



Power of Aging in Alaska Symposium *Executive Summary*

INTRODUCTION

The *Power of Aging in Alaska Symposium* was held on May 1, 2014 at the Hotel Captain Cook in Anchorage to provide information how seniors play an important role in their communities and the state. The Symposium was sponsored by the Alaska Commission on Aging in partnership with the Department of Health and Social Services, ConocoPhillips Alaska, Alaska Housing Finance Corporation, University of Alaska Anchorage, AARP Alaska, and the Alaska Mental Health Trust Authority. The goal of the Symposium was to provide Alaska seniors and those who care about them with the knowledge and tools to have a strong voice to make Alaska the best place to live, contribute, and grow old with dignity. The Symposium encouraged seniors to be active community members to achieve this goal.

The Symposium was structured in panel formats with subject matter experts discussing a variety of topics of interest to Alaska seniors and baby boomers. Topics included innovations in health care and long-term supports; preparing for an aging workforce; economic impact of the retirement industry; value of unpaid caregiving; senior housing development; and challenging communities to become more senior-friendly.

Seniors are vital to Alaska's future. As a growing population, older adults in Alaska exercise their *power* in a variety of ways. Mary Shields, ACoA's Chair, presented the following examples of "senior power" that laid the philosophical framework for the Symposium during her welcome remarks.

- **Demographic Power:** Seniors are the fastest growing population and comprise the largest percentage of all ages, a reverse of earlier trends when Alaska had the youngest demographic. Seniors and baby boomers must take responsibility to ensure that Alaska is the best place for older people to live.
- **Economic Power:** Seniors contribute to the health of the economy and invest an estimated \$2.4 billion annually from retirements, pensions, Social Security, and personal savings. They spend their money on living expenses, health care, entertainment, and gifts for their children and grandchildren, many of whom also live in Alaska.
- **Political Power:** Seniors are "super voters" who vote in almost every election for national, state, and local officials. Seniors volunteer on campaigns, work on initiatives, run for political office, and generate dialogue on many issues facing Alaska. Through their voting power and outreach activities, seniors help shape Alaska's political landscape.
- **Social Power:** Seniors love their families – children and grandchildren, nieces and nephews, brothers and sisters. Seniors are devoted family caregivers who take care of their grandchildren and adult children as needed, and they assist each other when their health and lives change. Seniors also care about the communities where they live. They deliver meals to the homebound, help in the classroom, and serve on boards of nonprofit organizations. They do whatever needs to be done to support local charities and service organizations.
- **Inter-Generational Power:** Seniors have lived long and seen a lot during their lifetimes. As a result, seniors have learned life lessons along the way from their successes as well as mistakes. For this reason, seniors are Alaska's tradition-bearers, pioneers, and mentors who link the past with the

present and can help prepare future generations by offering their wisdom and guidance to keep Alaska moving forward in a positive direction.

Seniors can make a difference. There are many needs that deserve attention and energy from the senior community. Seniors have a lifetime of experience, knowledge, and wisdom to share. Seniors can take a stand and be part of the solution to effect positive change that benefits all Alaskans, young and old.

Symposium Evaluation: Approximately 145 people participated in the seminar either in person (115 participants) or using the on-line webinar (30 participants). Forty-seven participants completed evaluations. They commended the symposium for its organization (83%), quality of the information presented by knowledgeable speakers (91%), and that the symposium “definitely” broadened their understanding of senior issues (71%). Most importantly, 100% of participants noted that the symposium motivated them to take on a senior issue within their community.

Panel 1: Reversing the Wave of “Wisdom Drain”– Engaging Seniors & Boomers in Community Development

Panel Introduction: This panel described the impact of the growing older adult population in Alaska on the business community and how the public/private sectors may tap into new opportunities to engage seniors. The panel began with a demographic overview of the Alaska senior population that highlighted demographic trends, migration patterns, and comparisons of Alaska senior socioeconomic indicators with their national counterparts.

