

# 2010 ANNUAL REPORT

## Utah State Division of Aging and Adult Services

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# INTRODUCTION

## I. 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.

## II. 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 Area Agencies on Aging (AAA) 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 these Planning and Service 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.

### III. Organizational Structure

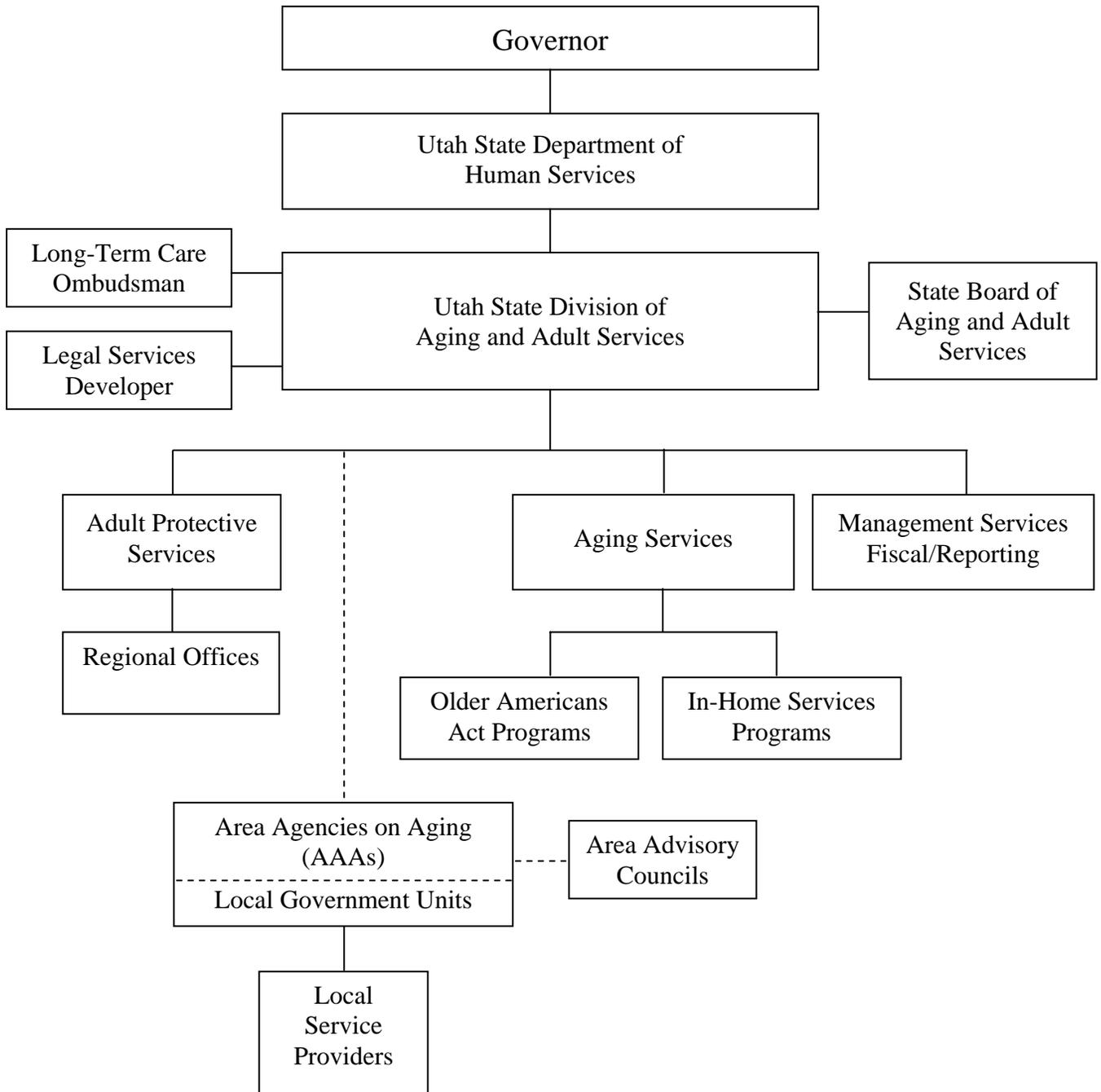
The Division has the responsibility to administer, deliver and monitor services to aging and vulnerable adult residents of Utah. To meet this responsibility, two program areas have been created: 1) Aging Services, and 2) Adult Protective Services.

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



#### **IV. 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.

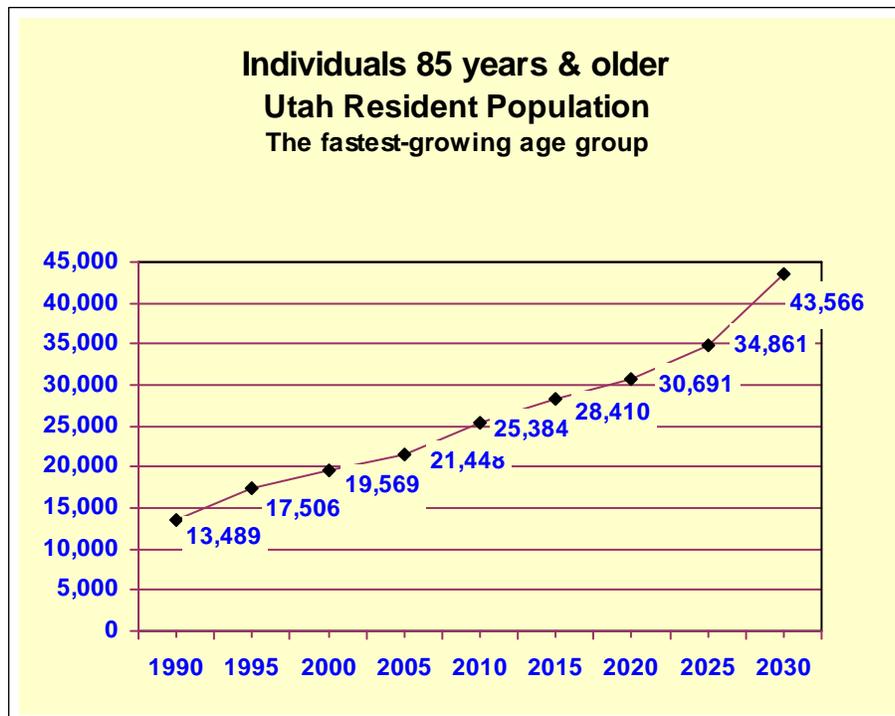
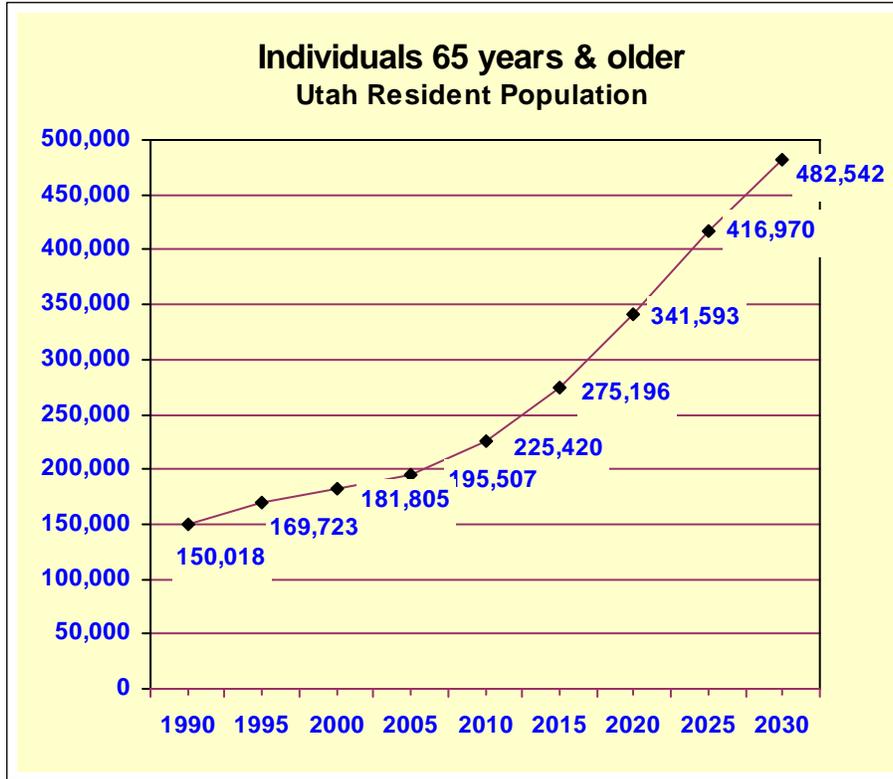
Utah continues as the nation's "youngest state." Its median age of 27 years is eight years younger than the U. S. median of 35. Despite its youthfulness, Utah's population is growing older and living longer. The following charts show that Utah's 65+ population will increase by 165 percent between 2000 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 reach 43,566 in 2030.

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

According to the 2000 census, Utah had 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.

The 2010 Census data will soon be available, and will refine the Division's projects about the growth and trends in Utah's senior population. The Division looks forward to updating its trend information when the new data become available.

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



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

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

### A. Century Club Celebration

The Twenty-fourth Annual Century Club of Utah Celebration, hosted by Governor and Mrs. Jon M. Huntsman, Jr., and Lieutenant Governor and Mrs. Gary R. Herbert, honored 52 of Utah's oldest citizens, those who have reached the age of 100 years. The celebration was held at the State Capitol Rotunda, and attendees were invited to tour the newly-restored Capitol Building afterward.

When a Utahn turns 100, DAAS staff assist the Governor in sending 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".

DAAS published the Governor's Century Club of Utah Yearbook 2010, containing pictures and brief life stories of 103 of Utah's Centenarians. The Yearbook is a useful historical resource as well as a valuable tool for family history research, and is available at [www.hsdaas.utah.gov](http://www.hsdaas.utah.gov).

The 2000 census reported that 155 centenarians were living in Utah. However, because it is difficult to gather information on all of them, only 123 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>				<b>Counties of Residence</b>	
<u>Age</u>	<u>Women</u>	<u>Men</u>	<u>Total</u>		
109	1	0	1	Beaver	<b>1</b>
108	0	0	0	Box Elder	<b>4</b>
107	4	0	4	Cache	<b>6</b>
106	3	0	3	Carbon	<b>2</b>
105	11	0	11	Davis	<b>12</b>
104	3	2	5	Duchesne	<b>2</b>
103	12	7	19	Iron	<b>3</b>
102	33	4	37	Juab	<b>1</b>
101	38	4	42	Kanab	<b>1</b>
100	22	3	25	Kane	<b>1</b>
Total:	127	20	147	Morgan	<b>1</b>
				Salt Lake	<b>63</b>
				Sanpete	<b>1</b>
				Sevier	<b>1</b>
				Tooele	<b>2</b>
				Uintah	<b>1</b>
				Utah	<b>28</b>
				Washington	<b>9</b>
				Weber	<b>8</b>
				<b>TOTALS:</b>	<b>147</b>

## **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. Due to budget cuts in the 2010 Legislative Session, the Board meets six times a year 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. 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) Improving In-home and Community-based Services, 3), Improving Preventive Health Services, 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 2008, 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.

