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Paula Pawlowski, Chair
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Term Expires: 8/31/2013

Banarsi Lal, Pioneer Home Advisory Chair
4532 Dartmouth Drive
Fairbanks, AK 99709-3049
Phone: 479-4781 Fax: 479-4781
Email: blal@gci.net
Term: Serves on ACoA Board as Pioneer Home Advisory Board Chair

ALL 11 SEATS VOTE (6 = A QUORUM)
ACoA Staff
Denise Daniello, Executive Director
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Alaska Commission on Aging
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Alaska Commission on Aging Draft Meeting Agenda
August 21st - 23rd, 2012
Homer Senior Center (August 21st) and Land's End Conference Room (August 23rd)
3935 Svedlund (Homer Senior Center) / 4786 Homer Spit Road (Land's End)
Homer, Alaska

- 1:00 - 1:20 p.m.** **Public Comment**
Please attend in person or call 1-800-315-6338, pass code "3250#" Individuals and groups have five minutes to provide public comment.
- 1:30 – 4:00 p.m.** **Alzheimer's Disease & Related Dementia Homer Community Forum, Homer Senior Center.** Educational presentation provided by Lisa Wawrzonek, Alzheimer's Disease Resource Agency of Alaska, followed by a community discussion.
- 4:00 p.m.** **Recess until Thursday, August 23rd at 8:30 a.m.** when the ACoA meeting will continue at the Land's End Conference Room, 4786 Homer Spit Road. Agency visits and meetings in Homer/Anchor Point/Nikiski/Kenai and Seldovia will take place on Wednesday, August 22nd.

Wednesday, August 22, 2012
SITE VISIT SCHEDULE

Proposed Group Assignments

Homer/Anchor Point/Nikiski/Kenai

Sharon Howerton
Betty Keegan
Nancy Burke
Diana Weber
Lisa Morley
Rita Bowen
Lesley Thompson
Sherice Cole

Seldovia

Iver Malutin
Duane Mayes & Macrina Fazio
Paula Pawlowski
Pat Branson
Banarsi Lal
Eleanor Dementi
Sandi Doyle
Marie Darlin
Nita Madsen
Terry & Cindy Duffin
Jeanette Burket
Chazz & Judy Kawabori
Jim McCall
Karen Godnick
Jon Erickson
Denise Daniello

Tentative Site Visit Schedule

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.

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Homer, Alaska

All ACoA members and meeting participants meet in the hotel lobby at 9:15 a.m. to depart to Central Charters and Tours (on foot or by car), located on the Homer Spit and ferry over to Soldovia.

- **9:45 – 11:45 a.m.** **Central Charters and Tours**
4241 Homer Spit Road
235-7847
Board *"The Discovery,"* a 75' Boat to Seldovia with a tour of Kachemak Bay

- **11:45 a.m.** **Tim Dillion, City Manager (242-9709) and Michael Opheim,**
Seldovia Tribe (435-3247/399-7509, cell) will greet the ACoA group at the
Seldovia ferry dock and provide transportation to visit Seldovia agencies.

- **12:00 – 1:00 p.m.** **Senior Lunch**
Seldovia Multipurpose Building (234-7898)
259 Seldovia Street
\$4 donation for persons age 60+; \$9 charge for non-seniors

- **1:05 – 1:25 p.m.** **Seldovia Health Services (provided thru the Homer Health Center)**
259 Seldovia Street
Meet with Bonnie Betley, Itinerant Public Health Nurse (235-8857)

- **1:30 – 2:30 p.m.** **Seldovia Medical Clinic**
259 Seldovia Street
Meet with Dr. Larry and Cheryl Reynolds (234-7825)

- **2:45 – 3:15 p.m.** **City of Seldovia**
259 Seldovia Street
Meet with Tim Dillion, City Manager (242-9709)

- **3:30 - 4:00 p.m.** **Seldovia House Senior Housing (historically known as "Lakeside Terrace")**
350 Alder St.
Meet with Tracy Philpot, Manager (234 – 7864)

- **4:00 – 5:00 p.m.** **Seldovia Tribal Council**
Meet with Elders/Seldovia Council members and Michael Opheim
259 Seldovia Street. Tour Seldovia as time allows. Michael Opheim (435-3247;
cell 399-7509) will transport our group back to ferry for departure at 5:00
p.m. Ferry will arrive in Homer at 6:30 p.m.

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Homer Senior Center (August 21st) and Land's End Conference Room (August 23rd)
3935 Svedlund (Homer Senior Center) / 4786 Homer Spit Road (Land's End)
Homer, Alaska

Thursday, August 23rd, 2012

Meeting Location: Land's End Conference Room
4786 Homer Spit Road / Homer, AK 99603

8:30 a.m. Good Morning. Coffee will be provided. ACoA meeting resumes. Roll Call

8:35 – 8:50 a.m. Welcome Representative Paul Seaton!

**8:50 – 9:30 a.m. Commissioner Discussion of Rural Outreach Visits
Next Steps**

9:30 – 10:30 a.m. ACoA Chair/Vice Chair, Executive Director & Committee Reports Tab 1

- Paula Pawlowski, Chair & Pat Branson, Vice Chair
- Executive Director & Staff Reports: Denise Daniello **(Tab 2)**
- Executive Committee: Paula Pawlowski & Denise Daniello
- Legislative Advocacy Committee: Pat Branson, Committee Chair,
& Denise Daniello
- Pioneer Home Advisory Board: Banarsi Lal
- Governor's Council on Disabilities and Special Education: Banarsi Lal

10:30 – 10:45 a.m. Break

**10:45 – 11:15 a.m. Commissioner Discussion: Preparing for Upcoming Elections
Sharon Howerton & Marie Darlin**

**11:15 – 11:30 a.m. Mature Alaskans Seeking Skills Training Program
Rita Bowen, Program Coordinator**

**11:30 – 12:00 p.m. Division of Senior & Disabilities Services
Duane Mayes, Director & Lisa Morley, Senior Grants Manager**

**12:00 – 12:30 p.m. Lunch on site
ACoA Commissioner Betty Keegan Appreciation Presentation**

**12:30 – 1:00 p.m. AARP Advocacy Report
Pat Luby, Advocacy Director
"Words of Wisdom for Senior Advocates"**

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1:00 – 1:30 p.m. **Office of Long-Term Care Ombudsman's Report**
Diana Weber, Long-Term Care Ombudsman (Telephonically)

1:30 – 2:00 p.m. **Alaska Housing Finance Corporation, Senior Housing Office**
Jim McCall, Officer Housing Relations

2:00 – 2:15 p.m. **AgeNet**
Marianne Mills, AgeNet Chair (by teleconference)

2:15 p.m. **Adjourn**

Partner Reports and Other Information

Tab 3

Upcoming Meetings

- **ACoA Winter Meeting, December 4th-5th, 2012 (Anchorage)**
- **ACoA Legislative Advocacy Meeting, February 11th-13th, 2013 (Juneau)**

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Abstract

Volume 1, Number 1, 2013

Abstracts of the 10th International Conference on the Mathematics of the Earth and Planetary Sciences (MOPS 2013) held in Beijing, China, from October 15-19, 2013. The conference was organized by the Institute of Geology and Geophysics, Chinese Academy of Sciences.

1-10	Abstracts of the 10th International Conference on the Mathematics of the Earth and Planetary Sciences (MOPS 2013)
11-20	Abstracts of the 10th International Conference on the Mathematics of the Earth and Planetary Sciences (MOPS 2013)
21-30	Abstracts of the 10th International Conference on the Mathematics of the Earth and Planetary Sciences (MOPS 2013)
31-40	Abstracts of the 10th International Conference on the Mathematics of the Earth and Planetary Sciences (MOPS 2013)
41-50	Abstracts of the 10th International Conference on the Mathematics of the Earth and Planetary Sciences (MOPS 2013)
51-60	Abstracts of the 10th International Conference on the Mathematics of the Earth and Planetary Sciences (MOPS 2013)
61-70	Abstracts of the 10th International Conference on the Mathematics of the Earth and Planetary Sciences (MOPS 2013)
71-80	Abstracts of the 10th International Conference on the Mathematics of the Earth and Planetary Sciences (MOPS 2013)
81-90	Abstracts of the 10th International Conference on the Mathematics of the Earth and Planetary Sciences (MOPS 2013)
91-100	Abstracts of the 10th International Conference on the Mathematics of the Earth and Planetary Sciences (MOPS 2013)

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Policy

The guidelines for ethical conduct are expressed in State of Alaska *Ethics Information for Members of Boards and Commissions* (AS 39.52). The Ethics Act prohibits substantial and material conflicts of interest. Each member should review the Ethics Act and disclose any conflict of interest that occurs during their service on the commission.

Each commission member who becomes aware of a conflict of interest before a meeting or in the course of their personal activities should promptly notify the chair of the commission. Furthermore, the chair shall disclose the potential conflict of interest to the other members of the commission before any vote on the matter, and the disclosure shall be recorded in the commission minutes at the meeting at which it is made. In such cases, a written disclosure statement containing all the material facts should be submitted. The material facts include the identification of any outside employment or consulting work, any membership, affiliation, or relationship that could constitute a conflict.

A board member will refrain from deliberating, voting, or participating on the matter in which a conflict or potential conflict of interest occurs. However, a disclosed conflict of interest shall not bar a commission member from participation in commission activities unrelated to the conflict of interest.

Where doubt arises whether a conflict exists or appears to exist, a written disclosure containing the material facts of the situation should be provided to the chair of the commission. The commissioners, excluding the interested commissioner, will determine if the situation constitutes a conflict of interest and shall determine the required action.

Dissemination

Each commission member will be given a copy of this policy and AS 39.52 and asked at each commission meeting to disclose any conflicts and sign the attached acknowledgement concerning the report of potential conflicts of interest.

Disclosure and Acknowledgment

Please describe below any relationships or circumstances in which you are involved that you believe can contribute to a conflict of interest (as defined in AS 39.52).

Check if no conflict of interest exists.

I hereby certify that I have read and understand the commission's ethics policy and AS 39.52. I agree to report promptly any such conflicts that arise in my duties as commissioner and, in other respects, to comply with the policy.

Signature: _____

Date: _____

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The first part of the section deals with the power to make regulations. It states that the Secretary of State may make regulations in relation to the exercise of the powers conferred by this section. The regulations may be made in relation to any matter which is specified in the Schedule to this section.

The second part of the section deals with the power to make orders. It states that the Secretary of State may make orders in relation to the exercise of the powers conferred by this section. The orders may be made in relation to any matter which is specified in the Schedule to this section.

The third part of the section deals with the power to make rules. It states that the Secretary of State may make rules in relation to the exercise of the powers conferred by this section. The rules may be made in relation to any matter which is specified in the Schedule to this section.

The fourth part of the section deals with the power to make directions. It states that the Secretary of State may make directions in relation to the exercise of the powers conferred by this section. The directions may be made in relation to any matter which is specified in the Schedule to this section.

11

The fifth part of the section deals with the power to make orders. It states that the Secretary of State may make orders in relation to the exercise of the powers conferred by this section. The orders may be made in relation to any matter which is specified in the Schedule to this section.

The sixth part of the section deals with the power to make rules. It states that the Secretary of State may make rules in relation to the exercise of the powers conferred by this section. The rules may be made in relation to any matter which is specified in the Schedule to this section.

The seventh part of the section deals with the power to make directions. It states that the Secretary of State may make directions in relation to the exercise of the powers conferred by this section. The directions may be made in relation to any matter which is specified in the Schedule to this section.

Section 10 of the Act

The eighth part of the section deals with the power to make orders. It states that the Secretary of State may make orders in relation to the exercise of the powers conferred by this section. The orders may be made in relation to any matter which is specified in the Schedule to this section.

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Section 10 of the Act

Everyone is Invited! **Alaska Commission on Aging Quarterly Meeting in Homer, Alaska**

When: Tuesday August 21st 8:45 a.m. – 4:00 p.m.

**Where: Homer Senior Center
3935 Svedlund, Homer, Alaska**

**Public Comment: Aug. 21st 1:00 – 1:20 p.m.
1-800-315-6338: Code 3250#**

(Please attend in person or call-in)

When: Thursday August 23rd 8:30 a.m. – 2:15 p.m.

**Where: Land's End Hotel – Harbor Room
4786 Homer Spit Road, Homer, Alaska**

Refreshments will be served!



Agenda Items

- Welcome Representative Paul Seaton
- Update from the U.S. Administration on Aging
- Senior and Disabilities Services Report
- Update from the Office of Long-Term Care Ombudsman
- Alaska Housing Finance Corporation, Senior Housing Office
- Update from the Alaska Mental Health Trust Authority

Alzheimer's Disease & Related Dementia

Homer Community Forum

When: Aug. 21st 1:30 – 4:00 p.m.

**Where: Homer Senior Center
3935 Svedlund, Homer, Alaska**

- Anyone requiring assistance, information, or special devices and equipment should contact Sherice Cole 907-465-3250.
- Please visit our website www.AlaskaAging.org for additional information and the full meeting agenda.

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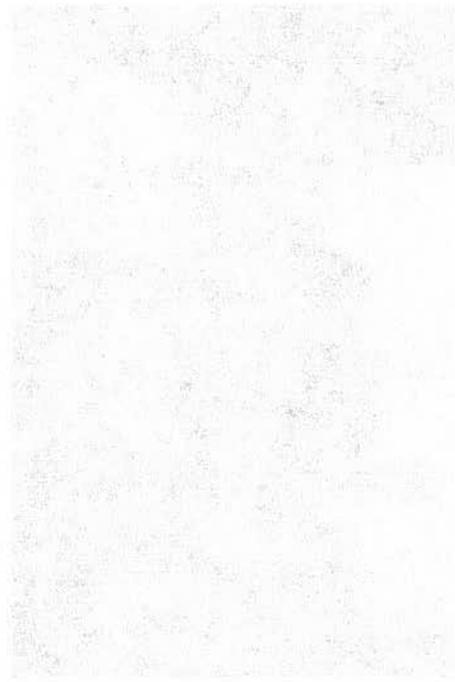
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Описание

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Учебные вопросы

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**Alaska Commission on Aging
AARP Offices, Frontier Building
3601 C Street Anchorage, Alaska
April 25th & 26th, 2012
Draft Meeting Minutes**

April 25, 2012, Chair Sharon Howerton called the meeting to order at 9:00 a.m.

Roll Call: Commission Members Present: Sharon Howerton, Paula Pawlowski, Duane Mayes, Marie Darlin, Patricia Branson, Iver Malutin, Banarsi Lal, Nita Madsen, Betty Keegan, Sandra Doyle, and Eleanor Dementi.
Staff present: Denise Daniello, Lesley Thompson and Sherice Cole

Safety Moment - Paula Pawlowski reviewed the emergency exit plan at the AARP offices, Frontier Building.

Meeting Agenda – Sharon asked Denise Daniello to report changes to the meeting agenda. They include:

David Levy, Alaska Mobility Coalition will report on Thursday at 11:45 a.m.

During Public Comment: Staff with Serendipity Adult Day Center and George Charles, UAA Natural Resource Center for American Indian, Alaska Native & Native Hawaiian Elders will report in person. Pat Branson moved to approve agenda as amended. Paula Pawlowski seconded motion. Motion passed.

Meeting Minutes February 13-16, 2012 meeting minutes

Paula Pawlowski and Sandra Doyle recommended changes to the minutes.

Sharon Howerton moved to approve the amended February 13-16, 2012 minutes as amended. Pat Branson seconded the motion. Motion approved.

Chair Report, Sharon Howerton-Clark

Sharon Howerton reported she was in the hospital during the February, 2012 meeting for a medical procedure. Sharon reported that her stay at the Homer hospital was “great” and she felt that their treatment of older people was excellent. The hospital recently was remodeled. Sharon thanked Paula Pawlowski for running the February 2012 ACoA meeting in her absence. Sharon noted that she received comments from others commending Paula for her ability to run the meeting.

Sharon stated that Denise nominated her for the First Lady's Award which is presented by Mrs. Parnell for exemplary volunteer service to the State of Alaska.

Vice-Chair Report, Paula Pawlowski

Paula reported the legislative advocacy fly-in was successful. Paula said she attended a U.S. Office of Civil Rights presentation. The presenter was Emily Cameron with U.S. Health and Human Services. On May 9th & 10th Paula noted that she will attend the first Annual Elders Summit hosted by UAA.

Executive Director Report, Denise Daniello

Denise Daniello reported on the successes achieved this last legislative session by ACoA and our advocacy partners for programs/services of benefit to older Alaskans. Approved budget increments include Senior In-Home Services (\$425,000), Adult Day (\$225,000), Complex Behavior Collaborative Consultation and Training (\$650,000 one-time increment), and \$2 million for community transportation. ACoA and our advocacy partners also successfully advocated for legislation that included bills to promote protection for vulnerable adults and children (SB86); established a permanent community transportation advisory board (HB 131); funding for the shingles vaccine as well as state funding to cover the reduced federal funding for immunizations in the State Immunization Program (HB 310); Loan Forgiveness and Financial Incentives for Health Professionals to expand Alaska's healthcare workforce (HB 78); Disaster Planning and Emergency Management Services (SB 208); eligibility for Native housing development organizations for Senior Citizen Housing Development Fund (SCHDF) grants (HB 65); Insurance for Specialty Tier Modifications (HB 218) that extends insurance coverage for certain prescription medications from 30 to 90 days for patients with critical and chronic health conditions; and HB 326 that requires insurance companies doing business in Alaska to offer children-only coverage to cover children who do not have access to health insurance under their parents or guardians.

In February, the Pioneer Home Advisory Board (PHAB) invited ACoA to make a presentation outlining the Commission's advocacy priorities for the legislative session. Denise made the presentation asking for the PHAB's support of ACoA's advocacy priorities.

Denise also served as a speaker on a panel at the Rural Health Conference in Anchorage and presented information about senior access to primary health care as well as senior demographic and health indicator trend data. Representatives from community health centers and the Division of Public Health also served on this panel.

Denise noted that special guests Congressman Don Young, Senator Lisa Murkowski and Senator Mark Begich called into the Conference and talked about federal funding for Community Health Centers. Audience members asked about federal funding for senior programs considering the rapid growth of the older adult population in Alaska and nationwide. Congressman Young forecasted reduced funding for Social Security and Medicare and mentioned his desire to come up with a supplemental health plan. Further, he mentioned the need for younger people to open IRAs to save for their retirement. He also stated that community health centers are critical for serving underserved populations and that more funding is needed to support them.

Pat Branson commented that community health clinics are given grants to help cover the difference of what Medicare covers and the portion of the bill that is left over. She further mentioned that private clinics do not receive federal grant funding for this difference.

Denise reported that Senator Murkowski provided a statement about the legislation she has proposed to address the problem of accessing primary care for seniors. The Senator noted that her legislation would allow seniors to be able to pay the difference between what Medicare covers and the true cost of the health care, which would help to incentivize primary care providers to serve seniors.

Denise mentioned staff's work in developing two power point presentations for the Alaska Mental Health Trust Authority. The first will focus on the Alzheimer's Disease and Related Dementia (ARD) population providing demographic information, services provided, impacts on unpaid caregivers, among other topics that will be presented by Sharon and Denise at the Trust May meeting. Denise noted that staff is also working on a second presentation to the Trust Planning Committee (scheduled for June) to provide a profile about Senior Trust Beneficiaries (who include older Alaskans with ARD, mental illness, alcohol and substance abuse, developmental disabilities, and brain injury) noting their

prevalence, types of services provided, and projections in the number of units needed and cost to provide services over the next ten years as the senior population grows.

A Proclamation celebrating Older Alaskans Month was submitted to the Governor's office for approval recognizing *May 2012 as Older Americans Month*.

Senior Snapshot 2011 Review: Lesley Thompson

Lesley Thompson presented the 2011 Senior Snapshot data (see attached PowerPoint.)

Planning Committee: Chair Banarsi Lal & Denise Daniello

Banarsi reported on the progress made in completing the Planning Committee goals for Fiscal Year 2013 (pg. 55 of meeting binder). **Report Attached**

Legislative Advocacy Committee: Chair Pat Branson & Denise Daniello. Pat reviewed the Committee's goals for FY 2013 (page 53 of the meeting binder) and the budget priorities and the goal priorities (Page 57). Pat further stated that ACoA needs to continue its focus on advocating for services that help seniors to remain healthy and independent, and able to stay in their own homes and communities.

Pioneer Home Advisory Board: Chair Banarsi Lal

Banarsi reported on the Pioneer Home Advisory Board. In February, the board visited Pioneer Homes in Ketchikan, Sitka, and Juneau. The board also made legislative visits and met with Commissioner Streur.

Banarsi said the Department conducted two studies documenting the need for Pioneer Home expansion. In the Governor's budget there was \$4 million for deferred maintenance for the Pioneer Homes, but no funding for expansion. One possible strategy to fund expansion of the Pioneer Homes may be through developing a public-private partnership that would bring in private dollars for expansion purposes.

Governors' Council on Disabilities and Special Education, Banarsi Lal

Banarsi reported that the Governor's Council on Disabilities and Special Education will meet in Girdwood in May. The Council is working on a method to track disabilities and special education related bills as they move through the Legislature. The Legislature issued a proclamation that advocates for the needs of people with disabilities. He also reported that the autism insurance bill passed.

Division of Senior & Disabilities Services, Duane Mayes and Brenda Mahlatini **Update on Draft Waiver Regulations:**

Duane reported on senior grants and stated that there several NTS (Nutrition Transportation Support services) grant proposals, three of which are from new applicants and one proposal from a new region who had never submitted before (Aleutian Islands). Following the Proposal Evaluation Committee's (PEC) review, the proposals and PEC grant decisions go to the Commissioner for approval. Sharon Howerton asked how these grants work and who qualifies. Duane said seniors who receive services from senior grants are encouraged to cover some cost for these services based on a sliding-fee scale. Pat Branson said she just wrote a 92-page grant for a senior grant program that includes the provision of a sliding fee schedule for seniors to help pay for the cost of service. If a senior is not income- or nursing home- eligible for Medicaid, they may qualify for the senior grant services based on need.

Pat Branson asked Duane to provide information on who is chosen to be on the Proposal Evaluation Committee (PEC) and how the scoring works. She also asked why grantees were not able to call-in to listen to the PEC members discuss their proposals. Pat encouraged SDS to consider changes to this policy.

Duane stated the Nutrition and Transportation (NTS) grant closes today. The NTS PEC will meet on May 22-23 to go through the proposals. Further the Health Promotion and Disease Prevention (HPDP) grant program's call for proposals closes on April 30th. The HPDP PEC will meet on May 18th to review the proposals. Acceptable programs are evidence-and researched-based and follow federal guidelines. A project targeting "senior fall prevention" that includes evidence-based implementation activities is an example of the project type eligible for funding.

SDS is in the process of seeking public input on the draft waiver regulations. They have conducted four statewide webinars and produced a 60-page waiver

document. The document is receiving positive comments from the public. The draft regulations document will go to the Commissioner's Office before it is finalized and posted. SDS is aiming for mid-May to have the document finalized and then released in mid-summer.

Community First Choice Options: Duane Mayes said the Department hired a contractor to help decide if SDS should implement the Community First Choice (CFC) Option program. This program has the potential to replace the current PCA program. This effort standardizes quality assurance methods. There are 11 voting members across all disabilities and six advisory members and service providers on the committee looking at this option. They have had several meetings and webinars to meet and discuss the programs operations and how it would work.

Duane said they are now talking about performance measures for this model of quality assurance. It takes two to six hours a week of his time just to keep this project moving forward. He hopes to have a preliminary design by the end of June and then present it soon after to the Department's leadership team.

Adult Protective Services (APS): Brenda Mahlatini reported:

Brenda discussed the elder protection community awareness program and mentioned that June 15th starts "Elder Abuse Awareness Week." They are hoping the Governor will sign the new Prevention of Vulnerable Adult and Elder Abuse (SB86) law during an event scheduled for that week. Brenda said they are trying to make this an annual event to promote prevention and awareness about the signs and symptoms of abuse.

The University of San Diego developed an APS training curriculum that standardizes training about adult protective issues using core competencies. It is hoped that this curriculum will provide long needed performance results. Brenda said she served on the National Adult Protective Services (APS) board and Alaska has been chosen to pilot two of the 23 core competencies. The Governor put an increment in the budget of \$525,000 for APS to enhance protection services.

Brenda reported that there has been a 22% increase in APS investigations this year. APS has centralized their intake system for reports of harm and critical incidents. Currently, APS employs three intake workers and ten Investigators. They are planning to add three investigator positions by July.

The new Protection of Vulnerable Adults and Children (SB86) allows the Department of Health and Social Services to go to court and get a court order before the victim's funds are lost. She mentioned that this legislation will authorize APS to seek a court order to stop financial abuse immediately and will be allowed more time to gather records – efforts that will help the victim from losing their financial assets.

Sharon Howerton asked Brenda Mahlatini how the Long Term Care Ombudsman interfaces with APS. She said they work primarily with the people age 65 and older in institutional settings such as assisted living homes and nursing homes. Brenda said when people have to involuntarily move out of these facilities, Adult Protective Services (APS) gets involved. Brenda said APS produced a CD-video about elder protection and have seen an increase in the number of abuse reports following the CD's distribution, possibly due to raising awareness. Duane said he watched the video and APS did a great job. Marie Darlin mentioned it would be nice for the Commission to have a CD explaining the bills that we advocated for and what the bills are about.

Brenda said they are working in conjunction with their lawyers on how to implement the training bill that passed. Pat Branson mentioned that providers have to document training. Sandra Doyle pointed out providers in long-term care facilities must be trained since they are first responders and mandatory reporters. Brenda further stated that APS is developing a mandatory reporter training CD for long-term care facilities. Sandra Doyle mentioned that this training needs to be mandated. Also adult day care providers should receive this training because they are mandatory reporters. APS is planning to conduct a media campaign highlighting elder protection efforts.

Duane reported that the Alaska Medicare information office received national recognition for their work with seniors (Jeanne Larson and Judith Bendersky). Duane Mayes gets calls all of the time on what a great job they are doing.

Duane reported on the Long Term Care Steering Committee and the presentation to the Health Care Commission. They split the presentation into two sections, one specific to the Division of Senior and Disabilities Services and the other with a focus on global long-term care issues.

The Committee drafted a strategic plan that has four focus areas: APS, Quality Assurance, and Home and Community Based Services. They will soon finish a draft to be reviewed by the Commissioner and Deputy Commissioner.

Duane also reported on the DS3 data management system. It is a home-grown system and is difficult for the State's Information Technology (IT) to manage. SDS contracted with a company to help them create a new health care data management system and have asked staff for feedback. There is a provider portal and an individual portal which causes the system to have large data processing needs.

Lastly, Duane provided an update about finding consultants with expertise to serve beneficiaries with challenging behaviors through the Complex Behaviors Collaborative (CBC), administered by the Division of Behavioral Health. He mentioned the division is looking for a consultant with ADRD and brain injury expertise. Denise noted that she asked the National Alzheimer's Disease Association for assistance with recruiting possible consultants with ADRD expertise to join the CBC pool in Alaska to provide intense consultation and training for older Alaskans with ADRD and challenging behaviors.

Anchorage Senior Advisory Commission (SAC)

Joan Fischer, Anchorage SAC Chair; Dawnia Clements, SAC member; Ella Craig, SAC member; and Lynda Meyer, Anchorage Department of Health and Human Services, Senior Services Coordinator

Dawnia reported they have been working on putting together a report about the needs of Anchorage's older adults. The Commission is also working to change the attitudes of Alaskan businesses to be more senior-friendly. They are offering training to businesses on how to be more senior-friendly and will publicly recognize businesses that complete the training as being "senior friendly" to the senior community.

The SAC reported that the access to primary care problem for Anchorage seniors is being helped with the addition of two new senior health care clinics; Providence Senior Care and the Medicare Clinic. The Anchorage SAC is also focusing on outreach and has submitted articles to Senior Voice concerning the need for senior transportation and senior housing in Anchorage. Dawnia announced the

Elder Summit on May 9th and 10th to be held at the Anchorage Senior Center. The goal of the Summit is to foster communication about senior issues statewide. Lynda Meyer and Dawnia Clements reported that the Mayor of Anchorage is proposing to reduce the number of Commissioners from 15 persons to nine. Pat Branson asked who appoints the Commissioners. Lynda Meyer answered that the appointments are by the Mayor's office. Dawnia said they would like the SAC to be more diverse and are encouraging seniors from other ethnic groups to apply. Pat Branson asked if there is an age criteria and Dawnia said no. Denise suggested adding ex-officio seats to the Commission that could help do the work with a reduced Commission. Paula also asked why the reduction took place. The response was budget constraints.

Iver Malutin suggested advocating for handicap parking for elders. Dawnia said the Anchorage SAC is looking at ways to enforce accessibility standards.

Lynda Meyer talked about the Aging and Disability Resource Centers (ADRCs). The most recent activity is the establishment of a field office at the Anchorage Senior Center. The Senior Center and the ADRC work together as certified information specialists. The ADRC has received an increase in the number of calls from last year (33%) and overall since the inception of the ADRC (60%). Lynda said they had a recent situation where a person from an Alaskan village had an illness and could not return to their village due to their illness. The ADRC information specialist worked in partnership with Public Health and helped connect that person with services.

The Anchorage ADRC also provides help to vulnerable persons with accessing emergency grant funds for electricity and housing needs. Lynda told the story involving an elderly man coming to the ADRC looking for help because he lived in a bus. He applied for housing three or four years ago but was bumped down the priority list. The ADRC housing specialist helped him find safe, permanent housing.

The ADRC has helped identify assisted living facilities for the fire department and hospitals so emergency operations centers can more readily provide emergency services to these facilities.

Public Comment:

Ed Zastrow, Ketchikan resident, expressed concern about the price of heating fuel and its impact on seniors living on a fixed income. Mr. Zastrow said last winter in Ketchikan, temperatures got down to 1 degree which is the equivalent to 30 degrees below in Fairbanks. In Ketchikan, seniors traveled to the senior center or Pioneer Home for warmth – it was too cold for them to stay in their homes. Also because of the cold, many homes had frozen pipes. He stated that money is going elsewhere and seniors are not getting help with the condition of their homes or their heating costs. He wanted to know what happened with this bill (SB 203) that would provide vouchers for heating costs. Sharon Howerton said she feels the same way and thinks this bill will be brought up again in next year's legislature. Iver Malutin said at the meeting in Dillingham and Togiak, the problem of not enough money for heating was also mentioned. Betty Keegan mentioned in Nome that the Native Corporation gives a voucher for heating assistance and also the town of Nome gives out heating vouchers. Pat Branson said energy costs are a real problem in Alaska especially for the Interior.

Serendipity: Jesalyn Stanton, Executive Director

Jesalyn Stanton shared that they are partnering with the University of Alaska Anchorage on research that will result in evidence-based outcomes for adult day care programs. Patrick Cunningham, UAA Social Work Department faculty, and Diana King, Center for Human Development, would be involved in the research. Adult day care helps people stay in their own homes longer and provides respite to family caregivers. A second project, *Enhance Mobility and Enhance Fitness*, is a collaboration between the University of Washington and the University of Alaska. This program is designed to help seniors through exercise to strengthen their physical and mental health. Through exercise, seniors will be stronger and able to maintain their mobility and independence longer, preventing the need for assisted living or nursing homes.

Denise noted how this project's goals were consistent with the goals of ACoA's *Healthy Body, Health Brain Campaign*. The Healthy Body Healthy Brain Campaign is a continuing educational effort to raise awareness about brain health and strategies to improve brain health by healthy eating, exercise, social engagement and regular mental stimulation – strategies that strengthen both the body and the brain. Denise also mentioned that the Center for Disease Control is conducting the Healthy Brain Initiative that has similar goals to ACoA's Healthy Body, Healthy

Brain Campaign. Denise noted that there are evidence-based strategies and research that can help strengthen the University-Serendipity adult day application. The Trust could be a possible funding source because Serendipity's application would help persons with ADRD, a Trust beneficiary population.

Jesalyn stated that Serendipity is planning a pilot program and if all goes as planned will go statewide with this effort. Pat Branson asked what the timeline is for the Grant. Jesalyn said they would go to the Trust for the June grant cycle.

Division of Health Care Services, Licensing & Certification: Jane Urbanovsky, Section Chief, and Karen Darby, Deputy Chief.

Jane reported that on April 23rd Alaska has 628 adults in assisted living facilities statewide. From November to April Alaska had 33 facilities opened up and from July 1st, 2011 through April 2012, there are a total of 49 facilities. However, 13 closed in the past six months and to date since July 1st, there have been 42 closures. So the numbers of adult assisted living facilities in Alaska have remained fairly constant.

Starting on July 1st to date the State has conducted 386 biannual inspections statewide and conducted over 580 client investigations. This number has remained fairly constant for the last two years.

AARP Report

Pat Luby, Advocacy Director and Marie Darlin, Capitol City Task Force

Marie Darlin reported on the bills that passed this legislative session:

House Bill 78 on Loan Forgiveness

Senate Bill 68 on Financial Exploitation of Elders and Youth

House Bill 131 which will establish a Statewide Community and Public Transportation Board.

Senate Bill 144 which restores immunization program funding and includes funding for the Shingles vaccine (an ACoA recommendation).

House Bill 250 to continue the Alaska Renewable Energy Fund

Senate Bill 208 to create an Alaska Local Governmental Mutual Aid System for Disaster Preparedness.

House Bill 65 which will allow Regional Native Housing Entities to apply for grant funds through AHFC's Senior Citizen Housing Development Fund.

House Bill 129 will allow free Death Certificates for families of veterans.

House Bill 326 which will require insurance companies doing business in Alaska to offer children-only coverage to cover children who do not have access to their parents' or guardians' health insurance.

Next Year potential returning bills (will have new numbers):

Senate Bill 121 for a new Pension Option.

House Bill 287 for Absentee Voting

Senate Bill 138 which would ban Telephone Cramming, which would stop telephone companies from adding charges to your telephone bill without proper documentation. This would require the phone companies to have to show what every charge is for. As a side note, AT&T and Verizon have decided nationally that they are not going to allow cramming. Senate Bill 179 which is a Silver Alert for missing adults is delayed. Senate Bill 203 for Energy Assistance, Senate Bill 5 for expansion of Denali Kid Care, Senate Bill 53 to re-establish the Commission on Status of Women may be legislation that will be picked up next session with a new bill number.

Pat Luby talked about the headline that Social Security will run out of money in 2033 but Pat Branson thinks this is a false statement, stating that this just means that Social Security will only be able to pay 75% of benefits. The government is working hard to make sure that after the November elections we look at Medicare and Social Security as a nation. She added that a third of the Social Security checks in Alaska go to people under 65.

Alaska Native Tribal Health Consortium (ANTHC): Kay Branch, Elder Care Program Coordinator

Kay Branch gave an update on tribal health and facility program expansion: The Native Medical Center had 33 specialty clinics but now they do it all centrally. There is a new building being built for Healthy Communities on campus. ANTHC is also working on bringing back a Community Health Services Department and Environmental Health Department. They have made a large expansion of the mothers & babies room and have made individual rooms for families post birth.

The American Hospital Association awarded ANTHC the "Living the Vision" award. ANTHC has the only Level 2 Trauma Center in the state.

Clean water and sanitation is critical for Alaska's villages. At least 46 villages do not have proper drinking water and sanitation including the village of Shishmaref. Public health has a huge impact on the quality of life. There is a lot of new technology that the division of Environmental Health and Engineering is trying to use to cut costs and make things better.

Another priority is their Elder Outreach Project. They have a volunteer visiting program to bring outreach to Alaska Native Elders and people with disabilities residing in the Alaska Native nursing and assisted living home. As far as the Division of Juvenile Justice, the Alaska Native young people have poor outcomes in the state system.

Regarding Long Term Services & Supports, Home and Community Services: Long-term care steering Committee met with the Department of Health and Social Services and Senior and Disabilities Services about the Personal Care Attendants redesign.

Norton Sound Health Corporation (QCC) received national recognition as one of the "best nursing homes in the country" from US News and World Report.

They received a Nursing Home Quality Achievement Award and got \$3 million in capital funding to increase beds.

The Maniilaq nursing home has 18 nursing homes beds. The home is obtaining a license to bill Medicaid and Medicare.

The Yukon Kuskokwim Health Corporation changed from an assisted living home to a nursing home due to funding. It will consist of 18 nursing home beds when finished.

The Alaska Native Health Consortium (ANTHC) did not receive funding for a tribal nursing home in Anchorage.

Trust Training Cooperative (TTC): Lisa Cauble, TTC Director

Lisa stated that TTC is a training partner with the Northwest Geriatric Center. Through the University of Washington, TCC was able to offer geriatric training to the workforce via teleconference and on-line support. Ten training sessions were conducted from January through March with 58 of the 96 participants from Alaska's rural communities.

TTC is currently working on submitting grant proposals for future funding. TTC also conducted Pioneer Home staff training. Funding was also available to go to Unalaska with the Alzheimer's Resource Agency of Alaska to do a three day training session. TTC is hosting the 2012 Elders Summit scheduled in May. Two speakers of note will be Elders Ella Craig and Karen Gardner.

AgeNet Report (by teleconference): Connie Sipe, Chair

Connie Sipe is the Chair of AgeNet. AgeNet currently has 43 members. The AgeNet Providers Association continues to be concerned about the core competency and testing of the Personal Care Assistants (PCA). The Providers Association would like to sponsor a group of supervisors and directors to be trained in the future. AgeNet would like to see more grant proposals that increase the number of Alaskan adult day centers. Since 1994 no new adult day centers have opened. They are hoping to see adult day centers open soon in Sitka and Soldotna.

AgeNet is continuing to work with Senior and Disabilities Services on waiver regulations. AgeNet has been testifying, tracking and making suggestions for the waiver regulation changes and hope that the changes will be good for Alaskan consumers and provider agencies as well.

Alaska Mental Health Trust Authority (AMHTA): Jeff Jessee, CEO and Nancy Burke, Program Officer

Jeff said the Alaska Psychiatric Institute (API) is seeing immediate results with the developmentally disabled population but not moving any progress for the ADRD population.

Jeff talked about the movement of the bill that allowed the Alcoholic Beverage Control (ABC) Board to be moved from Public Safety to Commerce. Jeff stated that it is twice as easy for minors to buy alcohol as tobacco.

Alaska Psychiatric Institute (API): Ron Adler, Director

Ron Adler stated that 20% of API's older adult patient population has Alzheimer's and Related Dementia (ARD). Generally ARD people are placed in small nursing homes. These families are adamant that it is the state's responsibility to do something for their aging parent. Within this complex framework, a lot of

these aging people have assets that their family doesn't want to liquidate. Many of these families do not understand the legal issues involved with guardianship. Ron said we need to make a commitment to find assisted living homes in the Anchorage area that are willing to take people with ADRD and challenging behaviors.

Department of Health & Social Services (DHSS), Commissioner Bill Streur

Commissioner Streur reported his direction is 'doing more with less.' The State of Alaska has been able to step up where other states have not. He stated we must focus on "the right care, at right time, in the right place, and for the right people." We need to look more closely at the how, why and where care makes sense.

Legislative Update:

Vulnerable Adults: seniors can now apply without a lawyer for emergency financial account protection. Before this bill, seniors could not freeze accounts or get assistance until it was often too late to save their finances.

The Immunization bill (SB 144) approved funding for flu, shingles, and other vaccines for seniors and children.

The Governors' Budget went through successfully. It is the second year in a row that we walked out with a larger budget than what the Governor proposed.

Outcome based budgeting: Less money is coming from the federal government so we need to refine what we do. How do we get the "biggest bang for the buck?" We need to be smarter about implementing preventive services and home & community based services, which can save money in the long-run, but needs front-end investment. DHSS must constantly look at outcomes.

Office of Long-Term Care Ombudsman: Diana Weber, Long-Term Care Ombudsman

Diana Weber reported her office is able to get news from the front line and follow-up with seniors who have left API. We have thoughts about what works and what does not work for these former API senior patients.

Diana reported there was a man transported to (API) and he had dementia and was combative. The man is now living successfully in the community. His home was changed to make his environment more welcoming and secure. The Department of Health and Social Services paid for "one-on-one" care to modify

his home setting in addition to other services. The personalized care was what was needed.

