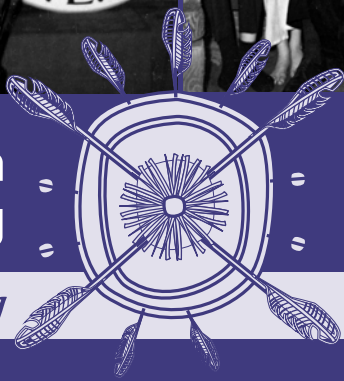


Alaska Commission on Aging =  = **FY 2011 Annual Report**

Healthy Aging = *for Alaskans*

Alaska Commission on Aging

Ella Hobbs Craig

Ella Hobbs Craig is a 92-year-old Anchorage resident. Ella moved to the Territory of Alaska in 1953 to help set up a social services program in Kodiak for the Bureau of Indian Affairs. In Kodiak, Ella met Lew Craig, to whom she was married for 32 years; together they had four children.

In Kodiak, Ella's first crisis was a tuberculosis epidemic. Whole families were sometimes struck down by the disease, but one of the most difficult situations was when the parents died leaving child survivors too young to fend for themselves. Craig's group went from island to island by mail boat or floatplane – and even dogsled – picking up kids for placement in foster homes. She still enjoys seeing her “kids” from the TB epidemic who are now functioning, productive citizens – one of whom became a state senator.

Ella received her Bachelors Degree in 1939 and received her MSW from University of North Carolina Chapel Hill. Her social work career includes time with the Red Cross overseas during WWII and also on the Red Cross National Disaster Response Team. Ella continued to actively volunteer with the Red Cross on disaster assessments into her 80s.

In the late, 50s, Ella began meeting with other professionally trained social workers to establish an Alaska Chapter of the National Association of Social Workers. She has tirelessly worked for the development of services for seniors by volunteering on numerous boards and commissions.

Ella's advice for healthy aging is: have a positive attitude; develop friendships from all generations; keep on learning; and have a good sense of humor.

CONTENTS

Letter from the Chair and Executive Director	2
Introducing the Commission	5
Alaska State Plan for Services, FY 2012-2015	6
Guiding Principles	7-8
Accomplishments	9
Planning	9-10
Advocacy	10-12
Public Awareness/ Community Education	12-14
Interagency Cooperation	14-15
Graphs	16-17 and 20
Photos	18-19
Senior Snapshot	22-35
On the Horizon	36
Challenges Facing Older Alaskans	36-38
Opportunities	38-40

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



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

—Sharon Howerton-Clark,
ACoA Commissioner,
FY11 Chair,
Public Member, Homer

Dear Reader,

The Alaska Commission on Aging (ACoA) serves to ensure the dignity and independence of all older Alaskans by addressing their needs through planning, advocacy, community education, and interagency cooperation. The Commission's vision for older Alaskans is based on the belief that older people should have the opportunity to fully participate in all aspects of society and community life, be able to maintain health and independence, and that seniors, along with their family caregivers, have access to quality services so that they may live safely in their homes and communities for as long as possible.

The ACoA's most important accomplishment this year was completion of the new Alaska State Plan for Senior Services, FY 2012-2015 which was approved by the U.S. Administration on Aging and developed with input from an interagency Steering Committee comprised of partners representing state agencies, service providers, and senior consumers. The new plan seeks to address the emerging needs of the growing numbers of older Alaskans statewide and their caregivers, taking into account that baby boomers are aging into their senior years and that our state is home to an increasing number of older people of advanced age. The duration of the new plan is July 1, 2011 through June 30, 2015.

The Commission used several sources to gather quantitative and qualitative information to develop the needs assessment for the state plan. For the FY 2012-2015 plan we developed and implemented a senior survey, a senior services provider survey and hosted six elder-senior community forums to gather firsthand information about the needs of older Alaskans from seniors and their caregivers. Through these sources, the Commission sought input about senior access to primary health care, availability and satisfaction with local home- and community-based services, caregiver support, availability of senior housing, financial security, unmet needs of seniors in their regions, providers' projections of service needs over the next five years, and other relevant information.

The Commission received 3,222 completed senior surveys from Alaskans age 50 years and older, 50 responses from senior provider agencies who responded to the provider survey, and had strong participation at each of the elder-senior community forums. Based on an analysis of the findings, access to primary health care for

seniors insured by Medicare living in Anchorage, Fairbanks/Interior, Southcentral and the Aleutians was the priority area of concern identified by seniors and their caregivers. In addition, improved availability of senior-friendly transportation, access to enhanced long-term support services, and affordable and accessible senior housing were also identified as important.

The Commission advocated successfully with our advocacy partners for passage of legislation to improve programs and services for older Alaskans. They include continuation of the Senior Benefits program for another four years, the program that assists more than 10,000 modest-income seniors by providing a monthly cash supplement to help pay for life necessities; additional funding for the senior meal grant-funded program that provides home-delivered and congregate meals to more than 11,000 Alaskan seniors; additional funding for coordinated transportation; funding to establish the Alaska Complex Behavior Collaborative Hub pilot project to improve care for persons with maladaptive behaviors such as those who are at risk for institutional or out-of-state placement due to aggression and other complex behavior needs; funding for Alaska Housing Finance Corporation's Senior Citizen Housing Fund to develop new and improve existing senior housing; and a legislative resolution to promote greater public awareness about the prevalence and social consequences of elder abuse.

Alaska's senior population continues to grow at accelerated rates. Not only is Alaska the state with the fastest-growing population of people age 65 and older (who number 54,938), Alaska seniors are by far the fastest growing age sector in our state. From 2000 to 2010, Alaskans age 60 years and older (with a current population of 90,876) grew by 71.4%, while seniors age 85 and older increased by almost 79%. Senior growth rates are substantially higher than those for younger populations including youth up to age 17 (-1.8%), young adults from age 18 to 34 years (+21.3%), middle-age adults from 35 to 59 years (+7.4%), and the state's total population (+13.3%).

Although the majority of older Alaskans use no senior services, as seniors age they are likely to need more in-home supports (such as home-delivered meals, assistance with activities of daily living, and respite for family caregivers) and home- and community-based services (like congregate meals, care coordination, assisted transportation, and adult day) to help forestall the need for more intensive care in assisted living and skilled nursing facilities. Preparing



"Congratulations to the ACoA on the release of Alaska's new four-year State Plan for Senior Services. Older Alaskans do so much to enrich our communities. We can show our appreciation by using the plan to proactively develop infrastructure and services, including quality, cost-effective long-term care. This will promote and protect the independence of our growing population of older Alaskans, and support their overall well-being with dignity and respect. They deserve no less."

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

**FY 2011
Alaska Commission
on Aging Members**
.....

Sharon Howerton-Clark
Chair
Public member,
Homer

Paula Pawlowski
Vice-Chair
Public member,
Anchorage

Patricia B. Branson
Provider member,
Kodiak

Marie Darlin
Public Member,
Juneau

Eleanor Dementi
Public Member,
Cantwell

Betty Keegan
Public member,
Wrangell

Banarsi Lal
Chair, Alaska Pioneer
Homes Advisory Board,
Fairbanks

Nita Madsen
Director, Alaska State
Community Service
Commission,
Department of Commerce,
Community & Economic
Development,
Anchorage

Iver Malutin
Public member,
Kodiak

Barbara McNeil
Public member,
Anchorage

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

for the future will require more intensive planning to design quality and cost-effective long-term support services; implementation of a patient-centered medical home model that utilizes innovative tele-medicine technologies to address seniors' medical and behavioral health needs; greater investment in home- and community-based services that encourage health, wellness and choice; and support for family caregivers, who provide the majority of long-term care for older Alaskans.

The growth of the senior population is an important asset for Alaska as retired Alaskans constitute one of the largest and healthiest sectors of Alaska's economy. Senior retirees contribute an estimated \$1.7 billion of revenue annually to the state's economy from their pensions, Social Security, investments, and health care payments – which is almost ten times the total cost of State programs targeting seniors. The retirement industry is an economic engine that creates jobs, particularly in public and private health care services, long-term care, and housing, and helps to foster new business opportunities. Moreover, seniors play a huge role in providing knowledge and transmitting cultural values to following generations through mentoring, teaching, and professional expertise. They actively serve as volunteers in their home communities and constitute a large segment of our caregiving network for other seniors, the disabled, and children.

We thank you for your support of services for older Alaskans and for your interest in the Alaska Commission on Aging.

Sincerely,



Sharon Howerton-Clark
Chair of the Alaska Commission on Aging



Denise Daniello
ACoA Executive Director

Introducing the Commission

The Alaska Commission on Aging (ACoA) is a state agency that plans services for older Alaskans and their caregivers, educates Alaskans about senior issues and concerns, and advocates for the needs of all Alaskan seniors. The Alaska Department of Health and Social Services (DHSS) is the federally-designated State Unit on Aging. The responsibilities that come with this designation are carried out by the Division of Senior and Disabilities Services with the ACoA. The Commission is an agency of DHSS under the Commissioner's Office.

By statute, the ACoA is charged with making recommendations directly to the Governor, the Legislature, and the Administration with respect to legislation, regulations, and appropriations for programs or services benefiting older Alaskans. The ACoA is authorized to develop the 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 Commission is one of the four statutory advisory boards to the Alaska Mental Health Trust Authority ("the Trust") to advise the Trust on issues and funding related to the Trust's beneficiaries. The ACoA provides representatives to the project workgroups of the Trust.

The ACoA consists of eleven members, seven of whom are public members appointed by the Governor to serve four-year terms with six members being age 60 years and older. Two seats are filled by the Commissioners of the Departments of Health and Social Services and Commerce, Community, and Economic Development, or their designees. One seat is held for the Chair of the Pioneers' Home Advisory Board. The remaining seat is reserved for a senior services provider, regardless of age. The Commission is supported by a staff of four that includes the Executive Director, two Planners, and an Administrative Assistant.



