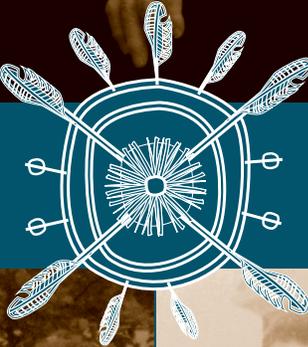




**Alaska Commission on Aging**  **FY 2010 Annual Report**



*Healthy Aging for Alaskans*

# Alaska Commission on Aging

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

*Roberta Arnold Spartz (featured in the photo sequence on the front cover) is a 78 year old Juneau resident. Her family, the Messerschmidts, started the San Francisco Bakery in 1899 and built the Messerschmidt Building in 1914, which still stands as the Silverbow Bakery. Roberta is mother to 5 boys and known as "Pookie" to her grandchildren. At age 50, she graduated from the University of Alaska Anchorage with a Bachelor of Science degree in Anthropology which was followed by two years of graduate school at University of Alaska Fairbanks. She enjoys the arts, gardening, sport fishing, berry picking and is a cancer survivor. She has traveled the world on "digs" and reminds us to keep the passion for life and learning alive forever!*

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## Dear Reader,

Since 1982, the Alaska Commission on Aging has served to ensure the dignity and independence of all older Alaskans by addressing their needs through planning, advocacy, education, and interagency cooperation. Alaska continues to lead all states with the fastest growing senior population. Currently, there are more than 85,000 Alaska seniors age 60 years and older representing 12.3% of the state's population, a 52.6% increase since 2001. Alaska's statewide network of senior services is essential to the health, well-being, and independence of older Alaskans. Alaska seniors are vital to our state. They are employers and employees, volunteers and mentors, family anchors, caregivers and care receivers in the Alaskan community. Alaska seniors are the pioneers who developed our state and continue to improve the communities where they live.

The 2010 annual report identifies the accomplishments of the Alaska Commission on Aging that were made possible by the strong partnerships we have with the network of local, regional, and statewide agencies that offer services for older Alaskans. These organizations provide a lifeline of services that are cost-effective and essential to sustaining health, independence, and choice for Alaska seniors. Local senior service agencies provide vital services that touch the daily lives of older Alaskans and their family caregivers. These services include home-delivered and congregate meals, transportation, health promotion and supportive services as well as long-term support services such as care coordination, adult day services, respite, and chore. We work closely with our state partners in the Department of Health and Social Services including the Divisions of Senior and Disabilities Services, Pioneer Homes, Public Health, and the advocacy boards under the Department of Health and Social Services' Commissioner's Office. In addition, the Alaska Mental Health Trust Authority, the Alaska Housing Finance Corporation (AHFC) Senior Housing Office, and the Office of the Long-Term Care Ombudsman are valued partners within the Department of Revenue.

In 2010, the Commission began coordinating planning activities with senior consumers and representatives from public and nonprofit agencies serving older Alaskans to develop the Alaska State Plan for Senior Services, FY 2012-2015. This plan, to be submitted to the U.S. Administration on Aging in April 2011, fulfills a requirement of the Older Americans Act, which provides federal funding for a variety of grant-funded programs for seniors in the state. In comparison to previous plans that focused on



*"...Older Alaskans are valuable members of our society, utilizing their wisdom, experience and energy to enhance our communities, families, lives, and economy..."*

*—Excerpt from Governor Parnell's Proclamation for May 2010 as "Older Americans Month in Alaska"*



*"Seniors/Elders are Alaska's most valuable resource. When I think development, I think about ways we can use our seniors' skills, knowledge and expertise to 'develop' Alaska's communities and make Alaska a better place to live."*

—Bill Hogan,  
Commissioner, Alaska  
Department of Health  
and Social Services,  
July 2008-December 2010

statewide issues, this plan will also offer a regional perspective to reflect the diversity of older Alaskans, community infrastructure, and regional service gaps in addition to describing the continuum of senior services and needs of older Alaskans as a whole. The current four-year plan expires on June 30, 2011.

As part of efforts to develop the needs assessment for the state plan, the ACoA hosted six elder-senior community forums in Kotzebue, Anchorage, Fairbanks, Juneau, and Bethel with the Alaska Native Tribal Health Consortium Elders Committee. The purpose of these forums was to gather first-hand public input concerning access to primary health care, long-term supports, senior housing, financial security, social well-being, and healthy lifestyles to identify "what is working" and "what is not working" in communities. These forums were well-attended by older Alaskans, their family caregivers, representatives of senior provider agencies, and other interested persons who openly voiced their concerns and ideas for improvement to ACoA Commissioners.

In addition, the ACoA distributed a senior survey and senior provider survey to learn about the variety of issues related to aging in Alaska. More than 3,000 Alaskans age 50 and older completed the senior survey in paper and electronic formats, providing information about their demographic/social-economic status, access to primary health care, financial security, housing, use and satisfaction with local home- and community-based services, caregiver support, and other data.

The senior provider survey was distributed to community-based senior service provider agencies and community health centers. This survey asked providers about the types and amount of services they provide for seniors, their projections of service needs over the next five years, their perceptions of senior concerns, their evaluations of unmet needs of seniors in their service areas, and other information pertinent to primary health care and home- and community-based services. Upon completion of the data analysis, ACoA will post findings from these surveys on the ACoA website, in the new state plan, and through presentations to policy makers and at public forums. Based on findings from the elder-senior community forums, access to primary health care for seniors insured by Medicare in Anchorage and Fairbanks, improved availability of senior-friendly transportation, and the desire for more in-home long-term supports are priority concerns for Alaska seniors.

With support from our advocacy partners, the ACoA advocated successfully this year for legislation to adjust Medicaid income eligibility limits from a fixed dollar amount (\$1,656) to 300% of Supplemental Security Income (SSI) to allow for small cost of living adjustments to Social Security retirement and other public benefit amounts (SB 238); passage of legislation to allow recipients access to two years of benefits from the Adult Dental program in a single year (SB 199); and a resolution that supports the value of family and professional senior caregivers (SCR 13). In budget items, the ACoA and our advocacy partners successfully supported funding to establish an Alaska Medicare Clinic for Anchorage seniors insured by Medicare who are challenged to find a primary care provider due to low reimbursement rates; funding to enhance the Office of Long-Term Care Ombudsman and Adult Protective Services to offer enhanced protection for Alaska seniors from harm; and funding for the Aging and Disability Resource Centers, coordinated transportation, and AHFC's Senior Citizen Housing Development Fund.

As we look forward, Alaska's senior population will continue to grow at an unprecedented pace, surpassing not only other age groups in our state but other states in the nation. Core home- and community-based services in addition to in-home long-term supports for more frail members of the senior community help older Alaskans remain close to home, rather than in nursing facilities, far from home and at a high cost to the state. At the same time, we must prepare for the growing number of vulnerable seniors needing more intensive services, whether in an assisted living facility such as the Pioneer Homes or in a skilled nursing facility. We believe that an investment in these services, combined with family caregiver support, is the best strategy for providing efficient and appropriate services, allowing older Alaskans to continue as contributing community and family members for as long as possible.

*Sincerely,*



Sharon Howerton-Clark  
Chair of the Alaska Commission on Aging



Denise Daniello  
ACoA Executive Director

## FY 2010 Alaska Commission on Aging Members

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**Sharon Howerton-Clark**  
Chair (FY 10)  
Public member,  
Homer

**Paula Pawlowski**  
Vice-Chair (FY10)  
Public member,  
Anchorage

**Patricia B. Branson**  
Provider member,  
Kodiak

**Marie Darlin**  
Public Member,  
Juneau

**Eleanor Dementi**  
Public Member,  
Cantwell

**Betty Keegan**  
Public member,  
Wrangell

**Banarsi Lal**  
Chair, Alaska Pioneer  
Homes Advisory Board,  
Fairbanks

**Nita Madsen**  
Department  
of Commerce, Community  
& Economic Development,  
Anchorage

**Iver Malutin**  
Public member,  
Kodiak

**Barbara McNeil**  
Public member,  
Anchorage

**Kimberli Poppe-Smart**  
Director, Senior &  
Disabilities Services,  
Department of Health and  
Social Services,  
Anchorage

## Introducing the Commission

### FY 2010 Alaska Commission on Aging Staff

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Denise Daniello,  
Executive Director

MaryAnn VandeCastle,  
Planner II

Lesley Thompson,  
Planner I

Sherice Ridges,  
Administrative Assistant

### How to Contact the Alaska Commission on Aging

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The Alaska Commission on Aging (ACoA), established in 1982, is a State agency under the Alaska Department of Health and Social Services that plans services for Alaskans age 60 and older and their caregivers, educates Alaskans about senior issues, and advocates for programs and services to address the needs of Alaska's older citizens.

The ACoA consists of 11 members, seven of whom are public members (with six members being age 60 and older) appointed by the Governor to serve four-year terms. Two seats are filled by the Commissioners for the Department of Health and Social Services and the Department of Commerce, Community, and Economic Development or their designees. The remaining seats are reserved for the Chair of the Alaska Pioneer Home Advisory Board and a senior services provider, regardless of age. The Commission is supported by an office staff of four including the executive director, two planners, and an administrative assistant.



## Planning, Advocacy, Education, Interagency Coordination

By statute, the Alaska Commission on Aging is charged with providing recommendations to the Governor, the Legislature, and the Administration for policies, programs, and services that promote the dignity, independence and quality of life for older Alaskans and provide support for their caregivers. The Alaska Department of Health and Social Services (DHSS) is the federally designated 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 Commission'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 live in their homes and communities for as long as possible in the least restrictive setting. Our core services include:

**Planning.** The Commission prepares a comprehensive four-year state plan for senior services in accordance with the Older Americans Act, implements the Plan in collaboration with agency partners as well as participates in the ongoing planning and implementation of the Comprehensive Integrated Mental Health Plan. The ACoA advises the Department of Health and Social Services on policy and funding for programs that address the health and welfare of older Alaskans as well as Alaska Mental Health Trust Authority (referred to as the Trust) beneficiaries including individuals with Alzheimer's disease and related dementia, seniors with behavioral health needs, older adults with chronic mental illness, and those at risk for these conditions. The Commission also hopes to spearhead statewide planning processes for long-term care as well as Alzheimer's disease and related dementias.

**Advocacy.** The ACoA advocates for laws, policies, and programs to improve services and promote the well-being of all older Alaskans. ACoA board members and staff testify at legislative hearings, prepare letters of support, and communicate regularly with legislators, legislative staff, the Governor and executive staff as well as Alaska's federal delegation to convey the perspectives of older Alaskans and their caregivers throughout the year. We work closely with senior advocates, stakeholder groups, and regional senior advisory commissions to ensure that the voices



*"My generation of older Alaskans is self-reliant. They don't need a handout, just a helping hand."*

—Sharon Howerton-Clark,  
FY10 Chair,  
Public Member, Homer



*“Excitement and celebration for the elders among us abound across the state. The caring for elders seen across the state is heartwarming yet we heard some very compelling stories about basic needs that are not being provided for them due to a variety of obstacles. These challenges provide a rich opportunity for collaborative efforts and innovation on the part of stakeholders invested in elder issues.”*

—Kimberli Poppe-Smart,  
Director, Senior and  
Disabilities Services,  
Department of Health and  
Social Services, Anchorage

of older Alaskans and their caregivers are heard. Through ACoA’s senior legislative teleconferences, newsletters, website, and other media, the Commission provides information and support to older Alaskans, family caregivers, and senior advocates so that they may have the tools to effectively communicate their points of view to their elected officials.

