



**Aging Services
Council on Aging
Orientation Guide
Updated 2024**

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Understanding the Aging Network

The Area Agency on Aging (AAA) is excited to welcome you to the Council on Aging. This guide is both a reference and a resource for new and experienced AAA advisory council members. At the end are glossary and information sections that provide additional tools beyond the text.

All over the country, AAA councils make a difference by leading and working with others to attain Older Americans Act goals. They offer guidance and input about the needs and priorities of older Americans in their communities. Though missions may vary, AAA's all share a common purpose, which is to:

- Provide leadership, services, and advocacy to promote the dignity, independence, and quality of life of older Americans.
- Create positive community environments.
- Plan and coordinate community efforts to support older adults.

Understanding the OAA Aging Network

The Older Americans Act (OAA), enacted in 1965 and amended many times since is the foundation of all AAA's. The services they oversee provide older adults with services that include home care, congregate and home-delivered meals, case management, legal services, transportation, and caregiver support.

AAA's are part of the Aging Network, a federal, state, tribal, and local partnership created to further OAA goals, speak out on older Americans' behalf, and provide a focal point for services and support in each community. The Aging Network crisscrosses the entire country and is made up of:

- The United States Administration on Aging at the Federal level
- State Units on Aging (SUAs) in all states and territories
- 655 AAAs serving older Americans (<https://senioragemo.org/about-us/who-we-are/>)
- 246 Tribal and Native American organizations
- 29,000 local service providers
- Over 500,000 volunteers

AAA's and Title VI Native American aging programs, established in 1973 under the OAA, coordinate and provide critical home and community-based services to older adults and their caregivers. This system reflects how people want to age—at home and in the community. It also helps individuals avoid unnecessary and more expensive institutional care and/or spending down to Medicaid, saving federal and state governments money.

OAA Title III B provides flexible funding to states and local agencies to offer a wide range of needed supportive services to older Americans. Title III B dollars, for example, support senior transportation programs, information and referral/assistance services, case management services, home modification and other housing help, chore services, in-home services for frail elderly, and emergency/disaster response efforts targeted to older adults. The flexibility of this funding stream gives AAA's greater ability to meet the needs of older adults, as identified at the community level, and often is the bridge between private pay and Medicaid.

To sustain their work, AAA's combines the OAA Title III B allocation with multiple funding streams. Although the exact funding mix varies across agencies, some examples of other significant sources of funding are state general funds, private sector grants, federal interagency agreements, charitable donations, state levies, and fees/voluntary contributions.