FY 2011 Alaska Commission on Aging Staff

Denise Daniello,
Executive Director

MaryAnn VandeCastle,
Planner II

Lesley Thompson,
Planner I

Sherice Cole, Administrative
Assistant

Marcus Graves
Project Assistant

How to Contact the Alaska Commission on Aging

Alaska Commission
on Aging
Department of Health &
Social Services

Physical address:
150 Third Street, #103
Juneau, Alaska 99801

Mailing address:
P.O. Box 110693
Juneau, AK 99811-0693

Phone:
(907) 465-3250

Fax:
(907) 465-1398

Website:
www.alaskaaging.org

Email:
hss.acoa@alaska.gov

If enough additional funding is received where use of the funding formula no longer results in a funding loss to any region, then all grant program funding, including NTS, will be distributed according to the new funding formula. The State Plan for Senior Services, FY 2012-2015 can be viewed on ACoA's website at www.alaskaaging.org. Printed copies are available by contacting the ACoA office (907-465-3250).

*—FY2012-2015
Formula Funding*

Alaska State Plan for Senior Services, FY 2012-2015

Alaska's State Plan for Senior Services, describes the programs and services available to older Alaskans, both those paid for by Older Americans Act funding and those paid for through the State of Alaska through other fund sources. Based on the findings generated by the senior survey, provider survey, and elder-senior forums, the State Plan Steering Committee identified four overall goals with corresponding objectives, strategies and performance measures for senior services in Alaska. The ACoA and its partner agencies will plan activities to address each of these goals over the life of the plan.

Goal One: Alaskan seniors are healthy, safe, financially secure, and make vital contributions to their communities.

Goal Two: Seniors have the choice to remain in their own homes, living with high quality of life for as long as possible through the provision of home- and community-based services, including support for family caregivers.

Goal Three: Seniors have access to a range of attractive, safe, affordable housing options.

Goal Four: Seniors are protected from abuse, neglect, self-neglect, and exploitation.

Funding Formula: The State Plan includes a funding formula which directs the regional allocation of State and federal funds for community-based services provided by local senior centers and other programs serving seniors. The funding formula is based on the total number of seniors in a region as well as populations targeted for Older Americans Act (OAA) funding, including the number of older seniors (age 80+), minority seniors, rural seniors, and low-income seniors. In comparison to funding formulas used in previous plans, the FY 2012-2015 State Plan applies a cost-of-living factor, a new definition of "rural" and a "hold harmless" provision to ensure that no area of the state loses funds for Nutrition, Transportation, and Support (NTS) services because of the updated funding formula. This will be accomplished by maintaining the FY 2011 NTS funding allocation (assuming there are no reductions in public funding levels), with only new funding received in the next four years for NTS services to be distributed according to this state plan's funding formula.

Guiding Principles

The Alaska State Plan for Senior Services, FY 2012-2015 identifies the following guiding principles that the ACoA and its agency partners will use to plan and implement senior programs and services for the well-being of older Alaskans.

- ◆ **Highlight Seniors' Community Contributions.** Seniors are one of Alaska's greatest assets. Serving them increases their capacity to contribute to their families, their communities, and to the well-being of all Alaskans.
- ◆ **Keep Seniors Strong and Healthy.** Seniors are provided information and resources to assist them in making healthy choices to reduce their risk of chronic disease, behavioral health problems and increase their ability to live healthy and productive lives.
- ◆ **Promote Independence, Empowerment and Choice.** Older Alaskans are recognized as a valuable resource that affects business and public policy direction. Wherever possible, we seek to strengthen their voice and participation on issues affecting them.
- ◆ **Focus on Partnerships.** Services are provided in an efficient and cost-effective manner by emphasizing coordination with appropriate agencies as well as communities, families, and individuals.
- ◆ **Build Community-Centered Agencies.** Community-based services provided through senior centers and other agencies are safe, accessible, culturally relevant, respectful and responsive to seniors' needs for life enrichment.
- ◆ **Provide Home-and Community-Based Care.** Services aim to assist seniors to thrive in their own homes and communities for as long as possible through the provision of person-centered, coordinated care.
- ◆ **Offer a Full Continuum of Care.** Services are provided in each community or region to supply what seniors need at each stage of the continuum of care from independent living through supportive home- and community-based services, to assisted living and nursing facility care.



"At the Division of Senior and Disabilities Services, we are doing more to protect vulnerable seniors from abuse and financial exploitation and we have increased our efforts to provide one on one counseling, education and outreach to Medicare beneficiaries. Of significant importance are our efforts to help Alaskans easily access the long term services and supports available in their communities, which may include transportation, assistive technology, and in-home care. It truly is an exciting time for all of us!"

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



“Senior programs’ demonstrated efficiency and effectiveness in the use of State, Federal, and local resources makes the Commission’s task of advocating far much easier.”

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

- ◆ **Individualize the Response.** Services are flexible, integrated into each community and designed to respect consumer choice and self-determination, including education for seniors and their families when appropriate.
- ◆ **Include Younger Generations.** To the greatest extent possible, services and programs are designed to provide inter-generational interaction, with an emphasis on the sharing of knowledge and appreciation between the generations.
- ◆ **Target Services to the Most Vulnerable Seniors.** Service providers focus on outreach to frail older adults, low-income seniors, minority elders, non-English speakers, and those living in rural areas ensuring that they are aware of and able to access services.
- ◆ **Support High- Quality Staff.** Services are provided by staff who are trained, understanding, respectful and culturally aware who listen carefully to seniors’ concerns and can communicate clearly as they offer person-centered services.
- ◆ **Respect Rights.** Services are provided in a manner that respect the legal and human rights of seniors and protect them from all forms of abuse, neglect, and exploitation.
- ◆ **Aim for Excellence.** Services are performed to high quality standards, as shown by accessible data measuring performance and client satisfaction.
- ◆ **Give Fair Reimbursement.** Services for seniors are reimbursed at a fair rate in consideration of increasing costs of services, rates paid to other types of providers, and impact on availability of services such as assisted living and other types of services often needed by seniors.

Accomplishments

During FY 2011, the Alaska Commission on Aging carried out the following successful activities in the areas of planning, advocacy, public awareness and education, and interagency cooperation to promote the dignity and independence of Alaska seniors and to help them achieve a meaningful quality of life.

Planning

◆ **Approval of the Alaska State Plan for Senior Services, FY 2012-2015.** Through input from an interagency steering committee comprised of dozens of participants representing state agencies, senior providers, and senior consumers the ACoA authored and received approval from the U.S. Administration on Aging for the Alaska State Plan for Senior Services, FY 2012 – 2015 in July 2011. The plan satisfies federal requirements to allow the Department of Health and Social Services to draw down federal funding through the Older Americans Act to support home- and community-based grant-funded senior services, elder protection, vocational training for modest-income seniors, legal assistance, and other important programs serving older Alaskans.

◆ **Senior Survey, Provider Survey, and Elder-Senior Community Forums.** The ACoA conducted surveys of seniors and service providers and hosted six elder-senior community forums to identify emerging needs and gaps in service that were used for the needs assessment in the state plan. The Commission received and analyzed 3,222 completed senior surveys from Alaskans age 50 years and older with 2,836 of them from Alaska seniors age 60 years and older, and responses from fifty agencies to the senior provider survey. Access to primary health care for seniors insured by Medicare, particularly for seniors who live in Anchorage, Fairbanks, Southcentral and the Aleutians, and concerns about financial security were the priority issues identified by seniors and their caregivers. In addition, improved availability of senior-friendly transportation, access to enhanced long-term support services, and affordable and accessible senior housing were also identified as important.

◆ **Long-Term Care Steering Committee.** The ACoA serves on the DHSS Long-Term Care Steering Committee, coordinated



*"Aging in Alaska."
We are the fastest
growing population in
Alaska. Realizing that
with this aging process
brings additional
concerns for Seniors
and their families such
as financial security,
health care and long
term care. There are
answers available for
these concerns."*

—Barbara McNeil,
ACoA Commissioner,
Public Member,
Anchorage



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

—Paula Pawlowski,
ACoA Commissioner,
FY11 Vice Chair,
Public Member,
Anchorage

by Senior and Disabilities Services, to help plan for the future of long-term care in Alaska. The Commission participated in the Steering Committee’s presentation to the Alaska Health Care Commission describing the status and issues of long-term care in Alaska with a focus on demographic projections and projected needs for long-term care by older Alaskans.

- ◆ **Comprehensive Integrated Mental Health Plan (CIMHP).** The Commission serves as a resource to the Department of Health and Social Services and the Alaska Mental Health Trust Authority in the development and implementation of the CIMHP by providing information and data that addresses the behavioral health needs of older Alaskans and persons with Alzheimer’s disease and related dementias.

Advocacy

- ◆ **Legislative Efforts:** The ACoA identified six priorities for our legislative advocacy work in FY 2011: (1) Passage of legislation to extend the Senior Benefits Program; (2) Increased funding for the senior meal grant-funded program; (3) Increased funding for Senior In-Home and Adult Day Services; (4) Passage of legislation to establish a permanent task force for community transportation and to increase funding for transportation serving seniors and disabled persons; (5) Funding for senior housing; and (6) Support of legislation to increase safety and protection of vulnerable older Alaskans from harm.

During session, the ACoA monitored a total of 37 bills and resolutions and actively supported 15 pieces of state legislation by providing testimony and submitting letters of support to bill sponsors, legislative committees and Congressional members. ACoA members had a total of 47 face-to-face meetings with legislators and their staff during the ACoA February legislative advocacy meeting. The Commission provided all legislators and administrative staff with information about senior needs based on public input and data from programs serving seniors, along with ACoA’s budget/policy recommendations to improve their welfare.

- ◆ **Senior Benefits.** Successfully advocated for extension of the Senior Benefits program (HB 16) for another four years to provide supplemental income for more than

10,000 modest-income seniors to help pay for food, housing, medicine, and other basic needs. The ACoA supported an amendment to the legislation to increase the Personal Needs Allowance for qualifying elderly residents of nursing homes and the Pioneer Homes.

