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ACTIVE AGING

They're here!

Was Utah ready when the baby boomers started becoming senior citizens? There's still a lot to do 10 years after the launch of project Utah 2030

Frances Johnson
The Enterprise

In 2006, then-Governor Jon M. Huntsman asked each department in the state government to participate in a project called Utah 2030. Facing the demographic reality that the number of Utahns over the age of 65 would double by the year 2030, state agencies were tasked with exploring how an aging population would impact their services and resources, and to provide solutions to mitigate strains on everything from housing to healthcare to banking to transportation, as well as ideas to keep older Utahns engaged, involved and contributing to the community and economy.

"The Utah 2030 Project was designed to be a top-line look at all the things Utah could do to prepare for the aging boom," said Alan Ormsby, who was involved in the establishment of the Utah Commission on Aging and currently serves as state director for AARP Utah.

The potential issues and proposed

solutions were as varied as the population itself.

The Department of Health, for example, identified a potential impact on its chronic disease program.

The plan for addressing this possible impact included education and intervention for seniors to promote good nutrition, physical activity and avoidance of tobacco to help adults age healthier. They also proposed to provide information to seniors about preventing injury; encourage seniors to receive flu and pneumonia immunizations; and promote regular screenings for cancer, high blood pressure and cholesterol.

The Department of Public Safety identified aging drivers as a major concern, citing national traffic studies that show a general slowing of reaction times, diminished eyesight and reduced physical mobility for drivers over the age of 55.

Their proposed plan included a potential partnership with AARP to promote and expand their Driver Safety Program for drivers age 50 and

older; monitoring legislative proposals, such as mandatory driver license office visits for renewal of drivers age 75 and older; providing driver license examiners with additional training on older driver issues; and promoting a public information and education program focusing on self-regulation by the aging driver.

The Governor's Office of Economic Development recommended programs to help recruit and retain older employees in companies and organizations across the state, as well as a campaign to target senior citizen tourism. Many agencies experienced great success implementing their proposals, Ormsby said. For example, the Department of Commerce increased education and outreach to address elder fraud with a program called "Know The Red Flags." And many agencies' proposals included actions and plans that would have been implemented anyway.

Each agency's assessment and proposal was compiled into a report

see **UTAH 2030** pg. **F9**

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Oral health: As population ages, problems with teeth and gums seem to multiply



Let's face it, as a nation we are going gray. The baby boomer generation is now heading into their 60s and 70s, and the percentage of Americans in this age group is expanding like never before. Along with what some may consider a more distinguished appearance, that gray hair also can come with health issues that are increasingly more expensive.

According to a 2013 report by the Centers for Disease Control and Prevention (CDC) titled "The State of Aging and



DOUGLAS
ASHMAN

Health in America," "The growth in the number and proportion of older adults is unprecedented in the history of the United States. Two factors — longer life spans and aging baby boomers — will combine to double the population of Americans aged 65 or older during the next 25 years, to about 72 million. By 2030, older adults will account for roughly 20 percent of the U.S. population."

The Kaiser Family Foundation, in the 2015 Medicare spending and financing fact sheet, projects that Medicare spending will nearly double over this decade, from \$555 billion in 2011 to \$903 billion in 2020, which is good for your general health, but doesn't do much for your dental health because Medicare does not cover dental procedures except in very extreme circumstances. To get the basics like cleanings, fillings, extractions and dentures, you need to purchase a separate dental coverage plan.

As you age, there are a lot of changes in your mouth, and many of these things can result in tooth loss, which means that you will need to get dentures or other restorative dental work to replace those teeth. Some of these changes are naturally occurring while others come about by lifestyle

choices or are side effects of the medication you take.

For example, most people see a decrease in their skin's elasticity, which causes your face to droop or sag. This doesn't necessarily affect your physical

health, but it can cause you to feel less secure about your outward appearance, leading to neglect of oral health processes like brushing and flossing twice a day, or getting professional cleanings at your dentist's office. Poor oral hygiene is a common cause of tooth loss from dental cavities and gum disease.

Decreased salivary flow is also common in older patients. Often it is a side effect of necessary prescription medications, but a patient on multiple medications may have less than half the normal salivary flow. Without enough saliva, you are at much higher risk of developing cavities that can lead to tooth loss.

