grant (Title XX) allocation supporting senior services was increased. Senior services are now targeted to receive 70% of the allocation for services each year in the planning and service area. The remaining 30% supports other community service needs.
- The increased funding for senior services supported the establishment of a new meals-on-wheels route in Utah County that started in July 2006. The route is serving fifty homebound individuals each weekday.
- The increase funding for senior services also allowed us to increase the funding of our Ombudsman to a 40-hour, full-time position.
- Utah County and MAG funded a transportation study to assess the current need for transportation services for seniors living in Utah County. The study was conducted by United Way of Utah County and was presented to the Utah County Commission, MAG's Advisory Council on Aging and to the Council on Governments.
- Meetings are taking place to pursue potential funding mechanisms and review operational models that may be utilized to meet senior transportation needs in Utah County.
- The Agency, in conjunction with MAG's Advisory Council on Aging, prepared and presented the report entitled "Senior Services Financing – A Looming Crisis" to MAG's Executive Council. The report examines current needs for services and projects service needs in five and ten years. Financial requirements to meet these needs are included in the report.
- The report served two primary purposes. First, to increase the awareness of elected officials of the service requirements we are facing as the senior population increases in the next decade. Second, the report serves as the first step in involving elected officials in prioritizing services and developing financial strategies to address the needs of an increasing senior population.
- Information & resources to aid seniors, family members and others was greatly enhanced by the development of a new website for the agency. In addition to specific information about programs and services directly offered through our agency, links to other resources available in the community are provided. The website includes our Community Resource Directory For Senior Citizens for our planning and service area which was previously only available as a hard copy. Information is now kept current on a continuous basis versus being updated on an annual basis when printed.
- Through a restructuring of existing resources and responsibilities within the office, we have improved customer service by increasing our availability and capacity to provide ongoing information, intake, and referral services.
- Our Health Insurance Information Program that assists seniors and family members with Medicare, Medicare Prescription Drug Coverage, Medigap Insurance, Medicaid, and other health insurance matters was enhanced by having a 20-hour per week individual available in our office four hours each

day to respond to questions. Previously, those making inquiries left a telephone message that we responded to at a later date. This position is also involved in Medicare fraud prevention and identity theft education.

- The database utilized by the agency, which is still under development, has greatly improved the accuracy of our data, record keeping, and reporting. It is also helping us manage and operate our programs more effectively and efficiently. For example, care plans for our in-home service programs are now updated in the database and are instantly available to service providers. The daily operation of our meals-on-wheels program such as routes, meals being ordered, etc., is now managed through the database. Our food provider has immediate access to meal orders and changes being made.
- Our agency received additional service funds for the Aging Waiver Program which allowed us to serve thirty additional clients than the previous fiscal year. We were aggressive in adding clients who needed these services.
- The Ombudsman program has three volunteers assisting with the program. One of the volunteers is certified and other two have received 16 hours of training and are functioning in the capacity of non-certified Ombudsman. The two non-certified Ombudsman intend on becoming certified after an appropriate training period.

## SALT LAKE COUNTY AREA AGENCY ON AGING – FY 2007

### County:

Salt Lake County

### Populations

	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>
<u>60+</u>	119,470	124,679	129,845	135,629	141,580
<u>65+</u>	82,857	85,629	88,559	91,360	94,505
<u>75+</u>	37,924	38,113	38,383	38,922	39,514
<u>85+</u>	10,644	10,789	11,008	11,268	11,466

**The following accomplishments were listed by the Salt Lake County AAA in its annual plan update, May 2007.**

The past year was very active for Salt Lake County Aging Services. We had many note worthy accomplishments during the past year including the following highlights: 4,934 volunteers contributed 462,756 hours of service in support of Aging Services' programs; 94.1% of the 6,598 respondents to our satisfaction survey indicated they were "satisfied" or "very satisfied" with the services they received from Aging Services; Provided services and assistance to 16,510 seniors and their caregivers; 5,988 new customers were served during the year.

- The Meals on Wheels Program participated in the national "Mayors for Meals" campaign. The campaign recruited mayors from across the country to participate in efforts to draw attention to Meals on Wheels Programs and the nutritional issues surrounding the frail and homebound elderly. We had five mayors who participated including Mayor Corroon and the Mayors of West Valley City, Murray, South Salt Lake, and Taylorsville. The five mayors made meal deliveries in the neighborhoods surrounding their offices. The event attracted a limited media presence.
- The Bastian Foundation again stepped forward for the ninth year to purchase Christmas Day meals for those on our Meals on Wheels program. Also, the Salvation Army again provided meals for our Meals on Wheels customers on Thanksgiving Day. This has become an annual effort on their part and results in significant savings for the county.
- Aging Services' sixth annual Giving Tree campaign was a huge success this year. The tree, located in the atrium of the South Building at the Government Center, was decorated with ornaments for each of over 550 of our more frail and isolated clients. Each ornament indicated gift items that were needed by these individuals. With each passing year, Aging Services has seen the generosity of those selecting ornaments from the Giving Tree grow. This year, the range of items donated to the Giving Tree had grown to include a wide variety of clothing and personal items, food items and gift certificates for groceries, assistance with utility bills, new front and back doors to replace broken ones, a microwave oven to help a senior who had difficulty cooking on a conventional stove, a custom-built little red wagon for hauling firewood and groceries from the store to a new mattress and a complete new furnace, including free professional installation. Those selecting ornaments from the Giving Tree have grown to include the staff in Mayor Corroon's office, many county employees, members of the general public and 17 different businesses and church groups. The estimated value of the gifts donated this year

exceeded \$29,700. The Giving Tree was publicized on KTVX television, KSOP radio and in the Salt Lake Tribune. This year, the Giving Tree also benefited from the efforts of a Girl Scout who took on the tree as the project to fulfill the requirements for her Gold Award. She created each of the 550 handmade ornaments that decorated the tree and provided considerable assistance with publicity efforts.

