Alaska Commission on Aging (ACoA)
Annual Report
FY2018
The Alaska Commission on Aging dedicates this annual report to the memory of Marie Darlin and Banarsi Lal in gratitude for their service on the Commission and to Alaskan seniors.

Alaska Commission on Aging
FY2018 Annual Report

www.alaskaaging.org

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

Michael J. Dunleavy, Governor
State of Alaska

Adam Crum, Commissioner
Department of Health & Social Services

Denise Daniello, Executive Director
The Alaska Commission on Aging

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How does the State Plan for Senior Services serves Alaskan seniors?

In FY2018, the Alaska Commission on Aging initiated efforts to develop the Alaska State Plan for Senior Services, FY2020 – FY2023 (“State Plan”). By state statute, the Commission is authorized to develop the State Plan in accordance with the provisions of the Older Americans Act.

The draft FY2020-FY2023 State Plan will be completed in May 2019 and available for public comment with submission of an approved plan to the Administration of Community Living in June 2019. You may ask, why do we need a State Plan for Senior Services and what does a State Senior Plan mean for the average Alaskan senior?

In order to receive federal funding for non-Medicaid senior programs, Alaska must have an approved State Plan for Senior Services. The State Plan satisfies a federal requirement of all states that receive federal funding through the Older Americans Act (OAA) for a range of senior services. While the OAA is flexible about how states meet their obligations to carry out the programs it funds, each state’s plan must describe its particular goals and objectives, as well as how it intends to address specific OAA requirements.

Additional funding received through the State of Alaska General Fund, the Alaska Mental Health Trust Authority, Alaska Housing Finance Corporation, and other sources is allocated according to the goals, objectives, strategies, and funding framework of the State Plan. Such services include:

- senior meals served at senior centers and other senior meal sites as well as home-delivered meals provided to homebound seniors;
- assisted door-to-door transportation;
- homemaker services;
- family caregiver support services;
- safety and protection;
- adult day programs;
- and more.

What advice do you have for new policymakers?

“Life changes. We age. Our bodies, values, and relationships evolve. We appreciate the senior discounts, but resist being marginalized. We can choose to make life better for family, friends, community and ourselves. We can improve our world in little ways and big ways. There is much to do. As Jesse Jackson once said ‘God is not finished with me yet.’”
In addition, the State Plan also documents the need of older Alaskans through needs assessment activities conducted statewide, developed by the Commission, which include the Senior Survey, Senior Provider Survey, and Elder-Senior Listening Sessions. These activities inform the direction for the coordination of all State activities related to seniors over the next four years, with an emphasis on efforts related to implementing the Older Americans Act. We sincerely thank Alaskan seniors, their families, and providers who contributed their candid assessments of all that needs attention within Alaska’s system of senior services, as well as their ideas for improvement, through their thoughtful participation in the Commission’s needs assessment activities for development of this State Plan.

The Commission is in the process of completing the needs assessment activities and data analysis for the new State Plan. We had an impressive response to these efforts that resulted in:

- 3,117 responses from Alaskans age 55+ to the senior survey (52 questions),
- 126 responses to the provider survey (26 questions), and
- 132 public members who participated in the Elder-Senior listening sessions.

The seven listening sessions were held in Wrangell, the Matanuska-Susitna Borough, Anchorage, the Fairbanks North Star Borough, Nome, Shishmaref, as well as a targeted session for people aging with intellectual and developmental disabilities. The theme for these listening sessions focused on aging in place and covered such topics as access to health care, community-based long-term support services, safety and protection, housing, financial security, and healthy aging. The information gathered from the listening sessions is qualitative
and complements the quantitative data collected from the senior and provider surveys. Preliminary findings about the needs assessment activities are described in this annual report.

Alaska is unique from other states that are comprised of a number of Area Agencies on Aging (AAAs) providing senior services in their designated regions, as our state currently has no existing AAAs. Instead, the Department of Health and Social Services, designated by the Governor as the State Agency on Aging, operates as the sole planning and service agency for purposes of planning and service provision.

The Alaska Commission on Aging, in partnership with the Division of Senior and Disabilities Services, share the responsibilities of the State Unit on Aging for planning, administering funding, advocacy, and outreach through interagency collaboration. Together, the State in collaboration with Alaska’s network of agency service providers, strive to provide high quality, person-centered services that are delivered in a respectful manner in order to promote senior health and safety as well as to uphold the dignity and independence of Alaska’s older adults.

As Alaska’s senior population continues to expand at the fastest rate in the U.S., the Alaska Commission on Aging looks forward to keeping pace with senior needs through planning, advocacy, public awareness efforts, and collaboration with other organizations focused on the well-being of older Alaskans.

Sincerely,

Gordon Glaser, Chair,
Alaska Commission on Aging

Denise Daniello, Executive Director,
Alaska Commission on Aging

Alaska Commission on Aging Members

David Blacketer
FY2018 Chair,
Public Member,
Kodiak

Marie Darlin
FY2018 Vice Chair,
Public Member,
Juneau

Gordon Glaser,
Public Member,
Anchorage

Mary Shields
Immediate Past Chair,
Public Member,
Anchorage

Banarsi Lal
Public Member,
Fairbanks

Linda Combs
Public Member,
Palmer

Anna Frank,
Public Member,
Fairbanks

Bob Sivertsen,
Pioneer Home Advisory
Board Chair,
Ketchikan

Rachel Greenberg
Senior Service Provider,
Palmer

Duane Mayes
Director,
Senior and Disabilities
Services, Department of
Health and Social Services
Designated Seat,
Anchorage

Kathryn Abbott
Executive Director,
Serve Alaska, Department
of Commerce, Community
and Economic
Development,
Anchorage

FY2018 Alaska Commission on Aging Members
The Alaska Commission on Aging (ACoA and “the Commission”) was established in 1981 for the purpose of assisting older Alaskans to maintain good health, independence, and dignity through planning, outreach, and advocacy in collaboration with other agencies. The ACoA meets the federal requirement as described in the Older Americans Act 306(a)(6)(D) that every state establish an advisory council to advise policymakers on matters related to aging.

The Commission is authorized to:

- **Formulate the four-year Alaska State Plan for Senior Services** subject to review by the Department of Health and Social Services and, with reference to the State Senior Plan, prepare and submit an annual analysis to the Governor and the Legislature about services provided to Alaska seniors.

- **Make recommendations** directly to the Governor, the Legislature, and the Administration regarding policies and budget items that affect Alaska’s older people.

- **Serve as a statutory advisor to the Alaska Mental Health Trust Authority** (AMHTA and “the Trust”) by providing budget and policy recommendations concerning “Senior Trust Beneficiaries,” who are older persons living with Alzheimer’s disease and related dementias, serious mental illness, chronic alcohol and substance misuse, intellectual and developmental disabilities, and brain injury. The Commission also collaborates with the Alaska Mental Health Trust Authority, the Department of Health and Social Services, and other statutory advisory boards in the development and implementation of the Comprehensive Integrated Mental Health Plan.

- **Offer assistance to the Alaska Housing Finance Corporation Senior Housing Office** on request in the performance of its duties.

- **Engage in public education efforts** to inform Alaskans about ways to promote healthy aging.
About the Members and Staff

The Commission is comprised of eleven members:

- Seven are public members (with six members being 60 years and older), appointed by the Governor to serve four-year terms.
- Two seats are filled by the Commissioners of the Department of Health and Social Services and the Department of Commerce, Community and Economic Development.
- The remaining seats are reserved for the Chair of the Pioneer Home Advisory Board and a senior services provider, regardless of age.

In FY2018, the Commission was supported by two staff, the executive director and planner, with part-time administrative support provided by the Mature Alaskans Seeking Skills Training (MASST) program participant.

ACoA Commissioners

7 Public Seats

2 Department Designees

1 Pioneer Home Advisory Board

1 Senior Service Provider

ACoA Staff

1 Executive Director

1 Health Planner

1 Administrative Support, MASST Program Participant (Part-time)
Highlights of Activities: Planning

State Plan Needs Assessment Activities

2018 Elder Senior Listening Sessions
Seven Elder-Senior listening sessions were held statewide with meetings held in:

- Wrangell (February 2018),
- Anchorage (May 2018),
- Mat-Su (May 2018),
- Fairbanks (May 2018),
- Nome (September 2018),
- Shishmaref (September 2018), and
- a targeted session about persons aging with intellectual and developmental disabilities (IDD) (November 2018).

The meeting agendas included background information about the state plan process, demographics, the array of services provided for seniors, housing, elder safety, and strategies for healthy aging that was followed by facilitated discussion on local priorities for aging in place. In total, 132 public members participated in the sessions representing older adults, family members, health and long-term support services provider organizations, and local policymakers.
What’s Working Well? The table below identifies the elements that are working well for seniors by location as identified by participants in the listening sessions.