Alaska Mobility Commission: *David Levy, Executive Director*

David reported that HB 131 passed to establish a permanent Transportation Advisory Council in the final hours of the session. He stated this board will serve as a voice at the state level to decide and coordinate how transportation is provided. Further, Senate Bill 160 under the annual capital budget includes a \$2 million match for public and community transportation.

The AMC Public Awareness video was selected nationally for an award. This video talks about local public transportation and what it means to communities.

U.S. Administration on Aging Region X Updates: David Ishida, Administrator; Terry Duffin, Senior Program Officer and Jeanette Burket, Aging Services Program Specialist (by teleconference)

David Ishida stated that the new U.S. Administration on Community Living will house the Administration on Aging, Office on Disability and the Administration on Developmental Disabilities in a single agency. The purpose of this restructuring is to increase access to community supports and full participation, while focusing attention and resources on the unique needs of older Americans and people with disabilities. More information is available at <http://www.hhs.gov/acl>.

For FY13 the Transfer State Insurance Program is being moved to Administration on Aging (AOA).

June 14th is the 7th annual World Elder Abuse Prevention Day. The Administration on Aging (AOA) is planning activities in Washington D.C.

Work continues to reauthorize the Older American's Act Reauthorization. Updates are available at senate.gov.

Terry Duffin - Region X Program Officer

Terry Duffin introduced Region X's new employee Jeanette Burkette, Aging Services Program Specialist.

Terry reported the new incorporation provides further emphasis on the creation and development of the Aging and Disabilities Resource Centers (ADRCs). He encourages ACoA support for ADRCs.

Alaska Housing Finance Corporation (AHFC) Senior Housing Office: Jim McCall - Program Officer

Legislative Update

Jim McCall reported on HB 65 which allows regional housing authorities to apply for the Senior Citizens Housing Development Fund (SCHDF) through AHFC.

Jim stated that AHFC is seeking public comment on the proposed changes in regulation to the Senior Housing Revolving Loan Fund. AHFC is proposing changes to remove restrictive language from the program allowing it to be used with AHFC's other funding resources, such as the SCHDF. The draft regulations will also enhance borrower types, including first-time home buyers, and property types. The draft regulations will include a plan to approve loans that fall under a designated amount that will not require approval from the board of directors. Jim encouraged ACoA to review the draft changes and provide public comment.

New Senior Loan Activity: There is now approved funding for the Ravens Landing Part III, 20 units project in Fairbanks. AHFC supplied approximately \$3.5 million in grant funds.

Energy Update: AHFC has \$264 million for weatherization currently available. So far 7,500 home owners have already taken advantage of this program.

Rebate program: AHFC has funding for \$217.5 million in weatherization rebates and so far have spent \$133 million. The average rebate paid to home owners is \$6,400.

The appliance rebate program is now complete and \$16,000 will be returned to the Federal Government out of the original \$658,000 grant.

Public Housing Update: Jim reported that there are currently 610 senior housing units and 1,453 people on the wait-list. He stated that in Alaska 11,000 people want to live in public housing.

Point Preferences: AHFC is moving away from Point Preference system. The new policy will be income-based. The voucher system will also be lowered to 30% from

50% and there will be an exemption for the elderly, disabled, and working families.

Pioneer Heights: The Pioneer Heights project in Ketchikan is completed with 10 senior housing units. In addition, Saxman Senior Housing received funding for 17 additional units.

Medicare Information Office, Jeanne Larson, Program Coordinator

Jeanne Larson and Judith Bendersky manage the Medicare Information Office for Alaska, a program under Senior and Disabilities Services. They provide information about Medicare, including services covered, and how Medicare interfaces with other insurance programs.

From Jan. 1 to March 31st, the Medicare call center responded to 1,600 calls. The program is federally-funded by two grants; the Center for Medicare and Medicaid Services (CMS) Grant and the Senior Medicare Patrol Grant that protects against fraud and user error. Out of the 1,600 call volume, their two-person office handles about 1,200 of those calls personally. The focus for the Medicare Office is on preventative health care. Of note, prior to 2011 Medicare beneficiaries had to meet a Part B \$140 deductible. Due to the Affordable Care Act, the Medicare preventative deductible is now \$0.00 when the provider accepts the Medicare coverage.

Jeanne said her office would appreciate additional more funding to help build capacity.

Hospice of Anchorage: Donna Stephens, Executive Director and Bryan Talbott-Clark, Public Awareness Program Director

Bryan reported the Hospice office is based in Anchorage. Hospice is a volunteer based program that serves families with end-of-life care.

Sharon Howerton asked who funds Hospice. Bryan said they rely on donations and receive funding from Senior-in-Home grants. Sharon Doyle said Bethel is really in need of a hospice. Bryan said they don't currently have the resources to do outreach to new areas. Pat Branson said there is a volunteer Hospice program in Kodiak.

ACoA Nominating Committee Report: Chair Betty Keegan, Banarsi Lal, and Pat Branson.

Betty described the process used to develop the slate of candidates for the chair and vice chair, as stated in ACoA's by-laws, where each Commissioner is contacted and asked (1) whether they would like to serve as chair or vice chair on the Commission and (2) who they would recommend to serve as chair and vice chair. Betty reported that Paula Pawlowski, for ACoA chair, and Pat Branson, for ACoA Vice-Chair, were identified unanimously for those officer positions.

Action: Banarsi Lal moved to close the nominations. Sandi Doyle seconded that motion. All voted in favor of Paula Pawlowski for ACoA chair and Pat Branson, ACoA Vice-Chair

Lastly, Betty commented that in talking with Commissioners about the nominations, they stated their desire for Marie Darlin to represent the Commission more in Juneau with the Legislature.

Senior Access Program: Robert Sewell, Division of Public Health Program Coordinator.

Robert reported that he manages the Community Health Center Senior Access grant Program. The community health care system is focused on providing primary care to those that are underserved. The community health care centers provide primary care, behavioral health, and oral health care. Denise said the idea for developing the senior access program and advocacy for its funding came from the ACoA 2005 senior survey.

Volunteers of America, Alaska

Grand-families Network Project, Linda Price

Retired and Senior Volunteer Program (RSVP), Morgan Jensen

Linda Price talked about the Grand-families Network Project that is designed to help support seniors who are caregivers for their grandchildren (sometimes great grandchildren). Linda has five grandmother facilitators and volunteers. This program receives partial funding from the National Family Caregiver Support Services, Senior and Disabilities Services senior grant program.

Morgan Jensen, Retired and Senior Volunteer Program, discussed the various volunteer services their senior volunteers provide for community nonprofit agencies.

ACoA Commissioner's Closing Comments

Pat thanked Sharon for the time spent with the Commission and told Sharon that she has gone above and beyond the call of duty.

Sharon said it is not her effort alone but the whole team. If you don't have the team behind you, you have nothing.

Paula thanked the Commission for their faith in her as the incoming Chair of the ACoA.

Meeting adjourned at 4:30 p.m.

**Alaska Commission on Aging
Approved FY 2012 Planning Committee Goals**

- Convene a meeting of the State Plan Implementation Committee in December 2011 to discuss and define a plan and timeline with agency partners for implementing the goals, strategies, and performance measures of the Alaska State Plan for Senior Services, FY2011-2015 and to discuss completion of the FY2008-FY2011 plan. ACoA will report the outcomes from this meeting to AoA, DHSS, and the Trust.
- Prepare a final report of the Alaska State Plan, FY2008-2011 to help guide the implementation of the new State Plan, FY2011-2015.
- Collaborate with representatives from the Senior and Disabilities Services, Public Health, Alaska Native Tribal Health Consortium, the Trust and other partners to discuss and plan programs and services that promote senior fall prevention, disease prevention, behavioral health wellness, and healthy lifestyles for all older Alaskans.
- Participate in the Long-Term Care Steering Committee to develop a set of recommendations to implement a long-term care plan for Alaskan seniors and other vulnerable Alaskans who need long-term care. These recommendations will be presented to the Governor, DHSS, the Trust, and the Alaska Health Care Commission by the Long-Term Care Steering Committee.
- Gather information and relevant data to promote information exchange and discussion about the need for senior housing (current and future projections); design issues that promote accessibility, affordability, and senior-preferred features; sources for project funding; and other considerations to build partnerships with potential public and private housing developers.
- Begin development of a state plan to address the needs of people with Alzheimer's disease and related dementia (ADRD) and their families in order to promote greater public awareness about ADRD, improve care for this vulnerable population and to provide support for their unpaid family caregivers.

Alaska Commission on Aging
APPROVED Executive Committee Meeting Minutes
June 27, 2012

Members Present: Sharon Howerton-Clark, Betty Keegan, Banarsi Lal, Paula Pawlowski, and staff D. Daniello.

I. Call to Order: Meeting was called to order at 1:07 p.m. by teleconference.

II. Review and approve Executive Committee meeting agenda: A motion to approve the agenda was made by Paula and seconded by Betty.

III. Review of Executive Committee meeting minutes from 4-3-12: A motion to approve the minutes was made by Paula and seconded by Betty.

IV. Discuss and take action on ACoA's FY2014 budget recommendations as approved by ACoA's Legislative Advocacy Committee: Denise reviewed ACoA's four budget recommendations that will be presented to the Department of Health and Social Services during Big Picture meetings and the Alaska Mental Health Trust Authority as approved and prioritized by ACoA's Legislative Advocacy Committee. They include:

Priority #1 National Family Caregiver Support Program (NFCSP): \$450,000 (\$250,000 GF/MH and \$200,000 GF). Increment proposed to build NFCSP grant-funded services administered by Senior and Disabilities Services targeting unpaid caregivers of (1) Alaskans age 60+ years with ADRD and debilitating health conditions at-risk for institutional home placement; (2) Grandparents and other elderly caregivers serving children; and (3) Legal assistance for unpaid caregivers serving seniors and children. NFCSP services include case management, counseling, respite, caregiver training and education. Increment intended to enhance services and increase the number of new caregivers (n=211).

Priority #2 Community Health Center Senior Access Program: \$350,000 (\$200,000 GF/MH and \$150,000 GF). Increment proposed to enhance primary care, patient education and other services for seniors served by community health centers and to increase the number of participating community health centers in the Senior Access Program. This program is administered by the Division of Public Health.

Priority #3 Health Promotion, Disease Prevention for Older Alaskans – Senior Fall Prevention Interventions: \$300,000 (\$200,000 GF/MH, \$100,000 GF). This proposal targets an increment for the Health Promotion, Disease Prevention for Older Alaskans administered by Senior and Disabilities Services to provide grant funding to providers for evidence-based senior fall prevention activities to reduce the high rate of senior injury and deaths related to falls. Proposed activities include public awareness campaign, exercise programs, home hazard reduction program, senior medication management, health care screening of fall risks, hospital discharge programs that incorporate fall prevention strategies and other efforts.

Priority #4 Alzheimer's Disease and Related Dementia Education & Support Program: \$230,000 GF/MH. This proposal recommends an increment to this senior grant-funded program to enhance education, training, outreach, consultation, counseling and support for persons with ADRD, their families and providers, and to increase the numbers served, targeting underserved individuals

and communities. The Alzheimer's Disease Resource Agency of Alaska has been the sole statewide service provider since the program's inception.

Priority #5 Complex Behavior Collaborative Consultation and Training: Proposal supports the joint board recommendation to annualize \$650,000 GF/MH that was approved last legislative session as a one-time increment to provide intensive consultation services and training for providers and family caregivers of children and adults with complex behavior needs. This program is administered by the Division of Behavioral Health.

Betty moved to accept the budget recommendations forwarded from the Legislative Advocacy Committee in their rank order as presented. Paula seconded the motion. All approved.

V. Other Discussion: Banarsi discussed an email received from Senator Murkowski's office asking for support to continue the *Convention on the Rights of Persons with Disabilities (CRPD), Treaty Number 112-7* with the purpose to improve access for Americans with disabilities who live, work, and travel abroad, including veterans. Banarsi stated that ACoA should support this treaty because older people have disabilities. The treaty has strong bipartisan support and does not request additional funding or change in Federal or state law.

Betty moved that ACoA support the CRPD Treaty. Banarsi seconded.

As ACoA's chair, Sharon emailed correspondence to Senator Murkowski supporting the CRPD treaty.

Banarsi recognized Sharon's good work on the Pioneer Home Advisory Board as ACoA's chair. He noted that she will be missed.

The Committee discussed the procedure for "passing the gavel" from Sharon to Paula as ACoA's new chair at the August meeting. All agreed that the process should be formal. Sharon will open the meeting as ACoA's chair followed by a formal passing the gavel to Paula to take action on the meeting agenda, minutes, and safety moment. Paula will then temporarily pass the gavel back to Sharon to introduce special guests from the U.S. Administration on Aging. The seating order for this meeting will be from left to right – Pat, Paula, Denise, and Sharon.

VI. Adjournment: Meeting adjourned at 1:50 p.m.

**ACoA Legislative Advocacy Committee Meeting
Approved Minutes, June 18, 2012**

Members present: Pat Branson, Chair, Sharon Howerton, Marie Darlin, Banarsi Lal, Betty Keegan and Eleanor Dementi. Pat, Paula, and Eleanor participated in most of the meeting but had to leave prior to the end of the meeting. Staff members: Denise Daniello, Jon Erickson and Lesley Thompson.

Meeting was called to order by Chair, Pat Branson at 1:34 p.m.

Agenda: Denise made one change to the agenda, she delete item number 5, as it is already part of item number 4. Sharon moved to approved the amended agenda, second by Marie, motion passed.

Denise explained the budget process. The first formal DHSS meeting is the “Big Picture” meeting on July 17th and 18th in Anchorage. After that meeting, the senior management team will make decisions on which requests will go to the Office of Management & Budget (OMB). Then it is up to the Governor to make the decision on what requests will go into the budget.

Denise will also present budget recommendations at the Alaska Mental HealthTrust Finance meeting in August and in September she will present the funding recommendations to all of the members of the Alaska Mental HealthTrust. This funding will be either GF or GF/MH recommendations the Trust does not have any MTARR funding available this year for their statutory board partners. After the Trustees make a decision, they will send their information to OMB for possible inclusion into the Governor’s 2014 budget. The Trust will make their funding decisions in September.

Stakeholder Input:

Jon and Denise compiled the 14 Stakeholder input comments received. Below is a summary of the findings.

FY2014 Request for Stakeholder Input - Summary of Findings

Total completed surveys = 14

I. Regions Responding

- Urban 3 (Municipality of Anchorage, City & Borough of Juneau, and City of Fairbanks)
- Rural 11 (all other places not urban)

- Southeast - 3
- Anchorage - 2
- Mat-Su – 5
- Bethel – 1
- Statewide agencies – 2

Review of Needs Survey: The primary themes among respondents of the survey were requests for more funding to support core services; education about ADRD and support for persons with ADRD and their caregivers; transportation; increasing senior population and rising costs; dental/eye/hearing care.

Rural Provider Themes

- Insufficient funding for basic services such as nutrition, transportation, adult day, and respite
- Need for assisted living and home health care
- Need for senior housing & accessibility improvements

**ACoA Legislative Advocacy Committee Meeting
Approved Minutes, June 18, 2012**

- Prevention of elder abuse needs to be addressed
- A general feeling that rural needs and culture are not understood by State officials

Urban Provider Themes

- More funding for nutrition and core services – Funding is not sufficient to meet the needs
- Training for businesses and other professionals about needs of the senior population and how to communicate with seniors who are hearing impaired and may have some dementia.
- More education and support for services for persons with ADRD and their caregivers. More assisted living facilities for persons with ADRD and those with ADRD and challenging behaviors.

Below is a list of generalized comments from respondents in response to the specific questions and the number of respondents who offered similar observations.

2. Do you see a need for funding to preserve core services for older Alaskans in your community?

- All 14 respondents agreed that there is a large need for more funding for core services.
- Specific services mentioned include:
 - *Nutrition, Transportation, National Family Caregiver, Adult Day, Behavioral Health Services, Fall Prevention, Senior In-Home, respite for family caregivers, care coordination* - 8
 - Support increased rates for Medicaid Wavier - 1
 - Help for family caregivers - 2
 - Promote intergenerational bonding - 1
- Primary health care services, dental, eye care - 1
- Increase funding for core services for rural communities – nutrition, adult day, transportation. Many villages don't have core services. Only hubs do. Food, fuel, housing and transportation are all more expensive in rural and remote areas. 5
- Increase funding for MatSu Borough - 1
- More funding for ADRD education, support services, public awareness - 3
- More funding for OLTCO to hire additional investigator - 1
- Increase PCA funding – 1
- More senior housing for low- and moderate-income seniors, assisted living for Juneau; funding for accessibility. 2

3. Do you think funding is needed to fill an unmet need for older Alaskans and their caregivers in your community? Please describe the service gap and how to address the need.

- Behavioral health services for seniors; unmet need for serving seniors with depression, alcohol addictions, and misuse of prescription medications; provide age-appropriate, patient-centered counseling in places designated by senior. 2
- Improve access to primary health care for seniors - 1
- More senior housing; funding for support services & operations; & modification to improve accessibility. 3

**ACoA Legislative Advocacy Committee Meeting
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- Insufficient senior services in rural communities; need more rural senior centers to provide services and socialization; adult day; increase rate of pay for rural caregivers; agencies cut back number of days of service to serve more seniors in need -7
- ADRD education & support services, Family Caregiver Support: Not enough for persons with mild cognitive impairment and those newly diagnosed; training for primary care providers to recognize signs of ADRD so they can make referrals; improve services for persons with ADRD as a primary diagnosis who don't qualify for waiver; provide support for their family caregivers 6
- Need for more monitoring of assisted living industry in state. 1
- Physical therapy to help seniors recover from stroke and provide exercises to help those with diabetes 1
- Life Alert 1
- Transportation to get seniors to medical appointments, services, and to town. 2
- Hospice - 1
- More funding for Nutrition, Senior In-Home services – 2
- Funding for new innovative solutions to unmet needs - 1
- Strengthen elder protection in rural communities 1
- Do more for “gap population” – people who are over Medicaid threshold but below median income. This population at risk because they don't qualify for state support and don't have enough resources to pay privately for senior services 1
- Increase “memory assisted living” facilities that specialize in dementia care and for seniors with ADRD and challenging behaviors. 1
- Need formal chronic disease management program that is led by a physician. 1
- Lack of consistent assessment tools. State needs to employ the same tools statewide. 1
- No ADRC in MatSu Borough. 1
- Financial assistance for seniors to help with food & energy costs - 1
- No dental, hearing aids, and eye wear – not covered by Medicare & Medicaid. 1

4. How could Alaska improve public policy to better serve seniors and their caregivers where they live?

- Legislature should create a special committee to hold hearings dealing with elder issues and concerns. 1
- Work with tribes who want to offer services but lack the infrastructure. 1
- Improve water and sanitation for rural communities. Clean water maintains a health. 1
- Offer training for state workers in cultural awareness. State officials need to visit villages more and hear from elders and caregivers. Policymakers don't understand how hard and expensive it is to live in the bush where lack of funding creates lack of resources & services. 3
- Open criteria to serve more seniors with state funding. 1
- Improve access to primary care for seniors with chronic health conditions. 1
- Continue to fund Medicaid waiver services and increase rates. 1
- Complete ADRD State Plan to complement State Plan for Senior Services. 1
- Implement a cost of living factor for Medicaid. Lots of village families just over Medicaid limit but are impoverished. \$300 for food stamps in village does not have same buying power as \$300 of food stamps in urban areas. 1
- Revisit State's funding formula and direct more funding to the MatSu.1

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- Revise State's Medicaid waiver eligibility for ADRD and make ADRD qualify as a primary diagnosis. 2
- Complete the State's LTC Plan to address high costs and needs of growing senior population. 1
- Providing funding to train professionals and businesses on how to work with and address growing senior population, seniors with ADRD and hearing impairments. Needs of seniors are different than what professionals and businesses are familiar with. 2
- Improve provider/state relationship. Need a central "go to" person regarding Medicaid regulations. 1
- Improve support for family caregivers. They are essential part of our care system. There is no mention of family caregivers on the SDS website. No cohesive system and support for AK's family caregivers. 1
- Develop programs that meet the needs of rural communities. Bush does not need an ADRC. They know to go to the senior center for information about services.

5. Other comments about senior needs or ways to improve their quality of life?

- How do senior centers attract younger seniors (baby boomers)?
- State should create a public health education program to dispel myths of aging and promote education about ways to achieve healthy aging. / Promote more education about healthy aging and ways to prevent cognitive decline. 2
- Provide more funding for hearing aids, dental, & vision. 2
- Establish a watch group of trained community members to recognize signs of elder abuse and report to APS.
- Support training for geriatric healthcare workforce and provide scholarships to attract nurses and doctors and young people to the field.
- Improve home health care
- Concerned about seniors who don't qualify for Medicaid and fall through the cracks.
- Focus on rural services and funding mechanisms. If it works in the village, it will work everywhere else.
- Need to establish more senior centers in villages; more adult day in villages.
- Significant lack of knowledge about senior needs in MatSu. MatSu Foundation surveying seniors about their needs and quality of life. Will share findings with ACoA, DHSS, and others.
- Build direct service workforce.
- Disseminate evidence-based programs to improve care for ADRD.
- Provide more funding for senior centers which help low-income seniors and improve their quality of life.
- State should do an analysis of service availability for each region and focus funding in areas where services are not available and in areas with high costs.
- Increase funding for ADRCs.

Denise felt there was good Stakeholder representation coming from both rural and urban areas and was pleased with the amount of input overall. Next year, we will look for additional ways to gather Stakeholder input. Suggestions to increase input were to change the survey timeline and

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possibly using the Senior Voice to collect survey data. Further, Age Net said that they will give us input within the next few days.

Pat stated that she is concerned about funding for rural areas and doesn't want us to forget that there is additional need for money because of the high costs of providing services in those remote areas.

Denise feels that since we had success with the senior food program funding, a few years ago, we should wait at least another year before asking for additional funding.

Sharon commented that ACoA's advocacy efforts have become more successful over the last four or five years and we have earned the respect of the DHSS, the Trust and the Legislature. Thanks to everyone one who has worked on behalf of ACoA to make advocacy a priority.

Pat stated that legislative advocacy has become a new focus for the Commission since the change in ACoA's role under the Murkowski administration.

Banarsi reminded the group that the budget recommendations will go to the legislature after the elections. We really need to make sure that any funding we receive stays in the base allocation.

Denise noted that the budget recommendations approved last session are in the base allocation with the exception of the Complex Behavior Collaborative. The \$650,000 is a one-time increment. The advocacy this year is to get the funding in the base.

Lesley offered to email the group of Stakeholders thanking them for input and how important their input is. Members thought that was a good idea.

Budget Recommendations:

Denise reviewed the budget recommendations, reminding the committee that everything is open to change by the Legislative Advocacy Committee. She explained that these requests were developed using public input from public comment, the ADRD and community forums, stakeholder input, and conversations with state agency staff. The following budget recommendations were considered by the Legislative Advocacy Committee.

National Family Caregiver Grant

Program (NFCGP)

Division of Senior and Disabilities Services: Senior Community-Based Grants Component

Funding Recommendation \$350,000 (\$250,000 GF/MH & \$100,000 GF)

Baseline Funding: \$1,026,575 comprised of \$764,933 federal/\$ 261,642 state GF

Priority #:

Proposal Summary: Request enhanced funding to build services provided by the NFCSP targeting unpaid caregivers of Alaskans age 60 years+ with debilitating health conditions and ADRD who are at risk for institutionalization; services for grandparents raising grandchildren; and for caregivers of seniors and persons with ADRD needing legal assistance. Specifically, NFCGP services include respite, case management, counseling; support for grandparents raising grandchildren; legal assistance; caregiver training and education. In FY 2011, NFCGP served 1,309 (unduplicated) unpaid caregivers, which is an increase of 83 caregivers since FY2008 (1,226). Average grant amount per recipient increased 43% from \$542 (FY2008) to \$773 (FY2011).

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Health Promotion, Disease Prevention for Older Alaskans (HPDP)

Division of Senior and Disabilities Services: Senior Community-Based Grants Component

Funding Recommendation: \$300,000 (\$200,000 GF/MH & \$100,000 GF)

Baseline Funding: \$123,682 comprised of \$105,130 federal/\$18,552 state GF

Priority #:

Proposal Summary: Falls is the number one cause of non-fatal hospitalized injuries for Alaskans age 65+, making falls a serious public health problem impacting older Alaskans. From 2005 to 2009, the DHSS reports 3,356 hospitalizations related to senior falls with hospital charges totaling \$96 million (excluding related nursing home care costs).

This project requests funding to target for senior fall prevention utilizing evidence-based interventions that have demonstrated positive results in reducing older adult falls that include improved public awareness; evidence-based exercise programs (*Matter of Balance, Tai Chi*); enhanced home hazard reduction programs (home safety assessment and accessibility modifications); and incorporate fall prevention intervention in hospital discharge programs.

Senior Access Program (SAP)

Division of Public Health, Health Planning & Systems Development Component

Funding Recommendation: \$300,000 (\$200,000 GF/MH & \$100,000 GF)

Baseline Funding: \$401,000 GF

Priority #:

Proposal Summary: Access to primary care continues to be a problem for many seniors insured by Medicare, especially those who live in Anchorage and the Railbelt region. The goal of the Senior Access program, established in FY2009, is to increase the delivery of primary care to seniors through community health centers. Currently, thirteen of the twenty-five community health centers receive funding through the SAP providing services for an estimated 4,000 senior patients in FY2011. Services include community education regarding Medicare services for seniors; provider education about the needs of seniors; partial salaries for health care providers treating Medicare patients; specific primary care services for seniors; transportation for medical appointments, group sessions to promote self-management of chronic diseases; and other services.

Funding is requested to increase the number of community health centers participating in this program and to enhance services provided by existing programs to include behavioral health services, foot clinics, and other locally-directed services for the CHC.

Senior Outreach, Assessment & Referral Project (SOAR)

Division of Behavioral Health, Community Behavioral Health Grants Component

Funding Recommendation: \$200,000 GF/MH

Baseline Funding: \$300,000 GF/MH

Priority #:

Proposal Summary: SOAR trains community "gatekeepers" (individuals who come in regular contact with seniors such as senior center staff, banking staff, postal service workers, and others)

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and connect with them in non-traditional settings to provide assessment and referral to treatment resources. Funded in FY2009, three grantees have participated in this program: Fairbanks Resource Agency, Southeast Senior Services, and the Aleutian Pribilof Island Association. Funding is requested to increase the number of participating agencies and to provide age-appropriate counseling to seniors experiencing behavioral health problems in addition to the gatekeeper training.

Alzheimer's Disease & Related Dementia Education & Support Program

Division of Senior & Disabilities Services, Senior Community-Based Grants Component

Funding Recommendation: \$230,000 GF/MH

Baseline Funding: \$127,118 GF/MH

Priority #:

Proposal Summary: The ADRD Education & Support Program is a statewide grant program providing outreach, information and referral, education, consultation and support to individuals with ADRD, their family caregivers, professionals in the field, and the general public. SDS reports significant growth in all training and support service categories funded by this grant and an increasing demand for additional services related to the growing population of older Alaskans and persons impacted by Alzheimer's disease and related dementia (ADRD). Funding for this program has remained flat since FY 2009 when the program received a 10% increase. Additional funding is requested to increase ADRD education, training and consultation services to rural and underserved areas; translate education materials to local languages; provide training in memory care to strengthen dementia care in assisted living facilities; and develop personalized family interventions to meet the unique family needs of caregivers and care receivers with ADRD.

Complex Behavior Collaborative (CBC)

Division of Behavioral Health

Funding Recommendation: \$650,000 base funding

Current Funding: \$650,000 approved as a One-Time Increment (OTI)

Proposal Summary: The CBC provides intensive consultation services and training for providers and family caregivers of persons (age 6 years+) with complex needs who are often aggressive, assaultive, difficult to support and at risk for institutionalization or out-of-state placement. Individuals may have a cognitive impairment (such as chronic mental illness, intellectual disability, ADRD, brain injury, or substance abuse) with complex behavior management needs and receives services through DHSS. Currently, 13 individuals (5 adults and 8 youth) are receiving services through the CBC of which 11 have developmental disabilities and two have mental illness. At this time, no individuals with ADRD are being served. Two prospective consultants have been identified with ADRD expertise and are in the process of being certified for the CBC pool Priority #:

Community Health Center Senior Access Program (CHC-SAP)

Division of Public Health, Section of Health planning & Systems Development

DHSS Priorities: Integrated Health & Wellness; Health Care Access & Delivery

Alaska Mental Health Trust Authority results Areas: Health, Safety

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Funding Recommendation: \$350,000 (\$100,000 GF/MH and \$250,000 GF)

Problem Statement: Access to primary care remains a significant problem for many Alaskan seniors (age 65+) who are insured by Medicare due to low reimbursement rates as well as for younger seniors (age 55-64) who have no health care insurance. Findings from the Alaska Commission on Aging statewide senior survey of senior needs in 2010 (3,222 respondents) and 2005 (1,451 responses) found that the most frequently stated concern for seniors is "access to primary health care." This problem was most often reported by seniors living in Anchorage, where one in four seniors reported this barrier to primary care, followed by seniors living in Fairbanks/Interior, Southcentral and the Aleutians (16% of seniors responding from those regions). This problem was also reported by respondents to ACoA's 2012 Request for Stakeholder Input.

Several demographic factors have steadily increased the demand for access to primary care for older Alaskans. First, there has been a significant increase in the senior population (persons age 60+) from 2000 to 2010. The senior population has increased 71% from 2000 to 2010 and numbers more than 90,000 Alaskans representing almost 13% of the state's population. Second, the growth of the "oldest old", persons age 85+, is growing almost as fast as the 60+ population and is projected to almost triple from 2010 to 2030. This population is most in need of health care having high rates of chronic diseases, co-morbidities, and complex health conditions. Nearly 50% of this cohort is estimated to have Alzheimer's disease and related dementia.

Community health centers (CHCs) provide care for all people particularly for those who are underserved and accept Medicaid, Medicare, and the uninsured on a sliding fee discount scale. In Alaska, there are 25 CHC agencies which collectively operate 143 clinical sites. CHC clinics are operated by both tribal health and non-tribal health entities. Many report serving a growing number of older adult patients seeking primary health care, particularly in the larger population areas.

The Community Health Center Senior Access Program (CHC-SAP) was established in FY 2009 to increase access to primary healthcare services for older Alaskans by providing pass-through financial support to participating CHCs. CHCs not only provide healthcare to all who seek care, regardless of ability to pay, they also provide holistic care that includes primary care medical, dental and behavioral health services. Current CHC-SAP grantees offer serve large catchment areas including the Anchorage Neighborhood Health Center, Interior Community Health Center and Peninsula Community Services of Alaska, as well as smaller communities served by SEARHC (Kake, Craig-Klawock, Hoonah-Angoon, Prince of Wales and Haines), Bethel Family Clinic (Bethel region), and Illiuliuk (Unalaska).

The CHC-SAP delivers professional, comprehensive health care services that include health education and disease prevention, initial assessment of health problems, treatment of acute and chronic health problems, and overall management of an individual's or family's health care services. Primary care includes direct services in the areas of medical, dental, and behavioral health care. The CHC-SAP has built-in flexibility and encourages each participating clinic to develop its own service strategy based on the needs of its population, locality, agency size, budget and capacities recognizing that challenges in clinics serving large urban areas are very different from those in rural and remote communities. CHC-SAP service categories include community education, provider education about senior health care needs, partial salaries for providers who serve Medicare patients, foot clinics, group sessions for chronic disease management, and other direct services.

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In FY 2012, the CHC-SAP program is estimated to serve 3,030 (unduplicated) seniors supporting 4,052 "person-service episodes," an increase of 10% senior patient load and 18% in person-service episodes with a funding base of 401,000. All funding is pass-through for direct services (with no administration or overhead fees) to participating CHCs via a formula that includes a modest-base amount (\$1,000 per CHC) and the remainder determined by the senior population residing in each corresponding local. Only twelve of the 25 CHCs participate in the CHC-SAP. Although eight service categories are tracked, three constitute the bulk of services provided, listed in rank order: (1) partial salaries for providers who serve Medicare patients; (2) specific primary care services for seniors; and (3) outreach services.

The CHC-SAP program has been flat-funded since FY2009 while demographic trends and service needs have increased, and those trends are expected to continue. Only twelve of the 25 CHCs participate in the Senior Access Program because of financial considerations. Additional funding is needed to encourage greater participation among non-participating CHCs and promote growth of existing programs. Access to primary care is critical to reduce the cost of unnecessary emergency room visits and hospital readmissions. One of the few ways to avoid high hospitalization costs is to have a robust medical home as a stable part of the patient's system of health care which is possible through the CHC-SAP program.

Proposed Funding Recommendation: The Alaska Commission on Aging recommends an increment of \$350,000 to (1) increase the number of CHCs participating in the program by increasing the base-payment from \$1,000 to \$5,000 per agency; (2) assist established CHC-SAP agencies to pursue strategies that promote greater implementation of the Patient-Centered Medical Home model including the provision of primary care with behavioral healthcare and oral health services as well as supporting successful transitions from hospital/long-term care facilities to the patient's home settings; and (3) increase the provision of primary healthcare to older patients that includes providing services to more patients and to existing CHC-SAP elderly patients who are experiencing more complex conditions.

Consequences of No Funding:

- No growth in the number of Community Health Centers participating in the Senior Access Program.
- Limited opportunities to further implement the Patient Centered Medical Home model in community health centers.
- Fewer resources for CHCs to serve an increasing number of older patients requesting services and existing patients with more complex health care needs.

Review of Requests:

1. National Family Caregiver Grant

The National Family Caregiver grant program has many service components. In FY 2011, NFCGP served 1,309 (unduplicated) unpaid caregivers, which is an increase of 83 caregivers since FY2008 (1,226). Average grant amount per recipient increased 43% from \$542 (FY2008) to \$773 (FY2011). There is both Federal and State money funding for this program. This is the first time ACoA has requested funding for this program. Pat explained that Kodiak has exceeded twice the amount of their grant award. She considers this program a core service item.

Marie would like to tie the possible increase for people with ADRD.

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Pat says that \$350,000 will not go a long way to help all of the program providers. Money would be distributed by region and costs in rural Alaska are especially high.

The Committee decided to first go through all of the budget recommendations and then come back to re-evaluate the amounts proposed for each program. Committee members voiced support for increasing the budget amount for this program.

2. Health Promotion, Disease Prevention for Older Alaskans (HPDP)

This Title III program has both federal and state funding. Denise thinks that support for HPDP could be a possible way to get funding for the senior fall-prevention program.

Sharon talked about how great the independent living group supported her this past year.

3. Senior Access Program (SAP)

This program was developed by ACoA in 2008 based on the findings from the 2005 senior survey and hearing about problems seniors were having in Anchorage accessing primary care. 100% of this funding goes directly to serve seniors with no administrative funding taken out of this allocation. At this point, 12 of the 25 community health clinics are participating. We would eventually like to see more clinics involved.

4. Alzheimer's Disease & Related Dementia Education & Support Program

This program would increase statewide funding for Alzheimer's disease and related dementia education and support services. We would like to see more support for persons who are newly diagnosed with ADRD (perhaps a special support program just for them).

5. Complex Behavior Collaborative (CBC)

This program is being funded for this fiscal year but it is struggling to find consultants to provide training and intensive intervention to meet the needs of the senior population with ADRD. CBC is a very important issue for Alaskan seniors and their providers.

6. Senior Outreach, Assessment & Referral Project (SOAR)

ACoA developed this program in 2009 in partnership with the Alaska Mental Health Board/Advisory Board on Alcoholism and Drug Abuse. Staff has requested data about this program from the Division of Behavioral Health from its inception but has not received any data. Staff contacted grantees and requested information about their activities. In their reports, grantees noted of their need for more guidance from DBH in providing this program. The Legislative Advocacy Committee decided to table this recommendation for now until more information can be obtained from DBH.

After the review of the requests both Pat and Paula needed to leave the meeting so Sharon assumed the role of chair. Elenore who was having phone issues could not rejoin the meeting.

The group decided to rank the requests as follows:

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1. National Family Caregiver Grant
2. Senior Access Program (SAP)
3. Health Promotion, Disease Prevention for Older Alaskans (HPDP)
4. Alzheimer's Disease & Related Dementia Education & Support Program
5. Complex Behavior Collaborative (CBC)

Senior Outreach, Assessment & Referral Project (SOAR) – would not be a recommendation unless ACoA can get additional information about the results of the program.

Marie made a motion that the prioritized budget requests would be in the following amounts, Banarsi made the second, motion passed.

1. National Family Caregiver Grant - \$450,000 (original amount was \$350,000)
2. Senior Access Program (SAP) - \$350,000
3. Health Promotion, Disease Prevention for Older Alaskans (HPDP) - \$300,000
4. Alzheimer's Disease & Related Dementia Education & Support Program - \$230,000
5. Complex Behavior Collaborative (CBC) - \$650,000

Senior Outreach, Assessment & Referral Project (SOAR) - \$0

The total amount of the request is \$1,980,000.

Denise will send this information to the rest of the committee for action. The recommendations from the Legislative Advocacy Committee will be forwarded to the Executive committee for consideration.

Meeting adjourned at 4:03 p.m.

Draft Minutes written by Lesley Thompson

August 21, 2012
Vice Chair/Chair Report
Paula Pawlowski

May 1 & 2nd. Also attended the Health Centers & Communities planning session. CHC – DHSS Senior Access Program Strategic Plan (2011-2015). Hard work being done with challenges depending upon the region that are serviced. Innovative ideas and hearts in the right place for increasing better care. Betty Keegan and Lesley Thompson were also in attendance.

May 9 & 10 the 1st Annual Anchorage, We Are All Elders in Training Summit. Thought it was well attended and many small conversations were evident with people connecting. Planning has already started for next year. We had many honored guests, Rita Blumenstein & Carolyn Gardner; speakers:

The Honorable Karen Hunt,
Erceina Cedeno, Anchorage Hispanic Elder
Nez Danguilan, Owner/Director of the Filam Show
Frank Haldane, Alaska Tsimshian Elder
Tolupo Hodges, Pastor (retired) Anchorage Samoan Community
Pasert Lee, President, Hmong Alaska Community Inc.
Sid Smith, Alaska Yup'ik Elder

Honorable Karen Hunt led us through an exercise of small group exercises, first she asked:

- How often do you eat?
- How much do you walk?
- List three things you like about a friend or family

You have just described your life style and what does that mean as you age?

June 19th Governor's Bill signing event at the Anchorage Police for SB 86, Protection of Vulnerable Adults. I was honored to represent the Alaska Commission on Aging and thank the Governor.

June 21st, Fairbanks Pioneer Home and Fairbanks Resource Agency Adult Day Services, helped sponsor the forum. The Alzheimer's Disease Resource Agency of Alaska (Fairbanks chapter) will provide the educational overview of ADRD and then we broke into small groups for discussion and then listened and collected feedback from the attendees. Thank you Jim McCall for extra note taking.

July 17th, AARP teleconference, with a briefing on the Protecting Older Workers Against Discrimination Act. S.2189.

July 19th attended the 4th Annual Veterans Summit in Anchorage focused on Employment. Federally:

- hire the heroes
- VA services officers from non-profits like VFW that many seniors are members
- VA IHS support and cost reimbursement for rural veterans including Veterans senior health services
- Mail order pharmacy service

State level:

- licensing of skill sets like military medical staff to Alaska caregivers
- Credit for previous service in Education like nursing and dental through UAA

July 26th, Common Wealth North Forum discussion on Private Sector Solutions to the Cost of Care.

Panel discussion with Tom Hunt, Physician Chief Executive, Providence Health & Services Alaska; Kevin Thomas, Vice President and Chief Financial Officer, NANA; Kathy Carr, Vice President, GCI; Tim Adamczak, Compensation/Benefits Manager, Alyeska Pipeline Service Company.