- 2006 saw a significant increase in the amount and substance of media coverage for Aging Services. Aging Services was in the news (written, video, audio) a record 117 times. Stories covered everything from Older American's Month Op-Ed pieces by Norma Matheson and County Mayor Peter Corroon, to television coverage of our annual Giving Tree Project.
- The Caregiver Support Program was very active presenting workshops at a wide variety of locations throughout the community including libraries, state agencies, the LDS and Greek Churches, the University of Utah, senior centers, local conferences, and the County Government Center. The program also continued to sponsor several support groups for caregivers.
- Shauna O'Neil, Director, received the President's Award from the National Association of Area Agencies on Aging. This prestigious honor was presented in recognition of her vision, leadership, advocacy and dedication to improving the lives of Older Americans. In addition, Peter Hebertson, Outreach Program Manager, received a citation from the Regional Administrator of the Centers for Medicare and Medicaid Services in recognition and appreciation for his outstanding leadership, performance and dedication to Medicare beneficiaries in implementing the Medicare Prescription Drug Program. Peter was also recognized for improving the lives of Medicare beneficiaries by helping them access the medications they need.
- The 2006 edition of the *55+ Senior Resource Directory* was completed early in the year. Thanks to a very successful fund raising effort, we were able to print 45,000 copies this year. We also secured a sponsor for the bags we give to those attending the Senior Expo; the value of this is about \$11,500.
- The Meals on Wheels Program continued to successfully recruit new volunteer groups to help with daily meals deliveries. New groups added to the program's cadre of volunteer groups during the year included two churches, the Taylorsville Senior Center, another Albertson's Store, the Adventure Four Square Church, Valley Mental Health (2 groups), the Salt Lake County Mayor's Office, the University of Utah Newman Center, and the Liberty Adventure Church. Overall, during 2006, volunteers accounted for the delivery of 129,967 meals in the program, 47.2% of all meals served on weekdays.
- We received an additional \$20,000 in grant money to continue our extra efforts to help educate and enroll seniors in the new Medicare Part D prescription drug benefit program (\$10,000 from the National Council on Aging and \$10,000 from Utah Legal Services.) The Outreach Program received another \$5,000 grant from the National Council on Aging late in the year to provide outreach to low-income Medicare recipients. The Outreach Program received an additional \$5,000 grant from the National Council on Aging to work with faith-based communities to educate them on the Medicare Part D prescription drug benefit. The program was also invited to apply for another \$25,000 grant to continue its work in educating and enrolling seniors in the Part D prescription drug plan. As part of our efforts to promote Part D, the Outreach Program met with every pharmacy in the county to provide education and information about Social Security's Extra Help Program. We helped coordinate HHS Secretary Leavitt's visit in March to promote the Part D program. His appearance generated several media stories on this program. Outreach Program staff played a prominent role in Senator Hatch's

Seniors Conference by coordinating the Medicare screenings and giving a presentation on the new Medicare Part D prescription drug benefit.

- The next phase of our remodeling of the Friendly Neighborhood Center was completed. This phase completed the redesign and refinishing the center's basement area. An Open House to celebrate the completion of the center's remodeling and renovation project was held on December 14th. The event was well attended by participants, members of the surrounding neighborhood and representatives from Salt Lake City and Salt Lake County.
- Outreach Program staff spent considerable time assisting the Mayor of Cottonwood Heights and the residents who are being displaced at the Meadows Mobile Home Park. We are continuing to work with the residents to help them with issues involving their relocation as the closure of the park approaches. Thus far we have processed 38 moving assistance applications and completed 110 comprehensive assessments of residents in an effort to gather information on a variety of issues that may impact the residents' ability to move as this project continues to move forward.
- Caldwell Banker delivered a variety of toiletry items for our Alternatives Program customers. Caldwell offered to fill a monthly "wish" list to provide items that we can not pay for with TAP or Waiver funds, including, for example, bed sheets, towels, clothing, and shoes.
- We finalized a contract with the Salt Lake City Housing Authority to hire another Service Coordinator to work out of City Plaza, Phillips Plaza, Romney Plaza and Perry House. The Housing Authority was awarded a three year grant from HUD; they contracted with us to hire the individual and to train and supervise them.
- Aging Services partnered with the State Office of Refugee Resettlement on a \$47,505 grant to provide assistance to refugees aged 65 and older who have lost their SSI benefits or who are at risk of losing them. Aging Services is acting as a sub-grantee of the state and is, in turn, sub-contracting a portion of these funds to Catholic Community Services, the International Rescue Committee, and the Asian Association of Utah to provide case management, immigration services and translation services. The Healthy Aging Program is chairing the coalition of these agencies and is providing civics classes for these older adults.
- The Mt. Olympus Senior Center and the Utah State Bar Committee on Law and Aging initiated a pilot project to establish video conferencing facilities for seniors and their families and friends. The idea is to create an opportunity for senior center participants to be able to communicate with their grandkids and others using web cam technology. After the project gets up and running at Mt. Olympus, the Committee will work to establish other video conferencing centers for seniors in Utah, and then in senior centers throughout the United States.
- One of our Meals on Wheels drivers noticed a client who was heating his home with the gas stove. She worked with the office staff who contacted several local heating companies. Maxwell Heating and Air Conditioning responded and obtained a donated furnace from Lennox (one of their suppliers) and installed the furnace at no cost. This story was featured on KUTV-2 news and in Paul Rolly's column in the Salt Lake Tribune. Two other Meals on Wheels clients also needed new doors installed on their homes for safety and home heating reasons. The program's office staff located volunteers who installed these doors at no cost.

