

**Alaska
Commission
on Aging**

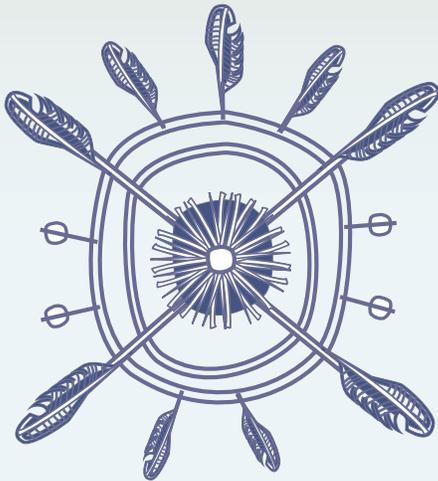


**FY 2008
Annual Report**

Alaska Commission on Aging

*"We turn not
older with years,
but newer every day."*

—Emily Dickinson



The mission of the Alaska Commission on Aging is to ensure the dignity and independence of all older Alaskans, and to assist them, through planning, advocacy, education, and interagency cooperation, to lead useful and meaningful lives.

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FY 2008 Annual Report

Dear Reader,

Alaska is home to more than 76,500 older Alaskans who comprise 11% of the state's population, according to Alaska Department of Labor 2007 estimates. Alaskans aged 60 years and older are an important and growing segment of the state's population. The Alaska senior population continues to grow at unprecedented rates due to greater life expectancy, changes in migration trends (with more seniors now choosing to remain in-state upon retirement), and the aging of the baby boomer generation. While the costs of providing long-term care support services continue to escalate, Alaska seniors contribute significantly more to the state's economy than the cost of providing these services through their retirement incomes, health care spending, and employment. Moreover, older Alaskans contribute to the progress of our state through their wisdom, wealth of experience, historical perspective, and volunteer time.

Alaska is one of the leading states in establishing a balance between home- and community-based services and institutionalized care for older persons, according to a recent AARP report. While other states have built nursing homes and other institutional long-term care facilities to care for their elderly, Alaska has prudently invested in a continuum of long-term support services, ranging from community services and in-home supports to assisted living and nursing home facilities, a strategy that is less costly and desired by older Alaskans and their families.

The Alaska Commission on Aging is a State agency established in 1982, now under the Department of Health and Social Services. Our charge is to plan, advocate, and educate on behalf of all older Alaskans and their caregivers through inter-agency coordination so that Alaska elders and seniors may lead useful and meaningful lives with dignity and independence.

It is our pleasure to present the Alaska Commission on Aging (ACoA) 2008 annual report highlighting this year's activities. Our recent accomplishments include continued implementation of the Alaska State Plan for Senior Services FY2008–FY2011 through an inter-agency collaborative effort, planning for senior behavioral health care services, and successful advocacy along with our advocacy partners on a



"Seniors are the generation that helped to build this state and our country. It is our responsibility, our obligation, and our honor to assist them and do all that we can to support this generation!"

—Governor Sarah Palin

"We know that our elders are one of the nation's greatest resources. We want to show our respect, and to thank them for their hard work and dedication to their families, communities and the nation."

—David Ishida,
U.S. Administration
on Aging,
Regional Administrator



number of budgetary items for senior programs and services including an increment of \$1 million for senior grants to support nutrition, transportation, family caregiver, and related senior services; funding for the Senior Benefits Program to furnish income support for older Alaskans of modest incomes; funding for behavioral health services targeting the unique needs of Alaska seniors; support for the Alaska Primary Care Association whose community health centers provide primary care for all Alaskans, including Alaska seniors insured by Medicare who report difficulty finding primary care providers willing to accept them; as well as additional funding for the Low-Income Home Energy Assistance Program and the newly created Alaska Heating Assistance Program to offer heating assistance to more income-eligible Alaskan households.

The Commission and our advocacy partners also successfully advocated for non-budget related legislation including the extension of the ACoA sunset date to June 2016, after a highly complimentary review conducted by the Division of Legislative Audit; improved safeguards that apply to professional guardians and conservators who represent vulnerable Alaskans; and passage of new provisions for the prevention of identity and consumer fraud.

As we look forward, Alaska and Alaska seniors are confronting a wide range of challenges in the near-term and long-range future. Quality health care and long-term care supports, sufficient funding for programs and services, workforce development in all health care and supportive service industries, income security for seniors, and housing are some of the challenges before us as a state as we prepare to meet the demands of a growing aging population. Investment in the continuum of home- and community service supports, health promotion, and disease prevention programs will help to reduce the overall cost of institutionalized nursing home care allowing Alaska seniors to live longer, healthier, and more productive lives in their homes and communities close to family, friends, and traditions. We thank Governor Palin and the Legislature for support of our efforts to improve the quality of life for older Alaskans.

Sincerely,

Sharon Howerton-Clark
Chair of the Alaska Commission on Aging

Denise Daniello
ACoA Executive Director

Who We Are

The Alaska Commission on Aging (ACoA) is a state agency that plans services for older Alaskans and their caregivers, educates Alaskans about senior issues and concerns, and advocates for the needs of older Alaskans. The Alaska Department of Health and Social Services (DHSS) is Alaska's federally designated State Unit on Aging. The responsibilities that come with this designation are carried out by Senior and Disabilities Services (SDS) with the Alaska Commission on Aging. The Commission is an agency of DHSS, administered during 2008 under Boards and Commissions.

The Alaska Commission on Aging consists of eleven members, seven of whom are public members. They are gubernatorial appointees serving four-year terms. Seven seats are reserved for public members who are older Alaskans and two seats are filled by the Commissioners of the Departments of Health and Social Services (DHSS), and Commerce, Community and Economic Development (DCCED), or their designees. One seat is held for the Chair of the Alaska Pioneer Homes Advisory Board. The remaining seat is reserved for a senior services provider, regardless of age. The Commission is supported by an office staff of four, including the Executive Director, two Planners, and an Administrative Assistant.



FY 2008 Alaska Commission on Aging Members

Banarsi Lal,
Chair (FY 08)
Public member,
Fairbanks

Sharon Howerton-Clark,
Vice-Chair (FY 08)
Public member,
Homer

Frank Appel
Public member,
Anchorage

Patricia B. Branson
Provider member,
Kodiak

Tara Jollie
Director of Division of
Community
and Regional Affairs,
Department
of Commerce, Community
and
Economic Development,
Anchorage

Betty Keegan
Public member,
Wrangell

Iver Malutin
Public member,
Kodiak

Rod Moline
Director, Senior &
Disabilities Services,
Department of Health and
Social Services,
Juneau

Paula Pawlowski
Public member,
Anchorage

Edward Zastrow
Chair, Alaska Pioneer
Homes Advisory Board,
Ketchikan

Vacancy
Public Member

**FY 2008
Alaska Commission
on Aging Staff**
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Denise Daniello,
Executive Director

MaryAnn VandeCastle,
Planner II

Lesley Thompson,
Planner I

Sherice Ridges,
Administrative Assistant

**How to Contact the
Alaska Commission
on Aging**
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Alaska Commission
on Aging
Department of Health &
Social Services

Physical address:
150 Third Street, #103
Juneau, Alaska 99801

Mailing address:
P.O. Box 110693
Juneau, AK 99811-0693

Phone:
(907) 465-3250

Fax:
(907) 465-1398

Website:
www.alaskaaging.org

What We Do

The Alaska Commission on Aging has several statutory directives. The Commission makes recommendations directly to the Governor, the Administration, and the Legislature with respect to legislation, regulations, and appropriations for programs or services benefiting older Alaskans. ACoA has authority to develop a comprehensive state plan for senior services required by the U.S. Administration on Aging for states receiving federal funds under the Older Americans Act. The Alaska Commission on Aging is one of four statutory advisory bodies, called beneficiary boards, to the Alaska Mental Health Trust Authority ("the Trust"). The Alaska Commission on Aging, along with the other three beneficiary boards, advises the Trust on issues and funding related to the Trust's beneficiaries, which include individuals with Alzheimer's disease and related dementias (ARD). Additionally, ACoA provides representatives to project workgroups of the Trust.

The Alaska Commission on Aging focuses its work in the following areas: planning, advocacy, education and public awareness, and interagency cooperation. The Commission includes six standing committees that focus on specific topics. These committees are as follows:

- Executive
- Legislative Advocacy
- Planning
- By-Laws
- Nominating
- Outstanding Older Workers Recognition



Guiding Principles

The Commission has identified eight guiding principles that provide a philosophical frame of reference for all of the Commission's work.

Quality of Life

- 1 Seniors will live with dignity and respect and have an opportunity to receive services to promote and enhance their physical, mental, spiritual, and emotional health.
- 2 Seniors will attain and maintain personal and financial independence at the highest level for as long as possible.
- 3 Seniors will be able to age in place, remaining safe in their own homes, chosen communities or regions of the state in the least restrictive setting possible.
- 4 Seniors will remain connected as valued members of their families and communities with opportunities for maximum mutual benefit and harmony between generations.

Services

- 1 Services will provide satisfaction to seniors and caregivers, and demonstrate positive outcomes in the lives of seniors.
- 2 Services to seniors will be provided in as culturally relevant a manner as possible.
- 3 Services will be planned and provided in consideration, collaboration, and coordination with other groups and organizations in order to make maximum use of existing resources while ensuring that seniors receive the range of services they need.
- 4 Service providers will receive adequate training and professional development to ensure competent delivery of services to seniors.



