



FY 2013

**Alaska Commission
on Aging
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ACoA's Guiding Principles:

- ◆ *Highlight Seniors' Community Contributions.*
- ◆ *Keep Seniors Strong and Healthy.*
- ◆ *Promote Independence, Empowerment and Choice.*
- ◆ *Focus on Partnerships.*
- ◆ *Build Community-Centered Agencies.*
- ◆ *Provide Home-and Community-Based Care.*
- ◆ *Offer a Full Continuum of Care.*
- ◆ *Individualize the Response.*
- ◆ *Include Younger Generations.*
- ◆ *Target Services to the Most Vulnerable Seniors.*
- ◆ *Support High-Quality Staff.*
- ◆ *Respect Rights.*
- ◆ *Aim for Excellence.*
- ◆ *Give Fair Reimbursement.*

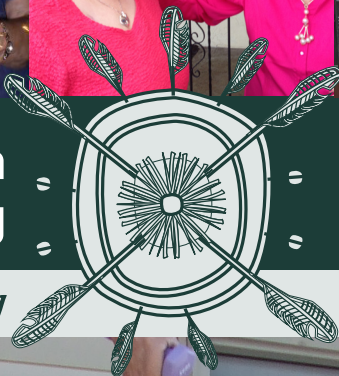


**Alaska Commission
on Aging**

**FY 2013
Annual Report**

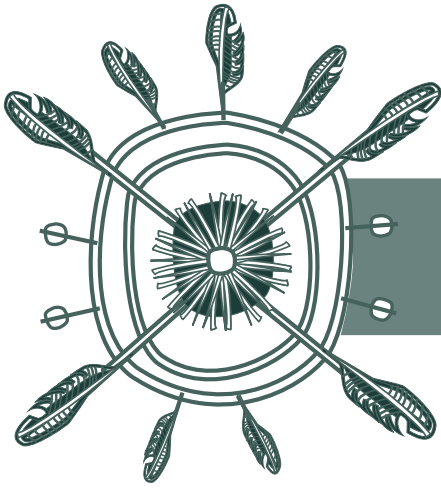
Healthy Aging

for Alaskans



*the Power
of Aging*

Alaska Commission on Aging



Alaska Commission on Aging FY 2013 Annual Report

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



Sean Parnell, Governor
State of Alaska

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

Denise Daniello, Executive Director
The Alaska Commission on Aging

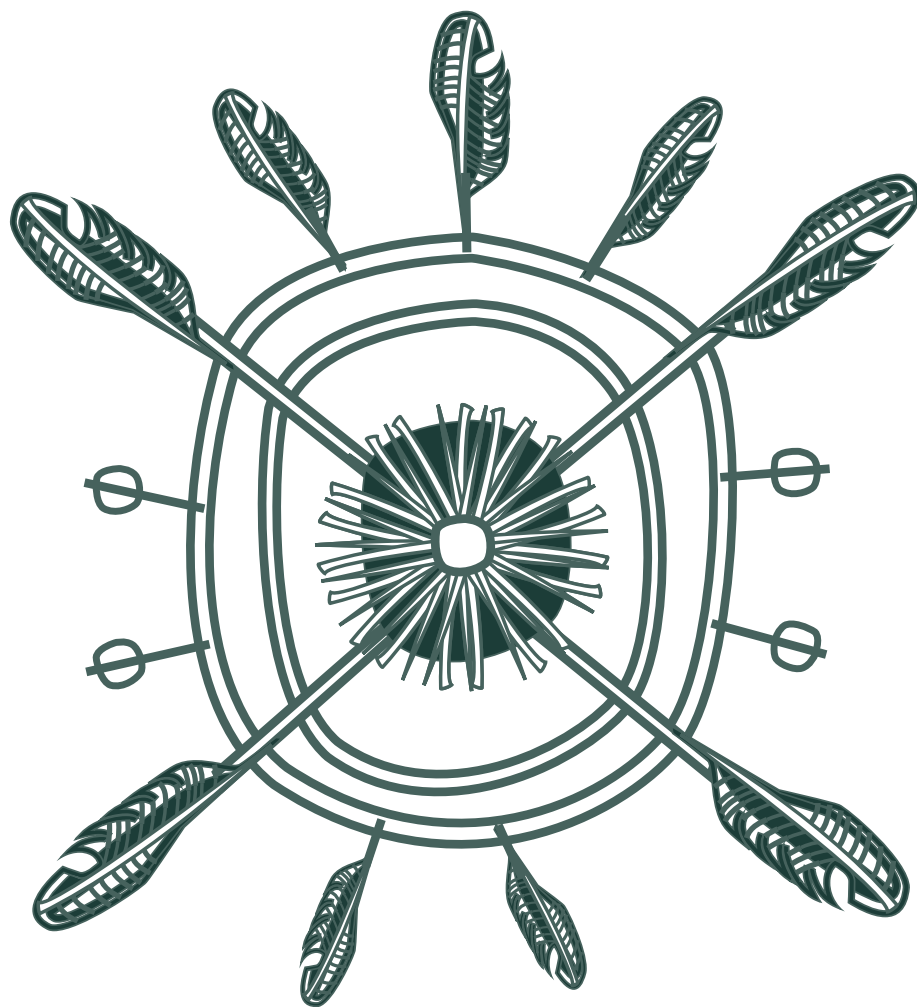


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January 2014

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

FY 2013 Annual Report



Alaska Commission on Aging FY 2013 Annual Report

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

Dear Reader,

The Alaska Commission on Aging (ACoA) is pleased to present this annual report which is a snapshot of our activities in FY2013, describing the challenges and opportunities of Alaska's rapidly aging population. The Commission believes that all older Alaskans should have the opportunity to meaningfully participate in communities that value their contributions and have access to services which maintain their health and independence so that they may enjoy a high quality of life and live safely in their communities.

This year, we coordinated the Alaska Senior Housing Summit, the first conference devoted to a discussion of senior housing issues in the state. This conference explored options for promoting the development of affordable and appropriate housing for Alaska seniors across the continuum from independent housing to housing with supportive services, assisted living homes, and skilled nursing facilities. We thank our partners who helped make this Summit possible – the Department of Health and Social Services, Alaska Housing Finance Corporation, and the Alaska Mental Health Trust Authority.

In addition, ACoA provided leadership to an advisory committee for development of the Alaska State Plan for Persons with Alzheimer's Disease and Related Dementias to focus attention on the challenges of Alzheimer's disease. Alzheimer's disease places enormous emotional, physical, and financial stress on individuals with dementia and their family caregivers. The intensive support required for a person with Alzheimer's disease can negatively impact the caregiver's emotional and physical health. Caring for people with Alzheimer's disease also strains our health care system as persons with dementia are hospitalized two to three times more often as people of the same age without Alzheimer's. As the number of Alaskans with Alzheimer's disease continues to grow over the next two decades, largely as the result of our aging population, this disease will place a major strain on our health care and long-term care systems. We are working to complete Alaska's Alzheimer's Disease State Plan in FY2014.

Finally, ACoA and our partners successfully advocated for passage of the "Silver Alert" bill to establish a statewide alert system to find vulnerable adults, such as persons with Alzheimer's disease and other cognitive impairments, who wander and go missing. We also advocated successfully for several budgetary items including increases to enhance senior fall prevention efforts, the Alzheimer's Disease and Related Dementia Education and Support Program, the Complex Behaviors Collaborative, the Medicare Clinic, and the Office of the Long-term Care Ombudsman.



How can ACoA harness the power of seniors to plan for the next 15 to 20 years?

"ACoA needs to harvest the knowledge and influence of the retired and upcoming retiring employees in the corporate sector. These individuals are the people who can pave the way into the future for Alaska's senior citizens. They are the ones who comprise the Silver Tsunami."

—Mary Shields,
ACoA Chair,
Anchorage



**How can ACoA
harness the
power of seniors
to plan for the
next 15 to 20
years?**

*"We make sure that
there is a place at the
table for seniors and
that their experience,
knowledge, wisdom
and talents are valued
and utilized."*

—Edna DeVries,
ACoA Vice Chair,
Palmer

The Silver Tsunami has arrived in Alaska! Demographic trends indicate a dramatic increase in the Alaska senior population for the next 20 years as determined by characteristics of the existing population of aging baby boomers, longer life expectancy, and fewer seniors leaving the state upon retirement. Alaska is the state with the fastest-growing population of persons age 65 and older in the nation. This population of older Alaskans increased 85% from 2000 to 2012, which is nearly five times the national growth rate of 18% for Americans age 65+. Alaskans age 60 and older is the state's fastest-growing age sector representing 13.6% of the total population with almost 105,000 persons. The senior population is increasing by an average of 6,400 persons each year.

Seniors are vital to Alaska's future. They contribute significantly to the health of the economy, investing more than \$2 billion from their retirement, pension, social security and health care spending. Politically, seniors are "super voters" who help shape Alaska's political landscape. Socially, older Alaskans serve as devoted family caregivers, committed community volunteers and are Alaska's tradition-bearers, pioneers, and mentors. They provide the cultural conduit linking the past with the present to prepare current generations for their role in Alaska's future and share their wisdom by offering guidance to their families and communities.

Older Alaskans are our most treasured resource. It is important that Alaska provide ways to utilize its seniors' skills, knowledge, and expertise to develop Alaska's communities. To that end, we encourage all older Alaskans to use their "power of aging" and make Alaska a better place for all to live.

Sincerely,

Mary E. Shields
Chair of the Alaska Commission on Aging

Denise Daniello
ACoA Executive Director

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

The Alaska Commission on Aging

Established in 1982, the Alaska Commission on Aging (ACoA), a governor-appointed board under the Department of Health and Social Services Commissioner's Office, has served to ensure the dignity and independence of all older Alaskans by addressing their needs through planning, advocacy, education, and interagency coordination. 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 Commission also collaborates with other State agencies and partners to improve the quality of life for older Alaskans.