- During 2006, the Salt Lake Tribune increased its coverage of senior issues adding senior issues to seven different beats and instructing reporters to explore the impacts seniors are having in these areas. This is a clear indicator that the Tribune is aware of the coming Age Wave and the impact it will have in many different areas of society. As a result, Aging Services' programs began to get coverage in parts of the paper where previous coverage was either non-existent or very low, for example, in the Business section – the Caregiver Support Program was featured as a resource for businesses wanting to develop a caregiver policy as part of their employee benefits. Without a doubt, the Medicare Part D issue anchored much of Aging Services' media coverage this year. Part D represented the first major overhaul of the Medicare system since its inception and the media were not only very aware of that fact, they were assertive in reporting on the many different facets of this particular story. The Outreach Program and its partners in the Access To Benefits Coalition are to be commended for their aggressive efforts in making sure this story was front and center on the media's radar screens throughout the year.
- The Caregiver Support Program expanded its educational efforts in the community: A four-part training workshop at the Chapman Library provided materials about home safety, assistive devices and equipment, managing the stress and challenges of caregiving, coping with dementia and legal financial matters.
- A new support group, the East Side Adult Children's Luncheon Group, was initiated.
- The Men's Luncheon Group (a support group) transitioned into a self-directed group. This group had been facilitated by staff for two years; it is now coordinated by its members.
- A new support-group - "Graduates" was started for members of other support groups and clients whose spouse care receiver had passed away. The group is not a "grief" group; the focus is on practical information and sharing on tasks, resources and individual's progress in the seventh stage of caregiving, "when active caregiving has ended".
- The Program presented a four-part brown-bag series on caregiving issues and information for the Wellness Council of the State Department of Health. This generated a request from the Department of Health's Wellness Council program for a four-part brown bag series at their work site.
- The Program Manager met with the Presidency of the Avenues Stake, LDS Church, to continue our participation in a demonstration project with the Utah Commission on Aging. The project involved working with a specific faith-based community to: help connect the community with Aging Services, and offer a community-sponsored Resource Fair for this neighborhood. The response was excellent and this project will continue in other areas of the valley.
- The Program completed a four-part Caregiver "How-To" series at the Hunter Library and a four-part "brown bag" series at the Department of Health's 44 North Medical Drive location. Other requests for caregiver training came from the University of Utah's Administration and Finance Departments and the development of a local faith community support group/series of workshops.
- A new "Powerful Tools for Caregivers" series was initiated at the Sandy Library. This six-week curriculum was designed to help caregivers learn the principles of managing self-care, including goal setting, practicing stress reduction, using effective communication strategies and developing action plans.

- The Program developed an “Emergency Preparedness for Seniors” curriculum and piloted it at three sites. The curriculum offered information on personal preparedness and a 72 hour kit and provided follow-up to identify actions taken by participants to prepare their own personal emergency kit. At the Liberty Center, 85% of the participants took actions to obtain or prepare their own personal kit. At Perry House, 100% of the participants were given a kit or created a kit. At the third site, less than 1% created a kit. Their reasons were “no one gave them one yet” or “they know where things are but haven’t combined them into a kit”. 95 participants attended the session at the Liberty Senior Center.
- In April, Mayor Corroon and the County Council honored the 2006 winners of the “Inspire by Example” awards, sponsored by the RSVP program to honor county volunteers and to promote volunteerism. The winners of the group award were volunteers who work with Aging Services’ Ombudsman Program; the individual winner was a volunteer with the American Red Cross. Articles about the “Inspire by Example” award appeared in the Valley Journals, on Bonneville Communications radio stations and on KSL’s “Our Town.”
- In conjunction with The Housing Authority of Salt Lake City and the County Health Department, the Service Coordinators in our Alternatives Program distributed over 200 “72 Hour Kits” for emergency preparedness to residents of Phillips Plaza and Romney Plaza.
- The Healthy Aging Program was awarded a \$6,000 grant from the Utah State Health Department’s Arthritis Program and a \$5,000 grant from the State Health Department’s Genomics Program. The arthritis grant will be used as part of our Arthritis Initiative to create an infrastructure and begin the implementation of one of two programs, the Arthritis Foundation’s exercise program. Our goal is to implement this exercise program in several Salt Lake County senior housing facilities. The genomics grant will be used to create a “Senior Friendly Health History Toolkit.” Focus groups will be used to review the existing toolkit, give feedback and review the new toolkit. We expect to print and distribute 300 of these toolkits. Each grant is for a six month period and both will move our Initiatives along.
- The Senior Companion Program received notice that it was awarded one of only nine Programs of National Significance grants in the nation. The grant will use Senior Companions to work with senior centers to assist individuals who are becoming frailer in order for them to be able to continue attending the center. In addition, an emergency preparedness component will use Senior Companions to provide information and make presentations at senior centers aimed at educating center participants on how to prepare for a disaster.

## SAN JUAN COUNTY AREA AGENCY ON AGING – FY 2007

### County

San Juan

### Populations

	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>
<u>60+</u>	2,095	2,169	2,252	2,338	2,417
<u>65+</u>	1,501	1,578	1,643	1,712	1,779
<u>75+</u>	731	759	787	814	836
<u>85+</u>	190	216	227	244	266

The following accomplishments were listed by the San Juan County AAA in its annual plan update, May 2007.

- There are two new center directors that have started the past year. They are both doing well in their positions they are bringing new ideas and thoughts to the centers this has been a change for the better.
- The agency has developed 14 private contractors for the Aging programs we offer. This has been very beneficial for all parties involved.
- The agency has filled 17 of its 25 waiver slots; we see all of the aging waiver slots being full by the end of the year. An additional ten slots have been added to the program. This will help to provide services to clients in the remote Navajo Mountain area where there is a great need for care.
- The county had provided \$50,000 for the Navajo Nation owned and operated senior centers.
- The county commissioners have been very supportive of the Aging Program, and the rising cost of services that are occurring due to more clients.
- The center directors have done an outstanding job of providing services for our clients. The interaction between center directors and the seniors has been very good.
- The case manager is to be commended on the excellence of the services that he provides. He has worked very hard to help and support the private contractors for in home care.
- The agency has a new aging director this year. The director is willing and eager to learn what needs to be learned and is striving to bring all the programs into compliance and offer the best services that can be offered.
- The agency has secured funding for a senior center in La Sal. This area has a great need for a center. The center should be established during the year of 2007. It will be the counties financial responsibility to staff it. Currently the money for the nutrition program in La Sal comes from the SSBG contract.