Panel speakers included Eddie Hunsinger, State Demographer, Alaska Department of Labor & Workforce Development, Research and Analysis; Dr. Mouhcine Guettabi, Assistant Professor, University of Alaska Anchorage Institute of Social and Economic Research; Sandra Heffern, Consultant & Business Owner, Effective Health Design; and William Hogan, University of Alaska Anchorage Dean of College of Health. Billie Korsunskiy, Vice President of Human Resources, ConocoPhillips Alaska moderated the session.

Demographic Overview: According to the Alaska Department of Labor Population Estimates (2014), approximately 116,900 Alaskans are age 60 years and older comprising nearly 15% of the state’s population. Older adults in Alaska also represent the fastest growing age segment and comprise the largest demographic in the state.

Alaska is the state with the fastest growing population of people age 65+ in the nation who number 72,249 (Alaska Department of Labor, Research & Analysis Section 2014). In 1980, the number of Alaskans age 65 and older was approximately 11,000 people. In 2030, the population of older Alaskans is projected to increase more than ten-fold to 150,000 representing 17% of the state’s total population. In comparison, older Americans age 65+ comprised 11% of the nation’s population in 1980. Older Americans are projected to represent almost 20% of the senior population by 2030. Although older Americans represent a larger share of the nation’s population, the demographic shift is more significant in Alaska as baby boomers (persons born between 1946 and 1964) compose a larger percentage of Alaska’s population than they do in the U.S. as a whole. Boomers are coming of senior age and responsible for the rapid senior expansion in Alaska.

Many baby boomers migrated to Alaska during the 1970s and 1980s during the construction of the Trans-Alaska Pipeline and the subsequent economic boom that created new jobs in every sector. As young people, they established homes and families, with many remaining for their entire working lives. Now, they are choosing to retire in Alaska, representing a shift in a long-term pattern where most seniors left the state upon retirement.

The pattern of net migration (in-migration minus out-migration) by age is fairly stable from year to year. Alaska has a fairly large annual net migration loss of people age 40 to 70, just over 2,000 people per year, which decreases the future size of the state's senior population. Aging of the population is by far the largest factor in determining the size of Alaska's senior population through 2030, not in-migration of new seniors from outside the state. Between 2000 and 2010, there were 1,273 people age 65+ who moved to Alaska and 1,744 Alaskan seniors who left the state. Regarding senior in-state migration patterns, there are more seniors who move from rural to urban Alaska each year with rural areas losing a net total of 120 seniors per year over the last decade.

Alaskan seniors are socio-economically distinct from their national counterparts. For example, the median annual income of Alaska households headed by people age 65 and older was \$47,979 from 2008 to 2012, considerably more than the average senior-headed household in the U.S. at \$35,000 (however, the cost of living is higher in Alaska). Alaska also has a higher percentage of seniors in the workforce with 22% of seniors being employed compared to 16% of older Americans. This trend is projected to continue into the future. Nearly 8% of Alaska seniors live with their grandchildren with approximately 3% being responsible for their grandchildren. In contrast, 4.8% of older Americans live with their grandchildren.

Impact of the Retirement Industry: Senior retirement income in Alaska contributes approximately \$2.4 billion to the state's economy from retirement earnings and health care spending. The retirement industry creates approximately 13,000 jobs in health care, long-term supports, housing, and other employment sectors. Seniors in the labor force (20% of persons age 65+) contribute an additional \$633 million. More than half of employed seniors work in healthcare, education, public administration, and retail. In addition, retirees comprise about 24% of all volunteers in Alaska. They contribute an estimated 86 hours per person annually (or 4 million hours in total) which is equivalent to \$90 million (estimated at \$22 per volunteer hour of services rendered). Alaska ranks #12 in the nation with having the highest senior volunteer activity.

Senior earnings from retirement, health care spending, and employment (\$3 billion) compare favorably to other industries such as fishing (\$2.2 billion), construction (\$2.1 billion), retail trade (\$2.1 billion), tourism (\$1.9 billion), and manufacturing (\$1.7 billion). Unlike seasonal employment, dollars from senior spending remain largely in Alaska and has a cumulative effect that positively affects local economies.