Charged by statute, ACoA makes recommendations directly to the Governor, the Legislature and the Administration regarding legislation, regulations and appropriations for programs and services benefiting Alaska seniors. The Commission is authorized to develop the four-year comprehensive Alaska State Plan for Senior Services required by the U.S. Administration on Community Living/Administration on Aging for all states receiving federal funds from the Older Americans Act. In addition, the Commission serves as an advisory board to the Alaska Mental Health Trust Authority regarding issues and budget needs for Trust beneficiaries who are older Alaskans with Alzheimer's disease and related dementias, behavioral health conditions, mental illness, developmental disabilities, and brain injury.

The Commission consists of eleven 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 Department of Health and Social Services and Commerce, Community and Economic Development, or their designees. The remaining seats are reserved for the Chair of the Pioneer Home Advisory Board and a senior services provider, regardless of age. The ACoA is supported by an office staff of four that includes the Executive Director, two Planners, and an Administrative Assistant.

"Grow old with me! The best is yet to be."
—Robert Browning

FY 2013 Alaska Commission on Aging Members

Mary Shields
FY2014 Chair,
Public Member,
Anchorage

Edna DeVries
FY2014 Vice Chair,
Public Member,
Palmer

Sandi Doyle
Public Member,
Fairbanks

Rolf Numme
Public Member,
Wasilla

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

Eleanor Dementi
Public Member,
Cantwell

Paula Pawlowski
FY2013 Chair,
Dept. of Commerce,
Community & Economic
Development,
Anchorage

Marie Darlin
Public Member,
Juneau

Banarsi Lal
Alaska Pioneer Home
Advisory Board Chair,
Fairbanks

Anna Frank
Public Member,
Fairbanks

Rachel Greenberg
Senior Service Provider,
Palmer

Albert Ningeulook
Public Member,
Shishmaref

Pat Branson
Senior Service Provider,
FY2013 Vice Chair
Kodiak

FY 2013 Alaska Commission on Aging Staff

Denise Daniello,
Executive Director

Jon Erickson,
Planner II

Lesley Thompson,
Planner I

Sherice Cole,
Administrative Assistant II

How to Contact the Alaska Commission on Aging

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Department of Health &
Social Services

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(907) 465-1398

Website:
www.alaskaaging.org

Email:
hss.acoa@alaska.gov

Accomplishments

During FY2013, the Alaska Commission on Aging (ACoA) carried out the following activities in the areas of planning, advocacy, education and interagency cooperation to promote the dignity and independence of Alaska seniors and help them achieve a meaningful quality of life. In addition, the Commission approved a by-laws revision and will create a new policy and procedure manual in FY2014.

Planning

◆ Alzheimer's Disease and Related Dementia Family

Caregiver Survey: Conducted a statewide survey of family caregivers caring for older persons with dementia to learn about the types of family caregiving provided, relationships between caregivers and recipients, challenges of providing care at home, and the effectiveness of services used.

◆ Alzheimer's Disease and Related Dementia State Plan:

Convened the Alzheimer's Disease State Plan Advisory Committee comprised of public agencies, service providers, and stakeholders. This advisory committee reviewed the findings from two need assessment activities that included the findings from seven statewide community forums (161 participants) and the Alzheimer's Disease Family Caregiver survey (52 participants). Based on these findings, the advisory committee developed a set of preliminary recommendations for the state plan that included strategies to increase public awareness and encourage early detection, fill gaps of long-term support services, enhance family caregiver support, provide safe and appropriate housing, and finance care for persons with dementia.

◆ Behavioral Health Risk Factor Surveillance Survey:

Collaborated with the Division of Public Health to include two questions in the 2013 Behavioral Health Risk Factor Surveillance Survey to gather data regarding the prevalence of Alzheimer's diseases and related impacts in Alaska that will be used in the Alzheimer's Disease State Plan. Data gathering will be completed in December 2013.

◆ Alaska Mental Health Trust Authority New Focus Area

Development: Provided data and information to the Trust regarding the need for a focus on long-term support

services to serve all Trust beneficiaries that were considered in their deliberations for new focus area development. The Commission's recommendations and other stakeholder input resulted in the expansion of the Trust's Housing Focus Area to include a new emphasis on building capacity for long-term support services and family caregiver support.

◆ **Copper River Region Elder-Senior Community Forum:**

Hosted the first Elder-Senior Community Forum to gather regional data describing senior needs and the availability of services for the next Alaska State Plan for Senior Services, FY2016-FY2019. The Commission submitted a report to the Department of Health and Social Services and the U.S. Administration on Aging describing the outcomes from this forum and meetings with local seniors and providers.

Advocacy

◆ **Legislative Efforts:** During the FY2013 legislative session, the ACoA monitored a total of 29 bills and resolutions and actively supported six pieces of legislation with committee testimony and letters of support to bill sponsors, legislative committees, and Congressional members. During ACoA's February 2013 legislative advocacy meeting in Juneau, Commission members met with 35 legislators and their staff to discuss senior issues and offer recommendations for budget and policies to address senior needs based on data and public input gathered during the Commission's community forums and public comment at ACoA's quarterly meetings. ACoA also participated in the "Capitol Lunch and Learn (March 2013)" with our advisory board partners and presented information about our statutory obligations and demographics of Alaska's aging population to legislators, their staff, and public members.

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

- ◆ **Health Promotion, Disease Prevention for Older Alaskans** in the amount of \$150,000 operating GF/MH to increase the availability of age-appropriate exercise programs, information about medication management, home modification to reduce home hazards, and education about senior fall prevention.



What can our state do to encourage seniors to remain in Alaska?

"Acknowledge and recognize seniors as a vital part of all policymaking decisions. Seniors represent almost 14% of Alaska's population."

—Marie Darlin,
ACoA Commissioner,
Public Member,
Juneau



What can our state do to encourage seniors to remain in Alaska?

"With a full array of long-term care supports, we see evidence that Alaskan seniors are choosing to stay in Alaska. These long-term care supports are critical as Alaska continues to age."

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

- ♦ **Alzheimer's Disease & Related Dementia Education and Support Program** in the amount of \$230,000 operating GF/MH to provide training, respite, counseling and other support services to serve a growing number of people with dementia and their caregivers.
- ♦ **Complex Behavior Collaborative** in the amount of \$450,000 as a one-time increment to continue training and consultation services for community providers and family caregivers who serve vulnerable Alaskans with challenging behaviors.
- ♦ **Office of the Long-Term Care Ombudsman Office** in the amount of \$107,400 to add an additional ombudsman position to address the increasing number of cases involving possible abuse and exploitation of older Alaskans who reside in assisted living and nursing homes.
- ♦ **Senior Medicare Clinic** in the amount of \$861,700 GF operating in the base and \$200,000 GF capital (one-time increment) to provide primary health care for older Alaskans who are challenged to find a primary care provider.
- ♦ **Senior Housing** in the amount of \$4.5 million capital for the Senior Citizen Housing Development Fund administered by the Alaska Housing Finance Corporation to provide gap financing for the construction of senior housing projects and weatherization/rehabilitation for senior and disabled housing.
- ♦ **Joint Advocacy Capital Budget Items:** ACoA and our advocacy board partners were successful in securing increments for (1) Medical Appliances & Assistive Technology for Trust beneficiaries who experience sensory impairments and have limited means to pay for these items such as hearing aids, eyeglasses, and assistive technology (\$500,000 GF/MH); (2) Deferred Maintenance and Accessibility Improvements targeting energy improvements and weatherization for facilities of providers serving Trust beneficiaries to help providers pay less for increasing costs for utilities (\$1 million GF/MH); and (3) Replacement of the Department of Health and Social Services e/grants system (\$700,000 GF/MH).

◆ **Legislation.** The ACoA and our partners advocated successfully for passage of the following legislation:

- ◆ **Missing Vulnerable Adult Prompt Response and Notification Plan, “Silver Alert” (HB 59)** to establish a vulnerable adult prompt response and notification plan to help locate missing vulnerable adults, such as older Alaskans with dementia, who often become disoriented due to their impaired condition and whose personal safety is at risk.
- ◆ **Remove Statutory References to Mental Retardation, HB 88** to remove all references to “mentally retarded” and “mental retardation” from state statute and policies, replacing those terms with intellectual and developmental disabilities, I/DD. ACoA supported this legislation because I/DD affects a growing number of older Alaskans with these conditions as well as their family members having I/DD.
- ◆ **Extension of the Statewide Suicide Prevention Council, SB 37** to extend the sunset date for the Suicide Prevention Council allowing the Council to continue its public awareness, planning, and advocacy efforts as suicide affects all Alaskans across the life span. Suicide attempts are the third highest cause of nonfatal hospitalized injuries for Alaskans age 55 years and older.

Public Awareness/Community Education

- ◆ **Alaska Senior Housing Summit:** ACoA with support from the Department of Health and Social Services, Alaska Housing Finance Corporation, and the Alaska Mental Health Trust Authority held the first conference addressing senior housing issues in Alaska. This well-attended summit examined the options for developing appropriate and affordable senior housing across the continuum of care including independent housing, housing with supportive services, assisted living, and nursing home care and identified funding strategies to support development. ACoA provided a summary report of the Summit’s findings to policymakers, the Governor’s Office, Department of Health and Social Services, Alaska Housing Finance Corporation, Alaska Mental



What can our state do to encourage seniors to remain in Alaska?

“The State can encourage seniors to remain in Alaska by keeping the cost of primary care affordable, and ensuring the availability of essential services closer to home.”

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



What can our state do to encourage seniors to remain in Alaska?