<table>
<thead>
<tr>
<th>Location</th>
<th>Ranked #1</th>
<th>Ranked #2</th>
<th>Ranked #3</th>
<th>Ranked #4</th>
<th>Ranked #5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wrangell</td>
<td>Wrangell Senior Center</td>
<td>Primary health care: Southeast Alaska Regional Health Care Consortium</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Anchorage</td>
<td>Anchorage Senior Activities Center and senior services</td>
<td>Senior volunteer opportunities</td>
<td>Quality of life</td>
<td>Recreational opportunities</td>
<td>Access to health care for persons insured by private insurance</td>
</tr>
<tr>
<td>MatSu</td>
<td>MatSu Senior Services and Wasilla Senior Center</td>
<td>MatSu Senior Center transportation</td>
<td>AARP Tax help</td>
<td>Senior Center’s recreational activities</td>
<td>-</td>
</tr>
<tr>
<td>Fairbanks North Star Borough (FNSB)</td>
<td>All FNSB senior centers</td>
<td>FNSB Parks and Recreational senior exercise and senior activities</td>
<td>Osher Life Long Learning Institute</td>
<td>Intercultural activities and events</td>
<td>-</td>
</tr>
<tr>
<td>Nome</td>
<td>Access to traditional subsistence foods</td>
<td>XYZ Senior Center, Nome Community Center and other local senior service providers</td>
<td>Strong community partnerships among senior service providers</td>
<td>Cash assistance from Native dividends, PFD, and Senior Benefits</td>
<td>“Free” transportation provided by Nome Eskimo Community (a “temporary” program)</td>
</tr>
<tr>
<td>Shishmaref</td>
<td>Subsistence lifestyle and traditional foods</td>
<td>Community sharing</td>
<td>Elders for their knowledge and guidance</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Persons Aging with IDD</td>
<td>Commitment to improving quality of services (providers, policymakers, and other partners)</td>
<td>Community connectedness (natural supports and providers)</td>
<td>Progressive legislation (&quot;Supported Decision-making&quot; and the &quot;Developmental Disabilities Vision&quot;)</td>
<td>-</td>
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</tr>
</tbody>
</table>
What Needs Improvement? Participants in the listening sessions identified challenges experienced by seniors as listed in the table below organized by location.

<table>
<thead>
<tr>
<th>Location</th>
<th>Ranked #1</th>
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<th>Ranked #3</th>
<th>Ranked #4</th>
<th>Ranked #5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wrangell</td>
<td>Limited medical specialty care</td>
<td>Doctors who understand behavioral health need of older adults</td>
<td>Eroding ferry system</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Anchorage</td>
<td>Affordable/accessible senior housing</td>
<td>Assisted living</td>
<td>Enhanced transportation services are needed</td>
<td>Improve access to primary care for Medicare-insured seniors</td>
<td>Age-appropriate recreational activities</td>
</tr>
<tr>
<td>MatSu</td>
<td>Para-transit services</td>
<td>Geriatric specialists</td>
<td>Personal Care Service providers</td>
<td>Safe walkways and parking lots</td>
<td>-</td>
</tr>
<tr>
<td>Fairbanks North Star Borough (FNSB)</td>
<td>Para-transit services</td>
<td>Culturally appropriate assisted living</td>
<td>Isolated, homebound seniors</td>
<td>Limited inter-generational activities</td>
<td>Health and mental health needs of older adults</td>
</tr>
<tr>
<td>Nome</td>
<td>Affordable accessible housing</td>
<td>Weatherization and renovation of existing housing</td>
<td>Supports for grandparents raising grandchildren</td>
<td>High cost of living</td>
<td>Lack of reliable internet services</td>
</tr>
<tr>
<td>Shishmaref</td>
<td>No elder meal program</td>
<td>No elder transit services</td>
<td>Prevalent alcohol/drug abuse</td>
<td>Foodbank</td>
<td>Housing rehab needs</td>
</tr>
<tr>
<td>Persons Aging with IDD</td>
<td>Funding for workforce</td>
<td>Aging in your home</td>
<td>Recognition of increasing aging IDD population</td>
<td>Difficulty accessing services</td>
<td>-</td>
</tr>
</tbody>
</table>
2018 Senior Survey
The 52-question senior survey was conducted from May 1 through July 13, 2018 by paper and on-line formats. The paper survey was distributed through the Senior Voice, a statewide monthly newsletter, as well as through bulk mailings sent to senior provider organizations, tribal providers, and the Pioneer Homes for distribution to seniors. The online survey was posted on the Commission’s website. In total, there were 3,117 responses from Alaskans age 55 and older from almost all areas of the state of which 711 were electronic submissions and 2,406 were hand-written responses. Survey respondents provided information about their demographic/socio-economic status, access to primary health care, financial security, housing, use of and satisfaction with local community-based services, family caregiving, and other data.

What do seniors have to say? While analysis of the paper senior surveys is underway, a preliminary study of the findings from the electronic surveys show the following trends:

- Access to health care, financial security, and maintaining physical health were the three leading priorities identified by respondents of most importance to them as an older adult living in Alaska today.

- Access to health care and financial security have been consistently identified as critical concerns by seniors in surveys conducted in 2010 and 2014. When asked about barriers to health care, respondents identified problems with finding a provider who accepts Medicare as the primary obstacle particularly those from the Railbelt region, followed by unaffordable health care costs, limited Medicare coverage for dental/vision/hearing services, and having limited transportation means to get to medical appointments.

- Of those responding to questions regarding financial security more than half of the respondents reported either having just enough money to pay for necessities or not enough to make ends meet. Concerns about having enough food to eat, access to affordable/accessible housing, the availability of long-term support services, support for persons with dementia and their caregivers, as well as transportation barriers were also identified.

Rosemary Hagevig, ACoA Commissioner, Pioneer Home Advisory Board Chair, FY2019, Juneau

What do you see as the most important issue facing Alaska seniors today?

“As we move forward into a new year and a new administration, let us be thankful that we have made so much progress for the elders of Alaska, while keeping in mind that there is still much work to be done.”
While the majority of respondents perceived themselves in good health, more than half said they experience an illness or disability that limits the range of activities they enjoy such as having a chronic disease (heart disease and diabetes were commonly noted) as well as physical health problems, depression/anxiety, and fear of falling.

Housing was a frequently reported concern. More than three quarters of the respondents reported living in a home that either they or a family member owns. Those living independently stated that their housing was in need of improvement for accessibility, electrical plumbing repairs, and/or weatherization. Twenty-eight percent stated they “live alone.”

Although the majority of respondents reported receiving no formal services to help with activities of daily living, about two-thirds of the respondents reported needing some help. Respondents said that most of the assistance they need is provided by natural supports including family members, friends, and neighbors.

Declining health, access to affordable health care, limited income to afford necessities, diminished mental abilities, and isolation/loneliness were the top concerns that respondents noted for themselves about aging.

About the Online Senior Survey Respondents
Of the 711 Alaskans responding to the electronic survey, the gender distribution was 74% women and 26% men. Seventy-four percent reported being between the ages of 55 to 69. Forty-three percent reported working full-time while 32% are retired. Approximately half of the respondents are insured by Medicare. Almost 55% of the respondents stated having lived in Alaska for more than 30 years, with another 15% being born here. Sixty-two percent stated their desire to remain in Alaska permanently.

2018 Senior Provider Survey
The 26-question provider survey was distributed to community-based senior service provider agencies and community health centers. This online survey, to which 126 responses were received, asked providers about the types and amount of services they provide for seniors, their projections of service needs over
the next five years, their perceptions of senior concerns, their evaluations of unmet needs of seniors in their service areas, and other information pertinent to primary health care and home and community-based services.

What do Senior Providers Have to Say?

☆ Sixty-two percent of the provider respondents reported serving more seniors today than they were five years ago, and 71% predict these numbers will increase “somewhat” or “significantly” in the next five years, due to a growing number of older adults in their service area.

☆ Issues identified by providers as being most important to seniors are: #1 Finding in-home services (36%), #2 locating an assisted living or long-term care facility (32%), and #3 seniors having financial need (31%).

☆ Services that are missing or insufficient to meet the needs of seniors in their area include legal assistance (39%), palliative/hospice care (38%), senior meals (31%), access to primary care (26%), age-appropriate mental health/behavioral health services (26%), and independent senior housing (26%).

☆ Issues of greatest concern for providers include inadequate funding (70%), workforce/staffing needs (30%), and having too much to do with limited time (27%).

About the Senior Provider Respondents: Providers responding to this survey represented nonprofit agencies, for-profit organizations, tribal entities, municipalities, assisted living homes, senior housing programs, and regional Native corporations serving older Alaskans. These agencies provide a range of services including:

☆ in-home services,

☆ advocacy on senior issues,

☆ transportation,

☆ assisted living,
The baby boomers need to remain vigilant and actively engaged at all levels where current and future needs for senior services are discussed and planned for. Such an engagement may include a dialogue with Advocacy groups, the Administration, and the Legislature, and may ensure that the response is proportionate to the need for successful aging in Alaska.”

Comprehensive Integrated Mental Health Plan (Comp Plan)
The vision of the updated Comp Plan is to provide comprehensive services across the lifespan, from youth through late life, for Alaskans who receive services under the Comprehensive Mental Health Program including persons with mental illness, a developmental disability, chronic alcoholism, Alzheimer’s disease and related dementia, and brain injury. The Comp Plan is being developed by the Department of Health and Social Services in collaboration with the Alaska Mental Health Trust Authority and its statutory advisory boards, including ACoA. The process to update the Comp Plan was initiated in FY2018 and will be completed in FY2019.

Alaska Behavioral Risk Factor Surveillance Survey (BRFSS), Caregiver Module
The BRFSS Caregiver Module, being conducted in 2018 by the Division of Public Health, addresses one of the strategies in Alaska’s Roadmap to Address Alzheimer’s Disease and Related Dementias to gather information about unpaid, natural support caregiving in Alaska. This project, funded by the Alaska Mental Health Trust Authority and the national Alzheimer’s Association at the request of ACoA, will provide the first Alaska specific data about unpaid, natural support caregiving, the types of care provided, and its impacts on the caregiver. Findings from the Alaska caregiver survey will be released in 2019 with comparisons made to national data.
Highlights of Activities: Advocacy

FY2018 ACoA Legislative Advocacy Priorities

ACoA advocated for four legislative priorities during the FY2018 legislative session in addition to other legislation that improve the quality of life for Alaskan seniors.

