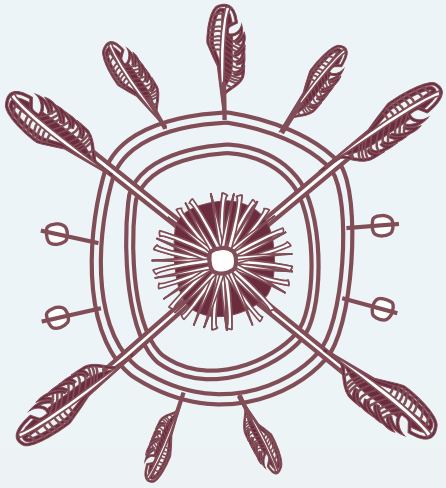
Alaska Commission on Aging

FY 2009 Annual Report

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.



Dr. Walter Soboleff (on the cover) – 101 year Tlingit elder living in Juneau is a model of healthy aging, who reminds us to:

"Take care of the older person you will become".

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FY 2009 Annual Report

Dear Reader,

The Alaska Commission on Aging (ACoA) is pleased and proud to present our 2009 annual report highlighting activities accomplished this year. Our charge is to plan, educate, and advocate on behalf of all older Alaskans (ages 60 and older) through inter-agency coordination so that Alaska seniors/elders may lead useful and meaningful lives with dignity and independence, and to ensure their access to services when they need them to remain safely in their homes and communities for as long as possible.

Older Alaskans have changed. Today's Alaska seniors are independent-minded, culturally and socio-economically diverse, have higher levels of education, and enjoy longer life spans in comparison to earlier generations of seniors. Alaska seniors are actively engaged in their communities and families. They serve on boards of directors, volunteer in schools, provide financial support for worthy causes, serve as drivers for Meals on Wheels for the homebound, and volunteer with community nonprofit organizations to help those in need. For their families, seniors provide caregiving for children and disabled adults, financial support, care for others during difficult times, supply home-baked treats, and offer love and affection to their children and grandchildren. As elders, they serve as tradition keepers and mentors to ensure the transfer of knowledge and values from one generation to the next. Although aging brings its share of trials and tribulations, today's older Alaskans rise to the challenge and contribute their time, share their wisdom and offer gifts that can only come with age, to improve the communities where they live and build a strong foundation for Alaska's future.

For the second year in a row, Alaska is the state with the fastest growing senior population, according to the U.S. Administration on Aging (2009), replacing Nevada, which held that position for many years. Alaska is home to approximately 80,000 persons 60 years old and older who comprise about 12 percent of the state's population (Alaska Department of Labor). Alaska's senior population is expected to increase by 5 to 6 percent each year through 2020, by which time the total number of seniors will have grown by almost two-thirds, or 64 percent.

Upon retirement, more seniors are choosing Alaska as their lifelong home to be close to their families, friends and the unique Alaskan lifestyle. Access to quality health care and long-term support services is an important consideration that affects seniors in their decisions to remain in Alaska or to relocate. In addition, seniors must have adequate financial resources to afford food, housing, medications,

"With determination, Alaska's pioneers drafted a constitution and took a stand for statehood half a century ago."

—Governor Sean Parnell

"The Administration on Aging will focus strongly on in-home care. This will keep people out of the Medicaid system and in the community and their homes."

—Terry Duffin, Administration on Aging, Region X

and other basic necessities. Because of Alaska's high cost of living and the limited income of many seniors, concerns about the rising costs of health care and long-term care have no easy solutions. However, recent strides in public policy and budget increments approved for senior programs and services have contributed positively to many issues facing Alaska seniors. As the population of seniors grows, especially the "oldest old" (those aged 85 and older), and their health care needs intensify, a significant annual investment in long-term care infrastructure and capacity is warranted. This strategy will avoid the situation where demand far exceeds our ability to provide supports and seniors are faced with the difficult decision of premature institutionalization or having to leave their home communities, or even the state, to find care.

This year brought many accomplishments for the Commission, including increased collaboration and coordination with public and private agencies involved with senior services in the implementation of the Alaska State Plan for Senior Services, FY 2008-2011; creation of the Alaska Senior Fall Prevention Campaign; and preparation of 10-year projections to advise the administration and the Legislature of the anticipated growing demand for senior programs over the next decade. In addition, we advocated successfully along with our partners for passage of legislation to improve programs and services for older Alaskans, including increased grant and Medicaid funding for senior home- and community-based services; reauthorization of the Medicaid adult dental program; passage of legislation to implement electronic health care records; and funding to enhance homeless assistance services and improve health care access for veterans.

On the horizon, quality health care and long-term care supports, workforce development in all health care and supportive service industries, financial security for seniors, and senior housing development continue to be decisive concerns as we prepare to meet the demands of a growing older Alaskan population. Investment in home- and community-based services, health promotion/disease prevention programs, and innovations in tele-health, tele-care, and assistive technology hold promise for improving the quality of life for seniors and reducing the overall cost of care.

We thank you for your support and encouragement of the Alaska Commission on Aging and for all older Alaskans.

Sincerely,

Sharon Howerton-Clark
Chair of the Alaska Commission on Aging

Denise Daniello
ACoA Executive Director

Who We Are

The Alaska Commission on Aging (ACoA) is a state agency under the Alaska Department of Health and Social Services established in 1982 that plans services for older Alaskans and their caregivers; educates Alaskans about senior issues; and advocates for the needs of older Alaskans. The Department of Health and Social Services 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 Alaska Commission on Aging consists of 11 members, seven of whom are public members (with six members being 60 years and older) appointed by the Governor to serve four-year terms. Two seats are filled by the Commissioners of the Departments of Health and Social Services (DHSS) and Commerce, Community, and Economic Development, or their designees. The remaining seats are reserved for the Chair of the Alaska Pioneer Homes 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.

FY 2009 Alaska Commission on Aging Members

Sharon Howerton-Clark
Chair (FY 09)
Public member,
Homer

Paula Pawlowski
Vice-Chair (FY09)
Public member,
Anchorage

Frank Appel
Public member,
Anchorage

Patricia B. Branson
Provider member,
Kodiak

Eleanor Dementi
Public Member,
Cantwell

Rebecca Hilgendorf
Director, Senior &
Disabilities Services,
Department of Health and
Social Services,
Anchorage

Betty Keegan
Public member,
Wrangell

Banarsi Lal
Chair, Alaska Pioneer
Homes Advisory Board,
Fairbanks

Nita Madsen
Department
of Commerce, Community
and
Economic Development,
Anchorage

Iver Malutin
Public member,
Kodiak

Barbara McNeil
Public member,
Anchorage

FY 2009 Alaska Commission on Aging Staff

Denise Daniello,
Executive Director

MaryAnn VandeCastle,
Planner II

Lesley Thompson,
Planner I

Sherice Ridges,
Administrative Assistant

Brian Messing,
MSW Intern

How to Contact the Alaska Commission on Aging

Alaska Commission
on Aging
Department of Health &
Social Services

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150 Third Street, #103
Juneau, Alaska 99801

Mailing address:
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Juneau, AK 99811-0693

Phone:
(907) 465-3250

Fax:
(907) 465-1398

Website:
www.alaskaaging.org

Email:
hss.acoa@alaska.gov

What We Do

The Alaska Commission on Aging has several statutory directives. The Commission makes recommendations directly to the Governor, the Administration, and the Legislature with respect to legislation, regulations, and appropriations for programs or services benefiting older Alaskans. ACoA has authority to develop a comprehensive state plan for senior services required by the U.S. Administration on Aging for states receiving federal funds under the Older Americans Act. The Alaska Commission on Aging is one of four statutory advisory bodies, called beneficiary boards, to the Alaska Mental Health Trust Authority ("the Trust"). The Alaska Commission on Aging, along with the other three beneficiary boards, advises the Trust on issues and funding related to the Trust's beneficiaries, which include individuals with Alzheimer's disease and related dementias (ADRD). Additionally, ACoA provides representatives to project workgroups of the Trust.

The Alaska Commission on Aging, along with the other three beneficiary boards, advises the Trust on issues and funding related to the Trust's beneficiaries, who include individuals with Alzheimer's disease and related dementias (ADRD) and seniors with behavioral health needs and chronic mental illness. ACoA's standing committees include:

- **Executive**
- **Legislative Advocacy**
- **Planning**
- **By-Laws**
- **Nominating**
- **Outstanding Older Workers Recognition**

Working for Alaska Seniors

FY2008 – FY2011 Alaska State Plan for Senior Services Goals

During fiscal year 2007 (FY07), the Alaska Commission on Aging and its agency partners developed the State Plan for Senior Services FY2008–FY2011 in a collaborative process that resulted in the identification of six overall goals for senior services in Alaska. The Alaska Commission on Aging and its partner agencies plan activities to address each of these goals.