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

—Eleanor Dementi,
ACoA Commissioner,
Public Member, Cantwell

Health Trust Authority, U.S. Administration on Community Living/Administration on Aging, and public members on request. (December 2012-February 2013)

- ◆ **Legislative Advocacy Teleconferences:** Sponsored nine statewide senior legislative advocacy teleconferences during session with eleven participating senior centers and other sites to provide updates on legislation affecting seniors and requested input from seniors and stakeholders about legislation of most importance to older Alaskans. The teleconferences included speakers representing Congressional offices, legislators, and their staff on legislation affecting seniors (January – April 2013).
- ◆ **Alaska Public Health Summit 2013:** Participated as a panel speaker in the session devoted to Alzheimer's Disease and Related Dementia in collaboration with the National Alzheimer's Association and the Alzheimer's Disease Resource Agency of Alaska presenting information about the impact of Alzheimer's disease in Alaska. (January 2013).
- ◆ **Long-Term Support Services Public Awareness:** Collaborated with the Alaska Mental Health Trust Authority and developed a television commercial to promote awareness about the value of long-term support services for vulnerable Alaskans (January – April 2013) and an ad to raise awareness about Alzheimer's disease and the importance of family caregivers (November 2013).
- ◆ **Older Alaskans' Month:** Authorized by a Governor's Proclamation, May 2013 was designated as Older Americans' Month in Alaska with the theme "Unleash the Power of Age." ACoA, in collaboration with the Department of Health and Social Services and regional senior advisory commissions, coordinated a special focus on "Centenarian Older Alaskans" to highlight the value of healthy aging and publicly recognize 42 consenting Alaskan Centenarians during Older Americans' Month celebrations (April-May 2013).
- ◆ **Employ Older Alaskan Workers:** Partnered with the Department of Labor Mature Alaskans Seeking Skills Training (MASST) program to request a Governor's Proclamation designating "Employ Older Alaskan Workers Week, September 16th-20th," published informational articles about the value of older workers in the Senior Voice and ACoA's

newsletter, and publicly recognized MASST participants and their host sites in local community events.

◆ **ACoA Quarterly Meetings:** Held four business meetings in the following locations and met with older Alaskans, family caregivers, senior providers and other stakeholders at each meeting.

◆ **August 2012 Rural Outreach Meeting in Homer:** The Commission's rural outreach meeting was held in Homer to learn about health care, long-term care needs, and services provided for seniors in the Kenai Peninsula. ACoA also conducted two Alzheimer's disease community forums during this meeting at the Homer and Soldotna Senior Centers.

◆ **December 2012 Special Topics Meeting in Anchorage:** Based on the outcomes from the Senior Housing Summit, the Commission focused on senior housing and advocacy strategies to address the need for senior housing in Alaska.

◆ **February 2013 Legislative Advocacy Meeting in Juneau:** The ACoA met at the Goldbelt building and visited with legislators and their staff to discuss senior issues and advocacy priorities. AgeNet, the statewide senior provider coalition, joined the Commission during a "legislative advocacy fly-in" to advocate for senior needs.

◆ **May 2013 Older Alaskans Month Celebration in Anchorage:** The Commission met at the Anchorage Senior Citizens Activity Center to review the outcomes from the legislative session, participate in an ethics training for state board and commission members, and hear reports on a variety of senior issues. The Anchorage Senior Advisory Commission and ACoA celebrated "Older Alaskans Month" with local seniors at the Anchorage Senior Citizens Activity Center.

Interagency Collaboration

◆ **Alaska Mental Health Trust Authority (AMHTA):** The ACoA presents annual budget and policy recommendations to the AMHTA on matters affecting older Alaskans with Alzheimer's



**What can our
state do to
encourage seniors
to remain in
Alaska?**

*"We need to be active
in different programs
and be a voice and an
advocate for our Elders."*

—Anna Frank
ACoA Commissioner,
Public Member, Fairbanks



What can our state do to encourage seniors to remain in Alaska?

"In order to ensure seniors remain in Alaska, it is important that seniors have choices and options for long-term services and supports to maintain a healthy, independent lifestyle in the home and community of their choice."

—Rachel Greenberg,
ACoA Commissioner,
Senior Service Provider,
Palmer

disease and behavioral health conditions and provides regular updates regarding their status and needs for planning and advocacy purposes. In partnership with the AMHTA and the advisory boards, the Commission provides updates regarding Senior Trust beneficiaries for use in the Scorecard and participates in the Joint Advocacy Summit and the "You Know Me" public awareness campaign. ACoA members and staff serve on the AMHTA Focus Area Workgroups and committees including Housing, Workforce Development, Disabilities Justice, Coordinated Communications, the Trust Applicant Review Committee, and the Trust Training Cooperative Advisory Council.

- ◆ **Healthy Alaskans 2020 Project:** ACoA participated as a resource to the Division of Public Health and the Alaska Native Tribal Health Consortium by providing information and data regarding the status and needs of older Alaskans for the Healthy Alaskans 2020 project (FY2013). In FY 2014, the Commission will participate in the implementation phase of this project focusing on strategies to improve health outcomes for older Alaskans.
- ◆ **Board & Council Memberships:** The Pioneer Home Advisory Board (PHAB) and the ACoA have a close working relationship as reflected by seats reserved for each chair on both boards. Banarsi Lal, chair of the PHAB, served on the ACoA while Paula Pawlowski, ACoA's FY2013 Chair, and Mary Shields, ACoA's FY2014 Chair, represented the Commission on the PHAB. ACoA Commissioner Banarsi Lal also serves on the board for the Governor's Council on Disabilities and Special Education. ACoA Executive Director Denise Daniello serves on the board of the Alaska Brain Injury Network, a nonprofit organization promoting education, prevention, and advocacy to address the needs of brain injury survivors and their caregivers.
- ◆ **Collaboration with Advisory Boards:** ACoA participates in the activities of the Alaska Mental Health Board, Advisory Board on Alcohol and Substance Abuse, and the Governor's Council on Developmental Disabilities and Special Education to support their initiatives as they relate to older Alaskans.
- ◆ **Proposal Evaluation Committee Service:** ACoA staff serve on a variety of state-sponsored Proposal Evaluation Committees to review and make funding decisions concerning community projects serving older Alaskans and persons with disabilities.

On the Horizon

Looking forward, the growth of the Alaska senior population, persons age 60 years and older, will continue to be strong for the next 20 years. After 2030, the growth of this segment of the population will slow, but that is when the oldest boomers will begin to reach age 85, a time when their need for services is likely to become more intensive. This demographic transition challenges us to provide a continuum of services that is tailored to meet the needs of individuals, promote optimal health and functioning, and is cost effective to reduce the need for higher levels of care. Healthy diets, active lifestyles, and supportive families will help older Alaskans maintain their health and independence and improve functioning as they age.

Alzheimer's Disease and Related Dementias

Challenges: Alzheimer's disease is an irreversible, progressive brain disease that destroys brain function, leads to cognitive decline, causes behavioral disorders, and results in loss of functional abilities. Alzheimer's disease is accelerating in Alaska due to our aging population. While deaths from heart disease, cancer, diabetes and other diseases are declining, the number of deaths related to Alzheimer's disease is on the rise. Mortality rates related to Alzheimer's disease increased 17% from 2000 to 2011. Currently, there are an estimated 6,000 older Alaskans with Alzheimer's disease or other dementia which is projected to nearly triple by 2030.

Based on new national prevalence rates, almost 40% of people age 85 and older have some form of dementia. Because of the current eligibility requirements for the Medicaid waiver, some people with dementia do not meet the level of care requirements to be served by the waiver. They can technically perform activities of daily living, but need cueing and supervision, which are types of long-term supports, in order to live safely at home. Even devoted family caregivers can become exhausted and burned-out because they lack the training and supports to cope with the demands of dementia care. Expanded adult day programs are needed to provide more support for working family caregivers so that they may safely care for their elderly loved ones at home longer. In addition, Alaskans with Alzheimer's disease require access to assisted living homes that specialize in dementia care.



What can our state do to encourage seniors to remain in Alaska?

"The aging of Alaska presents both challenges and opportunities as the senior population increases and baby boomers come of age. Viewing older adults as a great resource, an asset, rather than as a liability is an important step for creating meaningful opportunities that actively engage Alaska seniors and baby boomers to use their talents and improve community life - so that we may all benefit from their life experience dividend."

—Denise Daniello
ACoA Executive Director,
Juneau



What can our state do to encourage seniors to remain in Alaska?

"Alaska should offer our senior population expanded opportunities to engage in lifelong learning, paid employment or community service activities. In addition to quality health care and affordable residential nursing facilities, our state should also make provision for seniors that require in-home assisted living services."

—Rolf Numme,
ACoA Commissioner,
Public Member, Wasilla

Opportunities: More than half of all states in the U.S. have a dedicated Alzheimer's disease state plan based on the National Plan for Alzheimer's Disease resulting from passage of the National Alzheimer's Project Act, 2011. The Alaska Commission on Aging and other partners believe that an Alaska State Plan for Persons with Alzheimer's Disease and Related Dementia will provide a roadmap to promote greater public awareness about Alzheimer's disease and inform policy decisions to strengthen supports for Alaskans with dementia and their caregivers.

The Commission is collaborating with the Department of Health and Social Services, Alaska Mental Health Trust Authority and other partner agencies in the development of an Alaska State Plan for Persons with Alzheimer's Disease and Related Dementia. This Plan will identify the needs of persons with dementia and service gaps; establish goals, objectives and performance measures to address those needs; and measure outcomes related to implementation over a four-year period. We anticipate completion of this Plan in FY2014.

Long-term Support Services

Challenges: Access to an appropriate array of long-term support services will become increasingly important to Alaskans as they age into their golden years. Most seniors, stakeholders, and experts agree that helping older people maintain and regain their optimal health to allow them to live as independently as possible is the goal for long-term support services. Developing a continuum of services and supports that is flexible, coordinated, and offers a variety of levels of care is required to meet an individual's specific needs.

Although federal budget cuts as a result of sequestration did not affect many of the senior grant-funded long-term support services administered by the Division of Senior and Disabilities in FY2014, these services may begin losing funding in FY2015 if the sequester continues. Tribes that receive Older American Act funds for their Elder programs directly from the federal government took a 5% funding cut in FY2014. Sequestration is the result of the Budget Control Act to reduce the nation's federal debt by \$1.2 billion over 10 years. The Budget Control Act requires an across the board cut of 5% to all discretionary programs, including the Older American Act funds. Sequestration does not affect military or non-discretionary programs such as Social Security, Medicare and Medicaid remain intact for now.

Opportunities: The Department of Health and Social Services, with support from the Alaska Mental Health Trust Authority and other stakeholder groups, is working on a set of recommendations to improve services to all vulnerable Alaskans with long-term care needs. These recommendations contain strategies to maximize the use of long-term support services to increase health and wellness, provide support for family caregivers, and postpone the need for higher levels of care. Evidence-based strategies will become increasingly important as budgets tighten for federal and state dollars.