#1: Extend Alaska Senior Benefits Program.
This program assists low-income older Alaskans by providing modest cash assistance to help pay for expenses such as food, heating, housing, prescription medications, and transportation. Without passage of legislation during the FY2018 legislative session, the Senior Benefits Program would end on June 30, 2018 putting thousands of seniors at risk of being able to afford essential items to maintain a healthy lifestyle.

★ Outcome:
HB 236, Extend the Alaska Senior Benefits Program, was passed and signed into law in FY2018.

#2: Protect the Senior Safety Net.
This “Net” provides critical financial assistance, safety, and home- and community-based long-term support services to vulnerable older Alaskans, age 60+. These core services help seniors maintain their health and independence. When these services are reduced or eliminated, older people become more at risk for declining health and impairment, which, in turn, increases the burden of care on family and other natural caregivers, and raises the possibility for expensive out-of-home placement.

★ Outcome:
State general fund amounts for core senior programs that included grant funded services, waiver services, Personal Care Services, elder protection, transportation, and housing were preserved with no funding reductions in the FY2019 budget.

#3: Provide Supports for Family Caregivers.
Alaska’s natural support caregivers comprise the foundation for long-term care in Alaska that allow seniors to remain at home for as long as possible and save millions of dollars in long-term care costs. Family caregivers, especially those caring for loved ones

"No person should be forgotten."
with dementia, are more likely to report poor health outcomes and higher rates of chronic disease, as well as depression and anxiety, than non-caregivers. They would benefit from supports and training tailored to meet their personal needs. Use of assistive technology for home telehealth monitoring and medication management also help to increase safety for vulnerable seniors and reduce worry for family caregivers.

★ Outcome:
A pilot project is planned for FY2019 to include an assessment tool and personalized supports/coaching for at-risk caregivers of persons with dementia, thanks to a grant from the Administration on Community Living to the Division of Senior and Disabilities Services. This project will include regular assessments of supported caregivers and persons receiving their care to appraise the effectiveness of the personalized supports and make adjustments as appropriate. Another pilot project is planned in FY2019 to evaluate the cost effectiveness of assistive technology, such as smart home technology and medication management, for seniors and persons with developmental disabilities.

#4: Improve Capacity to Serve Alaskans with Alzheimer’s Disease and Related Dementia.
Alzheimer’s disease, the most common cause of dementia, is a progressive and irreversible brain disorder that slowly destroys memory and thinking abilities, impairing one’s ability to carry out simple tasks, and eventually results in death. Approximately, 7,700 Alaskans age 65 and older are affected by Alzheimer’s in 2017, a number that is expected to increase to 11,000 by 2025 as the senior population grows and age is the greatest risk factor for this disease.

★ Outcomes:
Funding amounts for community-based programs that serve seniors with dementia were left intact along with funding for the Pioneer Homes. In addition, cueing and supervision are services included in the new Community First Choice option to provide safety for people with dementia who live at home.

Other Legislative Advocacy Efforts
The Commission convened the Senior Advocacy Partnership Summit meeting on February 6, 2018 bringing together senior
advocates representing AgeNet, AARP Alaska, the Pioneer Home Advisory Board, and ACoA to prepare for legislative advocacy visits and share their advocacy priorities. The meeting also included a national presentation by AARP on their 2017 Long-Term Services and Support Scorecard for Alaska.

The ACoA monitored a total of 50 bills and resolutions during the FY2018 legislative session and actively supported eleven pieces of legislation, including the operating and capital budget bills, with committee testimony and letters of support submitted to bill sponsors and legislative committees.

**State Budget**
ACoA and its partners advocated successfully to maintain FY2019 operating funding for the Department of Health and Social Services (DHSS) community-based grant-funded services for seniors, Personal Care Services, Medicaid Adults Living Independently Waiver, Medicaid Adult Dental Program, Elder Protection, and the Pioneer Homes.

The Commission and its partners advocated successfully for several capital budget items including the:

- **Department of Health and Social Services Home Modifications and Upgrades to Retain Housing** ($1.3 million using $750,000 General Funds, GF and $300,000 Mental Health Trust Authority Authorized Receipts, MHTAAR);

- **DHSS Essential Program Equipment** ($500,000 using $250,000 GF and $250,000 MHTAAR);

- **Pioneer Homes Rehabilitation project to add a new dementia wing at the Anchorage Pioneer Home** ($1 million GF);

- **Alaska Housing Finance Corporation’s Senior Citizen Housing Development Fund** ($1 million GF);

- **Department of Transportation (DOT) Public and Community Transportation State Match Funds** ($500,000 GF); and

**What advice do you have for new policymakers?**

“I would suggest that they don’t forget how important Senior Citizens are as people, economically, and as voters. I would also suggest that they don’t forget their promises to the voters and not to forget their roots.”

David Blacketer
FY18 ACoA Chair, Public Member, Kodiak
★ **DOT Coordinated Transportation**
($1.3 million using $1 million GF and $300,000 MHTAAR).

**State Legislation**
The ACoA and other partners advocated successfully for passage of the following pieces of legislation that were signed into law by Governor Walker:

★ **Extend Alaska Senior Benefits Program, HB 236**
sponsored by Representative Kawasaki, extends the program to June 30, 2024. This legislation also increased funding to allow for a 2% average annual projected growth beyond FY2018 funding, as well as restored funding for monthly payments of the upper income tier from $76 currently, back to the original $125 monthly beginning in FY2020. HB 236 was signed into law on May 10, 2018 at the Fairbanks North Star Borough Senior Recognition Day event.

★ **Public Health Fees, HB 215**
sponsored by House Finance, allows the Division of Public Health to collect fees for certain professional services that do not impact patient health care, enabling the division to build capacity and support essential public health services. HB 215 was signed into law on July 24, 2018.

★ **Food Donations, HB 186**
sponsored by Representative Talerico, removes the risk of liability for businesses to donate their excess unsold food items to charitable organizations, like food banks, in order to address hunger in Alaska and reduce food waste. HB 186 was signed into law on March 7, 2018.

★ **Civil Legal Services Fund, HB 106**
 sponsored by Representative Claman, allows the legislature to appropriate up to 10% of court filing fees to pay for civil legal assistance services for seniors, veterans, and low-income Alaskans and added a separate $300,000 annual appropriation for FY19 through FY23. HB 106 was signed into law on August 22, 2018.

★ **New Drugs for the Terminally Ill, HB 43**
sponsored by Representative Grenn, offers terminally ill patients who have exhausted all other available treatments the “right to try”
investigational treatments and provides immunity for their prescribing physicians, even for treatments that have not received federal approval. HB 43 was signed into law on October 11, 2018.

- **Marital and Family Therapy Licenses and Services, SB 105** sponsored by Senator Wilson, updates licensing requirements for marital and family therapists. The bill also added language from HB 123, relating to disclosure and reporting of health care services and fee estimates as well as provisions from HCR 2 linked to the impact from adverse childhood experience and youth brain development. SB 105 was signed into law on August 6, 2018.

- **Comprehensive Health Insurance Fund, SB 165** sponsored by Senator MacKinnon, extends the sunset date for the Alaska Comprehensive Health Fund by six years to June 30, 2024 and allows for the receipt of federal funding to reduce health care premiums. SB 165 was signed into law on November 7, 2018.

- **Medicaid Behavioral Health Coverage, SB 169** sponsored by Senator Giessel, increases access to behavioral health services by expanding options to meet clinical supervision requirements and allowing for remote supervision by a psychiatrist or physician. SB 169 was signed into law on August 29, 2018.

**Federal Correspondence**

The Commission submitted public comment to Alaska’s Congressional delegation about the following measures:

- **Senior Program Funding (October 2017).** The Commission submitted public comment for the FFY2019 budget in support of funding for all Older American Act programs, the State Health Insurance Assistance Program, the Supplemental Needs Assistance Program, Low-Income Heating Assistance, HUD Section 202 Supportive Housing for the Elderly, and increased base funding for Alzheimer’s research in the National Institutes of Health budget. Federal funding amounts for these programs were either increased or held at base amounts in the FFY2019 budget.
Senate’s Tax Cuts and Jobs Act Legislation and the Impact on Older Alaskans (November 2017). The ACoA submitted public comment describing concerns about the impacts from the proposed tax cuts resulting in possible federal funding reductions for Medicare and other safety net programs. ACoA received correspondence from Alaska’s Congressional delegation that Congress has methods to ensure that funding is protected for these vital programs.

Ongoing matters: The Commission also informed Congressional members about complaints from seniors who are unable to contact national or local Social Security offices with questions concerning their Social Security accounts as well as concerns from tribal organizations wanting to provide rural-based end of life care so that Elders may continue to live comfortably in their villages. The Commission received follow-up correspondence from Alaska’s delegation that they are aware of these issues and are working to resolve them.

Betty Carlson, 96 years young, along with ResCare employee and Veteran LC Tolver in Fairbanks.

Armando Montalvo, 100 years young, along with ResCare employee and Veteran LC Tolver in Fairbanks.