- Discussion wrapped around how these companies have tackled rising health care costs by a variety of different programs for their employees.
- Consumer Driven Plans
- Employer Vendor Plan = employee advocate services: call your advocate to ask questions and they will get three bids to help facilitate the procedure you need and it may include Seattle
- Wellness programs: weight loss, diabetes clinic, health coaching
- Early interventions to improve health, preventive measures.

I also met with our many partners of ACoA and board members to ask:

- What do you like about our meetings and
- What don't you like?

Results are:

Like:

- the respect among the commissioners
- the interaction with Audience
- being asked to report to the commission
- flow of the meetings, pretty much on time
- topics are timely and pertinent
- gatherings to know each other better and build the relationships
- outreach into community
- responsive

Don't like:

- long meetings, long days
- not enough time to think or discuss

- hard to hear without microphones
- not enough providers attend
- audience speaking out

ACOA Legislative Advocacy Committee Report

Pat Branson, Chair

ACOA Legislative Advocacy Committee met June 18, 1012 and came up with the following budget recommendations for this legislative year.

- | | |
|--|-----------|
| 1. National Family Caregiver Grant Program | \$450,000 |
| 2. Health Promotion, Disease Prevention for Older Alaskans: Senior Fall Prevention | \$300,000 |
| 3. Alzheimer's Disease and related Dementia Education & Support Program | \$230,000 |
| 4. Support for the Complex Behavior Collaboration Consultation & Training Program | \$650,000 |

Legislative Advocacy Committee still needs to meet in the upcoming months to discuss policy recommendations and we can set that date and time following the ACOA meeting in Homer.

**Alaska Commission on Aging
Executive Director's Report
August 21st-23rd, 2012
Rural Outreach Meeting: Homer, Alaska**

ADVOCACY

ACoA FY2014 Operating Budget Recommendations: The ACoA Legislative Advocacy Committee and Executive Committee prioritized and approved five budget recommendations that were presented in order of priority to the Department of Health and Social Services (DHSS) leadership during the "Big Picture" meetings (7/17-7/18/2012), and later reduced to four budget recommendations following that presentation. The Commission decided to drop a recommendation for an increment to the Senior Access Program, a grant program for community health centers to improve senior access to primary care, due to the lack of support from the Division of Public Health for this budget item. Four budget recommendations were presented to the Alaska Mental Health Trust Authority Planning Committee (8/8/2012). We thank ACoA Commissioner Sharon Howerton for her excellent participation in presenting ACoA's budget recommendations with me to the Trust at their August meeting.

ACoA's budget recommendations are being considered for inclusion in the Department's budget proposals to the Governor's Office of Management and Budget (OMB) for the Governor's budget that will be released in mid-December, and by the Trust (at their September meeting) for GF/MH (General Funds/Mental Health) budget items in the Mental Health bill. Our budget recommendations were developed from a variety of sources that include findings from the ADRD community forums that will be used to develop the needs assessment for the new State Plan for Persons with Alzheimer's Disease and Related Dementias (ADRD), a stakeholder needs survey and public comment presented to the Commission over the last year.

Below is a summary of ACoA's FY2014 operating budget recommendations in ranked order:

1. National Family Caregiver Support Program (NFCSP): \$450,000 (\$250,000 GF/MH and \$200,000 GF). This increment is proposed to build NFCSP grant-funded services administered by Senior and Disabilities targeting unpaid caregivers (mostly family caregivers) who serve (1) Alaskans age 60+ years with ADRD and debilitating health conditions at-risk for nursing home placement; (2) Grandparents and other elderly caregivers raising children; and (3) to provide legal assistance to unpaid NFCSP eligible caregivers addressing the legal system on behalf of loved ones under their care. NFCSP services include case management, counseling, support groups, respite, caregiver training and education, supplemental services, legal assistance, and information/referral. This increment is intended to enhance existing services and to increase the number of new caregivers to 211. Currently, NFCSP services serve 1,309 unpaid caregivers through nine grantees. The increment would increase the total number of unpaid caregivers to 1,520 by the end of FY2014. Base funding for the NFCSP program is a total of \$1,026,575, a combination of federal (\$764,933) and state funds (\$261,642). Unpaid caregivers provide the foundation of long-term care for Alaska's elderly and prevent the need for foster care of children without parents.

2. Health Promotion, Disease Prevention (HPDP) for Older Alaskans - Senior Fall Prevention: \$300,000 (\$150,000 GF/MH and \$150,000 GF). This proposal targets an increment for the Health Promotion, Disease Prevention for Older Alaskans senior grant program administered by Senior and Disabilities to providers for evidence-based senior fall prevention activities that will reduce the high rate of senior injury and deaths related to falls. Falls are the top injury for older adults and have been increasing according to a report published by the Division of Public Health (January 2012) along with associated health care and long-term care costs. Proposed activities include increased public awareness about senior falls, health care screening for fall risks, exercise programs that reduce falls, home hazard reduction program, senior medication management, and hospital discharge programs that incorporate fall prevention strategies, among other efforts, particularly for seniors hospitalized for a fall. Base funding for the HP/DP is a combination of federal (\$105,130) and state (\$18,552) funds for a total of \$123,682. HPDP funding has been flat since 2006 when funding was decreased by \$2,000.

3. Alzheimer's Disease and Related Dementia Education & Support Program (ADRD-ESP): \$230,000 GF/MH. This proposal recommends an increment for this senior grants program that is administered by Senior and Disabilities Services to build capacity for the ADRD-ESP by enhancing education, training, counseling, and other supports for persons with ADRD and their caregivers and adding two new services, "Dementia Care Mapping" and translation of educational materials into other languages to reach diverse cultural communities. The increment is also intended to increase the numbers served by at least 10% annually targeting underserved individuals and rural/remote communities. (The ADRD population has been increasing at about 5% annually.) The Alzheimer's Disease Resource Agency of Alaska has been the sole statewide service provider since the inception of the ADRD-ESP program twenty-eight years ago. In FY11, this program served 430 unduplicated individuals (335 persons with ADRD) and 253 service providers (all serve persons with ADRD).

4. Complex Behavior Collaborative Consultation and Training: \$650,000 GF/MH. This proposal supports the joint board recommendation to annualize the \$650,000 GF/MH approved last session by the Legislature and the Trust as a one-time increment to provide intensive consultation services and training for providers and family caregivers of children and adults (including seniors with ADRD and mental illness) with complex behavior needs. According to data provided by the Alaska Psychiatric Institute (API), the number of API older patients (60+) has been increasing, with a 42% increase in older patients served over the last two years. Not only is the number of older adults at API increasing, their length of stay is twice as long as patients younger than 60: 10.56 days for younger than 60 patients compared to 23.23 days for people over age 60. API expects this trend to continue.

Joint Capital Budget Recommendations

ACoA and our advisory board partners also presented three joint capital budget recommendations to the DHSS and the Trust in order of priority:

1. Medical Appliances and Assistive Technology for Alaska Mental Health Trust Authority (AMHTA) Beneficiaries Who Experience Sensory Impairments: \$500,000 GF/MH. This proposal recommends funding to Trust beneficiaries (who include older adults with/at risk for ADRD and other cognitive impairments) with vision and hearing impairments who lack access to medical devices to alleviate their negative effects which in turn, impairs their ability to function independently in daily life, communicate, and participate in education, employment, and treatment. This funding would be used to cover the costs of vision and hearing exams, hearing aids, eye glasses and other sensory-enhancing devices. Funds will be made available to Alaska's assistive technology organizations (Alaska Center for the Blind and Visually Impaired and Assistive Technology of Alaska) to expand Trust beneficiary access to hearing and vision aids. These agencies could also administer "mini-grant" programs by which individuals/caregivers can apply for subsidized appliance/assistive technology devices. Medicare and Medicaid cover the costs for these devices only when they are medically necessary. Medicare and Medicaid do not cover the costs for routine eye and hearing exams or glasses and hearing aids. Many Trust beneficiaries with limited access to private insurance or Indian Health Service (IHS) benefits cannot afford these devices. An estimated 1,300 beneficiaries would be served with this funding.

2. Deferred Maintenance and Accessibility Improvements: \$1 million GF/MH. This funding assists nonprofit organizations who serve Trust beneficiaries (such as senior centers, adult day programs, and other entities serving seniors) with their deferred maintenance items targeting weatherization and energy upgrades (\$800,000 or 80% of funding) and accessibility improvements (\$200,000 or 20% of funding). In recent years, nonprofit organizations have struggled with increased costs for fuel oil and utilities, which reduces their program dollars to provide services. Nonprofit organizations are not eligible for weatherization programs through AHFC, RurAL Cap, the Alaska Community Development Corporation and others unless their buildings are owned by a public entity such as the State, municipality, regional educational attendance area or the University of Alaska. The remainder of the funding (20%) will be designated for accessibility improvement projects, which have been in continuous demand over the life of this capital grant program.

3. Replacement of DHSS e/Grants System: \$700,000 GF/MH. A consistent theme in stakeholder input is the desire for a streamlined electronic grant application and reporting process to reduce the paper burden for grantees and Department grant management staff. Funds would be used to purchase the *Microsoft Dynamics CRM* which has the necessary functions required to manage both operating and capital grants; includes licenses for use; and would support the migration of data from the old to the new system. This platform has tailored functions for health and social services, captures and tracks data for real-time analysis and decision-making, and would improve financial management leading to more timely payments for grantees and enhanced performance-based funding practices by the divisions.

These budget recommendations are currently under review by the DHSS leadership and the Trust. The Trust will make budget decisions at the September 5th-6th board meeting. Copies of ACoA's presentations to the DHSS Big Picture meetings (July 17th-18th) and the Trust Planning Committee (August 8th-9th) are attached under Tab 2.

ACoA FY13 Policy Recommendations: ACoA will present four policy recommendations to the Trust that have been reviewed by ACoA's Legislative Advocacy and Executive Committees. Descriptions of these recommendations are attached under Tab 2. ACoA's FY13 policy recommendations include:

- Develop an Alaska State Plan for Persons with Alzheimer's Disease and Related Dementias to address the needs and circumstances of the growing numbers of older Alaskans impacted by this disease and their caregivers in order to raise public awareness about ADRD as an emerging public health issue, identify services and support gaps that exist, and provide recommendations to state policymakers for needed improvements.
- Advocate for policies and procedures that would provide greater protection for persons with ADRD who wander.
- Promote efforts to improve safety and protection of vulnerable older Alaskans by supporting the budget request of the Office of the Long-Term Care Ombudsman.
- Support and advocate for policies that will stimulate the pace of appropriate housing development to match the growth of the senior population. This housing should address specific needs as related to the Continuum of Care for older Alaskans.

In addition to ACoA's policy recommendations, our presentation to the Trust at their September board meeting will include an update on ACoA members (Sandi Doyle as a new Commissioner as well as the change in ACoA officers); a recap of ACoA's FY14 budget recommendations; and a review of ACoA's FY12 legislative impact from last session (outcomes that were presented to ACoA Commissioners at our April meeting).

ACoA's budget and policy recommendations will serve as the platform for our legislative advocacy efforts for the upcoming session.

PLANNING

Alaska State Plan for Persons with Alzheimer's Disease and Related Dementia (ADRD) Planning Efforts

ADRD Community Forums: The ACoA hosted an ADRD Community Forum in Fairbanks on June 21st at the Fairbanks Pioneer Home which was well-attended by seniors, caregivers and local providers using the same structured format as we have used for the Juneau and Anchorage forums. Joan Adams, Fairbanks Alzheimer's Disease Resource Agency of Alaska, provided the educational overview of Alzheimer's disease and related dementia. Randi Chapman, public policy director for the National Alzheimer's Association in Washington DC, provided comments by teleconference about the National Alzheimer's Disease Plan and the importance for states to recognize Alzheimer's disease as an emerging epidemic for public health. Participants at the Fairbanks forum identified the need for additional respite for family caregivers, family caregiver training in dementia care; need for staff of assisted living homes to have greater access to training in dementia care and caring for ADRD persons with challenging behaviors; improved safety for persons with ADRD who wander; and the inclusion of income-eligible persons with ADRD as a primary diagnosis under the waiver. ACoA Commissioners Banarsi Lal and Sandi Doyle

ACoA August 2012 Rural Outreach Meeting

Executive Director's Report / Prepared by D. Daniello

participated in the event. We thank ACoA Commissioner Paula Pawlowski for facilitating the discussion and Jim McCall for taking comprehensive notes.

ACoA will host an ADRD forum at the Homer Senior Center the afternoon of August 21st and at the Soldotna Senior Center in the morning of August 24th. Both forums have been advertised in local newspapers and the Senior Voice. (Copies of the forum questions and marketing flyers are attached under Tab 2.)

Funding Needs Assessment: The ACoA and the Division of Public Health successfully applied for a \$50,000 grant from the National Association of Chronic Disease Directors to include questions from the Perceived Cognitive Impairment Module in the upcoming Alaska Behavioral Risk Factor Surveillance System (BRFSS) beginning in January 2013. The BRFSS is an ongoing multi-state telephone survey conducted in Alaska by the Division of Public Health. The BRFSS questions will help us to collect first-hand information about the needs of Alaskans who may have Alzheimer's disease to determine the extent of this disease in Alaska. ACoA will follow-up the BRFSS assessment with two additional surveys targeting persons with ADRD and their family caregivers.

ADRD Presentations: The National Association of Alzheimer's Disease, the University of Alaska, Alzheimer's Disease Resource Agency of Alaska and the ACoA are developing a webinar targeting health care professionals about the efforts in developing an Alaska State Plan for Persons with ADRD that will include an overview of ADRD, findings from ACoA's ADRD community forums, steps being taken to develop a state plan, and the importance of early diagnosis. The webinar is tentatively scheduled for November, Alzheimer's Disease Awareness month.

Presenters will make a similar presentation at the Alaska Public Health Summit in January 2013. These efforts are intended to promote greater public awareness about ADRD in our State.

Trust Presentations: The Commission made two presentations to the Trust (May 2012) and to the Trust Planning Committee (June 2012) that highlight the importance of recognizing ADRD as an emerging public health issue and provided an overview of ADRD, data describing Alaska's ADRD population and their caregivers, services provided for this population and their projected costs over the next decade including home- and community-based services, assisted living homes and nursing homes.

The ADRD population is a Trust beneficiary population. The Trust has agreed to help the state planning process by providing funding for meeting facilitation and the writing of the plan. Thank You, Trust!

ADRD Research Support Letter: Serendipity Adult Day and the University of Alaska are requesting funding from the Trust for research that examines the effectiveness of utilizing evidence-based healthy brain activities in adult day settings. This project was presented to the Commission by UAA and Serendipity at the ACoA April meeting in Anchorage. The Commission provided a letter of support to the Trust for this project. (Copy of the support letter is included under Tab 2.)

ACoA Internal Affairs

ACoA Committees: The Executive Committee (6-27-12 and 8-1-12) and the Legislative Advocacy Committee (6-18-12) met on the dates indicated. Copies of approved ACoA Committee meeting minutes are attached under Tab 1 following the ACoA April 25th-26th board meeting minutes.

At the last meeting, the Executive Committee reviewed and discussed ACoA's rural meeting agenda. The Committee also discussed the FY13 chair assignments for ACoA's committees and development of an Emergency Contact List for Commissioners that will be developed by Sherice Cole in working with ACoA Commissioners. Sherice will hold this list when we travel in the event of an emergency.

The Legislative Advocacy Committee discussed, prioritized and approved ACoA's FY14 budget recommendations for the Executive Committee (approved at their June meeting). They also met on August 13th to discuss and take action on ACoA's draft FY13 policy recommendations.

Financial Report: The ACoA financial report is attached under Tab 2.

Interagency Collaboration

Division of Public Health: The division has initiated the planning process for *Healthy Alaskans 2020*, a planning document that will include baseline measures for health indicators as a focus for the Department to set targets and develop strategies to improve the quality of health for Alaskans. This effort includes two working committees – a Data Team and the Advisory Team – to develop and make decisions regarding health-related performance indicators. Jon Erickson, ACoA's Planner II, serves on the Data Team. ACoA Commissioner Banarsi Lal will serve on the Advisory Team. The final document will be presented at the Alaska Public Health Summit in January. We are encouraging the division to include baseline indicators that measure the health status of Alaskans by age category in order to develop data for the older Alaskan population. In addition, the ACoA is encouraging the inclusion of baseline measures for the ADRD population and rate of senior falls.

Division of Senior and Disabilities Services (SDS): This summer, SDS submitted two funding applications to the U.S. Administration of Community Living (which houses the Administration on Aging). They include applications to (1) enhance Alaska's Aging and Disabilities Resource Centers and (2) improve elder protection efforts through the pilot testing of innovative evidence-based strategies targeting older Alaskans dependent on caregivers. The ACoA supports these efforts and provided two letters of support for their applications (attached under Tab 2) and will work with SDS in the implementation of these projects pending funding availability.

Alaska Mental Health Trust Authority ("Trust"): The Trust and the Department of Health and Social Services (DHSS) have scheduled an interagency meeting for September 4th to meet with stakeholders to define directions for the future planning efforts of the Comprehensive Integrated Mental Health Plan ("Comp Plan") that address the needs and circumstances of Trust beneficiaries. Jon Erickson and I will attend this meeting representing ACoA. The Comp Plan is required by statute and used by the Trust to guide their budget deliberations. The Trust is responsible for presenting an annual report to the Legislature and the Governor identifying the number of Trust beneficiaries, their needs for services, resources required for these services, and the effectiveness of services in meeting the goals of Alaska's integrated mental health program.

Through the Trust's Coordinated Communications Committee, the Trust and ACoA are working with the Trust's marketing firm, Walsh-Sheppard, to produce a new TV commercial about long-term care and Alzheimer's awareness involving *Brave Heart*, a Sitka-based nonprofit organization serving persons with ADRD and their family caregivers. The TV spot is planned to air in November (Alzheimer's awareness month) and during legislative season. We thank the Trust for their support of this project!

Lastly, the Trust has issued a statement of intent to provide funding for our Planner I position in the amount of \$109,100 to cover the cost of salary, benefits and \$5,000 of travel. We appreciate the Trust's ongoing support of our Planner I position.

Alaska Housing Finance Corporation (AHFC) Senior Housing Office: At ACoA's April meeting, Jim McCall, AHFC's Senior Housing Program Officer, alerted ACoA of proposed changes to AHFC's Senior Housing Revolving Loan Fund (SHRLF) and the opportunity to provide public comment. Jim informed us that the proposed changes would help to streamline the SHRLF by removing "restrictive" language that would allow the program to be compatible with AHFC's existing programs, such as the Senior Citizen Housing Development Fund, and would provide an additional funding source for the construction and renovation of much needed senior housing. The proposed regulations would also expand the list of eligible borrowers (to include individuals, nonprofits, and others) and acceptable

property types (single-family, multi-family special needs and congregate housing). The Commission submitted written public comment to AHFC's board in May (attached under Tab 2) that was supportive of the draft regulations. We are not aware of follow-up at this time.

Other Collaboration & Public Awareness Activities

Senior Fall Prevention: ACoA will draft a proclamation asking the Governor to sign that designates the week of September 22nd-28th as "Senior Fall Prevention Week." Lesley Thompson serves on the inter-agency senior fall prevention coalition. This group meets regularly and is in the process of planning activities for Senior Falls Prevention Week. The Juneau and Anchorage senior centers are planning to host activities and events related to senior falls prevention. In Juneau, there will be a senior falls informational event that will feature the Alzheimer's Disease Resource Agency doing a talk about the increased risk of falls for seniors with dementia; Southeast Alaska Independent Living program will provide a specialist to talk about home modifications; the fire department is invited to discuss their plans for senior fall prevention; and a physical therapist has offered to do a workshop on use of walking aids. Anchorage also has plans for doing events around senior fall prevention including asking the Mayor for a Proclamation to raise awareness about senior falls. The draft Governor's Proclamation is attached under Tab 2.

Employ Older Workers Week, September 24th-28th: The Department of Labor's Mature Alaskans Seeking Skills Training program (MASST) submitted a draft proclamation to the Governor's office to celebrate "Employ Older Workers Week." As we do each year, the ACoA and the MASST program will recognize the efforts of MASST participants and their employers through a certificate of appreciation. The purpose of this awareness effort is to encourage employers to hire the older worker for their experience, work commitment, and job skills.

ACoA Commissioners: We extend our heartfelt thanks to ACoA Commissioners Sharon Howerton and Betty Keegan for their continuous dedication and hard work to improve the quality of life for all older Alaskans after serving eight years on the ACoA board. Both of these Commissioners leave big shoes to fill and will be sadly missed by ACoA Commissioners and staff.

Betty served on the Executive Committee, Legislative Advocacy Committee, By-Laws Committee and Nominations Committee during her tenure. She is recognized for her comprehensive knowledge of older Alaskan issues and insightful abilities to offer innovative solutions to complex problems.

Sharon served as an officer of the Commission for six of her eight years served. She served as ACoA's chair from 2009-2012 and as Vice Chair from 2006-2008. Sharon also served on all of the ACoA committees during her time on the Commission. Sharon is known for her "plain talk" and "political correctness," but mostly for her extreme passion and caring for older Alaskans. She provided sound and compassionate leadership during her tenure as chair and energized the work of the Commission in its advocacy and planning endeavors.

Thank You Betty and Sharon for a Job Well-Done!

The Public Health Impact of Alzheimer's Disease and Related Dementias



Alaska Commission on Aging
Data Presentation to the
Alaska Mental Health Trust Authority
May 10, 2012

1

A Public Health Crisis is in Progress

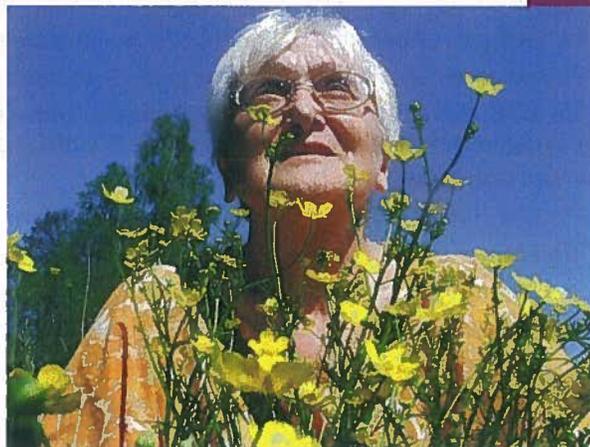
- "The dramatic rise in Alzheimer's underscores that the disease has the ability to undermine the entire U.S. health care system."
-- Stephen McConnell, Ph.D., Alzheimer's Association
- "By 2050, the entire Medicare budget will be required to care for Alzheimer's patients, leaving nothing for any other disease."
-- Sam Gandy, MD, Ph. D.
Mt. Sinai Alzheimer's Disease Research Center
- "Unless something is done, the future we face is bleak:
 - Nursing homes will be overloaded
 - Caregivers will be overworked
 - The health care system will be overwhelmed
 - Federal and state budgets will be overtaxed"
 -- Alzheimer's Association

2

Presentation Overview

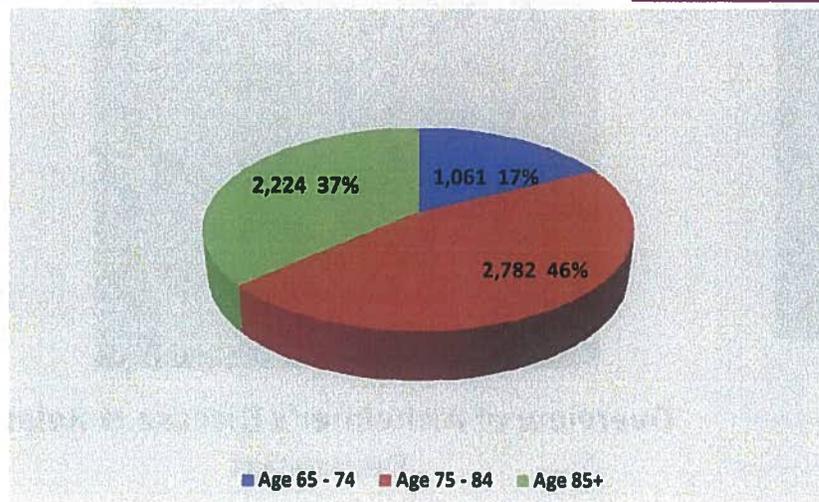
- Demographics of Senior Trust Beneficiaries with Alzheimer's Disease & Related Dementias (ARD)
- Overview of Alzheimer's Disease
- Estimated Prevalence & Mortality
- Estimated Use and Cost of Services for Older Alaskans with ARD
- Family Caregiving
- Policy Recommendations

3



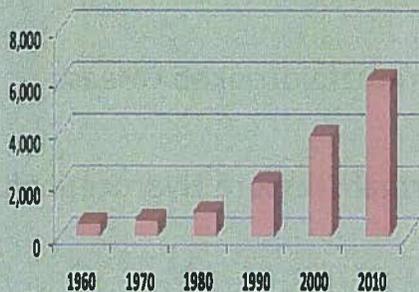
Alzheimer's Disease & Related Dementia Population Trends

Older Alaskans with ADRD by Age Group 2010



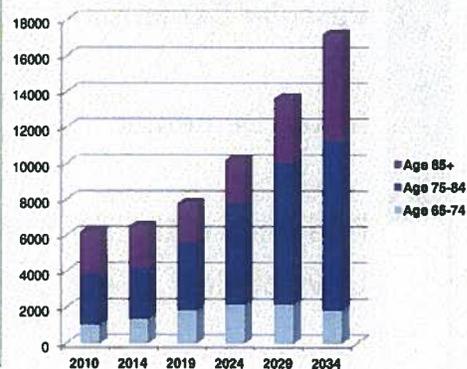
A Comparison of ADRD Population Counts: Historical Data and Projected Trends

Estimated Number of Older Alaskans 65+ with Alzheimer's Disease & Related Dementia



Projected Number of Alaskans with ADRD

Based on AK DOL Age Group Projections
 ADRD=Alzheimer's Disease and Related Dementias





Overview of Alzheimer's Disease & Related Dementias

7

Common Types of Dementia

Alzheimer's Disease	Parkinson's Disease
Vascular Dementia	Frontotemporal Dementia
Mixed Dementia	Creutzfeldt-Jakob Disease
Dementia with Lewy Bodies	Normal Pressure Hydrocephalus

8

Risk Factors for Alzheimer's Disease

- Advancing Age
- Family History
- Apolipoprotein E-ε4 (APOE-ε4)
- Cardiovascular Disease Risk Factors
- Diabetes
- Head Trauma and Traumatic Brain Injury

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Signs & Symptoms of Alzheimer's Disease

Signs

Memory loss
 Problems with familiar tasks
 Problems with language
 Disorientation
 Poor judgment
 Problems with abstract thought
 Misplacing things
 Changes in mood & behavior
 Changes in personality
 Loss of initiative

Symptoms

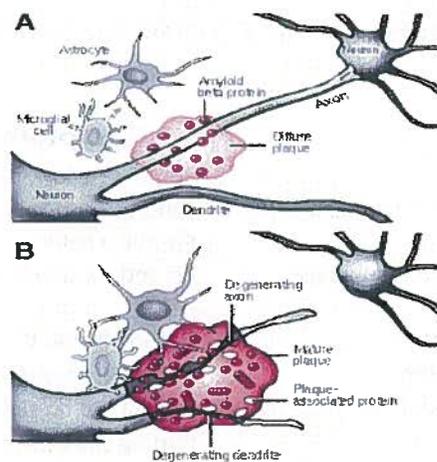
Frequently forgetting new information
 Getting confused while cooking or playing a game
 Forgetting simple words or using wrong words
 Getting lost in the neighborhood
 Dressing inappropriately
 Inability to do simple math
 Putting the iron in the freezer
 Rapid mood swings or bouts of anger
 Becoming overly confused, afraid, suspicious
 Lack of interest in usual activities

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Stages of Alzheimer's Disease

- Stage 1 – Preclinical Alzheimer's Disease
- Stage 2 – Mild Cognitive Impairment (MCI) due to Alzheimer's Disease
- Stage 3 – Dementia due to Alzheimer's Disease

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Prevalence & Mortality

12

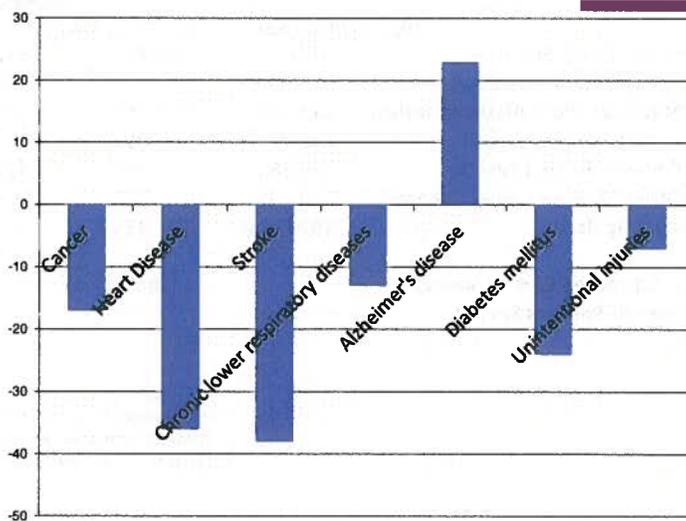
Prevalence Estimates & Population Characteristics of People with Alzheimer's Disease

- One in nine Alaskans age 65+ may have ADRD.
- Nearly half of Alaskans age 85 and older (2,782) may have Alzheimer's disease.
- Prevalence rates for ADRD are an estimated 3% for those age 65 to 74, 18.7% for those age 75 to 84, and 47.2% for those age 85 and over.
- Almost two-thirds of Alaskans with ADRD are women (4,045).
- Persons with fewer years of education appear to be at higher risk for ADRD than those with more years of education.
- Older African-Americans and Hispanics are proportionately more likely to have ADRD.

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Mortality: Percentage Change in Selected Causes of Death in Alaska: 2000-2010

Source: Alaska Bureau of Vital Statistics 2000 & 2010



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**Estimated Use & Cost of Services for
Older Alaskans with ADRD**

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**Sample of Long-Term Care Support Services and
Cost for Older Alaskans, FY 2011**

	<u>Avg. Annual Cost</u>	<u># of Clients (60+)</u>	<u>Annual</u>
■ Senior Grant Services	\$491	25,000	\$12,264,006*
■ Personal Care Assistance	\$23,300	2,012	\$46,678,400**
■ Medicaid Older Alaskans Waiver	\$24,104	1,758	\$42,374,832*
■ Pioneer Home, Level II	\$48,720	145	\$ 7,064,400***
■ Pioneer Home, Level III	\$70,560	253	\$17,851,680 ***
■ Other Assisted Living, Licensed	\$53,736	705	\$37,883,880****
■ Nursing Home	\$678/day	451	\$111,608,970****
Total Estimated Cost of Services & Number of Persons Served		30,324	\$275.4 million

* DHSS Budget Overview Book, FY 2013
 ** SDS Research & Analysis Unit, March 2012
 *** Division of Pioneer Homes, FY 2011
 **** MetLife Mature Market Institute, 2011

16

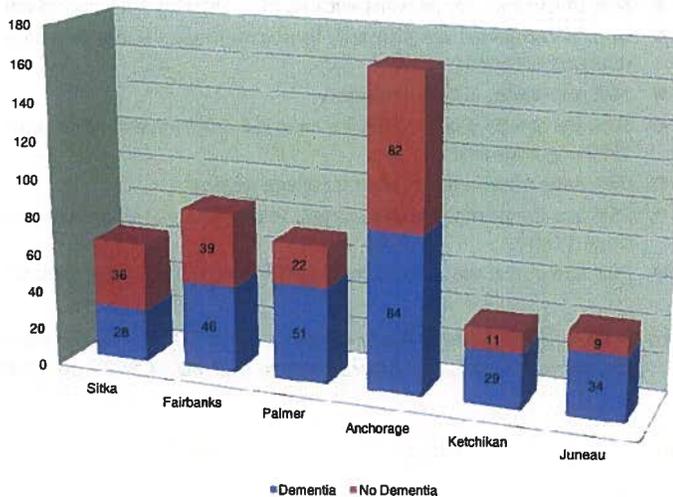
Changes in Use of Long-Term Care Support Services for Older Alaskans

Pioneer Homes	Licensed Facilities	FY 2000: 6 FY 2011: 6
	Total Beds	FY 2000: 604 / FY 2012 (1/1/12): 508
	ADRD/Level III	FY 2000: 116 (19%) FY 2012 (2/29/12): 268 (53%)
Assisted Living Licensing	Licensed (Senior) Homes (Senior) Beds	FY 2000: 125 / FY 2011: 284 FY 2000: 1,353 / FY 2011: 2,100
Senior & Disabilities Services (SDS)	Congregate Meals Served	FY 2000: 273,771 / FY 2010: 260,481
	Seniors Receiving Congregate Meals	FY 2000: 9,497 / FY 2010: 8,166
	Home Delivered Meals Served	FY 2000: 338,611 / FY 2010: 273,568
	Seniors Receiving Home Delivered Meals	FY 2000: 3,529 / FY 2010: 3,278
	Information & Referral Contacts	FY 2000: 53,145 / FY 2010: 99,148
	Care Coordination Clients	FY 2000: 1,229 / FY 2010: 1,039
	Adult Day Hours	FY 2000: 238,923 / FY 2010: 220,262
	Adult Day Clients	FY 2000: 466 / FY 2011: 472
	All Adult Waiver Clients (OA & APD for persons age 60+, ADRD & no ADRD)	FY 2012 (3/16/12): 917 (818 OA & 99 APD recipients) FY 2008 (10/2/10): 2,040 (1,222 OA & 818 APD recipients)
	Adult Waiver Clients with ADRD (OA & APD for persons age 60+)	FY 2012 (3/16/12): 274 (264 OA & 10 APD recipients) FY 2008(2/2/10): 725 (668 OA & 57 APD)
	All PCA Clients age 60+ (ADRD + no ADRD)	FY 2012 (3/16/12): 2,012 FY 2008 (10/2/10): 3,140
	PCA Clients (age 60+)with ADRD only	FY 2012 (3/16/12): 113 FY 2008 (10/2/10): 305

Sources: Division of Pioneer Homes (2012), Division of Assisted Living Licensing (2012), Senior & Disabilities Services (2011)

Pioneer Home Services for Older Alaskans

Source: Division of Pioneer Homes, January 31, 2012



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Unpaid Caregivers

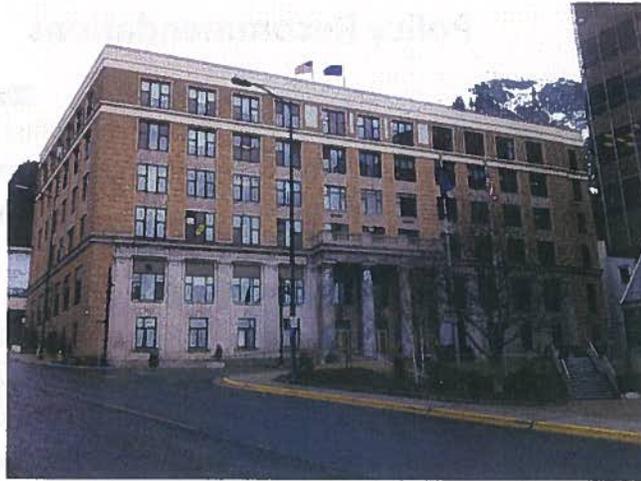
19

Characteristics of Unpaid Caregivers

- 80% of the care for persons with ADRD is provided by unpaid caregivers
- Unpaid caregivers are primarily family members, but also include other relatives & friends
- 70% are white; 60% are women
- 56% are age 55 years+; 66% are married; 26% have children under 18 years old living with them
- 67% have obtained less than a college degree
- 55% are the primary breadwinners in the household; 44% are employed full or part time
- 50% live in the same household as the person for whom they provide care

In Alaska (2010), there were an estimated 30,927 ADRD caregivers who provided 35,219,116 hours of care valued at \$420,164,054.

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Policy Recommendations

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Alzheimer's disease is a public health concern.

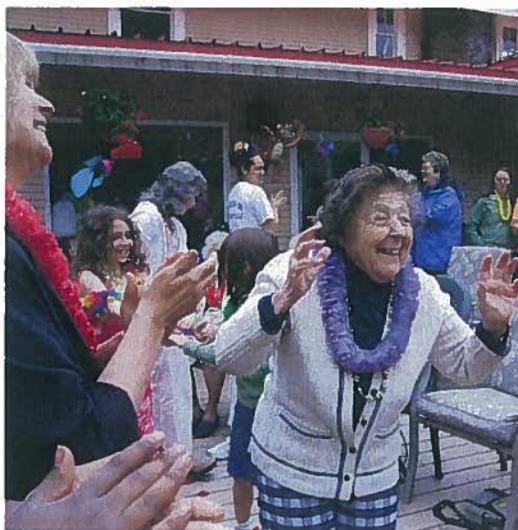
- Total national cost of ADRD in 2012 is estimated at \$200 billion
- Demographic changes are placing more individuals at risk for ADRD
- Risk of higher mortality related to ADRD
- Economic impact of ADRD on public and household budgets
- Impact on families and friends
- Strain on the overall healthcare and long-term care systems

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Policy Recommendations

- Increase surveillance through the Behavior Risk Factor Surveillance System (BRFSS) survey and other methods.
- Promote brain health, increasing public awareness of the value of physical activity, healthy eating, social engagement, and mental challenges.
- Encourage early detection of Alzheimer's disease to improve medical care and access to support services that enhance outcomes for patients and family caregivers.
- Strengthen education and support for caregivers.
- Develop an Alaska State Strategic Plan to address Alzheimer's disease.

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In memory of Dorothy Levine, February 2012.

Thank you.

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Alaska Commission on Aging FY 2014 Budget Recommendations



Department of Health & Social Services
Big Picture Meetings
July 16th-17th, 2012

1

Mission Statement

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 collaboration.