## SIX-COUNTY AREA AGENCY ON AGING – FY 2007

### Counties

Juab  
 Millard  
 Piute  
 Sanpete  
 Sevier  
 Wayne

### Populations

		<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>
<b><u>60+</u></b>	Juab	1,100	1,112	1,131	1,143	1,160
	Millard	1,979	1,989	2,006	2,021	2,020
	Piute	340	337	335	340	345
	Sanpete	3,490	3,546	3,620	3,724	3,813
	Sevier	3,398	3,435	3,470	3,512	3,559
	Wayne	539	551	565	585	594
	<b><u>Total</u></b>	<b><u>10,846</u></b>	<b><u>10,970</u></b>	<b><u>11,127</u></b>	<b><u>11,325</u></b>	<b><u>11,491</u></b>
	<b><u>65+</u></b>	Juab	797	773	767	751
Millard		1,427	1,420	1,417	1,383	1,356
Piute		252	253	259	259	263
Sanpete		2,600	2,615	2,637	2,646	2,655
Sevier		2,562	2,570	2,587	2,583	2,583
Wayne		399	406	417	420	434
<b><u>Total</u></b>		<b><u>8,037</u></b>	<b><u>8,037</u></b>	<b><u>8,084</u></b>	<b><u>8,042</u></b>	<b><u>8,024</u></b>
<b><u>75+</u></b>		Juab	329	297	281	261
	Millard	671	642	625	598	564
	Piute	94	87	80	79	80
	Sanpete	1,182	1,180	1,169	1,166	1,167
	Sevier	1,215	1,205	1,184	1,176	1,184
	Wayne	192	190	190	191	191
	<b><u>Total</u></b>	<b><u>3,683</u></b>	<b><u>3,601</u></b>	<b><u>3,529</u></b>	<b><u>3,471</u></b>	<b><u>3,432</u></b>
	<b><u>85+</u></b>	Juab	103	83	76	62
Millard		139	131	128	121	124
Piute		15	9	4	0	0
Sanpete		303	280	286	287	278
Sevier		318	320	317	312	309
Wayne		46	46	41	37	44
<b><u>Total</u></b>		<b><u>924</u></b>	<b><u>869</u></b>	<b><u>852</u></b>	<b><u>819</u></b>	<b><u>803</u></b>

**The following accomplishments were listed by the Six-County AAA in its annual plan update, May 2007.**

- Restructured the By-Laws for our Aging Advisory Council.
- Continued services during dislocation due to a fire in our office building.
- Evaluated the private incorporation status and structure of senior centers, to determine how they can function more effectively with our Aging Programs.
- Received favorable state monitoring evaluations.
- More than doubled our Aging Medicaid Waiver clients from the previous year. Added another Waiver Case Manager.
- Developed and implemented “Companion Services” for the Waiver Program.
- Developed a Task Force to specifically look at the Senior Nutrition Program, within the senior centers. The Task Force evaluated needed changes to better utilize what is currently available, in order to prioritize essential services.
- Participated in the Rural Coordinated Transportation Plan Workshop and Survey.

**Barriers**

- Insufficient funding and staff for development of new ideas or programs. We are currently maintaining and operating minimal services on a crisis level.
- Travel time due to our large geographic area. It takes considerable time to monitor and maintain current programs in such a large area.
- Transportation Services are very limited due to funding, geographic area and frailty of clients and use of volunteer drivers.
- Reduced funding due to population statistics (low increase of senior population in upcoming years).
- Counties do not have the means to supplement programs to maintain at current service level.
- Participation is decreasing due to: generational gaps in age and interests of seniors, lack of knowledge of programs, lack of feasible activities available in our rural area

## SOUTHEASTERN UTAH AREA AGENCY ON AGING – FY 2007

### Counties

Carbon  
Emery  
Grand

### Populations

		<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>
<b><u>60+</u></b>	Carbon	3,368	3,397	3,446	3,496	3,555
	Emery	1,725	1,778	1,834	1,891	1,945
	Grand	1,677	1,750	1,820	1,901	1,982
	<b><u>Total</u></b>	<b><u>6,770</u></b>	<b><u>6,925</u></b>	<b><u>7,100</u></b>	<b><u>7,288</u></b>	<b><u>7,482</u></b>
<b><u>65+</u></b>	Carbon	2,479	2,462	2,451	2,425	2,420
	Emery	1,245	1,274	1,283	1,297	1,328
	Grand	1,204	1,230	1,272	1,323	1,366
	<b><u>Total</u></b>	<b><u>4,928</u></b>	<b><u>4,966</u></b>	<b><u>5,006</u></b>	<b><u>5,045</u></b>	<b><u>5,114</u></b>
<b><u>75+</u></b>	Carbon	1,249	1,220	1,179	1,141	1,100
	Emery	544	537	531	520	532
	Grand	566	585	610	641	669
	<b><u>Total</u></b>	<b><u>2,359</u></b>	<b><u>2,342</u></b>	<b><u>2,320</u></b>	<b><u>2,302</u></b>	<b><u>2,301</u></b>
<b><u>85+</u></b>	Carbon	334	341	323	329	325
	Emery	138	136	125	120	123
	Grand	147	158	168	173	193
	<b><u>Total</u></b>	<b><u>619</u></b>	<b><u>635</u></b>	<b><u>616</u></b>	<b><u>622</u></b>	<b><u>641</u></b>

The following accomplishments were listed by the Southeastern Utah AAA in its annual plan update, May 2007.

- Carbon, Emery, and Grand County have met the goal of Home-Delivered Meals to eligible clients, with no eligible client waiting for meals in all areas where they are available.
- The number of home-delivered meals consumed by clients in each county has increased significantly during this same period of time. Funding for those meals, and for the Senior Nutrition Programs has been increased by local government to offset the increased costs of the meals precipitated by increases in the cost of raw food and gasoline. This was possible due to detailed analysis of costs and request for increases initiated by the Area Agency on Aging to each county.
- There have been no reports of seniors denied transportation to services in each county. All requests for transportation utilizing the scheduled transportation have been met, and more seats were available than were utilized by those requesting services.

- In-home services were provided to eligible clients in each county in the district requesting those services. No eligible client was denied service and many clients requesting services, who did not qualify for the in-home funding of the Alternatives, Respite, Home and Community-Based Medicaid Waiver, or Family Care giver Support Programs, were able to assess other revenue sources or find services through the effort of the AAA Case Managers. Every referral was provided service, information and referral, and follow-up, regardless of eligibility.
- In the instance of the Home and Community-Based Medicaid Waiver, more resources were available for service than could be utilized. Analysis was made, and a request sent to DAAS that those service dollars that were identified as excess be utilized by other AAAs who had need of them and were maintaining waiting lists for service.
- The AAA was approached by private providers based in Washington State, interested in building an Adult Day Care, or assisted Living Facility in the Price area. The AAA provided a great deal of research into the policies, rules and regulation of the state relating to their request.