"Our seniors are our fastest growing population — we all have the responsibility to ensure they get the services they need in order to remain in their own homes and in their own communities."

—Bill Hogan,
Commissioner,
Alaska Department of
Health and Social Services

Focal Points for Programmatic Work

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- Independence, Dignity, and Respect
- Safety and security
- Community Connection
- Affordable, Accessible Health Care
- Education, Information, and Assistance
- Improved Coordination of Resources
- Equitable Service Provision
- Delivery of Efficient Services Consistent with a High Level of Quality Care

Focal Points for Programmatic Work

Based on input from Alaska seniors, the Commission focuses on the following needs:

- **Independence, dignity, and respect:** Seniors deserve to be personally empowered, to maintain the ability to choose to stay in their own homes and remain close to their family, culture, traditional values, and practices.
- **Safety and security:** Seniors expect to be protected from abuse, neglect, fraud, and other scams which threaten their personal safety and financial security.
- **Community connection:** Older Alaskans desire social involvement that encourages their interactions with all generations, to engage with and become more visible in their communities, and to participate in life at every level.
- **Affordable, accessible health care:** Seniors believe that access to good health care, as well as to health promotion and health maintenance activities, is important for the well-being of all segments of the population, including their children and grandchildren.



- **Education, information, and assistance:** Seniors want to be kept informed of the status of all issues of concern to them and desire convenient access to the information they need about available services and benefits.
- **Improved coordination of resources:** Older Alaskans request that various government programs work together to reduce administrative costs so that more money will be available for actual services to seniors. This includes collaborative efforts for health care, preventive health, and behavioral health services.
- **Equitable service provision:** Seniors believe those in rural areas of the state should have services available to them just as those in urban areas do. They want services available not just to low-income and affluent seniors but to struggling low- and moderate-income seniors who do not qualify for most government programs.
- **Delivery of efficient services consistent with a high level of quality care:** Seniors dislike any type of waste or inefficiency in programs designed for their benefit. They desire high-quality services delivered in the most efficient way possible.



“Our seniors and elders are deep reservoirs of experience and knowledge that we must treasure if we wish to maintain a sturdy foundation for the future of Alaska.”

—Bill Hogan,
Commissioner,
Alaska Department
of Health and Social
Services



Working for Alaska Seniors

FY2008 – FY2011 Alaska State Plan for Senior Services Goals

During fiscal year 2007 (FY07), the Alaska Commission on Aging and its agency partners developed the State Plan for Senior Services FY2008–FY2011 in a collaborative process that resulted in the identification of six overall goals for senior services in Alaska. The Alaska Commission on Aging and its partner agencies plan activities to address each of these goals.

Goal One:

Alaska seniors stay healthy and active, and are involved in their communities.

Goal Two:

Older Alaskans have access to an integrated array of health and social supports along the continuum of care.

Goal Three:

Families are supported in their efforts to care for their loved ones at home and in the community.

Goal Four:

A range of adequate, accessible, secure and affordable housing options is available to seniors.

Goal Five:

Alaska supports a stable workforce for senior and health care services as well as a range of attractive employment opportunities for seniors.

Goal Six:

Older Alaskans are safe from catastrophic events and protected from personal exploitation, neglect, and abuse.



FY2008-FY2011 Alaska State Plan Goals

- ① Encouragement of Healthy Lifestyles
- ② Integrated Health and Social Supports
- ③ Support for Family Caregivers
- ④ Adequate, Accessible, Secure & Affordable Housing
- ⑤ Stable workforce for Senior & Health Care Services / Range of Senior Employment Opportunities
- ⑥ Safety & Protection for Older Alaskans

Accomplishments

During FY08, the Alaska Commission on Aging was engaged in the areas of Commission business, planning, advocacy, education, and interagency cooperation.

Commission Business

- **Agency Sunrise and Statute Modifications:** After a successful “sunset review” by the Division of Legislative Audit in 2007, the 2008 Legislature extended the ACoA’s sunset date from June 30, 2008 to June 30, 2016 at the recommendation of the auditors. In a separate bill, the Legislature modified the Commission’s enabling statutes, on the basis of the auditors’ recommendation, to more accurately reflect the ACoA’s current responsibilities.
- **Quarterly Commission Meetings in the following locations:**
 - **August 2007 — Kodiak.** This was the Commission’s annual rural outreach meeting. Commissioners visited senior services agencies in the Kodiak area (Kodiak, Port Lions, Ouzinkie, and Old Harbor) and spoke with individual seniors at area senior centers.
 - **December 2007 — Anchorage.** The ACoA met at the Alaska Mental Health Trust Authority’s conference room.
 - **February 2008 — Juneau.** The ACoA held its business meeting at the Alaska Permanent Fund Corporation’s conference room in the Goldbelt Building and visited with legislators to discuss senior needs and concerns. Governor Palin hosted Commission members and associates at a Governor’s Mansion reception where she was presented with a proclamation recognizing her for her support of seniors and their concerns.
 - **April/May 2008 — Anchorage.** The Commission met at the Anchorage Senior Center and also joined with the Senior Center and the Anchorage Senior Citizens Advisory Commission to hold a public gathering on May 1st to celebrate Older Americans Month (May 2008) and the Senior Center’s 25th anniversary.



“As you go out outside of Anchorage further and further the needs are more and more complex. The transportation questions are as basic as the needs are great.”

—Paula Pawlowski,
Commission Member



“Starting in 2011, the first of the 78 million baby boomers will begin to transition to retirement. We project that more than ten (10) percent of baby boomers will live to at least the age of 90.”

—David Ishida,
U.S. Administration
on Aging,
Regional Administrator

Speakers at the event included Governor Sarah Palin, Anchorage Mayor Mark Begich, David Ishida (regional administrator for the U.S. Administration on Aging), then-DHSS Commissioner Karleen Jackson, several Anchorage-area legislators, and others.

The ACoA promoted its “Healthy Body, Healthy Brain Campaign” during the event with gift bags of informational materials for the over 200 participants and a brain-healthy Mediterranean-style lunch prepared by Anchorage Senior Center catering staff.

Planning

- **State Plan Implementation:** After receiving federal approval of its state plan for senior services for the period FY 2008 through FY 2011, the Commission created a unique ongoing process among its agency partners through which progress on the plan’s six goals, eighteen objectives, and over one-hundred strategies could be encouraged and tracked during the four-year life of the plan. Alaska is one of the only states to adopt an active multi-year planning process of this type. In November, 2007, the ACoA held its first annual state plan implementation meeting at AARP’s conference room in Anchorage. Approximately 35 people, representing a wide array of agencies with an interest in senior issues, participated in the all-day meeting, where they met in small groups to select specific strategies from the state plan to emphasize during the coming year. The group as a whole also advised the ACoA on priority issues to address in a letter to the Governor’s Health Care Strategies Planning Council, which was preparing to conclude its tenure with a final report on its findings.
- **Long-Term Care Strategic Plan:** The Commission’s executive director was a member of the DHSS team which produced a request for proposals, selected a contractor, and provided ongoing feedback for creation of a long-term care strategic plan to help guide the development of a continuum of long-term support services for the next three to five years as the State prepares for the needs of a rapidly aging population. HCBS Strategies, the chosen contractor, produced a report which is available online: www.hcbsstrategies.com/project_page_Alaska_LTC.html

- **Comprehensive Integrated Mental Health Plan:** As representatives of Alaska senior Trust beneficiaries, Commission staff participated in the development of updates to the Comprehensive Integrated Mental Health Plan, helped develop a compact beneficiary scorecard to be used in advocacy activities, and provided recommendations addressing the needs of older Alaskans, including the need for more accessible primary care for senior Medicare recipients (many of whom are challenged to find physicians who accept Medicare patients due to low reimbursement rates), the development of behavioral health services tailored to older adults, prevention and early intervention in disease management, the need for more culturally relevant programs and services, and other considerations.
- **Aging and Disability Resource Centers (ADRCs):** ACoA staff participated as members of an advisory committee which assisted in the administration and support of the ADRCs, which are mandated by the Older Americans Act and required in order to obtain federal funding to support state programs. The purpose of the ADRCs is to provide information and referral assistance for older individuals and persons with disabilities as well as long-term care options counseling and support. The ADRC is designed to serve as a “single point of entry” into the long-term support services system. During FY 2008, there were six ADRCs operated by the Alaska Statewide Independent Living Council (SILC). The advisory committee also helped direct the program’s transition to management by the State’s Senior and Disabilities Services office beginning in FY 2009.

Advocacy

- **Senior Legislative Teleconferences:** During the 2008 legislative session, ACoA hosted eight bi-weekly senior legislative teleconferences in which seniors and advocates at numerous host sites across the state participated with ACoA members and staff in examining and discussing a wide range of legislation of interest to seniors. ACoA staff typically track over a hundred bills per session and provide an online update of all such bills before each teleconference. The ninety-minute teleconferences feature



“The Office of Long-Term Care Ombudsman has concentrated on making the general public more informed of the existence and role of our office and this has led to an increase in complaints/concerns called into our office and that is a good thing.”