Presentation Overview

- Recommendation Process
- Summary of Budget Recommendations
- Demographics of Alaska's Older Adult Population
- Project Descriptions
- Questions

3

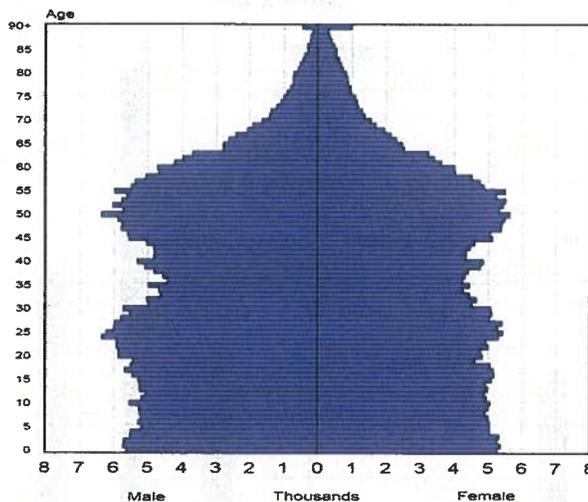
Stakeholder Input & ACoA's Budget Recommendations

- ADRD Community Forums: Anchorage, Juneau, Fairbanks
- Stakeholder Needs Survey: 16 agencies responded to survey
- Input from State & Other Partner Agencies
- Public Comment

Alaska Commission on Aging FY2014 Budget Priorities

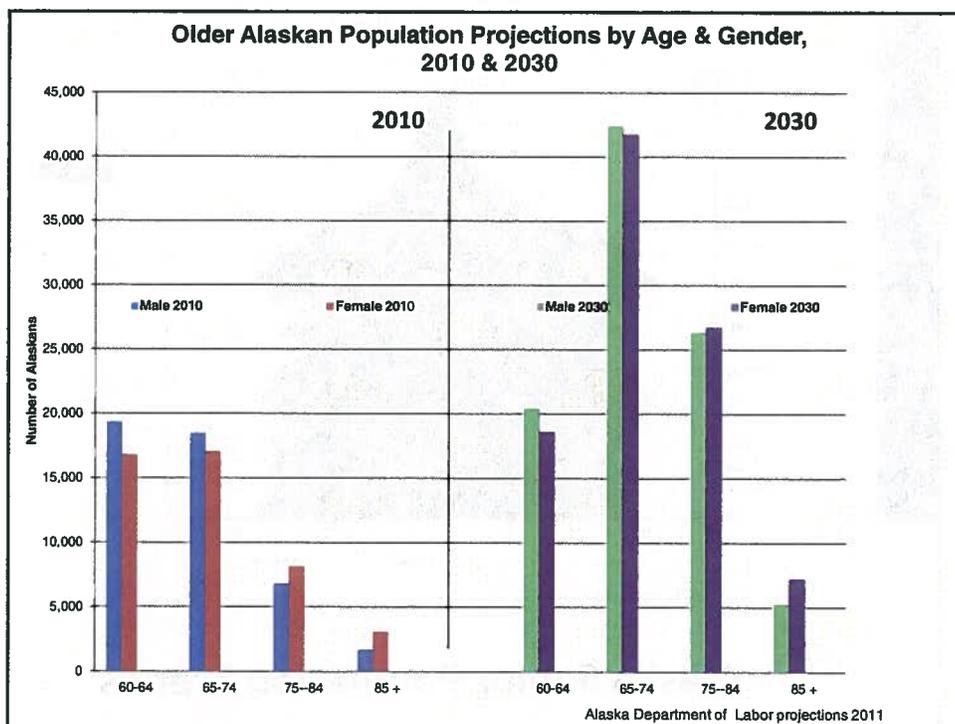
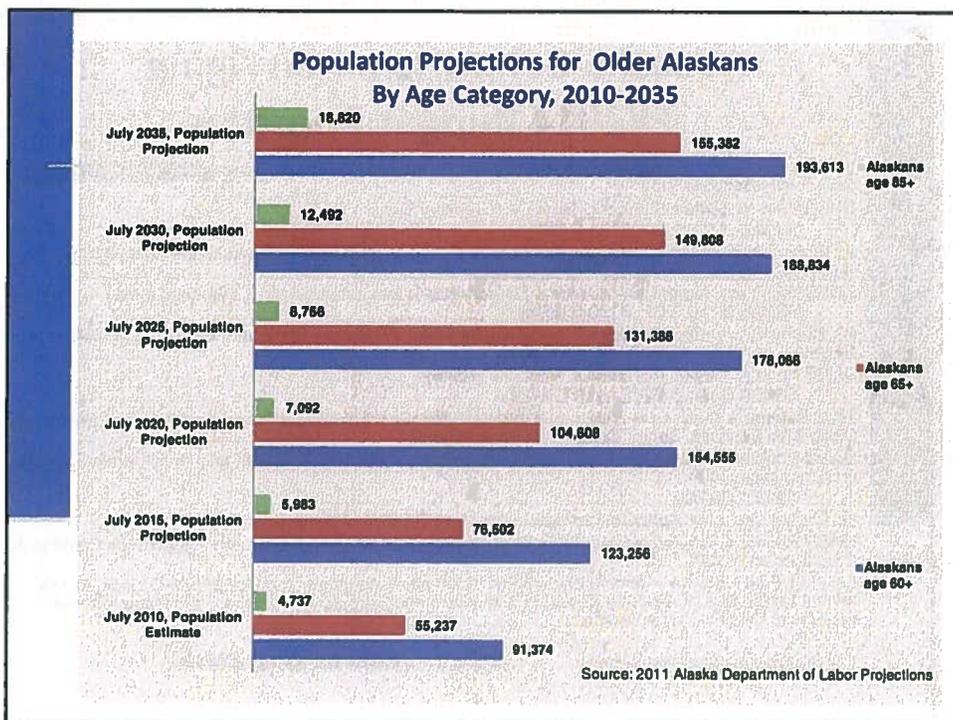
- **#1 National Family Caregiver Grant Program:** Division of Senior and Disabilities Services, Senior Community-Based Grants.
DHSS Priority: Sustainable Long-Term Care Delivery System (100%)
\$450.0 (\$200.0 GF, \$250.0 GF/MH)
- **#2 Community Health Center Senior Access Program (CHC-SAP):** Division of Public Health, Section of Health Planning & Systems Development
DHSS Priorities: Health Care Access & Delivery (60%) Integrated Health & Wellness (40%)
\$350.0 (\$250.0 GF, \$100.0 GF/MH)
- **#3 Health Promotion, Disease Prevention for Older Alaskans:** Division of Senior & Disabilities Services, Senior Community-Based Grants.
DHSS Priority: Integrated Health & Wellness (100%)
\$300.0 (\$150.0 GF, \$150.0 GF/MH)
- **#4 Alzheimer's Disease & Related Dementia Education & Support Program:** Division of Senior and Disabilities Services, Senior Community-Based Grants.
DHSS Priorities: Sustainable Long-Term Care Delivery System (50%); Safe and Responsible Families & Communities (50%)
\$230.0 GF/MH
- **#5 Alaska Complex Behavior Collaborative Hub:** Division of Behavioral Health
DHSS Priority: Sustainable Long-Term Care Delivery System (50%); Safe and Responsible Families & Communities (50%)
\$650.0 GF/MH in base – Joint Advocacy Board Recommendation of the Governor's Council, Alaska Mental Health Board, Advisory Board on Alcoholism and Drug Abuse, Alaska Brain Injury Network, & the Alaska Commission on Aging

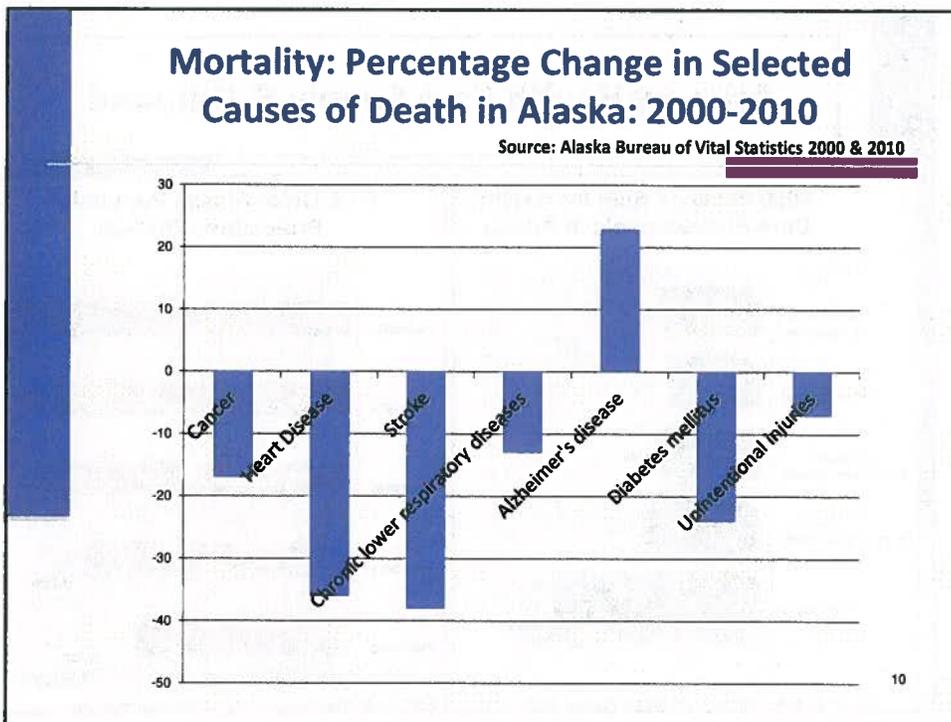
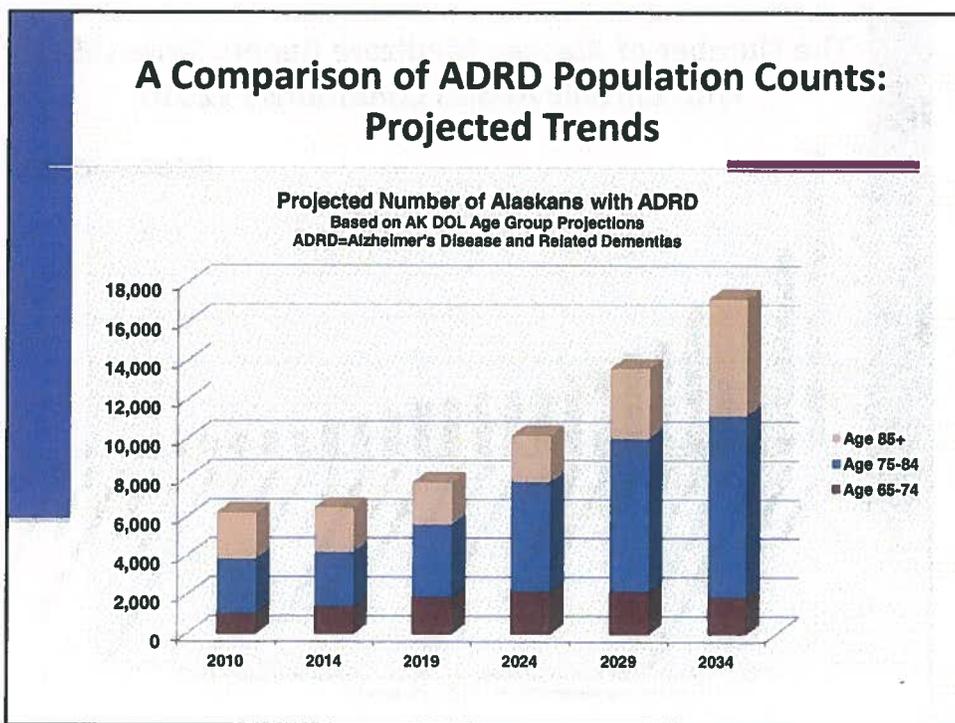
Total Amount Recommended \$1,980.0 (\$600.0 GF, \$1,380.0 GF/MH)

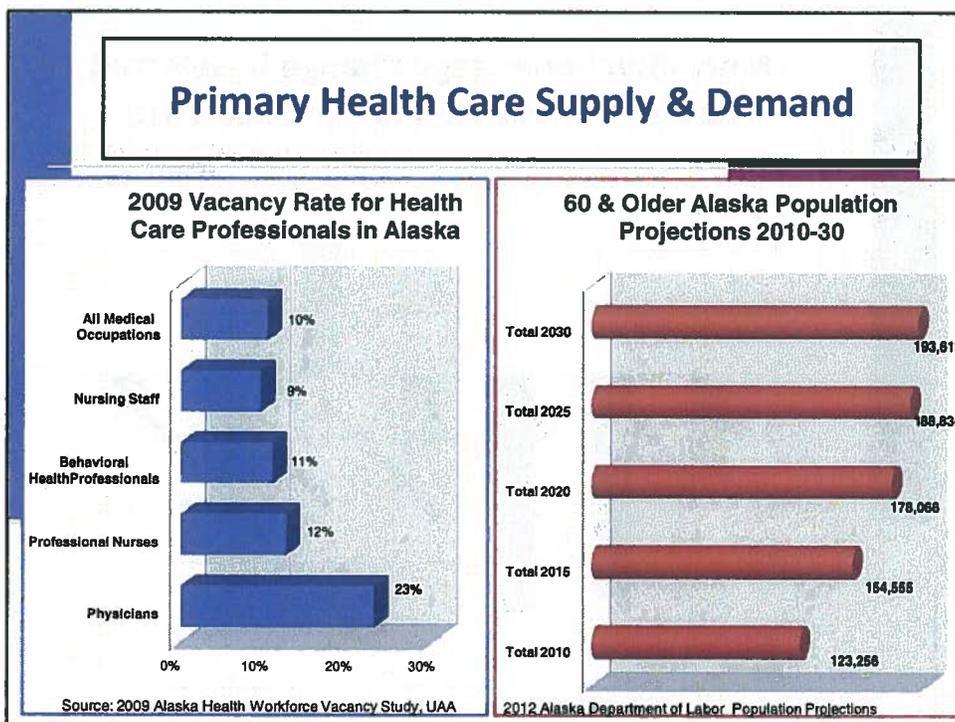
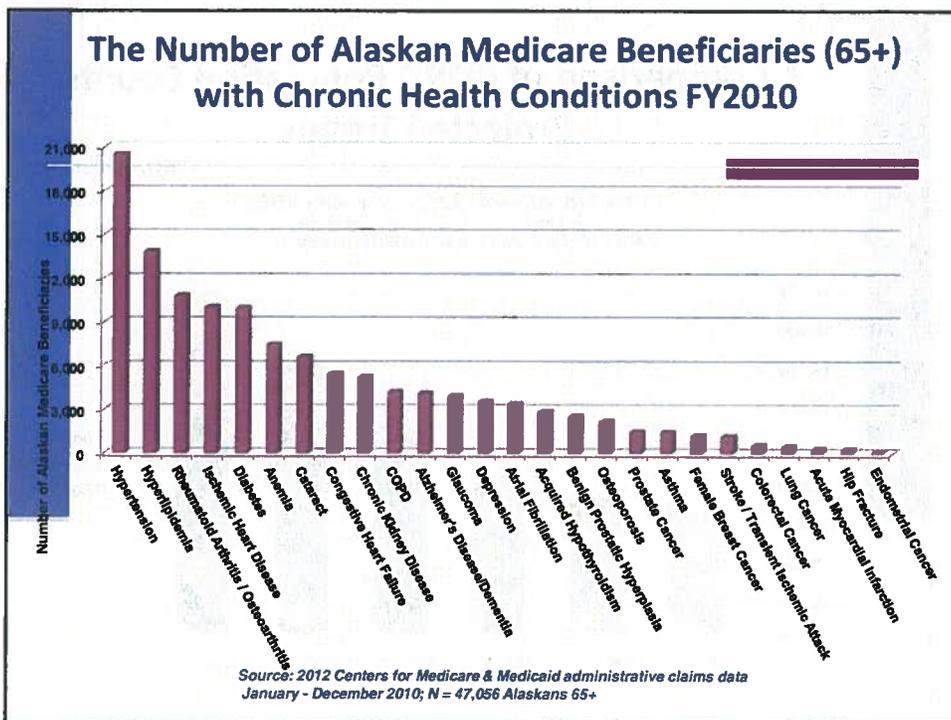


Source: Alaska Department of Labor and Workforce Development, Research and Analysis Section

Alaska Senior Population Trends







*"You will need the patience
of a saint, the mind of a
doctor, and the strength of
Hercules – to take care of
your loved one."*

*Family Caregiver
Anonymous*



**National Family Caregiver Support Program:
Priority #1**

Priority #1

National Family Caregiver Support Program

SDS Senior Community-Based Grants: \$450.0 (\$200.0 GF & \$250.0 GF/MH)

■ **Current Trends**

- Growing senior population requires an increase in supported unpaid caregivers to hold down costs of long-term care.
- Caregivers need assistance to address legal issues on behalf of their loved ones under care.
- Caregivers need support to care for their loved ones with Alzheimer's disease and related dementia (ARD).
- Rise in the number of grandparents raising grandchildren who need resources and supports to meet pressing challenges.
- Limited funding not keeping pace with increased demand for services.

- **Project Goal:** Build family caregiver support services targeting unpaid caregivers of older Alaskans with debilitating health conditions and ARD who are at risk for institutionalization and elderly caregivers serving children to insure successful caregiving and delay/prevent need for institutional placement of elderly persons and the number of children under State custody.

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Priority #1

National Family Caregiver Support Program

SDS Senior Community-Based Grants: \$450.0 (\$200.0 GF & \$250.0 GF/MH)

■ **Proposal**

- Respite, Case Management, Counseling & Training (Recommendation \$225.0): Provide additional in-home respite, counseling, training and support services for unpaid family caregivers.
- Support for Grandparents or Other Elderly Caregivers Serving Grandchildren (Recommendation \$125.0): Enhance funding for services supporting grandparent caregivers including case management, counseling, statewide support groups, supplemental services, referral & information.
- Legal Assistance (Recommendation \$100.0): Increase funding to provide legal support to unpaid caregivers and community education efforts.

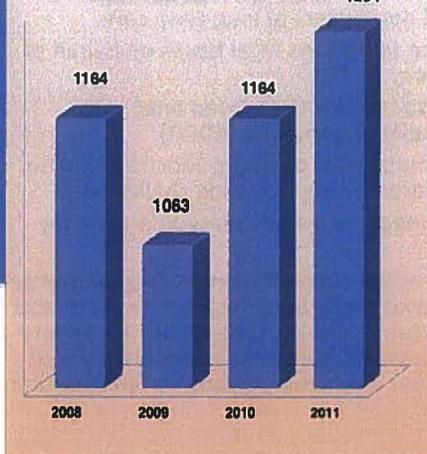
■ **Consequences if Not Funded:**

- Increased number of vulnerable Alaskans at risk for early institutional placement due to caregiver exhaustion and burnout.
- Increased likelihood of harm from fatigued and untrained caregivers.
- Overwhelmed grandparents with little or no supports could lead to an increase in the number of children under state custody.

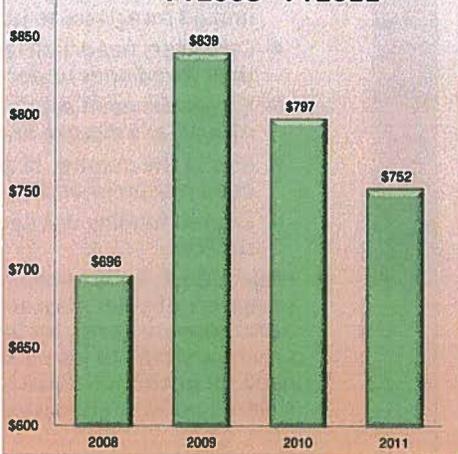
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National Family Caregiver Support Program Caregivers Serving Elderly Individuals

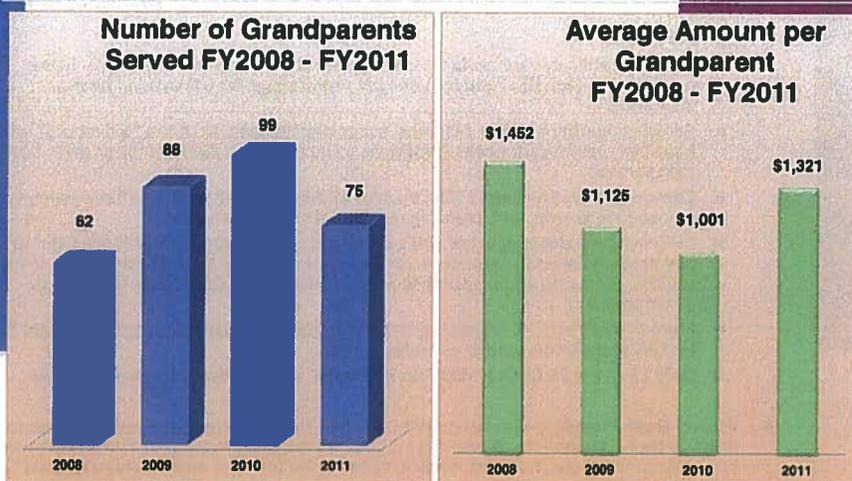
**Number of Caregivers Served
FY 2008 - FY2011**



**Average Amount Per Caregivers
FY2008 - FY2011**



National Family Caregiver Support Program Grandparents or Other Elderly Caregivers Serving Children



Priority #2
Community Health Center Senior Access Program¹⁸

Priority #2

Community Health Center Senior Access Program (CHC-SAP)

Division of Public Health, Section of Health Planning & Systems Development:
\$350.0 (\$200.0 GF & \$100.0 GF/MH)

- **Current Trends**
 - Access to primary care remains as a significant problem for Alaskan Medicare beneficiaries (age 65+) and for younger seniors (age 60-64) with no health insurance.
 - Growing number of older Alaskans, especially the growth of the "oldest old" who have high health care needs, continues to increase the demand for primary health care services.
 - Community health centers (CHCs) serve all Alaskans regardless of their ability to pay and are serving an increasing number of seniors annually.
 - CHC-SAP provides support to CHCs who serve older patients. Funds are used to pay partial salaries for providers serving seniors, primary health care services for seniors, outreach, among other services. All funding is 100% pass-through for direct services.
 - From FY09-FY12, CHCs receiving SAP funds have increased their senior patient load by 10% and person-service episodes by 18%.
 - Only 12 of the 25 CHCs participate in the SAP due to limited funding available.
- **Project Goal:** Provide enhanced funding for the CHC-SAP to increase senior access to primary care statewide to reduce the costs of unnecessary emergency room visits and hospital readmissions. A robust medical home helps to lower high healthcare costs for senior patients.

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Priority #2

Community Health Center Senior Access Program (CHC-SAP)

Division of Public Health, Section of Health Planning & Systems Development:
\$350.0 (\$200.0 GF & \$100.0 GF/MH)

- **Proposal**
 - Increase the number of CHCs participating in the program by increasing the base-payment from \$1,000 to \$5,000 per agency.
 - Assist established CHC-SAP agencies to pursue strategies that promote greater implementation of the Patient-Centered Medical Home (PCMH) model for medical care, behavioral health care, oral health services which will help to strengthen CHC strategies that promote successful transitions from hospital/long term care facilities to the patient's home.
 - Increase the number of new older patients served by CHCs and provide more services to existing patients who experience more complex health conditions.
- **Consequences if Not Funded:**
 - Limited growth in the number of CHCs participating in the SAP.
 - Limited opportunities to further implement the PCMH in CHCs.
 - Fewer resources to serve additional older patients and existing patients with chronic and complex medical needs through the CHCs.

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Priority #2
Community Health Center Senior Access Program (CHC-SAP)
Division of Public Health, Section of Health Planning & Systems Development:
\$350.0 (\$200.0 GF & \$100.0 GF/MH)

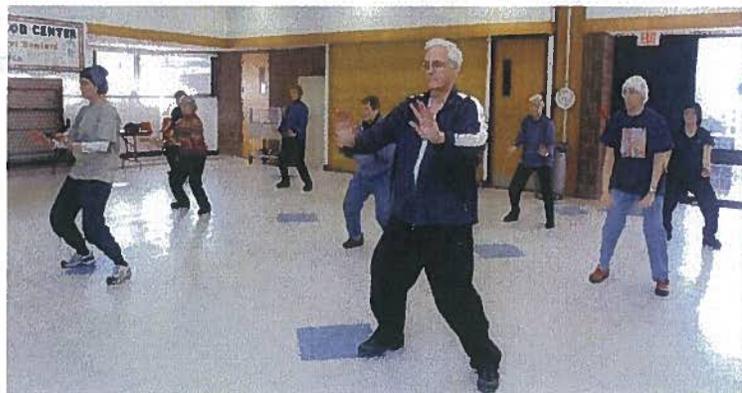
- Insert Robert's chart.

21

Priority #2
Community Health Center Senior Access Program (CHC-SAP)
Division of Public Health, Section of Health Planning & Systems Development:
\$350.0 (\$200.0 GF & \$100.0 GF/MH)

- Insert Robert's chart.

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Priority #3
Health Promotion, Disease Prevention for Older Alaskans

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Priority #3

Health Promotion, Disease Prevention for Older Alaskans
"Senior Fall Prevention"

Senior & Disabilities Services, Senior Community-Based Grants:
 \$300.0 (\$150.0 GF & \$150.0 GF/MH)

- **Current Trends**
 - Falls are the number one cause of hospitalized injuries for Alaskans age 65+, making falls a serious public health problem impacting older Alaskans.
 - The Alaska Trauma Registry reports a 24% increase in hospitalizations for older adults related to fall injuries comparing 2005-2009 and 2000-2004.
 - Seventy-five percent of senior falls occur in the home with 11% due to ice and snow conditions. Other factors include medication complications and misuse of alcohol and/or prescription medications.
 - Vision and hearing losses compound the risk of falling and injury. Older persons with poor vision are more than twice as likely to fall than those with normal vision.
 - Falls are the "gateway" to nursing homes. One-third of seniors (65+) fall each year. One-third of nursing home admissions for seniors are due to falls.
 - Falls are expensive with a median cost of \$28,530 for hospitalization alone. The cost of hospital charges for senior falls in 2005-2009 was \$96 million.
 - The fear of falling often leads to social isolation, physical weakness, depression, and reduced quality of life.
- **Project Goal:** Provide targeted funding to implement evidence-based strategies that prevent senior falls and reduce costs related to emergency room visits, hospitalization, nursing home care, and personal loss of mobility, independence, and quality of life.

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Priority #3

Health Promotion, Disease Prevention for Older Alaskans "Senior Fall Prevention"

Senior & Disabilities Services, Senior Community-Based Grants:
\$300.0 (\$150.0 GF & \$150.0 GF/MH)

- **Proposal**
 - Promote public awareness about senior falls and ways to avoid falls.
 - Encourage providers to perform the Medicare-funded "Initial Prevention Physical Exam" and "Annual Wellness Visits" and address fall-related risk factors for Medicare-eligible seniors annually.
 - Encourage health care providers and pharmacists to review all prescriptions and over-the-counter drugs to identify interactions and side effects that may lead to increased risk for falls.
 - Increase availability of evidence-based falls prevention exercise programs for older adults at senior centers, community health centers, adult day programs, assisted living facilities, and other senior settings.
 - Enhance home hazard reduction programs by encouraging collaborations of existing programs and provide additional funding for home safety assessments and accessibility modifications.
 - Incorporate evidence-based falls prevention intervention as part of hospital discharge programs that include patient education, home safety assessment, and assistance with home accessibility modifications.
- **Consequences if not funded:**
 - Increased numbers of injuries and deaths of older Alaskans from falls.
 - Escalating hospitalization and health care costs related to senior falls.
 - Continued lack of awareness about causes and consequences of senior falls.
 - Increased risk for assisted living and nursing home placement for seniors who suffer from a fall.
 - Increased risk of subsequent falls after the first fall.
 - Loss of independence, mobility, and increased depression for seniors who experience a fall.

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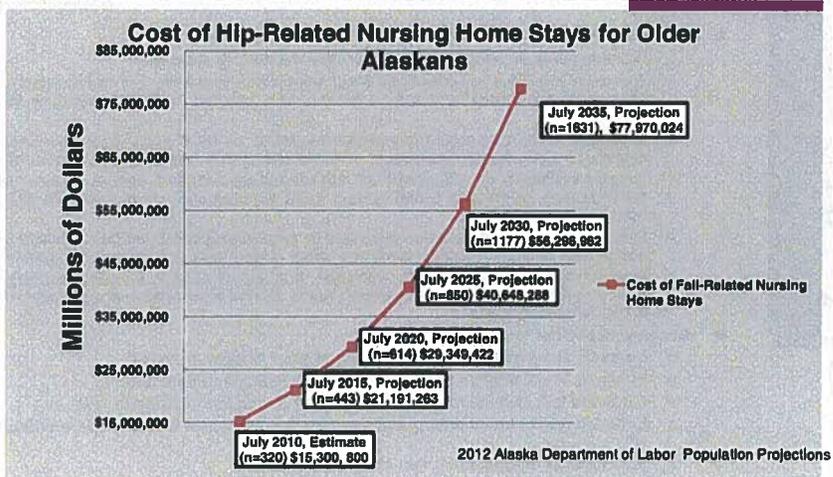
Fall-Related Injuries for Older Alaskans (65+)

Source: State of Alaska Epidemiology, January 2012

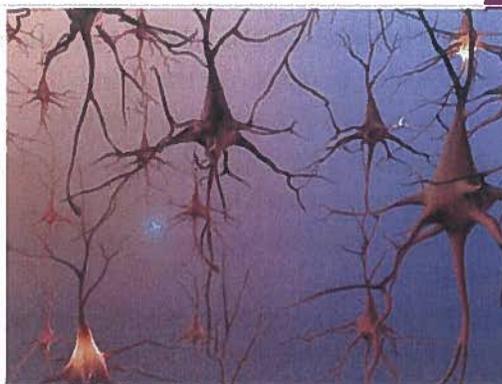
Total of 3,356 hospitalizations related to senior falls, 2005-2009:

- 2,029 (60%) due to injuries in the home
- 1,571 (47%) due to a slip, trip, or stumble
- 493 (24%) due to a fall from one level to another such as from the bed, a chair or wheelchair
- 210 (6%) falls suspected or proven to have been associated with alcohol
- 2,534 (76%) falls diagnosed as resulting in fractures, multiple fractures (350 or 10%), and traumatic brain injury (416 or 12%)
- 21,646 hospital days were recorded with hospital charges totaling \$96 million (median 15 days hospitalization)

Projected Cost of Senior Hip Fractures Resulting in Nursing Home Admissions



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Priority #4 Alzheimer's Disease & Related Dementia Education & Support Program

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Priority #4

Alzheimer's Disease & Related Dementia Education & Support Program

Senior & Disabilities Services, Senior Community-Based Grants: \$230.0 GF/MH

■ Current Trends

- The number of Alaskans with ADRD is increasing in proportion to the growth of the older Alaskan population and is projected to more than triple by 2030.
- 80% of persons who are diagnosed with ADRD live at home, being cared for by unpaid family caregivers.
- Caregivers for persons with ADRD provide care for a longer period of time on average than caregivers of older adults with other conditions due to the long progression of the disease and report high levels of emotional and physical stress.
- Research shows that training, counseling and support to caregivers is effective in keeping people out of nursing homes for an additional 1.5 years.
- Research also shows that persons with mild Alzheimer's and their caregivers benefit from structured counseling in reducing depression when individuals and their families attend sessions together.
- Current funding for the ADRD Education and Support Program can maintain existing services but does not allow for capacity building to keep pace with the growth of the ADRD population and its specialized needs.
- In FY2011, the ADRD Education & Support Program served an unduplicated 430 individuals and 253 service providers with \$127,113 base funding.

- **Project Goal:** Enhance funding to build capacity to provide additional training, consultations, outreach and support to older Alaskans with ADRD and their caregivers, particularly in underserved communities and for individuals receiving minimal services.

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Priority #4

Alzheimer's Disease & Related Dementia Education & Support Program

Senior & Disabilities Services, Senior Community-Based Grants: \$230.0 GF/MH

■ Proposal

- Increase ADRD education, training, consultation and support services to rural and underserved areas.
- Translate educational materials for distribution to diverse cultural communities.
- Provide additional technical assistance and training in the area of memory assisted living to strengthen staff capacity in dementia care and to increase the limited number of assisted living beds for persons with dementia.
- Provide additional training to all service providers to improve understanding and care of persons with ADRD.
- Increase the number of consultations and support to individuals concerned with memory loss and their families.
- Provide structured counseling for individuals with mild to moderate Alzheimer's disease and their family caregivers that is tailored to meet the family's unique needs.
- Provide peer support groups for individuals who are newly diagnosed and their family caregivers.
- Develop and implement plans for personalized interventions to meet the unique family needs of caregivers and care receivers with ADRD.
- Increase outreach to rural and underserved communities.

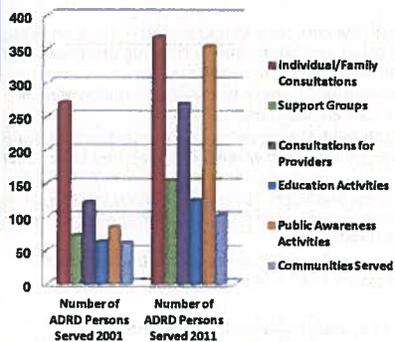
■ Consequences if not funded:

- Increased number of vulnerable Alaskans with ADRD at risk for early assisted living or nursing home placement due to caregiver burnout.
- Decreasing awareness and outreach to inform the public about the signs, brain health promotion strategies, and services available for persons with ADRD and their caregivers.
- Limited educational opportunities about ADRD for health care, assisted living home staff, and other professionals.
- Limited capacity to grow services to address the needs of an increasing population of older Alaskans at risk for ADRD and their caregivers.

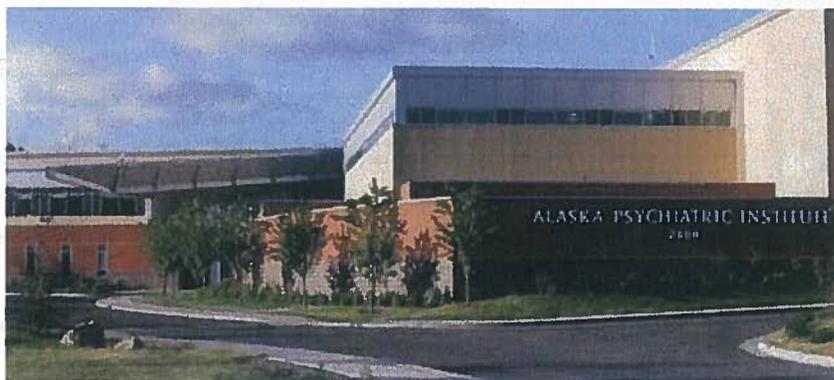
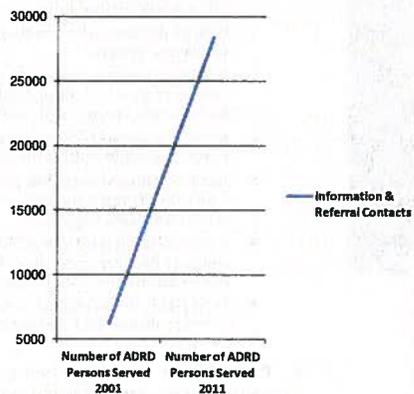
30

Alzheimer's Disease & Related Dementia Education & Support Program Service Level Comparison, FY2001-FY2011

**Number of Persons Served
2001 to 2011 by Service
Category**



**Number of Information &
Referral Contacts Made**



Priority #5 Alaska Complex Behavior Collaborative

Priority #5

Alaska Complex Behavior Collaborative

Division of Behavioral Health, Services to the Mentally Ill

\$650.0 GF/MH in the funding base (Joint Board Budget Recommendation)

- **Current Status (5-31-2012)**
 - Development of appropriate services for individuals with cognitive disabilities and complex behaviors is underway with one-time only funding approved by the Legislature and the Alaska Mental Health Trust Authority to establish the "hub."
 - Number of signed provider agreements (3). Waiting for approval for two ADRD specialists.
 - Number of persons assigned to consultants (13) (5 adults & 8 youth)
 - Total number of persons receiving services (11)
 - Number of referrals (7 adults and 1 youth)
 - Number discharged possibly to higher level of care (2)
 - Alaskans with ADRD, mental illness and sensory impairments are particularly vulnerable to complex behavioral disorders and can pose a safety risk to themselves and others.
 - API reports 42% increase in their inpatient bed utilization for patients 60 years and older due to challenging behaviors from FY2010-2011.
- **Project Goal:** Recommend annualized funding in the amount of \$650.0 to serve Alaskans with complex behaviors who meet criteria for Hub services.

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Priority #5

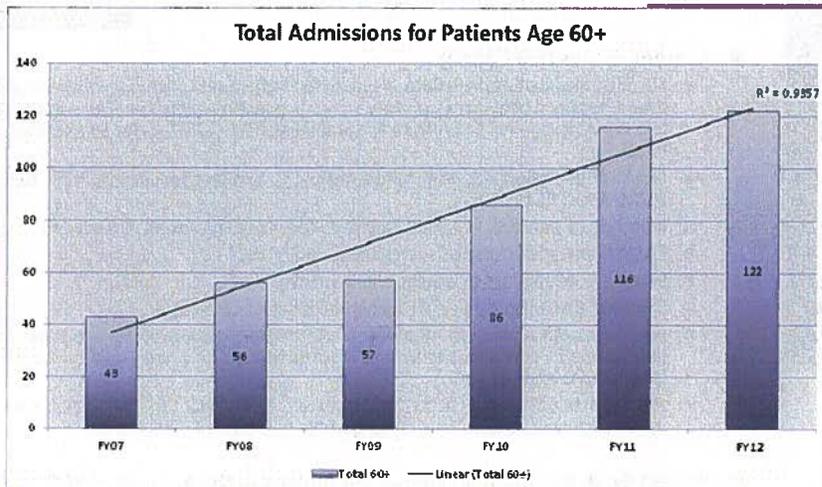
Alaska Complex Behavior Collaborative

Division of Behavioral Health, Services to the Mentally Ill

\$650.0 GF/MH in the funding base (Joint Board Budget Recommendation)

- **Proposal**
 - Annualize \$650.0 increment to continue services through the Hub for vulnerable Alaskans requiring assessment, intensive intervention and stabilization.
 - Funding will provide
 - Comprehensive diagnostic and testing capacity
 - Individualized triage services
 - Technical assistance to providers statewide
 - Case-specific consultation and training for providers/caregivers
 - If available, a portion of the funds could be used for Brief Stabilization Services
- **Consequences if not funded**
 - Individuals with ADRD, mental illness and developmental disabilities placed inappropriately in facilities without staff who are trained to care for persons with challenging behaviors.
 - Individuals with complex behaviors will pose safety issues for their family caregivers, facility staff, other residents and themselves.
 - Individuals at risk for institutional or out-of-state placement
 - Lost opportunity to develop in-state interventions and services to address the needs of people with cognitive disabilities and complex behaviors.

API Admission Trend for Patients Age 60+ FY07-FY12



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Thank you. Questions?

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Alaska Commission on Aging Report on Senior Trust Beneficiaries



Alaska Mental Health Trust Authority
Planning Committee
June 26, 2012

ACoA Mission Statement

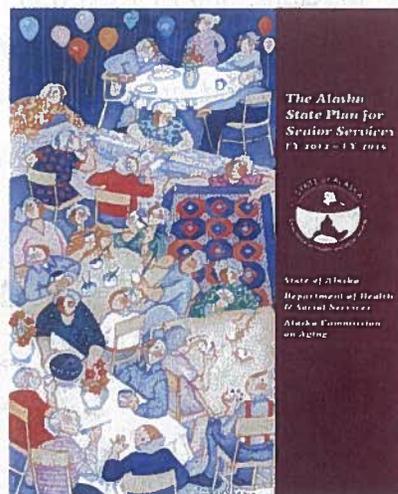
The mission of the Alaska Commission on Aging is to ensure the dignity and independence of all older Alaskans, and to assist them to lead useful and meaningful lives through planning, advocacy, education and interagency cooperation.



Presentation Overview

- Alaska State Plan for Senior Services, FY2012-2015
- Population Level Data
 - Estimated Demographic Projections for Senior Trust Beneficiaries
 - Data Describing Status & Needs
 - Data Development Needs
 - Results Desired for People with ADRD
 - Strategies: Current & Future
- Key Program Performance Data for Individuals with ADRD
 - Trends in Use of Services & Funding Levels
 - Data Development Needs
 - Short-Term & Long-Term Goals

Alaska State Plan for Senior Services FY 2012-2015



Alaska State Plan for Senior Services, FY 2012-2015: Goals

- **Goal 1:** Alaskan seniors are healthy, safe, financially secure, and make vital contributions to their communities.
- **Goal 2:** Seniors have the choice to remain in their own homes, living with high quality of life for as long as possible through the provision of home- and community-based services, including support for family caregivers.
- **Goal 3:** Seniors have access to a range of attractive, safe, affordable housing options.
- **Goal 4:** Seniors are protected from abuse, neglect, self neglect, and exploitation.

Alaska State Plan for Senior Services, FY 2012-2015: Guiding Principles

- Highlight Seniors' Community Contributions.
- Keep Seniors Strong and Healthy.
- Promote Independence, Empowerment & 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.