**Public Awareness/Community Education.** The ACoA uses a variety of methods to educate the public, the administration, and elected officials about the needs of Alaska’s elderly citizens and the social and economic resources that older Alaskans bring to improve the communities where they live. The Healthy Body/Healthy Brain Campaign and the Senior Fall Prevention Campaign are examples of public awareness efforts that focus on ways to promote health and reduce injury for Alaska seniors. We collaborate annually with senior advisory commissions to celebrate May as “Older Alaskans Month” and with the Mature Alaskans Seeking Skills Training (MASST) Program to recognize “Employ Older Alaskan Workers Week.” We also participate in the “You Know Me Campaign” with the Trust and advisory boards to reduce stigma associated with Alzheimer’s disease and related dementia, mental illness, and substance abuse and to encourage all Alaskans to seek treatment and services. The Commission also produces the annual “Senior Snapshot,” a compilation of data that provides a sketch of older Alaskans and their well-being. The Commission creates and distributes press releases on topics of general interest such as senior population growth and related demographic information.

**Inter-Agency Coordination.** The Commission partners with DHSS, the Trust, divisions, and other advisory bodies in preparing and implementing the state plan for senior services, developing projects to promote disease prevention and healthy lifestyles for seniors, participating in long-term care planning efforts, and implementing evidence-based strategies to address senior behavioral health conditions.

## Senior Survey & Elder-Senior Community Forums

The Commission uses several sources to gather quantitative and qualitative information to develop the needs assessment for the state plan. For the FY2012-2015 plan, we developed and implemented a senior survey, a senior services provider survey, and hosted a series of elder/senior community forums to gather input first-hand from seniors and their caregivers about the needs of older Alaskans (Kotzebue, August 2009; Anchorage, December 2009; Juneau, February 2010; Alaska Native Tribal Health Consortium Elders Committee, April 2010, Fairbanks, May 2010; and Bethel, September 2010). Through these sources, the ACoA sought input from seniors, caregivers, and providers about their access to primary health care, availability and satisfaction with local home- and community-based services, caregiver support, availability of senior housing, financial security, unmet needs of seniors in their regions, providers' projections of service needs over the next five years, and other relevant information. The Commission received more than 3,100 completed senior surveys from Alaskans age 50 and older and had strong community participation at each of the senior/elder community forums.

Based on preliminary findings from these sources of information, access to primary health care for seniors insured by Medicare living in Anchorage, the Mat-Su, and Fairbanks; improved availability of senior-friendly transportation; financial security; appropriate, affordable housing; and enhanced in-home long-term supports and other home- and community-based services were priority areas of concern identified by Alaskan seniors and their caregivers.



*"In its efforts to promote health and well-being of older Alaskans, the Commission needs to continue its advocacy and support for programs that assist in maintaining cognitive health, prevent/reduce falls, and improve end-of-life care."*

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



*"Seniors have much to offer each other as well as sharing with the younger generations.*

*As a commissioner for ACoA, it's been a learning experience to meet and talk with seniors and their families, throughout the state, listening to their concerns and how they hope to resolve them.*

*More of "us" need to step up, speak with those who can make change for seniors as well as all Alaskans.*

*The resilience of our seniors, in the state of Alaska, is phenomenal. Let's all take action!"*

— Barb McNeil,  
Public Member,  
Anchorage

## Accomplishments

During FY2010, the Alaska Commission on Aging carried out the following activities in the areas of planning, advocacy, education, and interagency cooperation to promote the dignity and independence of Alaska seniors and help them achieve a meaningful quality of life.

### Planning

- ◆ **Development of the New State Plan for Senior Services, FY 2012-2015:** ACoA convened a State Plan Steering Committee comprised of partners representing the Division of Senior and Disabilities Services, Alaska Housing Finance Corporation Senior Housing Office, Division of Public Health, Office of Long-Term Care Ombudsman, the Trust, Department of Labor Mature Alaskans Seeking Skills Training Program, Alaska Native Tribal Health Consortium, community senior service providers, senior consumers, and others to guide the planning efforts of the new state plan. The Alaska State Plan for Senior Services satisfies a requirement by the U.S. Administration on Aging for states receiving federal funds under the Older Americans Act to address the current and future needs of older Alaskans and their caregivers. In comparison to previous plans that focused solely on statewide issues, this plan will also offer a regional perspective to reflect the diversity of older Alaskans, community infrastructure, and regional service gaps in addition to description of the continuum of senior services and needs of older Alaskans statewide. The Plan also provides a funding formula to determine the resource allocation by region with preference given to seniors with the greatest social and economic need. The Steering Committee meets bi-monthly. The Plan will be completed by the spring of 2011.
- ◆ **State Plan Assessment Efforts:** The ACoA gathered quantitative and qualitative information from a variety of sources that will be used to develop the needs assessment for the state plan. These sources included a senior survey, provider survey, and six Elder-Senior Community Forums hosted by ACoA in Kotzebue, Anchorage, Juneau, Fairbanks, with the Alaska Native Tribal Health Consortium Elders Committee, and in Bethel. More than 3,000 Alaskans age 50 and older completed the senior survey in paper and

electronic formats providing information about their demographic/socio-economic status, access to primary health care, financial security, housing, use and satisfaction with local home- and community-based services, caregiver support and other data. Older Alaskans, family caregivers, senior service providers, and others participated in the six community forums to advise the ACoA of service gaps in their regions.

◆ **Implementation of the Current State Plan for Senior Services:** ACoA continued a structured process to implement the goals and strategies described in the Alaska State Plan for Senior Services, FY08-FY11, through a coordinated effort with agency partners and provided a report of implementation activities to the U.S. Administration on Aging, Department of Health and Social Services, and the Trust. Highlights from agency partners' FY10 implementation activities include an assessment of senior oral health needs conducted by the Division of Public Health and its partner agencies (Senior Oral Health Project); outreach and public awareness to reduce accidental senior falls (Prevention of Senior Falls Campaign); pilot of IMPACT (Improving Mood – Promoting Access to Collaborative Treatment) and SBIRT (Screening, Brief, Intervention, Referral Treatment) projects in community health centers to integrate behavioral health services in a primary care setting (the Trust); development of additional senior housing units (AHFC senior housing office); and advocacy efforts to improve funding for home- and community-based services in addition to workforce recruitment, retention and training of providers who serve older Alaskans and other Trust beneficiaries (multi-agency advocacy effort).

◆ **Promotion of Healthy Lifestyles:** Through partnerships with the Division of Public Health, Senior and Disabilities Services, Alzheimer's Disease Resource Agency of Alaska, the Trust and senior service providers, ACoA participates in the development and implementation of projects to promote disease prevention and healthy lifestyles and encourage senior participation in these programs to achieve a higher level of health and wellness among older Alaskans.

◆ **Comprehensive Integrated Mental Health Plan:** The Commission participates as a resource to the Department of Health and Social Services and the Trust in the development



*“Older Alaskans want to age and stay in their own home and when they are forced out of their home to seek assistance somewhere else, they come home in a box. The cost of helping our elders stay at home is an investment, not a burden.”*

— Paula Pawlowski,  
FY10 Vice Chair,  
Public Member, Anchorage

and implementation of this Plan by providing information, materials, data, and other resources addressing the behavioral health needs of older Alaskans.

## Advocacy



*"I am an advocate for all the people in Alaska, especially the elders in rural and remote communities where information is hard to come by."*

— Iver Malutin,  
Public Member, Kodiak

◆ **Legislative Efforts:** In FY10, the Commission monitored a total of 54 bills and resolutions and actively supported 17 pieces of legislation to benefit the health and welfare of older Alaskans. ACoA board members and staff submitted 44 letters of support to bill sponsors and legislative committee chairs, provided testimony at legislative hearings, held 42 face-to-face meetings with legislators and staff during the FY10 legislative session, and provided information to seniors, family caregivers, and stakeholders through ACoA's bi-weekly senior legislative teleconferences, newsletters, and other media to support their advocacy efforts with elected officials. The Commission provides all legislators with packets of educational and advocacy materials each year.

## Budget

- ◆ **Promoting Elder Safety:** Successfully advocated for an additional \$91,500 for the Office of the Long-Term Care Ombudsman to enhance their efforts to protect older Alaskans who reside in long-term care facilities.
- ◆ **Access to Primary Health Care:** Collaborated with other advocacy partners to secure a \$1 million capital budget appropriation to establish the Alaska Medicare Clinic to serve seniors insured by Medicare who are challenged to find a primary care provider and advocated to members of Alaska's Congressional delegation for an additional \$500,000 of federal funds to support the project.
- ◆ **Transportation:** Advocated successfully with numerous community partners for a capital budget appropriation in the amount of \$1.1 million to support coordinated transportation to improve service for older Alaskans, persons with developmental disabilities, and other vulnerable Alaskans so that they may get to medical appointments, congregate lunch programs, volunteer and employment placements, and other destinations.

- ◆ **Senior Services:** Successfully advocated for \$125,000 for the Aging and Disability Resource Centers to enhance information, referral, and options counseling for Alaskans seeking information about long-term support services.
- ◆ **Senior Services:** Advocated in support of federal legislation to include additional funding for senior nutrition programs through an increment to the Older Americans Act and supported congressional legislation to pass the Alzheimer's Treatment and Caregiver Support Act.
- ◆ **Senior Housing:** Advocated successfully for \$4.5 million of capital funds for the Senior Citizens Housing Development Fund administered by the Alaska Housing Finance Corporation to develop senior housing projects statewide.

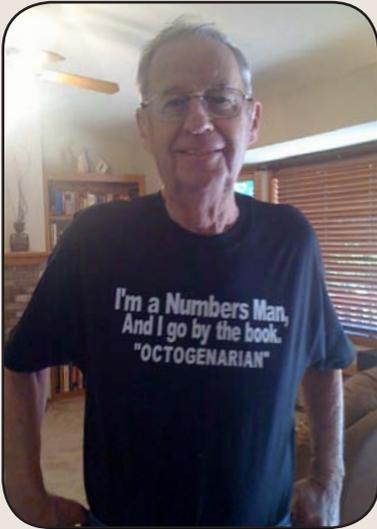
### **Policy**

- ◆ **Medicaid Income Eligibility:** Successfully supported passage of SB 238 to adjust Medicaid income eligibility limits from a fixed dollar amount (\$1,656) to 300% of Supplemental Security Income to allow for small cost of living adjustments to Social Security, retirement benefits and other public benefit amounts. The ACoA worked closely with Senator Davis and Representative Muñoz in support of this legislation after hearing from older Alaskans whose benefits were at risk after receiving a cost-of-living adjustment to their Social Security amounts.
- ◆ **Adult Medicaid Dental:** Advocated successfully for legislation to approve the Adult Dental Bill (SB 199) that allows access to Medicaid patients who are approved for dentures using a two-year funding cycle for medical assistance benefits to cover the costs for complete and partial dentures in a single fiscal year.
- ◆ **Caregiver Support:** Successfully supported passage of a resolution (SCR 13) to recognize the value of family and professional senior caregivers and provide direction to the Department of Health and Social Services to promote awareness of the effects of aging.



*"I see a lot of aging people and I get worried about them. Many times they have to move somewhere else when the services are not provided in the villages where they live. I want to make sure people have the services where they live when they need them. Old people don't like to move."*

— Eleanor Dementi,  
Public Member, Cantwell



*“Between Jan. 1  
and Dec. 31, 2011,  
more than 7,000  
people will turn  
65 years old every  
single day”*

—AARP  
*Approaching 65: A Survey  
of Baby Boomers Turning  
65 Years Old*

- ◆ **Medicaid Home- and Community-Based Services:** Advocated for legislation to establish a regular rate review for home- and community-based services to provide an effective budget tool to track costs of providing services to inform the State and community providers.
- ◆ **Workforce Development:** Advocated for legislation to support recruitment and retention of health care providers (SB 139/HB 392; SB 174/HB 235).
- ◆ **Other Legislation:** ACoA also supported successful legislation to establish the Alaska Health Care Commission (SB 172) as well as a bill to create the advance directives electronic registry (HB 71).

