# Utah Commission on Aging

Sunset Review

November 16, 2011

Maureen Henry, JD
Executive Director

## What is the public purpose and interest for which the agency was originally created?

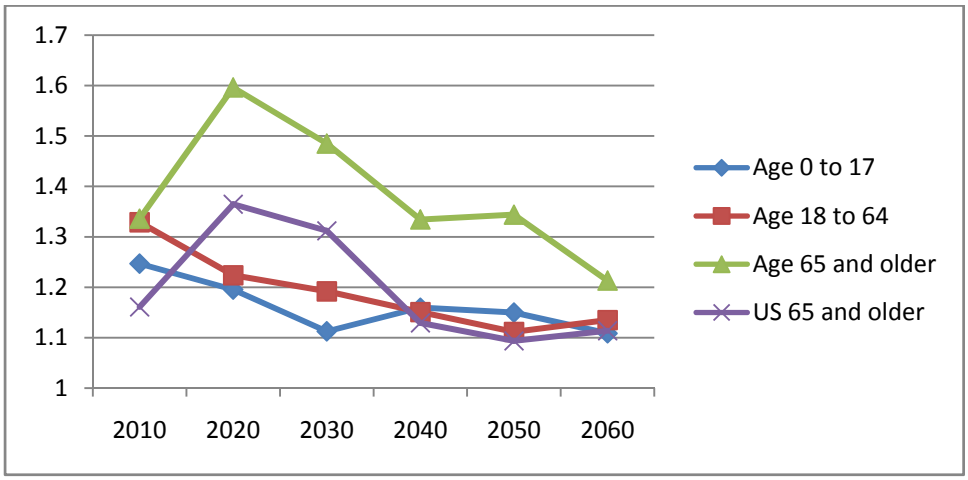
1. The commission's statutory purpose is to:
    a. increase public and government understanding of the current and future needs of the state's aging population and how those needs may be most effectively and efficiently met;
    b. study, evaluate, and report on the projected impact that the state's increasing aging population will have on:
        i. government services;
        ii. health services;
        iii. social services;
        iv. the economy; and
        v. society in general;
    c. identify and recommend implementation of specific policies, procedures, and programs to respond to the needs and impact of the aging population relating to:
        i. government services;
        ii. health services;
        iii. social services;
        iv. the economy; and
        v. society in general;
    d. facilitate coordination of the functions of public and private entities concerned with the aging population; and
    e. accomplish the following duties:
        i. study, evaluate, and report on the status and effectiveness of policies, procedures, and programs that provide services to the aging population;
        ii. study and evaluate the policies, procedures, and programs implemented by other states that address the needs of the aging population;
        iii. facilitate and conduct the research and study of issues related to aging;
        iv. provide a forum for public comment on issues related to aging;
        v. provide public information on the aging population and the services available to the aging population;
        vi. facilitate the provision of services to the aging population from the public and private sectors; and
        vii. encourage state and local governments to analyze, plan, and prepare for the impacts of the aging population on services and operations.

## Is that public purpose and interest still relevant?

Commission members view the Commission's public purpose and interest as very relevant. A number of demographic changes that will affect state and local government, as well as the private sector, are projected in the next 40 years:

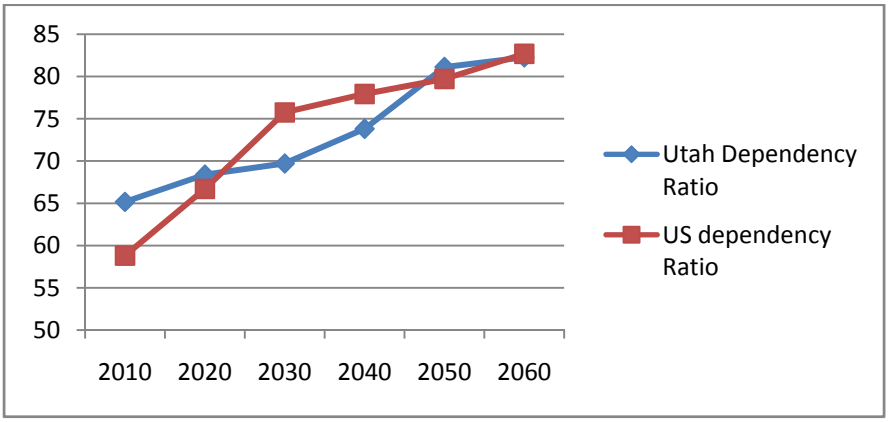
1. The Governor's Office of Planning and Budget (2008) projects that Utah's age 65+ population will increase more than 500% in the 50 years from 2010 to 2060, from 255989 in 2010 to 1320115 in 2060, compared to a 200% increase in the age 17 and under population and a 200% increase in the age 18 to 64 population. It also compares to a projected increase of 250% in the 65+ population in the U.S. as a whole. The following table shows the percent increase from decade-to-decade in the three age categories, plus the U.S. 65 and older population.

