

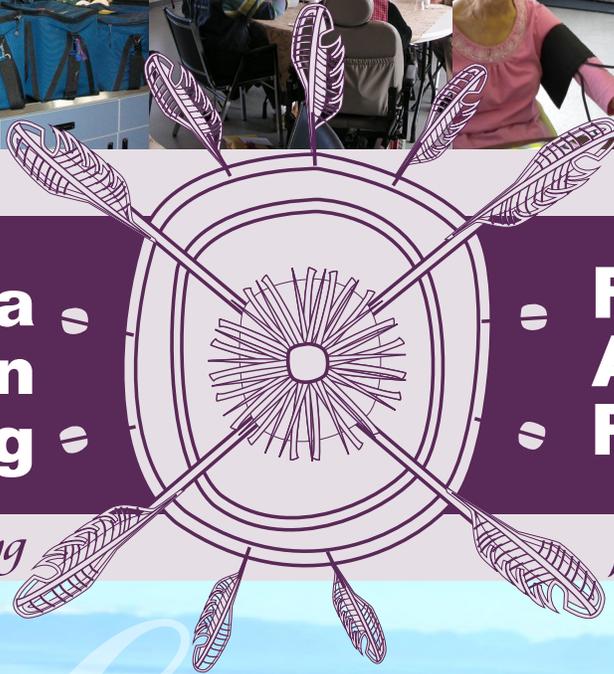


**Alaska
Commission
on Aging**

**FY 2012
Annual
Report**

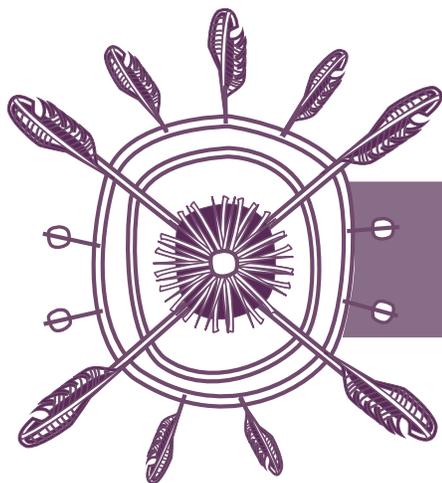
Healthy Aging

for Alaskans



*Senior
Home- & Community-based
Services*

Alaska Commission on Aging



Alaska Commission on Aging FY 2012 Annual Report

<http://www.alaskaaging.org/>



Sean Parnell, Governor
State of Alaska

William J. Streur, Commissioner
Department of Health & Social Services

Denise Daniello, Executive Director
The Alaska Commission on Aging



Alaska Commission on Aging
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Juneau, AK 99811-0693
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January 2013

*All photos courtesy DHSS, ACoA,
Lesley Thompson, Kodiak Senior Center, FRA Adult Day and
Southeast Senior Services.*

FY 2012 Annual Report

Dear Reader,

The Alaska Commission on Aging (ACoA) is pleased to present our FY2012 annual report. This report describes the work of the Commission and the challenges of Alaska's rapidly aging population. ACoA believes all older Alaskans should have the opportunity to meaningfully participate in communities that value their contributions and to have access to services which maintain their health and independence so that they may enjoy a high quality of life and live safely at home.

By statute, the Commission advises the Governor, Legislature and Administration on policies, programs and services that promote the dignity and quality of life for all Alaskans age 60 and older. We encourage broad partnerships and alliances through our core services of planning, education and advocacy that result in policies promoting quality services for seniors and support for the needs of unpaid family caregivers who shoulder the responsibility for providing the great majority of long-term care for their loved ones. ACoA supports policies that promote safety and the protection of rights for older people against all forms of abuse, exploitation and age discrimination.

The Commission continues to call attention not to just the needs of older people and effective responses to those needs, but to the enormous resources that older people bring to their communities. Older Alaskans represent an untapped reservoir of knowledge and experience. They financially contribute to the economic vitality of their communities and to the State. In 2012, Alaska seniors contributed an estimated \$1.9 billion to the State's economy and volunteered countless hours in service to their communities and families. In building our resources for the future, the Commission continues to look to older Alaskans as an under-utilized resource. We also anticipate the skills, education and experience that Baby Boomers can bring.

An emerging challenge is the growing number of Alaskans with Alzheimer's disease and related dementias (ADRD) and the public health impact this condition will pose on thousands of older Alaskans and their families. Due largely to the aging of the State's population, the estimated number of Alaskans with ADRD is projected to nearly triple by 2030. Almost half of all states in the U.S. have a dedicated ADRD plan based on the National Plan for Alzheimer's Disease resulting from the National Alzheimer's Project Act signed into law last year. The Commission will offer leadership to a steering committee comprised of state agencies and other stakeholders for development of an Alaska State Plan for Persons with ADRD to provide a roadmap that will promote greater public awareness about this disease and help strengthen services for persons with ADRD and their caregivers.



What do you think is necessary for aging successfully in Alaska?

"Services need to be available for all: Transportation, housing, nutrition and access to health care. One can only hope you won't need all services but if you do, there will be a safety net."

—Paula Pawlowski,
ACoA Commissioner,
FY13 Chair,
Public Member, Anchorage



What do you think is necessary for aging successfully in Alaska?

“Every Alaskan senior needs access to home and community-based services, the opportunity for appropriate housing, socialization, and to continue to be a vital part of their community.”

—Pat Branson,
ACoA Commissioner,
Vice Chair,
Senior Provider Member,
Kodiak

A continuing challenge in Alaska is the availability of appropriate and affordable housing that addresses the continuum of care for Alaska seniors. How will Alaska provide independent housing for seniors, housing with supportive services to help seniors maintain their quality of life in the community, and for transitions to assisted living and long-term care housing? According to the findings from the Commission’s 2010 Senior Survey, 95% of seniors age 60 years and older surveyed indicated their preference to remain in their current home. Providing accessible housing based on universal-designed principles and a host of supportive services including home- and community-based services, tele-health care and assistive technology can be instrumental to keeping seniors healthy, independent and living in their own homes. These outcomes are most desired by seniors and have been proven cost-effective.

The negative impact of behavioral health issues on the well-being of older adults is becoming a more troubling issue. Such conditions as depression, alcohol and substance misuse are not a normal part of aging, yet these conditions greatly impact the lives of many older Alaskans. Barriers to behavioral health treatment exist and include under-diagnosis, social stigma and the presence of other health conditions. Behavioral health conditions are common, costly and detrimental to the overall health of seniors. Strategies to address these conditions include behavioral health services designed to meet the needs of the older adult and greater implementation of the Patient Centered Medical Home Model that provides whole person-centered medical and behavioral health care coordinated by a care management team.

Alaska continues to be the state with the fastest-growing senior population. As Alaska’s population continues to age, economic challenges and new technologies will shape our programs and services. The Commission supports evidence-based prevention strategies across the lifespan, as described in the Healthy Alaskans 2020 Initiative, specifically those tailored for older adults to reduce preventable chronic diseases and disabilities, lower associated health care costs, and improve quality of life across the life span. Investing in home- and community-based services to provide person-centered care in addition to transportation, appropriate senior housing and other supportive services are crucial to the success of aging in Alaska. Older Alaskans are truly our most treasured resource.

Sincerely,

Paula Pawlowski
Chair of the Alaska Commission on Aging

Denise Daniello
ACoA Executive Director

The Alaska Commission on Aging

The Alaska Commission on Aging (ACoA) is a governor-appointed board under the Alaska Department of Health and Social Services Commissioner's Office that plans services for older Alaskans, educates Alaskans about senior issues and concerns, and advocates for the needs of all Alaskan seniors. ACoA and the Division of Senior and Disabilities Services work together to assist the Department of Health and Social Services as the State Unit on Aging to carry out its federally-mandated responsibilities. In addition, the Commission collaborates with other State agencies and partners to improve the quality of life for all older Alaskans.

Charged by statute, the ACoA makes recommendations directly to the Governor, the Legislature and the Administration for legislation, regulations and appropriations for programs and services benefiting older Alaskans. The ACoA is also authorized to develop the four-year comprehensive State Plan for Senior Services required by the Administration on Aging, under the U.S. Administration on Community Living, for states receiving funds from the Older Americans Act. The Commission serves as one of the four statutory boards to the Alaska Mental Health Trust Authority (AMHTA or "the Trust") to advise the Trust on issues and funding related to the Trust's beneficiaries that include older Alaskans with Alzheimer's disease and related dementia, mental illness, behavioral health conditions and developmental disabilities.

The Commission is comprised of eleven members. These members include seven representing the public who are appointed by the Governor to serve four-year terms with six of them being age 60 years and older; one member each representing the Department of Health and Social Services and the Department of Commerce, Community and Economic Development; the Chair of the Pioneer Home Advisory Board and a senior service provider, regardless of age. The Commission is supported by a staff of four that includes the Executive Director, two Planners and an Administrative Assistant.