Family Caregivers

Challenges: Unpaid family caregivers provide the foundation of long-term support services for older Alaskans living at home with progressive disease conditions, such as Alzheimer's disease and related dementia, and for children without parental care. Research shows that in the case of persons with dementia, behavior and mood disturbances occur in 70% to 90% of these individuals at some point and episodes increase in frequency and severity as the condition progresses from mild to severe stages. Behavior and mood disturbances are the primary source of stress and burden for family caregivers and the most common cause for institutionalization. In addition, there are growing numbers of grandparents raising their grandchildren who require supports in parenting the second time around.

Opportunities: Family caregivers are the bedrock for Alaska's long-term support services, particularly for older persons with dementia. Research shows that unpaid caregivers with supports are able to provide care longer at home which supports the wishes of care recipients who want to remain at home and is cost effective for the State in reducing Medicaid costs. Alaska recognizes the importance of family caregivers and provides them with training and supports through senior grant-funded services, such as the National Family Caregiver Grant Program. Investment in these programs is critical to help family caregivers be successful in caring for elderly loved ones at home.

Senior Housing

Challenges: Alaska has a statewide shortage of accessible, affordable housing options for seniors. In some regions of the state, there is inadequate availability of assisted living



What can our state do to encourage seniors to remain in Alaska?

"Seniors are a powerful force in Alaska, they work, they volunteer, they contribute, they vote and they want to stay in Alaska with their families."

—Paula Pawlowski,
Department of Commerce,
Community & Economic
Development,
DCCED designee,
Anchorage



What can our state do to encourage seniors to remain in Alaska?

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

—Sandi Doyle,
ACoA Commissioner,
Public Member,
Fairbanks

homes, while in other regions, affordability is a larger obstacle. Developing appropriate models of long-term care is critical, including resident-centered models that provide supportive services for seniors needing assistance.

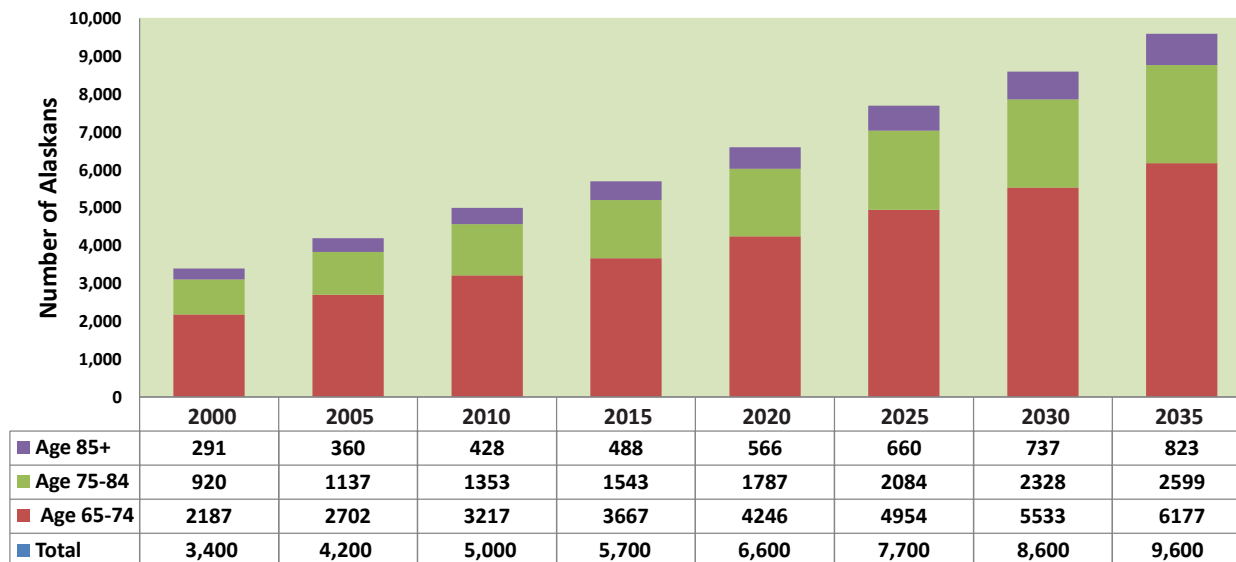
Opportunities: Access to accessible housing based on universal-designed principles and a host of supportive services including home- and community-based services, tele-health care, and assistive technology are instrumental to keeping seniors healthy, independent, and able to live in their own homes. Innovative funding strategies that include a mix of grant funds, loan financing, tax credits and public-private partnerships are required to build Alaska's senior housing stock across the continuum of care. There is a need to provide the right balance of home- and community-based services with quality assisted living and skilled nursing facilities so that seniors can access services that most appropriately meet their needs. Providing appropriate and affordable senior housing is an important strategy for sustaining a healthy community and allowing older Alaskans to maintain a high quality of life in communities of their choice.

Senior Behavioral Health Needs

Challenges: The negative impact of behavioral health issues on the well-being of older adults is becoming a more troubling issue. Conditions such as depression, alcohol, and substance misuse are not a normal part of aging, yet these conditions greatly impact the lives of many older Alaskans. Alaskan seniors commit suicide and die from alcohol-related causes at a much higher rate than the national average. Behavioral health conditions are common, costly, and detrimental to the overall health of seniors. They often co-occur with other chronic diseases, such as diabetes, and can be implicated in injuries related to falls and accidents.

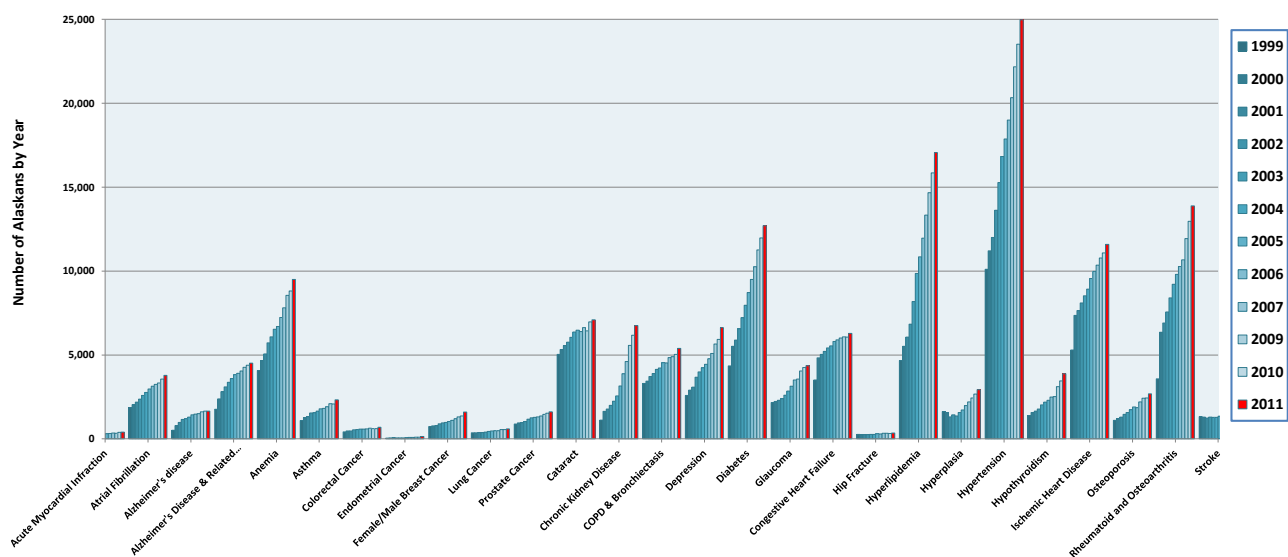
Opportunities: The Patient Centered Medical Home is an evidence-based model to provide person-centered medical and behavioral health care to address an individual's total health care needs. Some seniors in need of behavioral health care often do not seek services through a community mental provider, but do visit their doctor on a regular basis. Located in the primary care setting, the Patient Centered Medical Home Model provides whole person-centered medical and behavioral health care coordinated by a care management team. Other evidence-based

Alzheimer's Disease Projections for Persons Age 65+, 2000-2035



Source: Prevalence Estimates from National Alzheimer's Association 2013
Alaska Department of Labor Workforce Development 2013

Increase in Medicare Claims for Alaskans, FFY 1999-2011



Source: Centers for Medicare & Medicaid Services, 2011

May 2013 is Older Alaskans Month:

The theme of this year's celebration was "Unleash the Power of Age" to recognize Alaskan seniors as productive, active and influential members of our state and to call special attention to the growing number of Alaskan Centenarians, persons age 100 years and older. During the 2013 Older Alaskans Month celebration, the Department of Health and Social Services with the Alaska Commission on Aging recognized 42 Alaskan Centenarians who provided their consent to be honored during Older Alaskan Month celebrations. In the U.S., there are an estimated 53,364 Centenarians, according to the U.S. Census Bureau. In Alaska, there are an estimated 62 Centenarians based on information provided by the Alaska Division of Permanent Fund.



Anchorage Senior Activities Center OAM Celebration Photos: Austrid Garret, age 100 years and 6 months (top left); Johnny McCurry, age 102 (top middle); Alice Larson age 101 with daughter Jean Marie Crumb and son Frederick Larson (top right); Austrid Garret, Age 100 years and 6 months with daughter Lois Turinsky; friend Linda Ewers; Anita Williams; and Kari Capaldo, friend and caregiver (bottom left); and Fern Elam, age 103 (bottom right).



Alaska Senior Housing Summit:

Housing is a top priority for Alaskan seniors. The ACoA, in partnership with the Department of Health and Social Services, Alaska Housing Finance Corporation, and the Alaska Mental Health Trust Authority hosted the Alaska Senior Housing Summit to bring together senior housing experts, senior providers, seniors and other stakeholders to discuss strategies to increase the availability of senior housing along the continuum of care. This Summit was the first conference devoted to a discussion of senior housing issues in the state.