Goal One:
Alaska seniors stay healthy and active, and are involved in their communities.

Goal Two:
Older Alaskans have access to an integrated array of health and social supports along the continuum of care.

Goal Three:
Families are supported in their efforts to care for their loved ones at home and in the community.

Goal Four:
A range of adequate, accessible, secure and affordable housing options is available to seniors.

Goal Five:
Alaska supports a stable workforce for senior and health care services as well as a range of attractive employment opportunities for seniors.

Goal Six:
Older Alaskans are safe from catastrophic events and protected from personal exploitation, neglect, and abuse.

Focal Points for Programmatic Work

- **Independence, Dignity, and Respect**
- **Safety and security**
- **Community Connection**
- **Affordable, Accessible Health Care**
- **Education, Information, and Assistance**
- **Improved Coordination of Resources**
- **Equitable Service Provision**
- **Delivery of Efficient Services Consistent with a High Level of Quality Care**

"Knowing that Alaska's senior population is growing faster than in any other state, we've been working on a long-term care plan to expand our network of home- and community-based services to promote older Alaskans' health, safety and independence in their communities. We're working to expand Alaska's Aging & Disability Resource Center network; bring screening for depression and problems with substance use, such as prescription drugs and alcohol, into our primary care system; and improve services to those with Alzheimer's disease and related dementias."

—Bill Hogan, Commissioner, Alaska Department of Health and Social Services

Accomplishments

During FY2009, the Alaska Commission on Aging carried out a wide range of 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

- **State Plan Implementation:** ACoA continued implementation of the Alaska State Plan for Senior Services, FY08-FY11 through an inter-agency collaborative effort by coordinating and facilitating its second face-to-face annual meeting of agency partners in November 2008. The Commission also served as the repository for agency reports of implementation activities, reported progress on outcomes related to implementation to the Alaska Department of Health and Social Services, the U.S. Administration on Aging, and the Alaska Mental Health Trust Authority ("the Trust"), and published results of inter-agency implementation activities on the ACoA website. Participating agencies included the Division of Senior and Disabilities Services, Adult Protective Services, AARP, the Advisory Board on Alcoholism & Drug Abuse/Alaska Mental Health Board, Alaska Brain Injury Network, Alzheimer's Disease Resource Agency of Alaska, the Alaska Housing Finance Corporation Senior Housing Office, Alaska State Hospital and Nursing Home Association, the Alaska Mobility Coalition, the Governor's Council on Disabilities and Special Education, Department of Health and Social Services, Division of Public Health, Department of Labor Mature Alaskans Seeking Skills Training Program, Alaska Pioneer Homes, Alaska Native Tribal Health Consortium, Alaska Mobility Coalition, Long-Term Care Ombudsman's Office, Office of Elder Fraud, Division of Public Health, University of Alaska, Alaska Geriatric Center, the UA Center for Human Development, and the Alaska Commission on Aging.

- **Promotion of Healthy Lifestyles:** Through partnerships with the Division of Public Health, Senior and Disabilities Services, Alzheimer's Disease Resource Agency of Alaska, the Alaska Mental Health Trust Authority and senior service providers, ACoA participated in the development and implementation of projects to promote disease prevention

and healthy lifestyles and encouraged senior participation in these programs to achieve a higher level of health and wellness among older Alaskans.

- **Long-Term Care Planning:** ACoA prepared 10-year projections for the Trust and the Department of Health and Social Services that identified issues and trends of an increasing population of older Alaskans and the projected need for home- and community-based services, long-term care, and other supports for the target population based on population estimates of the number of individuals with Alzheimer's disease and related dementias (ADRD) and the growing number of Alaska seniors aged 85 years and older.

- **Family Caregiver Support:** On behalf of the Department of Health and Social Services, the ACoA collaborated with the Alzheimer's Disease Resource Agency of Alaska to submit a grant application to the U.S. Administration on Agency to implement an evidence-based intervention to delay out-of-home placement of persons with Alzheimer's disease while minimizing the negative effects of family caregiving (such as depression) through training, counseling, and support services.

- **Healthy Body, Healthy Brain (HB/HB) Campaign Survey:** Funded by the Trust for FY08 and FY09, the HB/HB Campaign is a public outreach and educational effort designed to raise awareness of the relationship between positive lifestyle choices and a decreased risk for development of Alzheimer's disease and related dementias (ADRD). The Campaign included a four-part question on ADRD prevention awareness in the 2008 Behavioral Risk Factor Surveillance System (BRFSS) survey to assess the extent of the public's knowledge of new research that certain lifestyle factors may reduce an individual's risk of developing ADRD. Findings from the BRFSS survey showed that while the majority of survey participants were likely to be aware of individual lifestyle choices, only one-third of respondents recognized the value of all four protective factors (healthy eating, physical activity, mental challenges and social engagement). Alaskans ages 18 to 44 and those 75 and older were least likely to have identified the value of all four lifestyle factors in reducing the risk of ADRD, while those 45 to 50 were the most informed. Continued publicity for the "Healthy Body, Healthy Brain Campaign"

"It is anticipated that Centers for Medicare and Medicaid Services will approve the Corrective Action Plan, originally submitted on Sept. 3, before the end of January, 2010... This is an exciting time as we look forward to the day when Alaskans have quicker access to strictly monitored, high quality services that meet their needs."

—Rebecca Hilgendorf, Director, Senior and Disabilities Services

"I see a lot of aging people and I get worried about them. Most of the time 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, ACoA Commissioner

message is important if Alaska is to make inroads toward preventing the estimated 126 percent increase in individuals with ADRD projected by 2025.

- **Senior Surveys:** The ACoA regularly surveys seniors, family caregivers, and service providers to identify emerging needs and gaps in service to inform our advocacy and planning efforts to improve programs and services for 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 development of this Plan by providing information, materials, data, and other resources addressing the behavioral health needs of older Alaskans.

Advocacy

- **Legislative Efforts:** In FY09, the Commission monitored a total of 49 bills and resolutions and actively supported 23 pieces of legislation that benefit the health and welfare of older Alaskans. ACoA submitted over 40 letters of support to bill sponsors and legislative committee chairs and provided committee testimony on proposed legislation. The Commission collaborated with other organizations to obtain legislative victories for the following bills and resolutions during the FY09 legislative session for budget increments and policies that affect older Alaskans.

Budget

- **Senior Services** — Worked with advocacy partners to secure an additional $609,900 increment for Senior Home- and Community-Based grants to "hold harmless" those regions that would be slated for a decrease in funding with the implementation of the new funding formula from the State Plan for Senior Services to begin on July 1, 2009.

- **Senior Services** — Successfully advocated for an additional $485,000 in American Recovery Restoration Act (ARRA) federal funds for senior nutrition programs to provide additional congregate and home-delivered meals.

- **Senior Services** — Supported an increase in reimbursement rates for the provision of services benefiting Alaska seniors and persons with developmental disabilities that amounted to $1.2 million.

- **Senior Services** — Advocated for $125,000 for the Aging and Disability Resource Centers to enhance information and referral for Alaskans seeking information and referral about the State's long-term support services.

- **Senior Behavioral Health Services** — Secured $70,000 for the Improving Mood-Promoting Access to Collaborative Treatment (IMPACT) tele-behavioral health project providing depression outreach and care for older persons in remote areas.

- **Senior Housing** — Advocated for capital funds for the Senior Citizen Housing Development Fund administered by the Alaska Housing Finance Corporation to develop senior housing projects statewide.

- **Workforce Development** — Supported funding to improve training to assisted living home providers to help them manage challenging behaviors of older residents that can result from mental illness or a combination of mental illness with dementia.

- **Housing** — Collaborated in advocacy efforts to secure funding for homeless assistance services administered by Alaska Housing Finance Corporation.

Policy

- **Senior Oral Health Services** — Successfully supported legislation to re-authorize the Medicaid Adult Dental program that was scheduled to sunset on June 30, 2009. This enhanced adult dental program, which served 7,600 Alaskans since 2006 (including 1,800 persons age 60 years and older) provides preventive and restorative dental care for Medicaid-eligible recipients, such as dental exams,

"There 79,847 persons 60 and older living in Alaska."

—Alaska Department of Labor, 2008

"The Office of Long-Term Care Ombudsman has concentrated on making the general public more informed of the existence and role of our office and this has led to an increase in complaints/ concerns called into our office and that is a good thing."

—Bob Dreyer, Alaska's Long-Term Care Ombudsman

fillings and crowns, and dentures, which are services not covered by the regular Medicaid dental program.

- **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 for the State and providers. Passage of this legislation remains pending.

- **Health Care Access** — Supported legislation to improve health care access for seniors insured by Medicare and for veterans.