Anticipating and Leading Change

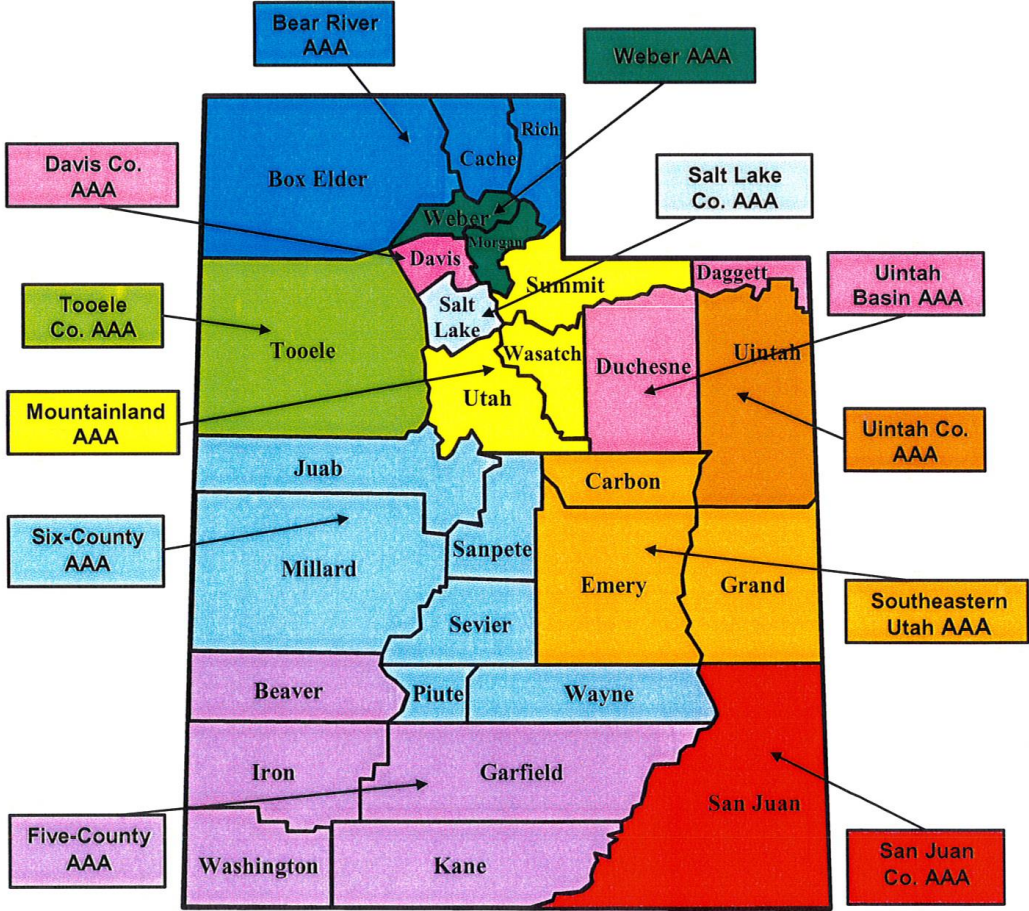
The United States, like the rest of the world, is getting older. The number of Americans ages 65 and older is **projected to nearly double** from 52 million in 2018 to 95 million by 2060, and the 65-and-older age group's share of the total population will rise from 16 percent to 23 percent. <https://www.prb.org/resources/fact-sheet-aging-in-the-united-states/>. Population experts and others say this continues a steady trend and will have far-reaching effects on our nation in the years ahead. What accounts for the growth? Two factors stand out: longer lives and America's Baby Boomer generation, those born between 1946 and 1964.

Community and Independence

As advocates for older adults and family caregivers, AAA has long been a strong voice in championing livable communities for *all* ages, including the oldest old, age 85, and over. Studies show that the odds of entering a nursing home increase with age. To assist those at the highest risk, AAA's are working across sectors in new ways, such as initiating relationships with

hospitals and nursing and rehabilitation facilities to help with care transitions. Aging in place is a viable option as long as appropriate support exists. Transportation continues to be a considerable challenge.

UTAH



State of Utah Area Agencies on Aging (AAA) Listing of Programs and Services

Arthritis Foundation Exercise Program (AFEP): a community-based, recreational exercise program developed by the Arthritis Foundation. Trained AFEP instructors cover a variety of range-of-motion and endurance-building activities, relaxation techniques, and health education topics.

Caregiver Support Program: a time-limited program that assists and supports individuals taking care of a loved one, often a spouse or parent. We offer education to caregivers in the community through Caregiver Support Groups and respite events. The Caregiver Support program can provide case management, respite, and supplemental services for those who meet eligibility criteria.

Dealing with Dementia: a program that helps you learn how to understand Dementia, manage problem behaviors, handle stress, and find time for yourself.

Dementia Dialogues: multi-session training course designed to educate the community and individuals who care for persons who exhibit signs and symptoms associated with Alzheimer's disease or related dementias.

Dementia Live: hands-on dementia awareness and sensitivity training to simulate some of the sensory loss experienced by those with dementia so participants may better understand what it may feel like to live with dementia.

Diabetes Self-Management Education (DSME): a program to empower people with diabetes to navigate self-management decisions and activities.

Home Delivered Meals (HDM, also known as Meals on Wheels): program delivers hot, noontime meals to frail and isolated older adults up to five days a week, depending on need. Applicants are assessed to determine program eligibility and any other services to assist them to live as independently as possible.

In-Home Services: provides in-home services to individuals who wish to age in place. Our mission is to provide in-home services and support so that a person can remain safe at home and prevent premature placement in a long-term skilled nursing facility. Eligibility requirements vary and begin with telephone intake.

Information and Resource Referral: inspire, inform, and advocate.

Living Well with Chronic Conditions (LWWCC): this is a six-week self-management program for older adults with different chronic health problems. The program teaches techniques

for frustration, fatigue, pain, and isolation. It teaches appropriate exercises to maintain and improve strength and proper use of medications and nutrition.