ACoA Commissioners Bob Sivertsen and Gordon Glaser take a break with former ACoA Commissioner Albert Ningeulook during the Commission’s rural outreach meeting in Nome and Shishmaref.
Highlight of Activities: Public Awareness, Community Education and Collaborations

Presentations

- **Alaska State Library, Senior Resource Project (August 2017):** In response to public inquiries about senior programs and services, the Commission made an invited presentation to Alaska State Libraries staff by videoconference describing senior programs and where to go for information so that librarians are able to answer growing inquiries about senior services from library patrons.

- **Southern Peninsula Senior Summit (October 2017):** ACoA presented outcomes from the legislative session of interest to seniors in addition to data describing demographics as well as health and wellness indicators of the Alaska senior population at the Senior Summit hosted by the Homer Senior Citizens Center.

- **National Association of Federal Retired Employees (NARFE) (January 2018):** At NARFE’s request, the Commission made a presentation highlighting the demographic, health, and wellness trends for Alaska’s senior population, with special emphasis on persons experiencing Alzheimer’s disease and related dementias.

- **Alaska Behavioral Health Association (March 2018):** ACoA delivered a presentation to the Alaska Behavioral Health Association focused on behavioral health needs of older Alaskans, including data describing unmet senior behavioral health needs and barriers to accessing appropriate care.

- **National Institute of Senior Centers Presentation (May 2018):** At the request of the National Institute of Senior Centers, ACoA delivered a webinar presentation that provided information about Alaska’s process to develop a state senior plan that focuses on a “bottoms-up approach” to planning emphasizing methods for capturing public input at the local and statewide levels.
Alaska Mental Health Trust Authority (AMHTA): In its role as a statutory advisor, the Commission made four presentations at the AMHTA quarterly board meetings providing population data about the needs of Senior Trust Beneficiaries, an evaluation of programs that serve them, and recommendations for policy and budget items to improve the lives of seniors living with dementia and their caregivers.

Other presentations: ACoA delivered invited presentations to the Statewide Independent Living Center (February 2018), the Governor’s Council on Disabilities and Special Education, and AgeNet that highlighted legislative advocacy outcomes for seniors during the 2018 legislative session and other senior-related topics.

Senior Legislative Advocacy Teleconferences (January-April 2018):

ACoA hosted nine statewide senior legislative advocacy teleconferences during session providing legislative updates on bills and budget items related to programs serving seniors:

- Invited legislators and their staff to talk about legislation and budget items affecting seniors that were being considered during session;
- Sought input from seniors and other public members about bills of importance in order to inform the Commission’s advocacy positions;
- Helped to coordinate local grassroots advocacy efforts in support of budget and legislation of benefit to seniors.
Quarterly Board Meetings:

The Commission on Aging conducted four board meetings during legislative session. In compliance with the Governor’s request for travel restrictions, three of the meetings were held by teleconference/videoconference and one was a face-to-face meeting. Public comment was held at each meeting.

- **September 2017.** The Commission met by videoconference/teleconference to discuss legislative advocacy priorities for the upcoming legislative session in addition to Medicaid Redesign efforts, the growing population of geriatric inmates held in the Department of Corrections facilities, the Alaska Mental Health Trust Authority Governance Project, and other topics.

- **December 2017.** ACoA met by videoconference and teleconference to discuss findings from the Alaska Behavioral Risk Factor Surveillance Survey regarding persons with perceived cognitive impairment and heard updates from AHFC Senior Housing Office, the Long-Term Care Ombudsman’s Office, Senior and Disabilities Services, and the Alaska Mental Health Trust Authority as well as ACoA Committee reports.

- **February 2018.** The ACoA held a face-to-face meeting in Juneau to meet with legislators and their staff to provide information about senior needs and to advocate for their concerns. The Commission also convened the Joint Senior Advocacy Summit and visited three communities in Southeast that included Wrangell, Sitka, and Juneau. An Elder Senior Listening Session, for the new State Plan for Senior Services, was conducted in Wrangell.

- **May 2018.** The Commission met by videoconference and teleconference to review the outcomes from legislative session and hear reports from partner agencies on a variety of senior issues. Commission members living in Anchorage, Mat-Su Borough, and Fairbanks participated in the Older Americans Month in Alaska celebrations as well as held a special commendation for Alaskan Centenarians, a collaborative project of the Governor’s Office with ACoA.
Governor’s Executive Proclamations

On behalf of Alaska seniors and their loved ones, the Commission worked with the Governor’s office on the following Executive Proclamations that prompted corresponding community-based public awareness activities:

- **Senior Fall Prevention Awareness Day (September 22, 2017)** encourages Alaskans of all ages to practice fall prevention as well as offer their support to seniors to reduce the risk of senior falls. Falls is the leading cause of fatal and non-fatal injuries for Alaska seniors. An estimated one out of four older Alaskans falls each year, but less than half tell their doctors, with those falling once being at twice the risk of falling again. ACoA collaborated with the Division of Public Health and submitted an updated profile to the National Council on Aging about the impact of senior falls in Alaska and statewide senior fall prevention efforts.

- **Family Caregivers Month (November 2017)** acknowledges the support from family and other uncompensated caregivers in Alaska who provide the foundation of long-term care for the growing number of seniors and other vulnerable Alaskans allowing them to remain living at home which saves millions of dollars annually in long-term care costs. Family caregivers of seniors, particularly those caring for persons with dementia, are more likely to report poor health, higher rates of chronic disease, more incidences of depression and high anxiety as well as incurring higher financial distress than non-caregivers. This Proclamation emphasizes the need for caregivers to take care of themselves by getting proper nutrition, exercise, and rest and encouraged all Alaskans to support caregivers so that they may stay strong to care for others.

- **Alzheimer’s Disease Awareness Month (November 2017)** promotes awareness about Alzheimer’s as a public health concern that impacts 7,100 Alaskans age 65 and older in 2017. Public awareness activities highlighted the importance of early detection to provide time for family planning and getting connected to services that provide assistance to these vulnerable Alaskans and their loved ones.

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**What you can do to prevent falls:**

- **Begin a regular exercise program.**

- **Have your health care provider review your medicines.**

- **Have your vision and hearing checked.**

- **Make your home safer.**

Many falls can be prevented. By making some changes, you can lower your chances of falling.

For more information, please call the Aging and Disability Resource Center at 1-877-6AK-ADRC (1-877-625-2372) or visit our website at www.alaskaaging.org.
May 2018 is Older Americans Month in Alaska recognizes the important volunteer contributions made by Alaska seniors that were celebrated during special senior recognition events sponsored by the Anchorage Senior Advisory Commission, the Fairbanks North Star Borough Senior Advisory Commission, Homer Senior Center, Wasilla Senior Center, and Mat-Su Senior Services.

The theme for Older Americans Month was “Engage at Every Age” which emphasized the importance of staying active and involved regardless of age to enrich personal and social well-being. The 2018 OAM celebration also recognized the growing number of Alaska Centenarians. Using data from the Division of Permanent Fund, ACoA identified 50 centenarians, up from 38 Centenarians identified in 2016. Twenty-three centenarians provided consent to be publicly recognized and were presented with a special commendation from the Governor’s Office.
Looking forward

Alaska, known as the “last frontier,” is now embracing a new frontier of age and aging as our senior population continues to expand. Alaskans are living longer, thanks to improvements in health care, the strong network of home and community based provider agencies, committed family caregivers, and seniors striving to maintain a healthy lifestyle. This aging trend, evident across diverse sectors of the Alaskan senior population, include a growing number of persons aging with physical disabilities and chronic health conditions, those experiencing developmental disabilities, people living with dementia, behavioral health conditions as well as brain injury. Development of the Alaska State Plan for Senior Services, FY2020-FY2023 (“Senior State Plan”), initiated in FY2018, will focus attention on supporting the aging of an increasing population with diversified needs living as long as possible at home while having access to appropriate levels of care in community settings.

In comparison to the lower-48, Alaska stands out on many fronts. Alaska is not only the state with the fastest growing senior population, but also has the highest cost for nursing home care ($351,495 annual private pay cost for a semi-private room) and the greatest projected number of people age 65+ at risk for developing Alzheimer’s disease and related dementia due to our fast-growing senior population (46.7% between 2018 and 2025) (U.S. Administration of Aging Profile of Older Americans 2017; Genworth Cost of Care Survey 2018; Alzheimer’s Disease Facts and Figures 2018). Alaska’s senior population, growing at an annual average rate of 6%, increased 49% from 2010 to 2018. Alaskans age 60 years and older are also the fastest growing age demographic in our state (Alaska Department of Labor, Workforce and Development, Research and Analysis, Population Estimates).

Alaska’s support for its older people remains strong but is experiencing stress from budget strain and rising inflation costs. Annual increases in cost of living grew last year by 1.4% while health care price inflation grew by 3.8% (Alaska Department of Labor and Workforce Development Research and Analysis, Consumer Price Index for Urban Alaska, 2018; Federal Reserve Economic Data, U.S. Bureau of Economic Analysis, Personal Consumption Expenditures: Services: Health Care for Alaska, 2019).
In contrast, funding for low-cost community based services that focus on senior health care and safety has remained relatively flat, or been reduced for some programs, resulting in lower participation rates for basic senior programs. While the number of seniors receiving Nutrition, Transportation, and Support services (senior meals, transportation, and homemaker services) increased, for example, the percentage of the total senior population receiving these services declined from 9.7% in FY2011 down to 7.8% in FY2018. Moreover, the number of seniors receiving Adult Day and Senior In-Home grant-funded services decreased by 34% and 20%, respectively from FY2011 to FY2018 (Division of Senior and Disabilities Services Grants Unit, December 2018). As can be seen, when the population numbers go up along with rising costs and the funds do not, the State’s ability to serve this fragile population decreases.

