Five County Association of Governments

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Draft Minutes

Steering Committee Meeting

Wednesday, April 9, 2025, AT 12:30 P.M.
Meeting Held at Festival Hall; Combined Rooms 5 & 6;
96 North Main St., Cedar City, Utah
Meeting Was Also Available to Board Members Via a Zoom Video Conference

Members In Attendance	Representing
Commissioner Paul Cozzens, *Chair*	Iron County Commission
Commissioner Wade Hollingshead, *Vice Chair*	Beaver County Commission
Commissioner Gil Almquist	Washington County Commission
Commissioner Jerry Taylor	Garfield County Commission
Commissioner Celeste Meyeres	Kane County Commission
Hurricane City Mayor Nannette Billings	Washington County Mayors
Cedar City Mayor Garth Green	Iron County Mayors
Escalante City Mayor Melani Torgersen (via Zoom)	Garfield County Mayors
Stephanie Hill	Iron County School Board
Tyler Fails	Beaver County School Board
Curtis Barney	Garfield County School Board
Melynda Thorpe	Southern Utah University

Others In Attendance	Representing
Representative Colin Jack	District 73
Senator Don Ipson	District 29
Representative Rex Shipp	District 71
Senator Evan Vickers	District 28
Senator David Hinkins	District 26
Representative Neil Walter (via Zoom)	District 74
Representative Carl Albrecht (via Zoom)	District 70
Representative Walt Brooks (via Zoom)	District 75
Peter Shabestari	Liberty Gold, VP of Exploration
Bryan Thiriot	Five County Executive Director
Sheri Reber	Five County HCBS Program Director
Jen Wong	Five County HR Director
Allison McCoy (via Zoom)	Five County Chief Financial Officer
Carrie Schonlaw (via Zoom)	Five County Deputy Director
JayCee Finicum	Five County Administrative Assistant
Cindy Bulloch (via Zoom)	Representative Celeste Maloy

1. **Welcome and Introductions of all in attendance.** *(Commissioner Paul Cozzens, Chair)*
   Chair Commissioner Paul Cozzens called the meeting to order at 12:35 PM and welcomed all in attendance. Attendees introduced themselves, including in-person and virtual participants.

2. **Pledge of Allegiance.** Led by Commissioner Paul Cozzens.

3. **Review and Approve Draft Minutes from March 12, 2025, Steering Committee meeting.** *(Chair)*
   A motion to approve the minutes was made by Commissioner Celeste Meyeres. Seconded by Commissioner Gil Almquist. Motion Passed Unanimously.

4. **2025 General Legislative Session (discussion)** *(State Legislators)*
   Each legislator was given five minutes to report on legislative highlights and policy impacts relevant to Southern Utah.

   Representative Colin Jack

   - Focused extensively on energy and infrastructure.
   - Passed SB 132 to regulate how large-scale energy users (like data centers) access power—ensuring existing customers are protected from rate spikes.
   - Spearheaded efforts to preserve the IPP power plant in Delta, doubling Utah's generating capacity and transitioning control from Los Angeles to Utah municipalities.
   - Discussed implications of new and existing generation facilities, including cost comparisons and protection of affordable wholesale power rates for Utah residents.

   Senator David Hinkins

   - Advocated for breaking Utah away from Rocky Mountain Power's multi-state consortium due to legal and financial risks ($42B lawsuit).
   - Noted the need for Utah to control its power generation for economic and national security reasons.
   - Shared that Utah is now ranked #1 globally in mining potential, thanks in part to recent coal and critical mineral exploration.
   - Highlighted the opening of the Fossil Rock coal mine, set to generate significant state trust revenues.

   Representative Neil Walter

   - Sponsored a food labeling bill ensuring meat substitutes (e.g., insect- or plant-based) are clearly identified.
   - Advanced landmark legislation enabling enforcement of short-term rental ordinances with cooperation from platforms like Airbnb and VRBO.
   - Worked on HOA reforms and SITLA financial transparency through annual land audits and value assessments.

   Representative Carl Albrecht

   - Helped preserve the IPP plant, emphasizing its importance for regional energy stability.

- Sponsored the state's first nuclear energy bill and supported geothermal and copper mine expansions in Milford.
- Secured RS-2477 litigation funds for Kane County and capital for rebuilding Panguitch Lake Dam.
- Passed legislation to include underground water data in Utah's water policy.
- Reformed access to disaster mitigation funds to allow use in flood prevention.

Representative Walt Brooks

- Worked extensively on the state budget, closing accounting gaps in executive departments.
- Advocated for increased Social Security tax exemptions (now up to $90,000 for couples).
- Passed law strengthening law enforcement's ability to manage unlawful protests.
- Led county classification reforms to better reflect geographic and economic realities of rural counties.

Senator Don Ipson

- Passed child torture legislation giving judges greater sentencing discretion in abuse cases. Previously judges were limited if there were not prior charges. Eric Clark from the Washington County Attorney's Office and Christy Pike from the Children's Justice Center assisted in getting the bill approved.

Representative Rex Shipp

- Promoted firearm safety education in K–12, aiming to reduce accidental shootings.
- Sponsored urban farming tax credit reforms to incentivize small-scale food production.
- Eased adoption requirements for known caregivers (e.g., stepparents) which may allow adoption without a home study.

Senator Evan Vickers

- Sponsored or supported 16 Senate bills and 35 House bills.
- Reviewed six major vetoes by the Governor including:
    - SB 37 ("money laundering" for income tax reallocation)—may be overridden.
    - SB 197 (circuit breaker repeal)—opposed by multiple counties, likely not overridden.
    - HB 306 (precious metals for tax payment)—possible override.
    - HB 315 (tied election resolution by "game of chance")—unlikely to proceed.
    - SB 106 (Utah-Ireland trade commission)—also vetoed.
- Supported a bill to fund EMS via local sales tax as opposed to property tax. The clock ran out to pass it. It may make it into a special session in May.

5. **Fiscal Year 2026 Indirect Cost Allocation Approval -** *(Allison McCoy, CFO, FCAOG)*

Allison McCoy presented the annual calculation, reporting a rate of 13.51% for FY2026, up from 12.72% in FY2025.

Motion to approve by Commissioner Celeste Meyeres, seconded by Commissioner Gil Almquist. Motion passed unanimously.

6. **What one infrastructure project in the region should be considered by Steering Committee for Governor's office –that impacts people, place, and prosperity in region. Due April 15, 2025.** *(Mr. Bryan Thiriot, Executive Director, FCAOG)*

Following a discussion of regional needs, the Committee selected Zion National Park's East-West Transportation Corridor Infrastructure for a Shuttle System as the priority project.
Motion made by Commissioner Gil Almquist, seconded by Commissioner Jerry Taylor.
Motion passed unanimously.

7. **Utah Congressional Briefing** *(Update Commissioner Taylor)*

Commissioner Jerry Taylor reported efforts to bring members of Congress, not just staff, to the region for a future briefing. Final plans pending an April 15 deadline.

8. **Five County Aging Services and Dementia resources. (Presentation)** *(Sheri Reber HCBS Program Director)*

Sheri Reber, Five County Home and Community Based Services Program Director, shared an overview of dementia education, caregiver support, and community outreach efforts, including simulation training for first responders and employers.

- Five County staff provide case management, dementia training, caregiver wellness classes, and resource kits ("Making the Link") across the region.
- Introduced the 20-30 minute Dementia Live simulation experience to build empathy and understanding. Five County staff are happy to bring the simulation to any facility in the area that requests it.
- The Utah State Alzheimer's Disease and Related Dementias State Plan was highlighted.
- 1 in 5 women and 1 in 10 men over 45 experience cognitive decline.
- Staff actively coordinate with the senior centers throughout the five counties.
- Challenges remain in reaching working caregivers and rebuilding community class attendance after COVID-19 impacts. Five County is now reaching out to HR directors and libraries throughout the area in hopes of connecting with caregivers currently in the workforce.
- An invitation was extended to the Governor's WISE Listening Session on April 25, 2025

9. **Critical Minerals in the region to meet both Utah and National needs –new discovery in region.** *(Presentation by Peter Shabestari, Vice President of Exploration, Libertygold.)*

- Utah is a leading source of critical minerals, including copper, gallium, and antimony.
- He urged local and state support for domestic refining capabilities to reduce dependence on China.
- China and Russia banned antimony exports to the U.S. due to its military applications (e.g., in armor-piercing munitions).
- Liberty Gold's "Antimony Ridge" project in Washington County highlighted. Preliminary metallurgical testing showed 51% to 76% recovery rates, and soil samples indicate broader mineralization potential than currently exposed

- Emphasized national security risks from foreign-controlled supply chains and urged coordinated permitting and fast-tracking of exploration under new federal guidance.
- Peter Shabestari delivered a detailed presentation on the importance of critical mineral development in Utah to meet both national energy infrastructure and defense needs. He explained that critical materials such as copper, gallium, germanium, antimony, and rare earth elements are essential for technologies like solar panels, batteries, data centers, ammunition, and national grid modernization.
- He stressed that although Utah possesses significant reserves, the lack of domestic refining capacity results in many of these resources being shipped overseas—mainly to China—where the U.S. loses pricing control, supply security, and strategic independence. He applauded Utah Tech University for developing a chemical engineering program aimed at addressing this domestic processing gap and encouraged state support for similar initiatives.
- He also emphasized that most new critical mineral projects in Utah—though located on public lands and permitted under the 1872 Mining Law—are being claimed and developed by foreign-controlled companies, which raises concerns about local benefit and national supply chain sovereignty.
- The presentation concluded with an overview of a recent March 20, 2025 Executive Order encouraging expedited permitting for critical mineral projects on federal lands via the FAST-41 framework. Shabestari called for local support of exploration efforts and policy improvements to enable timely, environmentally responsible development of Utah's mineral wealth.

10. Congressional Staff Updates.

Cindy Bulloch (Rep. Maloy's office) provided updates on congressional activity including budget developments and tariff-related constituent concerns.

11. State Agency Updates.

No formal reports were submitted.

12. Universities and Technical Colleges Updates.

Melinda Thorpe (SUU): Shared progress on academic programs to support geothermal energy development in Beaver County, including national student participation.

13. Local Affairs Discussions, if needed.

- Brief update from Bryan Thiriot on the Community Needs Assessment, now open for public comment.
- Commissioner Gil Almquist called attention to the Washington County Fair occurring April 17-18.

14. Next Meeting –June 11, 2025

15. Adjourn.

Motion to adjourn made by Commissioner Celeste Meyeres. Seconded by Commissioner Gil Almquist. Commissioner Paul Cozzens, Chair called the meeting adjourned at 2:42 PM with thanks to all participants.

These minutes were transcribed, typed, and edited by JayCee Finicum, Administrative Assistant at the Five County Association of Governments. These draft minutes will be approved by the Steering Committee at their June 11, 2025, meeting.

FISCAL YEAR 2026
COST ALLOCATION PLAN

INDIRECT COST FORMULA

This Cost Allocation Plan has been prepared in accordance with OMB Uniform Guidance. It has been reviewed and approved by the Finance Committee and is ratified during the Budgetary Process by the Five County Steering Committee, as represented by the local elected officials of the Five County Association of Governments.

The basis of cost allocation is direct personnel and fringe benefit costs. This basis provides the most fair allocation base for the Association's particular situation. This Plan includes:

1. **A certification by the Executive Director**
2. **A list of the overhead limitation applicable to each grant involved**
3. **A financial document sustaining rates proposed**
4. **Audit Report FY 2024 - Combined Statement of Revenues and Expenditures**

FIVE COUNTY ASSOCIATION OF GOVERNMENTS

CERTIFICATE OF INDIRECT COSTS

This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:

1. **All cost included in this proposal dated April 9, 2025**
2. **are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Uniform Guidance, "Uniform Guidance (2 C.F.R. Part 200): 2 C.F.R Part 200" which establishes uniform administrative requirements, cost principles, and audit requirements for Federal awards to non-Federal entities". Unallowable costs have been adjusted for in allocating costs as indicated in the cost allocation plan.**

3. **All costs included in this proposal are properly allocable to Federal awards on the basis of a beneficial or causal relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. Similar types of costs have been accounted for consistently and the Federal Government will be notified of any accounting changes that would affect the predetermined rate.**

I declare that the foregoing is true and correct.

Governmental Unit: Five County Association of Governments

Signature: _____

Name of Official: Bryan D. Thiriot

Title: Executive Director

Date of Execution: _____

EXPLANATION OF ACCOUNT TITLES

Community Planning - U.S. Department of Commerce – Economic Development Administration-includes EDA, Community Development Planner, Local Area Administrator, and other short-term projects

Special Contracts - Flow-through monies and short-term contracts

Area Agency on Aging - Utah Department of Human Services

Weatherization – Housing and Community Development Division

Aging Waiver - Medicaid Waiver

CDBG - Community Development Block Grant

Child Care - Child Care Resource & Referral

Nutrition - Utah Department of Human Services

CSBG - Community Services Block Grant

HEAT Assistance - Housing and Community Development Division

Volunteer Programs – Fundraising

Senior Companion (SCP) - Corporation for National and Community Service

Retired Senior Volunteer Program (RSVP)- Corporation for National and Community Service

Foster Grandparent (FGP) - Corporation for National and Community Service

MPO Planning – Utah Department of Transportation

Transportation Programs – Utah Department of Transportation

Mobility Management and Human Transportation

SSBG - Social Services Block Grant

New Choices Waiver - Medicaid Waiver

RPO Planning - Rural Planning Organization Iron County

TANF – Temporary Assistance for Needy Families

Volunteer Income Tax Assistance-Federal and State

COC Continuum of Care and COC Continuum of Care Expansion

CAP – Community Action Programs

Court Ordered Community Service-Judicial Systems

Veteran's Direct-Aging programs for Veterans

TEFAP-The Emergency Food Assistance Program- Pantry Help

VA Services-Aging Programs for Veterans

Senior Medicare Patrol

Senior Health Insurance Program

Benefit Enrollment Program-Aging enrollment help for qualified clients

Caregiver Support-Aging Support for Caregivers

Emergency Food Assistance-Pantry Assistance

Ombudsman-promotes policies and consumer protections to improve long term and services and supports at facilities.

Alternatives- In-home services are provided for frail elderly people to help them remain in their homes.

Emergency Solutions Grant- for the rehabilitation or conversion of buildings for use as emergency shelter for the homeless, for the payment of certain expenses related to operating emergency shelters, for essential services related to emergency shelters and street outreach for the homeless, and for homelessness prevention and rapid re-housing assistance.

Emergency Food and Shelter

Emergency Food Network

FIVE COUNTY ASSOCIATION OF GOVERNMENTS

The following is a listing of the overhead limitation applicable to each grant or contract that may be involved with the Five County Association of Governments cost allocation plan.

Community Economic Development -Housing and Community Dev	Amount Set By Contract
Special Contracts - Flow-through monies and short-term contracts	Amount Set By Contract
Area Agency on Aging - Utah Department of Human Services	8.5% of Total Grant
Weatherization – Housing and Community Development Division	10% of Total Grant
Aging Waiver - Medicaid Waiver	Amount Set By Contract
CDBG - Community Development Block Grant	Amount Set By Contract
Child Care - Child Care Resource & Referral	10% of Total Grant
Nutrition - Utah Department of Human Services	Amount Set By Contract
CSBG - Community Services Block Grant	Amount Set By Contract
HEAT Assistance - Housing and Community Development Division	Amount Set By Contract
Volunteer Programs – Fundraising	Amount Set By Contract
Senior Companion (SCP) - Corporation for National and Community Service	Amount Set By Contract
Retired Senior Volunteer Program (RSVP)- Corporation for National and Community	Amount Set By Contract
Service	Amount Set By Contract
Foster Grandparent (FGP) - Corporation for National and Community Service	Amount Set By Contract
MPO Planning – Utah Department of Transportation	Amount Set By Contract
Transportation Programs – Utah Department of Transportation	Amount Set By Contract
Mobility Management and Human Transportation	Amount Set By Contract
SSBG - Social Services Block Grant	Amount Set By Contract
New Choices Waiver - Medicaid Waiver	Amount Set By Contract
RPO Planning - Rural Planning Organization Iron County	Amount Set By Contract
TANF – Temporary Assistance for Needy Families	Amount Set By Contract
Volunteer Income Tax Assistance-Federal and State	10% of Total Grant
COC Continuum of Care and COC Continuum of Care Expansion	10% of Total Grant
CAP – Community Action Programs	Amount Set By Contract
Court Ordered Community Service-Judicial Systems	Amount Set By Contract
Veteran's Direct-Aging programs for Veterans	Amount Set By Contract
TEFAP-The Emergency Food Assistance Program-	Amount Set By Contract
VA Services-	Amount Set By Contract

Senior Medicare Patrol	Amount Set By Contract
Senior Health Insurance Program	Amount Set By Contract
Benefit Enrollment Program	Amount Set By Contract
Caregiver Support-Aging Support for Caregivers	Amount Set By Contract
Emergency Food Assistance-Pantry Assistance	Amount Set By Contract
Ombudsman Program	Amount Set By Contract
Alternatives-	Amount Set By Contract
Emergency Solutions Grant-	Amount Set By Contract
Emergency Food and Shelter	2% of Total Grant
Emergency Food Network	5% of Total Grant

STAFF SALARIES & EMPLOYEE BENEFITS

Personnel costs are allocated on the basis of a monthly time sheet. The key factor is the total number of hours spent on work that is directly for a program. If an employee spends 100 percent of time on work for a specific program, the salary and fringe benefits for that period will be charged in total to that program. Should an employee do work for two or more programs, salary and fringe benefits will be allocated in the exact proportion that the hours spent indicate. Program directors must review and approve time sheets.

ACCOUNTANT COSTS

The accounting system is established as an all-inclusive system to all programs. For this reason, accountant costs cannot be charged directly to a specific program and are charged to administration.

TRAVEL EXPENSE

Travel expense will be charged according to the monthly travel sheet submitted. Travel is charged to the program for which the expense is incurred. Approval by program directors is required before payment. The AOG provides a pool of motor vehicles owned or leased by the AOG. Actual miles driven by each cost center is assessed at an established rate per mile. Per Diem and hotel costs are reimbursed as established by travel policies. Travel expenses are normally not charged to indirect costs

PRINTING AND COPYING

Printing of plans, covers of plans, forms, etc., are charged to the particular program. If a form is to be used by the Association of Governments as a whole, it is charged to administration. Control of copy costs is handled in the following manner: Each program has a specific account code which is entered into the copy machine each time a copy is made. Entering this code enables the machine to accurately account for each copy made and allocate that copy to a particular account. A special account code is used for administration costs. These are copies taken in the course of business of the association as a whole. A monthly meter reading of the machine indicates how many copies have been made by each account and expenses are broken out proportionately.

OFFICE FURNITURE AND EQUIPMENT

When an item of equipment is purchased, its specific purpose is identified. That purpose is directly traceable to a program or to the association as a whole. A desk for the director of a program would be paid for and charged directly to that program.

OFFICE SUPPLIES

Office supplies are charged to specific programs. All office supplies are purchased through various office suppliers, so as to take full advantage of sale prices and lower costs, and they are coded for each department for direct costing.

SPACE COSTS

Rent is charged to the specific program as the space is used. If the landlord puts a value on the particular room used, that cost is charged. If a section of a building is rented as a whole and several departments use it, the rent cost is allocated by square feet of usage with a factor to allow for quality. Space for the Executive Director's office, or for a joint reception area and conference room, cannot be charged directly to any program without going to an unjustifiable length in allocation. These costs, therefore, are charged to administration.

COMMUNICATIONS

Fixed phone charges are allocated by equipment usage or the same way that the charges are billed. Long distance or toll charges are billed as used and charged to appropriate accounts. Equipment used by the Executive Director and toll charges incurred by him in the course of association business will be charged to administration.

POSTAGE

Postage use is controlled by a postage meter. Each program has a specific account code which is entered into the postage meter each time mail is processed. Entering this code enables the machine to accurately account for the amount of postage used by each program. A monthly meter reading of the machine indicates the amount of postage incurred by each account and expenses are allocated proportionately.

AUDITING

Because of the structure of the Association of Governments, it is nearly impossible to audit one program without auditing them all. The association operates out of a general bank account; it has one employer identification number; and it is considered the employer of all employees. The costs of audit under conditions of OMB Uniform Guidance are charged to administration.

FISCAL MANAGEMENT

The association's payroll management system is maintained by computer and outsourced. Fiscal management services are purchased from *Hinton Burdick CPAs and Advisors* and charged to Administration.