FY 2012 Alaska Commission on Aging Members

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Sharon Howerton-Clark
FY2012 Chair,
Public Member,
Homer

Paula Pawlowski
FY2012 Vice Chair /
FY2013 Chair,
Public Member,
Anchorage

Patricia Branson
Provider Member /
FY2013 Vice Chair,
Kodiak

Marie Darlin
Public Member,
Juneau

Eleanor Dementi
Public Member,
Cantwell

Betty Keegan
Public Member,
Wrangell

Banarsi Lal, Chair
Alaska Pioneer
Home Advisory
Board Chair,
Fairbanks

Sandi Doyle
Public Member,
Fairbanks

Iver Malutin
Public Member,
Kodiak

Nita Madsen
Director,
Alaska State Community
Service Commission,
Department of Commerce,
Community & Economic
Development designee,
Anchorage

Duane Mayes
ACoA Commissioner,
Senior and Disabilities
Services, Department of
Health and Social Services
designee,
Anchorage

**FY 2012
Alaska Commission
on Aging Staff**
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Denise Daniello,
Executive Director

Jon Erickson,
Planner II

Lesley Thompson,
Planner I

Sherice Cole,
Administrative Assistant II

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

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P.O. Box 110693
Juneau, AK 99811-0693

Phone:
(907) 465-3250

Fax:
(907) 465-1398

Website:
www.alaskaaging.org

Email:
hss.acoa@alaska.gov

Accomplishments

During FY 2012, the Alaska Commission on Aging carried out the following activities in the areas of planning, advocacy, public awareness and education through interagency partnerships to promote the dignity and independence of older Alaskans and help them achieve a meaningful quality of life.

Planning

- ◆ **Alzheimer’s Disease and Related Dementia (ADRD) Community Forums.** ACoA hosted five ADRD community forums in Anchorage, Juneau, Fairbanks, Homer, Soldotna and Kodiak to gather information related to the availability of services, appropriate housing, and quality of life for individuals with ADRD. This information will be used to develop a new State Plan for Persons with Alzheimer’s Disease. The forums included an educational overview about Alzheimer’s disease presented by the Alzheimer’s Disease Resource Agency of Alaska that was followed by a structured community discussion about needs of Alaskans with ADRD and their caregivers. More than 150 participants attended the forums and included seniors, caregivers, agency representatives and public members.

- ◆ **ADRD Surveillance Efforts.** ACoA in partnership with the Division of Public Health submitted a successful grant application to the National Association of Chronic Disease Directors to implement the Perceived Cognitive Impairment Module to gather first-hand surveillance information about the needs of Alaskans with ADRD using the Behavioral Risk Factor Surveillance System (BRFSS) survey. This survey will be conducted January through December 2013.

- ◆ **Alaska Senior Oral Health Project.** ACoA collaborated with the Division of Public Health to present findings from the Alaska Senior Oral Health Project to the National Association of Chronic Disease Directors. This project identified indicators to assess the oral health status of Alaska seniors and will be included in the Basic Screening Survey administered by the Division of Public Health.

- ◆ **Aging and Disabilities Resource Centers (ADRCs).** ACoA continues to serve on the ADRC Advisory Council to further develop the ADRCs as a coordinated system of providing

information and access for all persons seeking long-term care support services and to promote individual choice. ACoA, in collaboration with the AMHTA advisory boards, designed and advocated for capital funding to support development of an ADRC pilot project to provide “options counseling” to help connect seniors and others with long-term support and behavioral health needs with appropriate services.



What do you think is necessary for aging successfully in Alaska?

“Successful aging in Alaska will be possible when the State acknowledges the contribution of our Elders and works to provide the supports necessary to keep them here. Alaska seniors contribute \$1.9 billion annually to the State’s economy.”

—Marie Darlin,
ACoA Commissioner,
Public Member

◆ **Seniors with ADRD and Behavioral Health Conditions.**

The ACoA participated as an ongoing resource to the Trust Planning Committee by providing data and other information describing the status and needs of Alaska seniors with dementia and behavioral health needs and provided recommendations to address those needs. This information was presented for planning and budget purposes as required by the Alaska Comprehensive Integrated Mental Health Plan (“Comp Plan”). The Commission also provided information to update the “Alaska Scorecard” that summarizes the status and needs of Trust beneficiaries under the Comprehensive Integrated Mental Health Plan.

Advocacy

◆ **Legislative Efforts:** During FY2012 legislative session, the ACoA monitored a total of 54 bills and resolutions and actively supported 25 pieces of legislation with committee testimony and letters of support to bill sponsors, legislative committees and Congressional members. During the Commission’s February 2012 legislative advocacy meeting in Juneau, ACoA members met with 45 legislators and their staff to discuss senior issues and offer recommendations for budget and policies to address senior needs based on data and public input gathered during the Commission’s meetings.

◆ **Operating Budget.** The ACoA and partners advocated successfully for the following operating budget increments. We thank Governor Parnell and the Legislature for their support of these increments:

- ◆ **Senior In-Home Services** in the amount of \$425,000 GF/MH to provide case management, respite and chore services to assist 123 seniors waitlisted for these grant-funded services administered by the Division of Senior and Disabilities Services.



What do you think is necessary for aging successfully in Alaska?

"We continue to honor and promote the full continuum of long term care affording all Seniors in Alaska the right services and the right care at the right time for the right price."

—Duane Mayes,
ACoA Commissioner,
Director, Senior and
Disabilities Services,
Department of Health and
Social Services, Anchorage

- ◆ **Adult Day Services** in the amount of \$202,500 to enhance adult day programs that offer a safe, structured and socially enriching environment for older Alaskans with ADRD and other debilitating health conditions. This senior grant program is administered by the Division of Senior and Disabilities Services.
- ◆ **Alaska Complex Behavior Collaborative** in the amount of \$650,000 as a one-time increment to provide extensive consultation and training for vulnerable Alaskans with challenging behaviors (co-occurring ADRD, mental illness, developmental disabilities, and brain injury) who are at risk for institutionalization or out-of-state placement due to a lack of in-state services to care for this vulnerable population. This program is administered by the Division of Behavioral Health.
- ◆ **Capital Budget.** In collaboration with our partners, the ACoA advocated successfully for the following capital budget increments:
 - ◆ **Community Transportation** in the amount of \$2 million to provide transportation for seniors and persons with disabilities.
 - ◆ **Senior Housing** in the amount of \$4.5 million for the Senior Citizen Housing Development Fund administered by the Alaska Housing Finance Corporation (AHFC) to provide gap financing for the construction of senior housing projects and weatherization/rehabilitation programs for senior and disabled residences.
 - ◆ **ADRC Pilot Project** in the amount of \$425,000 to provide options counseling and behavioral health referrals for Alaskans seeking information and access to long-term care services.
- ◆ **Legislation.** The ACoA and our partners advocated successfully for passage of the following legislation:
 - ◆ **Protection of Vulnerable Adults/Minors**, a Governor's bill, to strengthen laws against financial exploitation and improve protection from other forms of abuse targeting Alaskan seniors and other vulnerable persons.

- ◆ **State Immunization Program** to re-establish and temporarily fund the immunization program targeting uninsured/underinsured Alaskans. The ACoA supported an amendment that added funding for the shingles vaccine to address the impact of shingles on a growing number of seniors, particularly those not insured by Medicare Part D.
- ◆ **Loan Forgiveness and Financial Incentives for Health Care Professionals** to strengthen Alaska’s healthcare workforce by creating financial incentives and loan repayment programs for Tier I and Tier II health care professionals to meet the growing demand for healthcare for Alaska’s aging population at a time when many health care professionals are planning to retire.
- ◆ **Alaska Community & Public Transportation Advisory Council** to create a permanent transportation advisory board to develop a long-range coordinated transportation plan to address the transportation needs of older Alaskans and persons with disabilities.
- ◆ **Senior Citizen Housing Development Fund** to allow regional housing authorities access to AHFC’s Senior Citizen Housing Development Fund grants which were previously restricted to municipalities and nonprofit organizations.
- ◆ **Disaster Planning and Emergency Management Services** to establish a comprehensive intrastate mutual aid system that allows all government subdivisions the ability to provide and receive assistance from other subdivisions during an emergency situation. This legislation enhances emergency assistance for vulnerable Alaskans including seniors and others with debilitating health conditions who require swift emergency aid and relief during a crisis situation.
- ◆ **Insurance for Specialty Tier Medications** to protect persons with chronic health conditions from sudden cost increases in their prescription medications by extending the notification period allowing patients



What do you think is necessary for aging successfully in Alaska?

“Aging may be deemed relatively successful if it is supported by financial security, access to primary care and a living arrangement that is capable of accommodating physical and other limitations.”

—Banarsi Lal,
ACoA Commissioner,
Alaska Pioneer Home
Advisory Board Chair,
Fairbanks



What do you think is necessary for aging successfully in Alaska?

"We need a better health care system in Alaska that would make life easier for all Alaskans regardless of age. With better health care, people would not have to wait until they are seriously ill to go to the doctor and end up in the emergency room. A better health care system will help Alaskans stay healthy and save the State money."

—Eleanor Dementi,
ACoA Commissioner,
Public Member, Cantwell

more time to seek other options and to mandate insurance companies to offer "child only insurance plans" for families who do not qualify for Denali Kid Care and for grandparents raising grandchildren insured by Medicare with no other insurance options.