- ◆ **Senior Meals.** Advocated successfully for an increase to the Senior Meal program in the amount of \$300,000 for home-delivered and congregate meals to more than 11,000 seniors to address the growing number of seniors needing meals and the rising costs of food and fuel to provide them.
- ◆ **Community Transportation.** Collaborated with other advocacy partners to secure \$1 million in the capital budget to partially fund federal match requirements and \$1.05 million through the Mental Health capital budget for vehicle expenses.
- ◆ **Alaska Complex Behavior Collaborative Hub Pilot Project.** Collaborated with other advocacy partners for funding (\$475,000) to establish this pilot program to improve care for persons with complex behaviors such as seniors with dementia, persons with developmental disabilities, mental illness, and brain injury who are at risk for institutional or out-of-state placement due to aggression and other complex behavior management needs.
- ◆ **Senior Housing.** Advocated successfully for \$4.5 million of capital funds for the Senior Citizen Housing Development Fund administered by the Alaska Housing Finance Corporation to develop new and improve existing senior housing stock statewide.
- ◆ **Senior Citizens Protection.** Successfully supported passage of HCR 3 to improve safety and protection of older Alaskans by encouraging the Department of Health and Social Services and the Office of the Long-Term Care Ombudsman to promote public education and awareness concerning the signs of elder abuse, reporting of abuse, ways to improve interagency coordination of first responders and service providers in situations involving possible abuse.



"What is the most important thing you have learned about older Alaskans since serving on the Commission?"

I have learned there are many older Alaskans in need. The Alaska Commission on Aging is traveling to many villages to hear and see what the needs are for Elders."

*—Iver Malutin,
ACoA Commissioner,
Public Member, Kodiak*



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

—Eleanor Dementi,
ACoA Commissioner,
Public Member, Cantwell

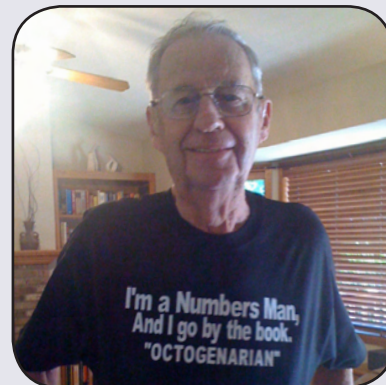
- ◆ **Preserve Federal Funding for Programs Serving Seniors.** The ACoA advocated in support of preserving federal funding for senior programs that include Medicaid, the Senior Community Services Block Grant Program, HUD 202 senior housing program, and the Low Income Home Energy Assistance Program (LIHEAP).
- ◆ **Legislative Presentation.** The ACoA provided an overview of the development of the State Plan to the Alaska State House and Senate Health and Social Service Committees highlighting findings from the elder-senior community forums, provider survey and senior survey during the FY 2011 legislative session. ACoA's presentations were part of discussions among policy makers regarding the needs of Alaskan seniors, long-term care, and elder protection.
- ◆ **Pending Legislation.** During the second session of the 27th Legislature, the ACoA will continue to advocate for legislation of benefit to Alaskan seniors including Protection of Vulnerable Adults/Minors (HB 150/86); Grants for Seniors' Medical Care (SB 87); Incentives for Certain Medical Providers (HB 78); Advance Health Care Directives Registry (HB 61); Senior Citizen Housing Development Fund Grants (HB 65); Civil Legal Services Fund (SB 62); and Colonoscopy for Public Employees (HB 11).

Public Awareness/Community Education

- ◆ **Alaska Senior Fall Prevention Campaign.** The ACoA and other coalition members continue to work towards reducing the number of accidental falls, which are the number one cause of injury to Alaskans age 65 and older, often causing serious injury such as hip fracture or brain trauma and leading to depression, loss of mobility, and reduced independence. Governor Parnell signed a proclamation recognizing September 18-24, 2011 as "Senior Fall Prevention Week" in Alaska. Continuing educational activities include press releases, a radio Public Service Announcement (PSA), radio interviews on the topic of senior fall prevention, informational articles in newsletters that highlight ways to prevent senior falls through evidence-based exercise, use of proper footwear, removal of home hazards, regular medication review by

qualified health providers, and encouraging communities to keep their public walkways clear of ice and snow.

- ◆ **Legislative Advocacy Teleconferences.** The ACoA sponsored nine statewide 90-minute teleconference meetings from January 20th to April 21st with twenty participating senior centers statewide to provide updates on legislation affecting seniors, seek input from seniors about legislation of most importance to them, and to coordinate local grassroots advocacy efforts.
- ◆ **Community Presentations.** The Commission delivered public presentations to a variety of community groups and to University of Alaska students providing information about the demographics and status of Alaska seniors, the aging of Alaska's workforce, Alzheimer's disease and related dementias, workforce needs in health care to serve Alaska's growing senior population, ways to promote healthy aging, and other relevant topics.
- ◆ **Senior Snapshot.** The Commission publishes an annual Senior Snapshot (included in this Annual Report) to provide data on the status and well-being of Alaska seniors and their use of senior programs.
- ◆ **Prevention of Elder Abuse.** Thanks to the generous support of the Alaska Mental Health Trust Authority, the ACoA collaborated with the Trust to develop print ads in order to raise awareness about the prevalence of elder abuse and how to report suspected abuse.
- ◆ **Older Americans Month.** ACoA worked with members of the Interior legislative delegation on a Legislative Citation designating May 2011 as "Older Americans Month in Alaska" to honor older Alaskans as valuable citizens who enrich the quality of life in our communities, personal lives, and the State.
- ◆ **Employ Older Alaskan Workers.** The Commission partnered with the Department of Labor, Mature Alaskans Seeking Skills Training Program (MASST) to celebrate "Employ Older Alaskan Workers Week," September 18th-24th and requested a Governor's Proclamation to honor older workers and their contributions. Activities included a press release, participation in a panel discussion about the value of the older worker, and public recognition of MASST participants and their employers.



"Between January 1 and December 1, 2011, more than 7,000 people will turn 65 years old every single day."

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



"The Commission has been successful in its advocacy efforts for older Alaskans, no matter where they live, working with other advocacy groups and most importantly with Alaskan seniors, to meet the needs of every person who wants to remain in his or her own home and community. Having diversity of every type, including age, is an important element in what makes a community viable."

—Pat Branson,
ACoA Commissioner,
Senior Provider Member,
Kodiak

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

- ◆ **August 2010 in Bethel.** The ACoA's rural outreach meeting was held in Bethel where we also held an elder-senior community forum. The Commission visited with elders and their caregivers to learn about services provided to seniors in those communities with an emphasis on health care, long-term support services, transportation, and senior housing needs in the region.
- ◆ **December 2010 in Anchorage.** The ACoA met at the Salvation Army Older Alaskans Program in Anchorage where we learned about new options for seniors seeking primary care in the Anchorage area.
- ◆ **February 2011 in Juneau.** The ACoA held its business meeting at the Goldbelt Building and visited with legislators to discuss senior needs and concerns.
- ◆ **May 2011 in the Mat-Su Borough.** The ACoA met at the Palmer and Wasilla Senior Centers where we learned about the projected long-term support needs for the state's fastest growing region for senior population and visited programs serving Mat-Su seniors. Officials from the U.S. Administration on Aging and DHSS Commissioner William Streur participated in those meetings.

Interagency Collaboration

◆ **Alaska Mental Health Trust Authority.** The ACoA provides annual budget and policy recommendations to the Trust on matters affecting Alaskans with Alzheimer's disease and related dementia (ARD) and senior behavioral health conditions. Annually, the Commission provides an update to Trustees of data related to the status of older Alaskans with ARD and their behavioral health needs. The ACoA reports quarterly to the Trust on our work that addresses the welfare of senior Trust beneficiaries. In partnership with the Trust and other advisory boards, the ACoA participates in activities related to Trust projects including the Comprehensive Integrated Mental Health Plan, the Joint Advocacy Summit,

and the “You Know Me” public awareness campaign to raise awareness, reduce stigma related to mental illness and disabilities, and promote the message that treatment works. Commission members and staff serve on the Trust Focus Area workgroups and committees including Workforce Development, Housing, Disabilities Justice, Beneficiary Project Initiatives, Coordinated Communications, the Trust Applicant Review Committee, and the Trust Training Cooperative.



◆ **Aging and Disability Resource Center Advisory (ADRC) Council.** ACoA provides support to Senior and Disabilities Services to promote the ongoing development of the ADRCs as the point of entry for all long-term care services. ACoA's executive director serves as a member of the ADRC Advisory Council.

◆ **Assistive Technology Consortium.** ACoA participates in this committee of state agency and community providers to build awareness and increase capacity to promote use of assistive technology across the life span. Older Alaskans with low vision, hearing loss, physical disabilities, and those recovering from stroke can benefit from a variety of assistive technology devices to help them maintain their independence.

◆ **Collaboration with Regional Senior Advisory Commissions.** The ACoA coordinates with the Fairbanks North Star Borough Senior Advisory Commission, the Juneau Commission on Aging, and the Anchorage Senior Advisory Commission to encourage grassroots advocacy efforts and participation in the Commission's Legislative Advocacy Teleconferences.