OTHER COSTS

This expense category is designed for those types of expenses that may occur through the course of the accounting period that are necessary but not considered "normal." The organization could possibly go through the period without incurring this type of expense, but because of the number of different things involved that could happen, one or more surely will. Upgrades to the computer server, fax machine, repair and maintenance of equipment, etc., are examples. These expenses are charged to the program they benefit or to administration, if all programs are benefitted.

APPLIED ADMINISTRATION COSTS

All costs not directly chargeable to a specific program are charged to administration. These costs include the salary, fringe benefits, clerical costs, and expenses of the Executive Director and support staff. Other costs that are not directly chargeable are also included and charged under the heading of administration costs. The net of all administration costs are applied across the board by the use of a single composite rate. This rate is the ratio of net administration divided by total direct personnel costs.

Five County Association of Governments
Combining Statement of Revenues, Expenditures and Changes in Fund Balances
All General Fund Programs
For The Year Ended June 30, 2024

	Program 1	Program 2	Program 3	Program 4	Program 5	Program 6
	Administration	Aging Waiver Admin	Veteran's Direct	Aging Waiver Services	Community & Economic Dev.	Special Contracts
REVENUES:						
State & Federal Contracts	$	$ 93,329	$ 440,496	$ 164,061	$ 511,054	$
Indirect Cost Allocations	606,907					
County/Local Participation					113,836	
Other					21,867	42,612
TOTAL REVENUES	606,907	93,329	440,496	164,061	646,756	42,612
EXPENDITURES:						
Total Payroll & Related Expense	478,845	82,075	60,284	118,592	489,567	
Materials						
Fiscal Management	42,674					
Rent	32,063	498	709	1,508	5,268	
Travel & Training	20,438	2,730	1,322	5,952	45,047	
Printing	2,297	371	326	951	2,174	
Postage	3,016	30	125	228	213	
Telephone	13,855	1,352	711	858	5,407	
Supplies	4,783	486	4,602	3,537	6,088	
Indirect Cost Allocation		6,588	7,416	14,589	60,225	
Consultant/Contract Services	3,760	350	361,681	15,172		
Capital Outlay	12,624		3,105			
County Council on Aging						
Assistance						
Other	67,166	27	215		2,022	40,918
TOTAL EXPENDITURES	681,520	94,508	440,496	161,386	616,010	40,918
Excess (Deficit) of Revenues Over Expenditures	(74,613)	(1,179)	0.00	2,674	30,746	1,694
Transfer From (To) Other Programs					(21,002)	(16,112)
Prior Period Adjustments	37,132		229,056			
Other Programing Sources/(Uses)						
Beginning Program Balance	43,380	1,179	(60,966)	9,499	532,829	131,094
Year End Program Balance	$ 5,899	$	$ 168,090	$ 12,173	$ 542,573	$ 116,677

See Notes to Financial Statements

Program 7	Program 8	Program 9	Program 10	Program 11	Program 12	Program 13	Program 14	Program 15
Area Agency On Aging	Weatherization	RSVP	Human Services	Hurricane Valley Food Pantry	Continuum of Care	Child Care R & R	Nutrition	Heat Assistance
$ 683,738	$ 903,340	$ 116,757	$ 121	$	$ 200,120	$ 936,442	$ 1,226,216	$ 1,131,097
				1,400		15		
				1,243	28,558	11,299	448,266	
683,738	903,340	116,757	121	2,643	228,679	947,756	1,674,482	1,131,097
128,146	484,354	106,729			42,186	716,283	17,944	663,771
	281,283					9,525	1,455,671	6,248
					10,485			
1,071	32,130	846				23,863	707	285,709
3,248	18,098	4,158		18	380	45,215	303	11,574
854	1,759	1,575		1	126	3,188	81	1,077
199	1,823	1,049			104	1,692	234	472
2,024	13,329	1,588			592	9,906	219	25,931
3,684	2,547	6,788		2,594		5,287	3,760	15,180
15,766	58,232	13,130				90,422	2,207	81,656
2,318		4,275			25,005	8,130	11,250	
2,500	1,536	534				10,843	189,130	17,640
507,786					(120)			
					122,833			
13,826	15,728	5,467			5,158	12,065		21,839
681,421	910,819	146,139		2,613	206,748	936,419	1,681,504	1,131,097
2,317	(7,479)	(29,382)	121	30	21,930	11,337	(7,022)	
						21,002		
	128,191							
7,337	115,906	17,247	18,425	697	(23,874)	27,916	245,510	3
$ 9,654	$ 236,618	$ (12,135)	$ 18,546	$ 726	$ (1,944)	$ 60,255	$ 238,488	$ 3

Five County Association of Governments
Combining Statement of Revenues, Expenditures and Changes in Fund Balances
All General Fund Programs
For The Year Ended June 30, 2024

	Program 17 Homeowner Assistance	Program 18 Mobility Mgt	Program 19 Volunteer Programs	Program 20 Foster Grandparent	Program 21 Heat/ Water LIHWAP	Program 22 Senior Support One Time	Program 24 H.S. Cons. Transportation Planning
REVENUES:							
State & Federal Contracts	$ 8,682	$ 75,773	$	$ 83,583	$ 31,871		$ 23,268
Indirect Cost Allocations							
County/Local Participation		18,943	13,700				5,817
Other				50		27,376	
TOTAL REVENUES	8,682	94,716	13,700	83,633	31,871	27,376	29,085
EXPENDITURES:							
Total Payroll & Related Expense	7,375	79,360		30,639	28,282	26,110	25,501
Materials							
Fiscal Management							
Rent		246		588		268	246
Travel & Training	105	4,116		6,222			
Printing	14	36	2	279			44
Postage				157			
Telephone	91	821		475	109	448	156
Supplies	48	374		30		547	
Indirect Cost Allocation	923	9,763		3,769	3,479		3,137
Consultant/Contract Services			203	123			
Capital Outlay							
County Council on Aging							
Assistance							
Other				41,424			
TOTAL EXPENDITURES	8,557	94,716	204	83,707	31,871	27,373	29,085
Excess (Deficit) of Revenues Over Expenditures	125		13,496	(74)		3	
Transfer From (To) Other Programs							
Other Programing Sources/(Uses)							
Beginning Program Balance		673	103,201	(6,496)		233	(442)
Year End Program Balance	$ 125	$ 673	$ 116,697	$ (6,570)	$	$ 236	$ (442)

See Notes to Financial Statements

Program 25	Program 26	Program 27	Program 28	Program 29	Program 30	Program 31	Program 32	Program 33	Program 34	Program 35
Dixie MPO	SSBG	Senior Companion	CSBG	Utah CAP	Caregiver Support	EFA QEFAF	Iron County RPO	Emergency Rent Assistance	Ombudsman Program	Alternatives
$ 649,557	$ 89,577	$ 110,867	$ 278,144	$ 14,592	$ 243,825	$ 50,058	$	$ 28,533	$ 80,111	$ 454,804
44,000		2,664					40,575			
17,458			502		66					
711,015	89,577	113,531	278,646	14,592	243,892	50,058	40,575	28,533	80,111	454,804
300,954	2,225	31,014	170,045	12,100	158,874	5,585	32,347	24,993	63,196	153,143
4,392	64	588	4,493	726	1,871	6,641	432		523	1,753
16,990		25,591	6,771	410	6,084		698		5,809	5,527
1,148	1	207	2,008	255	2,959		85	19	28	544
65	96	334	258	3	260	26			29	411
2,656	16	479	3,995	87	2,082	35	198	831	1,368	1,556
819		30	202	80	5,602	554	2,836	48	230	4,788
37,006	273	3,815	20,714	1,488	19,546	681	3,979	2,641	7,774	18,841
320,154	75,357		5,114		42,724	38,290			1,153	265,084
3,545					3,667					3,105
	5,622		53,377		11					53
23,285	600	50,973	12,462							
711,015	84,252	113,032	279,438	15,149	243,679	51,814	40,575	28,533	80,111	454,804
	5,325	499	(792)	(557)	213	(1,756)				
								(18,244)		
(28,373)	(7,788)	3,309	14,095	(1,644)	19,946	1,166		(5,741)		6,352
$ (28,373)	$ (2,464)	$ 3,808	$ 13,303	$ (2,201)	$ 20,159	$ (590)	$	$ (23,985)	$	$ 6,352

Five County Association of Governments

Combining Statement of Revenues, Expenditures and Changes in Fund Balances

All General Fund Programs

For The Year Ended June 30, 2024

	Program 36 New Choices Waiver	Program 37 Services VA	Program 38 CSBG	Program 39 ESG Cares Rapid Rehousing	Program 40 Emergency Solutions	Program 41 Emergency Food & Shelter	Program 42 Emergency Food & Shelter Iron County
REVENUES:							
State & Federal Contracts	$ 164,456	$ 18,000	$ 96,735	$	$ 57,953	$ 18,888	$ 3,548
Indirect Cost Allocations							
County/Local Participation							
Other	520	29,900	300		5,012		41
TOTAL REVENUES	164,976	47,900	97,035		62,965	18,888	3,589
EXPENDITURES:							
Total Payroll & Related Expense	173,671	45,336	50,307	57	13,838		
Materials							
Fiscal Management							
Rent	2,017		2,628				
Travel & Training	6,957	1,692	6,278		1,388		
Printing	461	11	1,670	2	17	2	
Postage	28	38	268		26	17	10
Telephone	2,285	273	1,319	1	217		
Supplies	182		1,147		707		
Indirect Cost Allocation	19,850		7,538	7	1,318		
Consultant/Contract Services	645	600	5,000				
Capital Outlay			862				
County Council on Aging							
Assistance			20,525		28,833	18,383	3,579
Other			4,704		4,040	486	
TOTAL EXPENDITURES	206,097	47,950	102,247	67	50,383	18,888	3,589
Excess (Deficit) of Revenues Over Expenditures	(41,121)	(50)	(5,212)	(67)	12,582		
Transfer From (To) Other Programs							8,445
Other Programing Sources/(Uses)							
Beginning Program Balance	(76,298)	877		54,888	2,925		4
Year End Program Balance	$ (117,419)	$ 827	$ (5,212)	$ 54,821	$ 15,507	$	$ 8,449

See Notes to Financial Statements

Five County Association of Governments
Combining Statement of Revenues, Expenditures and Changes in Fund Balances
All General Fund Programs
For The Year Ended June 30, 2024

	Programs 56 SHIIP Expense	Programs 57 Benefit Enrollment Center	Programs 58 Weatherization WAP Infrastructure	Programs 59 ESG Homeless Prevention	Programs 60 State Diaper Grant	Programs 61 SS4A Street Safety
REVENUES:						
State & Federal Contracts	$ 43,208		$ 219,204	$ 27,458	$ 30,341	$ 587,516
Indirect Cost Allocations						
County/Local Participation						153,262
Other		40,000				
TOTAL REVENUES	43,208	40,000	219,204	27,458	30,341	740,778
EXPENDITURES:						
Total Payroll & Related Expense	36,135	32,248	162,242	11,657	27,306	48,244
Materials			18,790			
Fiscal Management						
Rent	332	409	7,210			
Travel & Training	991	4,372	8,045		66	
Printing	173	277	461	19	41	
Postage	58	2	57			
Telephone	929	772	767	165	374	313
Supplies	145	205	1,013		634	
Indirect Cost Allocation	4,445	3,967	19,864	1,488	3,361	5,935
Consultant/Contract Services		1,675				888,636
Capital Outlay			356			
County Council on Aging Assistance				28,134		
Other			1,003			
TOTAL EXPENDITURES	43,208	43,926	219,807	41,463	31,782	943,128
Excess (Deficit) of Revenues Over Expenditures		(3,926)	(603)	(14,005)	(1,441)	(202,350)
Transfer From (To) Other Programs		16,111				
Other Programing Sources/(Uses)						
Beginning Program Balance		(3,796)				
Year End Program Balance	$	$ 8,389	$ (603)	$ (14,005)	$ (1,441)	$ (202,350)

See Notes to Financial Statements

Programs 62 Broadband ACP	Programs 63 CIB Grant Office Remodel	Programs 64 Local Area Administrator	Programs 65 Technology Modernization Project	Programs 66 Building Fund	Programs 67 Critical Housing Repair	Programs 68 Single Family Home Revolving Program	Programs 69 TANF Poverty Mitigation
$ 9,114	$ 735,641	$ 150,000	$ 29,519		$ 5,751		$ 90,714
				60,000			
				6,742			
9,114	735,641	150,000	29,519	66,742	5,751		90,714
7,789		83,681			4,500	486	70,054
				60			
					240		337
137		4,506					1,721
							419
107		131					996
		1,684					8,632
965		10,295			554	60	8,616
					16,486		
	739,566	1,654	29,519				212
				389,015			
8,998	739,566	101,951	29,519	389,075	21,779	546	90,987
116	(3,925)	48,049		(322,333)	(16,029)	(546)	(273)
$ 116	$ (3,925)	$ 48,049	$	$ (322,333)	$ (16,029)	$ (546)	$ (273)

1-Apr-25

FIVE COUNTY ASSOCIATION OF GOVERNMENTS

INDIRECT COST ALLOCATION PLAN FY 2025

5,042,698

	Aging Waiver Admin	Aging Waiver Program	Veteran's Direct	Comm. Planning	Aging	Weath.	RSVP	Hurrican Valley Food Pantry	Continuum of care	CCR&R	Nutrition	HEAT	Homeowner Assistance	Check Figure
Salaries and Fringe	82,075	118,592	60,284	489,567	128,146	484,354	106,729	0	42,186	716,283	17,944	663,771	7,375	2,917,306
	82,075	118,592	60,284	489,567	128,146	484,354	106,729	0	42,186	716,283	17,944	663,771	7,375	

	Mob. Mgmt	Foster Grand.	Heat\Water	Senior Support	HS Trans. Planning	Dixie MPO	SSBG	Senior Comp.	CSBG	Vita Tax Assistance	Caregiver Support	ERA QEFAF	Iron Co RPO	
Salaries and Fringe	79,360	30,639	28,282	26,110	25,501	300,954	2,225	31,014	170,045	12,100	158,874 0	5,585	32,347	903,036
	79,360	30,639	28,282		25,501	300,954	2,225	31,014	170,045	12,100	158,874	5,585	32,347	

	ERA	Alternatives	Ombudsman	New Choices Waiver	Services VA	CSBG	ESG Cares Rapid Rehousing	Emergency Solutions Grant	ESG Cares HP	ESG Cares Hotels	Child Care Stabilization	TANF Vita	TEFAP	COCS	
Salaries and Fringe	24,993	153,143	63,196	173,671	45,336	50,307	57	13,838	0	0	0	96,029	12,804	16,673	650,047
	24,993	153,143		173,671		50,307	57	13,838	0	0	0		12,804	16,673	

	Vita Federal	COC Expansion	CSBG Cares	Senior Medicare Patrol	Shiip	Benefit Enrollment Plan	Weatherization WAP	ESG Homeless Prevention	State Diaper Grant	SS4 street safety	Broadband ACP	Local Area Administrator	Critcal Housing Repair	Single Family Home	
	46,057	7,310	7,684	22,870	36,135	32,248	162,242	11,657	27,306	48,244	7,789	83,681	4,500	486	498,209
	46,057	7,310	7,684	22,870	36,135	32,248	162,242	11,657	27,306	48,244	7,789	83,681	4,500	486	

	TANF Poverty Mitigation	Cap Circles	
	70,054	4,046	74100
	70,054	4,046	

Indirect cost rate calculated by dividing allowable administration costs of $681520 (Total Administrative cost) divided by $5014706 (total Salary and Fringe expenditures for all programs less Admin) equals

5,042,698

13.51%

	Admin
Salaries	478,845
Travel	2,730
Current Expenditures	187,321
Equipment	12,624
TOTAL	681,520
Less Unallowable Costs	0
Allowable Admin Exp.	681,520

Totals
5,042,698
All Programs Salaries and Fringe
plus
478,846 Admin
Salaries and Fringe
equals
5,521,544
Total Salaries and Fringe

Check Figure from Audit

Total Payroll and Related Expense=5521544

AREA AGENCY ON AGING- FIVE COUNTY COMMUNITY ENGAGEMENT

Memory Matters

- Support Group
- ESML- Early Stage Memory Loss

10 Week program that runs twice a year for both the person with Dementia and their Caregiver

- Consulations/Options

Alzheimer's Association

- County Forums (Washington and Iron)
- Staff trained as Alzheimers Association Community Educators

Multi Disciplinary Team

Meets monthly with various community partners to discuss and brainstorm ideas, resources, and assistance for difficult situations.

First Responders:

-CIT- police department

- Washington County
- Iron County

Making the Link

- Physicians
- Caregivers
- Health and Wellness Fairs
- Senior Expo
- Senior Conference
- Caregiver Exhibits at Libraries

Alzheimer's Disease and Related Dementias (ADRD)

Coordinating Council: 2023-2030 State Plan

Utah has a legistlatively mandated ADRD State Plan-

Meet quarterly, 160+ members with workgroups meeting bi-monthly to focus on strategies, Targets for change and Actions steps concentrating on 5 priorities:

-Dementia Aware Utah
-Dementia Competent Workforce
-Expand Research
-Living well with Dementia
-Supported and Empowered Caregivers

FUTURE OUTREACH

Dementia live for First Responders-

Caregiver Wellness program

AREA AGENCY ON AGING- FIVE COUNTY CAREGIVER CLASSES

ALL CLASSES ARE FREE AND CAN BE FOUND ON OUR WEBSITE

https://www.areaagencyonagingfivecounty.org/

OR BY CALLING 435-673-3548

DEALING WITH DEMENTIA:

Dealing with Dementia combines a workshop learning experience with a Dealing with Dementia Caregiver Guide, a comprehensive reference for caregivers of people living with dementia to understand dementia, manage problem behaviors and handle caregiver stress

CAREGIVER ACADEMY:

A 6-Week skill development program for caregivers

Topics include: Finding Resources and Services, Compassion Fatigue, Building Resilience, Setting Good Care Boundaries, Involving Family, Coping with Difficult Behaviors and Making Home and Facility Care Choices.

TALKING POINTS:

25 different Caregiver Talking Points that assist family and non-professional caregivers to more easily manage and navigate care.

STRESS BUSTERS:

A 9-week course that provides education and stress managment techniques for Caregivers

DEMENTIA LIVE®

Provides participants with a real-life simulation of what it must be like to live with dementia.

SUPPORT GROUPS:

Kanab- (In Person) Thursday's 10:00 am Kanab Senior Center

Tea Time (Virtual) Thursday's 1:00 pm Zoom

St. George- (In Person) Tuesday's 1:00 pm Catholic Church- Kuzy Hall

AREA AGENCY ON AGING-FIVE COUNTY
HOME AND COMMUNITY BASED PROGRAMS

Aging waiver- Medicaid
Alternatives program
Veterans Directed Care
National Caregiver Program:
-Dementia Education
-Dealing with Dementia
-Caregiver Academy
-Talking Points
-Stress Busters
-Dementia live
-Empowered Caregiver
-Support Groups-
-Options Calls
-Community outreach

Veterans Services-

VSO in house to assist with VA Healthcare and VA Benefit applications.

-Ombudsman- Advocates for the rights of individuals in long term care facilities.
-Senior Centers- Nutrition/Meals on wheels
-Senior Companion
-Foster Grandparent

BEC

Screens and assists individuals in applying for public benefits including but to limited to: heat, food, shelter, Medicare, Medicaid.

SHIP/SMP

Provide education and assistance in applying for Medicare. Claims appeals. Provides education regarding fraud and exploitation.