Impact from an Aging Workforce: Private and public sectors need to prepare for the increasing senior population by engaging seniors to remain in the workforce, involve them in succession planning efforts, and create businesses that attract senior spending.

As the economy recovers, businesses are confronting a shortage of talented workers due to pending employee retirement and a slow growth rate among workers of other age categories, excluding the youngest workers. Private and public sectors should consider ways to retain and recruit older workers by highlighting their business need for "experienced, knowledgeable" workers and incorporating more flexibility in the workplace (such as flexible hours, work location, career track, and part-time/contractual relationships) to retain them. When retirees leave the workplace, they take with them skills, knowledge, and relationships that cost time and money to replace.

Businesses need to engage their seasoned employees in succession planning to prepare younger workers for a successful transition. Succession strategies may include formal education/training, apprenticeships, and "reverse mentoring" that transfer knowledge (such as technology/computer skills) from younger to older workers. These efforts take time and need to be well-planned.

The "Senior Friendly Project" is an idea that began with the Municipal Senior Citizens Advisory Commission over five years ago with the goal to educate businesses about ways to attract more senior consumers. The Commission was the spear head for all of the planning work that transpired and recently turned the project

over to the Mabel T Caverly Senior Center for implementation. The University of Alaska Anchorage was very helpful and served as a working partner during much of the planning.

Retirement Planning: Retirement is a modern concept that developed as the result of the Industrial Revolution and the “Longevity Revolution.” For those who were lucky enough to live to an advanced age, they kept working as long as they were physically able. Rural life and extended families provided the safety net. Today, people rely on Social Security and to some degree their savings and pensions. While Social Security was intended to fend off poverty, these earnings are usually not sufficient and many have to work at least part time.

For those who can retire and “live comfortably,” much of their time is spent undertaking activities that are not only relaxing or fun, but contribute to others’ welfare. Seniors spend time taking care of others, especially family members who may be disabled, sick, or need financial support. Grandparents play an important family role. Reportedly, 30% of preschoolers are taken care of by their grandparents while their parents are at work.

As a society, we need to create communities where seniors boomers are an important part of the social fabric because older adults have wisdom and experience to share. Alaska Native people respect/revere their Elders which reduces ageism in their communities. Seniors and boomers have much to contribute and want to make a difference in the lives of others. They are an untapped resource for the public and private sectors to engage. They can be called upon to serve on various local and state boards, provide leadership mentoring for younger people, and as volunteers for service organizations. Many authors contend that a rewarding retirement involves finding the right balance of caring for others and taking personal time to have fun and enjoy life.

Successful retirement requires time to prepare for this important life transition. Planning should be purposeful, intentional, reflective of one’s personal values, and action-oriented. Retirees may want to take a personal inventory of their skills and pair them to activities not accomplished during earlier times due to lack of time, energy, or resources to launch a new endeavor.

A very wise Elder from Southeast summarized one’s life in the following way: LEARN, EARN, AND RETURN – LEARN as a young person (both through formal education and life experience); EARN money and resources (through your job and career) and then RETURN (what you have learned and some of what you have earned monetarily to your community). This is excellent advice for all seniors and Elders as they enter the “RETURN” stage of life.

Panel 2: Promoting Access to Primary Care to Improve Health & Wellness for Older Adults

Panel Introduction: Seniors live longer today and remain in better health than their predecessors. A longer life may also mean that a growing number of older people will experience dementia and chronic health conditions that can be compounded by underlying behavioral health conditions. Many seniors experience challenges in accessing primary care. Others struggle with depression and addictions. Research shows older adults benefit from whole-patient care provided in the primary care setting. This session explored the challenges seniors face in accessing quality and affordable primary health care, their unmet needs for behavioral health services, and how the evidence-based patient-centered medical home model may be an appropriate approach to address those pressing senior health needs.

Panel speakers included Dr. Rosellen Rosich, UAA Professor of Psychology; Dr. George Rhyneer, Board President of Alaska Medicare Clinic; and Dr. Shane Coleman, Division Director of Behavioral Services, Southcentral Foundation. Paula Easley, Alaska Mental Health Trust Authority Trustee, moderated the session.