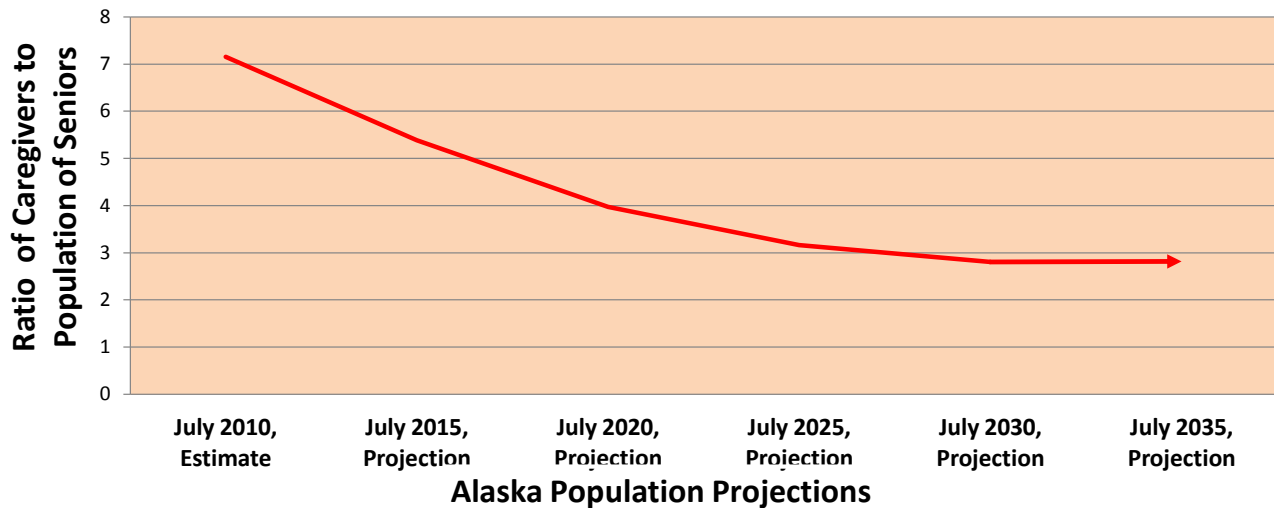
"Senior Housing conversation needs to continue. The Summit was badly needed."
—Alaska Senior Housing Summit 2012, Participant



"Senior Housing Summit helped my agency apply for a senior housing grant."
—Alaska Senior Housing Summit 2012 Participant

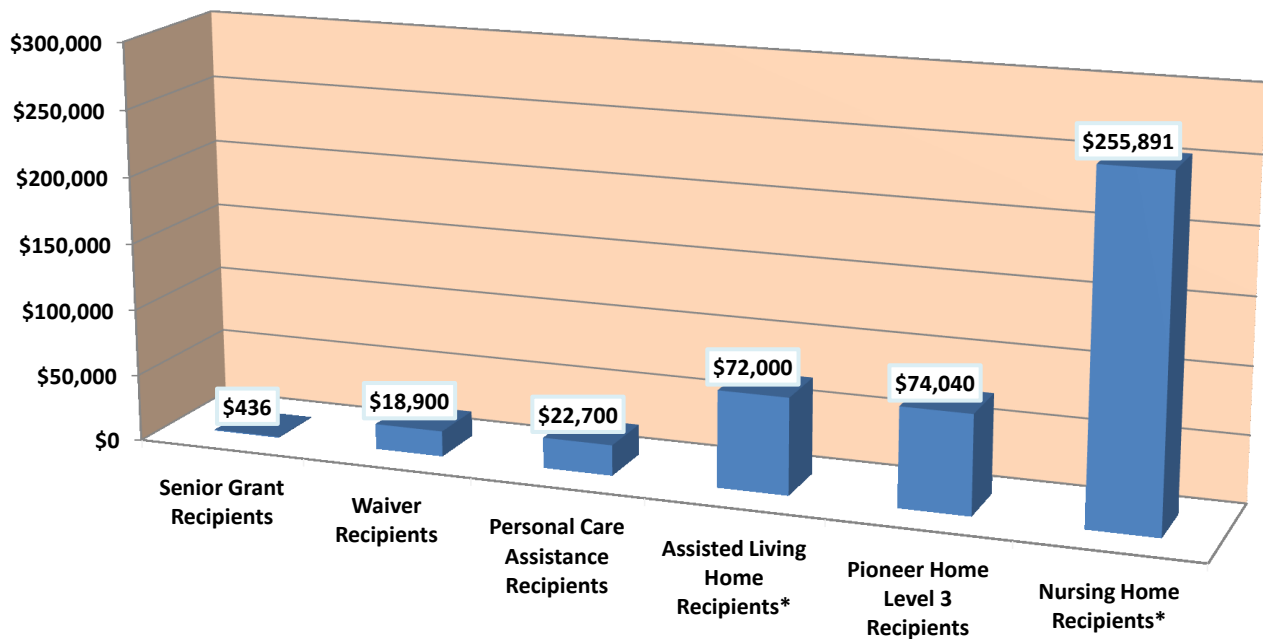


Alaska's Number of Potential Caregivers (Ages 25-64) for Older Alaskans, Age 65+



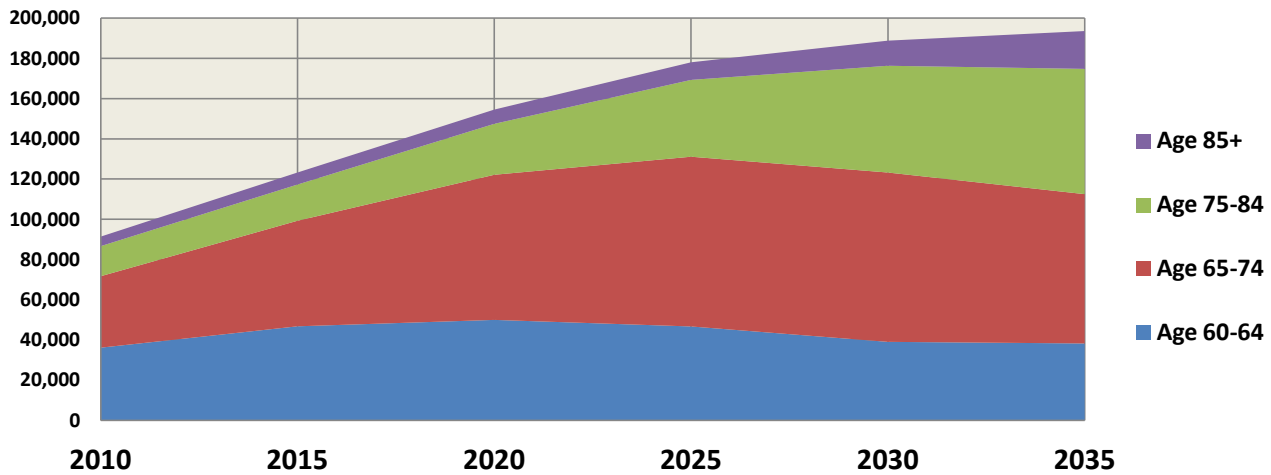
Source: Alaska Department of Labor 2013 Population Projections

Average Annual Cost of Care for Older Alaskans



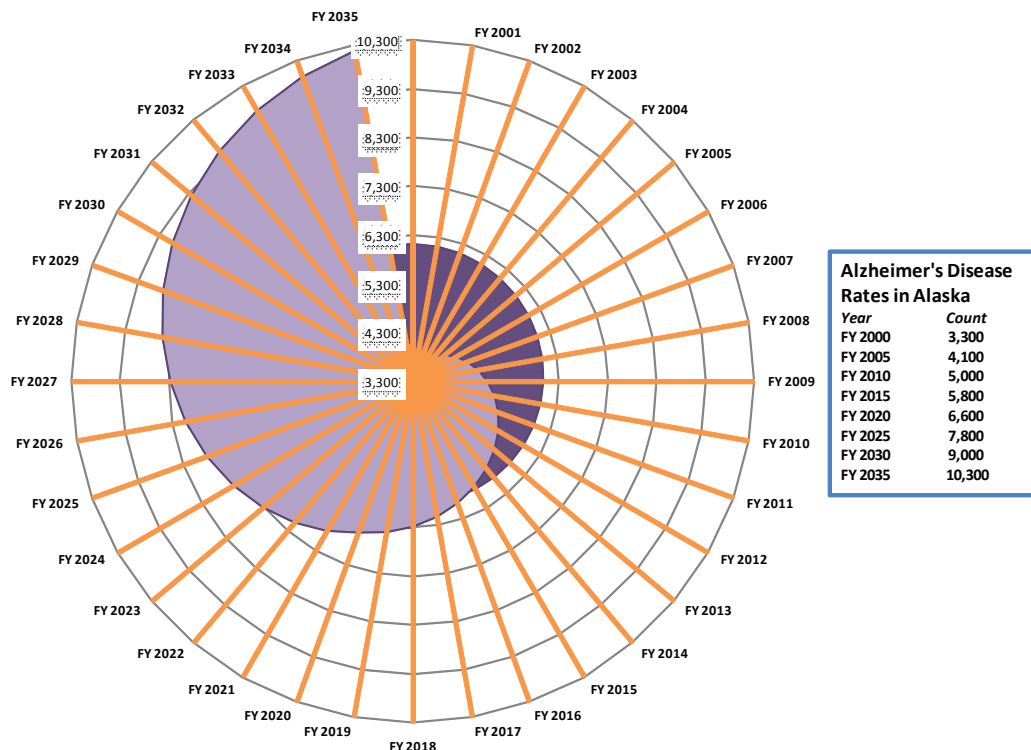
Source: Alaska Department of Health & Social Services, FY 2014 Budget Overview Book
Genworth Financial Long-term Care Cost Survey, 2013

"Silver Tsunami Wave" Projected Alaska Senior Population by Age Group 2010-2035



Alaska Department of Labor 2013 Population Projections

Thirty-Five Years of Alzheimer's Disease in Alaska, 2000-2035



Alzheimer's Disease Rates in Alaska

Year	Count
FY 2000	3,300
FY 2005	4,100
FY 2010	5,000
FY 2015	5,800
FY 2020	6,600
FY 2025	7,800
FY 2030	9,000
FY 2035	10,300

Source: National Alzheimer's Association 2012
2012 Alaska Department of Labor & Workforce Development



What can our state do to encourage seniors to remain in Alaska?

"The state of Alaska needs to increase financial assistance, especially in rural Alaska, to help Elders live a more stable and secure life."