RSVP

Preventative classes for health
-Diabetes Self Managment
-Stepping On
-Walk with Ease
-Chronic Disease Self Managment
-Tai Chi

-Telephone Reassurance Program

2024 ALZHEIMER'S DISEASE FACTS AND FIGURES

NEARLY
7 MILLION
AMERICANS ARE LIVING WITH ALZHEIMER'S

1 IN 3
SENIORS DIES WITH ALZHEIMER'S OR ANOTHER DEMENTIA

IT KILLS MORE THAN
BREAST CANCER AND **PROSTATE CANCER**
+
COMBINED

OVER **11 MILLION**
AMERICANS PROVIDE
UNPAID CARE
FOR PEOPLE WITH ALZHEIMER'S OR OTHER DEMENTIAS

BETWEEN 2000 AND 2021, DEATHS
FROM HEART DISEASE HAVE
DECREASED 2.1%

WHILE DEATHS FROM ALZHEIMER'S DISEASE HAVE INCREASED 141%

IN 2024, ALZHEIMER'S AND OTHER DEMENTIAS WILL
COST THE NATION
$360 BILLION
$$$$$
BY 2050, THESE COSTS COULD RISE TO NEARLY
$1 TRILLION

THESE CAREGIVERS PROVIDED MORE THAN
18 BILLION HOURS
VALUED AT NEARLY
$347 BILLION

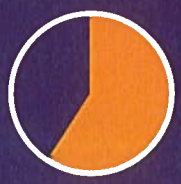
THE LIFETIME RISK FOR ALZHEIMER'S AT AGE 45 IS

1 in 5 FOR WOMEN

1 in 10 FOR MEN

70% OF DEMENTIA CAREGIVERS
FEEL STRESSED WHEN COORDINATING CARE

AND MORE THAN HALF
OF CAREGIVERS SAID NAVIGATING HEALTH CARE IS **DIFFICULT**



3 IN 5 DEMENTIA CAREGIVERS
SAY LESS STRESS AND MORE PEACE OF MIND ARE POTENTIAL BENEFITS OF HAVING A CARE NAVIGATOR

56% SAY IT COULD HELP THEM BE BETTER CAREGIVERS

For more information, visit alz.org/facts

ALZHEIMER'S ASSOCIATION®

2024 UTAH ALZHEIMER'S STATISTICS

PREVALENCE

Number of People Aged 65 and Older with Alzheimer's (2020)	38,300	% of Adults Over 65 with Alzheimer's	10%

CAREGIVING

# of Caregivers	112,000	Caregivers with Chronic Health Conditions	59.3%
Total Hours of Unpaid Care	132,000,000	Caregivers with Depression	34.6%
Total Value of Unpaid Care	$2,465,000,000	Caregivers in Poor Physical Health	14.9%

WORKFORCE

# of Geriatricians in 2021	25	# of Home Health and Personal Care Aides in 2020	17,080
Increase Needed to Meet 2050 Demand	356.0%	Increase Needed to Meet 2030 Demand	31.4%

HEALTH CARE

# of People in Hospice (2017) with a Primary Diagnosis of Dementia	2,506	Dementia Patient Hospital Readmission Rate (2018)	16.7%
Hospice Residents with a Primary Diagnosis of Dementia	19%	Medicaid Costs of Caring for People with Alzheimer's (2020)	$185M
# of Emergency Department Visits per 1,000 People with Dementia (2018)	1,194	Projected Change in Medicaid Costs from 2020 to 2025	27%

Per Capita Medicare Spending on People with Dementia in 2023 Dollars **$26,233**

MORTALITY

191.8% INCREASE IN ALZHEIMER'S DEATHS 2000-2021

# of Deaths from Alzheimer's Disease (2021)	998	Alzheimer's Disease as Cause of Death Rank	5th

Nearly ***7 million Americans*** *are living with Alzheimer's, and more than* ***11 million*** *provide their unpaid care. The cost of caring for those with Alzheimer's and other dementias is estimated to total* ***$360 billion*** *in 2024, increasing to nearly* ***$1 trillion*** *(in today's dollars) by mid-century.* For more information, view the ***2024 Alzheimer's Disease Facts and Figures*** report at **alz.org/facts.**

AIM
ALZHEIMER'S IMPACT MOVEMENT
ALZHEIMER'S ASSOCIATION

We want to hear from you! Let us know how we can support you in aging well.

The Department of Health and Human Services is holding listening sessions around the state as part of the governor's WISE Initiative, which focuses on 4 pillars of aging well: **W**ealth, **I**ndependence, **S**ecurity, and **E**ngagement. We will use this information to build a 10-year, statewide plan on aging.

Please join us for the Five County listening session:

Time

9-11 a.m.

Date

Friday,
April 25

Place

St. George Senior Center
245 N 200 W
St. George, UT 84770

Utah Department of
Health & Human
Services

agingservices@utah.gov

2023–2030
Utah Alzheimer's Disease and Related Dementias State Plan

Prepared by the Utah Alzheimer's Disease and Related Dementias Coordinating Council

Dedication

The 2023-2030 Utah Alzheimer's Disease and Related Dementias State Plan is dedicated to all Utahns affected by dementia, including those living with the disease, informal caregivers, friends, neighbors, families, healthcare professionals, and those fighting to find a cure or treatment.

This plan aims to reduce the burden of dementia in Utah by reducing stigma, increasing awareness, providing education, and supporting our ethnically diverse population throughout our frontier, rural, and urban communities.

Table of contents

Suggested citation:

Division of Aging and Adult Services, 2023-2030 Utah Alzheimer's Disease and Related Dementias State Plan (2023). Salt Lake City, UT; Utah DHHS.

For any inquiries, please contact:
Kristy Russell, MHL, CHES (she/her/hers)
ADRD State Plan Specialist
Alzheimer's Disease & Related Dementias Program
Division of Aging & Adult Services
Utah Department of Health & Human Services
P.O. Box 143496, 288 North 1460 West, Salt Lake City, UT 84114
(385) 266-1733
krussell@utah.gov

STATE OF UTAH

SPENCER J. COX
GOVERNOR

OFFICE OF THE GOVERNOR
SALT LAKE CITY, UTAH
84114-2220

DEIDRE M. HENDERSON
LIEUTENANT GOVERNOR

Nov. 15, 2022

Dear Fellow Utahns,

It is my pleasure to present and offer my support for Utah's State Plan for Alzheimer's Disease and Related Dementias (ADRD) 2023-2030. The purpose of this plan is to create an awareness of dementia in Utah, support individuals with dementia and their family caregivers, have a dementia competent workforce and expand Alzheimer's and dementia research. The Alzheimer's State Plan Task Force was established in 2011 for Alzheimer's disease and related dementias and has grown over the years. Already an exponential growth of improvements has been seen within local resources available statewide. Despite the hard work that has already been accomplished, there is still a need for more development in this field and I am confident the priorities and vision of this plan will continue to advance us towards a healthier Utah.

Alzheimer's disease affects 34,000 individuals in Utah and more than 5 million people in the United States. The disease is projected to have a 23.5% change by 2025 affecting 42,000 people in Utah. Alzheimer's is also a costly condition with the Medicaid costs of caring for people with Alzheimer's listed at $185 million in 2020 and those amounts are just projected to increase with an estimated 27% change from 2020 to 2025. Alzheimer's is also a deadly affliction; it is currently ranked as the 4th leading cause of death in Utah leading to 980 deaths in 2019. Nationally, nearly one in every three seniors who die each year have Alzheimer's or another dementia.

The ADRD State Plan provides an action plan for improved detection, diagnosis, risk reduction and treatment. By following the plan, caregivers will be empowered, trained and supported to better care for their loved ones and handle their ongoing responsibilities as a caregiver. Together, we can work to improve the lives of our family members, friends and neighbors whose lives have been impacted by dementia. My hope is that all Utahns will rely on and become educated on the principles provided in the plan as I believe they are critical to improving the well-being and health of our senior citizens and their families.

Sincerely,

Spencer J. Cox
Governor

State of Utah

SPENCER J. COX
Governor

DEIDRE M. HENDERSON
Lieutenant Governor

Department of Health & Human Services

TRACY S. GRUBER
Executive Director

NATE CHECKETTS
Deputy Director

DR. MICHELLE HOFMANN
Executive Medical Director

DAVID LITVACK
Deputy Director

NATE WINTERS
Deputy Director

November 14, 2022

Dear Fellow Utahns,

On behalf of the Utah Department of Health and Human Services, I would like to offer my support for Utah's State Plan for Alzheimer's Disease and Related Dementias 2023-2030 (State Plan). Across the country, Alzheimer's disease and other dementias are a growing public health crisis. Utah is no different with about one in nine individuals over the age of 65 (over 34,000 Utahns) living with Alzheimer's dementia. By 2025, Utah is projected to have a 23.5% increase in individuals with Alzheimer's (the 10th largest in the United States). We currently do not have the data to inform us just how widespread dementia is outside of Alzheimer's, but we do know overall, Alzheimer's and other dementias are considerably underdiagnosed. This projected increase is a subject that hits home as most already know someone battling some form of dementia and over 97,000 Utahns are serving as Alzheimer's caregivers.

The Utah Department of Health and Human Services is proud to house the State Plan within our Division of Aging and Adult Services and we are committed to advocate for its priorities and strategies as we strongly believe they will lead to Utah becoming a dementia-capable state. The Coordinating Council for the State Plan consists of partners from across the state - healthcare systems, long-term care organizations, public health entities, local businesses, legislators, family caregivers, individuals living with dementia, and concerned citizens - who have worked tirelessly to help develop this plan. The vision and passion they have is visible every day in their commitment to improve the health and outcomes for all Utahns affected by dementia. We would like to thank all of those individuals who give their time and energy so freely in these efforts.

I encourage all of our partners and Utah citizens to review Utah's State Plan for Alzheimer's Disease and Related Dementias 2023-2030 and carefully consider what you as an individual, a community member, a caregiver, or a professional can do to help bring the vision laid out in this plan to light. Those of you who have already contributed, we thank you and ask that you continue with your efforts. We invite those who have not yet had a chance to contribute to join us in making Utah a dementia-capable state. We look forward to working with you.

Sincerely,

Tracy Gruber
Executive Director
Utah Department of Health & Human Services

Cannon Bldg.: 288 North 1460 West, Salt Lake City, Utah 84116
telephone: (801) 538-3919 | email: agingservices@utah.gov | web: daas.utah.gov

alz.org®
800.272.3900

Utah Chapter
12894 S. Pony Express Road
Suite 300
Draper, UT 84020

www.alz.org/utah

alzheimer's association

THE BRAINS BEHIND SAVING YOURS.

January 1, 2023

Dear Fellow Utahns,

On behalf of the Alzheimer's Association, Utah Chapter, I am pleased to support the 2023-2030 Utah Alzheimer's Disease and Related Dementias State Plan. The Alzheimer's Association is continuously working to raise public awareness of Alzheimer's disease and related dementias, expand services to those living with the disease, provide support for families and caregivers, improve the capacity and capability of our health and long-term care workforce, and advance local research. This plan supports our current and future work of addressing the impact of dementia within our state. By collaborating with the Utah Department of Health and Human Services, as well as other statewide partners, we are set to take significant steps in providing a greater foundation of resources for all Utahns.

In Utah, dementia is the 4th leading cause of death. From 2020-2025, the number of those with Alzheimer's disease is expected to increase by 23.5%. Currently in Utah, Alzheimer's costs Medicaid $185 million and our Medicare spending per capita is $24,093, combined with almost $2 billion in unpaid care provided by Utah family caregivers. Utah is preparing to meet this public health crises with an equal force. This state plan details a variety of actionable strategies that will develop Utah into a dementia capable state. Our goals and recommendations ensure implementation of resources, education, and support for all Utahns affected by Alzheimer's disease or other dementias.

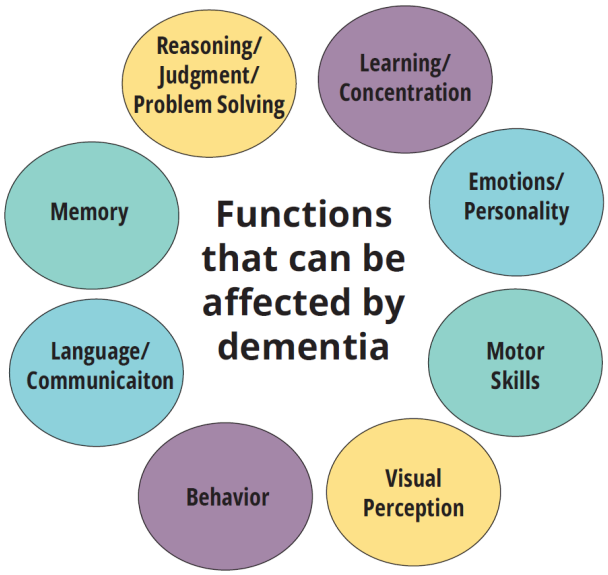
Our plan seeks to bring together partners from across Utah to address dementia related issues within our communities. We recognize it takes a coordinated approach to support those affected by dementia and enhance dementia services within our state. We're all in this together and I'm excited for the progress to come with the continued implementation of the 2023-2030 Utah Alzheimer's Disease and Related Dementias State Plan.

Warm regards,

Stacie Kulp
Executive Director

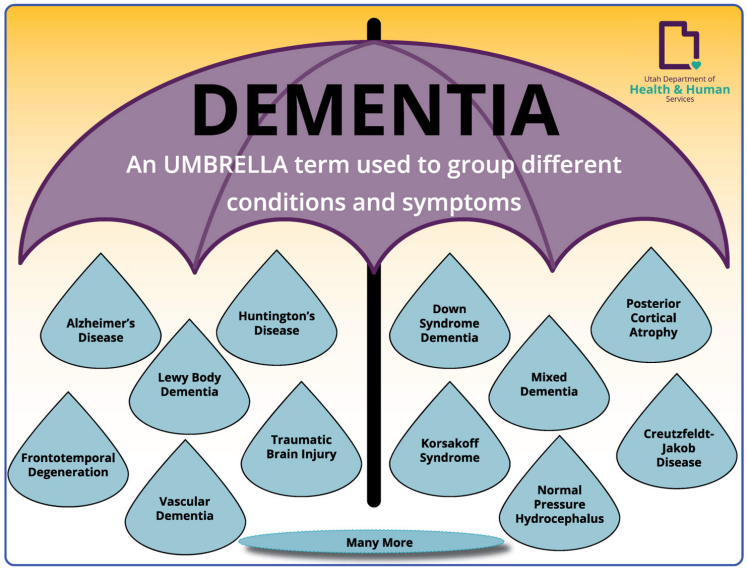
Executive summary

Utah is home to more than 3 million people located in 29 counties, covering 84,000 square miles. More than 350,000 Utahns are aged 65 and older. Approximately one in nine individuals over the age of 65 (over 34,000 Utahns) has Alzheimer's disease. By 2025, this number is expected to increase to 42,000, representing a 23.5% increase (the 10th largest in the United States).[3] Unfortunately, we do not have estimates of the total number of Utahns affected by dementia outside of Alzheimer's. We do know that Alzheimer's and other dementias are vastly under-diagnosed.



Dementia is a general term referring to a loss of cognitive function (see image) severe enough to interfere with daily life. Dementia is often referred to as an umbrella term as it covers a broad range of diseases.

The most common forms of dementia are Alzheimer's disease, vascular dementia, frontotemporal degeneration, and Lewy Body dementia. Many also have mixed dementia, which is a condition where brain changes of at least two types of dementia occur simultaneously.[3]



In Utah, nearly half of all adults provide unpaid care to loved ones, with 22% of them providing care to someone with Alzheimer's or a related dementia. Over 80% of caregivers manage household tasks such as cooking or cleaning and nearly half assist with personal care such as bathing and dressing.[1]

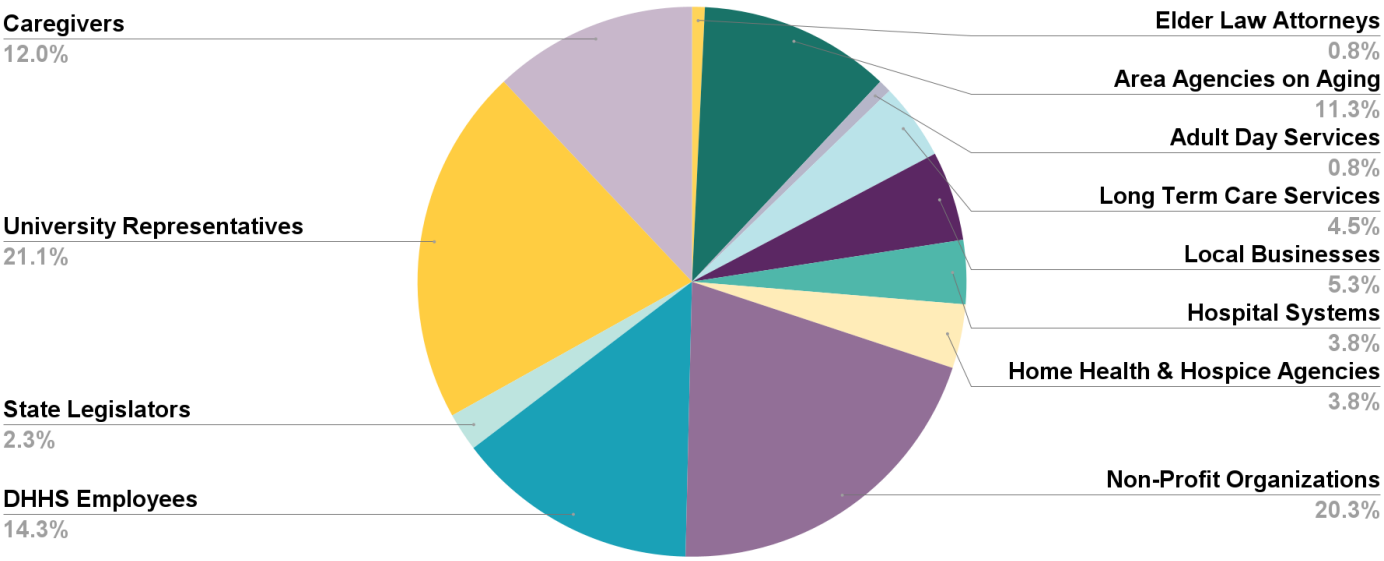
Executive summary

Utah's State Plan Task Force was convened in 2011 to develop the first Utah State Plan for Alzheimer's Disease and Related Dementias addressing the needs of persons with dementia, their caregivers, and professionals. This state plan represents a continuation of the goals, recommendations, and strategies outlined in the 2012-2017 and the 2018-2022 plans. The Coordinating Council, created in 2015 from the seeds of the State Plan Taskforce, identifies current needs and creates the priorities, strategies, targets for change, and action steps detailed in this plan. This plan represents 5 overarching priorities which are:

Priority 1: Public Awareness — Dementia-aware Utah
Priority 2: Aging Services — Dementia-competent workforce
Priority 3: Research — Expand research
Priority 4: Those living with the disease — Living well with dementia
Priority 5: Caregiver Resources — Support & empower caregivers

The strategies and recommendations in this plan will be accomplished through the joint efforts of private organizations, non-profit entities, local and state government agencies, as well as interested stakeholders. The plan will help coordinate statewide activities to leverage limited resources.

The demographics of the ADRD Coordinating Council can be found below. This council welcomes new members and is open to anyone interested in participating.



Introduction to the plan

Vision

Forge innovative and comprehensive solutions for people affected by dementia.

Mission

To foster individual and community empowerment by increasing visibility, understanding, and resources for those living with cognitive decline or dementia, their caregivers, and the professionals who serve them.

Mission-oriented goals

1. Provide resources and support to individuals, families, and professionals affected by dementia.
2. Collaborate with partners statewide on accomplishing our priorities.
3. Reduce stigma surrounding dementia diagnosis, conversations, and caregiving through education, resources, and public awareness.
4. Advance policy, systems, and environmental (PSE) changes in the state.
5. Collect data to inform our work and priorities.

ADRD plan milestones

2011	ADRD Task Force was convened
2012	Utah Alzheimer's Disease and Related Dementias (ADRD) State Plan unanimously adopted by the Utah Legislature
2015	ADRD State Plan assigned to the Department of Health along with funding for implementation; A state-wide Coordinating Council established to implement the goals and objectives within the state plan
2018	Second edition of the ADRD State Plan published; Letter sent through DoPL to health providers about the AWV and cognitive screening
2019	Silver Alert bill passes; Second letter sent through DoPL to health providers about the AWV and cognitive screening; Launched the ADRD public awareness campaign
2020	Aging Adult Fraud bill passes; Core Competencies created for Assisted Living Facilities
2021	Amended the POLST Act; Passed abuse/neglect against vulnerable adults bill; Passed spousal caregiver support bill
2022	Alzheimer's Disease and Dementia Research Center is legislatively funded and assigned to Utah State University

How to use the plan

The 2023–2030 Utah Alzheimer's Disease and Related Dementias (ADRD) State Plan concentrates on 5 priorities.