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

During 2010, 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**

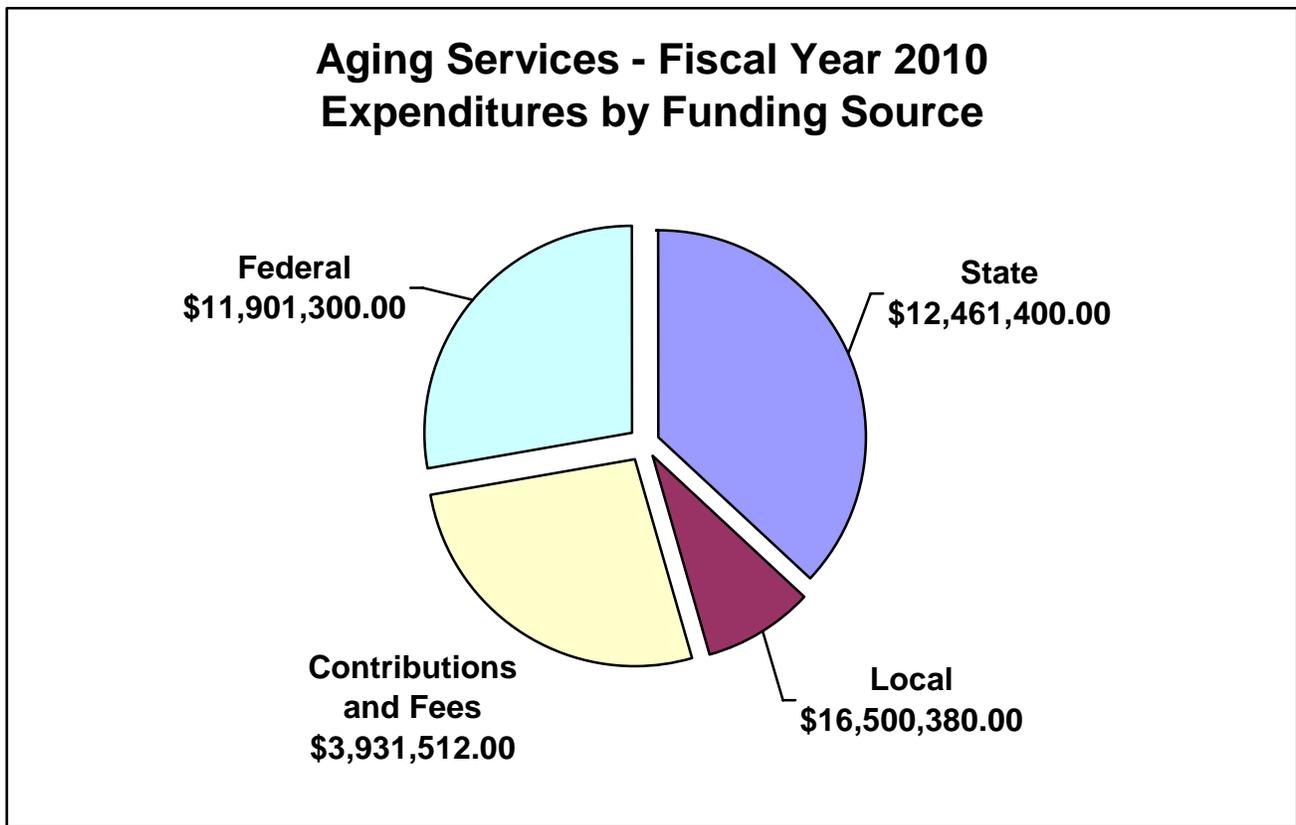
The Division contracts with units of local government or Associations of Governments to operate AAAs. A funding formula is used to allocate funds to the AAAs, who are responsible for the planning, development and delivery of aging services throughout their geographic areas. The AAAs, in turn, contract 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, family caregiver support, 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 63.

In the 2010 Legislative Session, a number of cuts were made to the funding of Aging programs. Much of these cuts involve services administered by counties and Associations of Governments. Local Area Agencies, in addition to program cuts, received cuts of \$104,000 to their administrative needs and another \$594,400 in a provider rate decrease. Of this \$698,400 in cuts, another \$350,200 were backfilled with one-time funding for FY10.

### 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.



**Total:** \$39,370,099

*Source:* Utah Division of Aging and Adult Services, November 2009

### B. Review of Aging Program Fiscal Year 2010 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 are inherent with the aging process. A constant theme in both the Utah Departments of Health and Human Services is the belief in collaborations between older adults, and public and private partners to improve the quality of life and health for Utah's aging population.

## 1. Health Promotion and Disease Prevention Program

“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.*

The definition of healthy aging according to the National Council on Aging (NCOA) is:

“A broad concept that is more than just physical health status or absence of disease: it encompasses many other important aspects of health, including intellectual, emotional, social, vocational, and spiritual health. If any of these critical areas are out of balance, optimal healthy aging may be impaired. Behavior and lifestyle choices impact each of these aspects of health: therefore, any program designed to facilitate optimal health in aging must address these areas of optimal health through education, behavior modification, and supportive environments.”

Health promotion and disease prevention programs are necessary to reduce medical costs, to prevent premature institutionalization, and to save taxpayers' dollars. These programs can also help prevent depression among the elderly, reduce limitations of daily living activities caused by chronic diseases and lack of exercise, and increase the quality of life among the older adults.

According to a report from Washington DC, an investment in Strategic Disease Prevention Programs in Communities would have the potential Annual Net Savings and Return on Investment (ROI) of \$3.70 to \$1.00 within five years. That would mean that if Utah invests \$10 per person per year (a total of \$89 million), the potential ROI would be \$3.70 to \$1.00, or \$329,300,000.

Because Meals-on-Wheels recipients are generally elderly, low-income, in compromised health and restricted in mobility they are at risk for complications from influenza, pneumococcal and shingles. This is a hard-to-reach and vulnerable group. However, assessment through the already established Meals-on-Wheels delivery system is capable of determining recipients' influenza, pneumococcal and zoster vaccine attitudes and coverage levels, and of providing education and intervention.

### a. Project Description

The Adult Immunization Coalition, state and local immunizations programs, and Aging and Adult Services developed a survey initially for distribution through the Meals-on-Wheels statewide delivery system. The survey was used to assess recipients' desires to receive influenza vaccine and their need for help obtaining vaccination. In 2008/2009, the survey was expanded to include zoster and pneumococcal vaccines and distributed with educational fact sheets. In 2009, a zoster project using American Recovery and Reinvestment Act (ARRA) funding allowed for vaccine to be

provided to uninsured adults for only a capped administration fee. This project will be completed in 2011 and results will be reported. Outreach flyers promoting this vaccine were distributed to Meals-on-Wheels recipients in one urban and one rural district. In 2010, the vaccination survey and fact sheets were revised slightly and redistributed statewide.

## **b. Results/Lessons Learned**

From nine of twelve districts, 1,120 of the 2008/2009 surveys were returned (approximately 24 percent). Results indicated that influenza and pneumococcal rates for Meals-on-Wheels recipients exceeded BRFSS rates and the statewide zoster rate was seven percent. To date, 1,788 of the 2009/2010 surveys from nine districts have been returned (approximately 32 percent) including those from the urban and rural districts where ARRA vaccine flyers were distributed. Preliminary results indicate that coverage is only slightly above the BRFSS rates for influenza and pneumococcal, but zoster coverage has risen to 10 percent statewide. In the urban district where the flyer was distributed, zoster coverage almost doubled, and in the rural district coverage more than tripled.

The American Recovery and Reinvestment Act of 2009 (Recovery Act), signed into law February 17, 2009, is designed to stimulate economic recovery in various ways: to preserve and create jobs; to promote economic recovery; to assist those most impacted by the recession; to stabilize state, territorial, and local government budgets; to minimize and avoid reductions in essential services and counterproductive state, territorial, and local tax increases; to strengthen the Nation's healthcare infrastructure; and to reduce healthcare costs through prevention activities. The Recovery Act includes \$650 million for evidence-based clinical and community-based prevention and wellness strategies that deliver specific, measurable health outcomes. The legislation provides an important opportunity for communities, states, territories, cities, rural areas, and tribes to advance public health across the lifespan and to eliminate health disparities. Of the \$650 million appropriated for this initiative (Communities Putting Prevention to Work), \$27 million is being used to provide grant support to states and territories to deploy evidence-based chronic disease self-management programs targeted at older adults with chronic conditions.

The number of older adults living in our society with chronic conditions will increase dramatically in the coming years with the aging of the Baby Boomer generation. The first Boomers will turn 65 in 2011 and of these, more than 37 million – or 6 out of 10 – will be managing more than one chronic condition by 2030.<sup>1</sup> In addition, 14 million Boomers will be living with diabetes while almost half of the Boomers will live with arthritis (that number peaks to just over 26 million in 2020).<sup>2</sup> Chronic diseases not only kills but can negatively affect quality of life as well as threaten the ability of older adults to remain independent within their own homes and communities. The more chronic illnesses an individual has, the more likely that individual will become hospitalized. Two-thirds of Medicare spending is for beneficiaries with five or more chronic conditions.<sup>3</sup>

Many of the nation's leading healthcare experts are recommending that our systems of care include a combination of health and community-based interventions, including community-based chronic disease self-management programs, to address the growing prevalence of chronic conditions. One

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<sup>1</sup> First Consulting Group & American Hospital Association. (2007). *When I'm 64: How boomers will change health care*. Chicago, IL

<sup>2</sup> First Consulting Group & American Hospital Association. (2007). *When I'm 64: How boomers will change health care*. Chicago, IL

<sup>3</sup> Anderson, Gerard, (2008) Analysis of the Medical Expenditure Panel Survey, 2004, Johns Hopkins University

example of such a program is The Stanford University Chronic Disease Self-Management Program that was developed with funding from the Agency for Healthcare Research and Quality. The Stanford program emphasizes the patients' role in managing their illness and building their self-confidence so they can be successful in adopting healthy behaviors. The program consists of workshops conducted once a week for two and a half hours over six weeks in community-based settings such as senior centers, congregate meal programs, faith-based organizations, libraries, YMCAs, YWCAs, and senior housing programs. People with different chronic health conditions attend together, and trained and certified leaders facilitate the workshops, at least one of who has a chronic illness. Topics covered include:

- 1) Techniques for dealing with problems such as frustration, fatigue, pain and isolation
- 2) Exercise for maintaining and improving strength, flexibility, and endurance
- 3) Nutrition
- 4) Appropriate use of medications
- 5) Communicating effectively with health professionals

The program has been shown to be effective in helping people with chronic conditions change their behaviors, improve their health status, and reduce their use of hospital care.

Since 2003, AoA in collaboration with the Centers for Disease Control and Prevention (CDC), the Agency for Healthcare Research and Quality (AHRQ), the Centers for Medicare and Medicaid Services (CMS), other Department of Health and Human Services (HHS), and private sector partners has funded collaborations between the aging and public health networks at the state and community level to deploy evidence-based prevention programs, including chronic-disease self-management programs, targeted at older adults. To date, this AoA led effort has resulted in the delivery of chronic disease self-management programs in over 1,200 community-based sites across 24 states that have served over 12,000 seniors. CDC has also supported the implementation of chronic disease self-management programs through grants to state health departments. The current Recovery Act funding opportunity is designed to build on and expand these efforts nationwide.

AoA, in collaboration with CDC, is providing Recovery Act funding under this announcement to support state efforts to deploy evidence-based chronic disease self-management programs (CDSMP) that empower older people with chronic diseases to maintain and improve their health status. In the process of delivering these programs, States will strengthen and significantly expand their existing capacity to deliver CDSMP and other evidence-based prevention programs statewide. Working together, state units on aging and state health departments will support community-level collaborations involving their aging and public health networks to serve as vehicles for delivering CDSMP programs at the local level. These community-based collaborative networks will provide the foundation for an infrastructure and statewide distribution system that states can use for delivering CDSMP and other evidence-based prevention programs to older adults. These statewide distribution systems will include a quality assurance component to ensure that the evidence-based prevention programs are being delivered with fidelity and achieving results comparable to those produced in the original research. The ultimate goal is to have states and communities statewide embed these structures into their systems that provide community-based services and supports to older adults to help them maintain their health and independence in the community.

The CDSMP Recovery Act funds complement the other Recovery Act prevention funds being made available to communities and states under the Communities Putting Prevention to Work (CPPW) program, and states should coordinate their CDSMP activities with other relevant CPPW activities

in their states. For example, every CPPW grant program component, including these CDSMP grants, is designed to strengthen the capacity of communities to deploy evidence-based prevention programs that address chronic conditions, improve population health, and reduce health care costs. The CDSMP grants focus on developing statewide systems for deploying evidence-based self-management programs that improve health status and reduce the use of hospital care and health care costs. The other CPPW grant programs emphasize system-wide changes as well, but they also support environmental and policy strategies for improving individual health behaviors and population health. In their grant applications, states applying for CDSMP ARRA funds, should describe how their CDSMP programs would coordinate with and/or complement other components of the ARRA CPPW program that may take place within the state.

The key objectives of this CDSMP Recovery Act funding opportunity are to:

- Deliver CDSMP to 50,000 individuals
- Document the impact of CDSMP on participant health behavior, health status (e.g. self-rated health status, improved energy levels, etc.), and self-reported health care utilization (e.g., reduced hospital use)
- Develop and test an approach for using Medicare claims data to track the impact of CDSMP on participant health care utilization and Medicare costs
- Strengthen the capacity of states and communities to systematically deploy CDSMP and other evidence-based prevention programs that benefit older adults.