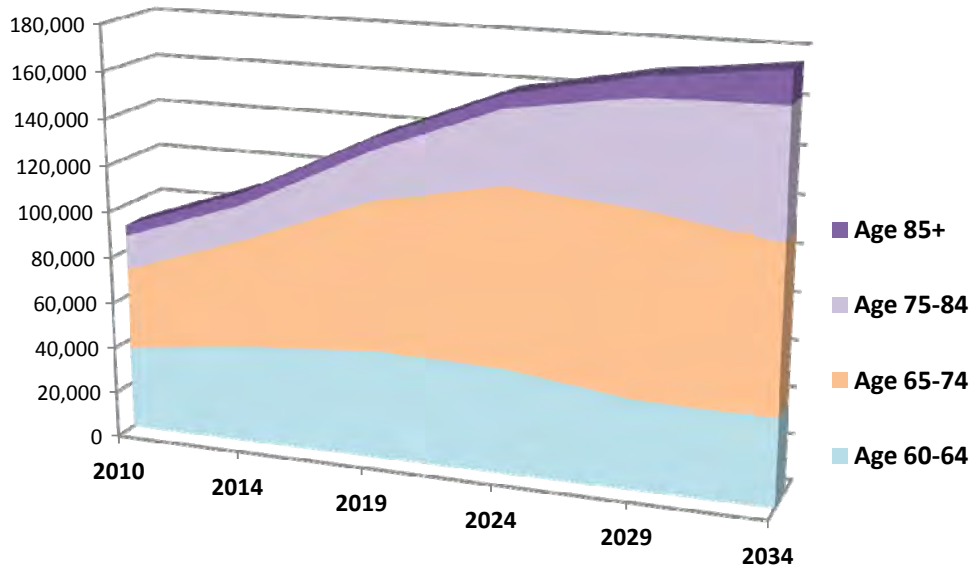
◆ **Board & Commission Collaboration.** Due to the close working relationship between the Pioneer Home Advisory Board and the ACoA, seats are reserved for each chair on both boards. Commissioner Banarsi Lal, chair of the Pioneer Home Advisory Board (PHAB) serves on the ACoA and Sharon Howerton-Clark, ACoA's chair, represents the ACoA on the PHAB. Commissioner Lal also serves on the board of the Governor's Council on Disabilities and Special Education. Executive Director Denise Daniello serves on the board of the Alaska Brain Injury Network, a nonprofit organization promoting education, prevention, and advocacy for a service system to meet the needs of traumatic brain injury survivors and their caregivers.

“The total number of seniors (age 60+) in Alaska in 2010 is 90,876. Seniors comprise almost 13% of the state's total population.”

—Alaska Department of Labor and Workforce Development

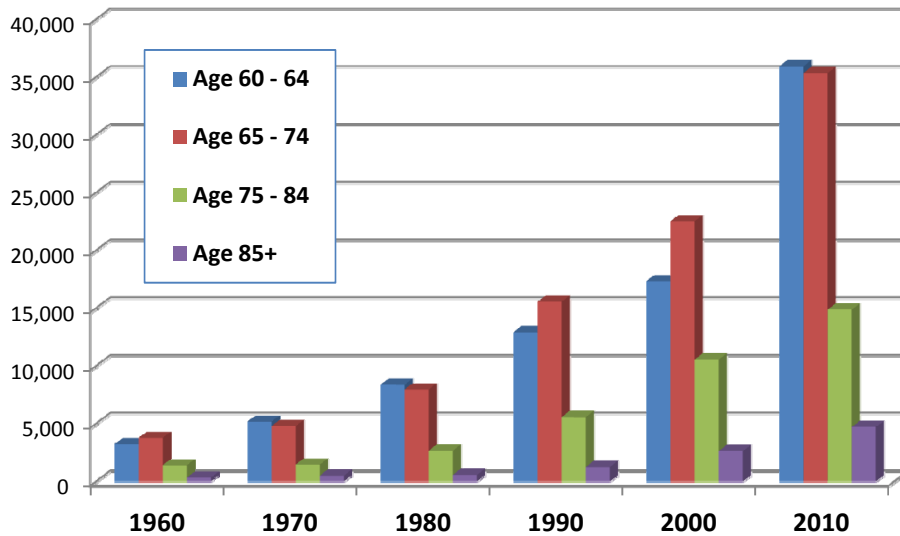


Projected Alaska Senior Population by Age Group Through 2034



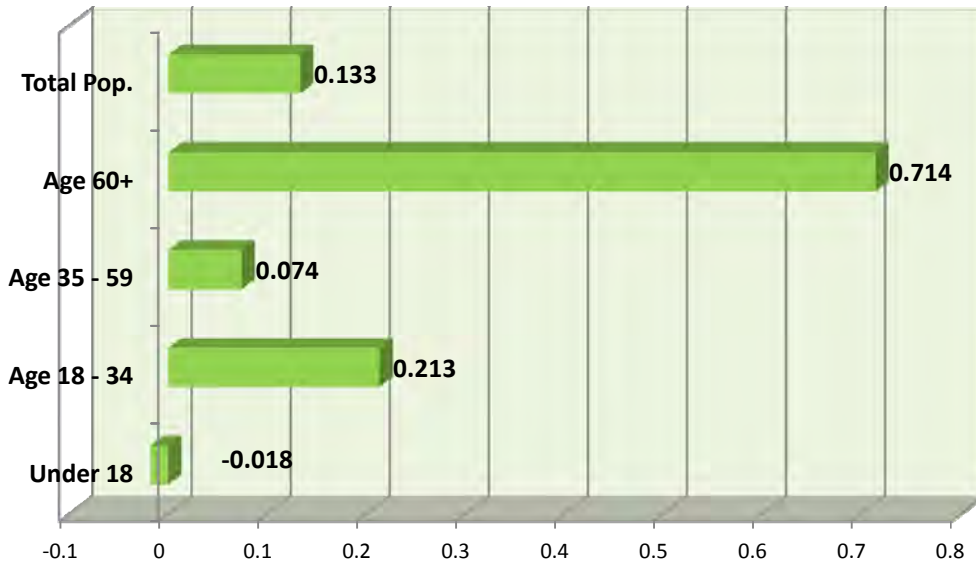
Data Source: AK Department of Labor, Mid-Range Projections, 2010

Number of Older Alaskans by Age Group, 1960-2010



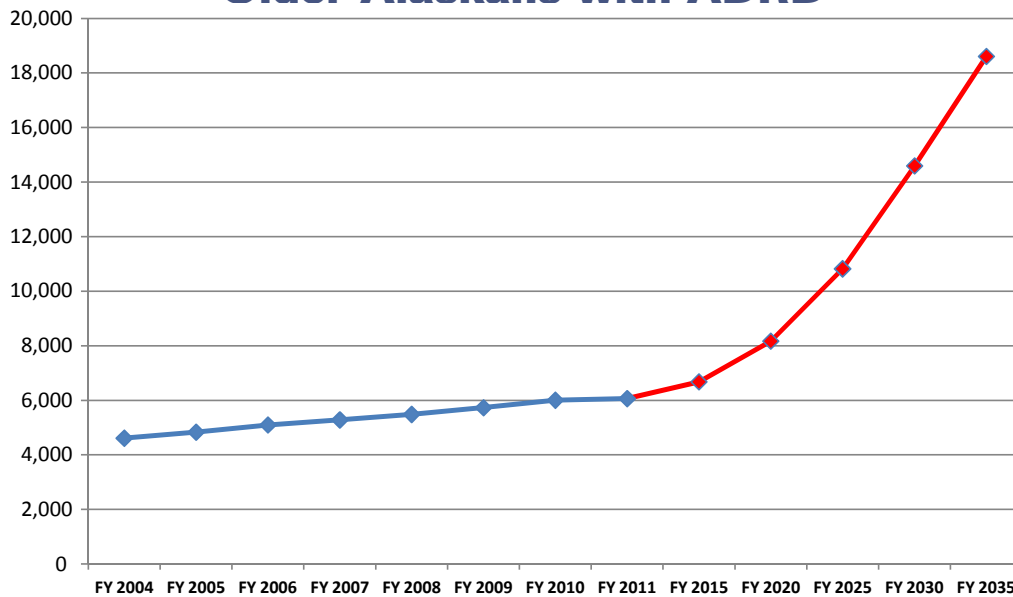
Data Source: AK Department of Labor, Mid-Range Projections, 2010

Alaska Population Growth by Age Group, 2000-2010



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

Estimated/Projected Older Alaskans with ADRD



Data Source:
ADRD=Alzheimer's Disease and Related Dementias

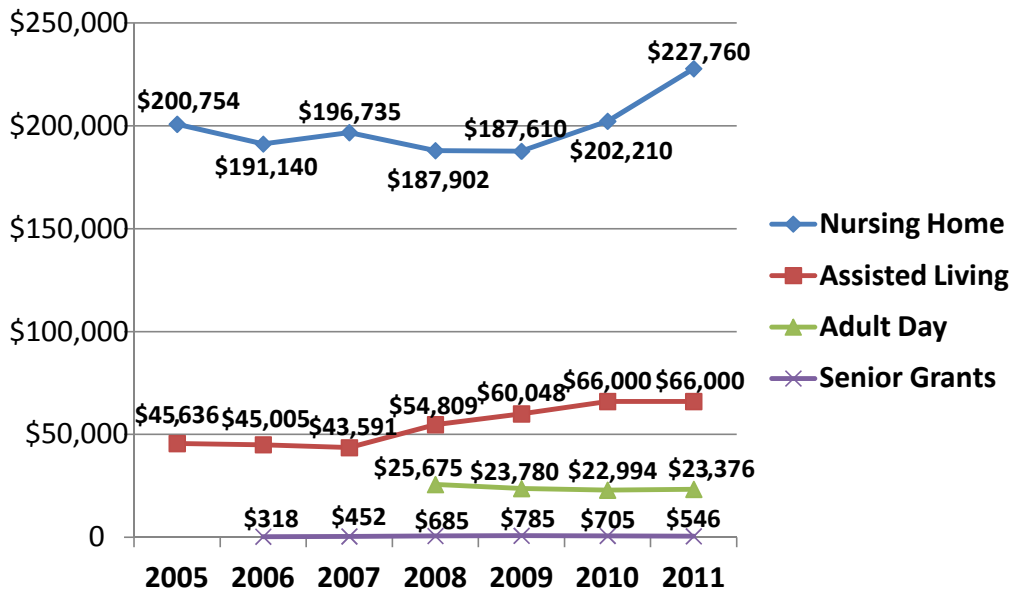
The Alaska Commission on Aging holds four Commission meetings annually as well as "listening sessions" on various topics around the state.