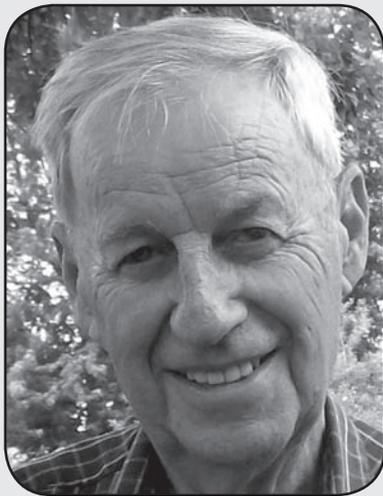
—Bob Dreyer, Alaska’s
Long-Term Care
Ombudsman

“The community health centers provide very comprehensive services on a small amount of money. They are the primary source for services to the uninsured and underinsured, including more seniors insured by Medicare. The ACoA supports community health centers and will work with the legislature to try to get more resources for them.”

—Banarsi Lal, Commission Member

staff reports on bills and their progress as well as guest speakers who share in-depth knowledge of selected topics.

- **Legislative Efforts:** The Commission collaborated with other organizations to obtain legislative victories for the following bills and resolutions during the 2008 legislative session, through meetings with legislators and their staff, support letters, testimony, position papers, and other advocacy efforts:
 - Worked with many advocacy partners to secure an additional \$1 million in base funding for senior grants which fund home- and community-based services.
 - After a successful legislative audit, sought and received a sunset extension for the Alaska Commission on Aging from June 30, 2008 to June 30, 2016, and a statutory modification to reflect the Commission’s current duties and responsibilities.
 - Obtained funding for a behavioral health program with targeted outreach to seniors, which will be administered by the Division of Behavioral Health.
 - Successfully supported funding for Alaska’s Community Health Centers (CMCs) to let seniors know that primary care for Medicare beneficiaries is available at the CMCs.
 - Helped secure continued funding for the Senior Benefits Program, which provides a monthly cash benefit to modest-income seniors.
 - Assisted in obtaining additional State funding for the Low-Income Home Energy Assistance Program (LIHEAP) and a newly-created Alaska Heating Assistance Program which offers heating assistance to Alaskan households with slightly higher incomes.
 - Supported the enactment of new safeguards applying to professional guardians and conservators representing seniors and other vulnerable Alaskans.
 - Supported the passage of new legislative protections against identify theft and consumer fraud.



"First you are young; then you are middle-aged; then you are old; then you are wonderful."

—Lady Diana Cooper

by Public Health), development of a page on the ACoA website (www.hss.state.ak.us/acoa/healthyBrainLinks.htm) showing the latest research studies linking lifestyle to ADRD risk, production of a set of colorful movie theatre ads promoting healthy lifestyles and their ability to influence ADRD development, group presentations on the latest ADRD/lifestyle research by the Alzheimer's Disease Resource Agency of Alaska, and other promotional strategies in an ongoing implementation effort.

- **May 2008 Older Americans Month:** The Commission joined with the Anchorage Senior Center and the Municipality of Anchorage Senior Advisory Commission in a public celebration of Older Americans Month, the Healthy Body, Healthy Brain Campaign, and the 25th anniversary of the Anchorage Senior Center on May 1, 2008 at the Anchorage Senior Center's main ballroom. With speeches by Governor Sarah Palin, Anchorage Mayor Mark Begich, DHSS Commissioner Karleen Jackson, U.S. Administration on Aging regional administrator, legislators, and others, as well as entertainment, gift bags, and a free brain-healthy Mediterranean-style lunch, over 200 people were able to combine information, education, fun and feasting as they learned more about healthy lifestyles.
- **"You KNOW Me..." Campaign:** The ACoA participated in the Trust's public awareness campaign aimed at reducing the social stigma attached to persons with behavioral health illnesses and dementia.
- **Community Presentations:** Commission members and staff delivered public presentations to a variety of community groups regarding the course of Alzheimer's disease and related disorders, the demographics of Alaska seniors, and various issues affecting older Alaskans.
- **Quarterly Newsletters:** The Commission published a quarterly newsletter circulated to 850 subscribers. (A newsletter archive can be found on ACoA's website, www.alaskaaging.org.)

Inter-agency Collaboration

- **Trust Involvement:** Participated with other beneficiary boards and councils in activities related to Alaska Mental Health Trust Authority endeavors, including the Comprehensive Integrated Mental Health Plan (both data group and leadership team meetings), the “You KNOW Me...” public awareness campaign, presentations requiring development of information on issues such as Alzheimer’s disease and related dementias (ADRD) and senior behavioral health issues, and working groups focused on issues of interest to the boards. Commission members and staff serve as representatives on the following Trust committees and focus area work groups: Housing, Workforce Development, Coordinated Communications, Disability Justice, Trust Beneficiary Group Initiatives, and the Trustee Applicant Review Committee.
- **Senior Behavioral Health:** The ACoA collaborated with the Division of Behavioral Health to develop and obtain funding for the Senior Behavioral Health Project, formerly known as the SOAR (Senior Outreach, Assessment, and Referral) Project, a targeted effort to extend behavioral health services to seniors, who often avoid more traditional service venues due to fear of stigma.
- **Memberships on Other Boards and Commissions:** Commissioner Banarsi Lal served on the Governor’s Council on Disabilities and Special Education. Banarsi also represented the Commission on the Pioneers’ Home Advisory Board. Executive Director Denise Daniello served on the board of the Alaska Brain Injury Network, a nonprofit organization promoting education, prevention, and advocacy for a service system to meet the needs of traumatic brain injury survivors and their caregivers. (Many traumatic brain injuries are the result of falls, the number one source of injury to seniors.)

We want our older citizens to have options to institutionalization, and to avoid placement in a nursing home. We want them to remain at home and in the community for as long as possible, supported with in-home social and medical services.

—David Ishida,
U.S. Administration
on Aging,
Regional Administrator



Answers to Survey Questions:

What Do You Know About Alzheimer's Disease and Related Dementias?

- The correct answer is b. False. Alzheimer's disease is not a normal part of the aging process. It is the result of a disease process.
- The correct answer is b. False. There can be many reasons why a person may forget where they put their keys or notice other similar memory lapses, including stress, fatigue, grief, medication side effects, poor vision or hearing, etc. Alzheimer's-related memory loss is more likely to involve forgetting the name of someone close, or feeling lost in a familiar location.
- The correct answer is a. True. While there are many other types of dementia, Alzheimer's disease is the most common among older people. Vascular dementia, a degenerative cardiovascular disease, is the second most common form of dementia in the U.S.
- The correct answer is c. 40 to 50%. Prevalence studies differ somewhat, but there is general agreement that roughly 42% of those aged 85 and over have Alzheimer's Disease and Related Dementias (ADRD).
- The correct answer is a. True — but only because women live longer than men on average, and advanced age is a risk factor for Alzheimer's disease.
- The correct answer is c. You'd have only a slight increase in risk. Development of Alzheimer's at age 80 would not in itself suggest the presence of an Alzheimer's gene which would increase your likelihood of developing the disease yourself.
- The correct answer is a. True. Like many other chronic diseases, Alzheimer's disease is now understood to be linked with increased inflammation. High levels of inflammation can be caused by poor diet, inadequate physical activity, and many other factors.
- The correct answers are a. Advanced age, b. Family history, c. Head injury involving loss of consciousness, and d. Chronic depression. All of these risk factors have been linked to an increased risk of developing Alzheimer's disease. Research has not established any increased risk related to the use of aluminum cookware.
- The correct answer is g. All of the above. Eating healthy, participating in regular physical activity, engaging in mental challenges like puzzles and games, socializing with family and friends, wearing a helmet when you ride a bike or participate in sports, and keeping your blood pressure and cholesterol within normal limits can help reduce your risk of developing Alzheimer's disease.
- The correct answers are a. Eating healthy, b. Participating in regular physical activity, and f. Keeping your blood pressure and cholesterol within normal limits. These steps can also help prevent vascular dementia. Other important actions you can take to prevent vascular dementia include: stop smoking, reduce obesity, control diabetes, and seek medical treatment of any heart problems.

For more information about Alzheimer's Disease and Related Dementias:

- visit the Alaska Commission on Aging's Healthy Body, Healthy Brain website, www.alaskaaging.org/healthyBrainLinks.htm, or
- phone the Alzheimer's Disease Resource Agency of Alaska at (800) 478-1080, or visit their website at www.alzalaska.org.