While Alaska’s senior population is growing, the majority of older adults do not use state-supported long-term support services paid for by public funds as many rely on their families and friends. The need for publicly supported services is expected to increase for a growing number of older people who experience disabilities, dementia, and periods of frailty in their later years who lack natural supports. While funding for less expensive community based services, such as grant-funded services for seniors, Alaskans Living Independently waiver, and personal care services has remained relatively flat, or has been reduced in some cases during recent years, there is preliminary data to suggest that utilization of and spending on nursing home care used by seniors is trending upward during recent times (Evergreen Economics Report, 2018).

Behavioral health conditions, such as alcohol and substance misuse/abuse, are an increasing challenge for seniors as baby boomers continue to age and will be a focus in the upcoming State Senior Plan. Historically, older adults have not demonstrated high rates of alcohol or other drug abuse compared to younger adults or participated in large numbers at substance misuse treatment programs. Substance misuse and other behavioral health conditions affect some seniors with medical problems, including dementia, which can complicate appropriate treatment. Alcohol use disorders have also been identified as a major risk factor for the onset of dementia, including Wernicke-Korsakoff Syndrome, vascular dementia, and early onset Alzheimer’s (Lancet Public Health Journal 2018).
Nearly one in five adults age 65+ (20%) has one or more behavioral health conditions, including depression, mental illness, and substance misuse disorders, according to estimates from the Substance Abuse and Mental Health Services Administration and the Centers for Disease Control (2017). This prevalence rate may impact as many as 16,600 older Alaskans based on 2017 population estimates (Alaska Department of Labor and Workforce Development, Research and Analysis). Depression is a health issue of special concern for older persons that is often misdiagnosed or goes undetected by health care providers. Isolated homebound seniors who live alone often experience loneliness, depression, and have safety risks, including falls. Many seniors rely on long-term medications for pain, including opioids, which increases the likelihood of substance dependence or addiction.

Additionally, an identified gap exists for Alaskans with Alzheimer’s disease and related dementias (ADRD) and complex behaviors that has led to some elders being inappropriately placed at the Alaska Psychiatric Institute (API) rather than in more cost effective, less restrictive community settings. Age-appropriate and practice-informed services by trained clinicians are needed to serve the older adult population with behavioral health needs in community settings that are senior-friendly. Other senior issues remain ongoing for the next State Senior Plan. Finding a primary health care provider for seniors insured by Medicare continues to be a problem for many who live in the Railbelt, according to findings from senior survey respondents. Primary health care providers report low reimbursement rates and excessive Medicare administration requirements as barriers to the provision of care for Medicare beneficiaries. Other complicating factors include health care workforce shortages, provider retirement, and the high cost of care for dual eligible patients having complex medical conditions who are insured by both Medicare and Medicaid.

Housing continues to be a top priority for Alaska seniors. According to preliminary findings from the Commission’s needs assessment activities, many public members noted a generalized need for senior housing options across the continuum of care. Some seniors say that they want to remain in their own homes as they age, but their homes are older and often in disrepair, requiring accessibility and weatherization improvements. Other older Alaskans desire smaller, more accessible and affordable
accommodations, either in independent senior housing developments or supportive senior housing where long-term support services can be provided on-site. According to findings from the senior provider survey, providers also observe a need for assisted living memory care to support the increasing number of seniors living with dementia.

To further aging in place, “smart home” and assistive technologies are being piloted and utilized to promote safety, greater independence, and choice for seniors and disabled persons living at home. These technologies include a diverse array of options that offer assistance to caregivers and provide a non-intrusive and cost-effective means to improve home care for older people with disabilities, including those with early stages of dementia.

A longer life lived in fulfillment is a life worth living. Gaining newfound wisdom from a lifetime of experience, more time to enjoy loved ones, and greater opportunities to contribute to the common social good are just a few benefits possible from a longer life. But there are also challenges that come from living longer including managing expenses on a fixed income as well as being at increased risk for chronic disease, physical disabilities, and cognitive decline. Despite these possible setbacks, Alaskan seniors strive to live a life filled with purpose and meaning while generously giving back to their communities and loved ones.
Source: Alaska Department of Labor, Workforce and Development, Research and Analysis, Population Projections

**Number of People Age 65+ with Alzheimer’s by Age in 2018**

Source: 2017 Alzheimer’s Disease Facts and Figures and Alaska DOLWD Research and Analysis Population Projections, 2015-2035
Alaska Senior Population Estimates by Age Category

Source: Alaska DOLWD Research and Analysis, January 2018

Percentage Change in 60+ Population by DHSS Region, 2010-2018

Source: Alaska Department of Labor, Workforce and Development, Research and Analysis Population Estimates
Recent Trends in Senior Population (Age 65+) Living Below Poverty Levels


Senior Behavioral Health, Age 65 and Older

Senior Enrollment in Medicaid Health Care Services

Source: Evergreen Economics Report 2018 based on publicly accessible data.

Annual Percentage Change on Senior Medicaid Health Care Spending and the Senior Population

Source: Evergreen Economics Report 2018 based on publicly accessible data.
Note: Alaska’s Medicaid costs of caring for people with Alzheimer’s (2018) was $66 million alone. Based on the 2018 Alzheimer’s Disease Facts and Figures report, the projected percentage change in costs from 2018 to 2025 is estimated at 63.9%.
Seniors Enrolled in Medicaid Public Assistance Programs FY2011-FY2018

Source: Division of Public Assistance, 2018.

Projected Number of Alaskans with Alzheimer’s, Age 65 and Older

The Alaska Commission on Aging dedicates this FY2018 Annual Report in remembrance of Commission members Marie Darlin and Banarsi Lal who passed away in 2018. Both were long-standing board members recognized for their articulate and passionate advocacy for many worthy causes — at state, local and federal levels — and were renowned pillars in the senior community. Known by policymakers to ask the tough questions, Banarsi and Marie always followed up on issues and let policymakers know when they were not pleased with their actions in a polite and effective manner.

Marie and Banarsi embodied the power of aging and demonstrated that seniors can make a difference sharing their lifetime of experience, knowledge, and wisdom. They served as a powerful inspiration to many and will be greatly missed but never forgotten.
Alaska Commission on Aging (ACoA) Senior Snapshot: Older Alaskans in 2017/18

Annually, the Alaska Commission on Aging gathers data to provide a snapshot in time of the health and well-being of Alaskan residents, age 60 years and older. The Senior Snapshot incorporates the latest data available however not all items are updated on an annual basis. Below are highlights from the 2017/2018 Senior Snapshot as well as the data sources compiled to complete this report.

Population Growth

Alaska continues to be the fastest growing senior population per capita for the eighth consecutive year. In four states, the age 65 and over population increased by 50% or more between the years of 2006 and 2016: Alaska (66%); Nevada (57%); Colorado (55%); and Arizona (50%).

★ Source: 2017 Profile of Older Americans, Administration on Aging.

Alaska’s population of people age 60+ continues to grow, and increased almost 50% (48.5%) between 2010 and 2018.

The senior population is the fastest growing demographic in the state, exceeding youth (under 18) and adults (age 18-64) which both declined by 0.9% in 2018. Despite this year’s statewide population declines due to net migration losses (-1,608 people), those age 65+ was up more than 5%.

In 2018, Alaskans age 60+ represent 18.3 percent of the state’s total population. Almost one in five Alaskans has reached senior age.


Alaska’s senior population has increased by double-digits in all regions across the state from 2010 to 2018, with no area experiencing a decline.

Southcentral has the highest regional growth followed by the Interior.

Southeast Alaska continues to have the highest concentration of seniors where almost one in four residents in the region is an adult age 60+.

★ Source: Alaska Department of Labor Workforce and Development, Research and Analysis, 2018 Population Estimates
Poverty

The percentage of Alaska seniors (age 65+) living below poverty levels decreased from 5.3 percent in 2010 to 4.2 percent in 2016 but then climbed to 5.1 percent in 2017, according to information provided by the U.S. Census Bureau.


Alaska Pioneer Homes

The six Alaska Pioneer Homes are licensed to serve 497 elders at any time. Approximately 58% of Alaska Pioneer Home residents have some form of dementia.

To be eligible for the Pioneer Homes, one must be 65 years or older, be a resident for at least one year, and complete an application and qualify for the active wait list. To qualify for the active wait list, the senior must be willing and ready to move into a Pioneer Home within 30 days of an offer.

★ Source: Alaska Pioneer Homes, 2018

Senior Assistance Programs

Between FY2011 and FY2018, the number of seniors receiving benefits through Adult Public Assistance and the Supplemental Needs Assessment Program increased by 3.6% and 8.1% respectively, while the number of households that received assistance from the Low Income Home Energy Assistance Program decreased on average by 2% annually.

★ Source: Alaska Division of Public Assistance, 2018

Mortality Rates

While mortality rates for Alaskan seniors are lower for most of the leading causes of death such as cancer, diabetes, chronic lower respiratory diseases, and others Alaskan seniors have higher mortality rates on causes linked to behavioral health conditions.

Mortality rates for senior suicide, chronic liver disease and cirrhosis, fatal falls, and alcohol-induced deaths are higher for the Alaska senior population than national averages. These figures suggest that behavioral health programs targeted to seniors with depression, other mental illness, and substance abuse problems could have a positive impact on the quality of life for older Alaskans.