### **Barriers/Disappointments**

- The Emery County Nutrition Program had desired to enhance the Home-Delivered Meal Program by providing hot meals five days a week in Green River. This did not happen. Those funding resources which had been identified to accomplish that were diverted to offset the increased costs of raw food and fuel for delivery of the meals throughout the county. Thus, Green River in Emery County, and Castle Valley and Thompson in Grand County, remain the only areas in the district without full access to the Home-Delivered Meal Program. They continue to fall into the “Under-served” category in our reporting.
- Initially prospects were good for the addition of an assisted living facility to the Aging Services Campus concept being developed in Moab. Negotiations were initiated with an organization from Richfield with interest in establishing additional operations in the Moab area. Those negotiations were not successful, and the cost of financing became the stumbling block. Another company demonstrated some interest in Grand County, but after initial investigation they also declined to proceed.
- There have been three home health agencies providing services to AAA In-home Services clients. They are Rocky Mountain Home Health, Community Nursing Service, and Horizon Home Health. During the past year, Horizon Home Health has discontinued service in our District. The loss of even one agency, when there are only three, severely impacts the choice of service providers for the seniors.

## TOOELE COUNTY AREA AGENCY ON AGING – FY 2007

**County**

Tooele

**Populations**

	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>
<u>60+</u>	5,521	5,851	6,171	6,528	6,875
<u>65+</u>	3,824	4,028	4,216	4,368	4,556
<u>75+</u>	1,593	1,632	1,676	1,719	1,767
<u>85+</u>	374	378	376	387	390

**The following accomplishments were listed by the Tooele County AAA in its annual plan update, May 2007.**

- Tooele County is very proud of its In-Home Service Program. This last year they were able to max out the funding for the Waiver, Alternatives, and Family Caregiver programs. The agency currently need waiver clients, yet it has been successful. The waiting lists for Meals on Wheels are long and clients may wait up to two months to receive services. We have suggested family members, if possible, go to the centers for take out meals and, if necessary, request help from neighbors or volunteers. The Ensure supplemental meal and the family caregiver program in which some help can be given.
- Transportation has become a priority for our centers. We have transportation services available to take seniors to the centers, stores, doctors, pharmacies, and hairdressers. This service has grown to where we are using our staff cars and, in some cases, our center directors' will help with the overflow. We have a contract with UTA to provide paratransit services as well as shuttle services to and from Grantsville. Both programs have increased to where we need an on-call driver to help with overflow and extended hours. The good news is that our Council on Aging has taken on transportation for the county as a project, and we do have support of our commissioners. In addition, we are seeking support with the local governments in our county.
- We are seeing an increased interest in our centers. More people are coming into our centers and we have increased the number of activities as well. For the first time, we saw our congregate meals program maxing out; we did not turn people away.
- An increasing problem in Tooele County has been the larger number of adults with disabilities coming into the centers and more or less wanting to take over. This situation has been controlled, but it is sad to see so many people who have limited income and services not getting help.
- One more successful accomplishment was during this past election when we invited all candidates to come to our Friday night dinner and be prepared to answer questions. Agency staff spent the week talking with seniors about our issues with funding and programs on a local, state, and federal level. On that night, we asked the candidates the questions that would show us of their involvement with us on these levels. It was surprising in that Tooele County citizens voted for almost as many of each party; there was no dominance. This also became a big factor when getting the county budget approved.

## UINTAH BASIN AREA AGENCY ON AGING – FY 2007

### Counties

Daggett  
Duchesne

### Populations

		<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>
<b><u>60+</u></b>	Daggett	246	258	265	274	287
	Duchesne	2,147	2,177	2,216	2,255	2,288
	<b><u>Total</u></b>	<b><u>2,393</u></b>	<b><u>2,435</u></b>	<b><u>2,481</u></b>	<b><u>2,529</u></b>	<b><u>2,575</u></b>
<b><u>65+</u></b>	Daggett	180	186	194	206	218
	Duchesne	1,485	1,523	1,549	1,551	1,568
	<b><u>Total</u></b>	<b><u>1,665</u></b>	<b><u>1,709</u></b>	<b><u>1,743</u></b>	<b><u>1,757</u></b>	<b><u>1,786</u></b>
<b><u>75+</u></b>	Daggett	80	89	99	99	108
	Duchesne	564	558	570	564	573
	<b><u>Total</u></b>	<b><u>644</u></b>	<b><u>647</u></b>	<b><u>669</u></b>	<b><u>663</u></b>	<b><u>681</u></b>
<b><u>85+</u></b>	Daggett	12	13	14	14	20
	Duchesne	88	84	90	85	83
	<b><u>Total</u></b>	<b><u>100</u></b>	<b><u>97</u></b>	<b><u>104</u></b>	<b><u>99</u></b>	<b><u>103</u></b>

The following accomplishments were listed by the Uintah Basin AAA in its annual plan update, May 2007.

- Health Fair:** The AAA presented its Sixth Annual Senior Health Fair on October 25, 2006 with the theme of “ Healthy, Wealthy and Wise.” This health fair was designed as an outreach activity to provide health screening tests throughout the day and mini-lectures on various senior concerns. Coordinating with the Uintah Basin Medical Center several doctors presented mini lectures: Dr. Matt Duncan, a new psychiatrist in our area lectured on Senior Mental Health, Carol Rasmussen RA, spoke on nutrition and diabetes, Dr. Laura Duncan addressed women’s health issues, and Dr. Blake, talked on being aware of the sun and the dangers of skin cancer. Darren Hotton from the State Division of Aging focused on the Medicare Part D program helping senior with the up coming changes. Two physical therapist explained how to operate the equipment in the exercise room at Crossroads and also gave a demonstration on using exercise bands.
- Health screening tests included:** prostate, body fat, complete blood count, glucose and bone density. Some 22 booths ranging from the local H.E.A.T. Program, Senior Volunteer Programs, Tri-County Health, American Cancer Society, American Diabetes Association, Veteran Affairs, Parkside Manor Assisted Living Center, Basin Care and Rehabilitation Center, Active Re-entry.

- **Medicare D:** We have been actively involved in providing information, plan eligibility, and benefit comparisons helping our seniors to make informed decisions regarding their prescription drug coverage and in choosing the appropriate plan. We served 452 seniors with an average time spent with each client of 53 minute. It is very discouraging to try to be a service to the areas seniors without funding The Medicare Part D program is very confusing to seniors and without our help with benefit comparisons they are at a loss. Also, they know we are not selling insurance and feel comfortable about the information that is given because we are independent of any agency and, therefore, the information we give is impartial.
- **Uintah Basin Meal Program:** The cost of a congregate meal as reported for this year is \$3.81. The average cost per meal,(comparing the 12 AAA's) is \$5.59. We served 21,054 meals and our total costs for those meals was \$80,294.27. Our overall cost of a home-delivered meal is \$2.72 (comparing the 12 AAA's) that average is \$5.47. We served 31,539 meals for a total of \$85,873.87. We have to be very careful in the spending of monies we receive and balance a budget on a shoe string but we have proven that we use this money wisely and efficiently.