Alaska State Plan for Senior Services, FY 2012-2015: Planning Process

- Stakeholder Steering Committee
- Surveys of Seniors, Caregivers, and Providers
- Elder-Senior Community Forums



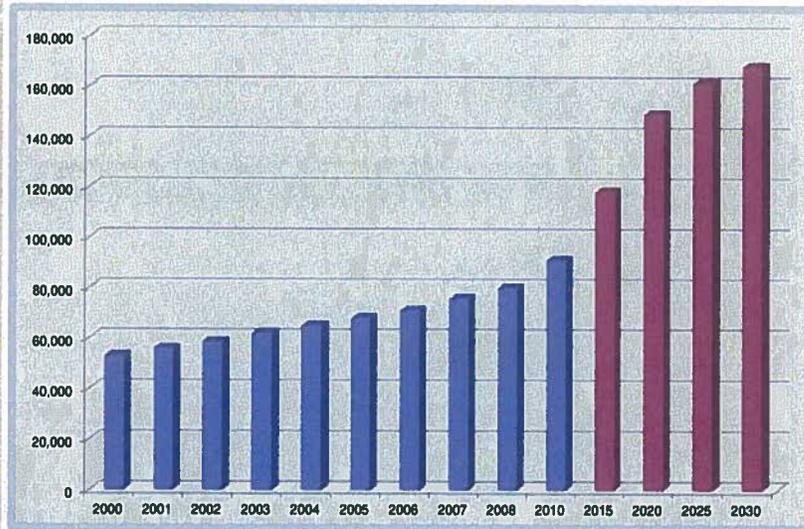
Alaska State Plan for Senior Services & Senior Trust Beneficiaries

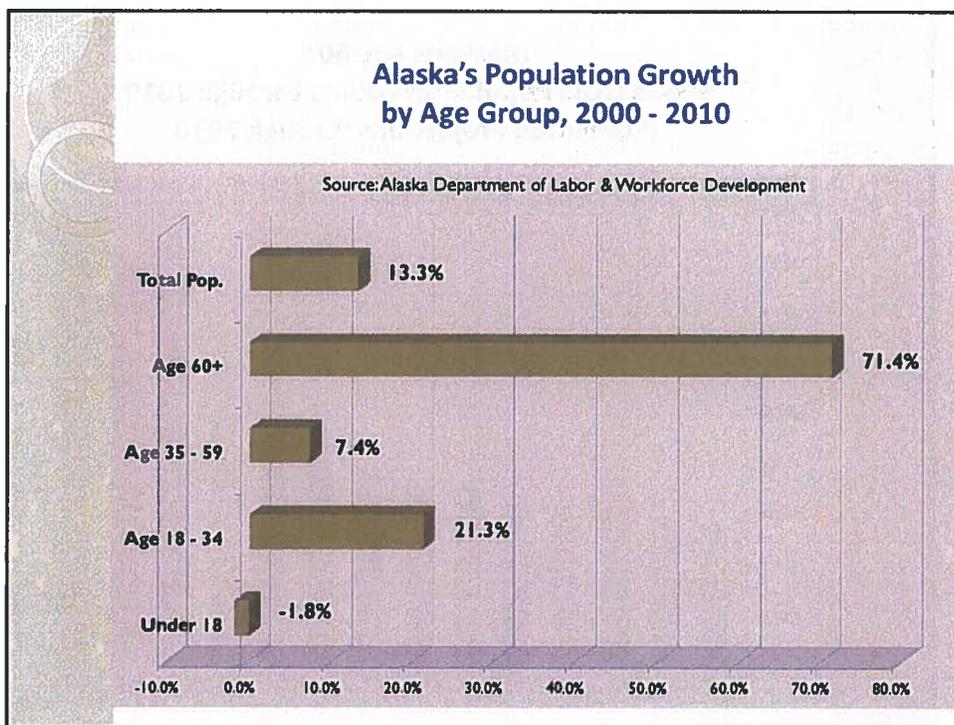
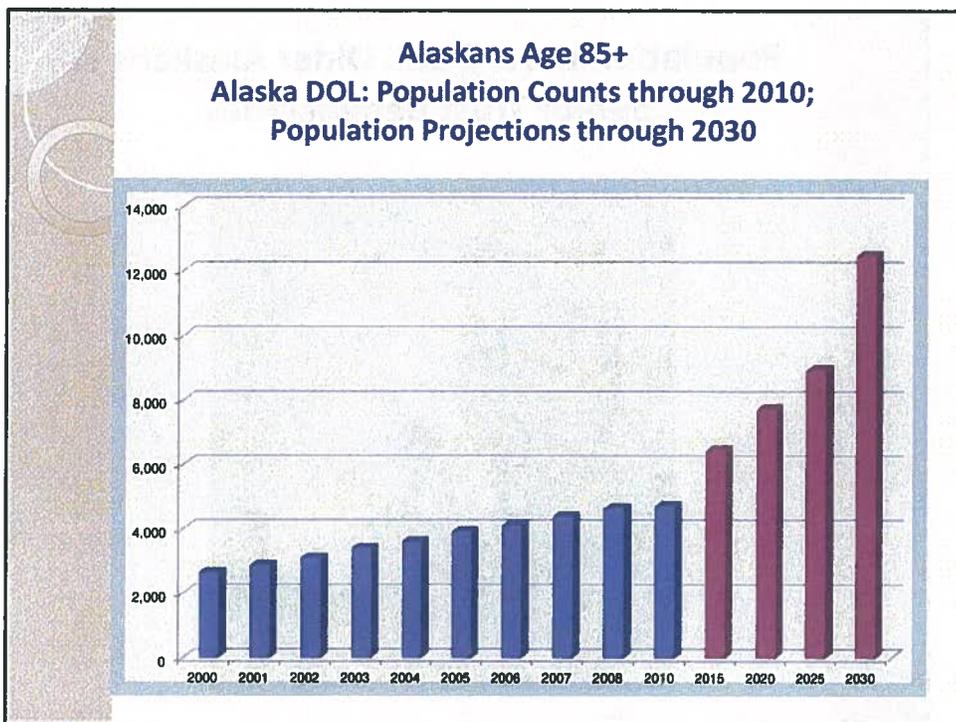
- Older Alaskans with ADRD
- Older People with Behavioral Health Needs
- Proposed State Plan for People with ADRD: A New Initiative

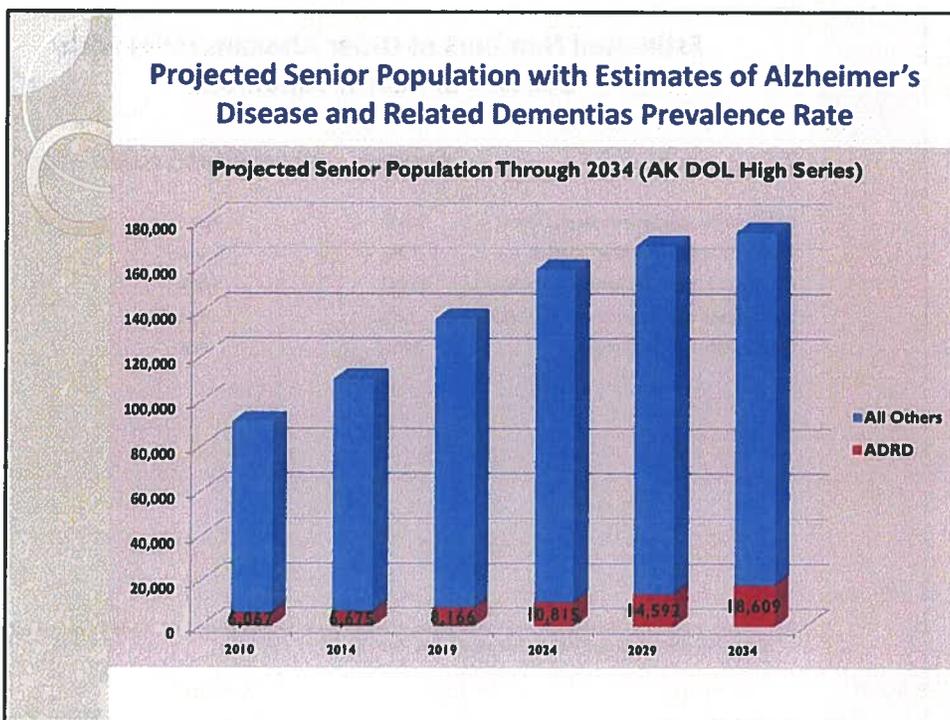
Population Level Data: Older Alaskans & Senior Trust Beneficiaries



Alaskans Age 60+ Alaska DOL: Population Counts through 2010; Population Projections through 2030







Behavioral Health Estimates of Older Alaskans Age 65+ for Low-Income Households in Alaska (240% FPL)

<u>Target Group</u>	<u>Prevalence Rate</u>	<u>Number of Persons</u>
SMI only	2.3 %	1,202
SUD only	0.1%	52
COD	0.1%	52

Source: 2006 Behavioral Health Prevalence Estimates in Alaska, Serious Behavioral Health Disorders by Household. Wiche Mental Health Program (1/15/2008)

Estimated Numbers of Older Alaskans (65+) with Behavioral Health Conditions

	<u>Prevalence</u>	<u>Estimated Number of Older Adults</u>
Older Adults with Serious Mental Illness	4.6%	2,527
Older Adults Dependent on Alcohol	3.9%	2,143
Alzheimer's Disease & Related Dementias	11.0%	6,067
Older Adults with Developmental Disabilities	1.8%	989
Older Adults with Brain Injury	1.8%	989

Data Sources: Prevalence Estimates from the Alaska Mental Health Trust Authority Scorecard 2011; Alaska Department of Labor, Research and Analysis Population Census Count 2010

Risk Factors for Older Alaskans Alaska Trauma Registry* Behavioral Risk Factor Surveillance System (BRFSS)**

Risk Factors	Past Rates	Current Rates
Hospital admissions for nonfatal falls, age 60+ *	2009: 753	2010: 706
Binge Drinkers, age 65+ **	2007: 3.6% n=1,528	2010: 5.0% n=2,747
Heavy Drinkers, age 65+**	2007: 2.3% n=976	2010: 3.0% n=1,648

Risk Factors for Older Alaskans (continued)

Risk Factors	Past Rates	Current Rates
Adult Protective Service Reports of Harm, age 60+	FY 2005: 1,021	FY 2011: 4,425
Long-Term Care Ombudsman Complaints, age 60+	FY 2008: 208	FY 2011: 824
Number of Persons with ADRD Living Alone (National Alzheimer's Association prevalence rates 2011)	2007: 764 (Based on estimated 15% ADRD population of 5,090)	2010: 910 (Based on estimated 15% ADRD population of 6,067)

Population Data Development Needs

- More reliable prevalence estimates for seniors with behavioral health conditions.
- Population data that describes Senior Trust Beneficiaries across categories that fall under the Comp Plan goals:
 - Seniors needing assisted living and those requiring assisted living with mental health supports
 - Senior Trust Beneficiaries needing affordable housing with supportive services
 - Seniors who are homeless
 - Challenges faced by seniors with ADRD, their caregivers and for seniors who live alone.

Older Alaskans with Alzheimer's Disease and Related Dementias



Alzheimer's Disease & Related Dementias

Alzheimer's Disease

Parkinson's Disease

Vascular Dementia

Frontotemporal Dementia

Mixed Dementia

Creutzfeldt-Jakob Disease

Dementia with
Lewy Bodies

Normal Pressure Hydrocephalus

Results Desired for Seniors with ADRD

Result

Older Alaskans with ADRD are safe, live with dignity, and have access to appropriate supports in the least restrictive setting.

Family caregivers of persons with ADRD will have access to support services to prevent caregiver fatigue and early nursing home placement.

Beneficiaries are

Healthy - Comp Plan Goal #1: To enhance quality of life through appropriate services for people with mental and cognitive disabilities and substance use disorders; DHSS Priority: "Long-Term Care"

Live with Dignity – Comp Plan Goal #2: To make it possible for Trust beneficiaries to be productively engaged in meaningful activities throughout their communities.

Safe – DHSS Priority "Vulnerable Alaskans"

ACoA's Role

Raise public awareness and advocate for appropriate funding/policies through inter-agency collaboration to ensure that seniors with ADRD have access to services that help them stay safe and receive proper care while providing supports to family caregivers to avoid institutional placement.

Partners

- Alaska Mental Health Trust Authority
- Department of Health & Social Services
- Division of Senior & Disabilities Services
- Alzheimer's Disease and Resource Agency of Alaska
- Division of Public Health
- Senior Advocacy Network (AgeNet and ADRD Senior Providers)
- Regional Senior Advisory Commissions
- National Alzheimer's Association
- Division of Pioneer Homes
- Pioneer Homes Advisory Board
- Division of Behavioral Health
- AARP
- Advisory Board Partners
- Legislature & Administration

ACoA & Partner Strategies Successfully Implemented

- Advocated for increments in Senior HCBS grant funds in the amount of \$2.4 million GF, GF/MH & ARRA funds (FY07 - FY11).
- Advocated for passage (FY07) and reauthorization (FY10) of Senior Benefits.
- Advocated for funding for Aging and Disability Resource Centers in the total amount of \$625.0 MHTAAR (FY08-FY12).
- Advocated for an increment to add a new staff position for the Office of Long-Term Care Ombudsman \$91.5 GF/MH (FY10).
- Launched the Healthy Body/Healthy Brain Campaign (FY09).
- Advocated for funding to establish "Flexible Long-Term Supports" grant program (FY07).

Successful Strategies Implemented (continued)

- Planned and advocated for funding to establish the "Senior Access Program" to increase senior access to primary care in the amount of \$350.0 (FY10).
- Planned and advocated for funding to establish the Senior Outreach Assessment Referral (SOAR) program in the amount of \$300.0 (FY08).
- Advocate annually for Community Transit increments in the capital budget.
- Advocated for passage (FY07) and reauthorization of the Medicaid Adult Dental program (FY09).
- Advocated for legislation to establish a regular rate review on waiver services (FY10) as well as a phased-in increase in rates over four years (FY09).
- Advocated for legislation to amend the Medicaid income threshold from a fixed dollar amount to 300% of SSI (FY10).

ACoA & Partner Strategies Being Currently Implemented

- Advocated for funding for Senior In-Home Services (\$500.0 GF & GF/MH) of which \$425.0 was approved.
- Advocated for funding for Adult Day Programs (\$325.0) of which \$202.5 was approved.
- Advocated for funding to establish (FY11) and continue (FY12) the Alaska Complex Behavior Collaborative (\$650.0) of which \$650.0 was approved as a one-time increment.
- Advocated for funding to support community transit services (\$3 million in FY12) and passage of HB 131.
- Successfully advocated for passage of SB 86 to increase protection of vulnerable adults and children.
- Continued advocacy for services to provide cueing and supervision for persons with ADRD.
- Began work with partners to compile data about the needs of persons with Alzheimer's disease and related dementia and their caregivers for development of a State Plan for ADRD.

ACoA & Partner Proposed Strategies

- Develop a state plan to address the needs of persons with ADRD and their caregivers. Strategies proposed:
 - Host community forums in Fairbanks, Kenai, rural hub community, and a statewide teleconference.
 - Work with the Division of Public Health & other partners to request funding for inclusion of questions from the Perceived Cognitive Impairment module in the Alaska Behavioral Risk Factor Surveillance Survey (BRFSS).
 - Draft and disseminate two surveys targeting persons with early Alzheimer's disease and family caregivers.
 - Work with Assisted Living Licensing to strengthen regulations to produce more dementia-capable facilities.
 - Establish a steering committee to oversee the development of the State ADRD Plan.

Proposed Strategies (continued)

- Work with Public Health to include the importance of brain health in their health promotion public awareness campaigns.
- Continue the senior fall prevention campaign and advocacy for funding to prevent senior falls.
- Advocate for additional funding and policies to improve family caregiver respite and supports.
- Advocate for additional funding and policies to provide appropriate supports for Senior Trust Beneficiaries with behavioral health conditions.
- Support policies and funding to develop the infrastructure for the Patient-Centered Medical Home model.
- Advocate for funding to strengthen education and training for people with Alzheimer's disease and their caregivers.

Key Program Performance Data: Use of Services & Funding Levels



Long Term Care in Alaska The Continuum of Care

Community-Based Services	Home-Based Services	Intensive Home & Community-Based	Services in a Residential Care Setting	Most Intensive Institutional Services
*Congregate Meals	*Home Delivered Meals	*Adult Day Services	*Assisted Living	*Acute Care
*Transportation	*Assisted Transportation	*In-Home Respite Care	*Facility Respite Care	*Nursing Home Care
*Information/Referral		*Home Health Care	*Pioneer Homes	*Residential Hospice Care
*Physical Fitness	*Shopping Assistance		*Adult Foster Care	
*Health Promotion/ Disease Prevention Classes & Activities	*Congregate Housing	*Personal Care	*CCRC: Continuing Care Retirement Community	*Psychiatric Hospital
*Senior Employment Services	*Supported Housing	*Palliative & Hospice Care		
*Independent Living	*Home Repair & Renovation	*Family Caregiver Support		
*Senior Centers	*Senior Companion Volunteers	*Outpatient Care		
*Senior Volunteer Programs	*Homemaker/Chore Service	*Rehabilitation		
*Legal Services	*Companion Services	*Counseling		
*Health Screening	*Tele-health	Long Term Care Ombudsman: Advocacy for Residents of Long Term Care Facilities		
*Social, Recreational & Educational Activities	Care Coordination (Targeted Case Management), Assessment/Plan of Care/Follow-up			
Office of Elder Fraud & Assistance				
Adult Protective Services: Investigations and Services to Abuse/Neglect Victims				

Senior Grant-Funded Services, FY08 & FY11 Use of Services & Funding Levels

	FY 2008	FY2011	Change
Senior Community-Based Grants*	\$10,522,300	\$12,264,000	+\$1,741,706 (+17%)
Number of recipients	13,404	25,000	+11,596 (+87%)
Average amt/recipient	\$ 785	\$ 491	-\$294 (-37%)
Senior In-Home Services**	\$2,149,985	\$ 2,492,265	+\$342,280 (+16%)
Number of recipients	1,439	1,308	-131 (-9%)
Average amt/recipient	\$ 1,494	\$ 1,905	+\$411 (+28%)
Estimated # of ADRD Recipients			
Care Coordination	308 (32%)	270 (26%)	- 32 (-10%)
Chore	72 (44%)	54 (14%)	- 18 (-25%)
Respite/Extended Respite	110 (44%)	120 (50%)	+10 (+9%)
Supplemental Services	--	8 (22%)	--
Adult Day Programs**	\$1,413,073	\$1,554,511	+\$141,438 (+10%)
Number of recipients	520	488	- 32 (-6%)
Average amt/recipient	\$ 2,717	\$ 3,185	+\$468 (+17%)
Estimated # of ADRD Recipients	348 (67%)	298 (56%)	- 50 (-14%)

Source: DHSS Budget Overview for FY 2010 & FY2013*; Division of Senior & Disabilities Services Senior Grants Unit 2012; Alaska State Plans for Senior Services, FY08-FY11 and FY12-FY15**

Senior Grant-Funded Services, FY08 & FY11 Use of Services & Funding Levels (continued)

	<u>FY 2008</u>	<u>FY2011</u>	<u>Change</u>
Family Caregiver Program	\$ 900,624	\$1,026,575	+\$125,951 (14%)
Number of Recipients	1,661	1,294	-367 (-22%)
Average Amt/Recipient	\$ 542	\$ 773	+\$231 (+43%)
ADRD Mini Grants	\$260,300	\$ 260,300	\$0
Number of Recipients	173	259	+86 (50%)
Average Amt/Recipient	\$ 1,262	\$ 960	-\$730 (-43%)
ADRD Education & Support	\$127,118	\$ 127,118	\$0

Source: Alaska State Plan for Senior Services, FY 2008-2011; Division of Senior & Disabilities Services, 2012; & Alaska Mental Health Trust Authority, 2012

Medicaid Waiver & PCA Services, FY 2008 & 2011 Use of Services & Funding Levels

	<u>FY 2008</u>	<u>FY2011</u>	<u>Change</u>
Older Alaskans Waiver	\$ 34,864,704	\$44,797,222	+\$ 9,932,518 (+28%)
Number of Recipients	1,612	1,795	+183 (+11%)
Average Amt/Recipient	\$21,628	\$24,957	+\$3,328 (+15%)
<i>Estimated # of ADRD Recipients</i>	606	700	+94 (+16%)
<i>Average Amt/ADRD Recipient</i>	\$30,318	\$31,494	+ \$1,175 (4%)
Personal Care Assistance	\$44,112,857	\$67,181,207	+\$23,068,350(+52%)
Number of Recipients	2,318	2,992	+674 (+29%)
Average Amt/Recipient	\$19,030	\$22,454	+ \$3,423 (18%)
<i>Estimated # of ADRD Recipients</i>	331	439	+108(33%)
<i>Average Amt/ADRD Recipient</i>	\$23,067	\$28,020	+\$4,953 (+21%)

Source: Division of Senior and Disabilities Services, Research & Analysis Unit May 2012

Projected Cost & Need for Select Support Services Utilizing All Sources for Funding

SUPPORT TYPE	2011 UNITS	2011 UNIT COST	Estimated 2020 UNITS (Based on DOL baseline population projections.)	2020 Total Estimated Cost (Based on 2011 dollars.)
Nursing home	680 beds	\$247,470/bed (\$168 million annual total)	1,149 beds	\$284 million
Assisted living (senior)	2,100 beds	\$53,736/bed (\$113 million annual total)	3,549 beds	\$190 million
Pioneer Homes	Level I – 75 beds Level II – 164 beds Level III – 269 beds 508 total beds	\$28,200 (I) \$51,120 (II) \$74,040 (III) \$153.4 million total	Level 1 – 127 beds Level 2 – 277 beds Level 3 – 455 beds 859 total beds	Level 1 - \$47.7 m Level 2 - \$86.3 m Level III - \$125 m \$259 million total
Older Alaskans Waiver	1,795 Seniors 60+ (700 with ADRD)	\$24,957 (\$44.8 million total)	3,034 Seniors 60+ (1,183 with ADRD)	\$75.7 million (\$29.5 million for ADRD)
Personal Care Assistance	2,992 Seniors 60+ (439 with ADRD)	\$22,454 (\$67.2 million total)	5,056 Seniors 60+ (742 with ADRD)	\$113.5 million (\$16.7 million for ADRD)
Senior grant services (NTS)	25,000 seniors	\$491 (\$12.3 million total)	42,250 clients	\$20.7 million
Adult day services (withn Senior Grants)	488 seniors (298 with ADRD)	\$3,185 (\$1.55 million total)	825 Adult Day (503 with ADRD)	\$2.6 million (\$1.6 million for ADRD)
Senior In-Home (withn Senior Grants)	1,308 seniors (366 with ADRD)	\$1,905 (\$2.49 million total)	2,211 Senior In-Home (619 with ADRD)	\$4.2 million (\$1.2 million for ADRD)

- Program Data Development Needs**
- Improve tracking of senior grant data that ties to the performance measures described in the Alaska State Plan for Senior Services, FY 2012-2015.
 - Research and implement measures that describe how well senior home- and community-based services improve the quality of life for a person with ADRD and their caregiver that helps to delay/prevent the need for nursing home placement.
 - Compile data that describes the number of seniors receiving behavioral health services through IMPACT, SBIRT and SOAR and the effectiveness of those services.

ACoA's Short-Term Goals

- Continue to gather stakeholder input about Senior and Senior Trust Beneficiary needs to inform ACoA's policy and budget recommendations for FY 2014-2015.
- Continue to conduct community forums with persons and agencies affected by ADRD to develop policy recommendations for the ADRD State Plan and for advocacy purposes.
- Work to increase surveillance about the impact of ADRD by coordinating with Public Health to include the "cognitive impairment module" in the upcoming Alaska BRFSS survey.
- Continue to serve on the committee established by Assisted Living & Licensing to improve the quality of dementia care in Alaska's nursing and assisted living homes.
- Establish the ADRD State Plan Steering Committee in Fall 2012.

ACoA's Long-Term Goals

- Plan & implement advocacy strategies and campaigns for FY 2014 - FY 2015 draft budget recommendations with ACoA's Legislative Advocacy Committee.
 - National Family Caregiver Support Program, SDS Senior Community Grants
 - Health Promotion & Disease Prevention Services, Title IIID (SDS Grants)
 - Senior Access Program, Division of Public Health
- Continue collaboration with Assisted Living & Licensing to improve the quality of dementia care in Alaska's nursing and assisted living homes.
- Develop and implement a comprehensive state-wide ADRD plan to promote public awareness about brain health and improve services for people with ADRD and their caregivers.

Thank You



Alaska Commission on Aging FY 2014 Operating Budget Recommendations



Alaska Mental Health Trust Authority
Planning Committee Budget Presentation
August 8th-9th, 2012

1

Mission Statement

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 collaboration.



Presentation Overview

- FY 2014 ACoA Budget Recommendation Process
- Summary of Budget Recommendations
- Proposal Descriptions in RBA Format
- Questions

3

Stakeholder Input & ACoA's Budget Recommendations

- ADRD Community Forums: Anchorage, Juneau, Fairbanks
- Stakeholder Needs Survey: 17 agencies responding
- Input from State & Other Agency Partners
- Public Comment

Alaska Commission on Aging FY2014 Operating Budget Priorities

- **#1 National Family Caregiver Grant Program:** Division of Senior and Disabilities Services, Senior Community-Based Grants. Comp Plan Result Areas: Health, Safety & Living with Dignity. DHSS Priority: Sustainable Long-Term Care Delivery System. **\$250.0 GF/MH (\$200.0 GF)**
- **#2 Health Promotion, Disease Prevention for Older Alaskans, *Senior Fall Prevention*:** Division of Senior & Disabilities Services, Senior Community-Based Grants. Comp Plan Result Areas: Healthy, Safety & Living with Dignity. DHSS Priority: Integrated Health & Wellness. **\$150.0 GF/MH (\$150.0 GF)**
- **#3 Alzheimer's Disease & Related Dementia Education & Support Program:** Division of Senior and Disabilities Services, Senior Community-Based Grants. Comp Plan Result Areas: Living with Dignity. DHSS Priorities: Sustainable Long-Term Care Delivery System, Safe and Responsible Families & Communities. **\$230.0 GF/MH.**
- **#4 Complex Behavior Collaborative Consultation & Training:** Division of Behavioral Health, Services to the Seriously Mentally Ill. Comp Plan Result Areas: Healthy, Safety & Living with Dignity. DHSS Priorities: Sustainable Long-Term Care Delivery System, Health Care Access & Delivery. ACoA supports the joint board recommendation to include **\$650.0 GF/MH** in the base funding as presented by the Governor's Council on Disabilities and Special Education.

Total Amount Recommended: \$630.0 GF/MH (\$350.0 GF); \$980.0 GF/MH, GF

*"You will need the patience
of a saint, the mind of a
doctor, and the strength of
Hercules – to take care of
your loved one."*

*Family Caregiver
Anonymous*



Priority #1: National Family Caregiver Support Program

Current base funding: \$1,026,575 (\$764,933 federal/\$261,642 GF)

Priority #1: National Family Caregiver Support Services

SDS Senior Community-Based Grants: \$450.0 (\$250.0 GF/MH & \$200.0 GF)

What is the end result?

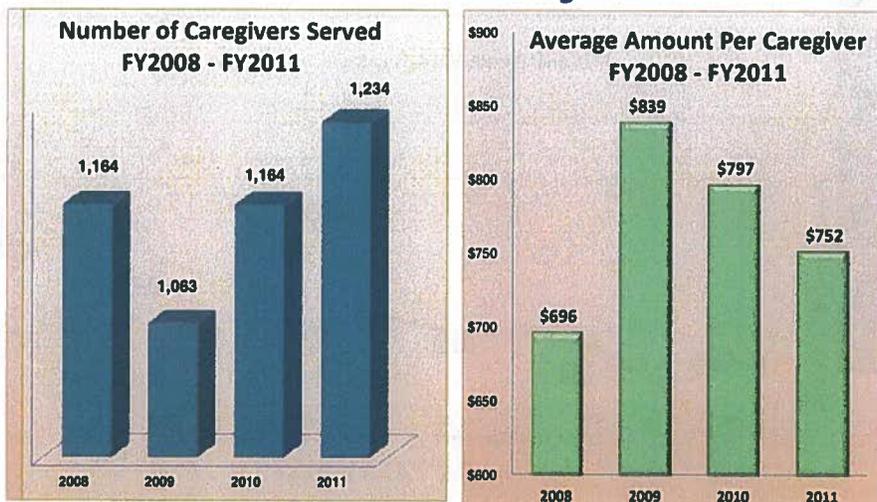
Project Summary: Build unpaid family caregiver supports/training for vulnerable Alaskans to increase caregiver success and delay/prevent need for premature institutional placement of elderly persons with ADRD and children at-risk for foster care.

Results Desired

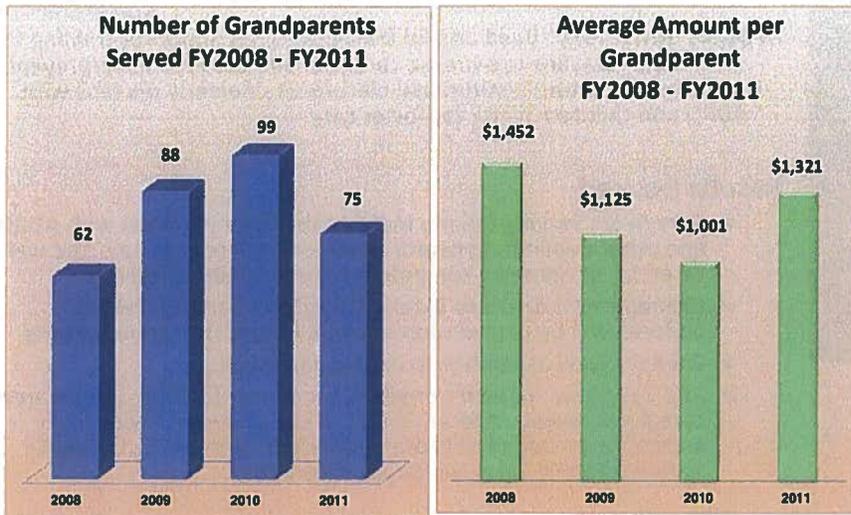
- **Caregivers Serving Elderly Individuals:** Older Alaskans with ADRD and other debilitating health conditions will remain safe and well-cared for at home by competent unpaid family caregivers.
- **Grandparents or Other Elderly Caregivers Serving Children:** Children will be reared successfully by supported grandparents.
- Enhance legal assistance to unpaid caregivers.
- Add 211 “new” unpaid caregivers for elderly (n=139), grandparent caregivers raising children (n=57), & caregivers receiving legal assistance on behalf of those under their care (n=15) through National Family Caregiver Support Services.

Priority #1: National Family Caregiver Support Program Caregivers Serving Elderly Individuals

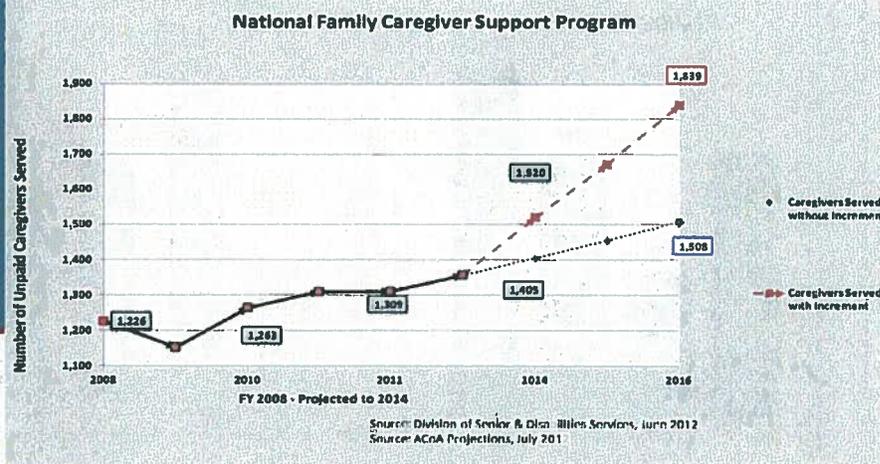
How are we doing?



Priority #1: National Family Caregiver Support Program
Grandparents or Other Elderly Caregivers Serving Children
How are we doing?



Priority #1: National Family Caregiver Support Services
How are we doing? Results desired.



Priority #1: National Family Caregiver Support Services

Story behind the curve

- Growing ADRD senior population requires an increase in the number of competent unpaid caregivers to hold down long-term care costs, allowing seniors to remain in home settings for as long as possible.
- ADRD caregivers, who can become “secondary patients,” need supports to improve their well-being & caregiving skills.
- Grandparents & other seniors caring for children require assistance to meet new challenges.
- Caregivers need assistance to address legal issues of loved ones.
- NFCSP funding unable to meet current demand and rising cost of services.
- Caregivers require training and supports to be successful and prevent burn-out, especially new caregivers.

Priority #1: National Family Caregiver Support Services

Who are our customers and partners?

Primary Customers (Trust Beneficiary Populations):

- Older Alaskans with/at-risk of ADRD
- Older Alaskans with/at-risk of mental illness & other cognitive impairments
- Children with/at-risk of Mental Illness, Fetal Alcohol Spectrum Disorder, Alcohol and Substance Misuse
- Grandparents with/at-risk of Alcohol, Mental Illness disorders

Secondary Customers/Partners:

- Family Caregiver Service Providers
- Alaska Mental Health Trust Authority
- Department of Health and Social Services
- Division of Senior and Disabilities Services
- Senior Service Providers
- Senior Advocacy Network
- AARP
- Regional Senior Advisory Commissions
- Alaska Legislature & Administration

Priority #1: National Family Caregiver Support Services

What works to turn the curve

- Strengthen NFCSP supports/training for unpaid family caregivers targeting caregivers of elderly with ADRD, older caregivers with greatest social/economic need and grandparents (elderly caregivers) rearing children.
 - **Caregivers Serving Elderly Individuals:** Respite, case management, counseling & training. Recommendation \$125.0 GF/MH (\$100.0 GF)
 - **Supports for Grandparents or Other Elderly Caregivers Serving Children:** Case management, counseling, support groups, respite, & training. Recommendation \$75.0 GF/MH (\$125.0 GF)
 - **Legal Assistance:** Recommendation \$50.0 GF/MH (\$50.0 GF)

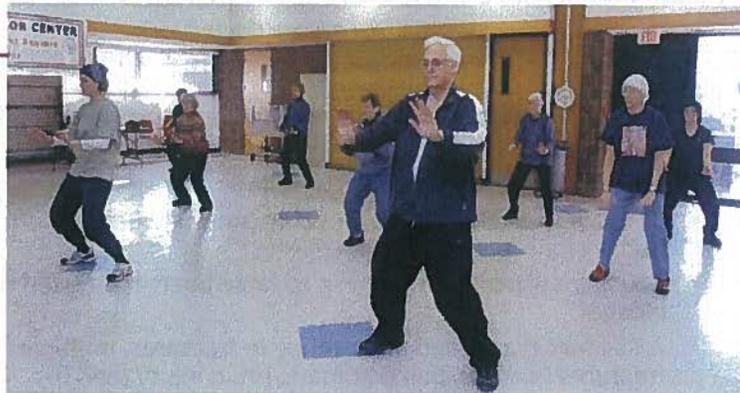
Priority #1: National Family Caregiver Support Services

What we propose to do: Advocacy strategies

- Prepare a detailed position paper in support of the increment for unpaid family caregivers.
- Coordinate family caregivers support encouraging them to offer their personal stories that highlight the value of unpaid caregiving.
- Coordinate the senior advocacy network to advocate for the increment.
- Identify a legislative “champion” to support the budget increment.
- Create a page on ACoA’s website devoted to family caregiving to promote public awareness.

Priority #1: National Family Caregiver Support Services
Consequences if not funded

- Increased number of vulnerable Alaskans at risk for early nursing home placement due to caregiver exhaustion.
- Overwhelmed grandparents with little or no supports that may lead to state custody of children.
- Compromised health and well-being of unpaid caregivers.
- Increased likelihood of harm from untrained, fatigued caregivers.



Priority #2
Health Promotion, Disease Prevention for Older Alaskans:
Senior Fall Prevention

Current base funding: \$123,682 (\$105,130 federal/\$18,552 GF)

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Priority #2

Health Promotion, Disease Prevention Program: *Senior Fall Prevention*

SDS Senior Community-Based Grants: \$300.0 (\$150.0 GF/MH & \$150.0 GF)

What is the end result?

Project Goal

Provide targeted funding to implement evidence-based senior fall prevention interventions to reduce the rate of injuries and deaths for older Alaskans related to falls.

■ Results Desired

- Prevent fall-related injuries for older Alaskans with ADRD and other seniors at-risk.
- Reduce burden on families impacted by senior falls.
- Lower health care costs related to senior falls.

Priority #2

Health Promotion, Disease Prevention Program: *Senior Fall Prevention*

How are we doing?

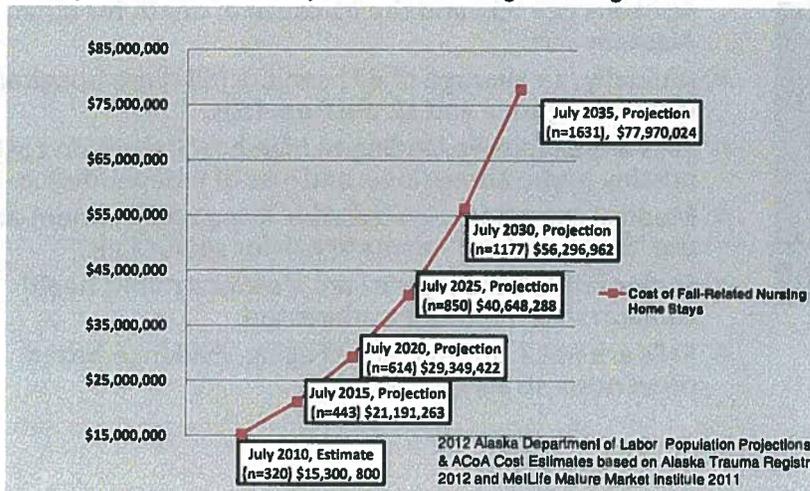
Total of 3,356 hospitalizations related to senior falls, 2005-2009:

- 2,029 due to injuries in the home
- 1,571 due to a slip, trip, or stumble
- 493 due to a fall from one level to another such as from the bed, a chair or wheelchair
- 210 falls suspected or proven to have been associated with alcohol
- 2,534 falls diagnosed as resulting in fractures, multiple fractures (n=350), and traumatic brain injury (n=416)
- 21,646 hospital days were recorded with hospital charges totaling \$96 million (median 15 days hospitalization)

Source: State of Alaska Epidemiology, January 2012

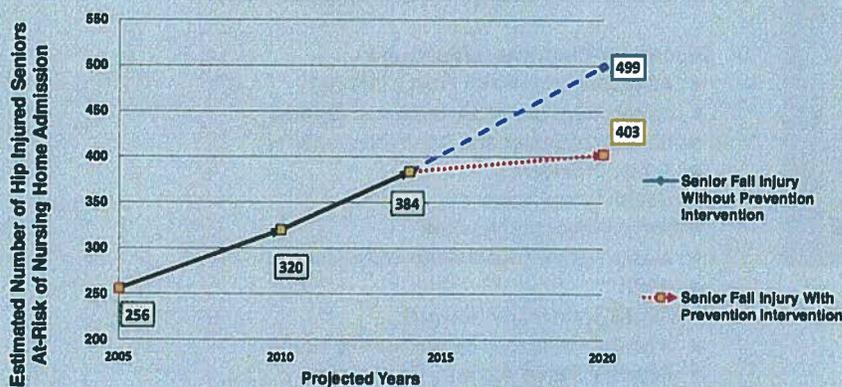
Priority #2
Health Promotion, Disease Prevention Program: Senior Fall Prevention
How are we doing?

Projected Cost of Senior Hip Fractures Resulting in Nursing Home Admissions



Priority #2
Health Promotion, Disease Prevention Program: Senior Fall Prevention
How are we doing? Results desired.

Effectiveness of Senior Fall Prevention Intervention



Priority #2

Health Promotion, Disease Prevention Program: *Senior Fall Prevention* *Story behind the curve*

- Falls are the #1 cause of non-fatal hospitalized injuries for Alaskans age 65+ and the #1 cause of death for older Alaskans 75+.
- Annually, an average of 671 seniors (65+) are hospitalized from fall injuries and 12 die from falls.
- Falls are expensive leading to high hospitalization costs, nursing home admissions, and loss of independence.
- Medical conditions, inaccessible living environment and the “fear of falling” increase risk for senior falls.
- Senior fall-related injuries are a serious public health concern that need to be addressed.
- Falls are not a normal part of aging. Evidence-based prevention strategies work!