Of the 50,000 individuals who complete a CDSMP program as a result of this initiative, it is expected that:

- 15% will report improvements in self-rated health.
- 40% will experience increased energy levels.
- 40% will report decreased health distress.
- 30% will report increased stretching and strengthening exercise.
- 25% will increase the minutes they can do endurance exercise.
- 5% will report fewer hospitalizations.

Attainment of these outcomes will be measured and tracked using program milestones. The Administration on Aging will use a two-tiered approach to measuring and tracking outcomes. Each state will be required to report on a standard set of indicators (specified in the reporting section below) related to the profile and number of CDSMP programs being conducted and the participants being reached. Two federal-level evaluation activities will complement the state-level reporting: 1) a nationally administered survey of the individuals participating in selected CDSMP programs at “base-line”, and 2) six-month and 12-month follow-up to assess the impact of CDSMP on participant health behaviors, health status, and self-reported health care utilization. Additionally, AoA will collaborate with CMS to develop and pilot test in one state a quality assurance process that will track Medicare claims data of CDSMP participants and compare their health care utilization and costs to a comparable group of Medicare beneficiaries not participating in CDSMP. Data from all three of these sources will be used to assess the impact of this ARRA CDSMP program on participant health behaviors, health status, health care utilization, and health care costs.

Utah was awarded \$300,000 for this grant that will be completed from March 31, 2010 to March 31, 2012. The AAA and Health Department that are implementing the CDSMP will receive \$250,000 (83 percent) of the funding to actually implement the program throughout the state.

Utah objectives include reaching at least 1,200 older adults with chronic conditions; implementing the approved CDSMP models in English and in Spanish; developing and expanding partnerships with six area agencies on aging and local public health networks; increasing the number of trained leaders and master trainers; addressing the special needs of seniors; and developing a sustainable plan for systems-based CDSMP delivery.

Since March 31, 2010 there have been 720 participants in the CDSMP with 523 completed (attended four out of six sessions) which is 72.6 percent. The goal of reaching 1200 older adults with chronic conditions by March 31, 2012 has been 43.6 percent as of Dec. 31, 2010.

In 2010, Utah continued to have great need for more widespread use of evidence-based interventions. Currently, evidence-based programs are available on a limited basis for individuals living with the effects of arthritis, diabetes, falls, and heart disease.

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

- Arthritis Foundation Self Management Program
- Arthritis Foundation Exercise Program
- Arthritis Foundation Aquatics Program
- Chronic Disease Self-Management Program
- Diabetes Self-Management Program
- Enhanced Fitness
- Functional Analysis Screening for Falls
- “Matter of Balance, A Falls Program”
- “Stepping - On, A Falls Program”
- Home Health Diabetes Case Management Program

The Department of Health also has a Heart Disease and Stroke Prevention Program located within local HMO systems, that is available to the members of the HMOs.

### **c. Why Nutrition is Important**

Eighty-seven percent of older adults have one or more of the most common chronic diseases - hypertension, diabetes and coronary heart disease, all of which are preventable or treatable in part with appropriate nutrition services.

Proper nutrition makes it possible to maintain health and functionality, and positively impacts the quality of life in older adults.

As primary prevention and health promotion, nutrition counseling lessens chronic disease risk and addresses problems that can lead to more serious conditions. As a component of chronic disease management, medical nutrition therapy (MNT) slows disease progression and reduces symptoms.

Older adults who routinely eat nutritious food and drink adequate amounts of fluids are less likely to have complications from chronic disease and to require care in a hospital or other facility.

The key to improving the quality of life for all of us is acknowledging that “our body” is the “house” we live in. If we want to be healthy and free of pain, we have to take care of our body. It will only support us to the degree to which we care for it.

## **2. Community Senior Centers**

As part of a comprehensive community strategy, senior centers can offer services and activities within the senior center and outside the center, as well as link participants with resources offered by other agencies. Senior center programs consist of a variety of individual and group services and activities that include but are not limited to:

- Health and wellness
- Arts and humanities programs
- Intergenerational activities
- Employment assistance
- Information and referral services
- Social and community action opportunities
- Transportation services
- Volunteer opportunities
- Educational opportunities
- Financial and benefits assistance
- Meal programs

Senior centers also serve as a resource for the entire community for information on aging, support and training for family caregivers, professionals, lay leaders and students; and for developing innovative approaches to addressing aging issues.

The National Council on Aging and National Institute of Senior Centers share the following Senior Center Trends Now and Into the Future:

- In the past 20 years, senior centers have undergone major changes.
- Centers now need to work with many community partners, other human service agencies, volunteer organizations, citizen groups, various city departments, government agencies, area agencies on aging, and other community-wide planning and policy-making groups to continue existing services and create new ones.
- While service-delivery systems are growing more sophisticated, senior centers must play a critical role as the community focal point for older adults within the system.
- Wide ranges characterize a diversity of needs in the older population in age, income, and ethnic backgrounds as well as physical and mental conditions and capacity.

- The growing diversity of the older population impacts program planning and scheduling, needs of families and caregivers, and intergenerational interests groups.
- There are public and private funding sources and it is imperative that centers understand the importance of and become proficient at pursuing funding and resources to meet the growing needs of seniors.
- There is a growing need for senior centers to clearly define relationships and channels of communication in the community's aging network.
- It is crucial to establish ethical guidelines for a center's operations.
- ADA legislation has greatly impacted the function and design of senior centers.
- People are living longer and stages in the cycle of life are increasing.
- Marketing strategies must be utilized to respond to participants' needs.

<b>Congregate Meals</b>	<b>Home-Delivered Meals (HDM)</b>
<p>The congregate meal program provides one meal a day that meets 33 1/3 percent of the dietary reference intake for elderly persons at approximately 105 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.</p> <p>Those who receive these meals are encouraged to give a confidential financial contribution. The local AAA establishes the suggested contribution amount. These contributions covered 21 percent of the total expenditures in FY 2010 and are used to enhance the congregate meals program.</p>	<p>The HDM program provides one meal a day that meets 33 1/3 percent of the dietary reference intake 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.</p> <p>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 three or 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.</p> <p>Contributions are encouraged in an amount set by the local AAAs and go directly to the HDM Program. In FY 2010, contributions to the program covered 20 percent of the total expenditures. Due to funding limitations, there are still unserved and underserved areas of the state.</p>

CONGREGATE MEALS – FY 2010	
Unduplicated Persons served	19,125
Meals served	844,6359
Total expenditures	\$5,720,498
Contributions by seniors	\$1,200,627
Average cost per meal*	\$6.78

HOME-DELIVERED MEALS – FY 2010	
Unduplicated Persons served	9,961
Meals served	1,224,695
Total expenditures	\$7,570,794
Contributions by seniors	\$1,496,428
Average cost per meal*	\$6.18

\*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% but requires assistance with ADLs (Activities of Daily Living)
- Receives at least five meals per week
- One third of recipients require special diets (low sodium, high protein, diabetic, etc.)
- Receives nutrition education

**Cost-Benefit Support: The cost of one day in a hospital roughly equals the cost of one year of OAA Nutrition program meals. One month in a nursing home equals that of providing mid-day meals five days a week for about seven years.**

2007 State program report. US Administration on Aging Web site  
[http://www.aoa.gov/AoARoot/Program\\_Results/SPR/2007/Index.aspx#national](http://www.aoa.gov/AoARoot/Program_Results/SPR/2007/Index.aspx#national). Last modified July 16, 2009.  
 Accessed March 21, 2011.

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

Developed and funded by the state of Utah, the Home and Community-based Alternatives Program provides in-home services which allow people to remain in their homes as they age, with cost-effective functional supports, thus reducing the need for nursing home placement. The program received a \$500,000 cut in FY10 which was completely replaced with one time funding for the year.

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. Since then, the extreme escalating costs of long-term care facilities have contrasted sharply with the cost benefit of caring for people at home.

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 case managers to design a service package that meets a client's unique needs once eligibility has been established. Demand for Alternatives services continues to be high; currently several hundred people around the state are waiting for services.

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 and Community-based Alternatives Program charges clients a fee for services, based on their ability to pay. While the fees are generally low, in the neighborhood of \$11 to \$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 1.5 percent of the annual program costs.

The following chart profiles the use of services in this program during FY 2010:

<b>The Alternatives Program: FY 2010</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            1,085</li> <li>• Expenditures:               <ul style="list-style-type: none"> <li>Federal SSBG    \$1,053,860</li> <li>State Funds        \$2,875,892</li> <li>Fees                    \$90,804</li> <li>Local Funds        \$610,593</li> </ul> </li> <li>• Average Annual Cost per Client                    \$3,949</li> <li>• Age of Clients:               <ul style="list-style-type: none"> <li>Under 60    13%</li> <li>60 &amp; older   87%</li> </ul> </li> </ul>

The Administration on Aging has looked 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 several states included in these discussions and has received very positive feedback on the model of service delivery and cost containment in Home and Community-based Alternatives Program.

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

The National Family Caregiver Support Program (NFCSP) enabled Utah to greatly expand services to those providing care to an aging family member, friend, or neighbor. From 1996-2000 Utah administered a state-funded respite program for caregivers. During that period of time 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 NFCSP in 2000, thousands of 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 these services, caregivers can receive information about programs and a wider array of services available to them, along with guidance on how to access the available resources. To help caregivers learn more about their Caregiving role and the ensuing system, education, training, and support is also available. 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 in 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 a non-parent 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 appropriate. 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 providing informal care, family members honor their relative's wishes to remain at home, and save the nation over \$300 billion each year due to premature institutionalization.

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.

Currently, the Division, in partnership with the Alzheimer's Association, Utah Chapter (AAUC) has received three Alzheimer's Disease Supportive Services Program grants from the Administration on Aging. These grants enable the state of Utah, through the AAUC and other partners, to provide education, training, advocacy and services to Alzheimer's patients and their caregivers.

**Alzheimer's Disease Innovations Grant - \$277,245**

Purpose: Employ the New York University Caregiver Intervention (NYUCI) in a coordinated community-based program to improve caregiver well-being in communities that are newly racially integrated, increasingly diverse culturally, and continually isolated geographically.

**Alzheimer's Disease Evidence-Based Grant - \$226,990**

Purpose: Replicate the tools and strategies of the New York University Caregiver Intervention (NYUCI) to employ the counseling and supportive intervention in a coordinated community-based program to improve caregiver well-being among minority culturally diverse and rural-based populations.

**Alzheimer's Disease Innovations Grant - \$298,145**

Purpose: Creating Care Champions, to provide caregivers with access to non-pharmacologic treatment and support services and to study the effects of such interventions.

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 UCCS, contains helpful information about services related to caregiving issues and is available by going to <http://utcaregiver.org/> and clicking on "Family Caregiving in Utah" on the right side of the screen. The UCCS 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/>. Again this year, the UCCS recognized National Family Caregiver Awareness Month by arranging to have a declaration signed by Governor Herbert – demonstrating the value of care provided to family and friends throughout the state. The UCCS also sponsored month-long awareness and pampering events at various host facilities, where caregivers could receive a variety of services to help them take the break they need from their caregiving role and to be pampered and honored.

This year the UCCS has received a Lifespan Respite Care Program Grant from the U.S. Administration on Aging. This grant award has enabled the UCCS to actively expand its focus from providing services for caregivers of the elderly to all caregivers, across the lifespan. The Lifespan Respite Care Program grant is also an opportunity for the UCCS to collaborate and coordinate respite care activities in the state with other related services of programs. What this means is that UCCS is re-forming itself around the idea of working on respite issues for all who need it - from birth to death. This action not only creates the opportunity to increase membership in the UCCS, but also enables the UCCS to improve its reach with additional focus and resources to support other populations in need of respite care, information and service.

**5. Home and Community-based Medicaid Aging Waiver Program**

For the past 17 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 Aging Waiver Program. During the Division's administration of the waiver, 5,040 frail elderly have been served. In FY 2010, Utah's Home and Community-based Medicaid Aging Waiver Program served 537 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 2010, the Aging Waiver was approved for an additional five years. Two new services were added. These services are Personal Budget Assistance and a Community Meal Option.