—Albert Ningeulook,
ACoA Commissioner,
Public Member,
Shismaref

models, including IMPACT (Improving Mood – Promoting Access to Collaborative Treatment to treat seniors with depression) and SBIRT (Screening, Brief Intervention, Referral and Treatment to identify and treat seniors with substance abuse) are being offered on a limited basis in Alaska demonstrating promising results.

End of Life Care

Challenges: Older people of advanced age require an array of end-of-life services including hospice care. Rural seniors want to spend their remaining days at home and in their own communities surround by family and friends, not in an urban-based facility where the people, the food, and language are unfamiliar. Currently, there is no provision for hospice care in the State-funded portion of the long-term care system. Hospice care is funded by Medicare, provided on a voluntary private pay basis, or partially covered by private insurance.

Opportunities: Hospice provides the older person with the means to die a "good death" in the comfort of their own home or in a home-like environment where only palliative care is provided. Hospice provides a cost savings by keeping people out of the hospital or skilled nursing facility at the end-of-life.

Elder Protection

Challenges: Older Alaskans and Alaskans with disabilities are vulnerable to many forms of abuse, neglect, and financial exploitation. Persons with dementia are at risk for wandering which poses a significant personal safety risk for individuals who are unattended and unprotected. Our state has public servants ready to respond to these situations. However, the public also needs to be educated on how to identify possible abuse, neglect, and vulnerable persons who wander and how to report these observations to appropriate authorities.

Opportunities: Passage of the Silver Alert legislation last session will create a vulnerable adult response plan modeled after the successful Amber Alert to find missing children. At no significant cost to the state, the Silver Alert will create a formal notification system to help find missing adults with cognitive impairments and promote more awareness among law enforcement officials regarding the issues of older Alaskans suffering from dementia.

Aging and Disabilities Resource Centers

Challenges: Seniors, Alaskans with disabilities, and their families require a centralized, unbiased place for information and access to appropriate long-term support services available when and where they need it, potentially diverting them from more costly institutional care.

Opportunities: The Alaska Aging and Disability Resource Centers (ADRCs) provide a “single point of entry” assisting Alaskan seniors, their families and others needing long-term support services, regardless of age or income, with information, referrals, options counseling, and short-term service coordination to help connect individuals with appropriate supports. ADRC services are available in Anchorage, Bristol Bay/Kodiak area, Wasilla/Mat-Su Borough, Juneau/Southeast region, and the Kenai Peninsula/Valdez/Cordova area.

Growing Retirement Industry

Alaska’s seniors have a resounding economic impact on the state. Collectively, seniors contribute more than \$2 billion of revenue to the state each year through retirement pensions and other income, as well as medical payments. Seniors are a large segment of our caregiving network for other seniors, disabled persons, and family members, including grandchildren. Older Alaskans also volunteer in local nonprofit organizations to help those in need and enhance community life. Alaska will benefit from recognizing the value of older Alaskans and utilizing their assets as community members.

The growth in the number and proportion of older adults is unprecedented in the history of the United States. Two factors – longer life spans and aging baby boomers – will combine to double the population of Americans aged 65 years or older during the next 25 years to about 72 million. By 2030, older adults will account for roughly 20% of the U.S. population.

Seven in 10 retirees report liking retirement “a lot” while another two in 10 say they “like it somewhat.” The majority of Boomers like the word “retirement” to describe their life state and feel it is as they expected it to be.

—AARP Transitioning into Retirement.
The MetLife Study of Baby Boomers at 65.



How can seniors use their power to influence local decisions to create senior friendly communities?

“I hope older Alaskans make a habit of speaking up in public forums on how Alaska communities can become more senior-friendly. Our seniors are uniquely qualified to share their experiences and ideas, and need to step up and be heard.”

—William J. Streur,
Commissioner,
Alaska Department of
Health and Social Services

Alaska Commission on Aging (ACoA) Senior Snapshot: Older Alaskans in 2013

Annually, the ACoA gathers data to provide a sketch of the health and well-being of Alaskan residents, age 60 years and older. Below are observations on the information for the 2012/2013 Senior Snapshot.

- ◆ The seven states with the fastest-growing senior populations of persons age 65+ in 2011 were Alaska (58%), Nevada (53%), Arizona (37.3%), Idaho (37.28%), Colorado (37.23%), Georgia (36.5%) and South Carolina (35.34%).
- ◆ The number of Alaskan seniors age 60+ continues to increase. From the 2000 census to the 2012 projected population data, the Alaskan senior population increased 97.7% increase statewide. The highest regional growth rate over this period was in the Aleutians (146.7%) followed by Southcentral (133.9%). Southeast Alaska has the highest concentration of seniors at 18.3% where almost one in 5 residents in the region is a senior.
- ◆ The number of Alaskans age 60 to 64 has grown to 40,975 in 2012 from 17,327 in 2000, a 136.5% increase.
- ◆ The 85-and-older Alaskan cohort increases at a fast pace. These seniors are generally frail, at risk for developing Alzheimer's disease and related dementias (ADRD), and are the most likely to depend on home- and community-based and long-term support services. The 85-and-older cohort doubled from 2,634 in 2000 to 5,448 in 2012, for an increase of almost 107%.
- ◆ Retired seniors as a whole contribute at least \$2.2 billion annually to Alaska's economy which includes their retirement income, health care spending and revenue from other sources. The retirement industry is one of the state's top economic sectors.
- ◆ The number of Alaskans age 65 and older receiving monthly cash supplemental payments from the Senior Benefits Program varies greatly by their location in the State - from 4.3% in the North Slope to 32.2% in the Bethel/Wade Hampton region. To qualify for this program, seniors must be 65 or older and have incomes below the 175% of the federal poverty level for Alaska.
- ◆ Approximately 3,273 households with an elderly member received Heating Assistance of an average of \$1,256 per year.
- ◆ The number of seniors receiving food stamps increased 16.9% in FY 2013. The amount of food stamps provided to each senior is based on the need and income of the entire household.
- ◆ The number of seniors (age 65+) receiving monthly cash supplemental payments from the Old Age Assistance program (Adult Public Assistance) has increased over the past three years to 5,580 seniors receiving \$237.26 monthly for an 8.7% increase.

- ◆ Fifty-six percent of Alaska Pioneer Home residents require Level III care, the most intensive level of care. The Alaska Pioneer Homes face an on-going challenge to serve a changing population. Originally designed to serve a younger population of seniors, they now serve elderly residents who enter the homes at a later age requiring more intensive levels of care. The average age of a resident on October, 2013 was 86.2 years old compared to 76 years old in 1998.
- ◆ The number of recipients served by the Division of Senior and Disabilities Services Senior Grant Program continues to grow from 15,352 in FY2009, to 21,261 in FY2010, 25,000 in FY2011 to 31,000 in FY2012 and 33,795 in 2013. The cost per client, per year continues to decrease from \$546 in FY2010 to \$427 in FY2013. The number of seniors served by senior grants includes those served by the Aging and Disabilities Resource Centers (ADRCs). ADRCs provide information and referral about various aspects of long-term care, housing, and other forms of assistance for all Alaskans, regardless of age.
- ◆ Alaska continues to have the highest nursing home costs in the country at \$701 per day or \$255,891 per year in 2013. The average annual cost in the United States is \$83,950.
- ◆ Alaska has the highest cost for assisted living home care at \$72,000 per year as compared to the national average of \$41,400 per year.
- ◆ The average daily rate for Adult Day Services in Alaska is \$113 per day while the national average is \$65 per day.
- ◆ The number of cases opened in the Office of the Long-Term Care Ombudsman (consisting of mostly elderly people living in long-term care facilities) increased by 16% in FY2013.
- ◆ The number of intakes of reports of harm by the Department of Health and Social Services, Adult Protective Services of adults 60 and older increased 26% over the past year.
- ◆ Age-adjusted death rates for Alaskan seniors continue to decline for cancer, chronic respiratory diseases, diabetes, and heart disease and remain statistically lower than rates for U.S. seniors. While, death rates attributed to certain behavioral health causes declined somewhat over the past year (such as fatal falls, suicide, and accidental deaths. The number of seniors who reported binge drinking, heavy drinking, and smoking have increased.
- ◆ Falls continue to be the number one cause of non-fatal hospitalized injuries for Alaskans age 65 and older and the primary cause of fatal injury for Alaskans age 75 years and older. The Alaska Trauma Registry reported 3,356 cases of fall-related injury hospitalizations among Alaskans age 65 and older, representing a 24% increase hospitalizations compared to the preceding 5-year time period.

Note: The Senior Snapshot incorporates the latest data available however not all items are updated on an annual basis.

Senior Snapshot: Older Alaskans in 2013

Population Age 60+	60+ % of Regions 2012 Pop.	CY 2012	CY 2011	CY 2010	CY 2000	% Seniors Change 2000-2012	Comments
Statewide Total	14.3%	104,807	98,164	90,876	53,026	97.7%	Over a 12 year period. Note 1
I. Bethel Area	9.5%	2,416	2,381	2,266	1,661	45.5%	Bethel, Wade Hampton
II. Interior	13.2%	15,228	14,096	13,179	7,169	112.4%	Fairbanks NSB, Yukon-Koyukuk, Denali, SE Fairbanks
III. North Slope	9.5%	926	900	856	481	92.5%	North Slope Borough
IV. Anchorage	13.4%	40,153	37,739	35,079	21,160	89.9%	Municipality of Anchorage
V. Southcentral	16.7%	26,809	24,894	22,760	11,463	133.9%	Kenai Peninsula, Mat-Su, Valdez-Cordova
VI. Northwest	10.5%	1,844	1,760	1,681	1,274	44.7%	Nome, Northwest Arctic
VII. Southwest	12.9%	2,805	2,650	2,444	1,656	69.4%	Bristol Bay, Dillingham, Kodiak, Lake & Peninsula
VIII. Aleutians	11.4%	1,041	934	847	422	146.7%	Aleutians East, Aleutians West
IX. Southeast	18.3%	13,585	12,810	11,764	7,740	75.5%	Haines, Juneau, Ketchikan, Prince of Wales, Sitka, Skagway-Hoonah-Angoon, Wrangell-Petersburg, Yakutat
Age 60-64 % of senior pop.	39.1%	40,975	39,347	35,938	17,327	136.5%	Baby boomers entering this group. Percent of total seniors 60+
Age 65-74	40.0%	41,957	38,110	35,350	22,507	86.4%	There was a 57.1% increase over a decade
Age 75-84	15.7%	16,427	15,607	14,877	10,558	55.6%	There was a 40.9% increase over a decade
Age 85+	5.2%	5,448	5,100	4,711	2,634	106.8%	Total increased 106.8% over a twelve year period.