Priority #2

Health Promotion, Disease Prevention Program: *Senior Fall Prevention* *Who are our customers and partners?*

- **Primary Customers**
 - Senior Trust beneficiaries with ADRD and other older Alaskans
 - Families with elderly members impacted by falls.
- **Secondary Customers/Partners**
 - Alaska Mental Health Trust Authority
 - Department of Health and Social Services
 - Division of Senior and Disabilities Services
 - Senior Providers
 - Health Care Providers
 - Senior Advocacy Network
 - Alaska Native Tribal Health Consortium
 - AARP
 - Alaska Brain Injury Network
 - Assisted Living Homes and Nursing Homes
 - Regional Senior Advisory Commissions
 - University of Alaska Trust Training Cooperative
 - Alaska Legislature & Administration

Priority #2

Health Promotion, Disease Prevention Program: *Senior Fall Prevention* *What works to turn the curve*

Evidence-based strategies that promote senior fall prevention:

- Public awareness efforts that identify risk factors for senior falls and prevention strategies.
- Health care providers who recognize fall risk factors and screen seniors for falls.
- Health care providers who review senior prescriptions and over the counter drugs to identify medication complications.
- Exercise programs that promote balance, strength and flexibility available at senior centers, assisted living and nursing homes.
- Removal of home hazards.
- "White cane training" and low-vision clinics.
- Incorporating evidence-based falls prevention interventions as part of hospital discharge programs.

Priority #2

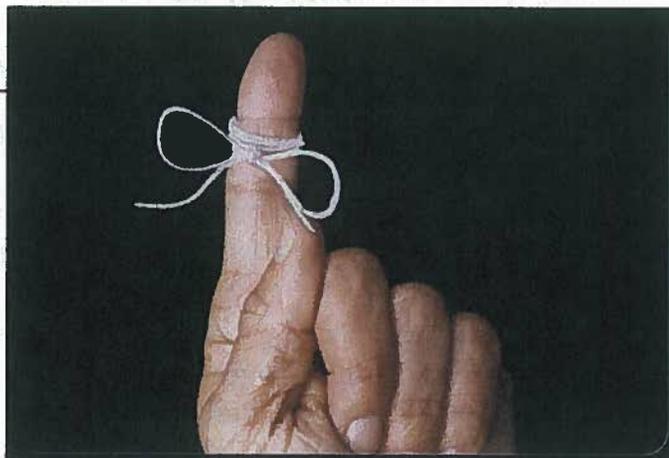
Health Promotion, Disease Prevention Program: *Senior Fall Prevention* *What we propose to do: Planning & advocacy strategies*

- Mobilize the senior falls prevention coalition to grow prevention efforts.
- Promote public awareness about senior falls through targeted media campaigns and other informational efforts.
- Work with the Trust Training Cooperative to develop training materials emphasizing senior fall prevention targeting assisted living facilities.
- Build an advocacy effort to support the increment.

Priority #2

Health Promotion, Disease Prevention Program: *Senior Fall Prevention* *Consequences if not funded*

- Increased numbers of injuries and deaths of older Alaskans from falls.
- Escalating hospitalization and health care costs related to senior falls.
- Increased burden on families impacted by senior falls.
- Continued lack of awareness about causes and consequences of senior falls.
- Increased risk for assisted living and nursing home placement due to fall injuries.
- Increased risk of subsequent falls after the first fall.
- Loss of independence, mobility, and increased depression resulting in reduced quality of life.



Priority #3

Alzheimer's Disease & Related Dementia Education & Support Program
Current base funding: \$127,118 GF/MH

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Priority #3

Alzheimer's Disease & Related Dementia Education & Support Program

Senior & Disabilities Services, Senior Community-Based Grants: \$230.0 GF/MH

What is the end result?

Project Goal

Strengthen education, training, and supports to the growing number of Alaskans with ADRD, their families, and providers to enhance quality of life for persons with ADRD and to increase the number of successful ADRD caregivers.

Results Desired

- Increased opportunities for early memory screening.
- Peer support for ADRD persons newly diagnosed and their families.
- Strengthened ADRD workforce.
- Increased case management, counseling, training & supports for individuals with ADRD and families.
- Enhanced public education and ADRD awareness.
- Increased services for underserved individuals and communities.

Priority #3

Alzheimer's Disease & Related Dementia Education & Support Program

How are we doing?

ADRD Education & Support Activities FY2001-2011

Activity Category	2001	2011
Individual/Family Consultations	~280	~380
Support Groups	~80	~160
Consultations for Providers	~130	~280
Education Activities	~70	~140
Public Awareness Activities	~100	~370
Communities Served	~60	~120

Number of Information & Referral Contacts Made

Year	Number of Persons Served
2001	6,218
2011	28,409

Priority #3
Alzheimer's Disease & Related Dementia Education & Support Program
How are we doing? Results desired.

Service Levels	Projected	
	FY 2011	FY 2014
Individual/Family Consultations	367	404
Support Groups	153	168
Provider Consultations	268	295
Education Activities	124	136
Public Awareness Activities	353	388
Information & Referral Contacts	28,409	31,250
Communities Served	102	112
Individuals Served (unduplicated)	430	473
ADRD Individuals Served (unduplicated)	335	369
Service Providers	253	278

Source: Alzheimer's Disease Resource Agency of Alaska, July 2012

Priority #3
Alzheimer's Disease & Related Dementia Education & Support Program
Story behind the curve

- ADRD population is increasing with the aging population and may almost triple by 2034.
- ADRD caregivers provide care longer and without supports report high levels of physical strain and psychological distress.
- Limited programs for persons concerned about memory loss.
- Building demand for person-centered counseling and intervention for persons and families impacted by ADRD.
- Caregiver education, counseling and supports help to postpone nursing home placement and has significant cost-savings potential.
- Enhanced dementia care training for assisted living home staff may prevent crisis situations that can lead to API placement and possible eviction.
- ADRD-Education Support Program funding has been relatively flat from FY92-FY12, limiting capacity to serve more individuals and provide new services.

Priority #3

Alzheimer's Disease & Related Dementia Education & Support Program *Who are our customers and partners?*

- **Primary Customers**
 - Older Alaskans with ADRD
 - ADRD Family Caregivers
- **Secondary Customers/Partners**
 - Alaska Mental Health Trust Authority
 - Department of Health & Social Services
 - Division of Senior and Disabilities Services
 - Alzheimer's Disease Resource Agency of Alaska
 - Senior Service Providers
 - Health Care Providers
 - Assisted Living Homes, Nursing Homes
 - AARP
 - Senior Advocacy Network
 - National Alzheimer's Disease Association
 - University of Alaska Trust Training Cooperative
 - Legislature & Administration

Priority #3

Alzheimer's Disease & Related Dementia Education & Support Program *What works to turn the curve*

- Increased statewide ADRD education and supports, targeting rural and underserved areas, to promote brain healthy behaviors and reduce stigma.
- Increased ADRD persons served with personalized plans of care and interventions.
- Increased availability of memory screenings statewide.
- Expanded education and peer support for individuals newly diagnosed and their families.
- Trained ADRD professional workforce.
- "Dementia-care mapping" for ADRD assisted living homes. **New**
- Translated educational materials to reach diverse cultural communities. **New**
- Increased statewide information/referral/assistance services through in-person consultations and "warm-line" telephone support.

Priority #3

Alzheimer's Disease & Related Dementia Education & Support Program

What we propose to do: Planning & advocacy strategies

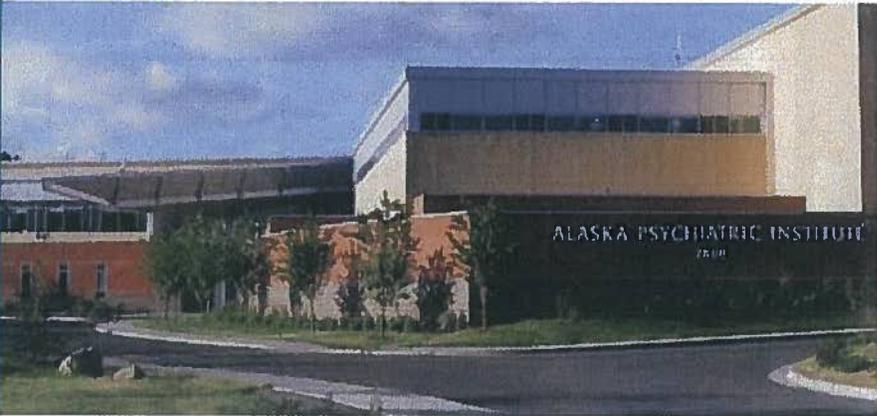
- Gather public input about ADRD needs through community forums.
- Build a grassroots advocacy effort involving ADRD persons and families who can speak to the value of ADRD support services and education.
- Prepare legislative materials to support budget increment that includes cost savings of ADRD support services in context of early nursing home placement.
- Coordinate support from providers who have benefited from dementia-care training.
- Coordinate aging network to support the increment.

Priority #3

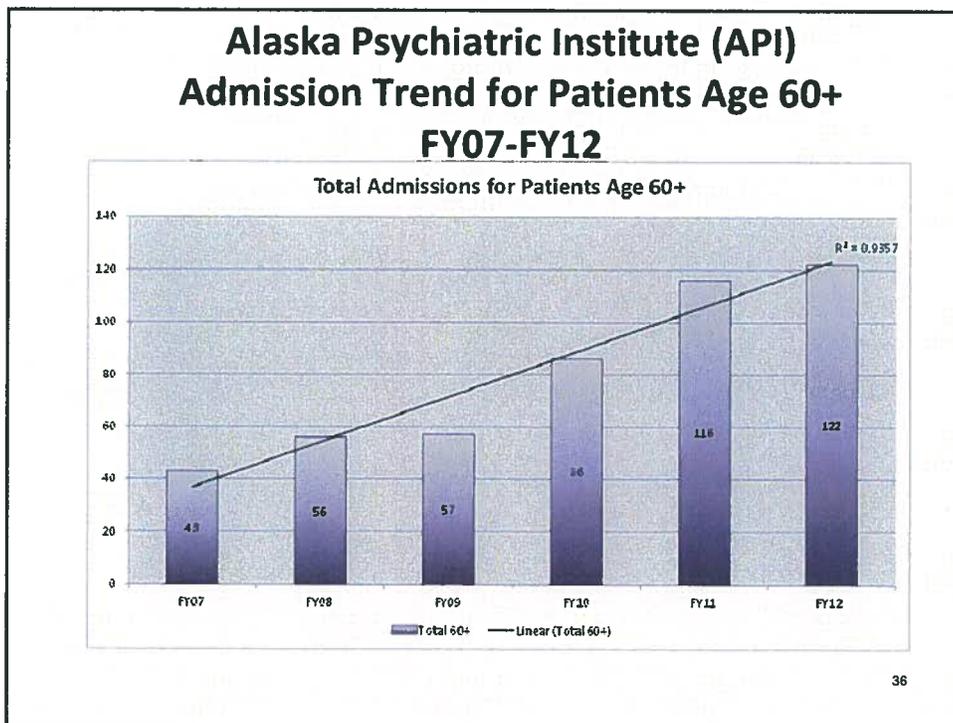
Alzheimer's Disease & Related Dementia Education & Support Program

Consequences if not funded

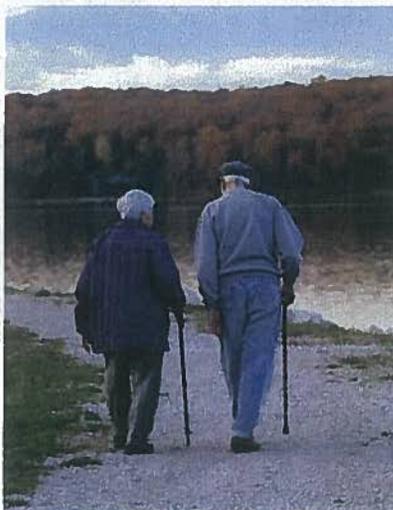
- Increased number of vulnerable Alaskans with ADRD at-risk for premature nursing home placement due to caregiver burnout.
- Decreasing awareness about ADRD, services available and increased stigma for Trust beneficiaries, especially in rural and remote communities.
- Limited educational opportunities for health care and other professionals.
- Limited capacity to grow services to meet increasing need.



Priority #4
Complex Behavior Collaborative Consultation & Training
Joint Budget Recommendation \$650.0 Annualized Funding ³⁵



Thank you. Questions?



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STATE OF ALASKA

DEPT. OF HEALTH & SOCIAL SERVICES

Alaska Commission on Aging

June 27, 2012

Laraine Derr, Chair Finance Committee
Alaska Mental Health Trust Authority
3745 Community Park Loop Road, Suite 200
Anchorage, AK 99508

Dear Chair Derr & Finance Committee Members:

The Alaska Commission on Aging (ACoA) is pleased to provide this letter in support of the grant application being submitted by the University of Alaska Anchorage Center for Behavior Research and Services to the Alaska Mental Health Trust Authority for funding to pilot and evaluate the effectiveness of evidence-based exercise programs for seniors and persons with developmental disabilities at the Serendipity Adult Day Program in Anchorage. This pilot project incorporates features from two evidenced-based exercise programs - *Enhance Mobility and Enhance Fitness* - that were developed and pilot tested by researchers at the University of Washington, School of Nursing. Enhance Mobility is an individualized, small group exercise program designed specifically for individuals with mild to moderate dementia that has been demonstrated to improve functional mobility, reduce behavioral problems and lessen depressive symptoms. Enhance Fitness is an effective group exercise program for older adults without cognitive impairment to improve strength and functional ability.

The ACoA supports the project's goal to promote innovative, evidence-based programming in Alaska's Adult Day services - especially programs with the potential to enhance or retain physical and cognitive function for persons with dementia and improve the quality of life for both the participants and their caregivers. This research is consistent with the goals of the *Healthy Body-Healthy Brain Campaign* to promote an improved quality of life for persons with ADRD and those at risk for developing this disease. ACoA believes it is important to invest in evidence-based strategies that support older Alaskans in their efforts to live a high quality of life in their community.

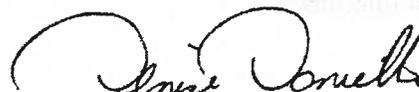
Thank you for your consideration of UAA's application to examine the benefits of adult day services for persons with ADRD and their caregivers. ACoA's support of this research shows our commitment to addressing Alzheimer's, a disease that takes a devastating toll on thousands of Alaskans. We look forward to the knowledge that this project will provide about the effectiveness of evidence-based strategies that reduce dementia symptoms and improve quality of life for adult day participants with ADRD.

Sincerely,



Sharon Howerton-Clark
Chair, Alaska Commission on Aging

Sincerely,



Denise Daniello
ACoA Executive Director

SEAN PARNELL, GOVERNOR

P.O. BOX 110693
JUNEAU, ALASKA 99811-0693
PHONE: (907) 465-3250
FAX: (907) 465-1398

**Alaska Commission on Aging
Draft FY13 Policy Recommendations
August 2012**

Develop an Alaska State Plan for Persons with Alzheimer’s Disease and Related Dementias (ADRD) to address the needs and circumstances of the growing numbers of older Alaskans impacted by this disease and their caregivers in order to raise public awareness about ADRD as an emerging public health issue, identify services and support gaps that exist, and provide recommendations to state policymakers for needed improvements.

The prevalence of Alzheimer’s disease is increasing both nationally and in Alaska due to the growing older adult population, the numbers of people living to an advanced age, and improved early detection. Because the incidence of Alzheimer’s disease is highly correlated with advanced age, the aging of Alaska’s population has significant implications for the resources needed to care for individuals with Alzheimer’s disease. The rate of increase of Alzheimer’s disease in Alaska is expected to be one of the highest in the nation, as Alaska is the state with the fastest growing senior population. Based on 2010 census data, there are approximately 6,067 Alaskans age 65 and older with ADRD. This number is projected to almost triple over the next twenty years when the number of Alaskans with ADRD may exceed 17,000 individuals based on current age prevalence rates.

Alaska requires a comprehensive and coordinated approach to address the multiple and complex challenges that Alzheimer’s disease poses to individuals, families, caregivers and our State’s budget. An ADRD state plan is needed to assess the current and future impact of Alzheimer’s disease in Alaska by gathering input from individuals and families impacted by ADRD as well as the general public; reviewing the availability of services and resources available to individuals with ADRD and their caregivers; and providing short-term and long-term strategies for confronting the challenges presented by the growing ADRD population in our State.

Advocate for policies and procedures that would provide greater protection for persons with ADRD who wander.

Wandering is one of the most significant personal safety risks faced by individuals with Alzheimer’s disease. Nearly 60% of people with Alzheimer’s wander at some point during the course of their disease. Approximately half of all wanderings result in personal injury if the person is not found within 24 hours. For an older person being outside unprotected during the wintertime, wandering can have life and death consequences.

ACoA recommends implementation of a coordinated response system, similar to the Amber Alert for missing children, to report missing older adults. A *Silver Alert* system would require the local public broadcasting system to send out an immediate bulletin when a vulnerable older person is missing. The majority of states have established Silver Alert systems. In order to avoid a false alert and to protect the privacy, dignity and independence of the older person who is the subject of the alert, it could require that the person who initiates the alert be the legal guardian or close family member, reside in the same household, or be a caregiver who has had recent contact with the subject. The purpose of this policy would improve the safety for persons with ADRD who wander unnoticed.

Promote efforts to improve safety and protection of vulnerable older Alaskans by supporting the budget request of the Long-Term Care Ombudsman’s Office.

The Long-Term Care Ombudsman’s Office helps to resolve complaints made by or on behalf of older Alaskans relating to their long-term care or residential circumstances. The Office of the Long-Term Care Ombudsman (OLTCO) is responding to increasing numbers of complaints from vulnerable seniors residing in long-term care settings. Program data indicate that over the last four years, the Ombudsman caseload has grown threefold. From FY2010 to FY2012, the number of complaints grew from 592 to 1,416 cases respectively, an increase of 139% over the last two years. In addition, OLTCO staff and volunteers are conducting more unannounced home visits because this is an important aspect of the OLTCO outreach for seniors. The OLTCO is seeking an increment of \$93,147 to support a new Assistant Ombudsman position to increase their capacity to respond to an increasing number of elder complaints. This position would be responsible for complaint investigations, problem resolution, consultation and unannounced monitoring visits across the state.

Support and advocate for policies that will stimulate the pace of appropriate housing development to match the growth of the senior population. This housing should address specific needs as related to the Continuum of Care for older Alaskans.

The demand for quality, accessible, and affordable senior housing with supportive services is increasing as the older adult population grows in Alaska. Access to appropriate housing for seniors with physical, behavioral health and cognitive disabilities such as Alzheimer’s disease and related dementias is required to allow older Alaskans the ability to age in place with dignity as close to their home community as possible.

STATE OF ALASKA

DEPT. OF HEALTH & SOCIAL SERVICES

Alaska Commission on Aging

SEAN PARNELL, GOVERNOR

P.O. BOX 110693
JUNEAU, ALASKA 99811-0693
PHONE: (907) 465-3250
FAX: (907) 465-1398

July 3, 2012

Joseph Lugo, Project Officer
Department of Health and Human Services
Administration for Community Living
Grants Management Division
Washington DC 20201

Dear Mr. Lugo and Grant Review Panel:

The Alaska Commission on Aging (ACoA) is pleased to provide this letter in support of the grant application being submitted by the State of Alaska Department of Health and Social Services, Division of Senior and Disabilities Services for the *ADRC Sustainability Program Expansion Supplemental Opportunity Grant , Part B* (#HHS-2012-ACL-DR-1213).

The ACoA, a state agency under the Department of Health and Social Services (DHSS), serves to ensure the dignity and independence of all older Alaskans by addressing their needs through planning, advocacy, education, and interagency cooperation. The ACoA prepares the comprehensive four-year state plan for senior services in accordance with the Older Americans Act and implements the Plan in collaboration with the Division of Senior and Disabilities Services and other agency partners. The DHSS is the federally designed State Unit on Aging. The responsibilities that come with this designation are carried out by the Division of Senior and Disabilities Services with the Alaska Commission on Aging.

The ACoA has been a long-time partner of the Alaska ADRC and is committed to advancing its goals as demonstrated by:

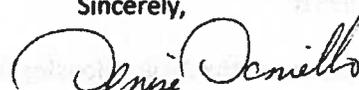
- Incorporating the Alaska ADRC Statewide Plan in the Alaska State Plan for Senior Services, FY2012-2015 that was approved by the Administration on Aging (July 2011).
- Partnering with the Division of Senior and Disabilities Services and ADRCs to implement strategies described in the Alaska State Plan for Senior Services to build the ADRCs to become fully functional in all core ADRC components.
- Advocating for funding from the Legislature and the Alaska Mental Health Trust Authority to support operations and program improvements consistent with the ADRC goals. A recent accomplishment involved a coordinated advocacy effort that resulted in legislative funding approved last session for a pilot project to implement a formalized screening process to streamline waiver eligibility in addition to a formalized process for assessment and referral for behavioral health services.
- Promoting public awareness about ADRC services to seniors and their caregivers statewide.

ACoA's vision for older Alaskans is based on the belief that older people should have the opportunity to fully participate in all aspects of society and community life, be able to maintain health and independence, and to live and thrive at home in their chosen communities. The ADRCs are consistent with this vision by serving Alaskans of all ages, disabilities and income levels with information, referral and assistance, options counseling, benefits counseling, and transition services that promote informed decision-making about Alaska's long-term support services. Thank you for your consideration of Alaska's application for funding to make system improvements so that more people can easily access our state's long-term services and supports.

Sincerely,


Paula Pawlowski
Chair, Alaska Commission on Aging

Sincerely,


Denise Daniello
ACoA Executive Director

STATE OF ALASKA

DEPT. OF HEALTH & SOCIAL SERVICES

Alaska Commission on Aging

SEAN PARNELL, GOVERNOR

P.O. BOX 110693
JUNEAU, ALASKA 99811-0693
PHONE: (907) 465-3250
FAX: (907) 465-1398

May 7, 2012

Frank Roppel, AHFC Chairman and AHFC Board Members
c/o Eric Havelock, Multi-Family Underwriter Supervisor
Alaska Housing Finance Corporation
P.O. Box 101020
Anchorage, Alaska 99510

Subject: Public Comment on the Senior Housing Revolving Loan Fund

Dear Chairman Frank Roppel & AHFC Board Members:

The Alaska Commission on Aging (ACoA) appreciates this opportunity to provide public comment on the draft regulations being proposed for the Alaska Housing Finance Corporation (AHFC) Senior Housing Revolving Loan Fund (SHRLF). We support the intent of the proposed amendments to streamline the SHRLF program by removing "restrictive" regulation language that will allow this program to be more compatible with AHFC's existing programs, such as the Senior Citizen Housing Development Fund, in order to provide an additional funding source for the construction and renovation of much needed senior housing in our State. We also understand that the proposed amendments will broaden the range of acceptable housing types to include single family dwellings in addition to multi-family, special needs and congregate housing as well as expand the list of eligible borrowers to include individuals, nonprofit organizations, municipalities, state agencies, and other entities.

The ACoA, a state agency under the Department of Health and Social Services, serves to ensure the dignity and independence of all older Alaskans by addressing their needs through planning, advocacy, education and interagency cooperation. We work closely with AHFC's Senior Housing Office to increase Alaska's capacity to house our older people in safe, affordable, and accessible housing so that they may live and thrive in their chosen communities. This close working relationship between AHFC's Senior Housing Office and the ACoA is reflected in the Commission's statutes, Section 47.45.200, as well as in Goal Three of the Alaska State Plan for Senior Services, FY 2012-2013 which states *Seniors have access to safe, affordable housing and supports appropriate to their needs* (Core Section of the Plan, page 41).

Alaska continues to lead all states with the fastest growing senior population of persons age 65+. According to 2010 census information, there are 90,876 Alaskans age 60 years and older who comprise 12.8% of the State's population. During the last ten years, the number of older Alaskans has grown by over 70%. In comparison, the number of older Americans grew by less than 25%. In addition, Alaska's older adult population (persons age 60+) is the fastest growing age cohort within the state. While the State's total population increased by 13.3%, the older Alaskan population grew by 71.4%. Children under age 18 actually decreased by 1.8%. The "oldest old," persons age 85 and over, increased by 78.9% during this timeframe.

Alaska faces a critical need for housing to serve older people in low- and middle-income levels as the baby boomers enter into their senior years. In 2010, the ACoA conducted a statewide senior survey to inform our planning efforts that included questions about seniors' preference for housing. More than 3,200 Alaskans age 50 years and older responded to the survey from all regions of the state with 2,836 responses from seniors 60 years and older. The majority of responses came from long-time sourdoughs who have lived in Alaska for forty years or

longer. Regarding housing, ACoA's survey found that 70% of respondents age 60+ live in a home that they or a family member own. Only 17% live in a rented apartment, either in a senior facility or other apartment complex. When asked where they plan to live five years from now, 74% of the respondents reported their expectation to be living in the same home where they live now. While 94% of the senior respondents indicated their satisfaction with where they currently reside, one-third stated that their home is in need of some type of modification such as weatherization, energy upgrades and accessibility improvements.

Given Alaska's changing demographics and the improved utilization of the SHRLF for elderly housing anticipated from the proposed regulation changes, ACoA believes that we need to stimulate the pace of senior housing development and rehabilitation to match the growth of the senior population. We recommend AHFC place more emphasis on the use of sustainable, accessible and energy-efficient designs in the construction of new senior housing that may include cottage housing developments with a common meeting space, manufactured/modular style senior housing developments, and retro-fits of existing facilities (such as schools or other buildings) into senior apartments. Many seniors live in older homes that are not accessible or energy efficient. ACoA recommends that AHFC designate a greater portion of subsidized senior housing funding for rehabilitation of properties owner-occupied by income-eligible seniors so that they may make the improvements necessary to increase the safety and comfort of their homes.

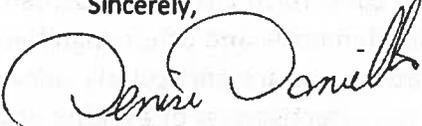
The demand for senior housing will continue to increase as the senior population grows in Alaska along with construction costs. AHFC's Senior Citizen Housing Development Fund (SCHDF), a flexible gap-financing tool used to construct and renovate senior housing, requires legislative approval of an annual appropriation in the capital budget. Although the demand for senior housing continues to grow, funding levels for the SCHDF have been held steady at \$4.5 million GF for the last three years. For each of the last two years, only one senior housing project has been funded with SCHDF funds. In order to incentivize new senior housing development, the ACoA recommends AHFC consider using a subsidized interest rate for the SHRLF and its other mortgage loan programs when they are used in combination with the SCHDF to maximize leveraging and increase development of senior housing units.

The ACoA appreciates AHFC's good work of developing affordable housing for all Alaskans, especially housing for Alaska's oldest citizens. We thank you for this opportunity to provide comment on AHFC's SHRLF draft regulations and for your thoughtful consideration of our recommendations. Please feel free to contact Denise Daniello, ACoA's executive director, by phone (465-4879) or email (denise.daniello@alaska.gov) should you have questions or require additional information about our comments.

Sincerely,


Sharon Howerton-Clark
Chair, Alaska Commission on Aging

Sincerely,


Denise Daniello
ACoA Executive Director



THE STATE
of **ALASKA**
GOVERNOR SEAN PARNELL

Department of
Health and Social Services

ALASKA COMMISSION ON AGING

P.O. Box 110693
Juneau, Alaska 99811-0693
Main: 907.465.3250
Fax: 907.465.1398

July 25, 2012

Duane Mayes, Director
Department of Health and Social Services
Division of Senior and Disabilities Services
550 West 8th Ave.
Anchorage, AK 99501

Re: Letter of Commitment for PPHF-2012-Elder Abuse Prevention Interventions Program

Dear Director Mayes:

The Alaska Commission on Aging (ACoA) is pleased to provide this letter of commitment in support of the grant application being submitted by the State of Alaska Department of Health and Social Services, Division of Senior and Disabilities for the *Elder Abuse Prevention Interventions Program* (OMB Approval No. 0985-0018).

Alaska is the state with the fastest-growing older adult population of all states. From 2000 to 2010, Alaska's population of persons age 65+ increased 54%, a rate more than 3.6 times the national growth rate of 15.2%. As the number of older Alaskans continues to increase, especially those of the "oldest old" (age 85+ years) who are most abuse-vulnerable and caregiver-dependent, so have the number of reports of harm received by Adult Protective Services, Office of Long-Term Care Ombudsman and the Office of Elder Fraud and Assistance. Older people with dementia and other cognitive impairments, those who are confined to their beds, and isolated seniors are particularly vulnerable to elder mistreatment. The proposed project will test the effectiveness of exciting new approaches for prevention of elder abuse to enhance elder safety and improve quality of life.

The ACoA, an agency under the Governor's Boards and Commissions, placed in the Department of Health and Social Services (DHSS), serves to ensure the dignity and independence of all older Alaskans by addressing their needs through planning, advocacy, education and interagency cooperation. The ACoA prepares the comprehensive four-year state plan for senior services in accordance with the Older Americans Act and implements the Plan in collaboration with the Division of Senior and Disabilities Services and other agency partners. The DHSS is the federally designated State Unit on Aging for Alaska. The responsibilities that come with this designation

are carried out by the Division of Senior and Disabilities Services with the Alaska Commission on Aging in collaboration with the DHSS.

The ACoA commits to the following activities to promote the project's success, pending funding availability for implementation:

- Participate in planning meetings, stakeholder groups, and perform other activities related to the project.
- Follow the referral protocol established by the intervention.
- Promote public awareness of elder abuse prevention and target referral to services that provide caregiver support and training.
- Provide technical assistance and support to Senior and Disabilities Services and Adult Protective Services as requested to produce products and materials required by the grant.
- Assist with disseminating the model to other communities as needed.

Alaska is committed to turning the curve on elder abuse. The Governor recently championed legislation to increase protection of vulnerable adults, targeting older people and adults with disabilities, against acts of abuse and financial exploitation. The approved legislation reinforces laws against financial exploitation of vulnerable adults; expands the list of mandatory reporters to include employees of health care facilities and nursing homes; adds the concept of "undue influence" as a reportable harm; and strengthens the investigative authority of Adult Protective Services, among other provisions.

The Alaska Commission on Aging looks forward to participating in the proposed project with Senior and Disabilities Services, Adult Protective Services, and other partners to pilot promising practices that prevent elder abuse, neglect and exploitation. Thank you for your consideration of Alaska's funding application to pilot test promising practices that prevent elder abuse, neglect and exploitation. We look forward to the knowledge that this pilot project will provide to further Alaska's understanding of elder abuse and its prevention, thus contributing to the evidence base.

Sincerely,

Paula Pawlowski
Chair, Alaska Commission on Aging

Alaska Commission on Aging
2211

Letter of Commitment, PPHF-2012 Elder Abuse Prevention Interventions Program

- 1. I understand that I am responsible for the care and protection of the individual named in this letter.
- 2. I will not use physical force or coercion to force the individual named in this letter to do anything that I want.
- 3. I will not use threats or intimidation to force the individual named in this letter to do anything that I want.
- 4. I will not use financial or other resources of the individual named in this letter to do anything that I want.
- 5. I will not use the individual named in this letter's personal information to do anything that I want.
- 6. I will not use the individual named in this letter's personal information to do anything that I want.
- 7. I will not use the individual named in this letter's personal information to do anything that I want.
- 8. I will not use the individual named in this letter's personal information to do anything that I want.

I understand that I am responsible for the care and protection of the individual named in this letter. I will not use physical force or coercion to force the individual named in this letter to do anything that I want. I will not use threats or intimidation to force the individual named in this letter to do anything that I want. I will not use financial or other resources of the individual named in this letter to do anything that I want. I will not use the individual named in this letter's personal information to do anything that I want.

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STATE OF ALASKA

DRAFT Executive Proclamation for Senior Fall Prevention

By

Governor Sean Parnell

WHEREAS: the single greatest desire for many of Alaskan's elder residents is to have the opportunity to "age in place" independently in the safety, security, comfort and privacy of their own home; and

WHEREAS: Alaska has the fastest growing senior population in the nation as a proportion of its population; and

WHEREAS: older Alaskans are the fastest growing segment of our state population; and

WHEREAS: it is estimated that one third of seniors over the age of 65 and half of those over the age of 80 will fall each year; and

WHEREAS: older adults who fall once are two to three times more likely to fall again; and

WHEREAS: falls are the leading cause of non-fatal injuries in Alaska for people 55 and over and the leading cause of fatal injuries for people 75 and older; and

WHEREAS: the causes of falls vary with contributing factors including lack of strength in the lower extremities, the use of four or more medications, reduced vision, chronic health problems, and unsafe home conditions;

WHEREAS: many older Alaskans choose to remain isolated and home-bound during our long winters out of fear of falling on icy walkways, and communities can help seniors and other Alaskans with physical disabilities by keeping their sidewalks clear of ice and snow; and

WHEREAS: based on an average of \$27,000 per fall episode it is estimated that falls cost 22.7 million annually statewide; and

WHEREAS: injuries from falls are largely a preventable community health problem; and

WHEREAS: fall prevention strategies help to improve the quality of life for Alaska seniors by helping them remain healthy, active and independent; and

WHEREAS: injuries from falls are largely a preventable community health problem; and

WHEREAS: evidence-based programs show promise in reducing falls and facilitating cost-effective interventions, such as comprehensive clinical assessments, exercise programs to improve balance and health, management of medications, correction of vision, and reduction of home hazards; and

WHEREAS: the Alaska Fall Prevention Coalition, is working to increase awareness of this issue, promote strategies to prevent falls, and encourage Alaskans to take steps to protect those who are at increased risk of falling;

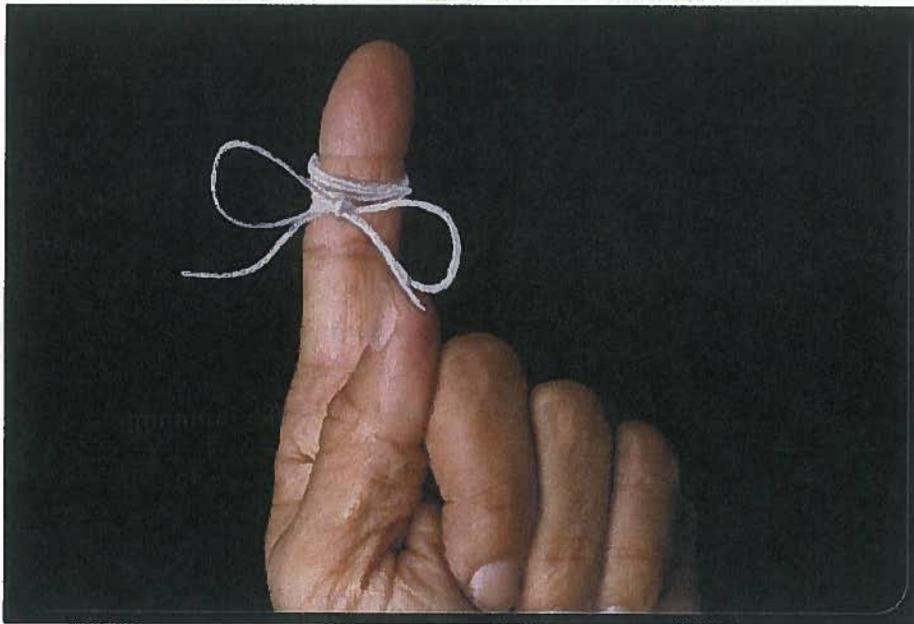
NOW, THEREFORE, I, Sean Parnell, Governor of the State of Alaska, do hereby proclaim September 16 - 22, 2012 as:

Senior Fall Prevention Week

**Alzheimer's Disease and Related Dementia (ADRD) & Caregiver
Community Forum in Homer
Sponsored by the Alaska Commission on Aging**

**When: Tuesday, August 21, 2012
Time: 1:30 p.m. to 4:00 p.m.**

**Where: Homer Senior Citizens Center
3935 Svedlund, Homer, AK**



The ADRD Homer Community Forum will include an educational presentation by the Alzheimer's Disease Resource Agency of Alaska about ADRD followed by a community conversation to discuss the unique needs of people with ADRD and their caregivers.

For more information, or to request special accommodations, please contact the Alaska Commission on Aging at 465-3250.

Refreshments will be provided. Please join us!

Homer Alzheimer's Disease & Related Dementia and Caregiver Community Forum
Alaska Commission on Aging
Homer Senior Center
August 21, 2012

Introduction: The prevalence of Alzheimer's disease and related dementia (ARD) is growing nationally and in Alaska due to the increasing senior population and numbers of people living to an advanced age. The rate of increase of Alzheimer's disease in Alaska is expected to be one of the highest in the nation, as Alaska is the state with the fastest growing senior population. The Alaska Commission on Aging estimates that as of 2010, there were roughly 7,785 Alaskans with Alzheimer's Disease and Related Dementia (6,067 Alaskans aged 65 and above and 1,718 aged 55 to 64). Presently, Alaska has no state plan that addresses the unique needs of people with ARD and their caregivers. The Alaska Commission on Aging intends to begin work on developing a plan by hosting a series of community forums to learn about the needs of people with ARD and their caregivers, the availability of support services being provided in the community, and what services are needed to improve the quality of life for persons with ARD and their caregivers.

Needs of Alaskans with ARD and their Caregivers

Alzheimer's disease is a progressive brain disorder that destroys brain cells and causes a steady decline in memory, mental capacity and the ability to perform usual activities of daily living. As the disease progresses, it affects one's ability to remember, reason, learn and imagine. According to the *2011 Alzheimer's Disease Facts and Figures* report, caregivers of people with Alzheimer's disease and related dementia often provide more years of help than caregivers of other older people because ARD usually progresses slowly. As a result, many caregivers experience high levels of stress and negative effects on their health, employment, income and financial security.

1. In your opinion, what are the most important needs of people with ARD?

2. What are some of the challenges that family caregivers face when caring for a loved one with ARD at home?

3. How about paid caregivers? Do they have the appropriate training in dementia care and supports?

Alzheimer's Disease & Related Dementia & Caregiver Soldotna Community Forum
Alaska Commission on Aging
Homer Senior Center
August 21, 2012

Home- and Community-Based Services

The Alzheimer's Association estimates that approximately 70% of individuals with Alzheimer's disease and related dementia live at home and receive care from family and friends. In Alaska, an estimated 30,927 caregivers provided over 35.2 million hours of unpaid care, valued at nearly \$420 million to their loved ones with ADRD. Eighty percent of care provided at home is delivered by family caregivers; fewer than 10 percent of older adults receive all of their care from paid workers.

1. Of the services available in Homer for people with ADRD, what services are most important?
2. What services are most important for family caregivers?
3. Is the array of home- and community-based services for persons with early to mid-stage Alzheimer's disease sufficient to help keep a person able to live safely at home and in the community? What services/technology do you think need to be expanded or introduced in order to improve their quality of life? Are services provided in a coordinated (non-fragmented) manner?
4. Are there enough services available in Homer to meet the needs of people with ADRD? How about for their family caregivers?
5. Are there sufficient services for unpaid family caregivers? What services do you think need to be expanded or introduced in order to improve their quality of life?

Alzheimer's Disease & Related Dementia & Caregiver Homer Community Forum
Alaska Commission on Aging
Homer Senior Center
August 21, 2012

Safety

Wandering is one of the most significant personal safety risks faced by individuals with Alzheimer's disease. According to the Alzheimer's Association, nearly 60% of people with Alzheimer's disease wander at some point during the course of their disease with approximately one-half of all wanderings resulting in personal injury if the person is not found within 24 hours. Individuals with Alzheimer's disease who are wandering, lost, or in an otherwise dangerous situation are not always recognized as persons at risk because the general public often does not recognize the signs of wandering associated with the disease. As a result, the appropriate community response may be delayed.

1. Is the array of services sufficient to help keep a person with ADRD living safely at home? What services do you think need to be expanded or introduced in order to improve their quality of life?

2. What do you see as the primary issue related to public safety for people with Alzheimer's disease? Does Homer have a coordinated response system to report and find missing older adults?

Alzheimer's Disease & Related Dementia & Caregiver Homer Community Forum
Alaska Commission on Aging
Homer Senior Center
August 21, 2012

Housing

Living in a safe home environment is critical for people with ADRD who experience a number of behavior and sensory problems. Early on, many people with ADRD do well at home however, as the disease progresses, such persons oftentimes need more help than what the family can provide.