<b>HOME AND COMMUNITY-BASED MEDICAID AGING WAIVER</b>	
<b>Services Provided*</b>	<b>% of clients</b>
• 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%.	

<b>Cost Data on the Waiver</b>	
<b>Other Waiver Facts</b>	
• Total individuals served	537
• Total expenditures	\$3,489,003.89
• Annual average cost per client	\$7,692

## 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 families and caregivers who assist seniors living 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 for 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)

In 2010, the Centers for Medicare and Medicaid Services (CMS) contracted with DAAS to educate 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 Extra Help for the Prescription Drug Program. The educational process was handled through group presentations, public media methods, and one-on-one counseling.

### Utah – State Data

256,511 - Total Medicare Beneficiaries in Utah

214,500 - Total Medicare Beneficiaries with Prescription Drug Coverage

84% - Total Percentage with Drug Coverage in Utah

77,517 - Beneficiaries with Drug Coverage from Medicare or Former Employers

90,721 - Beneficiaries with Medicare Stand Alone Drug Plans

46,262 - Beneficiaries with Medicare Advantage Plans with Drug Coverage

## 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 260 facilities with 13,654 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 1,823 cases and 2,524 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 with income less than 125 percent of the poverty level. 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 2010, Utah finished the year with a job placement rate of 51.2 percent. The Utah SCSEP program goal for the upcoming year is to proper place seniors into appropriate job placement so that seniors can succeed in the workforce.

<b>THE AVERAGE TITLE V ENROLLEE</b>	
• Age: 55–59	41 %
• Age 60+	59 %
• Female	52 %
• High school graduate	28 %
• Annual income below poverty level	98 %
• Minimum Title V wage	\$7.25 per hr.
• Limited English proficiency	43 %

**10. Legal Assistance Services**

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 2010, the Legal Services Developer conducted the first ever cost analysis of financial exploitation. The Utah Cost of Financial Exploitation Study is an in-depth analysis of the cost of financial exploitation to Utah seniors. Utah is the first state to conduct a cost analysis. The purpose of the study is to calculate the financial loss to Utah seniors, businesses, and government entities. In addition, to

determine the variables and methods perpetrators employ to exploit. This assessment was conducted by the Legal Services Developer in cooperation with Utah's Adult Protective Services program. Utah seniors, taxpayers, businesses and the government lost \$51,506,100 in 2009 due to financial exploitation.

In 2010, the Legal Services Developer conducted two legal needs studies. The first surveyed the Meals on Wheels clients regarding their legal needs. The second surveyed a representative sample of seniors around the state of Utah.

The Legal Services program has a variety of resources available such as legal services booklet and list of attorneys that hold themselves out to practice elder law in Utah.

In addition, DAAS is having a book published this year called, *Navigating Your Way*. This book is a reference guide discussing over 20 areas of elder law and written in question-and-answer format. It provides general information on various legal issues and programs including estate planning, guardianships, housing options, social security consumer rights, grandparents' visitation rights, and much more. In addition, at the end of each chapter of the book there is a section titled "More Information" that lists organizations to contact for additional information.

Many attorneys, social workers, graphics designers, editors, and proofreaders have made in-kind donations valued at over \$98,000. The goal of this book, which will be distributed throughout the state of Utah, is to educate older Utahns about various law and aging issues. As a result, it is hoped that more Utahns will be comfortable with the law, make informed legal decisions, and prevent legal problems.

## **II. ADULT PROTECTIVE SERVICES**

DAAS is responsible for the administration of Adult Protective Services Programs (APS). Within the administrative structure of the division, the director of Adult Protective Services has statewide administrative responsibility for the program. Services are delivered by division staff through APS Regional Offices.

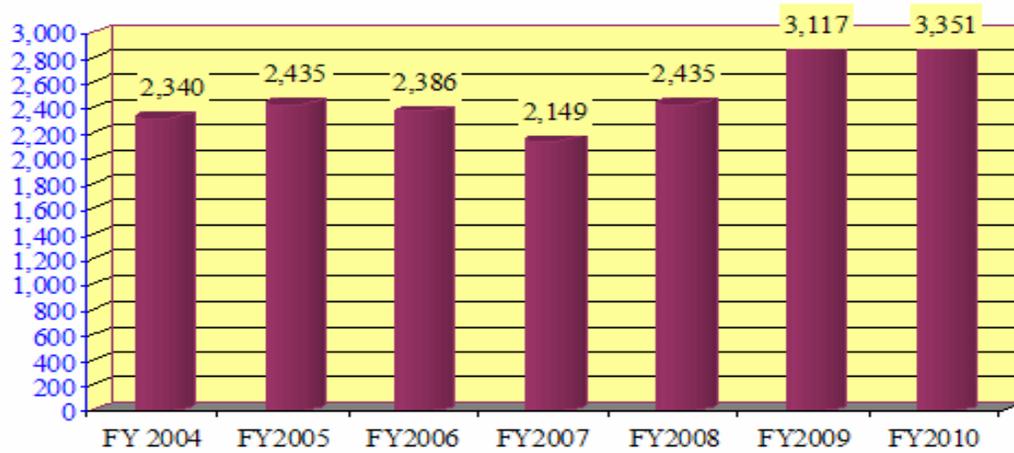
Federal and state statutes require that vulnerable adults, including elderly and mentally or physically impaired adults, be protected from abuse, neglect and exploitation. APS is mandated to investigate allegations of abuse, neglect and exploitation of any vulnerable adult. APS investigators are located 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 adults, 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, but if they 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.

In the 2010 Legislative Session, APS sustained cuts of \$731,000, or 21% of its budget. This was partially offset by the \$206,000 of one-time federal funding, although APS does not otherwise receive federal or local funding. As a result of the cuts, APS ceased providing a number of ancillary services, reduced investigators and support staff, changed worker territories, and greatly reduced outreach and training activities. Additional administrative changes were made to achieve the cuts.

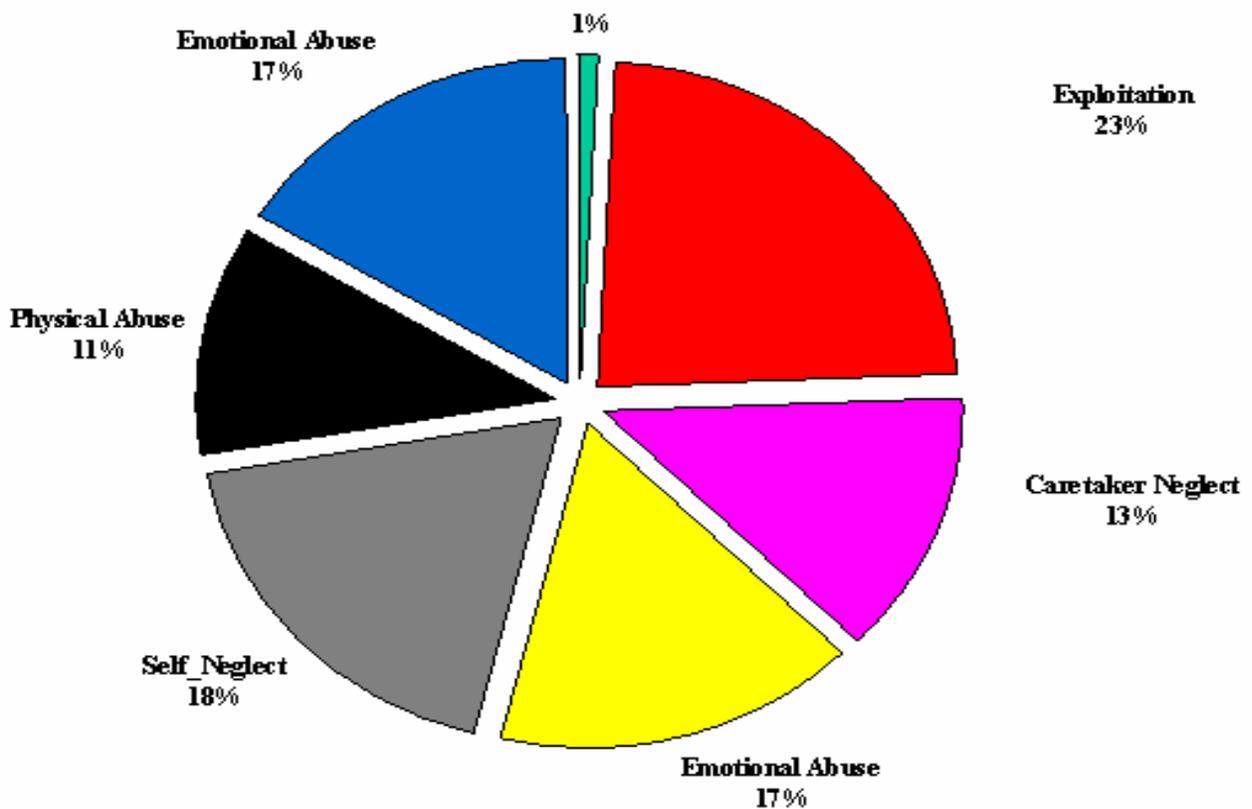
Abuse, neglect and exploitation of vulnerable adults continues to be one of society's most alarming problems. The following chart reflects the number of investigations completed by the Adult Protective Services Program.

## Adult Protective Services Investigations



The following chart shows the results of investigations by type of substantiated allegation during FY 2010:

### 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>Victim Demographics</b>	
Age: 60 – 89	57%
Female	60%
Lives In Own Home	80%
Exploitation	27%
Emotional Abuse	18%
Caregiver Neglect	15%
Self Neglect	22%

<b>Perpetrators</b>	
<b>Age:</b>	
Under 60	68%
<b>Relationship To Victim:</b>	
Family Member/Relative	44%

## B. Training

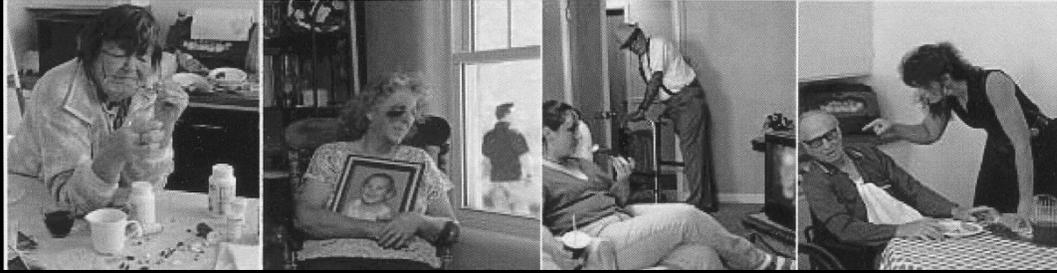
It is estimated that only a small percentage of cases of abuse, neglect, or exploitation of vulnerable adults is ever reported to the proper authority. Low reporting may be a result of lack of awareness/education regarding the program. During FY 2010, the state continued efforts to enhance awareness of vulnerable adult abuse and revisions were 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 209 hours of training to approximately 5,000 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.

# BE A PART OF THE SOLUTION!

## Report Abuse, Neglect & Exploitation of Vulnerable Adults



### What Are The Signs?

#### Abuse

- Unexplained bruises or welts
- Multiple bruises in various stages of healing
- Unexplained fractures, abrasions, and lacerations
- Multiple injuries
- Low self-esteem or loss of self-determination
- Withdrawn, passive, fearful
- Reports or suspicions of sexual abuse

#### Neglect

- Dehydration
- Lack of glasses, dentures or other aides if usually worn
- Malnourishment
- Inappropriate or soiled clothes
- Over or under medicated
- Deserted or abandoned
- Unattended

#### Self-Neglect

- Over or under medicated
- Social isolation
- Malnourishment or dehydration
- Unkempt appearance
- Lack of glasses, dentures, or hearing aides, if needed
- Failure to keep medical appointments

#### Exploitation

- Disappearance of possessions
- Forced to sell house or change one's will
- Overcharged for home repairs
- Inadequate living environment
- Unable to afford social activities
- Forced to sign over control of finances
- No money for food or clothes

Utah law mandates any person who has reason to believe that a vulnerable adult is being abused, neglected, or exploited must immediately notify Adult Protective Services intake or the nearest law enforcement office.