**Growth in population segments 2010 to 2060**

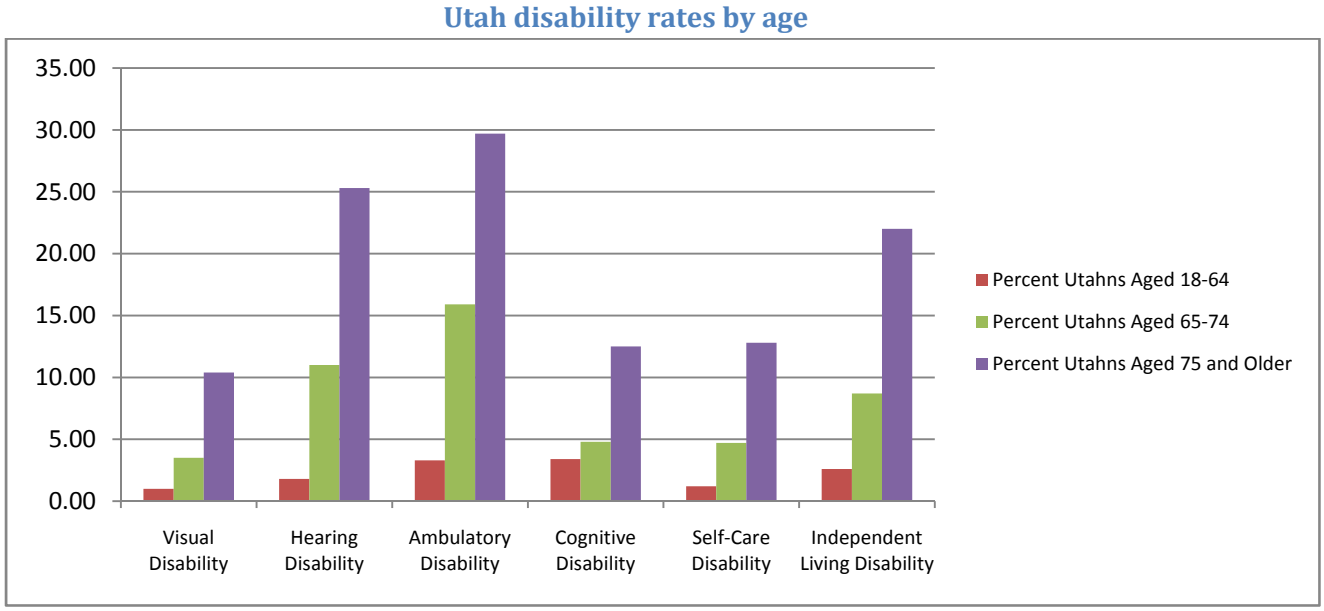



2. The same GOPB projections suggest that Utah's dependency ratio, the ratio of the number of people in age groups that are likely to not be in the workforce (under 18 and over 64) to 100 working age (18-64) adults will climb, as will the US dependency ratio. The dependency ratio is a rough measure of the burden of populations that traditionally rely more on government programs that must be supported by the working age population.