1. What kinds of housing situations work best for people with Alzheimer's disease? Is there adequate housing in Homer to meet the needs of people with ADRD?

2. Are there assisted living facilities in Homer that address the needs of people with ADRD? Do they have enough trained and dedicated staff? What are the challenges for serving this vulnerable population in assisted living homes?

**Alzheimer's Disease & Related Dementia & Caregiver Homer Community Forum
Alaska Commission on Aging
Homer Senior Center
August 21, 2012**

Quality of Life

People with Alzheimer's disease are individuals who need to be treated with respect, integrity, compassion, dignity, and with concern for their privacy and safety. As Alzheimer's disease or a related dementia progresses, a person will lose many of the abilities considered important to quality of life.

1. Do you think Alzheimer's disease is diagnosed early enough? If not, what are the barriers you perceive to earlier diagnosis? Do you think an earlier diagnosis is a good thing? If so, what do you perceive as the benefits of an early diagnosis?
2. What other issues impact the quality of life for people with ADRD that need attention? How about their family caregivers?
3. In your opinion, is life in Homer good for a person with ADRD? What improvements do you suggest that would make this community better for people with ADRD and their family caregivers?

**Alzheimer's Disease and Related Dementia (ADRD) & Caregiver
Soldotna Community Forum
Sponsored by the Alaska Commission on Aging**

**When: Friday, August 24, 2012
Time: 9:00 a.m. to 1:00 p.m.**

**Where: Soldotna Area Senior Citizens Center
197 West Park Ave. Soldotna, AK**



The ADRD Soldotna Community Forum will include an educational presentation by the Alzheimer's Disease Resource Agency of Alaska about ADRD followed by a community conversation to discuss the unique needs of people with ADRD and their caregivers.

For more information, or to request special accommodations, please contact the Alaska Commission on Aging at 465-3250.

***Continental breakfast will be provided at 8:45 a.m.
Please join us!***

FY10 ACoA Operating Budget Accounts Receivable 23587-10

**Accounts Receivable 23587-10 Roll Up
Actual Expenditures - Budget Line Item**

Personal Services 71000
Travel 72000
Services/Contractual 73000
Commodities 74000
Capital Outlay 75000
Encumbrances

FY12 Authorization	FY12 Actual Expenses	FY13 Authorization	FY13 Actual Expenses	FY13 EN's	FY13 Balance Available
423,900	362,496	437,400	36,548		400,852
42,400	47,500	47,500	7,908		39,592
85,100	19,728	50,100	2,267		47,833
8,300	13,401	11,300			11,300
559,700	443,125	546,300	46,723	0	499,577

Totals

**Actual Expenditures By Lower Level AR
(Revenue Source) by Budget Line Item**

Less Actual Expenses:
Personal Services 71000
Travel 72000
Services/Contractual 73000
Commodities 74000
Capital Outlay 75000
Encumbrances

Gen Fund AR 23188 CC06150010	Gen Fund AR 23188 CC06150013 RSA w/DSDS RS #0620169	MHTAAR ACoA Planner AR 23189 CC06150016	Totals
78,500	353,700	114,100	546,300
7,908	27,899	8,649	36,548
7,908	2,267		7,908
	30,166	8,649	2,267
70,592	323,534	105,451	499,577

Total Expenditures

Balance Available

Funding Sources
Personal Services 71000
Travel 72000
Services/Contractual 73000
Commodities 74000
Capital Outlay 75000

Gen Fund AR 23188 CC06150010	Gen Fund AR 23188 CC06150013 RSA w/DSDS RS #0620169	MHTAAR ACoA Planner AR 23189 CC06150016	Total Authorized
18,700	322,700	96,000	437,400
24,500	17,900	5,100	47,500
27,000	13,100	10,000	50,100
8,300		3,000	11,300
78,500	353,700	114,100	546,300

Total Revenue Authorized

Daniello, Denise L (HSS)

From: Bowen, Margarita S (DOL)
Sent: Friday, July 27, 2012 9:12 AM
To: Daniello, Denise L (HSS)
Subject: Employ Older Workers Proclamation

Hi Denise,

Below is the proclamation that is being developed for this year "Employ Older Workers Week".

WHEREAS, Alaska's population continues to age, older workers will play an increasingly important role in maintaining Alaska's economy and its leadership in the world marketplace; and

WHEREAS, older workers are dependable, honorable, have a high degree of caring, and their dedication and skills are valuable assets to our state; and

WHEREAS, older workers have a great depth of experience and knowledge, with a strong work ethic and diversity of thought and approach; and

WHEREAS, older workers make excellent mentors and role models, which makes training other employees easier; and

WHEREAS, Alaska needs to increase awareness and focus on innovative strategies for employing underutilized older workers.

NOW, THEREFORE, I, Sean Parnell, Governor of the State of Alaska, do hereby proclaim September 24-28, 2012 as:

Employ Older Workers Week

in Alaska, and encourage elected officials, employers, and the general public to highlight the crucial role of older workers in the current labor force and the continuing importance of the participation of older workers in meeting the workforce demands of our 21st century economy.

Dated:

Respectfully,
Rita Bowen, State of Alaska
Mature Alaskans Seeking Skills Training Program
1 907 465 4872 Direct line

U.S. Department of Labor Employment and Training Administration			SCSEP Quarterly Progress Report ETA 5140		
A. GRANTEE INFORMATION					
1a. Grantee: Alaska		1b. Sub-Grantee:		2. Grantee Code: 390	
3a. Report Period Ending: FINAL		3b. Program Year(s): 2011		4. Number of Authorized Positions: 197	
				5. Number of Modified Positions: 185	
B. PARTICIPATION LEVELS					
1. Carried Over from the Previous Program Year: Q1: 161 YTD: 161	2. New Participants: Q: YTD: 120	3. Total Exits: Q: YTD: 149	4. Current Participants: 132	5a. Vacancies: 53	
				5b. Rejected Records: 0	
6. Number of Persons on Waiting List: Q: YTD: 2			7. Co-Enrollments: Q: YTD: 268		
8a. Exits Due to Unsubsidized Employment: Q: YTD: 70	9a. Transferred Into Project: Q: YTD: 0	9c. Change of Sub-Grantee Into Project: Q: YTD:	10a. Placements: Q: YTD: 70	10d. Percent of Placements with Benefits: Q: L4Q: 51	
8b. Other Reasons for Exit: Q: YTD: 49	9b. Transferred Out of Project: Q: YTD: 0	9d. Change of Sub-Grantee Out of Project: Q: YTD:	10b. OJE Placements: Q: YTD: 3	10e. Average Hours per Week in Placement: Q: L4Q: 33.3	
8c. Exclusions: Q: YTD: 30			10c. Average Starting Wage in Placements: Q: L4Q: \$11.82	10f. Placements without Entered Employment: Q: YTD: 3	
8d. Exclusions after Exit: Q: YTD: 1					
11. Number of Hours of Training: Q: YTD: 8772		12. % Participants Assigned 18-22 Hours per Week: Q: YTD: 54		13. Average Project Duration: Q: 12.0 L9Q: 10.4	
C. COMMUNITY SERVICE ASSIGNMENTS				Q	YTD
1. Number of participants providing service to the general community					179
2. Total number of hours worked in service to the general community					75122
3. Number of participants providing service to the elderly community					123
4. Total number of hours worked in service to the elderly community					44422
5. Total number of participants providing community service					281
6. Total number of hours worked in community service					119544

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(Revised April, 2010)

D. PARTICIPANT CHARACTERISTICS							
		Q No.	Q %	YTD No.	YTD %	L4Q No.	L4Q %
Gender	1. Male			119	42		
	2. Female			162	58		
Age at Enrollment	3. 55-59			144	51		
	4. 60-64			87	31		
	5. 65-69			29	10		
	6. 70-74			11	4		
	7. 75 & over			10	4		
Ethnicity	8. Hispanic, Latino or Spanish origin			8	3		
Race	9. American Indian or Alaska Native			68	24		
	10. Asian			6	2		
	11. Black or African American			18	6		
	12. Native Hawaiian or Pacific Islander			1	0		
	13. White			197	70		
Education	14. 8th grade & under			2	1		
	15. 9th grade – 11th grade			9	3		
	16. High School diploma or equivalent			112	40		
	17. 1 – 3 years college			94	33		
	18. Post-secondary certificate			11	4		
	19. Associate's degree			11	4		
	20. Bachelor's degree or equivalent			28	10		
	21. Some graduate school			4	1		
	22. Master's degree			9	3		
	23. Doctoral degree			1	0		
Additional Measures	24. Family income at or below the poverty level			245	87		
	25. Individuals with disabilities			51	18		
	26. Individuals with limited English proficiency			3	1		
	27. Individuals with low literacy skills			2	1		
	28. Individuals residing in rural areas			113	40		
	29. Individuals with low employment prospects			192	68		
	30. Individuals who failed to find employment after using WIA Title I			32	11		
	31. Individuals age 75 and over at date of report			11	4		
	32. Individuals who are homeless or at risk of homelessness			79	28		
	33. Displaced homemakers			14	5		
	34. Veterans (or spouses)			69	25		
	35. Individuals receiving public assistance			167	59		
	36. Individuals with severe disability			7	2		
	37. Individuals who are frail			3	1		
	38. Individuals old enough for but not receiving SS Title II			0	0		
	39. Individuals with severely limited employment prospects in areas of persistent unemployment			21	7		

E. CORE PERFORMANCE MEASURES					
MEASURE	DESCRIPTION	GOAL	Q RATE	YTD RATE	L4Q RATE
1. Community Service	The number of hours of community service in the reporting period divided by the number of hours of community service funded by the grant minus the number of paid training hours in the reporting period	50.0%		61.9% N = 119,544 D = 193,248	
2. Common Measures Entered Employment	Of those not employed at the time of participation, the number of participants employed in the first quarter after the exit quarter divided by the number of participants who exit during the quarter	36.8%		54.6% N = 77 D = 141	
3. Common Measures Employment Retention	Of those participants who are employed in the first quarter after the exit quarter, the number employed in both the second and third quarters after the exit quarter divided by the number of participants who exit during the quarter	70.0%		68.1% N = 62 D = 91	
4. Common Measures Average Earnings	Of those participants who are employed in the first, second, and third quarters after the quarter of program exit, total earnings in the second and third quarters after the exit quarter, divided by the number of exiters during the period	8500		8880 N = 532,806 D = 60	
5. Service Level	The number of participants who are active on the last day of the reporting period or who exited during the reporting period divided by the number of modified community service positions	100.0%		151.9% N = 281 D = 185	
6. Service to Most in Need	Average number of barriers per participant. The total number of the following characteristics: severe disability, frail; age 75 or older, old enough for but not receiving SS Title II, severely limited employment prospects and living in an area of persistent unemployment, limited English proficiency, low literacy skills, disability, rural, veterans, low employment prospects, failed to find employment after using WIA Title I, and homeless or at risk of homelessness divided the number of participants who are active on the last day of the reporting period or who exited during the reporting period	2.32		2.07 N = 583 D = 281	

F. ADDITIONAL PERFORMANCE MEASURES				
MEASURE	DESCRIPTION	Q RATE	YTD RATE	L4Q RATE
1. Retention at 1 year	Of those participants who are employed in the first quarter after the exit quarter: the number of participants who are employed in the fourth quarter after the exit quarter divided by the number of participants who exit during the quarter		64.8% N = 59 D = 91	
2. Customer Satisfaction	Average ACSI for employers			
	Average annual ACSI for participants			
	Annual average ACSI for host agencies			

GOAL means the stated negotiated target rate for that performance measure.

Q means the count or rate for the current reporting quarter.

YTD means the count or rate for the program year to date, from July 1st through the current reporting quarter.

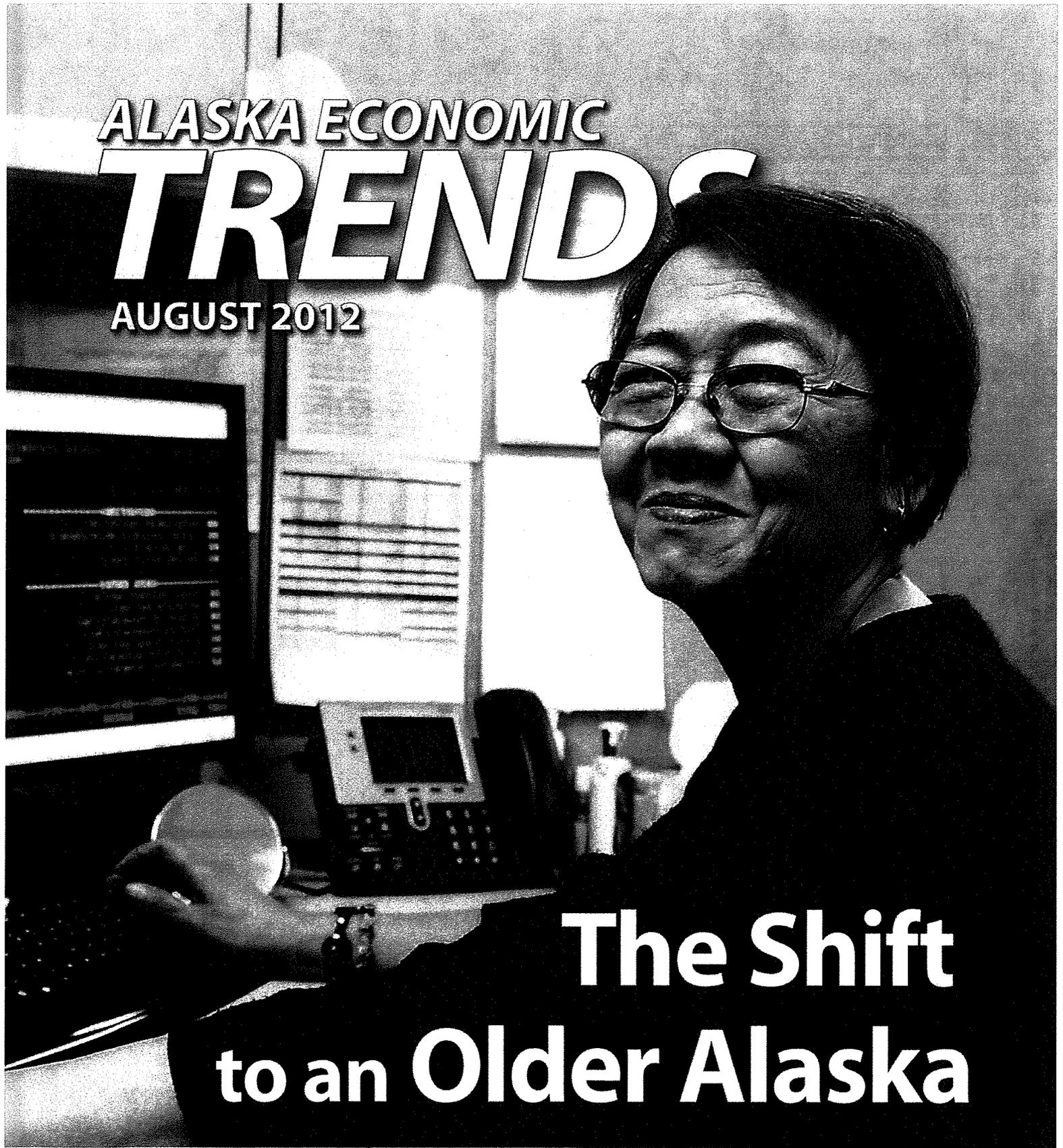
L4Q means the count or rate for the most recent four quarters, including the current reporting quarter.

N means the numerator used in the calculation of the rate.

D means the denominator used in the calculation of the rate.

ALASKA ECONOMIC **TRENDS**

AUGUST 2012



The Shift to an Older Alaska

WHAT'S INSIDE

Prince of Wales profile

Alaskans' household and personal income

The diversity of the state's labor force



ALASKA DEPARTMENT OF LABOR
& WORKFORCE DEVELOPMENT

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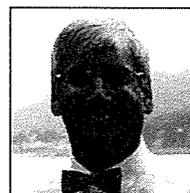
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Alaska's population is aging, changing the state's workforce



**By Dianne Blumer,
Commissioner**

The image of the gray and weathered Alaska sourdough is one of the icons of our state. While that image is mostly myth, our state's population is growing older — this month's *Trends* focuses on the aging of Alaska's workforce.

Alaska is a young state, just 53 years old. Our population is also young, with a median age of just under 34. Only Texas and Utah have a younger population. In large part, Alaska is young because we have a low percentage of residents over age 65, at less than 8 percent.

Part of the reason is that many of our seasonal and transient jobs are more attractive to younger, more mobile workers, as is the lifestyle these jobs demand.

This trend is changing though, reflecting both national and state trends. In the past 10 years, our 65-plus population has grown faster than any other state's.

Baby boomers across the United States are reaching retirement age, and Alaska has a particularly large baby boomer population. Many boomers migrated here during the construction of the Trans-Alaska Pipeline and during the early 1980s economic expansion. Many older Alaskans are choosing to stay in the state, both to work and to stay put after retirement.

As they age, older workers generally need more access to quality health care. In the last 10 years the health care industry has created about 10,000 new jobs in Alaska, more than any other industry in the state. Based on the increase in our population and the increase in the number of folks who are 65-plus, we expect the number of jobs in the health care industry will grow 26.5 percent from 2008 to 2018, the current 10-year forecast.

Prince of Wales-Hyder

This month we also look at the Prince of Wales-Hyder Census Area, which includes Alaska's second-largest island and some of the more remote communities in Southeast Alaska. This area has weathered the end of the large-scale timber industry there and a significant loss of jobs over the past 20 years.

Today almost half the jobs are government- and tribal-related, providing health care and education services to residents. While timber has declined, it's still a key part of the local economy. The visitor industry continues to emerge and fishing generates income and jobs for Prince of Wales residents.

Registered apprenticeship

Gov. Sean Parnell proclaimed August 2012 to be Registered Apprenticeship Awareness Month to recognize the 75th anniversary of the National Apprenticeship Act of 1937. Apprenticeship allows participants to earn while they learn.

The Alaska Department of Labor and Workforce Development focuses on apprenticeship as part of a connected education and training system in Alaska. The department has registered record numbers of new apprenticeships — 26 for 2012 so far and more than the previous year's total of 23. Even small Alaska employers can help grow their own workforce with apprenticeship programs.

For more information, go to:
www.EarnAndLearnAK.Org or
www.jobs.state.ak.us/apprentice.

The Shift to an Older Alaska

Baby boomers changed the makeup of state's population

With a median age of 33.8 years, Alaska is the third-youngest state in the nation after Utah and Texas. Alaska is young in part because it has a higher-than-average birth rate and it tends to attract young workers — but more importantly, it's home to relatively few people age 65 and older. In 2010, that age group was just 7.7 percent of Alaska's population, the smallest share of any state.

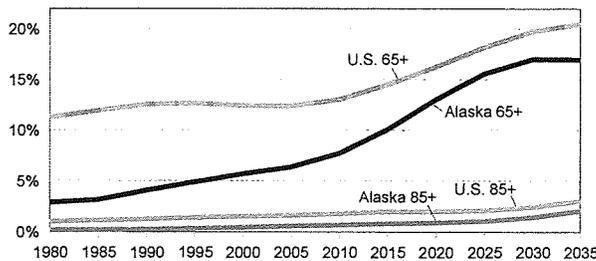
Alaska's senior population is rapidly changing though. While it's currently the smallest in the nation, Alaska's 65-plus population grew at a faster rate than that of any other state between 2000 and 2010. That rate is still on the rise, largely due to aging of the "baby boomers" born during the high birth rate years between 1946 and 1964. The first boomers turned 65 in 2011.

Seniors are not only a growing demographic in Alaska, but one that is rapidly changing. Older Alaskans as a group are becoming more urban-centered and more active in the labor market.

Large influx in the '70s and '80s

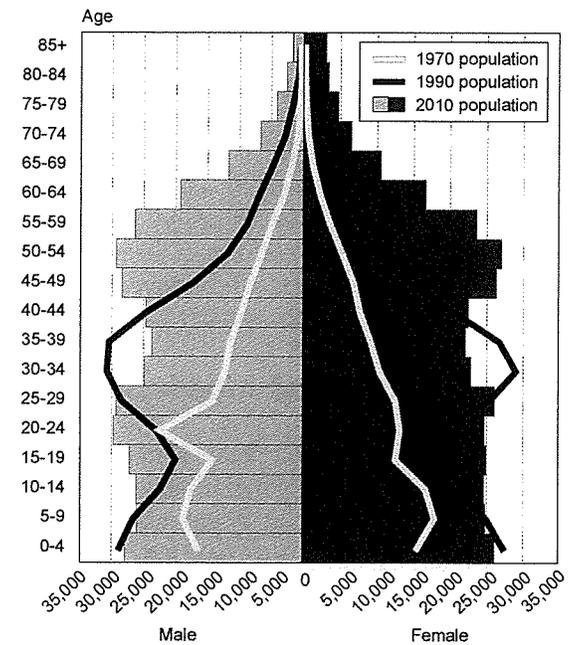
The construction of the Trans-Alaska Oil Pipeline was nearly four decades ago, but it drives

2 Percent Over Ages 65 and 85 Alaska and U.S., 1980 to 2035



Note: Values for 2015 to 2035 are population projections.
Source: Alaska Department of Labor and Workforce Development, Research and Analysis Section

1 Population by Age and Sex Alaska, 1970, 1990, and 2010



Source: U.S. Census Bureau

much of the current population change, particularly for the older age groups.

Tens of thousands of baby boomers moved to Alaska during the pipeline construction boom of the 1970s, permanently altering the state's makeup. Though a significant number left after the pipeline's completion, many also stayed, so the change in the age structure remained and was reinforced when oil revenue and the economy expanded in the 1980s.

Bigger change for Alaska

Though migration of young workers brought dramatic population shifts between 1970 and 1990, the biggest changes between 1990 and 2010 were

due to aging. Even with high rates of annual migration, the relative size of each cohort — or those born within a certain time period — has been stable since 1990, with a very small share born before 1946.

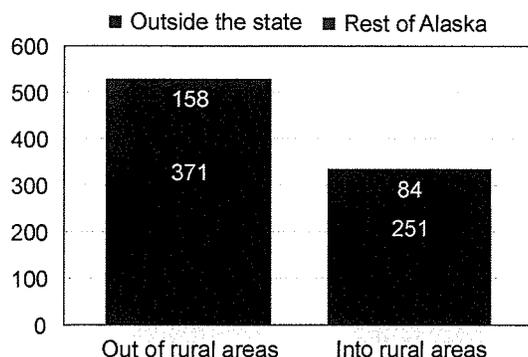
A large group of Alaskans is moving into their senior years, and this shift to an older population is expected to continue through 2030. In 1980, Alaska had just under 12,000 seniors, and by 2010 it had nearly 55,000. As boomers continue to age, Alaska is projected to have almost 150,000 senior citizens by 2030 — that’s an increase from about 3 percent of the total population in 1980 to 17 percent by 2030. (See Exhibit 2.)

This shift won’t be nearly as dramatic in the United States as a whole. Those age 65 and over were already a larger share of the U.S. population in 1980 at just over 11 percent, and they were 13 percent in 2010. By 2030, seniors are projected to be a little less than 20 percent of the nation’s population — that’s a higher projected percentage than in Alaska, but a much smaller change.

Growth for oldest Alaskans

Residents age 85 and older have historically been a small part of Alaska’s population, and in 1980, there were just 619. By 2010 that number had grown to 4,711 people, or around half a percent of the state total.

3 Yearly Migration of Seniors Rural Alaska, 2000 to 2010



Note: Based on Permanent Fund Dividend data. “Rural” in this chart includes all boroughs and census areas except Anchorage, Mat-Su, Kenai Peninsula, Fairbanks North Star, and Juneau. Source: Alaska Department of Labor and Workforce Development, Research and Analysis Section

A few facts about seniors’ households

- Over 95 percent of Alaska and U.S. seniors live in households rather than group housing. Group housing, or “group quarters,” includes nursing homes, but assisted living facilities are usually counted as households.
- Just under 90 percent of seniors living in households are either the householder or the spouse of the householder, and roughly 5 percent live with grown children.
- Just over 80 percent own their homes, and 19 percent rent.
- The average senior household size in Alaska is 1.9 people, roughly the same as among U.S. seniors. In comparison, the overall average household size in Alaska is 2.7 people.
- Nearly 8 percent of Alaska seniors live with grandchildren, in contrast to 4.8 percent for the U.S. as a whole. Approximately 3 percent are responsible for their grandchildren.

The state projects nearly 12,500 Alaska residents over age 85 in 2030 — that’s a significantly larger number, but would still be just 1.4 percent of the state’s total population.

The baby boomers will reach age 85 beginning in 2031, so larger increases for this group will likely follow through 2050.

Although Alaska’s oldest population is not very large, people over 85 have high rates of disability and need for care, so they are an important group to understand and plan for.

Fewer moves at higher ages

People tend to move less as they get older, and although a larger senior population will mean higher numbers of moves, the rate will remain much lower than among younger groups.

Permanent Fund Dividend data show overall migration rates at 7 percent into and 7 percent out of the state per year, but for those 65 and older, the rates fall to 3 percent in and 4 percent out each year.

The effect on the total population count, or “net migration,” is determined by subtracting the number who move out each year from the number who move in. For seniors, that translates into an average net loss of 471 per year from 2000 to 2010.

4 Senior Population by Alaska Area 2010 Census

Area	Total population	Age 65+	Age 85+
State of Alaska	710,231	54,938	4,711
Aleutians East Borough	3,141	155	7
Aleutians West Borough	5,561	193	5
Anchorage, Municipality	291,826	21,139	1,962
Bethel Census Area	17,013	1,041	69
Bristol Bay Borough	997	83	4
Denali Borough	1,826	137	3
Dillingham Census Area	4,847	367	28
Fairbanks North Star Borough	97,581	6,375	521
Haines Borough	2,508	345	30
Hoonah-Angoon Census Area	2,150	288	19
Juneau, City and Borough	31,275	2,635	247
Kenai Peninsula Borough	55,400	6,276	533
Ketchikan Gateway Borough	13,477	1,367	163
Kodiak Island Borough	13,592	915	72
Lake and Peninsula Borough	1,631	127	10
Matanuska-Susitna Borough	88,995	7,069	526
Nome Census Area	9,492	603	36
North Slope Borough	9,430	402	21
Northwest Arctic Borough	7,523	455	36
Petersburg Census Area	3,815	438	39
Prince of Wales-Hyder Census Area	5,559	559	25
Sitka, City and Borough	8,881	1,008	137
Skagway, Municipality	968	88	6
Southeast Fairbanks Census Area	7,029	664	38
Valdez-Cordova Census Area	9,636	798	61
Wade Hampton Census Area	7,459	404	41
Wrangell, City and Borough	2,369	374	33
Yakutat, City and Borough	662	64	5
Yukon-Koyukuk Census Area	5,588	569	34

Source: U.S. Census Bureau

Perhaps just as important for determining the size of the 65-plus population is Alaska's fairly large annual net migration loss of people aged 40 to 70, which decreases the future size of the state's senior population. Based on PFD data for 2000 and 2010, the annual net loss of 40-to-70-year-olds was just over 2,000 people per year. Still, aging of the population is by far the largest factor in determining the size of Alaska's senior population through 2030.

More seniors move to cities

Slightly more seniors move from rural to urban Alaska each year than those who move from urban to more rural areas. Anchorage/Mat-Su, Fairbanks North Star Borough, Juneau, and the Kenai Peninsula Borough gained an average of 158 seniors per year from the rest of the state from 2000 to 2010 and lost 84 per year, netting an average of 74 seniors annually from the rest of the state.

A larger portion who left Alaska's rural areas moved outside the state, and rural areas lost a net total of 120 seniors per year over the last decade. (See Exhibit 3.)

Large percentages in Southeast

In 2010, 80 percent of Alaska seniors lived in Anchorage/Mat-Su, Fairbanks North Star Borough, Juneau, or the Kenai Peninsula Borough. By 2030, that rate is projected to increase to 82 percent.

With more than 21,139 seniors in 2010, Anchorage was home to the most residents age 65 or older by far, followed by Mat-Su (7,069), Fairbanks North Star Borough (6,375), Kenai Peninsula Borough (6,276), and Juneau (2,635). Anchorage also had the most Alaskans over 85, with nearly 2,000. (See Exhibit 4.)

Southeast has had a large proportion of older residents for decades, a trend that is expected to continue. Wrangell had the highest percentage at 15.8 percent, followed by Haines (13.8 percent) and Hoonah-Angoon (13.4 percent).

Those with the highest percentage of residents age 85 or older were Sitka (1.5 percent), Wrangell (1.4 percent), and Ketchikan and Haines, both at 1.2 percent. (See Exhibit 5.)

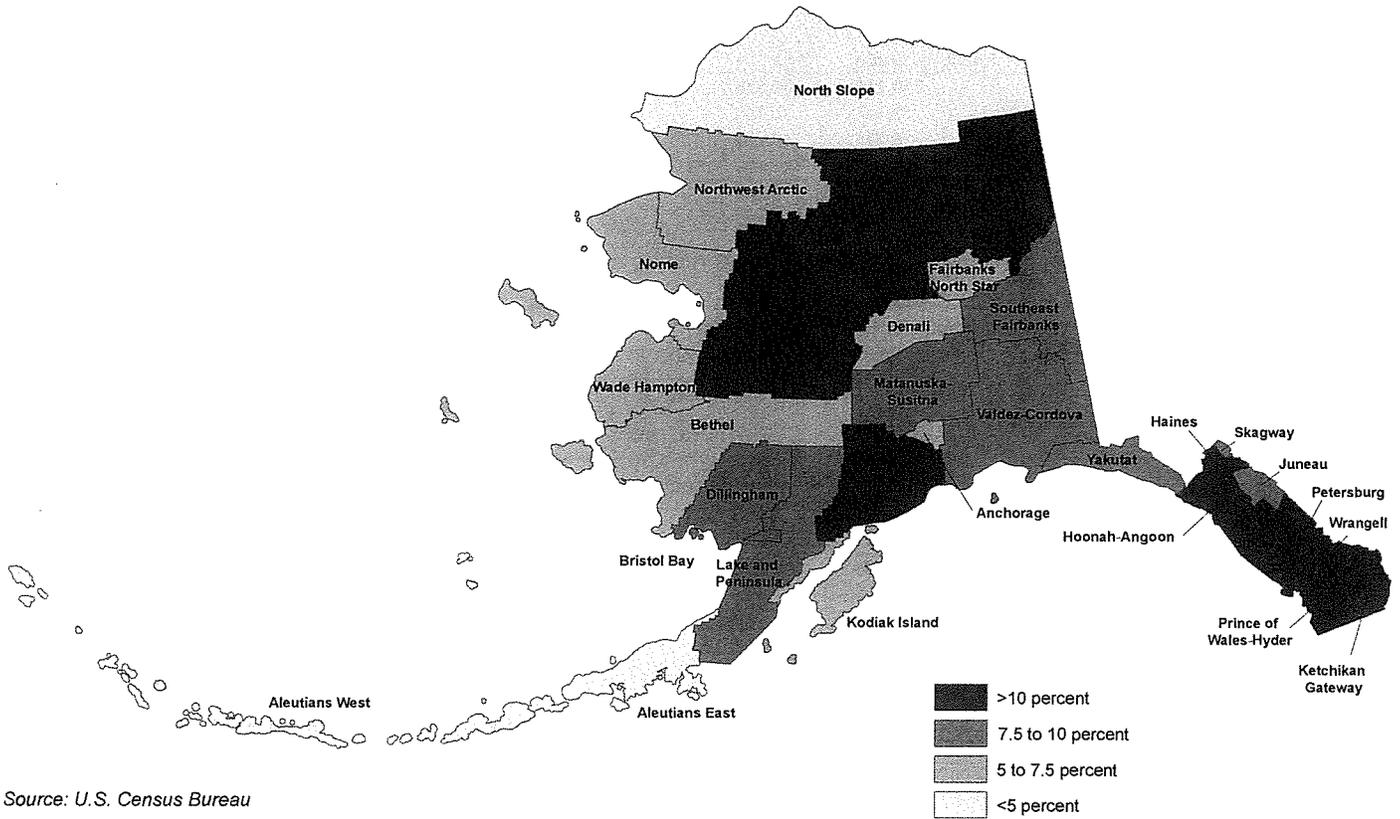
The Alaska Department of Labor projects that due to population aging, the senior share of population will continue to grow in each region through 2030.

The regions projected to gain the highest numbers of seniors between 2010 and 2030 are Anchorage/Mat-Su (+53,354), Interior (+13,960), Gulf Coast (+12,922), and Southeast (+9,848). The Southwest (+2,954) and Northern (+1,832) regions, with relatively smaller baby boomer populations, are also expected to gain a significant number over 65, but will likely be less than in Southeast and along the Railbelt.

Fewer men in higher age groups

Women generally have a longer life expectancy, so there are more women than men in the oldest age groups. As of 2010, Alaska had 1.05 women for every man over 65 — a ratio that is consid-

5 Population Ages 65 and Over by Borough and Census Area Alaska, 2010 Census



ered low. Among all U.S. seniors, there were more than 1.3 women to every man.

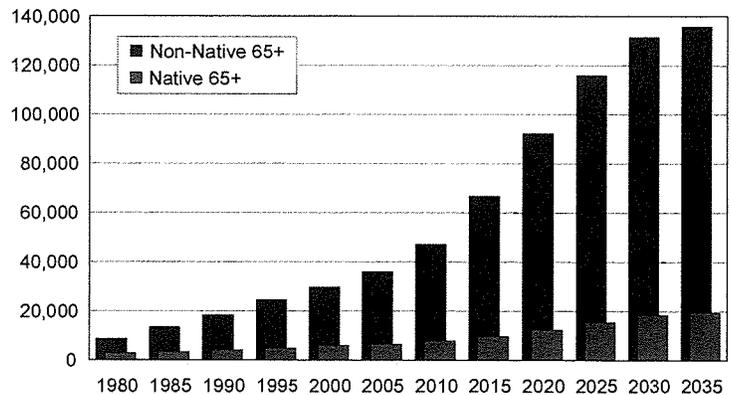
The relative parity in Alaska is because the state has gained a larger number of men through migration, particularly in the past — but by age 85, male mortality rates increase the ratio of women to men substantially: 1.84 women to every man. For U.S. seniors over 85, it's 2.07 women to each man.

Decreasing Alaska Native share

The population of Alaska Native elders is growing, but not as fast as the non-Native population. (See Exhibit 6.) The department projects that the Alaska Native senior population will more than double between 2010 and 2030 — from 7,870 to 18,293 people — but the Alaska Native share of the total will be less, as the massive influx of people during the '70s and '80s was largely non-Native.

The proportion of seniors who are Alaska Na-

6 Native and Non-Native Seniors Alaska, 1980 to 2035



Note: Values for 2015 to 2035 are population projections.

Sources: Alaska Department of Labor and Workforce Development, Research and Analysis Section; and U.S. Census Bureau

Where to find data on Alaska seniors

For annual estimates of the senior population, go to labor.alaska.gov research. Click on "Population and Census," then select "Population Estimates." For projections of Alaska's future senior population, select "Population Projections," and for income and other characteristics from the U.S. Census Bureau's American Community Survey, select "American Community Survey (ACS)."

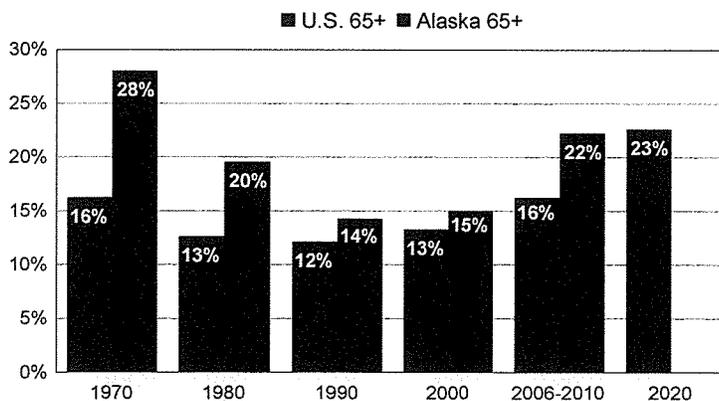
tive has decreased steadily for decades. In 1980, about 25 percent of Alaska's seniors were Native, which fell to 16.9 percent in 2000 and to 14.3 percent by 2010. The department projects that by 2030, Alaska Natives will be just 12.2 percent of the state's senior population.

More seniors in the workforce

Labor force participation — those working or available to work — traditionally drops between ages 55 and 64 as people retire. (See Exhibit 7.) However, seniors are more likely to remain in the workforce in Alaska than in the nation as a whole, and the rate of seniors in the workforce is on the rise.

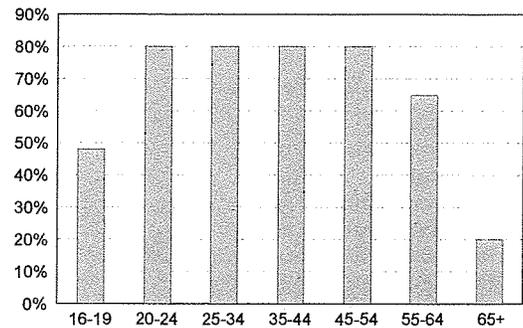
In 1970, a high percentage of Alaska seniors were part of the workforce — 28 percent — but the rate dropped significantly through 1990. (See Exhibit 8.) The major causes may have been a large cohort of baby boomers competing for jobs, or that financially it was a good time to retire. The trend has shifted since then, though, and the

8 Percent of Seniors in the Workforce Alaska and U.S., 1970 to 2010



Sources: U.S. Census Bureau; and Bureau of Labor Statistics projection for 2020

7 Labor Force Participation By age, Alaska, 2006 to 2010



Source: U.S. Census Bureau, American Community Survey

senior labor force participation rate grew to 22 percent in Alaska between 2006 and 2010.

The Bureau of Labor Statistics projects that senior participation in the national workforce will be markedly higher in 2020, and if that trend holds for Alaska as well, the state would be at or above its 1970 levels.

It's important to note that labor force participation doesn't cover all of the work seniors do. Many older Alaskans are involved in volunteer work, subsistence, and the care of family members.

Poverty rates decrease

Though seniors work less, their incomes are an important part of the economy. The median income of Alaska households headed by people age 65 or older was \$45,414 during the period from 2006 to 2010 — much lower than the \$66,521 earned by the average Alaska household but considerably more than the average senior-headed household in the U.S. (\$33,906). This doesn't mean seniors are living on less money, though, because these figures don't include their retirement savings.

Over 90 percent of Alaska senior households received income from Social Security during that period, and it was about the same nationwide. (See Exhibit 9.) Social Security income averaged nearly \$16,000 per year in Alaska, and the 55 percent who received retirement income averaged about \$28,000.

The poverty rate has steadily decreased among

9 Senior Households and Income

Alaska and the U.S., 2006 to 2010

	United States				Alaska			
	Total		Householders age 65+		Total		Householders age 65+	
	Estimate	Margin of error	Estimate	Margin of error	Estimate	Margin of error	Estimate	Margin of error
Income in the past 12 months								
Households	114,235,996	+/-248,114	24,039,344	+/-107,132	248,248	+/-1,590	30,768	+/-526
Households with earnings	79.7%	+/-0.1%	34.0%	+/-0.1%	88.4%	+/-0.3%	47.5%	+/-1.8%
Mean earnings	\$71,902	+/- \$139	\$44,228	+/- \$150	\$76,891	+/- \$956	\$48,034	+/- \$4,934
Households with Social Security income	27.5%	+/-0.1%	92.2%	+/-0.1%	17.7%	+/-0.3%	90.6%	+/-0.9%
Mean Social Security income	\$15,495	+/- \$18	\$16,736	+/- \$28	\$14,409	+/- \$257	\$15,896	+/- \$358
Households w/ supplemental security Income	4.0%	+/-0.1%	5.6%	+/-0.1%	3.2%	+/-0.2%	6.7%	+/-0.9%
Mean supplemental security Income	\$8,221	+/- \$17	\$7,769	+/- \$27	\$7,740	+/- \$328	\$6,176	+/- \$569
Households w/ cash public assistance income	2.5%	+/-0.1%	1.6%	+/-0.1%	6.4%	+/-0.3%	11.8%	+/-1.0%
Mean cash public assistance income	\$3,553	+/- \$19	\$3,558	+/- \$41	\$4,041	+/- \$193	\$3,670	+/- \$320
Households with retirement income	17.5%	+/-0.1%	49.2%	+/-0.1%	17.1%	+/-0.4%	54.2%	+/-1.6%
Mean retirement income	\$21,489	+/- \$39	\$21,016	+/- \$51	\$27,187	+/- \$951	\$27,511	+/- \$1,074
Households w/ food stamp/SNAP* benefits	9.3%	+/-0.1%	6.3%	+/-0.1%	8.8%	+/-0.3%	6.3%	+/-0.8%
Median household income	\$51,914	+/- \$89	\$33,906	+/- \$80	\$66,521	+/- \$642	\$45,414	+/- \$1,589

*SNAP stands for Supplemental Nutrition Assistance Program.
 Note: All earnings and income are in 2010 inflation-adjusted dollars.
 Source: U.S. Census Bureau

Alaska seniors over the decades. In 1980, 14 percent were below the poverty line, which fell to 7.6 percent by 1990 and 6.8 percent by 2000. Between 2006 and 2010 the rate fell further, to 4.5 percent.