### **Public Awareness/Community Education**

- ◆ **Senior Legislative Advocacy Teleconferences:** ACoA sponsored nine 90-minute teleconference meetings from January 21st to April 22nd to provide education and discussion opportunities for seniors and others at 24 participating senior centers and other host sites statewide. The teleconferences provided updates on legislation affecting seniors; hosted speakers representing federal, legislative, and state agency offices; sought input from seniors about legislation most important to them; and coordinated local grass-roots advocacy efforts. ACoA used senior feedback to determine the Commission’s legislative priorities and advocacy strategies.
- ◆ **Senior Behavioral Health:** ACoA continued this public awareness campaign highlighting the prevalence of senior depression and other behavioral health conditions with the Trust and the Alaska Mental Health Board/Advisory Board on Alcoholism and Drug Abuse through print and radio ads, informational articles, and ACoA’s participation in the activities of the Senior Behavioral Health Coalition.
- ◆ **Community Presentations:** The Commission delivered public presentations to a variety of community groups at in-state conference settings and in University of Alaska classes and spoke on topics related to issues affecting older Alaskans including information about Alaska senior demographics, demographic and social changes in Alaska’s aging workforce,

Alzheimer's disease and related dementias and ways to promote brain-healthy behaviors, workforce development for health care providers serving Alaska seniors, needs of rural Alaska elders, transportation and other topics related to issues affecting older Alaskans.

◆ **Governor Proclamations:** The ACoA drafted the following Governor's Proclamations to raise public awareness on ways to promote healthy aging:

- ◆ **Alaska Senior Fall Prevention Coalition:** ACoA continued the inter-agency Alaska Senior Fall Prevention Coalition to reduce accidental falls which are the number one cause of injury to Alaskans age 65 years and older, often causing serious injury such as hip fracture or brain trauma leading to depression, loss of mobility, and reduced independence. The Governor's Proclamation recognized September 19-25, 2010 as "Senior Fall Prevention Week" in Alaska and we promoted public awareness efforts of fall prevention through print ads and educational tool kits to senior centers.
- ◆ **Older Americans Month:** May 2010 was designated as "Older Americans/Older Alaskans Month." The Commission coordinated a celebration event on May 1st with the Fairbanks North Star Borough Senior Advisory Commission and the Department of Health and Social Services that was held at the Carlson Center in Fairbanks where the Proclamation was officially presented by the Governor's staff. The theme for this celebration was "Age Strong! Live Long!"
- ◆ **Employ Older Alaskan Workers:** ACoA partnered with the Department of Labor's Mature Alaskans Seeking Skills Training Program (MASST) to celebrate "Employ Older Alaskan Workers Week, September 19th-25th" to honor older workers and their contributions to strengthen a diversified workforce. The Governor issued proclamation recognizing the value of older workers.

◆ **Quarterly Meetings:** ACoA held meetings in the following locations and met with older Alaskans, family caregivers, and senior providers at each site:



*"Everyone has a right to live in their own community and have access to basic services they need. Service funding formulas should not be one-size-fits all for the entire state."*

— Pat Branson,  
Senior Provider Member,  
Kodiak



*“The total number of seniors (age 60+) in Alaska in 2009 is estimated to be 85,100.”*

—Alaska Department of Labor and Workforce Development

- ◆ **August 2009 – Kotzebue.** The ACoA’s rural outreach meeting was held in Kotzebue where we also held the first Elder/Senior Community Forum. The Commission visited with elders in Kotzebue and Kiana to learn about the gaps in senior services, health care and tele-medicine utilization, long-term care, transportation, and senior housing needs in those communities.
- ◆ **December 2009 – Anchorage.** The ACoA met at the Anchorage Senior Center and hosted the second Senior/Elder Community Forum where we heard much public comment about the problem Anchorage seniors insured by Medicare have with accessing primary health care.
- ◆ **February 2010 – Juneau.** The ACoA held its business meeting and third Senior/Elder Community Forum at the Juneau Senior Center and the Goldbelt building and visited with legislators to discuss senior needs and concerns.
- ◆ **May 2010 – Fairbanks.** The ACoA met at the North Star Council on Aging Senior Center and held the fourth Senior/Elder Community Forum where seniors identified the problems of access to primary care and transportation as priority areas of concern to them. The ACoA and the Fairbanks North Star Borough Senior Advisory Commission coordinated efforts to celebrate Older Americans Month at the Carlson Center.

◆ **Quarterly Newsletters:** The Commission publishes newsletters quarterly circulated to 850 subscribers.

### Interagency Collaboration

◆ **Alaska Mental Health Trust Authority:** The ACoA provides budget and policy recommendations to the Trust on matters affecting Alaskans with Alzheimer’s disease and related dementias and senior behavioral health conditions. We also provide an annual update to Trustees of data related to the status of older Alaskans with Alzheimer’s disease and related dementias and other behavioral health conditions. The Commission reports quarterly to the Trust on our work

that addresses the welfare of senior Trust beneficiaries. In partnership with the Trust and other beneficiary boards and councils, the ACoA participates in activities related to Trust projects including the Comprehensive Integrated Mental Health Plan, the “You Know Me” public awareness campaign, the Joint Advocacy Summit, and the Trust’s focus area work groups. The “You Know Me” campaign aims to raise awareness about mental health related issues and the availability of services, reduce stigma associated with mental illness and disabilities, and promote the message that treatment and services are effective. Commission members and staff served as representatives on the following Trust committees and focus area work groups: Workforce Development, Housing, Coordinated Communications, Disability Justice, Trust Beneficiary Group Initiatives, and the Trustee Applicant Review Committee. Information about the Trust focus areas can be accessed at [www.mhtrust.org](http://www.mhtrust.org).

◆ **Alaska Complex Behavior Collaborative:** The ACoA participated with the Department of Health and Social Services, division representatives, and the Trust to develop a comprehensive recommendation for the care of Alaskans with cognitive disabilities and challenging behaviors who are at risk for institutional or out-of-state placement due to the lack of appropriate home- and community-based services. These individuals pose a safety risk to themselves and others. The ACoA, the Division of Pioneer Homes, and the Alaska Psychiatric Institute worked together to provide information about vulnerable older Alaskans with advanced dementia to the committee and proposed strategies to improve care for this population.

◆ **Assistive Technology Consortium:** ACoA participates in this consortium of state agency and community providers to advocate for mainstream acceptance of persons with disabilities and to leverage resources to provide assistive technology devices to Alaskans needing them. Older Alaskans with low vision, hearing loss, physical disabilities, and those recovering from stroke can benefit from a variety of assistive technology to help them maintain their independence.

◆ **Ageing and Disability Resource Centers (ADRCs):** ACoA provides support to Senior and Disabilities Services for the ongoing development of the ADRCs as the single point of



*“Over one in every eight, or 12.8%, of the population is an older American.”*

—A Profile of Older Americans:  
2009, Administration on Aging



*“The value of services family caregivers provide for ‘free,’ when caring for older adults, is estimated to be \$375 billion a year. That is almost twice as much as is actually spent on homecare and nursing home services combined (\$158 billion).*

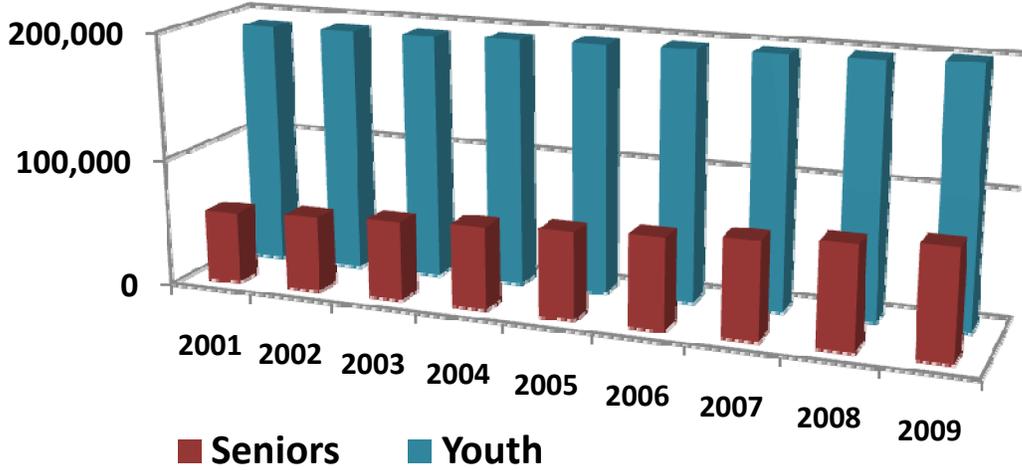
—Evercare Survey of the Economic Downturn and Its Impact on Family Caregiving, March 2009

entry for all long-term care services and advocated for their continued funding. ACoA's executive director serves as a member of the ADRC advisory council.

- ◆ **Senior Behavioral Health:** ACoA's executive director served on the steering and advisory committee for the Senior Behavioral Health Coalition to develop programs and services targeting the unique behavioral health needs of older Alaskans. ACoA also collaborates with the Department of Health and Social Services and the Trust to advocate for services that integrate behavioral health treatment in the primary care setting.
- ◆ **Collaboration with Local Senior Advisory Commissions:** The Commission coordinates its grassroots advocacy efforts with the Fairbanks North Star Borough Senior Advisory Commission, the Juneau Commission on Aging, and the Anchorage Senior Advisory Commission, who worked with their local governing bodies to pass resolutions in support of the ACoA's legislative priorities that benefit older Alaskans statewide. These resolutions were then forwarded to the Legislature.
- ◆ **Memberships on Other Boards and Commissions:** Due to the close working relationship between the Pioneer Home Advisory Board and the ACoA, seats are reserved for each chair on both boards. Commissioner Banarsi Lal, chair of the Pioneer Home Advisory Board (PHAB) and Sharon Howerton-Clark, ACoA's chair, represent the Commission on the PHAB. Commissioner Lal also serves on the board of the Governor's Council on Disabilities and Special Education. Executive Director Denise Daniello serves on the board of the Alaska Brain Injury Network, a nonprofit organization promoting education, prevention and advocacy for a service system to meet the needs of brain injury survivors and their caregivers.