Economic Status	Comments				
Seniors' Economic Contribution to Alaska	CY 2013: \$2.2 billion**	CY 2012: \$2.1 billion**	CY 2011: \$1.9 billion**	CY 2010: \$1.712 billion	Note 2
Average Monthly Social Security Payment Age 65+	AK, Dec. 2012: \$1,116	AK, Dec. 2011: \$1,180	AK, Dec. 2010: \$1,188	AK, Dec. 2008: \$1,101	Total number of retired workers receiving Social Security payments in CY 2012 was 55,585. The percentage of 65+ receiving SS benefit in Alaska is 88.9%. Average for US is 91.8%. Note 3
Average Monthly PERS Payments	AK, Sept. 2013: \$1,605 # of seniors: 13,568	AK, Sept. 2012: \$1,553 # of seniors: 12,893	AK, Sept. 2011: \$1,509 # of seniors: 12,084	AK, Dec. 2010: \$1,485 # of seniors: 11,453	Average payment per person retirement PERS payments. Note 4
Rank Among States in Growth of the Senior Population	2012 Ranking: 1 58%	2011 Ranking: 1 50%	2010 Ranking: 1 52.1%	2009 Ranking: 1 49.8%	The seven states with the fastest-growing senior populations 65+ in 2011 were Alaska (58%), Arizona (37.3%) Idaho (37.28%), Colorado (37.23%), Georgia (36.5%) and South Carolina (35.34%). The national average increase from 2000-2011 is 18%. Note 5
Average Monthly Teachers Retirement System (TRS) Payment	AK, Oct. 2013: \$2,755.87 # of seniors: 5,046	AK, Sept. 2012: \$2,717.14 # of seniors: 4,843	AK, Sept. 2011: \$2,680.08 # of seniors: 4,583	AK, Dec. 2010: \$2,653.61 # of seniors: 4,318	Teachers Retirement System: Information includes average payment per person. Note 6

Senior Snapshot: Older Alaskans in 2013

# of Senior Benefits Recipients 65+	Oct. 2013:	Oct. 2012:	Sept. 2011:	Nov. 2010:	Oct. 2013 % Seniors 65+	Alaska Division of Public Assistance. Note 7
<i>Statewide</i>	11,123	10,882	10,566	10,109	17.4%	Increase over Nov. 2013 statewide total by 2%
I. Bethel Area	778	802	805	812	32.2%	Decrease from Nov. 2013 region total by 3%
II. Interior	1,311	1,275	1,239	1,214	8.6%	Increase over Nov. 2013 region total by 3%
III. North Slope	40	41	44	38	4.3%	Decrease from Nov. 2013 region total by 2%
IV. Anchorage	4,053	3,977	3,803	3,642	10.1%	Increase over Nov. 2013 region total by 2%
V. Southcentral	2,687	2,627	2,494	2,353	10.0%	Increase from Nov. 2013 region total by 2%
VI. Northwest	395	378	411	401	21.4%	Increase from Nov. 2013 region total by 5%
VII. Southwest	449	459	457	421	16.0%	Decrease from Nov. 2013 region total by 2%
VIII. Aleutians	61	52	45	35	5.9%	Increase from Nov. 2013 region total by 17%
IX. Southeast	1,341	1,264	1,260	1,188	9.9%	Increase from Nov. 2013 region total by 6%
Unknown Region	8	7	8			Little Change
Seniors in Alaska (age 60+) on Food Stamps	Nov. 2013: 2,711 (60-64) 3,570 (65+) Total 6,281	Nov. 2011: 2,312 (60-64) 3,108 (65+) Total 5,372	Nov. 2010: 1,933 (60-64) 2,624 (65+) Total 4,557	Alaska Division of Public Assistance.		
Avg. dollar monthly benefit for Alaskan seniors on Food Stamps	FY 2013: \$158.97 (Age 60-64) FY 2013: \$97.61 (Age 65+)	FY 2011: \$157.22 (Age 60-64) FY 2011: \$98 (Age 65+)	FY 2010: \$155.90 (Age 60-64) FY 2010: \$96.21 (Age 65+)	Alaska Division of Public Assistance.		
Seniors Receiving Old Age Assistance 65+	Nov. 2013: Average amt. \$237.26 # seniors 65+: 5,580	Nov. 2012: Average amt. \$236 # seniors 65+: 5,395	Nov. 2011: average amt. \$241 # seniors 65+: 5,241	Alaska Division of Public Assistance. Note 7		
Other Public Assistance programs that support Alaska's Low-Income Elders	FY13 Commodity Supplemental Food 2,190 seniors served per month	FY13 Heating Assistance 3,273 Households with an elder	FY13 Alaska Affordable Heating 906 Households with an elder	Commodity Supplemental Food program has a value of \$50 per box. LIHEAP (federally funded) heating assistance program was a value of \$1,256 per household. Note 8		

Senior Snapshot: Older Alaskans in 2013

Housing				Comments
AHFC total units of senior/disabled housing (statewide)	Dec. 2013: 610 units	Dec. 2012: 610 units	Dec2011: 610 units	Alaska Housing Finance Corporation (AHFC). Note 9
AHFC wait list for senior/disabled housing (statewide)	Nov. 2013: 1,501	Nov. 2012: 1,281	Oct. 2011: 1,144	The data for 2013 represents only senior housing units in Anchorage for Alaska Housing Finance Corporation. Note 10
AHFC wait list for housing vouchers	November 2013: 4,743 Families	November 2012: 3,341 Families	October 2011: 5,344 Families	Alaska Housing Finance Corporation. Note 11
AHFC senior housing units funded for development	FY2013: 40 units	FY2012: 110 units	FY2011: 58 units	Alaska Housing Finance Corporation. From 2001 thru 2011, 621 units in total were developed with AHFC funding by developers.

Senior Health	Alaska	Alaska	U.S.	Comments
Number with Alzheimer's Disease & Related Dementia (ADRD) (estimate)	CY 2012: 6,141	CY2011: 5,067 CY 2010: 6,099	CY 2012: 5,400,000 Total ADRD nation-wide	AK ADRD estimate based on national prevalence rates for persons age 65+. Note 12
Suicide rate (per 100,000 seniors age 65+)	CY 2011: 18.4; 7 deaths	CY2010: 22.7; 9 deaths	CY 2007: 14.3	Per 100,000, age 65+. Alaska Bureau of Vital Statistics. Rates based on fewer than 20 occurrences are statistically unreliable and should be used with caution.
Fatal fall rate (accidental)	CY 2011: 17.0 10 Deaths	CY 2010: 30.9 17 Deaths	CY 2010: 54.04 21,759 Deaths	Per 100,000, age 65+. Alaska Bureau of Vital Statistics.
Other accidental deaths (per 100,000 age 65+)	CY 2011: 71.4 42 Deaths	CY2010: 103.8 57 Deaths	CY 2007: 52.7	Per 100,000, age 65+. Alaska Bureau of Vital Statistics.
Alcohol-induced deaths	CY 2011: 20.4 12 Deaths	CY 2010: 20.0 11 Deaths	CY 2007: 11.9	Per 100,000, age 65+. Alaska Bureau of Vital Statistics.
Drug-induced deaths	CY 2011: 1 Death*	CY2010: 4 Deaths*	CY 2007: 4.4	Per 100,000, age 65+. Alaska Bureau of Vital Statistics. *Rates based on fewer than 6 occurrences are not reported.

Senior Snapshot: Older Alaskans in 2013

Leading Causes of Death	2011 (AK):	2010 (AK):	2008 (U.S.):	Alaska Bureau of Vital Statistics
Cancer	909.6 535 Deaths	973.8 535 Deaths	1007.8	Per 100,000, age 65+
Heart Disease	744.7 438 Deaths	749.9 412 deaths	1275.4	Per 100,000 age 65+
Stroke	215.9 127 Deaths	229.3 126 Deaths	294.6	Per 100,000 age 65+
Influenza & Pneumonia	59.5 35 Deaths	81.9 45 Deaths	Not Available	Per 100,000 age 65+
Chronic Lower Respiratory Diseases	251.6 148 Deaths	271.2 149 Deaths	279.5	Per 100,000 age 65+
Alzheimer's disease	110.5 65 Deaths	152.9 84 Deaths	209.9	Per 100,000 age 65+
Diabetes mellitus	110.5 65 Deaths	114.7 63 Deaths	130.9	Per 100,000 age 65+
Parkinson's Disease	40.8 24 Deaths	56.4 31 Deaths	130.9	Per 100,000 age 65+
Accident/ Unintentional injuries	88.4 52 Deaths	134.7 74 Deaths	101.3	Per 100,000 age 65+
Hospital admissions for all non-fatal injuries, age 60+.	AK, 2010: 923	AK, 2009: 998	U.S., 2010: 645,570	Alaska Trauma Registry; Web-based Injury Statistics Query and Reporting System (WISQARS) data base (CDC). U.S. total reflects top 20 causes of injury.
Hospital admissions for non-fatal falls, 60+	AK, 2010: 706	AK, 2009: 753	565,029	Alaska Trauma Registry; WISQARS data base (CDC)
Suicides	18.4% 12 Deaths	25.5% 14 Deaths	CY 2010 14.89% 5,994 Deaths	Per 100,000 age 65+

Senior Behavioral Health	2012 (AK)	2011 (AK)	2008 (U.S.)	Comments
Binge drinkers	4.2%	8%	5.1%	Age 65+ - 2010 BRFSS. Note 13
Heavy drinkers	4.8%	7%	4.1%	Age 65+ - 2010 BRFSS. Note 14
Smokers	10.0%	12%	8.6%	Age 65+ - 2010 BRFSS. Note 15
Disabled seniors	37.8%	45%	38.3%	Age 65+ who are "limited in activities because of physical, mental or emotional problems or need special equipment such as a cane, a wheelchair, special bed or telephone" – 2012 BRFSS. Note 16
Obese seniors	30.4%	30%	31.2%	Age 65+ - 2010 BRFSS. Note 17
Seniors with diabetes	16.1%	20%	18.3%	Age 65+ - 2010 BRFSS.
Seniors whose general health is "Fair" or "Poor"	24.5%	29%	19.1%	Age 65+ - 2010 BRFSS.