Psychology of the Older Adult: The personality of an older adult is multifaceted with the foundation laid down early in life. While there is some disagreement in the field as to how much personality changes with age, the

conclusion is that certain dimensions of personality may change while others remain stable. The individual's personality as determined by genetics, the broader social historical context in which they were raised, and individualized circumstances are some of the factors that play an important role in determining whether personality changes in later life.

Research in psychology indicates that not all older people are impacted negatively by changes in physical ability, role and status, or the loss of loved ones as there is a great deal of variability in how older people react to loss. In general, older adults have fewer mental disorders and are more satisfied in their lives as compared to younger and middle-aged people. In fact, middle-aged people (persons in their 40s and 50s) have been found to possess less well-being than older individuals.

While it is estimated that 14%-20% of adults age 65+ are clinically depressed, the majority of these individuals have suffered depression over their life course. Current research shows more positive aspects of coping with the aging process. Older adults focus more on finding meaning in life, have learned to pick their battles, and honed their ability to regulate emotions. Some theories show that older adults who experience a loss selectively work with the resources they have to compensate for that loss. In other words, these older adults may adjust their personal standards to changes in their personal life.

Senior & Boomer Behavioral Health Needs: Generational differences play an important role in behavioral health needs. According to the Institute of Medicine 2012 report on "The Mental Health & Substance Use Workforce for Older Adults in Whose Hands," boomers are at high risk for substance and alcohol abuse which is projected to increase as they age. Illicit drug use among boomers doubled in this population from 2002 to 2007. Generational differences in alcohol and illicit drug use may be attributed to living through different social-historical contexts. The high use of recreational drugs and "free love" common for boomers has little historical precedent among older seniors. In addition, boomers often deny the aging process and desire a "quick fix" to everything including unnecessary surgeries or use of medications to stem the tide of making behavioral changes.

Older adults can increase their sense of well-being by exercising their brains and staying engaged in learning and life; maintaining physical wellness through exercise and good nutrition; sustaining a strong support network; learning new ways to cope with stress; and knowing where and how to access resources to maintain health and independence.

Access to Primary Care: The following are common barriers faced by seniors to access medical care that were identified during this session:

- Transportation due to winter conditions (ice, cold, darkness), difficulties navigating public transportation, and finding drivers to provide a ride.
- Reduced mobility as age increases.
- Complexity of medical problems increases with age making the need for care from many practitioners at various locations.
- Lack of a companion to attend medical visits and relay patient information to the doctor as well as being able to recall the provider's instructions after leaving the doctor's office. The ability for some senior patients to explain their story and understand medical instructions may be impaired as age increases.
- Cost of medical care generally increases with age which places financial burdens on seniors.
- Inability to find practitioners who are willing to assume care of older people with increasingly complicated medical problems and reduced assets.
- Finding practitioners who are willing to take those who are insured by Medicare.
- Increased risk of dementia for older patients.

The Patient Centered Medical Home (PCMH) model improves access to primary care by providing a central place for seniors and others to receive medical and behavioral health services at the primary care setting (the patient’s medical home) using a collaborative, multidisciplinary health care team approach. This evidence-based approach, which promotes preventative care, has demonstrated positive outcomes for older patients. Medical and behavioral health needs are often related, such as diabetes and depression, and this model offers a means to assess and treat health care needs in the primary care setting. The primary care provider maintains the patient’s medical history and can detect changes in their physical and cognitive health. This model promotes efficiency and quality of service by coordinating all patient care, including the need for specialists, in one central location. Under the PCMH model, the risk of over-medication can be reduced because all medical prescriptions are monitored in the primary care setting. Moreover, the PCMH provides screening and treatment for behavioral health needs, such as depression, that makes it easier for seniors to receive these services when they visit their primary care provider. The Alaska Senior Medicare Clinic and some community health centers offer this model of patient care to some degree.