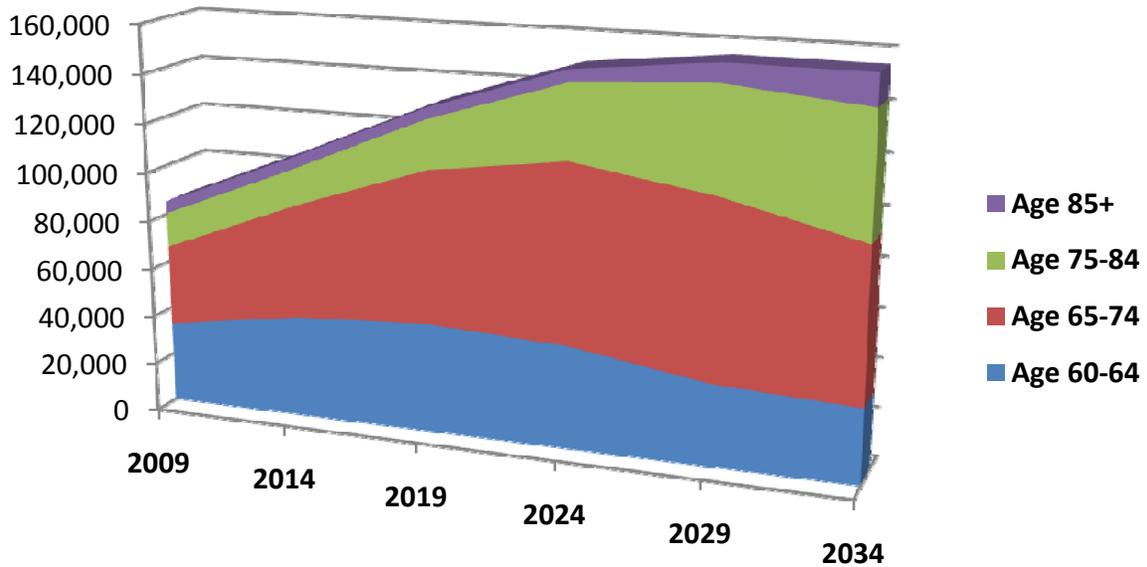
## Growth of Alaska's Senior & Youth Populations

Senior Population Grew by 53% While Youth Population Grew by 4%



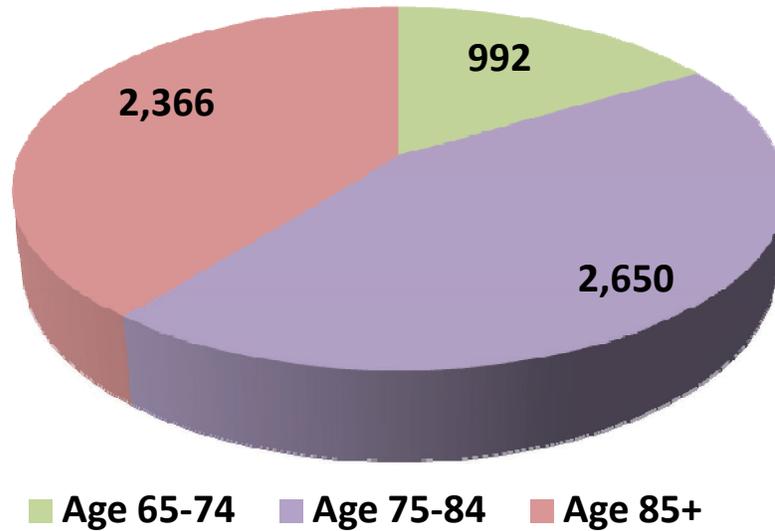
Data Source: AK Department of Labor population estimates: age 60+ (Seniors), age 0-17 (Youth)

## Projected Senior Population, 2009 - 2034



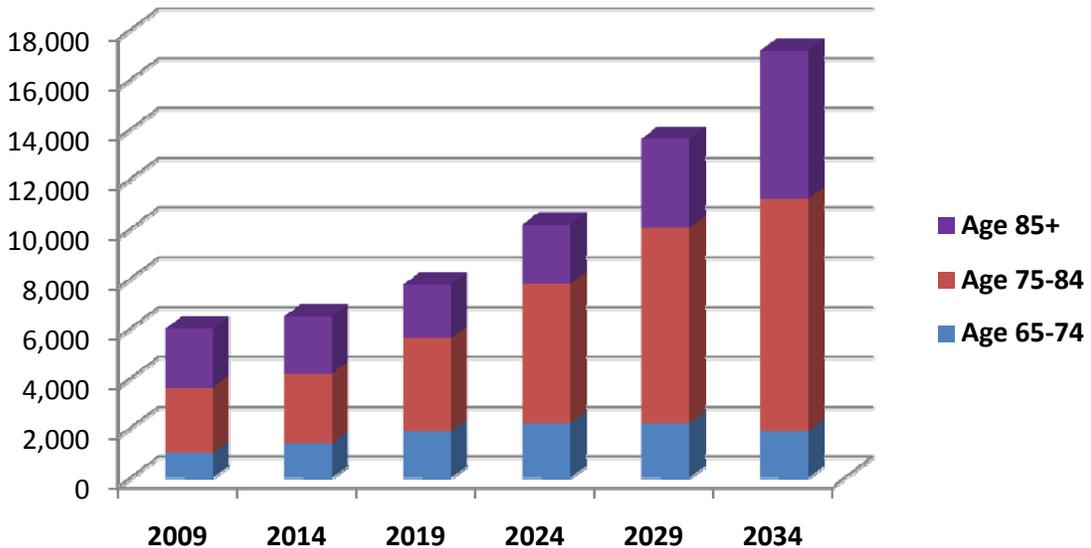
Data Source: AK Department of Labor, Mid-Range Projections, 2010

## Alaskans with ADRD by Age Group, 2009



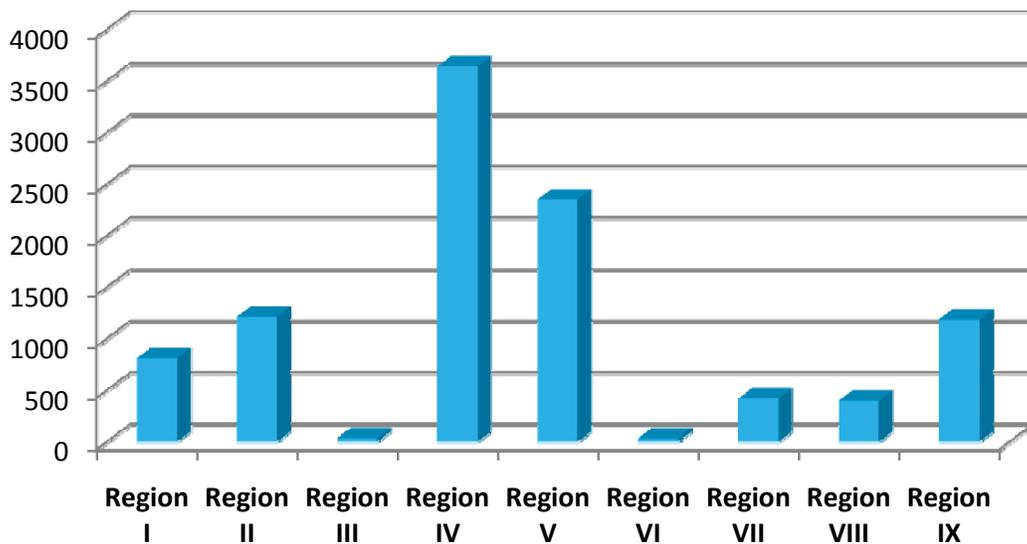
Data Source: ACOA Estimate Based on National Prevalence Rates  
 ADRD=Alzheimer's Disease and Related Dementias

## Projected Number of Alaskans with ADRD



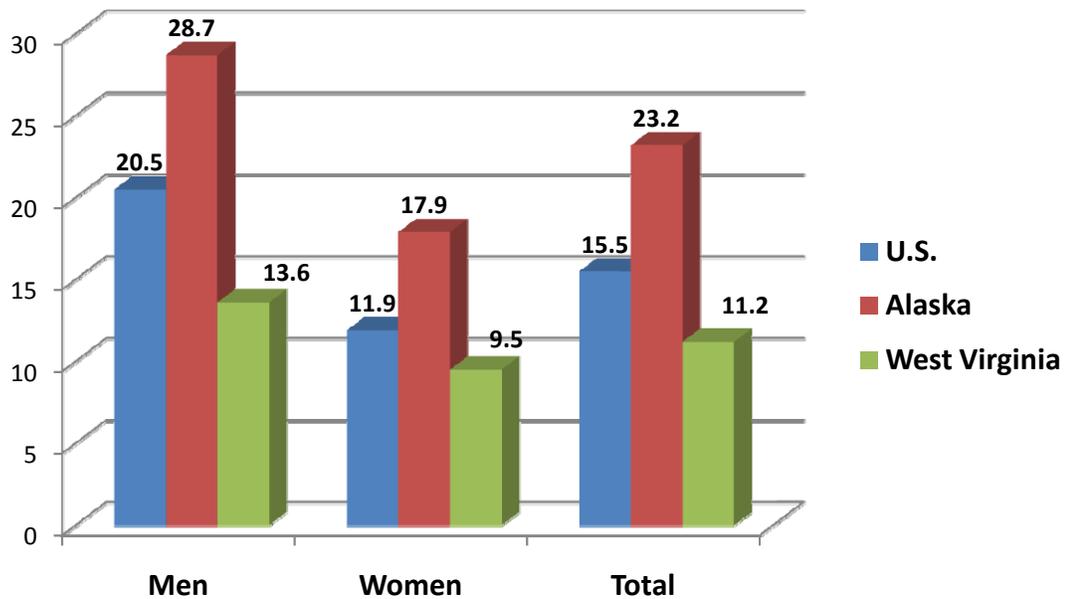
Data Source: AK Department of Labor Age Group Projections  
 ADRD=Alzheimer's Disease and Related Dementias

## Senior Benefits Recipients by Region, November 2010



Data Source: Alaska Division of Public Assistance

## 2008 Labor Force Participation Rates, Age 65+



Data Source: 2008 American Community Survey

## Meeting New Friends Wherever We Travel

The Alaska Commission on Aging meets vibrant, talented seniors sharing their knowledge and skills with their communities across the state.

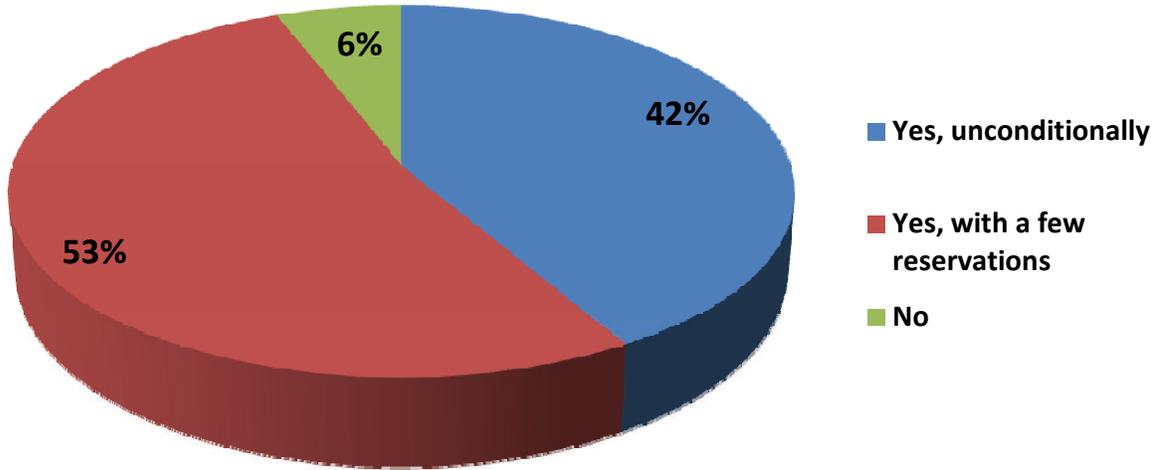




### Hearing, Learning, Taking Action

ACoA listens to seniors and brings their needs to the attention of legislators and other policymakers.