Periodontal disease — commonly known as gum disease — is more likely in older patients, especially those with other chronic health conditions such as Type 2 diabetes. The inflammation from periodontal disease can cause infection and decay, and in advanced stages can destroy the primary support mechanism for your teeth — the gums — causing tooth loss.

Sometimes as a result of a stroke, arthritis or dementia, manual dexterity declines to the point that a person is unable to do things such as brush and floss without the help of a caregiver. If needed, it's important to get that help because the absence of thorough, regular care of dental cavities and gums can lead to tooth loss.

Regardless of how it happens, tooth loss has a serious impact on the health and well-being of everyone.

Stop and think for a minute about all the benefits that your teeth provide — specifically the ability to eat the meals that you love. When a person is missing one or more teeth, eating becomes more difficult (or even impossible if you have few or no teeth), and not being able to eat a variety of foods means you probably are not getting the nutrients you need for optimal health.

While the U.S. population as a whole has a lower rate of edentulism (the term for someone who is missing one or more teeth) when compared with other western countries, this condition still affects 15 percent of people age 65 to 74, and close to one in four people age 75 and older.

An article published in the *International Journal of Dentistry* in 2013 highlights the problem: "There is overwhelming evidence showing the negative effect of edentulism on oral-health-related quality of life. Edentulism negatively influences not only oral function, but also social life and day-to-day activities. Compromised oral function has been linked to decreases in self-esteem and a decline in psychosocial well-being."

Many people with missing teeth are embarrassed to eat, smile or speak when others are around, and will instead avoid social situations altogether, leading to isolation. Even with dentures people often have limitations, and worry that the dentures will not stay in place when speaking and eating, which leads to a decrease in self-confidence and changes in behavior to avoid being around others in social situations.

Besides being a quality of life issue, a person with missing teeth often suffers from nutritional deficits as well. According to several studies, tooth loss can affect general health in several ways:

- Eating fewer fruits and vegeta-

bles, less fiber and carotene, and more cholesterol and saturated fats.

- Higher prevalence of obesity and an increased risk of cardiovascular diseases and gastrointestinal disorders.

- Increased rates of chronic inflammation in the stomach, leading to higher risk of upper gastrointestinal and pancreatic cancer, and higher rates of ulcers.

- Increased risk of developing diabetes.

- Increased risk of heart abnormalities, hypertension, heart failure, stroke and other coronary diseases.

- Difficulty with daily physical activity and other things that contribute to quality of life.

- Increased risk of chronic kidney disease.

- Potential risk of sleep-disordered breathing, including obstructive sleep apnea.

If there are people in your life over the age of 65, encourage them to be mindful of their oral hygiene and seek regular professional care to maintain their teeth for their entire lives.

A person with missing teeth should be guided to replace them with either removable dentures, fixed bridges or implants, and it's important to know that many advances in recent years make replacing missing teeth much more comfortable, affordable and predictable. A full set of teeth, whether natural structure or artificial replacements, do a lot to enhance your physical, psychological and social well-being.

Indeed, few pleasures in life can compare to the enjoyment that comes from being able to eat a delicious meal or being able to flash your pearly whites when you smile and laugh.

Dr. Douglas Ashman is prosthodontist and professor at the College of Dental Medicine at Roseman University of Health Sciences in Salt Lake City. This article originally appeared in the Roseman University Summer 2016 issue of *remEDy* magazine.