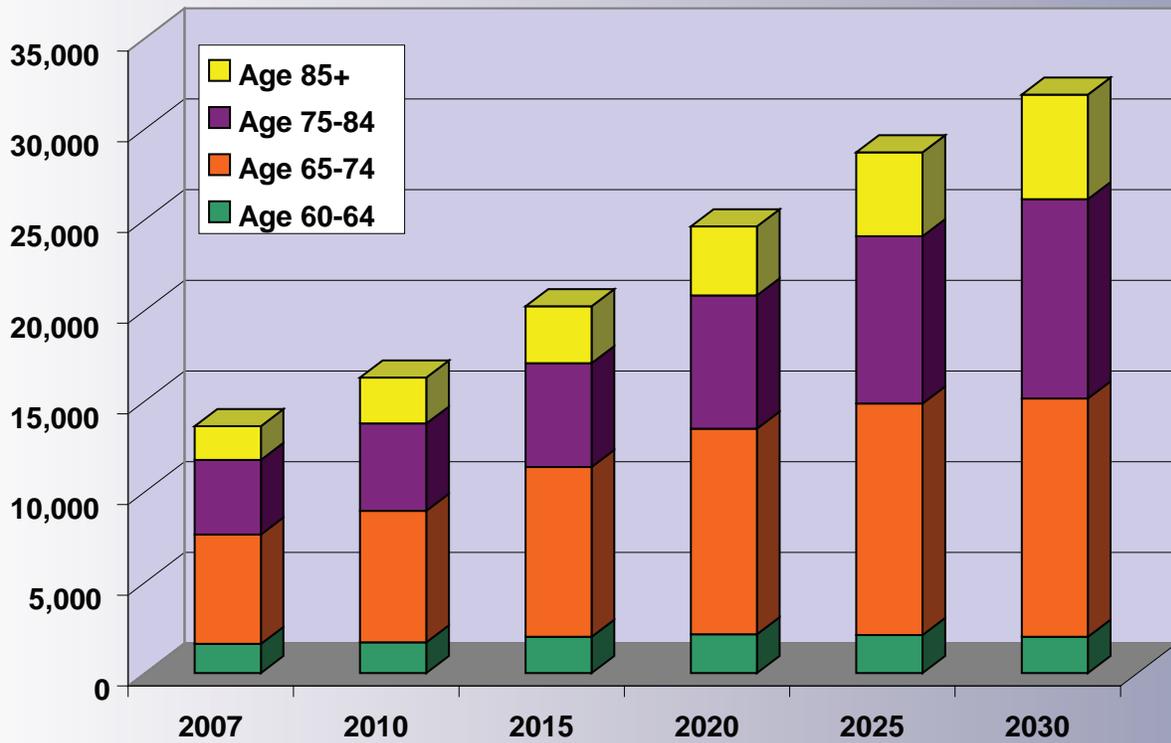
Survey: What Do You Know About Alzheimer's Disease and Related Dementias?

What Do You Know About Alzheimer's Disease and Related Dementias (ADRD)?

Please circle the letters of your responses.

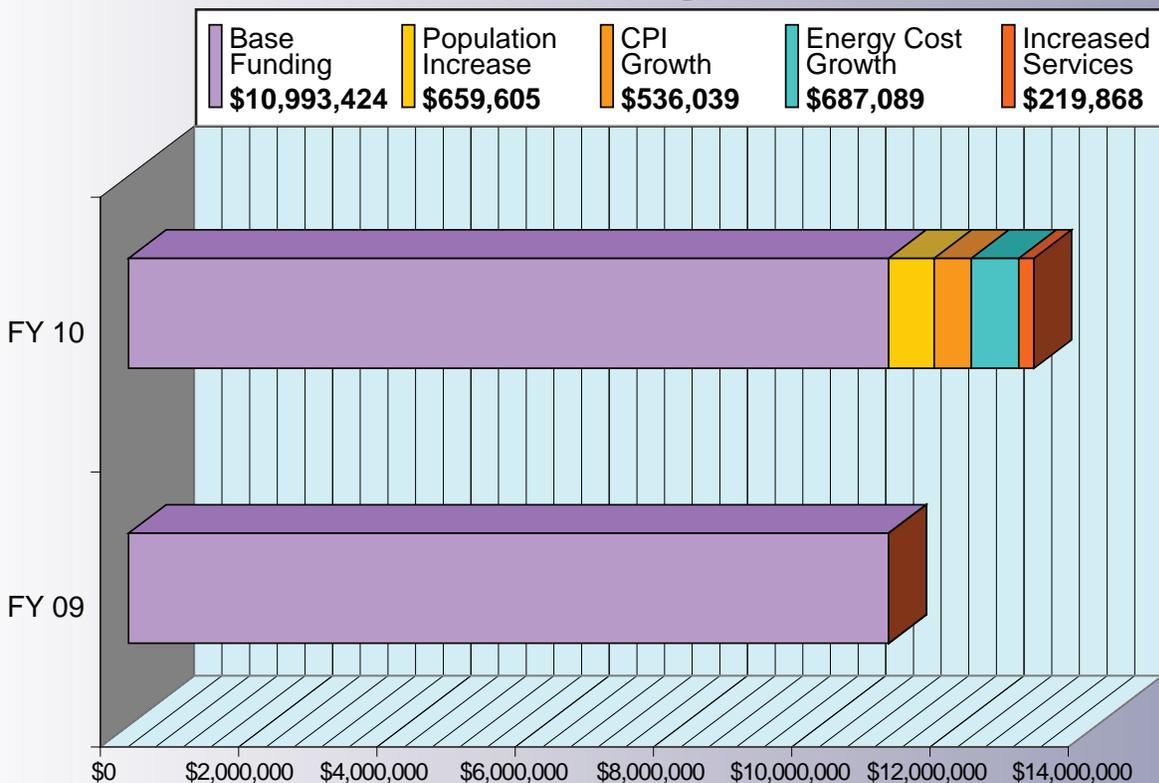
- Your age group: a. Age 60 or over b. Age 43 to 59
c. Age 30 to 42 d. Age 18 to 29
- Your gender: a. Female b. Male
- Alzheimer's disease is a normal result of aging. a. True b. False
- Forgetting where you put your keys is likely to be an early sign of Alzheimer's disease. a. True b. False
- Alzheimer's disease is the most common cause of dementia among older people. a. True b. False
- What percentage of people age 65 and older have Alzheimer's Disease and Related Dementias? a. Less than 10% b. 25 to 30%
c. 40 to 50% d. Over 70%
- Women are more likely than men to develop Alzheimer's disease. a. True b. False
- If a relative of yours developed Alzheimer's disease at age 80, you are very likely to also get the disease. a. True b. False c. You'd have only a slight increase in risk
- There is evidence that inflammation in the brain may contribute to the damage caused by Alzheimer's disease. a. True b. False
- Which of the following may be considered risk factors for Alzheimer's disease? (Circle all that apply.) a. Advanced age
b. Family history
c. Head injury involving loss of consciousness
d. Chronic depression
e. Use of aluminum cookware
- What can you do to help reduce your personal risk of developing Alzheimer's disease? (Circle all that apply.) a. Eat healthy
b. Participate in regular physical activity
c. Engage in mental challenges like puzzles and games
d. Socialize with family and friends
e. Wear a helmet when you ride a bike or take part in sports
f. Keep your blood pressure and cholesterol within normal limits
g. All of the above
h. None of the above
- Which of the lifestyle steps listed in #11 above will also help reduce your risk of vascular dementia? (List the letters of correct response(s) here:_____)

Projected Senior Home- and Community-Based Services Demand Through 2030



Data Source: 2007 actuals from Senior and Disabilities Services; same percentage applied to Institute of Social and Economic Research's age group population projections

FY 2010 Senior Grant Budget Base Increment



Traveling Advocates:

The Alaska Commission on Aging performs community outreach and holds four Commission meetings at different locations throughout the state each year.






I am an advocate for Alaska's rapidly growing senior population.

YOU KNOW me...

Traveling the state for the Alaska Commission on Aging, we've learned the importance of affordable local senior services. Too often, loved ones must be moved hundreds of miles from home communities, especially when health issues such as Alzheimer's Disease are involved.

Studies now indicate 50 percent of Americans will experience Alzheimer's or similar problems at age 85 and older. That gets your attention, doesn't it?

The Commission serves in an advisory capacity to the state to ensure that when services are needed they will be available for all Alaskans, close to home. We're also promoting ways to stay brain healthy as we age.

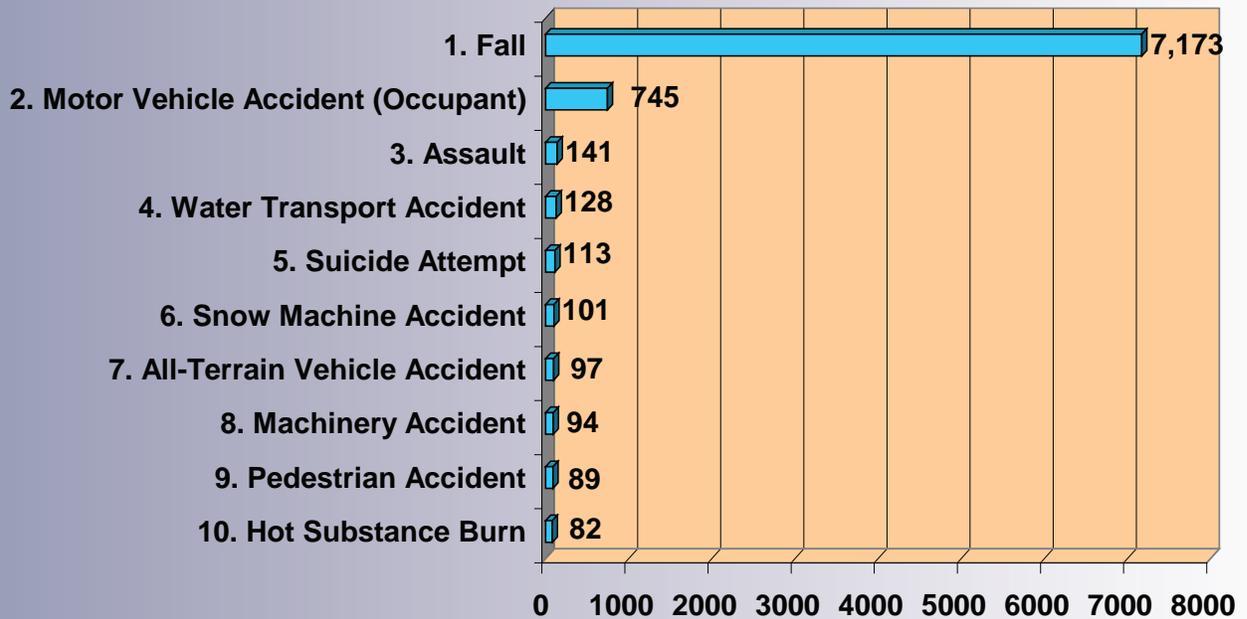
For more information visit www.alaskaaging.org