**Dependency ratio, Utah and US 2010 to 2060**

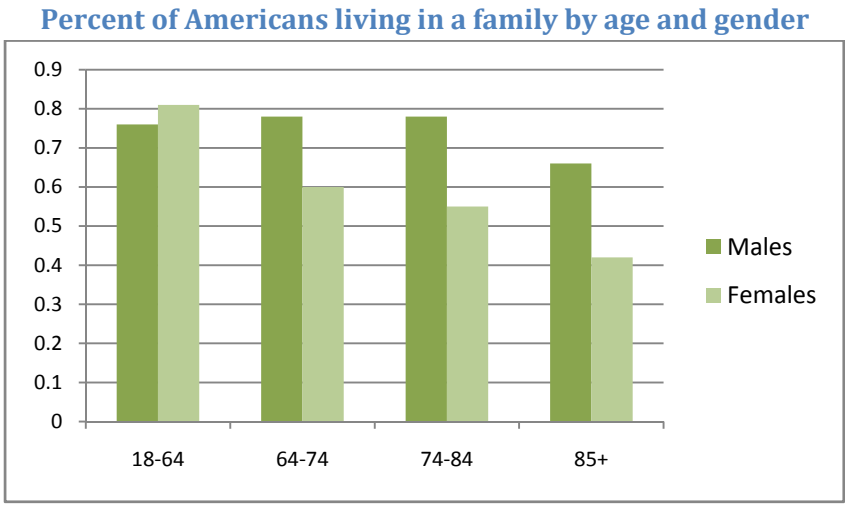


3. Disability rates rise dramatically with age. Utah's overall disability rate in 2008 for individuals over age 75 was 50.4%, compared with a disability rate for adults aged 18 to 64 of 7.7%. The following table shows how the prevalence of all disabilities among adults living in the community rises dramatically with age.




Source: Erickson, W., Lee, C., von Schrader, S. (2010, March 17). Disability Statistics from the 2008 American Community Survey (ACS). Ithaca, NY: Cornell University Rehabilitation Research and Training Center on Disability Demographics and Statistics (StatsRRTC). Retrieved Aug 20, 2011 from www.disabilitystatistics.org.

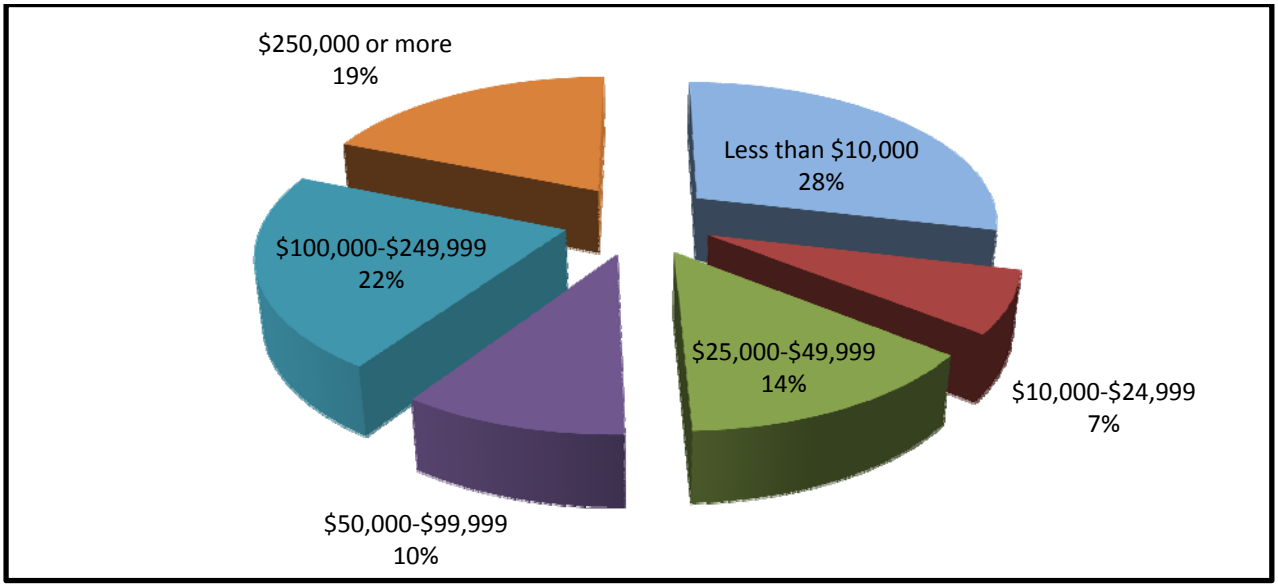
4. Far more women than men live alone in their later years: nationally in 2010, 71% of males aged 65 and older lived in a home with a married spouse present, compared with only 42% of women. Living alone is a risk factor for requiring nursing home care, and the vast majority of nursing home care is funded by Medicaid.