Retirement and Assisted Living Facilities

Listed by Number of Living Units

Rank	Facility Address	Phone Web	Number of Assisted Living Units(AL) Units and Independent Units (IL)	Percent Occupied	Administrator Owner	Year Established
1	Legacy Retirement Communities 1018 W. Atherton Drive Taylorsville, UT 84123	801-269-0700 legacyretire.com	705 AL 162 IL	92% AL 98% IL	Paul Fairholm, CEO Western States Lodging & Management	1996
2	Chancellor Gardens 1425 S. 1500 E. Layton, UT 84015	801-779-0798 mbkseniorliving.com	100 AL 30 Memory Care	87%	Rodney Washburn Executive Director MBK Senior Living	1999
3	The Wellington 4522 S. 1300 E. SLC, UT 84117	801-281-3477 mbkseniorliving.com	119	DND	DND MBK Senior Living	2012
4	South Towne Ranch 310 E. 10600 S. Sandy, UT 84070	801-944-0082 holidaytouch.com	115	94%	DND Holiday Retirement	2004
5	Cottonwood Creek 1245 E. Murray Holladay Road SLC, UT 84117	801-263-0999 mbkseniorliving.com	111	90%	Julie Black, Executive Director MBK Senior Living	1984
6	Pacifica Senior Living Millcreek 777 E. 3900 S. SLC, UT 84107	801-288-0700 pacificamillcreek.com	73	95%	Aaron Windbigler Executive Director Pacifica Companies	1990
7	The Charleston Assisted Living 10020 N. 4600 W. Cedar Hills, UT 84062	801-772-0123 mbkseniorliving.com	64	98%	Wayne Barney Executive Director MBK Senior Living	2011
8	Highland Glen 10322 N. 4800 W. Highland, UT 84003	801-610-3500 DND	31 AL 31 Memory Care	89%	John Orten Executive Director MBK Senior Living	2011
9	Aspen Assisted Living 2325 Madison Ave. Ogden, UT 84401	801-399-5846 DND	40	DND	Kelly Jensen DND	2013
10	Assisted Living of Draper 217 E. Scenic Peak Cove Draper, UT 84020	801-917-2315 assistedlivingofdraper.com	13 suites, can accommodate 16 residents	80%	Don Fenton, Executive Director Courtney Wayne, Administrator DND	2013



GOING BACK TO WORK

Senior employment a benefit for both the worker and the employer

Frances Johnson
The Enterprise

Though most American workers envision a productive career with a comfortable retirement some time in their mid-60s, the economic and social reality often paints a different picture. Increasingly, workers are delaying retirement or returning to the workforce out of necessity or desire, presenting a unique and positive opportunity for businesses and employers.

“The private business community is really a critical partner in increasing the viability of the aging experience,” said Robert Ence, executive director for the Commission on Aging housed at the University of Utah. “We should be able to cultivate something from that experience and not waste the gray matter.”

The benefits of recruiting and accommodating older workers are myriad and well-proven.

“One of the things that is really great about older workers is the work ethic they’ve developed over the years,” said Alan Ormsby, state director of AARP.

Older workers are better at being on time, being prepared and being where they need to be when they need to be there.

“Those things have been drilled into older workers for their entire work career,” Ormsby said.

Older workers are often more willing and able to work flexible, part-time or otherwise non-traditional schedules or shifts, Ence said, providing an employer with flexibility and adaptability.

Older workers can also act as mentors to younger workers. According to the Job Accommodation Network (JAN), they bring a diversity of thought and approach to group projects, take work more seriously and have established networks of contacts

and clients, all of which can provide learning opportunities for younger workers.

The benefits to senior citizens who continue in or return to the workforce are also well-known. According to Ence, of everyone who retires in the state of Utah, half will return to the workforce and, of that number, half will go back to work out of economic necessity. The business community, Ence said, is a critical to helping individuals meet their needs and take care of themselves as they age. And giving seniors the chance to return to work and cultivate continuing economic independence also helps alleviate the burden on government and other organizations that would otherwise be spending resources to support those individuals.

“We could be pretty creative and figure out how we can share that responsibility,” Ence said.

However, many older workers return to work because they want to, not because they have to.

“They want to find meaningful work where they can benefit themselves and benefit others,” Ormsby said.

Most people spend their careers in jobs they didn’t love so they could pay the bills.

“Once they’re at the point where they’ve paid the bills and they don’t have to have a job, that meaning is what they’re after,” Ormsby said.

The opportunity to return to work also helps older workers retain mental acuity, gives them a social network and prevents them from becoming isolated and emotionally despondent, and allows older individuals to continue using their skills and developing their passions.

“We see that people who go to work, they tend to be healthier, they tend to be happier,” Ormsby said. “Work has some really good benefits for older adults.”

Yet despite all the proven benefits to workers and employers, the business community in Utah has largely been absent from efforts to support the state’s aging population. Why?

Some employers may have misconceptions that are preventing them from tapping into the vast resource of older workers. A 2009 report from the Sloan Center on Aging & Work found that hiring managers believed a variety of stereotypes that prevented them from considering older job seekers. For example, they believed older applicants were more likely to be burned out and absent due to illness.

“It is absolutely the opposite. Older workers tend to be more consistently at work than younger workers,” Ormsby said. “They’re usually more on time and at work than anyone else.”

The study also indicated employers also worried that older workers are bad at working with younger supervisors and reluctant to travel. According to AARP, other similar studies have shown that employers assume older workers are less productive, mentally slower and more expensive to employ than younger individuals.