The IMPACT model (Improving Mood Promoting Access to Collaborative Treatment) provides screening and treatment for depression using a multi-disciplinary team in the primary care setting. Untreated depression can increase the risk for other health conditions such as diabetes, cardiovascular disease, and Alzheimer’s disease. IMPACT, developed at the University of Washington, is an evidence-based intervention that has shown positive results for treating depression among older adults. The IMPACT model has been used successfully by the Alaska Medicare Clinic and the Anchorage Neighborhood Health Clinic.

**“Roll-Out of the Alaska Roadmap to Address Alzheimer’s Disease & Related Dementia”
Lunch Presentation: Denise Daniello, Executive Director of Alaska Commission on Aging &
Karl Garber, Alzheimer’s Disease Resource Agency of Alaska**

Presentation Overview: As the state with the fastest-growing senior population of persons age 65 and older, Alaska is positioned to be one of the states with the fastest-growing population of older people at risk for developing Alzheimer’s as age is the greatest risk factor for developing this disease. Currently, 6,100 Alaskans age 65 and older are estimated to have Alzheimer’s disease which is projected to increase to 11,000 by 2025. This is a conservative estimate that does not include seniors with other forms of related dementias such as mixed dementia (combination of Alzheimer’s disease and vascular dementia), vascular dementia (caused by stroke), Parkinson’s disease, Lewy body dementia, and other forms. Further, this estimate does not include persons with early onset Alzheimer’s disease who are younger than age 65. About one-third of people age 85 and older have Alzheimer’s disease. Women are at particular risk for developing Alzheimer’s because they live longer. Research shows that women in their 60s are about twice as likely to develop Alzheimer’s disease over the rest of their lives as they are to develop breast cancer.

The *Alaska Roadmap to Address Alzheimer’s Disease & Related Dementia (ARD)* is the first-ever state plan in Alaska that aims to improve awareness of the challenges of Alzheimer’s disease, enhance care and support for Alaskans with Alzheimer’s disease and their family members, and improve data to track progress of efforts. Alaska is developing this plan to address Alzheimer’s disease in a comprehensive way to improve the quality of life for persons impacted by ARD, reduce the burden of care on families, and identify strategies to control the rising costs of care that will escalate as this vulnerable population increases.

Alaska’s Roadmap has identified eight goals to address Alzheimer’s disease with each goal having a set of related strategies and performance measures. The Roadmap, currently under construction, compiles public input from persons affected by ARD, unpaid caregivers, providers, and public members through statewide community forums, family caregiver surveys, and data from the 2013 Behavioral Risk Factor Surveillance Survey concerning cognitive impairment. The Roadmap will be presented at the Alzheimer’s conference in November hosted by the Alzheimer’s Resource Agency of Alaska.

**“Caregiving – Now a Pressing National Issue,” Keynote Presentation
Presenter: Jeannine English, AARP President-Elect**

Presentation Overview: Caregiving is a pressing national issue that will affect virtually all of us as the need for long-term services and supports increases due to the growing population of frail elderly and younger people with disabilities. Unpaid family caregiving is the essential bedrock for long-term care and a rapidly growing component of America’s health care system. In Alaska, an estimated 128,000 family caregivers provide unpaid care valued at \$1.1 billion. Without family caregivers, the cost of long-term supports would increase astronomically.

The need for long-term care will increase substantially as baby boomers begin reaching their 80s. Currently 56% of those needing long-term care nationwide are over 65. Thirty years from now, an estimated 20 million older Americans will need long-term care, or about 7 out of every 10 people who are now reaching age 65 will need some kind of long-term services and supports at some time in their lives. This point is particularly relevant for Alaska, where the number of people age 65 and over is increasing at the highest rate of all states, more than four times the national average.

Financing options for long-term services and supports are limited. Medicare provides limited coverage for skilled nursing facility care and home health care. Private insurance options are expensive and unavailable for most families. Medicaid, the payer of long-term supports, pays about two-thirds of long-term care costs that totals more than \$200 billion annually nationwide. In Alaska, costs of assisted living and nursing home care are becoming prohibitively expensive. The median cost for a private room in a nursing facility in Alaska is \$241,000 compared to \$87,000 nationwide. Home care assistance costs \$56,000 annually in Alaska compared to \$30,000 nationwide.