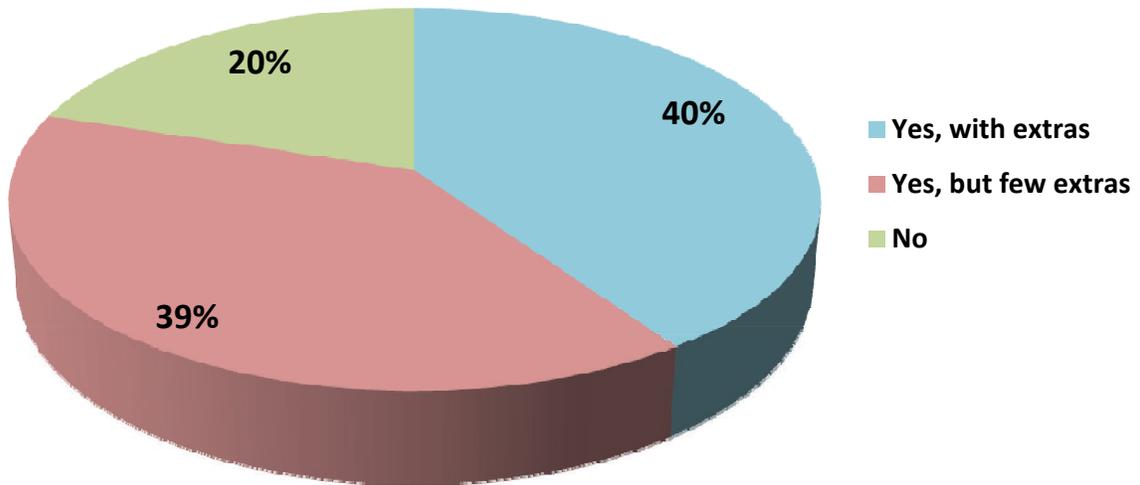
### Survey Question: Would You Recommend Your Community as a Good Place to Live for



**Seniors?**

Data Source: Alaska Commission on Aging 2010 Survey of Older Alaskans

### Survey Question: Is Your Monthly Income Enough to Meet Your Monthly Expenses?



Data Source: Alaska Commission on Aging 2010 Survey of Older Alaskans

## Senior Snapshot: Older Alaskans in 2010

Older Alaskans are a highly diverse group of individuals. While statistics about our senior population do not capture the unique circumstances of all the seniors we know, information about the collective lives of Alaska's seniors illustrates many of the issues of concern to older Alaskans and their advocates.

The Alaska Commission on Aging has gathered a selection of data on older Alaskans in order to provide a sketch of the older residents of our state and their well-being. In our Senior Snapshot: Older Alaskans in 2010, we offer a number of data points, which corroborate the following observations:

- ◆ The number of seniors in Alaska is increasing rapidly – by nearly seven percent in the most recent year alone. While senior populations in several regions have grown especially rapidly in the past eight years (for example, the Southcentral region's seniors have increased by nearly 72%), all nine regions have witnessed an increase in their senior populations of at least 20% during this time period.
- ◆ Older baby boomers are swelling the ranks of the youngest group of seniors, now the fastest-growing age group. Growing almost as fast is the 85-and-older group, whose members are the most frail, the most likely to struggle with Alzheimer's disease and related dementias (ARD), and the most likely to depend on home- and community-based care as well as institutional long-term support services.
- ◆ Retired seniors as a whole contribute at least \$1.7 billion annually to Alaska's economy, including their retirement income and health care spending. While Alaska's "retirement industry" may not yet be competing with those of Florida or Arizona, this source of cash flow is in fact one of the state's top economic sectors. And its value is enhanced by the fact that it produces local spending and is environmentally benign, stable, year-round, compatible with other industries, spread throughout the state, and helps create economies of scale (particularly in health care) which benefit the entire population.
- ◆ Many Alaska seniors are struggling to get by financially. Nearly 20 percent of Alaskans age 65 and older are receiving a modest monthly cash supplement from the Senior Benefits



*"The total estimated worldwide costs of dementia are \$604 billion in 2010. About 70% of the cost occurs in Western Europe and North America."*

—Alzheimer's Disease International, World Alzheimer Report 2010: The Global Impact of Dementia



*"It has been confirmed over and over that Alaska seniors want to remain as independent as possible, with as little help as possible. The Commission and others are working together to put these self-help procedures in place for continued independence, OR to have help available where it is easily accessible to those in need."*

— Betty Keegan,  
Public Member, Wrangell

Program, a percentage which varies greatly by location, from 10.7 percent in the North Slope region to 57.4 percent in the Bethel/Wade Hampton region. To qualify for this program, seniors must have incomes below 175% of the federal poverty level for Alaska. In 2010, that meant no more than \$23,678 for a single senior, and no more than \$31,868 for a couple. In the Alaska Commission on Aging's 2010 Survey of Older Alaskans, 20% reported that their monthly income is not enough to pay for necessities, while another 39% said they are able to afford the necessities but have little money left for any extras.

- ◆ Alaskan seniors are more likely than U.S. seniors as a whole to die of causes linked to behavioral health issues. Older Alaskans have suicide rates 45% higher than national senior suicide rates, as well as high rates of accidental deaths and alcohol- and drug-induced deaths. These figures suggest that behavioral health programs targeted to seniors with depression, other mental illness, and substance abuse problems could have a dramatic impact on our seniors' quality of life.
- ◆ In spite of these areas of unfavorable comparison, Alaska's seniors are actually healthier than the national average – less likely to die from most of the leading causes of death except for cancer and chronic lower respiratory disease, and less likely to die in a given year from all causes of death. Alaskan seniors' age-adjusted death rates are substantially lower than those of U.S. seniors as a whole. For every 100,000 Alaskans age 65 and older, only 3,812 die in a given one-year period, while for every 100,000 U.S. seniors, 4,636 die during that period. In other words, an Alaskan senior is 18 percent less likely to die (from any cause) during a given year than his or her U.S. counterpart.
- ◆ Older Alaskans themselves perceive their health as better. They are 23% less likely than U.S. seniors to describe their overall health as "fair" or "poor," according to the BRFSS (Behavioral Risk Factor Surveillance System, a national Public Health phone survey).
- ◆ However, Alaskan seniors report higher levels of self-described disability than do U.S. seniors as a whole. The BRFSS asks whether they are "limited in their activities because of physical, mental, or emotional problems." Alaskan

seniors are 25 percent more likely to answer, "Yes." Alaskan seniors are also 29% more likely to be obese.

- ◆ Today's Pioneer Home residents are more likely than not to require care at Level III, the most advanced level of care, which includes 24-hour nursing care. This presents the Pioneer Homes with a challenge because it is a very different mix of residents from that which the homes were originally designed to serve. However, one reason for this more intensive level of need is that older Alaskans are able to remain in their own homes longer today thanks to more comprehensive home- and community-based services. The average Pioneer Home resident today is nearly a decade older than the average resident in 1998.
- ◆ A steadily increasing number of complaints about abuse and neglect involving seniors are being received by agencies such as Adult Protective Services and the Long-Term Care Ombudsman's Office. Cases of abuse, neglect and exploitation of seniors may involve friends and family members, paid caregivers, telemarketers, and others. Reports to Adult Protective Services increased by 13.5% in the last year, while complaints to the Long-Term Care Ombudsman's Office increased by 24%.
- ◆ As the senior population grows, demand for affordable, accessible senior housing units is accelerating. The waiting list for AHFC's senior/disabled housing has grown by 70% in the past two years. Meanwhile, 15-16% of Alaska's homeless population is estimated to be people age 55 and older.
- ◆ Over 6,000 Alaskans age 65 and older may be in some stage of Alzheimer's disease, based on national prevalence rates.
- ◆ Falls comprise over three-quarters of Alaska seniors' non-fatal injury hospitalizations. Alcohol use is a suspected factor in nearly one in twelve senior falls.



*"More than 65 million people, 29% of the U.S. population, provide care for a chronically ill, disabled or aged family member or friend during any given year and spend an average of 20 hours per week providing care for their loved one."*

—Caregiving in the United States, National Alliance for Caregiving in collaboration with AARP, November 2009

## Senior Snapshot: Older Alaskans in 2010

Population Age 60+ 2009		% of Area's 2009 Pop.	Seniors Change 2001-2009	Comments
<i>Statewide Total</i>	85,100	12.3%	+52.6%	<i>All census areas. 6.6% increase over 2008.</i> <b>NOTE 1</b>
I. Bethel Area	2,131	8.6%	+20.7%	Bethel, Wade Hampton
II. Interior	11,874	10.9%	+54.6%	Fairbanks NSB, Yukon-Koyukuk, Denali, SE Fbks
III. North Slope	600	8.8%	+24.0%	North Slope Borough
IV. Anchorage	33,913	11.7%	+51.7%	Municipality of Anchorage
V. Southcentral	20,841	14.2%	+71.9%	Kenai Peninsula, Mat-Su, Valdez-Cordova
VI. Aleutians	511	7.0%	+37.0%	Aleutians East, Aleutians West
VII. Southwest	2,359	11.2%	+39.7%	Bristol Bay, Dillingham, Kodiak, Lake & Peninsula
VIII. Northwest	1,600	9.5%	+22.2%	Nome, Northwest Arctic
IX. Southeast	11,271	16.3%	+41.2%	Haines, Juneau, Ketchikan, Prince of Wales, Sitka, Skagway-Hoonah-Angoon, Wrangell-Petersburg, Yakutat
		<b>% of AK Seniors:</b>		
Age 60-64	32,837	38.6%	+76.0%	Older baby boomers entering this group. <b>NOTE 2</b>
Age 65-74	33,081	38.9%	+43.1%	
Age 75-84	14,169	16.6%	+27.5%	
Age 85+	5,013	5.9%	+74.4%	
Rank Among States in growth of senior population	Ranking: #1	AK Growth, 1998-2008: 49.8%	U.S. Avg. Growth: 13.0%	Age 65+. <b>NOTE 3</b>
Economic Status			Comments	
Seniors' Economic Contribution to Alaska	2004: \$1.461 billion*	2009: \$1.682 billion**		*ISER figure from "Report on the Economic Well-Being of Alaska Seniors" (2007) **2010 ACOA estimate. <b>NOTE 4</b>
Percent Low-Income (Age 65+)	Alaska, 2009:	U.S., 2009:		2010 Current Population Survey/American Social and Economic Supplement
Below 200% FPL	28.8%* (Rank: #43)	33.7%		Census Bureau; not adjusted for higher living costs in Alaska (FPL = Federal Poverty Level) *Unreliable statistic due to small sample size
Average Monthly Social Security Pmt, Age 65+	AK, Dec. 2009: \$1,111	U.S., Dec. 2009: \$1,164		A total of 47,821 Alaskans age 65+ received Social Security benefits (91.5%). Social Security Administration. <b>NOTE 5</b>
Average Monthly PERS Pmt	\$1,485.47	# of seniors: 11,453		AK Dept. of Administration, Div. of Retirement & Benefits. Public Employees Retirement System. <b>NOTE 6</b>
Average Monthly TRS Pmt	\$2,653.61	# of seniors: 4,318		AK Dept. of Administration, Div. of Retirement & Benefits. Teachers Retirement System. <b>NOTE 7</b>

## Senior Snapshot: Older Alaskans in 2010

# of Senior Benefits Recipients	Nov. 2010:	% of Seniors Age 65+:	Alaska Division of Public Assistance. <b>NOTE 8</b>
<i>Statewide</i>	<i>10,109</i>	<i>19.3%</i>	<i>1.2% increase over Nov. 2009 statewide total</i>
I. Bethel Area	812	57.4%	0% change from Nov. 2009 region total
II. Interior	1,214	17.0%	1.2% increase over Nov. 2009 region total
III. North Slope	38	10.7%	15.6% decrease from Nov. 2009 region total
IV. Anchorage	3,642	17.7%	2.0% increase over Nov. 2009 region total
V. Southcentral	2,353	18.0%	0.4% decrease from Nov. 2009 region total
VI. Aleutians	35	16.3%	10.3% decrease from Nov. 2009 region total
VII. Southwest	421	28.8%	0.2% decrease from Nov. 2009 region total
VIII. Northwest	401	39.4%	2.9% decrease from Nov. 2009 region total
IX. Southeast	1,188	17.0%	6.1% increase over Nov. 2009 region total
Seniors (age 60+) who say they can't afford the necessities	2010: 20%	2005: 21%	Alaska Commission on Aging mail-back surveys of older Alaskans – 2010 and 2005
Seniors (age 60+) on Food Stamps	Nov. 2010: 4,557 (60+)	Nov. 2010: 2,624 (65+)	Alaska Division of Public Assistance; senior (age 60+) Food Stamp recipients up 18% since November 2009
Avg. Mo. Benefit (Food Stamps)	\$155.90 (Age 60-64)	\$96.21 (Age 65+)	Alaska Division of Public Assistance. <b>NOTE 9</b>
Seniors Receiving Old Age Assistance (Adult Public Assistance)	November 2010: number of AK seniors: 4,485 (24.8% of all APA)	November 2010: average amount of Old Age Assistance monthly benefit: \$290	Alaska Division of Public Assistance. <b>NOTE 10</b>
Senior Medicaid Eligibles	Nov. 2010: 10,023	% of Senior Pop.: 11.8%	Alaska Division of Public Assistance; includes those age 60+ on November Medicaid rolls
Percentage of homeless people age 55+	2009/2010: 15% - Anchorage; 15.8% other communities	2008: 17%	AHFC. Based on an annual HUD single-point-in-time survey.
AHFC total units of senior/disabled housing (statewide)	Dec. 2010: 610 units		AHFC. Includes only units owned/managed by AHFC.
AHFC wait list for senior/disabled housing (statewide)	Dec. 2010: 1,281	Jan. 2009: 754	AHFC. Includes individuals age 62+ as well as individuals of any age with a disability.
AHFC wait list for housing vouchers	Dec. 2010: 7,104 families		AHFC. Includes all families, regardless of age.
AHFC senior housing units funded for development	2010: 30 units	2001 thru 2009: 533 units	AHFC. Includes funding provided to various developers.