In fact, intellectual capacity and the ability to perform routine or repetitive tasks are not automatically diminished by age. Rather, research shows that older workers who perform the same type of tasks for a number of years bring accumulated work experience and abilities that translate into higher productivity. In addition, the cognitive skills that allow for multitasking can be enhanced with exercise and training, meaning an active 75-year-old can easily outperform a 40-year-old couch potato.

Older workers also represent potential cost savings, not increased costs, for organizations that employ them. Their existing skills and experience often translate to lower turnover and less need for expensive training and lengthy employee orientation peri-

ods.

As for the idea that older workers are not interested in or receptive to new training or technologies, or that they are unable to successfully transition to new systems and processes, Ence said that while some older workers might need help to “re-career,” it is something they are eager and able to do.

“I think it comes as a surprise to people, their ability to adapt to technology,” Ormsby said.

It is true that companies may need to make some accommodations for older workers, but they are often low-cost or cost-free and are outweighed by the benefit an older worker brings to the organization.

According to JAN, potential necessary accommodations might include a workstation closer to the bathroom; longer breaks or more frequent, shorter breaks; reducing physical exertion; accessible parking and work sites; technological solutions to assist with hearing or sight impairments; and flexible schedules and work-from-home options.

Older workers and job seekers can also help themselves by keeping their skills current and making sure their assets are obvious to potential employers. AARP recommends that older workers and job seekers put time and effort into their social media footprint, invest time and effort in face-to-face networking, use professional email addresses and keep resumes simple.

And, just as employers shouldn’t underestimate older workers, older job seekers shouldn’t underestimate themselves. Take it from career coach Beverly Jones of Clearways Consulting in Washington, D.C., as quoted in an AARP article about common mistakes made by older job hunters: “I encourage my clients to play long shots. You have to chase off-the-wall prospects, jobs you’ve never done but have the skills and ability to perform. Be fearless.”

Proposed Utah law seeks to clarify digital property rights after death

How many of your pictures are now stored in an online server, as opposed to a physical photo album on the shelf? How many times have you “gone green” and opted for an e-statement in lieu of a paper statement or receipt? How much of your day-to-day business is buried in your email? How much of this digital information do you think is available to your family when you die? In Utah, the answer could be: very little, at least for now.

When someone dies, a representative is typically appointed to settle the deceased individual’s affairs (pay bills, make distributions, etc.). This representative is given authority to act as if he or she were the deceased individual. This authority, however, does not always gain the representative access to a deceased individual’s digital content. Some online vendors are hesitant to give a representative access to digital content for fear of breaking consumer protection and online fraud laws, like the Computer Fraud and Abuse Act. These laws aim to protect an individual during his or her life, but they are also vague as to how digital content can be accessed at death.

For a representative, it can be frustrating to be rejected by an online vendor when the information needed to settle a deceased individual’s affairs is solely in a digital format and in the custody of the online vendor. So, while “going green” with e-statements and emails is great for the environment and is a convenience while an individual is alive, the current laws regarding digital content can be a big stumbling block for a person requiring access to your digital content when you die.

In order to update the law to the reality of the Digital Age, the Uniform Law Commission drafted the Uniform Fiduciary Access to Digital Assets Act (UFADAA) in 2014. This proposed law was revised in 2015 as the Revised Uniform Fiduciary Access to Digital Assets Act, or Revised UFADAA. The Revised UFADAA is an attempt to bridge the legal gap between a representative’s need to access a deceased individual’s digital content and an online vendor’s obligation to protect that individual’s continued right to privacy.

Here in the West, seven states introduced legislation in 2016 based on

the Revised UFADAA: Washington, Oregon, Idaho, Utah, Arizona, Colorado and Wyoming. Six of these states passed its own version of the Revised UFADAA, with Utah being the only holdout. Thirty-two states in total introduced Revised UFADAA legislation in 2016, with 20 of those states enacting the law.



WILL HARNISH

Based on the widespread acceptance of the Revised UFADAA, it may only be a matter of time before Utah joins the ranks of states enacting the statute. Rep. V. Lowry Snow (R-St.