Source: US Census Bureau, America's Families and Living Arrangements: 2010, Table A2. Family Status and Household Relationship of People 15 Years and Over, by Marital Status, Age, and Sex: 2010. Retrieved Aug 20, 2011, from http://www.census.gov/population/www/socdemo/hh-fam/cps2010.html.

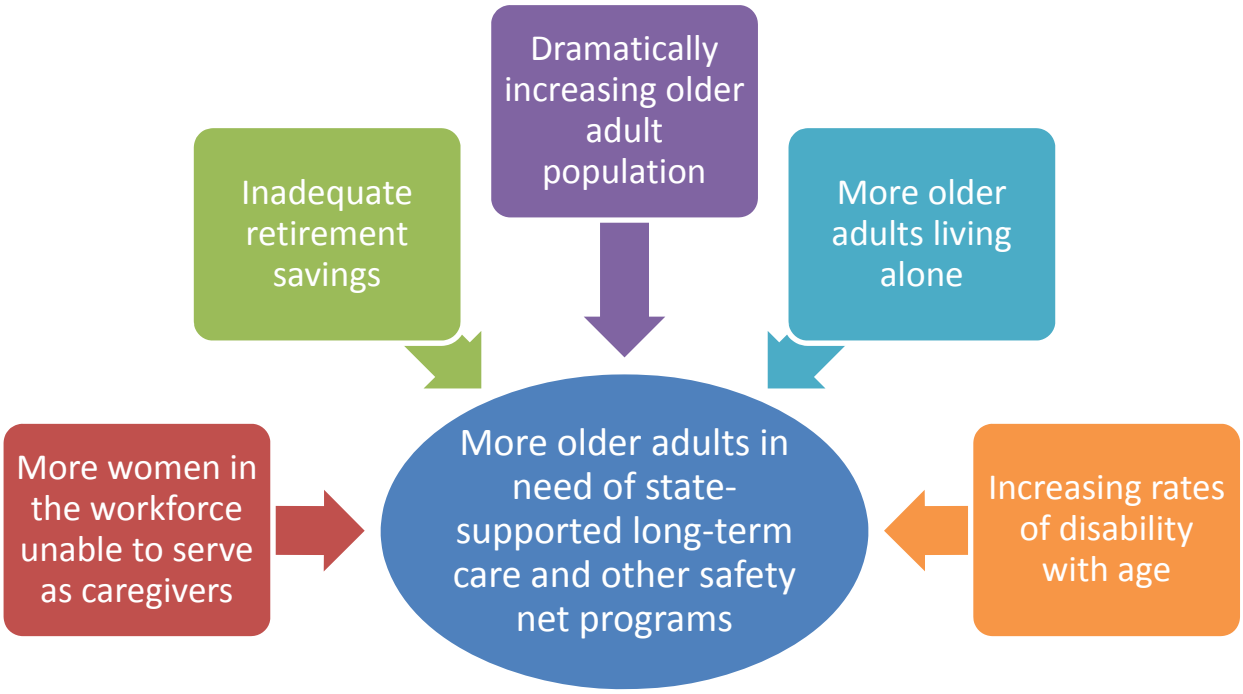
5. Daily headlines state that the vast majority of Americans are not financially prepared for retirement. Since 2007, many people in their 50's and 60's saw already inadequate savings evaporate with job loss and declines in 401K balances. But only 23% of baby boomers surveyed by AARP in early 2011, down from 30% in 1998, expressed the need for more information to help them prepare for retirement, though most do not know when they can receive full Social Security benefits. Many incorrectly think that Medicare will cover the cost of long-term care, and far more report that they will receive a defined benefit pension than the percentage covered by such plans. As shown below, 49% of workers over age 55 thought they needed less than $50,000 saved for retirement, excluding the equity in their home or entitlement to a defined benefit pension plan.

**Amount workers age 55 and older thought they needed to save for retirement**




Source: 2011 Retirement Confidence Survey, Employee Benefit Research Institute and Mathew Greenwald & Associates, from Figure 3.

6. The lifetime probability of an individual who reaches age 65 needing assistance in two or more activities of daily living is 68%[1]. The vast majority of this assistance is provided by family caregivers. Changing family structure, with more women participating in the paid workforce, will make care giving increasingly difficult for families of older adults.