Public Awareness/Community Education

- ◆ **Legislative Advocacy Teleconferences.** The ACoA sponsored nine statewide senior legislative advocacy teleconferences during session that provided legislative updates on bills related to senior issues, sought input from seniors about those bills to inform the Commission's positions, and coordinated local grassroots advocacy efforts.
- ◆ **Conference Presentations.** ACoA served on panels at the Alaska Public Health Summit and the Alaska Rural Health Conference and presented information about demographic and health status indicators for older Alaskans and population projections.
- ◆ **Alaska Senior Fall Prevention Coalition.** Authorized by a Governor's Proclamation in September 2012, ACoA participated in public awareness efforts that included radio interviews, community events, and publishing informational articles highlighting the seriousness of senior falls and ways to reduce them through regular exercise, medication review, annual vision and hearing exams, home hazard reduction strategies and other promotional efforts.
- ◆ **Senior Safety and Long-Term Care Services.** ACoA in collaboration with the Trust developed two TV commercials aimed to promote awareness of the value of long-term support services for vulnerable Alaskans and how to recognize signs of elder abuse. These marketing efforts directed viewers to the Aging and Disabilities Resource Centers (ADRCs) for information about long-term support services), Adult Protective Services and the Office of Long-Term Care Ombudsman (to promote elder protection efforts). ACoA also coordinated with the Trust to develop a print ad to raise awareness about supports for Alzheimer's disease and related dementia.
- ◆ **Older Alaskans Month.** ACoA requested a Governor's Proclamation to designate May 2012 as "Older Americans

Month” and collaborated with senior advisory commissions to promote the month-long celebration. The theme for this celebration was “Never Too Old to Play” which emphasized the importance of staying active and involved in one’s community.

- ◆ **Employ Older Alaskan Workers.** The Department of Labor Mature Alaskans Seeking Skills Training Program (MASST) and the ACoA partnered to celebrate “Employ Older Alaskan Workers Week,” September 24th-28th, 2012. The MASST and ACoA collaborated to obtain a Governor’s Proclamation to honor older workers’ contributions to the State, published informational articles about the value of the older worker in the Senior Voice and ACoA’s newsletter, and publicly recognized MASST participants and their host sites in local community events.

- ◆ **Quarterly Meetings.** ACoA held four quarterly meetings in the following locations and met with older Alaskans, family caregivers and senior providers at each meeting.
 - ◆ **August 2011 in Wrangell.** The Commission’s rural outreach meeting was held in Wrangell to learn about health care and long-term care needs from seniors, Elders and providers in Southeast Alaska.

 - ◆ **December 2011 in Anchorage.** The ACoA met at the Anchorage Senior Center and conducted the first Alzheimer’s Disease and Related Dementia (ADRD) Community Forum in which fifty ADRD caregivers, providers, and public members attended.

 - ◆ **February 2012 in Juneau.** The ACoA met at the Goldbelt building and visited with legislators and their staff to discuss senior issues and advocate for their concerns. AgeNet, the statewide senior provider coalition, joined the ACoA during a “legislative advocacy fly-in” to advocate for senior needs.

 - ◆ **April 2012 in Anchorage.** The Commission met at the Frontier Building to review the outcomes from the legislative session, hear reports from speakers on a variety of senior issues, and hold ACoA officer elections. Paula Pawlowski and Pat Branson were elected as ACoA’s new chair and vice-chair, respectively.



Seniors displaying their artistic talents at the Kodiak Senior Center Annual Art Show.

Interagency Collaboration



Seniors from the Fairbanks Resource Agency Adult Day program won three blue ribbons for their cucumbers and squash at the Tanana Valley State Fair.

◆ **Alaska Mental Health Trust Authority (AMHTA).** The ACoA provides annual budget and policy recommendations to AMHTA on matters affecting Alaskans with Alzheimer’s disease and related dementia (ARD) and older Alaskans with behavioral health conditions as well as an annual update of their status and needs. The ACoA reports quarterly to the AMHTA on the Commission’s work that addresses the welfare of Senior Trust Beneficiaries. In partnership with the AMHTA and other advisory boards, the Commission participates in activities related to AMHTA projects including updating the Alaska Scorecard, the Joint Advocacy Summit, and the “You Know Me” public awareness campaign to raise awareness and reduce stigma related to mental illness and disabilities promoting the message that “treatment works.” ACoA members and staff serve on the AMHTA Focus Area workgroups and committees including Workforce Development, Housing, Disabilities Justice, Beneficiary Project Initiatives, Coordinated Communications, the Trust Applicant Review Committee and the Trust Training Cooperative.



◆ **Complex Behavior Collaborative (CBC) Steering Committee.** Coordinated by the Division of Behavioral Health, AMHTA, ACoA and other Department of Health and Social Service agency partners served on the CBC Steering Committee to provide ongoing assistance to develop the CBC and recruit a provider pool to provide intensive consultation and training for local providers serving vulnerable Alaskans with challenging behaviors.

◆ **Assistive Technology Consortium.** ACoA participates in this multi-agency steering committee to build awareness and promote use of assistive technology across the life span. Older Alaskans with low vision, hearing loss, physical disabilities and those recovering from stroke can benefit from a variety of assistive technology devices which can help maintain independence.

◆ **Collaboration with Regional Senior Advisory Commissions.** The Commission continued its grassroots advocacy partnerships with the Fairbanks North Star Senior Advisory Commission and the Anchorage Senior Advisory Commission to pass resolutions with their local governing bodies in support of the Commission's legislative priorities that benefit Alaska seniors statewide. These resolutions were then forwarded to the Legislature.

◆ **Board & Council Memberships.** The Pioneer Home Advisory Board (PHAB) and the ACoA have a close working relationship that is reflected by seats reserved for each chair on both boards. Banarsi Lal, chair of the PHAB served on the ACoA while Sharon Howerton, ACoA's chair, represented the Commission on the PHAB. As the new ACoA chair elect for FY2013, Paula Pawlowski will represent the Commission on the PHAB. Commissioner Lal also serves on the board for the Governor's Council on Disabilities and Special Education. Executive Director Denise Daniello serves on the board of the Alaska Brain Injury Network, a nonprofit organization promoting education, prevention and advocacy to address the needs of brain injury survivors and their caregivers.

◆ **Proposal Evaluation Committee Service.** ACoA staff served on a variety of State-sponsored Proposal Evaluation Committees to review and make funding decisions concerning community projects serving Alaska seniors and persons with disabilities.



Playing Chinese Checkers at Island Cove Adult Day, Senior Citizens of Kodiak, Inc.





What do you think is necessary for aging successfully in Alaska?

"Keep active, surround yourself with friends, and be a friend, especially to children. Young people are blind to age differences. Be as healthy as you can, do not live in the past, no one else cares about "the good old days." Keep positive, and your aches and pains to yourself, and smile a lot."

—Betty Keegan,
ACoA Commissioner,
Public Member, Wrangell

Alzheimer's Disease and Related Dementia (ADRD) Needs Assessment Efforts

The incidence of Alzheimer's disease, an under-recognized public health problem, is accelerating as the result of Alaska's growing aging population. While deaths from heart disease, cancer, diabetes and other diseases are declining, the number of deaths related to Alzheimer's disease is on the rise in Alaska. Since 2000, mortality rates related to Alzheimer's disease have increased 23% and associated ADRD health care costs continue to climb.

The Commission conducted a series of community forums around the State to gather input from family caregivers, providers and public members about the needs of persons with ADRD and their caregivers. The forums, held in Anchorage, Juneau, Fairbanks Homer, Soldotna and Kodiak were attended by a total of 155 participants. An education overview about ADRD was presented by the Alzheimer's Disease Resource Agency of Alaska which was then followed by a group discussion addressing the following five topic areas: Needs of Alaskans with ADRD and their Caregivers; Availability of Home- and Community-Based Supports for Persons with ADRD and Family Caregivers; Public Safety and Awareness; Availability of Appropriate Housing; and Improvements to Quality of Life. Several themes emerged from the ADRD community forums and are highlighted below:

Address the needs of Alaskans with ADRD

- ◆ Improve quality of care by providing more training opportunities for professional and family caregivers, including cueing and supervision as support services, and address safety needs to prevent falls, accidents in the home, and wandering to prevent injury or death.
- ◆ Increase access to appropriate home- and community based services for seniors with ADRD through senior grant-funded services, personal care assistance, transportation, hospice, and care coordination. Participants also identified the need to include an evaluation of cognitive functioning in determining eligibility for waiver services.

Address the needs of family caregivers

- ◆ Provide dementia care training for family caregivers that include basic care, communication strategies, how to hire/fire

direct service professionals, how to find quality assisted living homes, and how to shop for long-term care insurance.

- ◆ Increase supports for family caregivers including respite, adult day, counseling and peer support groups, especially in rural areas where these services are limited, and provide a centralized place for information and referral services.

Address the needs of paid professionals

- ◆ Provide training in dementia care for direct service workers, assisted living home staff, transportation providers and health care professionals to improve services and the quality of life for the patient with dementia.
- ◆ Establish a career pathway for direct service workers to professionalize their positions and improve the quality of care.

Increase availability of Home- and Community-Based Supports for persons with ADRD and their family caregivers

- ◆ Improve care coordination to develop a personalized plan of care for persons with ADRD.
- ◆ Require dementia training for direct service workers and assisted living home staff.
- ◆ Increase capacity of all home- and community-based services that allow people with Alzheimer's disease to remain at home. Offer progressive adult day services that are tailored to meet the needs of individuals throughout the stages of the disease.
- ◆ Provide education, counseling and support groups for the person with early and mid-stage dementia and their family caregivers.

Public Safety and Awareness

- ◆ Implement a coordinated community response system to quickly find persons who wander and prevent life-threatening consequences.



What do you think is necessary for aging successfully in Alaska?

"It is important to stay engaged in your community through volunteering or other social networks."

—Nita Madsen
ACoA Commissioner,
Department of
Commerce, Community &
Economic Development,
Anchorage



What do you think is necessary for aging successfully in Alaska?

"All Senior Housing properties subject to low income housing residents need to employ a registered nurse for day duty M-F and on call weekends. This would aide vulnerable seniors to prevent unneeded emergency room visits, provide daily assessment of needs, and promote collaboration with direct service workers and home health care nurses for the resident's continuity and well-being in care."