★ Source: Alaska Healthy Analytics & Vital Records, 2018
### Senior Population by Region and Age Group

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage of 60+ senior population</th>
<th>Seniors in CY2018</th>
<th>Seniors in CY2017</th>
<th>Seniors in CY2016</th>
<th>Seniors in CY2010</th>
<th>Change in Population 2010-2018</th>
<th>Communities in Regions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Statewide</strong></td>
<td>18.3%</td>
<td>134,983</td>
<td>130,067</td>
<td>125,892</td>
<td>90,886</td>
<td>48.5%</td>
<td>Bethel, Kusilvak Census Area</td>
</tr>
<tr>
<td>I. Bethel Area</td>
<td>11.4%</td>
<td>3,013</td>
<td>2,896</td>
<td>2,835</td>
<td>2,306</td>
<td>30.7%</td>
<td>Fairbanks NSB, Yukon-Koyukuk, Denali, SE Fairbanks</td>
</tr>
<tr>
<td>II. Interior</td>
<td>17.8%</td>
<td>19,846</td>
<td>19,192</td>
<td>18,593</td>
<td>13,134</td>
<td>51.1%</td>
<td>Municipality of Anchorage</td>
</tr>
<tr>
<td>III. North Slope</td>
<td>11.2%</td>
<td>1,116</td>
<td>1,095</td>
<td>1,082</td>
<td>856</td>
<td>30.4%</td>
<td>North Slope Borough</td>
</tr>
<tr>
<td>IV. Anchorage</td>
<td>17.2%</td>
<td>50,678</td>
<td>49,145</td>
<td>47,567</td>
<td>35,079</td>
<td>44.5%</td>
<td>Municipality of Anchorage</td>
</tr>
<tr>
<td>V. Southcentral</td>
<td>21.1%</td>
<td>36,615</td>
<td>34,670</td>
<td>33,326</td>
<td>22,760</td>
<td>60.9%</td>
<td>Kenai Peninsula, Mat-Su, Valdez-Cordova</td>
</tr>
<tr>
<td>VI. Northwest</td>
<td>12.2%</td>
<td>2,170</td>
<td>2,130</td>
<td>2,102</td>
<td>1,681</td>
<td>29.1%</td>
<td>Nome, Northwest Arctic</td>
</tr>
<tr>
<td>VII. Southwest</td>
<td>17.8%</td>
<td>3,606</td>
<td>3,470</td>
<td>3,303</td>
<td>2,440</td>
<td>47.8%</td>
<td>Bristol Bay, Dillingham, Kodiak, Lake &amp; Peninsula</td>
</tr>
<tr>
<td>VIII. Aleutians</td>
<td>14.4%</td>
<td>1,220</td>
<td>1,204</td>
<td>1,217</td>
<td>847</td>
<td>44.0%</td>
<td>Aleutians East, Aleutians West</td>
</tr>
<tr>
<td>IX. Southeast</td>
<td>22.9%</td>
<td>16,719</td>
<td>16,265</td>
<td>15,867</td>
<td>11,764</td>
<td>42.1%</td>
<td>Haines, Juneau, Ketchikan, Prince of Wales, Sitka, Skagway-Hoonah-Anagoon, Wrangell-Petersburg, Yakutat</td>
</tr>
</tbody>
</table>

**Source:** Data from Alaska Department of Labor and Workforce Development’s 2018 population estimates. Regions are those used by the Alaska Department of Health and Social Services. “The Alaska State Plan for Senior Services, FY2016 – FY2019” prescribes funding by region for senior grant programs which include the nine DHSS regions identified.

### Senior Population Growth: Age 65+

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage of 60+ senior population</th>
<th>Seniors in CY2018</th>
<th>Seniors in CY2017</th>
<th>Seniors in CY2016</th>
<th>Seniors in CY2010</th>
<th>Senior Population Change 2010-2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 60-64</td>
<td>35.3%</td>
<td>47,679</td>
<td>47,268</td>
<td>46,895</td>
<td>35,938</td>
<td>32.7%</td>
</tr>
<tr>
<td>Age 65-74</td>
<td>43.9%</td>
<td>59,300</td>
<td>56,267</td>
<td>53,676</td>
<td>33,350</td>
<td>77.8%</td>
</tr>
<tr>
<td>Age 75-84</td>
<td>15.9%</td>
<td>21,426</td>
<td>20,131</td>
<td>19,035</td>
<td>14,877</td>
<td>44%</td>
</tr>
<tr>
<td>Age 85+</td>
<td>4.9%</td>
<td>6,578</td>
<td>6,401</td>
<td>6,286</td>
<td>4,711</td>
<td>39.6%</td>
</tr>
</tbody>
</table>

**Source:** Data from Alaska Department of Labor, Workforce and Development, Research and Analysis.

### 2011-2016 US Ranking

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td>65.6%</td>
<td>30%</td>
</tr>
</tbody>
</table>
### Senior Economic Factors

<table>
<thead>
<tr>
<th>Economic Contribution</th>
<th>CY2014</th>
<th>CY2013</th>
<th>CY2012</th>
<th>CY2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seniors’ economic contribution to Alaska</td>
<td>$2.5 billion</td>
<td>$2.4 billion</td>
<td>$2.1 billion</td>
<td>$1.7 billion</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Economic Status Indicators</th>
<th>2018</th>
<th>2017</th>
<th>2016</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated Average Monthly Social Security Benefits in Alaska</td>
<td>$1,404 (December)</td>
<td>$1,328 (December)</td>
<td>$1,341 (December)</td>
<td>$1,180 (December)</td>
</tr>
<tr>
<td>Average Monthly Public Employee Retirement Payments</td>
<td>$1,872 (September)</td>
<td>$1,791 (September)</td>
<td>$1,759 (September)</td>
<td>$1,605 (September)</td>
</tr>
<tr>
<td>Number of seniors receiving Public Employee Retirement System payments</td>
<td>17,882</td>
<td>17,060</td>
<td>16,318</td>
<td>13,568</td>
</tr>
<tr>
<td>Average Monthly Teachers Retirement System Payment</td>
<td>$2,965 (October)</td>
<td>16,318 (October)</td>
<td>$2,861 (October)</td>
<td>$2,756 (October)</td>
</tr>
<tr>
<td>Number of seniors receiving Teachers Retirement System payments</td>
<td>6,059</td>
<td>5,863</td>
<td>5,715</td>
<td>5,046</td>
</tr>
</tbody>
</table>

** Rates based on fewer than 6 occurrences are not reported.

Sources: Fact Sheet Social Security https://www.ssa.gov/news/press/factsheets/colafacts2018.pdf - Average payment per person for retirement PERS payments. Alaska Dept. of Administration, Division of Retirement & Benefits - figures on PERS (Public Employee Retirement System) benefits include PERS retirees age 60 and older who currently reside in Alaska. AK Dept. of Administration, Div. of Retirement & Benefits - figures on TRS (Teachers Retirement System) benefits include TRS retirees age 60 and older who currently reside in Alaska.

### Senior Behavioral Health

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drinkers</td>
<td>6.5%</td>
<td>6.0%</td>
<td>17.4%</td>
</tr>
<tr>
<td>Heavy drinkers</td>
<td>6.3%</td>
<td>4.6%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Smokers</td>
<td>7.6%</td>
<td>6.1%</td>
<td>8.6%</td>
</tr>
<tr>
<td>Disabled seniors</td>
<td>32.4%</td>
<td>31.6%</td>
<td>28.0%</td>
</tr>
<tr>
<td>Obese seniors</td>
<td>8.0%</td>
<td>11.5%</td>
<td>7.4%</td>
</tr>
</tbody>
</table>

“Binge drinking” is defined as males having five or more drinks on one occasion and females having four or more drinks on one occasion. “Heavy drinking” is defined as adult men having more than two drinks per day and adult women having more than one drink per day. “Smokers” are defined as current smokers. “Obese” individuals are defined as those with a body mass index (BMI) of 30.0 or greater. Seniors include those age 65 and over who say that they are limited in their activities because of physical, mental, or emotional conditions.
## Senior Benefits by Region

<table>
<thead>
<tr>
<th>Region</th>
<th>October 2018:</th>
<th>October 2017:</th>
<th>October 2016:</th>
<th>November 2015:</th>
<th>Communities in Regions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statewide Total</td>
<td>11,492</td>
<td>11,312</td>
<td>11,784</td>
<td>11,540</td>
<td>Number of seniors age 65+ receiving Senior Benefits.</td>
</tr>
<tr>
<td>I. Bethel Area</td>
<td>741</td>
<td>720</td>
<td>804</td>
<td>808</td>
<td>Bethel, Kusilvak Census Area</td>
</tr>
<tr>
<td>II. Interior</td>
<td>1,359</td>
<td>1,321</td>
<td>1,406</td>
<td>1,354</td>
<td>Fairbanks NSB, Yukon- Koyukuk, Denali, SE Fairbanks</td>
</tr>
<tr>
<td>III. North Slope</td>
<td>30</td>
<td>33</td>
<td>35</td>
<td>38</td>
<td>North Slope Borough</td>
</tr>
<tr>
<td>IV. Anchorage</td>
<td>4,268</td>
<td>4,238</td>
<td>4,340</td>
<td>4,231</td>
<td>Municipality of Anchorage</td>
</tr>
<tr>
<td>V. Southcentral</td>
<td>3,007</td>
<td>2,932</td>
<td>2,948</td>
<td>2,850</td>
<td>Kenai Peninsula, Mat-Su, Valdez-Cordova</td>
</tr>
<tr>
<td>VI. Northwest</td>
<td>388</td>
<td>391</td>
<td>422</td>
<td>441</td>
<td>Nome, Northwest Arctic</td>
</tr>
<tr>
<td>VII. Southwest</td>
<td>393</td>
<td>368</td>
<td>413</td>
<td>407</td>
<td>Bristol Bay, Dillingham, Kodiak, Lake &amp; Peninsula</td>
</tr>
<tr>
<td>VIII. Aleutians</td>
<td>49</td>
<td>45</td>
<td>60</td>
<td>65</td>
<td>Aleutians East, Aleutians West</td>
</tr>
<tr>
<td>IX. Southeast</td>
<td>1,257</td>
<td>1,264</td>
<td>1,356</td>
<td>1,346</td>
<td>Haines, Juneau, Ketchikan, Prince of Wales, Sitka, Skagway-Hoonah-Angoon, Wrangell-Petersburg, Yakutat</td>
</tr>
</tbody>
</table>