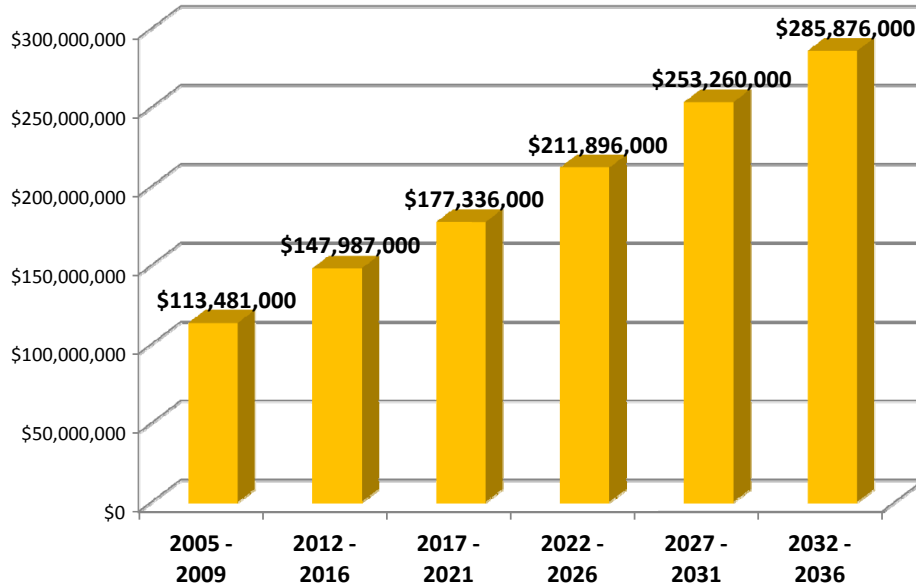
The Alaska Commission on Aging advocates for policies and programs to ensure that older Alaskans have access to quality services and may continue to live and thrive as contributing members of their families and communities.

Alaska Long-Term Care Types Annual Cost Per Client



Data Source:

Projected Cost of Older Alaskan Fall Hospitalizations through 2036 (2011 \$\$)



Data Source:

Population by Region

	2010 Senior Pop. (60+)	2000 - 2010 Change	Percent Seniors	Median Age
Region I	2,266	+36.8%	9.3%	
Bethel Census Area	1,644	+42.0%	9.7%	26.2
Wade Hampton	622	+24.9%	8.3%	24.9
Region II	13,179	+83.7%	11.8%	
Denali Borough	255	+109.0%	14.0%	41.5
Fairbanks North Star Borough	10,950	+90.6%	11.2%	31.0
Southeast Fairbanks	1,079	+69.4%	15.4%	37.4
Yukon-Koyukuk	895	+33.4%	16.0%	35.3
Region III	856	+78.0%	9.1%	
North Slope Borough	856	+78.0%	9.1%	35.1
Region IV	35,079	+65.8%	12.0%	
Anchorage Municipality	35,079	+65.8%	12.0%	32.9
Region V	22,760	+98.6%	14.8%	
Kenai Peninsula	9,986	+87.8%	18.0%	40.6
Matanuska-Susitna Borough	11,353	+117.3%	12.8%	34.8
Valdez-Cordova	1,421	+54.0%	14.7%	39.8
Region VI	1,681	+31.9%	9.9%	
Nome Census Area	964	+25.4%	10.2%	27.6
Northwest Arctic	717	+42.0%	9.5%	25.7
Region VII	2,444	+47.6%	11.6%	
Bristol Bay Borough	139	+58.0%	13.9%	42.8
Dillingham	552	+34.6%	11.4%	29.0
Kodiak Island	1,555	+54.9%	11.4%	32.5
Lake and Peninsula	198	+28.6%	12.1%	30.8
Region VIII	847	+100.7%	9.7%	
Aleutian Islands East	326	+115.9%	10.4%	42.1
Aleutian Islands West	521	+92.3%	9.4%	40.7
Region IX	11,764	+52.0%	16.4%	
Haines Borough	587	+72.1%	23.4%	46.9
Juneau Borough	4,495	+61.5%	14.4%	38.1
Ketchikan Gateway Borough	2,192	+37.7%	16.3%	38.4
Prince of Wales/Outer Ketchikan	922	+61.5%	16.6%	39.9
Sitka Borough	1,520	+38.7%	17.1%	38.2
Skagway/Hoonah/Angoon	642	+59.3%	20.6%	Sk: 41.2; H/A: 46.0
Wrangell/Petersburg	1,296	+47.1%	21.0%	Wr: 46.7; Pe: 41.5
Yakutat Borough	110	+52.8%	16.6%	39.7
STATEWIDE	90,876	+71.4%	+12.8%	33.8



"The Alaska Commission on Aging estimates that as of 2010, there were roughly 7,785 Alaskans with Alzheimer's Disease and Related Dementia (6,067 Alaskans aged 65 and above and 1,718 aged 55 to 64). This estimate does not include those with brain injury. According to the Alzheimer's Association, as many as half of people satisfying diagnostic criteria for dementia have never received a diagnosis."

—2011 ACoA Senior Snapshot

Senior Snapshot: Older Alaskans in 2011

Older Alaskans are a highly diverse group of individuals and while statistics do not capture their unique circumstances, information about their collective lives illustrates many of the issues of older Alaskans and their advocates.

The Alaska Commission on Aging has gathered a selection of data on older Alaskans providing a sketch of these residents and their well-being. In the *ACoA Senior Snapshot: Older Alaskans in 2011*, a number of data points substantiate the following observations:

- ◆ The number of seniors in Alaska continues to increase rapidly – from the 2009 projection to actual 2010 census data indicating a 6.8% increase statewide. The highest growth rate over this period was the Southcentral region which had an increase of 9.2%.
- ◆ Over the past decade, 2000 to 2010, the senior 60+ population has grown by 71.4%. Not only are baby boomers turning 60, many older Alaskans are choosing to stay in Alaska. The number of Alaskans 60 – 64 has grown to 35,938 in 2010 from 17,327 ten years ago, a 107.4% increase.
- ◆ Growing almost as fast is the 85-and-older cohort, whose members are frail, at risk for developing Alzheimer's disease and related dementias (ARD), and are the most likely to depend on home- and community-based services, and long-term support services. The 85-and-older cohort went from a population of 2,634 in 2000 to 4,711 in 2010 representing an increase of 79%.
- ◆ Retired seniors as a whole contribute at least \$1.7 billion annually to Alaska's economy which includes their retirement income and home care spending. This source of income is one of the state's top economic sectors.
- ◆ The number of 65-and-older seniors receiving monthly cash supplemental payments from the Senior Benefits Program varies greatly by location from 11.2 percent in the North Slope region to 55.8 percent in the Bethel/Wade Hampton region. To qualify for this program, seniors must have incomes below the 175% of the federal poverty level for Alaska.

- ◆ The demand for affordable and accessible senior housing remains high. Some seniors continue to be on AHFC's list for many years and still have not been able to obtain the housing they need.
- ◆ The majority of Alaska Pioneer Home residents continue to require Level III care, the most advanced level of care, at 50.5 percent. This reality presents the Alaska Pioneer Homes with an on-going challenge because the mix of residents differs from the population they were originally designed to serve. However, one reason for this higher level of need is that people are entering the Homes at an advanced age with the average age of a resident on December 1, 2011 at 86.6 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, and 25,000 in FY2011. However, the cost per client per year has decreased from \$546 in FY2010 to \$491 in FY2011.
- ◆ Adult Protective Services and the Long-Term Care Ombudsman's Office are seeing a large increase in the number of senior abuse and neglect cases. Cases of senior abuse, neglect and exploitation may involve friends and family members, paid caregivers, telemarketers, and others. Reports to Adult Protective Services increased by 20% over the last fiscal year and has increased by 333% over the past six years. The Division of Senior and Disabilities Services attribute the increase in reports of harm from 2010 to 2011 to it policies requiring mandatory reporting by Home-Community-Based providers and associated education efforts.
- ◆ The number of complaints to the Long-Term Care Ombudsman increased 70% from FY2010 to FY2011. The Long-Term Care Ombudsman believes that the rise in complaints is related to diligent Department of Health and Social Services efforts that require 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 assisted living homes did not provide adequate supervision and care.



"The highest average daily rates for nursing homes were in Alaska, which came in at \$655 for a private room and \$678 for a semi-private room."

— Market Survey of Long-Term Care Costs
The 2011 MetLife Market Survey of Nursing Home, Assisted Living, Adult Day Services, and Home Care Costs, October 2011



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

—Betty Keegan,
ACoA Commissioner,
Public Member, Wrangell

- ◆ Age-adjusted death rates for Alaskan seniors continue to decline for chronic lower respiratory diseases, cancer, heart disease and stroke and remain statistically lower than those of U.S. seniors as a whole. However, Alaskan seniors are more likely to die of behavioral health causes than U.S. seniors. Rates for senior suicide, other accidental deaths and drug-induced deaths continue to rise in Alaska.
- ◆ Falls continue to be the leading cause of fatal injuries of seniors ages 75 and older and the leading cause of non-fatal hospitalizations for seniors 60 and older. Between, 2005-2009, hospitals reported treating 3,356 cases of non-fatal falls, for Alaskans 65 and older, representing a 24 per cent increase in hospitalizations compared to the previous 5-year period (2000 – 2004) when 2,697 falls were reported.

The information provided in this 2011 Senior Snapshot edition provides a glimpse of the unique Alaska senior generation and their well-being.