- **Health Care Access** — Advocated for implementation of an electronic health care record system to modernize the current paper-based system and allow health care providers quick access to patient health care records, reducing medical errors and enhancing cost effectiveness.

- **Workforce Development** — Advocated for legislation to increase Alaska's participation in the WWAMI (Washington, Wyoming, Alaska, Montana, and Idaho) medical school program.

- **Other Legislation** — ACoA also supported legislation to create the advanced directives electronic registry, for funds to develop veteran cemeteries, and for re-authorization of the Suicide Prevention Council scheduled to sunset in FY09.

Public Awareness/Community Education

- **Legislative Advocacy Teleconferences:** ACoA sponsored 11 statewide 90-minute legislative teleconference meetings from January 20 to April 23, 2008, for purposes of providing education and discussion opportunities for seniors and others at 15 sites statewide. The teleconferences provided updates on legislation affecting seniors, sought input from seniors on legislation that was of most importance to them, and coordinated local grass-roots advocacy efforts.

- **Alaska Senior Fall Prevention Coalition FY09/10:** Authorized by a Governor's Proclamation in September

2009, ACoA spearheaded the creation of this inter-agency coalition in FY09 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 that can lead to depression, loss of mobility and reduced independence. Activities accomplished include development of a fall prevention tool kit of educational materials that was disseminated to senior centers (includes information about low-impact exercise programs, medication management, and home modification), regular updates of new materials from the Coalition to senior centers, media promotion, and other promotional efforts.

- **Healthy Body/Healthy Brain Campaign:** Through a partnership with the Alzheimer's Disease Resource Agency of Alaska, the HB/HB Campaign conducted 22 community trainings to 272 Alaskans statewide to raise public awareness about the relationship between lifestyle and brain health to reduce the risk of ADRD. ACoA also disseminated information about brain-healthy behaviors through print, ACoA's website, and community presentations. An educational DVD was also produced for distribution to senior centers and community health centers. Alaska seniors and baby boomers were targeted for this Campaign effort.

- **Senior Behavioral Health:** ACoA initiated a public awareness campaign highlighting the prevalence of senior depression with the Trust and the Alaska Mental Health Board/Advisory Board on Alcoholism and Drug Abuse by developing a checklist for the signs of senior depression, implementing a media campaign that included print and radio ads, and participating in the development of the Senior Behavioral Health Coalition.

- **Older Americans Month:** ACoA obtained a Governor's Proclamation designating May 2009 as "Older Americans Month" and coordinated a celebration event on May 1, 2009 with the Department of Health and Social Services, the Anchorage Senior Advisory Commission, and the Municipality of Anchorage that was held at the Anchorage Senior Center. The theme for this celebration was "Living Today for a Better Tomorrow," emphasizing support for seniors to make healthy lifestyle decisions.

"When you become a teacher, you learn more than being a student."

—Dr. Walter Soboleff

"9.9 million people in the United States are unpaid caregivers providing care valued at $94 billion."

—Alzheimer's Association

- **Employ Older Alaskan Workers:** ACoA partnered with the Department of Labor, Mature Alaskans Seeking Skills Training Program (MASST) to celebrate "Employ Older Alaskan Workers Week", September 21 -27 and obtained a Governor's Proclamation to honor older workers and their contributions.

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

  - **August 2008 — Dillingham.** The ACoA's rural outreach meeting was held in Dillingham. The Commission visited with elders in Togiak, Aleknagik, Naknek and King Salmon and learned about senior housing and transportation needs in these communities.

  - **December 2008 — Anchorage.** The ACoA met at the Anchorage Senior Center.

  - **February 2009 — Juneau.** The ACoA held its business meeting at the Alaska Permanent Fund Corporation's conference room in the Goldbelt Building and visited with legislators to discuss senior needs and concerns.

  - **May 2009 Meeting — Anchorage.** The Commission met at the Anchorage Senior Center and also joined with the Senior Center and the Anchorage Senior Citizens Advisory Commission to hold a public gathering to celebrate Older Americans Month.

- **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 Alaska senior demographics, senior behavioral health needs, Alzheimer's disease and related dementias and ways to reduce risk factors, workforce development for health care providers serving Alaska seniors, needs of rural Alaska elders, transportation and other topics related to issues affecting older Alaskans.

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

(A newsletter archive can be found on ACoA's website, www.alaskaaging.org.)

Interagency Collaboration

- **Alaska Mental Health Trust Authority:** The ACoA provided budget and policy recommendations to the Trust on matters affecting Alaskans with Alzheimer's disease and related dementias and senior behavioral health conditions. The Commission also participated with other beneficiary boards and councils in activities related to Trust projects including the Comprehensive Integrated Mental Health Plan, the "You KNOW Us" public awareness campaign, and the Trust's focus area work groups. The "You Know Us" campaign aims to raise awareness about mental health related issues and programs, reduce stigma associated with mental illness and disabilities, and to 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.

- **Alaska's Strategic Long-Term Care Plan:** ACoA's executive director served on an inter-agency advisory committee that provided oversight for the development of the Department's long-term care plan prepared by HCBS Strategies. This report is available at www.hcbstrategies.com/project_page_Alaska_LTC.html.

- **Aging and Disability Resource Centers (ADRCs):** ACoA provided support to Senior and Disabilities Services for the ongoing development of the ADRCs as the single point of entry for all long-term care services and advocated for their continued funding.

- **Senior Behavioral Health:** ACoA's executive director served on the advisory committee for the Senior Behavioral Health Coalition to develop programs and services targeting the unique behavioral health needs of older Alaskans.

"With determination, Alaska's pioneers drafted a constitution and took a stand for statehood half a century ago."

—Governor Parnell

"At seventy, I would say the advantage is that you take life more calmly. You have that "this, too, shall pass."

—Eleanor Roosevelt

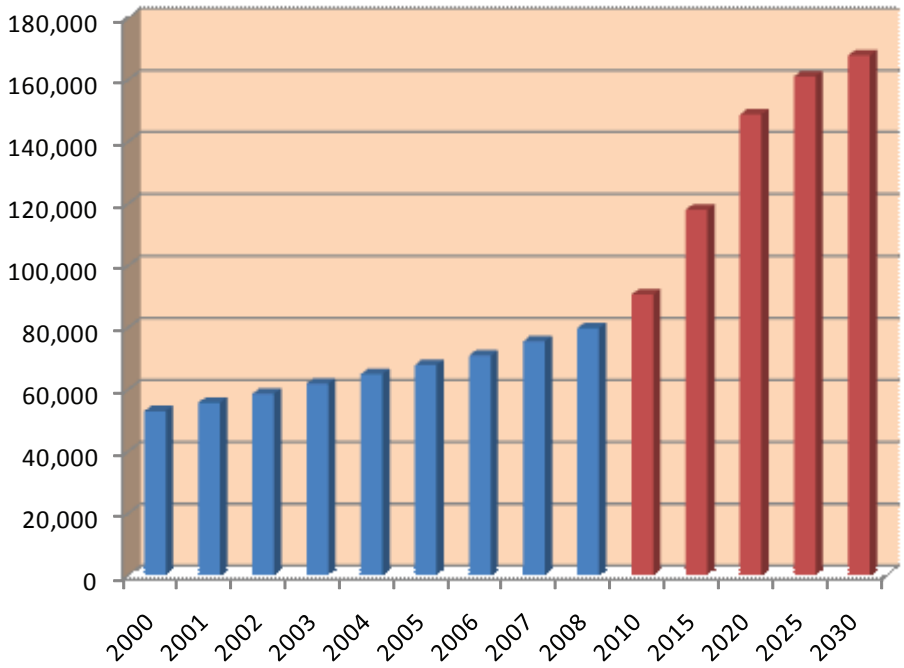
- **Fairbanks North Star Borough Senior Health Assessment Study:** ACoA's executive director served on an advisory committee that provided oversight for the development of this study to assess the continuum of services for Fairbanks seniors including health care, long-term care, senior housing, education, and other services and to identify how services can be improved for Fairbanks seniors.

- **Collaboration with Local Senior Advisory Commissions:** The Commission strengthened its grassroots advocacy partnerships 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 Commission's legislative priorities that benefit older Alaskans statewide. These resolutions were then forwarded to the Legislature. The Kodiak Borough also endorsed ACoA's legislative priorities through a resolution to the Legislature.

- **ACoA By-Laws:** The Commission completed a revision of its by-laws to reflect organizational changes and to improve the efficiency of operations. A copy of ACoA's by-laws can be accessed at www.alaskaaging.org.