These 5 priorities are:

- Dementia-aware Utah
- Dementia-competent workforce
- Expand research
- Living well with dementia
- Support & empower caregivers

Each priority includes strategies, targets for change, and action steps:

Strategies	Targets for change	Action steps
Methods to equitably reach the priority; intended to benefit all Utahns affected by dementia.	Measurable outcomes expected for Utah upon successfully implementing the strategies.	Examples of specific policy, systems, and environmental (PSE) change initiatives that individuals and organizations can do to equitably implement the strategies.

Please note: Throughout the plan, the targets for change may show as TBD. We do not have current data for all of our targets. This baseline will be collected in 2023 and then updated.

Evaluation of the plan

The ADRD program and coordinating council will evaluate the implementation and impact of the strategies within the ADRD State Plan utilizing several different methods. These methods will produce both qualitative and quantitative data. An annual report will be distributed to stakeholders.

Acronym list

AAA . . . . . Area Agency on Aging

APS . . . . . Adult Protective Services

ADL . . . . . Activity of Daily Living

ADDRC . . . . . Alzheimer's Disease and Dementia Research Center

ADRD . . . . . Alzheimer's Disease and Related Dementias

AWV . . . . . Annual Wellness Visit

BIPOC . . . . . Black, Indigenous, People of Color

BRFSS . . . . . Behavioral Risk Factor Surveillance System

CDC . . . . . Centers for Disease Control and Prevention

CNA . . . . . Certified Nursing Assistant

DHHS . . . . . Department of Health and Human Services

DNR . . . . . Do Not Resuscitate

DoPL . . . . . Department of Occupational and Professional Licensing

EAP . . . . . Employee Assistance Program

FMLA . . . . . Family and Medical Leave Act

FTD . . . . . Frontotemporal Degeneration

IADL . . . . . Instrumental Activity of Daily Living

MCI . . . . . Mild Cognitive Impairment

MMSE . . . . . Mini Mental State Examination

OT . . . . . Occupational Therapist

PCP . . . . . Primary Care Provider

PERS . . . . . Personal Emergency Response System

POLST . . . . . Provider Order for Life-Sustaining Treatment

PSE . . . . . Policy, Systems, and Environmental

SCD . . . . . Subjective Cognitive Decline

2018-2022 plan accomplishments

The 2018-2022 ADRD State Plan has had many successes. Although there was a major interruption to our efforts due to the COVID-19 pandemic, we were able to meet over 90% of our objectives from the plan. The following is a highlight of our accomplishments:

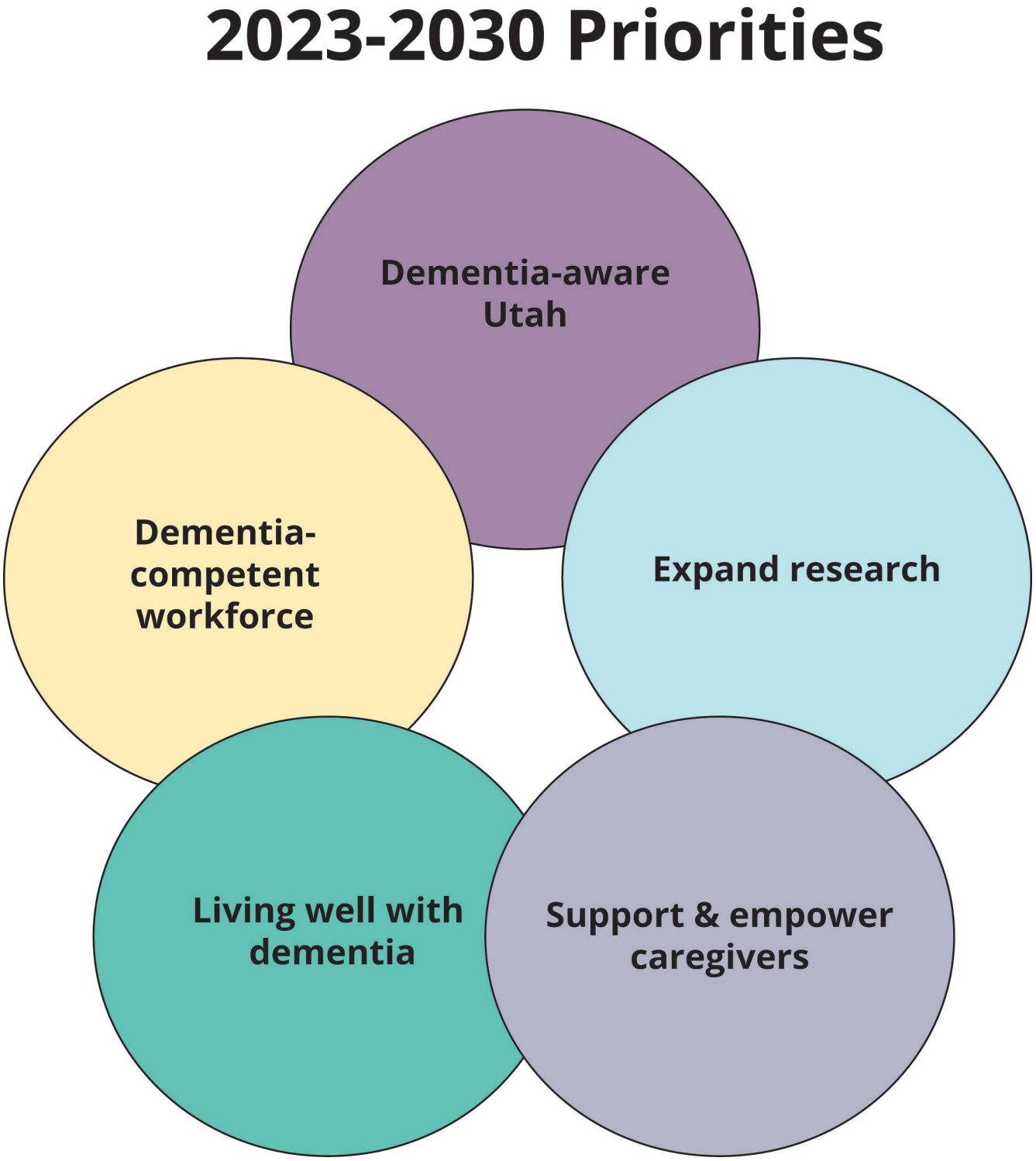
- Collaborated with the 12 Area Agencies on Aging (AAAs) to provide dementia/caregiver education, resources, and information on risk reduction.
- Held conferences in partnership with the Utah Department of Health's Bureau of Health Promotion and its programs.
- Identified and promoted current resources to individuals with dementia and their caregivers/ care partners.
- Trained over 100 individuals statewide to offer Dementia Dialogues® who then educated 1,000+ individuals about dementia. This program was also translated into Spanish and provided through community partners.
- Trained 30 individuals to offer the Dealing with Dementia program which reduced wait lists for the program within the AAAs.
- Educated over 200 first responders on dementia.
- Contracted with the University of Utah (U of U) to provide over 800 care consultations through the Department of Neurology's Cognitive Disorders Clinic.
- Contracted with the Alzheimer's Association, Utah Chapter to provide over 80 support group meetings statewide for caregivers and those living with dementia.
- Contracted with the Alzheimer's Association, Utah Chapter to provide over 80 medical care practices with ADRD information.
- Contracted with Comagine Health (formerly Health Insight) to provide 45 clinics (135 providers) with education on the AWV and diagnosing dementia.
- Held community forums around the state to identify needs and areas of focus.
- Sent two letters (2018 & 2019) through the Department of Occupational and Professional Licensing (DoPL) to all providers working with older adults in any capacity. These letters promoted resources and encouraged early diagnosis of dementia.
- Advocated for the Silver Alert Bill, which was passed in the 2019 legislative session to notify the public about missing older adults with cognitive impairments.
- Launched a statewide public awareness campaign in 2019 focused on the Medicare Annual Wellness Visit (AWV). The campaign educated those 30 and older about the signs and symptoms of dementia and the importance of a "brain health check." This campaign had over 6 million impressions via newspapers, social media, digital ads, testimonial videos, radio advertisements/interviews, and TV interviews.

2018-2022 plan accomplishments

- Collaborated with the Health Facility, Licensing and Resident Assessment Board and its stakeholders to create Core Competency training required for all staff within Assisted Living Facilities. In addition, implemented a dementia education requirement for all administrators.
- Amended the POLST Act in the 2021 legislative session, which implemented a document recognized by other states allowing electronic signatures and verbal confirmation under limited circumstances.
- Passed abuse/neglect against vulnerable adults bills in both the 2021 and 2022 legislative sessions increasing penalties for offenders.
- Passed a bill in the 2022 legislative sessionestablishing a certification process for Community Health Workers.
- Created a listserv of caregiving and dementia researchers to increase statewide research collaboration.
- In 2022, a dedicated Alzheimer's Disease and Dementia Research Center began at Utah State University (USU) to coordinate research efforts statewide with partners and through USU Extension offices.
- Expanded Medicaid New Choices Waiver and Aging Waiver programs in the 2022 legislative session, gaining a 26% increase in funding.

State plan priority summary

The 5 priorities in this plan reflect the vision of the Utah Alzheimer's Disease and Related Dementias Coordinating Council to forge innovative and comprehensive solutions for people living with Alzheimer's and related dementias, their caregivers, and professionals. Utah's priority areas are informed by Healthy People 2030[16], 2022 National Strategy to Support Family Caregivers[13], the CDC Healthy Brain Initiative[7], and respective road maps.



Dementia-aware Utah

Introduction

Dementia has physical, psychological, social, and economic impacts for people living with the disease, their care partners, families, and society at large. Unfortunately, there is often a lack of awareness and understanding of dementia, resulting in barriers to diagnosis and care, as well as stigma and poor quality of life. Knowledge and appreciation of evidence-based science is key to building a dementia-aware Utah. With information comes empowerment. Through targeted educational programs and carefully crafted media messaging, we can change the perception of dementia and work towards accepting and treating the disease to improve quality of life.

Our public awareness strategy incorporates targeted messaging, in linguistically and culturally competent ways, directed towards those living with dementia, informal caregivers, healthcare professionals, and Utah's workforce as a whole. Messaging is an important tool to educate about the signs/symptoms of dementia, behavioral expressions, communication techniques, speaking to a provider about concerns, and resources available. With this messaging, we aim to create spaces where caregivers and those living with dementia can feel safe, congregate, and be supported statewide.

Sharing information on dementia, caregiving, and resources will influence a community's ability to understand, respond more compassionately, and assist those affected. Bringing resources and education to professionals can enhance recognition of the disease, improve willingness and ability to diagnose, and increase access to treatment and resources. Thereby increasing the knowledge and confidence of those living with cognitive impairment and their caregivers.

"Americans whisper the word Alzheimer's because their government whispers the word Alzheimer's. And although a whisper is better than the silence that the Alzheimer's community has been facing for decades, it's still not enough. It needs to be yelled and screamed to the point that it finally gets the attention and the funding it deserves and needs, if for no other reason than to get some peace and quiet. "

- Seth Rogan, in his address to Congress February 2014[11]

Priority: Dementia-aware Utah

Strategies

Strategies describe the selected methods to equitably reach the overarching priority. They aim to benefit all Utahns, including those living with dementia, formal and informal caregivers, and healthcare professionals.

Strategy A	Improve public awareness of ADRD through culturally appropriate messages.
Strategy B	Improve public understanding of ADRD through targeted education programs for families, caregivers, state and local leaders, policymakers, and healthcare professionals.
Strategy C	Strengthen statewide collaborations that improve communications among ADRD stakeholders.
Strategy D	Develop action-oriented messages through stakeholder collaboration.
Strategy E	Disseminate action-oriented messages through a media mix that reaches all ADRD stakeholders.

Targets for change

Targets for change represent the measurable outcomes expected for Utah upon successful implementation of the strategies.

Focus groups held	
TBD	TBD
Baseline (2023)	Target (2030)
ADRD Partner Survey Data	

Media exposures	
TBD	TBD
Baseline (2023)	Target (2030)
ADRD Media Data	

Media impressions	
6 Million	18 Million
Baseline (2023)	Target (2030)
ADRD Media Data	

Messages published	
TBD	TBD
Baseline (2023)	Target (2030)
ADRD Partner Survey Data	

Overarching vision

Improve public awareness, reduce stigma, and motivate action regarding ADRD and caregiving.

Action steps

Action steps provide examples of specific policy, systems, and environmental (PSE) change initiatives that individuals and organizations can do to equitably implement the strategies. The examples listed here do not form a comprehensive list; those who implement the plan are encouraged to partner with others in their community(ies) to identify and pursue appropriate initiatives.

Action steps
Create impactful, meaningful and actionable messages focused on awareness, understanding, and de-stigmatization of dementia.
Utilize statewide partnerships to develop and promote evidence-based knowledge and understanding of risk reduction of cognitive decline. Messages may include: • Clear definition of what risk reduction means • Lifestyle focus (all adults) • Management of chronic diseases • Diet • Exercise • Social engagement • Physical environment • Self-risk assessment
Improve awareness of local research partnerships and opportunities.
Improve public awareness of risk reduction, mild cognitive impairment (MCI), subjective cognitive decline (SCD), and dementia.
Promote tools and information to family and professional caregivers to improve their caregiving skills and breadth of knowledge.
Impact quality of life for those newly diagnosed and living with dementia by improving knowledge of the disease, its progression, and mitigating interventions.
Ensure that all messages and media are relevant and accessible to culturally and linguistically diverse populations.
Promote the Medicare Annual Wellness Visit's Cognitive Health Assessment among healthcare providers and the general public.
Collect and compare data from media campaigns to determine reach and inform future work.
Coordinate messaging with partners to create a united voice statewide.

Dementia-competent workforce

Introduction

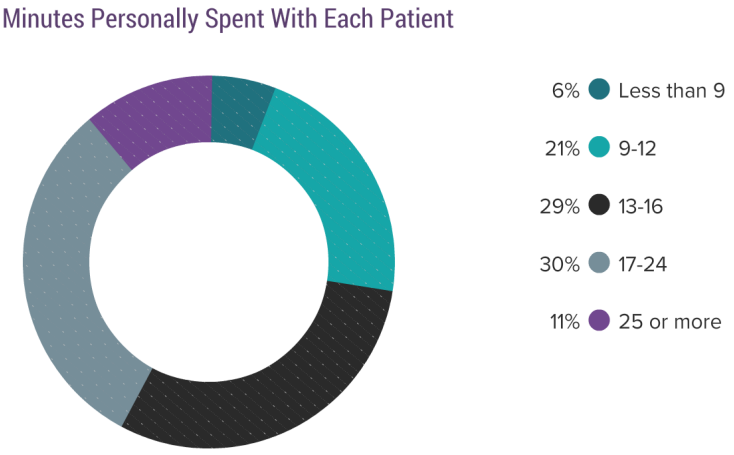
Providing Utahns who are living with dementia the highest quality of care requires an adequate work force of professionals with appropriate skills. High-quality care should be provided from the point of diagnosis through the full spectrum of care providers the individual will encounter. This workforce may include primary care physicians (PCPs) (family medicine, general practice, internal medicine, etc.), specialists (geriatricians, neurologists, geriatric psychiatrists, neuropsychologists, etc.), nurse practitioners, physician assistants, podiatrists, dentists, physical therapists, occupational therapists, speech pathologists, registered nurses, certified nursing assistants, home health aides, and personal care aides.

Throughout the course of the disease, those diagnosed with dementia and their family caregivers rely on healthcare professionals for accurate information and education on detection, diagnosis, care, treatment, patient and family resources, and coordination among providers that spans every level of licensure. Further, care must address the complex needs of persons with dementia due to the physical, cognitive, emotional, and behavioral symptoms of the disease along with any coexisting or chronic conditions.

As of early 2022, Utah has 25 geriatricians. This does not include other specialists who also treat geriatric conditions. It is estimated that Utah will need a 356% increase to meet the demands of our older adult population by the year 2050.[3] This shortage of specialists creates obstacles to a timely and accurate diagnosis. The absence of a diagnosis may contribute to a delay in treatments, care, supportive services, family and caregiver education, and obtaining the services of legal and financial professionals for future needs. In many cases it robs the individual, family, and friends of the opportunity to share a wholesome relationship while the person with dementia is still able.

There are many types of providers that diagnose dementia including but not limited to: neurologists (44%), psychiatrists (34%), geriatricians (22%), and other specialists (15%). However studies show that 85% of initial dementia diagnoses are made by a non-specialist physician, usually a PCP. In a survey done by the Alzheimer's Association in 2019, 40% of PCPs reported they were "never" comfortable making the diagnosis. Half of the survey respondents stated they did not feel "adequately prepared" to make the diagnosis and 25% responded they were "sometimes or never" comfortable answering questions regarding dementia. Close to 1/3 of those surveyed chose to refer their patients to a dementia specialist, but as previously stated, there are not enough specialists to meet the needs of our older adult population.[3] Ensuring PCPs are adequately prepared to deliver dementia care is critically important given this shortage of dementia care specialists.

Providers face many time constraints when meeting with patients. According to a Medscape survey, 59% of all providers spend 13-24 minutes with each of their patients during a single visit. See chart below for total minutes spent with each patient. However, this chart excludes psychiatrists.[10]



PCPs must triage their time with each patient according to the needs of that particular visit. Medicare provides an Annual Wellness Visit (AWV) for everyone 65 and older. This visit should include a cognitive assessment, but it is often neglected due to lack of time. Fewer than 1/3 of patients receiving their AWV reported they had received a cognitive screening.[3] Non-clinical staff could be utilized to provide these screenings in many settings. PCPs and other providers could train their staff on simple, baseline tests such as the Mini-Cog©. While these tests are not to be relied upon solely for a diagnosis, they can be used as a tool during the early screening process by providing a baseline to compare with future screenings. These same non-clinical staff can be instrumental in providing community resources to both patients and caregivers/partner. This would enhance patient satisfaction and create a more positive experience prior to and after diagnosis.

In addition to the need for teams within healthcare systems to become dementia-competent, there is also the same need within the long-term care continuum. Individuals with dementia have more skilled nursing facility stays and more home healthcare visits than other older adults. Individuals with dementia make up 32% of home health clients, 28% of adult day service clients, 34% of individuals in residential care, and 48% of nursing home residents.[3] It is imperative for staff within long-term care to have the robust training necessary to support their clients with dementia as the disease progresses.

Personal care aides, home health aides, nursing assistants, and other direct care workers provide most of the formal care in private residences and residential communities such as assisted livings, nursing homes, and other long-term care settings.[3] Services provided may include bathing, dressing, housekeeping, and food

preparation. These direct care workers play an important role in the lives of our older adult population allowing them to age at home/age in place, remain as independent as possible, and reduce hospital readmissions. In Utah, a 49% increase in home health and personal care aides is needed by 2028 to meet demand.[3]

Turnover rates of direct care staff in home and long-term care can be as high as 82% annually[10]. Formal caregiving can be very rewarding, but also very taxing on the caregiver. Some of these workers have suggested that high turnover rates are due to gaps in pay, limited benefits such as paid time off or insurance, low staffing ratios, little to no training in some of their specialized duties, and exhaustion. Certified Nursing Assistants (CNAs) and home health aides are federally required to receive at least 75 hours of training, which does not include any dementia-specific topics. There currently is not a federal training requirement for non-certified personal care staff.[13] The APHA has noted “continued failure to strengthen the dementia care workforce will increasingly limit the ability of people living with dementia to access quality services and supports, adding to health, social, and economic burdens for individuals, families, and society."[5]

In addition to quality healthcare, individuals with dementia would benefit from an educated and prepared workforce across all professions. With a better understanding of dementia comes compassion. A more dementia-competent workforce will assist in reducing stigma, increasing acceptance, and enabling those with dementia and their caregivers to live their best lives possible. Anyone working with the public should be given basic information about dementia, which will create safe and welcoming environments for all.

Priority: Dementia-competent workforce

Strategies

Strategies describe the selected methods to equitably reach the overarching priority. They aim to benefit all Utahns, including those living with dementia, formal and informal caregivers, and healthcare professionals.

Strategy A	Enhance and expand dementia training within licensure, certification, and degree programs.
Strategy B	Improve and support dementia education and resources for healthcare providers.
Strategy C	Collaborate with stakeholders to explore standardization of dementia training and certification throughout the long-term care continuum.
Strategy D	Expand dementia education and resources for all state departments and community-based professionals.
Strategy E	Encourage businesses to become dementia-conscious and supportive.

Targets for change

Targets for change represent the measurable outcomes expected for Utah upon successful implementation of the strategies.