Senior Snapshot: Older Alaskans in 2011

Population Age 60+	% of Area's 60+ 2010 Pop.	CY2010	CY2009	CY2008	CY2000	% Seniors Change 2000-2010	Comments
Statewide Total	12.8%	90,876	85,100	79,850	53,026	71.4%	Over a 10 year period. Note 1
I. Bethel Area	9.3%	2,266	2,131	2,089	1,661	36.4%	Bethel, Wade Hampton
II. Interior	11.8%	13,179	11,874	11,254	7,169	83.8%	Fairbanks NSB, Yukon-Koyukuk, Denali, SE Fairbanks
III. North Slope	9.1%	856	600	579	481	78.0%	North Slope Borough
IV. Anchorage	12.0%	35,079	33,913	31,220	21,160	65.8%	Municipality of Anchorage
V. Southcentral	14.8%	22,760	20,841	19,533	11,463	98.6%	Kenai Peninsula, Mat-Su, Valdez-Cordova
VI. Northwest	9.9%	1,681	1,600	1,588	1,274	31.9%	Nome, Northwest Arctic
VII. Southwest	11.6%	2,444	2,359	2,307	1,656	47.6%	Bristol Bay, Dillingham, Kodiak, Lake & Peninsula
VIII. Aleutians	9.7%	847	511	471	422	100.7%	Aleutians East, Aleutians West
IX. Southeast	16.4%	11,764	11,271	10,809	7,740	52.0%	Haines, Juneau, Ketchikan, Prince of Wales, Sitka, Skagway-Hoonah-Angoon, Wrangell-Petersburg, Yakutat
Age 60-64	39.5%	35,938	32,837	30,395	17,327	107.4%	Baby boomers entering this group. Note 2
Age 65-74	38.9%	35,350	33,081	31,019	22,507	57.1%	There was a 57.1% increase over this 10 year period
Age 75-84	16.4%	14,877	14,169	13,795	10,558	40.9%	There was a 40.9% increase over this 10 year period
Age 85+	5.2%	4,711	5,013	4,641	2,634	78.9%	85+ Total decreased. Note 3
Rank among States in growth of the senior population.		Ranking #1	Ranking #1	Ranking #1			Fastest growing senior population per capita. Age 65+. Note 4

Senior Snapshot: Older Alaskans in 2011

Economic Status						
Seniors' Economic Contribution to Alaska	CY2010: 1.712 Billion**	CY2009: 1.682 Billion**	CY2008: 1.662 Billion**	CY2007: 1.589 Billion**	*ISER figure from "Report on the Economic Well-Being of Alaska Seniors (2007) Projected CY2004 at 1.461 Billion **ACoA estimate. Note 5	
Average Monthly Social Security Pmt, Age 65+	AK, Dec. 2010: \$1,188	AK, Dec. 2009: \$1,111	AK, Dec. 2008: \$1,101	AK, Dec. 2007: \$1,015	Amount of payment received each month by Social Security participant Age 65+. Note 6	
Average Monthly PERS Payment	AK, Sept. 2011: \$1,509.39 # of seniors: 12,084	AK, Sept. 2010: \$1,485 # of seniors: 11,453	AK, Sept. 2009: \$1,504 # of seniors: 10,705	AK, Sept. 2008: \$1,434 # of seniors: 10,042	Average payment per person. AK Dept. of Administration, Div. of Retirement & Benefits. Public Employees Retirement System. Note 7	
Average Monthly TRS Payment	AK, Sept. 2011: \$2,680 # of seniors: 4,583	AK, Dec. 2010: \$2,654 # of seniors: 4,318	AK, Dec. 2009: \$2,716 # of seniors: 4,087	2008 Data not available	Average payment per person. AK Dept. of Admin. Div. of Retirement & Benefits. Teachers Retirement System. Note 8	
# of Senior Benefits Recipients 65+	Sept. 2011:	Nov. 2010:	Nov. 2009:	Nov. 2008:	Sept. 2011 % Seniors Note 9	
Statewide	10,566	10,109	9,987	9,309	19.9%	Increase over Nov. 2010 statewide total by 4.5%
I. Bethel Area	805	812	812	807	55.8%	Decrease from Nov. 2010 region total by .01%
II. Interior	1,239	1,214	1,200	1,109	16.7%	Increase over Nov. 2010 region total by 2.1%
III. North Slope	44	38	45	41	11.2%	Increase from Nov. 2010 region total by 15.8%
IV. Anchorage	3,803	3,642	3,572	3,353	18.0%	Increase over Nov. 2010 region total by 4.4%
V. Southcentral	2,494	2,353	2,363	2,253	17.6%	Increase from Nov. 2010 region total by 6.0%
VI. Southwest	457	421	422	387	43.3%	Increase from Nov. 2010 region total by 8.6%
VII. Northwest	411	401	413	391	27.6%	Increase from Nov. 2010 region total by 2.5%
VIII. Aleutians	45	35	39	32	12.9%	Increase from Nov. 2010 region total by 28.6%
IX. Southeast	1,260	1,188	1,120	1,030	17.6%	Increase over Nov. 2010 region total by 6.1%

Senior Snapshot: Older Alaskans in 2011

Seniors in Alaska (age 60+) on Food Stamps	Nov. 2011: 2,312 (60-64) 3,108 (65+) Total 5,420	Nov. 2011 Average benefit: 60-64 (\$158) 65+ (\$98)	Nov. 2010: 1,933 (60-64) 2,624 (65+) Total 4,557	Nov. 2009 4,979 (60+)	Alaska Division of Public Assistance; senior (age 60+) Food Stamp recipients increased 19% from November 2010 to November 2011.
Avg. dollar monthly benefit for Alaskan seniors on Food Stamps	FY 2011: \$157.24 (Age 60-64)	FY 2011: \$98 (Age 65+)	FY 2010: \$155.90 (Age 60-64) \$96.21 (Age 65+)	Alaska Division of Public Assistance. Note 10	
Seniors Receiving Old Age Assistance 65+ (Adult Public Assistance)	Nov. 2011: Number of AK seniors 65+: 5,241	Nov. 2011: average amount \$241	Nov. 2010: Number of AK seniors 65+: 4,485 average amount \$290	Alaska Division of Public Assistance. Note 11	
AHFC total units of senior/disabled housing (statewide)	Dec. 2011: 610 units	Dec. 2010 610 units	Dec. 2009: 610 units	Dec. 2008: 610 units	Includes only HUD properties managed by AHFC.
AHFC wait list for senior/disabled housing (statewide)	Oct. 2011: 1,144	Dec. 2010: 1,281	Jan. 2009: 754	AHFC. Includes individuals age 62+ as well as individuals of any age with a disability	
AHFC wait list for housing vouchers	Oct. 2011: 5,344 families	Dec. 2010: 7,104 families		AHFC includes all families, regardless of age. Note 12	
AHFC senior housing units funded for development	FY 2011: 58 units	FY 2010: 30 units	2001 thru 2011: 621 units	AHFC. Includes funding provided to various developers.	
Senior Health	Alaska	Alaska	U.S.	Comments	
Number with ADRD (estimate)	CY2010: 6,067	CY2009: 6,008	CY 2011: 5,400,000	AK estimate based on national prevalence rates 65 and older age category. Nationally, \$183 billion dollars in annual cost. Note 13	
Suicide rate (per 100,000 seniors age 65+)	CY2006-2010: 22.7	CY2005-2009: 20.7	CY2007: 14.3	Alaska Bureau of Vital Statistics. Note 14	

Senior Snapshot: Older Alaskans in 2011

Fatal fall rate (accidental)	CY2006-2010: 29.1	CY2005-2009: 25.7	CY2007: 48.4	Alaska Bureau of Vital Statistics. Note 15
Other accidental deaths (per 100,000 age 65+)	CY2006-2010: 84.1	CY2005-2009: 76.7	CY2007: 52.7	Alaska Bureau of Vital Statistics. Note 16
Alcohol-induced deaths	CY2006-2010: 33.2	CY2005-2009: 38.8	CY2007: 11.9	Alaska Bureau of Vital Statistics. Note 17
Drug-induced deaths	CY2006-2010: 8.5	CY2005-2009: 8.0	CY2007: 4.4	Alaska Bureau of Vital Statistics. Note 18
Leading causes of death:	2010 (AK):	2009 (AK):	2008 (U.S.):	Alaska Bureau of Vital Statistics. Note 19
Cancer	973.8	1,046.60	1007.8	Per 100,000 age 65+
Heart diseases	749.9	834.2	1275.4	Per 100,000 age 65+
Stroke	229.3	239.2	294.6	Per 100,000 age 65+
Chronic lower respiratory diseases	271.3	319.5	279.5	Per 100,000 age 65+
Alzheimer's disease	152.9	126.3	209.9	Per 100,000 age 65+
Diabetes mellitus	114.7	99.5	130.9	Per 100,000 age 65+
Unintentional injuries	134.7	105.2	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: 45,570	Alaska Trauma Registry: Web-based Injury Statistics Query and Reporting System (WISQARS) data base (CDC) – for U.S., total reflects top 20 causes of injury
Hospital admissions for alcohol use suspected	AK, 2010: 84 (9.1%)	AK, 2009: 93 (9.3%)	AK 2008: 61 (8.2%)	Alaska Trauma Registry

Senior Snapshot: Older Alaskans in 2011

Hospital admissions for non-fatal falls, age 60+	AK, 2010: 706	AK, 2009: 753	U.S., 2009: 565,029	Alaska Trauma Registry; Web-based Injury Statistics Query and Reporting System (WISQARS) data base (CDC)
Alcohol use suspected	AK, 2010: 55 (7.8%)	AK, 2009: 66 (8.8%)	U.S. Data	Alaska Trauma Registry
Binge drinkers	5.0%	5.1%	3.5%	Age 65+ - 2010 BRFSS. Note 20
Heavy drinkers	3.0%	4.1%	3.1%	Age 65+ - 2010 BRFSS. Note 21
Smokers	9.9%	8.6%	8.2%	Age 65+ - 2010 BRFSS. Note 22
Disabled seniors	43.0%	38.3%	30.6%	Age 65+ who are "limited in activities because of physical, mental or emotional problems" – 2010 BRFSS. Note 23
Obese seniors	26.4%	31.2%	24.1%	Age 65+ - 2010 BRFSS. Note 24
Seniors with diabetes	18.3%	18.3%	19.0%	Age 65+ - 2010 BRFSS.
Seniors whose general health is "Fair" or "Poor"	22.7%	19.1%	24.7%	Age 65+ - 2009 BRFSS.
Long Term Care and Supports				
Pioneer Home residents at Level III	Dec. 2011: 50.5%	Dec. 2010: 50.8%	Dec. 2004: 46.1%	Data provided by Div. of Pioneer Homes. Level III is the most advanced level of care.
Avg. age of PH resident	Dec. 1, 2011: 86.6 years	Dec. 1, 2010: 85.6 years	1998: 76 years	Data provided by Div. of Pioneer Homes.
Nursing home costs – private room, average daily rate	AK, 2011: \$678* per day \$247,470 per yr	AK, 2010: \$687* per day \$250,755 per yr	U.S., 2011: \$239 per day \$87,235 per yr	*AK: highest cost in the U.S.; MetLife Mature Market Institute, 2011 Market Survey of Long-Term Care Costs
Assisted Living Home Costs – average monthly base rate	AK, 2011: \$4,478* per month \$53,736 per year	AK, 2010: \$4,372* per month \$52,464 per year	U.S., 2011: \$3,477 month \$41,724 per year	*Alaska went from 3rd highest cost in the U.S. in 2010 to 9th highest in 2011 (CT, DE, HI, ME, MA, NH, NJ, and VT are higher). MetLife Mature Market Institute, 2011 Market Survey of Long-Term Care Costs