National Diabetes Prevention Program (NDPP): focuses on healthy eating and physical activity. Research shows that people with prediabetes who participate in this program can reduce their risk of developing type 2 diabetes by 58%.

Ombudsman: seeks resolution of problems and advocates for the rights of residents of long-term care, assisted living, and intermediate care facilities for individuals with intellectual disabilities to ensure and enhance the quality of life and care of residents.

Senior Transportation Program: provides rides for older adults, 60 years or older, with no other means of transportation to vital appointments.

Senior Centers (Active Aging): Aging and Adult Services partners with multiple counties and cities to provide a network of senior centers where active adults, 60 years or older, gather and enjoy a nutritious meal and socialization while participating in classes, workshops, events, and clinics that are designed to help them lead safe, healthy, and active lives. To find a senior center near you, please visit www.daas.utah.gov/locations/senior-centers/

Senior Health Insurance Information Program (SHIP): a free service that provides Medicare/Medicaid beneficiaries and their families with information about benefits, resolves insurance concerns and empowers seniors to prevent healthcare fraud through outreach and education.

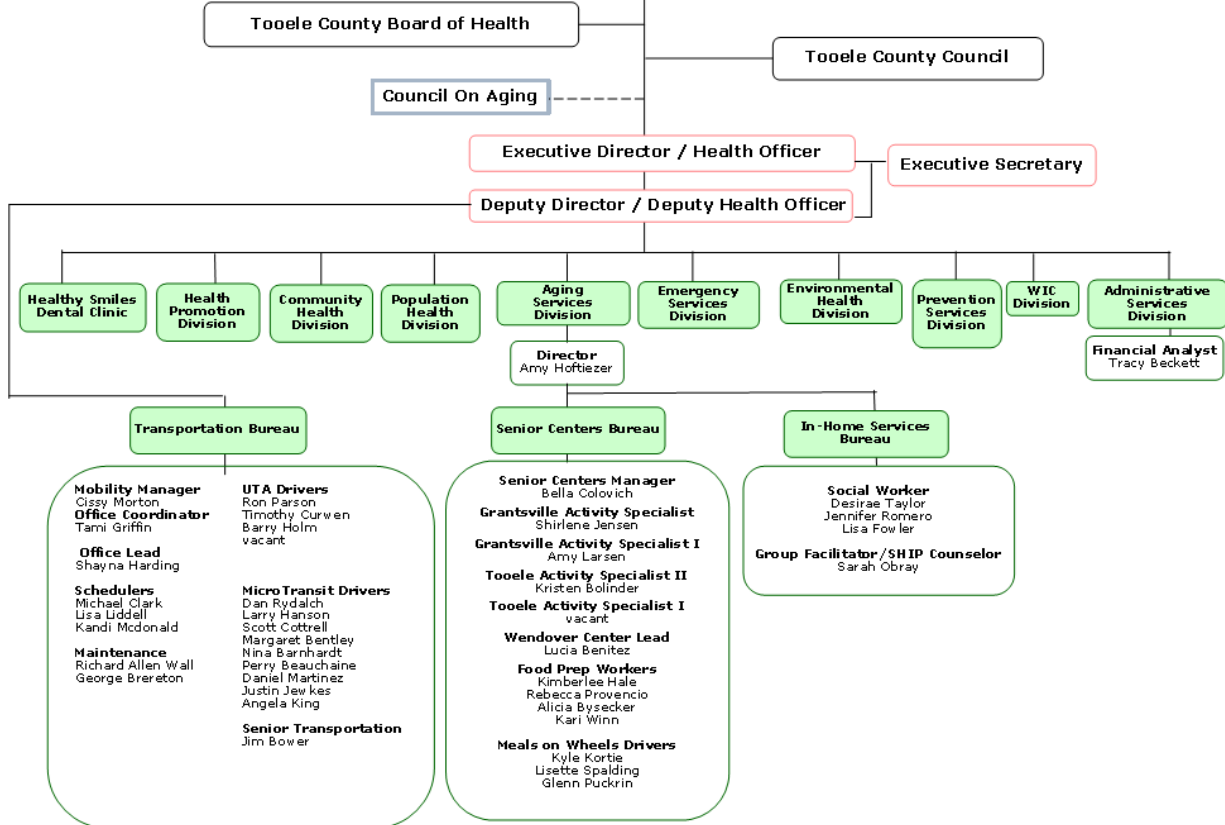
Stepping On (SO): a program that can help you avoid dangerous and costly falls so you can keep doing the things you love.