Licensure, certification, and degree programs requiring dementia education	
TBD	TBD
Baseline (2023)	Target (2030)
ADRD Partner Survey	

Cognitive assessment and care plan services provided	
TBD	TBD
Baseline (2023)	Target (2030)
Chronic Disease Reporting Rule	

Percent of Assisted Living Facilities in compliance with the required Core Competencies	
52%	100%
Baseline (2023)	Target (2030)
Core Competency Approval Process	

Number of first-line contacts and businesses that receive dementia training	
200	1,600
Baseline (2023)	Target (2030)
ADRD Partner Survey	

Overarching vision

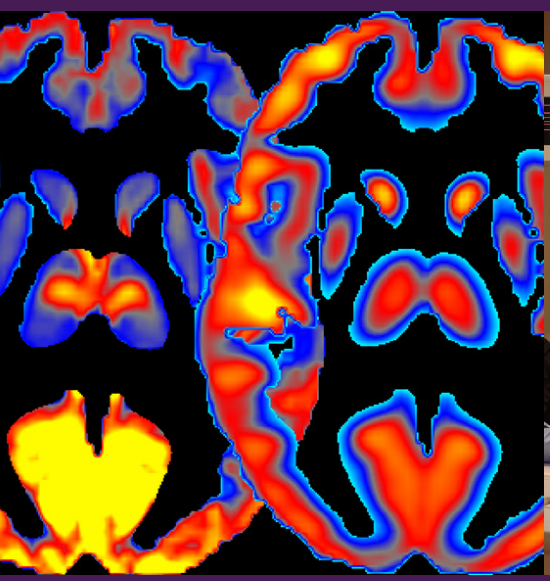
Educate, empower, strengthen, and support a dementia-competent workforce to improve the experiences of those affected by dementia.

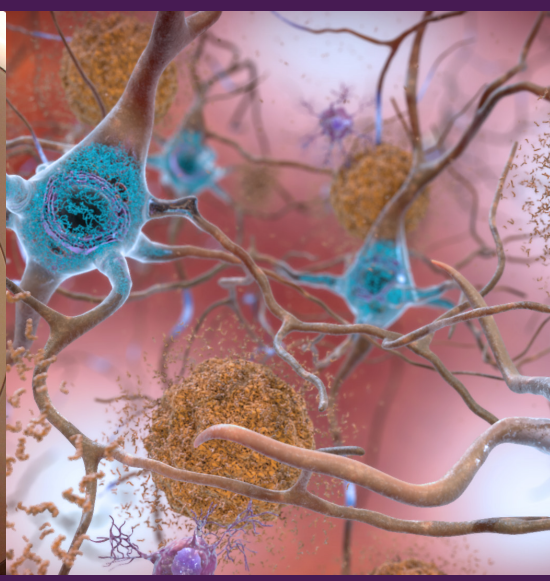
Action steps

Action steps provide examples of specific policy, systems, and environmental (PSE) change initiatives that individuals and organizations can do to equitably implement the strategies. The examples listed here do not form a comprehensive list; those who implement the plan are encouraged to partner with others in their community(ies) to identify and pursue appropriate initiatives.

Action steps
Work with licensing and certification entities to incorporate approved CME/CEU dementia courses into license/certification renewal for healthcare professionals.
Promote and support dementia education within certification, licensure, and degree programs across all healthcare disciplines.
Identify and promote standards of practice for dementia management to include billing/reimbursement, diagnosis, treatment, referrals, and patient/caregiver education.
Utilize data from the Chronic Disease Reporting Rule to inform areas of focus regarding education and outreach to healthcare providers.
Educate healthcare professionals on risk reduction, treating comorbidities, and attending to behavioral health needs among people with cognitive decline and dementia.
Encourage healthcare providers to include dementia in chronic disease management plans.
Increase recognition of dementia within the providers of substance abuse disorders, developmental disabilities, psychiatry, and mental health.
Update and refine the Assisted Living Core Competencies and revise the current Dementia Training Approval Process.
Identify and promote standards of practice and dementia-specific training throughout the care continuum.
Expand dementia training among first responders statewide.
Equip businesses to become dementia conscious and supportive to better serve their clients affected by dementia.
Partner with healthcare systems to encourage Age Friendly Health System designation.

Expand research





Introduction

Utah's ADRD State Plan incorporates research into many of its goals and strategies. For example, strategies related to supporting caregivers, living well with dementia, or providing educational opportunities, are all guided by empirical data and evidence-based best practices. The Coordinating Council and its co-chairs meet regularly to discuss and disseminate current research identified from local, national, and international scientific sources.

ADRD researchers in Utah target efforts across a wide spectrum of disciplines and approaches. These include studies of disease prevention and overall brain health, cognitive interventions for higher-risk populations or those experiencing MCI, and treatment of the various dementia-causing pathologies. Research also includes optimizing quality of life for people living with dementia, as well as care, support, and education for family and paid caregivers. Expertise includes micro-level studies of brain cells up through macro-level epidemiological studies and policy analyses.

Key partners in current and expanded ADRD research include the Utah DHHS Caregiver Support Program; Utah Association of Area Agencies on Aging; AARP Utah; Alzheimer's Association, National and Utah Chapter; Association for Frontotemporal Degeneration (AFTD); Utah Commission on Aging; Memory Matters Utah, and private industries focusing on pharmaceuticals and other innovative product development. The University of Utah houses several departments, divisions, and centers active in dementia research including, but not limited to, the Center on Aging, Department of Neurology's Division of Cognitive Neurology, College of Nursing, Geriatric Internal Medicine's Aging Brain Care Program, and Geriatric Psychiatry Clinic. Brigham Young University and Utah State University are also active in ADRD research across various disciplines and departments.

In July 2022, the state legislature provided funding through a budget appropriation to establish the Alzheimer's Disease and Dementia Research Center (ADDRC). This is housed at Utah State University (USU) and will utilize its extension offices to connect with Utah's frontier and rural areas. The ADRD Coordinating Council co-chairs serve as an external advisory panel for the center. The initial goals of the center are to build infrastructure in ADRD research at USU and foster collaborations through key partnerships within the state. Funding will be used for research equipment, novel and collaborative projects, personnel, and to disseminate research. In addition, efforts may include building university-driven research registries and promoting engagement in clinical trials.

Priority: Expand research

Strategies

Strategies describe the selected methods to equitably reach the overarching priority. They aim to benefit all Utahns, including those living with dementia, formal and informal caregivers, and healthcare professionals.

Strategy A	Engage in a public health approach to address the significant projected growth of ADRD in Utah.
Strategy B	Increase ADRD research funding to Utah.
Strategy C	Promote participation in research studies.
Strategy D	Encourage collaborative research on ADRD.

Targets for change

Targets for change represent the measurable outcomes expected for Utah upon successful implementation of the strategies.

Cognitive assessment codes utilized	
TBD	TBD
Baseline (2023)	Target (2030)
Chronic Disease Reporting Rule	

Funded grants in the state related to ADRD	
TBD	TBD
Baseline (2023)	Target (2030)
ADRD Partner Survey	

Persons engaging with ADRD-related research in Utah	
TBD	TBD
Baseline (2023)	Target (2030)
ADRD Partner Survey	

Researchers participating in ADRD studies	
30	60
Baseline (2022)	Target (2030)
ADRD Partner Survey	

Overarching vision

Explore novel research and expand existing research in ADRD in order to better understand best practices in assessment, diagnosis, intervention, and treatment resulting in better quality of life for individuals with dementia and their caregiver/ partners.

Action steps

Action steps provide examples of specific policy, systems, and environmental (PSE) change initiatives that individuals and organizations can do to equitably implement the strategies. The examples listed here do not form a comprehensive list; those who implement the plan are encouraged to partner with others in their community(ies) to identify and pursue appropriate initiatives.

Action steps
Apply for funding to support a public health approach to dementia.
Collect and use data to drive public health service development and delivery. Use available data to assist in program improvement, grant submissions, and collaborative opportunities with other researchers and implementation of the ADRD State Plan.
Increase the surveillance of incidence of ADRD and the impact of caregiving using the BRFSS and other surveys.
Advocate for continued state and federal funding to support dementia related research within Utah.
Promote taxpayer contributions through a tax check-off to support ADRD research in the state.
Support researchers in grant submissions through mentorship opportunities and dissemination of grant opportunities.
Educate the public on the availability, purpose, and value of research and encourage participation in clinical trials and other studies.
Collaborate with private, state, and federal partners to increase participation of diverse populations in research studies, including rural areas.
Leverage social media, websites, and research registries to better advertise and encourage research participation.
Offer support to researchers studying ADRD topics.
Encourage research collaborations across institutions and community providers.
Convene informative and networking events for researchers across institutions.
Catalog research expertise in the state by topic areas related to ADRD.

Living well with dementia



"There is plenty of life after dementia."
-Ren Willie

Introduction

In the U.S., about 1 in 9 people age 65 and older (6.5 million) has Alzheimer's dementia. In the past decade, it has been estimated as 1 in 10.[3] This change demonstrates the increase in prevalence of Alzheimer's we are seeing across the United States. Unfortunately, outside of Alzheimer's, we currently do not have the data to inform us just how widespread dementia is nationwide. In addition, individuals as young as 20 can also develop various forms of dementia. While studies are limited, researchers believe about 110 out of every 100,000 people (about 200,000 Americans) have younger-onset dementia.[3]

Dementia rates differ by gender and race. More women (4 million or about 2/3) are living with Alzheimer's than men (2.5 million or about 1/3). This is due to the fact that women live longer than men on average. Since age is the greatest risk factor, we see a higher prevalence among women. In addition, older Blacks are about 2 times as likely and older Hispanics are about 1 1/2 times as likely to have dementia compared to older Whites. This difference is explained by disparities such as life experiences, socioeconomic indicators, and health conditions produced by the historic and continued marginalization of Black and Hispanic people in the United States.[3]

Subjective Cognitive Decline (SCD) is one of the earliest warning signs of dementia and refers to the perceived worsening of cognitive abilities by an individual within themselves. Of those age 45 and older, 10% reported SCD. However, the majority (54%) of those individuals had not consulted a physician about their concerns. While not all experiencing SCD develop Mild Cognitive Impairment (MCI) or dementia, many eventually do.[3] Therefore, consulting a healthcare provider is important to determine the cause of these changes.

Currently in Utah, dementia is the 4th leading cause of death. There are 34,000 individuals over the age of 65 living with Alzheimer's disease. By 2025, we expect to see a 23.5% increase (42,000). That is the 10th highest projected rate of increase across the United States. Among the startling number of older adults living with dementia in Utah, there has been an increase in those younger than 65 facing a diagnosis of MCI or dementia and experiencing SCD.[3] This has a significant impact, as many are still in the workforce and are providers for their family.

These statistics demonstrate that this public health crisis needs more resources and services dedicated to the individuals living with dementia. Throughout the state of Utah, we are facing under reported and misdiagnosed dementia cases. Our data is limited, and therefore the number of people needing education, support, a dignified diagnosis, and resources is unknown. We recognize through our vision, strategies, targets for change, and action items that this is only a place from which to start. We aim to work closely with community partners to understand what resources and supports already exist and where there are discrepancies among geographic and demographic indicators for people living with dementia, while working toward increasing and enhancing access and awareness.

Priority: Living well with dementia

Strategies

Strategies describe the selected methods to equitably reach the overarching priority. They aim to benefit all Utahns, including those living with dementia, formal and informal caregivers, and healthcare professionals.

Strategy A	Increase the availability and utilization of resources to support people living with dementia throughout the state.
Strategy B	Increase intergenerational programming throughout the state.
Strategy C	Reduce disparities in availability and utilization of resources for BIPOC populations.
Strategy D	Reduce stigma by empowering those with dementia to live a full life with confidence and dignity.
Strategy E	Enhance awareness and expand services available to those with mild cognitive impairment, younger-onset dementia, cognitive decline, and all other dementias.

Targets for change

Targets for change represent the measurable outcomes expected for Utah upon successful implementation of the strategies.

Support groups and education programs for people living with dementia	
TBD	TBD
Baseline (2023)	Target (2030)
ADRD Partner Survey	

Social engagement programs for people living with dementia	
TBD	TBD
Baseline (2023)	Target (2030)
ADRD Partner Survey	

Companies who offer benefits for people living with dementia	
TBD	TBD
Baseline (2023)	Target (2030)
ADRD Partner Survey	

Dementia diagnoses throughout Utah	
TBD	TBD
Baseline (2023)	Target (2030)
Chronic Disease Reporting Rule	

Overarching vision

Empower, support, and expand access to resources for those living with dementia.

Action steps

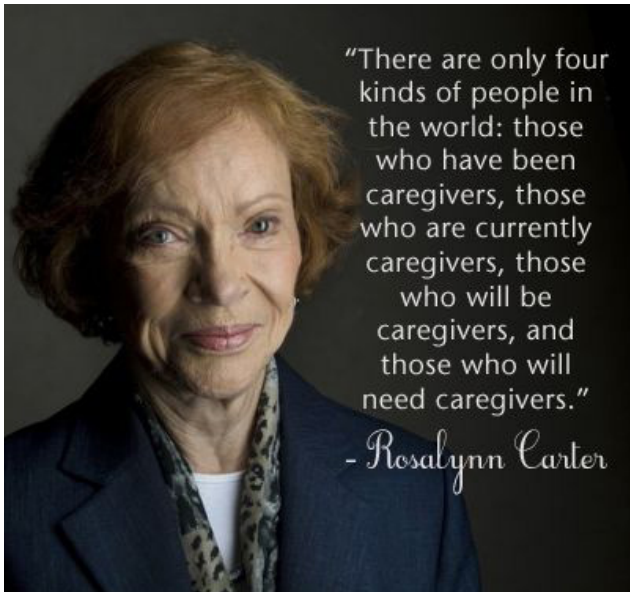
Action steps provide examples of specific policy, systems, and environmental (PSE) change initiatives that individuals and organizations can do to equitably implement the strategies. The examples listed here do not form a comprehensive list; those who implement the plan are encouraged to partner with others in their community(ies) to identify and pursue appropriate initiatives.

Action steps
Empower those living with dementia to advocate for themselves and contribute within their communities.
Expand awareness of mental health assistance and resources available for persons living with dementia.
Expand services and support for people living with dementia in frontier, rural, and urban locations.
Identify services needed in order to be inclusive of the diverse needs of those living with dementia.
Build trust in BIPOC communities through established community partnerships.
Create and maintain a list of organizations that provide services and support for those living with dementia.
Provide and expand education for those recently diagnosed by informing them of their options and resources.
Train community partners/organizations to engage those living with dementia using best practices which could include Institute for Healthcare Improvement's Age Friendly Health Systems framework.
Expand intergenerational programming offered through community partners.
Expand and promote creative arts programs and social engagement groups for persons living with dementia.
Collaborate with employers, employee assistance programs (EAPs), and human resource representatives to establish, expand, and promote benefits and resources available to support employees developing dementia.
Identify existing benefits and laws that support people living with dementia, both federally and within Utah.
Empower individuals with dementia as they learn to cope, manage, and plan ahead to live their best life.
Improve financial and workplace security for people living with dementia by advocating for and effecting legislative change.

Support & empower caregivers



Introduction



Former First Lady Rosalynn Carter is often quoted from her written testimony before the Senate Special Committee on Aging in 2011 where she said "There are only four kinds of people in the world — those who have been caregivers, those who are currently caregivers, those who will be caregivers and those who will need caregivers."[6] Caregiving touches all of us. In fact, according to the Caregiving in the U.S. 2020 report, published by AARP and the National Alliance for Caregiving, "Caregiving remains an activity that occurs among all generations, racial/ethnic groups, income or educational levels, family types, gender identities, and sexual orientations."[1] It is the great equalizer.

Family caregivers are the backbone of our long-term services and supports system. Through their efforts countless individuals are able to live and thrive in their homes and communities. In addition, family caregivers also supplement the care provided in residential care settings such as assisted living communities or nursing homes. We simply cannot replace the invaluable work they do.

More than 11 million Americans provide unpaid care for people with Alzheimer's or other dementias. In Utah, approximately 97,000 caregivers support individuals with dementia providing 119 million hours of unpaid care valued at $1.985 million. As the cognitive abilities of the person with dementia decline, the value of care provided by dementia family caregivers increases 18% each year.[3] Caregivers of individuals with dementia face a difficult journey. They are more likely to assist with activities of daily living (ADLs) and provide help for a larger number of tasks than non-dementia caregivers. They are more likely to exhibit depression and anxiety, experience greater strain, and see a decline in their social network size than other caregivers. In addition, dementia caregivers report more subjective cognitive problems and lower quality of life than non-caregivers.[3]

Demands on dementia caregivers increase and intensify with the disease progression. At the onset, individuals with dementia require 151 hours of caregiving a month while eight years later that number increases to 283 hours of care per month.[3] That is almost the equivalent of working two full-time jobs. The majority of dementia caregivers (60%) work as well. In addition to their caregiving responsibilities, they work an average of 35 hours a week. Caregivers of individuals with dementia are also twice as likely to experience financial difficulties than non-dementia caregivers. This is due to disruptions in employment (working less hours, turning down a promotion, retiring early, etc.) which not

only impacts their immediate salary but also their retirement earnings, or taking on costs (medical care, personal care, household expenses, etc.) for the person with dementia.[3]

The impact of dementia caregiving differs among genders and races. Female caregivers experience higher levels of burden, impaired mood, depression, and health issues than male caregivers. Compared to White caregivers, we see greater care demands, less use of outside help/formal service, and greater depression among Hispanic, Black, and Asian American caregivers. Hispanic caregivers also indicate lower physical well-being when compared to White caregivers. Ultimately, when family caregivers are in distress or crisis, the individual with dementia experiences increased institutionalization rates, exacerbated behavior/psychological challenges, and increased risk of abuse.[11]

Because of these challenges and more, 69% of Utahns serving as caregivers to individuals with dementia report at least one chronic health condition, 22.3% report depression, and 10.7% report frequent poor physical health. Dementia caregiving is such a challenging journey, the majority of caregivers (72%) experience relief when their loved one with dementia passes away.[3] Caregivers have their own financial, health, and wellness needs. If they are unable to care for themselves, how can they support another? Spousal dementia caregivers are 41% more likely to become frail while caregiving and 18% pass away before their partners.[3] If dementia caregivers don't receive support, healthcare providers will soon find themselves with more than one patient. Or worse, their initial patient will become orphaned. What happens then to the person with dementia?

An investment in family caregivers must be a priority among all levels. It stands to reason for the focus to be on the individual in need of healthcare and support. However, more often than not, there is a family caregiver behind that individual who is struggling. As a well-respected colleague, Nancy Madsen-Wilkerson, used to say, "When one needs care, two need help." For the past several decades, we have seen incremental progress on a national level in recognizing and supporting caregivers. Most recently and immediately prior to the publication of Utah's ADRD State Plan, the 2022 National Strategy to Support Family Caregivers was released. This milestone strategy contains almost 350 actions the federal government will take as well as over 150 actions that states, communities, and the private sector can take to support family caregivers.[10] This national strategy will continue to inform the work we do throughout Utah for family caregivers who are supporting individuals with dementia.

A note on language

Throughout this document, and especially this section, the terms “caregiver” or “family caregiver” are used extensively. It is important to note that we recognize not everyone who supports another individual identifies as a caregiver. In fact, if asked most will say, “I am just a daughter” or “I am just helping because they need support.” Because most caregivers don’t identify as such, they can miss connecting to resources that are targeted to them using this identifier. Getting caregivers to self-identify with their role may help them in accessing services. We also recognize some individuals living with dementia prefer the term “care partner” when referring to the person who supports them. Care partner is especially appropriate when the individual with dementia is early in their disease process and takes an active role in their own care needs. As dementia progresses, and the person with dementia takes a more passive role, the term caregiver is typically used. In addition, some cultures do not have a word for this role altogether.

The terms “family caregiver” and “informal caregiver” are often used by professionals to refer to the supportive role family, friends, or others play. Though there is nothing informal about the extensive amount of assistance family caregivers provide, the phrase refers more to unpaid caregivers versus the paid caregiving workforce who are trained in specific care tasks. The term “family” can be used in the broadest sense, including spouses, partners, siblings, children, chosen family, friends, neighbors, etc.

For ease, the term “caregiver” will be used to refer to the role played in support of the person needing assistance. Caregivers may be of any age, gender, race, ethnicity, socio-economic background, etc. Caregivers may live with the person they support, nearby, or provide care from a distance.