Senior Snapshot: Older Alaskans in 2011

Home Health Care Costs: Home Health Care Aide	AK, 2011: \$25 average hourly rate	AK, 2010: \$25 average hourly rate	U.S., 2011: \$21 average hourly rate	MetLife Mature Market Institute, 2011 Market Survey of Long-Term Care Costs
Adult Day Services Costs	AK, 2011: \$94 average daily rate	AK, 2010: \$71 average daily rate	US, 2011: \$70 average daily rate	MetLife Mature Market Institute, 2011 Market Survey of Long-Term Care Costs.
Older Alaskans Medicaid waiver recipients	FY 2011: 1,758	FY 2010: 1,721	FY 2009: 1,668	FY 09 info from Senior & Disabilities Services. FY 11 info from DHSS FY 2013 Budget Overview. Note 25
Senior grants clients served by Senior and Disabilities grants.	FY 2011 25,000 Total cost \$12,264,006 Per Client \$491	FY 2010: 21,261 Total cost \$11,603,300 Per Client \$546	FY 2009: 15,352	FY09 info from Senior & Disabilities Services. FY11 info from DHSS FY 2013 Budget Overview Note 26
Aging and Disabilities Resource Center.	FY2011: 9,615 Clients served per year.	FY2010: 8,790 Clients served per year.	FY2009: 4,623 Clients served per year.	Info from Senior & Disabilities Services DHSS FY 2012 Budget Overview.
Alzheimer's Disease and Related Dementia (ADRD)				
Number with ADRD (estimate)	AK, CY2010: 6,067	AK, CY2009: 6,008	U.S., CY2011: 5,400,000	2011 Alzheimer's Disease Facts and Figures report.
Number of Alzheimer's and Dementia Caregivers in Alaska	CY2010 30,927 89.6% Increase	CY2009 16,313 12.2% Increase		2011 Alzheimer's Disease Facts and Figures report.
Total Hours of Unpaid Care by Alzheimer's and Dementia Caregivers	AK, CY2010 35,219,116 90% Increase from CY2009	AK, CY2009: 18,577,116		2011 Alzheimer's Disease Facts and Figures report.
Total Value of Unpaid Care by Alzheimer's and Dementia Caregivers	AK, CY2010 \$420,164,054	AK, CY2009: \$213,636,835		2011 Alzheimer's Disease Facts and Figures report.

Senior Snapshot: Older Alaskans in 2011

Senior Safety					
Long-Term Care Ombudsman complaints	FY2011: 824 70% Increase	FY2010: 486 44% Increase	FY2009: 337 62% Increase	FY2008: 208	Complaints involving seniors (age 60+) in long-term care. Data from the Office of the Long-Term Care Ombudsman. Note 27
Adult Protective Services Reports of harm	FY2011: 4,425 20% Increase from FY2010	FY2010: 3,689 34.2% Increase from 2009	FY2009: 2,748 169.1% Increase	FY2005: 1,021	Senior & Disabilities Services Adult Protective Services report to ACoA Dec., 2011. There was a 20% increase in reports of harm from FY2010 to FY2011 and a 333% increase from FY2005 to FY2011. Note 28

Senior Snapshot Notes

1. Data from the 2010 U.S. census. Statewide regions are used by the Alaska Department of Health & Social Services. "The Alaska State Plan for Senior Services, FY2012–FY2015" describes funding by region for senior grant programs which include federal Older Americans Act money.
2. Data from the 2010 U.S. census. Percent of area 2010 population column shows percent of statewide population for seniors 60 and older.
3. The actual 2010 census count was lower than the 85+ estimate by the Alaska Department of Labor and Workforce Developments for 2009.
4. Data from "A Profile of Older Americans: 2010," Administration on Aging, U.S. Department of Health and Human Services. The five states with the fastest-growing senior populations during the decade from 1999 through 2009 were Alaska (52.1%), Nevada (47.9%), Arizona (39.1%), Utah (35.3%), and Georgia (33.3%). Rhode Island and Washington, DC saw a decline in senior population during this decade. Alaska's gains reflect the aging of those who moved to the state during the oil boom of the 1970s and early 1980s, and the choices of more and more seniors to remain in the state after retirement.
5. The University of Alaska Anchorage's Institute for Social and Economic Research (ISER) estimated the 2004 cash contribution of Alaska retirees age 60 and older at \$1.461 billion. The estimate is contained in the 2007 ACoA-commissioned "Report on the Economic Well-Being of Alaska Seniors," available on the Commission's website at: <http://www.hss.state.ak.us/acoa/documents/seniorWellbeingReport.pdf>. The Commission estimated seniors' 2010 contributions by applying the increases in the Anchorage Consumer Price Index for 2005 (3.1%), 2006 (3.2%), 2007 (2.2%), 2008 (4.6%), 2009 (1.2%) and 2010 (1.8%), to the 2004 base figure.
6. Data obtained from Social Security Administration's website. Alaska average includes all Alaska residents age 65 and older who receive Social Security retirement benefits, a total of 47,821 people. U.S. average includes all U.S. residents age 65 and older who receive Social Security retirement benefits. The Alaska average monthly payment may be lower because of the high percentage of Alaska retirees who are subject to the

“Windfall Elimination Provision,” which limits Social Security retirement benefits for many individuals receiving public employee pensions.

7. Figures on PERS (Public Employee Retirement System) benefits include PERS retirees age 60 and older who currently reside in Alaska.
8. Figures on TRS (Teachers Retirement System) benefits include TRS retirees age 60 and older who currently reside in Alaska.
9. Alaskans age 65 and older with incomes up to 175% of the Federal Poverty Level (FPL) for Alaska are eligible for the Alaska Senior Benefits Program.
10. Seniors age 65 and older often have higher incomes than those in the 60-64 age cohort 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.
11. 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.
12. The Alaska Housing Finance Corporation housing voucher waitlist is decreasing because the Anchorage office has not accepted any new applications since June 1, 2011.
13. 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 2010, from the Alzheimer’s Association’s “2010 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.

14. Alaska's senior suicide rate is 59% higher than that of U.S. seniors as a whole.
15. Fatal falls among seniors are actually lower in Alaska than in the U.S. as a whole. The reason for this is unclear.
16. Alaska's "Other Accidental Deaths" (excluding fatal falls) are 60% higher for seniors here compared with the U.S. as a whole.
17. Alaska seniors are over three times more likely than U.S. seniors as a whole to experience an alcohol-induced death.
18. Drug-induced deaths (including both prescription and non-prescription drugs) are 93% higher among Alaska seniors than among U.S. seniors.
19. Alaska seniors are less likely than U.S. seniors as a whole to die from all leading causes of death except unintentional injuries. Death rates from heart disease are substantially lower in Alaska.
20. 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.
21. 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.
22. 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.
23. 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.

24. 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.
25. 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.
26. Senior grant programs include Nutrition, Transportation and Support Services (NTS), Senior In-Home Services, Adult Day Services, Family Caregiver, and ADRD Education and Support. The senior grant programs are available to individuals age 60 and older. They need not be Medicaid-eligible in order to receive grant services.
27. 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 SDS has put in place to ensure resident safety.
28. The Division of Senior and Disabilities Services attributes the increase in reports of harm from FY2010 to FY2011 to its policies requiring reporting by home and community-based waiver providers and enhanced education to mandatory reporters.

Please Note: There is more senior data on the ACoA website at: www.alaskaaging.org.



"Most older Alaskans wish to remain in their homes as long as possible, or at least in their community. Therefore, our continuum of care planning should begin from there whenever feasible, as community-based services are the most cost-effective use of available funding."

—Marie Darlin,
ACoA Commissioner,
Public Member, Juneau

On the Horizon

Looking forward, the Alaska senior population, persons age 60 years and older, will continue to grow rapidly with the aging of baby boomers (persons born between 1946 and 1964) as well as a marked increase in the number of older people of advanced age (persons age 85 and older). This demographic transition challenges us to provide comprehensive and quality services in a respectful manner to help older Alaskans maintain their health, financial security and well-being so that they may continue to thrive and contribute making Alaska a better place to live for all ages. Evolving opportunities in infrastructure development, implementation of the patient-centered medical home using technological innovations, building strong stakeholder partnerships, and greater social awareness of the importance of healthy aging will help to assist older Alaskans to age successfully in their chosen communities with the support of their family, friends and community.

Challenges Facing Older Alaskans

Senior Priority Concerns: Access to primary health care for seniors insured by Medicare and financial security were identified as the most important concerns by Alaskan seniors who responded to the Commission's senior surveys in 2011 and 2005. Access to primary health care was also the number one topic in the 2011 survey's open-ended comment section. While 69% of those surveyed in 2011 said they did not experience a problem finding a primary care doctor in the past year, 19% (in the Anchorage region, 25%) reported that Medicare payment issues caused them problems with accessing care because doctors did not accept Medicare payment and that there were not enough doctors in their community. 'Not having enough money to make ends meet' was reported by 20% (one in five seniors) in the 2011 senior survey with 37% noting they had just enough money for necessities. Similar findings were reported in ACoA's 2005 survey.