Tai Chi for Arthritis (TCA): research has found that slow, graceful exercise can improve balance, reduce stress and offer arthritis pain relief.

Walk with Ease (WWE): a program that is a community-based physical activity and self-management education program. It is a multi-component program that includes health education, stretching and strengthening exercises, and motivational strategies.

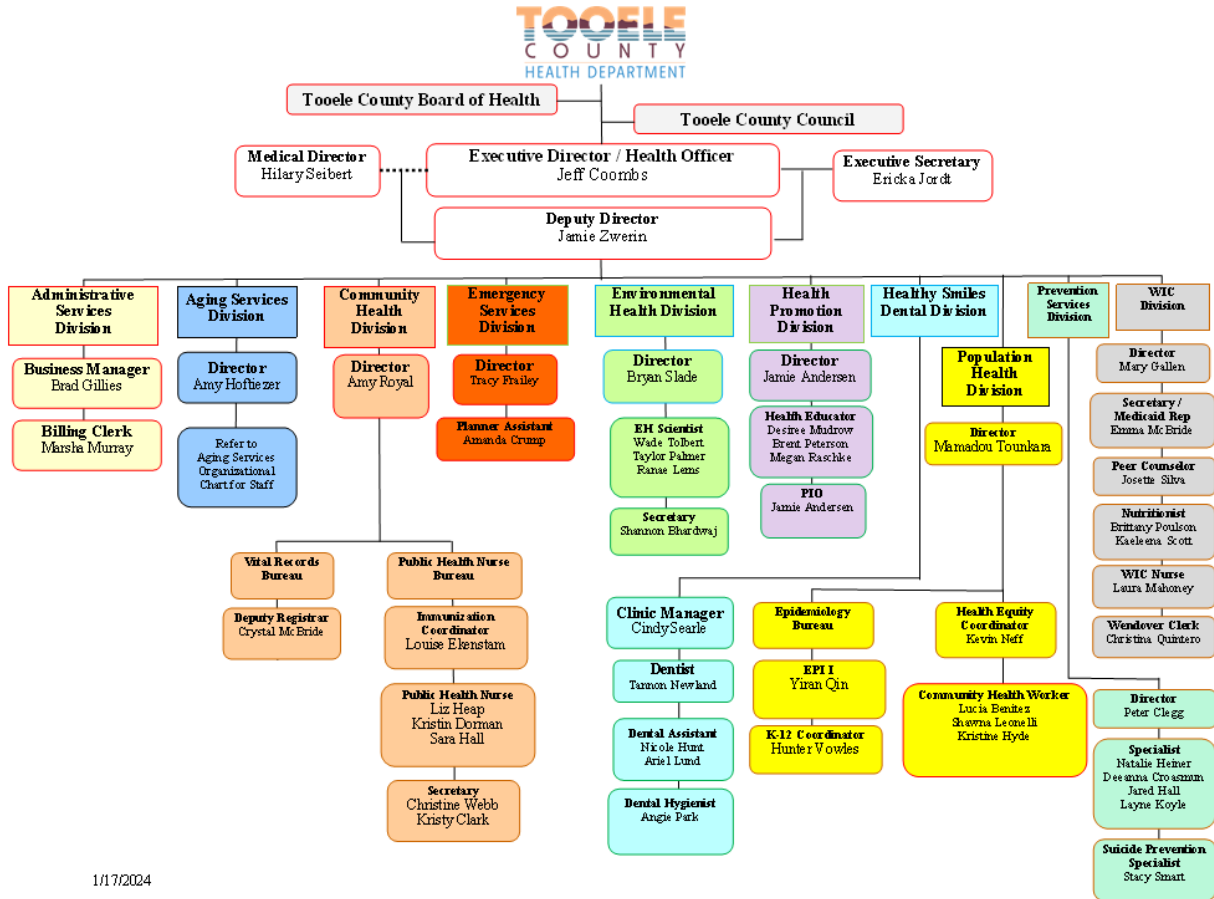
(Programs and services may not be available in all areas. Please get in touch with your local AAA to learn more about eligibility requirements and what services are available.)