**To Report Elder & Vulnerable Adult Abuse Please Call:**

**Salt Lake**  
**801-264-7669**



**Statewide**  
**800-371-7897**

**APPENDICES**

**Appendix I**  
**BOARD POSITION PAPERS**

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

As the “boomer” generation ages (birth years 1946-1964), 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 drivers. 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 seniors 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. While not long ago, choices involved 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.

For seniors to remain at home, family caregivers provide many hours of in-home care needed by their loved ones. 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 aging 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 an average of \$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 areas, county dollars. The demands for in-home services will continue to grow 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, the year before the baby boomers turn 65, it is projected that spending will amount to \$1,050 billion.
- 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 reduce 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 applying 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 reported 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 including 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 age 60 believe they will 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 the burden and allowing employees 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 2010

### Counties

Box Elder  
Cache  
Rich

### Populations

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

### **The following accomplishments were listed by the Bear River AAA in its annual plan update, May 2009.**

- Our greatest accomplishment is sustaining a wonderful volunteer workforce. In FY 08, 789 people volunteered at BRAG or through one of our senior centers providing over 52,000 hours of service. Their support is invaluable and helps maintain our programs.
- With the ongoing support of participants and local elected officials, no senior is on a waiting list for congregate or home-delivered meals.
- The Caregiver Support Program doubled the number of individuals receiving direct respite care due to one-time funding from the Legislature. Twenty families received respite care in FY08.
- The Caregiver Support Program partnered on a regular basis with local city newsletters to provide information to the public concerning caregiver issues. Six articles were printed which reached approximately 6,000 people.
- Caregiver Workshops were held in both Cache and Box Elder counties. Approximately 60 participants attended the Cache event and 30 attended the Box Elder event. Community agencies provided information and classes were held on brain health, driving issues, community resources, and maintaining your health as a caregiver.
- The Sunshine Terrace Adult Day Center asked the AAA to partner on a grant for in-home services. The Daniels Foundation awarded a grant to provide in-home care to individuals on the Alternatives and Caregiver Support applicant lists. Clients received two-four hours of care per week at \$2.50/visit. Thirty-three individuals received services through the Daniels Fund grant this year.

- The Utah Department of Health invited the agency to become a case management agency for the New Choices Waiver program. Currently there are five (5) clients enrolled and three (3) clients pending in Cache County.
- The Senior Companion Program raised \$22,000 in grants and other fundraising efforts this year.
- Twenty-five Senior Companion volunteers provided 17,639 hours of service to 141 clients last year. Sixty-five percent of the clients served needed transportation assistance. Volunteers drove over 65,000 miles last year to transport clients to grocery stores, doctor appointments, and senior centers.
- Three volunteers were recruited and trained to work with the health insurance counseling (SHIP) program.
- The SHIP coordinator partnered with the Senior Medicare Patrol program (SMP) operated through Utah Legal Services to distribute 6,431 Medicare Fraud Prevention Tips.
- The Bear River Health Department partnered with BRAG to secure a diabetes grant to help educate seniors about how to improve self-management skills and clinical outcomes of diabetes. Staff from the health department will work with local senior center staff to provide classes and outreach services to seniors in the coming year.
- The AAA partnered with Salt Lake County Aging Services to provide information to seniors on the tax stimulus rebate and new advance directives law. Salt Lake County shared the information they compiled and the AAA provided the information to its seniors in the area. Tax rebate assistance was provided to 270 people while 500 people received the new advance directive information.
- The Utah Alzheimer's Association partnered with the agency to offer Alzheimer's information and resources for individuals and families affected by memory loss. In the seven months the agency has been involved with the grant, staff have screened and referred individuals for respite care provided through the Alzheimer's Association; provided workshops on "Maintaining Your Brain", tools for caregivers, scrapbooking to reminisce with clients; trained Senior Companion volunteers to work with clients with memory loss; and trained local emergency response agencies on the Safe Return program. It has been a good partnership that the AAA hopes will continue; however, it is dependent on the Alzheimer's Association receiving grant funds to proceed.
- Unfortunately, the Bear River Valley Senior Center was condemned this year. The programming and meals were moved to the Public Works building. During this time, senior center management did not neglect serving any Meals on Wheels and only missed one congregate meal on the day they moved out of the senior center.
- The Bear River Valley Senior Center received two grants totaling \$33,000 from the Division of Aging and Adult Services. These grants were used to purchase a new van to transport clients to the meal site and for renovation of the portable trailer being used for classes.
- Good news! The Bear River Valley Senior Center moved into a new building later this year.
- The Cache Senior Center partnered with Utah State University's "Friends of the Elderly" to participate in the "Senior University". Senior University is a way for seniors to audit USU classes for only \$10 on a variety of topics. The senior center provides transportation. At the end of the second semester there were 36 participants.
- The Cache Senior Center started broadcasting a weekly community program at KUTA-TV and was recognized with an Excellence Award by the station.
- The Cache Senior Center obtained a \$10,000 CDBG grant from Logan City to purchase a new "Meals on Wheels" delivery vehicle.
- A blood pressure clinic at the Cache Senior Center was credited for saving the life of one of its participants. Due to an elevated blood pressure reading, 9-1-1 was eventually called and the senior ended

up having quadruple bypass surgery. She credited the staff and volunteers for helping her when she needed it.

- At the Brigham City Senior Center, management began the operation of Senior Transit (formerly the Blue Goose). The center has been able to successfully continue this operation without running out of funds.
- The Brigham City Senior Center was awarded a \$3,000 grant from the Meals on Wheels foundation for “March on Meals”. The center also won a grant from Meals on Wheels for its role in taking care of pets. More than 20 seniors’ pets were assisted with everything from shots to testing in conjunction with a local veterinarian.
- Brigham City was awarded \$75,000 from CDBG to install an elevator in the senior center in 2008.
- The Brigham City Senior Center began sponsoring a monthly “Brunch and Learn” event covering timely health topics such as fall prevention, identity theft, exercise and heart disease, diabetic foot care 101, arthritis, knee and hip replacement, and “Everything you always wanted to know about a funeral, but were afraid to ask”.
- The Brigham City Senior Center hosted its first “Hot Wheels for Hot Meals” car show and started a Senior Yoga and beginning Spanish class. The center also hosted its second annual Senior Health and Fitness Fair with 38 booths sponsored by community members that provided information for seniors.
- The Rich County Senior Center staff created and printed a history book of the senior center for fundraising purposes. The center increased its activities to include a pool table, darts, computer access, exercise, and reading programs for children and families.
- The biggest accomplishment for the Rich County Senior Center was the ability to keep its doors open in FY 07.

**Barriers:**

- A major challenge in the coming year will be the increased cost of food and fuel. There is a particular concern about the ability of the volunteers to continue to pay and provide transportation or deliver home-delivered meals due to the outrageous fuel prices. Senior center directors and staff are looking for creative solutions; however, there does not appear to be many. The majority of home-delivered meals are delivered by volunteers. If the agency was to lose the volunteers’ support, meal costs would increase significantly which may result in waiting lists.
- Another challenge the AAA is facing is the reduced capacity of formal health care providers. Due to a shortage of CNAs and RNs, many home care companies do not have the ability to provide services to our clients. We have begun using more informal providers, however, it is not likely they will be able to fill all of the gaps being created by agencies going out of business or reducing capacity for BRAG clients.

## DAVIS COUNTY AREA AGENCY ON AGING – FY 2009

### County:

Davis

### Populations

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

**The following accomplishments were listed by the Davis County AAA in its annual plan update, May 2009.**

- The Division hired a full-time health educator in May of 2007. She developed a health education plan and offered a variety of classes at the senior activity centers. Increased collaboration with the Immunization department resulted in education presentations regarding Zoster, pneumonia vaccine, and influenza prevention. All senior centers held influenza immunization clinics during the fall of 2007. Nurses working in the health department provided the immunizations.
- The centers added new courses such as a class on balance and body positioning. A local physical therapy agency offers this class quarterly at the Autumn Glow Activity Center. Other classes such as Tai Chi continue to flourish at each center.
- Case managers working in Alternatives and Waiver have routine schedules to visit every center. These visits provide an avenue for staff and seniors to discuss issues related to aging and resources in the community. Weekly blood pressure clinics offer seniors a way to keep informed about heart health. Monthly foot clinics assist seniors in basic foot hygiene.
- Access to mental health services is an important necessity for Davis County seniors. Dr. Kent Nabors, a geri-psychologist, meets with seniors monthly at each center. He has established a great rapport with seniors that is creating noticeable differences in attitudes, actions and behaviors. He offers innovative and informative workshops to help seniors deal with issues affecting their everyday lives. Dr. Nabors is a frequent contributor to the Senior Scoop County newsletter. He frequently educates staff on mental health topics during staff meetings. Dr. Nabors assists In-Home case managers by visiting with clients in their homes as needed and consulting with them on difficult cases.
- At each center in November 2007, Dr. Nabors and staff offered Memory Screening and Depression Screening. These activities resulted in the identification of several seniors needing further follow-up and evaluation.
- The Division hosted a Long-Term Care Pandemic Influenza Summit in the fall of 2007 in conjunction with the Northern Utah Senior Fair. Minimal marketing and advertisement preceded the event and the time was not conducive for LTC facilities to attend. While the participation was minimal, those attending indicated a need to attend further discussions.
- Davis County Walks generated participation from people of all ages. This event is held in conjunction with the Davis County Fair. The oldest participant walking in the event was 85 years old.
- The Division purchased nine vehicles for the Senior Activity Centers. Each center has one 18-passenger bus and one new 14-passenger bus. The new vehicles transport passengers and the new food cambros to the centers. The 14-passenger buses may be driven by a person without a CDL license, enabling the centers to make small trips. The centers plan to use the smaller vehicles to accommodate more requests for medical transportation. Medical transportation at Golden Years increased during this past year, partially due to the planned acquisition of the vans and due to improvement in transportation scheduling.

- Each center replaced the old Meals on Wheels (MOW) vans with new vehicles. Each new van is outfitted with electrical outlets to accommodate the new cambros. The new cambros maintain recommended temperatures and have improved food safety. All vehicles have new signage advertising the Meals on Wheels program.
- Center managers, staff and MOW staff continue to work with Canteen Foods to improve meals. Administrative staff solved issues regarding the use of trustees at the centers by hiring workers to assist in the kitchens at each center.
- Division staff, Canteen dietitians, and other company representatives meet annually to alter menus based on input from seniors. Seniors evaluate meals daily regarding the quality, quantity, and variety of congregate meals. Approximately 73 percent of those surveyed indicate quality and quantity is acceptable, but desired more variety in the meals. Based on these comments, center staff and Canteen workers altered the meal plans for the coming year.
- Homebound clients return approximately 10 evaluations each month. Clients very seldom complain about the meals and offer many notes of appreciation. All three senior centers incorporated healthy snacks into the centers' snack baskets. These snacks include pretzels, nuts, trail mix, fruit pieces, granola bars and other low calorie snacks. In addition, each center purchased a popcorn machine assisting seniors to make healthy snacking decisions.
- Each new MOW van displays signage soliciting donations to "help a senior receive a meal." This advertising has generated several referrals and interest within the community. The manager of the MOW program is creating a new referral tracking form to identify sources of MOW referrals. Plans are in progress to encourage local elected officials to participate in delivering meals to seniors.
- Changes occurred in the management of the Senior Activity Centers in 2007. Debbie Draper was hired as the Bureau Director over the senior centers. Debbie worked with RSVP and Weber Senior Services prior to accepting the position in Davis County. Debbie creates uniformity in center operations and hands-on expertise as the manager over the centers. Debbie manages the Autumn Glow Senior Center in addition to her bureau director duties.
- Linda Freer transferred to the position as Older Americans Program Coordinator. She is responsible for all SHIIP activities, i.e., Medicare D, Medicare information and counseling regarding insurance options, and the Medicare Senior Patrol. Linda acts as the HEAT coordinator for Davis County. She assisted with the van purchases for the centers and is key to the production of "Senior Views in Davis County," acting as the stage manager.
- Shannon Alvey took over the position as the center manager for Heritage Activity Senior Center in 2007. Shannon is a welcome addition to the staff. She brings a positive attitude and creative ideas to the seniors at Heritage.
- Over the past year, communication efforts increased regarding activities in senior centers. Each center creates a monthly newsletter and distributes it to seniors in the center and to the community. The Senior Scoop, in collaboration with the Davis County Clipper, provides monthly updates on information regarding senior issues. The Davis County Clipper and advertisements from area businesses support the newspaper insert. "Simply Seniors" is a privately owned monthly newsletter providing welcome recognition for the centers and is a good recruitment tool for advertising events at Davis County Senior Centers.
- The Heritage and Autumn Glow Senior Centers offer "Wii-on-Fridays." The Wii video game is a hit with seniors because it provides movement and activity. The seniors enjoy competing with each other in games, such as interactive bowling. Golden Years started a beginner line-dancing group.
- All three centers made improvements to the facilities this past year. All three centers received new paint for inside areas. Golden Years and Autumn Glow cleaned its carpets while Golden Years replaced planter boxes with storage areas. The centers held "house cleaning" days and staff rid the centers of many old

unusable items. New round tables replaced banquet tables improving the atmosphere for lunch. The added soup and salad bar are very popular. Several facilities replaced appliances such as refrigerators and ice machines. All centers upgraded the computer labs with new computers and printers. Autumn Glow and Golden Years installed new computer cameras. The Lions Club donated materials and labor to install cupboards at Golden Years. A substantial donation enabled Autumn Glow to install a new theater system.