—Sandi Doyle,
ACoA Commissioner,
Public Member,
Fairbanks

Appropriate Housing

- ◆ Increase the availability of assisted living homes that specialize in dementia care and serve older persons with complex behaviors.
- ◆ Increase residential home modification services to improve safety and prevent falls.
- ◆ Educate families to become informed advocates to insure quality of paid care for their loved ones.

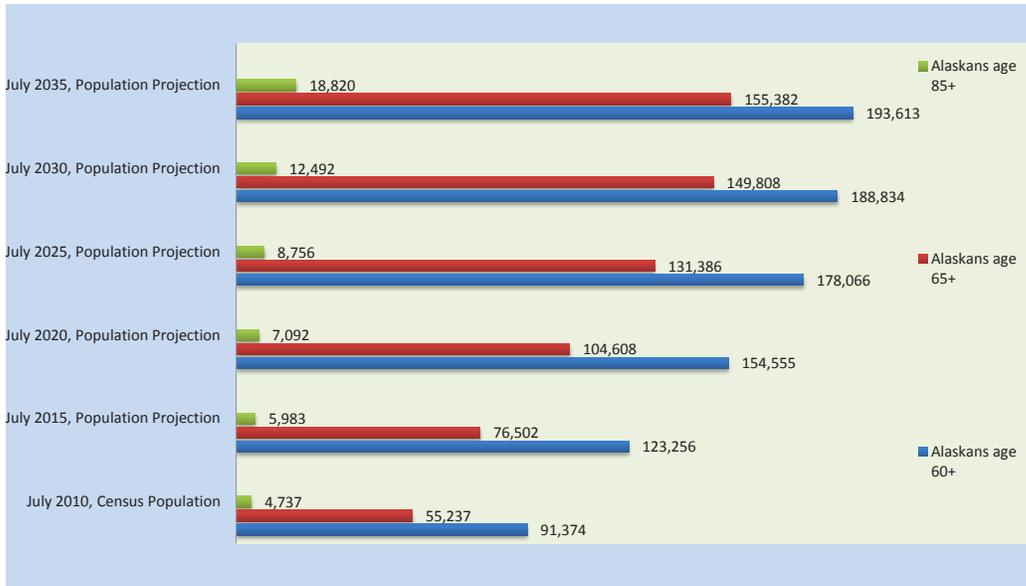
Ways to Improve Community

- ◆ Promote greater awareness about ADRD to reduce stigma and the benefits of early diagnosis which can rule out other possible causes for dementia symptoms such as depression and dehydration. Early diagnosis can also help individuals with dementia and their families get connected to services earlier and provide more time for family planning.
- ◆ Employ service providers and health care providers who are trained to understand Alzheimer's disease.

Other ADRD Needs Assessment Effort

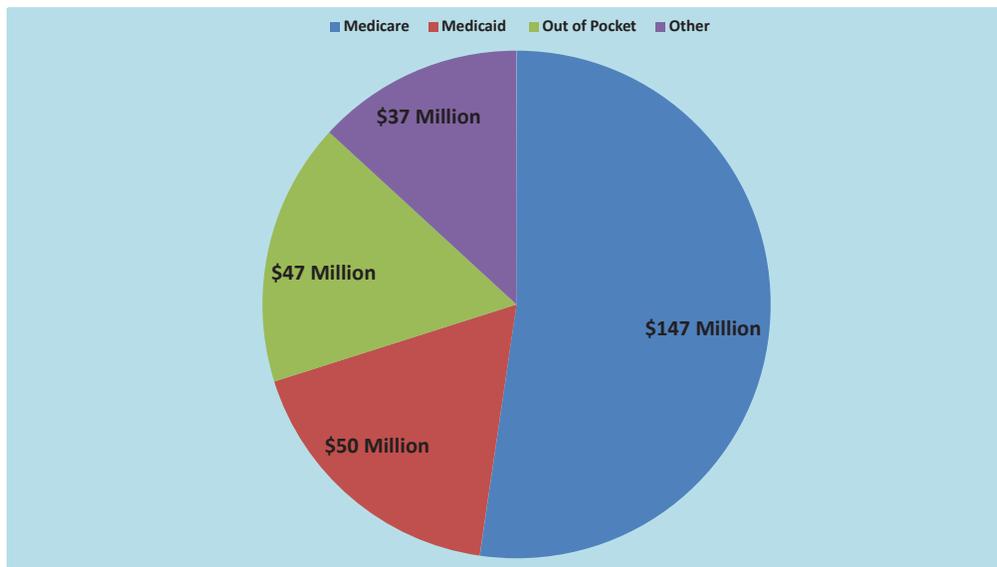
In FY2013, the Commission will conduct an ADRD family caregiver survey to gather information about the nature of caregiver relationships, the amount and types of caregiving provided, the special needs of caregivers and to identify service gaps. Alaska's Behavioral Risk Factor Surveillance Survey will include the Perceived Cognitive Impairment Module to collect information on the prevalence and impact of Alzheimer's disease in Alaska. This year-long survey will be conducted January thru December 2013. Findings from the forums and surveys will be used to develop policy recommendations for Alaska's State Plan for Persons with ADRD to promote awareness, improve services, and reduce the burden on Alaska's budget for health care costs related to ADRD.

Population Projections for Older Alaskans by Age Category, 2010-2035



Data Source: AK Department of Labor 2011 "Estimated"

2011 Total Estimated Cost of Alzheimer's Disease in Alaska: \$281 Million



Data Source: ACoA estimate based on Journal of Alzheimer's Disease Association, ADRD Health Cost Estimate 2012

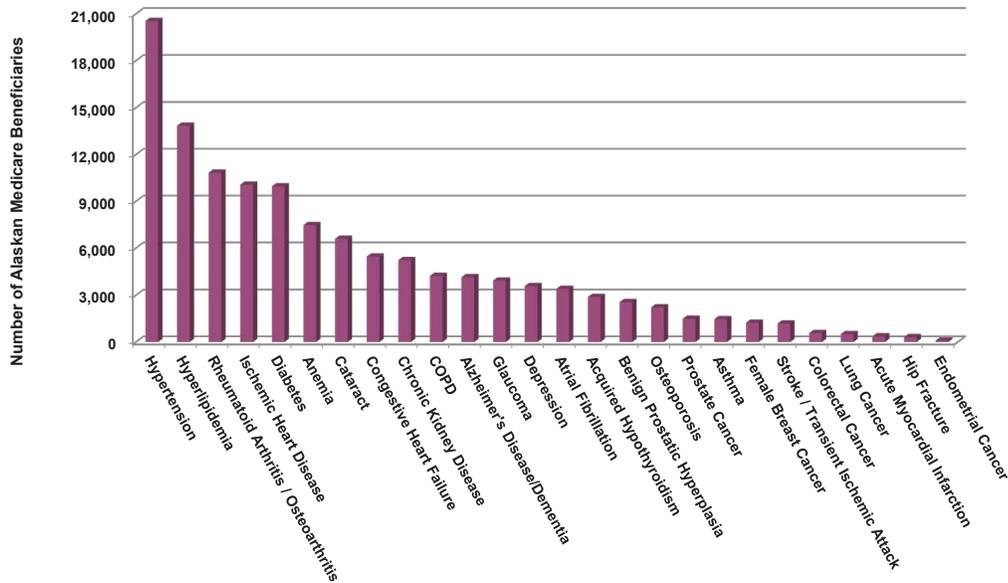
The Alaska Commission on Aging holds four Commission meetings at different locations throughout the state each year holding elder "listening session" around the state.





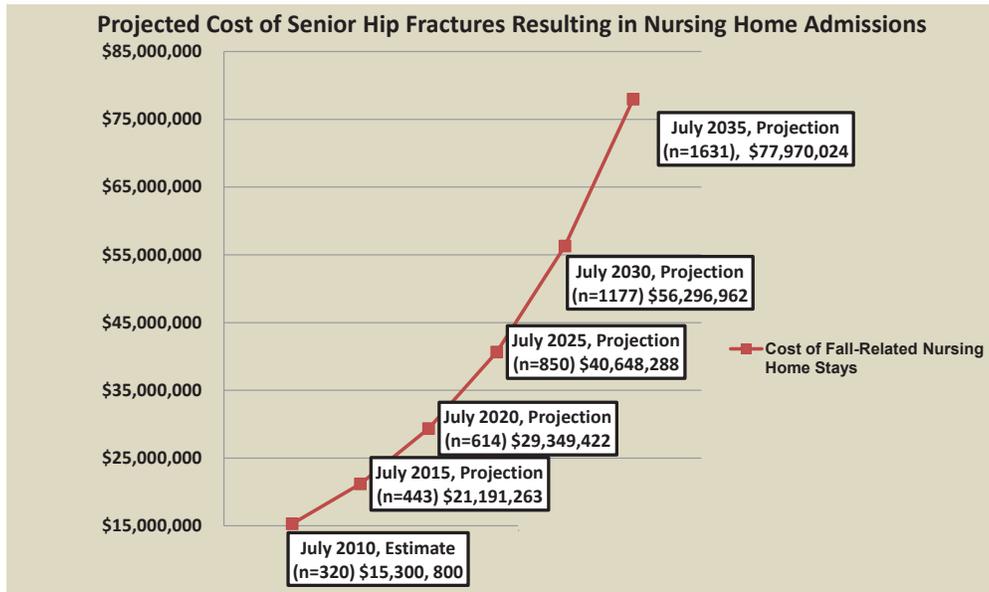
The mission of the Alaska Commission on Aging is to ensure the dignity and independence of all older Alaskans and to assist them, through planning, advocacy, education, and interagency cooperation, to lead useful and meaningful lives.