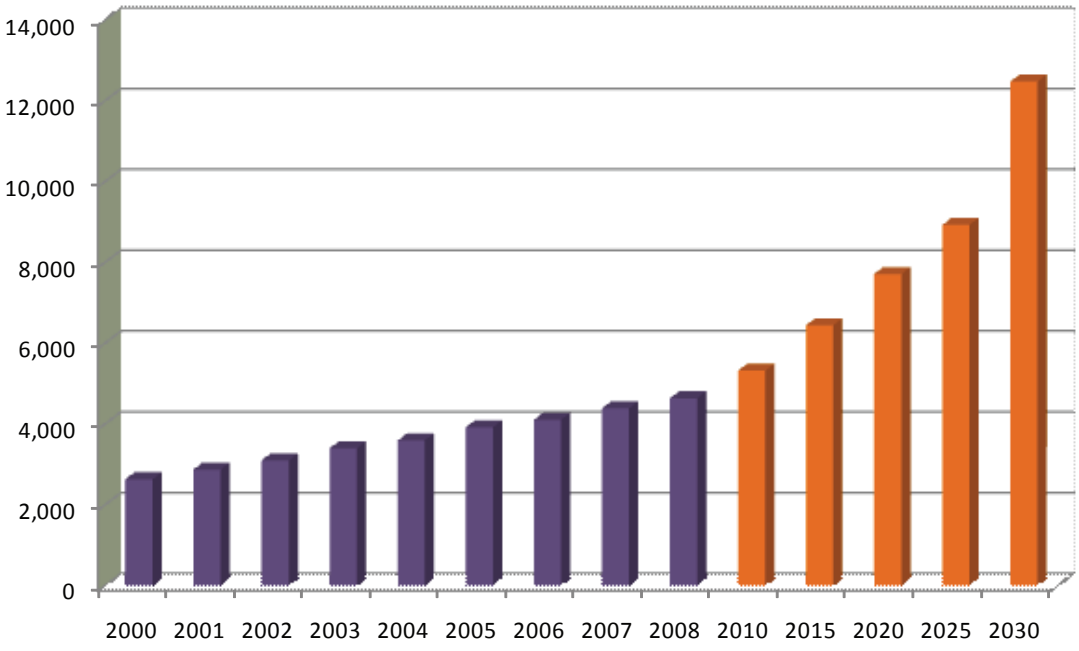
- **Memberships on Other Boards and Commissions:** Due to the close working relationship between the Pioneer Home Advisory Board and the ACoA, seats are reserved for each chair on both boards. Commissioner Banarsi Lal, chair of the Pioneer Home Advisory Board (PHAB) and Sharon Howerton-Clark, ACoA's 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 served 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 traumatic brain injury survivors and their caregivers.

Alaskans Age 60+



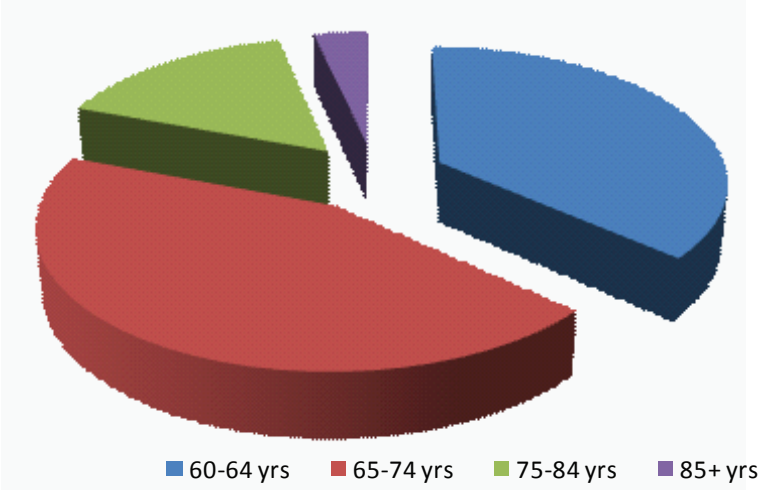
Data Source: AK Department of Labor, Estimates through 2008; projections through 2030

Alaskans Age 85+



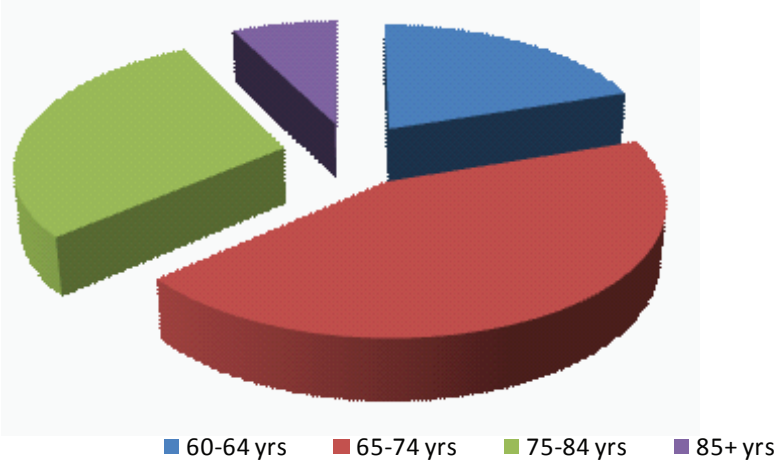
Data Source: AK Department of Labor, Estimates through 2008; projections through 2030

Senior Population by Age Group, 1990
Total=35,266 Seniors



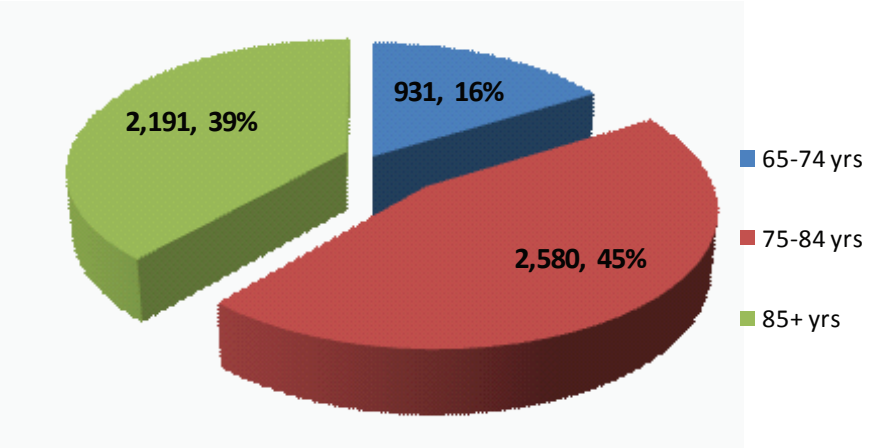
Data Source: 1990 U.S. Census

Projected Senior Population by Age Group, 2030
Total=167,825 Seniors



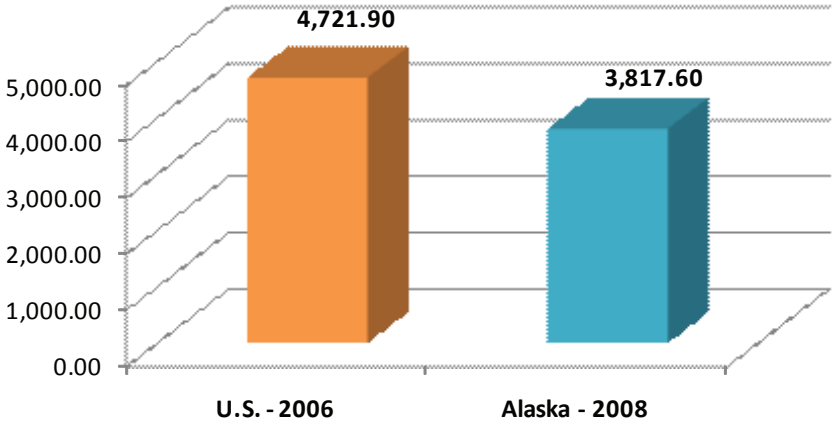
Data Source: AK Department of Labor, 2030 mid-range projection

Older Alaskans with ADRD by Age Group, 2008



Data Source: ACoA Estimate Based on U.S. Prevalence Rates

Age-Adjusted Death Rates per 100,000 Seniors (Age 65+)



Data Source: Alaska Bureau of Vital Statistics

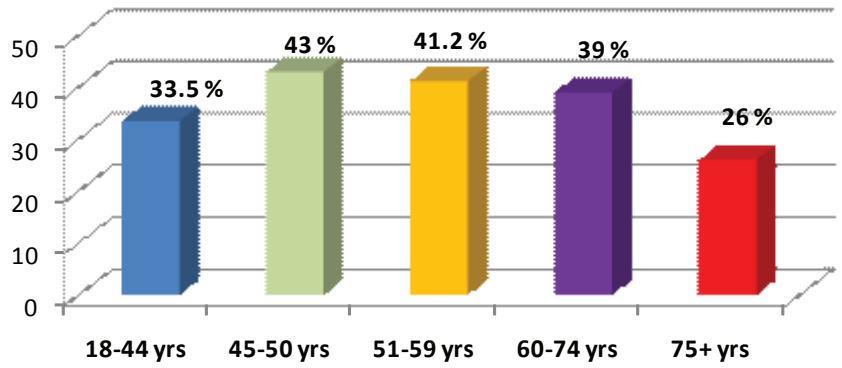
Traveling Advocates:

The Alaska Commission on Aging performs community outreach and holds four Commission meetings at different locations throughout the state each year.