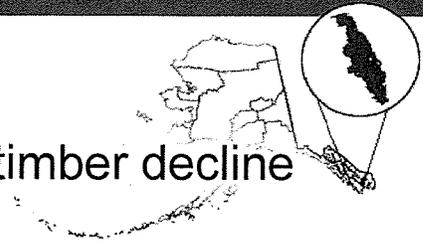
Anticipating the changes

Alaska is always changing — it has been a different place in at least some ways for every generation since statehood — and usually the changes aren't predictable. However, because population typically evolves so gradually for older age groups, it lends some certainty to the future increase of Alaska's senior population, which will have important effects on cities, remote communities, the workforce, and Alaska households.

David Howell, a demographer with the Alaska Department of Labor and Workforce Development, contributed to this article.

Prince of Wales

Area redefines its economy after the timber decline



The Prince of Wales area's water, forest, and land and their many users are its economic core — the region has a rich history of fur farms, mining claims, and quarries, and transitioned to fly-in fishing lodges and mariculture.

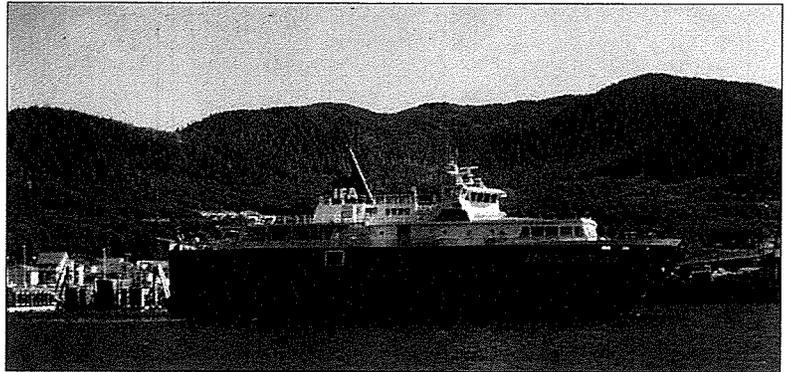
Prince of Wales relied heavily on logging for decades, but the decline of the timber industry and deindustrialization throughout the 1990s forced the region to redefine its economy and look more toward government jobs and tourism.

Timber is still a cottage industry in the region, and Viking Lumber is one of its largest private employers. However, the availability of industrial jobs has declined steadily over the decades, and the region's economy increasingly centers around small proprietorships such as family-run specialty wood mills, fishing and seafood, and hospitality businesses.

Geographic changes

The 12 communities on Prince of Wales Island, the second-largest island in Alaska after Kodiak, are connected by 2,000 miles of Forest Service roads and accessible to the outside only by air and the Ketchikan-Hollis Inter-Island ferry.

The 2,755-square-mile island is the main hub of the Prince of Wales-Hyder Census Area, which includes several largely uninhabited Alexander Archipelago islands to the west and an "island" of land surrounding the town of Hyder on the Canadian border at the terminus of Portland Canal. Hyder is the area's only community accessible to the outside by road.



Above, this ferry makes regular trips between Ketchikan and Hollis on Prince of Wales Island. Photo courtesy of J. Brew

The census area also includes Annette Island, which is home to Alaska's only Indian reservation, Metlakatla. Like the communities on Prince of Wales Island, Metlakatla is accessible only by air or water. It's also the area's largest community, followed by Craig — the only two towns with a population of more than 1,000. Most of the region is highly rural, with people living outside the boundaries of even the smallest settlements.

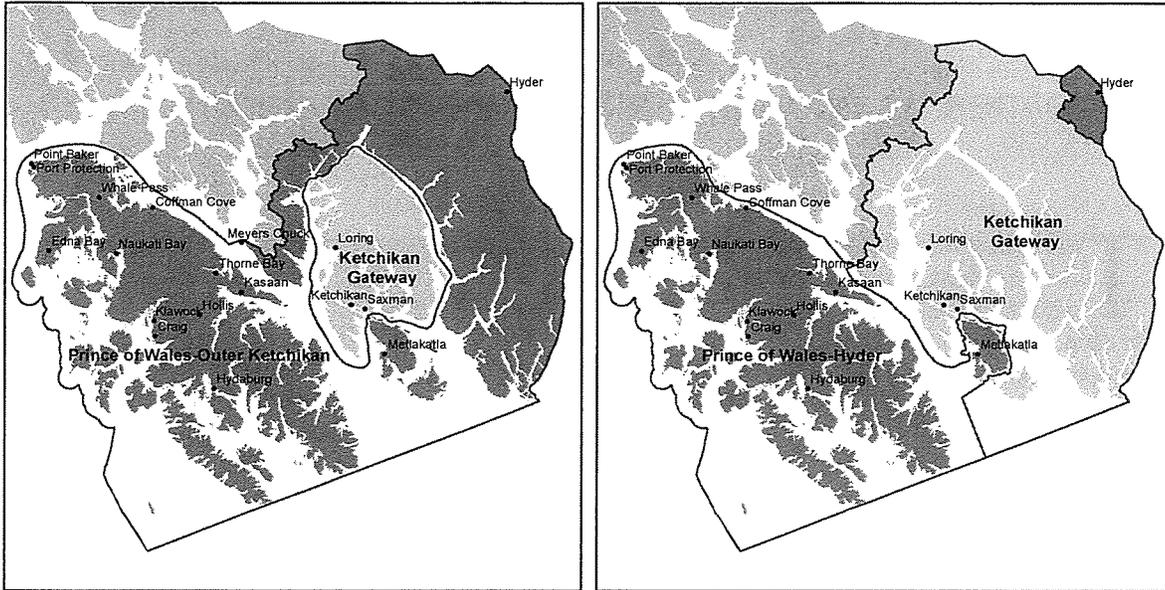
The area has seen boundary shifts in recent years as well as changes to its industry makeup. In 2008, after several years of petitioning, the Ketchikan-Gateway Borough annexed most of the outer Ketchikan areas into its incorporated borough — areas that until then were part of the census area known as Prince of Wales-Outer Ketchikan. For the newly named Prince of Wales-Hyder Census Area, this was a size reduction of about 4,700 square miles of inleted coastal range rainforest that abuts Canada. (See Exhibit 1.)

A change in population

The Prince of Wales-Hyder Census Area had a population of 5,814 in 2011. With the decline in the timber industry and subsequent closure of logging camps, the region's population dropped 20 percent

1 Prince of Wales Area Boundaries Changed in 2008

Some outlying areas were incorporated into Ketchikan's borough



Source: Alaska Department of Labor and Workforce Development, Research and Analysis Section

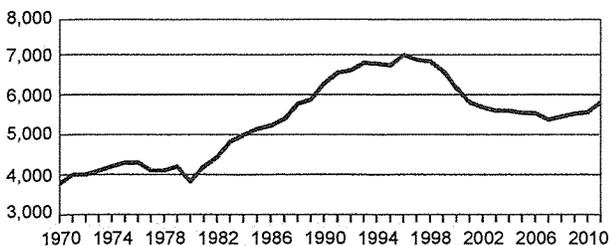
between 1996 and 2007. (See Exhibit 2.) However, the population has risen by a total of 440 since 2007, a sign that the economy may be stabilizing.

The region is 40 percent Alaska Native. Historical Native villages in the area were Haida and Tlingit, then Tsimshians emigrated from Canada to Annette Island in 1887 and were granted reservation status in 1891.

The area has 23 percent more men than women, a gap that's considerably larger than the 8 percent average statewide. Its population is also six years older than the statewide median, similar to other low-growth regions.

2 Estimated Population

Prince of Wales, 1970 to 2011



Source: Alaska Department of Labor and Workforce Development, Research and Analysis Section

Jobs, wages since timber fallout

The area's current employment is mostly in government, with local agencies providing 41 percent of jobs in 2011, half of which were in education. (See Exhibit 3).

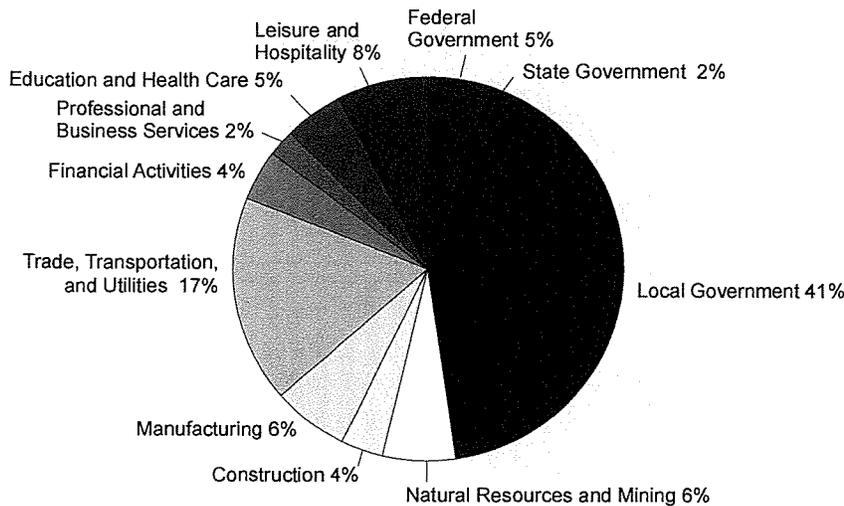
Because the tribal government operates the majority of Metlakatla's services and businesses on the reservation, local government is more prominent than in other boroughs where private firms provide more services.

Government agencies as a whole paid 52 percent of total census area wages in 2011. Of the \$38 million in government wages, 40 percent — or \$26 million — was from school districts, tribal government, and municipalities.

The federal government provides fewer jobs than local agencies, but they are important because federal wages are higher. (See Exhibit 4.) While some of those wages go to seasonal nonresidents working for the U.S. Department of Agriculture, much of that money stays in the region as year-round Forest Service jobs in Hyder and Point Baker.

State and federal employment hasn't

3 Employment by Industry Prince of Wales-Hyder Census Area, 2011



Note: Does not include seafood harvesting.

Source: Alaska Department of Labor and Workforce Development, Research and Analysis Section

particular sector.

Year-round private-sector jobs are those that serve residents, including a few grocers, restaurants, and financial and health care institutions. Construction, charters, fishing lodges, and transportation jobs ramp up in the summer to serve the seasonal visitor and forestry industries.

There's evidence that jobs are scarce overall, though — the unemployment rate was high even before the timber industry decline and has continued to diverge from the statewide average. Regional unemployment averaged 15.3 percent in 2011, roughly double the state average.

Commercial fishing

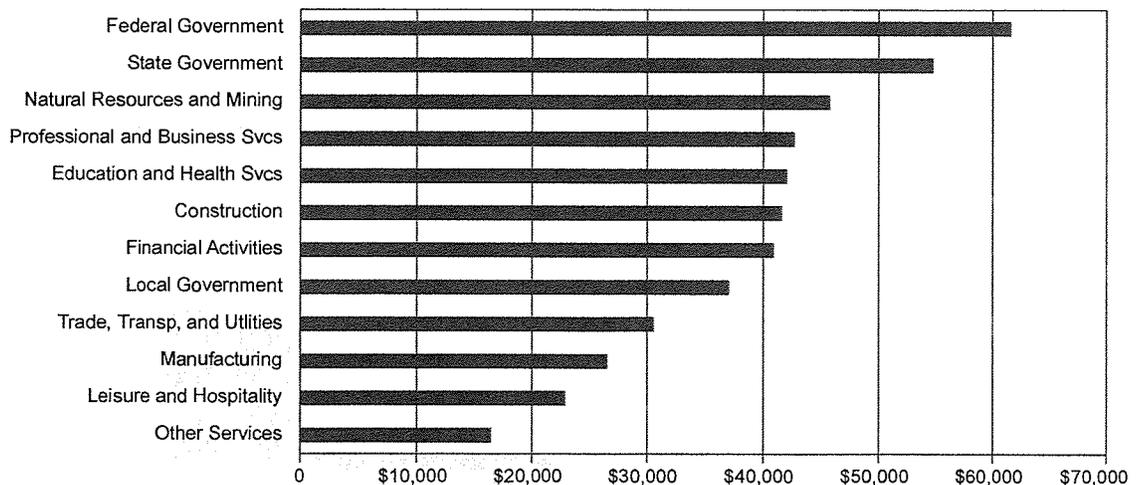
changed much in the past 10 years, and though the local sector grew in some years and shrank in others, its overall growth trend was flat.

The Prince of Wales commercial fishing fleet remains a cornerstone of the economy and the livelihood for many residents and nonresidents alike.

The same is true of the private sector. Following sharp declines in employment in 2000 and 2001, net job growth was just 120 between 2002 and 2011 (see Exhibit 5), with no sustained job growth in any

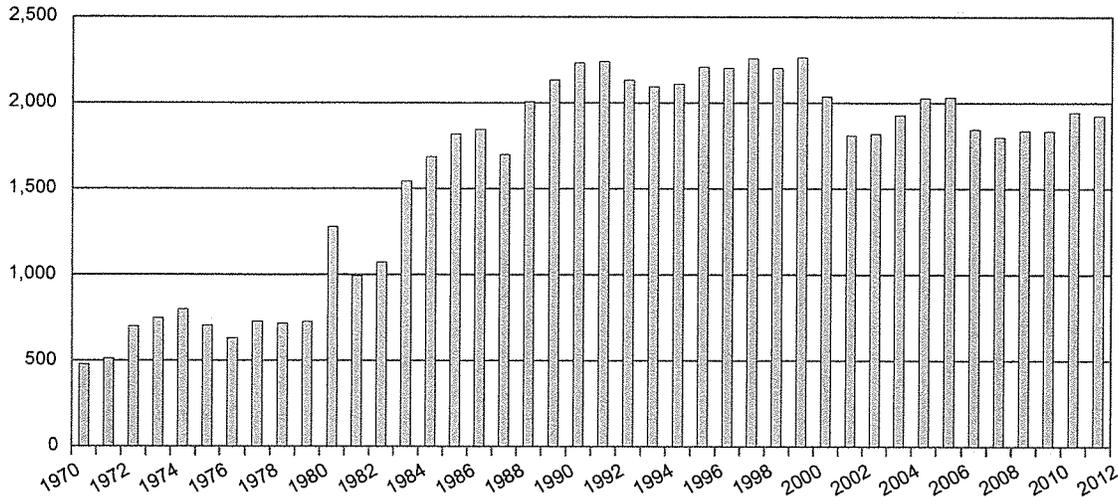
Fish and Game reported that Prince of Wales-Hyder harvested 19.6 million pounds of fish in 2011, 15.4 million of which were salmon. The associated earnings were \$15.9 million and \$11.3

4 Average Yearly Wages by Industry Prince of Wales-Hyder Census Area, 2011



Source: Alaska Department of Labor and Workforce Development, Research and Analysis Section

5 Average Number of Jobs Each Year Prince of Wales-Hyder Census Area, 1970 to 2011



Source: Alaska Department of Labor and Workforce Development, Research and Analysis Section

million, respectively. (See Exhibit 6.)

Because a small place tends to have small businesses, many industries have a high level of self-employment, including fishing. Census data from the IRS show \$20 million in reported receipts from 530 area businesses in 2009, the most recent year available. Small businesses are an important source of income in the region, especially considering 221 private-sector firms in the region had employees that year.

ration on the Niblack copper-gold-zinc-silver project off the southern tip of the island, which if put in production could be similar in scope to the Greens Creek mine in Juneau.

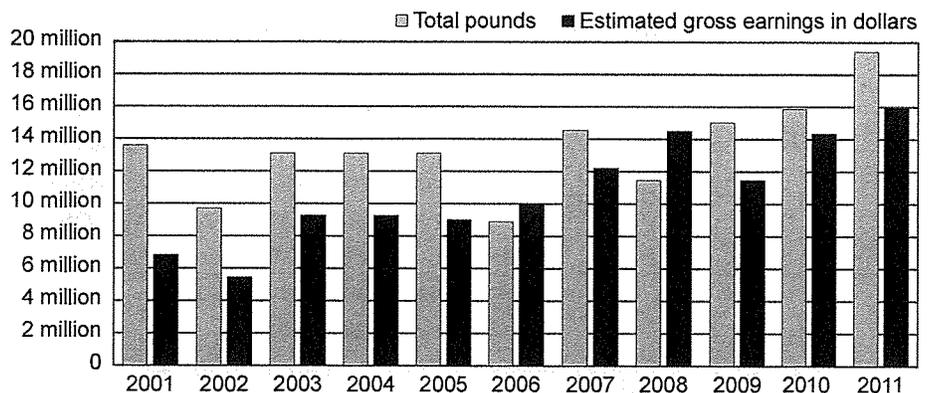
However, the industry faces significant challenges in exploration and permitting, so its future remains uncertain. The region doesn't yet have the infrastructure needed for industrial mining, despite its proximity to Ketchikan's facilities. The uncertainty of commodities prices is another barrier to full-scale production.

Mining has an uncertain future

Prince of Wales island has a legacy of mineral extraction — marble, copper, and gold have all been part of the area's settlement history. In recent years, trade barriers with China have renewed interest in mineral extraction.

Ucore Rare Metals is exploring the Bokan Mountain site, a former uranium mine dubbed the "Silicon Valley of Rare Earth Elements." Heatherdale Resources has focused explo-

6 Fishing Harvests and Earnings Prince of Wales, 2001 to 2011



Source: Alaska Department of Labor and Workforce Development, Research and Analysis Section

Household and Personal Income

Recent release covers range of rural areas

The U.S. Census Bureau measures income in a variety of ways, but when it comes to sparsely populated areas, it's difficult to produce reliable results because of small sample sizes. In Alaska's case, 24 of its 29 boroughs and census areas have populations of less than 20,000.

Averaging over a larger period of time adds reliability for small populations, though, and the bureau's recently released American Community Survey for 2006 to 2010, or ACS, covers median household income and per capita income for detailed geographic areas across the state. However, margins of error for some of the smaller areas still remain large.

Household income is broad

Median household income is considered one of the better measures of an area's economic well-being, because of its breadth and inclusiveness. The ACS includes the median, or midpoint, as well as the mean. The median is considered a better representation because potential extremes on either side of the spectrum have less influence.

According to the Census Bureau, a household includes everyone who occupies a housing unit. It may be a single family, one person living alone, two or more families living together, or any group of people sharing living arrangements, whether or not they're related.

The ACS leaves very little out in its calculations of household income. It includes all earnings from:

- Employment
- Investment income such as dividends, interest, and rents
- All types of public and private retirement including Social Security
- Public assistance, including welfare
- Nearly all types of transfer payments, including unemployment

It also includes Permanent Fund Dividends for Alaskans, with one major omission — it excludes recipients under age 15. This is a measurable factor in Alaska, where 61 percent of households have children under 15.

Another potential shortcoming is that the ACS can't measure the value of subsistence hunting and fishing, which can be significant in rural areas.

Wide variation across Alaska

In Alaska, the disparity in income around the state can be extreme, varying by as much as \$50,000. (See Exhibit 1.) In general, income disparity is loosely split along rural and urban lines, and in many Alaska rural areas, income falls below both statewide and national averages.

High unemployment and a lack of job opportunities in rural areas help explain these differences from their urban counterparts. Households in rural Alaska also tend to be larger and the populations younger, which further depresses income.

However, there are plenty of exceptions to the rural-urban division, as both the highest and lowest median household incomes in the state are in rural areas.

Rural has highest and lowest

The highest median household income reported by the ACS was in the Bristol Bay Borough at \$84,000 a year, more than double the \$33,712 earned in the Yukon-Koyukuk Census Area, the state's lowest. (However, it's important to keep an outsized margin of error in mind when looking at Bristol Bay.) Though these areas are both rural, most of their similarity ends there.

Bristol Bay has a population of 1,035, all of whom live in the communities of South Naknek, Na-

knek, and King Salmon. All three are close to each other, and the borough sits at the center of one of the most lucrative and largest commercial salmon fisheries in the world.

In contrast, Yukon-Koyukuk comprises 28 dispersed, mostly isolated communities with a total population of 5,665. Fort Yukon is its largest town, with a population of 598, and the area is known for a lack of economic opportunities.

Per capita income

Per capita income divides the state's income by the total population rather than the number of households. It allows some related but different comparisons, as there is generally a strong relationship between household and per capita income.

Unlike median household income, per capita income is a simple average and therefore more susceptible to extreme values. It's still considered a good socioeconomic measurement of a population though, because of its inclusiveness.

The influence of household size is removed in per capita data, but the age structure is important. For example, areas with more children tend to have a lower average income because children aren't earners.

A good example is the Wade Hampton Census Area, where the median age was 21.5, the second-

1 Income, Median Age, and Household Size

Alaska boroughs and census areas, 2006–2010

	Median household income	Margin of error	Per capita income	Margin of error	Median age	Average household size
Statewide	\$66,521	+/-1.0%	\$30,726	+/-1.1%	33.8	2.68
Aleutians East Borough	\$54,375	+/-17.9%	\$22,279	+/-6.1%	38.5	2.75
Aleutians West Census Area	\$72,917	+/-14.8%	\$29,920	+/-17.8%	42.0	2.74
Anchorage, Municipality	\$73,004	+/-1.6%	\$34,678	+/-2.0%	33.0	2.66
Bethel Census Area	\$52,214	+/-6.6%	\$18,584	+/-5.7%	33.0	2.66
Bristol Bay Borough	\$84,000	+/-23.7%	\$31,260	+/-15.1%	38.9	2.56
Denali Borough	\$72,500	+/-15.6%	\$42,245	+/-16.1%	42.4	2.21
Dillingham Census Area	\$60,800	+/-8.2%	\$22,597	+/-6.0%	28.9	3.42
Fairbanks North Star Borough	\$66,598	+/-3.6%	\$30,395	+/-3.4%	30.8	2.63
Haines Borough	\$47,981	+/-12.2%	\$27,979	+/-16.5%	49.6	2.22
Hoonah-Angoon Census Area	\$43,750	+/-15.6%	\$24,932	+/-13.8%	45.7	2.02
Juneau, City and Borough	\$75,517	+/-7.0%	\$34,923	+/-4.5%	38.6	2.52
Kenai Peninsula Borough	\$57,454	+/-4.6%	\$29,127	+/-2.9%	40.6	2.35
Ketchikan-Gateway Borough	\$61,695	+/-8.5%	\$29,520	+/-5.9%	38.3	2.36
Kodiak Island Borough	\$60,776	+/-13.1%	\$26,413	+/-7.4%	33.5	2.76
Lake and Peninsula Borough	\$40,909	+/-24.2%	\$15,161	+/-23.1%	18.0	3.30
Matanuska-Susitna Borough	\$67,703	+/-2.9%	\$27,910	+/-2.0%	34.7	2.81
Nome Census Area	\$53,899	+/-10.1%	\$20,549	+/-6.1%	27.7	3.31
North Slope Borough	\$68,517	+/-8.8%	\$22,109	+/-7.7%	26.1	4.47
Northwest Arctic Borough	\$55,217	+/-7.2%	\$21,278	+/-9.6%	25.7	3.88
Petersburg Census Area	\$62,317	+/-14.3%	\$30,971	+/-10.3%	42.8	2.41
Prince of Wales Census Area	\$45,728	+/-6.2%	\$24,193	+/-6.6%	39.5	2.29
Sitka, City and Borough	\$62,024	+/-6.2%	\$29,982	+/-6.9%	40.0	2.36
Skagway, Municipality	\$73,500	+/-13.9%	\$35,536	+/-27.5%	37.2	2.27
Southeast Fairbanks Census Area	\$59,596	+/-11.9%	\$27,657	+/-7.4%	35.9	2.64
Valdez-Cordova Census Area	\$60,383	+/-12.9%	\$30,703	+/-6.3%	39.0	2.42
Wade Hampton Census Area	\$37,955	+/-5.4%	\$11,269	+/-5.8%	21.5	4.28
Wrangell, City and Borough	\$50,389	+/-10.4%	\$28,731	+/-18.2%	42.1	2.35
Yakutat, City and Borough	\$65,750	+/-40.1%	\$28,576	+/-19.5%	38.6	2.48
Yukon-Koyukuk Census Area	\$33,712	+/-8.7%	\$18,614	+/-4.9%	35.1	2.61
U.S.	\$51,914	+/-0.2%	\$27,334	+/-0.3%	33.4	2.59

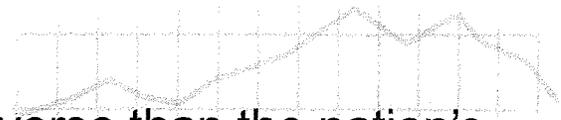
Source: U.S. Census Bureau, American Community Survey, 2006-2010

youngest in the state, and the average household size was 4.28. Its per capita income of \$11,269 was the state's lowest — less than half the nation's per capita income and just 37 percent of the state's.

On the other side of the spectrum, households in the Denali Borough were both smaller and older. Household income in Denali was 9 percent above the state median while per capita income was 38 percent higher than the state average.

Employment Scene

Alaska's labor force is more diverse than the nation's



If racial and ethnic diversity of a labor force is measured by what percentage is not white, then Alaska's is more diverse than that of the nation as a whole.

The national labor force — those working or looking for work — is nearly 76 percent white, but in Alaska it's 71 percent white, followed by Alaska Native and American Indian at 11 percent. (See Exhibit 1.)

Alaska Natives make the biggest difference between the racial makeup of Alaska's labor force and that of the nation, as Alaska has the highest percentage of Natives in the nation. Alaskans are also more than twice as likely to identify themselves in the "two or more races" category, and the single largest group in this category is a combination of Alaska Native and white.

Although a small group, Pacific Islanders are also a higher percentage of the labor force in Alaska. In contrast, black and Hispanic shares in Alaska are much smaller than in the labor force nationwide. Hispanics are considered an ethnicity, as Hispanics can be of any race, and the most common race identified with Hispanic is white.

2 Alaska vs. U.S. Race/ethnicity, 2008–2010

	Alaska	U.S.
White	71.3%	75.8%
Black	3.4%	11.6%
Alaska Native	11.4%	0.7%
Asian	6.0%	5.0%
Pacific Islander	0.9%	0.2%
Some other race	1.5%	4.8%
Two or more races	5.6%	1.8%
Hispanic*	5.1%	15.0%

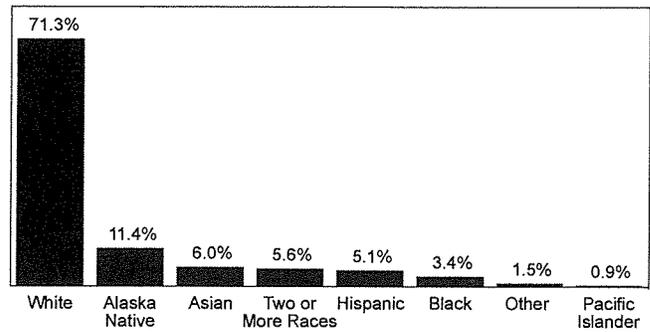
Notes: Includes civilian labor force only. *Hispanic is considered an ethnicity; hispanics can be of any race.

Source: U.S. Census Bureau, American Community Survey 2008 to 2010

Asian and Hispanic shares grow

Some groups are growing much faster than others, which means their

Race, Ethnicity in the Workforce Alaska, 2010

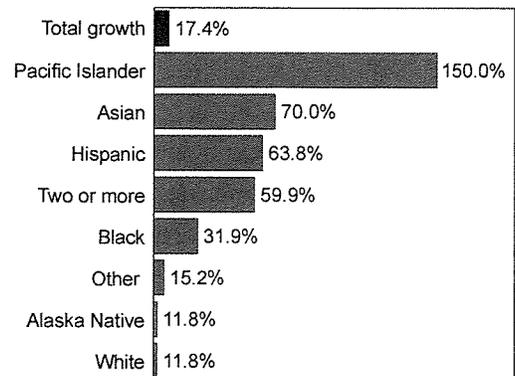


Source: U.S. Census Bureau, American Community Survey, 2010

representation in Alaska's labor force has grown. (See Exhibit 3.)

The share of Pacific Islanders has more than doubled over the past decade, making it the fastest growing category, though they still represent less than 1 percent of the state's labor force.

Growth by Race, Ethnicity Alaska labor force, 2000 to 2010



Source: U.S. Census Bureau, American Community Survey, 2000 to 2010

Two other fast-growing groups are Asians and Hispanics. In 2000, these two groups combined made up 6.8 percent of the labor force, which has grown to 11.8 percent.

The “two or more races” category, which is similar in size to the Asian and Hispanic slices, also grew much faster than average. This large increase is likely due to a jump in interracial marriage and a growing number who identify themselves as more than one race, though they might previously have identified as a single race.

The shares of both white and Alaska Native/American Indian, the state’s two largest groups, grew more slowly than average and now represent a smaller share of Alaska’s labor force. Although the decline in the percentage of whites has been a long-term trend, all categories grew over the past decade in terms of total numbers.

Increasing diversity will continue

This diversification is likely to continue, as shown by Alaska’s current demographic makeup. The nonwhite share of the population is younger (see Exhibit 4), so this population will produce a more diverse workforce as they get older.

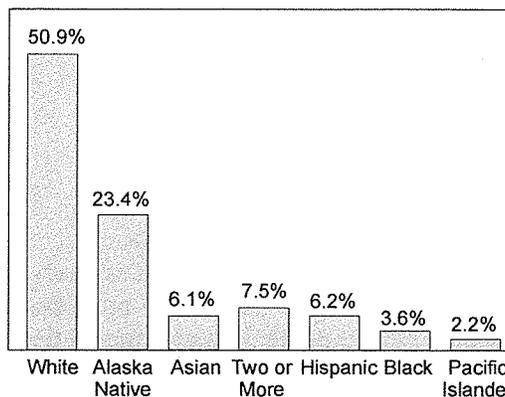
Another factor that will boost the nonwhite share of the labor force in future years is that Alaska’s population of school children is also far more diverse than the current labor force. (See Exhibit 5.)

4 Race and Age Alaska, 2010

Race/ethnicity	Median age
Total	33.8
White	37.9
Black	30.1
Alaska Native	27.8
Asian	35.0
Pacific Islander	23.4
Some other race	29.2
Two or more races	17.7
Hispanic	24.4

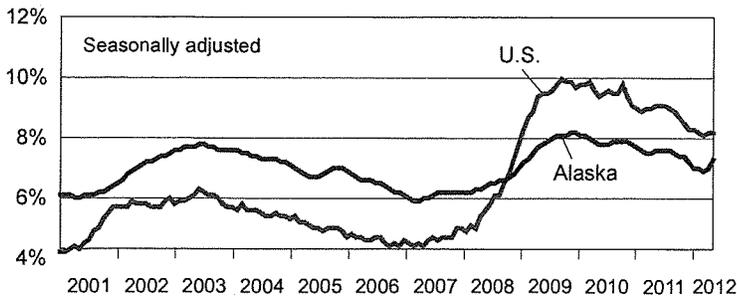
Source: U.S. Census Bureau

5 Schools Are More Diverse Alaska, fiscal year 2012



Note: Covers public schools, kindergarten through 12th grade.
Source: Alaska Department of Education and Early Development

6 Unemployment Rates January 2001 to June 2012



Source: Alaska Department of Labor and Workforce Development, Research and Analysis; and U.S. Bureau of Labor Statistics

7 Statewide Employment Nonfarm wage and salary

Alaska	Preliminary		Revised		Year-Over-Year Change	
	6/12	5/12	6/11	6/11	90% Confidence Interval	
Total Nonfarm Wage and Salary¹	350,300	330,000	348,500	1,800	-4,277	7,877
Goods-Producing ²	49,100	39,700	51,300	-2,200	-5,166	766
Service-Providing ³	301,200	290,300	297,200	4,000	-	-
Mining and Logging	17,300	16,600	16,400	900	-335	2,135
Mining	16,800	16,100	16,000	800	-	-
Oil and Gas	13,500	13,300	13,100	400	-	-
Construction	15,200	13,100	18,100	-2,900	-4,413	-1,387
Manufacturing	16,600	10,000	16,800	-200	-2,559	2,159
Wholesale Trade	6,400	6,100	6,500	-100	-439	239
Retail Trade	37,000	36,300	37,200	-200	-984	584
Food and Beverage Stores	6,500	6,400	6,500	0	-	-
General Merchandise Stores	10,600	10,100	10,100	500	-	-
Transportation, Warehousing, Utilities	24,800	23,200	23,600	1,200	366	2,034
Air Transportation	6,500	6,000	6,200	300	-	-
Information	6,500	6,400	6,400	100	-175	375
Telecommunications	4,200	4,100	4,100	100	-	-
Financial Activities	15,400	14,700	15,100	300	-567	1,167
Professional and Business Services	29,900	28,300	28,600	1,300	-56	2,656
Educational⁴ and Health Services	46,500	46,400	44,400	2,100	965	3,235
Health Care	32,300	32,300	31,600	700	-	-
Leisure and Hospitality	38,900	33,300	38,200	700	-1,969	3,369
Other Services	11,400	11,100	11,600	-200	-1,021	621
Government	84,400	84,500	85,600	-1,200	-	-
Federal Government ⁵	17,100	16,600	17,900	-800	-	-
State Government	25,000	25,700	25,700	-700	-	-
State Government Education ⁶	6,300	7,400	6,400	-100	-	-
Local Government	42,300	42,200	42,000	300	-	-
Local Government Education ⁷	23,800	24,700	23,500	300	-	-
Tribal Government	4,100	3,800	4,000	100	-	-

A dash means confidence intervals aren't available at this level.

¹Excludes the self-employed, fishermen and other agricultural workers, and private household workers. For estimates of fish harvesting employment and other fisheries data, go to labor.alaska.gov/research/seafood/seafood.htm.

²Goods-producing sectors include natural resources and mining, construction, and manufacturing.

³Service-providing sectors include all others not listed as goods-producing sectors.

⁴Private education only

⁵Excludes uniformed military

⁶Includes the University of Alaska

⁷Includes public school systems

Sources for Exhibits 6, 7, and 8: Alaska Department of Labor and Workforce Development, Research and Analysis Section; and U.S. Department of Labor, Bureau of Labor Statistics

8 Unemployment Rates Boroughs and census areas

	Prelim. Revised		
	6/12	5/12	6/11
SEASONALLY ADJUSTED			
United States	8.2	8.2	9.1
Alaska Statewide	7.3	7.0	7.6
NOT SEASONALLY ADJUSTED			
United States	8.4	7.9	9.3
Alaska Statewide	7.7	7.0	7.7
Anchorage/Mat-Su Region	6.9	6.2	7.1
Municipality of Anchorage	6.4	5.7	6.6
Matanuska-Susitna Borough	8.9	7.9	8.8
Gulf Coast Region	8.2	7.7	8.2
Kenai Peninsula Borough	8.6	8.0	8.7
Kodiak Island Borough	7.1	5.9	6.9
Valdez-Cordova Census Area	7.6	8.2	7.3
Interior Region	7.6	6.9	7.4
Denali Borough	5.1	7.7	4.4
Fairbanks North Star Borough	6.9	6.1	6.9
Southeast Fairbanks Census Area	10.9	9.8	10.0
Yukon-Koyukuk Census Area	15.8	14.9	15.0
Northern Region	11.6	9.9	11.1
Nome Census Area	13.8	11.9	13.9
North Slope Borough	6.6	5.3	6.1
Northwest Arctic Borough	17.0	15.2	16.0
Southeast Region	6.8	6.3	6.8
Haines Borough	7.0	7.0	6.9
Hoonah-Angoon Census Area	13.0	13.6	13.2
Juneau, City and Borough of	5.2	4.5	5.3
Ketchikan Gateway Borough	6.5	6.3	6.7
Petersburg Census Area ¹	11.1	10.5	9.0
Prince of Wales-Hyder Census Area	14.8	13.3	15.8
Sitka, City and Borough of	6.2	5.7	6.2
Skagway, Municipality of	3.2	3.6	3.2
Wrangell, City and Borough of	7.7	7.0	7.3
Yakutat, City and Borough of	8.3	8.3	8.2
Southwest Region	13.9	14.9	12.8
Aleutians East Borough	13.4	21.1	11.1
Aleutians West Census Area	8.5	16.3	7.4
Bethel Census Area	17.4	15.4	16.4
Bristol Bay Borough	2.2	4.1	1.8
Dillingham Census Area	10.5	10.2	10.9
Lake and Peninsula Borough	7.2	8.0	6.5
Wade Hampton Census Area	25.6	21.5	23.0

Employer Resources

Training program helps older Alaskans re-enter the workforce

Older workers can be a great source of knowledge and experience in the workplace. They often bring an attention to detail, emphasis on customer service, lengthy work history, and a proven work ethic. Employers also tend to rate seniors high on factors such as judgment, commitment to quality, attendance, and punctuality. These qualities make them an attractive resource for Alaska employers.

However, a lack of basic computer skills is a major barrier to employment for many older Alaskans. To help address these specific training needs, the department's Mature Alaskans Seeking Skills Training programs, or MASST, provide a range of services to help older Alaskans find jobs and increase their financial security.

Susie Allen is an example of how MASST can help seniors return to the workforce. When Allen began the

program, she didn't know how to turn on a computer. Through MASST, Allen was placed in an office for on-the-job training in keyboarding, office routines, several computer programs, and how to use the Internet.

After Allen became comfortable, she began to apply for positions and was hired full time as an in-home services coordinator handling Medicaid billing, health services paperwork, and scheduling. Her new supervisor described her as well-equipped for her duties as well as "balanced and confident."

For more information about MASST, see <http://labor.alaska.gov/masst/home.htm>, stop by your local Alaska Job Center, or contact Rita Bowen, the program's coordinator, at (907) 465-4872 or rita.bowen@alaska.gov. To find your local job center, see <http://www.jobs.alaska.gov/offices/index.html>.

August marks 75th anniversary of registered apprenticeships

The National Apprenticeship Act of 1937 recognized what people have been doing for thousands of years — transferring skills from one generation to the next. To mark the 75th anniversary of the act, Gov. Sean Parnell has proclaimed August 2012 to be Registered Apprenticeship Awareness Month in Alaska. The proclamation encourages Alaskans to recognize the value of apprenticeship and on-the-job training programs, and the contributions of skilled tradesmen across our state.

Registered apprenticeship combines on-the-job learning, classroom instruction, and a progressive pay scale so participants earn while they learn. It also gives employers a high return on their training investment, allowing them to establish the standards of proficiency they need while developing a local and loyal workforce that tends to stay in Alaska.

The Alaska Department of Labor is working with the U.S. Department of Labor to focus on nontraditional use of apprenticeship as part of a connected career and technical education system in Alaska. High school students can begin planning a career path before graduation that combines postsecondary education with registered apprenticeship.

High school students can earn Tech Prep credit through partnership of Alaska high schools, the Alaska Office of Apprenticeship, AVTEC—Alaska's Institute of Technology, and the University of Alaska. These students earn postsecondary credit or advanced placement in construction, welding, mechanics, and health care occupations that directly lead to registered apprenticeships and employment.