The Number of Alaskan Medicare Beneficiaries (65+) with Chronic Health Conditions FY2010



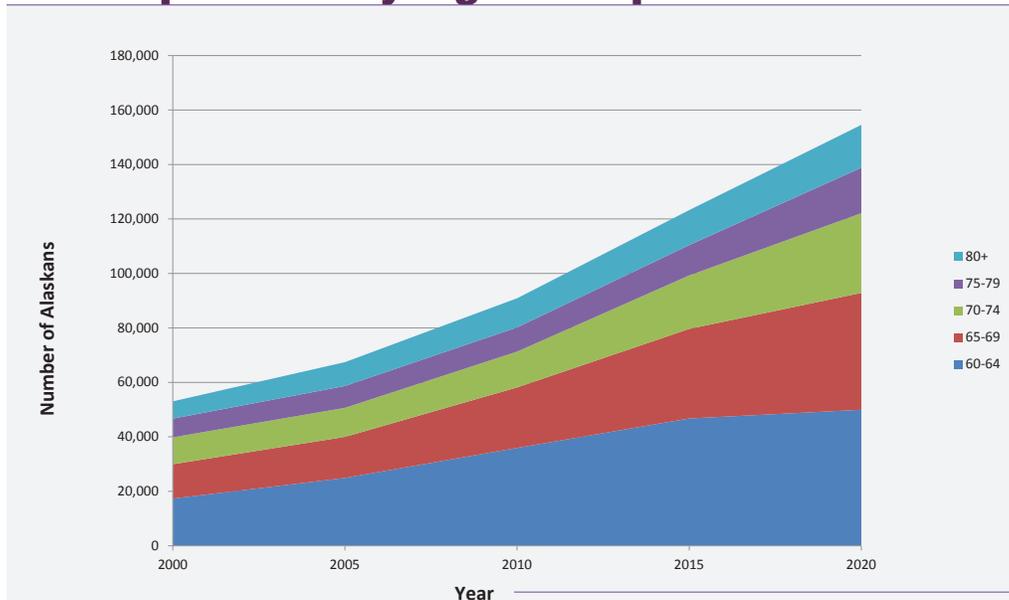
Data Source: 2012 Centers for Medicare & Medicaid administrative claims data January - December 2010; N = 47,056 Alaskans 65+

Senior Fall Prevention: How are we doing?



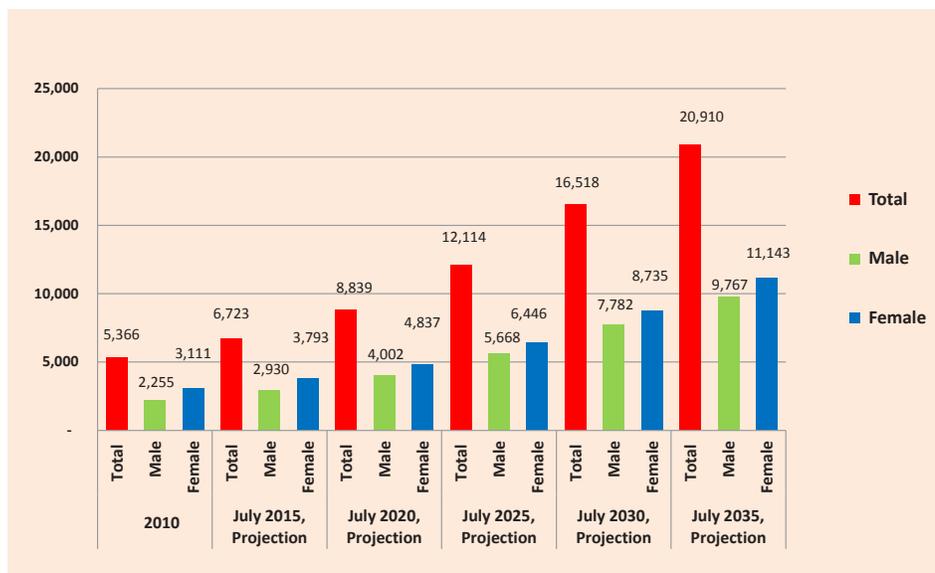
Data Source: 2012 Alaska Department of Labor Population Projections & ACoA Cost Estimates based on Alaska Trauma Registry 2012 and MetLife Mature Market Institute 2011

“Silver Tsunami Wave” Projected Alaska Senior Population by Age Group 2000-2020



Data Source: Alaska Department of Labor 2011 “Estimated”

Alaska Alzheimer’s Disease and Related Dementia Projections 2010-2030



Data Source: Alaska Department of Labor Population Projection 2011 and 2004 Neurology Magazine Chapter Revision of 1998 in the Washington Manual.



What do you think is necessary for aging successfully in Alaska?

"I have learned there are many older Alaskans in need. The Alaska Commission on Aging is traveling to many villages to hear and see what the needs are for Elders."

—Iver Malutin,
ACoA Commissioner,
Public Member, Kodiak

ACoA FY 2013-14 Budget and Policy Advocacy Priorities

- ◆ Expand services and supports for unpaid family caregivers of Alaskans age 60 years+ and for grandparents raising grandchildren.
- ◆ Enhance efforts to prevent senior falls through implementation of evidence-based interventions.
- ◆ Increase education, supports and outreach for persons with Alzheimer's disease and related dementia and their family caregivers.
- ◆ Further develop the Complex Behavior Hub to meet the needs of vulnerable older Alaskans with challenging behaviors.
- ◆ Develop an Alaska state plan for persons with Alzheimer's disease and related dementia to improve the quality of care, provide support for their caregivers, and reduce the burden on the State's budget in health care costs.
- ◆ Improve safety and protection for persons with Alzheimer's disease and related dementia who wander through a coordinated community response system.
- ◆ Strengthen protection of vulnerable older Alaskans who live in residential support settings from all forms of abuse.
- ◆ Stimulate the development of appropriate senior housing along the continuum of care to match the growth of Alaska's senior population.



Alaska Commission on Aging (ACoA) Senior Snapshot: Older Alaskans in 2011/2012

The number of Older Alaskans continues to grow at an astonishing rate over the past decade as shown in the ACoA Senior Snapshot: Older Alaskans in 2011/2012. Annually, the ACoA gathers a selection of data to provide a sketch of Alaskan residents 60 years and older and their well-being. Below are observations on the 2011/2012 information.

- ◆ The number of Alaskan seniors age 60+ continues to increase rapidly. From the actual 2010 census to 2011 projected population data, the Alaskan senior population increased 8% increase statewide. The highest regional growth rate over this period was in the Aleutians (121.3%) followed by Southcentral (117.2%).
- ◆ Over eleven years, 2000 to 2011, the senior 60+ population increased 85.1%. Not only are more “baby boomers” turning 60, many older Alaskans are choosing to remain in Alaska. The number of Alaskans age 60 to 64 has grown to 39,347 in 2011 from 17,327 in 2000, a 127% increase.
- ◆ Growing almost as fast is the 85-and-older Alaskan cohort. These seniors are generally frail, at risk for developing Alzheimer’s disease and related dementias (ADRD), and are the most likely to depend on home- and community-based and long-term support services. The 85-and-older cohort increased from a population of 2,634 in 2000 to 5,100 in 2011, for an increase of 93.6%.
- ◆ Retired seniors as a whole contribute at least \$1.9 billion annually to Alaska’s economy which includes their retirement income, health care spending and revenue from other sources. The retirement industry is growing as one of the state’s top economic sectors.
- ◆ The number of 65-and-older seniors receiving monthly cash supplemental payments from the Senior Benefits Program varies greatly by their location in the State; from 3.5% in the Aleutians region to 55.5% in the Bethel/Wade Hampton region. The number of seniors receiving Senior Benefits decreased in the Northwest (3%), North Slope (5%) and the Bethel (3%) in 2011 compared to 2010. To qualify for this program, seniors must



What do you think is necessary for aging successfully in Alaska?

“Home and community-based services are essential for seniors who need assistance to live independently at home. They are especially important in helping a senior recover following a hospital stay. Alaska needs a stronger health care system with more geriatric health care providers who understand the changes that come with aging.”

—Sharon Howerton-Clark,
ACoA Commissioner,
Public Member, Homer



"Appropriate and affordable housing with supportive services are critical for aging successfully in Alaska. These services promote the overall well-being, independence and dignity of older Alaskans who enrich and inspire their families and communities."

—Denise Daniello
Executive Director,
Alaska Commission
on Aging

be 65 or older and have incomes below the 175% of the federal poverty level for Alaska.