The term “primary caregiver” is used to identify the team leader who oversees the responsibilities for the person needing support. The primary caregiver could be any connection/relationship with the person they are supporting. Most individuals with dementia have more than one person supporting them. In that case, terms such as “secondary caregiver,” “tertiary caregiver,” and so on may be used. Or some families simply say “She’s in charge and I am the backup.”

However one refers to themselves, family caregivers are vital and irreplaceable members of our healthcare system and entitled to resources to support the valuable work they do.

Priority: Support & empower caregivers

Strategies

Strategies describe the selected methods to equitably reach the overarching priority. They aim to benefit all Utahns including those living with dementia, formal and informal caregivers, and healthcare professionals.

Strategy A	Improve the self-identification and perception of caregivers of persons with dementia.
Strategy B	Increase the visibility, availability, and utilization of resources for caregivers.
Strategy C	Prepare, educate, and support current and future caregivers throughout the course of their caregiving journey.
Strategy D	Empower caregivers to become advocates for the health and wellbeing of themselves and their care recipients.
Strategy E	Improve financial and workplace security available to caregivers.

Targets for change

Targets for change represent the measurable outcomes expected for Utah upon successful implementation of the strategies.

Caregiver support groups	
TBD	TBD
Baseline (2023)	Target (2030)
ADRD Partner Survey	

Caregiver educational programs	
TBD	TBD
Baseline (2023)	Target (2030)
ADRD Partner Survey	

Employers who offer benefits to support family caregivers	
TBD	TBD
Baseline (2023)	Target (2030)
ADRD Partner Survey	

Care consultations	
TBD	TBD
Baseline (2023)	Target (2030)
ADRD Partner Survey	

Overarching Vision

Building hopeful, supported, confident, and empowered caregivers/care partners of persons with dementia who advocate for themselves and for those whom they support.

Action steps

Action steps provide examples of specific policy, systems, and environmental (PSE) change initiatives that individuals and organizations can do to equitably implement the strategies. The examples listed here do not form a comprehensive list; those who implement the plan are encouraged to partner with others in their community(ies) to identify and pursue appropriate initiatives.

Action steps
Empower those who support others in identifying with and fostering acceptance of their role as caregivers.
Conduct research on caregiver messaging (i.e. more acceptable terms for “caregiver,” “support group,” etc.) and how to reach caregivers.
Update and maintain a list of community organizations that support and educate caregivers of persons with dementia, engage new organizations within the caregiver support space, and partner to promote all services offered.
Identify locations where there is need for additional services and partner with local organizations to offer services in those areas.
Identify services needed to be inclusive of underserved and underrepresented caregivers (due to language, race, culture, location, access, education, etc.) and collaborate with local organizations in reaching those caregivers through culturally and linguistically appropriate services.
Create and disseminate a simple reference tool to help caregivers navigate and access resources across platforms.
Raise awareness of resources available across platforms to support informal caregivers.
Educate professionals and healthcare providers on resources available throughout the caregiving journey and the importance of connecting caregivers to resources as soon as possible.
Identify existing benefits and laws that support caregivers, both federally and within Utah.
Educate employers, employee assistance programs (EAPs), and human resource representatives on resources available to support caregivers and the importance of connecting employees to these resources.
Collaborate with local organizations to advocate for and effect legislative changes that promote workplace and financial security for caregivers.
Develop a systematic process to collect and measure data that will inform priorities and best practices.

Acknowledgments

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- Utah Higher Education Appropriations Subcommittee
- Social Services Appropriations Subcommittee under the direction of Raymond Ward and Senator Jacob Anderegg

We are grateful to Robert Korycinski for sharing his creative gift and template for this plan.


Area Agency
on Aging
- Five County


AARP
Utah


neighborhood house


BRIGHAM YOUNG UNIVERSITY
COLLEGE OF NURSING


AFTD
The Association for
Frontotemporal Degeneration
FIND HELP·SHARE HOPE


Davis
COUNTY
HEALTH
DEPARTMENT


LIVING
&
AGING
WITH PRIDE
OPPORTUNITY STARTS AT HOME!


Solstice


ALZHELPPRICE
HELP FOR ALZHEIMER'S FAMILIES
IN PRICE AND CENTRAL UTAH


SAN JUAN
COUNTY


Seniors
Out And
Proud
Of
Utah


UTAH ASSISTED LIVING
ASSOCIATION


GERONTOLOGY


COLLEGE OF
NURSING
UNIVERSITY OF UTAH


Jewish Family Service
Caring for all Utahns since 1872


SENIORS BLUEBOOK
RESOURCES FOR AGING WELL


UGEC
UTAH GERIATRIC
EDUCATION
CONSORTIUM


VA
Caregiver
Support
PROGRAM


Utah Department of
Health & Human
Services


HUNTSMAN
MENTAL HEALTH INSTITUTE
UNIVERSITY OF UTAH


UAA
Utah Association of Area Agencies on Aging


UtahAging.org
Utah Commission on Aging


UHCA
UTAH HEALTH CARE
ASSOCIATION
UCAL
UTAH CENTER FOR
ASSISTED LIVING


QUALITY
Home Health, Hospice
& Palliative Care


Homecare & Hospice
Association of Utah


SEUALG
SEUEDD


SIXCOUNTY
ASSOCIATION OF GOVERNMENTS


DANVILLE
Support Services
Quality Care You Can Count On


SENIORS ARE THE PILLARS OF THE COMMUNITY
Uintah Basin Area
Agency on Aging


TOOELE COUNTY
HEALTH
DEPARTMENT
AGING SERVICES


PRIMROSE
RETIREMENT COMMUNITIES


THE UNIVERSITY OF UTAH
College of Social and
Behavioral Science


SUMMITVISTA
This is living


SL
SALT LAKE
COUNTY
AGING & ADULT
SERVICES


CANARY SPEECH


STATE of UTAH
LONG-TERM CARE
OMBUDSMAN


eXp
REALTY


Guardianship&Elder Care Services, LLC


MemoryMattersUtah
Alzheimer & Dementia Services


CENTER
ON AGING
THE UNIVERSITY OF UTAH

WEBER
HUMAN
SERVICES

LOCAL
AGING
ADVISORS

SOPHE
Utah

Lynden Legacy Foundation

BrightStar Care
HOME CARE | MEDICAL STAFFING
A Higher Standard

MAG
AGING & FAMILY SERVICES

Utah Department of
Health & Human Services
Aging & Adult Services

STATE
UtahState
University

SENIOR
EXPO
by SENIORSBlueBook

ALZHEIMER'S
ASSOCIATION

Dementia resources

Alzheimer's Association
www.alz.org
Helpline: 800-272-3900

Association for Frontotemporal Degeneration (AFTD)
www.theaftd.org
Helpline: 866-507-7222

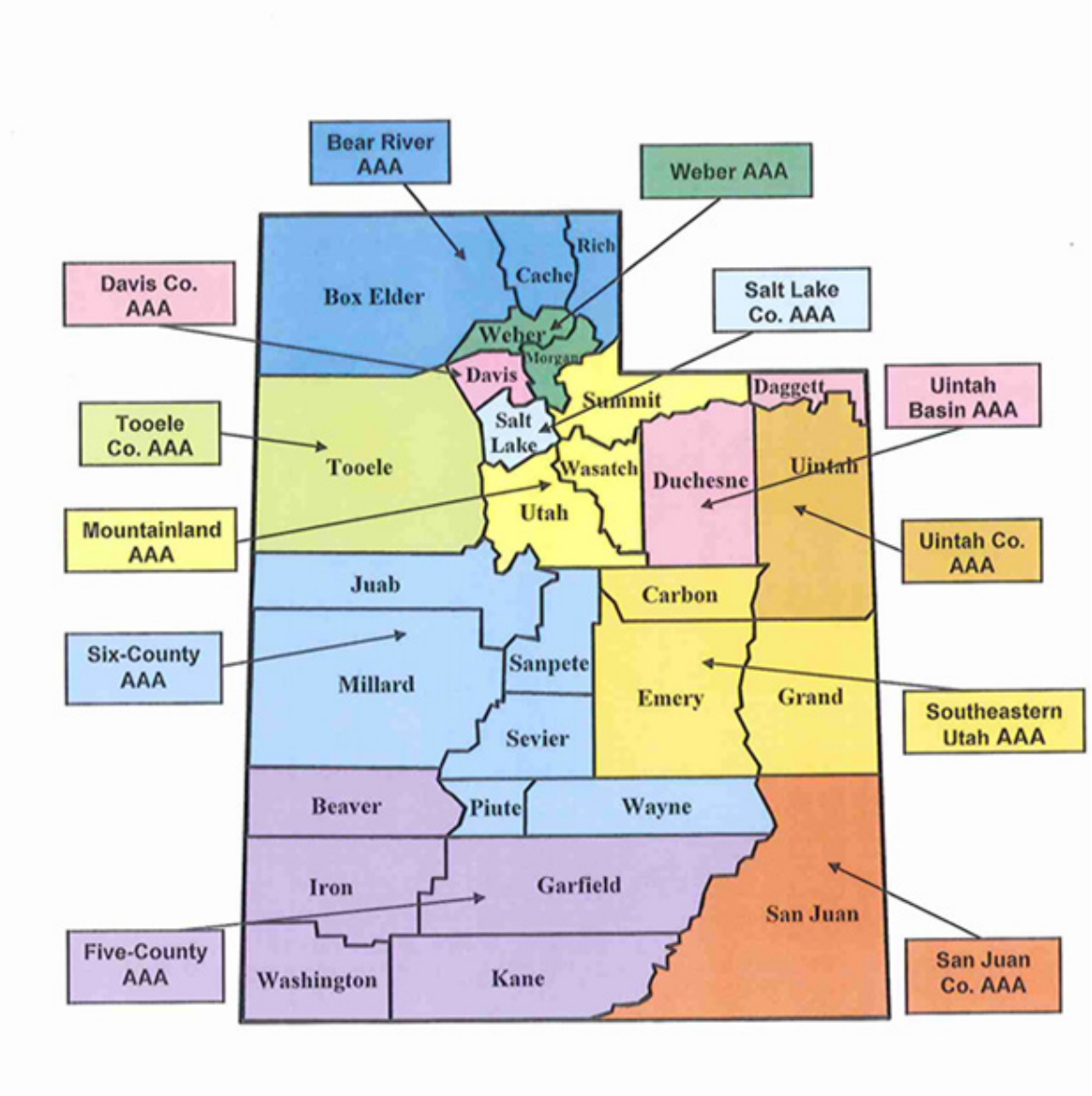
Creutzfeldt-Jakob Disease Foundation
www.cjdfoundation.org
Helpline: 800-659-1991

Huntington's Disease Society of America (HDSA)
www.hdsa.org
Helpline: 800-345-4372

Lewy Body Dementia Association (LBDA)
www.lbda.org
Lewy Line: 800-539-9767

Parkinson's Foundation
www.parkinson.org
Helpline: 800-473-4636

Area Agencies on Aging



Utah AAAs may offer the following services:

- Active aging
- Advocacy & long-term care ombudsman
- Caregiver support
- Health promotion & education
- Home & community based care
- Housing liaison
- Information & assistance
- Legal services
- Meals on wheels
- Medical transportation
- Medicare counseling
- Senior centers
- Volunteer opportunities
- And more

To find information on your local Area Agency on Aging (AAA) visit eldercare.acl.gov or UtahAging.org.

Infographics

UTAH CAREGIVING

UT

2020 Behavioral Risk Factor Surveillance System (BRFSS) Data

Nearly 1 in 5 adults are caregivers

CAREGIVERS provide regular care or assistance to a **FRIEND** or **FAMILY** member with a health problem or disability

CAREGIVING CAN BE

LENGTHY

Nearly half have provided care for at least two years

INTENSE

A quarter have provided care for at least 20 hours per week

WHO ARE CAREGIVERS?

58% are women

19% are 65 years old or older

37% are caring for a parent or parent-in-law

22% of caregivers are providing care to someone with dementia

HOW DO CAREGIVERS HELP?

Over 80% manage household tasks

Nearly half assist with personal care

FUTURE CAREGIVERS

Nearly 1 in 7 NON-CAREGIVERS expect to **BECOME CAREGIVERS** within 2 years

alzheimer's association | CDC Centers for Disease Control and Prevention

For more information: www.alz.org/publichealth www.cdc.gov/aging

CS 329234-A February 2022

UTAH
SUBJECTIVE COGNITIVE DECLINE

UT

2020 Behavioral Risk Factor Surveillance System (BRFSS): People Aged 45 Years and Older

1 in 10 people aged 45 years and older are experiencing **S**ubjective **C**ognitive **D**ecline

SCD is self-reported MEMORY PROBLEMS that have been GETTING WORSE over the past year.

76% of people with SCD have at least one chronic condition

30% of people with SCD had to give up day-to-day activities

Less than half of people with SCD have discussed their symptoms with a healthcare provider

Nearly a third of people with SCD say it interfered with social activities, work, or volunteering

25% of people with SCD need help with household tasks

alzheimer's association

CDC Centers for Disease Control and Prevention

for more information: www.alz.org/publichealth

www.cdc.gov/aging

CS 328530-A December 2021

Utah
Alzheimer's Statistics

Prevalence

NUMBER OF PEOPLE AGED 65 AND OLDER WITH ALZHEIMER'S

Year	TOTAL
2020	34,000
2025	42,000

ESTIMATED % CHANGE

23.5%

Caregiving (2021)

97,000
Number of Caregivers

$1,985,000,000
Total Value of Unpaid Care

22.3% % of caregivers with depression

119,000,000
Total Hours of Unpaid Care

69.0% % of caregivers with chronic health conditions

10.7% % of caregivers in poor physical health

Health Care

HOSPICE (2017)

2,506
# of people in hospice with a primary diagnosis of dementia

19%
% in hospice with a primary diagnosis of dementia

HOSPITALS (2018)

1,194
# of emergency department visits per 1,000 people with dementia

16.7%
dementia patient hospital readmission rate

MEDICAID

$185M
Medicaid costs of caring for people with Alzheimer's (2020)

27.0%
projected change in costs from 2020 to 2025

MEDICARE

$24,093 per capita Medicare spending on people with dementia (in 2021 dollars)

Workforce

25
# of geriatricians

356.0%
% increase needed to meet the demand in 2050

13,040
# of home health and personal care aides

49%
% increase needed to meet demand in 2028

Mortality

 # OF DEATHS FROM ALZHEIMER'S DISEASE (2019)

980

186.5% *increase in Alzheimer's deaths since 2000*

*More than **6 million Americans** are living with Alzheimer's, and over **11 million** provide their unpaid care. The cost of caring for those with Alzheimer's and other dementias is estimated to total **$321 billion** in 2022, increasing to nearly **$1 trillion** (in today's dollars) by mid-century.*

For more information, view the ***2022 Alzheimer's Disease Facts and Figures*** report at **alz.org/facts.**

ALZHEIMER'S IMPACT MOVEMENT™
alzheimer's association®

UTAHNS ARE FAMILY CAREGIVERS

Across Utah family caregivers take on big responsibilities helping their parents, spouses, and other loved ones stay at home. AARP recently surveyed 801 Utah registered voters age 40-plus about caring for their families. Here's what we learned:

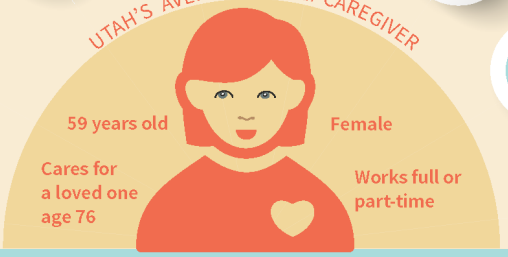
48% Current or Former Caregivers

65% Likely Caregivers in the Future

Utah family caregivers often have huge responsibilities. They:

- **87%** Help with household chores
- **84%** Help with meal preparation
- **85%** Provide transportation to appointments
- **59%** Help manage finances
- **88%** Help with shopping
- **59%** Manage medications
- **94%** Provide companionship & social activities
- **45%** Perform complex medical tasks

UTAH'S AVERAGE FAMILY CAREGIVER



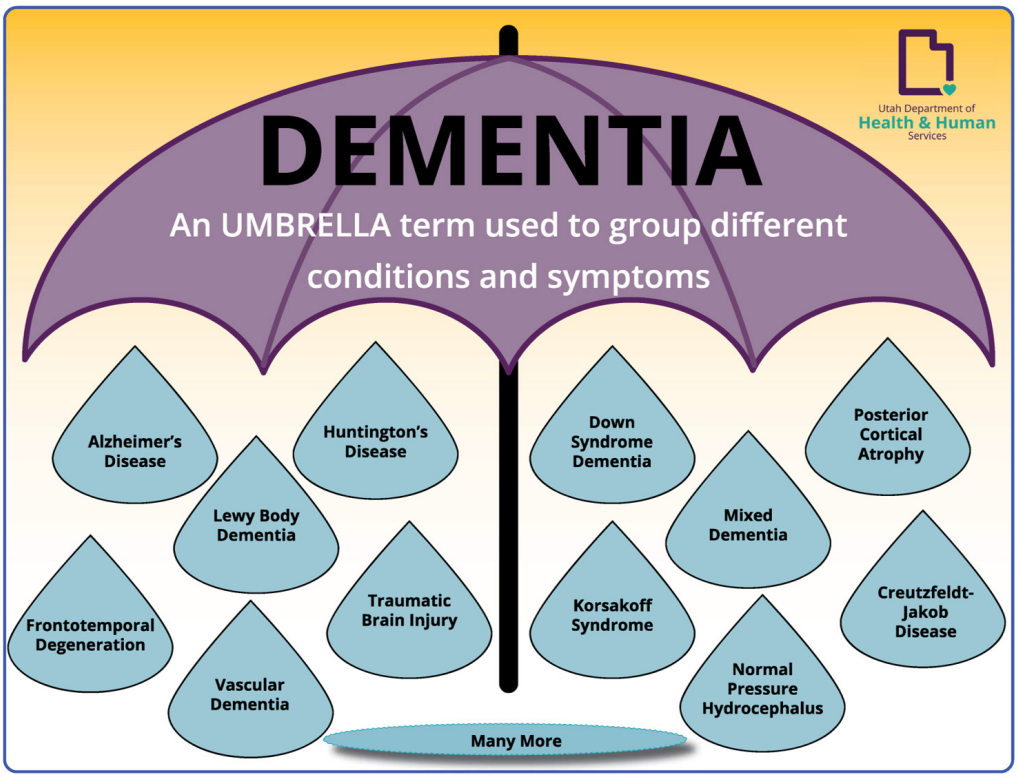
Utah family caregivers believe it's important to help their loved ones live independently at home, but they also face challenges:

- **63%** Use their own money to help.
- **69%** Emotionally stressed because of caregiving responsibilities.
- **66%** Stressed trying to balance job and family.
- **50%** Find it hard to get enough rest.

Source: September 2018 Survey of 801 Utah Registered Voters Aged 40-plus. Margin of error is ± 3.5%

https://doi.org/10.26419/res.00259.009

I ♥ Caregivers AARP Real Possibilities



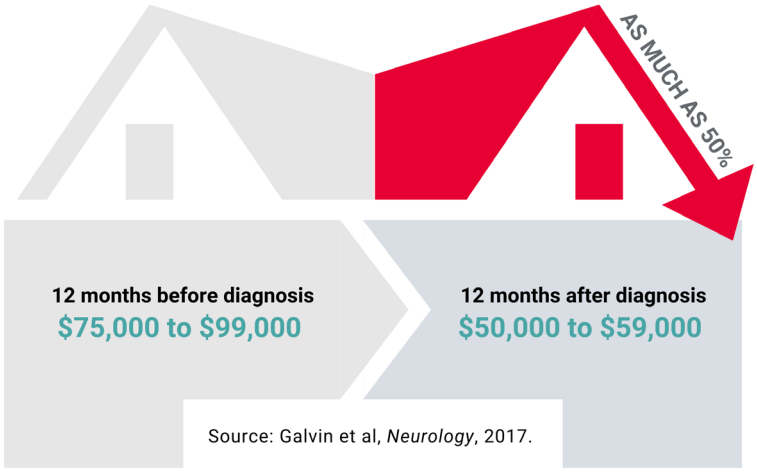
The Association for Frontotemporal Degeneration
FIND HELP·SHARE HOPE

FTD: TIME TO DIAGNOSIS

3.6 years is too long - let's change that AFTD

ANNUAL COST TO FAMILIES

FTD – IMPACT ON HOUSEHOLD INCOME



Source: Galvin et al, *Neurology*, 2017.