The public purpose of the Commission on Aging remains relevant and will continue to be relevant in the coming decades.

In particular, there is a need to focus on what kind of a long-term care and safety net system will be necessary to address the needs of this vulnerable population. The Commission on Aging is working to provide this focus through the ADRC systems change project, applications for funding from programs such as the federal Community Based Care Transitions Program and related pilot projects.

[1] AARP (2003). *Beyond 50.2003: A Report to the Nation on Independent Living and Disability*, accessed at http://www.aarp.org/research/health/disabilities/aresearch-import-753.html.

## To what extent has the agency operated in the public interest?

Every project, policy recommendation, and activity undertaken by the Utah Commission on Aging has been in the public interest. Recent examples include:

1. Long-term care information system change: Facilitating system change across the aging and independent living networks through an Aging and Disability Resource Connection (ADRC). The Commission is currently leading the organizational effort to:
    a. Provide a one-stop location where individuals who have a present or future need for long-term care can receive unbiased, comprehensive, and accurate information about their long-term care options.
    b. Create a statewide database of resources for individuals in need of long-term services and supports.
    c. Systematically link aging and disability agencies to state and federal agencies (for example, the VA and Social Security) to assure that individuals are able to access programs and benefits that they have earned.
    d. Eliminate barriers between aging and disability silos and increase communication and collaboration among agencies in these networks.

    ADRC sites are existing disability and aging agencies that are committed to serving adults with long-term care needs using a comprehensive, person-centered approach. A primary ADRC objective is to have a system in place that helps individuals to wisely use their private assets and resources to address their need for long-term services and supports, and by doing so, avoid or delay the need for Medicaid-funded long-term care.

    A thorough evaluation plan is in place to determine the efficacy of the ADRC's approach; effective elements will be replicated and expanded while ineffective elements will be revised and re-evaluated.

2. Advance health care planning: The Commission is reconfiguring Utah's advance care planning system to better align individual preferences for health care and the care that is provided. In addition to convening several committees that drafted the law that passed unanimously during the 2007 legislative session, the Commission has provided public and professional education in collaboration with health care providers, state government departments, county governments, and professional associations to assure effective implementation.

    Currently the Commission is working with the Utah Department of Health and HealthInsight (Utah's Quality Improvement Organization) to create a system to assure that medical orders that document patient end-of-life care preferences are transferred among settings and can be accessed in emergencies.

    The Commission obtained a private grant that will allow it to develop outreach efforts to ethnic and minority communities by collaborating with ethnic and minority student groups at the University of Utah. Each of the student groups will develop and implement a project that helps members of their respective communities to understand and effectively use advance directives.

    To evaluate the efficacy of its efforts, the Commission is engaged in research to determine which elements of the Directive law are working, and which can be improved. In addition, the Commission will, under a contract with HealthInsight, evaluate the financial impact of the law. There is reason to believe that many individuals choose to decline expensive care as they near the end of life; consequently, a system that honors personal choice can also decrease the cost of medical care. The Commission is scheduled to complete this study by 2013.

3. Decision-making for unbefriended elderly: The Commission has worked with agencies and professionals in the community to develop an instrument to estimate the number of individuals in nursing facilities who lack medical decision-making capacity and also lack a surrogate decision-maker. The survey will be administered in early 2012 and the results will be published in 2012.
4. Elder abuse and financial exploitation: In its early years, the Commission recommended, and the legislature passed, a bill that helped elderly and disabled individuals who had been exploited to recover stolen assets, but the Public Safety special committee was aware that private actions alone could not address this serious public problem. The result of many discussions with Adult Protective Services, local law enforcement, and the Salt Lake County District Attorney was the formation of an Elder and Vulnerable Abuse team that meets, along with Salt Lake County Aging Services, plus a neuropsychologist, to evaluate cases to determine which are appropriate for prosecution, and to assure that the needs of the vulnerable adult are addressed comprehensively.
5. Health Care Workforce: Utah has a serious under-supply of health care professionals and direct care workers to serve older adults, as well as younger adults with disabilities. [add stats] The Commission helped to create a state-wide professional organization devoted to older adults, the Utah Geriatric Society, which is a state chapter of a national organization. This organization is providing professional education and training, and is also providing a structure for dissemination of research and policy discussions. Eventually, the UGS will help to attract people to careers that serve this population.