Services to Seniors in Alaska

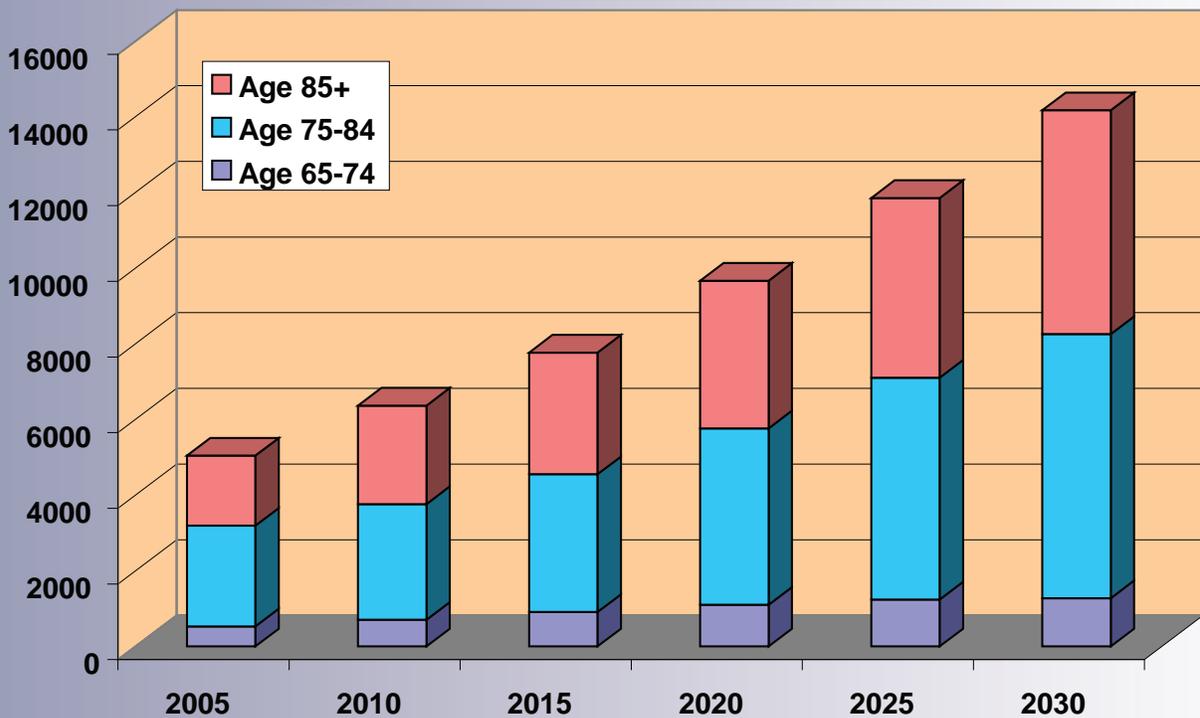
There are a wide variety of services offered to seniors in Alaska. The Alaska Commission on Aging advocates for these services as well as ensuring there are enough to meet the ever increasing senior population throughout the state.

Top Ten Non-Fatal Injuries to Alaska Seniors, 2001-2005



Source: Division of Public Health Trauma Registry

Projected Number of Alaskans with ADRD Through 2030



Data Source: National prevalence rates applied to Institute of Social and Economic Research's age group projections

Senior Snapshot: Older Alaskans in 2008

Older Alaskans are a highly diverse group of individuals, living a great variety of lifestyles in communities large and small. Statistics about our senior population do not capture the unique personalities and circumstances of all the seniors we know. Nevertheless, information about some aspects of the collective lives of Alaska's seniors illustrates many of the issues of concern to older Alaskans and their advocates.

The Alaska Commission on Aging has gathered a selection of data on older Alaskans in order to provide a sketch of the older residents of our state and their well-being. In our **Senior Snapshot: Older Alaskans in 2008**, we offer a number of data points, which corroborate the following observations:

- Alaska now has the fastest-growing senior population of the 50 states, with an increase of almost 50% among individuals age 65 and older during the past ten years.
- While senior populations in several regions have grown especially rapidly in the past six years (for example, the Southcentral region's seniors have increased by almost 50%), all nine regions have witnessed a double-digit percentage increase in their senior populations during this time period.
- Baby boomers are already beginning to swell the ranks of the youngest group of seniors, but the fastest-growing age group within the senior population is the 85-and-older group, whose members are the most frail, the most likely to struggle with Alzheimer's disease and related dementias (ARD), and the most likely to depend on home- and community-based as well as institutional long-term support services.
- While Alaska seniors appear no more likely to be living in poverty than the national average among seniors, many of them are struggling to get by financially. Nearly 20 percent of Alaskans age 65 and older are receiving a modest monthly cash supplement from the Senior Benefits Program, a percentage which varies greatly by location, from 12 percent in the North Slope region to 59 percent in the Bethel/Wade Hampton region. To qualify for this program, seniors must have incomes below 175% of the



*"And in the end,
it's not the years
in your life that
count. It's the life
in your years."*

—Abraham Lincoln



"Seniors are a vital part of our communities as leaders within the social networks and economic contributors."

—Marie Darlin,
Coordinator of AARP's
State Task Force

federal poverty level for Alaska. In 2008, that meant no more than \$22,750 for a single senior, and no more than \$30,625 for a couple.

- Retired seniors as a whole contribute approximately \$1.6 billion annually to Alaska's economy, including their retirement income and health care spending. While Alaska's "retirement industry" may not yet be competing with those of Florida or Arizona, this source of cash flow is in fact one of the state's top industries. And its value is enhanced by the fact that it produces local spending and is environmentally benign, stable, year-round, compatible with other industries, spread throughout the state, and helps create economies of scale (particularly in health care) which benefit the entire population.
- Wait lists for Alaska Housing Finance Corporation (AHFC) senior housing have grown by over 70 percent in six years. As the senior population grows by six percent per year, we can expect more and more older Alaskans to seek out the senior housing provided by AHFC.
- Alaskan seniors are more likely than U.S. seniors as a whole to die of causes linked to behavioral health issues. Older Alaskans have high suicide rates as well as high rates of accidental deaths and alcohol-induced deaths. These figures suggest that behavioral health programs targeted to seniors with depression, other mental illness, and substance abuse problems could have a dramatic impact on our seniors' quality of life.
- In spite of these areas of unfavorable comparison, Alaska's seniors are actually healthier than the national average – less likely to die from any of the leading causes of death and less likely to die in a given year from any cause of death. Alaskan seniors' age-adjusted death rates are substantially lower than those of U.S. seniors as a whole. For every 100,000 Alaskans age 65 and older, only 4,036 die in a given one-year period, while for every 100,000 U.S. seniors, 4,865 die during that period. In other words, an Alaskan senior is 20 percent less likely to die (from any cause) during a given year than his or her U.S. counterpart.
- Alaskan seniors report higher levels of self-described disability than do U.S. seniors as a whole. The BRFSS

(Behavioral Risk Factor Surveillance System, a Public Health phone survey) asks whether they are “limited in their activities because of physical, mental, or emotional problems.” Alaskan seniors are about 15 percent more likely to answer, “Yes.”

- Today’s Pioneer Home residents are more likely than not to require care at Level III, the most advanced level of care, which includes 24-hour nursing care. This presents the Pioneer Homes with a challenge because it is a very different mix of residents from that which the homes were originally designed to serve. However, one reason for this more intensive level of need is that older Alaskans are able to remain in their own homes longer today thanks to more comprehensive home- and community-based services. The average Pioneer Home resident today is ten years older than the average resident of a decade ago.
- A substantial number of complaints about abuse and neglect involving seniors in long-term support services, as well as cases of financial exploitation of seniors, are being received by agencies such as the Long-Term Care Ombudsman’s Office and the Office of Elder Fraud and Assistance. (Data on those served by Adult Protective Services was not available, but the number is known to be increasing as well.) Many cases of abuse, neglect and exploitation of seniors involve friends and family members.
- Alaska’s correctional facilities admit senior inmates on a regular basis, and house others who have aged into their senior years while incarcerated. These individuals may need services during their time in prison as well as upon their release.

“I’m very happy with the services Alaska offers for seniors. Care coordination and chore services allowed me to remain in my home for several years beyond the time my doctor recommended nursing home placement.”