Dementia warning signs

NOTE: It's possible for individuals to experience one or more of these signs in varying degrees. It is not necessary to experience every sign in order to raise concern.

Cognitive changes[12]

- Challenges with communicating or finding words
- Confusion and disorientation
- Declining coordination and motor functions
- Issues with reasoning or problem-solving
- Memory loss, which is usually noticed by someone else
- Poor visual and spatial abilities, such as getting lost while driving
- Problems handling complex tasks
- Trouble with planning and organizing

Psychological changes[12]

- Agitation
- Anxiety
- Depression
- Hallucinations
- Inappropriate behavior
- Paranoia
- Personality changes

What to do if you notice a sign(s)[2]:

If you notice one or more signs in yourself or another person it can be difficult to know what to do. It's common to feel uncertain or nervous about discussing these changes with others. Talking about your concerns might make them seem more "real." Or, you may fear upsetting someone by sharing observations about changes in their abilities or behavior. However, these signs are significant health concerns that should be evaluated by a doctor. It's important to actively figure out what's going on.

Dementia risk factors and reduction

Risk factors that cannot be changed[12]

- **Age**: The risk for dementia increases as you age, however, dementia is not a normal part of aging and can occur in younger individuals.
- **Family history**: Having a family history of dementia increases your risk, however, it does not guarantee that you will develop any form of it.
- **Down syndrome:** Many people with Down syndrome develop younger-onset Alzheimer's disease.

Risk factors that you can change[12]

- **Air pollution:** Studies have found that air pollution exposure — particularly from traffic exhaust and burning wood — is associated with greater dementia risk.
- **Cardiovascular risk factors:** These include high blood pressure (hypertension), high cholesterol, buildup of fats in your artery walls (atherosclerosis), and obesity.
- **Depression:** Although not yet well understood, late-life depression might indicate the development of dementia.
- **Diabetes:** Having diabetes may increase your risk of dementia, especially if it's poorly controlled.
- **Diet and exercise:** Research shows that lack of exercise increases the risk of dementia. In addition, a greater incidence of dementia is noted in people who eat an unhealthy diet compared with those who follow a Mediterranean-style diet rich in produce, whole grains, nuts, and seeds.
- **Excessive alcohol use:** Drinking large amounts of alcohol has long been known to cause brain changes.
- **Head trauma:** People who've had severe head trauma have a greater risk of dementia.
- **Medications that can worsen memory:** Try to avoid over-the-counter sleep aids that contain diphenhydramine (Advil PM, Aleve PM) and medications used to treat urinary urgency such as oxybutynin (Ditropan XL).
- **Sleep disturbances:** People who have sleep apnea and other sleep disturbances might be at higher risk of developing dementia.

Dementia risk factors and reduction

- **Smoking:** Smoking might increase your risk of developing dementia and blood vessel diseases.
- **Vitamin and Nutritional Deficiencies:** Low levels of vitamin D, vitamin B-6, vitamin B-12, and folate can increase your risk of dementia.

Risk Reduction Tips[12]

- **Be physically and socially active:** Physical activity and social interaction might delay the onset of dementia and reduce its symptoms.
- **Get enough vitamins:** Some research suggests that people with low levels of vitamin D in their blood are more likely to develop dementia. You can get vitamin D through certain foods, supplements, and sun exposure.
- **Get Good-quality sleep:** Practice good sleep hygiene and talk to your doctor if you snore loudly, have periods where you stop breathing, or gasp during sleep.
- **Keep your mind active:** Mentally stimulating activities such as reading, solving puzzles, playing word games, and memory training might delay the onset of dementia and decrease its effects.
- **Maintain a healthy diet:** A diet such as the Mediterranean diet — rich in fruits, vegetables, whole grains, and omega-3 fatty acids, which are commonly found in certain fish and nuts — might promote health and lower your risk of developing dementia. This type of diet also improves cardiovascular health, which may help lower dementia risk.
- **Manage cardiovascular risk factors:** Treat high blood pressure, high cholesterol, and diabetes. Lose weight if you're overweight. High blood pressure might lead to a higher risk of some types of dementia.
- **Manage mental health conditions:** See your doctor to treat depression or anxiety.
- **Quit smoking:** Some studies have shown that smoking in middle age and beyond might increase your risk of dementia and blood vessel conditions.
- **Treat hearing problems:** People with hearing loss have a greater chance of developing cognitive decline. Early treatment of hearing loss, such as use of hearing aids, might help decrease the risk.

Glossary

Activities of Daily Living (ADLs): A term used by healthcare professionals to refer to the basic self-care tasks an individual does on a day-to-day basis. (ex: walking, bathing, dressing, feeding, toileting, transferring)

Acute care: A branch of secondary healthcare where a patient receives active but short-term treatment for a severe injury or episode of illness, an urgent medical condition, or during recovery from surgery. In medical terms, care for acute health conditions is the opposite from chronic care or longer term care.

Adaptive/Assistive equipment: Devices that are used to assist with completing activities of daily living.

Adult Day services: A professional care setting in which older adults, adults living with dementia, or adults living with disabilities receive individualized therapeutic, social, and health services for some part of the day.

Adult Protective Services (APS): A social services program provided by state and/or local governments nationwide serving older adults and adults with disabilities who are in need of assistance. APS workers investigate cases of abuse, neglect, or exploitation working closely with a wide variety of allied professionals such as physicians, nurses, paramedics, firefighters, and law enforcement officers.

Advance care planning: Making decisions about the care you would want to receive if you become unable to speak for yourself. These are your decisions to make and are based on your personal values and preferences.

Age friendly health system: A designation recognizing a system-wide commitment to improving the health and well-being of older adults and reliably providing a set of four evidence-based elements of high-quality care, known as the “4Ms,” to all older adults in their system: What Matters, Medication, Mentation, and Mobility.

Aging in place: The ability to live in one's own home and community safely, independently, and comfortably regardless of age, income, or ability level.

Alzheimer's disease: Type of dementia that causes problems with memory, thinking and behavior. Symptoms usually develop slowly and get worse over time, becoming severe enough to interfere with daily tasks.

Area Agency on Aging (AAA): A nationwide network of state and local programs that help older adults to plan and care for their lifelong needs. They were created under the federal Older Americans Act.

Assisted living residences: A system of housing and limited care that is designed for senior citizens who need some assistance with daily activities but do not require care in a nursing home.

Care consultations: A meeting with a trained professional who will help navigate difficult caregiving decisions and family issues; assess current needs and anticipate future care challenges; develop an effective care plan; assist with problem solving; and offer supportive listening in a confidential, nonjudgmental environment.

Care manager: As healthcare providers, care managers provide for their patients by matching patient needs with appropriate services. Care managers who act as facility supervisors may be in charge of business operations and oversee patient care at clinics, hospitals, nursing homes, and other healthcare facilities.

Caregiver, family/designated representative, or care partner: Family members, friends, or neighbors who provide unpaid assistance to a person with a chronic illness or disabling condition.

Certified Nursing Assistant (CNA): A person who assists patients with healthcare needs and cares for a patient who is ill or recovering from a surgery or disease. CNA duties are assigned by a registered professional nurse.

Chronic disease: According to the definition by the U.S. National Center for Health Statistics, a chronic disease is one lasting 3 months or more. Chronic diseases generally cannot be prevented by vaccines or cured by medication, nor do they just disappear.

Clinical trials: Research investigations in which people volunteer to test new treatments, interventions, or tests as a means to prevent, detect, treat or manage various diseases or medical conditions. Some investigations look at how people respond to a new intervention and what side effects might occur.

Co-morbidities: The simultaneous presence of two chronic diseases or conditions in a patient.

Cognition: The mental action or process of acquiring knowledge and understanding through thought, experience, and the senses.

Congregate housing: Congregate housing, or congregate living, offers independent living in separate apartments.

Conservator: A guardian or protector.

Glossary

Continuing care retirement communities: A continuing care retirement community, sometimes known as a life plan community, is a type of retirement community in the U.S. where a continuum of aging care needs (independent living, assisted living, and skilled nursing care) can all be met within the community.

Creutzfeldt-Jakob disease: A fatal degenerative disease affecting nerve cells in the brain, causing mental, physical, and sensory disturbances such as dementia and seizures. It is believed to be caused by prions and hence to be related to Bovine Spongiform Encephalopathy (BSE) and other spongiform encephalopathies such as kuru and scrapie.

Custodial care: Non-medical care that helps individuals with their daily basic care, such as eating and bathing. Custodial care for an individual is recommended by an authorized medical personnel, but providers of custodial care are not required to be medical professionals.

Decubitus ulcers (pressure ulcers, pressure sores, or bedsores): A sore developed due to pressure caused by lying in bed in one position for an extended period of time.

Delirium: An acutely disturbed state of mind that occurs in fever, intoxication, and other disorders and is characterized by restlessness, illusions, and incoherence of thought and speech.

Dementia: A chronic or persistent disorder of the mental processes caused by brain disease or injury and marked by memory disorders, personality changes, and impaired reasoning.

Dementia Dialogues®: An evidence-informed, nationally registered, intervention training program created by the University of South Carolina to designed to educate community members and caregivers about Alzheimer's disease and related dementias.

Do Not Resuscitate (DNR) order: A medical order written by a doctor that instructs healthcare providers not to do cardiopulmonary resuscitation (CPR) if a patient's breathing stops or if the patient's heart stops beating.

Down Syndrome dementia: As they age, individuals affected by Down syndrome have a greatly increased risk of developing a type of dementia that's either the same as or very similar to Alzheimer's disease.

Durable power of attorney for finances: A power of attorney (POA) which typically remains in effect until the death of the principal or until the document is revoked.

Elder abuse: An intentional act or failure to act that causes or creates a risk of harm to an older adult.

Elder law: An area of law that covers a number of different legal issues affecting older adults, their caregivers, and relatives.

Employee Assistance Program (EAP): A voluntary, work-based program that offers free and confidential assessments, short-term counseling, referrals, and follow-up services to employees who have personal and/or work-related problems.

Estate planning: A process involving the counsel of professional advisors who are familiar with your goals and concerns, your assets and how they are owned, and your family structure. It can involve the services of a variety of professionals, including your lawyer, accountant, financial planner, life insurance advisor, banker, and broker.

Executor: A person or institution appointed by an individual to carry out the terms of their will.

Faith based support: Support affiliated with, supported by, or based on a religion or religious group.

Family and Medical Leave Act (FMLA): Entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave.

Formal caregiver: A person trained in providing care and who is paid for their services.

Frontotemporal degeneration (FTD): A group of brain disorders caused by degeneration of the frontal and/or temporal lobes of the brain. FTD is also frequently referred to as frontotemporal dementia, frontotemporal lobar degeneration (FTLD), or Pick's disease.

Functional impairment: Limitations due to an illness.

Geriatric psychiatrist: Psychiatrists that specialize in the diagnosis and treatment of mental conditions affecting older adults over the age of 65.

Geriatrician: An expert in the branch of medicine or social science dealing with the health and care of older adults.

Guardianship: The position of being legally responsible for the care of someone who is unable to manage their own affairs.

Health assessment: A health assessment is a plan of care that identifies the specific needs of a person and how those needs will be addressed by the healthcare system or skilled nursing facility. Health assessment is the evaluation of the health status by performing a physical exam after taking a health history.

Home health agency: A public or private organization that delivers skilled nursing and other therapeutic service to a patient at home.

Home health aide: A trained and certified healthcare worker who provides assistance with personal care (hygiene and exercise), household duties (meal preparation and light housekeeping), and monitors the patient's condition in the patient's home.

Hospice care: Compassionate comfort care (as opposed to curative care) for people facing a terminal illness with a prognosis of six months or less, based on their physician's estimate if the disease runs its course as expected.

Huntington's disease: A hereditary disease marked by degeneration of the brain cells and causing chorea and progressive dementia.

In-home/personal care: Also known as non-skilled care, non-medical care, or companion care, personal care services at home allows you to live in the comfort of your own home for as long as possible. Remaining at home may provide you with an enhanced quality of life that you might not experience in other settings.

Independent living: Communities designed to feel and function like a private residence.

Informal caregiver: Provide regular, unpaid care or assistance to a friend or family member who has a health problem or disability.

Instrumental Activities of Daily Living (IADLs): Self-care tasks that require more complex thinking or organizational skills. (ex: managing finances, transportation, communication, medication management.)

Korsakoff syndrome: A chronic memory disorder caused by severe deficiency of thiamine (vitamin B-1). Korsakoff syndrome is most commonly caused by alcohol misuse, but certain other conditions also can cause the syndrome.

Lewy Body dementia: A disease associated with abnormal deposits of a protein called alpha-synuclein in the brain. These deposits, called Lewy bodies, affect chemicals in the brain whose changes, in turn, can lead to problems with thinking, movement, behavior, and mood.

Living will: A written statement detailing a person's desires regarding their medical treatment in circumstances in which they are no longer able to express informed consent, especially an advance directive.

Long-term care: A variety of services designed to meet a person's health or personal care needs during a short or long period of time. These services help people live as independently and safely as possible when they can no longer perform everyday activities on their own.

Long-distance caregiving: Caregiving for someone an hour or more away from you.

Long-term care Insurance: Reimburse policyholders a daily amount (up to a pre-selected limit) for services to assist them with activities of daily living such as bathing, dressing, or eating.

Long-term care ombudsman: Seeks resolution of problems and advocates for the rights of residents of long-term care facilities to ensure and enhance the quality of life and care of residents.

Medicaid: A public health insurance program that provides healthcare coverage to low-income families and individuals in the United States.

Medicaid-certified: Recognition by a state agency or other such entity administering a particular state's Medicaid program that a healthcare provider or supplier is in compliance with all the conditions of participation set forth in the appropriate state and federal Medicaid Regulations.

Medicare-certified: Offering services at a level of quality approved by Medicare.

Medicare: A federal health insurance for people 65 or older, some younger people with disabilities, or people with End-Stage Renal Disease.

Memory care communities: A kind of specialized care for people living with Alzheimer's and other forms of dementia.

Mild Cognitive Impairment (MCI): A condition in which people have more memory or thinking problems than other people their age. The symptoms of MCI are not as severe as those of Alzheimer’s disease or a related dementia. People with MCI can usually take care of themselves and carry out their normal daily activities.

Mini-Cog©: A brief, cognitive screening test that is frequently used to evaluate cognition in older adults in various settings.

Mini-Mental State Examination (MMSE): A set of 11 questions that doctors and other healthcare professionals commonly use to check for cognitive impairment.

Glossary

Mixed dementia: A condition in which brain changes of more than one cause of dementia occur simultaneously.

National Family Caregiver Support Program: Provides grants to states and territories to fund various supports that help family and informal caregivers care for older adults in their homes for as long as possible.

Normal pressure hydrocephalus: A brain disorder in which excess cerebrospinal fluid (CSF) accumulates in the brain's ventricles, causing thinking and reasoning problems, difficulty walking, and loss of bladder control.

Nursing home: A place for people who don't need to be in a hospital but can't be cared for at home.

Occupational Therapist (OT): Trained professionals who help people participate in their desired occupations with the therapeutic use of everyday activities, based on the client's personal interests and needs.

Palliative care: Compassionate comfort care that provides relief from the symptoms and physical and mental stress of a serious or life-limiting illness. Palliative care can be pursued at diagnosis, during curative treatment and follow-up, and at the end of life.

Personal Emergency Response System (PERS): Also known as Medical Emergency Response Systems, let you call for help in an emergency by pushing a button. A PERS has 3 components: a small radio transmitter, a console connected to your telephone, and an emergency response center that monitors calls.

Posterior cortical atrophy: Gradual and progressive degeneration of the outer layer of the brain (the cortex) in the part of the brain located in the back of the head (posterior).

Provider Order for Life-Sustaining Treatment (POLST): A system to elicit patients' preferences regarding medical treatment, and communicate and honor those preferences by creating portable medical orders.

Respite care: Short-term relief for primary caregivers.

Social Worker: A practice-based profession that promotes social change, development, cohesion, and the empowerment of people and communities.

Support groups: A group of people with common experiences or concerns who provide each other with encouragement, comfort, and advice.

Subjective Cognitive Decline (SCD): The self-reported experience of worsening or more frequent confusion or memory loss.

Sundowning: Restlessness, agitation, irritability, or confusion that can begin or worsen as daylight begins to fade.

Traumatic head injury: A form of acquired brain injury that occurs when a sudden trauma causes damage to the brain.

Vascular dementia: A common form of dementia caused by an impaired supply of blood to the brain, such as may be caused by a series of small strokes.

Wandering: A person living with dementia can become lost or confused about their location due to their inability to recognize familiar places and faces, this can happen at any stage of dementia.

Younger-onset dementia: Any dementia that develops in people under the age of 65.

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Utah Department of
Health & Human Services
Aging & Adult Services

Libertygold

Presentation on Critical Minerals In Utah

Five County Association of Governments, Cedar City Utah

April 9th 2025

TSX:LGD | OTCQX:LGDTF

Critical Materials – What are they?

The Energy Act of 2020 defines a "**critical material**" as:

Any non-fuel mineral, element, substance, or material that the Secretary of Energy determines: (i) has a high risk of supply chain disruption; and (ii) serves an essential function in one or more energy technologies, including technologies that produce, transmit, store, and conserve energy.

1. **Critical materials for energy ("the electric eighteen")**:

Aluminum, cobalt, copper, dysprosium, electrical steel, fluorine, gallium, iridium, lithium, magnesium, natural graphite, neodymium, nickel, platinum, praseodymium, silicon, silicon carbide and terbium.