**Source:** Information from the Alaska Division of Public Assistance.

## Food Stamps and Other Senior Assistance Programs

<table>
<thead>
<tr>
<th>Other assistance</th>
<th>FY2018</th>
<th>FY2017</th>
<th>FY2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seniors in Alaska (age 60+) receiving the Alaska Supplemental Nutrition Assistance Program (SNAP)</td>
<td>4,929 (60-64)</td>
<td>4,639 (60-64)</td>
<td>4,174 (60-64)</td>
</tr>
<tr>
<td></td>
<td>6,507 (65+)</td>
<td>5,961 (65+)</td>
<td>5,482 (65+)</td>
</tr>
<tr>
<td></td>
<td>Total: 11,436</td>
<td>Total: 10,600</td>
<td>Total: 9,656</td>
</tr>
<tr>
<td>Average dollar monthly benefit for Alaskan seniors on SNAP</td>
<td>$295 (Age 60-64)</td>
<td>$316 (60-64)</td>
<td>$309 (60-64)</td>
</tr>
<tr>
<td></td>
<td>$195 (Age 65+)</td>
<td>$216 (65+)</td>
<td>$206 (65+)</td>
</tr>
<tr>
<td>Seniors receiving Adult Public Assistance age 65+</td>
<td>8,882</td>
<td>8,882</td>
<td>8,061</td>
</tr>
<tr>
<td></td>
<td>$228</td>
<td>$235</td>
<td>$232</td>
</tr>
<tr>
<td>Households with a senior member (age 65+) receiving heating assistance</td>
<td>Total: 2,308</td>
<td>Total: 2,252</td>
<td>Total: 3,669</td>
</tr>
<tr>
<td></td>
<td>LIHEAP: 2,308</td>
<td>LIHEAP: 2,252</td>
<td>LIHEAP: 3,020</td>
</tr>
<tr>
<td></td>
<td>AKAHP: Closed</td>
<td>AKAHP: Closed</td>
<td>AKAHP: 649</td>
</tr>
</tbody>
</table>

**Source:** The SNAP program, previously referred to as the Food Stamp Program, provides food benefits to low-income households. Eligible applicants must pass income and assets tests. The gross monthly income test is based on 130% of the current Alaska poverty standard. Information from the Alaska Division of Public Assistance.

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.

The Alaska Affordable Heating Program (AKAHP) provides heating assistance to households between 151% to 221% federal poverty level (FPL). The federally-funded Low Income Heating and Energy Assistance Program (LIHEAP) provides heating assistance to households below 151% FPL.
### AHFC and Senior Housing

<table>
<thead>
<tr>
<th>Housing</th>
<th>2018</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHFC total units of senior/disabled housing (statewide)</td>
<td>610 units (December)</td>
<td>610 units (December)</td>
<td>610 units (December)</td>
</tr>
<tr>
<td>AHFC wait list for senior/disabled housing (statewide)</td>
<td>1,558 (November)</td>
<td>1,511 (November)</td>
<td>873 (November)</td>
</tr>
<tr>
<td>AHFC wait list for housing vouchers</td>
<td>4,349 families (November)</td>
<td>2,933 families (November)</td>
<td>2,952 families (November)</td>
</tr>
</tbody>
</table>

*Source: Information from the Alaska Housing Finance Corporation (AHFC). Total AHFC units include HUD properties only. Wait list for senior/disabled housing includes individuals age 62+. All families, regardless of age are on the housing voucher wait list.*

<table>
<thead>
<tr>
<th>Housing Development</th>
<th>FY2018</th>
<th>FY2017</th>
<th>FY2012</th>
<th>FY2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHFC senior housing units funded for development</td>
<td>95 Units</td>
<td>40 units</td>
<td>110 units</td>
<td>58 units</td>
</tr>
</tbody>
</table>

*Source: Information from the Alaska Housing Finance Corporation (AHFC).*

### Senior Health: Alzheimer’s Disease & Related Dementia (ADRD)

<table>
<thead>
<tr>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated number with Alzheimer’s Disease &amp; Related Dementia</td>
<td>7,500</td>
<td>7,100</td>
<td>6,800</td>
<td>5,000</td>
<td>3,400</td>
<td>5.5 million</td>
</tr>
</tbody>
</table>

*Source: Alaska’s ADRD estimates are based on national prevalence rates by age group. An estimated 10% of Alaska seniors age 65+ have Alzheimer’s disease.*

### Unpaid Care

<table>
<thead>
<tr>
<th>Unpaid Care</th>
<th>Number of Caregivers (Alaska, 2017)</th>
<th>Hours of Unpaid Care</th>
<th>Value of Unpaid Care</th>
<th>Number of caregivers (U.S., 2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregivers of People with Alzheimer’s or Other Dementias</td>
<td>33,000</td>
<td>38 million</td>
<td>$479 million</td>
<td>33,000,000</td>
</tr>
</tbody>
</table>

*Source: 2018 Alzheimer’s Disease Facts and Figures.*
**Senior Health**

<table>
<thead>
<tr>
<th>Leading Causes of Death 65+</th>
<th>Alaska 2017 Age 65+ Deaths</th>
<th>Alaska 2017 Age 65+ Rate (per 100,000)</th>
<th>Alaska 2016 Age 65+ Deaths</th>
<th>Alaska 2016 Age 65+ Rate (per 100,000)</th>
<th>U.S. 2017 Deaths</th>
<th>U.S. 2017 Rate (per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicides</td>
<td>21</td>
<td>27.3</td>
<td>11</td>
<td>13.4</td>
<td>8,568</td>
<td>19.7</td>
</tr>
<tr>
<td>Fatal falls (accidental)</td>
<td>43</td>
<td>73.1</td>
<td>48</td>
<td>81.7</td>
<td>31,190</td>
<td>63.3</td>
</tr>
<tr>
<td>Other accidental deaths</td>
<td>51</td>
<td>66.9</td>
<td>46</td>
<td>62.3</td>
<td>55,951</td>
<td>112.7</td>
</tr>
<tr>
<td>Alcohol-induced deaths</td>
<td>25</td>
<td>27.6</td>
<td>27.6</td>
<td>25</td>
<td>8,343</td>
<td>15.9</td>
</tr>
<tr>
<td>Drug-induced deaths</td>
<td>7</td>
<td>8.1*</td>
<td>8.1*</td>
<td>3</td>
<td>4,103</td>
<td>7.7</td>
</tr>
<tr>
<td>Cancer</td>
<td>566</td>
<td>789.4</td>
<td>789.4</td>
<td>614</td>
<td>427,8963</td>
<td>869.0</td>
</tr>
<tr>
<td>Heart Diseases</td>
<td>540</td>
<td>818.9</td>
<td>525</td>
<td>818.5</td>
<td>510,052</td>
<td>1,046.6</td>
</tr>
<tr>
<td>Stroke</td>
<td>163</td>
<td>254</td>
<td>160</td>
<td>271.0</td>
<td>125,653</td>
<td>255.2</td>
</tr>
<tr>
<td>Influenza &amp; Pneumonia</td>
<td>44</td>
<td>71.1</td>
<td>48</td>
<td>84.8</td>
<td>46,862</td>
<td>94.8</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Diseases</td>
<td>23</td>
<td>24.9</td>
<td>24</td>
<td>29.6</td>
<td>46,862</td>
<td>94.8</td>
</tr>
<tr>
<td>Alzheimer's Disease</td>
<td>97</td>
<td>174.2</td>
<td>108</td>
<td>198.5</td>
<td>120,107</td>
<td>243.5</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>73</td>
<td>99.7</td>
<td>80</td>
<td>110.2</td>
<td>59,020</td>
<td>119.7</td>
</tr>
<tr>
<td>Chronic Liver Disease and Cirrhosis</td>
<td>167</td>
<td>253.7</td>
<td>180</td>
<td>273.9</td>
<td>15,746</td>
<td>31.0</td>
</tr>
<tr>
<td>Parkinson's Disease</td>
<td>34</td>
<td>56.9</td>
<td>16</td>
<td>26.6</td>
<td>31,177</td>
<td>65.3</td>
</tr>
<tr>
<td>Accident/ Unintentional Injuries</td>
<td>94</td>
<td>140</td>
<td>93</td>
<td>144.0</td>
<td>55,951</td>
<td>112.7</td>
</tr>
</tbody>
</table>

* Rates based on fewer than 20 occurrences are statistically unreliable and should be used with caution.
**Rates based on fewer than 6 occurrences are not reported.
Source: Alaska Bureau of Health Analytics & Vital Records via email 11/15/2018. Crude rates are per 100,000 U.S. population, Age 65+.