Services to Seniors in Alaska

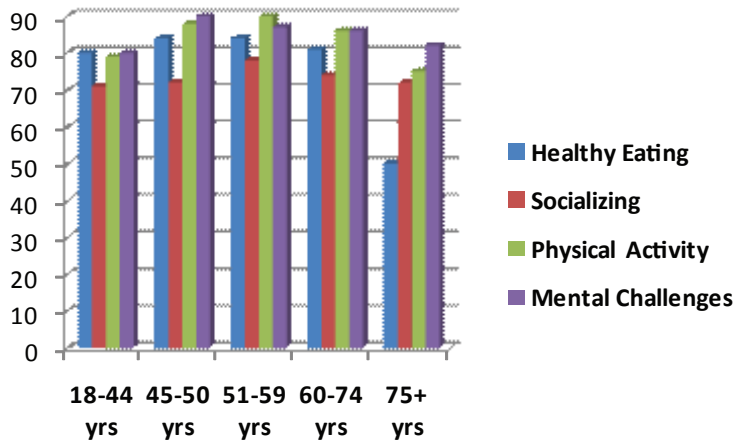
There are a wide variety of services offered to seniors in Alaska. The Alaska Commission on Aging advocates for these services as well as ensuring there are enough to meet the ever increasing senior population throughout the state.

Knowledge of All Four ADRD Risk-Lowering Factors, by Age Group



Data Source: Alaska BRFSS, 2008

Knowledge of ADRD Risk-Lowering Factors, by Age Group



Data Source: Alaska BRFSS, 2008

Senior Snapshot: Older Alaskans in 2009

Older Alaskans are a highly diverse group of individuals, living a great variety of lifestyles in communities large and small. Statistics about our senior population do not capture the unique personalities and circumstances of all the seniors we know. Nevertheless, information about some aspects of 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 2009, we offer a number of data points, which corroborate the following observations:

- For the second year in a row, Alaska has the fastest-growing senior population of the 50 states, with an increase of almost 50% among individuals age 65 and older during the past ten years.

- While senior populations in several regions have grown especially rapidly in the past seven years (for example, the Southcentral region's seniors have increased by over 60%), all nine regions have witnessed an increase in their senior populations of at least 18% during this time period.

- Older baby boomers are swelling the ranks of the youngest group of seniors, now the fastest-growing age group, second to the 85-and-older group, whose members are the most frail, the most likely to struggle with Alzheimer's disease and related dementias (ADRD), and the most likely to depend on home- and community-based care as well as institutional long-term support services.

- While Alaska seniors appear less likely to be living in poverty than the national average among seniors, many of them are struggling to get by financially. Over 20 percent of Alaskans age 65 and older are receiving a modest monthly cash supplement from the Senior Benefits Program, a percentage which varies greatly by location, from 13 percent in the North Slope region to 59 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 2009, that meant no

"To me, life is like the back nine in golf. Sometimes you play better on the back nine. You may not be stronger but hopefully you're wiser. And if you keep most of your marbles intact, you can add a note of wisdom to the coming generation."

—Clint Eastwood

"We know our increasing number of retirees and elders wish to remain in Alaska as contributing members of our society. Therefore, our ACoA state plan should strive to provide access to available and affordable health care within safe and caring communities."

—Marie Darlin, Alaskan Senior

more than $23,678 for a single senior, and no more than $31,868 for a couple.

- Retired seniors as a whole contribute approximately $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 industries. 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.

- Alaskan seniors are more likely than U.S. seniors as a whole to die of causes linked to behavioral health issues. Older Alaskans have high suicide rates as well as high rates of accidental deaths and alcohol-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 any of the leading causes of death and less likely to die in a given year from any cause 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 3,818 die in a given one-year period, while for every 100,000 U.S. seniors, 4,722 die during that period. In other words, an Alaskan senior is 19 percent less likely to die (from any cause) during a given year than his or her U.S. counterpart.

- Alaskan seniors report higher levels of self-described disability than do U.S. seniors as a whole. The BRFSS (Behavioral Risk Factor Surveillance System, a Public Health phone survey) asks whether they are "limited in their activities because of physical, mental, or emotional problems." Alaskan seniors are about 20 percent more likely to answer, "Yes."

❊ 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 more than six years older than the average resident of a decade ago.

❊ A substantial 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 have increased by 169% in the last four years alone.

"The increasing number of aging baby boomers who will need services in the coming years is inevitable. We need to start planning how to shore up the entire continuum of care for seniors today in order to properly serve them tomorrow."

—Dave Cote, Director, Division of Alaska Pioneer Homes

Senior Snapshot: Older Alaskans in 2009

Population Age 60+	2008	% of Area's Total 2008 Population	Seniors Change Since 2001	Comments
Statewide Total	*79,850*	*11.7%*	*+43.2%*	*All census areas. 4.6% increase over 2007.* **NOTE 1**
I. Bethel Area	2.089	8.5%	+18.3%	Bethel, Wade Hampton
II. Interior	11,254	10.8%	+46.5%	Fairbanks NSB, Yukon-Koyukuk, Denali, SE Fairbanks
III. North Slope	579	8.6%	+19.6%	North Slope Borough
IV. Anchorage	31,220	11.0%	+39.6%	Municipality of Anchorage
V. Southcentral	19,533	13.5%	+61.1%	Kenai Peninsula, Mat-Su, Valdez-Cordova
VI. Aleutians	471	6.6%	+26.3%	Aleutians East, Aleutians West
VII. Southwest	2,307	11.1%	+36.7%	Bristol Bay, Dillingham, Kodiak, Lake & Peninsula
VIII. Northwest	1,588	9.4%	+21.2%	Nome, Northwest Arctic
IX. Southeast	10,809	15.6%	+35.4%	Haines, Juneau, Ketchikan, Prince of Wales, Sitka, Skagway-Hoonah-Angoon, Wrangell-Petersburg, Yakutat
Age 60-64	30,395	% of AK Seniors: 38.1%	+62.9%	Older baby boomers entering this group. **NOTE 2**
Age 65-74	31,019	38.8%	+34.1%	
Age 75-84	13,795	17.3%	+24.1%	
Age 85+	4,641	5.8%	+61.4%	
Rank Among States in Growth of Senior Population	Ranking: #1	AK Growth 1998-2008: 49.8%	U.S. Avg. Growth: 13.0%	Age 65+. **NOTE 3**

Economic Status			Comments
Seniors' Economic Contribution to Alaska	2004: $1.461 billion*	2008: $1.662 billion**	*ISER figure from "Report on the Economic Well-Being of Alaska Seniors" (2007) **2009 ACOA estimate. **NOTE 4**
Percent in Poverty (Age 65+)	*Alaska, 2008:*	*U.S., 2008:*	2009 Current Population Survey/American Social and Economic Supplement
Below 100% FPL	3.4% (Rank: #51)	9.7%	Not adjusted for higher living costs in Alaska (FPL = Federal Poverty Level)
Average Monthly Social Security Payment, Age 65+	AK, Dec. 2008: $1,087	U.S., Dec. 2008: $1,123	A total of 45,710 Alaskans age 65+ received Social Security benefits (92%). Social Security Administration. **NOTE 5**
Average Monthly PERS Payment	$1,503.57	# of seniors: 10,705	AK Dept. of Administration, Div. of Retirement & Benefits. Public Employees Retirement System. **NOTE 6**
Average Monthly TRS Payment	$2,715.70	# of seniors: 4,087	AK Dept. of Administration, Div. of Retirement & Benefits. Teachers Retirement System. **NOTE 7**
Senior Benefits Recipients	*Nov. 2009:*	*% of Seniors Age 65+:*	Alaska Division of Public Assistance. **NOTE 8**
Statewide	9,987	20.2%	*7.3% increase over Nov. 2008 statewide total*
I. Bethel Area	812	58.9%	0.6% increase over Nov. 2008 region total
II. Interior	1,200	17.6%	8.2% increase over Nov. 2008 region total
III. North Slope	45	13.2%	9.8% increase over Nov. 2008 region total
IV. Anchorage	3,572	18.6%	6.5% increase over Nov. 2008 region total
V. Southcentral	2,363	19.3%	9.8% increase over Nov. 2008 region total
VI. Aleutians	39	20.3%	21.9% increase over Nov. 2008 region total
VII. Southwest	422	29.7%	9.0% increase over Nov. 2008 region total
VIII. Northwest	413	40.2%	5.6% increase over Nov. 2008 region total
IX. Southeast	1,120	16.5%	8.7% increase over Nov. 2008 region total
Seniors (Age 60+) on Food Stamps	Nov. 2009: 3,861 (60+)	Nov. 2009: 2,239 (66+)	Alaska Division of Public Assistance; senior (age 60+) Food Stamp recipients up 22% since November 2008
Avg. Monthly Benefit (Food Stamps)	$160.72 (Age 60-65)	$99.23 (Age 66+)	Alaska Division of Public Assistance. **NOTE 9**
Seniors Receiving Old Age Assistance (Adult Public Assistance)	November 2009: number of AK seniors: 5,045 (29.1% of all APA)	November 2009: average amount of APA monthly benefit, all recipients: $277.91	Alaska Division of Public Assistance. **NOTE 10**
Senior Medicaid Eligibles	Dec. 2009: 9,064	% of Senior Pop.: 11.4%	Alaska Division of Public Assistance