Families end up carrying out the task of caregiving on their own which helps the nation and individual states avoid paying for more costly skilled nursing homes. Caregiving has dramatically expanded in recent years and now includes a broad array of tasks that go beyond assistance with activities of daily living to include performing nursing tasks such as giving injections, providing wound care, preparing special diets, managing prescriptions, and many other tasks. The majority of family caregivers receive little or no training to perform these tasks.

Caregiving often exerts a heavy emotional, physical, and financial toll that puts family caregivers at risk. Caregivers commonly experience mental health problems, especially depression. They also experience poorer physical health than non-caregivers and financial hardship due to caregiving demands. The pool of potential family caregivers is expected to drop dramatically in the coming years from 7 potential family caregivers for every person age 80 years and older to 4 potential family caregivers by 2030. Unpaid family caregivers need more meaningful support as our population ages. Family caregivers must be involved in decisions affecting their loved ones and included in policymaking decisions.

The CARE Act is a legislative proposal to provide more state support for family caregivers by supporting them when their loved one goes into the hospital and training them to provide care safely at home after they are discharged. Oklahoma and Hawaii have both passed this legislation to support unpaid family caregivers.

Panel 3: Innovative Approaches to Providing Long-Term Supports to Older Alaskans and Providing Support for Their Family Caregivers

Panel Introduction: Access to an appropriate array of long-term support services will become increasingly important to Alaskans as they age into their golden years. Family caregivers, who provide the foundation for this care for seniors living at home, require training and supports to take on this responsibility as they juggle work demands and other family obligations. Most seniors and experts agree that providing assistance to older people to maintain their optimal health in order to live at home is the goal for long-term support services. This session examined innovative approaches for providing care in rural and urban settings that provide support for family caregivers and strengthen services for seniors.

Panel speakers included Jon Sherwood, Deputy Director, Division of Senior & Disabilities Services; Pat Branson, Executive Director for Kodiak Senior Services, Inc.; Lisa Donat, Elders Program Coordinator, Tanana Chiefs Conference; and Sharon Scott, Program Officer, Mat-Su Health Foundation. Rachel Greenberg, ACoA Commissioner & Deputy Director for MatSu Senior Services, moderated the panel session.

Long-Term Support Services: Alaska provides a wide array of services for seniors to help seniors age in place at home for as long as possible and provide support for family caregivers through training, care coordination, respite, and adult day. These programs, funded by a combination of federal and state funds, include:

- Senior Grant-Funded Services such as Nutrition, Transportation, Supports (senior meals, transportation, homemaker services, & information/referral); Senior In-Home Services (case management, respite, homemaker, and supplemental services); National Family Caregiver Support Services (respite, training, case management, Life-line, and support for grandparents raising grandchildren); Adult Day (caregiver respite, participant activities and socialization in a safe and structured setting); Alzheimer’s Disease and Related Dementia (ADRD) Education and Support program (peer support, respite, counseling, training); and ADRD mini-grants (covers the expense of items needed by the person with dementia not covered under Medicaid and Medicare). These programs serve approximately 34,000 seniors at a cost of \$14 million annually.
- Medicaid Personal Care Assistance (PCA) Services provide assistance with activities of daily living and instrumental activities of daily living for 5,000 seniors and others with disabilities at a cost of \$124 million annually.
- Alaskans Living Independently Medicaid Waiver provides care coordination, adult day, respite, chore, meals, transportation, environmental modifications, specialized equipment and supplies, and residential supported living (assisted living home care) to people who meet a nursing facility level of care. Approximately 3,000 seniors and adults with disabilities receive these services at a cost of \$75 million annually.
- General Relief Assisted Living, a 100% state funded program, serves individuals who need care in an assisted living home who are not covered by Medicaid. Approximately 500 vulnerable Alaskans are served by this program in any given time.