TCHD Aging Services Organizational Chart



1/17/2024

TCHD Organizational Chart



1/17/2024

Council on Aging (COA) Roles, Responsibilities, and Rewards

1. **Ambassador to the community** – Enhancing the AAA’s visibility and expanding the circle of friends.
2. **Advocacy** – Championing and representing the interests of the AAA and the clientele it serves.
3. **Strategic advising** – Providing strategic support, leadership, and expertise to further the AAA’s goals.
4. **Development and fundraising** – Ensuring adequate resources to carry out the AAA’s mission.

These four roles can be further described as follows.

Ambassador to the community – your role as ambassador is to:

- Educate the community
- Attract attention to your AAA, so the public is aware of its services
- Once the public is aware and interested, act on opportunities to build new alliances and collaborations
- Make it easy to get more people involved
- Bring the people who have the power to be supportive directly into contact with your AAA

Advocacy – AAA advisory councils engage in many forms of advocacy, both formal and informal. Here are some examples:

- Community outreach—being proactive in developing positive relationships
- Writing a letter to the editor of a newspaper
- Participating in coalitions
- AAA media campaigns
- Testifying on important policy issues
- Community Education
- Speaking engagements

Strategic advising – AAA advisory councils play an important role as strategic advisors in helping their agencies map their futures. The community’s needs change due to community demographics and social, political, and economic trends. Methods for delivering programs and services need to

change to meet the community's changing needs. A strategic plan must reflect the external environment. Programs, services, and operations should be reexamined and reshaped, considering current realities and future projections.

To think strategically is to think outside the box. Looking at the big picture, assessing strengths and weaknesses, and setting challenging goals requires disciplined thinking. The process is necessary for AAA's to remain viable and effective.

AAA's today face increasingly tough decisions, and only with a sense of understanding and purpose can they set their priorities. Advisory councils can be valuable sounding boards and contribute fresh thinking for planning and problem-solving. Independence of advice is essential. Ask good questions, expect good answers, and contribute your expertise.

Development and fundraising – AAA funding is stubbornly stagnant. Agency budgets are strained. Nationwide, AAA's large and small have had to decrease staff size, freeze, or reduce employee salaries, reduce the number of people served, and trim down pivotal programs and services.

Nearly all AAA's derive revenue from a mix of sources, primarily public and private. Nationwide, government contracts and grants (state, federal, and local) are AAAs' single largest source of revenue. Some generate revenue through program fees (often below market rates or on a sliding scale). Some have been successful in securing business and foundation support. Development and fundraising are typically joint ventures. Advisory councils can do more than anything else to help with cultivation. This function is closely aligned with advocacy and community outreach. Councils can make a huge difference by talking up the AAA and by educating people about its work.

Think about ways you can contribute. Examples may include:

- Advocate for your organization
- Accompany staff on visits to foundations, businesses
- Speak to groups you are affiliated with
- Write letters and notes
- Support special events
- Give your time and expertise

TOOELE COUNTY COUNCIL ON AGING

BY-LAWS

FORWARD

The Tooele County Council on Aging was established by the Board of County Commissioners of Tooele County on December 6, 1971, to improve, develop, coordinate, and strengthen all programs concerned with older adults. The Board of Commissioners created a Tooele County Council on Aging to act in a policy-making capacity. The County Legislative Committee of Tooele County reestablished the Council on Aging on February 7, 1995, under the Older Americans Act. The Council on Aging will act in an advisory capacity.

Minor corrections and changes to the By-Laws were made and passed unanimously by the COA on June 25, 2014. The changes were made primarily to bring the Tooele COA By-Laws in line with federal requirements.

**Updated Article 1 Section 3 on 8/26/15 and was passed unanimously.*

**Changed meeting date to the 4th Tuesday of the month, May 2017.*

** Changed meetings to the 4th Tuesday in January, February, April, June, August, and October on 5/28/2019.*

** Changed meetings to the 4th Wednesday in January, February, April, August, and October on 1/25/2023.*

**BY-LAWS
OF
TOOELE COUNTY COUNCIL ON AGING**

**Article I
Name and Structure**

- Section 1. The name of the Council shall be the Tooele County Council on Aging, hereinafter called COA.
- Section 2. The COA is formulated and set into action by the Tooele County Council.
- Section 3. Eleven (11) voting members; eight (8) appointed by Tooele County Council and three (3) Center Board or Advisory Board representatives (one (1) from each board or advisory board).
- Section 4. COA members shall serve a four (4) year term with the approval of the Tooele County Council, not to exceed two (2) consecutive terms. Current members may maintain positions until refilled.