### In what areas does the agency need to improve its ability to operate in the public interest?

The primary challenge to the ability to operate in the public interest is the lack of resources to support efforts, described below.

### To what extent do existing statutes interfere with or assist the legitimate functions of the agency?

An existing statute (§63M-11-101 et seq.) authorizes the Commission's activities. Otherwise, existing statutes neither interfere with nor assist the agency's functions.

### What other circumstances including budgetary, resource, and personnel matters have a bearing on the capacity of the agency to serve the public interest.

The primary limit on the Commission's ability to operate in the public interest arises from funding limitations and associated limits on personnel and related resources. The Commission has received no state funding since June of 2009. Space and administrative support worth tens of thousands of dollars per year are provided by the University of Utah School of Medicine Geriatrics Division, College of Social Work, and College of Nursing. All other financial support is from grants and cooperative agreements.

While the Commission has engaged in significant and meaningful work consistent with the statutory purpose, its ability to address the many issues raised by aging in Utah is limited to the scope of the grants and cooperative agreements. As shown in subsequent sections, recent achievements have been substantial, but the nature of the effort has had a different character than it had in the first years, when efforts addressed a wide range of gaps that were identified by a wide range of stakeholders throughout the community.

### To what extent has the public been encouraged to participate in the adoption of the rules established in connection with the statute or agency?

The Commission does not have a rulemaking role, in the sense of other agencies that implement statutes. The agency does, however, have representation through members from across state, county, and local government, and in the private sector. For example AARP, Neighbors Helping Neighbors, Zion's Bank, Western States Lodging (which owns and operates Assisted Living facilities in Utah), Mission Health Services (which owns and operates nursing facilities in Utah), the law firm, Parsons, Behle & Latimer, and the Utah Coalition of La Raza serve as members.

In addition to a commitment to soliciting input from members of the public and professionals on specific issues being addressed, the Commission is obligated under its largest grant to encourage public participation. It has done so by seeking input from existing entities that represent aging professionals and the public, such as local and regional aging boards.

### To what extent are the agency's programs and services duplicative of those offered by other state agencies?

Commission members carefully considered an obvious question in preparation for the sunset review: Can a Commission that is outside of the structure of state government address the issues of concern more effectively than state agencies that are delivering services and administering programs that are interrelated with the areas being addressed by the Commission?

Commission members noted that the role of the Commission is one of neutrality and objectivity. Because the Commission is not obligated to provide statutorily mandated services, it has the flexibility to address concerns and issues that are outside of the services and programs that state departments are obligated to provide and that are the primary focus of their efforts. In addition, the Commission has representation across state departments, which provide it with the ability to cross departmental and agency boundaries and silos. This puts the Commission in a neutral position, with no vested interest in one particular outcome or another, but with the ability to facilitate policy discussions.

Duplication of effort is a risk in an agency such as this, where the purpose requires that Commission projects skirt close to the edges of, and often interlace with, other agencies, particularly the Departments of Human Services, Health, and Workforce Services. Every project that is undertaken is scrutinized to determine if it could be better done elsewhere or if it is duplicative of other efforts in the state, county, or local government, or in the private sector. The Commission's focus has been on gap-filling: addressing problems or concerns that are not addressed or owned by others or that cross departments or entities, making the Commission an ideal facilitator.

In sum, the Commission does not duplicate programs or services offered by any other agencies, inside or outside of state government.

### To what extent have the objectives of the agency been accomplished?

The statutory purpose of the agency is far more broad and wide-ranging than could be accomplished by two staff members supporting a Commission. The approach has therefore been to identify and address significant areas that can effectively be addressed by the resources and staff available. Four examples are offered below, though there are others not described here.

<u>Long-term care</u>

Long-term care includes services and supports to assist individuals who are unable to perform life's daily activities without assistance. Long-term care can be provided in nursing facilities, assisted living

facilities, or, as is the case for the vast majority of individuals with a long-term care need, by family members in the home.

The Commission has evaluated Utah's long-term care system, and has studied systems in other states that have taken very different approaches. The Commission director has testified a number of times over the years at legislative hearings on Medicaid and long-term care. In the spring of 2012, the Commission will convene a Summit to develop a planning process to address the future of long-term care in Utah.