## Senior Snapshot: Older Alaskans in 2010

Senior Health	Alaska	U.S.	Comments
# with ADRD (estimate)	2009: 6,008	5,300,000	AK estimate based on national prevalence rates by age group. <b>NOTE 11</b>
Age-adjusted death rate (per 100,000 seniors 65+)	2009: 3,811.5	2007: 4,636.1	Alaska Bureau of Vital Statistics. <b>NOTE 12</b>
Suicide rate (per 100,000 seniors age 65+)	2005-2009: 20.7	2007: 14.3	Alaska Bureau of Vital Statistics. <b>NOTE 13</b>
Fatal fall rate (accidental)	2005-2009: 25.7	2007: 48.4	Alaska Bureau of Vital Statistics. <b>NOTE 14</b>
Other accidental deaths (per 100,000 age 65+)	2005-2009: 76.7	2007: 52.7	Alaska Bureau of Vital Statistics. <b>NOTE 15</b>
Alcohol-induced deaths	2005-2009: 38.8	2007: 11.9	Alaska Bureau of Vital Statistics. <b>NOTE 16</b>
Drug-induced deaths	2005-2009: 8.0	2007: 4.4	Alaska Bureau of Vital Statistics. <b>NOTE 17</b>
Leading causes of death:	2009 (AK):	2007 (U.S.):	Alaska Bureau of Vital Statistics. <b>NOTE 18</b>
Cancer	1,046.6	1,029.2	Per 100,000 age 65+
Heart diseases	834.2	1,310.1	Per 100,000 age 65+
Stroke	239.2	306.2	Per 100,000 age 65+
Chronic lower respiratory diseases	319.5	289.3	Per 100,000 age 65+
Alzheimer's disease	126.3	192.6	Per 100,000 age 65+
Diabetes mellitus	99.5	136.1	Per 100,000 age 65+
Unintentional injuries	105.2	101.1	Per 100,000 age 65+
Hospital admissions for all non-fatal injuries, age 60+	AK, 2008: 971	U.S., 2009: 754,905	Alaska Trauma Registry; WISQARS data base (CDC) – for U.S., total reflects top 20 causes of injury
Alcohol use suspected	96 (9.9%)		Alaska Trauma Registry
Hospital admissions for non-fatal falls, age 60+	744 (76.6% of all non-fatal injury hospitalizations)	565,029 (74.8% of non-fatal injury hospitalizations from top 20 causes)	Alaska Trauma Registry; WISQARS data base (CDC)
Alcohol use suspected	61 (8.2%)		Alaska Trauma Registry
Binge drinkers	5.1%	3.5%	Age 65+ - 2009 BRFSS. <b>NOTE 19</b>
Heavy drinkers	4.1%	3.1%	Age 65+ - 2009 BRFSS. <b>NOTE 20</b>
Smokers	8.6%	8.2%	Age 65+ - 2009 BRFSS. <b>NOTE 21</b>

## Senior Snapshot: Older Alaskans in 2010

Disabled seniors	38.3%	30.6%	Age 65+ who are "limited in activities because of physical, mental or emotional problems" – 2009 BRFSS. <b>NOTE 22</b>
Obese seniors	31.2%	24.1%	Age 65+ - 2009 BRFSS. <b>NOTE 23</b>
Seniors with diabetes	18.3%	19.0%	Age 65+ - 2009 BRFSS.
Seniors whose general health is "Fair" or "Poor"	19.1%	24.7%	Age 65+ - 2009 BRFSS.
Seniors reporting difficulty finding a primary care doctor	2010: Medicare issue: 19% Other issue: 10%		Alaska Commission on Aging mail-back survey of older Alaskans, 2010
Pioneer Home residents at Level III	12/31/2010: 50.8%	12/31/2004: 46.1%	Data provided by Div. of Pioneer Homes. Level III is the most advanced level of care.
Avg. age of PH resident	Dec. 1, 2010: 85.6 years	1998: 76 years	Data provided by Div. of Pioneer Homes.
Nursing home costs – private room, average daily rate	AK, 2010: \$687*	U.S., 2010: \$229	*AK: highest cost in the U.S.; MetLife Mature Market Institute, 2010 Market Survey of Long-Term Care Costs
Assisted Living Home costs – average monthly base rate	AK, 2010: \$4,372*	U.S., 2010: \$3,293	*AK: 3 <sup>rd</sup> highest cost in the U.S. (CT & MA are higher); MetLife Mature Market Institute, 2010 Market Survey of Long-Term Care Costs
Older Alaskans Medicaid waiver recipients	FY 2010: 1,721	FY 2009: 1,668	FY 09 info from Senior & Disability Services. FY 10 info from DHSS FY 2012 Budget Overview. <b>NOTE 24</b>
Senior grants clients	FY 2010: 21,261	FY 2009: 15,352	FY09 info from Senior & Disability Services. FY10 info from DHSS FY 2012 Budget Overview <b>NOTE 25</b>
<b>Senior Safety</b>		<b>Comments</b>	
Long-Term Care Ombudsman complaints	FY 2010: 486	FY 2009: 391	Complaints involving seniors (age 60+) in long-term care. Data from the Office of the Long-Term Care Ombudsman
Adult Protective Services reports	FY 2010: 3,119	FY 2009: 2,748	Adult Protective Services (APS), Senior & Disabilities Services.

## Senior Snapshot Notes

1. Data from Alaska Department of Labor and Workforce Development's 2009 population estimates. Regions are those used by the Alaska Department of Health & Social Services. "The Alaska State Plan for Senior Services, FY 2008 – FY 2011" prescribes funding by region for those grant programs which include federal Older Americans Act money.
2. Data from Alaska Department of Labor and Workforce Development's 2009 population estimates. Percent of area population column shows percent of statewide population in each age group.
3. Data from "A Profile of Older Americans: 2009," Administration on Aging, U.S. Department of Health and Human Services. The five states with the fastest-growing senior populations during the decade from 1998 through 2008 were Alaska (49.8%), Nevada (48.1%), Arizona (39.7%), Utah (33.7%), and New Mexico (31.3%). Rhode Island and Washington, DC saw a decline in senior population during this decade. Alaska's gains reflect the aging of those who moved to the state during the oil boom of the 1970s and early 1980s, and the choices of more and more seniors to remain in the state after retirement.
4. The University of Alaska Anchorage's Institute for Social and Economic Research (ISER) estimated the 2004 cash contribution of Alaska retirees age 60 and older at \$1.461 billion. The estimate is contained in the 2007 ACOA-commissioned "Report on the Economic Well-Being of Alaska Seniors," available on the Commission's website at: <http://www.hss.state.ak.us/acoa/documents/seniorWellbeingReport.pdf>. The Commission estimated seniors' 2010 contributions by applying the increases in the Anchorage Consumer Price Index for 2005 (3.1%), 2006 (3.2%), 2007 (2.2%), 2008 (4.6%), and 2009 (1.2%), to the 2004 base figure.
5. Data obtained from Social Security Administration's website. Alaska average includes all Alaska residents age 65 and older who receive Social Security retirement benefits, a total of 47,821 people. U.S. average includes all U.S. residents age 65 and older who receive Social Security retirement benefits. The Alaska average monthly payment may be lower because of the high percentage of Alaska retirees who are subject to the "Windfall Elimination Provision," which limits Social Security retirement benefits to many individuals receiving public employee pensions.
6. Figures on PERS (Public Employee Retirement System) benefits include PERS retirees age 60 and older who currently reside in Alaska.
7. Figures on TRS (Teachers Retirement System) benefits include TRS retirees age 60 and older who currently reside in Alaska.
8. Alaskans age 65 and older with incomes up to 175% of the Federal Poverty Level (FPL) for Alaska are eligible for the Senior Benefits Program. For 2010, 175% of the Alaska FPL was \$23,678 for a single senior and \$31,868 for a couple.
9. Seniors age 65 and older often have higher incomes than those in the 60 - 64 age group because they are receiving Social Security retirement benefits or other benefits that begin at age 65. Hence the lower average monthly Food Stamps value for the 65+ population.
10. Adult Public Assistance is a supplement to SSI, so recipients must be either certified as disabled by the Social Security Administration (with severe long-term disabilities that impose mental or physical limitations on their day-to-day functioning) or be age 65 and older. There are income limits for the program, which is intended to assist aged or disabled individuals in attaining self-support or self-care.
11. ADRD: Alzheimer's disease and related dementias. Alaska ADRD population was estimated by the Alaska Commission on Aging based on national (per Dr. Denis Evans, 1990) prevalence rates of three percent for those age 65 to 74, 18.7 percent for those age 75 to 84, and 47.2 percent for those age 85 and older. National estimate is for 2009, from the Alzheimer's Association's "2009 Alzheimer's Facts and

Figures.” “The dramatic rise in Alzheimer’s underscores that the disease has the ability to undermine the entire U.S. health care system,” according to Stephen McConnell, Ph.D., the vice president of advocacy and public policy for the Alzheimer’s Association.

12. The age-adjusted death rate shows how many people out of every 100,000 in a particular age group died during a given time period. For states like Alaska with fewer than 100,000 people in the 65-and-older age group, adjustments are made to produce a comparable figure. This statistic tells us that Alaskans age 65 and older were substantially less likely to die from any cause than U.S. seniors as a whole.
13. Alaska’s senior suicide rate is 45% higher than that of U.S. seniors as a whole.
14. Fatal falls among seniors are actually 47% lower in Alaska than in the U.S. as a whole. The reason for this is unclear.
15. Alaska’s “Other Accidental Deaths” (excluding fatal falls) are 46% higher for seniors here compared with the U.S. as a whole.
16. Alaska seniors are over three times more likely than U.S. seniors as a whole to experience an alcohol-induced death.
17. Drug-induced deaths (including both prescription and non-prescription drugs) are 82% higher among Alaska seniors than among U.S. seniors.
18. Alaska seniors are more likely to die from cancer and chronic lower respiratory diseases than the national average, but less likely to die from other leading causes. Death rates from heart disease are substantially lower in Alaska.
19. The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing multi-state phone survey conducted in Alaska by the Division of Public Health. Binge drinking is defined as males having five or more drinks on one occasion or females having four or more drinks on one occasion.
20. The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing multi-state phone survey conducted in Alaska by the Division of Public Health. Heavy drinking is defined as adult men having more than two drinks per day or adult women having more than one drink per day.
21. The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing multi-state phone survey conducted in Alaska by the Division of Public Health. Smokers are defined as current smokers.
22. The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing multi-state phone survey conducted in Alaska by the Division of Public Health. Seniors with disabilities include those age 65 and over who say that they are limited in their activities because of physical, mental, or emotional problems.
23. The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing multi-state phone survey conducted in Alaska by the Division of Public Health. “Obese” individuals are defined as those with a body mass index (BMI) of 30.0 or greater.
24. To qualify for services under the Older Alaskans Medicaid Waiver program, individuals must be age 65 or older, income-eligible for Medicaid, and must meet nursing home level-of-care requirements. Waiver services are home- and community-based services (such as meal programs, chore assistance, and care coordination) that allow the individual to continue living in his or her own home.
25. Senior grant programs include Nutrition, Transportation and Support Services (NTS), Senior In-Home Services, Adult Day Services, Family Caregiver, and ADRD Education and Support. The senior grant programs are available to individuals age 60 and older. They need not be Medicaid-eligible in order to receive grant services.