—Merle Ritter, Juneau



Senior Snapshot: Older Alaskans in 2008

Population Age 60+	2007	% of Area's Total 2007 Pop.	Seniors Change Since 2001	Comments
<i>Statewide Total</i>	76,348	11.3%	+36.9%	<i>All census areas. NOTE 1</i>
I. Bethel Area	2,040	8.4%	+15.4%	Bethel, Wade Hampton
II. Interior	10,609	10.1%	+38.1%	Fairbanks NSB, Yukon-Koyukuk, Denali, SE Fbks
III. North Slope	567	8.4%	+17.1%	North Slope Borough
IV. Anchorage	30,637	10.8%	+37.1%	Municipality of Anchorage
V. Southcentral	18,078	12.7%	+49.1%	Kenai Peninsula, Mat-Su, Valdez-Cordova
VI. Aleutians	455	6.2%	+22.0%	Aleutians East, Aleutians West
VII. Southwest	2,180	10.4%	+29.1%	Bristol Bay, Dillingham, Kodiak, Lake & Peninsula
VIII. Northwest	1,546	9.1%	+18.2%	Nome, Northwest Arctic
IX. Southeast	10,236	14.8%	+28.2%	Haines, Juneau, Ketchikan, Prince of Wales, Sitka, Skagway-Hoonah-Angoon, Wrangell-Petersburg, Yakutat
Age 60-64	28,853	4.3%	+54.7%	Older baby boomers entering this group. NOTE 2
Age 65-74	29,261	4.3%	+26.6%	
Age 75-84	13,711	2.0%	+23.3%	
Age 85+	4,523	0.7%	+57.3%	Fastest-growing age group
Rank Among States in Growth of Senior Population	Ranking: #1	AK Growth, 1997-2007: 49.6%	U.S. Avg. Growth: 11.2%	Age 65+. NOTE 3

Economic Status			Comments
Seniors' Economic Contribution to Alaska	2004: \$1.461 billion*	2008: \$1.589 billion**	*ISER figure from "Report on the Economic Well-Being of Alaska Seniors" (2007) **2008 ACOA estimate. NOTE 4
Percent in Poverty	2000: Alaska	2000: U.S.	Alaska Department of Labor & Workforce Development
Below 100% Pov.	7%	10%	Not adjusted for higher living costs in AK; 2000 Census
Below 200% Pov.	24%	36%	Not adjusted for higher living costs in AK; 2000 Census
Average Monthly Social Security Pmt	AK, Dec. 2007: \$1,015	U.S. Dec. 2007: \$1,049	Social Security Administration. NOTE 5
Average Monthly PERS Pmt	\$1,433.57	# of seniors: 10,042	AK Dept. of Administration, Div. of Retirement & Benefits. NOTE 6
# of Senior Benefits Recipients	Nov. 2008:	% of Seniors Age 65+:	Alaska Division of Public Assistance. NOTE 7
<i>Statewide</i>	9,309	19.6%	<i>All census areas</i>
I. Bethel Area	807	59.4%	Bethel, Wade Hampton
II. Interior	1,109	17.2%	Fairbanks NSB, Yukon-Koyukuk, Denali, SE Fbks
III. North Slope	41	11.7%	North Slope Borough
IV. Anchorage	3,353	17.7%	Municipality of Anchorage
V. Southcentral	2,153	19.1%	Kenai Peninsula, Mat-Su, Valdez-Cordova
VI. Aleutians	32	16.6%	Aleutians East, Aleutians West
VII. Southwest	387	28.8%	Bristol Bay, Dillingham, Kodiak, Lake & Peninsula
VIII. Northwest	391	38.3%	Nome, Northwest Arctic
IX. Southeast	1,030	15.8%	Haines, Juneau, Ketchikan, Prince of Wales, Sitka, Skagway-Hoonah-Angoon, Wrangell-Petersburg, Yakutat
Seniors (Age 65+) Receiving Old Age Assistance (Adult Public Assistance)	Nov. 2008 number of AK senior households: 4,979 (29.5% of all APA)	Nov. 2008 average amount of APA monthly benefit, all recipients: \$276	Alaska Division of Public Assistance. NOTE 8

Senior Snapshot: Older Alaskans in 2008

Avg. Monthly \$\$ (Food Stamps)	\$107.24 (Age 60+)	\$85.24 (Age 65+)	Alaska Division of Public Assistance. NOTE 9
% Homeless Age 55+	2008: 17%		Based on a single-point-in-time survey by AHFC, 2008
AHFC wait list for senior/disabled housing (statewide)	Jan. 2009: 754	Jan. 2003: 440	AHFC. Includes individuals age 62+ as well as individuals of any age with a disability
Senior Health	Alaska	U.S.	Comments
# with ADRD (estimate)	2007: 5,090	5,000,000	Based on national prevalence rates by age group. NOTE 10
Age-adjusted death rate (per 100,000 seniors)	2006: 4,036.1	2005: 4,865.6	Alaska Bureau of Vital Statistics. NOTE 11
Suicide rate (per 100,000 seniors age 65+)	2002-2006: 20.1	2005: 14.7	Alaska Bureau of Vital Statistics. NOTE 12
Other accidental deaths (per 100,000 age 65+)	2002-2006: 89.4	2005: 57.1	Alaska Bureau of Vital Statistics. "Other accidental deaths" exclude fatal falls. NOTE 13
Alcohol-induced deaths	2002-2006: 38.2	2005: 11.6	Alaska Bureau of Vital Statistics. NOTE 14
Non-fatal falls (per 100,000 age 65+)	2005: 1,369	2005: 1,176	Alaska Div. of Public Health – Alaska Trauma Registry; US Centers for Disease Control. NOTE 15
Binge drinkers	3.6%	3.5%	Age 65+ - 2007 BRFSS. NOTE 16
Heavy drinkers	2.3%	2.9%	Age 65+ - 2007 BRFSS. NOTE 17
Smokers	11.5%	9.0%	Age 65+ - 2007 BRFSS. NOTE 18
Disabled seniors	36.2%	31.5%	Age 65+ who are "limited in activities because of physical, mental or emotional problems" – 2007 BRFSS
Pioneer Home residents at Level III	10/31/08: 57.6%		Data provided by Div. of Pioneer Homes. Level III is the most advanced level of care
Avg. age of PH resident at time of admission	2008: 86 years	1998: 76 years	Data provided by Div. of Pioneer Homes
Leading causes of death:	2006 (AK):	2005 (U.S.):	Alaska Bureau of Vital Statistics. NOTE 19
Cancer	1,004.6	1,056.4	Per 100,000 age 65+
Heart diseases	965.1	1,445.2	Per 100,000 age 65+
Stroke	274.8	337.1	Per 100,000 age 65+
Chronic lower respiratory diseases	235.2	306.5	Per 100,000 age 65+
Alzheimer's disease	158.3	192.6	Per 100,000 age 65+
Diabetes mellitus	142.9	150.3	Per 100,000 age 65+
Older Alaskans Medicaid waiver recipients	FY 2008: 1,288		Info from Senior & Disability Services. NOTE 20
Senior grants clients	FY 2008: 11,865		Info from Senior & Disability Services. NTS Program only. NOTE 21
Senior Safety			Comments
Long-Term Care Ombudsman complaints	FY 2008: 264		Complaints involving seniors (age 60+) in long-term care. Data from the Office of the Long-Term Care Ombudsman
Office of Elder Fraud cases	464		Cases investigated in Office's first two years. Data from Office of Elder Fraud and Assistance (Office of Public Advocacy). NOTE 22
Assets recovered	\$1,000,000		
Assets currently being pursued	\$4,000,000		Office of Elder Fraud reports that the majority of cases involve exploitation by friends and family
Corrections intakes of seniors	2008: 787		Intakes of seniors (age 60+) to correctional facilities any time during 2008; info from AK Dept. of Corrections

Senior Snapshot Notes

1. Data from Alaska Department of Labor and Workforce Development's 2007 population estimates. Regions are those used by the Alaska Department of Health & Social Services. "The Alaska State Plan for Senior Services, FY 2008 – FY 2011" prescribes funding by region for those grant programs which include federal Older Americans Act money.
2. Data from Alaska Department of Labor and Workforce Development's 2007 population estimates. Percent of area population column shows percent of statewide population in each age group.
3. Data from "A Profile of Older Americans: 2008," Administration on Aging, U.S. Department of Health and Human Services. The five states with the fastest-growing senior populations during the decade from 1997 through 2007 were Alaska (49.6%), Nevada (48.3%), Arizona (36.2%), Utah (30.0%), and New Mexico (29.7%). Several states lost senior population during this time, including Rhode Island, which saw a 5.9% decline. Alaska's gains reflect the choices of more and more seniors to remain in the state after retirement.
4. The University of Alaska Anchorage's Institute for Social and Economic Research (ISER) estimated the 2004 cash contribution of Alaska retirees age 60 and older at \$1.461 billion. The estimate is contained in the 2007 ACOA-commissioned "Report on the Economic Well-Being of Alaska Seniors," available on the Commission's website at: <http://www.hss.state.ak.us/acoa/documents/seniorWellbeingReport.pdf>. The Commission estimated seniors' 2008 contributions by applying the increases in the Anchorage Consumer Price Index for 2005 (3.1%), 2006 (3.2%), and 2007 (2.2%) to the 2004 base figure.
5. Data obtained from Social Security Administration's Juneau office. Alaska average includes all Alaska residents age 65 and older who receive Social Security retirement benefits, a total of 43,570 people. U.S. average includes all U.S. residents age 65 and older who receive Social Security retirement benefits. The Alaska average may be lower because of the high percentage of Alaska retirees who are subject to the "Windfall Elimination Provision," which limits Social Security retirement benefits to many individuals receiving public employee pensions.
6. Figures on PERS (Public Employee Retirement System) benefits include PERS retirees age 60 and older who currently reside in Alaska.
7. Alaskans age 65 and older with incomes up to 175% of the Federal Poverty Level (FPL) for Alaska are eligible for the Senior Benefits Program. For 2008, 175% of the Alaska FPL was \$22,750 for a single senior and \$30,625 for a couple.
8. Adult Public Assistance is a supplement to SSI, so recipients must be either certified as disabled by the Social Security Administration (with severe long-term disabilities that impose mental or physical limitations on their day-to-day functioning) or be age 65 and older. There are income limits for the program, which is intended to assist aged or disabled individuals in attaining self-support or self-care.
9. Seniors age 65 and older often have higher incomes than those in the 60 – 64 age group because they are receiving Social Security retirement benefits. Hence the lower average monthly Food Stamps value for the 65+ population.
10. ADRD: Alzheimer's disease and related dementias. Alaska ADRD population was estimated by the Alaska Commission on Aging based on national (Alzheimer's Association) prevalence rates of two percent for those age 65 to 74, 19 percent for those age 75 to 84, and 42 percent for those age 85 and older. National estimate is also for 2007, from the Alzheimer's Association's "2007 Alzheimer's Facts and Figures." According to the Alzheimer's Association, the national estimate reflects a ten percent increase in just five years. "The dramatic rise in Alzheimer's underscores that the disease has the ability to undermine the entire U.S. health care system," according to Stephen McConnell, Ph.D., the vice president of advocacy and public policy for the Alzheimer's Association.