- Each center added activities this year. New computers at each center enabled beginner computer classes to be scheduled for interested seniors who want to learn about computers. As a result, each center has a waiting list for new classes. Golden Years and Heritage hosts a quarterly breakfast or BBQ. These events give seniors variety to their daily routine as well as a welcome change in diet.
- Advocacy efforts focused on increasing visibility of senior programs, resource awareness, and gaining knowledge of aging issues. Sally Kershnik, an alternate member for the N4A board, attended the N4A Leadership Institute. Marian McPeak attended the National Meals on Wheels Conference. Membership in the Meals on Wheels Association enables the County to purchase vehicles and equipment below market and access valuable training and information. The Division participated in contacting congressional representatives via email, letters, phone calls, and in person.
- The Davis County Clipper became a partner in sponsoring the Davis County Senior Scoop. This monthly newspaper insert highlights programs and issues on aging for Davis County seniors. The business community supports the publication by purchasing advertisements.
- “Senior Views in Davis County” is a talk show hosted by Sally Kershnik. Davis Cable 17 sponsors and supports the production and area businesses show support by sponsoring programs. The Davis County Chamber of Commerce actively supports the efforts to educate seniors. The show interviews experts in aging, discusses local and national resources, provides education regarding disease prevention, and explores resources that prevent disability and frailty. Ron Kirby is the director of the show, Bob Ballew and Nicole Harvey are the producers, and Linda Freer is the stage manager. Davis Cable 17 has produced eight shows since December 2007. The shows are available for viewing on Davis Cable 17 or on the web. In addition, Bob Ballew and staff distribute discs to libraries and senior centers for those individuals who do not have cable television. “Senior Views in Davis County” runs three times a day, three days a week. Sally interviews three guests each segment.
- Since “Senior Views in Davis County” is a low cost production, the staff purchased the stage background at local charities. Interviews with guests are interesting and informative. The show is recorded at each senior center to provide center staff and residents an opportunity to hear the guest speakers. This project is fun and everyone learns about resources and topics in aging. Guests have included Alan Ormsby, Dr. Robert Hill, “The Seven Strategies of Successful Aging,” Dwight Adams-Humor, and Golden Years “Dancin’ Grannies”.
- The Northern Senior Health Fair was held at the Davis Conference Center in fall 2007. It was once again a huge success. Many companies had displays and provided information. The Northern Utah Health Fair is scheduled again in the fall of 2008.
- Staff continues to provide excellent services to clients in Davis County. An additional case manager was hired increasing the ability of staff to respond to needs and eliminating the waiting lists. Staff assisted in education efforts for Medicare D. Shawna Mahan developed protocol for selecting and ranking vendors that provide services to clients. The New Choices Program started in Davis County under Shawna’s direction.
- Megan Forbush and Dwight Adams formed the Caregiver Advisory Council. This important program holds weekly caregiver classes at multiple locations throughout the year. Megan represents the Division on the Utah Coalition for Caregiver Support. An evening class is offered to reach out to working caregivers.

- SCSEP under Ron Burris continued to flourish in 2007. Davis County hosted a well-attended job fair in the spring of 2007. Awareness of the SCEP program improved in the private sector about the value of hiring older workers due to increased outreach and education activities. Ron increased referral sources for identifying SCSEP participants and there was a notable increase in media coverage due to the efforts of Bob Ballew. The Department of Labor authorized agencies to use 10 percent of enrollees' wages for training resulting in participants attending more education classes. The program took full advantage of training opportunities within the County and enrolled program participants whenever possible. Ron succeeded in convincing a major employer at the Salt Lake Airport to supplement the public bus system with shuttle services from downtown Salt Lake to the Airport. This service will be expanded to the Front Runner Rapid Transit System in April.

### **Barriers/Disappointments**

- The disappointments encountered appear minimal compared to the successes in Davis County. A significant disappointment was the inability to institute the evidence-based Enhanced Fitness Program. Despite the completion of the application, successful acceptance of the plan and efforts of the coordinator, the program fell apart at the last minute. Management concerns regarding the agency's budget derailed the program. However, assurances have been obtained to permit development of this program in FY 2009. This is dependent on the acceptance of a renewed application by the national program.
- Transportation issues continue to plague Davis County. A plan has not been developed to address this major barrier for seniors. In the coming year, providing increased medical transportation is a priority. Management recognizes transportation as a priority topic.
- Attendance at the Long-Term Care Summit disappointed division staff. However, in the spring of 2008 another summit was held attracting approximately 40 representatives from the long-term care sector. The participants indicated interest in continuing these summits on a quarterly basis throughout 2008. Marketing and scheduling made the difference in attendance. The next Long-Term Care Summit in August 2008 will focus on Ethics in Disaster Preparedness.
- Emergency Preparedness efforts did not progress as anticipated. Staff discussed preparedness topics at lunch meetings with seniors. For Christmas gifts, the division gave seniors the start of a 72-hour kit. Throughout the year, prizes and gifts to seniors reflected the need to be prepared for disasters. For example, staff gave flashlights at a recent event. More work in this area needs to be done.

### **Conclusion**

- The Division of Family Health and Senior Services staff accomplished a number of important goals in FY 2009. Senior Services has fully recovered from the traumatic events in preceding years. Management and staff work together as a unit and are dedicated to improving services to seniors in Davis County. The integration of Health Department programs succeeded in permitting more services, education, and training opportunities for seniors. We hope to continue progressing and reaching our goals.

## FIVE-COUNTY AREA AGENCY ON AGING – FY 2009

### Counties

Beaver  
Garfield  
Iron  
Kane  
Washington

### Populations

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

**The following accomplishments were listed by the Five-County AAA in its annual plan update, May 2009.**

- Senior Citizen Center-based programming increased from 13 sites to 14 sites this past year.
- The Five-County Councils on Aging provided services including: 20,126 Congregate Meals (a seven percent increase from last year), 36,668 Home-delivered Meals (an 11 percent increase), 10,655 Transportation units, 1,646 Outreach units, 14,933 Information and Referral units, 10,499 Telephone and Reassurance units, 7,656 Chore Service units, 1,064 Education/Computer Class units, 3,823 Exercise and Fitness units, 11,927 Friendly Visiting/ Socialization units, 948 Health Screening units, 1,711 Homemaker units, over 144 Nutrition Education units, 6,071 Recreation units, and other training directed at improving quality of life for seniors.

- The Registered Dietician conducted regular site visits, approved menus, and provided sanitation training. The agency provided County Council on Aging with *Re-shape Your Plate* placemats and nutritional education training.
- The AAA contracted with Utah Legal Services to provide 304 hours of support to older individuals requiring legal help.
- Through the AAA's Community Action Partnership, 618 older persons received emergency food boxes. At least 50 older persons were oriented to advocacy issues and legislative actions.
- A total of 744 senior citizen households participated in the HEAT program.
- Approximately 1,450 senior volunteers (55 or better) served a combined total of 127,500 hours in the RSVP, Senior Companion, and Foster Grandparent regional programs.
- The agency developed a concept for utilizing LDS couple missionaries as facilitators to support the local Alzheimer's programming, which will soon be launched.
- An Elder Abuse Conference was sponsored with support from community partners.
- The Alternatives Program served 53 clients with 868 units of case management, 4,256 units of homemaking, 1,513 personal aide units, 515 companion hours and other services including medical equipment and supplies, assistive devices and technology, transportation, in-home and facility respite, chore services, supplemental meals, and emergency response systems.
- The Medicaid Aging Waiver Program served 93 clients with 23,625 units of case management, 6,322 homemaking units, 1,069 personal aide units, 7,483 companion units and other services which included medical equipment and supplies, environmental adaptation, in-home and facility respite, chore services, supplemental meals, emergency response systems, medication reminder services, and personal attendant care.
- The Caregiver Support Services Program provided 3,172 units of information to 3,225 clients, provided 1,592 units of assistance to 353 clients, provided 47 training units to 472 clients, 1,745 respite units serving 207 clients, and 37 units of supplemental services for a total of 37 clients served.
- Last year, the New Choices Waiver (formerly MIC) served 52 clients in 11 assisted living facilities. Other services included medical equipment and supplies, transportation, companion services, supplemental meals, and emergency response systems.

**Successes:**

- All of our contracted services are working well.
- The Home and Community-based Care Management unit is staffed with good professionals.

**Disappointments:**

- The AAA had some administrative and funding challenges as it transitioned from MIC to the New Choices Waiver, but the FCAOG Executive Director met with DAAS regarding the issue.
- The agency experienced learning curves as county providers became more aware of programming needs and expectations. As a result, programming was adjusted to better utilize limited resources. The good news is that there is wonderful staff in every county willing to learn and improve.
- The AAA lost a good program staff member from its County Councils on Aging. Betty McCarty retired at the end of May, which leaves a big hole in programming. The leadership she provided in hiring and training staff was greatly appreciated.

## MOUNTAINLAND AREA AGENCY ON AGING – FY 2009

### Counties

Summit  
Utah  
Wasatch

### Populations

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

**The following accomplishments were listed by the Mountainland AAA in its annual plan update, May 2009.**

#### **Senior Services Funding (Readiness Assessment)**

- The area agency has continued efforts in identifying current and future unmet senior needs in its service area while involving elected officials in establishing service priorities and funding strategies to address these needs.
- A task force was established by MAG's Executive Council to review findings from the report entitled "Senior Services Financing – A Looming Crisis", prepared by the Advisory Council on Aging. The "Senior Services Task Force Report" made recommendations to the Executive Council in October 2007 that included a recommendation for funding participation from local units of government for priority services.
- A copy of the report will be distributed to State Board members when the Area Plan is presented for FY2009.
- Numerous discussions with MAG's Executive Council, Steering Committee, and city and county elected officials transpired. Progress has been made in funding unmet service needs for seniors and developing long-term funding strategies.
- These efforts have led to Utah County funding a traditional meals-on-wheels route and the development of a volunteer delivery system for meals-on-wheels to eliminate the current waiting list of 140 seniors.

#### **Serving the Minority Senior Population**

- Because the largest minority population in the service area is Spanish speaking, the agency added a new member to the Advisory Council on Aging to represent and assist the council in better serving the needs of Spanish-speaking seniors and other minority senior groups.
- The AAA also hired a part-time employee who is fluent in Spanish and English to perform the following duties:
  - Assist department employees in person or over the telephone by providing translation services to assist with information; intake; conducting assessments, annuals or quarterlies; ordering and coordinating services or other functions required to serve clients.
  - Enhance current brochures written in Spanish and develop new brochures about the agency's services.
  - Make presentations about resources and services to minority groups in the community.

(Existing funds that were being utilized to perform information and referral services were re-directed in this effort.)

#### **Case Management and Community Services - Wasatch County**

- The AAA added a half-time case manager position and a satellite office in Heber City. In addition to case management activities in the in-home services programs, the person performs eligibility and evaluation for meals-on-wheels, caregiver program coordination, and general information and referral activities for the department.
- The addition of this position has increased the agency's visibility and ability to serve seniors in Wasatch and Summit counties.

#### **Ombudsman Activities**

- The AAA worked closely with the State Office to coordinate and improve services by coordinating activities with the State's Regional Ombudsman assigned to its area.