- ◆ The number of seniors receiving food stamps has remained stable however the amount of support seniors age 60 – 64 dropped from \$157.24 in October of 2011 to \$122.56 in 2012. The amount of food stamps provided to each senior is based on the need of the entire household.
- ◆ The number of seniors age 65 and older receiving monthly cash supplemental payments from the Old Age Assistance program (Adult Public Assistance) has increased 20% over the past two years as 5,395 seniors are now receiving \$236 monthly (4,485 seniors received \$290 monthly in 2010).
- ◆ The majority of Alaska Pioneer Home residents continue to require Level III care, the most intensive level of care, at 53%. The Alaska Pioneer Homes face an on-going challenge because the mix of residents differs from the population they were originally designed to serve. One cause of this higher level of need is that people are entering the Homes at an advanced age. The average age of a resident on October, 2011 was 86.8 years old compared to 76 years old in 1998.
- ◆ The number of recipients served by the Division of Senior and Disabilities Services senior grant program continues to grow from 15,352 in FY2009, to 21,261 in FY2010, 25,000 in FY2011 to 31,000 in FY2012. The cost per client per year continues to decrease from \$546 in FY2010 down to \$436 in FY2012. The number of seniors served by senior grants includes those served by the Aging and Disabilities Resource Centers (ADRCs). The ADRCs provide information and referral about various aspects of long-term care, housing, and other forms of assistance.
- ◆ Alaska continues to have the highest nursing home costs in the country at \$678 per day or \$247,470 average cost per year. The average annual cost in the United States is \$87,235.
- ◆ Alaska has the 7th highest cost for assisted living home care at an average of \$58,200 per year compared to the national average cost being \$42,600 per year.
- ◆ The average daily rate for Adult Day Services in Alaska is \$95 per day while the national average is \$70 per day.

- ◆ The number of complaints to the Office of the Long-Term Care Ombudsman (consisting of mostly elderly people living in long-term care facilities) increased dramatically by 41% from FY2012 to FY2011. The Long-Term Care Ombudsman reports 535 cases opened during that time period.
- ◆ The number of intakes of reports of harm by the Department of Health and Social Services, Adult Protective Services, increased 17% over the past year. In FY2012, APS reported 2,889 intakes.
- ◆ Age-adjusted death rates for Alaskan seniors continue to decline for cancer, chronic respiratory diseases, diabetes, and heart disease and remain statistically lower than rates for U.S. seniors. Although death rates attributed to certain behavioral health causes declined somewhat over the past year (such as fatal, suicide, and accidental deaths), the number of seniors who reported binge drinking, heavy drinking, and smoking have increased.
- ◆ Falls continue to be the number one cause of non-fatal hospitalized injuries for Alaskans age 65 and older and the primary cause of fatal injury for Alaskans age 75 years and older, making falls a serious public health problem impacting seniors. From 2005 to 2009, the Alaska Trauma Registry reported 3,356 cases of fall-related injury hospitalizations among Alaskans age 65 and older, representing a 24% increase in such hospitalizations compared to the preceding 5-year time period (2,698 cases were reported from 2000 to 2004).

The information provided in this 2011 Senior Snapshot edition provides a glimpse into the unique Alaska senior generation and the state of their well-being.



Seniors participate in Tai Chi class to improve strength and balance at the senior center.

Senior Snapshot: Older Alaskans in 2011/2012

| Population Age 60+ | % of Area's 60+ 2011 Pop. | CY2011 | CY2010 | CY2009 | CY2000 | % Seniors Change 2000-2011 | Comments |
|--------------------|---------------------------|--------|--------|--------|--------|----------------------------|--|
| Statewide Total | 13.6% | 98,164 | 90,876 | 85,100 | 53,026 | 85.1% | Over a 11 year period. Note 1 |
| I. Bethel Area | 9.4% | 2,381 | 2,266 | 2,131 | 1,661 | 43.3% | Bethel, Wade Hampton |
| II. Interior | 12.8% | 14,096 | 13,179 | 11,874 | 7,169 | 96.6% | Fairbanks NSB, Yukon-Koyukuk, Denali, SE Fairbanks |
| III. North Slope | 9.4% | 900 | 856 | 600 | 481 | 87.1% | North Slope Borough |
| IV. Anchorage | 12.7% | 37,739 | 35,079 | 33,913 | 21,160 | 78.4% | Municipality of Anchorage |
| V. Southcentral | 15.8% | 24,894 | 22,760 | 20,841 | 11,463 | 117.2% | Kenai Peninsula, Mat-Su, Valdez-Cordova |
| VI. Northwest | 10.2% | 1760 | 1,681 | 1,600 | 1,274 | 38.1% | Nome, Northwest Arctic |
| VII. Southwest | 12.4% | 2,650 | 2,444 | 2,359 | 1,656 | 60% | Bristol Bay, Dillingham, Kodiak, Lake & Peninsula |
| VIII. Aleutians | 10.7% | 934 | 847 | 511 | 422 | 121.3% | Aleutians East, Aleutians West |
| IX. Southeast | 17.4% | 12,810 | 11,764 | 11,271 | 7,740 | 65.5% | Haines, Juneau, Ketchikan, Prince of Wales, Sitka, Skagway-Hoonah-Angoon, Wrangell-Petersburg, Yakutat |
| Age 60-64 | 40.1% | 39,347 | 35,938 | 32,837 | 17,327 | 127% | Baby boomers entering this group. |
| Age 65-74 | 39% | 38,110 | 35,350 | 33,081 | 22507 | 69.3% | There was a 57.1% increase over this 10 year period |

Senior Snapshot: Older Alaskans in 2011/2012

| | | | | | | | |
|--|---|--|--|--|--|---|---|
| Age 75-84 | 15.9% | 15,607 | 14,877 | 14,169 | 10,558 | 47.8% | There was a 40.9% increase over this 10 year period |
| Age 85+ | 5.2% | 5,100 | 4,711 | 5,013 | 2,634 | 93.6% | Total increased 5.2% |
| Rank Among States | | Ranking: #1 | Ranking: #1 | Ranking: #1 | | | Fastest growing senior population per capita. Age 65+. Note 2 |
| Economic Status | | | | | Comments | | |
| Seniors' Economic Contribution to Alaska | CY 2011: \$1.9 billion | CY 2010: \$1.712 billion | CY2009: 1.682 Billion** | CY2008: 1.662 Billion** | Note 3 | | |
| Average Monthly Social Security Payment Age 65+ | AK, Dec. 2011: \$1,180 | AK, Dec. 2010: \$1,188 | AK, Dec. 2009: \$1,111 | AK, Dec. 2008: \$1,101 | Total number of seniors receiving Social Security payments in CY 2011 was 52,365. Amount of payment received each month by Social Security participant age 65+. Note 4 | | |
| Average Monthly PERS Payments | AK, Sept. 2012: \$1,553 # of seniors: 12,893 | AK, Sept. 2011: \$1,509 # of seniors: 12,084 | AK, Dec. 2010: \$1,485 # of seniors: 11,453 | AK, Dec. 2009: \$1,503 # of seniors: 10,705 | Average payment per person retirement PERS payments. Note 5 | | |
| Average Monthly Teachers Retirement System (TRS) Payment | AK, Sept. 2011: \$2,680.08 # of seniors: 4,583 | AK, Dec. 2010: \$2,653.61 # of seniors: 4,318 | AK, Dec. 2009: \$2,715.71 # of seniors: 4,087 | | Teachers Retirement System: Information includes average payment per person. Note 6 | | |
| # of Senior Benefits Recipients 65+ | Oct. 2012: | Sept. 2011: | Nov. 2010: | Nov. 2009: | Oct. 2012 % Seniors 65+ | Alaska Division of Public Assistance. Note 7 | |
| Statewide | 10,882 | 10,566 | 10,109 | 9,987 | 19.8% | Increase over Nov. 2011 statewide total by 3% | |
| I. Bethel Area | 802 | 805 | 812 | 812 | 55.5% | Decrease from Nov. 2011 region total by 3% | |
| II. Interior | 1,275 | 1,239 | 1,214 | 1,200 | 16.5% | Increase over Nov. 2011 region total by 7% | |
| III. North Slope | 41 | 44 | 38 | 45 | 10.2% | Decrease from Nov. 2011 region total by 5% | |
| IV. Anchorage | 3,977 | 3,803 | 3,642 | 3,572 | 18.8% | Increase over Nov. 2011 region total by 5% | |

Senior Snapshot: Older Alaskans in 2011/2012

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|--|---|---|--|---|-------|---|
| V. Southcentral | 2,627 | 2,494 | 2,353 | 2,363 | 18.6% | Increase from Nov. 2011 region total by 5% |
| VI. Southwest | 459 | 457 | 421 | 422 | 43.4% | Little Change |
| VII. Northwest | 378 | 411 | 401 | 413 | 35.7% | Decrease from Nov. 2011 region total by 8% |
| VIII. Aleutians | 52 | 45 | 35 | 39 | 3.5% | Increase from Nov. 2011 region total by 16% |
| IX. Southeast | 1,264 | 1,260 | 1,188 | 1,120 | 17.6% | Little Change |
| Unknown Region | 7 | 8 | | | | Little Change |
| Seniors in Alaska (age 60+) on Food Stamps | Nov. 2012: 2,303 (60-64) 3,069 (65+) Total 5,372 | Nov. 2011: 2,312 (60-64) 3,108 (65+) Total 5,420 | Nov. 2010: 1,933 (60-64) 2,624 (65+) Total 4,557 | Alaska Division of Public Assistance. Note 8 | | |
| Avg. dollar monthly benefit for Alaskan seniors on Food Stamps | FY 2012: \$122.56 (Age 60-64) FY 2012: \$97.73 (Age 65+) | FY 2011: \$157.24 (Age 60-64) FY2011: \$98 (Age 65+) | FY2010: \$155.90 (Age 60-64) FY 2010: \$96.21 (Age 65+) | Alaska Division of Public Assistance. Note 9 | | |
| Seniors Receiving Old Age Assistance 65+ | Nov. 2012: Average amt. \$236 # seniors 65+: 5,395 | Nov. 2011: average amt.\$241 # seniors 65+: 5,241 | Nov. 2010: average amt.\$290 # seniors 65+: 4,485 | Alaska Division of Public Assistance. Note 10 | | |
| Housing | | | | Comments | | |
| AHFC total units of senior/disabled housing (statewide) | Dec. 2012: 610 units | Dec. 2011: 610 units | Dec. 2010: 610 units | Alaska Housing Finance Corporation (AHFC). Note 11 | | |
| AHFC wait list for senior/disabled housing (statewide) | Nov. 2012: 1,281 | Oct. 2011: 1,144 | Dec. 2010: 1,281 | Alaska Housing Finance Corporation. Note 12 | | |
| AHFC wait list for housing vouchers | Nov. 2012: 3,341 Families | Oct. 2011: 5,344 Families | Dec. 2010: 7,104 Families | Alaska Housing Finance Corporation. Note 13 | | |
| AHFC senior housing units funded for development | FY 2012: 110 Units | FY 2011: 58 Units | FY 2010: 30 units | Alaska Housing Finance Corporation. From 2001 thru 2011, 621 units in total were developed with AHFC funding by developers. | | |
| Senior Health | Alaska | Alaska | U.S. | Comments | | |