11. The age-adjusted death rate shows how many people out of every 100,000 in a particular age group died during a given time period. For states like Alaska with fewer than 100,000 people in the 65-and-older age group, adjustments are made to produce a comparable figure. This statistic tells us that Alaskans age 65 and older were substantially less likely to die from any cause than U.S. seniors as a whole.
12. Alaska's senior suicide rate is 37% higher than that of U.S. seniors as a whole.
13. Alaska's "Other Accidental Deaths" (excluding fatal falls) are 57% higher for seniors here compared with the U.S. as a whole.
14. Alaska seniors are more than three times as likely as U.S. seniors as a whole to experience an alcohol-induced death.
15. Includes non-fatal fall injuries where individual was hospitalized for 24 hours or more.
16. The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing multi-state phone survey conducted in Alaska by the Division of Public Health. Binge drinking is defined as males having five or more drinks on one occasion or females having four or more drinks on one occasion.
17. The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing multi-state phone survey conducted in Alaska by the Division of Public Health. Heavy drinking is defined as adult men having more than two drinks per day or adult women having more than one drink per day.
18. The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing multi-state phone survey conducted in Alaska by the Division of Public Health. Smokers are defined as current smokers.
19. Note that Alaska seniors are less likely to die from any of the six leading causes of death. Death rates from cancer or diabetes mellitus are slightly lower. Death rates from stroke, chronic lower respiratory disease, and Alzheimer's disease are moderately lower. And death rates from heart disease are substantially lower in Alaska.
20. To qualify for services under the Older Alaskans Medicaid Waiver program, individuals must be age 65 or older, income-eligible for Medicaid long-term care (income cut-off amounts are currently frozen in statute, so that fewer people are likely to qualify every year), and must meet nursing home level-of-care requirements. Waiver services are home- and community-based services (such as meal programs, chore assistance, and care coordination) that allow the individual to continue living in his or her own home.
21. The NTS (Nutrition, Transportation, and Support Services) Program is one of five senior grant programs. It is the largest program, incorporating such services as congregate meals, home-delivered meals, assisted transportation, unassisted transportation, homemaker services, information and assistance, nutrition education, foster grandparents, senior companions, retired senior volunteers, legal assistance, and more. The figure shown represents an unduplicated count of seniors served in "registered services," those services for which data on individual participants is collected. Other senior grant programs include Senior In-Home Services, Adult Day Services, Family Caregiver, and ADRD Education and Support. The senior grant programs are available to individuals age 60 and older.
22. The Office of Elder Fraud and Assistance, within the Office of Public Advocacy, was created by statute in September of 2006. Its mission is to investigate claims involving the financial exploitation of Alaskans age 60 and older, and to seek civil remedies on behalf of elders unable to bring a complaint without assistance.



“Public policy frequently focuses on the potential future cost of services for seniors, especially in light of the aging baby boomer generation. Often overlooked are the economic benefits of an increased retired senior population.”

—Report on the Economic Well-Being of Alaska Seniors, 2007

On the Horizon

In looking to the future, the Alaska Commission on Aging sees emerging opportunities to support the work set forth for us in our mission statement as well as upcoming challenges to seniors' ability to maintain health, financial security, and social well-being.

Opportunities

- **Growing Retirement Industry:** Alaska's seniors have a resounding economic impact on the state. Collectively, seniors contribute approximately \$1.6 billion of revenue to the state each year through retirement pensions and other income, as well as medical payments. In addition to their economic contributions, seniors play an enormous role in supplying knowledge to following generations through mentoring, teaching, and professional expertise. Alaska's seniors actively volunteer in their communities in large numbers, and many continue to work in their respective professions. Seniors also constitute a large segment of our caregiving network for other seniors, the disabled, and family members, including grandchildren. Many states and regions throughout the U.S. actively recruit senior residents in recognition of their assets as community members. Alaskans too are beginning to acknowledge the incalculable value of seniors' contributions to our state.
- **High Profile Boomers:** The aging of the baby boomer generation, which in recent years has begun to enter its senior years (the first boomers turned 60 in 2006), is expected to bring new attention, energy, intensity, and models of service delivery into the arena of senior advocacy and programs. While the population surge this group creates will be a challenge to the long-term support services infrastructure, it is also likely to highlight the concerns and contributions of seniors as well as more innovative approaches to senior needs.
- **Encouragement for Optimum Health:** An increasing emphasis on health promotion and disease prevention gives us the opportunity to help Alaskans to enhance their physical, mental, and emotional health while avoiding chronic disease or addressing it early. In addition to physical activity and healthy eating, social involvement

and civic engagement strongly support seniors' health. Community involvement at senior centers and other venues provides the connections necessary for individuals to access information, maintain relationships, and foster personal growth. Health promotion programs such as our Healthy Body, Healthy Brain Campaign and the Medicaid Adult Dental Program help people stay healthier longer.

- **Building on the Success of Support Services:** Alaska has been recognized as one of the more advanced states in terms of balancing institutional long-term care with home- and community-based care. Alaskan seniors are more easily able to obtain the care they need in their own homes and communities. This not only keeps seniors happier, but saves money for families and State programs alike. By adequately funding our home- and community-based services, including both Medicaid- and grant-funded programs, we can continue this approach, combining both compassion and frugality.
- **Senior Behavioral Health Needs:** Seniors with depression and other types of mental illness and those with substance abuse problems often avoid more conventional treatment sources, such as community mental health centers or twelve-step programs, fearing the stigma of identification with such problems. Meanwhile, however, our Alaskan seniors commit suicide and die from alcohol-related causes at a much higher rate than the national average. New models of outreach based on short questionnaires by primary care providers, with continuing assessment and support from medical professionals, have proven extremely effective. These programs may include IMPACT (Improving Mood — Promoting Access to Collaborative Treatment, a project to identify and treat senior depression) and SBIRT (Screening, Brief Intervention, Referral and Treatment, a program to identify and treat seniors with substance abuse issues). Model programs of these types have been successful in other states.

“For many seniors, driving to the nearest grocery store is the equivalent of driving from New Mexico to Louisiana.”

—Seniors and Future Seniors in the Fairbanks North Star Borough:
A Quality of Life Assessment
(2008)



“Seniors said they would like to see a clearinghouse for information about senior services and benefits, a ‘one-stop shop’ that would disseminate information and help seniors navigate the system.”

—2005 White House
Conference on Aging
community forums in
Alaska

- **Aging and Disability Resource Centers (ADRCs):** These regional sources for information and assistance to help seniors, those with disabilities, and family caregivers to access benefits and services within the long-term support system are being developed and enhanced as a “one-stop shop” for seniors seeking resources, often at a time when they are under great stress. While Alaska’s ADRCs are not currently funded to support a level of staffing which can respond to the needs of all older Alaskans, seniors have frequently expressed the desire for one central source of information, available when and where they need it. This consolidated, efficient approach providing not only comprehensive information and referral but also pre-screening for available benefits programs (such as Medicaid) and long-term care options counseling is eventually expected to become the prevailing model of access to programs and services.
- **Enhanced Collaboration:** State programs and other agencies and individuals serving seniors are collaborating more every year in order to maximize their efforts to plan for, design, and manage health care, behavioral health services, transportation, in-home services, and other programs that benefit older Alaskans. In this spirit, the Commission looks forward to continuing to work with Governor Palin and the State Legislature in the coming year to improve the lives of older Alaskans.



Challenges

Alaska and Alaska seniors are confronting a range of challenges in the near-term and long-range future that require comprehensive and thoughtful planning to ensure that their needs are met in a manner that respects the dignity and independence of older Alaskans. Alaska seniors are culturally, ethnically, and socio-economically diverse, enjoying a wide range of lifestyles. Quality health care and long-term support services, adequate funding for programs and services, income security, workforce development in all health care and supportive service fields, and housing are some of the challenges before us as a state as we prepare to meet the demands of a growing aging population.