- Services, data, and complaint investigation processes have improved by the full implementation and utilization of the Ombudsman software program.

### **New Choices Waiver**

- The area agency became a qualified provider in the New Choices Waiver Program. It is now assisting seniors who can be safely and appropriately served in less institutionalized settings by providing case management services.
- The AAA facilitated and assisted the State in recruiting and training providers for the New Choices Waiver Program.

### **Volunteer Model for Meals-on-Wheels Services**

- Meeting the current and future need of providing meals-on-wheels services is dependent upon delivering the meals in a more cost efficient manner. The AAA established the foundation of the system wherein meals prepared for meals-on-wheels clients will be delivered to senior centers at the same time that congregate meals are delivered. Volunteers will pick-up the meals at the centers for meals-on-wheels participants.
- Local health department staff reviewed the food handling processes to ensure that the food being delivered is safe for consumption.
- The purchase of holding ovens that keep meals at the appropriate temperature has been approved from the FY09 CDBG budget for the centers.
- Agency staff met with Salt Lake County Aging Services staff for assistance in implementing its volunteer delivery system.
- The AAA met with the local United Way in a partnership to market and recruit business and faith-based groups for the volunteer delivery program.

### **Senior Transportation Services**

- Two senior transportation (models) systems were evaluated during the year to implement in Utah County. An on-site visit was made to review a senior transportation system that seemed to be most promising. After extensive analysis, it was determined that duplicating the system would not be feasible. The system served a higher-level income senior that could afford to contribute 2-3 times more than seniors here could pay for their rides. The system also provided much shorter trips than would be required in Utah County thus increasing the costs of the rides even more.
- The Area Agency submitted a grant request to the federal government with support from AARP, United Way of Utah County, Utah County and the State Office of Aging and Adult Services to develop a model for senior transportation services in Utah County with associated alliances and funding partners. A total of 318 applications were received by the funding agency. The grant was not awarded to the AAA.

## SALT LAKE COUNTY AREA AGENCY ON AGING – FY 2009

### County:

Salt Lake County

### Populations

	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>
<b>60+</b>	124,679	129,845	135,629	141,580
<b>65+</b>	85,629	88,559	91,360	94,505
<b>75+</b>	38,113	38,383	38,922	39,514
<b>85+</b>	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 2009.**

During the past year Aging Services began several new initiatives aimed at enhancing the health and well being of older adults:

- Arthritis programming in all senior centers
- Healthy Lifestyles initiative for the Foster Grandparent, Senior Companion and Legacy Corps Volunteer Programs
- Emergency preparedness workshops for caregivers of the elderly
- An initiative to help Meals on Wheels recipients recognize and manage their diabetes
- A "Healthy Living" series that included workshops on healthy eating and health literacy
- Personal disaster plans developed for customers of the Alternatives Program
- Med Checks (prescription reviews) at senior centers in partnership with the University of Utah's School of Pharmacy
- Family Health History Toolkit modified to make it more senior-friendly; four hundred (400) copies were distributed to seniors
- A "Move to Improve!" curriculum for four senior housing units
- A "Managing Your Health Care" Conference at St. Mark's Hospital hosted by the Access to Benefits Coalition. Topics included Understanding Medicare; How to Manage Your Doctor; Prevention; Drug Interactions; a pharmacy brown bag where pharmacists reviewed medications; and other health screenings. Partners in this event included Humana, United Healthcare, Blue Cross, Sierra Life and Health, Rx America, Molina and the agency's own Health Insurance Information Program.

Aging Services implemented several new services aimed at fostering opportunities for community involvement among older adults:

- Obtained additional grant funding to enable the agency to use Senior Companion volunteers to help frail older adults continue to participate in senior centers.
- Meals on Wheels Program worked with the County Elections Office to sign-up homebound seniors for the "Vote By Mail" program to enable them to vote from home; 383 homebound seniors signed up through November 2007.
- Each senior center implemented a community involvement program for center participants.

- The Outreach Program initiated a partnership effort with a number of faith-based organizations to more successfully reach and educate older adults on Medicare issues.
- The Caregiver Support and Healthy Aging Programs produced a "Resources Roadmap" booklet that lists all of the programs' classes and workshops for the year.
- The Alternatives Program implemented an initiative to recruit homebound volunteers to call other homebound customers and engage them in discussions about current events.
- The Health Insurance Information Program assisted dual-eligible beneficiaries in accessing prescriptions. Going into 2007, it was thought that the issue of filling prescriptions for people with Medicare and Medicaid would be resolved. However, this has not been the case. The agency has been assisting very low-income frail individuals negotiate the many steps necessary to get their prescriptions. Many of these people have attempted to work with CMS, Medicaid or their own plan directly with no success.
- The Meals on Wheels Program added 10 new volunteer delivery routes in 2007. These additional routes helped the program deliver a record 129,960 meals with the help of volunteers.
- The Sunday Anderson Westside Senior Center pursued and received the senior center accreditation offered by the National Council on Aging. This process required the center to document its excellence in nine areas of senior center operations and demonstrate a high level of community support for the center's activities. It also involved an intensive information gathering process to demonstrate and document that the center is meeting its mission and the standards for national recognition at this level. The Sunday Anderson Westside Senior Center is the first NCOA-accredited senior center in Utah and the 162nd in the nation.
- The Centers Program initiated *The Silver Pen Award*, a collaborative effort between senior centers and the Salt Lake County Library System that was created to recognize the writing talents of seniors in Salt Lake County. The agency was delighted when it received 176 entrees of fiction, non-fiction and poetry.
- The Outreach Program mailed birthday cards to persons who were within three months of their 65th birthday. In addition to birthday greetings, the card contained an invitation to contact the program for free screening and help in understanding Medicare, the Medicare Prescription Drug Benefit, supplemental Medicare insurance and Medicare Advantage Plans. This initiative was recognized and also implemented by the Centers for Medicare and Medicaid Services (CMS) and the National Council on Aging (NCOA) in order to share with other Health Insurance Information Programs and Access to Benefits Coalitions across the country.
- The Outreach Program completed a year-long effort to assist senior residents of the Meadows Mobile Home Park in Cottonwood Heights. This mobile home park had been sold to developers to make way for a major housing development on the site. The Outreach Program helped the owners of 75 mobile homes find alternative housing, apply for and receive housing relocation funds, and assess their individual situations in order to determine other supportive resources they may be eligible for. Senior Management and Outreach staff participated in a Mortgage Intervention Committee that worked with local financial institutions to restructure loans. Outreach staff intervened with movers to help ensure a timely and satisfactory move for the residents. Outreach staff also helped residents apply for Medicaid, the HEAT Program and other housing applications and to HUD if the residents were interested in purchasing a home.
- Reagan Outdoor Signs donated billboards to Aging Services' volunteer programs to help promote volunteerism in the community. The billboards were up during late October and early November at ten locations throughout the county.

- Aging Services' Senior Community Services Employment Program (SCSEP) played a major role in helping Utah attain a #2 ranking in the nation in the SCSEP's performance measures for Program Year 2006. The U.S. Department of Labor's evaluation looked at performance-based goals for the program's providers. Utah scored 120.89 percent, trailing only South Carolina, which scored 128.34 percent. Utah has three sub-grantees for this program – Davis County (with five enrollee slots), Weber/Morgan Counties (with eight enrollee slots), and Salt Lake County (with 69 enrollee slots.) The state's success is due in very large part to the success of the program in Salt Lake County.

## SAN JUAN COUNTY AREA AGENCY ON AGING – FY 2009

### County

San Juan

### Populations

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

**The following accomplishments were listed by the San Juan County AAA in its annual plan update, May 2009.**

- Through grants, the agency has currently replaced all of its fleet vehicles. This was a major accomplishment considering that most of the vehicles had been driven beyond the 100,000 mile mark. The seniors in Bluff were the first to get the new vehicles. It was very touching to see the difference these vehicles made to each one of them.
- Two new exercise programs were started at the centers - Sit and Dance and Tai Chi. All seniors seem to enjoy the programs.
- The Blanding Center implemented Pumpkin bowling this year as one of its activities for the Halloween congregate.
- The Bluff Senior Center partnered with the senior centers off the Reservation for its first annual Elder Fest. Over 100 seniors were present. Many are looking forward to more celebrations in the years to come.
- The AAA hired a part-time case manager who after six months was employed full time due to an increase in work load.
- The agency was proud to report that the GetCare Program was on time, up to date and ready for finalization.
- The Bluff Senior Center director showed outstanding efforts in involving the charity foundation with the center. Seniors sewed handbags or aprons for victims of domestic violence and children in need and then in return the seniors were provided with personal hygiene items. Two sewing machines were donated to the center. The seniors were excited to have the new machines that could do a variety of stitches.
- The agency had its first annual Senior Citizen Town meeting in both Monticello and Blanding; the information was very beneficial to all.
- Regular nutrition training was provided at each center.
- Menus and recipes were approved by a nutritionist.
- The AAA had its first visit from the Bureau of Long Term Care. The agency was very pleased with the fact that bureau staff was willing to travel the distance to Navajo Mountain and witness first hand the living conditions of some its elderly. Without in-home services many of these clients would not receive any type of care.
- The AAA contracted with the Senior Medicaid Patrol to help raise awareness of Medicaid Fraud.
- All center directors and two case managers have all been provided with new computers.
- The agency developed private contractors for the Aging programs it offers. This has been very beneficial for all parties involved.
- The agency filled 48 of its 50 waiver slots and requested five additional slots. By the end of the year, all of the aging waiver slots were being filled.
- The County 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 occur due to additional clients.
- The center directors have done an outstanding job of providing services for clients. The interaction between center directors and seniors has been very good and positive.
- All centers have adjusted to operating with a budget and are now doing well with the change.
- Training was attended by the center directors and the aging director. The training was beneficial and implementation of what was learned/gained from the training is being used by the agency.
- The CSBG program is growing slowly in the northern areas of the county. It is still widely used in Bluff.
- The agency is currently working with another AAA to see if it is possible to contract with the other agency's Ombudsman to provide services for San Juan County. It is a priority of the agency to see the program utilized to its full capacity.

## SIX-COUNTY AREA AGENCY ON AGING – FY 2009

### Counties

Juab  
 Millard  
 Piute  
 Sanpete  
 Sevier  
 Wayne

### Populations

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

**The following accomplishments were listed by the Six-County AAA in its annual plan update, May 2009.**

- In an effort to better serve the needs of its clients, Six County AAA hired an RN for the Aging Waiver Program. This additional person helps the agency conduct more accurate assessments to determine eligibility for services.
- The AAA increased the number of clients served under the Aging Waiver Program.
- Companion Services increased and aided seniors to remain independent and living in their own home longer.
- The new AAA director offered new ideas and approaches to existing and/or future problems and challenges.

**Barriers:**

- Due to insufficient funding for staff development, the agency is currently maintaining and operating minimal services on a crisis level.
- Monitoring and maintaining current programs in such a large geographic area continues to take a considerable amount of traveling time.
- Transportation services are very limited due to funding, geographic area, frailty of the elderly and volunteer drivers.
- Participation in aging programs is decreasing due to a gap in age and interest of seniors. There is a lack of knowledge of the programs and a lack of feasible activity in rural areas.
- Food and fuel costs are becoming a new issue and could have drastic consequences on program participation.

## SOUTHEASTERN UTAH AREA AGENCY ON AGING – FY 2009

### Counties

Carbon  
Emery  
Grand

### Populations

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

**The following accomplishments were listed by the Southeastern Utah AAA in its annual plan update, May 2009.**

- Without the need for an applicant list, the delivery of home-delivered meals to eligible clients was accomplished in all three counties in the district.
- Local county contributions for home-delivered meals increased in all three counties.
- Program income increased per client in each county.
- The total number of applicants decreased and the number of meals served also decreased because of the lack in demand.
- Delivery of services to in-home clients without the need to keep applicant lists was accomplished until March 2008 when a freeze on intake for additional Medicaid Aging Waiver clients was implemented by DAAS.
- The AAA's sound budget made it possible to maintain services without an applicant list and resulted in unexpended resources, which would have been spent if the freeze had not been implemented. Those resources went to bail out programs that had not budgeted as wisely as the Southeastern Utah AAA.
- Programs funded by the state TAP dollars or the state and UFCSP dollars did not implement an applicant list because of sound budgeting practice and good provision of revenue by the state and Family Caregiver Support Program.
- Transportation Services were delivered to all clients throughout the district who requested assistance. There was no applicant list.