*“Our increasingly aging ‘independent Alaskan’ population will require recognition of their needs and a plan for meeting them. Whether in the bush or in town, they are hoping to be independent as long as possible with the help of families, friends, and their community. If that help is not available, we will lose their valuable contributions to our state.”*

— Marie Darlin,  
Public Member, Juneau

## On the Horizon

The Alaska senior population, persons age 60 and older, continues to grow rapidly with the aging of the baby boomers, those born between 1946 and 1964 (who begin turning 65 in 2011), along with a steep increase in the number of Alaskans age 85 and older. This demographic transition affects many aspects of our society, challenging us to meet the needs of aging individuals through comprehensive and thoughtful planning to provide services in a respectful manner and to help older Alaskans maintain their health, financial security, and well-being. At the same time, the ACoA sees emerging opportunities to assist elders to age in their chosen communities through infrastructure development, technological innovations in health care, stakeholder partnerships and collaboration, and a growing public awareness of the importance of healthy aging.

### Challenges

**Long-Term Services and Supports:** The majority of older Alaskans use no senior services at all. However, as they age, seniors are more likely to need in-home services (such as home-delivered meals, chore assistance, and respite care), community services (like congregate meals, care coordination, and senior center programs), and more intensive care in assisted living and skilled nursing facilities. We will need increased capacity to provide all levels of home- and community-based care as well as institutional care – and we’ll require an expanded workforce to staff these programs. Investment in home- and community-based care helps seniors remain at home in their communities, where they prefer to be. Such services provide support for family caregivers, help prevent the development or progression of disease and disability, and postpone the need for much more costly nursing home care. Investment “upstream” in long-term care services and supports helps prevent or delay much greater costs “downstream” for individuals too ill or incapacitated to safely remain at home. However, it can be challenging to convince funders to increase their expenditures on supportive services today in order to save costs on institutional care tomorrow.

**Long-Term Care Planning:** Our growing senior population will require more long-term services and supports of all kinds – more home- and community-based services in both urban and rural communities, more assisted living (including Pioneer Home

beds), and more skilled nursing facilities. Among the home- and community-based services, we'll need additional transportation, congregate and home-delivered meals, care coordination, home health care, personal care, caregiver support services, and the many other types of support that help seniors remain in their own homes and communities for as long as possible. We'll need additional workforce, infrastructure, and funding in order to continue to support our senior population. Statewide planning which encourages partnership among all organizations concerned with senior services will be a critical initial step.

**Workforce Development:** Like the rest of the U.S., Alaska faces a growing need for health care and long-term care workers, from physicians and nurses to all types of home- and community-based services workers. The pool of qualified workers is shrinking at the very time that demand for services is increasing. Many boomer-age health care professionals are beginning to retire. Particularly for senior service workers, a tradition of low pay, limited benefits, heavy workloads, and absence of advancement potential operates to discourage workers from entering the field or making it a career choice.

**Transportation:** Most older Alaskans drive their own vehicles, but others need rides to medical appointments, grocery shopping, social and cultural events, and many other destinations. While many Alaskan communities offer assisted and unassisted transportation for seniors, overall demand is increasing as well as demand for service to additional areas of town, expanded hours, and more flexible scheduling of trips. Alaska is one of only three states to provide no state funding for operating community transportation, even as the federal government mandates coordinated transportation among local agencies in order to increase efficiency and access. Particularly during less robust economic times, local governments have limited funds available for additional equipment and operating costs.

**Service Gaps:** The Commission often hears from seniors alerting us to issues about which agency officials are not always aware. Particularly in the past year, as we held a number of senior/elder community forums around the state in preparation for developing a new state plan for senior services, we noted some repeating themes with respect to gaps in services. Some rural areas now have few Medicaid waiver services available, because providers cannot afford to offer them at the rates at which they



*“Dementia mainly affects older people, although there is a growing awareness of cases that start before age 65. After age 65, the likelihood of developing dementia roughly doubles every five years.”*

—Alzheimer’s Disease International,  
World Alzheimer Report  
2010: The Global Economic  
Impact of Dementia



*“We need to do more to maintain the quality of life for older Alaskans, finding the resources that allow and support them living in their community and home. We need to take time to listen to the richness of each of their stories.”*

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

are reimbursed. Medicaid personal care services provide strict time limitations for tasks, which do not take into consideration the lifestyle of many rural elders; for example, before they can be bathed, sometimes their caregiver must chop wood in order to heat water on a wood stove. Individuals with a primary diagnosis of Alzheimer’s disease or related dementias (ADRD) are often unable to access Medicaid waiver services unless they have a medical condition which would require a nursing home level of care; this makes it difficult for those in the early or middle stages of the disease to get the help they need to remain at home. Finally, we hear from many seniors whose modest incomes – often including a small pension – place them just above the Medicaid income eligibility limit; they are not eligible to receive Medicaid waiver services regardless of their need, and must pay the full cost themselves. Many would like to see a sliding fee scale implemented, where elders could contribute according to their ability to pay but would be guaranteed the help they need. Besides Medicaid-related issues, other significant service gaps include primary care for Medicare recipients in some communities (where doctors are refusing to take on Medicare patients because of low reimbursement rates), and behavioral health care for seniors (depression is more common in northern climates, and older Alaskans have a suicide rate 45% higher than the average for U.S. seniors).

**Senior Homelessness:** During its elder community forums this past year, and in its senior survey as well, the ACoA heard stories about homeless seniors – men and women alike - couch-surfing among family and friends, living in abandoned buildings, or perhaps living in their cars. In a sluggish economy, older individuals may often be among the first to lose their jobs and the last hired for new positions. Some may be wrestling with substance abuse or mental health disorders. With long wait lists for senior housing and other supports such as vouchers, those who lose their homes and are unable to move in with family can find themselves in the precarious position of trying to survive on the streets as best they can or moving from one temporary arrangement to another. Communities and statewide organizations must work together to provide the housing and services needed by this vulnerable population.

**End-of-Life Care:** Growing almost as fast as the youngest group of seniors, those age 85+ will require an array of end-of-life services – more intensive health care, personal care, home help such as chore service, caregiver support, skilled nursing care,

and hospice care. In addition, rural seniors want to die in their own homes and communities; they emphatically do not want to spend their final days in an urban facility where the people, food, and language are unfamiliar.

## Opportunities

**Senior Contributions to the Economy:** Retired seniors age 65 and older contribute at least \$1.7 billion a year to the state's economy, including retirement income and health care spending. Adding the contributions of younger seniors as well as older seniors who are still working brings the total amount to well over \$2 billion annually, making it one of Alaska's largest economic sectors. In addition to its cash value, this industry is unique in its universally positive characteristics: it produces local spending; is environmentally benign; constitutes a stable, year-round, statewide industry; is compatible with other industries; and it helps create economies of scale (particularly in health care) which benefit the entire population of the state. Today's seniors want to remain in Alaska after they retire, continuing to make a vital contribution to the state's economic health.

**Senior Benefits / Medicaid Preservation:** Extension of the Senior Benefits Program's sunset date (currently June 30, 2011) will keep this important support system in place for Alaska's low-income seniors. Targeted to those whose income is no more than 175% of the poverty level, the program provides a small monthly cash benefit that makes a big difference to those who need it to pay for necessities such as food, fuel, or medication. Thanks to a strong economic multiplier effect, this money percolates through Alaska's communities as it is spent on local goods and services. Medicaid health care and waiver services also contribute to local economies as they provide essential support for low-income seniors (about 12% of Alaska seniors are eligible for Medicaid) and other needy Alaskans. Preserving programs like these helps keep seniors in the communities they love, which they have helped to build and lead into the 21st century.

**Improving Access to Primary Care:** Thanks to recent efforts by the U.S. Congress, the Alaska Legislature, and private corporations, the Alaska Commission on Aging is cautiously optimistic that a number of initiatives may soon result in more seniors on Medicare having at least temporary access to primary care in communities where it has been difficult to find physicians willing to accept Medicare's low reimbursement rates. Two



*“Estimated senior  
(age 65+, retired)  
contribution to  
Alaska's economy  
for 2008 is  
\$1.682 billion.”*

—ACoA update of Institute  
of Social and Economic  
Research (ISER) Study, 2007



*"In 2010 ACoA sponsored nine statewide legislative teleconferences and monitored a total of 54 bills and actively supported 17 pieces of legislation that benefit older Alaskans through support and testimony."*

—Lesley Thompson,  
ACoA Planner

clinics in the Anchorage area, one with a substantial legislative appropriation, will open this year with specific intent to serve seniors. Congressional moves to stave off a planned decrease in the Medicare reimbursement rates for 2011 have also been put in place. (A permanent fix is expected to be very expensive.) In its recent senior survey, ACoA found that 19% of older Alaskans report trouble accessing primary care on account of low Medicare reimbursement. We will monitor the situation to ensure that these access problems do indeed diminish.

### **Integration of Behavioral Health Care into Primary Care:**

The Commission has supported a number of initiatives to bring screening and follow-up for behavioral health problems like depression and substance abuse into the primary care setting for seniors. While seniors may be unlikely to seek care for these problems at a community mental health center or a twelve-step group, they tend to be very responsive when the issue is identified by a nurse or other health care professional in a trusted primary care setting. Models of evidence-based programs such as IMPACT (Improving Mood – Promoting Access to Collaborative Treatment) for depression and SBIRT (Screening, Brief Intervention, Referral to Treatment) for substance abuse are being piloted now in Alaska, and are expected to be more widely utilized in the future.

**Aging Workforce:** The Commission views the aging of the workforce as an opportunity for Alaskan employers to reap the many benefits offered by older employees. While we encourage employers to create an older-worker-friendly environment, including easy accommodation of physical needs (for example, better lighting, attention to ergonomics, accessibility, etc.), we want to highlight the established advantages of an aging workforce. With their experience, knowledge, maturity, reliability, loyalty, strong work ethic, diversity of approach, and their "relational capital" (established networks of contacts and resources), older people are ideal for many roles in today's workplace. Attendance records are better for older workers, and they are frequently eager to take courses and learn new skills. In fact, people over 50 are the fastest-growing group of new internet users. Lower turnover among older workers translates into lower costs for recruiting, hiring, and training.

**Regional Planning:** In response to many requests for regional-level planning, the ACoA is incorporating region-by-region descriptions of each area of the state into its new

state plan (covering FY 12 through FY 15). While this approach will not provide a full-scale plan for each region, it will note the characteristics, assets, and challenges of each, as well as its particular needs with respect to senior services. The very different needs of rural and urban areas will be highlighted, emphasizing that a balance of available services throughout the state works to everyone's advantage – rural elders are enabled to remain at home in their later years, where they may continue to enhance their families and communities, and the pressures of population growth in more urban areas may be controlled so that area resources may be spread among fewer seniors.