## Barriers

- On January 1, 2007, our cook at the Crossroads Senior Center retired. Duchesne County is in the middle of an oil boom and the competition for potential employees and competitive wages is a huge issue. We raised the scale of our Gateway Center cook to be comparable to the new wage given the new cook hired at Crossroads, and the difference between last year's salaries and benefits compared to this year's salaries and benefits is almost \$20,000.00. We have begun discussions with our County Commissioners and AAA staff about next years services and what we can realistically provide with the resources available.
- **Free Tax Preparation:** A Certified Tax Assistant Volunteer came to all three centers and prepared taxes for thirty seven low-income seniors.
- **Home and Community-Based Alternative Program:** The Uintah Basin AAA has 36 clients that receive services under this program. The oldest client is 89 years old and the youngest is 53. The average length of time on the program is 3.5 years and the average cost is \$138.00 per month.
- **Home-Delivered Meals:** Another role Juanita continues to fill for Uintah Basin AAA is that of intake and assessment for the Home-Delivered Meals. We find this is an effective way of identifying people who may need further services from the AAA and qualify those who are in need of a Home-Delivered Meal.

## UINTAH COUNTY AREA AGENCY ON AGING – FY 2007

**County**

Uintah

**Populations**

	<b><u>2007</u></b>	<b><u>2008</u></b>	<b><u>2009</u></b>	<b><u>2010</u></b>	<b><u>2011</u></b>
<b><u>60+</u></b>	3,802	3,873	3,967	4,059	4,175
<b><u>65+</u></b>	2,772	2,799	2,827	2,857	2,874
<b><u>75+</u></b>	1,201	1,202	1,202	1,216	1,226
<b><u>85+</u></b>	286	279	279	280	289

**The following accomplishments were listed by the Uintah County AAA in its annual plan update, May 2007.**

- Our major accomplishment this year has been entering into the Uintah Health Care Special Service District. The process to join with Tri-County Health, The Uintah Care Center/ Adult Day Care Center, and The Uintah County AAA started in November of 2006. The County Commissioners decided to put these three entities together to form a district. After many hours of meetings, it was decided because of the mineral lease funding coming into the area that it would be more beneficial for the Area Agency on Aging to also make use of the increased funding. As of April 1, 2007, the AAA is no longer a Uintah County entity. The Uintah Care Center will take over the responsibility of our financial accounting and payroll. It has been a very busy time learning procedures and making the necessary changes in provider and tax ID numbers because the County Clerk/Auditor’s Office previously performed these tasks for us. We appreciate Mike Wilkins for all he has done for the Area Agency on Aging these past years as well as the County Commissioners and human resource directors.
- The senior center hired an outreach worker on a part-time basis to educate the community and surrounding areas about the services available in the PSA. She is doing a wonderful job. For example, she worked with the Uintah High Arts class on a poster contest. Our seniors judged these posters and the top three were awarded prizes. The outreach worker will distribute posters to all area businesses and other community spots to make the public more aware of our services.
- Our weekend meals continue to be successful. By preparing our own meals we have been able to keep the meal cost comparable even with rising food prices. The number of weekend patrons continues to rise.
- All of the programs set up during the past year have been working very well. Newspaper articles, radio spots, and other community activities have been useful in getting information to our area seniors. Davis Jubilee is still working with us to provide the ☐call and pick up☐ service for seniors needing food or medications. We have a monthly Bingo game in which the manager from one of the local banks donates his time to call bingo and collects prizes from the local merchants.
- The Medicare Part D Program has brought many new clients into the center. Many of them have returned for congregate meals as well as other services.

- Currently several local community groups are using the building in the evenings for their semi-weekly as well as monthly meetings. These groups include the Historical Society, Quilters Guild, Mountain Club, Current Topics, and Garden Society. The building is available for the home health agencies to hold seminars or workshops as needed. Active Re-Entry uses our facility every other month for a cooking demonstration for their clients. Also, the Food Pantry participates with recipes and ideas on using the products they distribute through the pantry.
- We have many activities planned this year such as the annual health fair, annual picnic in the park, and annual Volunteer Recognition Dinner. The dinner is held each May during Older Americans Month. During the summer, the seniors enjoy picnics twice a month to various locations.
- We continue to work with the Ute Tribe in transporting their elderly to congregate meals on Fridays. To date only one member is using our services on a regular basis. We are trying to find ways to encourage more participation.
- Two UDOT buses will be delivered any time to provide transportation services to all seniors in the area.
- Also, our nutrition programs have fallen in numbers due to some of our elderly entering the Care Center and Beehive Homes as well as the ones lost forever. Almost all other programs have remained the same. With all the changes in the area, we are looking forward to a new year especially as our numbers increase with the outreach program. We are currently making an aggressive effort to reach all elderly individuals in our county.

## **Barriers**

- Barriers encountered this past year include overspending the health insurance information program funding before the end of the fiscal year due to the Medicare D Prescription Drug program. Another barrier we are facing is that our facility is too small for the services we provide; yet we are getting a bit closer each year to having a new facility which we hope will be within the next four to five years. Another barrier is the population explosion in this area. The cost of renting has been a problem for some elderly individuals and the senior housing units we do have available are full with waiting lists. There are low-income units being built, but with the waiting lists they are going to be full before they are completed.