- Transportation services were accomplished due to sufficient funding from federal, state, and local programs with additional resources being provided by the counties to purchase new vehicles and provide a sound maintenance program and funding to offset the increased fuel costs.
- Emery County was successful in obtaining funding to build a new senior center in Green River which is expected to be finished by July 2008. This facility will serve as a senior center and as a focal point for service access to all the seniors located in the Green River area.
- Emery County also provided funding to increase the number of days that congregate meals are served to the seniors in the county. This service will begin in the FY09 cycle, but funding was negotiated during the county budget process leading up to January 2008.
- The Southeastern Utah AAA brought the Ombudsman and SHIP counseling programs in-house by combining the funding for the two programs with authorization from DAAS and establishing an Ombudsman/SHIP Coordinator position. Managing the two programs has been successful for the most part; however, there was some initial turnover in personnel until the right coordinator could be hired. The program is functioning quite well now, and there are plans to expand its scope in the coming year.

### **Disappointments**

- The AAA was unable to manage the provision of in-home services to all qualified applicants in the district without maintaining an applicant list. Priority #2.
- Due to the mandatory freeze on intake of Medicaid Aging Waiver clients in March 2008, the agency was forced to start an applicant list for waiver services. The AAA was funded at the beginning of the year for 45 slots, and budgeted its resources accordingly based on a very detailed knowledge of number of slots usually required to completely fund this program. As a result of the freeze, the program was only able to place 38 clients on the Waiver. Agency staff was also denied the discretionary dollars which they were counting on to assist in covering the cost of administering the program.

## TOOELE COUNTY AREA AGENCY ON AGING – FY 2009

### County

Tooele

### Populations

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

The following accomplishments were listed by the Tooele County AAA in its annual plan update, May 2009.

- The agency's first year of its four-year plan was an interesting one in that it was able to max out all in-home programs with the exception of the Medicaid Aging Waiver. New spreadsheets were developed for staff to complete for each client to track services and money. When program monitoring and audits were conducted by state staff in January, the reports, for the first time, did not include write-ups or recommendations, except for mention of the agency's inability to find Medicaid clients. The agency felt it was good to max out the programs, but left it with problems of needing money to help seniors who needed services.
- The AAA has been fortunate in that its county commissioners care. The commissioners helped the transportation system by approving full-time employment for an on-call employee and hiring an on-call employee in Grantsville. The county also gave the agency two new sedans for transport and a delivery vehicle for meals on wheels.
- With these successes, the AAA is still having a difficult time with population growth. Commissioners support the agency dearly, but it needs state and federal funding to build new senior centers and renovate others. In addition, there is a shortage of staffing. Scanners are being tested in St. George, but they will be needed in this area, so the agency is hoping the testing will be successful. This system of signing in at centers should help save on staff and volunteers and ensure a better accountability of the programs.
- The agency is limited on the number of staff and the hiring of qualified persons. Money is not available and it is difficult to compete with private companies for nurses, social workers, and home health aides. The ratio of staff to clients is high.
- The AAA is proud of the fact that its commissioners have reported there is no waiting list in the nutrition program. The agency prepares and serves its own meals and with the rising cost of gas and food, it probably would have had to limit the congregate meals and a large waiting list for MOWs.
- The area agency director is a member of the local advisory board for Valley Mental Health. VMH has a grant in place to put a therapist in a local doctor's office to provide mental health services. This is a big step because it removes the stigma for those receiving services.

## UINTAH BASIN AREA AGENCY ON AGING – FY 2009

### Counties

Daggett  
Duchesne

### Populations

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

The following accomplishments were listed by the Uintah Basin AAA in its annual plan update, May 2009.

- **Health Fair:** The AAA presented its Seventh Annual Senior Health Fair October 24, 2007 with the theme “Think Outside the Bowl Concerning Your Health”. This health fair was designed as an outreach activity offering health screening tests throughout the day and mini-lectures on various senior health concerns.
  - Breakout sessions included: Mental Illness-Dr. Duncan; Generic vs. Brand Name Medications-Cindy Herk, Pharmacist; Cardiovascular Health-Dr. Romney; What’s Available In Your Community: Caregiving-Juanita Thacker; Northeastern Mental Health Counseling-Kyle Snow; Traumatic Brain Injury-McCord Marshall; What’s New at Basin Care and Rehabilitation and Uintah Basin Medical Center, Fall Prevention-Dr. Hardle, Ways to Keep The Mind Active and Sharp-AAA. Over 296 seniors enjoyed the day’s activities and were receptive to making lifestyle changes.
  - Health screening tests included: prostate, body fat, complete blood count, glucose and bone density. Eighteen booths were sponsored by Northeastern Mental Health Counseling, Body Shop Fitness Center, Health and Wellness, Curves, USU Extension, Active Re-Entry, Alzheimer’s Association, Good Shepard, Advance Medical Rescue Alert, Tri-County Health Department, Crossroads Senior Villa, Medicare Fraud, SHIP, Home Health and Uintah Basin Medical Center.
- **Transportation:** The AAA has been a member of the Steering Committee to develop a public transit plan for the Basin. The Uintah Basin Association of Governments, UDOT, and Lochner/LSC have worked to centralize scheduling, vehicle tracking and dispatch. The plan was developed and presented for public input on February 21, 2008. This plan will help seniors access needed services for doctor appointments in the Basin and Salt Lake City.

- **New Care Center:** Despite minor delays caused by bitter winter temperatures, the new Basin Care and Rehabilitation Center in Roosevelt will be completed on schedule in early July with a move-in date of August. This new facility will have short-term and day care capabilities built into its service roster. Astutely, this new facility is being built adjacent to the present hospital, close enough so that nursing care residents can access medical services much more readily. The facility includes a physical therapy department as well as a wing for Alzheimer's and rehabilitation. The Care Center is the largest project in the region. The 63,000 square foot center is expected to cost \$14.3 million and has room for 90 beds.
- **Crossroads Senior Center:** The Uintah Basin Medical Center donated \$40,000 for a new sound system and automatic handicapped accessible front doors for the Crossroads Senior Center.

## UINTAH COUNTY AREA AGENCY ON AGING – FY 2009

### County

Uintah

### Populations

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

**The following accomplishments were listed by the Council on Aging – Golden Age Center (Uintah County PSA) in its annual plan update, May 2009.**

- The center is in its second year as part of the Uintah Health Care Special Service District. It is continuing to see changes that need to be made in order for the PSA to comply with some of the reporting required by the DAAS. The Traditions Company was doing the accounts as of January 2008. There are lots of differences in the way the reporting system is managed; therefore, reporting needs will have to be communicated.
- This past year several trainings were held at the center as well as a Fall Information Festival in September. Several workshops were offered for seniors to come and learn about such topics as adult protective services, Medicare Part D, caregiver support, as well as services provided at the Council on Aging-Golden Age Center. The Festival was well attended and all participants went away with a better knowledge of the services available to the community.
- The Retired Uintah County School Teachers Association has partnered with the Golden Age Center for a "Books on the Go" program. This program was started with the homebound elderly in mind to help put library books into their homes. The retired teachers sent out information including a list of book titles and authors. From there, people wanting to sign up for the program will list their choices and the HDM staff will deliver the books to the reader and return them to the library for more books. This program has been a huge success for the homebound elderly in Uintah County who otherwise would not have access to the library.
- The Council on Aging director along with the Uintah Health Care Special Services assistant clerk, and the Human Resource director, has been revising the Personnel Policy and Procedure Handbook for the Council on Aging-Golden Age Center employees. This revision has been needed for quite some time as many policies have changed. This has been accomplished along with the new Purchasing Policy for the Council on Aging-Golden Age Center.
- On January 15, 2008, one of the agency's new UDOT buses was in an accident with three passengers on board. Two of the passengers were the most elderly of the passengers they transport; one was 96 years old and the other was 94. They were very fortunate to have only cuts and bruises and some unsettled nerves, but the driver was not so lucky. He suffered a torn rotator cuff and some back injuries and has undergone surgery to repair his shoulder. He will return to work when he can. The accident was another driver's fault as he ran a red light at an intersection. The bus is being repaired in Salt Lake City; hopefully it will be available to drive again soon.
- Most of the programs at the Golden Age Center are similar to last year. The community groups are still using the building each week. In addition, a new group will be starting a Farmers' Market this summer which will be a wonderful service so anyone wanting to provide fresh vegetables to seniors who are unable to grow a garden and want to share their bounties.

- Some employees have been hired by other entities in the community this past year. For example, the outreach worker went to Active Re-Entry, the site manager went to senior housing and two cooks left as well as one transportation driver and custodian. There are not many people looking for the kinds of jobs the agency offers, and it has been a real struggle to fill them. A site manager and cooks have been hired, but the agency is still looking for an outreach worker and custodian. Radio and television spots have been used to educate the community about services. In addition, counts have been down this past year as many active elderly have gone to the Uintah Care Center, Beehive Homes or have passed away.

### **Barriers**

- The population continues to rise in the area making it impossible to find affordable housing for many elderly. Senior housing complexes are full with waiting lists, and the mobile home parks continue to raise the rent for spaces. This has affected many elderly living on fixed incomes who come to the center seeking help.
- Higher fuel costs have impacted the agency's transportation services. Service to the west side of the county on Mondays and Wednesdays has been stopped as there is only one person needing transportation these two days. Four individuals use the service on Fridays. The Outreach Program is looking for more individuals to serve on Monday and Wednesday so it can start up these days again. In order to provide these services, the Advisory Board has requested that at least three people be transported.

## WEBER/MORGAN AREA AGENCY ON AGING – FY 2009

### Counties

Weber  
Morgan

### Populations

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

**The following accomplishments were listed by the Weber AAA in its annual plan update, May 2009.**

- Weber Human Services staff have conducted ongoing Medicare Plan information and counseling amidst continued confusion by participants about enrollment, policy and coverage.
- Access to benefits and protection for seniors was also increased by hosting HEAT trainings for professionals with *Futures through Training*, and other presentations like tax abatement awareness, fair housing, and medication management.
- The agency collaborated heavily on preventive health functions with the McKay Dee Senior Health Clinic partnering on wellness seminars and activities. In addition, there was another successful implementation of the immunization program and pandemic flu preparedness campaign at senior centers and housing complexes.
- The Title V Program maximized the provision of training-based work opportunities even developing its own computer skills training program.
- The AAA's new initiative called the "Circle of Friends" is developing opportunities for Latino seniors to participate in more appealing and culturally relevant activities.
- The Caregiver program increased its impact through expanded respite thanks to new funding and an exhausting door-to-door awareness activity by staff.
- Use of in-home service funds has been pushed to its limit this year due to increased demand and higher provider rates which has required the agency to improve its methods of client cost management and projection processes.
- Seniors have presented new interests at centers initiating a review of programs and buildings. Development of health promoting programs is overtaking more traditional activities such as ceramics as evidenced by the new fitness center at Golden Hours which has replaced ceramics. While the new

Roy/Hillside Center will retain most of its traditional activities, it is being collocated with the Boys and Girls Club, thereby adding a new active dimension.

- Amidst inflation and limited resources, the AAA remains encouraged that it makes a profound difference to the seniors in the area. A review of existing programs for effectiveness will result in continuous improvement.

# **Appendix III**

## **LISTS**

**DIVISION OF AGING AND ADULT SERVICES, UTAH DEPARTMENT OF HUMAN SERVICES**

**195 North 1950 West, Salt Lake City, Utah 84116**

**PHONE: 801-538-3910 TOLL FREE: 1-877-424-4640 FAX: 801-538-4395**

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**Assistant Director: APS**  
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**AREA AGENCIES ON AGING**

January 27, 2011

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**Davis County Health Dept., Family Health and Senior Services Div.**  
Davis

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**Five-County Area Agency on Aging**

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

Summit, Utah, Wasatch

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**Salt Lake County Aging Services**  
Salt Lake

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**San Juan County Area Agency on Aging**

San Juan

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**Six-County Area Agency on Aging**

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Tooele

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**Uintah Basin Area Agency on Aging**

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

Uintah County

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**Weber Area Agency on Aging**

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