In its obligation to facilitate the coordination of services among various agencies, the Commission obtained funding for a systems change cooperative agreement with the Administration on Aging to create the Utah Aging and Disability Resource Connection (ADRC), a network of ***existing*** providers and agencies to better serve the needs of individuals with a current or future long-term care need. That system is currently covering 40% of Utah's population, and it is bridging gaps and helping individuals to access both government and private-pay long-term care systems. As the system gains steam, evaluation will determine whether consumers are satisfied with the information they are receiving from ADRC sites. In addition, the ADRC will evaluate whether the effort is saving the state money by helping individuals to plan for long-term care needs and use their private resources to pay for long-term care, rather than waiting for a crisis that forces them into unplanned care paid for by Medicaid.

Advance Health Care Planning

The Commission's successful development of an Advance Health Care Planning system for the State of Utah has achieved objectives in every area outlined in the authorizing statute. It has

- Increased the public and government's understanding of the planning and decision making needs of older adults facing life-threatening illness and has provided concrete answers to how those needs could be met
- Identified, recommended, and helped to implement specific policies, procedures, and programs related to advance care planning, which has implications for government services, health services, social services, and, most important, the dignity of individuals facing life-threatening conditions
- Helped to coordinate an advance care planning system that crosses public and private entities, such as Health Facility Licensing and private nursing facilities, assisted living facilities, home health and hospice agencies, as well as individual health care providers, and individuals and their families
- Studied the efficacy of the system, and worked with private groups and government agencies to make necessary changes
- Provided information about the system to members of the public and to health care and legal professionals
- Obtained funding to provide continuing education and development of information technology that will make the system more effective
- Continues to work with state agencies and private providers to assure that the system meets the needs of Utahns facing life threatening conditions

Elder Abuse and Financial Exploitation

The system that addresses elder abuse and financial exploitation, like Advance Health Care Planning, crosses many agencies, levels of government, and the private sector. The Commission has therefore worked closely with Adult Protective Services to strengthen links between APS, law enforcement, prosecutorial agencies, private attorneys, and service providers to address the needs of older adults

who are victims of elder abuse and/or financial exploitation. The impact of financial exploitation, in particular, can have a direct impact on state expenditures when an individual whose assets are taken through outright theft or fraud must then rely on Medicaid to pay for long-term care.

The Commission's efforts have included a statutory change to encourage private actions to recover assets for the victim, convening a training on financial exploitation and elder abuse for law enforcement officers, conducting a study on law enforcement officers' views on elder abuse and their understanding of the laws governing elder abuse, supporting a training organized by the Salt Lake County District Attorney's office, and supporting the efforts of the Medicaid Fraud Control Unit of the Utah Attorney General's Office with background information on health care practices that adversely affect older adults.

Promoting Retirement Savings

The Commission studied various approaches to encouraging retirement savings and concluded that Utah's statutory scheme supports retirement savings in meaningful ways. The next step was therefore to work with Human Relations directors to discuss approaches to encouraging increased retirement savings, such as adopting "opt out" approaches to 401(k) programs, versus the more typical "opt in" approach, since the former has been shown to improve retirement savings rates.

The Commission also identified a gap in public awareness, and worked with AARP Utah to develop a financial literacy guide tailored to Utah. The guide addresses a wide range of financial planning issues, and provides information the public needs to stay financially secure throughout work years and into retirement. It has since distributed the guides at public events.

## What benefits has the agency brought to the state?

In addition to the achievements described above, the Commission is a resource for policymakers and government officials on issues related to aging that approaches questions from a different perspective than an agency whose primary purpose is service provision. The Commission, with representation across government departments and the private sector, can bring a broad perspective to policy questions concerning aging, whether they reside in transportation, workforce services, or in a hospital or nursing home.

## Would termination of the agency have an adverse effect on the public?

Commission members cited various areas where termination of the agency could have an adverse effect on the public. The Commission has the freedom to address policy challenges that government departments have not tackled for a number of reasons. One example is the Commission's role in developing, and continuing to take a lead role in evaluating and refining, the state's Advance Health Care Planning system.

Older adults and members of the Baby Boom generation will be adversely affected if the State does not continue to focus on those issues that the Commission on Aging is working to address.