**Tele-Health and Remote Monitoring:** Technological advances now make possible real-time interactions between remotely located patients and doctors or behavioral health specialists in facilities hundreds of miles away. Some villages already offer remote monitoring, in which a senior in his or her home is connected to devices which transmit critical health measurements such as blood pressure or glucose levels to health care professionals at a medical center in a hub community or urban center. As these capabilities advance, we expect them to boost the likelihood of seniors being able to age in place at home in the communities they love, without costly and exhausting travel, while obtaining rapid feedback on many important dimensions of their health.

**Raising Awareness of Elder Abuse:** The Commission was pleased to support Governor Sean Parnell's comprehensive domestic violence initiative in 2010. A little-acknowledged facet of domestic violence, elder abuse can take many forms, including physical abuse, neglect, and financial exploitation. Calls to state agencies that deal with different aspects of elder abuse have shown an alarming increase in recent years. In 2011, the Commission plans to support a legislative resolution drawing attention to the serious problems of elder abuse as well as helping distribute a DVD on mandatory reporting of abuse and otherwise publicizing this uncomfortable but urgent issue.



*"Still, our objective is far more significant than mere economic growth.*

*Our vision is about our people. Because, happiness cannot be measured in dollars.*

*Today, too many Alaskans live in fear. Too many suffer from domestic violence and sexual assault. Too many Alaskans know despair and hopelessness. In OUR vision, Alaskans live free of fear, Alaskans live every day with hope and opportunity in view.*

*Dr. Soboleff has gleaned a lot of wisdom in his 102 years. He has a saying: 'Respect people. Respect yourself, too, and other people will respect you.'*

—Governor Parnell,  
Inaugural Remarks,  
December 6, 2010,  
Centennial Hall, Juneau

# 2010 Survey of Older Alaskans

## Question-by-Question Results

Total Responses: 3,222

1. Age Group:

Age 50 – 59:	10%
Age 60 – 64:	14%
Age 65 – 74:	34%
Age 75 – 84:	28%
Age 85 – 94:	13%
Age 95+:	1%

The remaining responses are shown for seniors (age 60+) only:

2. Gender:

Female	64%
Male	36%

3. Race:

African-American / Black	2%
Alaska Native / Amerian Indian	16%
Asian / Pacific Islander	4%
Caucasian / White	78%
Other	4%

Note: Respondents could check more than one race.

4. Region:

Bethel/Wade Hampton	2%
Fairbanks/Interior	9%
North Slope	3%
Anchorage	45%
Southcentral	23%
Aleutians	1%
Southwest	3%
Northwest	1%
Southeast	12%

5. How long have you lived in Alaska?

All my life (born here)	16%
More than 40 years	40%
31 to 40 years	17%
21 to 30 years	11%
11 to 20 years	7%
5 to 10 years	5%
Less than 5 years	3%

6. Would you recommend your community as a good place to live for seniors?

Yes, unconditionally	42%
Yes, with a few reservations	53%
No	6%

7. Rate the following senior concerns in importance from 1 (low) to 10 (high):

Percentage ranking each concern a 9 or 10:

Health care	83%
Financial security	72%
Fuel costs	60%
Transportation	53%
Having enough food to eat	57%
Affordable, accessible housing options	58%
Assisted living facilities	52%
Availability of in-home services	56%
Information about programs and services	50%
Mental health and substance abuse problems	35%
Help for isolated and depressed seniors	50%
Senior center with a variety of programs and activities	52%
Other	77%

8. Do you provide home care for a family member or friend?

No	78%
Yes, spouse or partner age 60+	10%
Yes, parent age 60+	3%
Yes, disabled family member < 60	3%
Yes, child(ren) or grandchild(ren) <18	4%
Yes, friend age 60+	3%
No, but am a long-distance caregiver	3%

Note: Respondents could check more than one response.

9. Do you visit your local senior center?

Yes – at least twice a month	28%
Yes – once a month or less	31%
No, would like to but have difficulty getting there	12%
No, not interested in what senior center offers	20%
No senior center in my community	9%

10. Net monthly household income  
[still in process of analyzing responses]

11. Total number of people living in household  
[still in process of analyzing responses]

12. Besides yourself, who lives in your household?

Just myself	43%
Spouse or partner	43%
Adult child(ren)	12%
Adult grandchild(ren)	4%
Grandchild(ren) under 18	5%
Roommates / renters	2%
Other	7%

*Note: Respondents could check more than one response.*

13. Is your monthly income enough to meet all your monthly expenses?

Yes, with some left over for extras	40%
Yes, but with very little left for extras	39%
No, my income is not enough for necessities	20%

14. At any time in the past 30 days, have you had difficulty paying for any of the following:

Food to prepare meals	10%
Medications or medical bills	12%
Rent or mortgage payment	7%
Energy costs – utilities, fuel oil, gas	16%
Credit card bill	13%
None of the above	63%
Other	8%

*Note: Respondents could check more than one response.*

15. What are the sources of your household's income?

Social Security	84%
Disability payments	8%
Pension from employer or union	48%
Wages from employment	18%
Income from self-employment	8%
Personal savings or investments	30%
Senior Benefits program	17%
Rental income	8%
Permanent Fund Dividend	73%
Native corporation dividends	9%
Food Stamps	5%
Adult Public Assistance	9%
Cash from relatives	2%
Rent subsidy (voucher)	2%
Other	9%

*Note: Respondents could check more than one response.*

16. What type of housing do you live in?

House/condo owned by self or family member	70%
Rented house/condo	3%
Apartment in senior housing complex	10%
Rented apartment, not in senior complex	7%
Assisted living facility	2%
Nursing home	0%
Rooming house or hotel	0%
Homeless shelter	0%
Other	7%

17. Is your home in need of modification in order for you to be safe and comfortable?

Yes	34%
No	66%

18. Where do you expect to be living five years from now?

Same home as I live in now	74%
Same community, smaller living space	7%
Larger community in Alaska, living independently	2%
Smaller community in Alaska, living independently	2%
Different state, living independently	5%
Assisted living or nursing home in Alaska	4%
Assisted living or nursing home outside Alaska	1%

19. Are you currently employed or self-employed?

Yes, full-time	9%
Yes, part-time	13%
No, but I'm seeking work	4%
No, I'm retired	74%

20. If you are currently still working, when do you expect to retire?

Within the next year or two	18%
Within the next two to five years	29%
More than five years from now	11%
I can't afford to retire	27%
I don't plan to retire even if I can afford to	16%

21. Do you participate in subsistence activities?

Yes, for an average of less than two hours a week	13%
Yes, for an average of two to five hours a week	4%
Yes, for an average of more than five hours a week	6%
No	76%

22. Do you do volunteer work in your community?	
Yes, with my church or house of worship	26%
Yes, with a civic organization (e.g., Rotary)	11%
Yes, with a charitable organization (e.g., Red Cross)	8%
Yes, with a non-profit organization (e.g., senior center)	26%
Yes, with a library, school, or educational organization	8%
No, because I don't have time right now	16%
No, due to disability or ill health	22%
No, due to difficulties with transportation	6%
No, because I don't know how to find the right opening	6%
Other	14%

Note: Respondents could check more than one response.

23. Total hours a week spent in volunteer work  
*[still in process of analyzing responses]*

24. Where do you go when you have questions about the services available for seniors?	
Local senior center	45%
Other local non-profit agency	9%
Aging & Disability Resource Center	5%
Independent Living Center	2%
Pamphlets or handouts	30%
Printed directory of community services	15%
Dial 2-1-1	2%
Internet search or specific website	27%
Senior housing staff	6%
Hospital social services department	7%
Check phone book for possible info sources	27%
Ask a friend or relative	38%
Other	12%

Note: Respondents could check more than one response.

25. What would be the BEST way for you to get information about programs and services?

Toll-free phone number with live answer	34%
Toll-free phone number with push-button options	2%
Website with search features	19%
Pamphlets, handouts, or printed	14%
Speak to someone in person at senior center or other agency	22%
Speak to someone in person in my housing complex / neighborhood	6%
Other	6%

26. In the past two weeks, on how many occasions have you gotten together with family, friends, or a group you belong to for an event or activity...?

None	16%
Once	13%
Two or three times	36%
Four or five times	17%
More than five times	18%

27. In the past year, have you had trouble finding a primary care doctor to see you when you needed to see a doctor?

Yes, because of Medicare payment issues	19%
Yes, because there are not enough doctors in my community	7%
Yes, for another reason	3%
No	69%
Haven't needed to see a doctor in past year	4%

28. Do you experience an illness or disability that limits the range of activities you can enjoy?

No	41%
Yes, a chronic disease...	22%
Yes, a physical disability...	35%
Yes, other physical health problems	20%
Yes, Alzheimer's or other dementia	1%
Yes, a mental or emotional problem...	5%

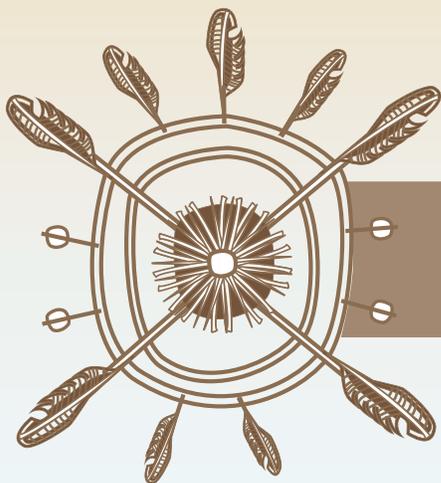
Note: Respondents could check more than one response.

29. *If you have used* any of the following services in the past year, please tell us how satisfied you were...

	<b>Very or Mostly Satisfied</b>	<b>Very or Mostly Dissatisfied</b>
Meals at a senior meal site	36%	10%
Home-delivered meals	23%	7%
Senior transportation	29%	8%
Information & referral	39%	11%
Care coordination	25%	6%
Chore service	21%	5%
Respite care	16%	4%
Personal care attendant	19%	5%
Adult day program	16%	3%
Caregiver support program	18%	5%

Note: Respondents could also check that they did not use a service, or that it was not available in their community.

Note: Over 1,300 survey respondents also provided open-ended comments on any topic of importance to them. These are currently being reviewed to identify themes and specific concerns.



# Alaska Commission on Aging FY 2010 Annual Report

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



Sean Parnell, Governor  
State of Alaska

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

Denise Daniello, Executive Director  
The Alaska Commission on Aging

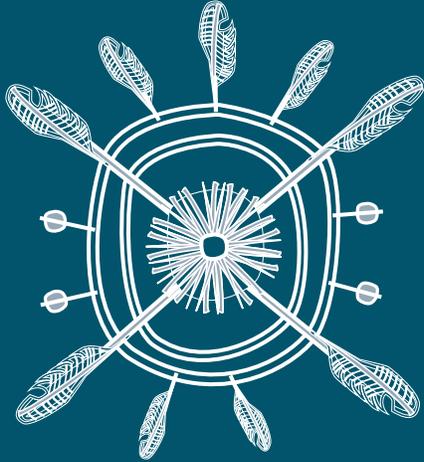


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*All photos courtesy DHSS, ACoA,  
Lesley Thompson, and the family of Roberta Spartz.*



# FY 2010

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## *Alaska's Past, Alaska's Future — Seniors Contribute:*

- ◆ *Nearly \$2 billion annually to Alaska's economy*
- ◆ *Experienced leadership in our communities, organizations, and families*
- ◆ *Dedicated caregiving for family members and friends*
- ◆ *Enthusiastic volunteer service for non-profit groups and causes of all kinds*
- ◆ *Seasoned mentorship of younger Alaskans*
- ◆ *Historical and cultural perspective on state and local issues*
- ◆ *Solid values backed by a lifetime of hard work and caring for others*