To address growing demands on the existing network of care, State and provider organizations are looking at ways to increase quality and cost efficiency to support future demand from an aging population. The Division of Senior and Disabilities Services, for example, emphasizes the “right-sizing” of services, emphasizing home- and community-based services such as senior grant-funded services, that provide early intervention and postpone the need for more intensive services later; development of the Aging and Disability Resource Centers to provide information, referral and options counseling to ensure people are connected to services when they need them; use of tele-health to conduct assessments for waiver and PCA services and in the future to conduct training and technical assistance to support remote providers and promote cost efficiency; development of the new Automated Service Plan to provide greater support for providers and staff using streamlined processes;

and aggressive pursuit of Medicaid fraud and abuse to protect public resources for programs that serve seniors and other vulnerable Alaskans.

Challenges in Rural Elder Care: Tanana Chiefs Conference (TCC) provides Elder care and family caregiver support services for those who qualify for these services and live in TCC's 42-village service area in Interior Alaska. These services provide care coordination, personal care assistance, chore, caregiver respite and training. Many villages lack running water and sewer which makes personal care and household tasks more time-consuming for home care providers and family caregivers. In comparison to urban-based care, there are logistical challenges to provide assessments and care for rural-based Elders. Many communities are accessible only by small planes. Inclement weather conditions can lead to extensive travel delays and increased costs. Although scheduling assessments takes into account the timing of subsistence and other cultural activities, unscheduled funerals, potlatch preparation, and medical appointments may require the Elder to be in another location when the assessor arrives. Recruitment and retention of local providers is difficult due to a limited labor pool, low wages, and long-distance supervision. In addition, hiring local-based staff is expensive and time consuming as they are flown into Fairbanks to complete background checks, orientation, and training. Although supervising long-distance is a challenge, TCC relies on the local Tribal Council to provide assistance with staff supervision.

There are several critical gaps in care for rural Elders. TCC's Elders program identifies hospice as the most critical gap in Elder care for rural communities. As this service is inadequately funded, local providers often donate their time to provide comfort to the Elder and support for the family. Health aides typically work around the clock to provide end of life care. Secondly, Elders may have to wait long periods of time, sometimes up to five months, for the start-up of PCA services due to the travel and paperwork required to conduct the initial assessment. Senior grant funded services fill the need until PCA services are in place. Thirdly, lack of assisted living is a critical gap in rural communities to accommodate the growing number of Elders with failing health, especially those with dementia who cannot live at home safely. These Elders often have to relocate to Fairbanks or other communities to access services when local services are unavailable.

The cost of providing rural Elder care services is great and resources are limited. Tribal governments are witnessing a growing number of Elders having to move away from their villages because their long-term care needs cannot be met locally. Four resolutions were passed at the 2014 Tanana Chiefs Convention to address Elder long-term care needs that include assessing the need for two Elder assisted living homes in Fairbanks and McGrath; providing respite for rural-based family caregivers in Fairbanks; and securing additional funding for rural-based supportive housing.

Regional Based Models to Provide Cost-Efficient Care: The MatSu Borough has the highest per capita growth of people age 65 and older in Alaska which places significant strain on the local senior services delivery system. By 2030, the population increase of persons age 75 and older will exceed 300 percent, with many being at risk for dementia due to age. Services that specialize in dementia care including adult day, assisted living homes, skilled nursing facilities, and hospice will be needed to serve this growing population of seniors.

The MatSu Health Foundation in partnership with the Alaska Mental Health Trust Authority, Rasmuson Foundation, Denali Commission and United Way of Mat-Su contracted with the McDowell Group, in association with Health Dimensions Group, to develop a regional plan for delivery of senior services in the MatSu. This plan is needed to reduce service duplication and maximize partnerships to provide a cost-efficient, regional-based service delivery model to strategically address service gaps. Strategies identified are development of the MatSu Aging and Disability Resource Center to provide centralized information and referral; improved service provider communication and coordination; development of a chronic disease management model; and naming a "champion" organization to lead the regional plan forward.