Senior Snapshot: Older Alaskans in 2011/2012

| | | | | |
|---|-------------------------------|---------------------------------------|--|---|
| Number with ADRD (estimate) | CY 2012: 6,141 | CY2011: 5,741 CY 2010: 5,366 | CY 2012: 5,400,000 Total ADRD nation-wide | Alaska's estimate based on applying national prevalence ADRD rates for 65+ to Alaska's age categories. Note 14 |
| Suicide rate (per 100,000 seniors age 65+) | CY 2011: 18.4; 7 Deaths | CY2010: 22.7; 9 Deaths | CY 2007: 14.3 | Per 100,000, age 65+. Alaska Bureau of Vital Statistics. Rates based on fewer than 20 occurrences are statistically unreliable and should be used with caution. |
| Fatal fall rate (accidental) | CY 2011: 17.0 10 Deaths | CY 2010: 30.9 17 Deaths | CY 2009: 54.04 21,759 Deaths | Per 100,000, age 65+. Alaska Bureau of Vital Statistics. |
| Other accidental deaths (per 100,000 age 65+) | CY 2011: 71.4 42 Deaths | CY2010: 103.8 57 Deaths | CY 2007: 52.7 | Per 100,000, age 65+. Alaska Bureau of Vital Statistics. |
| Alcohol-induced deaths | CY 2011: 20.4 12 Deaths | CY 2010: 20.0 11 Deaths | CY 2007: 11.9 | Per 100,000, age 65+. Alaska Bureau of Vital Statistics. |
| Drug-induced deaths | CY 2011: 1 Death | CY2010; 4 Deaths* | CY 2007: 4.4 | Per 100,000, age 65+. Alaska Bureau of Vital Statistics. *Rates based on fewer than 6 occurrences are not reported. |
| Leading Causes of Death | 2011 (AK): | 2010 (AK): | 2008 (U.S.): | Alaska Bureau of Vital Statistics |
| Cancer / Injuries | 909.6 535 Deaths | 973.8 535 Deaths | 1007.8 | Per 100,000, age 65+ |
| Heart Disease | 744.7 438 Deaths | 749.9 412 deaths | 1275.4 | Per 100,000 age 65+ |
| Stroke | 215.9 127 Deaths | 229.3 126 Deaths | 294.6 | Per 100,000 age 65+ |
| Chronic lower respiratory diseases | 251.6 148 Deaths | 271.2 149 Deaths | 279.5 | Per 100,000 age 65+ |
| Alzheimer's disease | 140 42 Deaths | 149 48 Deaths | 209.9 | Per 100,000 age 65+ |
| Diabetes mellitus | 110.5 65 Deaths | 114.7 63 Deaths | 130.9 | Per 100,000 age 65+ |
| Parkinson's Disease | 40.8 24 Deaths | 56.4 31 Deaths | 130.9 | Per 100,000 age 65+ |
| Unintentional injuries | 88.4 52 Deaths | 134.7 74 Deaths | 101.3 | Per 100,000 age 65+ |
| Hospital admissions for all non-fatal injuries, age 60+ | AK, 2010: 923 | AK, 2009: 998 | U.S., 2010: 645,570 | Alaska Trauma Registry: WISQARS data base (CDC) – for U.S., total reflects top 20 causes of injury |

Senior Snapshot: Older Alaskans in 2011/2012

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|--|---|---|---|---|
| Hospital admissions for non-fatal falls, age 60+ | AK, 2010: 706 | AK, 2009: 753 | US, 565,029 | Alaska Trauma Registry; WISQARS data base (CDC) |
| Suicides | 18.4% 12 deaths | 25.5% 14 deaths | CY 2010 14.89% 5,994 deaths | Per 100,000 age 65+ |
| Senior Behavioral Health | 2011 (AK): | 2010 (AK): | 2008 (U.S.) | |
| Binge drinkers | 8% | 5.0% | 5.1% | Age 65+ - 2010 BRFSS. Note 15 |
| Heavy drinkers | 7% | 3.0% | 4.1% | Age 65+ - 2010 BRFSS. Note 16 |
| Smokers | 12% | 9.9% | 8.6% | Age 65+ - 2010 BRFSS. Note 17 |
| Disabled seniors | 45% | 43.0% | 38.3% | Age 65+ who are "limited in activities because of physical, mental or emotional problems" – 2010 BRFSS. Note 18 |
| Obese seniors | 30% | 26.4% | 31.2% | Age 65+ - 2010 BRFSS. Note 19 |
| Seniors with diabetes | 20% | 18.3% | 18.3% | Age 65+ - 2010 BRFSS. |
| Seniors whose general health is "Fair" or "Poor" | 29% | 22.7% | 19.1% | Age 65+ - 2009 BRFSS. |
| Long Term Care | 2011 (AK): | 2010 (AK): | 2008 (U.S.) | |
| Pioneer Home residents at Level III | Oct. 2012: 53% | Oct. 2011: 50.4% | Dec. 2004: 46.1% | Level III is the most advanced level of care. Data provided by Div. of Pioneer Homes. |
| Avg. age of PH resident | Oct, 2012: 86.8 years | Oct, 2011: 86.5 years | 1998: 76 years | Data provided by Div. of Pioneer Homes. |
| Nursing home costs – private room, average daily rate | AK, 2012: \$678 per day \$247,470/year | AK, 2011: \$678 per day \$247,470/year | U.S., 2012: \$239 per day \$87,235/year | Alaska has the highest cost of nursing home care in the U.S. Note 20 |
| Assisted Living Home costs – average monthly base rate | AK, 2012: \$4,850 per month \$58,200 per yr. | AK, 2011: \$4,478 per month \$53,736 per yr. | U.S., 2012: \$3,550 per month \$42,600 per yr. | Alaska went from 3rd highest cost in the U.S. in 2010 to 7th highest cost of Assisted Living Homes in 2012. Most expensive average is DC at \$5,933 per month. Note 21 |
| Home Health Care Costs: Home Health Care Aide | AK, 2011: \$26 average rate per hour | AK, 2010: \$25 average rate per hour | U.S., 2012: \$21 average rate per hour | MetLife Mature Market Institute, 2012 Market Survey of Long-Term Care Costs. |
| Adult Day Services Costs | AK, 2012: \$95 average daily rate | AK, 2011: \$94 average daily rate | US, 2012: \$70 average daily rate | MetLife Mature Market Institute, 2012 Market Survey of Long-Term Care Costs. |
| Older Alaskans Medicaid waiver recipients | FY 2012: 1,781 | FY 2011: 1,758 | FY 2010: 1,721 | To qualify for services under the Older Alaskans Medicaid Waiver program, individuals must be age 65 or older, income-eligible for Medicaid, and must meet nursing home level-of-care requirements. Note 22 |

Senior Snapshot: Older Alaskans in 2011/2012

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|---|---|---|---|---|
| Senior grants clients served by Senior and Disabilities grants | FY 2012: 31,000 Total cost \$13,504,376 Per Client \$436 | FY 2011: 25,000 Total Cost \$12,264,006 Per Client \$491 | FY 2010: 21,261 Total cost \$11,603,300 Per Client \$546 | Note 23 - DHSS 2014 Budget Overview |
| Aging and Disabilities Resource Center | FY 2012 10,367 | FY 2011 9,615 | FY2010 8,790 | Clients Served. Info from Senior & Disabilities Services. |
| Alzheimer's Disease and Related Dementia (ADRD) | | | | |
| Number with ADRD (estimate) | CY 2010: 5,741 CY 2011: 5,366 CY 2012: 6,141 | Nationwide CY 2012: 5,400,000 | Note 24 | |
| Number of Alzheimer's and Dementia Caregivers in Alaska | CY 2011: 32,089 | CY 2010 30,927 | 2012 Alzheimer's Disease Facts and Figures Report, Alzheimer's Association National Office. | |
| Total Hours of Unpaid Care by Alzheimer's and Dementia Caregivers | CY 2011: 36,542,585 | CY 2010 35,219,116 | 2012 Alzheimer's Disease Facts and Figures report. Alzheimer's Association National Office. | |
| Total Value of Unpaid Care by Alzheimer's and Dementia Caregivers | AK, CY 2011 \$422,896,129 | AK, CY2010 \$420,164,054 | 2012 Alzheimer's Disease Facts and Figures report. Alzheimer's Association National Office. | |
| Senior Safety | | | | |
| Long-Term Care Ombudsman complaints | FY 2012: Cases open – 535 Complaints – 1,416 | FY 2011: Cases open – 379 Complaints – 980 | Complaints involving seniors (age 60+) in long-term care. Data from the Office of the Long-Term Care Ombudsman. Note 25 | |
| Adult Protective Services Reports of harm | FY 2012: Intakes 2,889 | FY 2011: Intakes 2,466 | Intakes age 60+. Adult Protective Services (APS) Note 26 | |