- **Growing Senior Population:** Alaska's senior population is growing faster than that of any other state. Currently growing by six percent per year, over the next 25 years the population of older Alaskans is projected to grow by at least four percent annually. The number of Alaska seniors will more than double between 2000 and 2020 as a result of baby boomers aging in place (Alaska has one of the highest proportions of baby boomers, many of whom arrived in the state during the oil pipeline era) and changing migration patterns. Those age 85 and older, the most frail and in need of services, will more than triple by 2030.

Although Alaska seniors today live longer and remain in better health than their predecessors, longer lifespans also mean that a larger share of the senior population may experience a prolonged period of frailty, including dementia, in their later years. Promoting healthy lifestyles, preventing chronic diseases, and addressing the health needs of seniors at early stages will enhance the quality of life for all Alaskans and save money down the road.

- **Shifting Service Funding:** The shift to a new regional funding formula under Alaska's State Plan for Senior Services FY 2008 – FY 2011 begins in FY 2010. Service providers were held harmless under the first two years of the state plan, in recognition of the fact that the new formula would reflect a substantial shift of funds from more rural, remote areas of the state to those along the railbelt corridor which have seen explosive growth in



"By 2030, there will be about 72.1 million older persons, almost twice their number in 2007. People 65+ represented 12.6% of the population in 2007 but are expected to grow to be 19.3% of the population in 2030."

—A Profile of Older Americans: 2008



“Not only is access to affordable health care a growing problem, but also investment in education and prevention programs focused on maintaining quality health is woefully lacking...”

—Rep. Sharon Cissna

their senior populations since the creation of the previous state plan. The formula (required under the federal Older Americans Act for receipt of OAA funding) provides extra weight on the basis of certain factors reflecting social and economic need (such as the number of seniors in poverty, those age 80+, minority seniors, and those living in rural areas) as well as consideration of the total number of seniors in each region. Nevertheless, while every region of the state has witnessed double-digit increases in senior population, the extremely rapid growth in some regions will shift funding away from other, less booming areas of the state. This shift presents a grave threat to services in the rural, remote areas, where costs are highest, creating the possibility of a vicious circle where more and more rural seniors will need to move to urban areas to receive the services they need. This is clearly an unacceptable outcome. The solution must include increasing the size of the “senior services funding pie.”

- **Access to Appropriate, Affordable Health Care:** In recent years, seniors in some parts of Alaska, including the Anchorage and Mat-Su areas, have had difficulty finding primary care physicians who will accept Medicare patients because of low reimbursement rates. Changes in federal law effective January 1, 2009 will enhance Medicare reimbursement rates, however, it is uncertain how this will impact the availability of primary care for Alaskan seniors. Alaska’s Community Health Centers, all of which do accept Medicare clients, will need additional funding to continue serving seniors who are unable to find care elsewhere. Another widespread problem concerns those seniors not yet eligible for Medicare who lack health insurance of any kind and are generally not eligible for Medicaid. With the baby boomers moving into this age group (60 through 64), this group of uninsured Alaskans is growing rapidly.
- **Long-Term Support Services:** The greatest potential expense looming for seniors is that of long-term support services, including in-home services (such as home-delivered meals, chore assistance, and respite care), community services (like congregated meals, care coordination, and senior center programs), and institutional care in assisted living and skilled nursing facilities. With the aging of the senior population, particularly the rapid growth of those aged 85 and older, there will be an

increased need for all levels of home- and community-based services and the workforce to staff them. Investment in these services helps seniors remain in their own homes and communities as they prefer, provides support for family caregivers, helps prevent the development or progression of disease and disability, and postpones the need for more costly nursing home care.

Many income-eligible individuals with a primary diagnosis of Alzheimer's disease and related dementias (ADRD) are not eligible for Medicaid waiver services in Alaska. Assisted living homes are in short supply in many communities, especially in rural areas, where long-term care providers struggle to maintain financial solvency and witness a growing number of elders displaced to urban facilities where they are without access to their traditional foods, language, and culture. An effort to identify the core services needed to support seniors in communities of different sizes and types is long overdue.

- **Service Options for Non-Medicaid-Eligible Seniors:** Many high-risk seniors are not eligible for services under the Medicaid Waiver program, including many of modest income who are nevertheless income-ineligible for Medicaid as well as many individuals with Alzheimer's disease and related dementias, and some people with developmental disabilities, brain injuries, behavioral health needs, and certain physical challenges. Until waiver options are modified, the expansion of community-based grant-funded services is crucial in order to serve this population.
- **Regular Rate Review:** Providers of both Medicaid Waiver services and home- and community-based grant-funded services have often gone years without an adjustment in their reimbursement rates, while their operating costs continued to rise. Waiver providers received a rate adjustment for FY 2009, but the Commission supports a commitment to regular rate reviews for all service providers. As the number of seniors in need of services increases, providers need adequate funding to cover the increased cost of operating expenses to maintain the system of care that serves Alaska's most vulnerable populations.

"The availability of long-term care facilities was a critical issue for some respondents and the vast majority recognized that a serious shortage exists in the Fairbanks Borough. In home services were mentioned as economic alternatives to either community retirement housing or assisted living facilities."

—Seniors and Future Seniors in the Fairbanks North Star Borough: A Quality of Life Assessment (2008)



“More funding for senior transportation, and expanded services by local senior transportation programs, were seen as an important need.”

—2005 White House Conference on Aging community forums in Alaska

- **Workforce Development:** The need for all types of health care and long-term support services workers, from physicians and nurses to home- and community-based services workers, will continue to grow. A recent report by the Alaska Physician Supply Task Force states that Alaska will need nearly twice as many physicians in the next 20 years as it currently has if the state is to meet the expected demands from a growing population of seniors. Similarly, the demand for registered nurses is increasing during a period when health care professionals are retiring. This situation is also true for home- and community-based workers such as personal care attendants, nursing aides, home health aides, and other senior service providers where shortages are linked to low pay, limited benefits, absence of career advancement potential, heavy workloads, and limited training in geriatric care, among other issues. The pool of qualified workers continues to shrink as the demand for services increases.
- **Senior Housing:** Alaska has a statewide shortage of accessible, affordable housing options for seniors, including housing for independent living seniors as well as assisted living options for those requiring more care. Some regions of the state do not offer sufficient housing and assisted living choices. In other regions, affordability is a greater obstacle. Developing appropriate models of congregate senior living and long-term support services is critical, including resident-centered models. According to a 2008 point-in-time survey by the Alaska Housing Finance Corporation, which supports legislation to provide affordable housing to Alaska’s homeless population, 17% of the state’s homeless were Alaskans age 55 and older.
- **Energy Costs:** Both individual senior households and senior services providers such as senior centers, volunteer home-delivered meals drivers, and transit operators were hit hard by the rapid run-up in energy costs in early 2008. With costs at unprecedented levels in some parts of the state, Alaskans on fixed incomes (including many seniors) and service providers alike will need supplemental assistance in order to maintain a basic standard of living or adequate level of service.
- **Emergency Preparedness:** The unnecessary deaths of numerous seniors, people with disabilities, and their

caregivers during Hurricane Katrina on the Gulf Coast have highlighted the need nationwide for states and communities to plan in detail for the support, survival, and evacuation of vulnerable populations. This includes planning at the household level for the needs of seniors and people with disabilities. Alaska is a disaster-prone state. Our communities may be at risk for floods, fires, earthquakes, tsunamis, avalanches, terror attacks or other disasters. Senior service providers are aware of these needs and willing to provide much of the necessary support, but funding for this very time-intensive level of community preparedness will be needed.

- **Responding to Abuse of Vulnerable Adults:** Older Alaskans and Alaskans with disabilities are vulnerable to many forms of abuse, neglect, and financial exploitation, often by their own friends and family, sometimes by paid care providers. Our state has public servants ready to respond to situations involving elder abuse. However, not only do these agencies need additional staff to keep up with growing demand, but the public must be educated on how to identify possible abuse and neglect and how to report it to appropriate authorities.
- **Fall Prevention:** With falls constituting the top cause of injuries to seniors, there is a need for a comprehensive fall prevention program to evaluate individual seniors for risk factors, help them improve their balance and coordination, and provide environmental modification strategies to make homes, businesses, and communities safer.
- **Managing Difficult Behaviors:** In recent years, senior service providers and caregivers in assisted living homes and other facilities have reported a growing incidence of difficult, often aggressive behaviors on the part of their senior clients. The individuals involved may or may not have a diagnosed mental illness or be suffering from dementia. Many facilities are not licensed to care for mentally ill clients, and do not feel prepared to continue caring for some of the most disturbed individuals. Some combination of staff training and a specific facility designated for the care of mentally ill or behaviorally challenging older Alaskans and Alaskans with disabilities may represent the best solution.



“Significant issues in our office’s 2008 investigations were: complaints lodged against private representative payees and/or guardians; elders being ‘placed’ in assisted living homes or nursing homes against their wishes; complaints regarding senior housing rental increases that coincidentally occurred shortly after the receipt of the PFD and the additional ‘energy resource rebate.’”

—Bob Dreyer, Alaska’s Long-Term Care Ombudsman

Sarah Palin, Governor

State of Alaska

William H. Hogan

Department of Health & Social Services

Denise Daniello, Executive Director

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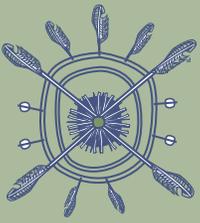
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All photos courtesy DHSS, ACoA, and Lesley Thompson.



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