George) certainly seems to think so. Snow is a co-sponsor of the Utah Revised UFADAA bill, which is currently known as HB383. The other co-sponsor is Sen. Lyle W. Hillyard (R-Logan). When asked why Utah’s

regarding a representative’s rights to access a deceased individual’s digital content, as well as what is reasonable for a digital content provider to require in order to grant access to such digital content. For instance, the Revised UFADAA requires that a representative make a written request for disclosure of a deceased person’s digital content. With the written request, the representative is to prove the legitimacy of his or her appointment by including a copy of the deceased individual’s death certificate, the representative’s letter of appointment and a copy of the user’s will directing digital content be disclosed to the duly appointed representative.

Once a representative has possession of the digital content, the Revised UFADAA imposes on the representative a duty of care, loyalty and confidentiality, which means that

the representative has access to if the deceased individual had agreed to an online service agreement. Some online vendors provide a built-in tool that acts like a contract between the user and the online vendor. For instance, a Facebook user can appoint a “legacy contact.” If a Facebook user opts to appoint a legacy contact then Facebook can bar an otherwise duly appointed representative if the representative is not the legacy contact.

Further, online service agreements, if properly entered into by an individual during his or her life, can limit how much access a representative can have. According to the online service agreement, an online vendor can grant full or partial access to a deceased individual’s digital content. An online vendor can also limit the access by simply providing a copy of whatever digital content

was available to the user at the date of his or her death. It should also be noted that an online vendor has no obligation to provide any digital content where a user had expressly notified the online vendor that the user’s content be erased or destroyed upon his or her death. The Revised UFADAA expressly grants a user and an online vendor to contract how digital content is to be protected after the user’s death.

Access to an individual’s digital content, however, is not limited to a representative appointed to settle an estate, but is also extended to duly appointed trustees, conservators and agents.

If passed, Utah’s Revised UFADAA will give Utah residents a clearer idea as to how their digital content will be handled at their death or incapacity. With this clarity, an estate plan can be formulated to ensure that proper access is granted in regard to specific digital content. The Revised UFADAA will also help clarify how much access an online vendor may allow regarding one of its users without running counter to computer-fraud and unauthorized-computer-access laws, and duly appointed representatives can proceed knowing that there is a way to access vital digital content.

Will Harnish is an attorney in the Salt Lake City office of Snell & Wilmer. His practice is concentrated in estate planning with a focus on wills, trusts and nonprofit entities.



Revised UFADAA did not pass in the 2016 legislative season, Snow did not recall any objections to the bill. He noted that the Revised UFADAA has been endorsed by the National Association of Elder Law Attorneys, Facebook and Google, among others, which serves to further legitimize the bill. Snow stated that he feels that they simply “ran out of time” in 2016 and intends on having the bill reintroduced during the next legislative session.

If passed, Utah’s Revised UFADAA will offer more clarity

the representative does not have unfettered power over the digital content, but must only use the digital content to complete the tasks required of the representative. In other words, the representative may not act as if they were the deceased individual and repost pictures, use online accounts to make purchases, and so on, but must simply act according to the deceased individual’s wishes in settling the deceased individual’s estate.

On the other hand, an online vendor may limit what a representa-

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Healthcare savings stack up with comprehensive SPHM program

The nursing and related healthcare professions can be rewarding, but also bring many risks. Transferring or moving individuals, particularly those who are older, injured or lack mobility, can be heavy and awkward for caregivers leading to workplace-related injuries. Musculoskeletal disorders (MSDs) (injuries to the body's joints, ligaments, muscles, nerves, tendons, etc.) are epidemic within the healthcare industry. Safe

population, mixed with the growing demand for healthcare professionals, creates a huge demand for work safety programs to keep employees safe, productive and prepared to help patients without disruption. Safe patient handling and mobility must be considered a priority in the following vocations:

- Long-term care facilities.
- Hospital, clinics, acute care centers.
- Home healthcare workers.

50 percent of the reported injuries and illnesses among nurses and nursing support staff in 2011 were musculoskeletal disorders.

The impact of MSDs among the nursing population cannot be underestimated. Besides the obvious human costs, the effect to the bottom line is substantial. Disability compensation, medical expenses and litigation all have direct tangible impacts. Among the more indirect effects are functional disability,

absenteeism, high turnover and training/retraining costs.

According to a 2012 article in the *Journal of Nursing Management*, back injuries to healthcare workers alone were estimated to cost the healthcare industry \$20 billion each year. Replacing a nurse, when factoring in costs associated with separation, recruiting, hiring, productivity loss and training, can result in costs ranging from \$27,000 to \$103,000 per nurse.