**Senior Safety**

<table>
<thead>
<tr>
<th>Long-Term Care Ombudsman</th>
<th>2018</th>
<th>2017</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of unannounced visits to senior assisted living homes</td>
<td>1,085</td>
<td>977</td>
<td>740</td>
<td>434</td>
</tr>
<tr>
<td>Number of active volunteer ombudsmen</td>
<td>59</td>
<td>39</td>
<td>33</td>
<td>16</td>
</tr>
</tbody>
</table>

Source: Alaska Office of Long-Term Care Ombudsman. In 2017 the Office of Long-Term Care Ombudsman began reporting the number of facility visits and number of volunteers in order to adequately reflect any changes/progress in the program.

<table>
<thead>
<tr>
<th>Adult Protective Services</th>
<th>FY2018</th>
<th>FY2017</th>
<th>Note 30</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reports of harm</td>
<td>703</td>
<td>835</td>
<td>Due to implementation of new software, APS was unable to report FY2017 data in time for this publication.</td>
</tr>
</tbody>
</table>

Source: Adult Protective Services, Division of Senior and Disabilities Services. Intakes age 60+. Adult Protective Services (APS) APS continues to respond to reports of harm within 10 days.
Long Term Care: Alaska Pioneer Homes

<table>
<thead>
<tr>
<th></th>
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<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of Pioneer Home residents at Level III</td>
<td>56.8% (November)</td>
<td>58.0% (December)</td>
<td>54.3% (November)</td>
<td>56.1% (November)</td>
<td>55.9% (October)</td>
<td>46.1% (December 2004)</td>
</tr>
<tr>
<td>Pioneer Home Applicants on Active Wait List</td>
<td>242 (November)</td>
<td>266 (November)</td>
<td>361 (November)</td>
<td>332 (November)</td>
<td>276 (November)</td>
<td>374 (November 2008)</td>
</tr>
<tr>
<td>Average age of Pioneer Home resident</td>
<td>86.3 years (November)</td>
<td>86.5 years (November)</td>
<td>86.2 years (November)</td>
<td>86.4 years (October)</td>
<td>86.2 years (October)</td>
<td>76 years (1998)</td>
</tr>
</tbody>
</table>

Level III is the most advanced level of care. Data provided by the Division of Pioneer Homes.
Active wait list is defined by the number of seniors who are willing and ready to move in within 30 days of an offer.
Applicants must be 65 years or older, a resident for at least one year, and have submitted an eligible application.

Long Term Care: Senior Grant Services and Other Support

<table>
<thead>
<tr>
<th>FY2018</th>
<th>FY2017</th>
<th>FY2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior grant services through Division of Senior &amp; Disabilities Services</td>
<td>$14,881,844</td>
<td>$13,896,046</td>
</tr>
<tr>
<td>Senior grant services through Division of Senior &amp; Disabilities Services - Per Client</td>
<td>$570</td>
<td>$581</td>
</tr>
<tr>
<td>Aging and Disability Resource Centers (ADRC)</td>
<td>10,764</td>
<td>16,359</td>
</tr>
<tr>
<td>Personal Care Services, 60 years of age and older,</td>
<td>2,626</td>
<td>3,179</td>
</tr>
</tbody>
</table>

The senior grant services recipient count includes the total number of seniors receiving registered and non-registered services. Source: Division of Senior and Disabilities Services.
The ADRC number includes duplicated counts and clients receiving Medicare counseling at ADRCs. Source Division of Senior and Disabilities Services Grants Unit.
Personal Care Services (also known as Personal Care Assistance) provides support for Alaskan seniors and individuals with disabilities with activities of daily living (i.e. bathing, dressing eating) as well as instrumental activities of daily living (i.e. shopping, laundry, light housework). PCS is provided statewide in Alaska through private agencies. The administration of the PCA program is overseen by the PCA Unit of Senior and Disabilities Services, Department of Health and Social Services.

<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaskans on Medicare</td>
<td>86,130</td>
<td>82,024</td>
<td>73,434</td>
<td>68,417</td>
<td>73,434</td>
</tr>
</tbody>
</table>

Source: Alaska Medicare Information Office. The number of Alaskans on Medicare continues to increase annually.
Long Term Care: Daily and Annual Costs

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing home costs – private room, median daily rate</td>
<td>$907/day</td>
<td>$800/day</td>
<td>$275/day</td>
</tr>
<tr>
<td>Nursing home costs – private room, median yearly rate</td>
<td>$292,000/year</td>
<td>$292,000/year</td>
<td>$100,375/year</td>
</tr>
<tr>
<td>Assisted Living Home costs – average median daily rate</td>
<td>$207/day</td>
<td>$197/day</td>
<td>$132/day</td>
</tr>
<tr>
<td>Assisted Living Home costs – average annual median rate</td>
<td>$72,000/year</td>
<td>$72,000/year</td>
<td>$48,000/year</td>
</tr>
<tr>
<td>Home Health Care Costs: Home Health Aide – median daily rate</td>
<td>$169/day</td>
<td>$174/day</td>
<td>$138/day</td>
</tr>
<tr>
<td>Home Health Care Costs: Home Health Aide – annual median rate</td>
<td>$61,776/year</td>
<td>$59,488/year</td>
<td>$46,332/year</td>
</tr>
<tr>
<td>Adult Day Services Costs – median daily rate</td>
<td>$105/day</td>
<td>$168/day</td>
<td>$72/day</td>
</tr>
<tr>
<td>Adult Day Services Costs – annual median rate</td>
<td>$27,373/year</td>
<td>$43,709/year</td>
<td>$18,720/year</td>
</tr>
</tbody>
</table>

Source: Genworth Long Term Care Cost Survey Across the United States, 2018. Available at https://www.genworth.com/about-us/industry-expertise/cost-of-care.html. Nursing home cost is based on a private room. Alaska has the highest cost of skilled nursing facility care in the country, and costs over three times as much as the national average. Oklahoma has the lowest cost nursing home care at $63,570. The 2018 annual national median cost is $89,297 for a semi-private room and $100,375 for a private room.

Source: Genworth Long Term Care Cost Survey Across the United States, 2018. Available at https://www.genworth.com/about-us/industry-expertise/cost-of-care.html. Alaska has the 2nd highest median cost per year for Assisted Living Home costs, Washington, DC has this highest cost at $111,190 and the lowest annual cost is Missouri at $34,128.

Source: Genworth Long Term Care Cost Survey Across the United States, 2018. Available at https://www.genworth.com/about-us/industry-expertise/cost-of-care.html. Alaska has the 4th highest cost per year for home health care. Average cost of care based on 44 hours per week by 52 weeks.

<table>
<thead>
<tr>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaskans Living Independently Waiver, Seniors Recipients, Age 65+</td>
<td>1,355</td>
<td>1,356</td>
<td>1,428</td>
<td>1,678</td>
<td>1,884</td>
<td>1,992</td>
</tr>
</tbody>
</table>

To qualify for services under the Alaskans Living Independently Waiver, individuals must be age 21 years or older, income-eligible, and must meet nursing home level-of-care requirements.
Legislative Teleconference Schedule

Join us for the 2019 legislative teleconferences to discuss bills of interest to seniors across the state of Alaska.

2019 Schedule

- January 24
- February 8
- February 21
- March 9
- March 21
- April 4
- April 18

2019 Host Sites

- Anchorage Pioneer Home
- Anchorage Senior Activity Center
- Homer Senior Center
- Juneau, ACoA
- Ketchikan Pioneer Home
- Nenana Tortella Council on Aging
- North Slope
- North Star Council on Aging
- Palmer Senior Citizens Center, Inc.
- Senior Citizens of Kodiak
- Soldotna Area Senior Citizens
- Wasilla Area Seniors
- Wrangell Senior Citizens

ACoA Legislative Teleconferences will be 9:30–11:00 a.m. Please call Lesley Thompson, ACoA Planner, at 907-465-4793 for more information.

2019 Senior Legislative Advocacy

FY2019 Alaska Commission on Aging Members:

- **Gordon Glaser**
  Chair, Public Member, Anchorage

- **David Blacketer**
  Immediate Past Chair, Public Member, Kodiak

- **Mary Shields**
  Vice Chair, Public Member, Anchorage

- **Anna Frank**
  Public Member, Fairbanks

- **Linda Combs**
  Public Member, Palmer

- **Bob Sivertsen**
  Public Member, Ketchikan

- **Michael Coons**
  Public Member, Palmer

- **Rosemary Hagevig**
  Pioneer Home Advisory Board Chair, Juneau

- **Nona Safra**
  Senior Service Provider, Anchor Point

- **Deb Etheridge**
  Acting Director, Senior and Disabilities Services, Department of Health and Social Services

- **Kathryn Abbott**
  Executive Director, Serve Alaska, Department of Commerce, Community and Economic Development, Anchorage
Alaska State Plan for Senior Services
Guiding Principles:

Highlight Seniors’ Community Contributions.

Keep Seniors Strong and Healthy.

Promote Independence, Empowerment and Choice.

Focus on Partnerships.

Build Community-Centered Agencies.

Provide Home-and Community-Based Care.

Offer a Full Continuum of Care.

Individualize the Response.

Include Younger Generations.

Target Services to the Most Vulnerable Seniors.

Support High-Quality Staff.

Respect Rights.

Aim for Excellence.

Give Fair Reimbursement.

FY2018
Feather image