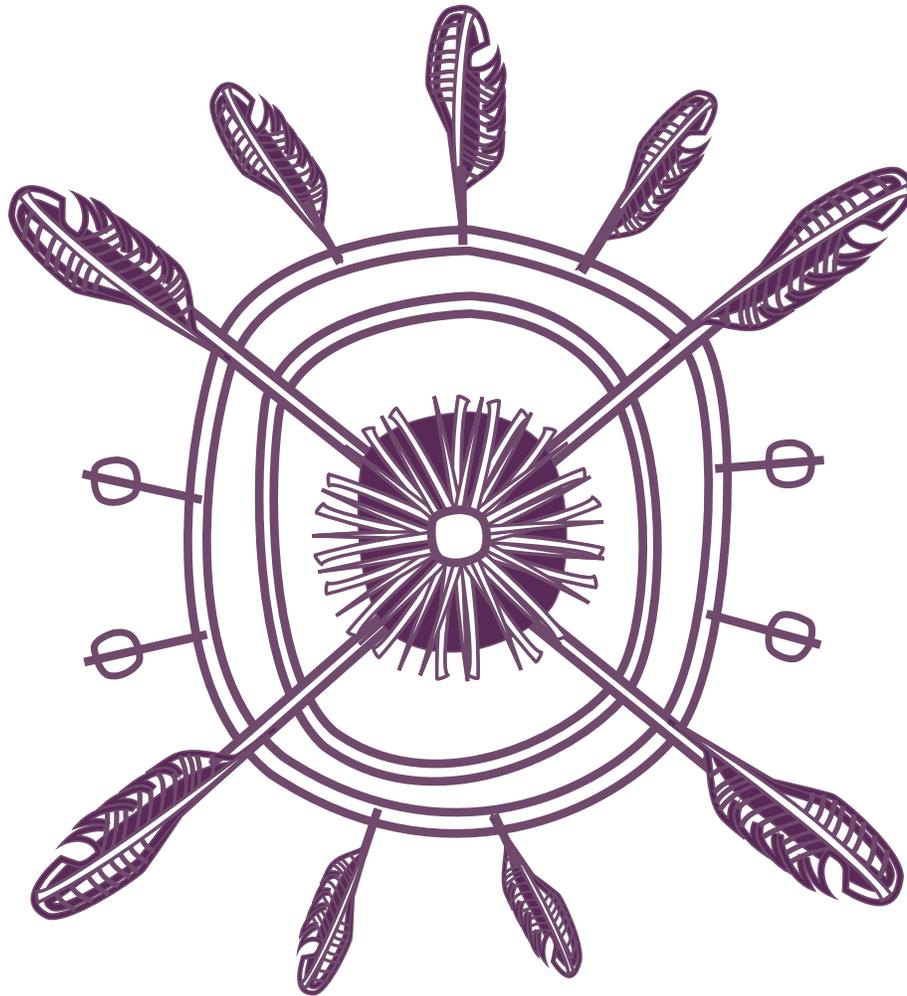
Senior Snapshot Notes

1. Data from Alaska Department of Labor and Workforce Development's 2011 population estimates. Regions are those used by the Alaska Department of Health and Social Services. "The Alaska State Plan for Senior Services, FY2012 – FY2015" prescribes funding by region for senior grant programs which include federal Older Americans Act money.
2. Data from "A Profile of Older Americans: 2011," Administration on Aging, U.S. Department of Health and Human Services. The five states with the fastest-growing senior populations 65+ in 2010 were Alaska (50%), Nevada (47%), Idaho (32.5%), Arizona (32.1%), Colorado (31.8%), Georgia (31.4%) and Utah (31%).
3. *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 ACoA estimated the 2011 cash contributions of older Alaskans to the state's economy using the following formula: (Alaskans 65+ 2010 population X 6.97% population growth rate for 2011) X (2011 retirement salary) X (Alaska senior medical cost in 2009 times two years of growth rate at 8.9% annual). The Alaska 2010 senior (65+) population is 55,237 according to the Alaska Department of Labor with an estimated annual growth rate of 6.97%. The average Alaskan retirement income in 2011 was \$28,459 (2011 American Community Survey One-Year Estimates). The Centers for Medicare and Medicaid Services (CMS) 2009 estimated the average Alaskan senior health care cost per person at \$9,128. The CMS calculated the annual growth rate for senior health care costs to be 8.9% per year from 2004-2009. MMRR 2011: Volume 1 (4), Cuckler, G., Martin, A., Whittle, L., Heffler, S., Sisko, A., Lassman, D., Benson, J. E8, Health Spending by State of Residence, 1991–2009.
4. Data obtained from Social Security Administration's website. Alaska average includes all Alaska residents age 65 and older who receive Social Security retirement benefits. U.S. average includes all U.S. residents age 65 and older who receive Social Security retirement benefits. The Alaska average monthly payment 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 for many individuals receiving public employee pensions.
5. 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.
6. Figures on TRS (Teachers Retirement System) benefits include TRS retirees age 60 and older who currently reside in Alaska. AK Dept. of Administration, Div. of Retirement & Benefits.

7. Information from the Alaska Division of Public Assistance. Alaskans age 65 and older with incomes up to 175% of the Federal Poverty Level (FPL) for Alaska are eligible for the Alaska Senior Benefits Program.
8. Number of Food Stamp recipients increased 18% from 2010 to November 2012.
9. Seniors age 65 and older often have higher incomes than those in the 60 - 64 age groups because they are receiving Social Security retirement benefits or other benefits that begin at age 65. Hence the lower average monthly Food Stamps value for the 65+ population.
10. 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.
11. Includes only HUD properties managed by AHFC. The total number of units has not changed for many years.
12. Includes individuals age 62+ as well as individuals of any age with a disability.
13. All families, regardless of age, in this count.
14. Alzheimer's disease and related dementia (ADRD): 2004, Evans, D. A., et al, Chicago Health and Aging Project, American Academy of Neurology. ACoA estimated the Alaska ADRD population based on national prevalence rates of 1.4% for those age 65-74, 18.3% for those age 75-85, and 45% for those age 85 and older (per D.A. Evans 2004 report). The prevalence rates were then multiplied by the 2011 Alaska Department of Labor population counts for Alaskans age 65+ by age category to estimate the number of Alaskans age 65+ at risk for Alzheimer's disease and Related Dementias.
15. 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.
16. 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.
17. 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.
18. The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing multi-state phone survey conducted in Alaska by the Division of Public Health. Seniors with disabilities include those

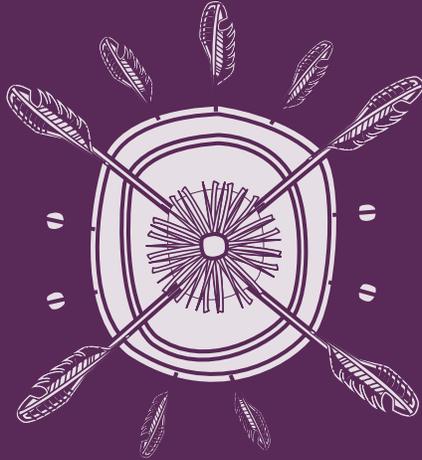
age 65 and over who say that they are limited in their activities because of physical, mental, or emotional problems.

19. The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing multi-state phone survey conducted in Alaska by the Division of Public Health. "Obese" individuals are defined as those with a body mass index (BMI) of 30.0 or greater.
20. MetLife Mature Market Institute, 2012 Market Survey of Long-Term Care Costs.
21. MetLife Mature Market Institute, 2012 Market Survey of Long-Term Care Costs.
22. FY10 & 12 info from Senior & Disabilities Services. FY11 info from DHSS Budget Overview.
23. Senior grant programs include Nutrition, Transportation and Support Services (NTS), 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. Seniors (age 60+) need not be Medicaid-eligible in order to receive grant services. Over the past two years, this number has also included seniors served by ADRCs.
24. Alzheimer's disease and related dementia (ADRD): 2004, Evans, D. A., et al, Chicago Health and Aging Project, American Academy of Neurology. ACoA estimated the Alaska ADRD population based on national prevalence rates of 1.4% for those age 65-74, 18.3% for those age 75-85, and 45% for those age 85 and older (per D.A. Evans 2004 report). The prevalence rates were then multiplied by the 2011 Alaska Department of Labor population counts for Alaskans age 65+ by age category to estimate the number of Alaskans age 65+ at risk for Alzheimer's disease and Related Dementias.
25. The Long Term Care Ombudsman believes that the rise in complaints is related to the Department of Health and Social Services diligent efforts to get assisted living homes to submit critical incident reports (CIR) when residents are missing, injured, or deceased. The CIRs can lead to additional cases being opened when there is a concern that the homes did not provide adequate supervision and care. So the rise in complaints reflects the additional safeguards DHSS has put in place to ensure resident safety.
26. Senior and Disabilities Services attributes the increase in reports of harm from FY2011 to FY2012 to its policies requiring reporting by Home and Community-Based waiver providers and enhanced education to mandatory reporters.



**Alaska Commission on Aging
FY 2012 Annual Report**

<http://www.alaskaaging.org/>



FY 2012

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ACoA's 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.*