Performance of Alaska's Long-Term Services and Supports: According to the results from AARP's 2011 State Long-Term Services and Supports Scorecard, Alaska ranked #17 across all states in its performance of long-term support services that provide assistance to older people and adults with disabilities. While Alaska ranked #1 in AARP's data indicators measuring choice of setting and provider and quality of life and quality of care, our

state ranked #41 in providing support for family caregivers and #43 in affordability and access to care. High nursing home costs and insufficient supports for family caregivers are performance areas identified by AARP's scorecard in need of improvement.

Protect Social Security & Medicare: Most seniors have contributed to Social Security and Medicare during their working years and depend on these programs as a foundation for their income and health care in retirement. Low- and middle-income seniors in Alaska are even more reliant on Social Security with benefits constituting more than 60% of their individual income. Both of these programs play important roles in Alaska's economy with Medicare spending \$550 million on health care services in 2010 (Centers for Medicare and Medicaid 2011) and Social Security providing \$900 million in retirement benefits for Alaska seniors in 2010 (Social Security Administration 2011). Continued funding for these programs is critical to protect the health and welfare for older Alaskans.

Building Long-Term Support Services: As our senior population continues to grow over the next 25 years, Alaska will need increased capacity to provide all levels of home- and community-based care as well as institutional care in addition to an expanded workforce to staff these programs. Investment in the continuum of home- and community-based services is cost-effective providing support for family caregivers, preventing the development or progression of disease and disability, and postponing the need for more costly institutional care. Such services help seniors remain at home in their communities, where they prefer to be. Alaska needs to ensure that safety nets are in place to help seniors who are not able to pay for care and family caregivers, who provide most of the long-term care, receive the support they need.

Long-Term Care Planning: Alaska's growing senior population will require additional long-term support services across the continuum of care including more home- and community-based services in both urban and rural communities, more assisted living (including an increase in the number of Pioneer Home beds to address the high numbers of seniors on their waitlists), and an increase in skilled nursing facilities. These services will require additional funding, infrastructure and workforce to support them. ACoA will continue to participate in DHSS's long-term care planning and implementation efforts to move these initiatives forward.



"... older workers provide valuable resources in the workplace, bringing a depth and breadth of job skills, experience and proven work ethic and older workers serve as steadfast examples of the dedication and skill that is paramount as we develop each generation of the state's workforce..."

—Employ Older
Alaskan Workers Week
Proclamation
Sean Parnell, Governor



“The most important thing I have learned while serving on the Commission is how important it is to be able to stay in your own home or community. It adds so much to the quality of life.”

—Nita Madsen
ACoA Commissioner,
Director, Alaska State
Community Service
Commission,
Department of
Commerce, Community &
Economic Development,
Anchorage

Workforce Development: Alaska continues to face a critical shortage of health care and long-term care workers, from physicians and nurses to all types of home- and community-based services workers. Because of the growing senior population, demand is increasing just as many health care professionals and other qualified workers begin to retire. Particularly for senior service workers, a tradition of low pay, limited benefits, heavy workloads, and limited opportunities for advancement discourage many from entering the field.

Transportation: During the Commission’s Elder-Senior Community Forums, seniors reported 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. Additional funding is needed for community transportation to provide the needed resources and staff to allow older residents to get out and participate in community life.

End-of-Life Care: Older people of advanced age require an array of end-of-life services including intensive health care, personal care, chore service, caregiver support, skilled nursing care and hospice care. Rural seniors want to spend their remaining days in their own homes and communities surrounded by family and friends, not in an urban-based facility where the people, the food and language are unfamiliar.

Opportunities

Reauthorization of the Older Americans Act: In 2012, the Older Americans Act (OAA) is scheduled for reauthorization. The OAA funds a variety of home- and community-based services for seniors and their caregivers including senior meals, transportation, elder protection, vocational training for low-income seniors and other programs described in the Alaska State Plan for Senior Services, FY2012-2015. Although most OAA services are available to all older adults, providers are required to target those most in economic and social need. The reauthorization presents an opportunity to strengthen the OAA. The ACoA supports the enhancement of the Senior Community Service Employment Program to improve senior employment and training programs offered through the Mature Alaskans Seeking Skills Training Program; enacting stronger provisions to promote elder protection including the “Home Care

Consumer Bill of Rights” amendment to affirm that seniors receiving home care services are protected from abuse and exploitation to the same extent as residents of long-term care facilities; and advancing evidence-based healthy aging initiatives.

Implementation of the Patient-Centered Medical Home:

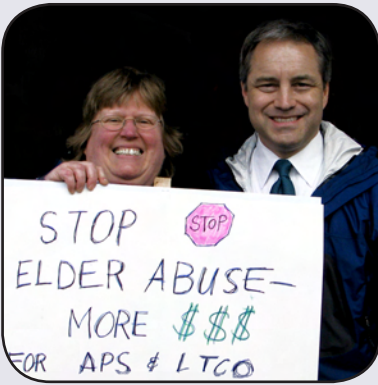
This patient-centered approach to primary care is based on an ongoing relationship between an individual and their personal physician and care team who take the lead in the patient’s health care, coordinating and tracking all appointments, treatments, and prescriptions, providing case management, chronic disease management, as well as monitoring health outcomes. While medical home practices would receive additional reimbursement for providing these services to high-need Medicare and Medicaid beneficiaries, it is expected that patients would receive a higher level of care, with greater improvements in preventative care and reduced risk of complications. Given the relatively low reimbursement rates for primary care providers, such an effort could also be expected to increase the number of primary care physicians willing to accept Medicare patients. Attention to behavioral health conditions such as depression, other mental illness, and substance abuse would also be included in this approach to treating the whole person. Research has demonstrated better health outcomes and lower per capita costs in places with strong primary care systems.

Senior Fall Prevention: Falls are the number one source of injuries for Alaskans age 55 years and older, and the leading cause of death for seniors age 75 and older. Falls not only contribute to high health care and subsequent long-term care costs, but more importantly can lead to a loss of independence, mobility and diminished quality of life for seniors who experience falls. Falls are not an inevitable part of aging – they are preventable. The ACoA is working with the Alaska Senior Fall Prevention Coalition to implement a comprehensive fall prevention program that promotes greater public awareness about ways to reduce risk factors for senior falls; help seniors improve their balance and coordination through fall prevention exercises and strengthening medication management, reduce home hazards through an assessment for risk factors in the home and making appropriate modifications, and encourage communities to improve maintenance of public walkways to be free



“Approximately one-third of older Alaskans will fall each year, and an average of 840 seniors will be hospitalized as a result. The average cost of a fall is \$27,000, amounting to \$22.7 million annually for senior falls.”

—Senior Fall Prevention
Week Proclamation
Sean Parnell, Governor



"In FY11 ACoA sponsored nine statewide legislative teleconferences and monitored a total of 37 bills and actively supported 15 pieces of legislation that benefit older Alaskans through support and testimony. ACoA members had a total of 49 face-to-face meetings with legislators."

—Lesley Thompson,
ACoA Planner

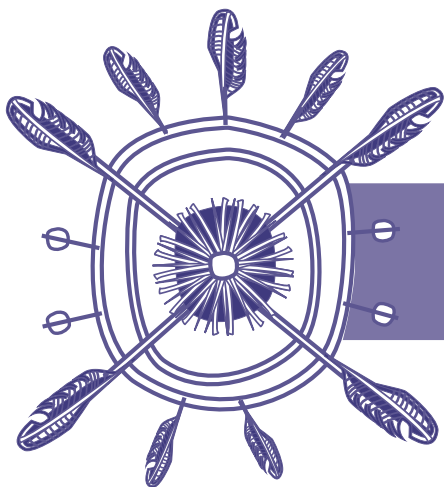
of ice and snow.

Alzheimer's Disease and Related Dementia (ADRD) State Plan:

The prevalence of Alzheimer's disease is increasing in Alaska and nationally with the growing senior population, particularly of the "oldest old" (persons age 85 years and older) who are most at risk for developing ADRD. The ACoA recognizes the need for a state plan to address the unique needs of persons with ADRD and their caregivers. We intend to initiate a process with our agency partners to draft a state plan that will describe the current status of ADRD in Alaska, identify service and support gaps that exist, and provide recommendations to policymakers for needed improvements.

Senior Housing: Alaska faces a critical need for senior housing as the baby boomers enter their senior years. Although many older Alaskans plan to age in their own homes, many will need more accessible, affordable housing as well as housing with wrap-around support services to allow an older person to age in place. Funding is also needed for weatherization, energy upgrades, and accessibility modifications to improve older housing stock where many seniors live. Given the scale of need as the baby boomers age, a flexible and innovative approach is required to provide appropriate housing for seniors that incorporate universal design principles, and traditional as well as new models of multi-unit housing to order to expand our senior housing stock over the next two decades.

Implementation of the New State Plan: In addition to assisting with the development of the State Plan for Senior Services, our agency partners also participate in an annual state plan implementation assessment, in which they help the Commission to review the extent to which the plan's strategies have been accomplished and use updated performance measures to set a course for the upcoming year. Alaska's cooperative process used to develop the state plan and for its implementation places our state among the most collaborative of all states.



Alaska Commission on Aging FY 2011 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



Alaska Commission on Aging
PO Box 110693
(150 Third Street #103)
Juneau, AK 99811-0693
Phone: (907) 465-3250

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*All photos courtesy DHSS, ACoA,
Lesley Thompson, and the family of Ella Hobbs Craig.*



FY 2011

**Alaska Commission
on Aging
150 Third St.
PO Box 110693
Juneau, AK 99811-0693
Fax: (907) 465-1398
Phone: (907) 465-3250**

**www.alaskaaging.org
hss.acoa@alaska.gov**

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.*