Senior Snapshot: Older Alaskans in 2009

Senior Health	Alaska	U.S.	Comments
# with ADRD (estimate)	2008: 5,702	5,300,000	AK estimate based on national prevalence rates by age group. **NOTE 11**
Age-adjusted death rate (per 100,000 seniors 65+)	2008: 3,817.6	2006: 4,721.9	Alaska Bureau of Vital Statistics. **NOTE 12**
Suicide rate (per 100,000 seniors age 65+)	2004-2008: 19.9	2006: 14.2	Alaska Bureau of Vital Statistics. **NOTE 13**
Other accidental deaths (per 100,000 age 65+)	2004-2008: 78.2	2006: 53.8	Alaska Bureau of Vital Statistics. "Other accidental deaths" exclude fatal falls. **NOTE 14**
Alcohol-induced deaths	2004-2008: 34.0	2006: 11.6	Alaska Bureau of Vital Statistics. **NOTE 15**
Leading causes of death:	*2008 (AK):*	*2006 (U.S.):*	Alaska Bureau of Vital Statistics. **NOTE 16**
Cancer	1,015.1	1,040.0	Per 100,000 age 65+
Heart diseases	833.1	1,370.2	Per 100,000 age 65+
Stroke	250.7	314.0	Per 100,000 age 65+
Chronic lower respiratory diseases	285.1	286.8	Per 100,000 age 65+
Alzheimer's disease	157.7	192.3	Per 100,000 age 65+
Diabetes mellitus	133.5	140.5	Per 100,000 age 65+
Binge drinkers	2.7%	3.2%	Age 65+ - 2008 BRFSS. **NOTE 17**
Heavy drinkers	3.4%	3.0%	Age 65+ - 2008 BRFSS. **NOTE 18**
Smokers	9.7%	8.2%	Age 65+ - 2008 BRFSS. **NOTE 19**
Disabled seniors	39.4%	32.7%	Age 65+ who are "limited in activities because of physical, mental or emotional problems" – 2008 BRFSS. **NOTE 20**
Obese seniors	31.6%	22.9%	Age 65+ - 2008 BRFSS. **NOTE 21**
People with "frequent mental distress"	2008: Age 65+: 8.7% Age <65: 13.5%	2006: Age 65+: 17.9% Age <65: 14.2%	2006, 2008 BRFSS. **NOTE 22**
Pioneer Home residents at Level III	12/31/2009: 58.1%		Data provided by Division of Pioneer Homes. Level III is the most advanced level of care.
Avg. age of PH resident	9/1/2009: 82.3 years	1998: 76 years	Data provided by Division of Pioneer Homes.
Nursing home costs – private room, daily rate	AK, 2009: $618*	U.S. avg, 2009: $219	*AK: highest cost in the U.S.; MetLife Mature Market Institute, 2009 Market Survey of Long-Term Care Costs
Older Alaskans Medicaid waiver recipients	FY 2009: 1,651	FY 2008: 1,536	Info from Senior & Disability Services. **NOTE 23**
Senior grants clients	FY 2009: 15,352	FY 2008: 16,502	Info from Senior & Disability Services. **NOTE 24**
Senior Safety			**Comments**
Long-Term Care Ombudsman complaints	FY 2009: 337	FY 2008: 208	Complaints involving seniors (age 60+) in long-term care. Data from the Office of the Long-Term Care Ombudsman
Adult Protective Services reports	FY 2009: 2,748	FY 2005: 1,021	Adult Protective Services (APS), Senior & Disabilities Services
Corrections intakes of seniors	CY 2009: 636:	CY 2008: 787	Intakes of seniors (age 60+) to correctional facilities any time during 2009; info from AK Dept. of Corrections
Senior offenders in AK prisons	12/31/2009: 150	12/31/2008: 148	Per AK Dept. of Corrections; 144 are male, 6 female; 141 felony, 9 misdemeanor,

Senior Snapshot Notes

1. Data from Alaska Department of Labor and Workforce Development's 2008 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 2008 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 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' 2009 contributions by applying the increases in the Anchorage Consumer Price Index for 2005 (3.1%), 2006 (3.2%), 2007 (2.2%), and 2008 (4.6%) 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 45,710 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 2009, 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 40% higher than that of U.S. seniors as a whole.
14. Alaska's "Other Accidental Deaths" (excluding fatal falls) are 45% higher for seniors here compared with the U.S. as a whole.
15. Alaska seniors are nearly three times more likely than U.S. seniors as a whole to experience an alcohol-induced death.
16. Note that Alaska seniors are less likely to die from any of the six leading causes of death. Death rates from cancer, diabetes mellitus, or chronic lower respiratory disease are slightly lower. Death rates from stroke and Alzheimer's disease are moderately lower. And death rates from heart disease are substantially lower in Alaska.
17. 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.
18. 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.
19. 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.
20. 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.
21. 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.
22. The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing multi-state phone survey conducted in Alaska by the Division of Public Health. "Frequent Mental Distress" was defined as having 14 or more days of "not good" mental health during the last 30 days. "Frequent Mental Distress" was last assessed in the national BRFSS survey in 2006. However, the Alaska BRFSS survey includes this measure each year.
23. 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.
24. The figure shown represents an unduplicated count of seniors served in "registered services," those services for which data on individual participants is collected. 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.

"In 2009-10, the SOA was funded to help 252 Mature Alaskans Seeking Skills Training (MASST) and 53 American Recovery and Reinvestment Act (ARRA) participants."

—Rita Bowen
Program Coordinator II,
Department of Labor

On the Horizon

In the next decade, the Alaska Commission on Aging projects that seniors will be confronted by a range of challenges to their ability to maintain their health, financial security, and social well-being. At the same time, we expect to find evolving opportunities to build better systems and create higher levels of public awareness to improve the lives of seniors.

Challenges

With the fastest-growing aging population in the U.S., Alaska faces rapidly increasing demand for quality health care and long-term support services, workforce development in all health care and supportive service fields, appropriate and affordable housing, and adequate funding for the programs and services needed by seniors.

Infrastructure Demand: The number of Alaska seniors will more than double between 2000 and 2020 as the baby boomers, many of whom arrived in the state during the pipeline era economic boom, age in place in the Alaskan communities that have been their homes for most of their adult lives. The number of those age 85 and older, the most frail and in need of services, will more than triple by 2030. Alaska must begin now to plan for and provide additional long-term services infrastructure and funding for the needs of this important segment of our population so that seniors need not leave the state to get the care they need. Rural and remote areas of the state in particular need attention to their long-term care infrastructure, in order to reverse the trend toward sending older residents to unfamiliar locales like Anchorage or Fairbanks in their later years. Native tribes need support in developing their own long-term support programs in rural Alaska.

Workforce Development: The need for all types of health care and long-term support services workers, from physicians and nurses to home- and community-based services workers, will continue to grow. Because of the growing senior population, demand is increasing just as many health care professionals and other qualified workers begin to retire. Shortages of direct service workers are related to low pay, limited benefits, absence of career advancement potential,

heavy workloads, and limited training in geriatric care, among other issues. Case managers, care navigators, and senior advocates are also needed in many areas of the state.

Primary Care Access: Alaska seniors in some parts of the state continue to have difficulty finding primary care physicians who will accept Medicare patients because of low reimbursement rates. Those seniors aged 60 through 64 who are not yet eligible for Medicare are most likely to be uninsured and unable to access primary care for that reason. It remains to be seen how pending health care reform legislation on the national level will impact these barriers to care. Existing doctor shortages are predicted to intensify as baby boomer doctors begin to retire.

Senior Suicide: Seniors have one of the highest suicide rates of any age group, and Alaska seniors have one of the highest rates of suicide in the U.S. From 2004 through 2008, Alaskans age 65 and older had a suicide rate of 19.9 per 100,000, which was 40 percent higher than the rate for the U.S. as a whole in 2006 (latest year available) with 14.2 suicides per 100,000 seniors. Suicide is often, but not always, linked to the presence of depression, which may be either a chronic disease or a short-term situational development after major losses.