**Article II
Purpose and Function**

- Section 1. The role of the Council on Aging is to act in an advisory capacity to the Division of Aging Services in Tooele County.
- Section 2. The purpose of the COA shall be to evaluate, advise, and recommend policies and procedures of operation in the best interest, welfare, and general well-being of older adults in Tooele County.
- Section 3. The council shall advise the agency relative to:
- a. Developing and administering an area plan for older adults.
 - b. Conducting public hearings concerning aging adults.
 - c. Representing the interests of older adults.
 - d. Reviewing and commenting on all community policies, programs, and actions which affect older adults, with the intent of assuring maximum coordination and responsiveness to older adults' needs.
 - e. Assisting in social needs assessment, problem identification, and determining priorities.

- f. Making recommendations to the Director of Aging Services on how Aging Services may be changed or improved.
- g. Evaluating the effectiveness of aging programs to advise and recommend continued funding.
- h. Encouraging and facilitating cooperation and coordination between the various social and health service providers in the unified service system.
- i. Determining the most efficient and effective means to provide needed aging services.
- j. Making recommendations to the State’s Director of Aging and Adult Services through respective representatives; and
- k. Providing public relations information to the community at large.

Section 4. Review by the advisory council. The Area Agency on Aging (AAA)- shall submit the area plan and amendments for review and comment to the advisory council before it is transmitted to the State agency for approval.

Article III Composition of Council

Section 1. The COA shall consist of eleven (11) voting members; at least six (6) of the members shall be older adults, including minority individuals, who are participants, or eligible to participate in programs authorized by the Older Americans Act. The representatives of each senior center’s advisory board in the County shall be included in the Council. The other members of the council may be:

- a. Representatives of older adults.
- b. Representatives of health care provider organizations, including veterans’ health care, if available.
- c. Representatives of supportive service provider organizations.
- d. Persons with leadership experience in the private and voluntary sectors.
- e. Local elected officials; or
- f. The general public; or
- g. Representative of low-income individuals.
- h. One person may be able to represent more than one of the above-listed groups, although they will still only have one vote.

Section 2. In Tooele County Code Section 4-2-6, the Tooele County Commission authorized the creation of an advisory board for each senior center in the County. Each center’s advisory board recommends that a representative of the center board to be appointed to the Tooele County Council on Aging.

- Section 3. No member of the COA shall be on the payroll of the Division of Aging Services. Staff from the Division of Aging Services and members of the County Council, and other special technical assistance consultants may be non-voting, ex-officio members of the COA.
- Section 4. Membership on the COA may be terminated by resignation or by resolution of the COA after any member of the COA has missed three or more meetings each year without cause.
- Section 5. Vacancies shall be filled by the nomination and recommendation of the COA, reviewed by the Aging Director, and then submitted to the County Council for official appointment.
- Section 6. Expired terms shall be filled by the nomination and recommendation of the COA, reviewed by the Aging Director, and then submitted to the County Council.

Article IV Conducting Business

- Section 1. Officers of the COA shall consist of the chairperson, vice-chairperson, and other such officers as may be determined by the COA members.
- Section 2. The nomination of the officers will be held in October each year by COA members. Meetings will be conducted by "Robert's Rules of Order" or other rules that may be acceptable to the COA. Officers elected in October shall take office at the first meeting in January.
- Section 3. Regular meetings of the COA shall be held on the fourth Wednesday of each month, except July, November, and December unless notified otherwise. Meetings are deemed public and should be advertised as such.
- Section 4. A quorum shall consist of six (6) COA voting members.
- Section 5. A staff secretary will be made available through the Tooele County Division of Aging Services. The secretary shall attend or be responsive to all meetings of the COA and preserve in the books of the COA true minutes of the proceedings.