To help resolve these growing issues, safe patient handling and mobility programs have been put into place to help educate and equip healthcare workers with proper techniques and to establish preventative measures that help to minimize and reduce the severity of injuries. Because of the epidemic problems faced by nurses, the American Nurses Association (ANA) created national standards for SPHM. The standards include eight

accommodation and post-injury return to work.

- Establish a comprehensive evaluation system.

Creating an effective safe patient handling and mobility program is much more than just education and technique. These programs require investing in equipment, training on equipment use and maintenance, implementing a no-lift policy that eliminates manual handling whenever possible and utilizes appropriate processes, equipment and devices for moving patients. The costs of these programs can be significant, but their positive impact cannot be understated:

- Stanford University Medical Center invested \$800,000 in its program, realizing a \$2.2 million five-year net savings.

• In Florida, the Veterans Health Administration Patient Safety Center introduced a program in seven facilities. The cost-benefit analysis showed a savings of \$200,000 with the initial investment recouped in about four years.

• The University of Iowa Hospitals and Clinics reduced workers' compensation by more than \$475,000 and recouped their initial investment within three years.

• Kaleida Health Network invested \$2 million in SPHM programs and saved \$6 million in the first three years.

Further, the results of SPHM programs after implementation are worth considering:

• Tampa General Hospital reduced the rate of injuries among nurses by 71 percent with a 90 percent reduction in lost work days.

• Franklin Square Hospital Center in Baltimore decreased patient handling injuries by more than 70 percent.

• Englewood Hospital and Medical Center in New Jersey realized a 57.1 percent reduction in injuries in just the first two years.

Methodical assessment and implementation of SPHM programs are essential for buy-in and long-term success. The workplace must accept both the capital investment as well as the cultural support needed to embrace positive change. Employers should explore the many industry resources and expertise that are available to help begin the important process of change designed to reduce injury, reduce costs and increase workplace safety.

This article sponsored by CompWest Insurance Co., a provider of workers' compensation insurance to small and midmarket employers in Utah and California.



patient handling and mobility (SPHM) programs can help improve the safety and outcome for workers.

The United States faces an issue of an aging population, which increases the demand for healthcare workers in nursing homes. According to Administration on Aging (AOA) statistics, by 2030, there will be about 72.1 million older persons, more than twice their number in 2000. People 65 and older represented 12.4 percent of the population in the year 2000, but are expected to grow to be 19 percent of the population by 2030.

The explosion of the aging

- Physical therapists.
- Schools.
- Social service organizations.

According to OSHA, MSDs are the main cause of injuries among healthcare workers. In 2010, nursing aides, orderlies and attendants had the highest rates of MSDs — 27,020 cases — which equates to an incidence rate of 249 per 10,000 workers, more than seven times the average for all industries.

In 2011, patient-handling injuries accounted for 25 percent of all workers' compensation claims for the healthcare industry. Nearly

key concepts:

- Establish a culture of safety.
- Implement and sustain an SPHM program.
- Incorporate ergonomic design principles to provide a safe environment of care.
- Select, install and maintain SPHM technology.
- Establish a system for education, training and maintaining competence.
- Integrate patient-centered SPHM assessment, plan of care and use of SPHM technology.
- Include SPHM in reasonable

UTAH 2030

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and submitted to the Utah State Legislature in 2007.

And yet, despite this effort, 10 years after the launch of Utah 2030, the state still remains largely unprepared to address the needs of a rapidly aging population.

Some issues that were identified 10 years ago are no longer concerns, Ormsby said. The Department of Transportation was concerned about road quality and traffic signage but autonomous cars could make that a non-issue in as little as five years.

“The issues that we perceived 10 or 12 years ago now may or may not matter,” Ormsby said.

Another part of the challenge, according to Robert Ence, executive director of the University of Utah’s Commission on Aging, where Utah 2030 now resides, is Utah’s unusual demographic landscape. Utah has one of the fastest-growing populations in the country by percentage, and by 2050 the 80-plus population will be the fastest-growing demographic in the state.

“We had demographic information out there that started to tell a unique story,” Ence said. “When you talk about what the issues are for the future, you look not just at the sheer numbers but also at the dependency ratio.”