Chronic Disease Costs: Although today's Alaska seniors live longer and remain in better health than their predecessors, longer life spans also mean that a larger share of the senior population may experience a prolonged period of frailty, including dementia, in their later years. Recently experts have raised concerns that Alzheimer's disease in the boomers could overwhelm the U.S. health care system if a way is not found to prevent or delay the disease. Promotion of healthy lifestyles, prevention of chronic diseases, and addressing the health needs of seniors at early stages will enhance the quality of life for all Alaskans and save money down the road.

Long-Term Supports and Services: With the aging of the senior population, particularly the rapid growth of those aged 85 and older, there will be an increased need for all levels of home- and community-based services and the workforce to staff them. Investment in these services helps seniors remain in their own homes and communities as they prefer, provides support for family caregivers, helps prevent the development or progression of disease and disability, and postpones the

"The Alaska Commission on Aging recommends creation of an Alaska Public Transportation Trust within the budget of the Department of Transportation & Public Utilities, to help fund existing community coordinated transit systems and create basic transit services in those communities currently lacking them."

—ACoA, 2009 position paper

need for more intensive long-term care. Related challenges include:

- **Medicaid Waiver System** — Longstanding problems with assessments and access to services for Medicaid waiver applicants were highlighted in 2009 when the Centers for Medicare & Medicaid placed a moratorium on new applications until Senior & Disabilities Services could resolve a backlog of system flow and quality control issues. The moratorium was lifted ahead of schedule, and SDS is making good progress toward meeting high standards for quality and response time.

- **Waiver Income Eligibility** — The Commission supports a statutory change which would return income eligibility for waiver services to its pre-2003 link to 300 percent of the monthly SSI benefit, rather than the fixed income amount listed in the current statute. This change will allow income limits to rise as Social Security benefits rise, in response to cost-of-living increases.

- **Service Options for Non-Medicaid Waiver Seniors** — Many high-risk seniors are not eligible for services under the Medicaid waiver program, including many of modest income who are nevertheless income-ineligible for Medicaid as well as many individuals with Alzheimer's disease and related dementias (ADRD), and some people with developmental disabilities, brain injuries, behavioral health needs, and certain physical challenges. Until waiver options are modified, the expansion of community-based grant-funded services is crucial in order to serve these populations.

- **Regular Rate Review** — The Commission supports a commitment to regular rate reviews for providers of both Medicaid and grant-funded home- and community-based services. This measure will promote ongoing awareness of the true costs of providing services to maintain the systems of care that serve Alaska's most vulnerable residents.

- **Waiver Services or Other Coverage for Alaskans with ADRD** — The number of older Alaskans with Alzheimer's disease and related dementias (ADRD) is projected to nearly triple by 2030. These individuals and their caregivers need home- and community-based services that allow the

"Senior Volunteers: the link to the future."

—Nita Madsen, Commissioner, ACoA

person to remain at home for as long as possible.

- **Focus on Rural Hub Communities** — The Commission frequently hears from rural seniors and their family members that they want to have long-term support services, either assisted living or other appropriate care, available in hub communities. Seniors and elders nearing the end of their lives do not want to be forced to move to a large city with unfamiliar people, environment, culture, food, and language in order to receive care. The State and other entities such as tribal service providers must examine the possible solutions which can make it possible for more elders to get the care they need in the communities they love, or close by, in a regional hub community.

Financial Security: Economic issues are of great concern to seniors. With the elimination or shrinking of many pension programs, and the loss of vast segments of retirement savings in the market fluctuations of the past few years, many seniors and baby boomers believe they will never be able to retire. Seniors need help finding jobs, letting employers know that older workers are experienced, reliable, and bring a lifelong network of contacts into the workplace. Still, unfortunately, health issues may eventually force many of them to leave the workforce, leaving them vulnerable to reduced investments and an increasingly shaky Social Security system. Trends to offer only defined contribution retirement programs raise the specter of retirees running out of funds long before the end of their lives. Rising costs of fuel, medication, food, and rent can back seniors into a corner where they must choose between eating and staying warm, or between a roof over their heads and access to life-saving medications. An increasingly large number of older Alaskans are homeless, living hand to mouth in communities all over the state. We must provide ALL older Alaskans with the basics of a dignified life. They helped build our state, and they deserve it.

Emergency Preparedness: The State and communities must plan in detail for the support, survival, and evacuation of vulnerable populations in the event of natural disasters or attacks. This includes planning at the household level for the needs of seniors and people with disabilities, many of whom require special support systems such as oxygen, a supply of medication, and other necessities, and many of whom will need personal assistance if an evacuation is necessary.

"Persons reaching age 65 have an average life expectancy of an additional 18.6 years."

—A profile of Older Americans: 2009. U.S. Administration on Aging

Most of those who died during Hurricane Katrina were the elderly, the disabled, and their caregivers — people who did not have the money, the transportation, or the necessary mobility to leave the area. Each individual household needs an emergency plan, all necessary equipment and supplies on hand, and pre-identification of which shelter or facility they are to move to and who will help them to do so. Funding for this very time-intensive level of community preparedness is needed.

"Retired seniors as a whole contribute approximately $1.7 billion annually to Alaska's economy."

—ISER Study, 2007

Elder Abuse, Neglect and Exploitation: Older Alaskans and Alaskans with disabilities are vulnerable to many forms of abuse, neglect, and financial exploitation, often by their own family and friends, sometimes by paid care providers. Agencies charged with responding to these situations need additional staff to keep up with growing demand, and the public must be educated on how to identify possible abuse and neglect and how to report concerns to appropriate authorities. The Commission is hopeful that Governor Parnell's focus on family violence will increase knowledge of the signs and symptoms of the varieties of harm often perpetrated against elders.

Senior Behavioral Health Problems: Seniors with behavioral health issues are a growing concern. Once a rarity, older persons with violent, out-of-control behavior (due to mental illness, substance abuse, medication mismanagement, et al) are becoming more common, especially in assisted living facilities, most of which are not licensed or trained to deal with mentally ill individuals. We need to plan for a growing population of seniors with challenging behaviors by creating special facilities staffed by knowledgeable, capable professionals as well as providing appropriate training to service providers and caregivers. For community-dwelling seniors facing depression and isolation, we need additional funding to support gatekeeper programs for outreach and identification, along with types of treatment that meet the unique needs of older individuals — such as home visits rather than appointments at the local mental health clinic. Programs such as IMPACT (Improving Mood: Providing Access to Collaborative Treatment) and SBIRT (Screening, Brief Intervention, Referral, Treatment) which aim to help identify seniors with depression and substance abuse issues during visits to their primary care provider have proven especially effective.

Housing: Housing for seniors is likely to become a bigger issue in the years ahead. Most say they want to remain in their own homes as they age, and for many that is the ideal solution. However, others seek smaller, more accessible, more affordable accommodations, either in senior housing projects or in other types of developments where some services are provided on-site. Many of the homes in which seniors and elders live are older and in poor repair, sometimes not even eligible to take advantage of weatherization and other energy programs. Given the long development period for housing projects (10 years is not unusual), this need will be upon us before we know it, and we may find ourselves unprepared for the level of demand for housing units suitable for an aging population. The need for assisted living and supportive housing already exceeds the supply in many communities in Alaska.

Transportation: Seniors often have difficulty getting where they need to go, whether it's a medical appointment, grocery shopping, a volunteer worksite, or to a special event for entertainment. More funding is needed for community coordinated transportation to provide the needed resources and staff to allow older residents to get out and participate in the life of the community.

Opportunities

Retirement Industry: Alaska's seniors have a resounding economic impact on the state. Retired seniors contribute nearly $1.7 billion in revenue to the economy each year through retirement pensions and other income, as well as medical payments. Given the economic multiplier effect of local spending by seniors, many Alaskan communities rely heavily on this source of revenue. Alaska is beginning to acknowledge the value of seniors' contributions, which also include their community volunteer work, caregiving service, role in mentoring and providing inspiration to younger generations, and transmission of historical and cultural knowledge.

Health Promotion, Disease Prevention, Chronic Disease Management: An increasing emphasis on health promotion, chronic disease prevention, and management of chronic diseases gives us the opportunity to help Alaskans enhance their physical, mental, and emotional health while avoiding,

"The Commission encourages seniors and elders to speak to us about their concerns at our meetings, forums, and teleconferences. We're here to represent the interests and promote the well-being of all older Alaskans."

—Sharon Howerton-Clark, Chair, Alaska Commission on Aging

"In 2009 ACoA Sponsored nine statewide legislative teleconferences and monitored a total of 49 bills and actively supported 23 pieces of legislation that benefit older Alaskans through support letters and testimony."