## WEBER/MORGAN AREA AGENCY ON AGING – FY 2007

### Counties

Weber  
Morgan

### Populations

		<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>
<b><u>60+</u></b>	Weber	29,849	30,800	31,735	32,721	33,696
	Morgan	1,169	1,215	1,245	1,298	1,354
	<b><u>Total</u></b>	<b><u>31,018</u></b>	<b><u>32,015</u></b>	<b><u>32,980</u></b>	<b><u>34,019</u></b>	<b><u>35,050</u></b>
<b><u>65+</u></b>	Weber	21,516	21,989	22,494	22,929	23,489
	Morgan	800	843	862	883	906
	<b><u>Total</u></b>	<b><u>22,316</u></b>	<b><u>22,832</u></b>	<b><u>23,356</u></b>	<b><u>23,812</u></b>	<b><u>24,395</u></b>
<b><u>75+</u></b>	Weber	10,517	10,507	10,583	10,730	10,782
	Morgan	284	289	298	306	314
	<b><u>Total</u></b>	<b><u>10,801</u></b>	<b><u>10,796</u></b>	<b><u>10,881</u></b>	<b><u>11,036</u></b>	<b><u>11,096</u></b>
<b><u>85+</u></b>	Weber	2,944	3,034	3,106	3,144	3,169
	Morgan	55	47	49	47	40
	<b><u>Total</u></b>	<b><u>2,999</u></b>	<b><u>3,081</u></b>	<b><u>3,155</u></b>	<b><u>3,191</u></b>	<b><u>3,209</u></b>

The following accomplishments were listed by the Weber AAA in its annual plan update, May 2007.

- The Weber Human Services Area Agency on Aging will successfully complete its service goals as planned for 2007, the fourth year of the Area Plan. The agency participated in outreach events, health clinics and cultural fairs. Its Caregiver Program provided the full array of services. The nutrition programs and senior centers have served at their normal capacity. The best description of the agency's accomplishments, other than having a stable year, is in the following relatively small areas.
- Medicare Part D calls were down from the previous year. The open enrollment period from November 15th to December 31st produced a slight increase in the ongoing calls about the programs, changes and frustrations with providers. Advantage plans played a larger role in the process, as more people were unhappy either about being enrolled without understanding the program or about frustrations with their plans.
- The volunteer programs have been a major part of the agency's interest and the summer youth component provided valuable service this year for the nutrition program. Painting, landscaping and general maintenance seem to be the lowest priority for regular funding and as a result seem to be neglected. The summer youth volunteers filled this gap rather nicely and learned a little about helping the elderly in the process.
- The AAA collaborated with another volunteer program to make a big impact on the condition of some inner-city seniors' homes. Ogden City was the host site of a national youth volunteer-based home

improvement project where young people from around the country painted and upgraded homes. The seniors whose homes were cared for could not have done the work nor afforded to pay, which made this a great opportunity for them.

- The Marshall White Recreation Center is one of the best locations for all citizens from the community, especially those from downtown Ogden, to mingle and get active across cultures and generations. The AAA has been allowed to operate a senior nutrition and activity site there for years. This opportunity has been threatened over recent years by unstable funding priorities within the owners, Ogden City. It often seemed that the center and seniors were going to lose this choice opportunity. However, the efforts of the community through various hearings, protests, committees and collaborative efforts have helped keep it open one more year. The advocacy role of the Area Agency on Aging was one of the participating elements and considers the center's continuation a worthy accomplishment.
- Whether it's advocacy and the standard array of AAA services or successful special events like the Coming of Age Senior Conference, annual senior picnic or Care for the Caregivers, the agency's success is a product of collaboration. Working with others simply produces more. This is what it will take to meet the growing demand and this will continue to be the goal of the AAA.



# **Appendix III**

## **LISTS**



**DIVISION OF AGING AND ADULT SERVICES  
UTAH DEPARTMENT OF HUMAN SERVICES  
120 North 200 West, Room 325, Salt Lake City, Utah 84103**

**PHONE: (801) 538-3910**

**TOLL FREE: 1-877-424-4640**

**FAX: (801) 538-4395**

**Website: [hsdaas.utah.gov](http://hsdaas.utah.gov)**

**Director:**

Alan Ormsby  
E-mail: [akormsby@utah.gov](mailto:akormsby@utah.gov)

**Assistant Director: OAA**

Nels Holmgren  
E-mail: [nholmgren@utah.gov](mailto:nholmgren@utah.gov)

**Assistant Director: APS**

Diane Stewart  
E-mail: [destewar@utah.gov](mailto:destewar@utah.gov)

**AREA AGENCIES ON AGING**

*August 14, 2007*

**Bear River Area Agency on Aging**

Box Elder, Cache, Rich

Michelle Benson, Aging Svcs. Dir.  
170 North Main  
Logan, UT 84321  
Phone: (435) 752-7242 or  
1-877-772-7242  
Fax: (435) 752-6962  
E-Mail: [michelleb@brag.utah.gov](mailto:michelleb@brag.utah.gov)  
Website: [www.brag.utah.gov](http://www.brag.utah.gov)

**Salt Lake County Aging Services**

Salt Lake

Shauna O'Neil, Director  
2001 South State, #S1500  
Salt Lake City, UT 84190-2300  
Outreach: (801) 468-2480  
Phone: (801) 468-2454  
Fax: (801) 468-2852  
E-Mail: [sonail@slco.org](mailto:sonail@slco.org)  
Website: [www.slcoagingservices.org](http://www.slcoagingservices.org)

**Tooele Co. Div. of Aging and Adult Services**

Tooele

Butch Dymock, Director – ext 124  
59 East Vine Street  
Tooele, UT 84074  
Phone: (435) 882-2870  
Fax: (435) 882-6971  
E-Mail: [bdymock@co.tooele.ut.us](mailto:bdymock@co.tooele.ut.us)

**Davis County Bureau of Health Promotions and Senior Services**

Davis

Sally Kershnik, Director of Family Health and Senior Services  
Courthouse Annex  
50 East State (P. O. Box 618)  
Farmington, UT 84025  
Phone: (801) 451-3377  
Fax: (801) 451-3434  
E-Mail: [skershnik@co.davis.ut.us](mailto:skershnik@co.davis.ut.us)  
Web: [www.co.davis.ut.us/agingservices](http://www.co.davis.ut.us/agingservices)

**San Juan County Area Agency on Aging**

San Juan

Tammy Gallegos, Director  
117 South Main (P. O. Box 9)  
Monticello, UT 84535-0009  
Phone: (435) 587-3225  
Fax: (435) 587-2447  
E-Mail: [tgallegos@sanjuancounty.org](mailto:tgallegos@sanjuancounty.org)

**Uintah Basin Area Agency on Aging**

Daggett, Duchesne

Diana Jenson, Director  
330 East 100 South  
Roosevelt, UT 84066  
Phone: (435) 722-4518  
Fax: (435) 722-4890  
E-Mail: [dianaj@ubaog.org](mailto:dianaj@ubaog.org)