Panel 4: Intentional Senior Housing & Breaking the Mold in Traditional Design to Promote Aging in Place

Panel Introduction: Efforts to keep older adults living in their homes and communities is a growing trend that has shown to be cost-effective and supports the desire of many seniors to age in place. Senior housing that incorporates a campus model or is strategically located close to neighborhood services, primary health care providers, public transportation and other amenities allows older adults to take advantage of nearby services and engage in community life. This panel provided examples of innovative senior housing projects along the continuum of care and the use of public-private partnerships to increase resources for senior housing development in Alaska.

Panel speakers included Linda Hendrickson, Executive Director, Chugiak-Eagle River Senior Center; Jeff Judd, Vice President Real Estate, Cook Inlet Housing Authority; Jim McCall, Officer, Housing Relations, Alaska Housing Finance Corporation, Senior Housing Office; and Dr. Laverne Joseph, President & CEO, Retirement Housing Foundation. Marie Darlin, ACoA Commissioner, moderated the panel session.

Senior Housing Campus Model: The Chugiak-Eagle River Senior Center, a model senior campus, includes a senior center, adult day program, independent housing, and assisted living in one location. Services provided by the senior center include senior nutrition (congregate and home-delivered meals), transportation, Personal Care Assistance (PCA) referral, activities and outings, exercise and wellness, health outreach, a beauty parlor, and gift shop. In addition, the Chugiak-Eagle Senior Center has a “Good Sam” fund, funded by community gifts, that allows residents who are going through a temporary financial hardship to apply for short-term grants to help pay for basic necessities such as rent, food, and medicine. The Chugiak-Eagle River Senior Center has plans to add 20 units to its existing campus with a portion of these units dedicated to memory care in a safe, secured setting. The Chugiak-Eagle River Senior Center allows residents to age in place with close access to needed services across the continuum of care.

Examples of Innovative Senior Housing Design: The Cook Inlet Housing Authority (CIHA), a leader in affordable housing development, has developed 1,018 affordable rental units in Anchorage, Eagle River, and the Kenai Peninsula. Their developments include Coronado Park Senior Village and Centennial Village senior housing projects for persons age 55 and older. The Centennial Village is a senior housing development that includes six buildings constructed on 20 acres of land. This project provides 377 independent senior housing units utilizing a combination of affordable rents (for persons with incomes less than 30% area median income) and market-based rents. Under a “Wellness Initiative” aimed at keeping senior residents active, healthy and engaged, CIHA renovated the Centennial Village project to include improved walking paths, raised garden beds, a centralized community building that offers space for large social gatherings and group exercise, and a “no smoking” policy. The average age of residents is 68 years old with the majority of residents being women who live in single-headed households.

Using Public-Private Partnerships to Address Local Senior Housing Need: The demand for senior housing is accelerating. Many communities lack adequate housing to meet the needs of older residents. Juneau, for example, lacks options for senior assisted living to meet the housing needs of its aging population. The Juneau Pioneer Home, the sole provider for senior assisted living in the capitol city, has an extensive waitlist.

This panel discussed the use of public-private partnerships as a strategy to increase resources to meet the need for senior housing in Alaska, highlighting the need for senior assisted living in Juneau. Public-private partnerships can be implemented in a variety of ways. In the simplest form, a private developer can utilize public funding using loans to finance a senior housing project. Recently, Alaska Housing Finance Corporation (AHFC) financed the development of two private assisted living projects in Soldotna and Kenai utilizing loan funds only with no grant dollars.

Juneau is exploring use of the public-private partnership model to develop a senior assisted living project. A senior housing needs assessment, funded by the City and Borough of Juneau, is currently underway and anticipated to be completed by September 2014. A public-private partnership is being explored involving a potential collaboration between the Juneau Assisted Living Task Force, financing from AHFC, and a nonprofit developer to build and manage the facility. The Retirement Housing Foundation (RHF), a national nonprofit faith-based charitable organization, is a developer and manager of housing and services for older adults, persons with disabilities, and low-income families. RHF has expressed interest in serving as the nonprofit developer and has met with AHFC and Juneau Task Force members regarding possible development of an assisted living facility in Juneau.