Senior Snapshot: Older Alaskans in 2013

Long Term Care	2011 (AK)	2010 (AK)	2008 (U.S.)	Comments
Pioneer Home residents at Level III	Oct. 2013: 56%	Oct. 2011: 50.4% Oct. 2012: 53%	Dec. 2004: 46.1%	Level III is the most advanced level of care. Data provided by the Division of Pioneer Homes.
Average age of Pioneer Home resident	Oct, 2013: 86.2 years	Oct, 2012: 86.8 years	1998: 76 years	Data provided by the Division of Pioneer Homes.
Nursing home costs – private room, average daily rate	AK, 2012: \$701 per day \$255,891 /year	AK, 2012: \$678 per day \$247,470/ year	U.S., 2013: \$230 per day \$83,950/y year	Alaska has the highest cost of skilled nursing facility care in the U.S. Note 18
Assisted Living Home costs – average monthly base rate	AK, 2013: \$6,000 Per month \$72,000 year	AK, 2012: \$4,850 per month \$58,200 per yr.	U.S., 2013: \$3,450 per month \$41,400 year.	Alaska went from 3 rd highest cost in the U.S. in 2010 to 7 th highest cost of Assisted Living Homes in 2012. Most expensive average is Washington DC at \$5,933 per month. Note 18
Home Health Care Costs: Homemaker Services	AK, 2013: \$56,056 per year or \$24.50 average rate per hour	AK, 2010: \$57,200 per year or \$25 average rate per hour	U.S., 2013: \$44,479 per year or \$19.4 average rate per hour	Alaska has the highest cost per year. Average cost of care based on 44 hours per week by 52 weeks. Note 18
Adult Day Services Costs	AK, 2013: \$113 average daily rate	AK, 2012: \$95 average daily rate	US, 2013: \$65 average daily rate	Alaska has the highest cost for adult day. Note 18
Older Alaskans Medicaid waiver recipients	FY 2012: 1,781	FY 2011: 1,758	FY 2010: 1,721	To qualify for services under the Older Alaskans Medicaid Waiver program, individuals must be age 65 or older, income-eligible for Medicaid, and must meet nursing home level-of-care requirements. Note 19
Senior grants clients served by Senior and Disability grants.	FY 2013: 33,795 Total cost \$14,419,340 Per Client \$427	FY 2012: 31,000 Total cost \$13,504,376 Per Client \$436	FY 2010: 21,261 Total cost \$11,603,300 Per Client \$546	FY 2013 financial total was funded the following way: Federal 87%, State 11% and MHTAAR 2%. Note 20
Alaskans on Medicare	CY 2013: 73,434	CY 2011: 68,417	CY 2008: 58,842	The number of Alaskans has increased steadily over the years with an increase of 24.8% over the past 6 years. Info from Medicare Office.
Aging and Disability Resource Center	FY2013 11,497	FY2012 10,367	FY2011 9,615	Clients Served. Info from Senior & Disabilities Services at a cost of \$791,120 in FY2013.

Senior Snapshot: Older Alaskans in 2013

Senior Safety	Comments		
Long-Term Care Ombudsman complaints	FY 2013: Cases open – 671 Complaints – 1,417	FY 2011: Cases open – 379 Complaints – 980 FY 2012: Cases open – 535 Complaints – 1,416	Complaints involving seniors (age 60+) in long-term care in the 17 skilled nursing facilities and 636 licensed assisted living homes. The top complaint against facilities was accidents/injuries/falls/improper handling. In closed cases for FY13, 85% were resolved to the satisfaction of the resident or complainant. Only 2% were not resolved. Note 21
Adult Protective Services Reports of harm	FY 2013: Intakes 2,598	FY 2011: Intakes 2060 FY 2012: Intakes 2,301	Intakes age 60+. Adult Protective Services (APS)



Senior Snapshot Notes

- 1 Data from Alaska Department of Labor and Workforce Development's 2012 population estimates. Regions are those used by the Alaska Department of Health and Social Services. "The Alaska State Plan for Senior Services, FY2012 – FY2015" prescribes funding by region for senior grant programs which include federal Older Americans Act money.
2. *The University of Alaska Anchorage's Institute for Social and Economic Research (ISER) estimated the 2004 cash contribution of Alaska retirees age 60 and older at \$1.461 billion. The estimate is contained in the 2007 ACoA-commissioned "Report on the Economic Well-Being of Alaska Seniors" available on the Commission's website at: <http://www.hss.state.ak.us/acoa/documents/seniorWellbeingReport.pdf>. **The ACoA estimated the 2011 cash contributions of older Alaskans to the state's economy using the following formula: (Alaskans 65+ 2010 population X 6.97% population growth rate for 2011) X (2011 retirement salary) X (Alaska senior medical cost in 2009 times two years of growth rate at 8.9% annual). The Alaska 2010 senior (65+) population is 55,237 according to the Alaska Department of Labor with an estimated annual growth rate of 6.97%. The average Alaskan retirement income in 2011 was \$28,459 (2011 American Community Survey One-Year Estimates). The Centers for Medicare and Medicaid Services (CMS) 2009 estimated the average Alaskan senior health care cost per person at \$9,128. The CMS calculated the annual growth rate for senior health care costs to be 8.9% per year from 2004-2009. MMRR 2011: Volume 1 (4), Cuckler, G., Martin, A., Whittle, L., Heffler, S., Sisko, A., Lassman, D., Benson, J. E8, Health Spending by State of Residence, 1991–2009.
3. SOURCE: Social Security Administration, Master Beneficiary Record, 100 percent data. Data obtained from Social Security Administration's website. Data from "Beneficiaries as a percentage of the total resident population and of the population aged 65 or older, by state, December 2012. The Alaska average monthly payment may be lower because of the high percentage of Alaska retirees who are subject to the "Windfall Elimination Provision," which limits Social Security retirement benefits for many individuals receiving public employee pensions.
4. AK Department of Administration, Division of Retirement & Benefits, Public Employees Retirement System. Figures on PERS (Public Employee Retirement System) benefits include PERS retirees age 60 and older who currently reside in Alaska.
5. Data from "A Profile of Older Americans: 2012," Administration on Aging, U.S. Department of Health and Human Services.
6. Figures on TRS (Teachers Retirement System) benefits include TRS retirees age 60 and older who currently reside in Alaska. AK Dept. of Administration, Div. of Retirement & Benefits.

7. 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.
8. Commodity Supplemental Food program has a value of \$50 per box. Low Income Heating Assistance Program (federally funded) has a value of \$1,256 per household.
9. Includes only HUD properties managed by AHFC. The total number of units has not changed for many years.
10. Includes individuals age 62+ as well as individuals of any age with a disability.
11. All families, regardless of age, in this wait list count.
12. Alzheimer's disease and related dementia (ADRD): 2004, Evans, D. A., et al, Chicago Health and Aging Project, American Academy of Neurology. ACoA estimated the Alaska ADRD population based on national prevalence rates of 1.4% for those age 65-74, 18.3% for those age 75-85, and 45% for those age 85 and older (per D.A. Evans 2004 report). The prevalence rates were then multiplied by the 2011 Alaska Department of Labor population counts for Alaskans age 65+ by age category to estimate the number of Alaskans age 65+ at risk for Alzheimer's disease and Related Dementias.
13. The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing multi-state phone survey conducted in Alaska by the Division of Public Health. The 2011 data include cell phone data and use a new weighting methodology that allows adjustment for more demographic variables. Because of this – they are not directly comparable to past years that did not use these methods. Binge drinking is defined as males having five or more drinks on one occasion or females having four or more drinks on one occasion.
14. The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing multi-state phone survey conducted in Alaska by the Division of Public Health. The 2011 data include cell phone data and use a new weighting methodology that allows adjustment for more demographic variables. Because of this – they are not directly comparable to past years that did not use these methods. Heavy drinking is defined as adult men having more than two drinks per day or adult women having more than one drink per day.
15. The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing multi-state phone survey conducted in Alaska by the Division of Public Health. The 2011 data include cell phone data and use a new weighting methodology that allows adjustment for more demographic variables. Because of this – they are not directly comparable to past years that did not use these methods. Smokers are defined as current smokers.

16. The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing multi-state phone survey conducted in Alaska by the Division of Public Health. The 2011 data include cell phone data and use a new weighting methodology that allows adjustment for more demographic variables. Because of this – they are not directly comparable to past years that did not use these methods. 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.
17. The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing multi-state phone survey conducted in Alaska by the Division of Public Health. The 2011 data include cell phone data and use a new weighting methodology that allows adjustment for more demographic variables. Because of this – they are not directly comparable to past years that did not use these methods. “Obese” individuals are defined as those with a body mass index (BMI) of 30.0 or greater.
18. Genworth 2013 Cost of Care Survey. For 2012 used MetLife Mature Market Institute, 2012 Market Survey of Long-Term Care Costs.
19. FY12 & FY13 information from Senior & Disabilities Services. FY11 info from DHSS Budget Overview.
20. Senior grant programs include Nutrition, Transportation and Support Services (NTS), Senior In-Home Services, Adult Day Services, Family Caregiver, and ADRD Education and Support. The senior grant programs are available to individuals age 60 and older. Seniors (age 60+) need not be Medicaid-eligible in order to receive grant services. Over the past three years, this number has also included seniors served by ADRCs.
21. The Long Term Care Ombudsman believes that the rise in complaints is related to the Department of Health and Social Services diligent efforts to get assisted living homes to submit critical incident reports (CIR) when residents are missing, injured, or deceased. The CIRs can lead to additional cases being opened when there is a concern that the homes did not provide adequate supervision and care. So the rise in complaints reflects the additional safeguards DHSS has put in place to ensure resident safety.

“Anyone who stops learning is old, whether at twenty or eighty. Anyone who keeps learning stays young. The greatest thing in life is to keep your mind young.”

—Henry Ford