People under the age of 17 and over the age of 65 make up what is known as the “dependent” population. In 2006, when Utah 2030 was launched, the state’s dependency ratio was about 60/40, meaning two out of every five people were economically or otherwise supporting the dependent population, as well as themselves. Currently, the dependency ratio is slightly higher than the national average, at 70/30. By 2050, Ence said, 80 percent to 82 percent of the state’s population will be considered dependent, meaning one person

will be providing economic and other support for every five people in the state. The value of caregiving currently provided by friends and family in Utah is \$4 billion.

“This aging cohort is huge. Utah is going to be facing some very difficult challenges, but also some amazing opportunities,” Ormsby said.

One immediate impact is on the state’s economy and business community, as Utahns are likely to work full-time past the age of 65, and to re-enter the workforce part or full time after retirement. “It does create a demand for older workers,” Ence said. “You need to make sure you have an environment, businesses and an economy that allows people over 65 to step back into the workforce.”

With such a small segment of the population responsible for taking care of such a large segment, businesses also need to be prepared to provide respite and flexibility for caregivers, as well as avenues for younger and mid-career employees to save for their own retirement.

If companies are not smart about providing these incentives for older and mid-career employees, the state could face a labor shortage that will affect everyone, not just older workers, Ormsby said.

A rapidly aging population presents other risks as well. Hunger and nutrition are major concerns, Ence said, as 8 percent to 10 percent of the state’s elderly population currently go to bed hungry. Housing shortages are also a looming risk. The state needs to take inventory of the housing stock and make sure it can meet the needs of people as they age.

“You need lots and lots of opportunity for people to stay in their own homes and that may mean we need to make an effort to adapt the current housing stock,” Ormsby said.

Isolation of aging citizens is also a potential problem.

“If you don’t have the ability to

keep people connected in society — spiritually, mentally, emotionally, physically — they wither,” Ence said. About 10 percent of the eligible population in the state take advantage of senior centers operated by counties, but the state needs more programs, plans and communities designed to help older people leave their homes, Ence added.

Appropriate healthcare and economic security are also immediate concerns as Utahns age. And the work to address all these issues has barely scratched the surface.

“If you don’t address those issues early enough, they can become devastating,” Ence said. “Right now we are barely keeping our heads above water and it’s only going to get harder.”

Ormsby, who previously worked in the state’s Division of Aging and Adult Services, agrees. Most adults are independent and healthy into their mid-80s. The oldest group of baby boomers started turning 85 in 2011, and boomers will continue turning 85 non-stop for the next 20 years.

“We can either get out in front of that wave, we can paddle and we can surf the thing beautifully, or we can wait until the thing crashes on top of us,” he said.

With that in mind, Ence, who took over at the Commission in Aging in May of this year, is expanding and re-envisioning the goals and purpose of the original Utah 2030 project.

The first step was securing new funding. The commission, which was slated to end in 2017, now has money to last through 2027.

The second step was extending the planning timeline, with policies, programs and proposals now focused on what the state’s demographics are projected to be between now and 2050.

“We need to look at that over and over again and continually look over the 50-year horizon to prepare for the next generation,” Ence said.

In order to prepare for the next generation and beyond, the commis-

sion has identified four areas of focus going forward to help meet and expand on the mandate of the original Utah 2030 project.

First, a new public policy strategy. “We want to be a constant pulse to the Legislature at all levels, offering advice and information about the implications of proposed policy on an aging society,” Ence said. “We want to help them make better decisions and eliminate barriers to the delivery of services.”

Second, the commission wants to make sure it has the most current research, Ence said, including demographic studies and best practices from other states and municipalities.

Third, Ence is hoping to improve community outreach including engaging the business community and developing partnerships with relevant associations to increase dialogue and information-sharing.

“There are efficiencies if we combine our efforts,” Ence said.

Finally, the commission plans to update its communications strategy, including revamping the website and ramping up its social media presence.

The issue is complex, Ormsby said, but an aging population is nothing to be afraid of.

“Sometimes we think about the aging of America as a problem to be solved when, mostly, it’s an opportunity to be embraced,” he said.

Ence agrees. More than anything, he hopes that these new efforts will encourage Utahns at every stage of life to prepare for their own aging and the aging of those around them, including exercising healthy living and economic prudence.

“With all the contingencies you have, sometimes your resources fall short and we have to be prepared to help each other in those situations,” Ence said. “You will be cared for some day or you will be caring for someone. We need to be aware of what’s going on and we need to buy in to the idea that we all need to work together as we age — period.”



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