Article V
Standing Committees

Ad Hoc committees may be called at the discretion of the COA or through the recommendation of the Tooele County Division of Aging Services.

Article VI
Scope of Authority

All decisions made by the COA concerning planning needs assessment and selection of services shall be made as recommendations to the Tooele County Division of Aging Services and the County Council, who will have final approval.

Article VII
Amendments

These By-Laws may be adopted, amended, or repealed by the Council on Aging.

2024 Council on Aging Membership (see attachment)

Acronyms & Glossary

AAA (Area Agency on Aging)- A local or regional organization that plans, coordinates, and oversees various services and supports for adults 60 and older. Of the 655 AAA's across the country, over half are public agencies, and the remainder private, nonprofits.

ADL (Activities of Daily Living)- The things we usually do that are basic for self-care: 1) bathing and grooming, 2) dressing, undressing, 3) feeding oneself, 4) toileting (continence), 5) transfer (e.g., getting out of bed), and 6) ambulation (e.g., walking or using a wheelchair).

ADRC (Aging and Disability Resource Center)- A single source of information and assistance on issues affecting older adults, people with disabilities, and their families.

Adult Day Care/Adult Day Health- A supportive group setting for older adults who need supervision. Most programs offer individualized plans of care, group exercise, adult education and recreation, nutritious meals, support and respite for caregivers, and social work services. Adult day health is like adult day care but designed for those who need a higher level of care.

Adult Protective Services- State and local government programs investigate and intervene in reports of abuse, neglect, and exploitation of adults who are physically or mentally impaired and unable to protect themselves from harm.

Aging Network- An interconnected mix of organizations—in both the public and private sectors—providing support for older Americans and their families.

Assisted Living- A combination of housing, supportive services, and personalized health care in a professionally managed group setting designed for adults who need a helping hand but do not need 24-hour care.

Care Transition- Refers to when a patient/client leaves one care situation or setting (e.g., hospital, nursing home, assisted living, skilled nursing facility, primary care physician, home health, or specialist) and moves to another.

Case Management- Assessment, planning, facilitation, and advocacy for individuals and families with health or long-term care needs. Case managers typically are nurses or social workers who serve essentially as gatekeepers to local sources of support.

Care Coordination- Synchronizing patient care; may include establishing a plan of care managed jointly by the patient and the health care team, anticipating routine needs, and actively tracking progress toward patient care plan goals.

Chronic Care Management- Coordinating all levels of patient care for chronic conditions, such as diabetes, high blood pressure, and heart disease, through preventative care, screening, and patient education on healthy lifestyles.

Congregate Meals- Free or low-cost, nutritious meals served in community settings.

Continuum of Care- A term for the entire range of specialized medical, social, rehabilitative, and residential services and supports available to older adults and people with long-term illnesses, in particular, home services, independent living, assisted living, and nursing home care.

Dementia- A term describing a group of diseases (such as Alzheimer's) typified by memory loss and other declines in mental and sometimes emotional functioning.

Elder Abuse- A knowing, intentional, or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult. State laws vary, but broadly defined, abuse may be physical, emotional, sexual, financial, neglect, or abandonment.

Evidence-Based Prevention Programs- Federal grant program designed to encourage and assist Aging Service Agencies to sponsor evidence-based interventions related to medication management and chronic disease self-management.

Frail- Having a physical or mental disability, such as Alzheimer's, that restricts daily life or diminishes independence.

Greatest Economic Need- Defined in the Older Americans Act as the need resulting from an income level at or below the poverty line.

Greatest Social Need- Defined in the Older Americans Act as the need caused by non-economic factors, including physical and mental disabilities; language barriers; and cultural, social, racial, ethnic, or geographic isolation, which restrict a person's ability to perform routine daily tasks or threaten the capacity of the individual to live independently.

Home Health- Medical and personal care delivered by licensed health professionals or home care aides. Home health services range from help with medicines to wound care, pain

management, and therapy. Personal care includes assistance with eating and bathing, dressing, grooming, and using the bathroom. Medicare, Medicaid, and private insurance generally cover home health care.

Home Health Agency- Provides medically skilled home care services, such as skilled nursing care, physical therapy, occupational therapy, speech therapy, and personal care by trained home health aides.

Homebound- Unable to leave home without exceptional effort or support.