—Lesley Thompson, ACoA, Planner

delaying, or minimizing the effects of chronic disease. In addition to physical activity and healthy eating, social involvement and civic engagement strongly support seniors' health. These factors are now known to reduce the risk of developing Alzheimer's disease and related dementias (ADRD), as well as other chronic diseases.

Emphasis on Long-Term Support Services: Alaska is one of the more advanced states in terms of making available home- and community-based care that can reduce the need for costly institutional long-term care. Most Alaskan seniors have been able to obtain the care they need in their own homes and communities. This not only keeps seniors happier, but saves money for families and State programs alike. By adequately funding our home- and community-based services, including both Medicaid and grant-funded programs, we can continue to benefit from this approach, which combines both compassion and frugality.

Fall Prevention: Falls are the top cause of injuries to older Alaskans. Often these mishaps involve head injuries, hip fractures, and other serious injuries. However, even a minor fracture is now known to increase a senior's risk of death in the next five to 10 years. The Commission is working with the Alaska Senior Fall Prevention Coalition to encourage senior centers and other organizations to offer information and programming that can help seniors avoid falls in their homes and around the community. The Coalition also hopes to raise the awareness of the many Alaskan cities and towns which provide very poor winter maintenance to sidewalks, parking lots, and bus stops, often leaving seniors fearful of venturing out and prone to isolate themselves at home for months on end.

Aging and Disability Resource Centers (ADRCs): These regional sources for information and assistance to help seniors, those with disabilities, and family caregivers to access benefits and services within the long-term support system are a "one-stop shop" for seniors seeking resources, often at a time when they are under great stress. Alaska's seniors have frequently expressed the desire for one central source of information, available when and where they need it. While Alaska's ADRCs are not currently funded to support a level of staffing which can respond to the needs of all older Alaskans, this consolidated approach is eventually expected to become the prevailing model of access to programs and services.

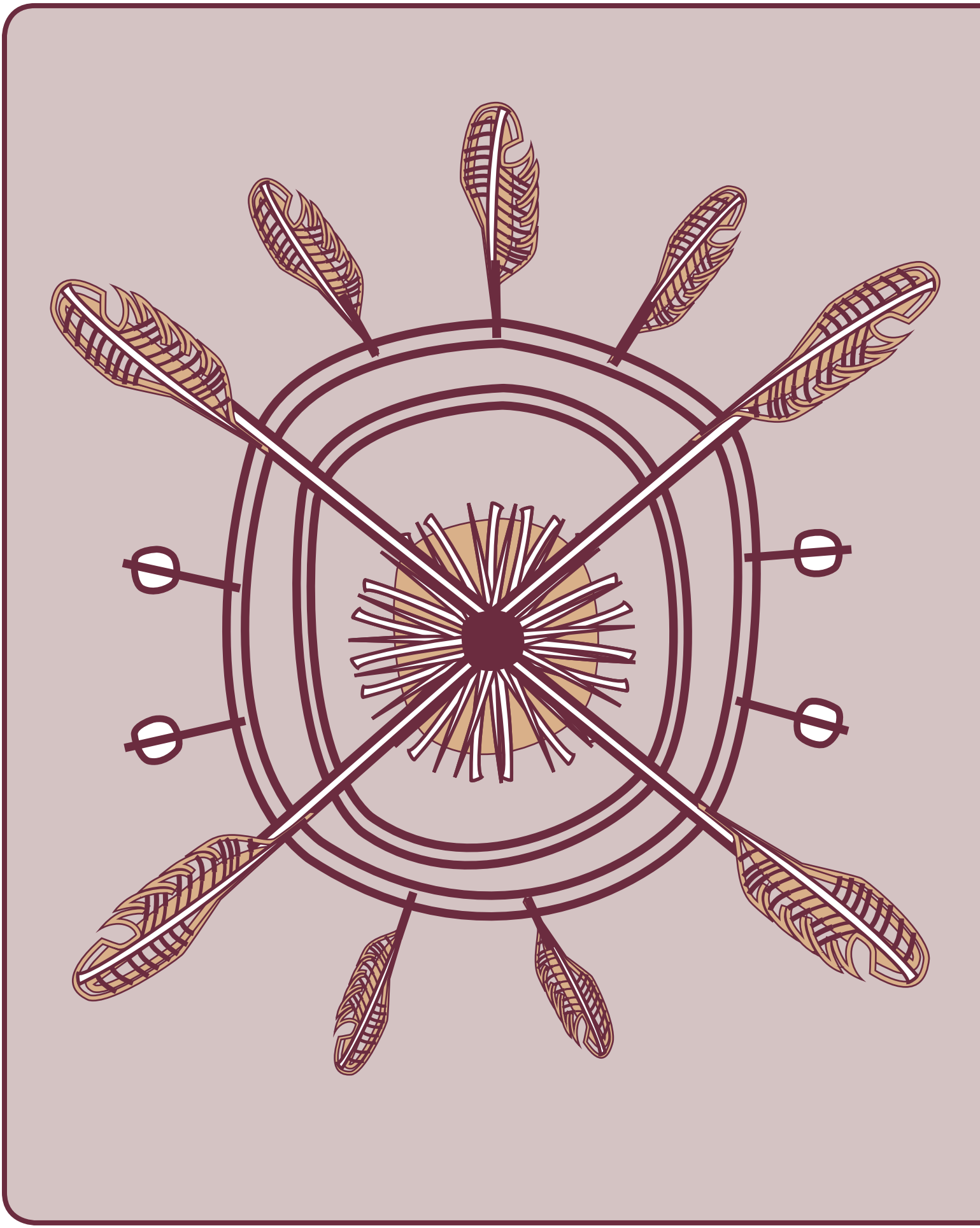
Tele-Health: Alaska is taking its first steps to put in place a tele-care system which can make health care and behavioral health services available to seniors in remote communities across the state by supplying electronic linkages of various kinds to help monitor an individual's health data and their home environment, as well as to facilitate visual and audio contact with care providers located at a distance. The Commission expects the tele-care model to be successful in making better care possible for seniors in small, distant communities where care providers are limited or non-existent.

New State Plan: During FY 2010, the Alaska Commission on Aging will begin development of its next four-year state plan for senior services which will cover FY 2012 through FY 2015. This multi-agency collaborative effort will look at senior demographics, statewide and regional needs, the formula for fund distribution, and goals and objectives for the future time period. The process will provide the opportunity to assess the most important needs and concerns of seniors and the best ways to address those issues. Alaska's cooperative process, which also includes an annual state plan implementation evaluation, is unusual and places our state among the most collaborative of all the states.

2010 Census: The decennial census in 2010 will provide Alaska with an opportunity to document the number of seniors living in each region of the state. These updated counts will be used as the Commission develops its new state plan. Unlike past census data, the 2010 effort will be very limited and will not include any information on a number of important population characteristics such as income and disability. The American Community Survey (ACS), an ongoing sample-based effort (not an actual count, like the census), will continue to gather a wider range of data, but has certain limitations, especially for communities and states with relatively small populations. Nevertheless, fresh census data, supplemented by information from the ACS, will offer us a once-per-decade glimpse of the demographics of seniors in Alaska.

"The education level of the older population is increasing. Between 1970 and 2008, the percentage of older persons who had completed high school rose from 28% to 77.4%. About 20.5% in 2008 had a bachelor's degree or higher."

—A profile of Older Americans: 2009. U.S. Administration on Aging



Alaska Commission on Aging
FY2009 Annual Report

http://www.alaskaaging.org/

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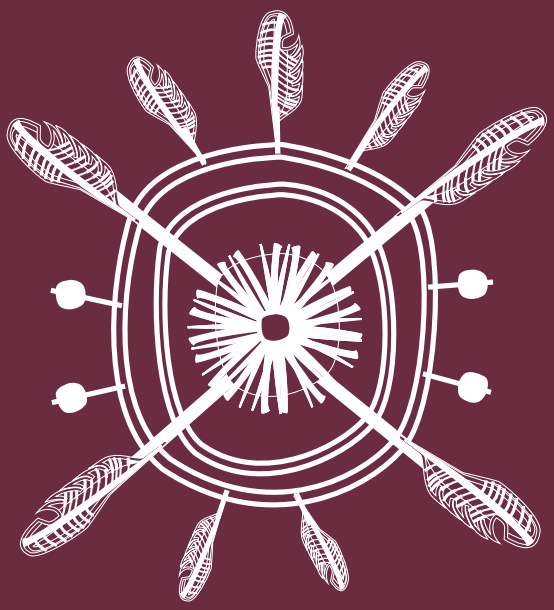
All photos courtesy DHSS, ACoA, Lesley Thompson, and Daniel Kantak.



FY 2009

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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*