2. **Critical materials for National Security**

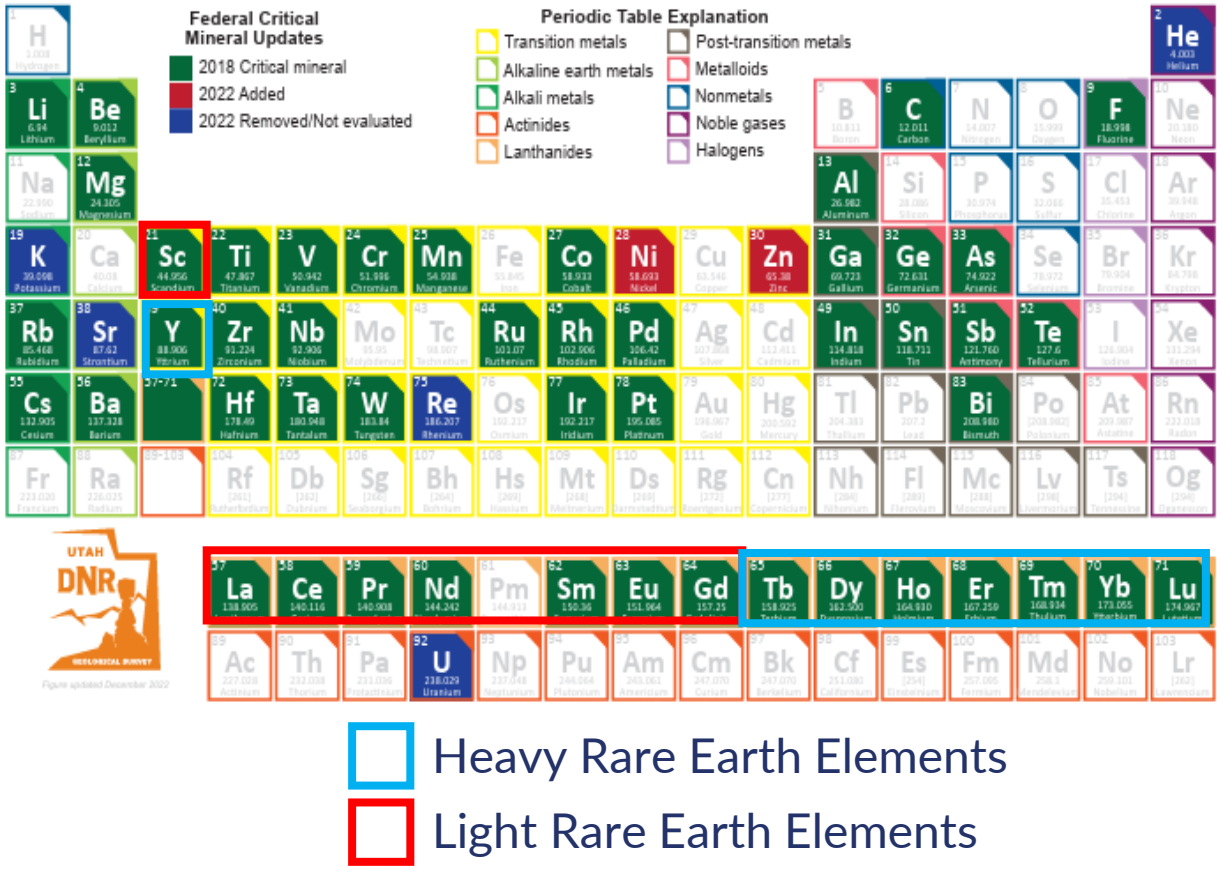

Table taken from the Circular 135 "Critical Mineral of Utah", Mills & Rupke 2023

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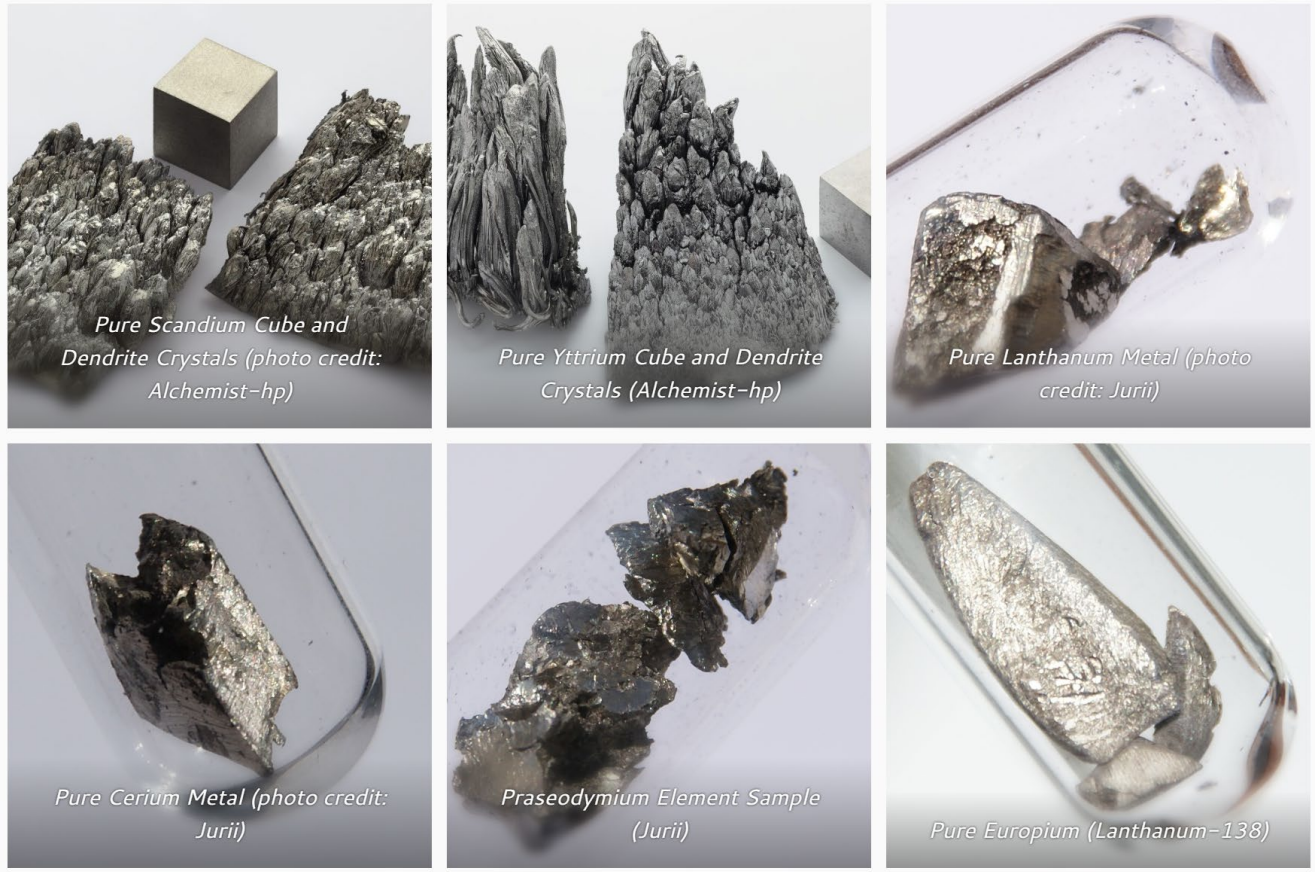
The Evolving Nature of What is Rare or Critical

- The March 25th EO's the definition of "minerals" specifically includes those on the U.S. Geological Survey (USGS) Critical Minerals List, as well as uranium, copper, potash and **gold** and also allows for the inclusion of other elements as warranted.
- Rare Earth Elements aren't rare – they are just very difficult to process. There are currently no RRE processing facilities in the US.
- Need to develop domestic processing capacity alongside domestic production.



Critical Metals – Why Now?

1. ***The Green Energy Transition requires metals:***

- Generating, transmitting and storing electricity from solar and wind power requires vast quantities of metals.
- Copper and aluminum are needed on a large scale for expanding and upgrading our grid.
- Nickel, cobalt, vanadium and lithium are required to build the needed millions of batteries.

2. Securing the U.S. National Supply Chain:

- Development of domestic supply chains for materials needed for national security.
- Developing viable mineral processing technology in the US.

Bladed crystals of white antimony oxide (stibiconite) with grey/black cores of antimony sulphide (stibnite), from a surface exposure of high-grade antimony mineralization in a silicified breccia host rock

Critical Materials for National Security

- Despite possessing a vast supply of critical minerals the United States currently imports a significant portion of its minerals from foreign countries, creating economic and security risks.
    - The United States is 100% import-reliant on at least 15 critical minerals.
- China, Iran, and Russia control large deposits of several minerals critical to the U.S. posing a national security risk.
    - 70% of U.S. imports of processed rare earths come from China.

In December 2024, China banned exports of antimony, along with gallium and germanium, to the United States (already export banned by Russia)

Massive stibiconite crystals after stibnite, hosted within an oxidized jasperoid breccia

ANTIMONY:

SOLAR PANELS

FLAME RETARDANTS

BATTERY TECHNOLOGY

AMMUNITION - USED AS A HARDENER IN LEAD

MILITARY ELECTRONICS

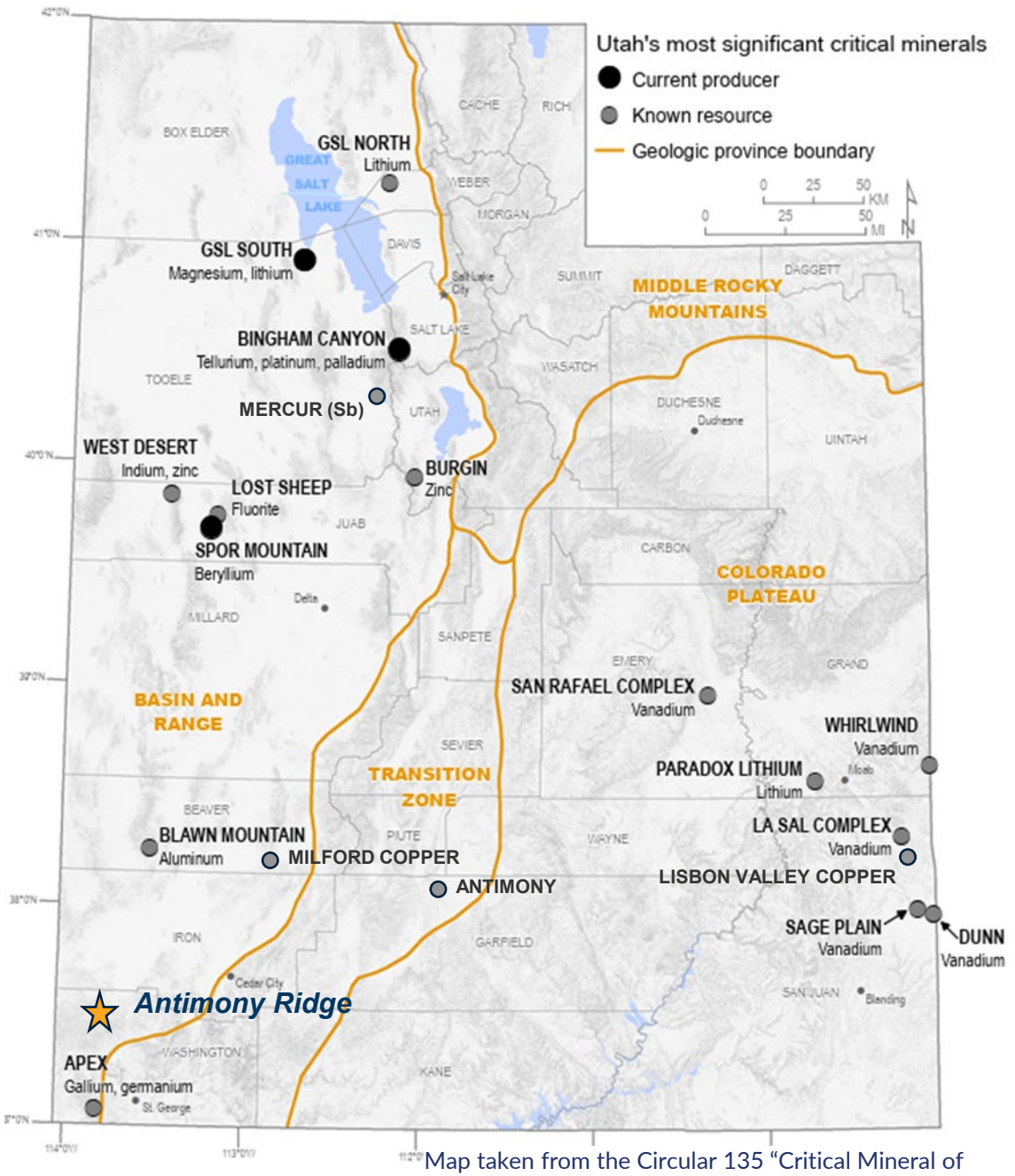
Critical Minerals in Utah - Highlights

In Production:

- Global Leader in Beryllium: the Spor Mountain District in Juab County is the worlds largest producer of Beryllium
- Great Salt Lake Brines: the only domestic producer of magnesium metal and one of only two domestic producers of lithium (has since stopped production)
- Bingham Canyon Mine: by-product tellurium, platinum, palladium, gold, silver, selenium

Known Resources Advancing towards Production:

- West Desert Zinc-Copper-Indium deposit (Canadian)
- Fluorspar – Lost Sheep Mine, test production begun (Canadian)
- Blawn Mountain: largest known Alunite (Aluminum & Potash) deposit in the US (Canadian)
- **Apex Copper-Gallium-Germanium deposit (Canadian)**
- **Washington County Antimony – (Canadian)**
- Extensive Vanadium and Uranium deposits – Idle



Map taken from the Circular 135 "Critical Mineral of Utah", Mills & Rupke 2023

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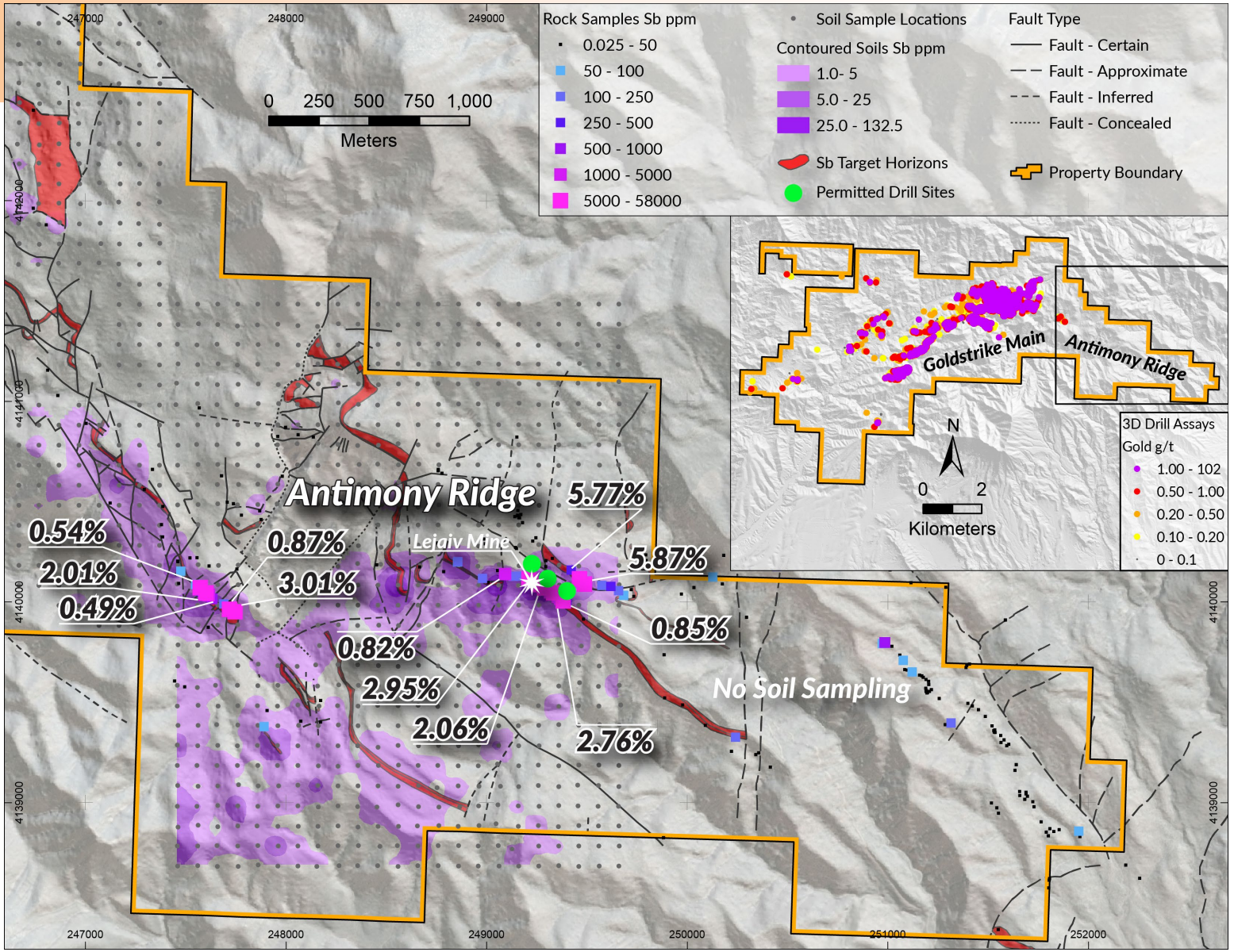
Antimony Ridge

Widespread high-grade Antimony discovery on the east end of the Goldstrike property

- Up to 5.7% Antimony (Sb) and 3.9 g/t Gold (Au) in surface assays
- Hosted in strongly silicified breccias controlled by high angle faults and lithologic contacts
- Mineralization dips 20–25 NE and is open at depth (transition from oxide to sulfide expected)
- Surface Sb exposures are clearly defined by soils data which show large linear trends >5 km in strike length
- Large gaps in the surface mapping and sampling along soil anomalies due to poor exposure and lack of surface work
- Preliminary test work indicates that an overall antimony recovery of ***between 51% and 76%*** could be achieved using both gravity and final flotation



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Next Steps for Critical Minerals in the US & Utah

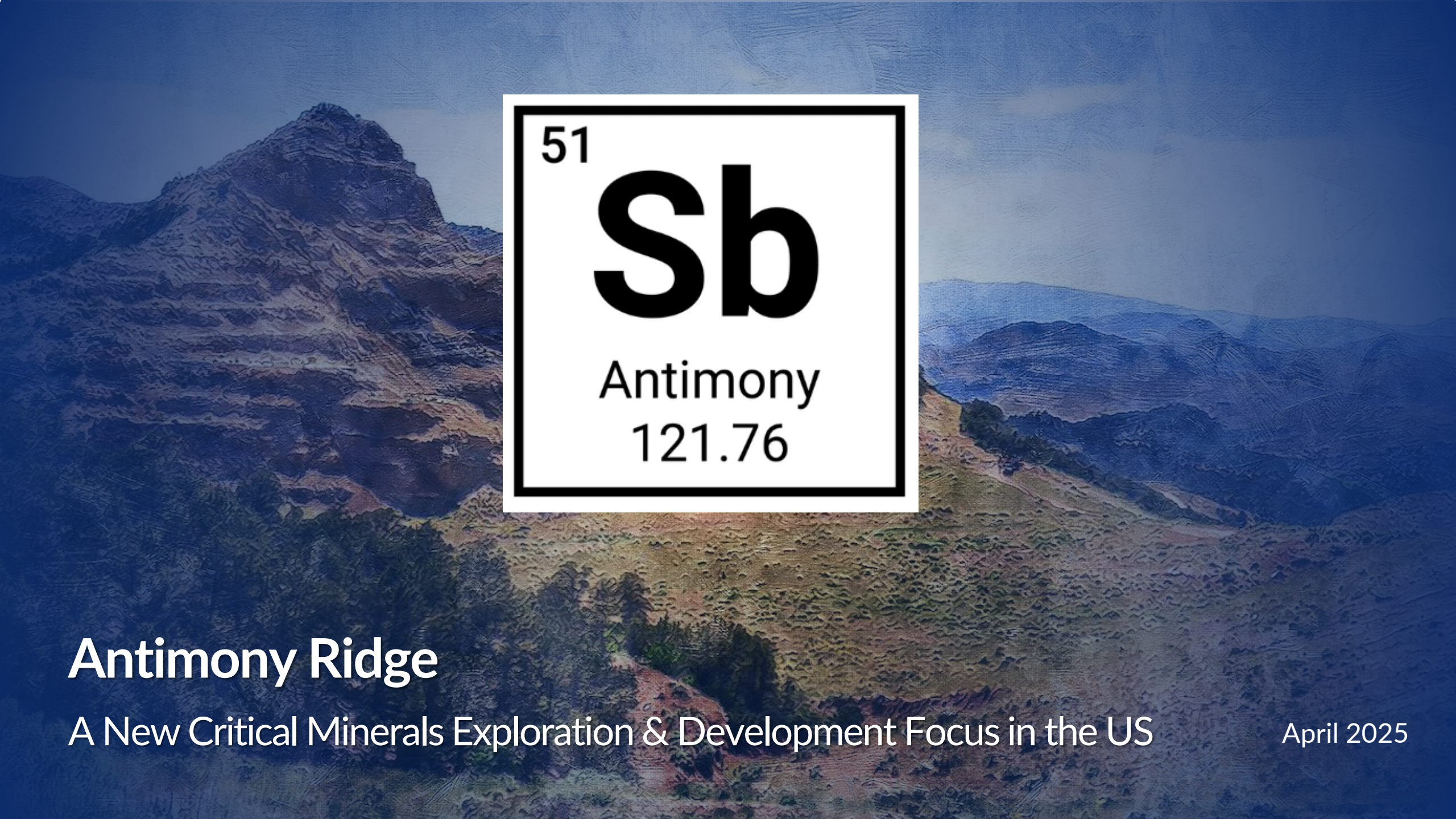
May 20th EO 14241 Immediate Measures to Increase American Mineral Production:

- Agencies shall compile a list of all mineral production projects that have submitted a plan of operations, permit application, or any other approval request to that agency in order to expedite the review and advancement of those projects in coordination with the National Energy Dominance Council (NEDC).
    - Additional mineral production projects will be considered for FAST-41 status to streamline permitting. (only 1 currently)

- New recommendations will be provided to Congress regarding treatment of waste rock, tailings, and mine waste disposal under the Mining Act of 1872. (Rosemont Decision resolution)

- The Secretary of the Interior will prioritize mineral production activities over other types of activities on Federal lands that hold critical mineral deposits.
    - The Secretary of Defense, Secretary of Energy, Secretary of Agriculture, and Secretary of the Interior shall identify additional sites that might be suitable for mineral production activities that can be permitted as soon as possible.
- The Defense Production Act (DPA) will be used to expand domestic mineral production capacity.
- Financing, loans, and investment support will be provided for new mineral production projects, including ***a dedicated critical minerals fund*** established through the United States International Development Finance Corporation in collaboration with the Department of Defense.

Do it fast, but still do it right



Antimony Ridge

A New Critical Minerals Exploration & Development Focus in the US

April 2025