Home-Delivered Meals- Nutritionally balanced meals delivered to homebound, frail, and disabled older adults.

Homemaker Services- Assistance with light housekeeping, shopping, or paying bills.

Hospice Care- Services to terminally ill and family, provided in the home, a hospital, or a nursing home. Includes home health care, volunteer support, pain management, and grief counseling.

Informal Caregiver- A family member, friend, or neighbor who cares for an older adult.

IADL (Instrumental Activities of Daily Living)- A checklist of six self-care tasks that serve as indicators of an ability to live independently: light housework, preparing meals, taking medications, shopping for groceries or clothes, using the telephone, and managing money.

LTSS (Long-Term Services and Supports)- Help for older adults and disabled Americans with long-term care needs, most often including a blend of informal (unpaid) and formal services. Medicaid plays a critical role for people needing long-term support, paying 40 percent of LTSS spending in the United States.

Long-Term Care Ombudsman- A neutral (unbiased) third-party advocate for those receiving long-term services and support. An ombudsman's main roles are to receive and investigate complaints, seek to resolve the problems with officials involved, and make recommendations to appropriate authorities about desired or necessary changes.

Medicaid- A joint federal-state insurance program that helps with medical costs for some people with limited incomes—and the largest funding source for long-term services and support today.

Federal guidelines exist, but states establish their own criteria for *who* qualifies and *what* services are covered.

Medicare- A federally funded system of national health insurance for older Americans may pay for nursing home care or rehabilitative therapy after a hospital stay, but only for a short time (up to 100 days if a doctor orders the care).

Medication Management- Screening and education to prevent incorrect medication and adverse drug reactions.

Nursing Home- A nonprofit or private group residence for frail older adults and adults with disabilities who cannot live safely alone. Medicare covers the cost of some nursing home services, such as skilled nursing or rehabilitative care.

OAA (Older Americans Act)- Enacted in 1965, the OAA serves millions of Americans aged 60 and older, as diverse as America's communities. Examples of services funded under this act include, among others, nutrition, elder abuse prevention, long-term care ombudsman, legal assistance, and employment. The national network of 56 State Units on Aging and 655 Area Agencies on Aging administers and serves as the gateway to these resources.

Personal care- Non-medical assistance with transferring, bathing, dressing, eating, and toileting for individuals with disabilities and older adults with no other means of support.

Preventive health care services- Medicare now covers ten preventive services; three types of immunizations and seven types of screenings. Legislation has been introduced to cover additional services. However, not all beneficiaries avail themselves of Medicare's preventive services. Some may choose not to use them, but others may be unaware that Medicare covers these services.

PSA (Planning and Service Area)- Geographic locations covered by the AAA, the state-designated focal point for Older Americans Act (OAA)-funded programs.

Respite Care- A few hours or weeks break for caregivers, allowing them to refresh and recharge. Respite services include in-home care, adult day care, skilled nursing, home health, and institutional care.

Self-Directed Care- A person-centered community living option for those eligible to receive publicly funded home and community-based long-term services and support.

Senior Center- A local focal point for nutritional, physical, and recreational services and support in a community, including, among others, congregate meals, health screening, and recreation.

SHIP (State Health Insurance Assistance Program)- A national program offering one-on-one counseling and assistance to people with Medicare and their families.

SSBG (Social Services Block Grant)- A federal grant program to states that helps to pay for limited amounts of social services for people of all ages (including adult protective services and some in-home services). *Also known as Title XX.*

Stakeholder- A person, group, or organization with a shared interest.

State Medicaid Waiver- Redirects a part of state Medicaid funding to home and community-based long-term services and supports as an alternative to more costly hospital or nursing home care.

SUA (State Unit on Aging)- The principal state agency designated by the governor and state legislature for matters in the state relating to the needs of older adults.

Transitional Care. A sub-part of the broader concept of care coordination, the term refers to a set of actions to ensure continuity as patients transfer between different locations or different levels of care. *See also* Care Coordination, Care or Case Management.

Reference:

Information for this Orientation Guide was taken from the National Association of Area Agencies on Aging (n4a), Area Agency on Aging Boards, and Advisory Councils: **You** Make a Difference, October 2011.

Appendix:

Older Americans Act

<https://acl.gov/about-acl/authorizing-statutes/older-americans-act>