**Five-County Area Agency on Aging**

Beaver, Garfield, Iron, Kane, Washington

Beth Cottam, Director  
1070 West 1600 South, Bldg. B  
(P. O. Box 1550, ZIP 84771-1550)  
St. George, UT 84770  
Phone: (435) 673-3548  
Fax: (435) 673-3540  
E-Mail: [bcottam@fcaog.state.ut.us](mailto:bcottam@fcaog.state.ut.us)

**Six-County Area Agency on Aging**

Juab, Millard, Piute, Sanpete, Sevier, Wayne

Judy Christensen, Director – ext 19  
683 North Main  
(P. O. Box 820)  
Richfield, UT 84701  
Phone: (435) 893-0725  
Toll free: 1-888-899-4447  
Fax: (435) 893-0701  
E-Mail: [jchriste@sixaog.state.ut.us](mailto:jchriste@sixaog.state.ut.us)

**Council on Aging/Golden Age Center – (Uintah County PSA)**

Uintah County

Louise Martin, Director  
155 South 100 West  
Vernal, UT 84078  
Phone: (435) 789-2169  
Fax: (435) 789-2171  
E-Mail: [lmartin@co.uintah.ut.us](mailto:lmartin@co.uintah.ut.us)

**Mountainland Dept. of Aging and Family Services**

Summit, Utah, Wasatch  
Scott McBeth, Director  
586 East 800 North  
Orem, UT 84097-4146  
Phone: (801) 229-3800  
Fax: (801) 229-3671  
Website: [www.mountainland.org](http://www.mountainland.org)  
E-Mail: [smcbeth@mountainland.org](mailto:smcbeth@mountainland.org)

**Southeastern Utah AAA**

Carbon, Emery, Grand

Maughan Guymon, Director  
Technical Assistance Center  
375 South Carbon Avenue  
(P. O. Box 1106)  
Price, UT 84501  
Phone: (435) 637-4268 or 5444  
Fax: (435) 637-5448  
E-Mail: [mguymon@seualg.dst.ut.us](mailto:mguymon@seualg.dst.ut.us)

**Weber Area Agency on Aging**

Morgan, Weber

Kelly VanNoy, Director  
237 26th Street, Suite 320  
Ogden, UT 84401  
Phone: (801) 625-3770  
Fax: (801) 778-6830  
E-Mail: [kellyv@weberhs.org](mailto:kellyv@weberhs.org)



**ADULT PROTECTIVE SERVICES  
ADMINISTRATIVE OFFICES**

120 North 200 West, Room 325  
Salt Lake City, Utah 84103  
Phone: 801-538-3910  
Fax: 801-538-4395

<b>DIRECTOR:</b>	Diane Stewart	801-538-4591
<b>ADMINISTRATIVE SERVICES MANAGER:</b>	Jerry Callister	801-538-4592
<b>INFORMATION SPECIALIST IV:</b>	Chuck Diviney	801-538-4339
<b>INFORMATION ANALYST I:</b>	Susan Street	801-538-4690

**TO MAKE A REFERRAL: SALT LAKE COUNTY: 801-264-7669**  
**ALL OTHER AREAS OF UTAH: 1-800-371-7897**

**ADULT PROTECTIVE SERVICES  
REGION OFFICES**

<b>NORTHERN REGION</b>	<b>CENTRAL REGION</b>	<b>SOUTHEAST REGION</b>	
<b>Director:</b> <b>Mark Perry:</b>	<b>Director:</b> <b>Nan Mendenhall:</b>	<b>Director:</b> <b>Matthew Lyman:</b>	
<b>Counties Served:</b> Box Elder, Cache, Davis, Morgan, Rich, Weber	<b>Counties Served:</b> Salt Lake, Summit, Tooele, Wasatch	<b>Counties Served:</b> Beaver, Carbon, Daggett, Duchesne, Emery, Garfield, Grand, Iron, Juab, Kane, Millard, Piute, San Juan, Sanpete, Sevier, Uintah, Utah, Washington, Wayne	
<b>Weber, Morgan</b>	<i>Salt Lake</i>	<b>Piute, Sevier, Wayne</b>	<b>Millard, Sanpete,</b>
2540 Washington Blvd. 3 <sup>rd</sup> Floor Ogden, Utah 84401 Phone: 801-626-3385 Fax: 801-626-3153	645 East 4500 South Salt Lake City, Utah 84107 Phone: 801-264-7657 Fax: 801-268-5422	835 East 300 North #700 Richfield, Utah 84701 Phone: 435-896-2790 Fax: 435-893-2054	835 East 300 North #700 Richfield, Utah 84701 Phone: 435-896-2790 Fax: 435-893-2054
<b>Davis</b>	<b>Summit, Wasatch</b>	<b>Juab, Utah</b>	<b>Daggett, Duchesne, Uintah</b>
1350 East 1450 South Clearfield, Utah 84015 Phone: 801-776-7300 Fax: 801-776-7383	1764 Prospector Avenue Park City, Utah 84060 Phone: 435-649-6018 Fax: 435-649-0351	150 East Center Street # 1500 Provo, Utah 84606 Phone: 801-374-7236 Fax: 801-374-7278	1052 Market Drive Vernal, Utah 84078 Phone: 435-781-4264 Fax: 435-781-4270
<b>Box Elder</b>	<b>Tooele</b>	<b>Beaver, Garfield, Iron</b>	<b>Carbon, Emery</b>
<b>1050 South 500 West</b> Brigham, Utah 84302 Phone: 435-734-4046 Fax: 435-734-4078	305 North Main Tooele, Utah 84074 Phone: 435-833-7358 Fax: 435-833-7345	106 North 100 East Cedar City, Utah 84720 Phone: 435-865-5660 Fax: 435-865-5666	475 West Price River Dr. #262 Price, Utah 84501 Phone: 435-636-2394 Fax: 435-636-2397
<b>Cache, Rich</b>		<b>Kane, Washington</b>	<b>Grand, San Juan</b>
115 W. Golf Course Rd Ste B Logan, Utah 84321 Phone: 435-787-3425 Fax: 435-787-3444		359 Riverside Drive St. George, Utah 84790 Phone: 435-652-2922 or Phone: 435-652-2921 Fax: 435-652-2929	1165 South Highway 191 #1 Moab, Utah 84532 Phone: 435-259-3729 Fax: 435-259-7521

12/17/2007



## **Appendix IV**

# **RESHAPE YOUR PLATE PROGRAM**

